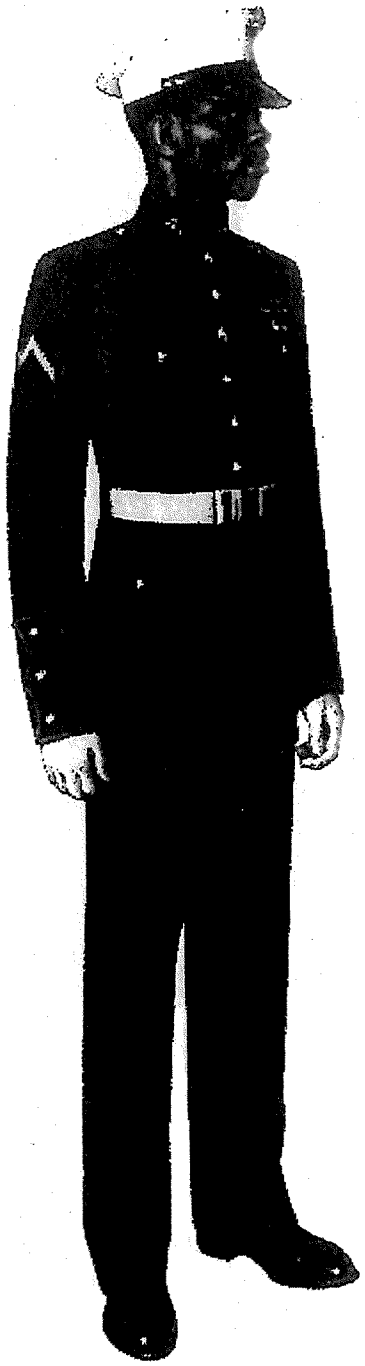

Figure 2-11.—Blue Dress "B" (Enlisted) (Male)

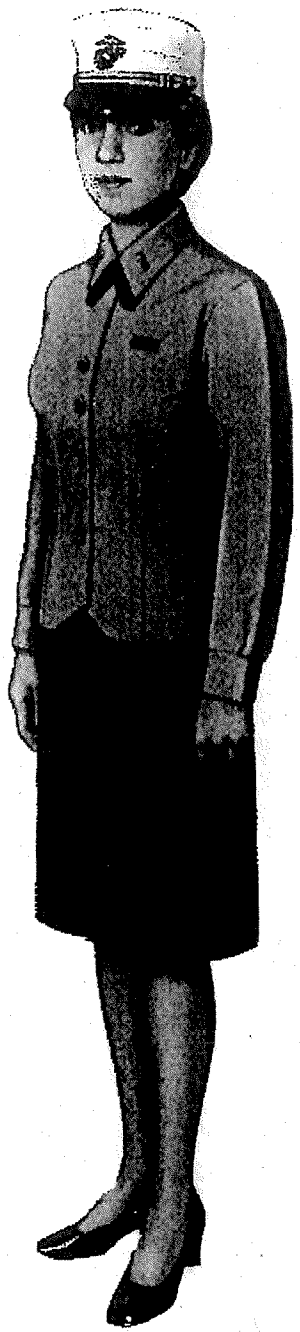

Figure 2-12.—Blue Dress "C" (Company Officer) (Female)

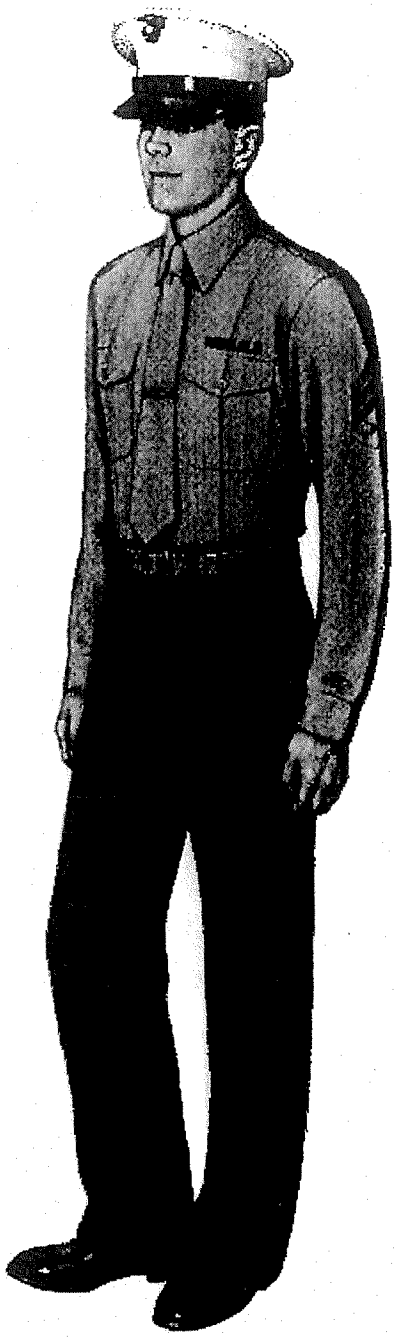

Figure 2-13.—Blue Dress "C" (NCO) (Male)

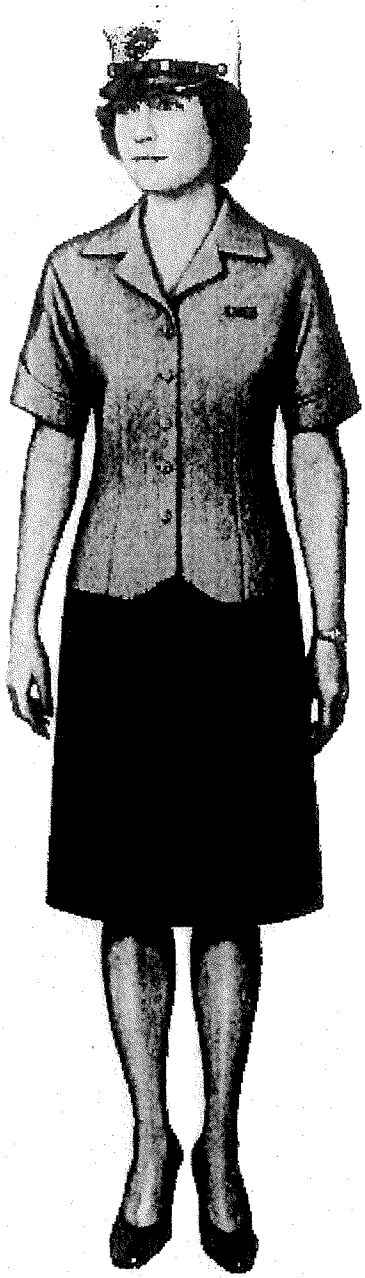

Table 2-14.—Blue Dress "D" (NCO) (Female)

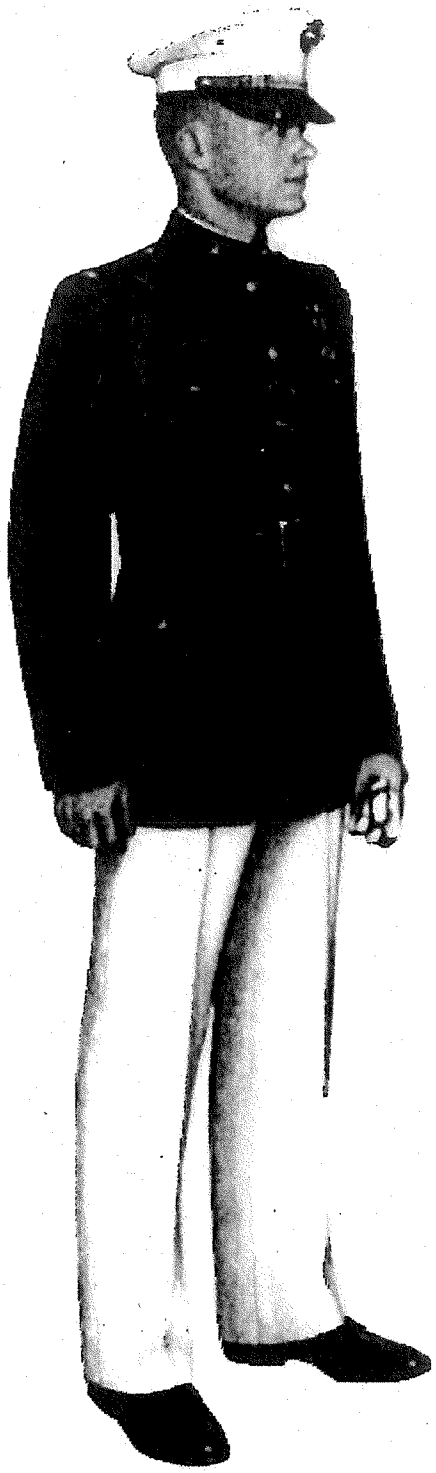

Table 2-15.—Blue-White "A" (Company Officer) (Male)

Table 2-16. Blue-White "A" (Enlisted) (Male)

Table 2-17.— Service "A" (Company Officer)(Female)

Table 2-18.— Service "A" (NCO) (Male)

Table 2-19.— Service "B" (NCO) (Female)

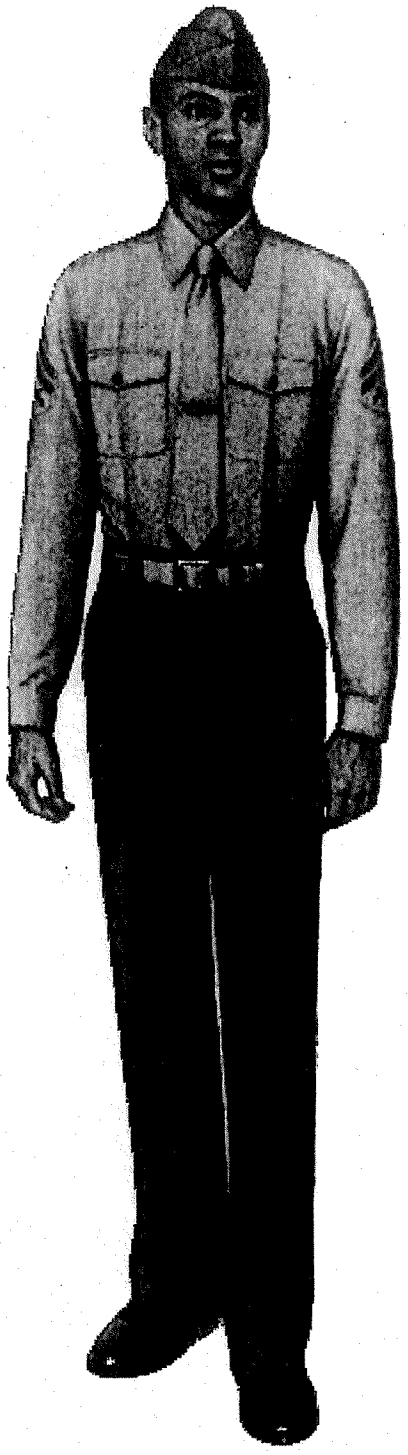

Figure 2-20.-Service "B" (Male) (NCO)

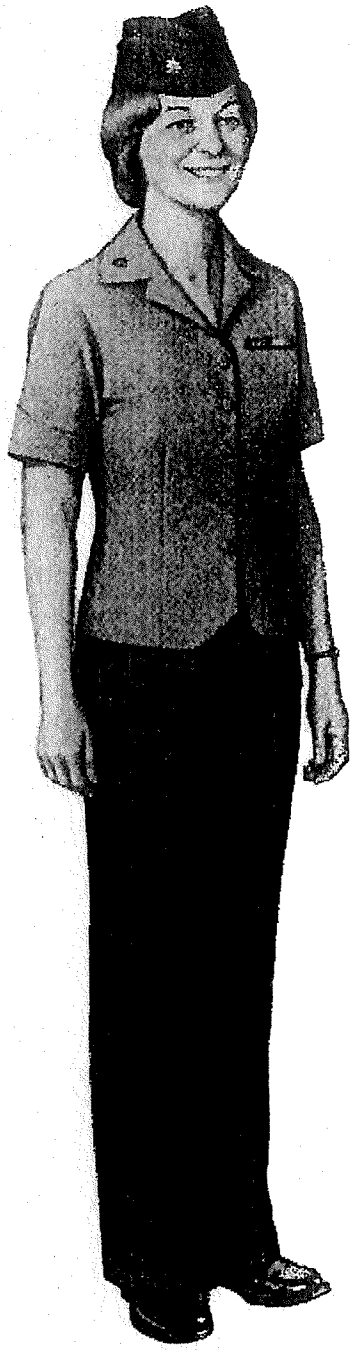

Figure 2-21.- Service "C" (Field Officer)(Female)

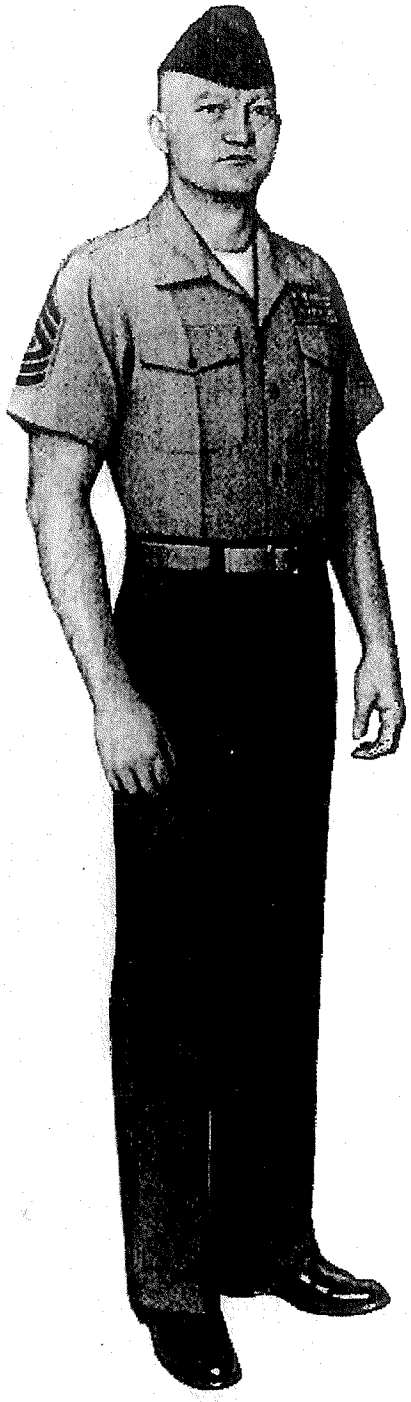

Figure 2-22.—Service "C" (SNCO) (Male)

Figure 2-23.— Maternity Service Uniform (NCO) (Female)

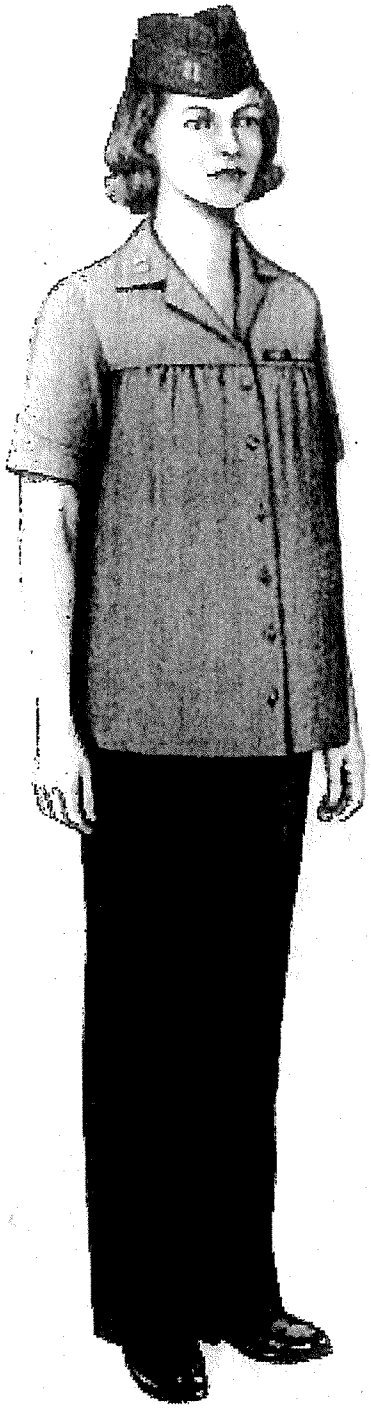

Figure 2-24.- Maternity Service Uniform (Company Officer) (Female)

Figure 2-25.-Woodland Combat Utility Uniform (SNCO) (Female)

Figure 2-26.—Desert Combat Utility Uniform (Field Officer) (Male)

Table 2-1. Uniform Explanation Chart			
Uniform Combination	Description	Occasions For Wear	Leave/ Liberty
Evening Dress ("A"/"B")	Dark blue w/black or dark blue trousers/skirt, enlisted wear sky blue trousers	Year-round for white tie/black tie social functions	No
Blue Dress "A"/"B"	Blue coat w/sky blue trousers/slacks, and dark blue skirt w/ medals ("A") or ribbons ("B")	Parades, ceremonies, formal/semi-formal social functions (winter season only unless uniformity is required)	"A" No "B" Yes
Blue-White Dress "A"/"B"	Blue coat and white trousers/skirt/ slacks w/medals ("A") or ribbons ("B")	Parades, ceremonies, formal or semi formal social functions (summer season only)	"A" No "B" Yes
Blue Dress "C"	Khaki long-sleeve shirt and tie/black necktab w/trousers/skirt/ slacks, blue sweater optional	Parades, ceremonies and uniform of the day (blue sweater worn as uniform of the day only)	Yes
Blue Dress "D"	Khaki short-sleeve shirt w/blue trousers/skirt/slacks	Parades, ceremonies and uniform of the day	Yes
Service "A"	Green coat and trousers/skirt/slacks w/ribbons (badges optional)	Parades, ceremonies, social events and uniform of the day	Yes
Service "B"	Khaki long-sleeve shirt w/green trousers/skirt/ slacks (badges optional) Green sweater optional.	Parades, ceremonies, uniform of the day (green sweater worn as uniform of the day only)	Yes
Service "C"	Khaki-short sleeve shirt w/green trousers/skirt/ slacks (badges optional) Green sweater optional	Parades, ceremonies, uniform of the day (green sweater worn as uniform of the day only)	Yes
Combat Utility Uniform	MARPAT desert and woodland coat and trousers (sweater or sweatshirt optional)	Working/field uniform only (woodland during winter/desert during summer season) ALMAR 35/07	No
Physical Training Uniform	Olive green undershirt, shorts, sweatpants/shirt with a black Marine Corps emblem on the upper left trouser leg and over the left breast of the sweatshirt. Marine Corps green running suit (pants and jacket) with a silver emblem on the upper left trouser leg, scarlet and gold "USMC" on lower right pant leg, silver emblem over the breast and scarlet and gold "MARINES" across the back. (ALMAR 019/08)	Physical training (PT), field day, and limited leave and liberty occasions as detailed below (only the running suit jacket and sweat shirt may be worn for PT and non-PT leave and liberty situations. The bottoms (running suit pants, green undershirt, sweat pants and shorts) are restricted to PT situations only. (ALMAR 019/08)	Yes, as detailed to the right. (ALMAR 019/08)

Table 2-2.-Types and Components of Authorized Uniforms for Male Officers.

Fig No.	Design.	Ref Para.	Cap 3005	Coat/Shell Jacket 3003/3006 3016/3031	Shirt 3026	Necktie 3030 3021	Trouser Belt 3002/ 3024	Gloves 3013	Footwear 3112-2029	Outer Coat 3001/3005 3011/3015	Insignia EGA #101	Medals Ribbons Ch 5	Badges Ch 5	Sword 3032
2-2 2-3	Evening Dress	2001	Dress	Evening w/strip collar & white or scarlet waistcoat or scarlet cummerbund (a)	White w/pique pleated	None	Evening (b)	White (c)	Black Shoes and Socks	AWC and optional boatcloak	Dress, collar, cap	Miniature medals	Not worn	Not worn
2-5	Blue Dress "A"	2002	Dress	Blue w/strip collar	White plain front	None	Sky blue (c) w/web belt (b)	White (c)	Black Shoes and Socks	AWC and optional boatcloak	Dress, collar, cap	Ribbons	Not worn	(f)
2-9	Blue Dress "B"	2002	Dress	Blue w/ strip collar	White plain front	None	Sky blue (c), w/web belt (b)	White (d)	Black Shoes and Socks	AWC and optional boatcloak	Dress cap	Ribbons (g)	(g)	(f)
	Blue Dress "C"	2002	Dress	Blue sweater optional	Khaki long-sleeve	Khaki w/ tie clasp	Sky blue (c), w/web belt	(d)	Black Shoes and Socks	AWC (e)	Dress cap	Ribbons (g)	(g)	(f)
	Blue Dress "D"	2002	Dress	Blue sweater optional	Khaki short-sleeve	None	Sky blue (c), w/web belt	None	Black Shoes and Socks	AWC (e)	Dress cap	Ribbons (g)	(g)	(f)
2-15	Blue White "A"/"B"	2003	Dress	Blue w/ strip collar	White plain front	None	White w/web belt (b)	White (d)	Black Shoes and Socks	AWC (e)	Dress, collar, cap	Ribbons (g)	(g)	(f)
	Service "A"	2004	Garrison or frame	Green belt	Khaki long-sleeve	Khaki w/ tie clasp	Green w/web belt	(d)	Black Shoes and Socks	AWC (e)	Service collar, cap	Ribbons (g)	(g)	(f)
	Service "B"	2004	Garrison or frame	Green sweater optional	Khaki long-sleeve	Khaki w/ tie clasp	Green w/web belt	(d)	Black Shoes and Socks	AWC (e)	Service cap	Ribbons (g)	(g)	(f)
	Service "C"	2004	Garrison or frame	Green sweater optional	Khaki short-sleeve	None	Green w/web belt	None	Black Shoes and Socks	AWC (e)	Service cap	Ribbons (g)	(g)	(f)
	Combat Utility Woodland	2005/ 3038	Utility Garrison or field	Woodland MARPAT, green sweater optional	Green shirt optional	None	Woodland MARPAT w/khaki web or MCMAP belt	(d)	MCCB and socks	AWC or HCWS Parka	Name/ Service tape	Not worn	Not worn	(f)
2-36	Combat Utility Desert	2005/ 3038	Utility Garrison or frame	DESERT MARPAT, green sweater optional	Desert shirt optional	None	Desert MARPAT w/khaki web or MCMAP belt	(d)	MCCB and socks	AWC or HCWS Parka	Name/ Service tape	Not worn	Not worn	(f)

Note:
(a) Scarlet waistcoat for general officers only. Scarlet cummerbund for all other officers.
(b) Suspenders may be worn in lieu of a belt.
(c) General officers will wear dark blue trousers.
(d) Black gloves always worn during the winter months. Otherwise optional.
(e) Green scarf optional with all weather coat/tanker jacket during winter months.
(f) If required or prescribed.

Table 2-3.-Types and Components of Authorized Uniforms for Female Officers.

Fig. No.	Design.	Ref Para.	Cap 3085	Coat/Suit/ Jacket 3083X/3084 3010/3031	Shirt 3926	Neckwear 3910	Belt/ Khaki Belt 3100/3927 3923	Gloves 3913	Footwear 3912/3939	Outer Coat 3001/3003 3011/3015	Insignia BOS 4101	Medals Ribbons Ch.5	Badges Ch.5	Sword 3803
2-1	Evening Dress	2021	Dress	Evening or semi-formal (a)	White piqué or ruffled front	Black tab	Longchain black shirt	White (e)	Black pump, cloth or suede	AWC and optional cape	Dress, collar, cap	Miniature medals	Not worn	Not worn
2-7	Blue Dress "A"	2002	Dress	Blue	White plain front	Scarlet necktab	Blue skirt/slacks (b)	White (e)	Black pumps	AWC and optional cape	Dress, collar, cap	Large medals, ribbons	Not worn	(f)
	Blue Dress "B"	2002	Dress	Blue	White plain front	Scarlet neckwb	Blue skirt/slacks (b)	White (e)	Black pumps (d)	AWC and optional cape	Dress, collar, cap	Ribbons	(f)	(f)
2-12	Blue Dress "C"	2002	Dress	Blue sweater optional	Khaki long-sleeve	Black neckwb	Blue skirt/slacks (b)	(e)	Black pumps (d)	AWC (c), tanker jacket opt.	Dress cap	Ribbons (f)	(f)	(f)
	Blue Dress "D"	2002	Dress	Blue sweater optional	Khaki short-sleeve	None	Blue skirt/slacks (b)	None	Black sandals (d)	AWC (c), tanker jacket opt.	Dress cap	(f)	(f)	(f)
	Blue White "A/Dress"	2003	Dress	Blue	White plain front	Scarlet neckwb	White skirt/slacks	White (e)	Black pumps (d)	AWC	Dress, collar, cap	(f)	Not worn on "A", opt for "B"	(f)
2-17	Service "A"	2004	Garrison or green service	Green	Khaki long or short-sleeve	Green neckwb	Green skirt/slacks	(c)	Black pumps (d)	AWC (c)	Service collar, service garrison cap	Ribbons	(f)	(f)
	Service "B"	2004	Garrison or green service	Green sweater optional	Khaki long-sleeve	Green neckwb	Green skirt/slacks	(c)	Black pumps (d)	AWC (c), tanker jacket opt.	Service garrison cap	(f)	(f)	(f)
2-23	Service "C"	2004	Garrison or green service	Green sweater optional	Khaki short-sleeve	None	Green skirt/slacks	None	Black pumps (d)	AWC (c), tanker jacket opt.	Service garrison cap	(f)	(f)	(f)
2-24	Maternity Service	2007	Garrison or green service	Green tunic	Khaki short or long-sleeve	Green neckwb w/long-sleeve shirt	Green skirt/ slacks	(c)	Black pumps (d)	AWC (c)	Service cap	(f)	(f)	Not worn
	Combat Utility Woodland	2005/ 3038	Utility Garrison or field	Woodland, green sweater optional	Green shirt optional	None	Woodland web/khaki web or MCMAP belt	(c)	MCCB and socks	AWC or ECWS Parka	Name/ Service tape	Not worn	Not worn	(f)
	Combat Utility Desert	2005/ 3038	Utility Garrison or field	DESERT green sweater optional	Green shirt optional	None	Desert web/khaki web or MCMAP belt	(c)	MCCB and socks	AWC or ECWS Parka	Name/ Service tape	Not worn	Not worn	(f)

Notes:
(a) Scarlet waistcoat for general officers only. Scarlet cummerbund for all other officers.
(b) Dark blue slacks for general officers.
(c) Black gloves always worn during the winter months. Otherwise optional.
(d) Oxfords/flats may be worn per paragraph 3012.
(e) Green scarf optional with all weather coat/tanker jacket during winter months.
(f) If required or prescribed.

Table 2-4.-Types and Components of Authorized Uniforms for Enlisted Males.

Fig No.	Design	Ref Para.	Cap 1005	Coat/Belt/ Jacket 1400/3006 3016/3031	Shirt 1026	Necktie 1020 1021	Trouser Belt 3002/ 3034	Gloves 3013	Footwear 3012/3029	Outer Coat 3001/3015 3011/3015	Insignia BOS 4101	Medals Ribbons Chs 5	Badges Chs 5	Sword 3033
2-1	Evening Dress	2001	Dress	Evening w/ sweater cummerbund	White w/pleated front	Black bow tie	Sky blue (a)	White (b)	Black Shoes and Socks	AWC and optional Inverness (SNCOs)	Dress, collar, cap	Miniature medals	Not worn	Not worn
2-8	Blue Dress "A"	2002	Dress	Blue w/white belt	None	None	Sky blue (a), w/web belt	(b)	Black Shoes and Socks	AWC and optional boatcloak (SNCOs)	Dress, collar, cap	Large medals, ribbons	Not worn	(d)
2-...	Blue Dress "B"	2002	Dress	Blue w/white belt	None	None	Sky blue (a), w/web belt	White (b)	Black Shoes and Socks	AWC and optional boatcloak (SNCOs)	Dress, collar, cap	Ribbons	(d)	(d)
2-13	Blue Dress "C"	2002	Dress	Khaki web belt, blue sweater optional	Khaki long-sleeve	Khaki w/tie always	Sky blue, w/web belt	(b)	Black Shoes and Socks	AWC (c)	Dress cap	Ribbons optional	(d)	(d)
2-...	Blue Dress "D"	2002	Dress	Khaki web belt, blue sweater optional	Khaki short-sleeve	None	Sky blue, w/web belt	None	Black Shoes and Socks	AWC (c)	Dress cap	Ribbons optional	(d)	(d)
2-16	Blue White "A" w/cape	2003	Dress	Blue w/white belt	None	None	White w/web belt (a)	White (b)	Black Shoes and Socks	AWC (c)	Dress, collar, cap	Miniatures optional	(d)	(d)
2-18	Service "A"	2004	Garrison or frame	Green	Khaki long-sleeve	Khaki w/tie always	Green w/web belt	(b)	Black Shoes and Socks	AWC (c)	Service collar, cap	Ribbons	(d)	(d)
2-20	Service "B"	2004	Garrison or frame	Khaki web belt, green sweater optional	Khaki long-sleeve	Khaki w/tie always	Green w/web belt	(b)	Black Shoes and Socks	AWC (c)	Service cap	Ribbons optional	(d)	(d)
2-22	Service "C"	2004	Garrison or frame	Khaki web belt, green sweater optional	Khaki short-sleeve	None	Green w/web belt	None	Black Shoes and Socks	AWC (c)	Service cap	Ribbons optional	(d)	(d)
	Combat Utility Woodland	2005/ 3038	Utility Garrison or field	Woodland MARPAT, green sweater optional	Green shirt optional	None (d)	Woodland MARPAT w/khaki web or MCMAP belt	(b)	MCCB and socks	AWC or JECWS Parka	Name/ Service tape	Not worn	Not worn	(d)
	Combat Utility Desert	2005/ 3038	Utility Garrison or frame	DESERT MARPAT, green sweater optional	Green shirt optional	None	Desert MARPAT w/khaki web or MCMAP belt	(b)	MCCB and socks	AWC or JECWS Parka	Name/ Service tape	Not worn	Not worn	(d)

Note:
(a) Suspenders may be worn in lieu of a belt.
(b) Black gloves always worn during the winter months. Optional.
(c) Green scarf optional with all weather coat/leather jacket during winter months.
(d) If required or prescribed.

Table 2-5.-Types and Components of Authorized Uniforms for Enlisted Females.

Fig. No.	Design.	Ref Para.	Cap 3005	Coat/Belt/ Jacket 3003/3006 3016/3031	Shirt 3026	Necktab 3020	Skirt/ Slacks Belt 3002/3027 3028	Gloves 3013	Footwear 3012/3029	Outer Coat 3001/3003 3011/3015	Insignia BOS 4801	Medals Ribbons Ch 5	Budget Ch 5	Sword 3032
2-5	Evening Dress	2001	Dress	Evening w/ scarlet cummerbund	White pleat or ruffled front	Black tab	Long/short black skirt	White (a)	Black pumps, cloth or suede	AWC and optional cape	Dress, collar, cap	Miniature medals	Not worn	Not worn
	Blue Dress "A"	2002	Dress	Blue	White plain front	Black necktab	Blue skirt/slacks	White (a)	Black pumps	AWC and optional cape	Dress, collar, cap	Large medals, ribbons	Not worn	(d)
2-10	Blue Dress "B"	2002	Dress	Blue	White plain front	Black necktab	Blue skirt/slacks	White (a)	Black pumps (b)	AWC and optional cape	Dress, collar, cap	Ribbons	(d)	(d)
2-14	Blue Dress "C"	2002	Dress	Blue sweater optional	Khaki long-sleeve	Black necktab	Blue skirt/slacks	(a)	Black pumps (b)	AWC (c), tanker jacket opt.	Dress cap	Ribbons optional	(d)	(d)
	Blue Dress "D"	2002	Dress	Blue sweater optional	Khaki short-sleeve	None	Blue skirt/slacks	None	Black pumps (b)	AWC (c), tanker jacket opt.	Dress cap	(d)	(d)	(d)
	Blue White "A" "B"	2003	Dress	Blue	White plain front	Black necktab	White skirt/slacks	White (a)	Black pumps (b)	AWC	Dress, collar, cap	(d)	Not worn on "A", opt for "B"	(d)
	Service "A"	2004	Garrison or green service	Green	Khaki long or short-sleeve	Green necktab	Green skirt/slacks	(a)	Black pumps (b)	AWC (a)	Service/ garrison cap	Ribbons	(d)	(d)
2-20	Service "B"	2004	Garrison or green service	Green sweater optional	Khaki long-sleeve	Green necktab	Green skirt/slacks	(a)	Black pumps (b)	AWC (c), tanker jacket opt.	Service/ garrison cap	(d)	(d)	(d)
	Service "C"	2004	Garrison or green service	Green sweater optional	Khaki short-sleeve	None	Green skirt/slacks	None	Black pumps (b)	AWC (c), tanker jacket opt.	Service/ garrison cap	(d)	(d)	(d)
2-23	Maternity Service	2007	Garrison or green service	Green tunic	Khaki shirt or long-sleeve	Green necktab w/long-sleeve	Green skirt/ slacks	(a)	Black pumps (b)	AWC (c)	Service cap	(d)	(d)	Not worn
2-25	Combat Utility Woodland	2005/ 3038	Utility Garrison or field	Woodland MARPAT, green sweater optional	Green shirt optional	None	Woodland MARPAT w/khaki web or MCMAP belt	(a)	MCCB and socks	AWC or ECWS Parka	Name/ Service tape	Not worn	Not worn	(d)
	Combat Utility Desert	2005/ 3038	Utility Garrison or field	DESERT MARPAT, green sweater optional	Green shirt optional	None	Desert MARPAT w/khaki web or MCMAP belt	(a)	MCCB and socks	AWC or ECWS Parka	Name/ Service tape	Not worn	Not worn	(d)

Notes:
(a) Black gloves always worn during the winter months. Otherwise optional.
(b) Oxfords/flats may be worn per paragraph 3012.
(c) Green scarf optional with all weather coat/tanker jacket during winter months.
(d) If required or prescribed.

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MARINE CORPS UNIFORM REGULATIONS

CHAPTER 3

UNIFORM ITEMS AND REGULATIONS FOR THEIR WEAR

CHAPTER 3

UNIFORM ITEMS AND REGULATIONS FOR THEIR WEAR

3000. GENERAL

1. Detailed fitting instructions for uniform items are contained in the current edition of TM-10120-15/1, Technical Manual for Uniform Fitting and Alteration.

2. All uniform items are standard as sold/issued through the DoD Supply System. Items sold through the Military Clothing Sales Stores or approved commercial sources are considered standard if properly labeled as described in chapter 1. Uniform items that are not approved as conforming to Marine Corps specifications are not authorized for wear and cannot be used to satisfy minimum requirements, except as otherwise stated in these regulations.

3. Detailed descriptions are omitted from this chapter for uniform items, which are issued/sold through the DoD Supply System and are standard for enlisted personnel. Brief descriptions are provided for officers' and optional items that are sold through the Marine Corps Exchange System bearing Marine Corps approval identification. Detailed descriptions of these items are available from the CG, MARCORSYSCOM (PM, ICE).

3001. ALL-WEATHER COAT (AWC) (See figs. 2-36 and 2-37.)

1. The pewter gray AWC is a full-length, double-breasted, belted coat with detachable liner and is made of polyester/cotton poplin fabric that has been treated to be water-repellent/resistant.

2. The correct length of the AWC will be to a point midway between the knee and mid-calf. The coat must be long enough to reach the bottom of the kneecap for males, and 1 inch below for females. It must not extend below the mid-calf. With the liner inserted, the coat will fit smoothly across the chest and shoulder blades and will have a noticeable fullness on the back waist, providing a pleated effect of the material under the belt. The belt will be adjusted loosely enough to provide a smooth appearance, maintained in a horizontal position and not sagging at center front or back. The tapered end of the belt will pass through the buckle to the wearer's left and will extend from 1 inch beyond the belt keeper to 1-1/2 inches beyond the left belt loop on the coat. The buckle will be centered between the vertical rows of buttons on the front of the coat.

3. The coat's top button may be worn buttoned or may be left open with the collar neatly folded back to form lapels. The back of the collar will cover all garment collars worn underneath the AWC. The sleeves and collar will be roll-pressed, not creased. Creases in the skirt of the coat, except for the center back pleat, are prohibited.

4. The design of the AWC does not include a sword slit. If the sword must be worn with the coat, the service belt may be utilized. Commanders will not

prescribe the AWC with sword unless service belts are available as organizational property.

5. The AWC may be worn or prescribed for wear with the service, dress, and utility uniforms. It may be worn with or without the liner at the individual's option.

3002. BELTS AND BUCKLES

1. Belts for all uniforms will be worn at the natural waistline with the right edge of the buckle (wearer's right) on line with the edge of the fly or coat front.

2. Belts for all male's service coats and male officers' blue coats must match the color and material of the uniform with which they are worn. The buckle will cover the bottom button of the coat. The belt's tapered end will pass through the buckle to the wearer's left and will extend from 2-3/4 inches to 3-3/4 inches beyond the buckle. The free end of the belt will be held in place by a cloth keeper 1/2 inch wide and may be fitted with a snap fastener to secure the belt point. Buckles will be kept highly polished.

3. The 1-1/4 inch wide cotton khaki web belt, with buckle, will be worn by all Marines with the utility uniform, until qualified to wear the martial arts utility belt. Male Marines will wear the khaki web belt with service and blue dress trousers and it may be worn with the white dress trousers. The tip end of the web belt will pass through the buckle to the wearer's left and will extend from 2 to 4 inches beyond the buckle. The metal belt tip and the buckle will be kept highly polished. The buckle will be worn with the buckle tongue depressed into the buckle.

4. The optional white nylon web belt, with buckle, may be worn by males only with the white dress trousers.

5. Enlisted males will wear the white web coat belt with waist plate with the blue and blue-white dress "A"/"B" uniforms. This belt may also be worn with the male enlisted blue dress "C" and "D" uniforms when the sword is prescribed. Enlisted females will wear this belt with the blue dress uniform when armed with the NCO sword.

a. The enlisted waist plate has a highly polished, natural plain brass finish, is about 2 inches by 3 inches in size, and is worn centered on the coat front buttons.

b. The NCO waist plate will be the same as the plain waist plate except that the NCO waist plate has brass Marine Corps emblem attached on the center of the plate.

c. The waist plate worn by SNCOs will be the same as the NCO waist plate except that it has an ornamental wreath design surrounding the Marine Corps emblem.

6. Martial Arts Utility Belt. The 1-3/4 inch wide nylon utility belt having black D-type buckle with locking bar will be worn by all martial arts qualified Marines with the utility uniform. The tip end of the utility belt

will pass through the buckle, feeding back around the locking bar to the wearer's left, with the belt-end extending 4 to 8 inches beyond the buckle. The buckle will be kept subdued in flat black finish. The buckle will be worn with the locking bar cinched tightly into the buckle.

a. Qualified Marines will wear only the single color of utility belt with or without instructor stripes appropriate to their martial arts proficiency, per the current edition of MCO 1500.54. Martial arts utility belts are not authorized for wear with civilian attire.

b. Personnel designated as close combat instructors or instructor-trainers will wear the appropriate identifying stripes on their belts. Instructor stripes will be 1/2-inch tan or red stripes, as appropriate, sewn on perpendicular to the length of the belt in thread that matches the color of the stripe. First stripe will be placed 2 inches from the belt-end holding the buckle, and each subsequent stripe placed 1/4 inch intervals from the previous stripe.

3003. BOATCLOAK/DRESS CAPE (See fig. 2-1.)

1. The boatcloak, made of dark blue broadcloth material lined with scarlet wool broadcloth, is an optional item which may be worn by male officers and SNCOs with evening dress and blue dress "A"/"B" uniforms for official and social functions. It will not be worn when the blue dress uniform is worn as the uniform of the day.

2. The dress cape, made of dark blue polyester-wool tropical material lined with scarlet satin rayon cloth, is an optional item which may be worn by female officers and SNCOs with the evening dress and blue dress "A"/"B" uniforms for official and social functions. It will not be worn when the blue dress uniform is worn as the uniform of the day.

3004. BRASS ITEMS

1. Brass items that have a god or silver-plated mirror finish are considered anodized. Brass items that have a dull gold or silver appearance are considered oxidized. In addition to anodized and oxidized brass items, subdued insignia may be worn on the utility uniform and other field clothing as detailed in chapter 4.

2. Marines may purchase and wear anodized brass items not available through the DoD supply system, but only as authorized in these regulations. Marines may also have their own brass items anodized at the individual's expense. Anodized brass items not available through the DoD supply system may be purchased through Retail Clothing outlets and approved commercial sources.

>Ch 5 3. Unless otherwise authorized by this manual, anodized, oxidized and subdued brass items will not be mixed on the uniform. **This policy does not apply to medals and breast insignia/badges.**

3005. CAPS/HEADGEAR (See fig. 3-1.)

1. General

a. Dress and service caps will be worn centered and straight with the tip of the visor in line with the eyebrows. Leather chinstraps and visors will be kept polished. Garrison caps will be worn centered squarely or slightly tilted to the right, with the top unbroken, and with the base of the sweatband about 1 inch above the eyebrows.

b. Male cap crowns should fit on the frame and be free of wrinkles. Male officers' cap crowns will have a quatrefoil (fig. 3-1) centered on the top panel and an outer band of mohair braid.

c. When outdoors, Marines should remain covered, including during invocations and other religious portions of military ceremonies (i.e., changes of command, ship commissioning, military burials, etc.). Marines will uncover outdoors when so ordered or during religious services not associated with a military ceremony. Chaplains will be guided by the customs of their respective churches with respect to wearing head coverings.

>CH 5 d. Headgear is normally removed indoors. Marines in a duty status and wearing side-arms or a pistol belt will remain covered indoors except when entering a space where a meal is in progress or religious services are being conducted. Headgear will be worn in Government vehicles, except when doing so would present a hazard to safe driving. **Wear of headgear in privately owned vehicles is not required. (MARADMIN 322/05)**

e. Males may wear a rain cap cover to protect service or dress caps in inclement weather with or without the all-weather coat. Male rain cap covers sold by Marine Corps exchanges will be considered standard. Females may wear the previously issued/required rain cap cover (havelock) with service/dress caps in inclement weather as long as the havelock is serviceable.

2. Dress Cap Components

a. Males

(1) Cap Frame

(a) Field grade/general officers, black cloth-covered visor with gold bullion or synthetic ornamentation as prescribed (fig. 3-1).

(b) Company grade officers/enlisted, black leather/synthetic leather (high gloss) visor.

(2) Dress chinstrap (officers), or black leather/synthetic leather (high gloss) chinstrap (enlisted).

(3) Two 27-line gold uniform screw post buttons.

(4) Dress cap insignia (officers), or gold branch of service insignia (enlisted).

(5) White crown, cloth or vinyl. Officer crowns with quatrefoil. The Commandant and former Commandants will have general officers' gold ornamentation embroidered on the front half of the crown's braid band.

b. Females

(1) Officers will wear the white vinyl dress cap with dress chinstrap. Field grade/general officers will have a black cloth visor with synthetic gold ornamentation as prescribed (see fig. 3-1).

(2) Company grade officers/enlisted caps will have a black synthetic leather (high gloss) visor. Enlisted females will wear the black synthetic leather (high gloss) chinstrap.

3. Service Caps

a. Males

(1) Components

(a) Frame with plain black leather/synthetic leather (high gloss) visor (captains and below). Field grade and general officers will wear the dress frame with ornamented visor with the green service crown.

(b) Black leather/synthetic leather (high gloss) chinstrap.

(c) Two 27-line black uniform screw post buttons.

(d) Branch of service cap insignia, black (officer/enlisted, as appropriate).

(e) Service crowns (with quatrefoil for officers) of green all-season fabric or of phase-out summer weight polyester-wool fabrics may be worn with service uniforms of any fabric.

(2) The service cap may be worn optionally by male Marines with the service uniform on all occasions. Commanders may prescribe the wear of the service cap on specific occasions.

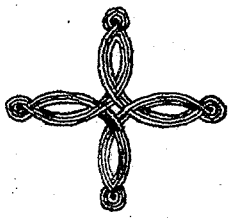
b. Females

(1) Service caps of green all-season fabric or of phase-out summer weight polyester-wool or winter weight all-wool fabrics may be worn with service uniforms of any fabric.

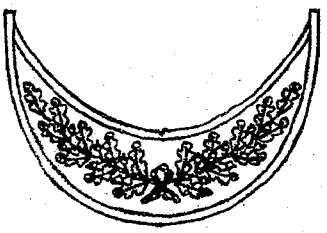
(2) Field grade/general officers will wear the service cap with black chinstrap and black cloth visor with synthetic gold ornamentation as prescribed (see fig. 3-1.).

(3) Company grade officer/enlisted caps will have a plain green fabric visor and a scarlet cord.

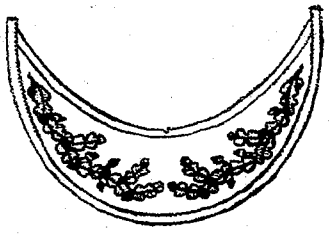
(4) Females may wear either the service cap or garrison cap on all occasions. Commanders, however, may choose to prescribe which cap will be worn for specific occasions.



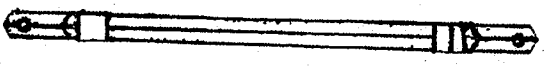
Quatrefoil, Male Officer (All Frame Cap Crowns)



General Officer (All Dress and Service Caps)



Field Grade Officer (All Dress and Service Caps)



Dress Chin Strap, All Officers

Service Chin Strap (Male Officers And Female General and Field Grade Officers)

>CH 5 Figure 3-1.--Officer's Cap Components

4. Garrison Caps

a. Males

(1) Garrison caps of either green all-season fabric or phase-out summer weight polyester/wool fabric may be worn with service uniforms of any fabric.

(2) Male Marines will wear the garrison cap with the service uniform except when the service cap is authorized/required per subparagraph 3004.3a(2).

(3) The garrison cap will normally be worn in formation with the service uniform, except when the service cap is prescribed by the Commander for specific occasions.

b. Females

(1) Garrison caps of either green all-season fabric or phase-out summer weight polyester/wool fabric may be worn with service uniforms of any fabric.

(2) The garrison cap may always be worn except when the service cap is prescribed for specific occasions.

>CH 5 5. Utility Caps. The combat utility garrison cap, and combat utility field hat will be worn with the respective utility uniform according to paragraph 3037 and paragraph 3038, except when another type of headgear is specifically authorized by these regulations or as directed by the commander. Field hats will not be worn with the maternity work uniform.

3006. COATS

1. General

>CH 5 a. Utility coats will only be worn as a part of the utility uniform and will have the Marine Corps emblem decal embroidered on the left breast pocket according to paragraph 3037. There will be no mixing **of desert and woodland pattern uniform items (except organizational gear per the commander's guidance).**

b. Buttons on all service/dress coats may be detachable with worked eyelets provided for them.

2. Males

a. Service coats are semi-formfitting garments and will not be fitted to present a tight or formfitting appearance. Approximately 2 inches of freedom should be allowed through the chest and 1 inch at the waist, with the belt of sufficient length to fit the coat waist rather than pulled snugly against the waist of the individual. A properly fitted service coat will ride freely up and down the body when the arms are raised/lowered.

b. Blue dress coats are formfitting garments and will be fitted and altered accordingly.

c. Only the sleeves, collars, and lapels of the service coat will be creased and pressed flat. Creases in the back skirt of the coats are prohibited.

d. The length of all coats will extend about 1 to 2 inches below the individual's crotch. The sleeve cuff bottom will extend to about 1 inch above the second/large joint of the thumb.

3. Females

>CH 5 a. The blue dress coats will be worn at all times with the blue and blue-white **"A"/"B"** uniforms.

b. Service and dress coats are semi-formfitting garments and will be fitted and altered accordingly. The coat should fit smoothly but not tightly across the bust and shoulders with sufficient looseness to permit both arms to move freely.

c. Coat sleeves/lapels will be roll pressed.

>CH 5 3007. COLLAR, WHITE STRIP. The standing white strip collar is worn by male officers with the evening dress and blue dress uniforms, attached in the inside of the coat or jacket with eyelet fasteners. The collar will have a

straight edge high enough to extend not more than 1/4 inch above the uniform collar and will be long enough for the ends to meet in the front without a **visible** gap **and** with a slight overlap **not to exceed 1/4 inch. CMC decision of 15 Oct 2007**

3008. CUFF LINKS SETS (MALES). The officer or SNCO gold service cuff links sets (officers have superimposed sterling silver, rhodium-finished Marine Corps emblems; SNCOs have gold-plated Marine Corps emblems superimposed), concave gold or gold- plated cuff links, and MSC and above command level cuff links may be worn at the wearer's option with the with the male French cuff khaki shirt and dress shirts.

3009. CUMMERBUNDS

1. Scarlet cummerbunds will be worn with the female officers' evening dress "A" (except general officers), the male and female officers' evening dress "B" (except general officers), and the SNCOs evening dress.

2. Cummerbunds will be worn with the pleats opening towards the top.

3010. EARRINGS (FEMALE)

1. Female Marines may wear earrings with service and dress uniforms at the individual's option, according to the following regulations:

a. Small, polished, yellow gold color, ball, or round stud earrings (post, screw-on, or clip), not to exceed 6 millimeters (about 1/4 inch) in diameter, may be worn with the service, blue dress, and blue-white dress.

b. Small white pearl or pearl-like earrings (post, screw-on, or clip), not to exceed 6 millimeters (about 1/4 inch) in diameter, may be worn with evening dress uniforms and with the blue dress "A" and blue-white dress "A" uniforms when worn for social events.

>CH 5 c. Small diamond or diamond-like earrings (post, screw-on, or clip) not to exceed 6 millimeters (about 1/4 inch) in diameter maybe worn with the evening dress uniform. Pearl or diamond earrings may be worn at the wearer's discretion with the evening dress uniform. MARADMIN 322/05

2. When worn, earrings will fit tightly against, and will not extend below, the earlobe. Only one earring will be worn on or in each earlobe.

3. Earrings will not be worn with the utility uniform, or while participating in a parade, ceremony, or other similar military functions.

3011. ECWCS PARKAS AND TROUSERS

>CH 5 1. Marines are allowed to purchase the Extended Cold Weather Clothing System (ECWCS) items may be worn as an optional uniform item and **may** wear it with the utility uniform at their option during cold or inclement weather, except when specifically prohibited by the commander for reasons of uniformity. Marines are authorized to wear ECWCS items with the traditional woodland pattern with the desert and woodland combat utility uniforms **per the commander's guidance.**

2. Whenever an optional ECWCS parka is worn, grade insignia will be worn as prescribed in chapter 4. Name tapes may be sewn on the right shoulder pocket flap of the parka/right seat pocket flap of the trouser and service tapes may be sewn on the left shoulder pocket flap of the parka, as the commander prescribes, in a manner that does not damage the weather-proof integrity of the item.

3. Marines who purchase ECWCS parkas or trousers from sources other than Marine Corps Exchange/DoD supply system may wear them provided they are identical in appearance to the standard item, as well as functional and suitable for combat and field wear.

3012. FOOTWEAR (See figs. 3-2 and 3-3.)

1. General

a. All Marines may purchase and wear approved commercial black leather and synthetic leather shoes in semi-gloss or high gloss (patent) finishes on an optional basis (approval identification not required for pumps). These shoes may be used to satisfy minimum requirements. Chukka boots are authorized for male officers and SNCOs only.

b. Double/platform soles, heels, metal heel or toe plates are prohibited.

c. All Marines may wear clear, smoky gray, or black zipper-closure overshoes or rubbers of plain design with the uniform during inclement weather. Additionally, females may wear plain black boots which do not extend above the knee. Female boots with a one-piece sole/heel construction in flat or wedge style may be worn; however, platform soles are prohibited. If boots with separate heels are worn, the heel dimensions will conform to those prescribed for female oxfords/pumps. Soles and heels must be black and linings will be inconspicuous. These items will not be worn indoors.

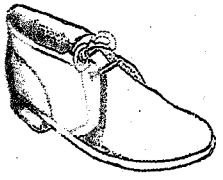
2. Combat Boots. Temperate weather and hot weather boots may be worn with any version of the utility uniform at the individual's option. Organizational issue safety boots and deviations as approved by commanding officers and/or medical officers are also authorized. Authorized boots are as follows:

>CH 5 a. Marine Corps Combat Boot, Temperate Weather (MCCB (TW)). The standard temperate weather combat boot is the brown rough-side-out leather boot, and will be worn as issued/sold through the DoD Supply System/Retail Clothing Outlet and those private vendors who have authority to sell the patented boot. A Marine Corps emblem heat-embossed on the outer ankle identifies MCCBs that are authorized for wear.

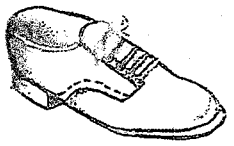
>CH 5 b. Marine Corps Combat Boot, Hot Weather (MCCB (HW)). The standard hot weather combat boot is the brown rough-side-out leather boot, and will be worn as issued/sold through the DoD Supply System/Retail Clothing Outlet and those private vendors who have authority to sell the patented boot. A Marine Corps emblem heat-embossed on the outer ankle identifies MCCBs authorized that are for wear by Marines.

>CH 5 c. Optional MCCBs. Optional MCCBs with a Marine Corps approval identification number (see fig. 1-4) and Marine Corps emblem on the outside heel of the boot are authorized for wear with the utility uniform and will meet the minimum requirement.

3. Male Dress Shoes. (see fig. 3-2). Officers' dress black shoes will be either oxford or chukka boot in style and may be either the bal- or blucher-type.



Chukka Boot, Blucher, Black



Oxford, Blucher, Black

Oxford, Bal, Black

Figure 3-2.--Male Footwear.

4. Female Dress Shoes. (See fig. 3-3.)

a. All pumps will be of conservative cut with closed toes and heel without ornamental stitching or seams.

>CH 5 b. Black suede or fabric pumps will be worn with evening dress uniforms. Heels will measure from 1-1/2 inches to 3 inches in height. The base of the heel will measure from 3/8 by 3/8 inch to 1-1/4 by 1-1/2 inches. **MARADMIN 361/08**

>CH 5 c. Black pumps (except evening dress) will be smooth leather or synthetic leather. Any elastic binding around the throat of the pump will match the color of the shoe. Heels will measure from 1 inch to 3 inches in height. The base of the heel will measure from 3/8 by 3/8 inch to 1-1/2 by 1-7/8 inches. **MARADMIN 361/08**

d. Black dress flats are authorized for optional purchase and wear with dress and service uniforms instead of black pumps or oxfords under certain sources or Marine Corps Exchanges and are not required to contain USMC approval identification. Black dress flats worn under this authority will be of smooth leather or synthetic leather, with the same general appearance standards as pumps. They will have a maximum heel height of 7/8 inch. The flats will have heels that are separate and distinct from the sole of the shoe; "wedged" heels are prohibited.

e. Black pumps, dress flats, and oxfords will be worn with the blue dress, blue-white dress, service and maternity uniforms per the following guidance:

(1) When the skirt is worn as part of the blue dress, blue-white dress, or service uniform, either black pumps or black dress flats will be worn at the individual's option, except as follows:

(a) If the skirt is worn for drill, parades, and other occasions that require functional uniformity, oxfords will be the prescribed footwear.

(b) Black pumps will be worn with the blue dress or blue-white dress uniform with skirt for formal occasions. However, flats may be worn by those engaged in ceremonial details on such occasions at the individual's option, unless oxfords are prescribed by the Commander.

(c) Oxfords are authorized for wear when a duty involves prolonged walking or standing, when pumps are considered unsafe, when prescribed for medical reasons, or when otherwise deemed appropriate by the commander. However, low-heeled pumps or flats are encouraged when skirts are worn for duties involving moderate walking or standing.

(2) When slacks are worn as part of the blue dress or service uniform, either black oxfords or black dress flats will be worn at the individual's option, except that oxfords will be prescribed for drill, parades, and other occasions which require functional uniformity. When 3-15 slacks and oxfords are worn, either dark hose or black socks will be worn at the individual's option. Dark hose will be worn with slacks and dress flats.

(3) When the maternity service uniform with skirt is worn, pumps, oxfords, or flats will be worn. Oxfords will be worn with the maternity service uniform when slacks are worn.

Oxfords

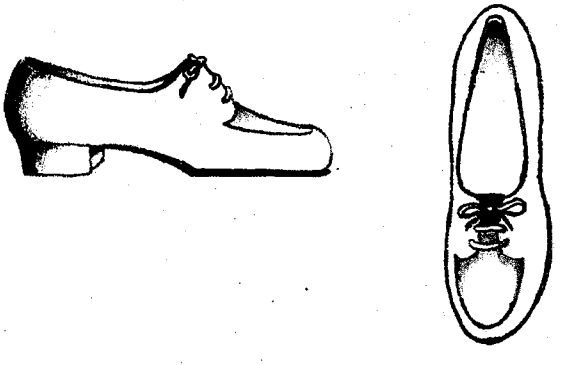
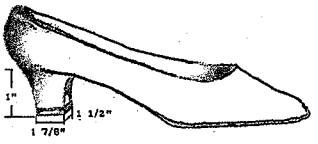
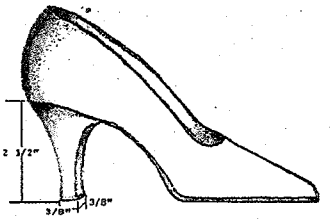


Figure 3-3.--Female Footwear.

Minimum/
Maximum
Heel Height





Dress Flats

Figure 3-3 (Continued).-- Female Footwear.

3013. GLOVES

>CH 5 1. During the winter uniform period, Marines **may** wear/carry black leather, vinyl, or cloth (females only) gloves when an outer coat is worn with the service uniform. Black gloves **may be** worn/carried with the service "A" uniform or service uniform with sweater or tanker jacket at the individual's option; however, local commanders will designate whether gloves will be worn by troops in formation.

2. Marines may wear black gloves with the utility uniform.

>CH 5 3. White gloves **may** be worn or carried with evening dress, blue-dress, or blue-white dress during summer and winter uniform seasons. When an outer garment is worn during the winter uniform seasons, black gloves **may be** worn or carried. During the summer season, black gloves or worn or carried when the AWC is worn as the outer garment, and white gloves are worn or carried when the boat cloak or dress cape is worn as the outer garment.

3014. HANDBAG/PURSE

1. Females may purchase optional handbags through the Marine Corps Exchange or commercial sources provided they conform to the following guidelines:

a. The optional handbag must be of plain natural grain black leather or synthetic leather. Exotic materials such as eel skin, alligator, or ostrich are not authorized. The closure hardware will be brass-plated or gold-colored.

b. The handbag will be of rectangular design with a flap. If the flap has a closure, it must be a clasp (no buckles, zippers, or string ties are allowed). The handbag may not have any visible ornamentation, decorative stitching, embossed design, or manufacturer's logo. The handbag will not be any smaller than 7-1/2 inches wide by 5-1/2 inches high by 2 inches deep nor will it be larger than 12 inches wide by 8 inches high by 3-1/2 inches deep.

c. The strap may be removable or non-removable and may have a gold-colored or black-coated buckle. It will be of the same material as the purse and no part of the strap will be made of chain. The strap will be of sufficient length to allow the handbag to be carried properly per subparagraph 3013.3.

2. The handbag may be carried at the individual's option with the service, blue dress, and blue-white dress uniforms. The handbag will not be carried in formation or when the utility uniform or maternity work uniform is worn.

3. The handbag will be carried either over the left shoulder or left arm. The strap will be adjusted so that the bottom of the handbag will be near the bottom of the uniform coat. When carried over the left arm, the strap will be adjusted to its shortest length.

>CH 5 4. Officers **may** procure a clutch purse(s) to wear with dress uniforms. Black clutch purses purchased from commercial sources may be used with appropriate dress uniforms. The clutch purse will be plain, unadorned, rectangular, and will not exceed 6 inches by 9 inches. USMC approval identification is not required for the clutch purse.

>CH 5 5. A black clutch purse **may** be carried with all evening dress uniforms, and the officers' blue dress or blue-white dress "A"/"B" uniforms when worn in lieu of the evening dress uniform.

3015. JACKET, TANKER

1. The tanker jacket, authorized for individual optional purchase and wear, is made of a pewter gray polyester/wool gabardine material that has been treated to be water-repellent/resistant.

2. The jacket may be worn with the dress "C"/"D" uniforms, the service "B"/"C" uniforms and service or blue dress uniform with sweater. When worn the jacket will be zipped at least to the top (i.e., the highest point) of the external slash pockets. When worn with the sweater, the sleeves and the waistband of the sweater will be rolled up or under to ensure they do not extend below the jacket's sleeves/waistband.

3. Officers will wear their insignia of grade on the shoulder straps in the same manner as worn on the all-weather coat. Enlisted Marines will wear metal/plastic insignia of grade on the shoulder straps, single point inboard, and placed in the same manner as field/company grade officer's insignia.

4. The jacket will not be worn with the all-weather coat, nor will it be worn with the utility uniform. It will not be worn for inspections, ceremonial formations, or parades. It may be worn for leave/liberty. The jacket is authorized for wear, without insignia, with civilian clothing.

3016. JACKET, EVENING DRESS

1. Officers

a. General

(1) Embroidered uniform components with either tarnish-resistant gold embroidery thread or the all-gold bullion are authorized. The mixed wear of synthetic and all-gold bullion uniform components is authorized.

(2) Sleeve ornamentation for the jacket will be worked on dark blue cloth of the same color and texture as the jacket. The rear edge has three points for males and a diagonal edge for females. Forward edges are finished with two rows of gold beading separated by a row of scarlet silk embroidery. Prescribed ornamentation differs by grade (See fig. 3-4).

(a) General Officers. One border of zigzag rows of acorns and oak leaves, embroidered large and clearly outlined in high relief with gold embroidery thread. The midrib of each leaf will be in gold Jaceron.

(b) Field Grade Officers. Will be as outlined for general officers, except leaves and acorns will be smaller in size and in lower relief.

(c) Company Grade Officers. Four overhand loops in center, of No. 26-1/2 gold embroidery thread, which will be in one continuous piece.

b. Males. The jacket is a round shell design made of dark-blue or black broadcloth, fully lined with scarlet rayon lining material, including the collar. Front edges of the jacket are slightly curved, and the waistline opening is about 6 inches, for the average man. The jacket, which is worn open, extends at the sides to the points of the hipbones, and then curves slightly to the front and with the point at center of the back. It has a standing collar, about two inches high, finished all around, and provided with hook and eye closures. The collar edges are ornamented with two rows of gold beading separated by a row of scarlet silk embroidery, and dress collar insignia will be worn in the eyelets provided. The jacket has shoulder straps upon which embroidered insignia of grade will be worn. Edges of the straps will be finished with two rows of gold beading separated by a row of scarlet silk embroidery. Sleeve embroidery will be as listed above.

c. Females. The jacket is of black polyester-wool tropical fabric with black rayon lining. The collar is scarlet wool tropical with a row of gold embroidered ornamentation centered along the back seam (See fig. 3-5). The jacket is semi-formfitting, waist length, with rolled lapels, plain shoulder straps upon which embroidered insignia of grade will be worn, and embroidered sleeve ornamentation as prescribed in subparagraph 3016.1. Dress collar insignia will be worn in the eyelets provided.

2. Staff Noncommissioned Officers

>CH 5 a. Males. The jacket is a round shell design made of dark blue gabardine fabric. The jacket, with rolled collar, shoulder straps with red piping, and peaked cuffs, is worn open, held together with two small uniform buttons with 1-inch link. Dress collar insignia will be worn in the eyelets provided. Distinctive 1890's style gold on scarlet insignia of grade will be worn on the jacket sleeves, which will be **pressed** flat.

b. Females. The jacket is of black polyester-wool tropical fabric with black rayon lining. The collar is of scarlet wool tropical without

ornamentation. The jacket is semi-formfitting, waist length, with rolled lapels, peaked cuffs, but without shoulder straps. Dress collar insignia will be worn in the eyelets provided. Standard gold on scarlet insignia of grade as prescribed for the blue dress uniform will be worn on the jacket sleeves.

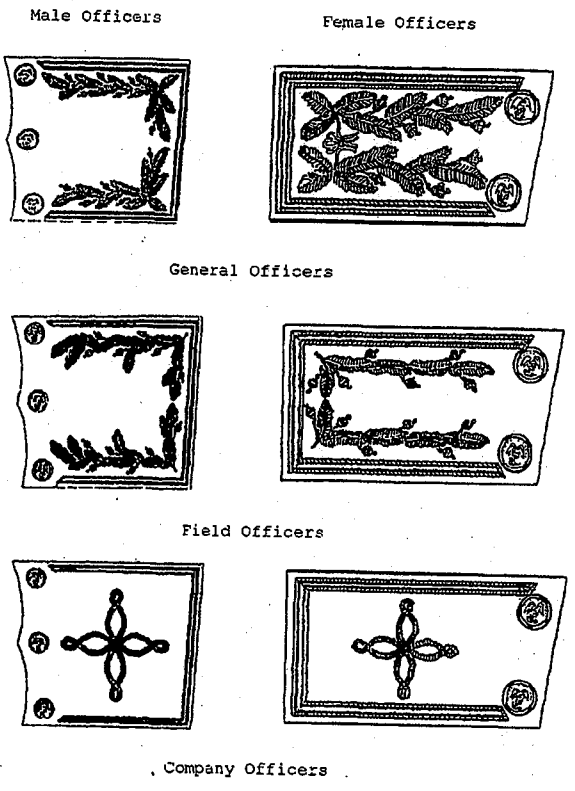


Figure 3-4.--Officer Sleeve Ornamentation.

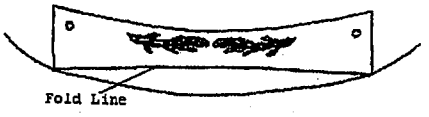


Figure 3-5.--Evening Dress Jacket Collar Ornamentation (Female Officers).

3017. MATERNITY UNIFORMS

1. Maternity uniforms will be worn by pregnant Marines when the local commander determines that the standard uniforms can no longer be worn. Either the maternity service uniform or the maternity camouflage work uniform, as appropriate, will be worn as authorized herein.

2. The maternity service uniform consists of green tunic top, skirt or slacks, and khaki long or short sleeve maternity shirt. Either the skirt or slacks may be worn with the tunic, at the individual's option according to paragraph 3026. Either the long or short sleeve shirt may be worn with or without the tunic at the individual's option except that the tunic must be worn when the service "A" uniform is prescribed. The green necktab will always be worn when the tunic and/or long sleeve shirt are worn. When the short sleeve shirt is worn without the tunic, it will be worn with open collar and no necktab. This uniform may be worn on leave/liberty under the same conditions as the standard service uniform.

>Ch 5 3. The maternity camouflage work uniform consists of a coat and slacks fabricated in both the desert and the woodland Marine Pattern digital fabric. This uniform is authorized for wear by pregnant Marines in the Fleet Marine Force and by those in non-FMF commands who are required to wear the utility uniform in the performance of their duties. The work uniform will be worn under the same general regulations as the standard utility uniform except that the web belt will not be worn. **MARADMIN 504/07**

4. Name/service tapes will be worn on the maternity work uniform with the top of the tapes placed approximately on line with the second buttonhole from the top of the coat. Placement of the tapes may be adjusted to the individual as necessary to ensure proper appearance and comfort. Each tape will be the same length, not to exceed 6 inches. The emblem decal will be centered between the ends of the service tape and with the top of the emblem 1 inch below the bottom of the tape.

>CH 5 5. When the maternity service uniform with skirt is worn, pumps, oxfords or flats with hose will be worn. Oxfords, with either dark hose or black socks at the individual's option, will be worn with service slacks. The maternity work uniform will be worn with the **Marine Corps Combat Boots (temperate or hot weather).**

>CH 4 6. Unless otherwise prescribed, other uniform items (i.e., headgear, AWC, scarf, gloves, handbag) not specifically addressed will be worn with maternity uniforms when and as prescribed by current regulations for wear with service or utility uniforms, as applicable. The AWC may be worn unbuttoned or with its buttons temporarily repositioned to the coat edge during the latter stages of pregnancy. The service sweater and tanker jacket are not authorized with maternity uniforms. **The black maternity sweater (cardigan with epaulettes) is authorized for optional wear with the maternity service uniform.** Gold rank insignia will be worn with the sweater per the blue dress sweater regulations detailed in chapter 4 of these regulations. The green necktab will be worn when the maternity sweater is worn. The sweater may be worn over the tunic and underneath the all-weather coat, but must be buttoned at all times. **The sweater is authorized for leave and liberty and for commuting to and from work.**

3018. MOURNING BAND

1. The mourning band will be worn on the left sleeve of the outer garment, midway between the shoulder and elbow.

2. Officers will only wear mourning bands approved for sale through the Marine Corps Exchange System. Enlisted Marines will wear mourning bands issued as organizational clothing by their unit. Mourning bands are not available through the DoD Supply System and must be purchased via open purchase. The officer's mourning band may be used for this purpose.

3. Marines will wear mourning bands when serving as honorary pallbearers at military funerals in an official capacity, and at such times as prescribed by competent authority. Mourning bands may be worn for family mourning.

4. When directed by competent authority, Marines will wear mourning bands while stationed in or officially visiting a foreign nation that is undergoing a period of national mourning.

3019. NAMETAGS

1. No valid general requirement for nametags exists; however, the standard black Marine Corps nametag may be prescribed at the option of local commanders at schools, conferences, and related activities. Marines assigned to non-Marine Corps commands or schools may wear nonstandard nametags, without prior CMC approval, if they are similar in size and shape to standard Marine Corps nametags and are required by the local commander.

2. The standard Marine Corps nametag will be of flexible thermo-plastic translucent base material with black velvet mar-resistant, non-glare finished surface and a white core, as sold by approved sources. When prescribed by commanders, nametags and engraving services will be procured according to the current edition of MCO P4200.15, utilizing local command funds. The tag is 5/8 inch wide by 3 inches long with clutch-type fastener. Engraved white block-type lettering will be 3/8 inch high by about 3/16 inch wide (unless it must be smaller to accommodate a lengthy name within standard length) indicating the Marine's last name only. Symbols, initials, nicknames, or organizational identification will not be placed on nametags. Wearing nametags that do not conform with these provisions, except as noted above, is prohibited.

3. Nametags may only be worn on service and blue dress uniforms when worn as the uniform of the day. A nametag will not be worn on the female white shirt. Nametags will not be worn on leave or liberty, but may be worn at off-base events when prescribed by the local commander.

4. The nametag will be centered 1/8 inch above the right breast pocket on uniforms with such pockets and in the same general position on uniforms that do not have pockets. On the female service coat with slanted pockets, a horizontal line tangent to the highest point of the pocket will be considered the top of the pocket.

3020. NECKTABS/NECKTIES

1. Necktabs (Females)

a. The green service necktab will be worn when the long sleeve khaki shirt is worn with the service "A"/"B" uniforms and when the short sleeve

shirt is worn with the service "A" uniform. No necktab will be worn with service "C" uniform or when the service sweater is worn.

b. Green necktabs will be worn with the maternity uniform according to paragraph 3016.

c. The black necktab will be worn by enlisted Marines with the blue dress "A," "B," and "C" or blue-white dress "A"/"B" uniforms. No necktab will be worn with the blue dress "D" uniform.

d. Officers will wear scarlet or black necktabs with the blue dress or blue-white dress uniforms as follows:

>CH 5 (1) The red necktab will be worn with the blue dress and blue-white dress "A"/"B" uniforms (when the coat is worn, regardless of whether the skirt or trouser is worn). MARADMIN 322/05

(2) The black necktab will be worn with the blue dress "C" uniform. No necktab will be worn with the blue dress "D" uniform.

e. The necktab's outer edges should be parallel to the outer edges of the collar. An equal amount of necktab should show on each side of the collar.

2. Neckties (Male)

a. Marines will wear a 3-1/8 inch khaki necktie of any approved cloth with the service "A"/"B" and blue dress "C" uniforms. It will not be worn with the crew-neck service sweater. Neckties may be tied with any type of standard necktie knot which presents a neat military appearance.

b. Approved hook-on (pre-tied) khaki neckties may be worn with the service and dress uniforms at the individual's option and may be used to satisfy minimum requirements.

c. The plain black bow tie with square ends will be worn with the SNCO's evening dress uniform.

d. The necktie will be tied so that the tip of the bottom of the tie is between 1/2-inches above the belt buckle and 1/2-inches below the belt buckle.

3021. NECKTIE CLASPS (MALES). (See fig. 3-6.)

1. The gold necktie clasp as sold through the Marine Corps Supply System is standard for all male Marines. However, all Marines may purchase at their option approved tie clasps with stamped or superimposed Marine Corps emblems through the Marine Corps exchange or commercial sources. For officers, the optional tie clasp will have a silver-colored emblem; and for all enlisted, a gold-colored emblem.

2. The clasp will always be worn on the necktie when the khaki shirt is worn as the outer garment and it may be worn with the service "A" uniform. It

will be placed horizontally on the lower half of the necktie midway between the third and fourth buttons from the top.

Figure 3-6.--Necktie Clasp.

3022. OPTIONAL UNIFORMS FOR SNCOS

1. General

a. SNCOs are authorized to wear officers' service uniforms. These uniforms are authorized at all times including in formation with troops. SNCOs who exercise this option are not required to maintain equivalent enlisted uniforms. Male SNCOs who wear service coats of officer-type fabric must have the large pockets sewn down in the same manner as the pockets on enlisted service coats.

b. Shirts worn with these uniforms may be of any cloth of adopted standard. Enlisted branch of service insignia and enlisted grade and service stripes will be worn with optional uniforms. The service crown worn with the male frame cap will be without quatrefoil or mohair braid.

2. Optional Uniforms (Males). SNCOs may wear the evening dress (blue) jacket. The following accessories and uniform items, available through the DoD Supply System, Marine Corps Exchange System, or approved commercial sources will be worn with the jacket.

a. High-waisted or standard enlisted blue dress trousers with scarlet trouser stripe

b. Frame cap with enlisted dress crown

c. Scarlet cummerbund

d. White, pleated, soft bosom shirt

e. Black bow tie

f. Black dress shoes

g. Black socks

h. White gloves (carried or worn)

i. AWC (may be worn)

j. Dress cuff links and studs

k. Gold button set

l. Gold enlisted branch of service insignia, cap, and collar

m. Miniature medals

n. Insignia of grade, distinctive 1890's style, gold on scarlet

3. Optional Uniforms (Females). SNCOs may wear the dress cap, and branch of service insignia, evening dress (blue) jacket. The following accessories and uniform items will be worn:

a. Black skirt, short or long (See subparagraph 3025.3.)

b. White shirt, evening dress (See subparagraph 3024.2.)

c. Dress cap, when required for ceremonial participation

d. Scarlet cummerbund

e. Black clutch purse (See subparagraph 3013.5.)

f. Black dress shoes, suede or fabric

g. Gold buttons, medium

h. Gold enlisted branch of service insignia, and collar

i. Miniature medals

j. White gloves (worn or carried)

k. AWC (may be worn)

l. Insignia of grade, standard gold on scarlet

3023. PHYSICAL TRAINING CLOTHING

1. General Purpose Trunks. The standard issue general purpose trunks are fabricated from a polyester twill fabric, are olive green in color, are of thigh length, have an elastic waist with a draw cord, and have a bound V-notch at the outer leg seams.

a. When worn with the standard green undershirt, the trunks comprise the standard Marine Corps-wide physical training (PT) uniform and will be worn according to paragraph 2006.

>CH 5 b. Olive green trunks of any material, similar in design to the standard issue trunks, may be worn at the option of the individual on all occasions for which the PT uniform is authorized/prescribed. Optional trunks may be purchased through Marine Corps Exchanges or commercial sources and are not required to contain Marine Corps approval identification. **For comfort and/or modesty, Marines are authorized to wear tights under the general purpose trunks that are not longer than, and color coordinate with the trunks. MARADMIN 361/08**

>CH 5 2. Cold Weather PT uniform. The required cold weather PT uniform is of olive green knit fabric and consists of a pull-over crew-neck sweatshirt and elastic waist sweatpants. The shirt and pants will have "USMC" in 3-inch block lettering and the Marine Corps emblem imprinted on the left breast of the shirt and upper left leg. The crew-neck sweatshirt may be worn under the utility uniform coat when sleeves are not rolled.

>CH 5 3. Marine Corps running suit. The running suit is comprised of a green jacket and trousers with reflective piping material and inserts, a silver Marine Corps emblem on the left breast of the jacket and upper left thigh of the trousers. There **is a scarlet and gold "USMC" on the front of the lower right trouser leg and a scarlet and gold "MARINES" on the upper back portion of the jacket. The uniform is meant to be worn in combination with the existing physical training (PT) uniforms, except as outlined in paragraph 1005.2.and 2006. ALMAR 019/08**

3024. PROTECTIVE MOTORCYCLE CLOTHING

>CH 5 1. A Department of Motor Transportation (DOT)- approved protective helmet (Federal Motor Vehicle Safety Standard (FMVAA) Number 218), eye protection consisting of impact-resistant goggles or full-face shield attached to the helmet; **a protective jacket designed for motorcycle safety (may include impact resistant shoulder and elbow pads),** and a high-visibility reflective vest are authorized for wear by Marines in uniform while operating or riding as passengers on a motorcycle, MOPED, motorscooter, or similar two- or three-wheeled vehicle. **MARADMIN 322/05**

>CH 5 2. The safety equipment described will be worn whenever directed by Marine Corps safety regulations. When helmets are worn, chinstraps/eye protection will be properly fastened and in place. Reflective vests must not be covered or concealed. **Protective riding gear will contain minimal visible organizational insignia, reference to manufacturer/motorcycle brands, graphics or wording. All gear will be removed immediately upon dismounting the motorcycle. MARADMIN 322/05**

3025. SCARF

1. During the winter uniform period, Marines may wear the green wool scarf when the AWC/tanker/ECWCS parka/field coat is worn with the service or utility uniform, at the individual's option. The scarf will not be prescribed for wear.

2. When worn, the scarf will overlap to form a "V" at the base of the throat, hiding the garment beneath.

3026. SHIRTS

1. Khaki Shirts (Long and Short Sleeves)

a. When the service "A" uniform is worn, males wear the long sleeve khaki shirt and females wear either the long- or short-sleeve khaki shirt. The khaki necktie or green necktab, as appropriate, is worn with this uniform.

b. The long-sleeve khaki shirt is part of the service "B" and blue dress "C" uniforms. The khaki necktie/appropriate necktab is worn at all times.

c. The short-sleeve khaki shirt is part of the service "C" and blue dress "D" uniforms, and will be worn with the collar open and no necktie/necktab.

d. Marines may purchase and wear shirts with approval identification from commercial sources on an optional basis. Enlisted Marines may use these shirts (with the exception of the French cuff shirt), to satisfy minimum requirements.

e. The male khaki shirt with French cuffs will be of the same design and style as the standard shirt except with French cuffs instead of barrel cuffs. Officers and SNCOs may wear the French cuff shirt optionally for duty, on leave and liberty, for parades and ceremonial occasions at the commander's discretion.

f. Male wool- and polyester-blend shirts will be pressed with military creases. Cotton-blend shirts may be pressed with military creases at the individual's option. Military creases are formed by pressing two vertical creases in the front of the shirt, from the shoulder seam through the center of each pocket to the bottom of the shirt, and three evenly spaced vertical creases in the back of the shirt, from the yoke seam to the bottom of the shirt.

g. Female khaki shirts will be worn outside the skirt/slacks, except that those females who are required to wear a duty/sword belt will tuck their shirts into their slacks/skirts. The sleeves of the khaki shirts will be creased and lapels roll-pressed; however, shirts will not be pressed with military creases.

h. Khaki maternity uniform shirts will be worn according to paragraph 3016.

2. Female Dress Shirts

a. The female white dress shirt will be worn with the blue dress or blue-white dress "A"/"B" uniforms. The standard over-blouse style shirt will be worn outside the skirt/slacks at all times. The old-style white shirt, which is worn tucked in, is authorized until replacement is required.

>CH 5 b. A pleated, white tuck-in dress shirt (with black polyester-wool necktab and white pearl buttons) is worn with the female evening dress uniform, except that general officers will have a plain-front shirt. Female Marines may continue to wear the white, ruffled, tuck-in dress shirt with the evening dress uniform at their option. MARADMIN 322/05

3. Male Dress Shirts

a. The male white soft-bosom shirt is a plain, neckband-style shirt with French cuffs, five pearl buttons, and a collar stud for top buttonhole. It

is worn with the officers' blue dress coat. The shirt cuffs should extend 1/8 inch below the bottoms of the coat sleeves.

b. The male white soft-bosom shirt with pique placket is a plain neckband style evening shirt. It has barrel-type cuffs fastened with cuff links and three buttonholes for studs on the front placket. It is worn with the officers' evening dress uniform. The white stiff-bosom shirt with one or two buttonholes may be worn until replacement is required.

c. The male white pleated soft-bosom shirt is an evening style shirt with turned-down collar, pleated front, with two to three buttonholes for studs on the front shirt placket, and French cuffs. It is worn with the SNCOs evening dress uniforms.

3027. SKIRTS

1. Skirts will be of conventional length and sweep appropriate to the appearance of the uniform and the individual. Service and dress uniform skirts, except the long skirt, will be from 1 inch above the kneecap to 1 inch below the kneecap.
2. Skirts will have a hem or facing from 2 inches to 3 inches wide and the seams will be pressed open and flat.

3. The evening dress skirt will be black polyester-wool tropical material, floor length with center back pleat and fully lined with black rayon lining. The short evening dress skirt will be of the same material as the long skirt but will be knee length. The long black skirt will always be worn with the officers' evening dress "A" uniform. Either the long or short black skirt may be worn with all other officer and SNCO evening dress uniforms, depending on the degree of formality required. The old-style long skirt without center back pleat may continue to be worn until replacement is required. Officers and SNCOs will wear white skirts as part of the blue-white uniform during the summer uniform season, unless the commander prescribes blue-white slacks per guidance discussed in paragraph 3028.

3028. SLACKS

1. General

a. Slacks will be long enough to break slightly over the shoe in front and to reach the juncture of the welt of the shoe in the rear. A variation of 1/2 inch above the welt is acceptable. The hem on the slacks will be from 2 to 3 inches wide.

b. Slacks will be pressed to present a smooth vertical crease at about the center front and rear of each leg. The crease will extend from the bottom of the hem to about 2 inches above the crotch.

2. Service Slacks. Slacks may be worn as part of the service "A," "B," or "C" uniform. Wearing the service slacks as a working uniform is at the individual's option. On specific occasions that require uniformity (i.e., formations, ceremonies, inspections, parades, social events), commanders at their discretion may direct either that the skirt or slacks be worn. Slacks are authorized for wear on leave/liberty.

3. Blue Dress Slacks

a. When the blue dress uniform is prescribed, commanders may prescribe females to wear blue dress slacks as part of all blue dress uniforms when specific occasions require uniformity, as discussed in subparagraph 3026.2. On all other occasions, either the blue dress skirt or blue dress slacks may be worn at the option of the individual.

b. All NCOs will wear the scarlet stripe on blue slacks according to paragraph 4009.

c. Officers' dress blue slacks will have a 1-1/2 inch wide scarlet stripe down the outer seam of each leg.

4. Blue-White Dress Slacks. At commands where the blue-white dress uniform is required, commanders may prescribe the wear of either the white skirt or white slacks for enlisted if they have been provided by the command via organizational issue or supplemental allowance For SNCOs whose commands do not provide blue-white dress slacks via organizational clothing or supplemental allowance, either the blue-white dress skirt or blue-white dress slacks may be worn at the option of the individual.

3029. SOCKS/HOSE

1. Black dress socks, as issued by the supply system or sold in MCSSs, will be plain and without ornamental stitching, and when worn with boots, will serve as the liner sock underneath the cushion sole sock. Calf-length, black socks of plain design as sold through the Marine Corps exchanges, may be worn as an optional uniform item and may be used to satisfy minimum requirements.

2. Males will wear black dress socks with all service and dress uniforms. Females may wear black socks when slacks are worn.

>CH 1 3. **Coyote brown** cushion sole socks will be standard as issued/sold through the DoD Supply System and will be worn with the utility uniform and whenever combat boots are worn. Green cushion and black cushion sole socks may continue to be worn until replacement is required.

4. Females will wear full-length nylon hose with service and dress uniform skirts. Dark hose or black socks will be worn with slacks per paragraph 3010.

>CH 5 5. Hose should harmonize with the natural skin tone of the individual. Dark nylon hose of gray/smoky shades will be worn with blue dress and evening dress uniforms on formal occasions. **Neutral/skin tone harmonizing hose will be worn with the blue-white dress uniform regardless of the occasion/time of the day.**

6. Hose with seams, designs, pronounced open-work mesh, or fancy heels are not authorized. Snag-proof, run-resistant hose of an inconspicuous mesh may be worn.

3030. SUSPENDERS. Suspenders will be of plain design as commercially available. They may be worn under evening dress coat, and under the blue

dress coat in lieu of the web belt. Suspenders may also be worn with the white web sword belt per subparagraph 3031.6.

3031. SWEATERS (See figs. 2-23 and 2-24)

1. Green Crew-neck Service Sweater With Epaulettes

a. The olive green crew-neck service sweater with epaulettes is of 100 percent wool, in a heavy ribbed knit crew-neck design with shoulder and elbow patches. An acrylic knit sweater of the same design may be purchased and worn at the individual's option in lieu of the wool sweater. The crew-neck service sweater may be worn as a component of the service "B"/"C" and utility uniforms only. When the service uniform is worn, the long sleeve khaki shirt may be worn with the sweater on a year-round basis at the individual's option. The short sleeve khaki shirt may be worn with the service sweater at those locations and during those periods when the service "C" uniform is authorized.

b. When the sweater is worn with the service uniform, the shirt collar will be worn outside the sweater without necktie/necktab and the shirt collar button will be unbuttoned. The sleeves of the sweater may be turned up; however, the sleeves should be long enough to cover the shirt cuff. The waistband of the sweater may be turned under; however, the sweater should cover the trousers/skirt/slacks waistband. When worn with the utility uniform, the sweater will be worn under the coat. Insignia of grade will be worn on the epaulettes according to paragraphs 4004 and 4005. Officers will wear insignia of grade on the khaki shirt collar. Enlisted will not wear insignia of grade on the khaki shirt collar when the crew neck sweater with epaulettes is worn.

c. Commanders may prescribe the service uniforms with sweater for inspections; however, it will not be worn in ceremonial formations or parades on or off the military installation. The sweater will not be worn on occasions for which the commander determines the service "A" uniform more appropriate. The sweater may be worn with the service uniform for leave and liberty and commuting to and from work.

d. An optional blue crew neck sweater with epaulettes is authorized for all Marines, to be worn in the same manner as the green service sweater with epaulettes. Brushed brass insignia of grade will be worn by enlisted on the epaulettes.

>CH 5 2. Green Crew-neck Service Sweater Without Epaulettes. The blue crew neck sweaters without epaulettes became obsolete as of 1 October 2006. Additionally, as of that date the green sweater without epaulettes may no longer be worn as an outer garment, but may be worn (without rank insignia) underneath the utility uniform. MARADMIN 319/02

3032. SWORD AND ACCESSORIES, OFFICERS (See fig. 3-7.)

1. Sword

a. The sword may be prescribed with all uniforms except the evening dress and utility.

b. Sword blade lengths are available in a range from 26 to 35 inches. The regulation sword length for an individual is determined with the sword at the carry position. The tip of the blade will fall not more than 1 inch above or below eye level.

c. The sword blade is a cut and thrust blade of stainless or forged steel. The sword blade has prescribed etched ornamentation and a scroll on each side bearing the words "United States Marines" reading on the right side from hilt to point, and on the left side from point to hilt. The sword blade has a double channel from the bottom of the etching to the point of the blade, and all exposed surfaces are either polished stainless steel or heavily nickel-plated on a copper base, then polished.

d. The Mameluke-type grip of yellow metal with leaves of ivory or ivory-like plastic is secured by two five-pointed star rivets of yellow metal. The pommel has an eye of yellow metal through which the loop of the sword knot passes and a straight cross with acorn design on the ends.

e. The owner's name may be engraved on the sword at the individual's option. If engraved, the owner's name (reading from point to hilt) will be etched or engraved on the scroll on the left side near the hilt. A Marine officer who inherits/purchases a sword previously engraved with another Marine's name may wear and maintain it as long as the sword remains serviceable. Removing the previous owner's name is not required.

2. Scabbard

a. The scabbard is stainless steel or cold-rolled steel, chrome-plated, brightly polished, and will accommodate the sword blade snugly.

b. The solid brass, highly polished, ornamented metal trimmings consist of a flush fitting mouthpiece, two lockets each with a ring for sling suspensions, and the tip of the scabbard shoe. The scabbard is lined with durable material.

3. Leather Sword Sling

a. The leather sword sling is made of black leather or approved synthetic leather in semi-gloss or high-gloss (patent) finishes. The outer side of the leather is smoothly finished. The inner side of the sling is darkened to present about the same shade as the outer side. The sword sling consists of the following parts:

(1) A leather tongue, four snap fasteners, and two straps (one strap 18-1/2 inches long and the other 11-3/4 inches long).

(2) The hardware, which is removable to facilitate polishing, consists of the brass snap fastener with sword hook to which the tongue is attached, and two locking snap swivel fasteners attached to the ends of the straps. The tongue is attached to the brass snap fastener by inserting the rounded tip through the squared loop at the bottom of the fastener toward the back, folding the tip down and closing the four button snap fasteners.

(3) The locking snap swivels are attached by inserting the tip ends of the straps through the loops of the locking swivels, folding the tip back and inserting a brass button into the two aligned holes of the strap. The tip end of the straps will be on the under side of the straps. The large face of the button will be on the outside of the strap.

b. The sword will not be worn without the leather sword sling attached to it.

c. The sword is worn hooked up with the hilt inclined to the rear and the sling outside the scabbard. To attach the sword and scabbard, use the following procedure:

(1) The snap fastener of the leather sling is engaged in the ring of the shoulder sling or the leather frog.

(2) The scabbard is held in the right hand to the left front, with the scabbard rings to the rear.

(3) Engage the snap swivel of the short sling strap to the top ring on the scabbard.

(4) Engage the snap swivel of the long sling strap to the bottom ring of the scabbard.

(5) Turn the scabbard 180 degrees clockwise, and loop the upper scabbard ring over the prong protruding from the outside of the snap fastener of the leather sling.

4. Service Sword Frog

a. The service sword frog is worn when the sword is suspended from the leather service belt.

b. The service frog is made of black leather or approved synthetic leather in semi-gloss or high-gloss (patent) finish. The frog has polished brass hooks to fit the 1-inch slit at stop (when folded).

c. The frog is attached to the belt at a point over the highest portion of the hipbone, generally along the seam of the trousers/slacks/skirt. The snap hook of the leather sling is engaged in the ring attachment of the frog.

5. Shoulder Sword Sling

a. The shoulder sword sling consists of white cotton webbing with sliding shoulder pad, an adjusting buckle, and a sword attaching ring.

b. The sling is worn by male officers only when a coat is worn. It is worn beneath the coat, over the right shoulder extending across the torso, with the ring attachment over the top of the left hipbone, at a point where the sword slit is located in the coat. The sling is worn so that the ring attachment protrudes through the sword slit of the coat, but so that the white webbing is not visible from the outside.

6. White Web Sword Belt With Suspenders

a. The white web sword belt consists of a white cotton webbing belt with an adjustable hook and pile closure and a white leather frog attachment stitched to the belt to hold the sword. White suspenders are worn attached to the belt to afford additional support and stability.

b. The sling may be worn by male officers as an option to the shoulder sling. It is worn beneath the coat, with the frog attachment over the top of the left hipbone, at a point where the sword slit is located in the coat. The ring attachment of the frog will protrude through the sword slit of the coat.

7. Sword Knot

a. The service sword knot is braided of black leather or approved synthetic material, with a simulated large knot, two sliding keepers, and a hook and eye closure. The sword knot will be attached to the sword at all times.

b. The knot is attached to the sword by passing the small end through the eye in the pommel and securing it to the hook above the large end of the knot. One keeper will be drawn taut immediately below the pommel; the other immediately above the large end of the knot. Both strands of the knot are then looped in a clove hitch over the rear hilt at the cross guard, next to the acorn, and drawn taut so that the large end of the knot hangs free and does not fall below the upper brass rings of the scabbard. The clove hitch "crossover" is worn inboard.

8. Sword Mourning Knot

a. The mourning knot is a black ribbon of silk or similar material, 3 inches wide by 27 inches long. The two flowing ends are 12 inches long when the band is knotted upon the sword hilt.

b. The mourning knot is worn attached to the service sword knot when mourning is ordered. The knot is formed by passing the free ends around and under the service knot, immediately below the eye in the pommel, and then passing them back through the bight formed at the center of the band. The knot is then drawn taut.

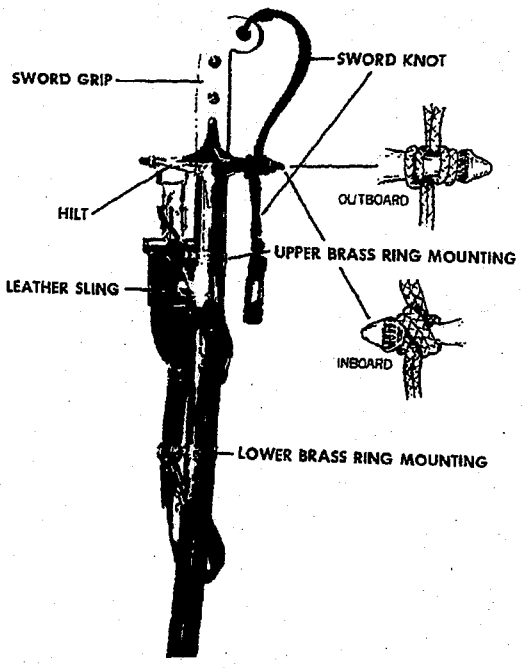


Figure 3-7.--Officer's Sword.

3033. TAPES, NAME/SERVICE

1. Name/service tapes will be worn on the green and desert camouflage utility uniforms, combat utility uniforms, and the maternity camouflage work uniform. The camouflage utility uniform name and service tapes will be of olive green cloth, one inch wide, with embroidered 3/4 inch high black block lettering, except that tapes for the desert utility uniform will utilize brown lettering on a tan background. The combat utility uniform name and service tapes will be of the same MARPAT material as the uniform it is sewn on to, with embroidered 3/4 inch high black (for woodland combat utilities) and brown (for desert combat utilities) block lettering. If necessary to accommodate longer names the lettering may be in condensed print, 1/2 inch high. Nametapes will include the individual's last name only in upper case letters. Service tapes will be inscribed with "U.S. MARINES" in upper case letters, with a space before "MARINES."

2. Tapes for utility coats will be long enough to align with the edges of the pocket flaps when the ends of the tape are turned under and stitched down. Tapes for utility trousers and the maternity camouflage work uniform will not exceed 6 inches in length when sewn on. For the maternity camouflage work uniform, both the name and service tape will be the same length. Tapes will be sewn on uniforms with the ends of the tape turned under and using a plain straight stitch with thread that matches the tape fabric.

3. On the utility coats, the nametape will be worn over the right breast pocket and the service tape will be worn over the left breast pocket. Tapes on the camouflage utility uniform will be sewn with the bottom of the tape

immediately above and parallel to the top of the pocket flap, with the ends of the tape aligned with the edges of the pocket flap. On coats with slanted breast pockets, to include the desert and woodland combat utility uniforms, tapes will be placed immediately above and parallel with the top of the slanted chest pocket flaps. On the utility trousers, a nametape will be worn above the right rear trouser pocket. Name/service tapes may be worn on utility uniforms which already have the "USMC"/emblem decal affixed as long as these uniforms are serviceable. However, only the emblem portion (eagle, globe and anchor) of the decal, centered on the left breast pocket, is required.

4. Tapes will be worn on the desert camouflage utility uniform at the commander's discretion only if it is expected that the individual will retain the uniform for at least 60 days. The Marine Corps emblem may be ironed on the left breast pocket when commanders authorize wear of tapes. The emblem will not be placed on the desert camouflage utility field hat. Prior to recovery of the uniform the individual Marine will be responsible for removing name/service tapes from desert utilities. These requirements for the desert camouflage utility uniform will not be necessary once the desert camouflage utility uniform becomes obsolete 1 October 2006.

5. On the maternity camouflage work uniform tapes will be vertically centered, with the top of the tape placed approximately on line with the second buttonhole from the top of the coat. Placement may be adjusted to the individual as necessary to ensure proper appearance and comfort. On uniforms which have the complete "USMC"/emblem decal affixed the service tape will be worn with the bottom of the tape 1/2 inch above the emblem and the nametape will be worn in a corresponding position on the right side.

6. Marines who experience name changes will replace nametapes with tapes bearing their new names as soon as possible. The wear of tapes with minor deviations, such as the use of some lower case letters in certain names, is authorized as long as the tapes are serviceable. Marines are responsible for ensuring that replacement tapes meet guidelines.

3034. TROUSERS (MALES)

1. General

a. Service and dress trousers will be full cut, straight hanging, zipper fly front, and without cuffs. Trouser legs will provide easy fit and will be long enough to break slightly over the shoe in front and to reach the juncture of the welt of the shoe in the rear. A variation of 1/4 inch above/below the welt is acceptable. Hems will be from 2 inches to 3 inches wide.

b. Trousers will be pressed to present a smooth vertical crease at about the center front and rear of each leg. The crease will extend from the bottom of the hem to about 2 inches above the trouser crotch.

c. Enlisted service and dress trousers are standard as issued/sold through the DoD Supply System. Optional high-waisted blue dress trousers with approval identification labels, as sold through Marine Corps exchanges or commercial sources, are authorized for optional purchase and wear by staff

NCOs with the evening dress uniform. Officers' service trousers, of any authorized material, may be worn by SNCOs.

2. Officers' Blue and Evening Dress Trousers

a. Blue dress trousers for colonels and below are sky blue with a 1-1/2 inch wide scarlet stripe down the outer seam of each leg. Blue dress trousers for general officers are dark blue with a 2-inch wide scarlet stripe down the outer seam of each leg.

b. Field and company grade officers are authorized to wear blue dress uniforms with coats and trousers of different fabrics.

c. Evening dress trousers are made of dark blue broadcloth and will have a long waist, high in back, fitting snugly and without wrinkles, without hip or side pockets, buckle straps or belt loops; suspender buttons will be inside the waistband. An ornamented gold lace stripe of tarnish resistant gold thread or gold-plated braid is sewn down the outer seam of each leg.

3035. UMBRELLAS. Female Marines may carry an all-black, plain standard or collapsible umbrella at their option during inclement weather with the service and dress uniforms. It will be carried in the left hand so that the hand salute can be properly rendered. Umbrellas may not be used/carried in formation nor will they be carried with the utility uniform.

3036. UNDERGARMENTS

1. Undershirts

>CH 5 a. Standard undershirts will have quarter length sleeves and have an elliptical (crew-neck) collar. The green undershirt will be made either of 100% cotton or certified synthetic undershirt. The white undershirts are made of 100% cotton. White V-neck undershirts are optional. CMC Decision Memo of 25 May 2006

b. The white crew-neck or the V-neck undershirt is authorized with male service and dress uniforms at the individual's option. Whether an undershirt is worn is at the individual's option except that the crew-neck undershirt will be worn when required by the commander at such times when uniformity is considered essential such as at formations, ceremonies, or parades.

>CH 3 c. The issued utility uniform undershirt is a plain cotton olive green, short-sleeve, crew-neck shirt. Marines may wear optional plain, olive green long- or short-sleeve undershirts of any material, as long as the shirts meet the command's minimum safety standards and have a Marine Corps approval identification number. **Optional shirts (long- or short-sleeve) will meet the minimum requirement, however, commanders may dictate the wear of only short-sleeve shirts when uniformity is required. Marines may wear optional olive green shirts with unit logos as long as the graphics are not visible when the utility coat is worn. These shirts may not be worn when the blouse is removed (i.e. boots and utes). Wearing the undershirt with the utility uniform is at the individual's option, except that the undershirt will be worn when the utility coat is removed. An undershirt may be required**

by the commander at such times when uniformity is considered essential such as at formations, ceremonies, or parades.

>CH 5 2. Drawers (Males). The standard drawers (boxer or jockey style) are made of plain white cotton.

3. Undergarments (Females). Females will wear adequate undergarments, (e.g., slip, bra, camisole, girdle, etc.) to ensure the proper fit, appearance, and opaqueness of the uniform. Undergarments will be worn so that they are not conspicuously visible. The white v-neck undershirt is authorized for wear with service and dress uniforms at the individual's option.

3037. CAMOUFLAGE UTILITY UNIFORM (Uniform deemed obsolete effective 1 October 2006 and is no longer authorized for wear)

3038. COMBAT UTILITY UNIFORM

1. The combat utility uniform should be loose fitting and comfortable. Items should be fitted loosely enough to allow for some shrinkage without rendering the garment unusable. No items of desert and woodland camouflage patterns will be mixed. Care of the combat utility uniform will observe guidance provided in paragraph 10104.

2. Name/service tapes will be worn on the combat utility uniform as prescribed in paragraph 3033, with the exception that name/service tapes will be placed immediately above and slanted parallel with the top of the slanted chest pockets flaps. The background of the name/service tapes is of the same fabric and print as the uniform itself.

3. The combat utility coat will be worn outside the trousers. When authorized by the commander, sleeves will be rolled with the inside out, forming a roll about 3 inches wide, and terminating at a point about 2 inches above the elbow. When combat boots are worn, the trousers will be bloused in a neat uniform manner. When the combat utility uniform is prescribed for parades, reviews and ceremonies, the helmet with camouflage cover may also be prescribed.

>CH 1 & 5 4. The combat utility garrison cap will be worn in garrison. The combat utility field (boonie) cap may be worn during field-type exercises **and operations** only, and may not be prescribed during parades, reviews or other ceremonies. **When worn, the combat utility field cap brim will be worn straight or angled slightly down.**

5. No woodland or poplin fabric items of the camouflage utility uniform will be mixed with the combat utility uniform.

3039. WAISTCOATS

1. The white pique waistcoat is backless with adjustable neck and back straps; single-breasted with shawl-type lapels, and V-shaped opening. The front fastens with three detachable small gold uniform buttons set closely together on the right side, with corresponding buttonholes on the left. It has two welted outside pockets, one on each lower part of the front. The

front edges of the waistcoat, from bottom of lower button to bottom of waistcoat are cut away to form an inverted "V." Previously authorized white waistcoats with back panel may continue to be worn.

2. The white waistcoat is worn by all male officers with the evening dress "A" uniform. It will be adjusted so that no part extends below the bottom of the evening jacket.

3. The scarlet waistcoat made of wool tropical fabric will be worn only by male general officers with the evening dress "B" uniform and by female generals with the evening dress "A"/"B" uniforms. The standard design scarlet waistcoat is available CG, MARCORSYSCOM (PM, ICE). A backless version is authorized for sale through approved sources.

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DoD INSTRUCTION 1300.28

IN-SERVICE TRANSITION FOR TRANSGENDER SERVICE MEMBERS

Originating Component:	Office of the Under Secretary of Defense for Personnel and Readiness
Effective:	October 1, 2016
Releasability:	Cleared for public release. Available on the DoD Issuances Website at http://www.dtic.mil/whs/directives.
Cancels:	Secretary of Defense Memorandum, "Transgender Service Members," July 28, 2015
Approved by:	Ashton Carter, Secretary of Defense

Purpose: This issuance:

- Establishes a construct by which transgender Service members may transition gender while serving.
- Enumerates prerequisites and prescribes procedures for changing a Service member's gender marker in the Defense Enrollment Eligibility Reporting System (DEERS).
- Specifies medical treatment provisions for Active Component (AC) and Reserve Component (RC) transgender Service members.
- Implements the policies and procedures in Directive-type Memorandum 16-005.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security, by agreement with that Department, and in all regards, except as to the requirement to submit issuances implementing this issuance to the Office of the Under Secretary of Defense for Personnel and Readiness 30 days in advance of publication in accordance with Paragraphs 2.1c and 2.2e), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

1.2. POLICY.

a. DoD and the Military Departments will institute policies to provide Service members a process by which, while serving, they may transition gender. These policies are premised on the conclusion that open service by transgender persons who are subject to the same standards and procedures as other members with regard to their medical fitness for duty, physical fitness, uniform and grooming standards, deployability, and retention, is consistent with military service and readiness.

b. The Military Departments and Services recognize a Service member's gender by the member's gender marker in the DEERS. Coincident with that gender marker, the Services apply, and the member is responsible to meet, all standards for uniforms and grooming; body composition assessment (BCA); physical readiness testing (PRT); Military Personnel Drug Abuse Testing Program (MPDATP) participation; and other military standards applied with consideration of the member's gender. As to facilities subject to regulation by the military, the Service member will use those berthing, bathroom, and shower facilities associated with the member's gender marker in DEERS.

c. Service members with a diagnosis from a military medical provider indicating that gender transition is medically necessary, will be provided medical care and treatment for the diagnosed medical condition. Recommendations of a military medical provider will address the severity of the Service member'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 the Service member's performance of official duties.

d. Any medical care and treatment provided to an individual Service member in the process of gender transition will be provided in the same manner as other medical care and treatment. Nothing in this issuance will be construed to authorize a commander to deny medically necessary treatment to a Service member.

e. Any determination that a transgender Service member is non-deployable at any time will be consistent with established Military Department and Service standards, as applied to other Service members 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 issuance. In applying the tools described in this issuance, a commander will not accommodate biases against transgender individuals. If a Service member is unable to meet standards or requires an exception to policy (ETP) during a period of gender transition, all applicable tools, including the tools described in this issuance, will be available to commanders to minimize impacts to the mission and unit readiness.

g. When the military medical provider determines that a Service member's gender transition is complete, and at a time approved by the commander in consultation with the transgender Service member, the member's gender marker will be changed in DEERS and the Service member will be recognized in the preferred gender.

SECTION 2: RESPONSIBILITIES

2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)). The USD(P&R):

a. Updates existing DoD issuances, or promulgate new issuances, as appropriate, in accordance with the provisions of this issuance.

b. Expeditiously develops and promulgates education and training materials to provide relevant, useful information for transgender Service members, commanders, military medical providers, and the force.

c. Ensures that the text of proposed revisions to existing Military Department and Service regulations, policies, and guidance, and of any proposed new Military Department and Service issuance, is consistent with this issuance.

d. Issues guidance to the Military Departments, establishing the prerequisites and procedures for changing a Service member's gender marker in DEERS.

2.2. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMMANDANT, UNITED STATES COAST GUARD (USCG). The Secretaries of the Military Departments and the Commandant, USCG:

a. Adhere to all provisions of this issuance.

b. Administer their respective programs, and update existing Military Department regulations, policies, and guidance, or promulgate new issuances, as appropriate, in accordance with the provisions of this issuance.

c. Establish a Service Central Coordination Cell (SCCC) to provide multi-disciplinary (e.g., medical, legal, military personnel management) expert advice and assistance to commanders with regard to service by transgender Service members and gender transition in the military and to assist commanders in the execution of DoD, Military Department, and Service policies and procedures.

d. Educate their AC and RC forces to ensure appropriate understanding of the policies and procedures pertaining to gender transition in the military.

e. Submit to the USD(P&R) the text of any proposed revision to existing Military Department and Service regulations, policies, and guidance, and of any proposed new issuance, not later than 30 days in advance of the proposed publication date.

f. Ensure the protection of personally identifiable information (PII) and personal privacy considerations in the implementation of this issuance and Military Department and Service regulations, policies, and guidance.

g. Implement processes for the assessment and oversight of compliance with DoD, Military Department, and Service policies and procedures applicable to service by transgender persons, in accordance with Paragraph 3.8 of this issuance.

SECTION 3: GENDER TRANSITION

3.1. SPECIAL MILITARY CONSIDERATIONS. Gender transition while serving in the military presents unique challenges associated with addressing the needs of the Service member in a manner consistent with military mission and readiness. Where possible, gender transition should be conducted such that a Service member would meet all applicable standards and be available for duty in the birth gender prior to a change in the member's gender marker in DEERS 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, the policies and procedures set forth herein provide flexibility to the Military Departments, Services, and commanders, in addressing transitions that may or may not follow this construct. These policies and procedures are applicable, in whole or in relevant part, to those Service members who intend to begin transition, are beginning transition, who already may have started transition, and who have completed gender transition and are stable in their preferred gender.

a. Medical.

(1) In accordance with DoD Instructions (DoDIs) 6025.19 and 1215.13, all Service members have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report to their chains of command any medical (including mental health) and health issue that may affect their readiness to deploy or fitness to continue serving in an active status.

(2) Each Service member in the AC or in the Selected Reserve will, as a condition of continued participation in military service, report significant health information to their chain of command. Service members 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.

(3) As in the case of other health issues, when a Service member receives a diagnosis from a military medical 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 Service member'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 DEERS.

b. Gender Transition in the Military. Gender transition begins when a Service member receives a diagnosis from a military medical provider indicating that gender transition is medically necessary, and concludes when the Service member's gender marker in DEERS is changed and the member is recognized in the preferred gender. At that point, the Service member will be responsible for meeting all applicable military standards in the preferred gender, and as to facilities subject to regulation by the military, will use those berthing, bathroom, and shower facilities associated with the preferred gender.

c. Continuity of Medical Care. A military medical provider may determine certain medical care and treatment to be medically necessary, even after a Service member's gender marker is

changed in DEERS (e.g., cross-sex hormone therapy). A gender marker change does not preclude such care and treatment.

d. Living in Preferred Gender. Real Life Experience (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. Although in civilian life this phase is generally categorized by living and working full-time in the preferred gender, consistent application of military standards will normally require that RLE occur in an off-duty status and away from the Service member's place of duty, prior to the change of a gender marker in DEERS.

e. DEERS. The Military Departments and Services recognize a Service member's gender by the member's gender marker in DEERS. Coincident with that gender marker, the Services apply, and the member is responsible to meet, all standards for uniforms and grooming; BCA; PRT; MPDATP participation; and other military standards applied with consideration of the member's gender. As to facilities subject to regulation by the military, the Service member will use those berthing, bathroom, and shower facilities associated with the member's gender marker in DEERS.

f. Military Readiness. Unique to military service, the commander is responsible and accountable for the overall readiness of his or her command. The commander is also responsible for the collective morale and welfare and good order and discipline of the unit, the command climate, and for ensuring that all members of the command are treated with dignity and respect. When a commander receives any request from a Service member that entails a period of non-availability for duty (e.g., necessary medical treatment, ordinary leave, emergency leave, temporary duty, other approved absence), the commander must consider the individual need associated with the request and the needs of the command, in making a decision on that request.

3.2. ROLES AND RESPONSIBILITIES. The individual Service member, the military medical provider, the commander, and each of the Military Departments have crucial roles and responsibilities in the process of gender transition in the military.

a. Service Member's Role.

(1) Secure a medical diagnosis from a military medical provider.

(2) Notify the commander of a diagnosis indicating that gender transition is medically necessary, and identify all medically necessary treatment that is part of the member'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 DEERS, as set forth in Paragraph 3.1.a.

(3) Notify the commander of any change to the medical treatment plan, the projected schedule for **such** treatment, or the estimated date on which the member's gender marker would be changed in DEERS.

b. Military Medical Provider's Role.

(1) Establish the member's medical diagnosis, recommend medically necessary care and treatment, and, in consultation with the Service member, develop a medical treatment plan associated with the Service member's gender transition, as set forth in Paragraph 3.1.a, for submission to the commander.

(2) In accordance with established military medical practices, advise the commander on the medical diagnosis applicable to the Service member, including the provider's assessment of the medically necessary care and treatment, the urgency of the proposed care and treatment, the likely impact of the care and treatment on the individual's readiness and deployability, and the scope of the human and functional support network needed to support the individual.

(3) In consultation with the Service member, formally advise the commander when the Service member's gender transition is complete, and recommend to the commander a time at which the member's gender marker may be changed in DEERS.

(4) Provide the Service member with medically necessary care and treatment after the member's gender marker has been changed in DEERS.

c. Commander's Role.

(1) Review a Service member's request to transition gender. Ensure, as appropriate, a transition process that:

(a) Complies with DoD, Military Department, and Service regulations, policies, and guidance.

(b) Considers the individual facts and circumstances presented by the Service member.

(c) Ensures military readiness by minimizing impacts to the mission (including deployment, operational, training, and exercise schedules, and critical skills availability), as well as to the morale and welfare, and good order and discipline of the unit.

(d) Is consistent with the medical treatment plan.

(e) Incorporates consideration of other factors, as appropriate.

(2) Coordinate with the military medical provider regarding any medical care or treatment provided to the Service member, and any medical issues that arise in the course of a Service member's gender transition.

(3) Consult with the SCCC with regard to service by transgender Service members and gender transition in the military, the execution of DoD, Military Department, and Service policies and procedures, and assessment of the means and timing of any proposed medical care or treatment.

d. Role of the Military Department and the USCG.

(1) Establish policies and procedures in accordance with this issuance, outlining the actions a commander may take to minimize impacts to the mission and ensure continued unit readiness in the event that a transitioning individual is unable to meet standards or requires an ETP during a period of gender transition. Such policies and procedures may address the means and timing of transition, procedures for responding to a request for an ETP prior to the change of a Service member's gender marker in DEERS, appropriate duty statuses, and tools for addressing any inability to serve throughout the gender transition process. Any such actions available to the commander will consider and balance the needs of the individual and the needs of the command in a manner comparable to the actions available to the commander in addressing comparable Service member circumstances unrelated to gender transition. Such actions may include:

(a) Adjustments to the date on which the Service member's gender transition, or any component of the transition process, will commence.

(b) Advising the Service member of the availability of options for extended leave status or participation in other voluntary absence programs during the transition process.

(c) Arrangements for the transfer of the Service member to another organization, command, location, or duty status (e.g., Individual Ready Reserve), as appropriate, during the transition process.

(d) ETPs associated with changes in the member's physical appearance and body composition during gender transition, such as accommodations in the application of standards for uniforms and grooming, BCA, PRT, and MPDATP participation.

(e) Establishment of, or adjustment to, local policies on the use of berthing, bathroom, and shower facilities subject to regulation by the military, during the transition process.

(f) Referral for a determination of fitness in the disability evaluation system in accordance with DoDI 1332.18.

(g) Other actions, including the initiation of administrative or other proceedings, comparable to actions that could be initiated with regard to others whose ability to serve is similarly affected for reasons unrelated to gender transition.

(2) Establish policies and procedures, consistent with this issuance, whereby a Service member's gender marker will be changed in DEERS based on a determination by the military medical provider that the Service member's gender transition is complete; receipt of written approval from the commander, issued in consultation with the Service member; and production by the Service member of documentation indicating gender change. Such documentation is limited to:

(a) A certified true copy of a State birth certificate reflecting the Service member's preferred gender;

(b) A certified true copy of a court order reflecting the Service member's preferred gender; or

(c) A United States passport reflecting the member's preferred gender.

(3) When the Service member's gender marker in DEERS is changed:

(a) Apply uniform standards, grooming standards, BCA standards, PRT standards, MPDATP standards, and other standards applied with consideration of the member's gender, applicable to the Service member's gender as reflected in DEERS.

(b) As to facilities that are subject to regulation by the military, direct the use of berthing, bathroom, and shower facilities according to the Service member's gender marker as reflected in DEERS.

3.3. GENDER TRANSITION APPROVAL PROCESS.

a. A Service member on active duty, who receives a diagnosis from a military medical provider for which gender transition is medically necessary 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 Paragraph 3.2.d, and/or

(3) A change to the Service member's gender marker in DEERS.

b. The commander, informed by the recommendations of the military medical provider, 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 Military Department and Service 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 days after receiving a request determined to be complete in accordance with the provisions of this issuance and Military Department and Service 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 Service member

and their military medical provider. A request that, upon review by the commander, is determined to be incomplete, will be returned to the Service member, with written notice of the deficiencies identified, as soon as practicable, but not later than 30 days after receipt.

(4) At any time prior to the change of the Service member's gender marker in DEERS, 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, and upon review and consideration of the factors set forth in Paragraph 3.2.c of this issuance. Notice of such modification will be provided to the Service member under procedures established by the Secretary of the Military Department concerned, and may include options as set forth in Paragraph 3.2.d.

(5) The commander will approve, in writing, the change of a Service member's gender marker in DEERS, subsequent to receipt of the recommendation of the military medical provider that the member's gender marker be changed and receipt of the requisite documentation from the Service member. Upon submission of the commander's written approval to the appropriate personnel servicing activity, the change in the Service member's gender marker will be entered in the database and transmitted to and updated in DEERS, under the authority, direction, and control of the Defense Manpower Data Center.

d. As authorized by Military Department and Service regulations, policies, and guidance implementing this issuance, a Service member may request review by a senior officer in the chain of command, of a subordinate commander's decision with regard to any request under this issuance and any subsequent modifications to that decision.

3.4. ADDITIONAL RC CONSIDERATIONS.

a. General. Excepting only those special considerations set forth below, RC personnel are subject to all policies and procedures applicable to AC Service members as set forth in this issuance and in Military Department and Service regulations, policies, and guidance implementing this issuance.

b. Gender transition approach. All RC Service members (except Selected Reserve full-time support personnel) identifying as transgender individuals, will submit to, and coordinate with their chain of command, evidence of a medical evaluation that includes a medical treatment plan. Selected Reserve full-time support personnel will follow the gender transition approval process set forth in Paragraph 3.3.

c. Medical treatment plans. A medical treatment plan established by a civilian medical provider will be subject to review and approval by a military medical provider.

d. Selected Reserve Drilling Member Participation. To the greatest extent possible, commanders and Service members will address periods of non-availability for any period of military duty, paid or unpaid, during the member's gender transition with a view to mitigating unsatisfactory participation. In accordance with DoDI 1215.13, such mitigation strategies may include:

(1) Rescheduled training.

(2) Authorized absences.

(3) Alternate training.

e. Delayed Training Program. Delayed Training Program personnel must be advised by recruiters and commanders of limitations resulting from being non-duty qualified. As appropriate, Service members in the Delayed Training Program may be subject to the provisions of Paragraph 3.5 of this issuance.

f. Split Option Training. When authorized by the Military Department concerned, Service members who elect to complete basic and specialty training over two non-consecutive periods may be subject to the provisions of Paragraph 3.5 of this issuance.

3.5. INITIAL ENTRY TRAINING AND CONSIDERATIONS ASSOCIATED WITH THE FIRST TERM OF SERVICE.

a. A blanket prohibition on gender transition during a Service member's first term of service is not permissible. However, the Department recognizes that the All-Volunteer Force readiness model is largely based on those newly accessed into the military being ready and available for multiple training and deployment cycles during their first term of service. This readiness model may be taken into consideration by a commander in evaluating a request for medical care or treatment or an ETP associated with gender transition during a Service member's first term of service. Any other facts and circumstances related to an individual Service member that impact that model will be considered by the commander as set forth in this issuance and implementing Military Department and Service regulations, policies, and guidance.

b. The following policies and procedures apply to Service members during the first term of service and will be applied to Service members with a diagnosis indicating that gender transition is medically necessary in the same manner, and to the same extent, as to Service members with other medical conditions that have a comparable impact on the member's ability to serve:

(1) A Service member is subject to separation in an entry-level status during the period of initial training (defined as 180 days per DoDI 1332.14) based on a medical condition that impairs the Service member's ability to complete such training.

(2) An individual participant is subject to separation from the Reserve Officers' Training Corps in accordance with DoDI 1215.08, or from a Service Academy in accordance with DoDI 1322.22, based on a medical condition that impairs the individual's ability to complete such training or to access into the Armed Forces, under the same terms and conditions applicable to participants in comparable circumstances not related to transgender persons or gender transition. As with all cadets or midshipmen who experience a medical condition while in the Reserve Officers' Training Corps Program or at a Service Academy, each situation is unique and will be evaluated based on its individual circumstances; however, the individual will be required

to meet medical accession standards as a prerequisite to graduation and appointment in the Armed Forces.

(3) A Service member is subject to administrative separation for a fraudulent or erroneous enlistment or induction when warranted and in accordance with DoDI 1332.14, based on any deliberate material misrepresentation, omission, or concealment of a fact, including a medical condition, that if known at the time of enlistment, induction, or entry into a period of military service, might have resulted in rejection.

(4) If a Service member requests non-urgent medical treatment or an ETP associated with gender transition during the first term of service, including during periods of initial entry training in excess of 180 days, the commander may give the factors set forth in Paragraph 3.5.a significant weight in considering and balancing the individual need associated with the request and the needs of the command, in determining when such treatment, or whether such ETP may commence in accordance with Paragraph 3.2.d.

3.6. PROTECTION OF PII AND PROTECTED HEALTH INFORMATION.

a. In accordance with DoDD 5400.11, in cases in which there is a need to collect, use, maintain, or disseminate PII in furtherance of this issuance or Military Department and Service regulations, policies, or guidance, the Military Departments and the USCG will protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII. The Military Departments and the USCG will maintain such PII so as to protect individual's rights, consistent with federal law, regulation, and policy.

b. Disclosure of protected health information will be consistent with DoD 6025.18-R.

3.7. PERSONAL PRIVACY CONSIDERATIONS. A commander may employ reasonable accommodations to respect the privacy interests of Service members.

3.8. ASSESSMENT AND OVERSIGHT OF COMPLIANCE.

a. The Secretaries of the Military Departments and the Commandant, USCG, will implement processes for the assessment and oversight of compliance with DoD, Military Department, and Service policies and procedures applicable to service by transgender persons.

b. Beginning in 2018 and no less frequently than triennially thereafter, Secretaries of the Military Departments and the Commandant, USCG, will direct an Inspector General Special Inspection of compliance with this issuance and implementing Military Department or USCG regulations, policies, and guidance. The directing official will review the Report of Inspection for purposes of assessing and overseeing compliance; identifying compliance deficiencies, if any; timely initiating corrective action, as appropriate; and deriving best practices and lessons learned.

GLOSSARY

G.1. ACRONYMS.

AC	Active Component
BCA	body composition assessment
DEERS	Defense Enrollment Eligibility Reporting System
DoDI	DoD instruction
ETP	exception to policy
MPDATP	military personnel drug abuse testing program
PII	personally identifiable information
PRT	physical readiness testing
RLE	real life experience
RC	Reserve Component
SCCC	Service Central Coordination Cell
USCG	United States Coast Guard
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

cross-sex hormone therapy. 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.

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 berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.

gender transition is complete. A Service member has completed the medical care identified or approved by a military medical provider in a documented medical treatment plan as necessary to achieve stability in the preferred gender.

gender transition process. Gender transition in the military begins when a Service member receives a diagnosis from a military medical provider indicating that the member's gender transition is medically necessary, and concludes when the Service member's gender marker in DEERS is changed and the member is recognized in the preferred gender.

human and functional support network. Support network for a Service member that may be informal (e.g., friends, family, co-workers, social media.) or formal (e.g., medical professionals, counselors, clergy).

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.

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.

preferred gender. The gender in which a transgender Service member will be recognized when that member's gender transition is complete and the member's gender marker in DEERS is changed.

RLE. 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 berthing, bathroom, and shower facilities.

SCCC. Service-level 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.

stable in the preferred gender. Medical care identified or approved by a military medical provider in a documented medical treatment plan is complete, no functional limitations or complications persist, and the individual is not experiencing clinically significant distress or impairment in social, occupational, or other important areas of functioning. Continuing medical care, including but not limited to cross-sex hormone therapy, may be required to maintain a state of stability.

transgender Service member. A Service member who has received a medical diagnosis indicating that gender transition is medically necessary, including any Service member who intends to begin transition, is undergoing transition, or has completed transition and is stable in the preferred gender.

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.

REFERENCES

Directive-type Memorandum 16-005, "Military Service of Transgender Service Members," July 1, 2016

DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003

DoD Directive 5400.11, "DoD Privacy Program," October 29, 2014

DoD Instruction 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," June 26, 2006

DoD Instruction 1215.13, "Ready Reserve Member Participation Policy," May 5, 2015

DoD Instruction 1322.22, "Service Academies," September 24, 2015

DoD Instruction 1332.14, "Enlisted Administrative Separations," January 27, 2014, as amended

DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014

DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," June 9. 2014

IDA

INSTITUTE FOR DEFENSE ANALYSES

Force Impact of Expanding the Recruitment of Individuals with Auditory Impairment

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Force Impact of Expanding the Recruitment of Individuals with Auditory Impairment

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Executive Summary

This paper assesses the feasibility and advisability of permitting individuals with auditory impairment to access as members of the armed forces. This research stemmed from Senate Report 113-85, in which the Appropriations Subcommittee on Defense directed the Department of the Air Force to study the feasibility and advisability of permitting individuals with auditory impairment to access as Air Force officers. In Senate Report 113-211, the Committee expressed its displeasure with the earlier report and called for additional research that would address requirements of the 2015 National Defense Authorization Act. The Institute for Defense Analyses (IDA) conducted this assessment at the request of the Under Secretary of Defense (Personnel and Readiness) (USD (P&R)), Readiness and Force Management, Military Personnel Policy (MPP).

The objectives of this research effort are twofold. First, this research addresses the three questions specified in Senate Report 113-211:

- What, if any, are the barriers that may limit individuals with hearing impairments from serving in the military?
- What is the current state of the art in accommodations (assistive technologies and methods) for those with hearing impairments?
- Are there military occupational specialties (MOS) that may be appropriate for further investigation (e.g., via fitness-for-duty tests) for allowing the enlistment of individuals with hearing impairments?

Second, this research provides a data-driven context for understanding the impact on the force as it relates to the feasibility and advisability of permitting individuals with auditory impairment, or any disability, to access as members of the armed forces. Force impact is considered by testing fundamental assumptions about the nature of current and future military service. As part of this assessment, we examined both the foundational organizing principles of the U.S. Department of Defense (DOD) and the military Services, as well as two primary hypotheses that stem from those principles.

A. Research Approach to Answer Senate Report 113-85 Questions

IDA used literature searches, interviews, and a survey instrument to gather information related to the aforementioned questions. The literature searches focused on accessibility and on careers of individuals with hearing impairments. Interviews were conducted with a range of research participants representing three groups: (1) individuals

with hearing impairments, (2) accessibility experts, and (3) individuals with knowledge unique to the objectives of this study. Interviews with the first group of individuals required use of assistive technologies or methods. Two interviews were conducted in American Sign Language (ASL) supplemented with lipreading. Two interviews were conducted with cochlear implant (CI) users: one was in person, and the other was conducted by telephone. Two interviewees used a frequency modulation (FM) loop system and hearing aids with a telecoil setting. One interviewee used a video relay telephone service. These assistive technologies and methods are discussed further in Section 2.

The second group of individuals included experts in job accommodation and accessibility. Since many of these individuals also have hearing impairments, there was some overlap between the first and second group of research participants. The topics of each interview were based on the specific expertise of the individuals. All research participants in this group were knowledgeable about disability law, and most also were knowledgeable about the employment of the hearing impaired.

A third group of individuals were approached as part of this research because of their unique perspectives on the question of people with hearing impairments in potential military settings or careers previously not open to those with hearing impairments.

This group consisted of approximately 300 individuals who have hearing impairments and participate in the Computer/Electronic Accommodations Program (CAP), which DOD has operated since 1990.[1] CAP provides technical assistance and equipment as reasonable job accommodations for DOD civilian and uniformed personnel. Research participants, who represented a broad range of careers—from facilities engineer to librarian—were asked to complete a survey. Responses were obtained from 25 individuals.

In addition to demographics, the survey asked questions regarding accommodations and barriers. The survey instrument was not intended to be a scientific estimation of a population. It was purely an exploratory tool, and designed to assist in identifying topics for further examination by providing additional insight from individuals with hearing impairments beyond the literature review and interviews.

B. The Foundational Organizing Principles of the Military Services and the DOD Total Force

The DOD Instruction (DODI) 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services," states that "individuals under consideration for appointment, enlistment, or induction into the Military Services" should be "[f]ree of contagious diseases"; "[f]ree of medical conditions or physical defects that

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[1] CAP, "Computer/Electronic Accommodations Program," accessed September 2, 2015, http://www.cap.mil/.

may require excessive time lost from duty," or "result in separation from the Service for medical unfitness"; "[m]edically capable of satisfactorily completing required training"; "[m]edically adaptable to the military environment without the necessity of geographical area limitations"; and "[m]edically capable of performing duties without aggravation of existing physical defects or medial conditions."[2]

This guidance informs the military Service's foundational organizing principles, which underlie each Service's fundamental personnel expectations and underlying cultural norms, as tied to their basic roles and missions. Across the Services, these principles emphasize the readiness to deploy worldwide and the ability to engage in standard military duties and tasks.

DOD also includes non-uniformed, civilian personnel. According to the White House website, DOD "is the largest government agency, with more than 1.3 million men and women on active duty, nearly 700,000 civilian personnel, and 1.1 million citizens who serve in the National Guard and Reserve forces. Together, the military and civilian personnel of DOD protect national security interests through war-fighting, providing humanitarian aid, and performing peacekeeping and disaster relief services."[3] This Total Force emphasis—which extends beyond the Active and Reserve Component, to include the DOD civilian workforce—is central to the underlying organizing principle that informs DOD civilian workforce identity.

Civilians employed by the military Services are also considered as "members of the team." The Department of the Army Civilian Service, Army Civilian Corps Creed, states that Army civilians are members "of the Army Team [....] dedicated to our Army, our Soldiers and Civilians." These civilians "always support the mission," and "provide stability and continuity during war and peace."[4] Similarly, the Department of the Navy characterizes civilian service as service to the nation. According to the Navy Civilian Human Resources website, "Where Purpose and Patriotism Unite," "[m]ost of all, as a civilian employee YOU can serve your nation and support America's warfighter."[5]

Much as the military Services' foundational organizing principles inform each Service's expectations regarding uniformed personnel, emphasizing their basic roles and missions, as described above, DOD civilians also have mission statements that articulate their roles and contributions, emphasizing their Service to the nation.

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[2] Department of Defense Instruction (DODI) 6130.03, Apr. 28, 2010, Incorporating Change 1, Sept. 13, 2011, Medical Standards for Appointment, Enlistment, or Induction in the Military Services.

[3] The White House, "The Executive Branch," https://www.whitehouse.gov/1600/executive-branch.

[4] Army Civilian Corps Creed, http://www.army.mil/values/corps.html.

[5] Department of the Navy Civilian Human Resources, "Where Purpose and Patriotism Unite," http://www.secnav.navy.mil/donhr/Pages/Default.aspx.

The DOD civilian population spans every segment of society, to include individuals with disabilities. The Defense Civilian Personnel Advisory Service (DCPAS) on its "Individuals with Disabilities" web page, states that "[a]s civilians in DOD, IwD [Individuals with Disabilities] play an important role in the defense of our Nation and in helping support our men and women in the military."[6]

These organizing principles govern the roles and missions of the Total Force: Active Component, Reserve Component, and civilian. Any examination of the force impact of expanding recruitment of hearing impaired individuals must be considered through this Total Force lens.

C. Research Hypotheses and Approach

Two basic research hypotheses informed our evaluation of the force impact of expanding recruitment of hearing impaired or any other disabled individuals into the military Services. The analyses focused on testing these hypotheses through the lens of recent operational experiences, as well as projections of future demands on the force. These research hypotheses are grounded in the foundational organizing principles of DOD and the military Services:

1. Service members, regardless of MOS, are expected to be worldwide deployment eligible.
    - Service members must be prepared to possibly deploy into an operational area.
    - Service members must be available and qualified to perform assigned missions or functions in any setting.
2. The requirement for deployment eligibility is unlikely to change in the future.

To test the first hypothesis, this analysis drew on a data-driven research approach, leveraging both quantitative and qualitative data. We examined communities within each Service and their deployment and employment in operations over the past two decades to determine the extent to which all Service members must be prepared to deploy to support ongoing and future missions. We examined data that depicted operational demands, and the sourcing against those demands, which provided insights into both unit and individual demands, highlighted when Service supply did not match operational demands, showed how operational burdens were distributed, and suggested assumed risk. Readiness reporting highlights personnel shortfalls, cross-leveling, "over-manning," etc. Non-standard sourcing of demands (Joint sourced, in lieu of, ad hoc) can depict the extent to

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[6] DCPAS, DOD Careers: Individuals with Disabilities, http://godefense.cpms.osd.mil/individuals_with_disabilities.aspx.

which a Service member is deployed outside of their organizationally designed construct and occupational specialty. The Service data examined included accession, medical evaluation, MOS reclassification, non-deployable figures and personnel accounts data, as well as Defense Manpower Data Center (DMDC) files that depict utilization by grade and specialty in the U.S. Central Command (USCENTCOM) area. To test the second hypothesis, we leveraged IDA's Stochastic Active-Reserve Assessment model (SARA) and Integrated Risk Assessment and Management Model (IRAMM) to consider force requirements for missions the United States may be called upon to perform in the future.

D. Conclusions

In conducting this research, we determined that there was insufficient evidence to reject these two principle research hypotheses. As reflected in the Services' Correspondence and Task Management System (CATMS) inputs, there are no non-deployable occupations or communities. Every uniformed individual in each of the military Services is expected to be worldwide deployable.

Moreover, recent research on medical standards, conducted to make such standards more evidence-based, resulted in revisions to those standards. Some previously disqualifying medical conditions were removed altogether from the medical standards for accession; however, no recent research efforts proposed relaxing audiometric hearing-level accession standards.

Our examination of personnel data from recent operational experiences did not identify non-deploying communities. While there were some individuals who may not have deployed, there were no non-deployable occupations into which individuals could access. Additionally, the personal burden of deployment and risk changes for those who are deployment eligible when there is an increase in the number of military personnel who are non-deployable.

We also considered future demands on the force. Our research confirms that the requirement for worldwide deployment eligibility is unlikely to change. Given these results, and the extraordinarily stressful futures that may be possible, the assumption that disabled service members could be accommodated by exempting them from deployment appears to be questionable.

We examined the current audiometric hearing-level standards of several other militaries. The general pattern observed across these case studies was that the relaxation of medical standards tends to occur when recruiting demands overwhelmingly exceed the supply of medically qualified recruits. Historical case studies reinforced our research findings and indicate that this question regarding the relaxation of medical standards is not new. When there are severe manpower shortages, the expansion of the potential recruitment pool is generally considered.

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1. Introduction

A. Background

This paper assesses the feasibility and advisability of permitting individuals with auditory impairment to access as members of the armed forces. This research stemmed from Senate Report 113-85, in which the Appropriations Subcommittee on Defense directed the Department of the Air Force to study the feasibility and advisability of permitting individuals with auditory impairment to access as Air Force officers. In Senate Report 113-211, the Committee expressed its displeasure with the earlier report and called for additional research that would address requirements of the 2015 National Defense Authorization Act. The Institute for Defense Analyses (IDA) conducted this assessment at the request of the Under Secretary of Defense (Personnel and Readiness) (USD (P&R)), Readiness and Force Management, Military Personnel Policy (MPP).

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B. Research Approach to Answer Senate Report 113-85 Questions

IDA used literature searches, interviews, and a survey instrument to gather information related to the aforementioned questions. The literature searches focused on accessibility and on the careers of individuals with hearing impairments. Interviews were

conducted with a range of research participants representing three groups: (1) individuals with hearing impairments, (2) accessibility experts, and (3) individuals with knowledge unique to the objectives of this study. A full list of participants interviewed to address the Senate Report 113-85 questions are found in Appendix E.

Interviews with the first group of individuals required use of assistive technologies or methods. Two interviews were conducted in American Sign Language (ASL) supplemented with lipreading. Two interviews were conducted with cochlear implant (CI) users: one was in person, and the other was conducted by telephone. Two interviewees used a frequency modulation (FM) loop system and hearing aids with a telecoil setting. One interviewee used a video relay telephone service. These assistive technologies and methods are discussed further in Section 2.

The second group of individuals included experts in job accommodation/accessibility. Since many of these individuals also have hearing impairments, there was some overlap between the first and second group of research participants. The topics of each interview were based on the specific expertise of the individuals. All research participants in this group were knowledgeable about disability law, and most also were knowledgeable about the employment of the hearing impaired.

A third group of individuals were approached as part of this research because of their unique perspectives on the question of people with hearing impairments in military settings or careers previously not open to those with hearing impairments.

The Computer/Electronic Accommodations Program (CAP) is a DOD program that has been operational since 1990.[7] CAP provides technical assistance and equipment as reasonable job accommodations for DOD civilian and uniformed personnel. A request to complete a survey was sent to the approximately 300 individuals who use the CAP and who have hearing impairments. Responses to the survey were obtained from 25 individuals. Research participants represented a broad range of careers—from facilities engineer to librarian. Most of these individuals could be characterized as office workers (17 of the 25). One respondent currently serves as a member of the armed forces. Seven respondents held supervisory positions. The severity of hearing impairment reported ranged from slight/moderate (10 of the 25) to profound (4 of the 25). Eight individuals could be characterized as having severe hearing loss. Another three individuals reported having a CI. Six individuals reported some familiarity with ASL.

In addition to demographics, the survey asked questions regarding accommodations and barriers. The survey instrument was not intended to be a scientific estimation of a population. It was purely an exploratory tool, and assisted in identifying topics for further

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[7] CAP, "Computer/Electronic Accommodations Program," accessed September 2, 2015, http://www.cap.mil/.

examination by providing additional insight from individuals with hearing impairments beyond the literature review and interviews.

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DOD's guidance informs the military Service's foundational organizing principles, which underlie each Service's fundamental personnel expectations and cultural norms, as tied to their basic roles and missions.

The Army's foundational organizing principle emphasizes that every soldier is a "Warrior." According to Army Field Manual 3-21.75, *The Warrior Ethos and Soldier Combat Skills*, "[t]oday's conflicts are fought throughout the whole spectrum of the battlespace by all Soldiers, regardless of military occupational specialty (MOS)." As warriors, professional soldiers must be "trained, ready, and able to enter combat; ready to fight—and win—against any enemy, any time, any place."[9]

The Navy's foundational organizing principle also emphasizes a Total Force construct, which incorporates Active and Reserve Component Service personnel. According to the Navy's 2014 document, "The Nation's Total Force: At the Right Place, At the Right Time, All the Time," "[t]he evolving dynamics of the 21st century security environment require forces to be ready to deploy globally."[10]

The Air Force also emphasizes the expeditionary nature of Airmen and Airwomen. For example, the Air Force Pamphlet (PAM) 10-100, *Airman's Manual*, states that "[a]s

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[8] Department of Defense Instruction (DODI) 6130.03, Apr. 28, 2010, Incorporating Change 1, Sept. 13, 2011, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services."

[9] Army Field Manual 3-21.75, *The Warrior Ethos and Soldier Combat Skills*, retrieved at https://fas.org/irp/doddir/army/fm3-21-75.pdf.

[10] Department of the Navy Fiscal Year 2014 Annual Financial Report, "The Nation's Total Force: At the Right Place, At the Right Time, All the Time," November 2014.

an expeditionary Airman you must stay ready to deploy anywhere in the world on short notice."[11]

The Marine Corps emphasizes that every Marine is a rifleman. Regardless of their Military Occupational Specialty (MOS), every Marine must be ready to take on a range of basic roles in support of their core missions.[12]

DOD also includes non-uniformed, civilian personnel as part of its Total Force. According to the White House, Executive Branch web site, DOD "is the largest government agency, with more than 1.3 million men and women on active duty, nearly 700,000 civilian personnel, and 1.1 million citizens who serve in the National Guard and Reserve forces. Together, the military and civilian arms of DOD protect national interests through war-fighting, providing humanitarian aid, and performing peacekeeping and disaster relief services."[13] This Total Force emphasis—which extends beyond the Active and Reserve Component, to include the DOD civilian workforce—is central to the underlying organizing principle that informs DOD civilian workforce identity.

For example, according to the Defense Civilian Personnel Advisory Service (DCPAS) website, "There's a Place for You," "[e]very Department of Defense employee plays a vital role in securing our country and preserving our freedoms. We seek applicants from all backgrounds, from students to Veterans. Become a part of our talented, dedicated and diverse workforce!"[14]

Civilians employed by the military Services are similarly considered "members of the team." According to the Department of the Army Civilian Service, Army Civilian Corps Creed, Army civilians are members "of the Army Team [....] dedicated to our Army, our Soldiers and Civilians." These civilians "always support the mission," and "provide stability and continuity during war and peace." Army civilians "consider it an honor to serve our Nation and our Army;" they "live the Army Values of Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage."[15]

Similarly, the Navy characterizes civilian service as service to the nation. According to the Navy Civilian Human Resources website, "Where Purpose and Patriotism Unite,"

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[11] Air Force PAM 10-100, *Airman's Manual*, 1 March 2009 (incorporating Change 1, 24 June 2011), retrieved at: http://static.e-publishing.af.mil/production/1/af_a3_5/publication/afpam10-100/afpam10-100.pdf.

[12] Marine Corps source: http://www.marines.com/becoming-a-marine/school-of-infantry.

[13] The White House, "The Executive Branch," https://www.whitehouse.gov/1600/executive-branch.

[14] DCPAS, "There's a place for you" http://godefense.cpms.osd.mil/index.aspx.

[15] Army Civilian Corps Creed, http://www.army.mil/values/corps.html.

"[m]ost of all, as a civilian employee YOU can serve your nation and support America's warfighter."[16]

The Department of the Air Force Civilian Service also characterizes the complementary nature of the work and service performed by their Air Force civilians. The Air Force Civilian Service website, "About us," emphasizes: "That's us – the Air Force Civilian Service (AFCS). We don't wear uniforms or have military service obligations, but we do work side by side with active duty Airmen and Airwomen to provide every kind of support service needed to fulfill that Air Force mission."[17]

Much as the military Services' foundational organizing principles inform each Service's expectations regarding uniformed personnel, emphasizing their basic roles and missions, as described above, DOD civilians have mission statements that articulate their roles and contributions, and emphasize their Service to the nation. The DOD civilian population spans every segment of society, including individuals with disabilities. As articulated by DCPAS in "Individuals with Disabilities," "[a]s civilians in DOD, IwD [Individuals with Disabilities] play an important role in the defense of our Nation and in helping support our men and women in the military."[18]

These organizing principles govern the roles and missions of every aspect of the Total Force: Active Component, Reserve Component, and civilian. Any examination of the force impact of expanding recruitment of hearing impaired individuals must be considered through this Total Force lens.

D. Research Hypotheses

Two basic research hypotheses informed our evaluation of the force impact of expanding recruitment of hearing impaired or any other disabled individuals into the military Services. The analyses conducted focused on testing these hypotheses through the lens of recent operational experiences, as well as projections of future demands on the force. These research hypotheses are grounded in the foundational organizing principles of DOD and the military Services.

The first hypothesis was that all military Service members, regardless of MOS, code, or designator, must be worldwide deployment eligible. All Service members must be prepared to deploy into an operational area in support of ongoing and future missions. Service members must be available and qualified to perform assigned missions, to include

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[16] Department of the Navy Civilian Human Resources, "Where Purpose and Patriotism Unite," http://www.secnav.navy.mil/donhr/Pages/Default.aspx.

[17] Air Force Civilian Service, "About Us," http://afciviliancareers.com/content/about-us.

[18] DCPAS, DOD Careers: Individuals with Disabilities, http://godefense.cpms.osd.mil/individuals_with_disabilities.aspx.

roles and functions outside of their occupation, in any setting. To test this hypothesis, we examined communities within each Service and their deployment to and employment in the U.S. Central Command (USCENTCOM) area of operations.

The second hypothesis was that this requirement for deployment eligibility is unlikely to change in the future. To test this hypothesis, we leveraged IDA's Stochastic Active-Reserve Assessment model (SARA) and Integrated Risk Assessment and Management Model (IRAMM) to consider force requirements for missions the United States may be called upon to perform in the future.

E. Research Approach to Hypothesis 1

To examine the first hypothesis—that all Service members, regardless of occupation, must be deployment eligible—this analysis drew on a blended, data-driven research approach, with both quantitative and qualitative data. To determine the extent to which all Service members must be prepared to deploy into an operational area in support of ongoing and future missions, it was necessary to examine communities within each Service and their deployment and employment in operations within the USCENTCOM area from 2002 to 2009.

These analyses drew on Service and Joint data. The Joint data sources included historical data on deployment and hearing; Defense Manpower Data Center (DMDC) personnel, compensation, and activation files; the Hearing Center of Excellence (HCE); Accession Medical Standards Analysis and Research Activity (AMSARA) reports; and Global Force Management (GFM)/Request for Forces (RFF) and readiness data. GFM/RFF and readiness data served as a recent proxy (Operation Enduring Freedom/Operation Iraqi Freedom) for Service member deployment. These data depict operational demands and the sourcing against those demands, provide insights into both unit and individual demands, highlight when Service supply did not match operational demands, show how operational burdens were distributed, and suggest assumed risk. Readiness reporting highlights personnel shortfalls, cross-leveling, "over-manning," etc. Non-standard sourcing of demands (Joint sourced, in lieu of, ad hoc) can depict the extent to which a Service member is deployed outside of their organizationally designed construct and occupational specialty.

The Service data included accession, medical evaluation, MOS reclassification, non-deployable figures and personnel accounts data on trainees, transients, holdees, and students (TTHS accounts), as well as additional data that we obtained and used in conjunction with the DMDC files to depict utilization by grade and specialty.

The literature reviewed for this assessment included articles in peer-reviewed journals; HCE, AMSARA, and Tri-service Disability Evaluation Systems (DES) reports; National Research Council documents; RAND reports; DOD Inspector General (DODIG)

and Government Accountability Office (GAO) reports; and DOD and Service regulations and policies. These documents provided us with (1) additional evidence related to operational availability requirements; (2) insights into how DOD systems historically responded; and (2) information about experiences those individuals with hearing impairment had within the DOD systems. Also, part of our review examined literature that highlighted changes associated with global security, U.S. national strategies, and/or projected future missions or requirements.

IDA also conducted a limited number of targeted interviews to obtain perspectives on how the Services approach operational availability and how the Service personnel systems have historically responded to non-deployable personnel. The discussions also explored changes already underway in operational availability requirements; changes to MOS characteristics/systems (current or projected); and the costs associated with such changes.

Finally, IDA examined a limited number of case studies on other militaries (current and historical) and their hearing level standards, along with the operational availability and utilization of (and experience with) soldiers with hearing impairments. The primary current case studies address the medical standards used by the United Kingdom (UK) Ministry of Defence (MOD), the Israeli Defense Forces (IDF), and the deployment standards from the North Atlantic Treaty Organization (NATO). With limited information available, we also examined the case of the Islamic State and the extent to which their operatives may include individuals with impaired hearing. The historical case studies included the Invalid Corps in the U.S. Civil War and the German experience with the employment of hearing impaired individuals during World War II.

F. Research Approach to Hypothesis 2

To examine the second hypothesis—that this requirement for deployment eligibility is unlikely to change in the future—we examined Service inputs and operational effectiveness data from existing studies. We also leveraged IDA's Stochastic Active-Reserve Assessment model (SARA) and Integrated Risk Assessment and Management Model (IRAMM) to consider force requirements for missions the United States may be called upon to perform in the future. In particular, we examined changes already being made to operational availability requirements. Such modifications may include changes to MOS characteristics, as well as shifts in the foundational organizing principles of the military Services.

G. Document Overview

This assessment consists of eight parts that: (1) provide a summary of the research scope and approach; (2) describe hearing impairments and accommodations; (3) document the relevant policies and issuances on audiometric hearing level accession, retention, and deployment standards; (4) highlight the employment of individuals with hearing

impairments and MOS for further consideration; (5) describe recent deployment experiences, associated force management processes and issues, and future demands on the force through the lenses of personnel availability and mission types; (6) summarize some of the recent relevant research on audiometric hearing level standards; (7) provide an overview of other militaries' hearing level standards, with some present-day and historical examples; and (8) provide research conclusions.

2. Overview of Hearing Impairments and Accommodations

A. Hearing Impairment

Sound is a wave described in terms of frequency and amplitude (i.e., loudness). Frequency is the number of cycles a sound wave completes in a second and is measured in hertz. Pitch or tone is the perceptual experience of frequency. Humans are able to hear sounds that have frequencies between 16 and 20,000 Hz.[19] The human voice produces frequencies between 80 and 14,000 Hz; however, most human sounds are primarily in the range of 250 to 8,000 Hz.

Amplitude is the magnitude of the sound wave energy and is measured in decibels. The notation for the amplitude of a sound is dB(SPL), which indicates the sound pressure level on a logarithmic scale. The amplitude is 10 times greater for every 10 dB(SPL), which means that 20 dB(SPL) is 10 times more powerful than a sound at 10 dB(SPL). Normal conversation is typically 60 dB(SPL). On the other end of the scale, a motorcycle is approximately 90 dB(SPL). The Occupational Safety and Health Administration (OSHA) limits sound exposure of 115 dB(SPL) to no more than 15 minutes when hearing protection is not used.

The human ear does not perceive loudness (amplitude) the same at different frequencies. Therefore, a scale that normalizes the difference of "hearing level" across frequencies was developed, dB(HL). The 0 dB(HL) loudness is used as a benchmark for hearing tests and is represented by normal hearing of a particular frequency in a very quiet environment.

In terms of physiology, the pinna, or visible portion of the ear, collects and funnels sound waves to the outer ear. These sound waves travel through the numerous sensory structures within the outer, middle, and inner ear to the auditory nerve. Each of the numerous sensory structures is specialized for assisting in the transfer of the physical sound wave into an electrochemical impulse of the nervous system. The nerve impulses are carried via the auditory nerve to various parts of the brain.

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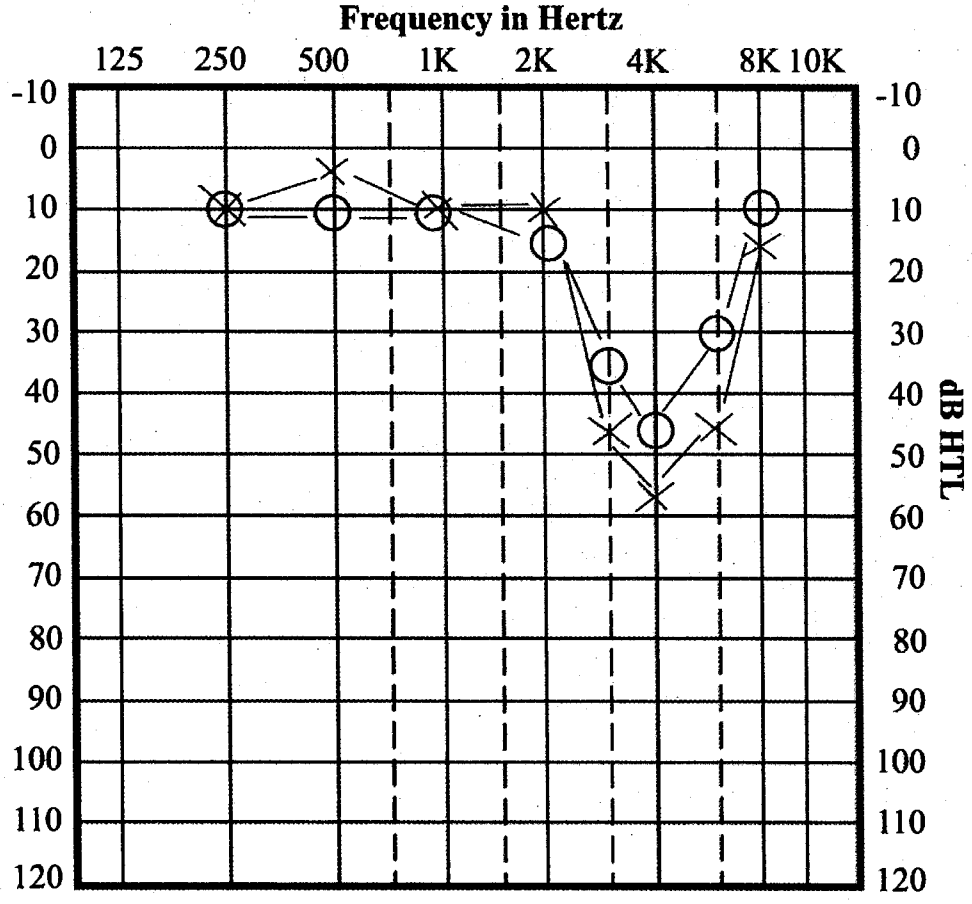
[19] C. Peres et al., "Auditory Interfaces," in *HCI Beyond the GUI: The Human Factors of Non-traditional Interfaces*, ed. P. Kortum (Burlington, MA: Morgan Kaufman, 2008), 151, doi:10.1016/B978-0-12-374017-5.00005-5.

A problem at any stage could result in a hearing impairment. Conductive hearing loss is when there is a problem with the outer or middle ear (i.e., mechanical structures that pass along the sound energy). Sensorineural hearing loss is when there is a problem with the inner ear (e.g., cochlea) or auditory nerve. A mixed hearing loss is when conductive and sensorineural hearing losses are present.

Traditionally, hearing tests have entailed having individuals listen to a set of frequencies (pure tones) at various amplitudes. At each frequency (Hz) tested, the lowest amplitude (dB(HL)) an individual hears is recorded for each ear. The resulting two-line graph (left and right ears) is called an audiogram (see Figure 1). The specific values and the shape of the lines (i.e., flat, upward slant, downward slant, curve) are used by audiologists to determine the nature and severity of the hearing impairment and the best course of treatment. The specific levels that indicate a hearing impairment are defined differently by different organizations, which will be described in further detail.



Source: Marshall Chasin, "Music and Audiometric Asymmetries," *Hearing Health & Technology Matters*, May 5, 2011, http://hearinghealthmatters.org/hearthemusic/2011/music-and-audiometric-asymmetries/.

Note: This chart uses dB HTL (hearing threshold level), which is the same as dB(HL).

Figure 1. Sample Audiogram

B. Accommodations

Four Federal laws describe accommodations for those with hearing impairments. The first is Section 508 of the Rehabilitation Act of 1973. A similar section requiring non-Federal employers to provide reasonable accommodations is also in the Americans with Disabilities Act (ADA) of 1990 and amendments. The other two laws are the Assistive Technology Act of 1998 and the 21st Century Communications and Video Accessibility Act (CVAA) of 2010.

The Assistive Technology Act of 1998 and its 2004 amendment allocate money to the states and territories through the Department of Education to provide assistive technologies for individuals with disabilities. The CVAA updates several previous laws that mandated the accessibility of communication technology. The update was necessary since mobile phones and the Internet advanced faster than the legislation. Essentially, these laws enable individuals with disabilities to have full access to civilian communications through universal design of the communication technology or through individual accommodations.

Numerous accommodations are used by individuals with hearing impairments. The variety of accommodations is a result of the variety of tasks typically involving hearing (e.g., alerting, sound discrimination, and communication) and the nature of the impairment. Quite often, individuals with hearing impairments use strategies or general consumer technologies (e.g., mobile phones, email, instant messaging, speech-to-text software) to overcome barriers. Technologies specifically designed for the hearing impaired, many of which are also useful for the general public, have also been developed. In the remainder of this section, the strategies and technologies used by individuals with hearing impairments are described by task.

This section provides a broad overview of the accommodations (assistive technologies and methods) available. Not all of these accommodations may be appropriate for the military, particularly in operational environments. Furthermore, this list is not an exhaustive set of accommodations available or in development.

1. General Hearing Device

The first category of accommodations includes technologies that improve general hearing ability. General hearing devices consist of at least three components: a microphone, a processor, and a transmitter. The microphone picks up sounds, which are then amplified by the processor. In many general hearing devices, the processor amplifies certain sounds while reducing other sounds. The selection of which sounds to amplify and which sounds to reduce is based on the tuning of the processor. The tuning considers the nature of the hearing impairment and the needs of the individual. These processed sounds are then transmitted to the individual in different ways depending on the type of device. It is tempting to describe general hearing devices as the same as wearing glasses or contact

lenses to improve vision. However, unlike vision, it is not possible to replicate normal hearing. Instead, it involves an *augmentation* of the sound stimulus to make it more useful to the user than it would be without the amplification system. These general hearing devices improve hearing based on the individual's specific hearing needs—with the goal of maximizing effectiveness rather than replicating normal hearing.

General hearing devices are divided into two categories: wearable and implanted. Wearable devices are entirely external to the individual and are appropriate for people with moderate or severe hearing loss. Implanted devices require surgery but may also have external components. Some implanted devices are for those individuals with profound hearing loss, and others are for those individuals with moderate or severe hearing loss. Military Service personnel are permitted to deploy with wearable amplification devices if they meet overall deployability guidelines without the device. However, the individual is responsible for the maintenance and logistics of the device (e.g., battery supply).

a. Wearable

The Food and Drug Administration (FDA) makes a distinction between two categories of wearable amplification devices: hearing aids and personal sound amplification products (PSAPs). Per the FDA, hearing aids are for those with hearing impairments, and PSAPs are to help amplify sound.[20] Hearing aids must be dispensed through a licensed audiologist and approved by the FDA. The program(s) within hearing aids are tuned by the audiologist based on the individual's impairment and needs. PSAPs are available in drugstores and are not licensed by the FDA. Any tuning of a PSAP is done by the individual, and this tuning may not be as effective as the tuning done by a trained audiologist with equipment for enhancing tuning.

Hearing aids and PSAPs have many different models from which to choose. Some of the largest differences between models include (1) how they are worn (e.g., behind the ear, on or in the pinna, or in the outer ear/ear canal), (2) whether the device is analog or digital, (3) whether the device is Bluetooth enabled, and (4) whether the device has a telecoil setting.[21] Models of hearing aids and PSAPs also differ in terms of durability, cost, and battery life. Even within a specific model of hearing aid/PSAP, battery life is highly variable. First, the amount of time that the device is on vs. off will affect the battery life. Second, the batteries vary depending upon manufacturer and model. Finally, the way in which batteries are stored can affect their life.

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[20] U.S. Food and Drug Administration, "Regulatory Requirements for Hearing Aid Devices and Personal Sound Amplification Products - Draft Guidance for Industry and Food and Drug Administration Staff," last updated July 27, 2015, http://www.fda.gov/RegulatoryInformation/Guidances/ucm373461.htm.

[21] Telecoil or T-coil is inside many, but not all, general hearing devices. The telecoil processes sound to eliminate background noise and serves as a wireless receiver.

b. Implants

The CI is the most well-known of the hearing implants. However, several other implanted devices are available. These include auditory brainstem implants (ABIs), bone anchored hearing aids (BAHAs), middle ear implants, and semi-implantable devices. Each of these implants is described in the following subsections.

1) CIs

CIs are for those individuals with severe to profound sensorineural hearing loss. CIs bypass the sensory receptors of the outer, middle, and inner ear and transmit sound sensations directly to the nervous system.[22] The parts of a CI include a microphone, processor, transmitter, and a receiver/stimulator with an array of electrodes. The microphone senses the sound from the external world, while the processor divides the sound based on frequency intervals and converts the sound signal into a digital signal of multiple channels. The transmitter sends the multi-channel signal across the skin through electromagnetic induction to the receiver/stimulator, which is surgically implanted under the skin in the bone behind the ear. The receiver/stimulator converts the signal into electric pulses, and the array of electrodes implanted in the cochlea stimulates different regions of the auditory nerve at the cochlea.

Just as with hearing aids, the microphone and processor are worn externally and can be removed. The transmitter is held in place behind the ear with a magnet to keep it aligned with the receiver/stimulator so the signal can cross the skin barrier. Various magnets are available, and preference for a particular individual magnet depends on activity and hair thickness. An individual may also choose to wear a headband designed to keep the magnet in place.

The microphone and processor are not fragile. Microphone protectors increase the durability, particularly by preventing dust from entering. These protectors should be changed every 6 months. The external cables and coils that connect the various components last roughly a year. Waterproof external components, are also available.

Just as with wearable hearing devices, battery life varies. One of the largest factors that affect battery life is the processing program. The current generation of CIs enables an audiologist to establish up to four different processing programs. The individual can switch quickly between these four programs by pressing a button on the external components. Some programs require more power than others. Rechargeable batteries can be recharged multiple times over the course of a year. Disposable batteries are also available, and they last for 24–32 hours of use.

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[22] Hybrid CIs are also available for individuals with some hearing. Frequencies that individuals cannot hear are sensed by the implant. Other frequencies are processed through the acoustic component.

As noted previously, hearing devices do not replicate normal hearing. CIs were originally designed and optimized for speech communication. Technological advancements continue to improve the range and fidelity of sounds heard by individuals with CIs. Since the processor and microphone are external, most of the advancements can be achieved without surgery.

In addition, an individual with a CI has some hearing capabilities that surpass normal hearing capabilities. According to Colonel Mark Packer, MD, and Dr. Douglas Brungart, PhD, of the DOD Hearing Center of Excellence, Walter Reed National Military Center, there is a small study examining the ability of individuals with a CI to exclude some sounds while hearing other sounds (e.g., radio) that are not perceivable by those without a CI.[23] The vocoder, which is one of the technological foundations of the CI function, is also fundamental technology used in World War II to encrypt voice communications.

2) Other implants

Several other implanted technologies, specifically ABIs, BAHA, middle ear implants, and semi-implantable devices are available. Each of these technologies is appropriate for a different hearing impairment and is described briefly in the following paragraphs.

3) ABIs

ABIs are very similar to CIs. The one difference is the ABI connects to the auditory centers of the brain, not the auditory nerve. ABIs are for individuals with sensorineural hearing loss, specifically those individuals whose auditory nerve is damaged. The FDA approved use of ABIs for adults in 2000.

4) BAHAs

BAHAs (also known as osseointegrated or bone-integrated hearing devices) are typically used by individuals with conductive or mixed hearing loss and for whom hearing aids are not effective. BAHAs consist of two components: a titanium post, which is surgically implanted in the temporal bone, and a processor, which his worn externally. Over time, the titanium post fuses with the temporal bone. The processor is worn behind the ear. It translates sound waves to vibrations of the post, which are transmitted to the inner ear via bone conduction. Since a small portion of the post must be external to connect with the processor, the individual risks infection at the site if proper care is not taken. The FDA approved BAHAs in 1997.[24]

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[23] Information obtained during the interview with these two individuals.

[24] Abdulrahman Hagr, "BAHA: Bone-Anchored Hearing Aid," *International Journal of Health Sciences* 1, no. 2 (July 2007): 266, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068630/.

5) Middle ear implants and semi-implantable devices

As with BAHAs, middle ear implants and semi-implantable devices are chosen by individuals who have found hearing aids ineffective. Unlike BAHAs, these devices are chosen by individuals with sensorineural hearing loss. Middle ear and semi-implantable devices are attached to a bone of the middle ear. The processor translates sound into vibrations that are picked up by the sensory structures of the middle ear. In middle ear implants, the processor is contained in the device that is implanted. In semi-implantable devices, the processor is worn externally. The first semi-implantable device was approved by the FDA in 2000.[25] The first totally implanted middle ear device was approved by the FDA in 2010.[26]

2. Communication

The vast majority of accommodation methods and technologies are designed to support communication. The variety results from the many different types of hearing impairments and the myriad of ways in which we communicate. For this study, communication accommodations have been grouped as follows: communication strategies, interpretation, written communication, interpretation, distance communication, and assistive listening systems/devices (ALS/Ds).

a. Communication Strategies

Many different strategies are available to augment communication and to improve comprehension even for those without hearing impairments. For example, the military uses the phonetic alphabet (e.g., Alpha, Bravo, Charlie, Delta) and says "niner" instead of "nine" to distinguish it aurally from five. Words that consist of phonemes and syllables that are clearly distinct from one another ensure better comprehension.

Studies have shown that unconscious lipreading is an important component of speech perception for everyone and is even more so for those with hearing impairments.[27] Eleven of the 25 survey respondents stated they consciously used lipreading to assist communication. Therefore, ensuring that eye contact is made before speaking is a strategy for improving communication. Similarly, it is important that one keeps his/her hands away from the mouth while talking.

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[25] David S. Haynes et al., "Middle Ear Implantable Hearing Devices: An Overview," *Trends in Amplification* 13, no. 3 (September 2009): 207, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4111438/.

[26] U.S. Food and Drug Administration, "FDA Approves First Totally Implanted Hearing System," FDA News Release, March 17, 2010, last updated April 24, 2013, http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm204956.htm.

[27] Harry McGurk and John MacDonald, "Hearing Lips and Seeing Voices," *Nature* 264, no. 5588 (23 December 1976): 746–748, doi:10.1038/264746a0.

Another strategy to improve communication is to use gestures and facial expressions. Similar to lipreading, body language provides additional signals that aid in interpreting communications. Through body language, one can interpret when something is not clear. In such cases, one could rephrase with simpler sentences.[28]

b. Interpretation

One well-known method for individuals who are hearing impaired to communicate with hearing individuals is through the use of an interpreter. ASL, Signed English, cued speech, and oral interpretation are examples of different forms of interpretation; however, these forms of interpretation are not interchangeable. The communication preference and abilities of those involved determine which type of interpretation should be used.

ASL is the native language of many deaf people in North America. The grammar of ASL is distinct from English.[29] Thus, in some situations, interpreters may use Signed English, in which the words are signed with the grammatical structure of English as they are spoken. A third category of interpretation is cued speech, in which interpreters silently mouth words and use a distinct system of seven hand shapes in five specific positions near the mouth to enhance lipreading. Similar to cued speech, there is oral interpretation, whereby an interpreter silently mouths the words using natural gestures and facial expressions to provide non-verbal information. Finally, sign language interpreters and cued speech or oral interpreters are not interchangeable because they each require a different skill set and most interpreters who can do one method may not be skilled or certified in another method of interpretation.

Interpreters can be used for any communication, but, in many work situations, they may be limited to important presentations or meetings. Most commonly, interpreters are in the same room as the person for whom they are interpreting, but interpretation services can also take place via video-teleconference. Such services enable interpreters to be available with less notice and do not require travel for the interpreter. However, video-teleconference interpreting does have lag time due to the technology, and this lag time may impede the conversation.

When selecting an interpreter, he or she should be familiar with the topic of the conversation. If an interpreter is unfamiliar with the jargon or concepts, he/she will not be

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[28] "How to Speak to Deaf People," (blog) *Deaf News Today* (blog), June 16, 2015, http://deafnewstoday.blogspot.com/2015/06/how-to-speak-to-deaf-people.html.

[29] In the United States, the term "deaf" is sometimes capitalized to indicate people who consider themselves culturally Deaf, with ASL being a key component of their cultural identity. These Deaf individuals distinguish themselves from individuals who are also deaf but are not ASL users and do not associate with deafness as part of their cultural identity.

able to communicate effectively. For this reason, many organizations have interpreters on staff, which also ensures the security of confidential information.

Two other categories of accommodation that are variants of interpretation services are (1) telephone relay services, which are interpretation services for telephone conversations, and (2) automatic-interpretation technologies that are currently being developed.

1) Telephone relay services

Telephone relay services are generally the same as interpreter services but are exclusively for phone conversations. Therefore, many of the same benefits and limitations exist. As with interpreters, multiple types of relay services are available, including teletypewriter (TTY), captioned telephone (CapTel) service, Internet Protocol (IP) Relay, video relay service (VRS), and speech-to-speech. The use of a particular relay service is based on availability and preference.

The oldest of these relay services is the TTY. With such a system, a deaf person with a TTY uses a dedicated telephone line connected to a telephone relay service center. The individual with a hearing impairment reads text of what the non-TTY user says transcribed by the communication assistant (CA). In addition, the individual with hearing impairment types his/her message on a TTY, which is read aloud by the CA to the hearing person.

For those individuals with hearing impairment but clear speech, CapTel is another alternative. This service is a telephone with a large text display. The individual with a hearing impairment speaks to the other party normally. The CA transcribes everything that is said by the other party, which is presented on the display. TTY and CapTel sometimes do not function well when used with Voice over Internet Protocol (VOIP) telephone systems. Since 79% of businesses and nearly half of all residential wireline phones in the United States use VOIP, the TTY is falling out of favor.[30]

CapTel equipment has been modified to better function with VOIP.[31] An alternative to TTY is internet protocol (IP) relay. Just as with CapTel and TTY, IP relay is a captioning relay service. However, the individual with hearing impairment uses a computer connected to the Web. The CA is connected via telephone to the other party. As with TTY, the CA

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[30] Lauren Allen, "Technology Calling: VOIP Systems Becoming More Ubiquitous among Small Business Owners," *MiBiz*, February 2, 2014, http://mibiz.com/item/21284-technology-calling-voip-systems-becoming-more-ubiquitous-among-small-business-owners; David Hamilton, "US Phone Customers Move from Incumbent Carriers to VOIP: FCC Report," *The Whir*, July 21, 2014, http://www.thewhir.com/Web-hosting-news/phone-customers-move-incumbent-carriers-voip-us-fcc-report.

[31] Hamilton CapTel, "What is Hamilton CapTel?," accessed September 23, 2015, http://www.hamiltoncaptel.com/what_is_hamilton_captel/.

transcribes and reads the typed messages. IP relay has several benefits. First, no special equipment is needed. A standard computer with an Internet connection will work. Second, call transmission is usually faster with IP than with TTY or CapTel. Third, a multi-party call is possible with IP relay.

An alternative to caption-based relay services is VRS. This service is preferred by those who communicate primarily in ASL. The individual with a hearing impairment connects to a CA via videophone. The CA connects via telephone to the other party and interprets between ASL and spoken English. One problem with VRS is that videophones have potential problems with bandwidth, and these problems can affect video quality.

Finally, the CAs in speech-to-speech relay services are trained to understand speech impediments and to clearly enunciate over a telephone line. The CA revoices the conversation so that both parties can clearly understand each other. These services are more commonly used by individuals with speech impediments than by individuals with hearing impairments.

2) Technologies in development

Several different organizations are currently developing systems that translate ASL to speech or text. Microsoft has developed a prototype system using the Kinect sensor that translates ASL to speech and vice versa. The source code is freely available.[32]

Motionsavvy's UNI is a two-way communication tool that will be available in 2016.[33] UNI translates gestures into speech and speech into text. It has two versions. One version is a computer application. The other is a specialized tablet, which is portable and has a camera optimized for gesture recognition. Engineering students around the world have separately developed functioning prototypes of an ASL translation system using a glove.[34] The gloves have various sensors that are connected to a processor and a speech synthesizer. The speech synthesizer articulates what has been signed.

c. Written Communication

A wide variety of accommodations use written communication. For example, an alternative to interpretation is the use of Communication Access Realtime Translation

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[32] Kinect Translation, "Kinect Translation Tool: From Sign Language to Spoken Text and Vice Versa," last updated October 24, 2014, https://kinecttranslation.codeplex.com/.

[33] Motionsavvy, "With UNI, You Can:," accessed August 24, 2015, http://www.motionsavvy.com/#learn-more.

[34] Shreya Pareek, "4 Engineering Students Have Developed a Device That Converts Sign Language into Voice and Text," *The Better India*, June 10, 2015, http://www.thebetterindia.com/25217/engineering-students-develop-device-to-convert-sign-language-into-voice-text/; Darren Quick, "Sign Language-to-Speech Translating Gloves Take Out Microsoft Imagine Cup 2012," *gizmag*, July 10, 2012, http://www.gizmag.com/enabletalk-sign-language-gloves/23268/.

(CART) service. A transcriptionist types a transcript of what is being said. This transcription is visible in real time. CART works for large meetings and presentations. Other accommodations using written communication involve technology designed specifically for individuals with hearing impairments.

One technology specifically designed for individuals with hearing impairments is the face-to-face communicator. With this communicator, two people sit across from one another (either side of the machine) and type their communication back and forth. One respondent in the survey said that he had attempted to use it but his coworkers were unwilling. In the survey and interviews, we learned that many people write notes to accomplish this back-and-forth type of communication. One survey respondent said she used a blackboard in her office for this purpose. Individuals whose jobs entail having similar conversations repeatedly maintain a set of pre-written notes to facilitate communication.[35]

Another relevant technology is speech to text. Since speech is a natural way for hearing individuals to communicate, the advances in voice recognition technology are also helpful accommodations for individuals with hearing impairments. Voice recognition technology is used by several companies that offer speech-to-text software for personal computers (PCs) (e.g., Nuance, Media Freeware, PC Treasures). Most mobile phones and tablets also come with speech-to-text capability.

Two technologies are being developed that enhance speech to text specifically for the hearing impaired. The first technology is Captioning on Glass by Google and the Georgia Institute of Technology. Captioning on Glass enables a hearing-impaired individual who is wearing Google Glass to look at a speaker and see the text of what he or she is saying.[36] This device is particularly useful for one-on-one conversation and for events at which an individual is speaking to a group. Captioning on Glass is an application available for the beta testers of Google Glass who have an Android phone or tablet.[37]

The second technology is Transcence, which is a speech-to-text application designed to assist with group conversations. It uses the microphones in smartphones, which have been synced to a PC or the smartphone of an individual with a hearing impairment. The

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[35] FOX 6 News, "Milwaukee Postal Employee Uses UbiDuo for Work," video, 4:12, June 16, 2011, https://www.youtube.com/watch?v=292Y2NTyKZY.

[36] Google Glass is a form of augmented reality glasses.

[37] Michelle Starr, "Real-time, Real-world Captioning Comes to Google Glass," *CNET*, October 2, 2014, http://www.cnet.com/news/real-time-real-world-captioning-comes-to-google-glass/.

PC or smartphone displays a transcription of what is being spoken. This transcription is color coded by speaker.[38] Transcence is still in development.

Captioning is also important for audiovisual presentations, such as training videos. Despite the advancements in speech recognition, some auto-captioning systems are notoriously inaccurate. As such, human captioning is still the preferred method for pre-recorded presentations. For many organizations that create video content for the Web, crowdsourcing captioning is a less costly alternative. People volunteer to type in captions using software, such as Amara, which makes adding the captions simple.[39]

d. Distance Conversations

Modern communication technology enables synchronous conversations to occur at a distance via email, text messaging, instant messaging, telephone, and video teleconference. One of the more common accommodations for the telephone is the relay service. Relay service was described in the subsection on interpretation. For two individuals, both with TTYs, a direct TTY-to-TTY conversation works well.

The following subsections describe videophones, telephone amplification devices, wideband audio/high definition (HD) voice, and Web real-time communication (WebRTC).

1) Videophone

Videophones (also known as Video Tele-Conference (VTC)) are now widely available either as applications on smartphones and tablets, programs using the Web, or systems built into conference rooms. For the hearing impaired, these systems enable the perception of body language and, in some cases, lipreading. Similarly, these systems enable those whose primary language is ASL to speak with each other.

When selecting a VTC system to be used by the deaf or hard of hearing, the frame rate and audiovisual synchronization must be considered. Similarly, when using a VTC, it is important that the lighting of the space is optimized for the camera. If any of these factors are suboptimal, they can impede the ability of individuals to follow the conversation. It is also important to note that not all VTC systems work with relay services. Finally, since those with hearing impairments often have difficulty identifying the speaker, the VTC should incorporate a system that identifies who is speaking.

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[38] Transcense, "Hard Time Following Group Conversations?," accessed August 26, 2015, http://www.transcense.com/.

[39] Amara, "Amara Makes Video Globally Accessible: Captions, Subtitles, and Translation Simplified," accessed August 26, 2015, https://amara.org/en/.

2) Telephone amplification

The telephone is still the primary device for people to communicate at a distance. For those with some hearing ability, amplifying the telephone is effective at improving communication. Such amplification can occur via use of an amplified telephone or an amplification device connected to a phone via wires or wirelessly (e.g., via Bluetooth).

3) Wideband audio/HD voice

Wideband audio (also known as HD voice) is a system of digital telephony that uses sampling techniques to increase the bandwidth. Wideband voice operates in the range of 150–7000 Hz. Analog phones operate in the 300 to 3300 Hz range. Given that the human voice is primarily in the range of 250 to 8000 Hz, greater speech intelligibility is made possible with wideband audio.[40]

4) WebRTC

WebRTC is an open-source project to provide encrypted text, video, and voice applications for mobile devices and browsers. These applications will improve the security of mobile and Internet-based communications and will also increase the communication options for the hearing impaired.[41] This technology is still in development by the World Wide Web Consortium (W3C).

e. Assistive Listening Systems/Devices (ALS/Ds)

ALS/Ds are used mostly when a presentation is using a microphone or sound system; however, they could also be characterized as a connection between a general hearing device and any device that makes sound. The ALS/D amplifies the sound of the presentation while minimizing background noise and reverberation.[42] ALS/Ds are also commonly used in conjunction with hearing aids and CIs. Some individuals with mild hearing loss may choose to use an ALS/D instead of a PSAP or hearing aid. Currently, several different types of ALS are available: infrared, FM, inductive-loop, and Bluetooth.[43]

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[40] "Wideband Audio," *Wikipedia*, last modified September 2, 2015, https://en.wikipedia.org/wiki/Wideband_audio.

[41] WebRTC, "Development," accessed August 26, 2015, http://www.Webrtc.org/Web-apis/development; "WebRTC," *Wikipedia*, last modified September 20, 2015, https://en.wikipedia.org/wiki/WebRTC.

[42] Jin Sook Kim and Chun Hyeok Kim, "A Review of Assistive Listening Device and Digital Wireless Technology for Hearing Instruments," *Korean Journal of Audiology* 18, no. 3 (December 2014): 106, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4285000/.

[43] "Assisted Listening Device," *Wikipedia*, last modified April 24, 2015, https://en.wikipedia.org/wiki/Assistive_listening_device; Kim and Kim, "A Review of Assistive Listening Device and Digital Wireless Technology for Hearing Instruments," 108–109.

1) Infrared

Infrared systems use light-based technology. A transmitter converts the sound into light. This light is received by either a neck loop or headset. Individuals with a telecoil in their general hearing device wear a neck loop. The neck loop converts the light to a magnetic signal that is received by the telecoil. These systems are by far the most secure because there must be line of sight between the receiver and the transmitter.[44]

2) FM

FM systems use radio broadcast technology. As with infrared systems, either the receiver can be a neckloop for those with a telecoil in their general hearing device or a head set. Since FM systems use radio signals, the receiver and the transmitter must be on the same frequency (i.e., any receiver within 300 feet and that is tuned to the signal can pick up what is being transmitted).[45] Therefore, FM systems are the most portable. However, they are not secure. Furthermore, "bleed-over" across frequencies can be a concern.

3) Induction-loop

Induction-loop systems send sound via an electromagnetic field. Thus, individuals who have a general hearing device with a telecoil do not need a receiver. All other individuals would wear a headset. Induction-loop systems can be permanently installed into meeting rooms. Portable versions are also available and can be set up as needed. Since induction-loop systems are electromagnetic, use of electronics will cause interference, most typically a buzzing noise.

4) Bluetooth

Infrared, FM, and induction-loop systems are analog technology. The newest systems are digital. Much development with digital systems is anticipated in the next decade. In addition, proprietary radio frequency (RF) systems are also in development.[46]

Currently, most of the digital systems use Bluetooth. According to respondents in the survey, Bluetooth devices are not compliant with current security regulations, which could be problematic since so many general amplification devices come equipped with Bluetooth receivers. For those devices that are not equipped with Bluetooth receivers, a wearable

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[44] Russell Gentner, "A Comparison of Loop, FM, & IR Technologies for Assistive Listening," *Listen Technologies* (blog), January 5, 2012, http://www.listentech.com/blog/a-comparison-of-loop-fm-ir-technologies-for-assistive-listening/.

[45] Kim and Kim, "A Review of Assistive Listening Device and Digital Wireless Technology for Hearing Instruments," 106.

[46] Kim and Kim, "A Review of Assistive Listening Device and Digital Wireless Technology for Hearing Instruments," 109–110.

device called a Bluetooth streamer is available. This device connects Bluetooth-enabled transmitters to the general hearing device.

Most smartphones and tablets come equipped with Bluetooth transmitters. Several smartphone applications are being developed to enable the individual to alter the processing of signal to noise based on the situational demands (e.g., ReSound[47] and Halo[48]). Similarly, a range of devices, such as portable microphones, are equipped with Bluetooth transmitters. Finally, Bluetooth transmitters that can be plugged into televisions and sound systems that are not pre-equipped with Bluetooth transmitters are available.

C. Alerting

Communication is not the only activity for which humans use sound. Alerting is the act of capturing someone's attention to notify of a condition. Alerts may be built into technology to provide notification of certain states. Individuals with hearing impairments have several different alternatives for auditory alerts.

1. Mirrors

One of the lowest tech solutions for alerting the hearing impaired is expanding the field of view through mirrors. Mirrors are used routinely for this purpose for all individuals.

2. Hearing Dogs

Hearing dogs are trained to alert their human companion to specific sounds. Some sounds, such as sirens, smoke detectors, and doorbells, are universally trained. The dog can also be trained to react to any sound that the individual with hearing impairments chooses. Typically, upon hearing a trained sound, the dog makes physical contact with the human companion and then walks the human to the sound. The training of hearing dogs typically begins after the dog has had general obedience training. The sound training requires an additional 4 to 6 months.[49] To maintain high performance levels, semi-annual follow-up training is highly recommended.[50]

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[47] ReSound, "Hearing Aids > ReSound LiNX^2," accessed August 31, 2015, http://www.resound.com/en-US/hearing-aids/resound-linx2#.VckQevlVhBc.

[48] Starkey Hearing Technologies, "Halo," accessed August 31, 2015, http://www.starkey.com/hearing-aids/technologies/halo-wireless-hearing-aids.

[49] Dogs for the Deaf, "Hearing Dogs," accessed August 31, 2015, http://www.dogsforthedeaf.org/hearing-dogs.

[50] Canine Assistants, "FAQs," accessed August 31, 2015, http://www.canineassistants.org/faq.html.

3. Electronic Alerting

Electronic alerts are those alerts that are designed into systems. System designers typically choose auditory alerts because auditory alerts are the most salient for individuals with normal hearing.[51] However, alerts can also be visual or vibrotactile.

a. Visual alerts

Any visual display of information can be considered a visual alert. Visual alerts are used when sight of the alert is not impeded. Typically, visual displays are used for status information that does not change frequently (i.e., for information of a less urgent nature). However, the saliency or urgency of the display can be increased by (1) increasing the size of the information displayed, (2) increasing the brightness of the information displayed, (3) flashing the information, or (4) altering the color of the information.

Numerous visual alerts are in technologies used every day. The urgency of the alert is conveyed by color or flashing. In terms of military systems, Raytheon developed Boomerang to assist infantry in locating the source of small arms fire. Numerous similar systems that track larger weapons have also been developed.

Many visual alerts are developed specifically for the hearing impaired. One example is the strobe lights attached to fire alarms in public buildings. Another example is the kits that hotels offer to hearing-impaired guests. These kits include a light that flashes when someone knocks on the door and when the telephone rings.

b. Vibrotactile alerts

Alternatively, an individual can be alerted by vibration or other tactile sensation. Vibrotactile displays are typically used when a person's ability to see a visual alert may be impeded or when it is desired to only alert specific individuals without capturing the attention of others. A vibrotactile alert must be close to the body to be sensed. Individuals with hearing impairments use vibrotactile alerts via smartphone applications, and other specialized devices designed for the hearing impaired.

Vibrotactile alerts are also being developed for military use. A few of these alerts were described by Hancock and for purposes such as including threat location in aircraft, spatial awareness in aircraft, spatial awareness when operating unmanned vehicles, and communicating covertly.[52]

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[51] Christopher D. Wickens, Sallie E. Gordon, and Yili Liu, *An Introduction to Human Factors Engineering* (New York: Addison Wesley Longman, 1998).

[52] Peter A. Hancock et al., "Tactile Cuing to Augment Multisensory Human-Machine Interaction," *Ergonomics in Design* 23, no. 2 (April 2015): 4–9, doi:10.1177/1064804615572623.

D. Sound Discrimination

Sound discrimination is not just challenging for the hearing impaired, since human ears also evolved for speech perception. Systems that visually display sounds exist for a wide variety of applications. For the military, passive sonar (sound navigation and ranging) systems present the operator visual information about the environment based on the sounds sensed.

E. Summary

Table 1 summarizes the accommodations reviewed. Many of the devices and methods were developed for the general public (e.g., text messaging, speech to text, electronic alerting) but also enhance the abilities of individuals with hearing impairments. Some of these accommodations were specifically designed for the hearing impaired but may also be useful for others (e.g., Captioning on Glass is being leveraged as a translation device).[53] Not all of these accommodations will be appropriate for a military context, although some are already being used by the military.

[53] Starr, "Real-time, Real-world Captioning Comes to Google Glass."

Table 1. Accommodations Available or in Development

Group	Name	Technology Availability	Issues Related to Deployment	Intended Population
General Hearing Device	Hearing aid	Wide availability	None – already allowed	Slight to severe
	PSAP	Wide availability	None – already allowed	Slight to moderate
	CI	Available	Unknown	Severe to profound – conductive
	ABI	Available	Unknown	Profound – sensorineural or mixed
	BAHA	Available	Yes – potential health concerns	Moderate to severe – conductive or mixed
	Middle Ear Implant	Available	Unknown	Moderate to severe – sensorineural
	Semi-implantable	Available	Unknown	Moderate to severe – sensorineural
Communication (General)	Communication strategies	No technology needed	No	All
	Interpretation services and CART	No technology Needed	Yes – additional personnel burden	Moderate to profound
	ASL translation tools	R&D	Unknown	Profound
	Tactile speech translator	R&D	Unknown	Severe to profound
Communication (Written)	Writing notes	No technology needed	No	All
	E-mail; text/instant messaging	Wide availability	No	All
	Face-to-face communicator	Wide availability	Yes – logistics burden	Severe to profound
	Speech to text	Wide availability	Unknown	All
	Captioning on Glass	Beta test	Unknown	Slight to profound
	Transcence	R&D	Unknown	Slight to profound
	Video captioning	Wide availability	None – already in use	All

Table 1. Accommodations Available or in Development concluded

Group	Name	Technology Availability	Issues Related to Deployment	Intended Population
Communication (Distance)	Telephone amplification	Wide availability	None	Mild to severe
	Telephone relay services	Wide availability	Yes – potential security issues	Moderate to profound
	Videophones	Wide availability	None – already used	All
	Wideband audio	Limited availability	Unknown	None to severe
	WebRTC	Limited availability	Unknown	All
Assistive Listening Devices	FM	Wide availability	Unknown	All
	Infrared	Wide availability	None	Slight to profound
	Induction	Wide availability	Unknown	Slight to profound
	Bluetooth/ streamers	Wide availability	Yes – potential security issues	Slight to profound
Alerting	Mirrors	Wide availability	None	All
	Hearing dogs	Wide availability	In some contexts	All
	Electronic alerting	Wide availability	None – already Used	All
Sound Discrimination	Many sound-discrimination technologies exist for different contexts and hearing impairments. The availability and appropriateness is technology specific.			

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3. DOD Audiometric Hearing Level Standards and Deployment Eligibility Requirements

A. Introduction

This section summarizes DOD's audiometric hearing level standards and focuses on the issuances that govern accession, retention, and deployment audiometric standards that have evolved over time. The factors that drive revisions of these medical standards are: wartime quotas exceeding the supply of medically qualified recruits; medical advances (including improved medical and diagnostic screening, advances in preventative medicine, as well as adaptive technologies); cost-benefit analyses (to include attrition and disability prediction); and economic and marketing conditions.[54]

B. Accession Standards

1. DODI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Service

DODI 6130.03 establishes medical standards, to include audiometric hearing level standards, for accession. This instruction articulates the following standard for accession:

1. Current hearing threshold level in either ear greater than that described in subparagraphs 7.b.(1)-(3) of this enclosure does not meet the standard:
    a. Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 decibels (dB) on the average with no individual level greater than 35 dB at those frequencies.
    b. Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear.
    c. There is no standard for 6000 cycles per second.

[54] James G. Jolissaint, MD; Sean A. Swiatkowski, DO; Sandeep S. Mangalmurti, MD; and Gregory D. Gutke, MD, MPH, "History of Recruit Medicine in the United States Military Service," *Recruit Medicine*, Office of The Surgeon General at Textbooks of Military Medicine Publications, Borden Institute, Walter Reed Army Medical Center, Washington, DC, 2006, 4-7, 24.

2. Current or history of hearing aid use (V53.2).[55]

The Services' and the Coast Guard's basic accession standards are modeled on this DODI.

2. Revisions to the Medical Standards for Appointment, Enlistment, or Induction

This DODI establishing medical standards for accession was first published in 1986 as DODI 6130.4, "Criteria and Procedure Requirements for Physical Standards for Appointment, Enlistment, or Induction in the Armed Forces." As described in *Recruit Medicine*, these standards "were developed largely from the expert opinions of medical specialists, as opposed to well-designed research."[56,57]

The medical standards became more evidence-based with the 2005 DODI 6130.4, entitled "Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces."[58,59] *Recruit Medicine* characterizes this process as "an exhaustive 3-year review undertaken by the Accession Medical Standards Working Group (AMSWG), composed of representatives from each office of the Medical-Personnel (MED-PERS) Executive Steering Committee."[60] Over the last two decades, organizations across DOD have conducted significant research on medical standards for accession. These research efforts have informed subsequent revisions to the DODI, now DODI 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services."

Prominent among those organizations is the Accession Medical Standards Analysis and Research Activity (AMSARA). Established in 1996, AMSARA has supported "the development of evidence-based medical standards by guiding the improvement of medical and administrative databases, conducting epidemiologic analyses, and integrating relevant operational, clinical, and economic considerations into policy recommendations."[61]

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[55] DODI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services, April 28, 2010, Incorporating Change 1, September 13, 2011, Enclosure 4, paragraph 7-1, 15.

[56] David W. Niebuhr, Timothy E. Powers, Yuanzhang Li, and Amy M. Millikan, "The Enlisted Accession Medical Process," *Recruit Medicine*, Office of The Surgeon General at Textbooks of Military Medicine Publications, Borden Institute, Walter Reed Army Medical Center, Washington, DC, 2006, 46.

[57] Ramy A. Mahmoud, MD, MPH; Kathryn L. Clark, MD, MPH; Laurel May, MD, MPH, "Evolution of Military Recruit Accession Standards," *Military Preventive Medicine: Mobilization and Deployment*, Vol. 1, Office of The Surgeon General at Textbooks of Military Medicine Publications, Borden Institute, Walter Reed Army Medical Center, Washington, DC, 2003, 155.

[58] DOD Instruction 6130.4, "Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces," January 18, 2005.

[59] Niebuhr, et al., "The Enlisted Accession Medical Process," 47.

[60] Ibid.

[61] Accession Medical Standards Analysis and Research Activity, 2013 Annual Report, Walter Reed Army Institute of Research, 2013, abstract.

Other relevant research efforts include the National Research Council's (NRC) Committee on Youth Population and Military Recruitment: Physical, Medical, and Mental Health Stand. The committee examines "trends in the youth population relative to the needs of the military and the standards used to screen applicants to meet these needs."[62] The context for this research was the challenging recruiting environment of 2005. In "Assessing Fitness for Military Enlistment: Physical, Medical, and Mental Health Standards" (2006), the committee summarized findings regarding both current trends and medical accession standards. The committee recommended revisions of some medical standards for accession and called for additional research. The committee regarded deafness as justified "prima facie," based on an "incontrovertible link between the standard and fitness for service."[63]

Also during this timeframe, the Defense Health Board (DHB) examined evidence-based standards for accession, deployment, and retention. The Evidence-Based Accession, Deployment, and Retention Standards Subcommittee (2007) examined medical standards and waivers, emphasizing "evidence-based standards," as "the application of objectively derived data in the development of criteria for optimal operations."[64] DHB recommended the development of tools and methods for identifying "individuals at high risk for early separation or failure to maintain deployment-readiness, as well as those possessing an increased likelihood to return early from an area of responsibility."[65] DHB also documented that scientific research from organizations such as AMSARA had resulted in changes to accession standards, including the elimination of more than 50 medical standards "not supported by scientific evidence."[66]

Some recent relevant revisions of accession standards are Service specific. For example, the April 2014 Memorandum for Commander Navy Medicine, "Guidance on the Disposition of Active Duty and Reserve Accessions Failing to Meet Hearing Requirements," which stated, "Individuals seeking to serve in the Navy or Marine Corps are required to meet minimal health standards as specified in DODI 6130.03. Occasionally, the services may elect to waive certain conditions in order to meet manpower requirements.

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[62] National Research Council, *Assessing Fitness for Military Enlistment: Physical, Medical, and Mental Health Standards*. Committee on the Youth Population and Military Recruitment: Physical, Medical, and Mental Health Standards, Paul R. Sackett and Anne S. Mavor, editors. Board on Behavioral, Cognitive, and Sensory Sciences, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press, 2006, 11.

[63] Ibid.

[64] Defense Health Board (DHB) Evidence-Based Accession, Deployment, and Retention Standards Subcommittee (2007), 2.

[65] Ibid, 4.

[66] Ibid, 3.

Hearing loss, however, is not a condition that may be considered for waiver."[67] In light of recent research, as well as budgetary issues, evidence suggests that the Services are moving towards fewer waivers and more stringent accession requirements.[68]

3. Overview of the Services' Audiometric Hearing Level Standards

The Services articulate their audiometric hearing level standards for accessions in a series of manuals and issuances. Table 2 summarizes these standards.

Table 2 Services' Audiometric Hearing Level Standards, Accession

Service	Medical Standards
Army	Hearing threshold level may not exceed: (1) Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 decibels (dB) on the average, with no individual level greater than 35 dB at those frequencies. (2) Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear. (3) Current or history of hearing aid use is disqualifying.
Navy / Marine Corps	Hearing threshold level may not exceed: (1) Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 dB on the average with no individual level greater than 35 dB at those frequencies. (2) Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear. (3) Current or history of use of hearing aids is disqualifying.
Air Force	Audiometric hearing levels not more than the standards for the H2 Hearing Profile—not more than 35 dB at 500, 1000, 2000 Hz; not more than 45 dB at 3000 Hz; not over 55 dB at 4000.
Coast Guard	Hearing threshold level may not exceed: (1) Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 dB on the average with no individual level greater than 35 dB at those frequencies. (2) Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear. (3) Current or history of use of hearing aids is disqualifying.

Sources: Army Regulation 40–501, Medical Services Standards of Medical Fitness, 14 December 2007, Rapid Action Revision (RAR) Issue Date: 4 August 2011; AFI48-123_AFGM2014-01 31 October 2014, AFI 48-123, Medical Examinations and Standards; NAVMED P-117, Manual of the Medical Department, U.S. Navy, 3 May 2012; COMDTINST M6000.1F, Coast Guard Medical Manual (August 2014), Chapter 3, Section D, 7.

[67] 21 April 2014 Memorandum for Commander Navy Medicine, "Guidance on the Disposition of Active Duty and Reserve Accessions Failing to Meet Hearing Requirements."

[68] Accession Medical Standards Analysis and Research Activity, 2013 Annual Report, Walter Reed Army Institute of Research, 2013, 43-44.

These audiometric hearing level standards correlate to the Services' hearing profile categories. Using the physical profile functional capacity guide from the Army "Standards of Medical Fitness" regulation as an example. Table 3 identifies the four hearing profiles and corresponding hearing level description provided for each profile.[69]

Table 3. Hearing Profile Categories

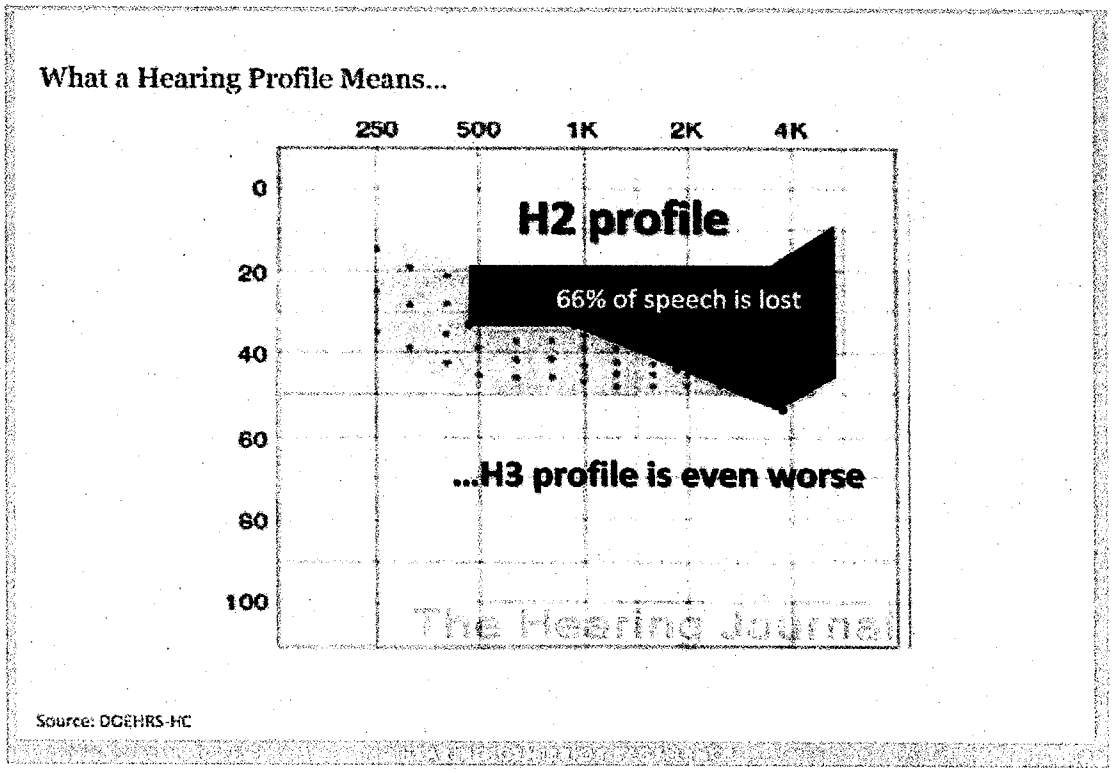
Profile	Hearing Level Description
H1	Audiometer average level for each ear not more than 25 dB at 500, 1000, 2000 Hz with no individual level greater then [sic] 30 dB. Not over 45 dB at 4000 Hz.
H2	Audiometer average level for each ear at 500, 1000, 2000 Hz, or not more than 30 dB, with no individual level greater than 35 dB at these frequencies, and level not more than 55 dB at 4000 Hz; or audiometer level 30 dB at 500 Hz, 25 dB at 1000 and 2000 Hz, and 35 dB at 4000 Hz in better ear. (Poorer ear may be deaf.)
H3	Speech reception threshold in best ear not greater than 30 dB HL, measured with or without hearing aid; or acute or chronic ear disease.
H4	Functional level below H3.

Sources: Headquarters Department of the Army, Army Regulation (AR) 40–501, Medical Services: Standards of Medical Fitness, 14 December 2007/RAR 23 August 2010, 83.

Certain communities within the Services—for example, Aviators, Air Traffic Controllers, Unmanned Aerial Systems Operators, Divers, Special Operations Forces (SOF), Nuclear Field Duty, Explosives Handlers and Motor Vehicle Operators, Landing Craft Air Cushion (LCAC) crew, Academy cadets and midshipmen—have higher audiometric hearing level standards for accession.

Figure 2 from the DOD Hearing Center of Excellence (HCE) illustrates the functional and audiometric differences between the H2 and H3 profiles.

[69] Army's physical profile functional capacity guide from the Headquarters, Department of the Army, Regulation (AR) 40–501, Medical Services: Standards of Medical Fitness, 14 December 2007/RAR 23 August 2010, 83.



Source: Lynn W. Henselman, PhD, Deputy Director, DOD HCE, "Preserving and Improving Warrior and Veteran Hearing Health," 17 April 2015.

Figure 2. HCE, What a Hearing Profile Means

Individuals with H3 profiles have speech reception thresholds such that they do not accurately receive 66 percent of speech.[70]

[70] Lynn W. Henselman, PhD, Deputy Director, DOD HCE, "Preserving and Improving Warrior and Veteran Hearing Health," 17 April 2015, 19.

C. Retention Standards

1. DODI 1332.18, Disability Evaluation System

DODI 1332.18, Disability Evaluation System (DES), establishes standards "for determining unfitness due to disability or medical disqualification."[71] The "general criteria" for making this determination centers on a Service member's ability to "perform duties of his or her office, grade, rank, or rating." The DODI terms "reasonable performance of duties" to include:

1. Common Military Tasks. Whether the Service member can perform the common military tasks required for the Service member's office, grade, rank, or rating [...]. Examples include routinely firing a weapon, performing field duty, or wearing load-bearing equipment or protective gear.
2. Physical Fitness Test. Whether the Service member is medically prohibited from taking the respective Service's required physical fitness test. [...]
3. Deployability. Whether the Service member is deployable individually or as part of a unit, with or without prior notification, to any vessel or location specified by the Military Department. [...]
4. Special Qualifications. For Service members whose medical condition disqualifies them for specialized duties, whether the specialized duties constitute the member's current duty assignment; the member has an alternate branch or specialty; or reclassification or reassignment is feasible.

This DODI also establishes roles and responsibilities for the DES.

The Department of the Army Physical Profile form highlights the core functional activities that underlie common military tasks and is used across the Services. The following figures, Figure 3 and Figure 4 depict that form and identify the specific activities.[72]

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[71] Source: DODI 1332.18, Disability Evaluation System (DES), August 5, 2014, 28.

[72] AR 40-501, DA Form 3349 September 2010.

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PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General

1. MEDICAL CONDITION: (Description in lay terminology) ☐ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES (Table 7-2 AR 40-501)	3.	P	U	L	H	E	S
		Temporary						
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD): (Limited to 3 months duration)	☐	☐
b. PERMANENT PROFILE (Reviewed and validated with every periodic health assessment or after 5 years from the date of issue)	☐	☐

5. FUNCTIONAL ACTIVITIES THAT EVERY SOLDIER REGARDLESS OF MOS MUST BE ABLE TO PERFORM. IF SOLDIER CANNOT PERFORM ANY ONE OF THESE TASKS, THEN THE PULHES MUST CONTAIN AT LEAST ONE "3" AND SOLDIER MUST BE REFERRED TO A MEB. CAN THE SOLDIER:

FUNCTIONAL ACTIVITY:	YES	NO
a. Carry and fire individual assigned weapon?	☐	☐
b. Evade direct and indirect fire?	☐	☐
c. Ride in a military vehicle for at least 12 hours per day?	☐	☐
d. Wear a helmet for at least 12 hours per day?	☐	☐
e. Wear body armor for at least 12 hours per day?	☐	☐
f. Wear load bearing equipment (LBE) for at least 12 hours per day?	☐	☐
g. Wear military boots and uniform for at least 12 hours per day?	☐	☐
h. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?	☐	☐
i. Move 40lbs (for example, duffle bag) while wearing usual protective gear (helmet, weapon, body armor and LBE) at least 100 yards?	☐	☐
j. Live in an austere environment without worsening the medical condition?	☐	☐

6. APFT	YES	NO	ALTERNATE APFT (If do not if unable to do APFT run otherwise N/A)	N/A	YES	NO
2 MILE RUN	☐	☐	APFT WALK	☐	☐	☐
APFT SIT-UPS	☐	☐	APFT SWIM	☐	☐	☐
APFT PUSH UPS	☐	☐	APFT BIKE	☐	☐	☐

7. DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?

YES ☐ NEEDS MMRB NO ☐ NEEDS MEB

8. FUNCTIONAL LIMITATIONS AND CAPABILITIES AND OTHER COMMENTS:

☐ This temporary profile is an extension of a temporary profile first issued on _____

Source: AR 40-501, DA Form 3349 September 2010.

Figure 3. Department of the Army Physical Profile Form

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Functional Activity
a. Carry and fire individual assigned weapon?
b. Evade direct and indirect fire?
c. Ride in a military vehicle for at least 12 hours per day?
d. Wear a helmet for at least 12 hours per day?
e. Wear body armor for at least 12 hours per day?
f. Wear load bearing equipment (LBE) for at least 12 hours per day?
g. Wear military boots and uniform for at least 12 hours per day?
h. Wear protective mask and NOPP 4 for at least 12 hours per day?
i. Move 40 lbs. (for example, duffle bag) while wearing usual protective gear (helmet, etc.)
j. Live in an austere environment without worsening the medical condition?

Source: AR 40-501, DA Form 3349 September 2010.

Figure 4. Department of the Army Physical Profile Form, "Functional Activity" Section

2. The Services' Audiometric Hearing Level Retention Standards

For retention in most occupations, the Services require a minimum hearing profile of H2.[73] Table 4 summarizes those audiometric hearing level retention standards.

Table 4. Overview of the Services' Audiometric Hearing Level Retention Standards

Service	Medical Standards
Army	Most MOSs require H2 or better (in other words, H1)
Navy/ Marine Corps	Minimal hearing performance standards as specified in DODI 6130.03 and the Manual of the Medical Department are: (1) Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 dB on the average with no individual level greater than 35 dB at those frequencies. (2) Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear.
Air Force	Audiometric hearing levels not more than the standards for the H2 Hearing Profile
Coast Guard	Hearing threshold level may not exceed: (1) Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 dB on the average with no individual level greater than 35 dB at those frequencies. (2) Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear. (3) Current or history of use of hearing aids is disqualifying.

Sources: Army Regulation 40–501, Medical Services Standards of Medical Fitness, 14 December 2007, Rapid Action Revision (RAR) Issue Date: 4 August 2011; AFI48-123_AFGM2014-01 31 October 2014, AFI 48-123, Medical Examinations and Standards; U. S. Navy Aeromedical Reference and Waiver Guide, April 30, 2015 , NAVMED P-117, Manual of the Medical Department, U.S. Navy, 3 May 2012; COMDTINST M6000.1F, Coast Guard Medical Manual (August 2014), Chapter 3, Section D, 7.

[73] Army Regulation 40–501, Medical Services Standards of Medical Fitness, 14 December 2007, Rapid Action Revision (RAR) Issue Date: 4 August 2011; AFI48-123_AFGM2014-01 31 October 2014, AFI 48-123, Medical Examinations and Standards; U. S. Navy Aeromedical Reference and Waiver Guide, April 30, 2015, http://www.med.navy.mil/sites/nmotc/nami/arwg/Documents/Complete_Waiver_Guide_150430.pdf, NAVMED P-117, Manual of the Medical Department, U.S. Navy, 3 May 2012; COMDTINST M6000.1F, Coast Guard Medical Manual (August 2014), Chapter 3, Section D, 7.

3. The Services' Hearing Waivers

The Services have some latitude with waivers, both for recruits and for trained personnel. The likelihood that a Service may consider a waiver is especially high for trained individuals, who, as a result of their time in service, develop conditions that affect their medical profile but not their ability to perform their essential duties.[74]

As with accession standards, certain communities within the Services—Aviators, Air Traffic Controllers, Unmanned Aerial Systems Operators, Divers, Special Operations Forces, Foreign Area Officers, Nuclear field duty, Explosives Handlers and Motor Vehicle Operators, Landing Craft Air Cushion crew—have higher audiometric hearing level standards for retention (H1). These standards affect the ability of Service personnel to receive waivers.

D. Deployment Eligibility Requirements

1. DOD Audiometric Hearing Level Standards—Deployment

DOD issuances relevant to deployment eligibility emphasize a Service person's ability to perform duties safely. For example, DODI 6490.07, Medical Conditions Usually Precluding Contingency Deployment, states:[75]

> In general, DOD personnel with any of the medical conditions in Enclosure 3, and based on a medical assessment, shall not deploy unless a waiver is granted. Consideration should be made for the nature of the disability and if it would put the individual at increased risk of injury or illness, or if the condition is likely to significantly worsen in the deployed environment.

DODI 6490.07 specifically addresses individuals with auditory impairment and deployment: "Sensory Disorders (1) Hearing Loss. The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely."[76]

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[74] The Army uses the Speech Recognition in Noise Test (SPRINT) as part of the audiological evaluation for soldiers with unaided hearing at the H-2 or H-3 profile level standards. This Army regards this test as a valid predictor of communication abilities. Army Regulation 40–501, Medical Services Standards of Medical Fitness, 14 December 2007, Rapid Action Revision (RAR) Issue Date: 4 August 2011, 2, 115; AFI48-123_AFGM2014-01 31 October 2014, AFI 48-123, Medical Examinations and Standards; AFI 36-2101 Section 3.7.4, 21; U. S. Navy Aeromedical Reference and Waiver Guide, April 30, 2015, http://www.med.navy.mil/sites/nmotc/nami/arwg/Documents/Complete_Waiver_Guide_150430.pdf, NAVMED P-117, Manual of the Medical Department, U.S. Navy, 3 May 2012; COMDTINST M6000.1F, *Coast Guard Medical Manual* (August 2014), Chapter 3, Section D, 7.

[75] DODI 6490.07, Medical Conditions Usually Precluding Contingency Deployment, February 5, 2010, Enclosure 2, 7.

[76] DODI 6490.07, Medical Conditions Usually Precluding Contingency Deployment, February 5, 2010, Enclosure 3, 11.

DODI 6025.19, Individual Medical Readiness (IMR), likewise emphasizes a Service person's ability to perform duties in that environment. That DODI states "[a] deployment limiting medical condition includes any physical or psychological condition that may interfere with the Service member's ability to perform duties while deployed.[77]

2. Combatant Command Deployment Requirements

In addition to DOD guidance, deployment requirements are articulated by each Combatant Commander. For example, the following minimum standards for "[a]ll personnel (uniformed service members, government civilian employees, volunteers, and DOD contractor employees)" were articulated for the USCENTCOM area of operations (AOR) in the "Personnel Policy Guidance for Contingency Operations in Support of GWOT" [Global War on Terror]:[78]

> Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the deployed location.
>
> Personnel who have existing medical conditions may deploy if all of the following conditions are met:
>
> - The condition(s) is/are not of such a nature that an unexpected worsening or physical trauma is likely to have a medically grave outcome.
> - The condition(s) is/are stable [....]
> - Any required ongoing health care or medications must be available in-theater within the military health system [....]
> - No need for significant duty limitation or restriction is imposed by the medical condition. [....]

The USCENTCOM deployment requirements are continually updated. For example, these theater-level requirements were modified in 2012 by the "PPG-Tab A: Amplification of the Minimal Standards of Fitness for Deployment to the CENTCOM AOR; To Accompany MOD Eleven to USCENTCOM Individual Protection and Individual/Unit Deployment Policy." The document added an additional condition that must be met by personnel with existing medical conditions who are to deploy to that theater of operations: "There is no need for routine evacuation out of theater for continuing diagnostics or other

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[77] DODI 6025.19, Individual Medical Readiness (IMR), June 9, 2014, ENCLOSURE 3 b, 9-10.

[78] Department of the Army, Personnel Policy Guidance for Contingency Operations in Support of GWOT, 13 Feb 2008.

evaluations. (All such evaluations must be accomplished before deployment.)"[79] That document also addressed auditory impairment and deployment in greater detail than the previous personnel policy guidance documents governing deployment into the USCENTCOM AOR.[80]

3. Hearing Loss

The requirement for use of a hearing aid does not necessarily preclude deployment. However, the individual must have sufficient unaided hearing to perform duties safely IAW Service guidelines. If individuals meet the following criteria, unaided, no waiver is required to deploy:

- A hearing level no greater than 30dB for either ear (the average of hearing levels at 500, 1000, and 2000 Hz), with no individual level greater than 35dB at these frequencies and no greater than 55dB at 4000 Hz; OR
- A hearing level no greater than: 30dB at 500 Hz; 25dB at 1000 and 2000 Hz; and 35dB at 4000 Hz in the better ear.
- An audiogram may not necessarily correlate with an individual's ability to perform duties as determined by an occupational health exam. Waiver requests should be accompanied by a provider's evaluation and assessment of speech recognition and ability to hear and wake up to emergency alarms and hear instructions in the absence of visual cues such as lipreading. Extreme ranges (over 75 dB either ear, at any frequency) of hearing loss should be accompanied by an audiologist's assessment of functionality and Speech Recognition In Noise Test (SPRINT).

Figure 5 depicts the U.S. Army Forces Command (FORSCOM) Operation Iraqi Freedom (OIF) training tasks for units rotating in theater.

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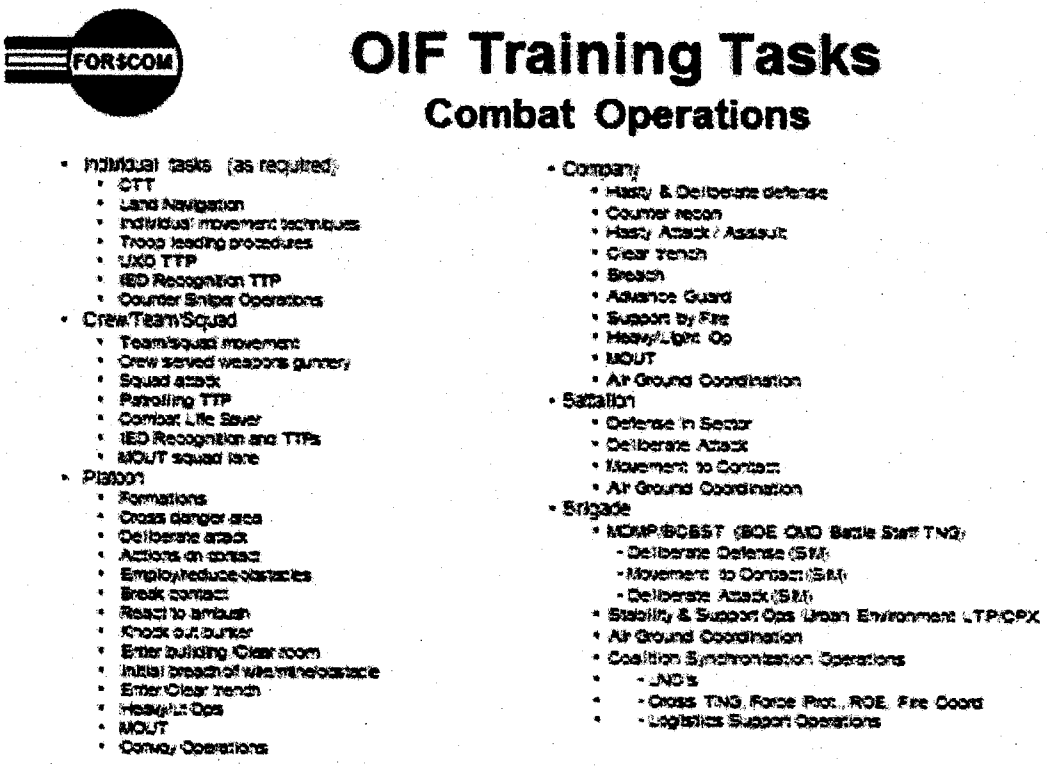
[79] PPG-Tab A: Amplification of the Minimal Standards of Fitness for Deployment to the CENTCOM AOR; To Accompany MOD Eleven to USCENTCOM Individual Protection and Individual/Unit Deployment Policy, 1.

[80] PPG-Tab A: Amplification of the Minimal Standards of Fitness for Deployment to the CENTCOM AOR; To Accompany MOD Eleven to USCENTCOM Individual Protection and Individual/Unit Deployment Policy, 5-6.



Source: Colonel Frank "Del" Turner, Chief, G-3 Training Division, HQs FORSCOM, "Preparing Units for OIF/OEF Rotations," 2004.

Figure 5. OIF Training Tasks

This articulation of critical tasks for units deploying into theater further validates the requirements from the CENTCOM Personnel Policy Guidance.

E. Conclusion

This section summarized the doctrine regarding audiometric hearing level standards across DOD. The focus of this section was on the issuances that govern accession, retention, and deployment audiometric standards. The next section addresses recent deployment experiences.

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4. Employment of Individuals with Hearing Impairments and Military Occupations

A. Introduction

In this section we examine current enlisted occupations within the military that may be considered viable for individuals with hearing impairments. The occupations identified have qualities and characteristics that make them potentially viable for individuals with hearing impairments in general; further review is necessary to determine which specific accommodations would maximize the probability of success for specific individuals with particular hearing conditions/abilities.

The first level of analysis was to assess positions based on the Services' descriptions of the positions. Each of the Services describes its occupations differently, so each will be analyzed independently.[81] Since the ability to deploy was identified as a barrier to military service, the deployment rates of the identified occupations were examined. After the Service-specific analyses, some cross-Service analysis was conducted to see whether similar positions across the Services might be made available to individuals who have hearing impairments. Only enlisted positions were assessed as part of this study.

1. Army

As described in the previous section, the Army identifies physical requirements of Military Occupational Specialties (MOSs) using the PULHES[82] criteria, where each characteristic is rated on a scale of 1 (best) to 4 (worst). For Army enlisted MOSs, the lowest acceptable hearing-level rating for any position given is H-3, which indicates that less than optimal hearing would be acceptable in that position. We reviewed Department of the Army Pamphlet (DA PAM) 611-23 to identify the enlisted positions with H-3 ratings. There are five enlisted positions in the Army where an H-3 rating would potentially be acceptable (see Table 5). Analysis of the position descriptions for each of these MOS

[81] Occupations within the Army, Navy, and Air Force were examined and provide sufficient examples of military positions that warrant further analysis. Occupations within the Marine Corps were not examined due to the significantly smaller number of individuals within the Marine Corps combined with the high deployability rates.

[82] PULHES – p, physical capacity or stamina; u, upper extremities; l, lower extremities; h, hearing and ears; e, eyes; s, psychiatric.

indicates that for all of these positions, a person with poorer than normal hearing might possibly be successful, especially if job accommodations for individuals who with hearing impairments were implemented.

Table 5. Enlisted Positions in the Army Where an H-3 Rating Would Be Acceptable

MOS Code	MOS Title
12T	Technical Engineer
36B	Financial Management
68J	Medical Logistics Specialist
68M	Nutrition Care Specialist
92G	Food Service Specialist

Source: United States Army, "Implementation of the Changes to the Military Occupational Classification and Structure," Department of the Army Pamphlet 611-23 (Washington, DC: Headquarters, Department of the Army, 31 December 1998).

Separate from the analysis for this report, Buchanan et al. analyzed positions in the armed services that required hearing critical tasks.[83] Their analysis assessed whether the position contained a hearing-critical task and characterized those hearing requirements along a dimension that included sound detection, sound identification, sound localization, and speech recognition. They identified many positions that did not meet their threshold of hearing-critical tasks. There was some overlap in the findings of our current analysis and in Buchanan et al., with both Financial Management (36B) and Food Service Specialist (92G) being positions identified—an indication that those positions warrant further review to determine whether an individual with hearing impairment could perform them successfully.[84]

Using Defense Manpower Data Center (DMDC) data, deployment rates of Army MOSs over the period of 2001–2009 were calculated as the amount of sum total number of days that individuals with a particular MOS were deployed, divided by the sum total of all days served by everyone in the particular MOS. Overall, for enlisted Army positions, the average deployment rate was 12.8%. For Technical Engineers (12T), specific data were not available, but, for the average of similarly classified positions (12x), the deployment rate was 6%. This finding suggests that, on average, 6% of all 12x personnel were deployed at a given time. For Nutrition Care Specialists (68M), the deployment rate was also fairly

[83] Kari Buchanan et al., "Military Hearing Critical Task Review by Service," SURVIAC-TR-13-4548 (Wright-Patterson AFB: OH, Survivability/Vulnerability Information Analysis Center, September 23, 2013).

[84] Ibid.

low, at 8%. For Medical Logistics Specialists (68J) and Food Service Specialists (92G), the deployment rate of 16% and 18%, respectively, was more moderate. Finally, for Financial Management (36B), the deployment rate of 33% was relatively high.

2. Navy

The Navy describes positions in the *Manual of Navy Enlisted Manpower and Personnel Classifications and Occupational Standards*.[85] The Occupational Standards express the Navy's minimum requirements for enlisted positions, and these standards were analyzed to identify positions where it does not appear that critical hearing skills such as active listening and abilities such as auditory attention were described. Table 6 includes the positions where it might be possible for an individual with hearing impairment with reasonable job accommodations to adequately perform in the position.

Table 6. Potentially Viable Navy Occupations for Individuals with Hearing Impairment

Job Code	Job Title
001362	Aviation Machinist's Mate Organizational Level
001472	Aviation Electrician's Mate Intermediate Level Technician
002000	Armament Weapons Support Equipment Technician
001955	Aviation Structural Mechanic Intermediate Level 001805 & Aviation Environmental and Egress Technician
003699	Electrical Systems Maintainer
003004	Hull Systems Maintainer
003005, 003177	Steam Plant Auxiliary Systems Maintainer & Steam Plant Auxiliary Systems Technician
003156, 003381	Machinery Repair Maintainer & Machinery Repair Technician
002609	Culinary Specialist

Source: Department of the Navy, *Manual of Navy Enlisted Manpower and Personnel Classifications and Occupational Standards,* Vol. I Navy Enlisted Classifications (NECs).

As described for Army positions, Buchanan et al. also assessed Navy positions for critical hearing tasks.[86] Both the current study and Buchanan et al. identified Culinary Specialist, indicating that this would be a position where an individual with hearing impairment may be able to perform successfully and should warrant further review.[87] There was partial agreement/overlap in aviation maintenance positions, where Buchanan et al

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[85] Department of the Navy, *Manual of Navy Enlisted Manpower and Personnel Classifications and Occupational Standards*, Vol. I Navy Enlisted Classifications (NECs).

[86] Buchanan et al., "Military Hearing Critical Task Review by Service."

[87] Ibid., B-1–B-2

identified Aviation Maintenance Administration, while we identified similar maintenance-like positions of Aviation Machinist's Mate and Electrician's Mate, Aviation Structural Mechanic, and Aviation Environmental and Egress Technicians.[88]

Using the deployment rates of individuals in particular occupational classification codes over the period of 2001–2009, we analyzed the positions identified in Table 6. Overall, for enlisted Navy positions, the average deployment rate was 6.6% into the US Central Command area of operations. These data do not highlight deployments to other regions of the world. For Aviation Machinist's Mate (AD), Aviation Electrician's Mate (AE), Aviation Structural Mechanic (AM), Electrical Systems Maintainer (EM), Hull Systems Maintainer (HT), Machinery Repair Maintainer (MR), and Culinary Specialist (CS) the deployment rates were fairly low at 8%, 8%, 9%, 7%, 7%, 7%, and 8% respectively. For Steam Plant Auxiliary Systems Maintainer and Steam Plant Auxiliary Systems Technician specific data were not available, but, for the occupational classification codes of which they are a part, Machinist's Mate (MM), the deployment rate was 7%. For Armament Weapons Support Equipment Technician (AO) and Aviation Environmental and Egress Technician (AME), the deployment rate of 11% and 10%, respectively, was more moderate.

3. Air Force

For the Air Force enlisted occupations, we reviewed job requirements described in the *Air Force Enlisted Classification Directory*.[89] The Air Force uses an alphanumeric Air Force Specialty Code (AFSC) to label positions. The first character is a number that relates to a career group (e.g., operations, logistics, medical, finance); the second character is a letter representing the career field; the third character is a further breakdown to career field subdivision; the fourth character is a number to indicate the position's skill level (e.g., helper, apprentice, journeyman, superintendent); and the fifth character is a number to specify the position name if there are multiple positions in a particular career field subdivision.

For this analysis, we only list the lowest level of skill identifier since a new enlistee would enter service at that level. We grouped occupations by career subdivision; therefore, if more than one AFSC is listed, this indicates that more than one related/similar position appears to have minimal hearing requirements. Table 7 shows the occupations where the description did not identify critical hearing tasks.

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[88] Ibid., B-1.

[89] United States Air Force, *Air Force Enlisted Classification Directory (AEFCD): The Official Guide to the Air Force Enlisted Classification Codes* (Schertz, Texas: HQ, Air Force Personnel Center/Directorate of Personnel Services (AFPC/DPS), 31 October 2013), http://www.132dwing.ang.af.mil/shared/media/document/afd-130822-028.pdf.

Table 7. Air Force Occupations Where the Description Did Not Identify Critical Hearing Tasks

AFSCs	Job Title
1C012	Aviation Resource Management+
1N111	Geospatial Intelligence *
1P011	Aircrew Flight Equipment (NA)
1W011	Weather*
2A011	Avionics Test Station and Components**
2A313, 2A318	Tactical Aircraft Maintenance, Remotely Piloted Aircraft Maintenance**
2A511, 2A512, 2A514	Airlift/Special Mission Aircraft Maintenance,** Helicopter/Tiltrotor Aircraft Maintenance,** Refuel/Bomber Aircraft Maintenance+
2A611, 2A613, 2A614, 2A615, 2A616	Aerospace Propulsion,* Aircrew Egress Systems,** Aircraft Fuel Systems,** Aircraft Hydraulic Systems,** Aircraft Electrical and Environmental Systems**
2A711, 2A712, 2A713, 2A715	Aircraft Metals Technology,** Nondestructive Inspection,** Aircraft Structural Maintenance,** Low Observable Aircraft Structural Maintenance*
2A912	Bomber/Special Integrated Instrument and Flight Control Systems (N/A)
2F011	Fuels+
2M011, 2M012	Missile and Space Systems Electronic Maintenance, Missile and Space Systems Maintenance**
2P011	Precision Measurement Equipment Laboratory**
2R011	Maintenance Management Analysis**
2R111	Maintenance Management Production**
2S011	Materiel Management**
2T011	Traffic Management++
2T211	Air Transportation++
2T317	Vehicle Management and Analysis**
2W111	Aircraft Armament Systems**
2W211	Nuclear Weapons*
3D011, 3D014	Knowledge Operations Management,** Computer Systems Programming**
3E011, 3E012	Electrical Systems++, Electrical Power Production++
3E111	Heating, Ventilation, Air Conditioning, and Refrigeration+
3E211	Pavements and Construction Equipment++
3E311	Structural++
3E411, 3E413	Water and Fuel Systems Maintenance++. Pest Management
3E511	Engineering++
3M011	Services++
3S313	Manpower**
4A111	Medical Materiel**
4A211	Biomedical Equipment**
4D011	Diet Therapy**
4R011	Diagnostic Imaging**
4T011, 4T012	Medical Laboratory, Histopathology**
4V011	Optometry**
4Y011, 4Y012	Dental Assistant, Dental Laboratory**

Source: United States Air Force, *Air Force Enlisted Classification Directory (AEFCD): The Official Guide to the Air Force Enlisted Classification Codes* (Schertz, Texas: HQ, Air Force Personnel Center/Directorate of Personnel Services (AFPC/DPS), 31 October 2013).

Note: For ease of presentation, a coding system was applied to the codes listed in the table whereby "*" indicates a deployment rate of less than 1%, "**" indicates a deployment rate of 1-5%, "+" indicates a deployment rate of 5.5–10%, "++" indicates a deployment rate of greater than 10%, and "NA" indicates that a deployment rate was not identified for the specific code.

As described previously for Army and Navy positions, Buchanan et al. also assessed Air Force positions for critical hearing tasks.[90] The current study and Buchanan et al. identified 12 positions where an individual with hearing impairment may be able to perform successfully and should warrant further review.[91] The positions identified in both the current analysis and Buchanan et al.[92] are Aviation Resource Management (1C012), Geospatial Intelligence (1N111), Weather (1W011), Vehicle Management and Analysis (2T317), Knowledge Operations Management (3D011), Computer Systems Programming (3D014), Pest Management (3E413), Services (3M011), Manpower (3S313), Medical Materiel (4A111), Medical Laboratory (4T011), and Dental Laboratory (4Y012).

Using the deployment rates of individuals in particular Air Force occupational classification codes over the period of 2001–2009 into the US Central Command area of operations, we analyzed the positions identified in Table 7. Overall, for enlisted Air Force positions, the average deployment rate was 5.0%. While "Helper" positions were identified in Table 7, the deployment rates include the Apprentice and Journeyman levels to provide a representative perspective of people in similar positions.

B. Summary

One of the reasons that DOD has established its current hearing standards is that the military service is a profession where hearing loss is common.[93] For an individual to maintain sufficient hearing, he/she must begin military service with outstanding hearing. If hearing is already poor and continues to degrade, the individual may no longer be able to perform his or her job. This analysis did not look specifically for positions where noise-induced hearing injury is likely, but a casual review of the positions listed in this section indicate that at least some of these positions appear to be in relatively quiet settings. For individuals who are profoundly deaf, the risk of further noise-induced injury may be unlikely. This situation also may be true for individuals with CIs, but a longitudinal study would be needed to confirm it. Further analysis of positions may identify occupations where hearing is not critical (or where appropriate accommodations are in place) and where risk of hearing injury is elevated. Those positions might be suitable for already profoundly deaf individuals who would not be at risk of further hearing loss but not for individuals with mild hearing loss who may be at elevated risk for additional hearing loss.

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90 Buchanan et al., "Military Hearing Critical Task Review by Service."

91 Ibid.

92 Ibid., D-1–D-7.

93 Marlene E. Gubata et al., "Pre-enlistment Hearing Loss and Hearing Loss Disability among US Soldiers and Marines," *Noise & Health* 15, no. 66 (September–October 2013): 289–295, http://www.amsara.amedd.army.mil/Documents/DES_Publication/1.%20Gubata_M%20-%20Noise%20Health_2013.pdf.

Additional analysis would be needed to functionally validate these findings, which is beyond the scope of this study. The development of auditory fitness for duty evaluation protocols for specific positions[94] would be needed with particular accommodations in place to determine whether individuals with hearing impairment would be fit for the specific occupations identified in this section. This process includes an in-depth job analysis where acceptable job accommodations could be used.

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[94] Jennifer B. Tufts, Kristin A. Vasil, and Sarah Briggs, "Auditory Fitness for Duty: A Review," *Journal of the American Academy of Audiology* 20, no. 9 (October 2009): 539–557, http://www.audiology.org/sites/default/files/journal/JAAA_20_09_02.pdf.

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5. Recent Deployment Experiences and Future Demands on the Force

A. Introduction

This section considers deployments to the USCENTCOM region after 2001 as a means to understand the operational demands placed on uniformed Service members who are deployed, as well as how they are employed once in a contemporary operational environment. Additionally, we consider the impact on deploying forces and other organizations when populations of Service members are ineligible to be deployed. We conclude the section by considering future demands that could be placed on the DOD and each service member, thus testing our second research hypothesis.

B. Overseas Assignment and Deployment

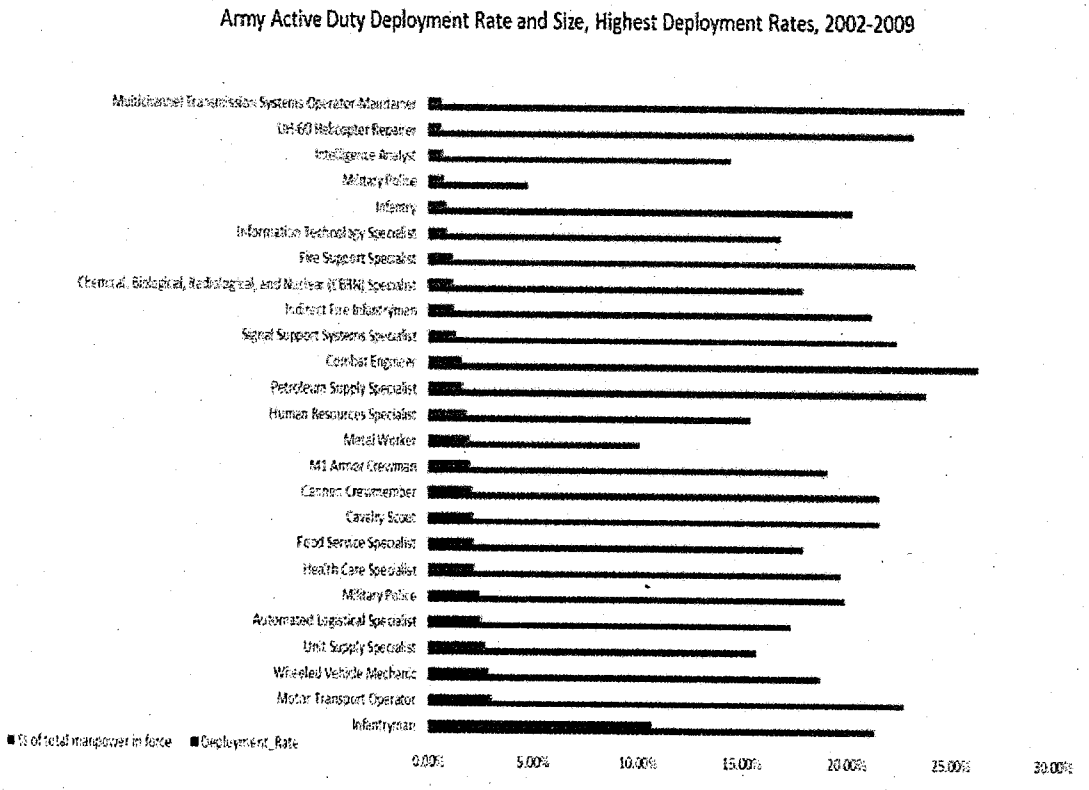
Combatant commands, as part of the operational chain of command to the President, place mission demands on the military Services who organize, train, equip, and provide forces as part of the administrative chain of command. To prioritize supply and demand, DOD relies on its global force management process, managed by the Joint Staff. Some operational demands are met by organizations and individuals that are assigned to the combatant commands or other organizations within global regions. When operational demands exceed forces assigned in a region, the combat command requests that additional forces be allocated for a finite period, in accordance with 10 United States Code, section 162. To consider the magnitude of these demands, we analyzed the Defense Manpower Data Center (DMDC) deployment data to the USCENTCOM region from 2002 to 2009.

The Services, in response to the official data call for this research, each indicated that they had no non-deployable occupational specialties into which individuals can access (See Appendix F). To verify these responses—and thus affirm our first study hypothesis that all military Service members, regardless of occupational specialty, must be deployment eligible and prepared to deploy into an operational area in support of ongoing and future missions—we considered deployments of each Service into the USCENTCOM area of responsibility (AOR). The original DMDC data consisted of two datasets spanning 2002-2009: a deployment dataset with records for each Service member deployment and a yearly record dataset containing Service member occupational specialty, among other variables. These datasets were merged and aggregated for analysis. Specifically, the number of records in the yearly Service member record dataset was counted, generating an

approximation of the number of man years in each occupational code. Next, deployment days were summed and then merged with the other Service member dataset, creating a deployment ratio for each occupation.

These data from all Services permit a look at the operational demands placed on the individuals within each occupational specialty, for both officers and enlisted personnel. For each Service, we consider both the occupations with the highest and then lowest deployment rates.

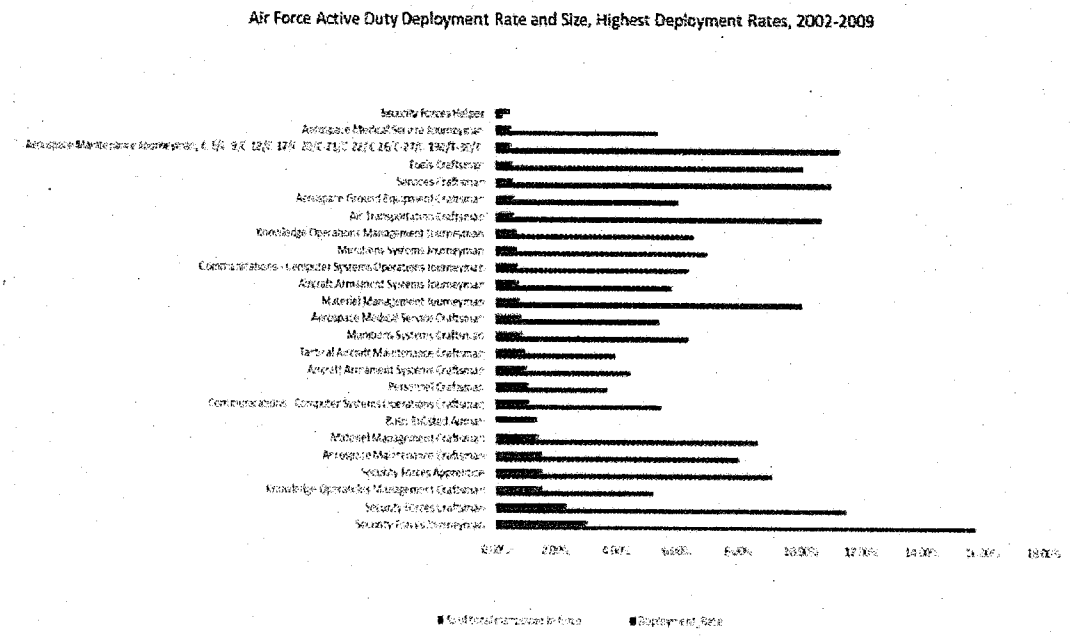
Figure 6 shows the 25 Army Active Duty occupations with the highest deployment rates into the USCENTCOM AOR. While the high deployment rates for some occupational specialties seem intuitive (i.e., armor and cavalry), the high deployment rates for administrative occupations are not as intuitive.



Source: IDA analyses of DMDC datasets.

Figure 6. Top 25 Army Deployment Rates by Occupation

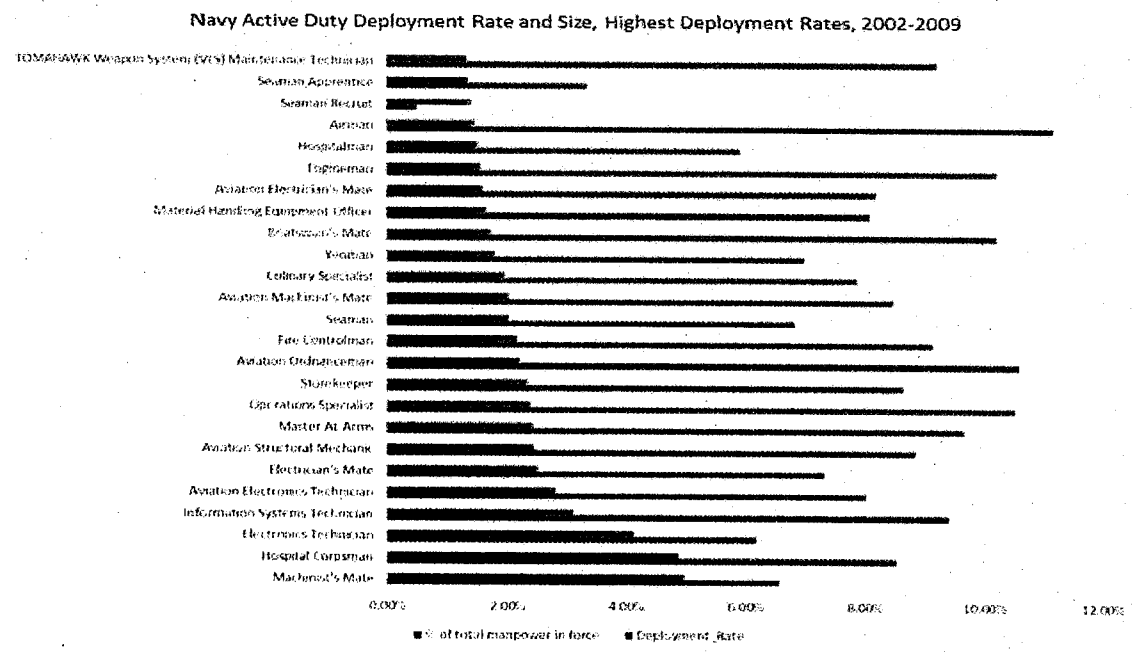
Deployment data for the Air Force Active Duty are depicted in Figure 7. According to these DMDC data, Air Force deployment rates are dominated by occupations involving craftsmen and journeymen skill levels of various Air Force Specialty Codes.



Source: IDA analyses of DMDC datasets.

Figure 7. Top 25 Air Force Active Duty Deployment Rates by Occupation

Deployment data for the Navy are depicted in Figure 8.

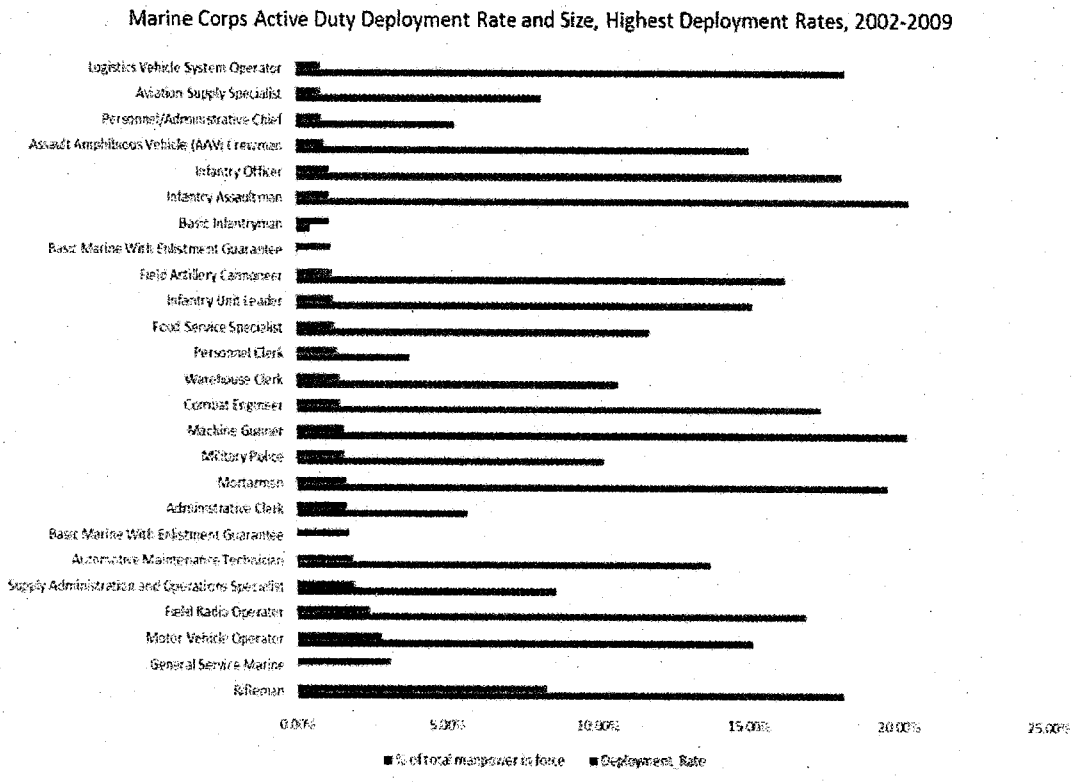


Source: IDA analyses of DMDC datasets.

Figure 8. Top 25 Active Duty Navy Deployment Rates by Occupation

Navy data also depict a variety of occupations that experienced deployment rates into the USCENTCOM area, as well as other global deployment requirements.

Deployment data for the Marine Corps are depicted in Figure 9. Marine Corps data depict higher deployment rates by certain officer communities, but also by operators, clerks, specialists, gunners, and engineers.



Source: IDA analyses of DMDC datasets.

Figure 9. Top 25 Active Duty Marine Corps Deployment Rates by Occupation

Because we were testing the hypothesis that all military Service members, regardless of occupational specialty, must be deployment eligible and prepared to deploy into an operational area, we also considered the same USCENTCOM deployment data, and examined the occupational specialties that deployed least. While some occupations experienced a higher operational demand than others, and there were no deployment rates for populations of Service members in their initial entry training because they could not deploy until they obtained an occupational specialty, we did not identify any operational communities that did not deploy. While these data considered deployment into the USCENTCOM AOR, deployments that regularly occur in other regions place additional deployment demands on military personnel and the management process.

C. Non-Standard Sourcing

While the DMDC deployment data presented in the previous section depicts which Service members deployed to the USCENTCOM area by occupation, the data does not depict what members were asked to perform once deployed. Data on how each Service member was employed once deployed must be considered via proxy information from other sources.

Previously, we described how combatant commands request forces to be allocated to meet mission demands, and how these forces are provided by the military Services. When a combatant command request is met by sourcing the requirement with the Service and capability requested, it is called a standard sourcing solution.

Often, however, demands are not met via standard sourcing. Non-standard sourcing can occur when demands exceed available supply from the Services, whether Active Duty or Reserve Component, or when the capability requested does not exist in Service inventories.

Non-standard sourcing can take three forms. The first non-standard sourcing solution entails taking an existing Service capability from one Service that is similar to what is being requested by another Service; this is referred to as Joint sourced. Another non-standard sourcing solution is referred to as in-lieu-of sourcing and consists of an existing Service organization being re-missioned to perform something entirely different from their doctrinal organizationally designed mission. The final non-standard sourcing solution takes place when a capability does not exist in the military Services and a provisional organization is assembled from individuals and smaller organizations. This type of sourcing is referred to as ad hoc and is used to create provincial reconstruction teams, agricultural development teams, and other provisional organizations that would disband upon return from the USCENTCOM AOR. Table 8 illustrates examples of standard and non-standard sourcing.

Table 8. Force Sourcing Solutions—Illustrative Examples

Category	Requested	Received
Standard	Army Brigade	Army Brigade
Non-Standard—Joint Sourced	Army Military Police	Air Force Security
Non-Standard—In Lieu of	Convoy Security Police	Artillery Unit
Non-Standard—Ad Hoc	Provincial Reconstruction Teams (PRT)	Provisional PRT

Source: Joint Publication 5-0, Joint Operation Planning, 11 August 2011.

When non-standard sourcing of combatant command demands occur, Service members may be required to deploy outside of their occupational specialty, learn new skills, and operate in different environments.[95] According to the Government Accountability Office (GAO), DOD could not ensure that all forces filling non-standard deployment requirements were being used consistent with the tasks, conditions, and standards for which they have been trained.[96] The GAO report highlighted how, for certain Navy and Air Force occupations, non-standard force deployments challenged the Services' abilities to (1) balance the amount of time their forces are deployed with the amount of time they spend at home, and (2) meet other standard mission requirements.[97]

In a 2007 hearing before the Readiness Subcommittee on the Committee on Armed Services, Congressional committee members expressed concern that service members were not being trained on combat proficiency, and concern about the strain on readiness and an increased risk to national security created by taking Service members out of their core Service roles.[98] During the discussion of in-lieu-of sourcing requirements, the DOD highlighted a requirement of 17,376 personnel for non-standard sourcing solution for fiscal year 2008 alone.[99] The Air Force testified that of the 25,453 Airmen and Airwomen deployed to USCENTCOM, 6,293 or roughly 25% were considered to be filling in-lieu-of tasks, and that since 2004 approximately 22,000 Airmen and Airwomen were deployed to perform such tasks.[100] According to the Air Force, these in-lieu-of tasks drew from across specialty codes, to include civil affairs, public affairs, judge advocate, chaplain, intelligence, counterintelligence, medical, communications, logistics, engineering, security forces, and operations.[101]

Additional Service members were deployed out of their doctrinal occupation when they were part of Joint sourced and ad hoc solutions. The Navy, for example, testified during the hearing that more than 46,000 sailors were transferred from their usual jobs to augment joint Service requirements in the USCENTCOM area.[102] Augmentees, or individually deploying Service members, fulfilled requirements associated with ad hoc

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[95] GAO-08-670, *Joint Policy Needed to Better Manage the Training and Use of Certain Forces to Meet Operational Demands*, May 2008.

[96] Ibid.

[97] Ibid.

[98] Hearing before the Readiness Subcommittee on the Committee on Armed Services, House of Representatives, The Use of In Lieu Of, Ad Hoc and Augmentee Forces in Operations Enduring Freedom and Iraqi Freedom, July 31, 2007.

[99] Ibid.

[100] Ibid.

[101] Ibid.

[102] Ibid.

sourcing, because an existing organization was not used as part of the non-standard solution. For example, according to 2009 Joint manning documents, 7,724 individual augmentee requirements were levied on the military Services for sourcing.[103]

Due to concerns related to the contemporary operational environments in Iraq and Afghanistan, where "the entire country can be considered a combat area" and that the DOD should prepare all deploying Service members "for the worst possible scenario, which is combat," the Army established basic combat skills training (CST) that members from all Services can attend.[104] The Navy, for example, required all deploying individual augmentees to attend this three-week program in which Army drill instructors provided training in a range of subjects, including basic rifle marksmanship, crew served weapons, improvised explosive devices, and quick/reactive fire.[105] The Air Force also sent "thousands" of Airmen and Airwomen every year to the Army CST to "help them succeed while deployed" as they stepped outside their traditional roles and skills.[106]

D. Impact of Increased Numbers of Personnel Unavailable for Deployment

While the 2002-2009 DMDC deployment data did not depict any operational communities that did not deploy in support of USCENTCOM mission requirements, these data did highlight the numbers of individuals that were not deployed. As previously described, both officer and enlisted individuals who were not certified in an occupation or branch and who newly enter the military Services each year, are part of the non-deployable populations. Service response to an official data call (Appendix F) highlight the relationship between the numbers of individuals unavailable for assignment and the ability of the Service to fill organizational billets. In this section we consider the impact of non-deployable military personnel and the force impact when those numbers increase.

When a military unit is selected as a sourcing solution to fulfill a combatant command requirement, whether as an emergent requirement or to fill an ongoing rotational requirement, the unit leadership prepares the organization to be ready for the mission. One critical component of the unit readiness calculation consists of personnel readiness—having personnel of the right occupational specialties and grades in all required billets. When Service members assigned to the organization cannot deploy, the leadership must

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[103] United States Joint Forces Command briefing on the Joint Individual Augmentee Sourcing Process, April 2010.

[104] Hearing Before the Readiness Subcommittee on the Committee on Armed Services, House of Representatives, *The Use of In Lieu Of, Ad Hoc and Augmentee Forces in Operations Enduring Freedom and Iraqi Freedom*, July 31, 2007.

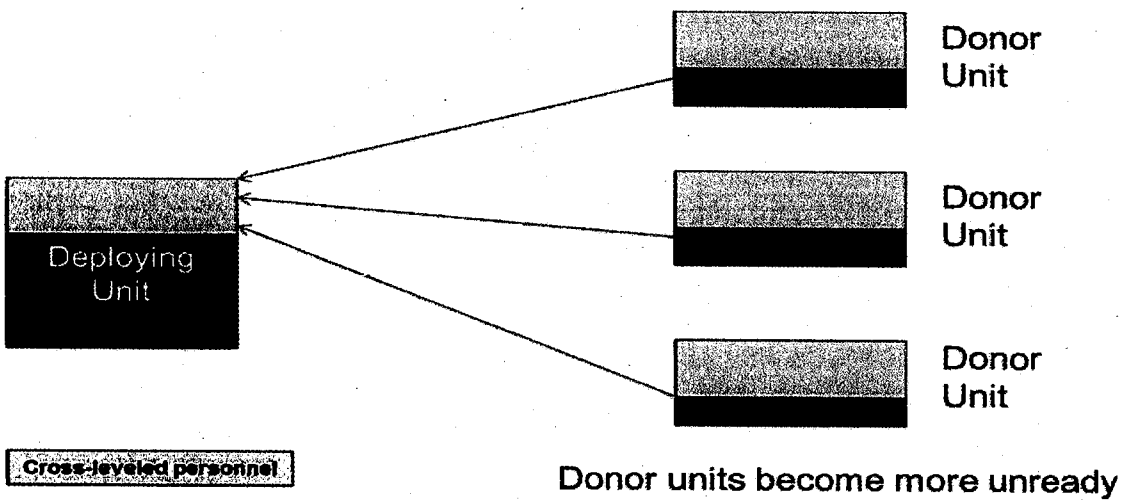
[105] http://www.public.navy.mil/ia/Pages/faq.aspx#13.

[106] http://fortblissbugle.com/combat-skills-training-army-training-for-today%E2%80%99s-airmen/.

find replacement individuals who can deploy, which places demands on the Service's human resource management systems. The intent is to have the correct number of Service members, by occupation, skill level, and grade, within the organization so that they can undergo training leading up to deployment.

Until a Service member is detached from their unit of assignment, the organization cannot request a deployable replacement. Ultimately, deploying commanders are responsible both for processing any non-deployable Service members, and for the deployment readiness of the entire unit. If they cannot conduct personnel processing in a timely manner, operational readiness for mission deployment is negatively affected.[107]

This system of substituting non-deployable Service members for those who are deployment eligible can be referred to as personnel cross-leveling; such cross-leveling provides an indicator of personnel turbulence within an organization. A 2013 RAND study cited that Army Reserve Component organizations selected for deployment averaged 23 percent personnel cross-leveling.[108] When a deploying unit requires Service members that are deployment eligible, they take them from other organizations, which then are called "donor" organizations. To improve the readiness of the deploying unit, the donor units instantly become less ready themselves for any ongoing missions or any potential global deployment. Figure 10 depicts the impact of cross-leveling.



Source: IDA Briefing, 2015.

Figure 10. Cross-Leveling and Readiness Illustration

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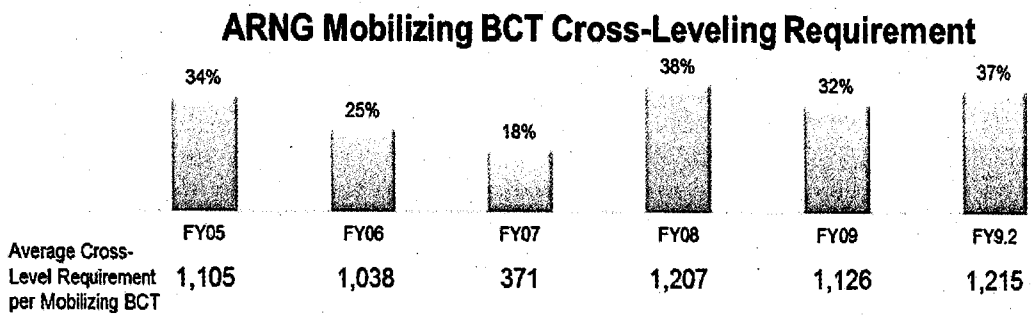
[107] John E. Sena, *Non-Deployables: An Increasing Challenge for the Army*, US Army War College, Carlisle Barracks, PA, 2010.

[108] Thomas Lippiatt and J. Michael Polich, *Leadership Stability in Army Reserve Component Units,* 2013, 22-23.

Figure 11 illustrates the cross-leveling that took place in the Army National Guard (ARNG) Brigade Combat Teams (BCTs) from FY 2005 through FY 2009. In data provided by ARNG, in fiscal year 2008, there was an average of 38 percent personnel cross-leveling for mobilizing and deploying BCTs, and 37 percent in 2009.[109]



Source: Army National Guard Readiness presentation, October 2009.

Figure 11. Cross-Leveling in Army National Guard Brigade Combat Teams

To meet the requirements associated with recent contingency operations, and to compensate for the number of potential Service members that would be unable to deploy, the Services attempted to assign more than the authorized number of personnel to the deploying organizations. According to a representative of the Marine Corps, it was not uncommon to provide deploying units with 5 percent more personnel.[110] In a 2009 Soldier Deployability briefing, the Army described an active duty BCT non-deployable personnel percentage of 13 percent, with a plan to compensate deploying units by providing them with 105 percent authorized fill in order to hopefully achieve 90 percent personnel available for the deployment.[111] The increasing rate of non-deployable Service members had a strategic impact on the Army and became a top priority for Army leaders and its human capital enterprise.[112] Additionally, when Service members deploy and then do not meet medical deployment fitness standards, there is risk for inadequate treatment within the operational theater, personal risk due to potential inability to perform combat required

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[109] Army National Guard Readiness presentation, October 2009.

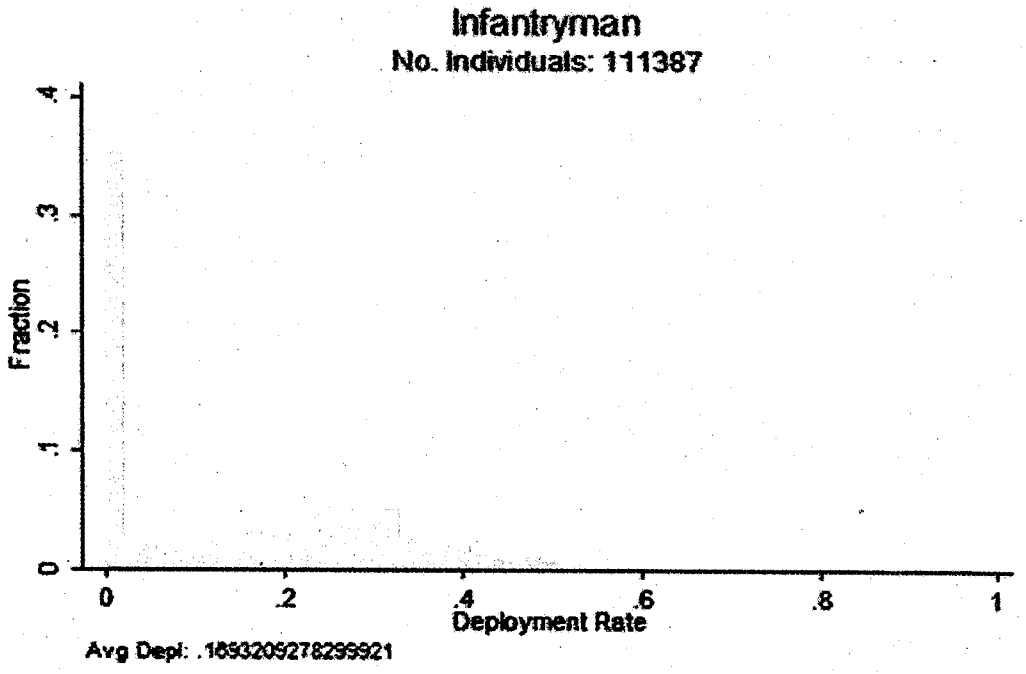
[110] Discussion with USMC Manpower and Reserve Affairs, Quantico, VA, June 2015.

[111] Headquarters Department of the Army briefing entitled, *Soldier Deployability*, 6 July 2009.

[112] Scott Arnold, Christopher Crate, Steve Drennan, Jeffrey Gaylord, Arthur Hoffman, Donna Martin, Herman Orgeron, Monty Willoughby, *Non-Deployable Soldiers: Understanding the Army's Challenge*, U.S. Army War College, Carlisle Barracks, PA, 2011.

skills, and the potential to be sent home from the deployment and render the deployed unit with less manpower.[113, 114]

The personal burden of deployment and risk changes for those who are deployment eligible when there is an increase in the number of military personnel who are non-deployable. As combatant command mission demands persist over time, as they did in the USCENTCOM (AOR), deployment eligible personnel were sent to combat theaters repeatedly. While we did not delve into the impacts of repeated deployments (injuries, accidents, casualties, divorce rates, suicides, etc.) as part of this research, we did use the DMDC deployment data for 2002 to 2009 and noted the occupational specialties where some personnel experienced high deployment rates and others with none at all. For example, if we look at ARNG infantry, approximately 35 percent did not deploy in 2002-2009, while there were those within some specialties that had deployment rates up to about 50 percent. As an example, Figure 12 illustrates the ARNG Infantry Deployment Rates.



Source: David R. Graham, *Self-Selection as a Tool for Managing the Demands on Department of Defense (DOD) Personnel.* Institute for Defense Analyses paper P-4606, Alexandria, VA, 2010.

Figure 12. Army National Guard Infantry Deployment Rates

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[113] Gregg Zoroya, "US Deploys More than 43,000 Unfit for Combat," *USA Today*, May 7, 2008.

[114] Ed Offley, *One Soldier Hobbles Through a Year of Hell*, Military.Com, August 23, 2014.

This is an example from one specific occupation; the subject was further researched and explained in a 2010 IDA paper that looked at self-selection as a possible means to reduce deployment demands on the force.[115] However, the example does numerically depict how the burden of deployment unfolds between those individuals who do not deploy and those who are deployment eligible.

E. Recent Deployment Experiences through the Lens of Specific Communities

One of the underlying questions at the core of this research effort regards the existence of non-deploying communities. The extent to which there are occupations or communities not called upon to deploy into areas where contingency operations are taking place is the extent to which there may be some flexibility about deployment limiting conditions. We examined the following communities as case studies: military medical specialties, Judge Advocate General's Corps (JAGs), DOD civilians, Service band members, and the deployment experiences of military women.

1. Military Medical Specialties

Historically, the Services' estimates of medical Service personnel deployment requirements significantly exceed actual deployment levels and staffing requirements for deployable units.[116] According to Whitley et al, "Medical Total Force Management":

- Service-identified active duty medical force military essential requirements can be divided into direct operational requirements (e.g., requirements to staff deployable units) and non-operational requirements. The non-operational requirements constitute a substantial portion of total requirements and vary significantly by specialty.
- Examples of these non-operational requirements include beneficiary care in isolated and overseas MTFs [Military Treatment Facilities], Graduate Medical Education (GME), and similar activities that are likely not military essential according to DOD guidance.
- Medical specialties deploy less than non-medical specialties, averaging one-fifth to one-third the deployment level of the primary combat arms specialties.
- Significant variation exists for deployment experience across specialties and Services

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[115] David R. Graham et al., *Self-Selection as a Tool for Managing the Demands on Department of Defense (DOD) Personnel*, Institute for Defense Analyses Paper P-4606, Alexandria, VA, 2010.

[116] Whitley et al, *Medical Total Force Management*, IDA P-5047, May 2014, v.

One study finding was that medical specialties that did not deploy were identified for conversion to civilian positions.

2. Judge Advocate General's Corps

Across DOD, JAG eligibility requirements entail that applicants must:[117]

- Be a United States citizens
- Be age 21 or older, not exceeding age 42 by the time of commissioning
- Be physically fit, meeting the Army's weight and medical entrance standards
- Possess high moral character and leadership potential.
- Hold a Juris Doctor (J.D.) from an ABA-approved law school and must be a member in good standing of the bar of the highest court of a state or federal court
- Be eligible for a security clearance

Using the Army as an example, these individuals must meet the following obligations:

- Four years active-duty service
- Reserve Component (RC) JAG—eight-year service obligation

Additionally, JAG training has multiple components. Individuals must first take the Judge Advocate Officer Basic Course (JAOBC) and complete a two-phase, five-month training program. Phase one is a Direct Commissioned Course (DCC) at Fort Benning, GA, a "rigorous six-week course in leadership and tactics designed to challenge all new Army officers physically and mentally." (West Point, ROTC, and Officer Candidate School graduates attend similarly designed courses.) The curriculum features:[118]

> physical fitness training, foot marches, combat training, land navigation training (similar to orienteering), rifle marksmanship, training with night-vision equipment, weapons training, training in nuclear, biological and chemical operations, practical exercises in leadership, and several confidence courses featuring difficult obstacles to challenge students to overcome personal fears and work with a team.

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[117] Department of the Army, Judge Advocate Recruiting Office, "The U.S. Army Judge Advocate General's Corps Frequently Asked Questions," Revised January 2014; https://www.jagcnet.army.mil/sites/jaro.nsf/xsp/.ibmmodres/domino/OpenAttachment/Sites/jaro.nsf/C07CD9644C10A90585257B35004610B8/Attachments/Frequently%20Asked%20Questions%20(Jan%202014).pdf;; RC JAG information: Judge Advocate Recruiting Office, RC JAG, FAQ, https://www.jagcnet.army.mil/sites/jaro.nsf/homeContent.xsp?open&documentId=FFFE5698B7BEC5D585257B2D004EFDCD.

[118] Ibid.

Phase two is a ten-and-a-half-week, classroom-based, training regimen in "military law topics at The Judge Advocate General's Legal Center and School (TJAGLCS) in Charlottesville, VA."[119]

For assignments, "Active Component Judge Advocates must be available for worldwide assignment." According to the Department of the Army, Judge Advocate General Corps' Frequently Asked Questions:[120]

> Over 400 Judge Advocates are currently assigned overseas in over 20 countries including some in active combat zones. They perform legal duties in support of Soldiers and combat operations. Typically, Judge Advocates are not directly involved in active combat, but they may perform some non-legal functions as needed. Judge Advocates assigned to combat zones are entitled to combat pay and to the federal combat zone tax exclusion for income earned during months spent in the combat zone.

Reserve Component JAG officers "typically serve as Individual Mobilization Augmentee (IMA)" and are "assigned to active duty agencies or installations" Ultimately, JAG officers, both Active and Reserve Component, must be able to deploy anywhere, including into active combat zones.[121]

3. Civilian Expeditionary Workforce

Members of the DOD Civilian Expeditionary Workforce (CEW), formerly called Emergency-Essential (E-E) DOD U.S. Citizen Civilian Employees, must meet the same physical and medical standards established for the respective theater.[122] According to the DODI, members of the CEW: [123]

> shall be organized, trained, cleared, equipped, and ready to deploy in support of combat operations by the military; contingencies; emergency operations; humanitarian missions; disaster relief; restoration of order; drug interdiction; and stability operations of the Department of Defense.

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[119] Ibid.

[120] Ibid.

[121] The other Service's JAG Corps have similar requirements, see, for example the U.S. Air Force Judge Advocate General website, http://www.airforce.com/jag/; and the "Guide to the U.S. Navy JAG Corps," May 2012, http://www.jag.navy.mil/careers_/careers/docs/JAG_Guide(May%202012).pdf.

[122] DODD 1404.10, Emergency-Essential (E-E) DOD U.S. Citizen Civilian Employees, 10 April 1992, https://www.hsdl.org/?view&did=395; DODD 1404.10, DOD Civilian Expeditionary Workforce, 23 January 2009, http://www.dtic.mil/whs/directives/corres/pdf/140410p.pdf.

[123] DODD 1404.10, DOD Civilian Expeditionary Workforce, 23 January 2009, http://www.dtic.mil/whs/directives/corres/pdf/140410p.pdf.

Figure 13 depicts a recent cadre of CEW participants conducting training prior to deployment into the USCENTCOM AOR.

Source: Email from participant in the Civilian Expeditionary Workforce, 2015.

Figure 13. Civilians in Recent Training Prior to Deployment into the CENTCOM AOR

4. Members of Military Bands

Across the Services, individuals seeking to serve as members of military bands must "meet established standard requirements for enlistment with regard to physical fitness and medical screenings."[124] Even individuals seeking to become part of "The President's Own," the U.S. Marine Band and Marine Chamber Orchestra, must meet the standard requirements. According to The President's Own website, "Career Information":[125]

> Disqualifying conditions may include, but are not limited to, failure to meet height/weight standards at time of enlistment; serious vision and auditory

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[124] U.S. Army Music, "Serving the Nation through Music," FAQs, http://www.music.army.mil/careers/faq/#28; U.S. Navy Band, Career Information Frequently Asked Questions, http://www.navyband.navy.mil/career_information.shtml; Air Force Bands Program, Auditions and USAF Band Career Information http://www.bands.af.mil/careers/regionalbandfaq.asp; http://www.usafband.af.mil/questions/topic.asp?id=954; The President's Own, United State Marine Band and Marine Chamber Orchestra, "Career Information," http://www.marineband.marines.mil/Portals/175/Docs/Career%20Information/Career%20Info_15_booklet.pdf.

[125] The President's Own, United State Marine Band and Marine Chamber Orchestra, "Career Information," http://www.marineband.marines.mil/Portals/175/Docs/Career%20Information/Career%20Info_15_booklet.pdf.

problems; hypertension; diabetes; heart defects; seizure; inflammatory bowel syndrome; loss of an eye or kidney; cancer within five years; anorexia; treatment for asthma during the past five years; allergy immunotherapy during the past two years; and physical limitations due to injury or congenital conditions.

Again, members of military bands also deploy into combat zones, performing duties assigned to their band. Figure 14 depicts the New York Army National Guard's 42nd Infantry Division Band performing during an Iraqi Army Training Center graduation in Tikrit, Iraq in 2005.[126]

Source: https://s3.amazonaws.com/attachments.readmedia.com/files/60714/original/photo_9140_0_9140_0.jpg?1407343270.

Figure 14. The 42nd Infantry Division Band, Tikrit, Iraq in 2005.

[126] U.S. Army Music, "Serving the Nation through Music," FAQs, http://www.music.army.mil/careers/faq/#28; U.S. Navy Band, Career Information Frequently Asked Questions, http://www.navyband.navy.mil/career_information.shtml; Air Force Bands Program, Auditions and USAF Band Career Information http://www.bands.af.mil/careers/regionalbandfaq.asp; http://www.usafband.af.mil/questions/topic.asp?id=954; The President's Own, United State Marine Band and Marine Chamber Orchestra, "Career Information," http://www.marineband.marines.mil/Portals/175/Docs/Career%20Information/Career%20Info_15_booklet.pdf.

5. The Deployment Experiences of Military Women

Women have a long history of serving in the military Services. There is an equally long history of women being formally barred from combat roles. The 1994 Secretary of Defense Memorandum, Direct Combat Assignment Rule, specifically excluded women from assignments "to units below the brigade level whose primary mission is to engage in direct combat on the ground."[127]

Despite that rule, and the use of personnel assignment tools, such as the Army's Direct Ground Combat Position Coding system (DGCPC—"p" ratings designated positions as open or closed to women), women soldiers in OIF/OEF performed tasks outside their MOS based on mission requirements. In recent contingency operations, women were among those killed in action (KIA), wounded in action (WIA), and also received combat awards.[128] In OIF, the number of female Service personnel KIA was 110, 627 were WIA. In OEF, the number of female Service personnel KIA was 51, 376 were WIA. In OND, the number of female Service personnel KIA was 0, 12 were WIA.[129] Thousands of female Service personnel have received military combat awards, including the Silver Star (awarded to an Army National Guard Medic and Army Military Police.)[130]

The 2013 CJCS/SECDEF memorandum, Women in the Service Implementation Plan, calls for the three-year integration process to be complete by 2016. Each Service, and U.S. Special Operations Command (USSOCOM), submitted its plan. Special exemptions were possible if "the assignment of women to a specific position or occupational specialty is in conflict with our stated principles."[131] The memorandum emphasized "gender-neutral" occupational performance standards and effectively rescinded ground combat restrictions for women.[132] Ultimately, combat exclusion based on distinctions between forward and rear operating areas had become incongruous with the nonlinear nature of recent contingency operations.[133]

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[127] SECDEF memo, Direct Ground Combat Definition and Assignment Rule, January 1994.

[128] Martin E. Dempsey, Task Force 1AD, "Women's Roles in Combat Seminar," March 2004.

[129] Female soldiers have been awarded Combat Action Badges, Purple Hearts, and one Silver Star. CRS, American War and Military Operations Casualties: Lists and Statistics, December 2014.

[130] Women in Military Service for America Memorial Foundation, "Voices of Valor, An American Hero: Army Woman Earns Silver Star and Makes History," Women In Military Service For America Memorial Foundation's website, March 2008, http://www.womensmemorial.org/Education/PDFs/WHM08USA.pdf.

[131] CJCS Memo, Women in Service Implementation Plan, January 2013.

[132] Ibid.

[133] Restrictions on Assignments of Military Women, A Brief History, National Women's Law Center, http://www.nwlc.org/sites/default/files/pdfs/women_in_military_assignments_a_brief_history_revised_jan_2014.pdf.

F. Future Demands on the Force

To test the second hypothesis, we leveraged IDA's Stochastic Active-Reserve Assessment model (SARA) and Integrated Risk Assessment and Management Model (IRAMM) to consider future force requirements for missions the United States may be called upon to perform. A detailed description of this effort is located in Appendix G, where results from simulating senior leaders indicate that current policy makers implicitly anticipate the possibility of a severely challenging future (3 to 6 simultaneous operations). Results from simulating pseudo-Subject Matter Experts (SMEs) based on the senior leaders indicate that the potential for human errors in estimating the numerical probability of possible futures leaves us with the more robust planning assumption that an even more challenging future (8 simultaneous operations) is quite possible. Results from simulations informed by history confirm this view. Results from simulating unrestricted pseudo-SMEs based on a fairly conservative algorithm suggest that even this assumption may be over-optimistic and that extraordinarily stressful futures may be possible and should be considered in our decisions. Given these results, indications are that uniformed individuals in each of the military Services will be globally deployed during periods of challenging futures where the number of deployable personnel will dictate how constrained DOD is in its ability to meet these challenges.

G. Conclusions

This section addressed deployment experiences over the last two decades. Given that one of the underlying questions at the core of this research effort and hypotheses focused on the existence of non-deploying communities, we examined whether there were occupations not called upon to deploy into areas where contingency operations took place. In this case, data did not identify any non-deploying operational communities. Additionally, when the number of individuals not available for deployment increased, organizations had to cross-level to fill their deployment personnel requirements. An increase in non-deployable personnel also shifts the personal burden of deployment and risk to those who are deployment eligible.

To assess our second hypothesis, we also considered future force requirements for missions the United States may be called upon to perform. A detailed description of this effort is in Appendix G, where results from simulating senior leaders indicate that current policy makers anticipate the possibility of a severely challenging future where uniformed individuals in each of the military Services will be globally deployed during challenging periods.

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6. Overview of Current and Recent Research

A. Introduction

Just as medical standards have evolved over time, research on medical standards and deployment/employment eligibility has been ongoing for decades. Historically, such research focused on addressing wartime demands that exceeded the supply of medically qualified recruits; such research focused on how the standards could be adjusted to enable the greatest pool of eligible recruits in times of extreme national need or existential threat.[134] The most recent research is evidence-based, focused on accession and retention standards through the lens of performance data, attrition statistics, and disability prediction.

Since the creation of the all-volunteer force, there has been continuing discussion regarding medical standards, in general.[135] An extensive literature review is outside the scope of this research effort. See Appendix H for references to relevant literature related to the feasibility and advisability of permitting individuals with auditory impairment to access as members of the armed forces.

The research highlighted in this section focuses on some of the recent, evidence-based efforts to examine audiometric hearing-level standards and the effect of auditory impairment on attrition, performance, and disability status. The DOD Hearing Center of Excellence (HCE), the Accession Medical Standards Analysis and Research Activity (AMSARA) at the Walter Reed Army Institute of Research, Walter Reed National Military Medical Center, the U.S. Army Public Health Command (APHC), and Tri-service Disability Evaluation System Analysis and Research are among the most prominent research organizations examining auditory impairment through this lens.

Much of the recent research on medical standards for accession has been conducted to inform revisions of DOD issuances on medical standards, such as DODI 6130.03,

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[134] See, for example, Jack Sternberg, Frank S. Greenberg, Edmund F. Fuchs, "Enlisted MOS Suitable for the Physically Handicapped," Personnel Research Branch, The Adjutant General's Office, Department of the Army, December 1958. The authors concluded that of the 401 MOSs listed in AR 611-201, "250 MOS were identified with at least one duty position which could be performed satisfactorily" by a handicapped individual. Hard of hearing was one of the handicaps included in this study. The authors defined hard of hearing as "hearing loss sufficient to disqualify by current minimum standards up to the point where the person is still able to receive individual verbal instructions at close range." (14) The authors stated that "Deafness was deleted as being too serious a handicap in a military setting." (7).

[135] See, for an early example, Chu, et al, "Physical Standards in an All-Volunteer Force," the Rand Corporation, R-1347-ARPA/DDPAE, April 1974.

Medical Standards for Appointment, Enlistment, or Induction in the Military Services. As described in Section 3, AMSARA, the National Research Council, and the Defense Health Board have been conducting research to inform "the development of evidence-based medical standards."[136]

B. Auditory Impairment and Attrition

In "Attrition of U.S. Military Enlistees with Waivers for Hearing Deficiency, 1995-2004," Niebuhr et al. summarized their research findings regarding enlistees granted waivers for hearing deficiency. The authors compared military retention of enlistees granted hearing-loss related medical waivers with the retention of "a matched comparison group" of medically qualified enlistees.[137] According to this study, the Army had the highest number of enlistees granted such waivers (3,674), followed by the Navy (1,605). The numbers of enlistees granted hearing-loss related medical waivers in the Marine Corps (584) and Air Force (78) resulted in a smaller sample size and affected the statistical significance of the comparison.[138] The authors found that the "likelihood of early attrition, both all-cause and medical reason-related, is noticeably higher among enlistees entering the Army and the Navy with" hearing-loss related medical waivers compared to the comparison group.[139] The difference in medical attrition in the Marine Corps was only marginally significant. The Air Force's small sample size rendered that data of no utility. The authors concluded that the "increased likelihood of medical attrition in enlistees with a waiver for hearing loss provides no evidence to make the hearing accession standard more lenient and validates a selective hearing loss waiver policy."[140]

One of HCE's areas of emphasis is the costs associated with the career development of Service personnel with the potential for auditory impairment.[141] Figure 15 depicts DOD retention costs and potential savings given that individuals with the potential for hearing impairment are not provided with specialized, expensive training and education.

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[136] Accession Medical Standards Analysis and Research Activity, 2013 Annual Report, Walter Reed Army Institute of Research, 2013, abstract.

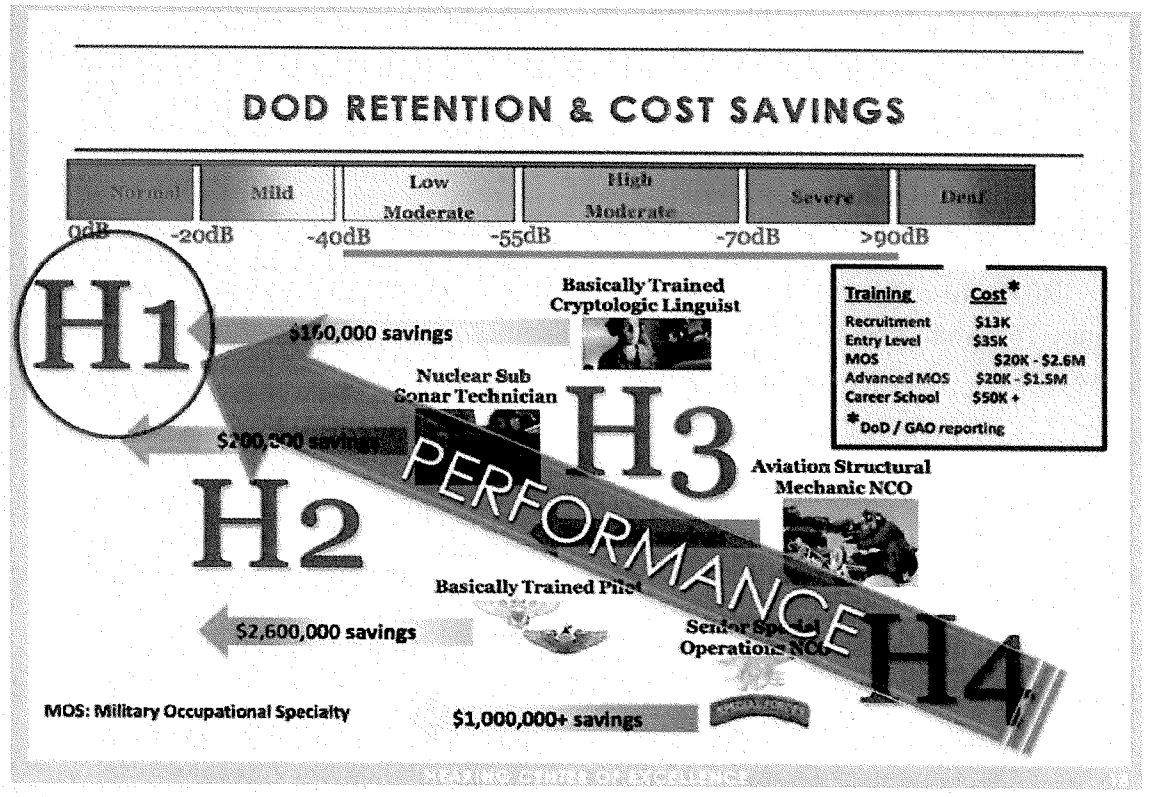
[137] Lieutenant Colonel David W. Niebuhr, "Attrition of U.S. Military Enlistees with Waivers for Hearing Deficiency, 1995-2004," Military Medicine, Vol. 172, January 2007, 63.

[138] Ibid, 64.

[139] Ibid, 67.

[140] Ibid, 63.

[141] Source: DOD HCE, Department of Defense Military Health System Perspective, April 27, 2015.



Source: Lynn W. Henselman, PhD, Deputy Director, DOD HCE, "Preserving and Improving Warrior and Veteran Hearing Health," April 17, 2015.

Figure 15. DOD Retention and Cost Savings

The return on investment given the high training costs is not realized if these individuals develop hearing impairment such that they can no longer perform effectively in their occupations.[142]

C. Costs Associated with Auditory Impairment

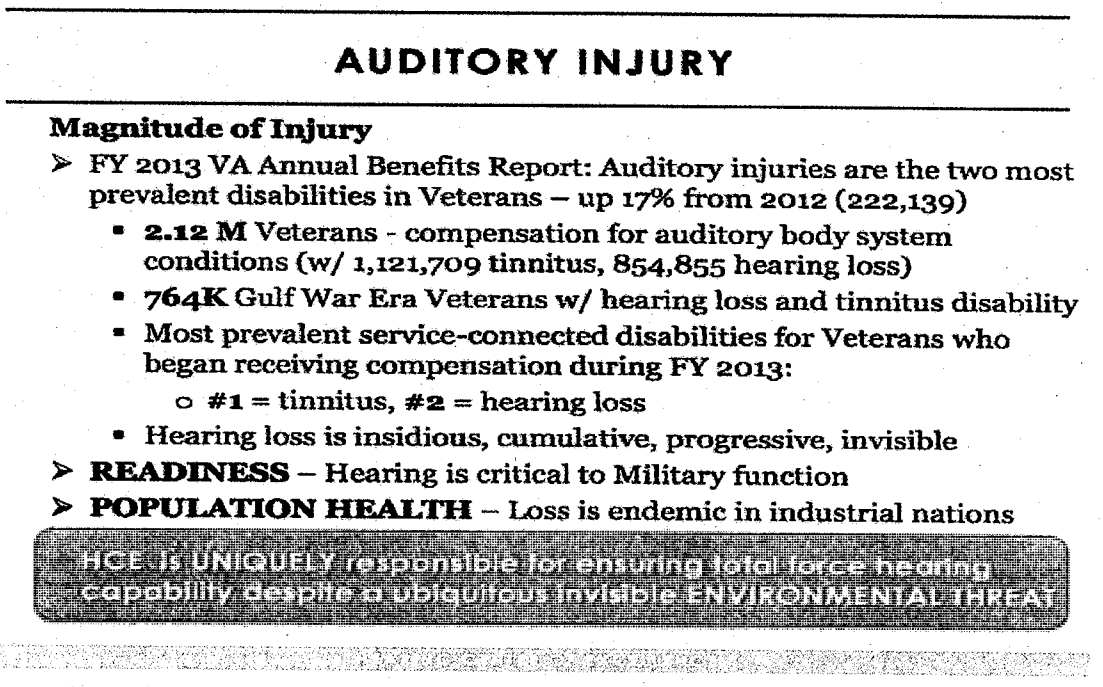
Much of the recent research on auditory impairment has been conducted by consortiums, drawing on researchers and medical professionals from a range of organizations. For example, Gubata et al. in "Pre-enlistment Hearing Loss and Hearing Loss Disability among US Soldiers and Marines," documents a "case-control analysis of generally young" U.S. Army and Marine Corps personnel evaluated for a hearing-related disability by their Service within the DOD Disability Evaluation System between Fiscal Years 2003 to 2010.[143] This research sought to "identify accession and service-related risk

[142] Lynn W. Henselman, PhD, Deputy Director, DOD HCE, "Preserving and Improving Warrior and Veteran Hearing Health," April 17, 2015.

[143] Marlene E. Gubata (Department of Epidemiology, Preventive Medicine Branch, Walter Reed Army Institute of Research), Elizabeth R. Packnett (Allied Technology Group, Inc.), Xiaoshu Feng (Allied

factors for hearing-related disability."[144] The authors concluded that "poor performance on the pre-enlistment audiogram and hearing loss medical disqualification/waiver are substantial risk factors for hearing loss disability later in a military career."[145] The authors stated that these findings point to the need for (1) "more conservative pre-enlistment audiogram thresholds," and (2) more strict policies regarding hearing loss medical waivers.[146]

HCE's research also addresses the long-term costs associated with auditory injury. Figure 16 summarizes the associated costs in terms of the magnitude of the injury among veterans.



Source: Lynn W. Henselman, PhD, Deputy Director, DOD HCE, "Preserving and Improving Warrior and Veteran Hearing Health," April 17, 2015.

Figure 16. Auditory Injury and Veteran Hearing Health

Technology Group, Inc.), David N. Cowan (Allied Technology Group, Inc.), David W. Niebuhr (Department of Epidemiology, Preventive Medicine Branch, Walter Reed Army Institute of Research), "Pre-enlistment Hearing Loss and Hearing Loss Disability among US Soldiers and Marines," Noise & Health, September-October 2013, Volume 15:66, 289-95. (293).

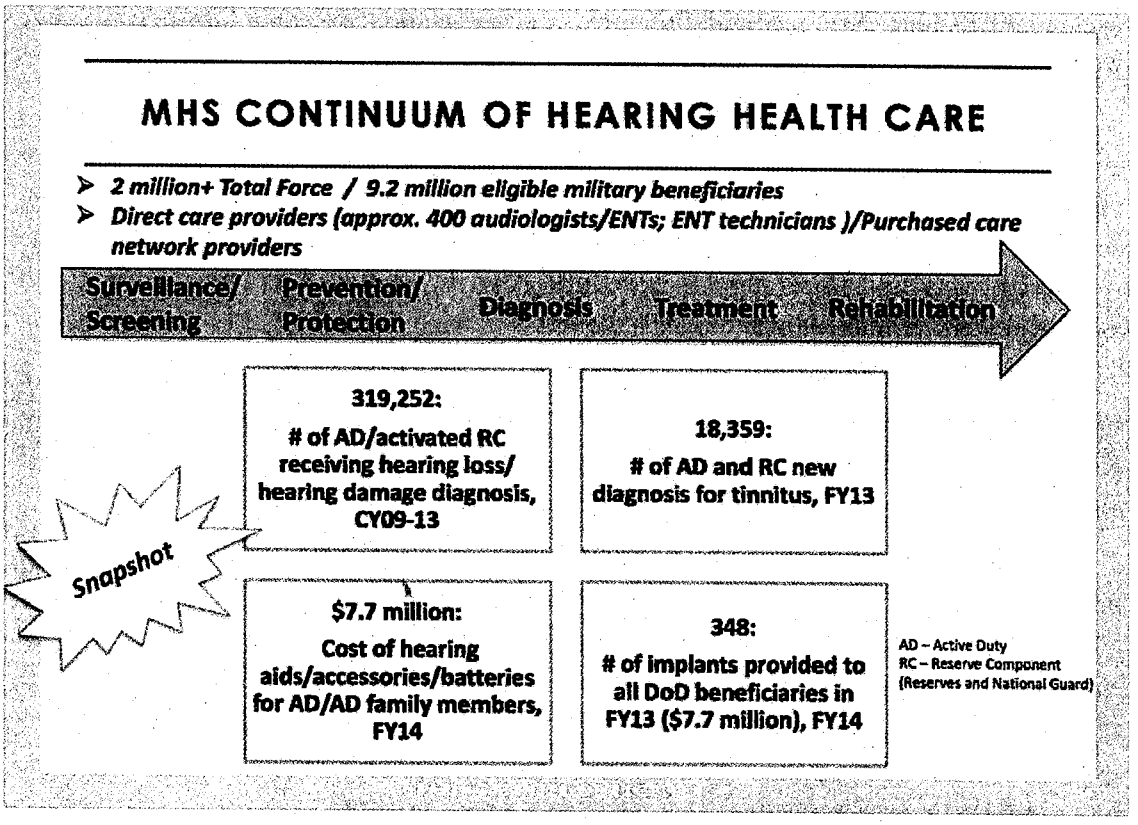
[144] Gubata ME, Packnett ER, Feng X, Cowan DN, Niebuhr DW. "Pre-enlistment Hearing Loss and Hearing Loss Disability among US Soldiers and Marines," *Noise Health* 2013: 294.

[145] Ibid.

[146] Ibid.

In recent years, there has been a significant increase in the number of veterans who have claimed compensation because of auditory injuries (including tinnitus and hearing loss).

Additionally, HCE focuses on DOD's costs associated with hearing health care. As depicted in Figure 17, according to a recent presentation from HCE, some examples of the costs associated with hearing impairment for the Total Force, to include all individuals eligible for benefits, include diagnosis and testing, as well as adaptive technologies.[147]



Source: Mark Packer, Colonel, MD, USAF, Executive Director, Lynn W. Henselman, PhD, VA, Deputy Director, DOD HCE, *Department of Defense Military Health System Perspective*, April 27, 2015.

Figure 17. Military Health Services (MHS) Continuum of Care of Hearing Health Care

[147] Lynn W. Henselman, PhD Deputy Director, DOD HCE, "Preserving and Improving Warrior and Veteran Hearing Health," April 17, 2015.

D. Noise Induced Hearing Loss (NIHL)

According to the American Hearing Research Foundation, NIHL:[148]

> is a permanent hearing impairment resulting from prolonged exposure to high levels of noise. One in 10 Americans has a hearing loss that affects his or her ability to understand normal speech. Excessive noise exposure is the most common cause of hearing loss.

NIHL is an area of focus for the full range of research organizations that focus on auditory impairment, including HCE, AMSARA, APHC, the Tri-service Disability Evaluation System Analysis and Research, and the National Center for Rehabilitative Auditory Research (NCRAR), among others.

In December 2009, the University College London Ear Institute hosted a symposium entitled "A Modern Approach to Noise-Induced Hearing Loss from Military Operations."[149] With wide attendance (from the UK armed forces and government, academia, as well as the U.S. DOD and Veterans Administration), the focus of the symposium was on the operational impact of NIHL, its prevention and management, and associated long-term healthcare issues.

A U.S. Office of Naval Research speaker at this symposium cited NIHL as a significant problem for the U.S. Navy given both the environments in which Navy personnel general operate and "poor compliance with hearing protection."[150] The speaker also stated that there is evidence of performance issues associated with hearing loss. [151]

A symposium presentation by the NCRAR director described "auditory dysfunction [a]s the most prevalent service-connected disorder," with 25 percent of Service personnel who served in OEF/OIF complaining of "hearing loss and/or tinnitus."[152] The speaker emphasized the need for the adoption of improved strategies to prevent NIHL and the associated auditory disabilities.

E. Auditory Impairment and Military Operations

An example of one of the most widely cited research efforts on the effect of auditory impairment and military operations is Garinther, et al, "Toward a Measure of Auditory Handicap in the Army." Using sound propagation and auditory detection models, the

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[148] American Hearing Research Foundation, "What is Noise Induced Hearing Loss?," american-hearing.org, October 2012, http://american-hearing.org/disorders/noise-induced-hearing-loss/#whatis.

[149] D. C. Brown and R. S. Milner, "General: A Modern Approach to Noise Induced Hearing Loss in Military Operations," *Journal of the Royal Naval Medical Service*, Vol. 96.1, 2010, 25-33.

[150] Ibid, 28.

[151] Ibid, 28.

[152] Ibid, 31.

authors examined the impact of auditory handicap on mission performance. Based on the research results, the authors assessed that even modest hearing loss "and/or the wearing of hearing protectors" "can have profound effects on military performance," for example, noise detection (whether personnel or equipment) and ability to communicate.[153] Some examples include:[154]

> a normal ear can monitor four to 36 times as much area as the ears with poorer sensitivity, or can provide two to six times as much warning time of the approach of enemy troops.
>
> a normal ear is capable of detecting the sound of a rifle bolt closing at almost 1000 m in a [lower rural] background noise…In contrast, a poor ear with a [temporary threshold shift, TTS] can manage the same detection at only 46 m, more than a 20-fold decrease… In practical terms, the soldier with a normal ear would have almost 2 minutes' warning of the approach [of someone walking in leaves], the person with a poor ear would hear the approach when the enemy was five steps away, and the same individual with a TTS would not hear it at all. For such sounds, a normal ear can monitor an area 200 to 400 times as great as an impaired ear, or provide 13 to 20 times as much warning of the enemy's approach. The soldier with a poor ear and a TTS indeed would be a detriment to the unit if it had to rely on him or her to warn of the enemy's approach.
>
> For both normal and poor ears, the background noise limits detection of a moving tank to somewhat more than 6 km. A poor ear with TTS would detect it at about 1.8 km…
>
> …a normal ear detects at more than 3.5 times the distance of the impaired ear. The same general pattern holds for both the noise of the tank idling and the generator.

The authors concluded that the "inability to hear, for any reason, may well be an operational liability affecting accomplishment of the mission and should be factored into the consideration of operational requirements for all systems in which the human being is an element."[155]

One of HCE's research areas of emphasis is the impact of auditory impairment on military operations.[156] According to HCE, "[h]earing is a critical sense for Service members, important for survival and mission success." HCE emphasizes the "chaotic"

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[153] George R. Garinther, Joel T. Kalb, and G. Richard Price, "Toward a Measure of Auditory Handicap in the Army," Technical Memorandum 9-89, Aberdeen, MD: US Army Human Engineering Laboratory, Aberdeen Proving Ground, August 1989, 42 [Reprinted from *Annals Of Otology, Rhinology & Laryngology*, Volume 98, Number 5, Part 2, Supplement 140, May 1989].

[154] Ibid, 47-48.

[155] Ibid, 42.

[156] DOD HCE, Department of Defense, *Military Health System Perspective*, April 27, 2015.

nature of military operations and the criticality of hearing and communication for personal and unit safety, command and control, mission accomplishment, and a "key consideration in Force Management."[157]

In "Evaluating the Operational Impact of Hearing Impairment," Brungart et al, examined the operational importance of hearing acuity.[158] To control for the wide variety of variables (variations in missions, environmental differences, and variances in skill levels), Brungart et al proposed recruiting individuals with H1 level hearing, systematically degrading their hearing via "hearing loss simulation systems," and then measuring their "operational hearing as a function of simulated hearing acuity."[159] This research involved the use of a Hearing Loss Simulator (HLSim), a wearable hearing loss simulation system that is designed to simulate the increased audibility thresholds associated with NIHL in listeners with normal hearing. The results of this research were as follows: "Hearing had a modest impact on 'survivability,'" hearing loss "severely impaired lethality," "overall victory was very difficult with more than a mild hearing loss."[160]

F. Conclusion

The research highlighted in this section focused on the recent efforts to examine audiometric hearing level standards and the effect of auditory impairment on attrition, performance, and disability status. None of this research would support increased leniency with regards to revisions of audiometric hearing level standards.

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[157] Ibid.

[158] Douglas Brungart, PhD, Benjamin Sheffield, MS, Walter Reed National Military Medical Center LTC Marjorie Grantham, PhD. US Army Public Health Command, "Evaluating the Operational Impact of Hearing Impairment," 2013, http://c.ymcdn.com/sites/www.hearingconservation.org/resource/resmgr/imported/Brungart_DouglasNHCA2013v5.pdf.

[159] Brungart et al., "Evaluating the Operational Impact of Hearing Impairment," 2013, http://c.ymcdn.com/sites/www.hearingconservation.org/resource/resmgr/imported/Brungart_DouglasNHCA2013v5.pdf, 12-15.

[160] Ibid.

7. Other Militaries' Hearing Level Standards and Historical Examples

A. Introduction

This section canvases examples of hearing level standards in use by other militaries. First, we address the hearing level standards in use by Allied nations and alliances, focusing on the United Kingdom, Israel, as well as NATO. Then we examine the Islamic State of Iraq and the Levant (ISIL) and their approach to recruiting hearing impaired individuals. Finally, we provide two historical examples of extreme situations during which medical standards were relaxed.

B. Contemporary Hearing Level Standards in Use by Other Militaries

1. United Kingdom

The Ministry of Defence (MOD) establishes guidelines on acceptable hearing level thresholds for individuals accessing, as well retention standards for those individuals already serving in uniform. While there are Service, occupational, and branch variations in these accession standards, the highest hearing level threshold standards are established for pilots and aircrew.[161] With current force reduction initiatives, medical and fitness standards for entry are becoming more stringent across all occupations and branches.[162]

MOD also establishes guidelines on the recommended frequency of audiometric testing of Service personnel. In recent years, the testing intervals have become more frequent. This increasing frequency of audiometric testing is part of an initiative to identify individuals with progressive NIHL who may be at risk of further high-frequency hearing loss given the variety of settings such individuals are regularly exposed to, to include training, deployments, and time spent on a number of military platforms.[163] In fact, NIHL

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[161] Annex 58G, Joint Medical Employment Standard, 58G-1 February 2015; PULHHEEMS Administrative Pamphlet 2010.

[162] Nick Owens, "Soldier booted out of the Army because he lost "6% of his hearing, but can't get compensation," *Mirror Online*, 5 February 2012, http://www.mirror.co.uk/news/uk-news/soldier-booted-out-of-the-army-because-674666.

[163] Army Hearing Conservation Programme, ANNEX A TO D/AMD/508/04 DATED 01 SEP 06; Command of the Defence Council, Ministry of Defence, Royal Air Force Manual, Assessment of Medical Fitness, AP 1269A, 3rd Edition (February 1998), Date of Publication: 20/10/14.

is now a major MOD/Department of Health concern.[164] The impetus behind these initiatives to reduce NIHL among Service personnel is twofold: public scrutiny over (1) the numbers of Service personnel with hearing-loss, and (2) the high number of hearing-loss associated medical discharges.[165] In addition to increasing the frequency of the audiometric screening, in 2009 MOD also introduced the Personal Interfaced Hearing Protection (PIHP) system, which provides a hearing conservation device that protects against NIHL without impairing hearing.[166]

2. Israeli Defense Forces

As cited by the *Jerusalem Post*, according to a "high-ranking officer in the [Israeli Defense Force] IDF Human Resources Department," in 2006, IDF created a new minimum medical eligibility profile that was ten points lower than the previous minimum profile. The "35 medical profile," was established due to the "sharp drop in birthrates and immigration numbers" and the projected impact on recruitment.[167] This lower profile permitted individuals with several medical conditions that previously disqualified them to enlist in IDF. For example, individuals with celiac disease or with some degree of hearing impairment were now eligible for compulsory service.[168] In fact, IDF has sought to expand the conscription pool to other segments of Israeli society, to include the Haredi and Christian Arabs.[169]

The IDF's policies on the recruitment of individuals with hearing impairment vary depending on the type of hearing loss and the extent of the impairment. According to IDF's Occupational Medicine Department, Office of the Surgeon General, "IDF distinguishes between sensorineural, conductive, and mixed hearing loss. Recruits with hearing

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[164] T. Biggs, Department of Ear, Nose and Throat Surgery, Southampton General Hospital, Southampton, Hants, and A. Everest, Senior Medical Officer, British Army Training Regiment, Sir John Moore Barracks, Winchester, UK.

[165] Defence Statistics (Health), Annual Medical Discharges in the UK Regular Armed Forces 2008/09 - 2012/13, 11 July 2013.

[166] MOD Common Law Claims & Policy Division, RE: Request for Information – Release of Information under the Freedom of Information Act 2000, 12 June 2012.

[167] Yaakov Katz, "Sharp drop in birth rate and immigration brings IDF to define new category of fitness for service." *Jerusalem Post*, Nov 19, 2007, http://www.jpost.com/Israel/IDF-creates-new-medical-profile-of-35; Hillel Fendel, "New IDF Medical Profiles Provide Social Message," 5 January 2007, http://www.israelnationalnews.com/News/News.aspx/122298#.Vhapj5iFNaQ.

[168] Katz, "Sharp drop in birth rate and immigration brings IDF to define new category of fitness for service." *Jerusalem Post*, Nov 19, 2007.

[169] Ruth Levush "Israel: Supreme Court Decision Invalidating the Law on Haredi Military Draft Postponement," March 2012, http://www.loc.gov/law/help/haredi-military-draft.php; Lea Speyer, "IDF Begins Actively Recruiting Christian Arabs," *Breaking Israel News*, 22 April 2014, http://www.breakingisraelnews.com/14028/idf-begins-actively-recruiting-christian-arabs/#kzw3vZ50KTwUvd5w.97.

impairment undergo audiometry to determine their pure tone average (PTA) and speech audiometry to determine their functional capacity (SRT [Speech Recognition Test]/discrimination)."[170] Individuals with sensorineural hearing loss involving only high-tone frequencies may qualify for combat units, to include infantry and IDF Special Forces. Individuals with mild hearing impairment at all frequencies may qualify for combat units in combat support, non-infantry occupations. Individuals with moderate hearing impairment may qualify for maintenance units or, if the impairment is bilateral, may perform clerical tasks.[171] Individuals with severe or profound hearing impairment are disqualified from service; such individuals fall below the standards established for the "35 medical profile."[172] The IDF categorizes hearing loss severity as depicted in Table 9.

Table 9. IDF Hearing Loss Severity

Normal hearing	up to 25dB HL
Mild hearing loss	26 to 46dB HL
Moderate hearing loss	41 to 71dB HL
Severe hearing loss	71-90dB HL
Profound hearing loss	+91dB HL

Source: Occupational Medicine Department, Office of the Surgeon General, Israel Defense Forces.

Given this new profile and the presence of hearing impaired individuals in uniform, IDF has introduced several adaptations. In addition to making sign language interpreters available, in 2012, the IDF introduced a sign language course, "Signs of Change," which is open to all interested IDF personnel. "Signs of Change" consists of "eight two-hour-long meetings over the span of two months," with the goal of teaching "commanders and soldiers the Israeli sign language and exposes them to a world without sound."[173]

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[170] Email exchange from March 2015, with LTC Oren Giber, Israeli Defense Forces, Embassy of Israel, and Maj. (Dr.) Oren Zack, Head, Occupational Medicine Department, Office of the Surgeon General, Israel Defense Forces.

[171] Ibid.

[172] *Jerusalem Post*, "IDF to let low-profile draftees serve," 2 January 2006, http://www.jpost.com/Israel/IDF-to-let-low-profile-draftees-serve; Katz, "Sharp drop in birth rate and immigration brings IDF to define new category of fitness for service." *Jerusalem Post*, Nov 19, 2007.

[173] Rotem Pesso, "IDF sign language course to better accommodate deaf soldiers: First ever 'Signs of Change' course teaching IDF soldiers and commanders sign language allows for more service opportunities for deaf soldiers," 13 February 2012, http://www.idf.il/1283-14886-en/Dover.aspx.

As with the MOD, the IDF is concerned about NIHL. To reduce the risk of continued hearing loss and to ensure continued fitness for service, the IDF seeks to limit exposure to hazardous noise levels for hearing impaired soldiers.[174]

3. NATO

NATO does not dictate medical standards for accession or retention of Service personnel to its member nations. Each member nation employs its own "criteria and approaches to assessing an individuals' medical fitness for deployment."[175] What NATO does articulate are the deployment standards for NATO missions.[176]

The "NATO Guide for Assessing Deployability for Military Personnel with Medical Conditions" was developed as an "evidence-based approach to deciding in the pre-deployment setting whether or not individual military members are medically fit to deploy on these missions." The goal of this document was to decrease the number of[177]

> individuals being deployed with pre-existing medical conditions that have a high likelihood of exacerbation or which, in their chronic, stable state, have the potential to impair unit capability. Additionally, achievement of this goal would reduce the risk to the health of the individual, enhance the safety of their unit members, contribute to the success of the mission and decrease the demand on deployed medical resource.

Under NATO's hearing level standards, a service member assessed as having severe or profound hearing loss would not be considered fit for NATO deployment if any one of the following is true. The individual has an:[178]

> Inability to do one's occupational and military duties safely and effectively without use of a hearing aid;
>
> or
>
> poor speech recognition capability in settings with significant background noise, as may be found in a deployment environment;
>
> or
>
> recent progressive hearing loss that has not yet been investigated and stabilized.

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[174] Email exchange from March 2015, with LTC Oren Giber, Israeli Defense Forces, Embassy of Israel, and Maj. (Dr.) Oren Zack, Head, Occupational Medicine Department, Office of the Surgeon General, Israel Defense Forces.

[175] "A NATO Guide for Assessing Deployability for Military Personnel with Medical Conditions," STO-TR-HFM-174, June 2014, ES-1.

[176] Ibid.

[177] Ibid.

[178] Ibid, 3-3.

Again, the emphasis is on the individual's ability to perform their duties in whatever setting.

4. The Islamic State of Iraq and the Levant

The Islamic State of Iraq and the Levant provides an additional lens through which to look at the recruitment of individuals with hearing impairment. According to an article from the New York Post, "[i]n their latest recruitment video, titled 'From Who Excused To Those Not Excused,' a pair of deaf and mute fighters brandishing machine guns issued threats and urged Westerners to join their campaign of terror."[179] Figure 18 depicts ISIS's approach to recruiting hearing-impaired individuals.

ISIS using sign language to recruit deaf terrorists

By Chris Perez March 9, 2015 | 10:59am

In a new propaganda film, ISIS militants communicate with potential terrorists using sign language.

Source: Chris Perez, "ISIS using sign language to recruit deaf terrorists," *New York Post*, 9 March 2015, http://nypost.com/2015/03/09/isis-using-sign-language-to-recruit-deaf-terrorists/.

Figure 18. "We, the deaf and mute, direct our message to the Islamic world"

[179] Chris Perez, "ISIS using sign language to recruit deaf terrorists," *New York Post*, 9 March 2015, http://nypost.com/2015/03/09/isis-using-sign-language-to-recruit-deaf-terrorists/

An NBC News article described the ISIS video as "an attempt by the group to recruit other physically or otherwise impaired individuals."[180]

C. Historical Examples of Hearing Impairment and Military Service

1. The Invalid Corps in the Civil War

During the U.S. Civil War, as "America's ability to field vast armies" was tested, both the Union and Confederate armies "tinkered with medical enlistment qualifications."[181] In April 1863, the Adjutant General's Office issued War Department General Orders Number 105, which authorized the creation of the Invalid Corps. The National Archives and Records Administration described this new corps as:[182]

> officers and enlisted men unfit for active field service because of wounds or disease contracted in the line of duty, but still capable of performing garrison duty;
>
> officers and enlisted men in service and on the Army rolls otherwise absent from duty and in hospitals, in convalescent camps, or otherwise under the control of medical officials, but capable of serving as cooks, clerks, orderlies, and guards at hospitals and other public buildings; [and]
>
> officers and enlisted men honorably discharged because of wounds or disease and who wanted to reenter the service.

In 1864, the Confederacy also established an Invalid Corps. As with the Union Invalid Corps, this corps consisted of officers and enlisted men rendered unfit due to their impairment.[183]

2. Germany in World War II

Prior to 1933, the National Socialist German Workers' Party (*Nationalsozialistische Deutsche Arbeiterpartei* (NSDAP)) leveraged the political and economic support of almost any segment of society, to include Germans with hearing impairment. By the time Hitler became chancellor in 1933, approximately 1,000 Germans with hearing impairments were already party members of the NSDAP.[184] The NSDAP established separate units for

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[180] M. Alex Johnson, "Sign-Language ISIS Video Looks to Snare Deaf, Mute Recruits in Europe," *NBC News*, 8 March 2015, http://www.nbcnews.com/storyline/isis-terror/sign-language-isis-video-recruits-deaf-mute-europe-n319631.

[181] R. Gregory Lande, "Invalid Corps," *Military Medicine*, Vol. 173, June 2008, 525.

[182] National Archives and Records Administration, "Veteran Reserve Corps (VRC), 1863–1865," December 2010, http://www.archives.gov/research/military/civil-war/veteran-reserve-corps.pdf.

[183] R. Gregory Lande, "Invalid Corps," *Military Medicine*, Vol. 173, June 2008.

[184] "Gehörlose im Dritten Reich, Bericht Deutsche Gehörlosen-Zeitung," 2004, 104, http://www.taubenschlag.de/cms_pics/DGZBericht.pdf.

Germans with hearing impairment in the Hitler Youth (the "*Bann G*"—"G" for *Gehörlos*, or deaf), the Storm Detachments (*Sturmabteilungen*, SA), and League of German Girls (*Bund Deutscher Mädel*, BDM).[185] Initially established in 1927 as an independent support and advocacy group, the Reich Association of the Deaf of Germany (*Reichsverband der Gehörlosen Deutschlands*, REGEDE) became the NSDAP umbrella organization for Germans with hearing impairment.[186] Under the leadership of Fritz Albreghs, REGEDE advocated to its members with hereditary deafness that they should seek sterilization.[187]

Initially, Germans with hearing impairments were barred from joining the Wehrmacht. Over time, as the recruiting pool shrank and the existential threat grew, policies changed. By the end of the war, Germans initially rejected from the Wehrmacht received personal invitations to serve. By mid-1944, the *Kranken-Battalionen* (or "Sick" Battalions) was formed, including at least five *Ohren-Battalionen* (Ear Battalions).[188] Most of the individuals who served in these battalions were veterans with hearing impairments. Initially, such battalions were in the rear echelon. As distinctions between forward and rear operating areas blurred, such individuals often found themselves operating in the combat environment.[189] At the same time, especially in Germany's Eastern provinces, deaf and hard of hearing individuals were prominent in the *Volkssturm* (the People's "Storm" or militia); such individuals served as Germany's final defense against the existential threat posed by the Allies and Soviet Union.[190]

D. Conclusion

This section provided an overview of several examples of hearing level standards in use by other militaries, with both current and historical examples. The general pattern observed across these case studies was that the relaxation of medical standards tends to occur when recruiting demands overwhelmingly exceed the supply of medically qualified

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[185] Malin Büttner, *Nicht minderwertig, sondern mindersinnig...: der Bann G für Gehörgeschädigte in der Hitler-Jugend*, Frankfurt am Main, Peter Lang, 2005, 74-78; Donna F. Ryan and John S. Schuchman, eds. *Deaf People in Hitler's Europe*. Washington, D.C.: Gallaudet University Press, published in association with the United States Holocaust Memorial Museum, 2002, 84-87.

[186] Donna F. Ryan and John S. Schuchman, eds. *Deaf People in Hitler's Europe*. Washington, D.C.: Gallaudet University Press, published in association with the United States Holocaust Memorial Museum, 2002, 106.

[187] Ibid, 80-82.

[188] Militärmedizin: Letztes Aufgebot, *Der Spiegel*, Issue 43, 1981, http://www.spiegel.de/spiegel/print/d-14339960.html.

[189] Ibid.

[190] Rudi Riskowski, Als Soldat im "Volkssturm" an der Ostfront bei Königsberg 1945, Taubwissen, 2011, http://www.taubwissen.de/content/index.php/geschichte/gehoerlose-in-der-zeit-des-nationalsozialismus/2-weltkrieg-und-die-zeit-nach-1945/669-rudiriskowskisoldat.

recruits. Generally, the recruits considered for accession under policies involving a relaxation of hearing level standards are fully trained and/or experienced veterans.

8. Conclusions

This report assessed the feasibility and advisability of permitting individuals with auditory impairment to access as members of the armed forces. First, this assessment answered the three questions specified in the Senate Report:

- What, if any, are the barriers that may limit individuals with hearing impairments from serving in the military?
- What is the current state of the art in accommodations (assistive technologies and methods) for those with hearing impairments?
- Are there military occupational specialties (MOS) that may be appropriate for further investigation (e.g., via fitness-for-duty tests) for allowing the enlistment of individuals with hearing impairments?

Second, this research provided a data-driven context for understanding the impact on the force as it relates to the feasibility and advisability of permitting individuals with auditory impairment or any other disability to access as members of the armed forces. Force impact is considered by testing fundamental assumptions about the nature of current and future military service. As part of this assessment, we examined both the foundational organizing principles of DOD and the military Services, as well as two primary hypotheses that stem from those principles.

Our assessment consisted of eight parts. Following our introduction, Section 2 provided an overview of hearing impairments and accommodations. In Section 3, we documented the relevant policies and issuances on audiometric hearing level accession, retention, and deployment standards. In Section 4, we summarized the employment of individuals with hearing impairments and considered certain MOSs for additional review. In Section 5, we tested our research hypotheses by considering Service responses to an official data call (Appendix F), by assessing recent individual deployment experiences and associated force management processes and issues, and finally by considering future demands on the force through the lenses of personnel availability and mission types. Section 6 summarized some of the recent relevant research on audiometric hearing level standards. Section 7 provided an overview of other militaries' hearing level standards, featuring some present-day and historical examples, and in this final section we offer our research conclusions.

This research effort provided a data-driven context for understanding how accessing Service personnel with auditory impairment or any other disability would affect personnel and force management, challenging fundamental assumptions about the nature of current and future military service. As part of this assessment, we examined both the foundational

organizing principles of DOD and the military Services, as well as two principle hypotheses that stem from those principles.

1. Service members, regardless of MOS, are expected to be worldwide deployment eligible.
    - Service members must be prepared to possibly deploy into an operational area.
    - Service members must be available and qualified to perform assigned missions or functions in any setting.
2. The requirement for deployment eligibility is unlikely to change in the future.

These two research hypotheses informed our evaluation of the force impact of expanding recruitment of hearing impaired or other disabled individuals into the military Services. The analyses conducted focused on testing these hypotheses through the lens of data provided by the Services, recent operational experiences, as well as projections of future demands on the force.

In conducting this research, we determined that there was insufficient evidence to reject these two principle hypotheses. As reflected in the Services' CATMS inputs (Appendix F), there are no non-deployable operational occupations or communities. Every uniformed individual in each of the military Services is expected to be worldwide deployable.

Moreover, recent research on medical standards, conducted to make such standards more evidenced-based, has resulted in revisions to those standards. Some previously disqualifying medical conditions have been removed from the issuances guiding medical standards for accession; however, we located no recent research efforts that proposed relaxing audiometric hearing level accession standards.

In our examination of personnel data from recent operational experiences, we were unable to identify non-deploying accessed communities. While there were some individuals who may not have deployed, there were no non-deployable occupations into which individuals can access. Additionally, the personal burden of deployment and risk changes for those who are deployment eligible when there is an increase in the number of military personnel who are non-deployable.

We also considered projections of future demands on the force. Our research confirmed that the requirement for deployment eligibility is unlikely to change in the future. Given these results, and the extraordinarily stressful futures that may be possible; the assumption that disabled service members could be accommodated by exempting them from deployment appears to be questionable.

We examined the current audiometric hearing level standards of several other militaries. The general pattern observed across these case studies was that the relaxation of medical standards tends to occur when recruiting demands overwhelmingly exceed the supply of medically qualified recruits.

The historical case studies reinforced our research findings: Fundamentally, this is not a new research question. As was the case with the Invalid Corps and the *Wehrmacht Ohren-Battalionen* (Ear Battalions), in times of extremes and severe manpower shortages, the expansion of the potential recruitment pool has been generally considered. The experience of the *Wehrmacht Ohren-Battalionen* also demonstrates the artificiality of distinctions between forward and rear operating areas, given the nonlinear nature of combat operations.

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Appendix A
List of Operation Types

The following table shows the full list of operation types for use in the SARA demand model based on the IRAMM elicitations. For each operation type, there is also a corresponding historical analog or potential future scenario on which the new operation types were based.

Table A-1. SARA Demand Model Based on IRAMM Responses

Operation Type	Historical Analog or Potential Scenario
Total Mobilization	World War III
Theater Air-Sea Battle Campaign	Major naval/air battle with China
Theater Land Combat Campaign:	
Major Ground War	Operation Desert Storm
Allied Response	Hypothetical Russian invasion of the Baltics
Tactical Nuclear Escalation	North Korean tactical nuclear strike on South Korea
Minor Contingency:	
Air Centric	Air strike on Iranian nuclear facilities
Naval Centric	Gulf of Tonkin incident
Ground Centric	US ground response to ISIS in Iraq
Air + Naval Mix	US-China skirmish in the South China Sea
Counterinsurgency Campaign:	
Extended	Iraq, Afghanistan, Vietnam
Limited	
Humanitarian Aid/Foreign Disaster Relief	
Domestic Disaster Relief	
Domestic Attack:	
CBRN, Cyber	
"Other"	Breakdown of gov't authority; 9-11 style "conventional" terrorist attack

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Appendix B
20 SME Results

Table B-1. 20 SME Results

# of Simultaneous Operations in Most Stressful Case For:	SME 1	SME 2	SME 3	SME 4	SME 5	SME 6	SME 7	SME 8	SME 9	SME 10	SME 11	SME 12	SME 13	SME 14	SME 15	SME 16	SME 17	SME 18	SME 19	SME 20
Operation Title																				
Theatre Engagement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Mobilzation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Theater Air-Sea Battle Campaign	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0
Theater Land Combat Campaigns: Major Ground War	0	0	1	0	0	0	0	1	1	0	1	0	1	0	1	0	1	0	0	0
Theater Land Combat Campaigns: Allied Response	1	0	2	1	1	1	1	0	0	1	0	0	0	1	0	0	0	1	1	1
Theater Land Combat Campaigns: Tactical Nuclear Escalation	0	1	0	0	0	1	0	0	0	0	1	0	1	0	1	0	0	1	0	0
Minor Contingency: Air	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
Minor Contingency: Naval	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minor Contingency: Ground	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Minor Contingency: Air + Naval	0	0	0	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0
Counterinsurgency Campaign: Extended	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
HA/DR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Domestic Disaster Relief	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Domestic CBRN Attack: Chemical	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0
Domestic CBRN Attack: Biological	1	0	1	1	1	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0
Domestic CBRN Attack: Radiological	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	1	0	0
Domestic CBRN Attack: Nuclear	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0
Domestic Cyber Attack	1	0	1	0	1	1	0	0	1	0	1	1	1	0	0	1	0	1	0	0
Domestic "Other" Attack	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Existential Thermonuclear Attack	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Simultaneous Operations (of Any Type)	**4**	**3**	**6**	**3**	**6**	**4**	**4**	**3**	**5**	**3**	**5**	**4**	**5**	**5**	**3**	**4**	**3**	**5**	**4**	**3**

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Appendix C
Service Data Call Response

This appendix summarizes the Services' formal responses, submitted in accordance with the CATMS official request for information tasked by ODASD MPP. The request for data focused on Service-specific information related to accession waivers, retention waivers, force structure, and, where applicable, specifics related to higher requirements for some communities and occupations. Each of the CATMS submissions varied in granularity. As reflected in the CATMS responses, a common theme across the military Services is that there are no non-deployable occupations or communities. Every uniformed individual in each of the military Services is expected to be worldwide deployable.

A. Army

The Army's CATMS inputs emphasized that there are no non-deployable MOSs or communities and indicated that all MOSs within the Army have the potential for deployment.[191]

The Army's CATMS input also included information about personnel or trainees, transients, holdees, and students (TTHS) accounts.[192] The "How the Army Runs: A Senior Leader Reference Handbook," describes the TTHS accounts as encompassing "those personnel unavailable to fill spaces in units. The six sub-accounts are trainees, officer accession students, transients, holdees, students, and U.S. Military Academy cadets."[193] The category of "holdee" is the most relevant for this research effort. According to the Headquarters, Department of the Army, "Army Mobilization Operations Planning and Execution System (AMOPES)," a holdee is a soldier assigned to medical-holding detachments, personnel control facilities (for example prisons), or other types of control facilities.[194]

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[191] Army, Deployment Data, "IDA – Data Query Response (Army Response – 9 July)," CATMS UPR002207-15.

[192] U.S. Army War College, "How the Army Runs: A Senior Leader Reference Handbook," 2013-2014, 29th edition, 13-3.

[193] Ibid.

[194] Headquarters Department of the Army, "Army Mobilization Operations Planning and Execution System (AMOPES)," 22 February 2008, E-7.

The Army's TTHS data reflects monthly snapshots of each category by percentage, over 84 months.[195] Table C-1 summarizes the information available, providing both the lowest and highest percentages for each category.

Table C-1. Army TTHS, by percentage, June 2008-May 2015

TTHS Category	Low	High
Transferees	5.9%	23.5%
Trainees	37.6%	52.5%
Holdees	3.3%	11.7%
Students	23.8%	41.2%

Source: Army, "IDA – Data Query Response (Army Response – 9 July)."

The total number of personnel in TTHS categories varies throughout the year. The size of the TTHS accounts also varies as a result of day-to-day events and personnel policies. As described in "How the Army Runs: A Senior Leader Reference Handbook," the size of the TTHS account is affected by "[s]oldier casualties, fill of projected deploying units, and training requirements and policies." The handbook also describes the impact of TTHS on the Army's Force Structure Allowance (FSA).[196]

> Since TTHS has a direct effect on the faces available for FSA manning, these same policies have a direct impact on the number of units and organizations which the Army can field. Thus, manpower and personnel managers face a constant challenge to ensure a balance exists between the use of authorized spaces and the acquisition, training, and distribution of personnel assets to meet the needs of the Army. The stated personnel needs of the Army as expressed in its various organizational documents change on a daily basis as different units and organizations are activated, inactivated, or changed. However, the process of providing personnel to meet these changing needs is much slower.[197]

Thus, an increase in one of the TTHS categories affects the overall size of the TTHS, as well as the number of units and organizations that can be fielded with available personnel.

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[195] Army, "IDA – Data Query Response (Army Response – 9 July)," CATMS UPR002207-15.

[196] Force Structure Allowance is "The sum of authorized spaces contained in all Modification Tables of Organization and Equipment (MTOE) units and Table of Distribution and Allowances (TDA) type organizations." U.S. Army War College, "How the Army Runs: A Senior Leader Reference Handbook," 2013-2014, 29th edition, 13-3.

[197] U.S. Army War College, "How the Army Runs: A Senior Leader Reference Handbook," 2013-2014, 29th edition, 13-5.

B. Navy

The Navy's CATMS inputs emphasized that there are no non-deployable designators, ratings, or communities. Every uniformed individual in the Navy is expected to be worldwide deployable.

The Navy's CATMS input also provided information about personnel accounts. Over the past 22 months, 10.24 percent of the force were in the following personnel accounts categories: Enlisted Operation Deferment, Limited Duty, Temporary Duty under treatment, HIV, Permanent Limited Duty, Temporary Duty awaiting Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB), Assignment Limited, Humanitarian Reasons, Safe Harbor/Wounded Warrior, Dental Class 3 and 4, Substance Abuse Treatment, and Physical Fitness Assessment Failure.[198]

C. Air Force

The Air Force's CATMS inputs emphasized that there are no non-deployable Air Force Specialty Codes (AFSCs) or communities. Every uniformed individual in the Air Force is expected to be worldwide deployable.

According to the Air Force's inputs, "[t]he only occupational groups that track medical waivers are the aviation and special duty career fields (including pilots, missile operators, Pararescue, etc.). These groups must meet a much higher standard (H-1) than those for accessions (H-2 standard)."[199]

- Of the requested waivers for the H-1 hearing level requirement, trained assets "represent a significant time and financial investment, and are more likely to receive an H-1 waiver." [200]

In their CATMS submission, the Air Force stated that the "[c]urrent DOD and USAF standards preclude service for individuals with significant hearing loss due to concerns for individual safety, safety of the mission and increased risks to mission completion. Waivers for minor hearing deficits are considered on a case-by-case basis."[201]

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[198] Navy "Consolidated Response," 5 June 2015, 3-4.

[199] Major Miller, "Bullet Background Paper on USAF Accessions with Hearing Disabilities," 13 May 2015.

[200] Ibid.

[201] Ibid.

D. Marine Corps

The Marine Corps' CATMS inputs emphasized that there are no non-deployable Marine Corps MOSs or communities. Every uniformed individual in the Marine Corps is expected to be worldwide deployable.

The CATMS inputs also stated that the Marine Corps does not track Marines in TTHS categories by disability. They also do not track MOS/deployment of individuals employed outside MOS.

Appendix D
Future Demands on the Force and Other Considerations

A. Introduction

Any case for a relaxation of audiometric hearing level standards rests partly on the argument that some military specialty communities will not have to deploy to foreign combat zones. As described in Sections 2 and 4, evidence both from the Services' inputs to an official request for information, and deployment data from the Defense Manpower Data Center (DMDC), indicates that there are no non-deployable occupations or communities; uniformed individuals in each of the military Services are expected to be worldwide deployable. If populations within the military Services are non-deployable due to disability, this may constrain DOD's ability to respond to future demands. This section addresses the range of missions that the military may be called upon to undertake. This wide range of possible futures illustrates some of the challenges associated with any attempt to reliably predict the future demands on U.S. military forces.

To consider force requirements for missions the United States might be called upon to perform in the future, we leveraged two existing IDA planning tools, the Stochastic Active-Reserve Assessment model (SARA) and the Integrated Risk Assessment and Management Model (IRAMM). Integrating outputs from these tools enabled the incorporation of insights from history, opposing senior leader viewpoints, and computer-generated "Black Swan" possibilities to inform this discussion of future force requirements for the range of missions.

B. Integrating IRAMM and SARA

Predicting the demand for U.S. military forces to deploy and respond to worldwide contingencies is an inherently difficult task, made more difficult by the underlying uncertainty of global dynamics and events. Two IDA models provide a means to address demands associated with that uncertainty through the range of scenarios that could occur over a specified time period.

The SARA model was originally developed for the Office of the Secretary of Defense, Cost Assessment and Program Evaluation (OSD CAPE). SARA takes inputs from a demand model and simulates a range of 10,000 possible futures based on the subjective frequencies of a set of contingency operations, including humanitarian aid responses to full-scale land war.

The second model, IRAMM, approaches the problem in another way. Rather than rely on the simulation of random variables to generate a range of possible futures, IRAMM

elicits responses from an array of experts in the fields of national security, defense policy, and international diplomacy by asking them to describe their views of particular challenge areas over the next ten years.

The following sections describe how each model addresses the problem of generating the possible future demands for military deployments based on the types of operations that may occur. Additionally, to generate a new set of possible futures and explore the associated demands for military forces, IRAMM elicitations were integrated into the SARA model.

C. Deriving Operation Types from the IRAMM Elicitations

1. Original Operation Types in the SARA Model

The original version of the SARA model defined seven baseline operation types and their expected frequencies to input into a stochastic simulation.[202] The first four operation types—Theater Air-Sea Battle Campaign, Theater Land Combat Campaign, Counter-Insurgency Campaign, and Minor Contingency—refer to overseas contingencies with an emphasis on combat operations. The next two, Humanitarian Relief and Defense Support to Civil Authorities, are not combat operations but rather responses to natural disasters and other civil emergencies. The final operation type, Theater Engagement, accounts for the U.S. military's constant worldwide presence as part of the five geographical combatant commands.

2. IRAMM Elicitations

The IRAMM project interviews asked experts in national security strategy and defense policy to describe what they believed to be potential conflict scenarios confronting the United States in the next decade, and to predict the likelihood that they would occur.[203] Their responses fell into four categories, called Challenge Areas, designed to address a broad range of national security issues including Major Combat Operations (MCOs), Irregular Warfare, Homeland Defense-Weapons of Mass Destruction, and Homeland Defense-Cyber. The respondents then went through each challenge area in greater detail, including a quantitative assessment for each category.

The respondents also were asked to predict whether the probability that the United States would become involved in at least one major combat operation in the next decade. Then, given the probability of at least one MCO, they broke down their predicted

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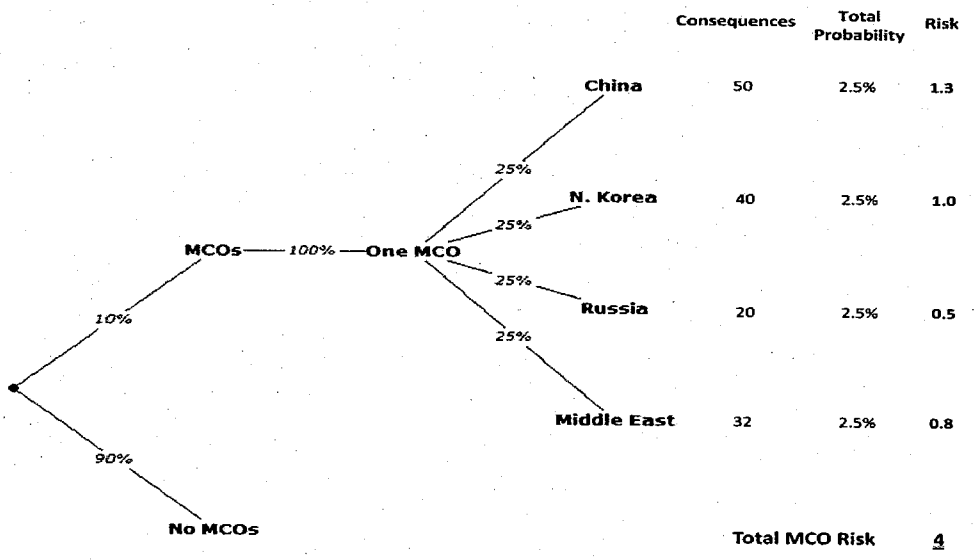
[202] Doyle et al. *The Stochastic Active-Reserve Assessment (SARA) Model: Force Planning under Uncertainty*," IDA Document NS D-5470, Alexandria, VA: Institute for Defense Analyses, 2015, 14.

[203] NSD-4883 IDA Risk Assessment Integrated Risk Assessment and Management Model (IRAMM).

probabilities for MCOs against specific actors. Figure D-1 shows an example probability tree taken from one of the elicitations.



Source: NSD-4883 IDA Risk Assessment Integrated Risk Assessment and Management Model (IRAMM).

Figure D-1. Example Probability Tree from an IRAMM Elicitation

IRAMM respondents also gave a consequence score for each MCO scenario which, when multiplied by the total probability, yields a numerical value for risk. For this analysis, which is focused on the operation type and the probability of occurrence as opposed to consequences and risk, we did not use these additional values.

For the Homeland Defense challenge areas, respondents also provided total probabilities and associated consequences for each potential type of attack on the U.S. homeland. Table D-1 shows an example taken from one of the elicitations. As with the MCO challenge area, the risk scores were not used in the analysis for this paper.

Table D-1. Example IRAMM Homeland Defense Challenge Area Response

	Consequences	Total Probability	Risk
Biological	80	30%	24
Nuclear	90	30%	27
Radiological	35	30%	11
Chemical	80	30%	24
Other	20	30%	6
Cyber	70	40%	28
Total	NA	NA	**120**

Source: Thomason et al., IDA Document NSD-4883 *IDA Risk Assessment Integrated Risk Assessment and Management Model (IRAMM)*, May 2013.

IRAMM elicitations did not require a quantitative prediction of the likelihood of Irregular Warfare operations, nor did they ask about other relevant areas for the demand for military forces, including Humanitarian Relief, Defense Support to Civil Authorities, and Theater Engagement.

3. Integration of IRAMM Elicitations into SARA Demand Input

The IRAMM Major Combat Operation Challenge Area defines MCOs as "operations conducted against a state or non-state actor that possesses significant military capability."[204] As part of the elicitation, respondents gave their assessments and predictions of the likelihood of MCOs occurring in the next ten years, including the general case (i.e., what is the likelihood that an MCO would occur at all?) as well as specific cases of their choosing (e.g., Iran, Russia, China, etc.). The summaries of each IRAMM elicitation provided descriptions and probabilities of each type of MCO that the respondent addressed, and these responses formed the basis of the analysis to generate a new set of operation types that could be integrated into SARA's input model for military force demand.

Because SARA's original operation types were not nuanced enough to cover the full range of the IRAMM respondents' expectations, we expanded the list to include new operation types based on the experts' descriptions of their predicted conflict scenarios. This new set of operation types is rooted in how each respondent described the initiation and conduct of a particular MCO against some adversary, typically (though not always) named as a specific state or non-state actor. When possible, the context and scope of the conflict were considered to determine how the scenario fit into the original list of operation types for SARA's demand model. Because not all elicitations elaborated in great detail on how the MCOs would be fought or what they would entail, an operation type was selected based on judgment and interpretation.

Rather than name a new operation type for each individual scenario described in the elicitations, we searched for consensus between multiple elicitations that appeared to describe similar situations. For example, several respondents envisioned a scenario where Russian aggression pushes into the Baltic States, an action that would require a NATO reaction under the Article 5 treaty obligation, likely with American military forces playing a strong role. Similarly, other respondents described a case where North Korean troops cross the Demilitarized Zone into South Korea, an action which also would necessitate some response from the United States. Although these two scenarios are conceptually different and would occur under different circumstances, the demand for U.S. military forces to deploy and conduct combat operations is actually quite similar. In fact nearly every elicitation predicted a scenario in which the United States would respond to an attack

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[204] Thomason et al., IDA Document NSD-4883 *IDA Risk Assessment Integrated Risk Assessment and Management Model (IRAMM)*. Alexandria, VA: Institute for Defense Analyses, May 2013.

against one of its allies, usually in the form of ground troops. As a result, we added the operation type *Allied Response* to the original set from SARA's demand model. Similar analysis led to more new operation types, described in detail in Section E.

Often, the respondents' descriptions of their predicted MCOs contained enough information to categorize the scenario. For example, several respondents described conflicts with China in the South China Sea, but believed the combat operations would be limited to air and naval engagements. They used similar language regarding an air strike against potential Iranian nuclear facilities. Yet it is important to keep in mind that the respondents did not give their assessments in the language used in this paper, but rather under the context of a "major combat operation" challenge area for the United States. As a result, the final set of operation types described in this paper may differ substantially from the subject matter experts' original conceptions.

D. Full Set of Operation Types

Combining the original operation types in the SARA demand model with the updated scenarios derived from the IRAMM elicitations, we identify a list of operation types which would require the deployment of U.S. military forces. Operation types are not necessarily exhaustive of all possibilities which could confront the DOD, and there could be operation types not listed which could take on different characteristics than the scenarios described below.

1. Total Mobilization

Total mobilization refers to a conflict in which the majority of the United States' armed forces must be deployed and engaged across the globe. In practice, this refers to any potential "World War III"-type scenarios, such as two simultaneous major theater wars, or a single war fought along multiple fronts using air, land, and sea power.

2. Theater Air-Sea Battle Campaign

The most common scenario in the IRAMM elicitations that corresponds to the scope of a Theater Air-Sea Battle Campaign is a major air and naval battle with China. In this case, air and naval power form the primary strike force engaged in direct combat with conventional opposing forces.

3. Theater Land Combat Campaign

There are two types of Theater Land Combat Campaigns, each of which relies primarily on ground forces and land power in conventional combat roles.

a. Major Ground War

In a Major Ground War, ground forces form the majority effort in combined arms maneuver operations against a conventional adversary. Although these forces could be part of a multinational coalition, U.S. military forces comprise the overwhelming majority. Recent historical examples include the 1991 Persian Gulf War, as well as the initial invasion phase of Operation Iraqi Freedom in 2003.

b. Allied Response

In contrast to a Major Ground War, U.S. ground forces are augmenting a multinational or allied force in conventional combat, but are not the overwhelming majority. Hypothetical scenarios could include a Russian invasion of the Baltic States, a North Korean attack on South Korea, or opposing Iranian hegemony in the Middle East which threatens regional allies like Israel or Saudi Arabia

4. Tactical Nuclear Escalation

The Tactical Nuclear Escalation operation type differs from the other types because it is contingent on an existing conflict in order to occur. For example, an ongoing Major Ground War or Theater Air-Sea Battle Campaign could escalate to the tactical nuclear level (as opposed to the strategic nuclear level) if an adversary deploys tactical nuclear weapons against friendly or allied forces. Some of the examples identified in the IRAMM elicitations include a North Korean nuclear strike on South Korean and U.S. military forces in combat on the Korean peninsula, a Russian deployment of tactical nuclear weapons against NATO forces in Europe, or a Chinese nuclear strike against U.S. forces operating in the South China Sea.

5. Minor Contingency

Minor Contingencies constitute operations that fall short of sustained, high-intensity combat operations, but nonetheless require the operational deployment of combat power. In general, these operation types have a shorter duration and intensity than the operation types described above. Scenarios described in the IRAMM elicitations touched on four different types of minor contingencies: Air Centric, Naval Centric, Ground Centric, and an Air + Naval Mix.

a. Air Centric

An Air Centric minor contingency typically refers to the use of air power to achieve tactical and strategic objectives against limited targets. Hypothetical examples include an air strike on Iranian nuclear facilities, or limited air-to-air combat engagements between adversaries over the Baltic Sea.

b. Naval Centric

A Naval Centric minor contingency refers to a short skirmish between adversarial maritime vessels. A historical example could be the 1964 Gulf of Tonkin incident or the 1999 First Battle of Yeonpyeong between the North and South Korean navies.[205]

c. Ground Centric

A Ground Centric minor contingency refers to an operation relying mainly on ground forces and land power but not necessarily in a significant combat role. These operations are lesser both in force structure and intensity compared with the types of Theater Land Combat Campaigns described earlier. Examples could include the 2014-2015 U.S. advisor campaign in Iraq against the Islamic State of Iraq and Syria (ISIS), or the 1993 Operation Restore Hope in Mogadishu, Somalia.

d. Air + Naval Mix

The Air + Naval Mix operation type accommodates several common scenarios in the IRAMM elicitations which refer to the simultaneous use of tactical air and naval power but of lesser intensity and duration than the Theater Air-Sea Battle Campaign.

6. Counterinsurgency Campaign

a. Extended

An Extended Counterinsurgency Campaign involves large numbers of ground forces operating in a population-centric environment for several years. Canonical American examples include the war in Vietnam, Operation Enduring Freedom in Afghanistan, and Operation Iraqi Freedom.

b. Limited

A Limited Counterinsurgency Campaign would be a lesser magnitude than the Extended Campaign, likely in both footprint and duration. Although there does not appear to be a good comparative historical analogy, the notion of a limited campaign came up multiple times in the IRAMM elicitations as a counterpoint to the modern conflicts in Iraq and Afghanistan.

7. Humanitarian Assistance/Disaster Relief *(Not addressed in IRAMM)*

Humanitarian Assistance/Disaster Relief (HA/DR)[206] operations refer to the deployment of military forces to conduct activities "outside the US and its territories to

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[205] http://www.reuters.com/article/2010/11/29/us-korea-north-clashes-idUSTRE6AS1AL20101129.

[206] Doctrinally, these operations are referred to as "Foreign Humanitarian Assistance." See Joint Staff Publication JP 3-29, January 2014.

directly relieve or reduce human suffering, disease, hunger, or privation" and are "limited in scope and duration; designed to supplement or complement the efforts of the host nation (HN) that has the primary responsibility for providing that assistance; and may support other United States Government (USG) departments or agencies."[207]

8. Defense Support to Civil Authorities (DSCA) ***(Not addressed in IRAMM)***

DSCA operations are conducted within the U.S. in response to natural disasters and other civil emergencies. These are synonymous with the term "domestic disaster relief."

9. Domestic Chemical, Biological, Radiological, or Nuclear (CBRN) Attack

A domestic Chemical, Biological, Radiological, or Nuclear (CBRN) Attack refers to any CBRN attack within the United States. Note that nuclear attack in this context is considered to be a strategic nuclear attack (i.e., without warning), which differs from the Tactical Nuclear Escalation operation type described earlier.

10. Other Domestic Attacks (non-CBRN)

a. Cyber

In this context, cyber refers to an attack in which an adversary uses cyber warfare to target critical infrastructure.

b. Other

A conventional terrorist attack on U.S. soil or other breakdown of law and order which is not the result of a natural disaster (e.g., riots, violent protests, and so on).

E. Deriving Probabilities of Occurrence for each Operation Type

1. Generating Total Probabilities from the IRAMM Responses

In the original SARA demand model, observations of historical analogues provided approximate expected monthly frequencies for how often each operation type would initiate. For example, if three counterinsurgency operations occurred over a period of thirty years (or 360 months), the expected frequency of occurrence per month would be 3/360 or 0.008333. These values were then used as the expected probabilities of occurrence inside the stochastic simulation of 10,000 possible futures.[208]

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[207] Joint Staff Publication JP 3-29, page I-1.

[208] For more details about how the SARA model simulates the demand for military forces, see Doyle et al., *The Stochastic Active-Reserve Assessment (SARA) Model: Force Planning under Uncertainty*. IDA Document NS D-5470, Alexandria, VA: Institute for Defense Analyses, 2015, 4-6.

Generating probabilities of occurrence for the full range of operation types from the IRAMM elicitations is slightly different. To do so, we can take advantage of IRAMM's interview format and use the total probability for each branch of the probability tree to serve as the demand input for a ten-year future.

a. Opinions and Branches

Each of the IRAMM major combat operation scenarios takes the form of a probability tree. To make this format compatible with how the SARA model takes demand inputs, we can call each of the individual IRAMM elicitations an *opinion* about the future consisting of *branches* which correspond to the number of each operation type that the respondent believes could occur in the coming decade. Each opinion then forms the basis for a separate vision about the future. An opinion in turn consists of a number of "branches"—the number of each operation type that occur in a decade—and a subjective probability that the coming decade will unfold along that branch. We built a revised version of the SARA demand simulator to accommodate this new form of data. Rather than generate individual operations according to their frequency, this version of SARA randomly draws full branches according to the branch probabilities, and randomly starts the operations associated with that branch.

b. Important Caveats

One important distinction between the baseline SARA model and the IRAMM-derived probabilities is that the IRAMM responses are based on the current global situation rather than a randomly drawn simulation that gives an initial condition. Since each of the probabilities were developed based on critical reasoning about a specific situation (e.g., the breakdown of civil authority in North Korea or the development of an Iranian nuclear weapons program), there may be some rigor lost in translating such events to the probability that a similar but general event may occur. In other words, the respondent may not have meant specifically that there is a 10 percent probability of a Major Ground War operation type in the next ten years, but rather that there is a 10 percent probability of such a conflict with North Korea.

Another caveat with using inputs from the IRAMM elicitations is not every respondent gave a probability for each operation type, nor were they aware of how their scenarios would be used to derive new operation types. Instead, they simply described what they believed to be the most likely conflict scenarios facing the U.S. in the next decade, which is conceptually different from listing every type of scenario which would demand the deployment of U.S military forces.

F. Incorporating Historical Data

1. Method

As a complement to the IRAMM respondents' expectations of what types of operations could occur in the next ten years, we can build a precedent for the demand for military forces by looking at how the United States has deployed its combat power in the decades since 1945. The Congressional Research Service (CRS) has published a report listing every instance of U.S. military force deployments abroad since 1798, including as a response to actual or potential conflicts as well as for humanitarian relief operations.[209] Combining the deployments listed in the report with background research of each operation, we can link many of these events with one of the new operation types for the SARA model. There is some judgment involved with this undertaking, of course; every effort was made not to double-count ongoing operations. Indeed, the CRS report summary notes that the list

> was compiled in part from various older lists and is intended primarily to provide a rough survey of past U.S. military ventures abroad, without reference to the magnitude of the given instance noted. The listing often contains references, especially from 1980 forward, to continuing military deployments, especially U.S. military participation in multinational operations associated with NATO or the United Nations. Most of these post-1980 instances are summaries based on presidential reports to Congress related to the War Powers Resolution.

With this caveat in mind, we only considered entries that resulted in the deployment of forces to a new contingency, or where additional troops were deployed to an existing operation. Because SARA's demand model is initially concerned with when a deployment begins (i.e., the first time military forces are required to respond to a contingency), operations that span more than one of the ten-year "buckets" are only counted in the decade in which they began. We can now treat each of these decades as if it were a "branch" in an IRAMM-style opinion tree. We will assume that each of these branches carries an equal probability weight.

2. Special Considerations for Noncombatant Evacuation Operations

Many of the military force deployments described in the CRS report are in support of noncombatant evacuation missions, which are conducted "to assist the Department of State (DOS) in evacuating US citizens, DOD civilian personnel, and designated host nation (HN) and third country nationals whose lives are in danger from locations in a foreign nation to

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[209] Torreon, Barbara S. *Instances of Use of United States Armed Forces Abroad, 1798-2015.* U.S. Congressional Research Service (R42738), January 15, 2015.

an appropriate safe haven."[210] Although these operations do require the deployment of military forces, they were excluded from this analysis as they are typically short in duration and result in the rapid redeployment of forces involved. There are examples where this is not the case, though, such as the 1996 Operation Assured Response in Liberia which lasted from 9 April to 18 June and involved a joint military force of troops, aircraft, transportation assets, and naval vessels. Nonetheless, these kinds of deployment are not currently included in our set of operation types, though they present a potential area of future research.

3. Interpreting Minor Contingency Operation Types

Ground-centric and air-centric minor contingencies occur frequently in the historical table, but the size and type of forces involved varies significantly for each case. For example, ground-centric contingencies refer to everything from sending a few hundred ground forces to protect an embassy to a more robust task force of several thousand similar to the ground component of Operation Inherent Resolve against the Islamic State in Iraq. The implications of this are more important for force sizing considerations, but the qualitative difference in each case is worth noting here as well. Similarly, air-centric minor contingencies can refer to aerial strike assets (fighter jets involved in air-to-air combat missions, bombing raids, etc.) or military logistics aircraft (transport and cargo planes).

4. Other Caveats

Each operation was counted during the decade in which it began. Some of these operations span multiple timeframes, but SARA is concerned with initiation and duration rather than with specific timelines. For the Counterinsurgency (COIN) campaigns, an extended COIN campaign begins in the 1995-2004 decade (the transition from OIF Phase I to Phase II) and another in the 2005-2014 decade, which represents the notion that OEF was actually more of a Minor Contingency (Ground) until around 2009, when it became an extended COIN campaign.

The CRS report does not list any Domestic CBRN/Cyber/Disaster Relief. It has a number of HA/DR contingencies listed, but they only started appearing in the Congressional Research Service reports in the early 90s, so we are unable to determine if the previous decades truly reflect a zero for humanitarian aid missions, or if they were just not captured as part of the CRS deployments of military forces.

Lastly, the Domestic "Other" attack number is also rather ambiguous, as this mostly represents terrorist attacks on US soil, which don't necessarily require a military response. We list only one, which represents 9/11. Other numbers could be easily justified.

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[210] Joint Staff Publication JP 3-68, *Noncombatant Evacuation Operations*, 22 January 2007.

G. Thinking about Future Demand

As described earlier, we use a new version of the SARA demand generator to simulate "sets" of 10,000 futures in a way that is compatible with the IRAMM elicitations. Each set of 10,000 futures is derived from an "opinion" about the future. An opinion consists of a number of "branches"—the number of each operation type that occur in a decade—and a subjective probability that the coming decade will unfold along that branch. IRAMM provides such "opinions" for 20 senior leader subject matter experts (the "Human SMEs"). We have also translated historical data into a form that is similar to the form of this SME data. We treat this set of branches as a virtual "opinion" and term it the "Historical SME," or just "History."

1. Using SARA to Help Think about Future Demand Using Human SMEs

The 20 opinions of the human SMEs allow us to get a sense of the future demands on the force as envisaged by the knowledgeable senior leader community. We simulate a set of 10,000 futures for each Human SME's opinion. For each of the 20 SMEs, the computer code randomly picks one of their branches (with the probability assigned to that branch), and plays out a future in which the operations in that branch arrive randomly over 10 years. This process is repeated 10,000 times.

We define a simple metric for the most stressful case of these 10,000: the most operations that are ongoing in any one month in any one of the 10,000 futures. This metric produces a single integer measure of maximum stress under a SME's opinion. By our simple measure, the most stressful case belongs to SME 3, which includes a case in which 6 operations are ongoing at once. It involves simultaneously fighting one major ground war, two allied response operations and one major counterinsurgency campaign, all while addressing the consequences of simultaneous biological and cyberattacks on the homeland. This sounds like a situation in which we may have to adopt an "all hands" approach; a situation in which non-deployable personnel could present a major impediment to force management in crisis.

2. Future Demand beyond the Perspective of Human SMEs

To address issues relating to the inevitable inaccuracy of predictions, this section relaxes some of the constraints imposed by the human SMEs in order to get a sense of what futures are possible that they may not have considered.

3. Future Demand Beyond the Perspective of Human SMEs 1: Semi-Wise SMEs

It is possible that the human SMEs have a good grasp of what futures are possible, but are not very good at assigning numerical probabilities to them. Certainly, it is easier to imagine what is possible than to quantify exact probabilities. To help us make decisions that are robust to this outcome, SARA generates "Restricted Pseudo-SMEs" (RPSMEs).

These are "opinions" generated randomly by the computer code by assigning probabilities to the set of all human SME "branches" (future combinations of operations) according to random draws from the uniform distribution. The subjective probabilities are now essentially "white noise" and contain no real information about the future. These partially artificial "opinions" can help us think about the consequences for our decisions if SMEs and senior leaders make errors in judging the likelihood of future events.

We simulated 20 RPSMEs in the same manner that we simulated the SME opinions. It is similar to the worst-case SME outcome (SME 3), and involves simultaneously fighting one major ground war, two allied response operations and one major counterinsurgency campaign; but in this case the nation is now subjected to four simultaneous attacks on the homeland rather than two. Notably, one of these attacks is now nuclear, which would likely raise the manpower required for domestic response significantly.

The "opinion" that reflects the historical experience of the seven decades 1945-2014 in the new SARA-IRAMM format is also useful for thinking beyond the perspective of the SMEs. We simulated 10,000 cases of the Historical SME. The resulting stress metric is 8 simultaneous operations. This overall metric is the same as for the RPSMEs; however, the details of the case are quite different. Six of the eight operations in this case are outside the contiguous United States (OCONUS) military engagements requiring the deployment of troops: one major ground war, one allied response operation, one major contingency, one ground forces minor contingency, and two naval forces minor contingencies. One operation is an OCONOS humanitarian response mission, which would also require the deployment of troops. Additional troops are required to respond to a terrorist attack in the homeland. This case, while quite different from the previous two considered, also raises the potential for serious stress on the force and the need for an "all hands" approach to deployment.

4. Future Demand beyond the Perspective of Human SMEs 2: Black Swans and Failures of Imagination

It is possible that the human SMEs do not have a good grasp of what futures are actually possible. To address this issue, SARA generates "Unrestricted Pseudo-SMEs" (UPSMEs). These are "opinions" generated by the computer by randomly generating "branches" (future combinations of operations), using random draws from a statistical distribution, and assigning probabilities to these "branches" according to random draws from the uniform distribution. These fully artificial "opinions" provide a lens through which to consider the potential for "Black Swan" futures that have not been imagined by human decision-makers. "Black Swan" events have actually figured prominently in our recent history, from the attack on Pearl Harbor to the 9/11 attacks to the financial crash of 2008 and ensuing Great Recession.

To ensure that the branches that are produced by the UPSME generator are at least "believable," we impose three artificial restrictions on the statistical distribution in practice.

First, no branch can include more than five of the same type of operation. Second, no branch can include more than one total mobilization operation. Third, no branch can include more than one existential thermonuclear attack. Figure D-2.shows that the resulting branch generator is actually quite conservative in its choices.

The worst case future from the 20 UPSMEs showed severe results, as listed in Figure D-2. It involves 25 simultaneous operations, including a thermonuclear war. It is clear that as soon as we relax the assumptions that SMEs have a good sense of what is possible, or that the future will look like the past, extraordinarily stressful scenarios become possible even with quite conservative assumptions. It is difficult to imagine a military that could accommodate non-deployable personnel in such a world.

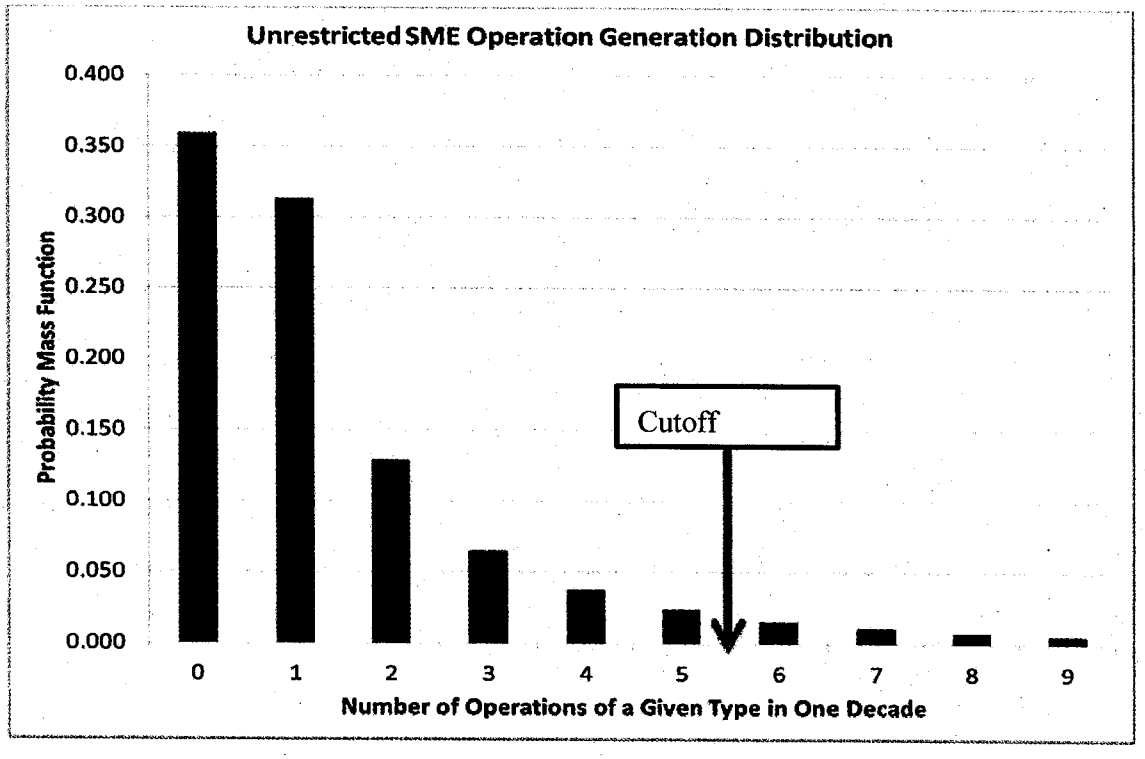

Figure D-2. The UPSME "Branch" Generator

H. Conclusions

Results from simulating senior leaders indicate that current policy makers implicitly anticipate the possibility of a severely challenging future (3 to 6 simultaneous operations). Results from simulating pseudo-SMEs based on the senior leaders indicate that the potential for human errors in estimating the numerical probability of possible futures leaves us with the more robust planning assumption that an even more challenging future (8 simultaneous operations) is possible. Results from simulations informed by history confirm this view. Results from simulating unrestricted pseudo-SMEs based on a fairly

conservative algorithm suggest that even this assumption may be over-optimistic and that extraordinarily stressful futures may be possible and should be considered in our decisions. Given these results, indications are that uniformed individuals in each of the military Services will be globally deployed during periods of challenging futures where the number of deployable personnel will dictate how constrained DOD is in its ability to meet these challenges.

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Appendix E
List of Research Participants

A. Individuals with Hearing Impairments

Mr. Joel Barish – Co-founder, DeafNation, Inc. and host, No Barriers

Ms. Marla Dougherty – Advocate at Northern Virginia Research Center

Ms. Rachel Dubin – IDA Research Assistant

Mr. Ethan Lusted – Graduate of the Citadel Military College

Mr. Keith Nolan – ROTC student

Ms. Bonnie O'Leary – Advocate at Northern Virginia Research Center

Dr. Christian Vogler – Associate Professor Communications, Gallaudet University

B. Accessibility Experts

Dr. Aaron Bangor – Lead accessibility architect at AT&T, vice-chair of Texas Governor's Committee on People with Disabilities

Ms. Dinah Cohen – Founding director, Pentagon Computer/Electronic Accommodations Program

Ms. Marla Doughetry – Northern Virginia Resource Center

Ms. Teresa Goddard – Job Accommodation Network

Ms. Deborah Jones – Northern Virginia Resource Center

Mr. Steven King – Computer/Electronic Accommodations Program (Pentagon Office)

Dr. Linda Kozma-Spytek – Gallaudet Technology Assistance Program

Ms. Bonnie O'Leary – Northern Virginia Resource Center

Mr. Lou Orslene – Job Accommodation Network

Dr. Christian Vogler – Gallaudet Technology Assistance Program

Mr. Mike Young – Computer/Electronic Accommodations Program (Pentagon Office)

C. Others

Dr. Douglas Brungart – Defense Health Agency

CPT Casey Doane – USAF helicopter pilot and child of deaf parents

COL Paul B. Dunahoe (ret.) – Instructor to Ethan Lusted

Mr. Charles A. Horan, III – Director, Office of Carrier, Driver, and Vehicle, Safety Standards, U.S. Department of Transportation

Ms. Cindy Gaines – Department of Transportation

COL Mark Packer – Executive Director for the Hearing Center of Excellence

CPT Sidney Mendoza – Instructor to Keith Nolan

LTC Shawn Phelps (ret.) – Instructor to Keith Nolan

Appendix F
Survey

A. Informed Consent

Before responding to the attached survey, please read this informed consent statement and ask as many questions as you need to be sure that you understand the possible risks and benefits of participating.

Purpose: The purpose of the research for the Department of Defense (DOD), to better understand job accommodations and assistive technology for individuals who are Deaf and Hard of Hearing.

Description: The research will involve about approximately 30 participants who will complete a survey questionnaire of 8 items related to current job, hearing ability, communication preferences, and job accommodations for individuals who are Deaf or Hard of Hearing. After completing the survey, participants will email their responses to the researchers. It is expected that it will take approximately 10 minutes to complete the survey.

The research is being conducted by the Institute for Defense Analyses for the Office of the Under Secretary for Personnel and Readiness (OSD(P&R)). The overall objective of this project is to assess job accommodations and assistive technology to determine the extent that individuals who are Deaf or Hard of Hearing (D/HOH) might qualify for positions in the Armed Forces if regulations were modified.

Risk: All information on individuals will be held confidential, and we will protect the information you share to the best of our ability. Only grouped or anonymous data will be shared to minimize risk of personal information being shared.

Benefit: There may be no direct benefit to you for responding to the survey. The knowledge gained from the research will be shared with the DOD, so this may lead to new opportunities for individuals who are D/HOH within the DOD.

No compensation will be provided for completing this survey.

Contact for Questions: If you have any questions, concerns, or complaints about this research, please contact Dr. Joseph Adams (703) 845-2148, jadams@ida.org or Dr. James Belanich (703) 845-6606, jbelanic@ida.org.

If you have questions, concerns, or complaints that are not answered by the research team or you want to talk to someone other than the research team about your rights as a research subject, you may contact Liberty IRB at (386)740-9278. Liberty IRB (an Institutional Review Board) reviewed this study and is a group of people who review research studies to protect the rights and

welfare of research participants. Review and approval by Liberty IRB does not mean that the study is without risks.

Voluntary Participation: If you decide to take part in this study, it is completely of your own free will. There will not be any penalty or loss of benefits to you if you decide not to take part. Also, you may withdraw from the study at any time.

B. Survey Questions:

1. Briefly describe your job.
2. How would you describe your hearing (Deaf, hard of hearing, mild hearing loss)?
3. What methods of communication do you use with coworkers (please list all)?
4. What accommodations or assistive technology do you use on the job or at home?
5. Are there particular obstacles you had to overcome to be successful in this work position?
6. Are there particular issues that remain a challenge at work?
7. Can you provide some examples of how you regularly interact with coworkers and your supervisors?
8. If you are a supervisor, can you provide some examples of how you interact with those you supervise?

Appendix G
Illustrations

Figures

Tables

Appendix H
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Appendix I
Abbreviations

ABA	American Bar Association
AC	Active Component
AETC	Air Education and Training Command
AFCS	Air Force Civilian Service
AFSC	Air Force Specialty Codes
AMOPES	Army Mobilization Operations Planning and Execution
AMSARA	Accession Medical Standards Analysis and Research
AMSWG	Accession Medical Standards Working Group
AOR	Area of Responsibility
APHC	U.S. Army Public Health Command
ARNG	Army National Guard
ATC	Air Traffic Control
BCT	Brigade Combat Team
BDM	*Bund Deutscher Mädel* (League of German Girls)
BUMED	Navy Bureau of Medicine and Surgery
CAPE	Cost Assessment and Program Evaluation
CATMS	Correspondence and Task Management System
CBRN	Chemical, Biological, Radiological, or Nuclear
CCMD	Combatant Command
CENTCOM	United States Central Command
CEW	Civilian Expeditionary Workforce
CJCS	Chairman of the Joint Chiefs of Staff
CJTF	Combined Joint Task Force
CMATT	Coalition Military Advisory Training Teams
COIN	Counterinsurgency
CPA	Coalition Provisional Authority
CRS	Congressional Research Service
CY	Calendar year
dB	decibel
DCC	Direct Commissioned Course
DCPAS	Defense Civilian Personnel Advisory Service
DEP	Delayed Entry Program
DES	Disability Evaluation System
DGCPC	Direct Ground Combat Position Coding system

DHB	Defense Health Board
DMDC	Defense Manpower Data Center
DOD	Department of Defense
DODIG	DOD Inspector General
DODMERB	Department of Defense Medical Examination Review
DOS	Department of State
DSCA	Defense Support to Civil Authorities
E-E	Emergency-Essential
ENT	Ear, nose, and throat
EPTS	Existed prior to service
FORSCOM	Forces Command
FPEB	Formal Physical Evaluation Board
FQ	Fully qualified
FSA	Force Structure Allowance
FY	Fiscal Year
GAO	Government Accountability Office
GFM	Global Force Management
GME	Graduate Medical Education
GWOT	Global War on Terror
HA/DR	Humanitarian Assistance/Disaster Relief
HCE	Hearing Center of Excellence
HLSim	Hearing Loss Simulator
HN	Host Nation
HQ	Headquarters
IA	Individual Augmentee
ICD-9	International Classification of Disease, 9th Revision
IDA	Institute for Defense Analyses
IDF	Israeli Defense Forces
IET	Initial Entry Training
ILO	In lieu of
IMA	Individual Mobilization Augmentee
IPEB	Informal Physical Evaluation Board
IRAMM	Integrated Risk Assessment and Management Model
ISAF	International Security Assistance Force
ISC	Interservice Separation Code
ISIS	Islamic State of Iraq and the Levant
IwD	Individuals with Disabilities
J.D.	Juris Doctor

JAG	Judge Advocate General
JAOBC	Judge Advocate Officer Basic Course
JMD	Joint Manning Document
KIA	Killed in action
LCAC	Landing Craft Air Cushion
MCO	Major Combat Operations
MCRC	Marine Corps Recruiting Command
MCRD	Marine Corps Recruit Depot
MEB	Medical Evaluation Board
MED-PERS	Medical-Personnel Executive Steering Committee
MEPS	Military Entrance Processing Station
MOD	Ministry of Defence
MOD	Modification
MOS	Military Occupational Specialty
MPP	Military Personnel Policy
MTF	Military Treatment Faculty
MTOE	Modification Tables of Organization and Equipment
NATO	North Atlantic Treaty Organization
NCAR	National Center for Rehabilitative Auditory Research
NCO	Noncommissioned Officer
NCO	New Contract Objective
NIHL	Noise Induced Hearing Loss
NRC	National Research Council
NSDAP	*Nationalsozialistische Deutsche Arbeiterpartei* (National Socialist German Workers Party or NSDAP)
OCONUS	Outside the contiguous United States
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OMF	Objective Medical Finding
OND	Operation New Dawn
OSD	Office of the Secretary of Defense
PDA	Army Physical Disability Authority
PEB	Physical Evaluation Board
PERS	Personnel Command
PIHP	Personal Interfaced Hearing Protection
PTA	Pure tone average
PULHES	P, physical capacity or stamina; u, upper extremities; l, lower extremities; h, hearing and ears; e, eyes; and s, psychiatric

PULHHEEMS	Physique, upper limbs, lower limbs, hearing (left), hearing (right), eyesight left, eyesight right, mental function, and stability (emotional)
RC	Reserve Component
REGEDE	*Reichsverband der Gehörlosen Deutschlands* (Reich Association of the Deaf of Germany)
RFF	Request for Forces
ROTC	Reserve Officer Training Corps
SA	*Sturmabteilungen* (Storm Detachments)
SARA	Stochastic Active-Reserve Assessment
SECDEF	Secretary of Defense
SIGINT	Signal Intelligence
SME	Subject Matter Expert
SOF	Special Operations Forces
SPRINT	Speech Recognition In Noise Test
SRT	Speech Recognition Test
SSN	Social security number
STP	Student, Trainee, and Personnel Hold
STTH	Student, Trainee, Transients, or Holdees
TDA	Table of Distribution and Allowances
TDRL	Temporary Disability Retirement List
TJAGLCS	The Judge Advocate General's Legal Center and School
TTHS	Trainees, Transients, Holdees, and Students
TTS	Temporary threshold shift
U.S.	United States
UAS	Unmanned Aircraft Systems
UK	United Kingdom
UPSME	Unrestricted Pseudo–Subject Matter Expert
USAREC	U.S. Army Recruiting Command
USCENTCOM	U.S. Central Command
USD(P&R)	Under Secretary of Defense (Personnel and Readiness
USEUCOM	U.S. European Command
USG	United States Government
USMEDCOM	U.S. Medical Command
USMEPCOM	U.S. Military Entrance Processing Command
USSOCOM	U.S. Special Operations Command
VASRD	Veterans Affairs Schedule for Rating Disabilities
WIA	Wounded in action
WRAIR	Walter Reed Army Institute of Research

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13. SUPPLEMENTARY NOTES

14. ABSTRACT

This paper assesses the feasibility and advisability of permitting individuals with auditory impairment to access as members of the armed forces. This paper first examines the feasibility and advisability from the perspective of the individuals with auditory impairment, considering existing career and communication barriers, both current and developing assistive technologies and accommodations, and which military occupations may be potentially viable for such individuals. Second, this paper provides a data-driven context for understanding the impact on the force as it relates to the feasibility and advisability of permitting individuals with auditory impairment to access as members of the armed forces. To address the force impact, this paper draws on operational and personnel data from both the Defense Manpower Data Center and the Services, research on medical standards and fitness for duty, and forecasts regarding future demands on the force.

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AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY FOR PRE AND POST DEPLOYMENT SERUM COLLECTION//

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AMPN/DODI 6465.1/ERYTHROCYTE GLUCOSE-6-PHOSPHATE DEHYDROGENASE DEFICIENCY (G6PD) AND SICKLE CELL TRAIT SCREENING PROGRAMS//

REF/W/DOC/ASD(HA)/12DEC2015//
AMPN/DODI 5154.30/ARMED FORCES INSTITUTE OF PATHOLOGY OPERATIONS//

REF/X/DOC/ASD(HA)/20APR2012//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/GUIDELINE FOR TUBERCULOSIS SCREENING AND TESTING//

REF/Y/DOC/ASD(HA)/26JUL2012//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/IMPLEMENTATION OF REVISED DEPARTMENT OF DEFENSE FORMS 2795, 2796 AND 2900//

REF/Z/DOC/USD(P&R)/11SEP2015//

AMPN/DODI 6490.13/COMPREHENSIVE POLICY ON TRAUMATIC BRAIN INJURY-RELATED NEUROCOGNITIVE ASSESSMENTS BY THE MILITARY SERVICES//

REF/AA/USD(P&R)/ 26FEB2013, AS AMENDED 25JAN2017//
AMPN/DODI 6490.12/MENTAL HEALTH ASSESSMENT FOR SERVICE MEMBERS DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION//

REF/BB/USD(I)/20MAR2009, AS AMENDED 02SEP2014//
AMPN/DODI 6420.01/NATIONAL CENTER MEDICAL INTELLIGENCE (NCMI)//

REF/CC/DOC/ASD(HA)/15APR2013//
AMPN/GUIDANCE ON MEDICATIONS FOR THE PROPHYLAXIS OF MALARIA//

REF/DD/DOC/ASD(HA)/12AUG2013//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/NOTIFICATION FOR HEALTHCARE PROVIDERS OF MEFLOQUINE BOX WARNING//

REF/EE/DOC/ASD(HA)/18MAY2007//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/UPDATED POLICY FOR PREVENTION OF ARTHROPOD-BORNE DISEASES AMONG DEPARTMENT OF DEFENSE PERSONNEL DEPLOYED TO ENDEMIC AREAS//

REF//FF/DOC/J4/02NOV2007//
AMPN/MCM-0028-07/PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE//

REF/GG/DOC/CC/08MAR2016//
AMPN/CCR 40-2/DEPLOYMENT FORCE HEALTH PROTECTION//

REF/HH/DOC/AFHSC/MAR2012//
AMPN/ARMED FORCES REPORTABLE MEDICAL EVENTS GUIDELINES & CASE DEFINITIONS//

REF/II/ DOC/CENTCOM/OCT2012//
AMPN/UNITED STATES CENTRAL COMMAND HEALTHCARE INFORMATION SYSTEM USE POLICY//

REF/JJ/DOC/USD(P&R)/18SEP2012//
AMPN/DODI 6490.11/DOD POLICY GUIDANCE FOR MANAGEMENT OF MILD TRAUMATIC BRAIN INJURY/ AND CONCUSSION IN THE DEPLOYED SETTING//

REF/KK/DOC/ASD(HA)/07OCT2013//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/CLINICAL PRACTICE GUIDELINES FOR DEPLOYMENT LIMITING MENTAL DISORDERS AND PSYCHOTROPIC MEDICATIONS//

RMKS/1. (U) THIS IS MODIFICATION THIRTEEN TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY. IN SUMMARY, MODIFICATIONS HAVE BEEN MADE TO PARAGRAPH 15 FROM MOD TWELVE, REF B.
1.A. PARAGRAPH 15 REQUIRED NUMEROUS CHANGES; THEREFORE, IT IS BEING REPUBLISHED IN ITS ENTIRETY. MOD 13 SUPERSEDES ALL PREVIOUS VERSIONS.
1.B. PARAGRAPH 15 OF REF A HAS BEEN TOTALLY REWRITTEN AS FOLLOWS:
15.A. DEFINITIONS.

15.A.1. DEPLOYMENT. FOR MEDICAL PURPOSES, THE DEFINITION OF DEPLOYMENT IS TRAVEL TO OR THROUGH THE USCENTCOM AREA OF RESPONSIBILITY (AOR), WITH EXPECTED OR ACTUAL TIME IN COUNTRY (PHYSICALLY PRESENT, EXCLUDING IN-TRANSIT OR TRAVEL TIME) FOR A PERIOD OF GREATER THAN 30 DAYS, EXCLUDING SHIPBOARD OPERATIONS, AS DEFINED IN REF C.

15.A.2. TEMPORARY DUTY (TDY). TDY MISSIONS ARE THOSE MISSIONS WITH TIME IN COUNTRY OF 30 DAYS OR LESS.

15.A.3. PERMANENT CHANGE OF STATION (PCS). PCS PERSONNEL, INCLUDING EMBASSY PERSONNEL, WILL COORDINATE WITH THEIR RESPECTIVE SERVICE COMPONENT MEDICAL PERSONNEL FOR MEDICAL GUIDANCE AND REQUIREMENTS FOR PCS TO SPECIFIC COUNTRIES IN THE USCENTCOM AOR. AUTHORIZED DEPENDENTS MUST PROCESS THROUGH THE OVERSEAS SCREENING PROCESS AND EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP), IF REQUIRED. ALL PERSONNEL MUST BE CURRENT WITH ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) IMMUNIZATION GUIDELINES AND DOD TRAVEL GUIDELINES IAW REF C. HOST NATION IMMUNIZATION AND MEDICAL SCREENING REQUIREMENTS APPLY. PORTIONS OF MOD 13 WILL APPLY AS DELINEATED IN TAB B.

15.A.4. SHIPBOARD PERSONNEL. ALL SHIPBOARD PERSONNEL WHO DEPLOY INTO THE AOR MUST HAVE CURRENT SEA DUTY SCREENING AND REMAIN FULLY MEDICALLY READY FOLLOWING ANNUAL PERIODIC HEALTH ASSESSMENT (PHA). DEPLOYMENT HEALTH ASSESSMENT PER 15.H APPLIES IF DEPLOYED TO OCONUS FOR GREATER THAN 30 DAYS WITH NON-FIXED U.S. MEDICAL TREATMENT FACILITIES (MTFS).

15.B. APPLICABILITY. THIS MOD APPLIES TO U. S. MILITARY PERSONNEL, TO INCLUDE ACTIVATED RESERVE AND NATIONAL GUARD PERSONNEL, DOD CIVILIANS, DOD CONTRACTORS, DOD SUB-CONTRACTORS, VOLUNTEERS, AND THIRD COUNTRY NATIONALS (TCN) TRAVELING OR DEPLOYING TO THE CENTCOM AOR AND WORKING UNDER THE AUSPICES OF THE DOD. LOCAL NATIONALS (LN) SHOULD MEET THE MINIMAL MEDICAL STANDARDS ADDRESSED IN SECTION 15.C.1.F.

15.C. MEDICAL DEPLOYABILITY. DEPLOYED HEALTH SERVICE SUPPORT INFRASTRUCTURE IS DESIGNED AND PRIORITIZED TO PROVIDE ACUTE AND EMERGENCY SUPPORT TO THE EXPEDITIONARY MISSION. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, DOD CONTRACTOR EMPLOYEES) TRAVELING TO THE CENTCOM AOR MUST BE MEDICALLY, DENTALLY AND PSYCHOLOGICALLY FIT. INDIVIDUALS DEEMED UNABLE TO COMPLY WITH CENTCOM DEPLOYMENT REQUIREMENTS ARE DISQUALIFIED FOR DEPLOYMENT IAW SERVICE POLICY AND MOD 13. PERSONNEL FOUND TO BE MEDICALLY NON-DEPLOYABLE WHILE OUTSIDE OF THE CENTCOM AOR FOR ANY LENGTH OF TIME WILL NOT ENTER OR RE-ENTER THE THEATER UNTIL THE NON-DEPLOYABLE CONDITION IS COMPLETELY RESOLVED OR AN APPROVED WAIVER FROM A CENTCOM WAIVER AUTHORITY IS OBTAINED. SEE REF D, E, F, G AND H. DOD CIVILIAN EMPLOYEES ARE COVERED BY THE REHABILITATION ACT OF 1973. AS SUCH, AN APPARENTLY DISQUALIFYING MEDICAL CONDITION NEVERTHELESS REQUIRES THAT AN INDIVIDUALIZED ASSESSMENT BE MADE TO DETERMINE WHETHER THE EMPLOYEE CAN PERFORM THE ESSENTIAL FUNCTIONS OF THEIR POSITION IN THE DEPLOYED ENVIRONMENT, WITH OR WITHOUT REASONABLE ACCOMMODATION, WITHOUT CAUSING UNDUE HARDSHIP. IN EVALUATING UNDUE HARDSHIP, THE NATURE OF THE ACCOMMODATION AND THE LOCATION OF THE DEPLOYMENT MUST BE CONSIDERED. FURTHER, THE EMPLOYEE'S MEDICAL CONDITION MUST NOT POSE A SUBSTANTIAL RISK OF SIGNIFICANT HARM TO THE EMPLOYEE OR OTHERS WHEN TAKING INTO ACCOUNT THE CONDITIONS OF THE RELEVANT DEPLOYED ENVIRONMENT. SEE REF I. THE FINAL AUTHORITY OF WHO MAY DEPLOY TO THE CENTCOM AOR RESTS WITH THE CENTCOM SURGEON AND/OR THE SERVICE COMPONENT SURGEON'S WAIVER AUTHORITY, NOT THE

INDIVIDUAL'S MEDICAL EVALUATING ENTITY OR DEPLOYING PLATFORM.

15.C.1. MEDICAL FITNESS, INITIAL AND ANNUAL SCREENING.

15.C.1.A. MEDICAL READINESS PROCESSING. THE MEDICAL SECTION OF THE DEPLOYMENT SCREENING SITE MAY PUBLISH GUIDANCE, IAW MOD13 AND SERVICE STANDARDS, TO ASSIST IN DETERMINING MEDICAL DEPLOYMENT FITNESS. DEPLOYING PERSONNEL MUST HAVE AN EVALUATION BY A MEDICAL PROVIDER TO DETERMINE IF THEY CAN SAFELY DEPLOY AND OBTAIN AN APPROVED WAIVER FOR ANY DISQUALIFYING MEDICAL CONDITION(S) FROM THE COMPONENT SURGEON OR CENTCOM SURGEON PRIOR TO DEPLOYING.

15.C.1.B. FITNESS INCLUDES, BUT IS NOT LIMITED TO, THE ABILITY TO ACCOMPLISH ALL REQUIRED TASKS AND DUTIES, BY SERVICE REQUIREMENTS OR DUTY POSITION, CONSIDERING THE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION. AT A MINIMUM, PERSONNEL MUST BE ABLE TO WEAR BALLISTIC, RESPIRATORY, SAFETY, CHEMICAL, AND BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT; USE REQUIRED PROPHYLACTIC MEDICATIONS; AND INGRESS/EGRESS IN EMERGENCY SITUATIONS WITH MINIMAL RISK TO THEMSELVES OR OTHERS.

15.C.1.C. EXAMINATION INTERVALS. AN EXAMINATION WITH ALL MEDICAL ISSUES AND REQUIREMENTS ADDRESSED WILL REMAIN VALID FOR A MAXIMUM OF 15 MONTHS FROM THE DATE OF THE PHYSICAL, OR 12 MONTHS FOLLOWING DEPLOYMENT, WHICHEVER IS FIRST. SEE TAB A AND REF D, J, K, L AND M FOR FURTHER GUIDANCE. GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND DOD CONTRACTOR PERSONNEL DEPLOYED FOR MULTIPLE OR EXTENDED TOURS OF MORE THAN 12 MONTHS MUST BE RE-EVALUATED FOR FITNESS TO STAY DEPLOYED. ANNUAL IN-THEATER RESCREENING MAY BE FOCUSED ON HEALTH CHANGES, VACCINATION CURRENCY, AND MONITORING OF EXISTING CONDITIONS RATHER THAN BEING COMPREHENSIVE, BUT SHOULD CONTINUE TO MEET ALL MEDICAL GUIDANCE AS PRESCRIBED IN MOD 13. UNLESS SPECIFICALLY OBLIGATED BY CONTRACTUAL ARRANGEMENT, EXPEDITIONARY MILITARY MEDICAL ASSETS ARE NOT TO BE USED FOR RE-EVALUATION TO STAY DEPLOYED. IF INDIVIDUALS ARE UNABLE TO ADEQUATELY COMPLETE THEIR MEDICAL SCREENING EVALUATION IN THE AOR, THEY SHOULD BE REDEPLOYED TO ACCOMPLISH THIS YEARLY REQUIREMENT. PERIODIC HEALTH SURVEILLANCE REQUIREMENTS AND PRESCRIPTION NEEDS ASSESSMENTS SHOULD REMAIN CURRENT THROUGH THE DEPLOYMENT PERIOD.

15.C.1.D. SPECIALIZED GOVERNMENT CIVILIAN EMPLOYEES WHO MUST MEET SPECIFIC PHYSICAL STANDARDS (E.G., FIREFIGHTERS, SECURITY GUARDS, POLICE, AVIATORS, AVIATION CREW MEMBERS, AIR TRAFFIC CONTROLLERS, DIVERS, MARINE CRAFT OPERATORS, COMMERCIAL DRIVERS, ETC.) MUST MEET THOSE STANDARDS WITHOUT EXCEPTION, IN ADDITION TO BEING FOUND FIT FOR THE SPECIFIC DEPLOYMENT BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT IAW MOD 13. CERTIFICATIONS MUST REMAIN VALID THROUGHOUT THE ENTIRETY OF THE DEPLOYMENT. IT IS UP TO THE INDIVIDUAL TO PLAN FOR AND RECERTIFY THEIR RESPECTIVE REQUIREMENTS.

15.C.1.E. DOD CONTRACTOR EMPLOYEES MUST MEET SIMILAR STANDARDS OF FITNESS AS MILITARY AND DOD CIVILIAN PERSONNEL, AND MUST BE DOCUMENTED TO BE FIT FOR THE PERFORMANCE OF THEIR DUTIES, WITHOUT LIMITATIONS, BY MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT IAW MOD 13. CONTRACTORS MUST COMPLY WITH REF J AND SPECIFICALLY ENCLOSURE 3 FOR MEDICAL REQUIREMENTS. EVALUATIONS SHOULD BE COMPLETED PRIOR TO ARRIVAL AT THE DEPLOYMENT PLATFORM.

15.C.1.E.1. PREDEPLOYMENT AND/OR TRAVEL MEDICINE SERVICES FOR CONTRACTOR EMPLOYEES, INCLUDING COMPLIANCE WITH IMMUNIZATION, DNA, AND PANOGRAPH REQUIREMENTS, EVALUATION OF FITNESS, AND ANNUAL SCREENING ARE THE RESPONSIBILITY OF THE CONTRACTING AGENCY PER THE CONTRACTUAL REQUIREMENTS.

QUESTIONS SHOULD BE SUBMITTED TO THE SUPPORTED COMMAND'S CONTRACTING AND MEDICAL AUTHORITY. SEE TAB A AND REF J FOR FURTHER GUIDANCE.

15.C.1.E.2. ALL CONTRACTING AGENCIES ARE RESPONSIBLE FOR PROVIDING THE APPROPRIATE LEVEL OF MEDICAL SCREENING FOR THEIR EMPLOYEES. SCREENING MUST BE COMPLETED BY A MEDICAL PROVIDER LICENSED IN A COUNTRY WITH OVERSIGHT AND ACCOUNTABILITY OF THE MEDICAL PROFESSION, AND A COPY OF THE COMPLETED MEDICAL SCREENING DOCUMENTATION, IN ENGLISH, MUST BE MAINTAINED BY THE CONTRACTOR. DOCUMENTATION MAY BE REQUESTED BY BASE OPERATIONS CENTER PERSONNEL PRIOR TO ISSUANCE OF ACCESS BADGES AS WELL AS BY MEDICAL PERSONNEL FOR COMPLIANCE REVIEWS. INSTALLATION COMMANDERS, IN CONCERT WITH THEIR LOCAL MEDICAL ASSETS AND CONTRACTING REPRESENTATIVES, MAY CONDUCT QUALITY ASSURANCE AUDITS TO VERIFY THE VALIDITY OF MEDICAL SCREENINGS.

15.C.1.E.3. CONTRACTOR EXPENSE. IAW REF J, CONTRACTORS WILL PROVIDE PREDEPLOYMENT MEDICAL AND DENTAL EVALUATIONS. ANNUAL IN THEATER RESCREENING, IF REQUIRED, WILL BE AT CONTRACTOR EXPENSE. REQUIRED IMMUNIZATIONS OUTLINED IN THE FOREIGN CLEARANCE GUIDE (HTTPS://WWW.FCG.PENTAGON.MIL) FOR THE COUNTRIES TO BE VISITED, AS WELL AS THOSE OUTLINED IN PARAGRAPH 15.F. OF THIS MOD, WILL BE DONE AT CONTRACTOR EXPENSE. THE SOLE EXCEPTION TO THIS POLICY IS ANTHRAX VACCINE, WHICH WILL BE PROVIDED AT MILITARY EXPENSE. SEE REF C, J, AND N. A DISQUALIFYING MEDICAL CONDITION, AS DETERMINED BY AN IN-THEATER COMPETENT MEDICAL AUTHORITY, WILL BE IMMEDIATELY REPORTED TO THE CONTRACTOR EMPLOYEE'S CONTRACTING OFFICER WITH A RECOMMENDATION THAT THE CONTRACTOR BE IMMEDIATELY REDEPLOYED AND REPLACED AT CONTRACTOR EXPENSE UNLESS AN APPROVED WAIVER IS OBTAINED. ALL THE ABOVE EXPENSES WILL BE COVERED BY THE CONTRACTOR UNLESS OTHERWISE SPECIFIED IN THE CONTRACT.

15.C.1.F. LN AND TCN EMPLOYEES. MINIMUM SCREENING REQUIREMENTS INCLUDE:

15.C.1.F.1. PRE-EMPLOYMENT AND ANNUAL MEDICAL SCREENING OF LN AND TCN EMPLOYEES IS NOT TO BE PERFORMED IN MILITARY MTFS. LOCAL CONTRACTING AGENCIES MUST KEEP DOCUMENTATION IAW PARA. 15.C.1.E.1.

15.C.1.F.2. ALL LN AND TCN EMPLOYEES WHOSE JOB REQUIRES CLOSE OR FREQUENT CONTACT WITH NON-LN/TCN PERSONNEL (E.G., DINING FACILITY WORKERS, SECURITY PERSONNEL, INTERPRETERS, ETC.) MUST BE SCREENED FOR TUBERCULOSIS (TB) USING AN ANNUAL SYMPTOM SCREEN. A TUBERCULIN SKIN TEST (TST) IS UNRELIABLE AS A STAND-ALONE SCREENING TEST FOR TB DISEASE IN LN/TCN PERSONNEL AND SHOULD NOT BE USED. SPECIFIC QUESTIONS REGARDING APPROPRIATE SCREENING OF DETAINEES, PRISON GUARDS AND OTHER HIGHER RISK POPULATIONS SHOULD BE REFERRED TO THE THEATER PREVENTIVE MEDICINE CONSULTANT THROUGH UNIT MEDICAL PERSONNEL.

15.C.1.F.3. LN AND TCN EMPLOYEES INVOLVED IN FOOD SERVICE, WATER, AND ICE PRODUCTION MUST BE SCREENED ANNUALLY FOR SIGNS AND SYMPTOMS OF INFECTIOUS DISEASE. CONTRACTORS MUST ENSURE EMPLOYEES RECEIVE TYPHOID AND HEPATITIS A VACCINATIONS AND THIS INFORMATION MUST BE DOCUMENTED IN THE EMPLOYEES' MEDICAL RECORD / SCREENING DOCUMENTATION.

15.C.1.F.4. FURTHER GUIDANCE REGARDING MEDICAL SUITABILITY OR FORCE HEALTH PROTECTION MAY BE PROVIDED BY THE LOCAL TASK FORCE COMMANDER OR EQUIVALENT IN CONSULTATION WITH THEIR MILITARY MEDICAL ASSETS.

15.C.2. UNFIT PERSONNEL. CASES OF IN-THEATER/DEPLOYED PERSONNEL IDENTIFIED AS UNFIT, IAW THIS MOD 13, DUE TO CONDITIONS THAT EXISTED PRIOR TO DEPLOYMENT WILL BE FORWARDED TO THE APPROPRIATE COMPONENT SURGEON FOR DETERMINATION REGARDING POTENTIAL MEDICAL WAIVER OR REDEPLOYMENT. FINDINGS/ACTIONS WILL BE

FORWARDED TO THE CENTCOM SURGEON AT CENTCOM.MACDILL.CENTCOM-HQ.MBX.CCSG-WAIVER@MAIL.MIL.

15.C.3. MEDICAL WAIVERS.

15.C.3.A. MEDICAL WAIVER APPROVAL AUTHORITY.

15.C.3.A.1. MEDICAL WAIVER APPROVAL AUTHORITY LIES AT THE COMBATANT COMMAND SURGEON LEVEL IAW REF I, O, AND P, AND IS DELEGATED TO THE USCENTCOM COMPONENT SURGEONS FOR ALL DEPLOYING PERSONNEL WITHIN THEIR RESPECTIVE COMPONENT FOR ALL HEALTH CONDITIONS, EXCLUDING BEHAVIORAL HEALTH CONDITIONS. BEHAVIORAL HEALTH WAIVERS WILL INITIALLY BE EVALUATED BY THE RESPECTIVE SERVICE COMPONENT, BUT THE FINAL DETERMINATION FOR APPROVAL RESIDES WITH THE CENTCOM SURGEON. SENDING UNIT COMMANDERS ARE NOT AUTHORIZED TO OVERRIDE A MEDICAL DEPLOYABILITY DETERMINATION, HOWEVER, COMMAND ENDORSEMENT OF SERVICE MEMBER WAIVERS IS REQUIRED PRIOR TO SUBMISSION.

15.C.3.A.2. CONTRACTORS' AND SUB CONTRACTORS' RESPECTIVE SERVICE AFFILIATION IS DETERMINED BY THE 'CONTRACTOR ISSUING AGENCY' BLOCK ON THEIR 'LETTER OF AUTHORIZATION', AND WAIVERS SHOULD BE SENT TO THE APPROPRIATE SERVICE COMPONENT WAIVER AUTHORITY. SEE SECTION 15.C.3.C. THE CENTCOM SURGEON IS THE WAIVER AUTHORITY FOR DOD CIVILIANS, CONTRACTORS, AND ORGANIZATIONS SUCH AS DEFENSE INTELLIGENCE AGENCY, AMERICAN RED CROSS, ETC., WHO ARE NOT DIRECTLY ASSOCIATED WITH A PARTICULAR CENTCOM COMPONENT.

15.C.3.A.3. EXCEPT IN THE CASE OF DOD CIVILIAN EMPLOYEES WHO ARE COVERED BY THE REHABILITATION ACT OF 1973, AN INDIVIDUAL MAY BE DENIED DEPLOYMENT BY THE LOCAL MEDICAL AUTHORITY OR CHAIN OF COMMAND. AN INDIVIDUALIZED ASSESSMENT IS STILL REQUIRED FOR DOD. SEE PARA. 15.C AND REF I. AUTHORITY TO APPROVE DEPLOYMENT OF ANY PERSON (UNIFORMED OR CIVILIAN) WITH DISQUALIFYING MEDICAL CONDITIONS LIES SOLELY WITH THE CENTCOM SURGEON AND THE CENTCOM SERVICE COMPONENT SURGEONS WHO HAVE BEEN DELEGATED THIS AUTHORITY BY THE CENTCOM SURGEON.

15.C.3.A.4. ALL ADJUDICATING SURGEONS WILL MAINTAIN A WAIVER DATABASE AND RECORD ALL WAIVER REQUESTS.

15.C.3.A.5. ADJUDICATION SHOULD ACCOUNT FOR SPECIFIC MEDICAL SUPPORT CAPABILITIES IN THE LOCAL REGION OF THE AOR. THE COMPONENT SURGEON WILL RETURN THE SIGNED WAIVER FORM TO THE REQUEST ORIGINATOR FOR INCLUSION IN THE PATIENT'S DEPLOYMENT MEDICAL RECORD AND THE ELECTRONIC MEDICAL RECORD (EMR).

15.C.3.B. WAIVER PROCESS. IF A MEDICAL WAIVER IS DESIRED, LOCAL MEDICAL PERSONNEL WILL INFORM THE NON-DEPLOYABLE INDIVIDUAL AND THE UNIT COMMAND/SUPERVISOR ABOUT THE WAIVER PROCESS AS FOLLOWS.

15.C.3.B.1. AUTHORIZED AGENTS (LOCAL MEDICAL PROVIDER, COMMANDER/SUPERVISOR, REPRESENTATIVE, OR INDIVIDUAL MEMBER) WILL FORWARD A COMPLETED MEDICAL WAIVER REQUEST FORM (TAB C), TO BE ADJUDICATED BY THE APPROPRIATE SURGEON IAW PARAGRAPH 15.C.3.C. WAIVER SUBMISSION BY OR THROUGH A MEDICAL AUTHORITY IS STRONGLY ENCOURAGED TO AVOID UNNECESSARY ADJUDICATION DELAYS DUE TO INCOMPLETE INFORMATION. UNIFORMED PERSONNEL MUST OBTAIN COMMAND ENDORSEMENT OF THE WAIVER PRIOR TO SUBMISSION. THE CASE SUMMARY PORTION OF THE WAIVER SHOULD INCLUDE A SYNOPSIS OF THE CONCERNING CONDITION(S) AND ALL SUPPORTING DOCUMENTATION TO INCLUDE THE PROVIDER'S ASSESSMENT OF ABILITY TO DEPLOY.

15.C.3.B.2. DISAPPROVALS MUST BE DOCUMENTED AND SHOULD NOT BE GIVEN TELEPHONICALLY.

15.C.3.B.3. A CENTCOM WAIVER DOES NOT PRECLUDE THE NEED FOR SERVICE-SPECIFIC MEDICAL WAIVERS (E.G., SMALL ARMS WAIVERS) OR OCCUPATIONAL MEDICAL WAIVERS (E.G., AVIATORS, COMMERCIAL TRUCK DRIVERS, ETC.) IF REQUIRED.
15.C.3.B.4. APPEAL PROCESS. IF THE SENDING UNIT DISAGREES WITH THE COMPONENT SURGEON'S DECISION, AN APPEAL MAY BE SUBMITTED TO THE CENTCOM SURGEON. IF THE DISAGREEMENT IS WITH THE CENTCOM SURGEON'S DECISION, AN APPEAL MAY BE SUBMITTED THROUGH THE CHAIN OF COMMAND TO THE CENTCOM CHIEF OF STAFF.
15.C.3.B.5. WAIVERS ARE APPROVED FOR A MAXIMUM OF 12 MONTHS OR FOR THE TIMEFRAME SPECIFIED ON THE WAIVER (TAB C). WAIVER COVERAGE BEGINS ON THE DATE OF THE INITIAL DEPLOYMENT AND REMAINS IN EFFECT FOR EITHER THE TIME PERIOD SPECIFIED ON THE WAIVER OR A MAXIMUM TIME OF 12 MONTHS.
15.C.3.B.6. WAIVERS MAY BE APPROVED, AT THE WAIVER AUTHORITY'S SOLE DISCRETION, FOR PERIODS OF TIME (E.G. 90 DAYS) SHORTER THAN THE SCHEDULED DEPLOYMENT DURATION IN ORDER TO REQUIRE REASSESSMENT OF A MEDICAL CONDITION. SUCH WAIVERS WILL INCLUDE RESUBMISSION INSTRUCTIONS. ALL LABS, ASSESSMENTS, ETC. REQUIRED FOR RESUBMISSION ARE THE RESPONSIBILITY OF THE EMPLOYEE TO OBTAIN AND SUBMIT.
15.C.3.C. CONTACTS FOR WAIVERS
15.C.3.C.1. CENTCOM SURGEON. CENTCOM.MACDILL.CENTCOM-HQ.MBX.CCSG-WAIVER@MAIL.MIL;
CML: 813.529.0361; DSN: 312.529.0361
15.C.3.C.2. AFCENT SURGEON. USCENTAFSG.ORGBOX@AFCENT.AF.MIL;
CML: 803.717.7101; DSN: 313.717.7101
15.C.3.C.3. ARCENT SURGEON. USARMY.SHAW.USARCENT.MBX.SURG-WAIVER@MAIL.MIL;
CML: 803.885.7946; DSN: 312.889.7946
15.C.3.C.4. MARCENT SURGEON. FORCE.SURGEON@MARCENT.USMC.MIL;
CML: 813.827.7175; DSN: 312.651.7175
15.C.3.C.5. NAVCENT SURGEON. CUSNC.MEDWAIVERS@ME.NAVY.MIL;
CML: 011.973.1785.4558; DSN: 318.439.4558
15.C.3.C.6. SOCCENT SURGEON. SOCCENT.SG@SOCCENT.CENTCOM.MIL;
CML: 813.828.4351; DSN: 312.968.4351
15.D. PHARMACY.
15.D.1. SUPPLY. PERSONNEL WHO REQUIRE MEDICATION AND WHO ARE DEPLOYING TO THE CENTCOM AOR WILL DEPLOY WITH NO LESS THAN A 180 DAY SUPPLY (OR APPROPRIATE AMOUNT FOR SHORTER DEPLOYMENTS) OF THEIR MAINTENANCE MEDICATIONS WITH ARRANGEMENTS TO OBTAIN A SUFFICIENT SUPPLY TO COVER THE REMAINDER OF THE DEPLOYMENT USING A FOLLOW-ON REFILL PRESCRIPTION. TRICARE ELIGIBLE PERSONNEL WILL OBTAIN FOLLOW-ON REFILL PRESCRIPTIONS FROM THE TRICARE MAIL ORDER PHARMACY (TMOP) DEPLOYED PRESCRIPTION PROGRAM (DPP) OR EXPRESS SCRIPTS. INFORMATION ON THIS PROGRAM MAY BE FOUND AT HTTPS://WWW.EXPRESS-SCRIPTS.COM/TRICARE/TOOLS/DEPLOYEDRX.SHTML .
15.D.2. EXCEPTIONS. EXCEPTIONS TO THE 180 DAY PRESCRIPTION QUANTITY REQUIREMENT INCLUDE:
15.D.2.A. PERSONNEL REQUIRING MALARIA CHEMOPROPHYLACTIC MEDICATIONS (DOXYCYCLINE, ATOVAQUONE/PROGUANIL, ETC.) WILL DEPLOY WITH EITHER ENOUGH MEDICATION FOR THEIR ENTIRE DEPLOYMENT OR WITH ENOUGH TO COVER APPROXIMATELY HALF OF THE DEPLOYMENT WITH PLANS TO RECEIVE THE REMAINDER OF THEIR MEDICATION IN THEATER (EXCLUDING PRIMAQUINE FOR TERMINAL PROPHYLAXIS) BASED ON UNIT PREFERENCE. UNITS WILL DISTRIBUTE TERMINAL PROPHYLAXIS UPON REDEPLOYMENT. THE DEPLOYMENT PERIOD WILL BE CONSIDERED TO INCLUDE AN ADDITIONAL 28 DAYS AFTER

LEAVING THE MALARIA RISK AREA (FOR DOXYCYCLINE) OR 7 DAYS (FOR MALARONE) TO ACCOUNT FOR REQUIRED PRIMARY PROPHYLAXIS. TERMINAL PROPHYLAXIS WITH PRIMAQUINE FOR 14 DAYS SHOULD BEGIN ONCE THE INDIVIDUAL MEMBER HAS LEFT THE AREA OF MALARIA RISK.

15.D.2.B. PSYCHOTROPIC MEDICATION MAY BE DISPENSED FOR UP TO A 180 DAY SUPPLY WITH NO REFILL.

15.D.2.B.1. IF REQUIRED, THE PROVIDER MAY PRESCRIBE A LIMITED QUANTITY (I.E., AT LEAST A 90 DAY SUPPLY) WITH NO REFILLS TO FACILITATE CLINICAL FOLLOW-UP IN THEATER.

15.D.2.B.2. PSYCHOTROPIC MEDICATIONS AUTHORIZED FOR UP TO A 180 DAYS SUPPLY INCLUDE, BUT ARE NOT LIMITED TO; ANTI-DEPRESSANTS, ANTI-ANXIETY (NON CONTROLLED SUBSTANCES), NON-CLASS 2 (CII) STIMULANTS, AND ANTI-SEIZURE MEDICATIONS USED FOR MOOD DISORDERS. THIS TERM ALSO ENCOMPASSES THE GENERIC EQUIVALENTS OF THE ABOVE MEDICATION CATEGORIES WHEN USED FOR NON-PSYCHOTROPIC INDICATIONS.

15.D.2.C. ALL FDA CONTROLLED SUBSTANCES (SCHEDULE I-V) ARE LIMITED TO A 90 DAY SUPPLY WITH NO REFILLS. AN APPROVED WAIVER MUST BE OBTAINED FROM THE CENTCOM WAIVER AUTHORITY PRIOR TO DEPLOYMENT, AND WILL BE REQUIRED FOR ALL RENEWALS. CLINICAL FOLLOW-UP IN THEATER SHOULD BE SOUGHT AT THE EARLIEST OPPORTUNITY TO OBTAIN MEDICATION RENEWALS.

15.D.3. PRESCRIPTION MEDICATION ANALYSIS AND REPORTING TOOL (PMART). SOLDIER READINESS PROCESSING (SRP) AND OTHER DEPLOYMENT PLATFORM PROVIDER/PHARMACY AND UNIT MEDICAL OFFICER PERSONNEL WILL MAXIMIZE THE USE OF THE PRESCRIPTION MEDICATION ANALYSIS AND REPORTING TOOL (PMART) TO SCREEN DEPLOYING PERSONNEL FOR HIGH-RISK MEDICATIONS, AS WELL AS TO IDENTIFY MEDICATIONS WHICH ARE TEMPERATURE-SENSITIVE, OVER THE COUNTER (FOR SITUATIONAL AWARENESS REGARDING MEDICATION INTERACTION), OR NOT AVAILABLE ON THE CENTCOM FORMULARY AND/OR THROUGH THE TMOP/DPP. CONTACT THE DHA PHARMACY ANALYTICS SUPPORT SECTION AT 1.866.275.4732 OR USARMY.JBSA.MEDCOM-AMEDDCS.MBX.PHARMACOECONOMIC-CENTER@MAIL.MIL FOR INFORMATION ON HOW TO OBTAIN A PMART REPORT. INFORMATION REGARDING PMART AS WELL AS THE CENTCOM FORMULARY CAN BE FOUND AT THE HEALTH.MIL WEBSITE AT: WWW.HEALTH.MIL/PMART.

15.D.4. TRICARE MAIL ORDER PHARMACY (TMOP). PERSONNEL REQUIRING ONGOING PHARMACOTHERAPY WILL MAXIMIZE USE OF THE TMOP/DPP SYSTEM (TO INCLUDE MEDICATIONS LISTED IN 15.D.2.B AND 15.D.2.C) WHEN POSSIBLE. THOSE ELIGIBLE FOR TMOP WILL COMPLETE ON-LINE ENROLLMENT AND REGISTRATION PRIOR TO DEPLOYMENT IF POSSIBLE. INSTRUCTIONS CAN BE FOUND AT HTTPS://WWW.EXPRESS-SCRIPTS.COM/TRICARE/TOOLS/DEPLOYEDRX.SHTML

15.E. MEDICAL EQUIPMENT.

15.E.1. PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (E.G., CORRECTIVE EYEWEAR, HEARING AIDS) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION TO INCLUDE TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGLASS INSERTS, BALLISTIC EYEWEAR INSERTS, AND HEARING AID BATTERIES. SEE REF D

15.E.2. NON-PERMITTED EQUIPMENT. PERSONAL DURABLE MEDICAL EQUIPMENT (NEBULIZERS, SCOOTERS, WHEELCHAIRS, CATHETERS, DIALYSIS MACHINES, INSULIN PUMPS, IMPLANTED DEFIBRILLATORS, SPINAL CORD STIMULATORS, CEREBRAL IMPLANTS, ETC.) IS NOT PERMITTED. MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTION CONTROL PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT ARE NOT AVAILABLE AND ELECTRICITY IS OFTEN UNRELIABLE. A WAIVER FOR A MEDICAL CONDITION REQUIRING PERSONAL DURABLE MEDICAL EQUIPMENT WILL ALSO BE CONSIDERED APPLICABLE TO THE EQUIPMENT. DURABLE MEDICAL EQUIPMENT THAT IS NOT MEDICALLY COMPULSORY BUT USED FOR RELIEF OR

MAINTENANCE OF A MEDICAL CONDITION WILL REQUIRE A WAIVER. WAIVERS SHOULD COMPELLINGLY ARGUE FOR CONTINUED READINESS DESPITE PRESUMED FAILURE OF THE EQUIPMENT. MAINTENANCE AND RESUPPLY OF NON-PERMITTED EQUIPMENT IS THE RESPONSIBILITY OF THE INDIVIDUAL.

15.E.3. CONTACT LENSES.

15.E.3.A. ARMY, NAVY, AND MARINE PERSONNEL WILL NOT DEPLOY WITH CONTACT LENSES EXCEPT IAW SERVICE POLICY.

15.E.3.B. AIR FORCE PERSONNEL (NON-AIRCREW) WILL NOT DEPLOY WITH CONTACT LENSES UNLESS WRITTEN AUTHORIZATION IS PROVIDED BY THE DEPLOYING UNIT COMMANDER. CONTACT LENSES ARE LIFE SUPPORT EQUIPMENT FOR USAF AIRCREWS AND THEREFORE ARE EXEMPT IAW SERVICE GUIDELINES. AIR FORCE PERSONNEL DEPLOYING WITH CONTACT LENSES MUST RECEIVE PRE-DEPLOYMENT EDUCATION IN THE SAFE WEAR AND MAINTENANCE OF CONTACT LENSES IN THE DEPLOYED ENVIRONMENT. THEY MUST ALSO DEPLOY WITH TWO PAIRS OF EYEGLASSES AND A SUPPLY OF CONTACT LENS MAINTENANCE ITEMS (E.G., CLEANSING SOLUTION) ADEQUATE FOR THE DURATION OF THE DEPLOYMENT.

15.E.4. MEDICAL WARNING TAGS. DEPLOYING PERSONNEL REQUIRING MEDICAL WARNING TAGS (MEDICATION ALLERGIES, G6PD DEFICIENCY, DIABETES, SICKLE CELL DISEASE, ETC.) WILL DEPLOY WITH RED MEDICAL WARNING TAGS WORN IN CONJUNCTION WITH THEIR PERSONAL IDENTIFICATION TAGS.

15.E.4.A. MEDICAL PERSONNEL IDENTIFY NEED FOR MEDICAL WARNING TAGS AND PREPARE DOCUMENTATION.

15.E.4.B. INSTALLATION OR ORGANIZATION COMMANDERS WILL DIRECT EMBOSSING ACTIVITIES TO PROVIDE TAGS IAW SERVICE PROCEDURES.

15.F. IMMUNIZATIONS.

15.F.1. ADMINISTRATION. ALL IMMUNIZATIONS WILL BE ADMINISTERED IAW REF Q. REFER TO THE DHA-IMMUNIZATION HEALTHCARE BRANCH WEBSITE HTTP://WWW.HEALTH.MIL/MILITARY-HEALTH-TOPICS/HEALTH-READINESS/IMMUNIZATION-HEALTHCARE/VACCINE-RECOMMENDATIONS/VACCINE-RECOMMENDATIONS-BY-AOR OR CONTACT THE CENTCOM DHA-IMMUNIZATION HEALTHCARE BRANCH ANALYST BRIAN.D.CANTERBURY.CIV@MAIL.MIL FOR QUESTIONS AND CLARIFICATIONS.

15.F.2. REQUIREMENTS. ALL PERSONNEL (TO INCLUDE PCS AND SHIPBOARD PERSONNEL) TRAVELING FOR ANY PERIOD OF TIME TO THE THEATER WILL BE CURRENT WITH ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) IMMUNIZATION GUIDELINES AND SERVICE INDIVIDUAL MEDICAL READINESS (IMR) REQUIREMENTS IAW REF C. CURRENT DOD IMMUNIZATIONS REQUIREMENTS AND RECOMMENDATIONS CAN BE FOUND AT THE DEFENSE HEALTH AGENCY WEBSITE, ON THE CENTCOM TAB, AT HTTP://WWW.HEALTH.MIL/MILITARY-HEALTH-TOPICS/HEALTH-READINESS/IMMUNIZATION-HEALTHCARE/VACCINE-RECOMMENDATIONS/VACCINE-RECOMMENDATIONS-BY-AOR . IN ADDITION, ALL TDY PERSONNEL MUST COMPLY WITH FOREIGN CLEARANCE GUIDELINES FOR THE COUNTRIES TO OR THROUGH WHICH THEY ARE TRAVELING. MANDATORY VACCINES FOR DOD PERSONNEL (MILITARY, CIVILIAN & CONTRACTORS) TRAVELING FOR ANY PERIOD OF TIME IN THEATER ARE:

15.F.2.A. TETANUS/DIPHTHERIA. RECEIVE A ONE-TIME DOSE OF TDAP IF NO PREVIOUS DOSE(S) RECORDED. RECEIVE TETANUS (TD) IF ≥ 10 YEARS SINCE LAST TDAP OR TD BOOSTER.

15.F.2.B. VARICELLA. REQUIRED DOCUMENTATION OF ONE OF THE FOLLOWING: BORN BEFORE 1980 (HEALTH CARE WORKERS MAY NOT USE THIS EXEMPTION), DOCUMENTED PREVIOUS INFECTION (CONFIRMED BY EITHER EPIDEMIOLOGIC LINK OR LABORATORY RESULT), SUFFICIENT VARICELLA TITER, OR DOCUMENTED ADMINISTRATION OF VACCINE (2 DOSES).

15.F.2.C. MEASLES / MUMPS / RUBELLA. REQUIRED DOCUMENTATION OF ONE OF THE FOLLOWING: BORN BEFORE 1957, DOCUMENTATION OF EFFECTIVE IMMUNITY BY TITER, OR DOCUMENTED ADMINISTRATION OF 2 LIFETIME DOSES OF MMR.
15.F.2.D. POLIO. REQUIRED FOR TRAVEL TO/THROUGH **AFGHANISTAN OR PAKISTAN FOR ≥4 WEEKS**.
15.F.2.D.1 BOOSTER DOSE OF EITHER ORAL (OPV) OR INACTIVATED (IPV) VACCINE (IPV IS THE ONLY POLIO VACCINE CURRENTLY AVAILABLE IN THE UNITED STATES) BETWEEN 4 WEEKS AND 12 MONTHS OF DEPARTURE FROM AFGHANISTAN OR PAKISTAN.
15.F.2.D.2. IMMUNIZATION SHOULD BE DOCUMENTED ON THE CDC-731 CERTIFICATE OF VACCINATION OR PROPHYLAXIS (YELLOW SHOT RECORD) IN ADDITION TO THE DD2766C TO MEET INTERNATIONAL STANDARDS.
15.F.2.D.3. MEDICAL ASSUMED (MA) AND MEDICAL IMMUNE (MI) EXEMPTIONS ARE NOT ACCEPTED FOR THIS REQUIREMENT.
15.F.2.D.4. IAW WORLD HEALTH ORGANIZATION (WHO) OR ACIP DISEASE OUTBREAK GUIDANCE, MORE STRINGENT VACCINATION REQUIREMENTS MAY BE RECOMMENDED.
15.F.2.E. SEASONAL INFLUENZA (INCLUDING EVENT-SPECIFIC INFLUENZA, E.G., H1N1).
15.F.2.F. HEPATITIS A. AT LEAST ONE DOSE PRIOR TO DEPLOYMENT WITH SUBSEQUENT COMPLETION OF SERIES IN THEATER.
15.F.2.G. HEPATITIS B. AT LEAST ONE DOSE PRIOR TO DEPLOYMENT WITH SUBSEQUENT COMPLETION OF SERIES IN THEATER.
15.F.2.H. TYPHOID. BOOSTER DOSE OF TYPHIM VI VACCINE IF GREATER THAN TWO YEARS SINCE LAST VACCINATION WITH INACTIVATED / INJECTABLE VACCINE OR GREATER THAN FIVE YEARS SINCE RECEIPT OF LIVE / ORAL VACCINE. ORAL VACCINE IS AN ACCEPTABLE OPTION ONLY IF TIME ALLOWS FOR RECEIPT AND COMPLETION OF ALL FOUR DOSES PRIOR TO DEPLOYMENT.
15.F.3. ANTHRAX. PERSONNEL WITHOUT A MEDICAL CONTRAINDICATION TRAVELING IN THE CENTCOM THEATER FOR 15 DAYS OR MORE WILL COMPLY WITH THE MOST CURRENT DOD ANTHRAX REQUIREMENTS, CURRENTLY A SERIES OF 5 VACCINES AND ANNUAL BOOSTER. SEE REF N, R, AND S AND EXCEPTIONS FOR VACCINATION IN 15.F.6.
15.F.3.A. MILITARY PERSONNEL. REQUIRED.
15.F.3.B. DOD CIVILIANS. REQUIRED AT GOVERNMENT EXPENSE, FOR EMERGENCY ESSENTIAL PERSONNEL IAW REF N.
15.F.3.C. DOD CONTRACTORS. REQUIRED AT GOVERNMENT EXPENSE AS DIRECTED IN THE CONTRACT.
15.F.3.D. VOLUNTEERS. VOLUNTARY AT GOVERNMENT EXPENSE.
15.F.4. SMALLPOX. AS OF 16 MAY 2014, SMALLPOX VACCINATION IS NO LONGER REQUIRED FOR THE CENTCOM AOR. SEE REF R.
15.F.5. RABIES. PRE-EXPOSURE VACCINATION SHOULD BE ACCOMPLISHED AS BELOW, OR OTHERWISE CONSIDERED FOR PERSONNEL WHO ARE NOT REASONABLY EXPECTED TO RECEIVE PROMPT MEDICAL EVALUATION AND RISK-BASED RABIES POST-EXPOSURE PROPHYLAXIS WITHIN 72 HOURS OF EXPOSURE TO A POTENTIALLY RABID ANIMAL. FOR ALREADY-VACCINATED PERSONNEL, BOOSTER DOSES ARE REQUIRED EVERY TWO YEARS OR WHEN TITERS INDICATE. EXCEPTIONS MAY BE IDENTIFIED BY UNIT SURGEONS.
15.F.5.A. HIGH RISK PERSONNEL: PRE-EXPOSURE VACCINATION IS REQUIRED FOR VETERINARY PERSONNEL, MILITARY WORKING DOG HANDLERS, ANIMAL CONTROL PERSONNEL, CERTAIN SECURITY PERSONNEL, CIVIL ENGINEERS AT RISK OF EXPOSURE TO RABID ANIMALS, AND LABORATORY PERSONNEL WHO WORK WITH RABIES SUSPECT SAMPLES.

15.F.5.B. SPECIAL OPERATIONS FORCES (SOF)/SOF ENABLERS: ALL PERSONNEL DEPLOYING IN SUPPORT OF SOF WILL BE ADMINISTERED THE PRE-EXPOSURE RABIES VACCINE SERIES AS INDICATED BELOW.
15.F.5.B.1. AFGHANISTAN. PERSONNEL WITH PRIMARY DUTIES OUTSIDE OF FIXED BASES.
15.F.5.B.2. PAKISTAN. ALL PERSONNEL.
15.F.5.B.3. OTHER AREAS. PER USSOCOM SERVICE-SPECIFIC POLICIES. CONTACT USSOCOM PREVENTIVE MEDICINE OFFICER AT DSN (312) 299-5051 FOR MORE INFORMATION.
15.F.6. EXCEPTIONS. REQUIRED IMMUNIZATIONS WILL BE ADMINISTERED PRIOR TO DEPLOYMENT, WITH THE FOLLOWING POSSIBLE EXCEPTIONS:
15.F.6.A. THE FIRST VACCINE IN A REQUIRED SERIES MUST BE ADMINISTERED PRIOR TO DEPLOYMENT WITH ARRANGEMENTS MADE FOR SUBSEQUENT IMMUNIZATIONS TO BE GIVEN IN THEATER.
15.F.6.B. IAW REF S, ANTHRAX MAY BE ADMINISTERED UP TO 120 DAYS PRIOR TO DEPLOYMENT. IT IS HIGHLY ADVISABLE TO GET THE FIRST TWO ANTHRAX IMMUNIZATIONS OR SUBSEQUENT DOSE/BOOSTER PRIOR TO DEPLOYMENT IN ORDER TO AVOID UNNECESSARY STRAIN ON THE DEPLOYED HEALTHCARE SYSTEM.
15.F.7. ADVERSE MEDICAL EVENTS RELATED TO IMMUNIZATIONS SHOULD BE REPORTED THROUGH REPORTABLE MEDICAL EVENTS (RME) IF CASE DEFINITIONS ARE MET. ALL IMMUNIZATION RELATED UNEXPECTED ADVERSE EVENTS ARE TO BE REPORTED THROUGH THE VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS) AT HTTP://WWW.VAERS.HHS.GOV.
15.F.8. USCENTCOM AND COMPONENTS WILL MONITOR IMMUNIZATION COMPLIANCE VIA THE COCOM IMMUNIZATION REPORTING DATABASE. SUBORDINATE COMMANDS WILL REQUEST ACCESS TO THE COCOM IMMUNIZATION REPORTING DATABASE BY CONTACTING CCSG AT BRIAN.CANTERBURY2@CENTCOM.MIL OR CCSG-PMO@CENTCOM.SMIL.MIL.
15.G. MEDICAL / LABORATORY TESTING.
15.G.1. HIV TESTING. HIV LAB TESTING, WITH DOCUMENTED NEGATIVE RESULT, WILL BE WITHIN 120 DAYS PRIOR TO DEPLOYMENT OR DEPARTURE FOR ANY REQUIRED DEPLOYMENT TRAINING IF TRAINING IS EN ROUTE TO DEPLOYMENT LOCATION. IAW REF I AND T, THE COGNIZANT COMBATANT COMMAND SURGEON SHALL BE DIRECTLY CONSULTED IN ALL INSTANCES OF HIV SEROPOSITIVITY BEFORE MEDICAL CLEARANCE FOR DEPLOYMENT.
15.G.2. SERUM SAMPLE. SAMPLE WILL BE TAKEN WITHIN THE PREVIOUS 365 DAYS. IF THE INDIVIDUAL'S HEALTH STATUS HAS RECENTLY CHANGED OR HAS HAD AN ALTERATION IN OCCUPATIONAL EXPOSURES THAT INCREASES HEALTH RISKS, A HEALTH CARE PROVIDER MAY CHOOSE TO HAVE A SPECIMEN DRAWN CLOSER TO THE ACTUAL DATE OF DEPLOYMENT. SEE REF U.
15.G.3. G6PD TESTING. DOCUMENTATION OF ONE-TIME GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY TESTING IS IAW REF V. ENSURE RESULT IS IN MEDICAL RECORD OR DRAW PRIOR TO DEPARTURE. PRE-DEPLOYMENT MEDICAL SCREENERS WILL RECORD THE RESULT OF THIS TEST IN THE SERVICE MEMBER'S PERMANENT MEDICAL RECORD, DEPLOYMENT MEDICAL RECORD (DD FORM 2766) AND SERVICE SPECIFIC ELECTRONIC MEDICAL RECORD. (REF V) IF AN INDIVIDUAL IS FOUND TO BE G6PD-DEFICIENT, THEY SHOULD BE ISSUED MEDICAL WARNING TAGS (SEE 15.E.4.) THAT STATE "G6PD DEFICIENT: NO PRIMAQUINE". IF PRIMAQUINE IS GOING TO BE ISSUED TO A DOD CIVILIAN OR DOD CONTRACTOR, COMPLETE THE TESTING AT GOVERNMENT EXPENSE.
15.G.4. HCG. REQUIRED WITHIN 30 DAYS OF DEPLOYMENT FOR ALL WOMEN, AS WELL THOSE FEMALE TO MALE TRANSGENDERED INDIVIDUALS WHO HAVE RETAINED FEMALE ANATOMY. ABOVE INDIVIDUALS WITH A DOCUMENTED HISTORY OF A HYSTERECTOMY ARE EXEMPT. PREGNANCY WILL BE RULED OUT PRIOR TO ANY IMMUNIZATION (EXCEPT INFLUENZA) AND

MEDICAL CLEARANCE FOR DEPLOYMENT.

15.G.5. DNA SAMPLE. REQUIRED FOR ALL DOD PERSONNEL, INCLUDING CIVILIANS AND CONTRACTORS. OBTAIN SAMPLE OR CONFIRM SAMPLE IS ON FILE BY CONTACTING THE DOD DNA SPECIMEN REPOSITORY (COMM: 301.319.0366, DSN: 285; FAX 301.319.0369); HTTP://WWW.AFMES.MIL . SEE REF C, D, AND W.

15.G.6. TUBERCULOSIS (TB) TESTING. SEE REF X.

15.G.6.A. TUBERCULOSIS TESTING FOR SERVICE MEMBERS WILL BE PERFORMED AND DOCUMENTED IAW SERVICE POLICY. CURRENT POLICY IS TO AVOID UNIVERSAL TESTING, AND INSTEAD USE TARGETED TESTING BASED UPON RISK ASSESSMENT, USUALLY PERFORMED WITH A SIMPLE QUESTIONNAIRE. DEPLOYMENT TO TB ENDEMIC COUNTRIES, EVEN FOR PERIODS IN EXCESS OF A YEAR, HAS NOT BEEN SHOWN TO BE A RISK FACTOR FOR TB FOR MOST AVERAGE-RISK SERVICE MEMBERS. TB TESTING FOR DOD CIVILIANS, CONTRACTORS, VOLUNTEERS, AND OTHER PERSONNEL SHOULD BE SIMILARLY TARGETED IAW CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) GUIDELINES, WITH TESTING FOR TB TO BE ACCOMPLISHED WITHIN 90 DAYS OF DEPLOYMENT IF INDICATED. IF TESTING IS PERFORMED TUBERCULIN SKIN TEST (TST) OR AN INTERFERON-GAMMA RELEASE ASSAY MAY BE USED UNLESS OTHERWISE INDICATED.

15.G.6.B. POSITIVE TB TESTS WILL BE HANDLED IAW SERVICE POLICY AND CDC GUIDELINES. PERSONNEL WITH A POSITIVE TB TEST SHOULD BE EVALUATED AND COUNSELED. EVALUATION WILL INCLUDE AT LEAST A SYMPTOM QUESTIONNAIRE FOR ACTIVE TB DISEASE, EXPOSURE HISTORY, AND CHEST X-RAY.

15.G.6.C. THE DECISION TO TREAT LTBI IN U.S. FORCES AND CIVILIANS DURING DEPLOYMENT INSTEAD OF AFTER REDEPLOYMENT SHOULD INCLUDE CONSIDERATION OF THE RISKS AND BENEFITS OF TREATMENT DURING DEPLOYMENT, INCLUDING: RISK OF TB ACTIVATION, RISK OF ADVERSE EVENTS FROM LTBI TREATMENT, TIME REMAINING IN DEPLOYMENT, AVAILABILITY OF MEDICAL PERSONNEL TRAINED IN LTBI TREATMENT, AVAILABILITY OF FOLLOW-UP DURING TREATMENT, AND AVAILABILITY OF MEDICATION. LACK OF TREATMENT FOR LTBI IS NOT A CONTRAINDICATION FOR DEPLOYMENT INTO THE CENTCOM AOR AND NO WAIVERS ARE REQUIRED FOR A DIAGNOSIS OF LTBI IF APPROPRIATE EVALUATION AND COUNSELING, AS NOTED ABOVE, IS COMPLETED.

15.G.6.D. UNIT-BASED / LARGE GROUP OR INDIVIDUAL LTBI TESTING SHOULD NOT BE PERFORMED IN THE AOR EXCEPT AMONG CLOSE CONTACTS OF CASES OF KNOWN TB DISEASE.

15.G.6.E. U.S. FORCES AND DOD CIVILIANS WITH TB DISEASE WILL BE EVACUATED FROM THEATER FOR DEFINITIVE TREATMENT. EVALUATION AND TREATMENT OF TB AMONG U.S. CONTRACTORS, LOCAL NATIONALS (LN) AND THIRD COUNTRY NATIONAL (TCN) EMPLOYEES WILL BE AT CONTRACTOR EXPENSE. EMPLOYEES WITH SUSPECTED OR CONFIRMED PULMONARY TB DISEASE WILL BE EXCLUDED FROM WORK UNTIL CLEARED BY THE THEATER PREVENTIVE MEDICINE CONSULTANT FOR RETURN TO WORK.

15.G.7. OTHER LABORATORY TESTING. OTHER TESTING MAY BE PERFORMED AT THE CLINICIAN'S DISCRETION COMMENSURATE WITH RULING OUT OR MONITORING NON-DEPLOYABLE CONDITIONS AND ENSURING PERSONNEL MEET STANDARDS OF FITNESS IAW PARAGRAPH 15.C.2.

15.H. HEALTH ASSESSMENTS.

15.H.1. HEALTH ASSESSMENTS AND EXAMS. PERIODIC HEALTH ASSESSMENTS MUST BE CURRENT IAW SERVICE POLICY AT TIME OF DEPLOYMENT AND SPECIAL DUTY EXAMS MUST BE CURRENT FOR THE DURATION OF TRAVEL OR DEPLOYMENT PERIOD. SEE REF D, J.

15.H.2. PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795).

15.H.2.A. ALL DOD PERSONNEL (MILITARY, CIVILIAN, CONTRACTOR) TRAVELING TO THE

THEATER FOR MORE THAN 30 DAYS WILL COMPLETE OR CONFIRM AS CURRENT A PRE-DEPLOYMENT HEALTH ASSESSMENT WITHIN 120 DAYS OF THE EXPECTED DEPLOYMENT DATE IAW REF Y. THIS ASSESSMENT WILL BE COMPLETED ON A DD FORM 2795 IAW REF C. THIS DOES NOT APPLY TO PCS PERSONNEL, SHIPBOARD PERSONNEL, OR PERSONNEL LOCATED WITH A DHP FUNDED FIXED MEDICAL TREATMENT FACILITY (E.G. BAHRAIN) IAW REF C.

15.H.2.A.1. PERSONNEL TRAVELING TO THE THEATER FOR 15 TO 30 DAYS MAY CONSIDER COMPLETING A PRE-DEPLOYMENT HEALTH ASSESSMENT IN ORDER TO DOCUMENT THEIR HEALTH STATUS AND ADDRESS ANY HEALTH CONCERNS PRIOR TO TRAVEL TO THEATER. THIS IS ESPECIALLY RELEVANT TO THOSE WHOSE POSITION REQUIRES FREQUENT TRAVEL TO THE AOR. THESE INDIVIDUALS ARE ENCOURAGED TO COMPLETE AT LEAST ONE PRE-DEPLOYMENT HEALTH ASSESSMENT EACH YEAR, ALONG WITH A CORRESPONDING POST-DEPLOYMENT HEALTH ASSESSMENT FOR THE SAME YEAR.

15.H.2.B. FOLLOWING COMPLETION OF THE DEPLOYER PORTION OF THE DD FORM 2795, THE DEPLOYER WILL HAVE A PERSON-TO-PERSON DIALOGUE WITH A TRAINED AND CERTIFIED HEALTH CARE PROVIDER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, SPECIAL FORCES MEDICAL SERGEANT, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR INDEPENDENT HEALTH SERVICES TECHNICIAN) TO COMPLETE THE ASSESSMENT.

15.H.2.C. THE COMPLETED ORIGINAL DD FORM 2795 WILL BE PLACED IN THE DEPLOYER'S PERMANENT MEDICAL RECORD, A PAPER COPY IN THE DEPLOYMENT MEDICAL RECORD (DD FORM 2766), AND AN ELECTRONIC COPY TRANSMITTED TO THE DEFENSE MEDICAL SURVEILLANCE SYSTEM (DMSS) AT THE ARMED FORCES HEALTH SURVEILLANCE CENTER (AFHSC). CONTRACT PERSONNEL ARE NOT REQUIRED TO ELECTRONICALLY SUBMIT THE DD FORM 2795; A PAPER VERSION WILL SUFFICE.

15.H.3. AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRIC (ANAM).

ALL SERVICE MEMBERS AS DESIGNATED IN REF Z WILL UNDERGO ANAM TESTING WITHIN 12 MONTHS PRIOR TO DEPLOYMENT. ANAM TESTING WILL BE RECORDED IN APPROPRIATE SERVICE DATABASE AND ELECTRONIC MEDICAL RECORD. CONTRACTORS, PCS AND SHIPBOARD PERSONNEL ARE NOT REQUIRED TO UNDERGO ANAM TESTING.

15.H.4. POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796).

15.H.4.A. ALL PERSONNEL WHO WERE REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT ON A DD FORM 2796. THE POST-DEPLOYMENT HEALTH ASSESSMENT MUST BE COMPLETED NO EARLIER THAN 30 DAYS BEFORE EXPECTED REDEPLOYMENT DATE AND NO LATER THAN 30 DAYS AFTER REDEPLOYMENT.

15.H.4.A.1. INDIVIDUALS WHO WERE NOT REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT, BUT WHO COMPLETED ONE TO COVER MULTIPLE TRIPS TO THEATER EACH OF 30 DAYS OR LESS DURATION, SHOULD COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT AT LEAST ONCE A YEAR TO DOCUMENT ANY POTENTIAL EXPOSURES OF CONCERN RESULTING FROM ANY SUCH TRAVEL AND THE POTENTIAL NEED FOR MEDICAL FOLLOW-UP.

15.H.4.A.2. INDIVIDUALS WHO WERE NOT REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT MAY BE REQUIRED (BY THE COMBATANT COMMANDER, SERVICE COMPONENT COMMANDER, OR COMMANDER EXERCISING OPERATIONAL CONTROL) TO COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT IF ANY HEALTH THREATS EVOLVED OR OCCUPATIONAL AND/OR CBRN EXPOSURES OCCURRED DURING THE DEPLOYMENT THAT WARRANT MEDICAL ASSESSMENT OR FOLLOW-UP. (SEE REF C).

15.H.4.B. ALL REDEPLOYING PERSONNEL WILL UNDERGO A PERSON-TO-PERSON HEALTH ASSESSMENT WITH AN INDEPENDENT PRACTITIONER. THE ORIGINAL COMPLETED COPY OF

THE DD FORM 2796 MUST BE PLACED IN THE INDIVIDUAL'S MEDICAL RECORD AND TRANSMIT AN ELECTRONIC COPY TO THE DMSS AT THE AFHSC. CONTRACT PERSONNEL ARE NOT REQUIRED TO ELECTRONICALLY SUBMIT THE DD FORM 2796; A PAPER VERSION WILL SUFFICE.

15.H.5. MENTAL HEALTH ASSESSMENT. ALL SERVICE MEMBERS WILL UNDERGO A PERSON-TO-PERSON MENTAL HEALTH ASSESSMENT WITH A LICENSED MENTAL HEALTH PROFESSIONAL OR TRAINED AND CERTIFIED HEALTH CARE PERSONNEL (SPECIFICALLY A PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, SPECIAL FORCES MEDICAL SERGEANT, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR INDEPENDENT HEALTH SERVICES TECHNICIAN). ASSESSMENTS WILL BE ACCOMPLISHED WITHIN 120 DAYS PRIOR TO DEPLOYMENT, ONCE DURING EACH 180-DAY PERIOD DURING WHICH A MEMBER IS DEPLOYED (IN-THEATER MENTAL HEALTH ASSESSMENT), AND AFTER REDEPLOYMENT WITHIN 3 TIMEFRAMES (3-6, 7-18, AND 18-30 MONTHS AFTER REDEPLOYMENT), OR AS REQUIRED BY SERVICE POLICY. ASSESSMENTS WILL BE ADMINISTERED AT LEAST 90 DAYS APART. CURRENTLY ADMINISTERED PERIODIC AND OTHER PERSON-TO-PERSON HEALTH ASSESSMENTS, SUCH AS THE POST-DEPLOYMENT HEALTH REASSESSMENT, WILL MEET THE TIME REQUIREMENTS IF THEY CONTAIN ALL PSYCHOLOGICAL AND SOCIAL QUESTIONS IAW REF AA.

15.H.5.A. IN-THEATER MENTAL HEALTH ASSESSMENTS WILL BE CONDUCTED BY PERSONNEL IN DEPLOYED UNITS WHOSE RESPONSIBILITIES INCLUDE PROVIDING UNIT HEALTH CARE SERVICES IF SUCH PERSONNEL ARE AVAILABLE AND THE USE OF SUCH PERSONNEL FOR THE ASSESSMENTS WOULD NOT IMPAIR THE CAPACITY OF SUCH PERSONNEL TO PERFORM HIGHER PRIORITY TASKS.

15.H.5.A.1. PERSONNEL CONDUCTING ASSESSMENTS MUST MEET REQUIREMENTS IN PARAGRAPH 15.H.5.

15.H.5.A.2. SCHEDULING IN-THEATER MENTAL HEALTH ASSESSMENTS MUST BE MADE IN CONSIDERATION OF AND SEEK TO LESSEN POTENTIAL IMPACTS ON THE OPERATIONAL MISSION.

15.H.5.B. MENTAL HEALTH ASSESSMENT GUIDANCE DOES NOT DIRECTLY APPLY TO DOD CONTRACTORS UNLESS SPECIFIED IN THE CONTRACT OR THERE IS A CONCERN FOR A MENTAL HEALTH ISSUE. ALL RELATED MENTAL HEALTH EVALUATIONS WILL BE AT THE CONTRACTOR'S EXPENSE.

15.H.6. POST-DEPLOYMENT HEALTH RE-ASSESSMENT (DD FORM 2900). ALL PERSONNEL WHO WERE REQUIRED TO COMPLETE A PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH REASSESSMENT (DD FORM 2900) 90 TO 180 DAYS AFTER RETURN TO HOME STATION. SEE WWW.PDHEALTH.MIL FOR ADDITIONAL INFORMATION ON PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENTS. CONTRACT PERSONNEL ARE NOT REQUIRED TO ELECTRONICALLY SUBMIT THE DD FORM 2900; A PAPER VERSION WILL SUFFICE.

15.I. MEDICAL RECORD. SEE REF C.

15.I.1. DEPLOYED MEDICAL RECORD. THE DD FORM 2766, ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET, OR EQUIVALENT, WILL BE USED INSTEAD OF DEPLOYING AN INDIVIDUAL'S ENTIRE MEDICAL RECORD. THE DEPLOYED DD FORM 2766 SHOULD BE RE-INTEGRATED INTO THE MAIN MEDICAL RECORD AS PART OF THE REDEPLOYMENT PROCESS.

15.I.1.A. DEPLOYED PERSONNEL (MORE THAN 30 DAYS). DD2766 IS REQUIRED.

15.I.1.B. TDY PERSONNEL (15 – 30 DAYS). DD FORM 2766 IS HIGHLY ENCOURAGED, ESPECIALLY FOR THOSE WHO TRAVEL FREQUENTLY TO THEATER, TO DOCUMENT THEATER-SPECIFIC VACCINES AND CHEMOPROPHYLAXIS, AS REQUIRED.

15.I.1.C. TDY PERSONNEL (LESS THAN 15 DAYS). DD2766 IS NOT REQUIRED.

15.I.1.D. PCS PERSONNEL. FOLLOW SERVICE GUIDELINES FOR MEDICAL RECORD MANAGEMENT.

15.I.2. MEDICAL INFORMATION. THE FOLLOWING HEALTH INFORMATION MUST BE PART OF AN ACCESSIBLE ELECTRONIC MEDICAL RECORD FOR ALL PERSONNEL (SERVICE MEMBERS, CIVILIANS AND CONTRACTORS), OR BE HAND-CARRIED AS PART OF A DEPLOYED MEDICAL RECORD:
15.I.2.A. ANNOTATION OF BLOOD TYPE AND RH FACTOR, G6PD, HIV, AND DNA.
15.I.2.B. CURRENT MEDICATIONS AND ALLERGIES. INCLUDE ANY FORCE HEALTH PROTECTION PRESCRIPTION PRODUCT (FHPPP) PRESCRIBED AND DISPENSED TO AN INDIVIDUAL.
15.I.2.C. SPECIAL DUTY QUALIFICATIONS.
15.I.2.D. ANNOTATION OF CORRECTIVE LENS PRESCRIPTION.
15.I.2.E. SUMMARY SHEET OF CURRENT AND PAST MEDICAL AND SURGICAL CONDITIONS.
15.I.2.F. MOST RECENT DD FORM 2795, PREDEPLOYMENT HEALTH ASSESSMENT.
15.I.2.G. DOCUMENTATION OF DENTAL STATUS CLASSES I OR CLASS II.
15.I.2.H. IMMUNIZATION RECORD. MEDICAL DEPLOYMENT SITES WILL ENTER IMMUNIZATION DATA INTO SERVICE ELECTRONIC TRACKING SYSTEMS, (ARMY-MEDPROS, AIR FORCE-AFCITA, COAST GUARD-MRRS, NAVY-MRRS (ASHORE) OR SAMS (AFLOAT) AND MARINE CORPS-MRRS).
15.I.2.I. ALL APPROVED MEDICAL WAIVERS.
15.J. PRE-DEPLOYMENT TRAINING. SEE REF C.
15.J.1. SCOPE. GENERAL ISSUES TO BE ADDRESSED. INFORMATION REGARDING KNOWN AND SUSPECTED HEALTH RISKS AND EXPOSURES, HEALTH RISK COUNTERMEASURES AND THEIR PROPER EMPLOYMENT, PLANNED ENVIRONMENTAL AND OCCUPATIONAL SURVEILLANCE MONITORING, AND THE OVERALL OPERATIONAL RISK MANAGEMENT PROGRAM.
15.J.2. CONTENT. SHOULD INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING AREAS: COMBAT/OPERATIONAL STRESS CONTROL AND RESILIENCE; POST-TRAUMATIC STRESS AND SUICIDE PREVENTION; MILD TRAUMATIC BRAIN INJURY RISK, IDENTIFICATION AND TRACKING; NUCLEAR, BIOLOGICAL, CHEMICAL THREATS; ENDEMIC PLANT, ANIMAL, REPTILE AND INSECT HAZARDS AND INFECTIONS; COMMUNICABLE DISEASES; VECTORBORNE DISEASES; ENVIRONMENTAL CONDITIONS; SAFETY; OCCUPATIONAL HEALTH.
15.K. MEDICAL CBRN DEFENSE MATERIEL (MCDM) / CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR (CBRN) RESPONSE.
15.K.1. MCDM ITEMS. CJTF-OIR, USFOR-A, AND USCENTCOM SERVICE COMPONENT COMMANDS WILL DETERMINE MCDM AVAILABILITY REQUIREMENTS, BASED UPON BEST ESTIMATES OF RISK AND COMMAND POLICY, FOR ALL FORCES THAT FALL UNDER THEIR RESPECTIVE FORCE PROTECTION AUTHORITIES AS IDENTIFIED IN ANNEX J OF USCENTCOM OPORD 05-02, IN THE FOLLOWING MINIMUM ESSENTIAL QUANTITIES. CONTRACTORS WILL RECEIVE THESE ITEMS PER THEIR CONTRACT.
15.K.1.A. ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR (ATNAA) (6505-01-362-7427); RECOMMEND THREE EACH PER AFFECTED INDIVIDUAL.
15.K.1.B. DIAZEPAM INJECTION (CONVULSANT ANTIDOTE NERVE AGENT - CANA) (6505-01-274-0951); RECOMMEND ONE EACH PER AFFECTED INDIVIDUAL.
15.K.1.C. M291A SKIN DECONTAMINATION KIT OR REACTIVE SKIN DECONTAMINATION LOTION (RSDL). RECOMMEND ONE M291A KIT OR ONE POUCH CONTAINING 3 PACKETS OF RSDL PER AFFECTED INDIVIDUAL.
15.K.1.D. CIPROFLOXACIN 500MG TABS OR DOXYCYCLINE 100MG TABS; RECOMMEND SIX TABS (BLISTER PACKS PREFERABLE) PER AFFECTED INDIVIDUAL OF EITHER MEDICATION.TO COVER INITIAL DOSAGE AND SUPPORT PROPHYLAXIS AND/OR TREATMENT FOR THREE DAYS PER INDIVIDUAL. AVAILABILITY OF COMPLETE 30-DAY COURSE OF MEDICATION (60 TABLETS) SHOULD BE CONSIDERED GIVEN MISSION REQUIREMENTS. INDIVIDUALS USING DOXYCYCLINE FOR MALARIA PROPHYLAXIS MAY BE CONSIDERED TO BE COVERED FOR THESE REMAINING DOSES.

15.K.1.E. INDIVIDUAL DEPLOYERS RECEIVING MCDM MEDICATIONS AND/OR EQUIPMENT DURING PRE-DEPLOYMENT PROCESSING SHOULD TURN IN THESE ITEMS TO THEIR UNIT UPON ARRIVAL IN THE AOR.

15.K.2. CBRN COUNTERMEASURES.

15.K.2.A. TO PROTECT AGAINST POSSIBLE AND POTENTIALLY INDICATED CBRN THREATS WITHIN THE AOR, SERVICE COMPONENTS WILL BPT ACQUIRE AND ISSUE, IAW SERVICE POLICY OR ON ORDER FROM THE CENTCOM COMMANDER, THE FOLLOWING TYPES AND QUANTITIES OF MCDM ITEMS FOR THEIR IN-THEATER FORCES.

15.K.2.B. PYRIDOSTIGMINE BROMIDE (PB) 30MG TABS (SOMAN NERVE AGENT PRETREATMENT PYRIDOSTIGMINE - SNAPP); 42 TABLETS PER AFFECTED INDIVIDUAL.

15.K.2.B.1. POTASSIUM IODIDE (KI) TABLETS (FOR BETA/GAMMA RADIATION EXPOSURE); 14 TABS PER AFFECTED INDIVIDUAL.

15.K.2.B.2. SERVICE COMPONENTS AND/OR JTFS WITH BASE OPERATING SUPPORT (BOS) RESPONSIBILITY FOR BASES IN THEATER THAT ARE KEY TRANSPORTATION AND SUPPORT NODES WILL ENSURE ADEQUATE AMOUNTS OF THE MCDM ITEMS LISTED IN PARAGRAPH 15.K. ARE PRE-POSITIONED AND STORED TO SUPPORT THE TRANSIENT POPULATION (NON DEPLOYERS, PCS PERSONNEL, ETC.) THAT MAY RESIDE OR BE PRESENT AT THESE LOCATIONS FOR ANY PERIOD OF TIME AND ANY INDIVIDUAL DEPLOYERS NOT ATTACHED TO A TROOP UNIT MOVEMENT.

15.L. THEATER FORCE HEALTH PROTECTION.

15.L.1. DISEASE RISK ASSESSMENT.

15.L.1.A. MALARIA RISK ASSESSMENT AND GUIDELINES. IN THE ABSENCE OF A LOCAL RISK ASSESSMENT CONDUCTED IAW THE GUIDANCE PROVIDED IN PARAGRAPH 15.L.1.B., THE FOLLOWING COUNTRIES AND TIMEFRAMES REQUIRE CHEMOPROPHYLAXIS. THESE ARE MINIMUM REQUIREMENTS.

15.L.1.A.1. AFGHANISTAN: YEAR ROUND.

15.L.1.A.2. PAKISTAN: YEAR ROUND.

15.L.1.A.3. TAJIKISTAN: APRIL THROUGH OCTOBER.

15.L.1.A.4. YEMEN: YEAR ROUND.

15.L.1.B. LOCAL COMPONENT/JTF SURGEONS ARE ENCOURAGED TO CONDUCT EVIDENCE-BASED ENTOMOLOGICAL AND EPIDEMIOLOGICAL ASSESSMENTS OF MALARIA RISK AT FIXED BASES WHERE SIGNIFICANT NUMBERS OF PERSONNEL ARE ASSIGNED FOR PROLONGED PERIODS. IN CONDUCTING SUCH A RISK ASSESSMENT, SURGEONS SHOULD REVIEW THE MOST RECENT ASSESSMENTS AND RISK MAPS PRODUCED BY THE NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI) AT HTTPS://WWW.NCMI.DETRICK.ARMY.MIL/ (UNCLASSIFIED) OR HTTPS://WWW.NCMI.DIA.SMIL.MIL (CLASSIFIED).

15.L.1.B.1. BASED ON NCMI RISK ASSESSMENTS AND IN CONSULTATION WITH THE THEATER PREVENTIVE MEDICINE CONSULTANT, RECOMMENDATIONS FOR MODIFIED CHEMOPROPHYLAXIS POLICY MAY BE PROVIDED TO COMMANDERS USING REF BB OR SIMILAR RISK ANALYSIS.

15.L.1.B.2. MANEUVER FORCES WITH INTERMITTENT AND UNPREDICTABLE EXPOSURES TO RISK AREAS SHOULD EMPLOY CHEMOPROPHYLAXIS BASED ON THE HIGHEST RISK AREAS. UNITS AND INDIVIDUALS WITH VERY SHORT TERM EXPOSURE (I.E., AIRCREW NOT STATIONED IN THE AOR) SHOULD HAVE RISK AND CHEMOPROPHYLAXIS USE DETERMINED IAW SERVICE POLICY.

15.L.2. MALARIA CHEMOPROPHYLAXIS UTILIZATION.

15.L.2.A. ALL THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS, INCLUDING ANTIMALARIALS AND MCDM WILL BE PRESCRIBED IAW FDA GUIDELINES, REF C, BB, CC, AND DD.

15.L.2.B. DOXYCYCLINE OR ATOVAQUONE/PROGUANIL (MALARONE®) ARE GENERALLY ACCEPTABLE AS A PRIMARY MALARIA CHEMOPROPHYLACTIC AGENT. MEFLOQUINE SHOULD BE CONSIDERED THE DRUG OF LAST RESORT FOR PERSONNEL WITH CONTRAINDICATIONS TO DOXYCYCLINE OR MALARONE®, SHOULD BE USED WITH CAUTION IN PERSONS WITH A HISTORY OF TBI OR PTSD, AND IS CONTRAINDICATED IN PERSONNEL WITH PSYCHIATRIC DIAGNOSES. EACH MEFLOQUINE PRESCRIPTION WILL BE ISSUED WITH A WALLET CARD AND CURRENT FDA SAFETY INFORMATION INDICATING THE POSSIBILITY THAT THE NEUROLOGIC SIDE EFFECTS MAY PERSIST OR BECOME PERMANENT IAW REF DD. OTHER FDA APPROVED AGENTS MAY BE USED TO MEET SPECIFIC SITUATIONAL REQUIREMENTS.

15.L.2.C. PERSONNEL SHOULD DEPLOY WITH EITHER THEIR ENTIRE PRIMARY PROPHYLAXIS COURSE IN HAND (EXCLUDING TERMINAL PRIMAQUINE) OR WITH ENOUGH MEDICATION TO COVER HALF OF THE DEPLOYMENT WITH PLANS TO RECEIVE THE REMAINDER OF THEIR MEDICATION IN THEATER BASED ON UNIT PREFERENCE. TERMINAL PROPHYLAXIS (PRIMAQUINE) SHOULD BE DISTRIBUTED UPON REDEPLOYMENT AND ONLY AFTER VERIFYING G6PD STATUS (SEE 15.G.3.). A COMPLETE COURSE OF PRIMARY PROPHYLAXIS BEGINS 2 DAYS PRIOR TO ENTERING THE RISK AREA FOR DOXYCYCLINE AND MALARONE®(2 WEEKS FOR MEFLOQUINE)AND COMPLETES AFTER 4 WEEKS OF DOXYCYCLINE OR MEFLOQUINE AFTER LEAVING THE AT RISK AREA, OR (1 WEEK OF MALARONE®). TERMINAL PROPHYLAXIS IS REQUIRED AND CONSISTS OF TAKING PRIMAQUINE FOR 2 WEEKS AFTER LEAVING THE RISK AREA. INDIVIDUALS WHO ARE NOTED TO BE G6PD-DEFICIENT, IAW PARAGRAPH 15.G.3., WILL NOT BE PRESCRIBED PRIMAQUINE.

15.L.2.D. MISSING ONE DOSE OF MEDICATION OR NOT USING THE DOD INSECT REPELLENT SYSTEM WILL PLACE PERSONNEL AT INCREASED RISK FOR MALARIA.

15.L.2.E. COMMANDERS AND SUPERVISORS AT ALL LEVELS WILL ENSURE THAT ALL INDIVIDUALS FOR WHOM THEY ARE RESPONSIBLE HAVE TERMINAL PROPHYLAXIS ISSUED TO THEM IMMEDIATELY UPON REDEPLOYMENT FROM THE AT RISK MALARIA AREA(S).

15.L.3. PERSONAL PROTECTIVE MEASURES. A SIGNIFICANT RISK OF DISEASE CAUSED BY INSECTS AND TICKS EXISTS YEAR-ROUND IN THE AOR. THE THREAT OF DISEASE WILL BE MINIMIZED BY USING THE DOD INSECT REPELLANT SYSTEM AND BED NETS; HTTP://WWW.AFPMB.ORG. SEE REF EE.

15.L.3.A. PERMETHRIN TREATMENT OF UNIFORMS. UNIFORMS ARE AVAILABLE FOR ISSUE WHICH ARE FACTORY-TREATED WITH PERMETHRIN. THE UNIFORM LABEL INDICATES WHETHER IT IS FACTORY TREATED. UNIFORMS WHICH ARE NOT FACTORY TREATED SHOULD BE TREATED WITH THE INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT (NSN: 6840-01-345-0237) OR 2 GALLON SPRAYER PERMETHRIN TREATMENT. BOTH ARE EFFECTIVE FOR APPROXIMATELY 50 WASHINGS. A MATRIX OF WHICH UNIFORMS MAY BE EFFECTIVELY TREATED IS AVAILABLE ON THE AFPMB WEBSITE AT HTTP://WWW.AFPMB.ORG .

15.L.3.B. APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN. ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IS REQUIRED IF HEAVY SWEATING AND/OR IMMERSION IN WATER. A SECOND OPTION IS 'SUNSECT CREAM' (20% DEET/SPF 15), NSN: 6840-01-288-2188.

15.L.3.C. WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN (SLEEVES DOWN AND PANTS TUCKED INTO BOOTS).

15.L.3.D. USE PERMETHRIN TREATED BEDNETS PROPERLY IN AT RISK AREAS TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS. PERMETHRIN TREATED POP UP BEDNETS ARE AVAILABLE: NSN 3740-01-516-4415

15.L.4. HEALTH SURVEILLANCE. SEE REF C AND FF.

15.L.4.A. JOINT MEDICAL WORKSTATION (JMEWS) THROUGH MSAT AT HTTPS://MSAT.FHP.SMIL.MIL/PORTAL

15.L.4.A.1. DEPLOYED UNITS WILL USE JMEWS AS THE PRIMARY DATA ENTRY POINT FOR DISEASE AND INJURY (DI) REPORTING. UNITS WILL ENSURE ALL SUBORDINATE UNITS COMPLETE JOINING AND DEPARTING REPORTS AS REQUIRED WITHIN JMEWS. SHIPBOARD UNITS SHOULD UTILIZE SAMS OR TMIP-M FOR DI REPORTING AND FIXED MTF'S SHOULD UTILIZE AHLTA.

15.L.4.A.2. UNITS WILL COORDINATE JMEWS TRAINING PRIOR TO DEPLOYMENT FOR APPROPRIATE PERSONNEL TO THE MAXIMUM EXTENT POSSIBLE. CURRENTLY, THE ARMY USES MC4 TRAINERS TO TRAIN JMEWS, THE AIR FORCE USES THEATER MEDICAL INFORMATION PROGRAM (TMIP-AF). INFORMATION MANAGERS, OTHER SERVICES DO NOT HAVE DIRECTED TRAINERS AT THIS TIME.

15.L.4.B. DI SURVEILLANCE, SEE REF GG.

15.L.4.B.1. THE LIST OF DI REPORTING CATEGORIES, THEIR DEFINITIONS, AND THE ESSENTIAL ELEMENTS OF THE STANDARD DI REPORT CAN BE FOUND IN ENCLOSURE C OF REF FF.

15.L.4.B.2. COMPONENT AND JTF SURGEONS ARE RESPONSIBLE FOR ENSURING UNITS WITHIN THEIR AOR ARE COLLECTING THE PRESCRIBED DI DATA AND REPORTING THAT DATA THROUGH THE JMEWS OR OTHER STANDARDIZED REPORTING PROCESSES ON A WEEKLY BASIS.

15.L.4.B.3. MEDICAL PERSONNEL AT ALL LEVELS WILL ANALYZE THE DI DATA FROM THEIR UNIT AND THE UNITS SUBORDINATE TO THEM AND MAKE CHANGES AND RECOMMENDATIONS AS REQUIRED TO REDUCE DI AND MITIGATE THE EFFECTS OF DI UPON OPERATIONAL READINESS.

15.L.4.C. OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE (OEHSA)

15.L.4.C.1. AUTHORITY. AN OEHSA IS A JOINT APPROVED PRODUCT USED TO PROVIDE A COMPREHENSIVE ASSESSMENT OF BOTH OCCUPATIONAL AND ENVIRONMENTAL HEALTH HAZARDS ASSOCIATED WITH DEPLOYMENT LOCATIONS AND ACTIVITIES AND MISSIONS THAT OCCUR THERE ESTABLISHED BY REF D AND FF.

15.L.4.C.2 TIMEFRAME. AN OEHSA IS INITIATED WITHIN 30 DAYS OF DATE OF ESTABLISHMENT AND COMPLETED WITHIN THREE MONTHS FOR ALL PERMANENT AND SEMI-PERMANENT BASE CAMPS. OEHSA ARE CONDUCTED TO VALIDATE ACTUAL OR POTENTIAL HEALTH THREATS, EVALUATE EXPOSURE PATHWAYS, AND DETERMINE COURSES OF ACTION AND COUNTERMEASURES TO CONTROL OR REDUCE THE HEALTH THREATS AND PROTECT THE HEALTH OF DEPLOYED PERSONNEL.

15.L.4.C.3. CLASSIFICATION/PUBLICATION/ACCESS. OEHSA WILL BE SENT BY THE COMPLETING UNIT THROUGH THE DESIGNATED SERVICE COMPONENT OR JTF PM/FHP OFFICER FOR REVIEW AND SUBMITTED DIRECTLY TO THE DEFENSE OCCUPATIONAL AND ENVIRONMENTAL READINESS SYSTEM (DOEHRS) AT HTTPS://DOEHRS-IH.CSD.DISA.MIL/. SEE APPENDIX J TO REFERENCE EE FOR DOEHRS REQUIREMENTS. IF THE SUBMITTER DOES NOT HAVE ACCESS TO DOEHRS SUBMIT THE OEHSA TO THE MILITARY EXPOSURE SURVEILLANCE LIBRARY (MESL) HTTPS://MESL.APGEA.ARMY.MIL/MESL/. IF THE MESL IS NOT AVAILABLE, EMAIL THE DOCUMENT TO OEHS.DATA@US.ARMY.MIL. CLASSIFIED EXPOSURE DATA SHOULD BE SUBMITTED DIRECTLY TO MESL-S HTTPS://MESL.CSD.DISA.SMIL.MIL. IF ACCESS TO THE MESL-S IS NOT AVAILABLE, EMAIL THE DOCUMENT TO OEHS@USACHPPM.ARMY.SMIL.MIL.

15.L.4.C.4. RESPONSIBILITIES. SERVICE COMPONENTS AND JTFS ARE RESPONSIBLE FOR APPROVING OEHSA COMPLETION AND WILL SUBMIT A MONTHLY REPORT IAW PROCEDURES OUTLINED IN REFERENCE GG.

15.L.4.D. PERIODIC OCCUPATIONAL AND ENVIRONMENTAL MONITORING SUMMARY (POEMS).

15.L.4.D.1. AUTHORITY. POEMS IS A JOINT APPROVED PRODUCT USED TO ADDRESS ENVIRONMENTAL EXPOSURE DOCUMENTATION REQUIREMENTS ESTABLISHED BY REF D AND FF.

15.L.4.D.2. TIMEFRAME. POEMS WILL BE CREATED AND VALIDATED FOR EVERY MAJOR DEPLOYMENT SITE AS SOON AS SUFFICIENT DATA IS AVAILABLE. IN GENERAL, POEMS ARE A SUMMARY OF INFORMATION REFLECTING A YEAR OR MORE OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH DATA TO ENSURE ADEQUATE COLLECTION OF EXPOSURE INFORMATION.

15.L.4.D.3. CLASSIFICATION/PUBLICATION/ACCESS. POEMS WILL BE UNCLASSIFIED BUT POSTED ON THE PASSWORD PROTECTED DEPLOYMENT OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE DATA PORTAL AT HTTPS://MESL.APGEA.ARMY.MIL/MESL/ WHERE JOINT OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE DATA AND REPORTS ARE STORED. THE POEMS TEMPLATE CAN BE FOUND AT HTTP://PHC.AMEDD.ARMY.MIL.

15.L.4.D.4. RESPONSIBILITIES. SERVICE COMPONENTS AND JTFS ARE RESPONSIBLE FOR ENSURING POEMS ARE COMPLETED FOR SITES IN THEIR RESPECTIVE AOR. THEY SHOULD DEVELOP SITE PRIORITIZATION LISTS AND ENLIST THE SUPPORT OF SERVICE PUBLIC HEALTH ORGANIZATIONS (E.G., U.S. ARMY PUBLIC HEALTH CENTER (USAPHC)) TO DRAFT THE CONTENT OF A SITE POEMS. THE USAPHC OVERSEES THE DATA ARCHIVAL WEBSITE FOR PUBLICATION OF FINAL POEMS AND ASSOCIATED DOCUMENTS; HOWEVER, APPROVAL OF "FINAL" POEMS MUST COME FROM THE SERVICE COMPONENT/JTF FHP OFFICER WITH INPUT FROM PREVENTIVE MEDICINE RESOURCES IN DIRECT OR GENERAL AREA SUPPORT.

15.L.5. REPORTABLE MEDICAL EVENT (RME) SURVEILLANCE. SEE REF O, GG.

15.L.5.A. THE LIST OF DISEASES AND CONDITIONS THAT MUST BE REPORTED CAN BE FOUND IN THE TRI-SERVICE REPORTABLE EVENTS GUIDELINES AND CASE DEFINITIONS AT HTTP://WWW.AFHSC.MIL OR REF HH.

15.L.5.B. COMPONENT AND JTF SURGEONS ARE RESPONSIBLE FOR ENSURING UNITS WITHIN THEIR AO ARE COLLECTING THE APPROPRIATE RME DATA AND REPORTING THAT DATA THROUGH THEIR SERVICE SPECIFIC REPORTING MECHANISMS.

15.L.5.B.1. IT IS ONLY REQUIRED TO COPY CCSG FOR THE FOLLOWING RMES AT CCSG-PMO@CENTCOM.SMIL.MIL OR CENTCOM.MACDILL.CENTCOM-HQ.MBX.CCSG-WAIVER@MAIL.MIL: ANTHRAX; BOTULISM; CBRN AND TOXIC INDUSTRIAL CHEMICAL/MATERIAL (TIC/TIM) EXPOSURE; SEVERE COLD WEATHER/HEAT INJURIES; DENGUE FEVER; HANTAVIRUS DISEASE; HEMORRHAGIC FEVER; HEPATITIS B OR C, ACUTE; HIV; MALARIA; MEASLES; MENINGOCOCCAL DISEASE; MIDDLE EASTERN RESPIRATORY SYNDROME CORONAVIRUS (MERS-COV); NOROVIRUS; OUTBREAK OR DISEASE CLUSTER; PLAGUE; PNEUMONIA, EOSINOPHILIC; Q- FEVER; RABIES, HUMAN; SEVERE ACUTE RESPIRATORY INFECTIONS (SARI); STREPTOCOCCUS, INVASIVE GROUP A; TETANUS; TUBERCULOSIS, ACTIVE; TULAREMIA; TYPHOID FEVER; VARICELLA

15.L.5.C. RME REPORTING IS TO OCCUR AS SOON AS REASONABLY POSSIBLE AFTER THE EVENT HAS OCCURRED. EVENTS WITH BIOTERRORISM POTENTIAL OR RAPID OUTBREAK POTENTIAL ARE CONSIDERED URGENT RME AND IMMEDIATE REPORTING IS REQUIRED (WITHIN FOUR HOURS).

15.L.6. HEALTH RISK COMMUNICATION. SEE REF C.

15.L.6.A. DURING ALL PHASES OF DEPLOYMENT, PROVIDE HEALTH INFORMATION TO EDUCATE, MAINTAIN FIT FORCES, AND CHANGE HEALTH RELATED BEHAVIORS FOR THE PREVENTION OF DISEASE AND INJURY DUE TO RISKY PRACTICES AND UNPROTECTED EXPOSURES.

15.L.6.B. CONTINUAL HEALTH RISK ASSESSMENTS ARE ESSENTIAL ELEMENTS OF THE HEALTH RISK COMMUNICATION PROCESS DURING THE DEPLOYMENT PHASE. MEDICAL PERSONNEL AT ALL LEVELS WILL PROVIDE WRITTEN AND ORAL RISK COMMUNICATION PRODUCTS TO

COMMANDERS AND DEPLOYED PERSONNEL FOR MEDICAL THREATS, COUNTERMEASURES TO THOSE THREATS, AND THE NEED FOR ANY MEDICAL FOLLOW-UP.

15.L.6.C. DI, RME, AND OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEH) RISK ASSESSMENTS WITH RECOMMENDED COUNTERMEASURES WILL BE PROVIDED TO COMMANDERS AND DEPLOYED PERSONNEL ON A REGULAR BASIS AS WELL AS A SITUATIONAL BASIS WHEN A SIGNIFICANT CHANGE IN ANY ASSESSMENT OCCURS.

15.L.7. HEALTH CARE MANAGEMENT.

15.L.7.A. JOINT TRAUMA SYSTEM (JTS) CLINICAL PRACTICE GUIDELINES (CPGS) MAY BE OBTAINED AT THE UNITED STATES ARMY INSTITUTE OF SURGICAL RESEARCH (USAISR) WEBSITE AT HTTP://WWW.USAISR.AMEDD.ARMY.MIL/CPGS.HTML.

15.L.7.B. DOCUMENTATION OF ALL MEDICAL AND DENTAL CARE RECEIVED WHILE DEPLOYED WILL BE IAW CENTCOM MEDICAL INFORMATION MANAGEMENT GUIDELINES. SEE REF II.

15.L.7.C. IT IS A COMMANDER'S RESPONSIBILITY TO ENSURE THAT ALL PERSONNEL POTENTIALLY AFFECTED BY A BLAST OR OTHER POTENTIALLY CONCUSSIVE EVENT (PCE) ARE EVALUATED FOR TRAUMATIC BRAIN INJURY (TBI) BY A MEDICAL PROVIDER AND DOCUMENTATION IS COMPLETED IAW REF JJ.

15.L.8. UNIT MASCOTS AND PETS.

15.L.8.A. PER CENTCOM GENERAL ORDER 1.C, DEPLOYED PERSONNEL WILL AVOID CONTACT WITH LOCAL ANIMALS (E.G., LIVESTOCK, CATS, DOGS, BIRDS, REPTILES, ARACHNIDS, AND INSECTS) IN THE DEPLOYED SETTING AND WILL NOT FEED, ADOPT, OR INTERACT WITH THEM IN ANY WAY.

15.L.8.B. ANY CONTACT WITH LOCAL ANIMALS, WHETHER INITIATED OR NOT, THAT RESULTS IN A BITE, SCRATCH OR POTENTIAL EXPOSURE TO THE ANIMAL'S BODILY FLUIDS (SALIVA, VENOM, ETC.) WILL BE IMMEDIATELY REPORTED TO THE CHAIN OF COMMAND AND MEDICAL PERSONNEL FOR EVALUATION AND FOLLOW-UP.

15.L.9. FOOD AND WATER SOURCES.

15.L.9.A. ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY APPROPRIATE MEDICAL PERSONNEL (ARMY OR NAVY PREVENTIVE MEDICINE, AIR FORCE BIOENVIRONMENTAL ENGINEERING, INDEPENDENT DUTY MEDICAL TECHNICIAN/CORPSMAN). COMMERCIAL SOURCES OF DRINKING WATER MUST ALSO BE APPROVED BY THE U.S. ARMY PUBLIC HEALTH CENTER.

15.L.9.B. NO FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY U.S. ARMY PUBLIC HEALTH CENTER (I.E. VETERINARY PERSONNEL).

15.L.9.C. COMMANDERS WILL ENSURE THE NECESSARY SECURITY TO PROTECT WATER AND FOOD SUPPLIES AGAINST TAMPERING BASED ON RECOMMENDATIONS PROVIDED IN FOOD/WATER VULNERABILITY ASSESSMENTS. MEDICAL PERSONNEL WILL PROVIDE CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION OF STORAGE AND PREPARATION FACILITIES.

15.L.10. ENVIRONMENTAL EXPOSURES OF CONCERN.

15.L.10.A. COLD INJURY RISK WILL DEPEND ON THE SPECIFIC REGION. HYPOTHERMIA, A LIFE-THREATENING CONDITION, MOSTLY OCCURS UP TO 55 DEGREES FAHRENHEIT AIR TEMPERATURE. RISK OF COLD INJURY INCREASES FOR PERSONS WHO ARE IN POOR PHYSICAL CONDITION, DEHYDRATED, WET, OR AT INCREASED ALTITUDE. COUNTERMEASURES INCLUDE PROPER WEAR OF CLOTHING AND COVER. EXPOSED SKIN IS MORE LIKELY TO DEVELOP FROSTBITE. ENSURE CLOTHING IS CLEAN, LOOSE, LAYERED, AND DRY. COVER THE HEAD TO CONSERVE HEAT.

15.L.10.B. HEAT STRESS/ SOLAR INJURIES/ILLNESS. HEAT INJURIES MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION TO INCREASED TEMPERATURE AND HUMIDITY MAY TAKE 10 TO 14 DAYS.

HEAT INJURIES CAN INCLUDE DEHYDRATION, SUNBURN, HEAT SYNCOPE, HEAT EXHAUSTION AND HEAT STROKE. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS ON HEAT INJURY PREVENTION. ENSURE AVAILABILITY AND USE OF INDIVIDUAL PROTECTION SUPPLIES AND EQUIPMENT SUCH AS SUNSCREEN, LIP BALM, SUN GOGGLES/GLASSES, AND POTABLE WATER.

15.L.10.C. ALTITUDE. OPERATIONS AT HIGH ALTITUDES (OVER 9888 FT) CAN CAUSE A SPECTRUM OF ILLNESSES, INCLUDING ACUTE MOUNTAIN SICKNESS; HIGH ALTITUDE PULMONARY EDEMA, HIGH ALTITUDE CEREBRAL EDEMA, OR RED BLOOD CELL SICKLING IN SERVICE MEMBERS WITH SICKLE CELL TRAIT. ASCEND GRADUALLY, IF POSSIBLE. TRY NOT TO GO DIRECTLY FROM LOW ALTITUDE TO >9,888 FT (3,013 M) IN ONE DAY. A HEALTH CARE PROVIDER MAY PRESCRIBE ACETAZOLAMIDE (DIAMOX) OR DEXAMETHASONE (DECADRON) TO SPEED ACCLIMATIZATION IF ABRUPT ASCENT IS UNAVOIDABLE. TREAT AN ALTITUDE HEADACHE WITH SIMPLE ANALGESICS; MORE SERIOUS COMPLICATIONS REQUIRE OXYGEN AND IMMEDIATE DESCENT.

15.L.10.D. GOOD FIELD SANITATION PRACTICES ARE ESSENTIAL TO MAINTAIN FORCE HEALTH. THEY INCLUDE: FREQUENT HANDWASHING, PROPER DENTAL CARE, CLEAN AND DRY CLOTHING (ESPECIALLY SOCKS, UNDERWEAR, AND BOOTS), BATHING AND DENTAL CARE WITH WATER FROM A POTABLE SOURCE. CHANGE SOCKS FREQUENTLY, FOOT POWDER HELPS PREVENT FUNGAL INFECTIONS.

15.M. ALL OTHER INSTRUCTIONS AND GUIDANCE SPECIFIED IN INITIAL POLICY MESSAGE REMAIN IN EFFECT. MOD TWELVE IS NOW INVALID.

15.N. THE USCENTCOM POC FOR PREVENTIVE MEDICINE/FORCE HEALTH PROTECTION IS CCSG, DSN 312-529-0345; COMM: 813-529-0345; SIPR: CCSG-PMO@CENTCOM.SMIL.MIL OR KEVIN.CRON@CENTCOM.SMIL.MIL; NIPR: CENTCOM.MACDILL.CENTCOM-HQ.MBX.CCSG-WAIVER@MAIL.MIL OR KEVIN.M.CRON.MIL@MAIL.MIL//

PPG-TAB A: AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR DEPLOYMENT TO THE CENTCOM AOR; TO ACCOMPANY MOD TWELVE TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY

1. General. This PPG-TAB A accompanies MOD TWELVE, Section 15.C. and provides amplification of the minimal standards of fitness for deployment to the CENTCOM area of responsibility (AOR), including a list of medical conditions that may be sufficient to deny medical clearance for or to disapprove deployment of a service member, civilian employee, volunteer, or contractor's employee. The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment. Possession of one or more of the conditions listed in this tab does not automatically imply that the individual may not deploy. Conversely, in addition to any specified disqualifying condition, one must also take into account the totality of one's medical conditions and the medical capabilities present at that individual's deployed location. This imposes the requirement to obtain a knowledgeable physician's opinion as to the deployability status of the individual and a valid deployment medical waiver from the appropriate waiver authority for the potentially medically disqualifying condition. "Medical conditions" as used here also include those health conditions usually referred to as dental, psychological and/or emotional.

A. Uniformed Service Members will be evaluated for fitness according to service regulations and policies, in addition to the guidance in the parent PPG Modification (MOD). See MOD TWELVE REF E, F, G, H, O, Q and HH.

B. DoD civilian personnel with apparently disqualifying medical conditions could still possibly deploy based upon an individualized medical assessment, waiver submission and disposition by the appropriate CENTCOM waiver authority (which shall be consistent with subparagraph 4.g.(3)(c) of DoDD 1404.10 and The Rehabilitation Act of 1973, as amended).

C. DoD Contract personnel will be evaluated for fitness according to DoDI 3020.41 (REF J).

D. Waivers for Uniformed Service Members, DoD civilian personnel and DoD Contract personnel will be considered only if all the following general conditions are met:

1. The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.

2. The condition is stable and reasonably anticipated by the pre-deployment medical evaluator not to worsen during the deployment in light of physical, physiological, psychological, and nutritional effects of the duties and location.

3. The condition does not require frequent clinical visits (more than quarterly) or ancillary tests (more than twice/year), does not necessitate significant limitations of physical activity or constitutes increased risk of illness, injury, or infection.

4. There is no need for routine evacuation out of theater for continuing diagnostics or their evaluations. (All such evaluations must be accomplished before deployment.).

5. Any required, ongoing health care or medications anticipated to be needed for the duration of the deployment are available in theater within the Military Health System or equivalent. Medication must have no special handling, storage, or other requirements

(e.g., refrigeration, cold chain, or electrical power requirements). Medication must be well tolerated within harsh environmental conditions (e.g. heat or cold stress, sunlight) and should not cause significant side effects in the setting of moderate dehydration.

6. It is determined, based upon an individualized assessment, that the member can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the AOR. See REF Q.

7. The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments.

8. The medical condition does not prohibit required theater immunizations (other than smallpox & anthrax per current guidance) or medications (such as antimalarials, chemical and biological antidotes, and other chemoprophylactic antibiotics).

9. Any unresolved acute illness or injury should not impair one's duty performance during the duration of the deployment.

2. The provider evaluating personnel for deployment must bear in mind that in addition to the individual's duties, the environmental conditions that may impact health include extremes of temperature, physiologic demand (water, mineral, salt, and heat management), and poor air quality (especially particulates), while the operating conditions impose extremes of diet (to include fat, salt, and caloric levels), sleep deprivation, emotional stress, and sleep disturbance. If maintaining an individual's health requires avoidance of these extremes or conditions, she/he should not deploy.

3. The rules and facts listed in paragraph 2 should assist the evaluating medical authority to make qualified judgments as to whether an individual with an existing condition is suitable for deployment. Any condition that markedly impairs an individual's daily function is grounds for disapproval. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged to make a decision. This includes such things as a complete cardiac evaluation to include stress imaging, when there is coronary artery disease or significant risk thereof or an official functional capacity exam (FCE) as determined by the initial evaluating provider. The evaluating provider should pay special attention to hematologic, cardiovascular, pulmonary, orthopedic, neurological, endocrine, dermatological, psychological, visual, and auditory conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the deployed setting. Also, the type and amount of medications being taken, their suitability, and availability in the theater environment must be considered as potential limitations. Pre-deployment processing centers may vary in medical examination/screening procedures; individuals should contact their respective mobilization site for availability of a processing checklist.

4. The guidance in this document should not be construed as authorizing use of defense health program or military health system resources for such evaluations unless previously authorized. Generally, Defense Health Agency and Military Health System resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contractor employees IAW REF J. Local command, legal, contracting and resource management authorities should be consulted for questions on this matter.

5. Shipboard operations that are not anticipated to involve operations ashore are exempt from the deployment-limiting medical conditions listed below and will follow Service specific guidance.

6. The general guidance from MOD TWELVE section 15.C applies to:

A. All personnel (uniformed service members, government civilian employees, volunteers, and DoD contractor employees) deploying to theater must be medically, dentally and psychologically fit for deployment and possess a current Periodic Health Assessment (PHA) or physical. Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the deployed location.

B. The existence of a chronic medical condition may not necessarily require a waiver to deploy. Personnel with existing conditions, **other than those outlined in this document**, may deploy if either:

1. An approved medical waiver, IAW Section 15.C.3, is documented in the medical record.

OR

2. The conditions in Para. 1.D.1-1.D.9 are met and for most conditions, 90 days is a reasonable timeframe to determine stability, and assess need for further care, subject to the examining provider's judgment. The exception to this is noted in paragraph 7.G. Psychiatric Conditions.

7. Documented medical conditions precluding medical clearance. A list of all possible diagnoses and their severity that may cause an individual to be non-deployable would be too expansive. *Rather than relying solely on a specific list of medical conditions, the medical evaluator must carefully consider whether the climate, altitude, nature of available food and housing, availability of medical, behavioral health, dental, surgical, and laboratory services, or whether other environmental and operational factors may be hazardous to the deploying person's health because of a known physical or psychological condition.* The following list of conditions should not be considered exhaustive. Other conditions may render an individual medically non-deployable (see paragraph 6). Medical clearance to deploy with any of the following documented medical conditions may be granted, except where otherwise noted, IAW MOD TWELVE Section 15.C. If an individual is found deployed with a *pre-existing* non-deployable condition and without a waiver for that condition, a waiver request to remain deployed should be submitted to the respective Component Surgeon. If the waiver request is denied, the individual will be redeployed out of the CENTCOM AOR. **Individuals with the following conditions will not deploy without an approved waiver:**

A. Specific Medical Conditions / Restrictions:

1. Asthma or other respiratory conditions that have a Forced Expiratory Volume-1 $\leq$ 50% of predicted despite appropriate therapy, that has required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids. Respiratory conditions that have been well controlled for 6 months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for waiver.
2. Seizure disorder, either within the last year or currently on anticonvulsant medication for prior seizure disorder/activity. Persons on a stable anticonvulsant regimen, who have been seizure-free for one year, may be considered for waiver.
3. Diabetes mellitus, type 1 or 2, on pharmacotherapy or with $HgA_1C > 7.0$.

a. Type 1 diabetes or insulin-requiring type 2 diabetes..

b. Type 2 diabetes, on oral agents only, with no change in medication within the last 90 days and HgA1C ≤ 7.0 does not require a waiver if the calculated 10-year Framingham coronary heart disease risk percentage is less than 15% based on the NCEP ATP III guidelines. If the calculated 10-year risk is 15% or greater, further evaluation is required prior to waiver submission. See B.8. for more detailed instructions.

c. Newly diagnosed diabetics will require 90 days of stability, either on oral medications or with lifestyle changes, before a waiver will be considered. They should also have documentation of a complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.).

4. History of heat stroke. No multiple episodes, no persistent sequelae or organ damage and no episode within the last 24 months may be considered for waiver.

5. Meniere's disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.

6. Recurrent syncope for any reason. Waiver request should include the etiology and diagnosis of the condition.

7. Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment. If there are concerns, an official functional capacity exam (FCE) should be performed and results included with the waiver request.

8. Renalithiasis, recurrent or currently symptomatic.

9. Pregnancy.

10. Obstructive sleep apnea (OSA). The OSA is diagnosed with an attended, in-laboratory polysomnography (PSG) with a minimum of 2 hours of total sleep time, that yields an apnea-hypopnea index (AHI), and/or respiratory disturbance index (RDI), of greater than 5 / hour. Unattended, home PSG is not acceptable for deployment purposes. For individuals previously diagnosed with OSA, updated or repeat PSG is not required unless clinically indicated (i.e. significant change in body habitus, corrective surgery or return of OSA symptoms). Individuals treated with an oral appliance require PSG documentation that OSA is controlled with its use. Individuals who are treated with automatic positive airway pressure (APAP), continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BPAP) are acceptable as long as the condition being treated is OSA and not a more complex respiratory disorder. Complex OSA, central sleep apnea or OSA that requires advanced modes of ventilation such as adaptive servo-ventilation (ASV) or average volume assured pressure support (AVAPS) is generally non-deployable. Individuals using PAP therapy should deploy with a machine that has rechargeable battery back-up and sufficient supplies (air filters, tubing and interfaces/masks) for the duration of the deployment. Individuals deploying with PAP therapy to a location where the sleep environment has unfiltered air will typically not be granted waivers if a waiver is otherwise required per the guidance below. The following guidelines are designed to ensure that individuals with OSA are adequately treated and that their condition is not of the severity that would pose a safety risk should they be required to go without their PAP therapy for a significant length of time.

a. Symptomatic OSA (i.e. excessive daytime sleepiness) of any severity, with or without any treatment.

b. Asymptomatic mild OSA (diagnostic AHI and RDI < 15/hr): Deployable with or without treatment (PAP or otherwise). **No waiver required.**

c. Moderate OSA (diagnostic AHI or RDI ≥15/hr and < 30/hr): **No waiver required** to deploy if successfully treated (CPAP or otherwise), except to Afghanistan, Iraq or Yemen.
d. Severe OSA (AHI or RDI ≥ 30/hr): Once successfully treated (PAP or otherwise), requires a waiver for deployment to any location in the AOR.
e. For moderate and severe OSA, adherence to positive airway pressure (PAP) therapy must be documented prior to deployment. Adherence is defined as PAP machine data download (i.e. compliance report) that reveals the machine is being used for at least 4 hours per night for greater than 70% of nights over the previous 30 day period.

11. History of clinically diagnosed traumatic brain injury (mTBI/TBI) of any severity, including mild. Such history does not necessitate a waiver request, but does require pre-deployment evaluation, which may include both neurological and psychological components. This is in accordance with DoDI 6490.11, Enclosure 3, paragraph 4, policy guidance for management of mild TBI. This document can be found at http://www.usaisr.amedd.army.mil/clinical_practice_guidelines.html. Individuals who have a history of a single mild Traumatic Brain Injury may deploy once released by a medical provider after 24 hours symptom free. Individuals who have sustained a second mTBI within a 12 month period, may deploy after seven days symptom free and release by a medical provider. Individuals who have had three clinically diagnosed TBIs (of any severity, including mild) since their last full neurological and psychological DoDI 6490.11 defined evaluation are required to have such an evaluation completed prior to deployability determination.
12. BMI > 35 with serious comorbidities such as; diabetes, cardiovascular disease, hypertension, sleep apnea, obesity-related cardiomyopathy, severe joint disease, etc.
13. Any medical conditions (except OSA-see 10 above) that require certain durable medical equipment or appliances (e.g., nebulizers, catheters, spinal cord stimulators) or that requires periodic evaluation/treatment by medical specialists not readily available in theater.

B. Cardiovascular Conditions:

1. Symptomatic coronary artery disease. Also, see B.8.
2. Myocardial infarction within one year of deployment. Also, see B.8.
3. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment. Also, see B.8.
4. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator or other implantable cardiac devices.
5. Hypertension that is controlled with a medication or lifestyle regimen that has been stable for 90 days and requires no changes does not require a waiver. Single episode hypertension found on predeployment physical should be accompanied by serial blood pressure checks (3 day BP checks) to ensure hypertension is not persistent.
6. Heart failure or history of heart failure.
7. Morbid obesity (BMI ≥ 40 or weight greater than 300 pounds) in accordance with National Heart Lung and Blood Institute guidelines without any significant comorbidities. Military personnel in compliance with service body fat guidelines do not require a waiver.

Civilians and contractors should submit a body fat worksheet with the waiver request. A BMI calculator is located at http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm

8. Civilian personnel who are 40 years of age or older must have a Framingham 10-year CHD risk percentage calculated (online calculator is available at http://cvdrisk.nhlbi.nih.gov/calculator.asp). If the individual's calculated 10-year CHD risk is 15% or greater, the individual should be referred for further cardiology work-up and evaluation, to include at one of the following: graded exercise stress test with a myocardial perfusion scintigraphy (SPECT scan) or stress echocardiography as determined by the evaluating cardiologist. Results of the evaluation (physical exam, Framingham results, etc.) and testing, along with the evaluating physician's recommendation regarding suitability for deployment, should be included in a waiver request to deploy.

9. Uncontrolled hyperlipidemia. Lipid screening should be accomplished IAW Service specific guidelines for lipid assessment. All others (e.g. civilians, contractors) ≥35 years old should have a lipid screening profile performed prior to deployment. While hyperlipidemia should be addressed IAW clinical treatment guidelines, hyperlipidemia values that are outside any of the following (Total Cholesterol > 260, LDL > 190, Triglycerides > 500), either treated or untreated, requires a waiver to be submitted.

C. Infectious Disease:

1. Blood-borne diseases (Hepatitis B, Hepatitis C, HTLV) that may be transmitted to others in a deployed environment. Waiver requests for persons testing positive for a blood borne disease should include a full test panel for the disease, including all antigens, antibodies and viral load.

2. Confirmed HIV infection is disqualifying for deployment, IAW References Q and Y, service specific policies, and agreements with host nations.

3. Latent tuberculosis (LTBI), Individuals who are newly diagnosed with LTBI by either TST or IGRA testing will be evaluated for TB disease with at least a symptom screen ,a chest x-ray and they will have documented LTBI evaluation and counseling for consideration of treatment. Those with untreated or incompletely treated LTBI, including those with newly diagnosed LTBI, previously diagnosed LTBI, and those currently under treatment for LTBI will be provided information regarding the risks and benefits of LTBI treatment during deployment (see paragraph 15.G.6.C). Individuals meeting the above criteria **do not require a waiver** for deployment. Active duty TST convertors who have documented completion of public health nursing evaluation for TB disease and counseling for LTBI treatment described above **may deploy without a waiver** as long as all Service specific requirements are met.

4. History of active tuberculosis (TB). Must have documented completion of full treatment course prior to deployment. Those currently on treatment for TB disease may not deploy.

5. A CENTCOM waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information.

D. Eye, Ear, Nose, Throat, Dental Conditions:

1. Vision loss. Best corrected visual acuity must meet job requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the combat environment per the examining provider.

2. Refractive eye surgery. Personnel who have had laser refractive surgery must have a satisfactory period for post-surgical recovery before deployment. There is a large degree of patient variability which prevents establishing a set timeframe for full recovery. The attending ophthalmologist or optometrist will determine when recovery is complete.

a. Personnel are non-deployable while still using ophthalmic steroid drops post-procedure.

b. Photorefractive keratectomy (PRK). Personnel are non-deployable for three months following uncomplicated PRK unless a waiver is granted. Related "surface ablation" procedures such as laser epithelial keratomileusis (LASEK) and epithelial LASIK are to be considered equivalent to PRK. Waiver request should include clearance from treating ophthalmologist or optometrist.

c. Laser assisted in situ keratomileusis (LASIK). Personnel are non-deployable for one month following uncomplicated LASIK unless a waiver is granted. Waiver request should include clearance from treating ophthalmologist or optometrist.

3. Hearing loss. Service members must meet all service-specific requirements. Individuals must have sufficient unaided hearing to perform duties safely and waiver requests should reflect this. Those deploying to combat areas should have an occupationally focused assessment of ability to hear and wake up to emergency alarms unaided and hear instructions in the absence of visual cues such as lip reading. If there is any safety question, Speech Recognition In Noise Test (SPRINT) or equivalent is a recommended adjunct.

4. Tracheostomy or aphonia.

5. Patients without a dental exam within 12 months of deployment, or those who are likely to require evaluation or treatment during the period of deployment for oral conditions that are likely to result in a dental emergency.

a. Individuals being evaluated by a non-DoD civilian dentist should use a DD Form 2813, or equivalent, as proof of dental examination.

b. Individuals with orthodontic equipment require a waiver to deploy. Waiver requests to deploy should include a current evaluation by their treating orthodontic provider and include a statement that wires with neutral force are in place.

E. Cancer:

1. Cancer for which the individual is receiving continuing treatment or requiring frequent subspecialist examination and/or laboratory testing during the anticipated duration of the deployment.

2. Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment.

3. All cancers should be in complete remission for at least a year before a waiver is submitted.

F. Surgery:

1. Any medical condition that requires surgery (e.g., unrepaired hernia) or for which surgery has been performed and the patient requires ongoing treatment, rehabilitation or additional surgery to remove devices (e.g., external fixator placement).

2. Individuals who have had surgery requiring follow up during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures).
3. Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment.

G. **Psychiatric Conditions: Waiver required for all conditions listed below (list is not exclusive).** For detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications, refer to Health Affairs Policy Memorandum, "Clinical Practice Guidelines for Deployment-Limiting Mental Disorders and Psychotropic Medications", October 7, 2013 (or most up to date Health Affairs Memorandum).

1. Psychotic and Bipolar Disorders.
2. DSM IV or DSM 5 diagnosed psychiatric disorders with residual symptoms, or medication side effects, which impair social and/or occupational performance.
3. Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
4. Chronic insomnia that requires the use of sedative hypnotics/amnestics, benzodiazepines, and antipsychotics for greater than three months.
5. Psychiatric hospitalization within the last 12 months
6. Suicidal Ideation or Suicide Attempt with the last 12 months
7. Enrollment in substance abuse program (inpatient, service specific substance abuse program or outpatient) within the last 12 months
a. Substance abuse disorders (not in remission), actively enrolled in Service Specific substance abuse programs.
8. Use of antipsychotics or anticonvulsants for stabilization of DSM IV or DSM-5 diagnosis
9. Use of 3 psychotropics (antidepressants, anticonvulsants, antipsychotics and benzodiazepines) for stabilization
10. Psychiatric disorders with fewer than three months of demonstrated stability from the last change in treatment regimen (medication, either new or discontinued, or dose change).
11. Psychiatric disorders newly diagnosed during deployment do not immediately require a waiver or redeployment. Disorders that are deemed treatable, stable, and having no impairment of performance or safety by a credentialed mental health provider do not require a waiver to remain in theater.

H. Medications – although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a waiver is granted:

1. Blood modifiers:
a. Therapeutic Anticoagulants: warfarin (Coumadin®), rivaroxaban (Xarelto®).
b. Platelet Aggregation Inhibitors or Reducing Agents: clopidogrel (Plavix®), anagrelide (Agrylin®), Dabigatran (Pradaxa®), Aggrenox®, Ticlid (Ticlopidine®), Prasugrel (Effient®), Pentoxifylline (Trental®), Cilostazol (Pletal®). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.

c. Hematopoietics: filgrastim (Neupogen®), sargramostim (Leukine®), erythropoietin (Epogen®, Procrit®).

d. Antihemophilics: Factor VIII, Factor IX.

2. Antineoplastics (oncologic or non-oncologic use): e.g., antimetabolites (methotrexate, hydroxyurea, mercaptopurine, etc.), alkylators (cyclophosphamide, melphalan, chlorambucil, etc.), antiestrogens (tamoxifen, etc.), aromatase inhibitors (anastrozole, examestane, etc.), medroxyprogesterone (except use for contraception), interferons, etoposide, bicalutamide, bexarotene, oral tretinoin (Vesanoid®).

3. Immunosuppressants: e.g., chronic systemic steroids.

4. Biologic Response Modifiers (immunomodulators) e.g., abatacept (Orencia®), adalimumab (Humira®), anakinra (Kineret®), etanercept (Enbrel®), infliximab (Remicade®), leflunomide (Arava®), etc.

5. Benzodiazepines: Chronic use or newly prescribed: lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), clonazepam (Klonopin), etc.

6. CII Stimulants taken for treatment of ADHD/ADD: Ritalin, Concerta, Adderall, Dexedrine, Focalin XR, Vyvanse, etc.

7. Sedative Hypnotics/Amnestics: Taken for greater than three months for treatment of chronic insomnia: zolpidem (Ambien, Ambien CR), eszopiclone (Lunesta),zaleplon (Sonata), estazolam (ProSom), triazolam (Halcion), temazepam (Restoril), flurazepam (Dalmane), etc.

8. Antipsychotics. Including atypical antipsychotic medication.

9. Antimanic (bipolar) agents: e.g., lithium.

10. Anticonvulsants, used for seizure control or psychiatric diagnoses.

a. Anticonvulsants (except those listed below) which are used for *non-psychiatric* diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not deployment limiting as long as those conditions meet the criteria set forth in this document and accompanying MOD TWELVE. No waiver required.

b. Valproic acid (Depakote®, Depakote ER®, Depacon®, etc.).

c. Carbamazepine (Tegretol®, Tegretol XR®, etc.).

11. Varenicline (Chantix®). 12. Opioids, opioid combination drugs, or tramadol (Ultram®) for chronic use (greater than 30 days).

12. Insulin and exenatide (Byetta®).

13. Injectable medications of any type.

THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

OCT 07 2013

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
JOINT STAFF SURGEON
VICE COMMANDANT OF THE COAST GUARD

SUBJECT: Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications

References:

(a) Department of Defense Instruction (DoDI) 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," dated February 5, 2010
(b) Assistant Secretary of Defense for Health Affairs memorandum, "Policy Guidance for Deployment Limiting Psychiatric Conditions and Medications," dated November 7, 2006 (hereby cancelled)
(c) Under Secretary of Defense for Personnel and Readiness memorandum, "Standards for Determining Unfitness Due to Medical Impairment (Deployability)," dated December 19, 2007
(d) DoDI 1332.38, "Physical Disability Evaluation," dated November 14, 1996, Incorporating Change 2, April 10, 2013
(e) DoDI 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," dated August 17, 2011
(f) Part 339 of Title 5, Code of Federal Regulations
(g) DoD Directive 1404.10, "DoD Civilian Expeditionary Workforce," dated January 23, 2009
(h) Assistant Secretary of Defense for Health Affairs memorandum, "Guidance for Providers Prescribing Atypical Antipsychotic Medication," dated February 22, 2012

This memorandum provides clinical practice guidance on limitations of deployment for Service members and DoD civilian employees who have been diagnosed with mental disorders or who are prescribed psychotropic medication. It supplements DoDI 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," dated February 5, 2010 (Reference (a)), but does not alter that Instruction's procedure for obtaining waivers for deployment-limiting medical conditions. It replaces the Assistant Secretary of Defense for Health Affairs memorandum, "Policy Guidance for Deployment

Limiting Psychiatric Conditions and Medications," dated November 7, 2006 (Reference (b)), which is hereby cancelled.

This guidance does not alter or replace accession, retention, and general fitness standards for military personnel previously established by DoD, Joint Staff, or individual Military Department policy guidance or procedural safeguards applicable to civilian employees undergoing medical screening for deployment as outlined in References (a), (c), and (d). It also does not alter or replace command notification limitations and requirements for health care providers outlined in Reference (e).

1. General Guidance

   a. Procedures ensuring that Service members and DoD civilian employees (selected for deployment) are medically ready to deploy are required for accomplishment of duty in deployed environments (Reference (a)).

   b. Service members with mental disorders or who are taking psychotropic medications that prevent them from meeting retention standards, or limit their ability to deploy if that is a requirement of the member's office, grade, rank, or rating should be referred for disability evaluation if the duration of the condition or limitation is expected to exceed 1 year from date of onset (Reference (d)).

   c. If a commander wishes to deploy Service members with mental disorders, or who are taking medications that would disqualify them for deployment as defined in paragraphs 2 and 3 of this guidance, waiver requests, as outlined in Reference (a), are required.

   d. Civilian personnel determined, based on this guidance and Reference (a), to be unable to perform in their deployed position due to a deployment-limiting medical condition will be managed according to Component procedures, and in accordance with References (a), (f), and (g), as applicable, depending on the anticipated duration of the duty limitation.

2. Deployment limitations associated with mental disorders

   a. Any current diagnosis or history of a diagnosis of a psychotic or bipolar disorder, or other disorder with associated psychotic symptoms, is considered disqualifying for deployment. These conditions are not eligible for a waiver, as detailed in paragraph 1.c.

   b. Individuals diagnosed with mental disorders (excluding those disorders referenced in paragraph 2.a.) should demonstrate a pattern of stability without significant symptoms or impairment for at least 3 months prior to deployment. These individuals are eligible for a waiver as detailed in paragraph 1.c.

   c. In addition to the requirements in paragraph 2.b., individuals diagnosed with substance use disorders should not be deployed if doing so would interrupt active treatment.

   d. In addition to the requirements in paragraph 2.b., individuals should not deploy if they have been determined to be at risk for suicide or violence toward others.

3. Deployment limitations associated with psychotropic medication.

a. Medications prescribed to treat mental disorders vary in terms of their effects on cognition, reaction time, psychomotor functioning, coordination, and other physical parameters that are relevant to functioning effectively in an operational environment. Health care providers must be aware of how these effects impair performance in the operational environment and activities of daily living. Psychotropic medications may be prescribed for a variety of conditions that are not associated with a mental health diagnosis. Guidance for prescription of atypical antipsychotic medication may be found in Reference (h).

b. Psychotropic medications may pose operational problems during deployments. Important considerations in prescribing psychotropic medications are the clinical presentation and the mitigation of functional impairment. Providers must take into account potential medication side effects on a Service member's ability to function effectively in the deployed environment.

c. The decision to deploy individuals on medications should be balanced with effects on performance in austere environments, necessity for medication in the management of the condition, withdrawal symptoms, and other potential side effects. Logistical factors that should be considered include availability of refills, ability to procure controlled medications, and potential for abuse or diversion.

d. Throughout the course of care, medical providers should regularly evaluate the use of psychotropic medication for clinical response, and limitations to deployment or continued service in a deployed environment. These evaluations should be documented in the treatment record.

e. Medications that disqualify an individual for deployment include:

(1) Antipsychotics;

(2) Lithium;

(3) Short acting benzodiazepines (unless prescribed as part of a policy-directed operational fatigue management program);

(4) Barbiturates and Anticonvulsants, with the exception of those prescribed for migraine ;

(5) Medications that have special storage considerations, such as refrigeration (does not include those medications maintained at medical facilities for inpatient or emergency use); and

(6) Medications that require laboratory monitoring or special assessment of a type or frequency that is not available or feasible in a deployed environment.

(7) In cases involving conditions described in paragraph 2.b., the demonstrated pattern of stability should account for medications prescribed within 3 months of deployment that have not yet demonstrated

efficacy or have side effects that could impair a Service member's ability to deploy.

4. Assessment and Disposition during deployments.

   a. Health care providers will carefully assess the condition, treatment regimen, and risk level of all Service members and DoD civilians diagnosed with a psychiatric disorder while deployed in theater and readily communicate recommendations to the Service member's commander or civilian personnel's supervisor in accordance with privacy guidelines and Reference (e).

   b. Service members or DoD civilian personnel with other conditions (not referenced in (4a)), and who are determined to be at significant risk for performing poorly or decompensating in the operational environment, or whose condition does not improve within an acceptable time should be evacuated from theater.

   c. Individuals diagnosed with psychotic or bipolar disorders or other disorders with psychotic symptoms during deployment should return to their home station.

   d. The following factors must be considered by the health care provider before deciding to retain individuals diagnosed with mental disorders in theater:

      (1) The severity of symptoms and/or medication side effects.

      (2) The degree of functional impairment resulting from the disorder and/or medications.

      (3) The risk of exacerbation if the individual were exposed to trauma or severe operational stress.

      (4) Estimation of the individual's ability to tolerate the rigors of the deployment.

      (5) The prognosis for recovery while the Service member or DoD civilian remains in the deployed environment.

   e. Evacuations from theater should follow established in-theater medical evacuation protocols.

Questions regarding this guidance should be directed to my point of contact, Colonel (Col) Theresa Lawson. Col Lawson may be reached at Theresa.Lawson@tma.osd.mil, or (703) 681-8335.

Jonathan Woodson, M.D.

cc:
Surgeon General of the Army
Surgeon General of the Navy
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Deputy Assistant Secretary of Defense for Clinical and Program Policy
Joint Staff Surgeon
Commander, Joint Task Force-National Capital Region/Medical

Bipolar Disorder

Definition

Bipolar disorder, sometimes referred to as manic-depressive disorder, is characterized by dramatic shifts in mood, energy, and activity levels that affect a person's ability to carry out day-to-day tasks. These shifts in mood and energy levels are more severe than the normal ups and downs that are experienced by everyone.

Additional information about bipolar disorder can be found on the NIMH Health Topics page on Bipolar Disorder (www.nimh.nih.gov//health/topics/bipolar-disorder/index.shtml).

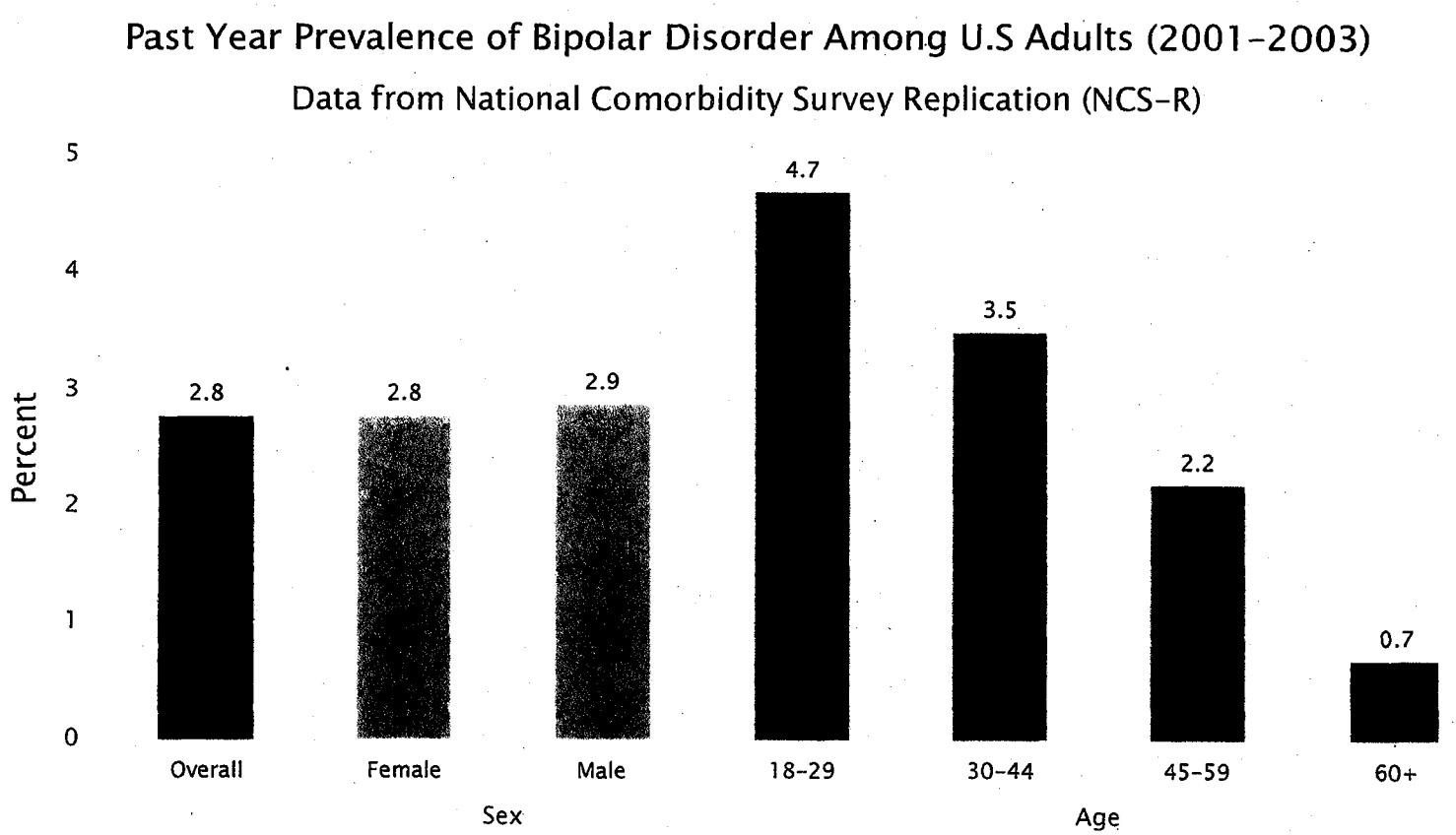
Prevalence of Bipolar Disorder Among Adults

Based on diagnostic interview data from National Comorbidity Survey Replication (NCS-R), Figure 1 shows past year prevalence of bipolar disorder among U.S. adults aged 18 or older.[1]

- An estimated 2.8% of U.S. adults had bipolar disorder in the past year.
- Past year prevalence of bipolar disorder among adults was similar for males (2.9%) and females (2.8%).

An estimated 4.4% of U.S. adults experience bipolar disorder at some time in their lives.[2]

Figure 1



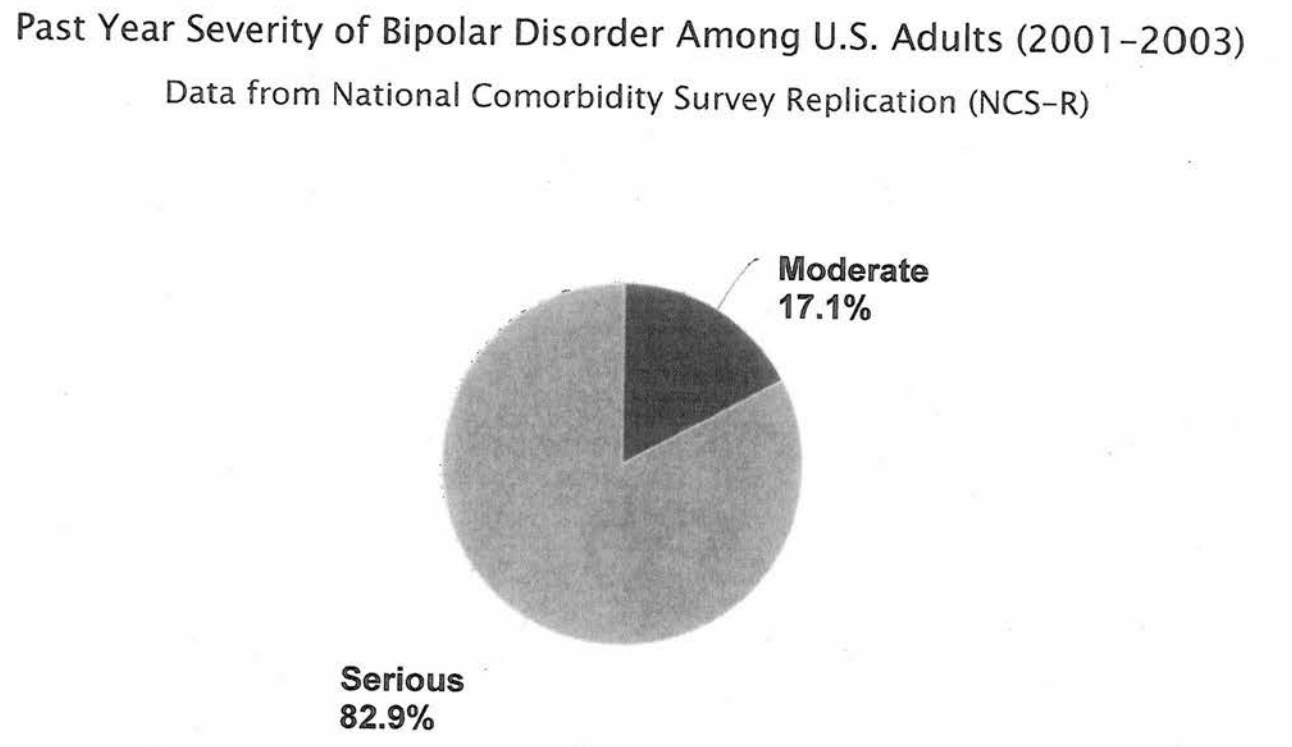
Bipolar Disorder with Impairment Among Adults

Of adults with bipolar disorder in the past year, degree of impairment ranged from moderate to serious, as shown in Figure 2. Impairment was determined by scores on the Sheehan Disability Scale.

An estimated 82.9% of people with bipolar disorder had serious impairment, the highest percent serious impairment among mood disorders.[3]

An estimated 17.1% had moderate impairment.

Figure 2



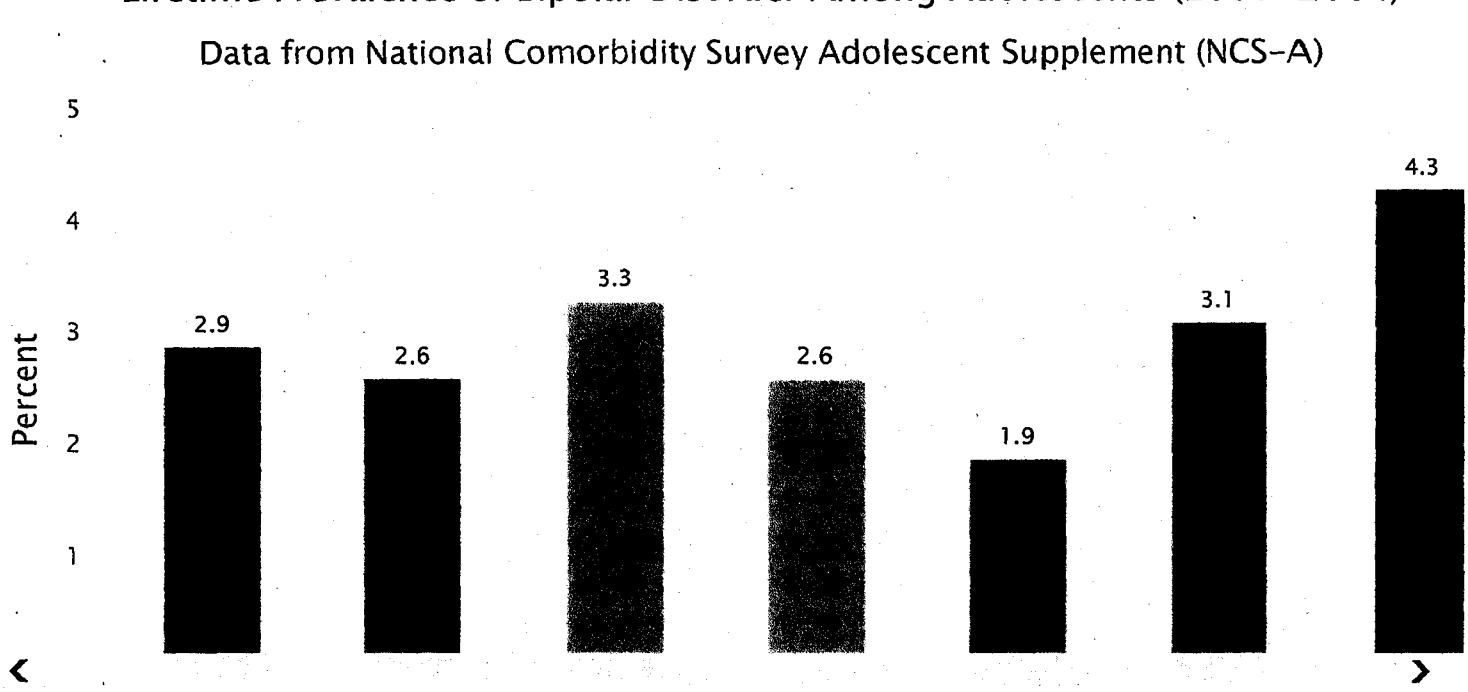
Prevalence of Bipolar Disorder Among Adolescents

Based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), Figure 3 shows lifetime prevalence of bipolar disorder among U.S. adolescents aged 13-18.[4]

An estimated 2.9% of adolescents had bipolar disorder, and 2.6% had severe impairment. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria were used to determine impairment.

The prevalence of bipolar disorder among adolescents was higher for females (3.3%) than for males (2.6%).

Figure 3



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Statistical Methods and Measurement Caveats

National Comorbidity Survey Replication (NCS-R)

Diagnostic Assessment and Population:

The NCS-R is a nationally representative, face-to-face, household survey conducted between February 2001 and April 2003 with a response rate of 70.9%. DSM-IV mental disorders were assessed using a modified version of the fully structured World Health Organization Composite International Diagnostic Interview (WMH-CIDI), a fully structured lay-administered diagnostic interview that generates both International Classification of Diseases, 10th Revision, and DSM-IV diagnoses. The DSM-IV criteria were used here. The Sheehan Disability Scale (SDS) assessed disability in work role performance, household maintenance, social

life, and intimate relationships on a 0–10 scale. Participants for the main interview totaled 9,282 English-speaking, non-institutionalized, civilian respondents. Bipolar disorder was assessed in a subsample of 5,692 adults. The NCS-R was led by Harvard University

ey Non-response:

In 2001-2002, non-response was 29.1% of primary respondents and 19.6% of secondary respondents. Reasons for non-response to interviewing include: refusal to participate (7.3% of primary, 6.3% of secondary); respondent was reluctant- too busy but did not refuse (17.7% of primary, 11.6% of secondary); circumstantial, such as intellectual developmental disability or overseas work assignment (2.0% of primary, 1.7% of secondary); and household units that were never contacted (2.0).

For more information, see PMID: 15297905 and the NIMH NCS-R study page (www.nimh.nih.gov//health/topics/ncsr-study/nimh-funded-national-comorbidity-survey-replication-ncs-r-study-mental-illness-exacts-heavy-toll-beginning-in-youth.shtml).

National Comorbidity Survey Adolescent Supplement (NCS-A)

Diagnostic Assessment and Population:

The NCS-A was carried out under a cooperative agreement sponsored by NIMH to meet a request from Congress to provide national data on the prevalence and correlates of mental disorders among U.S. youth. The NCS-A was a nationally representative, face-to-face survey of 10,123 adolescents aged 13 to 18 years in the continental United States. The survey was based on a dual-frame design that included 904 adolescent residents of the households that participated in the adult U.S. National Comorbidity Survey Replication and 9,244 adolescent students selected from a nationally representative sample of 320 schools. The survey was fielded between February 2001 and January 2004. DSM-IV mental disorders were assessed using a modified version of the fully structured World Health Organization Composite International Diagnostic Interview.

Survey Non-response:

The overall adolescent non-response rate was 24.4%. This is made up of non-response rates of 14.1% in the household sample, 18.2% in the un-blinded school sample, and 77.7% in the blinded school sample. Non-response was largely due to refusal (21.3%), which in the household and un-blinded school samples came largely from parents rather than adolescents (72.3% and 81.0%, respectively). The refusals in the blinded school sample, in comparison, came almost entirely (98.1%) from parents failing to return the signed consent postcard.
For more information, see PMID: 19507169 and the NIMH NCS-A study page (www.nimh.nih.gov//news/science-news/2010/national-survey-confirms-that-youth-are-disproportionately-affected-by-mental-disorders.shtml).

Last Updated: November 2017

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Schizophrenia

Definition

Schizophrenia is a serious and potentially disabling mental disorder that affects how a person thinks, feels, and behaves. Additional information can be found on the NIMH Health Topics page on Schizophrenia (www.nimh.nih.gov//health/topics/schizophrenia/index.shtml).

Prevalence of Schizophrenia

The prevalence rates for such a rare and complex disorder are difficult to generate using typical household surveillance strategies. A diagnosis of schizophrenia requires a thorough assessment by a clinician. To meet diagnostic criteria for schizophrenia, continuous signs of disturbance must persist for at least six months.

Prevalence of Schizophrenia in Adults

The prevalence of schizophrenia is less than 1% of the population. This estimate is based on data from three publications.[1, 2, 3]

Prevalence of Schizophrenia in Children

Schizophrenia in children is rare. However, schizophrenia can emerge at a very early age, even before puberty.[4]

Disease Burden and Affected Populations

Age of Onset

Schizophrenia affects men somewhat more frequently than women.[2]

- Schizophrenia often first appears in men in their late teens or early twenties.
- Onset in women may be later, generally appearing in their twenties or early thirties.

Premature Mortality

Individuals with schizophrenia have an increased risk of premature mortality (death at a younger age than the general population).

- Among people with schizophrenia, the estimated average potential life lost is 28.5 years.[5]
- Medical conditions that may contribute to the higher mortality rate include heart disease, cancer, pulmonary disease, and diabetes.[5]
- Individuals with schizophrenia have a 5% lifetime suicide risk. This rate is far greater than the general population.[6]

Treatment

Coordinated specialty care (www.nimh.nih.gov//health/topics/schizophrenia/raise/what-is-coordinated-specialty-care-csc.shtml) (CSC) is a recovery-oriented treatment program for people experiencing a first episode psychosis, a condition which often accompanies a diagnosis of schizophrenia.

CSC uses a team of specialists who work with the client to create a personal treatment plan including: psychotherapy, medication management geared to individuals with first episode psychosis, family education, case management, and work or education support, depending on the individual's needs and preferences.
The client and the CSC team work together to make treatment decisions, involving family members as much as possible.
The goal is to link the client with a CSC team as soon as possible after psychotic symptoms begin.

The NIMH Recovery After an Initial Schizophrenia Episode (www.nimh.nih.gov//health/topics/schizophrenia/raise/index.shtml) (RAISE) initiative compared the effectiveness of CSC treatment for people who were experiencing first episode psychosis to usual community care. Findings from the initiative include:

Getting people into treatment quickly is very important for recovery.[7]
CSC for first episode psychosis works and can be implemented in clinics across the United States.[8]
CSC is cost effective.[9]

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Updated: November 2017

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Top

Respectfully Quoted: A Dictionary of Quotations. 1989.

NUMBER: 1874

AUTHOR: Douglas MacArthur (1880–1964)

QUOTATION: Upon the fields of friendly strife
Are sown the seeds
That, upon other fields, on other days
Will bear the fruits of victory.

ATTRIBUTION: General DOUGLAS MACARTHUR, *Reminiscences*, p. 82 (1964).

MacArthur wrote these lines while superintendent of the U.S. Military Academy at West Point, New York, 1919–1922, and had them engraved over the entrance to the gymnasium.

SUBJECTS: Victory

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BLUEPRINTS FOR SOUND PUBLIC POLICY

GAYS IN FOREIGN MILITARIES 2010: A GLOBAL PRIMER

February 2010

by Dr. Nathaniel Frank

With
Dr. Victoria Basham, Geoffrey Bateman, Dr. Aaron Belkin, Dr. Margot Canaday, Dr. Alan Okros, and Denise Scott

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Contents

Executive Summary

1. Twenty-five nations now allow gays and lesbians to serve openly in the military.

2. In many of those countries, debate before the policy changes was highly pitched and many people both inside and outside the military predicted major disruptions. In Britain and Canada, roughly two thirds of military respondents in polls said they would refuse to serve with open gays, but when inclusive policies were implemented, no more than three people in each country actually resigned.

3. Research has uniformly shown that transitions to policies of equal treatment without regard to sexual orientation have been highly successful and have had no negative impact on morale, recruitment, retention, readiness or overall combat effectiveness. No consulted expert anywhere in the world concluded that lifting the ban on openly gay service caused an overall decline in the military.

4. The updated research conducted for this study confirm that early assessments by both military and independent analysts hold across time: none of the successes and gains of transitions to full inclusion were reversed by any of the nations studied, or yielded delayed problems over the years in which these militaries allowed openly gay service.

5. Evidence suggests that lifting bans on openly gay service contributed to improving the command climate in foreign militaries, including increased focus on behavior and mission rather than identity and difference, greater respect for rules and policies that reflect the modern military, a decrease in harassment, retention of critical personnel, and enhanced respect for privacy.

6. All the countries studied completed their implementations of repeal either immediately or within four months of the government's decision to end discrimination. These experiences confirm research findings which show that a quick, simple implementation process is instrumental in ensuring success. Swift, decisive implementation signals the support of top leadership and confidence that the process will go smoothly, while a "phased-in" implementation can create anxiety, confusion, and obstructionism.

7. Two main factors contributed to the success of transitions to openly gay service: clear signals of leadership support and a focus on a uniform code of behavior without regard to sexual orientation. Also key are simple training guidelines that communicate the support of leadership, that explain the uniform standards for conduct, and that avoid "sensitivity" training, which can backfire by causing resentment in the ranks.

8. None of the countries studied installed separate facilities for gay troops, nor did they retain rules treating gays differently from heterosexuals. Each country has taken its own approach to resolving questions of benefits, housing, partner

recognition, and re-instatement. Generally, the military honors the status afforded to gay or lesbian couples by that country, and the military rarely gets out in front of the government or other institutions in the benefits offered.

9. Lifting bans on openly gay service in foreign countries did not result in a mass "coming out." Yet gay and lesbian troops serve in all levels of the armed forces of Britain, Canada, Australia, South Africa, and Israel, in both combat and non-combat positions, at both the enlisted level and as high commanders.

10. There were no instances of increased harassment of or by gay people as a result of lifting bans in any of the countries studied.

11. Informal discrimination in treatment and promotions have not been wiped out, but evidence suggests that formal policies of equal treatment for people equally situated helps reduce discrimination and resentment, and helps keep the focus on behavior necessary to complete the mission rather than on group traits that can distract from the mission.

12. The U.S. military has a long tradition of considering the experiences of other militaries to be relevant to its own lessons learned. While there is no doubt that the U.S. military is different from other militaries, such distinctions have not prevented the U.S. military from comparing itself to and learning from foreign armed forces. Using resources like the Foreign Military Studies Office, the U.S. military itself has commissioned research on matters of personnel, health policy,

housing, weapons innovation, technology, counterterrorism, and the question of gay service.

Introduction

I. OVERVIEW

On February 2, 2010, Secretary of Defense Robert Gates and Chairman of the Joint Chiefs of Staff Adm. Mike Mullen told a senate hearing that they support President Barack Obama's plan to end the country's "don't ask, don't tell" policy on gays in the military. "To ensure the Department is prepared" for the ban's end, Secretary Gates announced an eleven-month study period and a military working group that would "thoroughly, objectively, and methodically examine all aspects" of the question of openly gay service "and produce its finding and recommendation in the form of an implementation plan" by the end of 2010. In response to questions from Sen. Susan Collins of Maine, Adm. Mullen said he had spoken to his counterparts in countries that lifted the bans and they told him there had been "no impact on military effectiveness" as a result, and that he was aware of no studies showing that ending "don't ask, don't tell" would harm unit cohesion. Both Adm. Mullen and Sec. Gates, however, called for more study, with the Chairman saying "there's been no thorough or comprehensive work done with respect to that aspect since 1993" and the Secretary saying we need to "address a number of assertions that have been made for which we have no basis in fact."[1]

This study seeks to answer some of the questions that have been, and will continue to be, raised surrounding the instructive lessons from other nations that have lifted their bans on openly gay service. The Palm Center has identified at least twenty-five such countries,

including Britain, Canada, Israel, Australia, and South Africa, which constitute the focus of this report. After summarizing the history of research on gay service in foreign militaries, this study chronicles the specific histories of the policy changes in those five countries. It then returns to in-depth analyses of the empirical results of the policy transitions, with an overview of research results; a brief section detailing how the new policies were implemented; and then individual case-studies organized by country. A final section discusses the relevance of the lessons learned from foreign militaries, addressing the limits and applicability of those lessons to the current situation in the U.S.

II. HISTORY

In the fall of 1992, Canada and Australia lifted their bans on gay service members, and in 1993 Israel followed suit. In 1998, South Africa lifted its ban on gay troops as part of its wholesale reorganization following the fall of Apartheid. And in 2000, Great Britain, the staunchest ally of the U.S., ended its gay ban. Presently 25 nations allow open gays to serve in their militaries, including all the original NATO countries besides Portugal, Iceland and the U.S. Since 1992, Americans have debated the prospect of lifting their gay ban. President Bill Clinton promised to do so when he entered the White House that fall, but in 1993, he agreed to a compromise when resistance from military, political, and religious opponents began to derail his efforts. The result, a Pentagon policy and federal statute collectively known as "don't ask, don't tell," calls for the separation of service members who are revealed to be gay or who engage in "homosexual acts" while

prohibiting the military from asking recruits outright if they are gay, lesbian, or bisexual.

Under the current policy, which was implemented in 1994, over 13,000 service members have been discharged. Republicans have generally opposed lifting the current ban on openly gay service, with party leaders saying the current policy is working. But President Barack Obama, like President Clinton, has promised to lift the ban, and Democrat leaders in Congress have agreed to support the President's efforts. The political leadership, however, has not set a timetable and has not yet moved to halt the discharges either by Presidential order or by legislative repeal, instead simply reiterating its commitment to do so eventually.

Both advocates and proponents of lifting the American ban on openly gay service have said they want to study the experiences of other militaries to inform the debate in the U.S. Over the past twenty years, numerous studies of foreign militaries have been conducted, including studies by the Government Accountability Office, the U.S. Army Research Institute for the Behavioral and Social Sciences, the Rand Corporation, the Palm Center at the University of California, Santa Barbara, and the Defence Ministries of Britain and other nations that transitioned to a policy of full inclusion. The results of each of these studies showed that openly gay service does not undermine unit cohesion, recruitment, retention, morale, or overall combat effectiveness. Until now, however, these results have not been compiled in a single volume or updated to reflect the latest information on the effects of lifting gay bans in the armed forces.

This study brings together the results of all the major research on gays in foreign militaries and updates that research to the present, focusing on the experiences of Britain, Canada, and other English-speaking nations with relatively similar cultures to that of the U.S. The study begins with the historical background of policies on gays in several armed forces. It then discusses the results of research on the impact of lifting gay bans in these nations, with in-depth focus on American allies such as Britain and Canada. Finally, a section on the relevance to the U.S. of foreign militaries offers a detailed explanation of the value and limitations of generalizing from foreign experiences when assessing the prospects for a successful transition in the U.S. The appendix summarizes relevant policies in other nations and includes a list of lessons learned from studying these experiences.

Background

I. BRITAIN

Like the U.S., Britain banned service by gays throughout the 20th century, just as its civilian laws initially criminalized sexual relations between men (laws did not address female same-sex relationships). Depending on the service branch, the military dealt with homosexuals either by banning them outright or by charging them with "disgraceful conduct of an indecent kind," "conduct prejudicial to good order or discipline" or "scandalous conduct by officers."[2]

Reflecting the similarities of American and British culture, the same rationales were invoked to justify the exclusion rules in Britain as in the U.S. The British Ministry of Defence argued that "Homosexual behavior can cause offence, polarize relationships, induce ill-discipline, and as a consequence damage morale and unit effectiveness." One retired general told the BBC that letting gays serve meant "striking at the root of discipline and morale" since service members had to "live hugger-mugger at most times" and that "the great majority do not want to be brought into contact with homosexual practices."[3] Another retired officer who commanded U.N. forces in Bosnia recalled that when he had two gay soldiers in his battalion, he "had extreme difficulty in controlling the remainder of the soldiers because they fundamentally wanted to lynch them."[4]

As in the U.S., the language of homosexual exclusion arguments spoke of "sexual deviancy" and "feminine gestures," and of mental illness and sexually transmitted diseases. The same distinctions between identity and behavior were also made in both nations: in Britain, the rules specified that the admission of homosexuality was grounds for dismissal even if no behavior was involved. And as in the U.S., the history of gays in the British military is replete with surveillance, informants, blackmail, stakeouts, investigations and psychological exams.[5]

By the time the British High Court heard a major challenge to the gay ban in 1995, most of the above rationales had been discredited and abandoned. Although the Court rebuffed the service members' challenge and allowed the military to continue its ban, the Ministry of Defence created the Homosexual Policy Assessment Team to evaluate its policy. The move was a response to a warning by the Court that, despite its current ruling in favor of the military, the gay ban was unlikely to survive a direct challenge in the European Convention on Human Rights which, unlike the British Court, had the authority to force the military's hand.

The assessment team consulted the experiences of other countries, including Canada, Australia and Israel, which had lifted their bans a few years earlier. In their visits, they were repeatedly told by officials that gay service had not undermined military performance. In response, British researchers acknowledged that the ban could be lifted, but that such a change was unlikely not because of a military rationale, but because of political resistance.[6]

The team ultimately recommended that the military retain its ban. Its report made clear that there was no evidence that gays were unsuited to military service and that the assumption that gays were a threat to security and a predatory menace to young troops were unfounded. Rather, the problem was that straight soldiers were uncomfortable around gays, and openly gay service could therefore undermine cohesion and threaten recruitment. Lifting the ban, said the report, "would be an affront to service people" and lead to "heterosexual resentment and hostility." Reform at the urging of civilian society would be viewed by military members as "coercive interference in their way of life." As in the American debate, the moral opposition of straights was tied to military needs, prompting senior leaders to argue that military effectiveness justified gay exclusion.[7]

The military did, however, order a relaxation of enforcement of the ban, mindful of the changes in society taking shape throughout the 1990s, and bracing for a heftier challenge in the European Court of Human Rights, which threatened to cost the government billions in wrongful dismissal claims. Military leaders told commanders only to investigate suspected homosexuals if an unavoidable problem arose. For gays, the change was minimal: they continued to lose their jobs, receive unequal treatment and operate in a climate of discrimination, fear and uncertainty.

On September 27, 1999, the European Court of Human Rights issued its ruling that the British Defence Ministry had violated the European Convention's guarantee of an "equal respect" to "private and family life"[8] and that the policy and the investigations it

prompted were "exceptionally intrusive."[9] The Court rejected the military's claim that the unique circumstances of life in the armed forces justified anti-gay discrimination and ruled that heterosexual bias against gays was no more compelling a reason to ban them than would be animus against groups with a different race or ethnic or national origin. It also dismissed the military's contention that gay service would endanger morale, saying the foundation of such arguments in opinion polls made them unconvincing.

The Ministry of Defence immediately announced that it accepted the ruling and it ordered a halt to all discharges while it studied how to abide by the court's decision.[10] It quickly established a policy of zero-tolerance of discrimination on the basis of sexual orientation and drew up a Code of Social Conduct to govern all sexual behavior among personnel, regardless of gender, sexual orientation, rank, or status. This code of behavior, which still informs current policy, applies to heterosexuals and homosexuals alike. It aims to ensure that sexual relations of any kind do not adversely affect operational effectiveness.[11]

The Chief of Defence Staff General, despite expecting some tough scenarios for commanding officers, expressed confidence in the military's ability to make the changes, saying that "times have changed" since the gay ban was first formulated. "I don't believe that the operational efficiency of the Services will be affected," he said, "although I'm not saying we won't have some difficult incidents." Ultimately, he concluded, "We think we can make it work."[12]

In trying to figure out how to "make it work," the British military considered America's

"don't ask, don't tell" policy. What they found was that it was a "disaster," which "hadn't worked," was "unworkable" and was "hypocritical."[13] Instead, the British military opted for full repeal and based its new regulations on the Australian model, which simply banned public displays of affection, harassment and inappropriate relationships. The Ministry of Defence formally lifted its gay ban on January 12, 2000, within four months of the September court ruling, and invited ousted troops to reapply for service.

II. CANADA

Until 1988, the Canadian Forces had in place an outright ban on gays and lesbians in uniform: they were barred from service and anyone who believed a peer was gay was required to report the suspicion to a superior. The Canadian ban was relaxed in 1988, as pressure mounted to bring the policy in line with the 1978 Canadian Human Rights Act and the 1985 Canadian Charter of Rights and Freedoms. The important policy shift dictated that the CF would not knowingly enroll homosexuals but would allow gays who did serve to stay in uniform, albeit with no opportunities for advancement. Generally, enforcement of the restrictions against known gays and lesbians was loosened during this period, but unequal treatment of heterosexual and gay troops remained: known gays and lesbians were routinely denied promotions, security clearances and awards. The Department of National Defence continued to argue that a formal ban was necessary to protect "cohesion and morale, discipline, leadership, recruiting, medical fitness, and the

rights to privacy of other members."[14]

Yet momentum was growing in favor of change. Inspired by other court decisions, five service members sued the Canadian Forces and won an initial ruling that the gay ban violated the Charter of Rights and Freedoms. Ultimately, the Canadian military agreed to settle its case in 1992, acknowledging that it was unlikely to win the case on its merits.

Key to the CF's internal research was a 1986 survey of active-duty CF troops that was interpreted to indicate that heterosexual male members were strongly opposed to the removal of the ban and that the presence of homosexuals could lead to a serious decrease in operational effectiveness.[15] Countering this perspective were several reviews of policies, the outcomes of legal proceedings, and internal assessments of the defensibility of the 1988 interim policy. These reviews culminated in the conclusion by the CF that it could not successfully appeal the finding of the suit by former CF member Michelle Douglas, which in turn resulted in the 1992 decision to repeal the exclusionary 1988 policy rather than continue legal proceedings to justify its retention.

It is sometimes thought that reform in Canada went over without much resistance. In actuality, opposition was intense. Surveys showed that majorities of those in the military would not share sleeping and bathing quarters with known gays, and many said they would refuse to work with gays or accept a gay supervisor. A military task force was formed during the debate, which recommended that gay exclusion remain, on the grounds that "the effect of the presence of homosexuals would [lead to] a serious decrease in

operational effectiveness." Even when the military determined it would lose its case in court, the government delayed the change because of vociferous opposition by conservatives in Parliament. The similarities to opposition in the U.S. were striking.[16]

III. AUSTRALIA

The Australian Defence Forces did not see quite the same fight as did Canada, but there was certainly resistance to equal treatment. The military only formalized its ban on gay troops in 1986. Before that, commanders were given wide discretion to decide when to boot gays, and leaders were able to rely on civilian laws against sodomy and homosexual relations to root them out. Ironically, it was at the very moment when the rest of society was liberalizing its limitations on homosexual behavior that the Australian military tightened its own regulations on gay troops. State and federal laws banning sodomy fell during this decade, as the country brought its laws into conformity with new international human rights accords. Unable to continue to draw on civilian laws against homosexual behavior, the ADF banned homosexual service outright in 1986.[17]

The short-lived Australian gay ban was always weaker than the policies in many of its ally nations. While there were reports of witch hunts and unequal treatment, the policy was often enforced unevenly and the tolerance and inconsistent enforcement extended to commanders throughout the services, who were often aware of gays and lesbians under their command and took no steps to kick them out. In the years leading up to the ban's

formal end, the ADF had been pressed to respond to several cultural trends toward liberalization and to specific complaints that the military was not doing enough to recruit, retain and respect women and racial and ethnic minorities. Such criticism could not be ignored, as the armed forces were finding it difficult to fill their ranks with capable service members.[18]

It was in this context—one that highlighted the needs of the military as much as the social and cultural pressures for greater tolerance—that the Australian military began to consider formally ending its restrictions on gays and lesbians. Legal considerations also held sway: in 1980, the Commonwealth had adopted the International Covenant on Civil and Political Rights. While homosexuality was not explicitly mentioned in the covenant, political leaders interpreted the agreement to mean discrimination on the basis of sexual orientation should be banned. For instance, when a lesbian soldier complained to the Australian Human Rights and Equal Opportunities Commission that her sexual orientation was the partial basis of her discharge, the ADA agreed to review its policy.

While the military chose to retain its formal ban at that time, political pressure was mounting and the government created a study group to look into the policy and make a formal recommendation. During the study period, those who opposed gay service made the familiar arguments: the presence of known gays and lesbians would compromise effectiveness by impairing cohesion and driving down morale. Nevertheless, the study group recommended in 1992 that the gay ban be replaced with a policy of nondiscrimination, and the liberal government of Prime Minister Paul Keating, helped by

the health minister's argument that keeping homosexuality a secret exacerbated efforts to fight AIDS, ordered the new policy implemented immediately.[19]

As was the case elsewhere, the changes were vehemently opposed. The Defence Minister and the Service Chiefs strongly opposed lifting the ban, with a Defence spokesman saying, "The real issue in this debate is not civil liberties, but rather the legitimate concerns of the service chiefs about the need to maintain unit cohesion and discipline in the forces." A representative of the Armed Forces Federation said that 98% of the troops would be "disappointed" with the lifting of the ban, and that they were not anti-gay but simply "not comfortable with the situation." The major veterans' group in Australia insisted that tolerating known gays would undermine cohesion and break the bonds of trust that were essential to an effective military. Some claimed that the presence of gays would increase the spread of HIV through battlefield blood transfers, even though health officials say the best way to fight this prospect is to be able to identify those with AIDS rather than require them to remain in the closet.[20]

IV. SOUTH AFRICA

During the apartheid era, the South African military maintained a dual policy on homosexuality. Fully prohibited among members of the permanent force, homosexuality was officially tolerated among the conscript force to prevent malingering. But official toleration was accompanied by aversion shock therapy, chemical castration, and other human rights abuses against gay and lesbian personnel which have only recently come to

light in the new South Africa. When the apartheid regime fell in 1994, the new democratic government committed itself to addressing human rights considerations, including the status of gays and lesbians. After the South African Constitution adopted a provision of non-discrimination on the basis of sexual orientation in 1996, the South African military followed suit. In 1998, the South African National Defence Force (SANDF) implemented an Equal Opportunity and Affirmative Action policy that formally declared that there would no longer be discrimination against gays and lesbians in the armed services and that the military was officially uninterested in the sexual orientation of any of its service members, gay or straight.

The groundwork for the inclusion of a gay rights provision in the Constitution had been laid in 1992, when gay activists persuaded the (then exiled) African National Congress (ANC) to adopt a policy on sexual orientation.[21] The Democratic Party and the Inkatha Freedom party—other major players in South African politics—similarly each took a pro gay rights stance.[22] As a result of this political support, sexual orientation was included in the draft Constitution when the ANC first came to power in 1994.

During this process of constitutional review, the National Party objected to specific mention of sexual orientation in the document.[23] The gay rights provision was opposed most strongly by the African Christian Democratic Party, which argued that homosexuality was anti-family, anti-Christian, and anti-African.[24] In 1996, over the objection of conservatives, the new Constitution was adopted with an equality provision which read that "the state may not unfairly discriminate against anyone on one or more

grounds, including race, gender, sex, pregnancy, martial status, ethnic or social origin, colour, *sexual orientation*, age, disability, religion, conscience, belief, culture, language, and birth . . ."[25] Since the adoption of the Constitution, both state and non-state actors have worked to bring various state policies and laws into line with the Constitution; the South African government has committed itself to "reform economic and social conditions for the majority of South Africans left wanting by the apartheid regime."[26]

In order to bring its governing principles fully into compliance with the new Constitution, the Ministry of Defence embarked on a defense review process in which it invited public input on all facets of its operating procedures and policies. There was one day during the review process, according to Lindy Heinecken, Deputy Director for the Center for Military Studies, South African Military Academy, "when there was very intense discussion about what the gay rights clause would mean in each and every sector of military life."[27] The issue of homosexuality in the military had generated little public debate prior to the adoption of the new Constitution. For one thing, according to Graeme Reid, "the terms of the debate were so different because there was so much resistance to being in the military [generally]" during the apartheid era.[28] And despite some initial concerns, "the Department of Defence considered the [integration of homosexuals] as a fait accompli," according to Evert Knoesen, Director of the Lesbian and Gay Equality Project (formerly the National Coalition for Lesbian and Gay Equality).[29] Thus, the policy change came from within the Department of Defence itself. "The DOD decided to make its own policy," according to SANDF Colonel Jan Kotze, "taking its cue from the stipulations of the Constitution."[30]

The policy on sexual orientation was included as part of the DOD's Equal Opportunity and Affirmative Action policy, which was initially promulgated in 1998, then reviewed and readopted again in 2002.[31] Under this policy, recruits are not questioned about their sexual orientation and the SANDF is officially unconcerned about lawful sexual behavior on the part of its members. Instead, behavior by anyone that is considered sexually atypical or immoral, and that is considered a threat to military discipline or effectiveness is subject to punishment. The policy applies to people regardless of their sexual orientation, but leaves considerable discretion in the hands of commanders.[32]

V. ISRAEL

Like Australia, the state of Israel did not have a longstanding, explicit ban on homosexual service members, but used discretion to determine when commanders believed gay or lesbian troops were problematic and worthy of exclusion. For most of the country's short history, not surprisingly, routine prejudice meant that the Israel Defense Forces dismissed known gays because leaders assumed their sexuality made them unsuitable. A 1983 regulation made clear that service members were not to be discharged simply because they were gay, but required them to undergo a mental health evaluation and banned them from top secret positions.[33]

A decade later, while the U.S. was embroiled in an agonizing discussion about gay

service, Israel began its own, more tempered debate. Ironically, given how the American policy would end up, Israeli officials acknowledged that President Clinton's support for gay service had been influential in driving debate in Israel, where the issue of gay rights had never been discussed at such high levels of government. The discussion was also prompted by an unusual hearing at the Knesset, the Israeli Parliament, when Uzi Even, the chairman of the Chemistry Department at Tel Aviv University, and a senior weapons development researcher, told the nation he had been stripped of his security clearance when his homosexuality was revealed. Even had supplied the government with top-notch security research for fifteen years. He was deemed a security threat even though he had just come out of the closet, thus neutralizing any possibility of blackmail.[34] (In 2002, Even became the first openly gay member of the Knesset, suggesting how far tolerance has grown in Israeli society in a decade.[35])

With the vocal support of Prime Minister Yitzhak Rabin, who stated, "I don't see any reason to discriminate against homosexuals," and the military chief of staff, Lt. Gen. Ehud Barak, a military committee was created to review the policy and make recommendations for change. With no military officials testifying against reform, the review committee recommended new regulations that officially "recognized that homosexuals are entitled to serve in the military as are others." [36] In response, the Israeli military banned any restrictions or differential treatment based on sexual orientation, and ordered that decisions about placement, promotion and security clearances be based on individual aptitude and behavior without regard to orientation.

The absence of official resistance did not mean that Israel had ceased to be a homophobic culture—founded, as it was, on biblical precepts, with a government heavily influenced by religious Jews, and a society enamored of macho men. A study conducted in the 1980s found that Israelis had more negative attitudes toward homosexuals than Americans. Even in the 1990s, Israel's organized gay rights lobby was miniscule compared to its American counterparts, thus limiting the strength of voices pressing for reform. And the military was, like in the U.S., a particularly conservative institution within the larger society. During induction, gays were referred to a psychologist for an evaluation. "Based on the assumption, correct or incorrect, that sometimes along with homosexuality come other behavioral disturbances, we conduct a more in-depth clinical interview," said Dr. Reuven Gal, who was chief psychologist for the IDF.[37]

In the early 1990s, Ron Paran, a psychologist working with gays and lesbians in Israel, found marked homophobia in Israeli society, particularly in the military. "I think there are still a lot of people in the psychiatric profession and in the army who still see homosexuality as a problem," he said, "and this policy is their way of expressing that." Paran said Israel was a "paradox" in which the laws are "much more liberal than the general society." As in society generally, he said the military was instinctually uncomfortable with homosexuality. "I work with a lot of teachers and parents who may cognitively understand homosexuality, but in their emotional response to it are still very backward. The army is the same way."[38]

Yet as a nation with compulsory service, which recognized the formative role of that

service in creating a sense of citizenship, Israel determined by 1993 that it was unfair, unwise and unnecessary to bar an entire group of people from the military. Its new regulations said that "there is no limit on the induction of homosexuals to the army and their induction is according to the criteria that apply to all candidates to the army."[39]

Research on the Impact of Lifting Bans on Service by Gays and Lesbians in Foreign Militaries

Overview

The findings of an overwhelming critical mass of research on the experience of foreign militaries that have lifted their gay bans are that the transition had no negative impact on military effectiveness. Upon further examination, the only effects of lifting gay exclusion rules have been positive ones. Militaries in Great Britain, Australia, Canada, and Israel and S. Africa have seen increased retention of critical skills, reductions in harassment, less anxiety about sexual orientation in the ranks, greater openness in relations between gays and straights, and less restricted access to recruitment pools, as schools and universities welcomed the military back onto campus for dropping their discriminatory practices. Above all, none of the crises in recruitment, retention, resignations, morale, cohesion, readiness or "operational effectiveness" came to pass.

In 1993, the U.S. Secretary of Defense, Les Aspin, commissioned the Rand Corporation to conduct a broad study of lessons relevant to lifting the gay ban in the U.S. Rand sent a team of seventy-five multi-disciplinary social scientists from its National Defense Research Institute across the world to study the issue. Sociologists, psychologists, anthropologists, historians, economists, doctors, lawyers and national security experts

studied the scientific literature on a broad range of related topics: group cohesion, the experiences of foreign militaries, the theory and history of institutional change, public and military opinion, patterns of sexual behavior in America, sexual harassment, leadership theory, public health concerns, the history of racial integration in the military, policies on sexuality in police and fire departments, and legal considerations regarding access to military service.

The result was a 500-page study, completed in July 1993. It offered assessments of policies on gay service in Canada, Israel, and Britain, as well as Norway, the Netherlands, France, Germany, and others. At the time, Britain was the only nation of those studied to have a full ban on gay service. Of those that allowed gays to serve, Rand found that "none of the militaries studied for this report believe their effectiveness as an organization has been impaired or reduced as a result of the inclusion of homosexuals." In Canada, where the ban had just ended, Rand found "no resignations (despite previous threats to quit), no problems with recruitment, and no diminution of cohesion, morale, or organizational effectiveness." Rand found roughly identical results for Israel. Its researchers concluded that sexual orientation alone was "not germane" in determining who should serve. The authors stated that the ban could be lifted in the U.S. without major problems, so long as senior leaders got behind the change and clear guidelines were disseminated throughout the chain of command. They also suggested that the Uniform Code of Military Justice's ban on consensual sodomy should be eliminated.[40]

In 1992 and 1993, the GAO conducted two in-depth studies of foreign militaries. In the

first study, researchers looked at 17 different countries, and eight police and fire departments in four U.S. cities, and reviewed military and non-military polls, studies, legal decisions and scholarly research on homosexual service. The GAO study noted previous studies conducted by the U.S. military, including the 1957 Crittenden Report and the 1988-89 PERSEREC studies. Incorporating these studies and its own new research, GAO recommended in an early draft that Congress "may wish to direct the Secretary of Defense to reconsider the basis" for gay exclusion. The final GAO report, however, deleted this suggestion.[41]

In 1993, GAO reported findings from its second study, this one an assessment of twenty-five foreign militaries. In Australia, GAO found, "Effects on unit cohesiveness have not yet been fully determined. However, early indications are that the new policy has had little or no adverse impact." Research over time confirmed that openly gay service in Australia caused no trouble. Three years later, when Britain was considering lifting its ban, government researchers issued a report on the situation in Australia, which concluded that, despite an early outcry, homosexuality quickly became a non-issue: any challenges in integrating open gays were regarded as "just another legitimate management problem." Research on Israel by both the GAO and the Rand Corporation found the same results.[42]

In 1994, The U.S. Army Research Institute for the Behavioral and Social Sciences also studied the situation in Canada and concluded that anticipated damage to readiness never materialized after the ban was lifted: "Negative consequences predicted in the areas of

recruitment, employment, attrition, retention, and cohesion and morale have not occurred" since the policy was changed, the report stated.[43]

In 2000, after Britain lifted its ban, The Palm Center at the University of California, Santa Barbara, conducted exhaustive studies to assess the effects of openly gay service in Britain, Israel, Canada and Australia. Palm researchers reviewed over 600 documents and interviewed over one hundred international experts, contacting every identifiable professional with expertise on the policy change, including military officers, government leaders, academic researchers, journalists who covered the issue, veterans and nongovernmental observers. Palm found that not one person had observed any impact or any effect at all that "undermined military performance, readiness, or cohesion, led to increased difficulties in recruiting or retention, or increased the rate of HIV infection among the troops."[44] Those interviewed—including generals, civilian defense leaders, field commanders, and many officials who had predicted major problems if gays were permitted to serve openly—uniformly reported there had been "no impact." Researchers repeatedly encountered the same narrative: lifting the ban was "an absolute non-event"; openly gay service was "not that big a deal for us"; open gays "do not constitute an issue [with respect to] unit cohesion" and the whole subject "is very marginal indeed as far as this military is concerned"; whether gays serve openly or not "has not impaired the morale, cohesion, readiness, or security of any unit"; the policy change has "not caused any degree of difficulty."[45]

A 2002 report by the British MOD reconfirmed that "there has been no discernible impact

on operational effectiveness" as a result of ending the gay ban and that "no further review of the Armed Forces policy on homosexuality" was necessary.[46] In 2006, the MOD reiterated its commitment to welcoming open gays and lesbians, saying "The Armed Forces are committed to establishing a culture and climate where those who choose to disclose their sexual orientation can do so without risk of abuse or intimidation." That year, the service branches began working with gay rights groups to recruit members, and over the next three years dropped rules banning gay service members from marching in gay pride parades in uniform.[47]

A 2003 study of the South African military conducted by Palm scholars found that allowing openly gay service "has had little or no impact on recruitment, retention, morale, unit cohesion, or operational effectiveness." And in 2007 an official and former officer from the Israel Defense Forces confirmed that Israel's policy transition had been a success, saying, "It's a non-issue."[48] In 2009, the *Associated Press* spent two months investigating the experiences of foreign militaries with gay service, and reported that "Israel has had no restrictions on military service," that same-sex partners are welcomed to officer events, and that the new policy of equal treatment is "now considered thoroughly uncontroversial."

The updated investigations into the experiences of foreign militaries with openly gay service corroborates that none of the twenty-five nations that dropped their bans have experienced any detriment to cohesion, recruitment, or readiness. These results do not mean that everybody was happy with openly gay service. Nor do they mean that such

resistance and resentment were entirely without consequence. Many people were upset about the transition. Male service members, in particular, continued to express concern that the presence of known gays in a unit might damage morale, and the anti-gay sentiment sometimes manifested itself in harassment or abuse. But the evidence has been consistent that these reactions to the policy change did not translate into overall impairment of military effectiveness.

How Foreign Militaries Implemented Policies of Inclusion

Recently, attention in the U.S. has focused on how best to implement new policies of inclusion that do not discriminate on the basis of sexual orientation. Secretary of Defense, Robert Gates, has said that the Pentagon would require "at least a year" to implement repeal once the decision was made to lift the ban and that the military would spend months studying repeal and consulting the troops. Gates said that "trying to impose a policy from the top without regard for the views of" those directly affected by reform would be a "stupid" way to implement the change.[49]

Yet research concludes unequivocally that such policy changes are most successful when implemented quickly. Such research is summarized in the 1993 Rand study, which Secretary Gates has asked to be updated. According to that report, the two most important factors in a personnel policy transition of this nature are decisive leadership and a single code of conduct for all personnel. Rand found that a successful new policy must be

"decided upon and implemented as quickly as possible" to avoid anxiety and uncertainty in the field. It stated that "fast and pervasive change will signal commitment to the [new] policy," while "incremental changes would likely be viewed as experimental" and weaken compliance. It also concluded that "any waiting period permits restraining forces to consolidate," and that "phased-in implementation might allow enemies of the new policy to intentionally create problems to prove the policy unworkable." Finally, it recommended that any new policy be implemented and communicated "as simply as possible" to avoid piling on confusing changes incrementally that would force service members to endure new rules every few months instead of having to adjust only once.[50]

New reports have also indicated that the study groups would address whether separate facilities, such as barracks and showers, would be needed in order to lift the ban.[51] Yet Rand cautioned against instituting separate facilities for minority groups, citing the resentment and damaging focus on gender distinctions that have resulted from different standards for men and women.[52] This is a point that was echoed recently by retired Marine General Carl Mundy, former Commandant of the U.S Marine Corps, who, despite opposing openly gay service, has said that "the easiest way to deal with it is to make it as simple as possible. The last thing you even want to think about is creating separate facilities or separate groups or separate meeting places or having four kinds of showers — one of straight women, lesbians, straight men and gay men. That would be absolutely disastrous in the armed forces. It would destroy any sense of cohesion or teamwork or good order and discipline."[53] The idea was also rejected by Charles Moskos, widely considered the intellectual architect of "don't ask, don't tell." When President Clinton

publicly considered segregated facilities in March 1993, an idea roundly cried down by gay advocates, Moskos mocked the idea: "Not only would there be physical problems, but also the problem of labeling units. What are you going to call these groups? The "Fighting Fags?" Come on, it can't be done."[54]

Rand's research on the importance of a swift implementation has been borne out in foreign militaries that have lifted their bans. In the 1990s, court rulings in Canada and Britain mandated that gay troops be allowed to serve openly; in both cases, the transitions were implemented in a matter of months, and uniformly assessed as successful. The Canadian Forces announced it would accept the court ruling and end the ban immediately. "It does take a commitment from the top," said John de Chastelain, then was Chief of the Canadian Defense Staff. He directed the military to revise its harassment guidelines, institute appropriate training programs, and formulate policies to address complaints and ensure enforcement of the new rules.[55] In Australia, a special committee recommended repeal and the government voted to move forward, with the Prime Minister ordering the policy change be implemented immediately. It was replaced with a general instruction on "sexual misconduct policy" prohibiting any sexual behavior that negatively impacted group cohesion and did not distinguish between homosexuality and heterosexuality. These successful examples suggest the research is correct that swift, simple implementation of a single code of conduct, backed by strong leadership from the top, is the most effective way to ensure a smooth transition to inclusive policies.

Case Studies

I. BRITAIN

The earliest research on the impact of openly gay service in Britain came from the British Ministry of Defence. In 2000, six months after lifting its ban, the Ministry of Defence issued a report about the impact of the policy change. The document was intended for internal use only and not for public release, suggesting it represented a candid, accurate assessment of the transition, without risk of being swayed by the requisites of politics or public relations. In addition, it had the benefit of full access to all available data.

The conclusions were definitive. The lifting of the ban was "hailed as a solid achievement" which was "introduced smoothly with fewer problems than might have been expected." The MOD found that all three services "reported that the revised policy on homosexuality had had no discernible impact, either positive or negative, on recruitment."[56] The review concluded that the new Code of Social Conduct had been central to the success of the new policy. Its emphasis on behavior now meant that commanders could make sure that the problematic conduct of any individual, if and when it arose, could be managed, and that operational effectiveness could, as a result, be maintained. Hence, the MOD noted that the code had become "a useful guide for commanding officers in dealing with all issues surrounding personal relationship and behavior, going wider than just homosexual issues."[57] There was "widespread acceptance of the new policy" and military members generally "demonstrated a mature and

pragmatic approach" to the change. There were no reported problems with homosexuals harassing heterosexuals, and there was "no reported difficulties of note concerning homophobic behavior amongst Service Personnel." The shift to inclusion meant that the military could now access more college recruiting fairs, which were previously off limits because of opposition to the ban from students and educational establishments. The report concluded that "there has been a marked lack of reaction" to the change.[58]

Independent assessments by senior government and military officials in Britain consistently confirmed the military's findings that lifting the gay ban had no negative impact on performance. "At the end of the day, operational effectiveness is the critical matter, and there has been no effect at all," reported a high-level official. Just nine months after the new policy was instituted, this official told Palm Center researchers that "homosexuality doesn't even come up anymore—it's no longer an issue." One lieutenant colonel reported that "there has been absolutely no reaction to the change in policy regarding homosexuals within the military. It's just been accepted." He said that emphasis on fair treatment and personal responsibility meant people had ceased to focus on sexual orientation and cared far more about individual performance and responsibility to the team. Even the very vocal worries about privacy and sharing showers and berths with gays—a perpetual focus of resistance in the U.S.—turned out to be unwarranted. A press official at the Ministry of Defence said that "the media likes scare stories—about showers and what have you. A lot of people were worried that they would have to share body heat in close quarters or see two men being affectionate, and they would feel uncomfortable. But it has proved at first look that it's not an issue."[59]

Experts repeatedly expressed surprise at how little the change had meant, and how much easier the transition had been than what they expected, given the vocal resistance before the ban ended. The military's director of personnel said, "We've had very few real problems that have emerged, and people seem to have, slightly surprisingly, settled down and accepted the current arrangements. And we don't really have the problems that we thought we'd have." An official of the Personnel Management Agency said, "The anticipated tide of criticism from some quarters within the Service was completely unfounded." One commander attributed the smoother-than-anticipated transition to a generation gap, finding that "our youngsters have just taken it in stride." He concluded that "it's a major non-issue, which has come as a considerable surprise."[60]

In 2002, the MOD revisited its new policy on sexual orientation and the Code of Social Conduct "in light of thirty months' experience since both were introduced." Officials concluded that "there has been no discernible impact on operational effectiveness," that the code had been "well received," and that "no further review of the Armed Forces policy on homosexuality" was necessary.[61] This is not to say that there were no negative outcomes associated with the policy. For example, the Army reported in 2002 that "homosexuals are not readily accepted by all, and this may influence an individual in deciding whether to expose his or her sexual orientation." [62] However, what both of the MOD's initial reviews and the systematic appraisal of the evidence carried out by Belkin and Evans confirm, is that for all three services of the British Military, the transition from exclusion to inclusion had no tangible impact on operational effectiveness. The inclusion

of gays and lesbians in the British Armed Forces had no impact on the military's ability to fulfill its function to defend the United Kingdom and its interests.

Recently, some opponents of gay service in both the U.S. and the U.K. cited the 2002 study as evidence that Britain had suffered negative consequences as a result of lifting its gay ban. They referenced an article published in 2007 by the conservative *Daily Mail*, entitled "Lifting Ban on Gays in Armed Forces Caused Resignations, Report Reveals" which claimed that the 2002 study showed that "Britain's armed forces faced a spate of resignations in protest when the government lifted the ban on homosexuals serving in the military." The 2002 report, however, nowhere mentions a "spate of resignations." Here is what the report says:

Navy: "When first announced the change in policy was not openly welcomed by many, but reaction was generally muted. Since that it has been widely agreed that the problems initially perceived have not been encountered, and for most personnel sexual orientation is a 'non-issue.'"

Army: "The general message from COs [commanding officers] is that there appears to have been no real change since the new policy was announced."

Air Force: "All COs agreed that there had been no tangible impact on operational effectiveness, team cohesion, or Service life generally."

Regarding the "spate of resignations," what the Ministry report actually says is that, "there remains some disquiet in the Senior Ratings' Messes concerning the policy on homosexuality within the Service. This has manifested itself in a number of personnel electing to leave the Service, although *in only one case* was the policy change cited as the only reason for going. Nonetheless, homosexuality is not a major issue and, to put the effect of the policy change into context, the introduction of Pay 2000 and pay grading caused a far greater reaction."[63] We sought comment from the Directorate of Service Personnel Policy at the British Ministry of Defence about the *Daily Mail* article. In response, we received an email stating: "We were irritated by the article because it put a very negative slant on what was, in reality, a positive outcome."[64]

The Royal Air Force has found its inclusive policy to be so successful that, since 2006, it has worked with Stonewall, the largest gay rights group in England, to help it attract gay and lesbian recruits. The deal means the Air Force was placed on Stonewall's "Workplace Equality Index," a list of Britain's 100 top employers for gays and lesbians, and that Stonewall provides training about how to create an inclusive workplace environment with greater appeal to gays and lesbians. The Air Force also agreed to provide equal survivor benefits to same-sex partners and to become a sponsor of the Gay Pride festival. The MOD endorsed the policy in 2006 saying, "The Armed Forces are committed to establishing a culture and climate where those who choose to disclose their sexual orientation can do so without risk of abuse or intimidation."[65]

The Air Force action was prompted in part by recruitment shortfalls. But the move also

makes clear that the British Forces believe that a climate of inclusivity and equal treatment makes for a superior military, further evidence that the only impact of gay inclusion is a positive one. At the 2007 British gay pride parade, a Royal Navy commander made this point, stressing that what mattered to military effectiveness was teamwork. "If the team is functioning properly, then we're a professional fighting force," he said. "We want individuals to be themselves 100%, so they can give 100% and we value them 100%." Background, "lifestyle" and sexuality were not a part of the equation, he said, adding that the armed forces recruit "purely on merit and ability" and new members become a "member of the team and are valued as such."[66] As the MOD's 2000 internal assessment had suggested, the replacement of a group-specific ban with a policy of equal treatment had helped to shift focus away from sexual identity, precisely the aim of the new policy. Because the British Code of Social Conduct emphasizes good behavior and fair treatment for all, sexuality has come to be regarded as a private matter and service members have been freed to concentrate on the duty of each member to behave in ways that are beneficial to the group. The report indicated that the policy change had produced "a marked lack of reaction. Instead of focusing on sexual identity, discussion is concerned with personal responsibility across the board, and on proper behavior rather than identity politics.

The MOD report also indicated that, because colleges no longer banned the military from campus, recruitment prospects were brightened by greater access to potential recruits: "Some areas that had previously closed to the Forces, such as Student Union 'Freshers' Fairs' are now allowing access to the Services because of what is seen to be a more

enlightened approach." Indeed, the MOD called recruitment "quite buoyant" in the year after the ban was lifted. After several years of shortfalls, the year both before and after the policy change finally saw recruiting targets filled. [67]

Recent Evidence

This section updates research conducted in the early stages of Britain's policy change to provide a more comprehensive assessment of the overall impact of the transition to full equality for gays and lesbians. It adds recent testimonies of serving military personnel and experts on the transition and its long-term implications. The additional research shows that the British Military's post-2000 measures on sexual orientation have been successful for one reason above all: instead of building policy around assumptions about what impact the presence of sexual minorities in the military could have, the MOD prioritized the impact of actual behavior on operational effectiveness. Though sexual behavior has always been important to British Military judgment on sexual orientation, the recognition that anyone can engage in behavior that could harm unit cohesion is highly significant. Moreover, it more accurately reflects the situation on the ground where the older notion that unit cohesion requires soldiers to develop deep interpersonal bonds has been replaced by the recognition that soldiers bond through shared commitment to tasks. As such, *all* soldiers are now judged on their behavior, on their commitment to unit tasks, priorities, and discipline, irrespective of sexual orientation.

All the evidence indicates that the conclusion of the British Military's own internal reviews of the new policy, conducted both six months and 30 months after enactment, still applies: the transition has been characterized by a "marked lack of reaction" throughout the ranks.[68] A spokesman for the Ministry of Defence reiterated in 2010 that ending the gay ban in Britain had "absolutely no impact at all on operational effectiveness."[69] In 2006, the Navy became the first to allow troops to march in uniform at the annual Gay Pride parade in London in, and the Royal Air Force and Army followed suit in 2007 and 2008 respectively.[70]

This is not to conclude, of course, that no one reacted negatively to the change; some members of the force complained about the new policy. But according to all available evidence, the transition has had no negative impact on the overall effectiveness of the British military. Because the policy change has had no perceptible impact on unit cohesion, morale, or operational effectiveness, it is widely regarded as an overwhelming success. In addition, there is no indication that the policy change has had any effect on recruiting, training completion, or resignation rates. There have been no widespread or endemic problems with harassment or sexual misconduct associated with the new policy. In short, the transition from inclusion to exclusion has been a smooth one. The section concludes with a short discussion of the implications of the British experience for the United States Military.

The Code of Social Conduct does not offer an exhaustive list of unacceptable conduct, and it does give military commanders some discretionary authority in determining the

detriment of a given incident to operational effectiveness. However, it targets behaviors that could undermine trust and cohesion, rather than members of a specific social group. These include unwelcome sexual attention, whether physical or verbal, over-familiarity with the spouses or partners of other service personnel, overt displays of affection which might cause offense to others, behavior that could damage the marriage or personal relationships of service personnel or civilian colleagues within the wider defense community, and taking sexual advantage of subordinates. While lesbian and gay personnel could behave in ways that breach the code, none of these behaviors are exclusive to them. The code could equally be breached by heterosexual personnel. That the code applies to all service personnel calls attention to the fact that there is no clear correlation between a person's sexuality and how he or she behaves. Indeed, the amount of time and resources that the MOD has spent tackling endemic sexual harassment of servicewomen by servicemen in recent years suggests that sexual relations between heterosexual personnel may be far more problematic for operational effectiveness than those between homosexuals, and that the social code is an important tool for commanders faced with such difficulties.[71]

Militaries have long regarded cohesion among soldiers as integral to maintaining operational effectiveness. The nature of that cohesion is still disputed[72] but among the two most well-established positions that have emerged, it is task cohesion rather than social cohesion that overwhelmingly reflects the realities 'on the ground' among soldiers serving in Western Armed Forces.[73] Following World War II, many argued that "social cohesion" was the key determinant of military readiness, and that effectiveness is

facilitated by "intimate interpersonal relationships" between military recruits.[74] Nonetheless, the second position, which arose from doubts over the reliability of social factors as a causal indictor of cohesion, suggests that "task cohesion"—a "shared commitment among members to achieving a goal that requires the collective efforts of the group"—is a much more reliable indicator of military readiness.[75] As we have noted elsewhere,[76] while the *idea* of social cohesion is still promoted in some British military doctrine, research with members of the British Armed Forces (2003- 2006) supports the claim that "military performance depends on whether service members are committed to the same professional goals."[77] Consequently, task cohesion is far more important than interpersonal relationships for developing relationships of trust with fellow service personnel. The Code of Social Conduct reflects this fact by acknowledging that it is the *conduct* of individuals that can undermine the cohesion of tight-knit groups, not the identity of individuals *per se*. Thus in their 2000 review of the initial transition from exclusion to inclusion, Belkin and Evans found that behavior, rather than sexual orientation, is what ultimately matters to the men and women in the Armed Services:

> As long as people do their jobs and contribute effectively to the teamwork of their units, individual differences in opinion or in their personal lives are not considered relevant. The new policy's focus on behavior rather than on personal attributes has allowed heterosexual and homosexual soldiers alike to maintain their focus on the jobs at hand.[78]

Evidence seems to suggest that ending gay exclusion policies may be the best way to move beyond the worrisome focus on sexual identity and its effects on military cohesion. This is certainly true for the gay and lesbian service members themselves, who generally "breathed a sigh of relief"[79] when they learned they no longer had to lie to serve their

countries. But the effects of liberalization go beyond just the obvious impact on gays, to impact straight people too because they reach to the heart of heterosexual anxiety about their own role in the military, about how they should behave with respect to homosexuality and how they should interact with those they suspect or know to be gay.

Chief Petty Officer Rob Nunn was discharged from the Royal Navy in 1992 for being gay, and re-joined the British Forces after the ban was lifted in 2000. The response from his comrades was overwhelmingly positive when he came out, and he was even asked casually if his partner would be accompanying him to the Christmas Ball. But what's most instructive about Nunn's experience is the impact of the new transparency not on him but on his straight comrades. Immediately after his re-instatement, Nunn found his colleagues were unsure how to respond to him. "It's the old, 'I don't know quite what to say,'" he explained in an interview. With one other service member, in particular, Nunn decided to guide him to a place of greater comfort, now that he could take advantage of the option to speak freely. This "one guy that I talked to who couldn't sort of talk to me, I said, 'Right, I'm going to ask the questions that you want to ask, and answer them.' So I did." Nunn reported that the greater openness, whether it came from him or from others, allowed any remaining discomfort to evaporate, and gave him the chance to counter stereotypes, expose friends to greater understanding and put people at ease. After helping his reticent comrade out of his shell, the person became "nice as pie."[80]

Patrick Lyster-Todd agreed that strong military leadership was essential to the success of Britain's policy reform. An officer in the Royal Navy before the ban was lifted, Lyster-

Todd later became head of Rank Outsiders, a group dedicated to lifting the ban. "Our MOD and serving Chiefs take Equality & Diversity issues—including the rights of serving gay personnel, whether out or not— incredibly seriously," he said. "Their approach is that if you want to be a capable force for good in the 21st century, then you need to be of that century and its people."[81] Again, this observation is corroborated by research showing that controversial new rules are most effective when top leaders make their genuine support absolutely clear, so that the next layer of leaders, those who actually must implement the new rules, come to identify their enforcement of the new policy with their own self-interest as leaders of the institution.[82]

Recent accounts of the transition of military policy on sexual orientation further attest to the importance of focusing on the impact of behavior on operational effectiveness, rather than assumptions about sexual identity. In recent correspondence with the MOD's Diversity Team, officials made it clear that "the change of policy was achieved with no tangible impact on operational effectiveness, team cohesion or service life" and that service personnel "accepted the change in policy and business continued as normal." They also emphasized that, within the British Armed Forces, "an individual's sexuality is considered to be a private life matter" and that sexuality alone is not viewed as something that inherently undermines trust and cohesion among service personnel.[83] Commander Debbie Whittingham, the commandant of the military's Joint Equality and Diversity Training Center, described the policy change as a "non-event." In her assessment, any concerns over operational effectiveness were quickly allayed by the fact that service personnel were aware that they may have served with gay and lesbian

soldiers for some time, with or without knowledge of their orientation, and that disclosures by close colleagues of their sexual orientation after the policy change had little effect. Sexual identity in no way undermined those service members' history of commitment to their units.[84]

It is important to emphasize that the cultural context of the British Forces prior to the policy change was characterized by the exclusion and removal of lesbian and gay personnel from the armed forces. Perhaps for this reason, initial indications of the likelihood of a policy change were met with hostility by some in the armed forces. Lieutenant Commander Mandy McBain worked at this transitional time in the Directorate of Naval Manning.[85] Tasked with addressing the views and concerns of personnel on the impact of lifting the ban, she reported that she initially encountered "a general assumption amongst my seniors that they did not work with any gay people and therefore their homophobic comments were acceptable."[86] She found it exhausting to conceal her true identity. "It's quite incredible to look back and see how much time and energy I spent leading a double life," she recalls. She even had to process the paperwork of homosexual discharges for peers.[87] Echoing McBain's remarks, Craig Jones, a retired lieutenant commander in the Royal Navy, recalled in 2009 that "the Ministry of Defence fought the European Court of Human Rights to the bitter end." Yet he noted that "as the smoke cleared on the battleground," what followed was "silence." [88] For him, the introduction of the Code of Social Conduct in the House of Commons in January 2000 "ended overnight twenty years of pointless rhetoric-fueled arguments" because from that point on, "admirals, generals and air marshals dusted themselves down and returned to the

important business of national defense and the men and women of our armed forces returned to their daily lives freed from almost daily vacuous discussions about 'gays in the military.'" [89] Indeed, Jones pointed out that in his experience the 1990's debate over service by gays and lesbians was perceived by many of his fellow colleagues, regardless of their personal views, as "an unwelcome distraction from the important business of ensuring fighting effectiveness." It felt, at times, "as though politicians and military leaders were more concerned with the sexual orientation of their troops" than with ensuring that military personnel "were well motivated and well equipped to do their jobs." [90] It was the political debate over the issue of gays in the military that served as a distraction to the focus on mission, not the actual presence of gay or lesbian personnel.

After the policy change, personnel involved in tracking, investigating, and dismissing sexual minorities "turned their attention to retaining and recruiting talent rather than searching it out and dismissing it," according to Jones. He also said that the "U.K. inclusive policy characterized by the Armed Forces Code of Social Conduct gave back to our servicemen and women the freedoms of life which they may one day be asked to lay down their lives to protect."[91] Where anxieties have arisen, such as recent concerns over how to manage applications for married quarters from same-sex couples who have entered into civil partnerships, these have been overcome through clearer guidance and implementation training. The MOD's approach to the provision of Service Family Accommodation (SFA) has been to treat same-sex couples in civil partnerships in the same way as married couples on the grounds that, like marriage, civil partnerships constitute the legal recognition of a relationship. Accordingly, SFA is not available to

unmarried heterosexual couples or to same-sex couples who are not in civil partnerships because those relationships are not legally recognized. The MOD has also made it clear that while personnel are entitled to decline the provision of SFA on the grounds that they might end up living next door to a same-sex couple, they have no legal right to demand alternative accommodation. By clarifying their position in clear guidelines for commanders and personnel, the MOD has thus tried to ensure that all its personnel have the right to a private life.[92] The British military has been so pleased with the success of the transition that it has taken steps to promote its new policy and demonstrate its success publicly.[93] According to Commander Whittingham of the military's Joint Equality and Diversity Training Center, all three services are now part of the "Diversity Champions" program run by the lesbian, gay, bisexual and transsexual rights group, Stonewall. All permit their soldiers to march at gay pride events in uniform, and various forums and focus groups supported by the military have been established for serving gay and lesbian service personnel.[94] As Jones put it, "the minor transitional bumps of implementation had ten times less impact than defending against this policy."[95]

British military experts uniformly continue to pronounce the inclusive policy a success. Lord Alan West was head of the Royal Navy and is now terrorism minister for the U.K. West served both before and after the ban was lifted, and reports that "It's much better where we are now. For countries that don't [allow openly gay service], I don't believe it's got anything to do with how efficient or capable their forces will be. It's to do with other prejudices, I'm afraid." Peter Tatchell, a London-based gay-rights activist often critical of the government, praises the military's handling of the change. "Since the ban has been

lifted, there hasn't been a word of complaint from senior military staff," he said. "They've said that having gay and lesbian people in the services has had no damaging effect at all."[96]

Military expert and veteran Amyas Godfrey now works for the Royal United Services Institute, a think tank in Britain. When the British forces lifted their ban, he was serving in Northern Ireland, and he recalls: "I remember our commanding officer at the time called the entire battalion together and said, 'This is how it is going to be now. We are not going to discriminate. We are not going to bully. If someone in your group says that he is gay, you treat them as normal.' And that, really, was the implementation of it. For all the years I served after that, it was never an issue."[97]

Conclusion

Important lessons arise from the British experience for other militaries considering a transition from exclusion to inclusion of sexual minorities. As with any transition, there is scope for improvement. For example, an overemphasis on sexuality as a "private matter," taken from the ECHR ruling, may reaffirm, rather than displace, the idea that sexual orientation is important when actually it is behavior that matters to operational effectiveness.[98] In the British case, this issue has been tackled to some extent through the development of support networks for sexual minorities and the endorsement of these networks by senior officers, as well as through task cohesion on the ground. Soldiers have quickly come to realize that their colleagues are no less effective than they were prior to the policy change and that being gay, lesbian, or bisexual does not affect a person's ability to focus on, commit to, and complete the mission at hand. In the event of a shift to inclusion in the U.S. armed forces, it will be vital to emphasize that calling sexual orientation a "private matter" does not mean that "telling" is considered inappropriate or threatening to unit cohesion. It will be essential to focus on actual behavior and to draw links between behavior and military capability rather than identity and military capability.

Another issue is that the initial success of the Code of Social Conduct depended in part "on the leadership style and view of the officer or officers delivering the message."[99] What this means is that "strong leadership is absolutely vital" along with "a deeper understanding by those delivering the message" that "may enhance understanding" such

as information on "why the rules have changed, the cost to the military for additional training, recruiting and administration to replace those dismissed," and so forth.[100] Making what might be called the "business case" for inclusion will help soldiers to see the benefits of a policy change. Similarly, senior military personnel need to be very clear about how, and whether, entitlements and allowances applied to heterosexual service personnel such as family housing, travel warrants, and schooling for children, apply to personnel in same-sex partnerships.[101] The British approach has been to offer such incentives to those in civil partnerships. But the federalist system in the U.S. differs in important ways from that of the U.K. and currently the American Defense of Marriage Act bans federal recognition of same-sex couples. Finally, a zero-tolerance approach to bullying and harassment, in addition to training on this approach, would be necessary in the U.S., although it is important to note that the current "don't ask, don't tell" regulations already provide for this, despite uneven enforcement.[102] Any accommodation of such discrimination based on status instead of conduct could send the message that identity continues to be the main focus instead of behavior. A uniform code of conduct for all service members, along with sufficient training, guidance, and leadership about that code, is the most effective way to ensure that behavior is the proper focus of both policy and practice.

The original ECHR ruling about the U.K. policy did not suggest that homosexual behavior could not, or would never be, a possible source of tension among military personnel. However, it did find that by assuming that all lesbian and gay soldiers—or potential soldiers—would undermine unit cohesion, regardless of how they behaved, the

military had violated the rights that lesbians and gays have to a private life,[103] as well as their right to be judged on their merits. The most important lesson from the British experience of transitioning from a policy of exclusion to one of inclusion is the importance of focusing on the problematic behavior of any service person, that which has the most impact on operational effectiveness. By addressing behavior rather than relying on assumptions about how a member of a specific social group might behave, all behavior that poses a threat to military readiness and capability can be managed effectively without having to exclude specific members of the forces who may be contributing to operational effectiveness in significant ways. The above testimonies demonstrate a clear consensus within the British military, shared by the wider British society, that the policy change has had no clear impact on military effectiveness. A systematic study of the impact of the policy change, rather than a focus on military judgment, would still be valuable,[104] but all available evidence supports the conclusion that the policy change was a success: allowing open lesbians and gays in the military has had no adverse impact on military capability, and the new focus on a uniform code of conduct appears to enhance the professional climate of the armed forces.

II. CANADA

The earliest comprehensive assessment of the impact on the Canadian Forces of full inclusion was conducted by the Palm Center in 2000. The key conclusion reached by

Palm researchers was that the 1992 decision was seen as a "non-event," with neither increased departures by heterosexual members nor significant numbers of complaints filed by gay members concerning harassment or other overt acts of discrimination. According to their report, "Lifting of restrictions on gay and lesbian service in the Canadian Forces has not led to any change in military performance" and GLBT personnel "who have served since the ban was lifted describe good working relationships with peers in supportive institutional environments where morale and cohesion are maintained."[105] Palm researchers identify three key factors that likely contributed to this success. The first was the CF's decision to focus on behaviors rather than attempt to shift attitudes. The second was the decision to address behaviors through broad harassment training that neither singled out sexual orientation nor ignored it as a potential source of conflict. The third was the clear leadership exercised by the CF Chief of Defence Staff and the most senior leadership cadre in announcing and implementing the policy change.

In 1986, six years before the Canadian Forces lifted the gay ban, a survey of 6,500 male service members found that 62% would refuse to share quarters with gay soldiers and 45% would not work with gays. But by several accounts following the transition, the change had no overall impact on the effectiveness of the military. "The nine months since a court case induced Canada's military leaders to open the ranks to gays have been virtually casualty-free," according to a 1993 *Washington Post* investigation. "No resignations, violence or harassment have been reported. Gay soldiers, while remaining discreet about their private lives, say they feel more comfortable now. And straight soldiers—not only those who have concerns about gays, but also those who do not—say

they have accepted the new regime."[106] More than two years after gay exclusion ended, according to a Canadian Forces assessment, there was no mass exodus and no indication of any impact on cohesion, morale, readiness, recruitment or retention.[107] A review by a bureau of the Canadian military found that, "despite all the anxiety that existed through the late 80s into the early 90s about the change in policy, here's what the indicators show —no effect."[108]

This section provides additional commentary regarding the context of the 1992 decision, and then provides an overview of subsequent developments in CF policies, doctrine and programs, including consideration of the two key issues that are implied but not examined in the 2000 study regarding changes in attitudes over time and combat effectiveness. In addition to reviewing the 2000 study by the Palm Center about the successful transition by CF to full inclusion, this section offers additional information that can help explain the "non-event," and particularly to help observers understand why the problems predicted in the 1986 survey did not occur. In particular, we address two fundamental questions that arise out of the experience of the CF. Given the negative attitudinal findings of the 1986 survey, the first question pertains to whether, by choosing to focus on behaviors and not attempting to influence attitudes, the CF has allowed the dominant culture to remain strongly heterosexist, thus diminishing the opportunities for gay members to integrate their personal and professional lives to the degree that their straight colleagues can. The second question arises from the central argument previously presented by the military regarding the possible impacts on morale, cohesion, combat readiness and operational effectiveness. That argument went as follows: although the CF

was engaged in a number of complex missions in the 1990s including in the Balkans, Somalia, Rwanda and East Timor, the Canadian military had not been tested in the heat of battle to the level that the U.S. military has been; thus, the full effects of the 1992 decision had not been assessed where it counted the most. Skeptics of full inclusion used this reasoning to argue that the data on lifting the ban was insufficient to pronounce it a success.

1986-1995: A Decade of Social Evolution in the CF

In order to fully appreciate the policy changes implemented in 1992 regarding gays serving in the military and the perceived "non-event" in the years immediately following, it is necessary to consider the other policies and programs that were also under challenge, review or amendment during the period from 1986 to 1995.[109] As with many other militaries, the CF had faced a number of calls to amend existing policies and rules due to changes in broad government legislation and evolutions in societal norms. Further, the military was going through significant shifts in understanding its role and missions given the end of the Cold War and the emergence of new forms of conflict.[110] Finally, the CF had received marked negative publicity because of an incident during its 1993 mission in Somalia in which soldiers beat to death a Somali youth taken into custody; the event served to focus external public and political attention as well as CF senior leadership.[111]

Employment of Women: In the context of concurrent changes, the most important

development pertains to the employment of women in the military. The CF had been continuously evaluating or amending policies regarding the employment of women since the early 1970s.[112] Following the enactment of the Canadian Human Rights Act in 1978, a series of research trials and suits against the CF culminated in a landmark Canadian Human Rights Tribunal decision in 1989. The Tribunal stated, "The issue is: does 'operational effectiveness' constitute a bona fide occupational requirement of such a nature that the exclusion of women from combat-related occupations is justified, even though it is, on its face, a discriminatory practice." It found that the CF had not made the case to retain the exclusionary policy and directed the CF to achieve full and complete gender integration in all occupations and all roles except submarines by 1998.[113]

In contrast to the relatively low-key approach taken in 1992 to amend the policy for gays in the military, the issue of the employment of women, particularly in combat roles, was of high visibility across the CF from 1979 through to the mid-90s, with commensurate visible leadership from the top to set the tone and ensure success. The changes incurred the same core concerns as the 1992 policy change for gays in uniform, that is, concern over erosion of cohesion and diminution of operational effectiveness.

Employment Equity Act: A further catalyst for proactive programs in the military was the passage by the Canadian Parliament of the Employment Equity Act (EE Act) in 1986. This legislation requires that federal government agencies take steps to address the historical marginalization of four designated groups: women, Aboriginal peoples, visible minorities and persons with disabilities, with the goal of achieving equitable

representation in all areas and at all levels of employment.

Religious Accommodation: Although it pre-dated the EE Act, another major focus of policy change pertained to initiatives to update or amend policies regarding religious accommodation. Starting with the amendment of dress regulations to enable members of the Sikh faith to wear a turban as military headdress, changes have been implemented to enable minority members of the CF to dress, eat, and pray in accordance with their religious beliefs.[114] As a major supporting initiative, the CF Chaplaincy Branch adopted a policy of multi-faith service with all Chaplains to minister to members of all faiths to the best of their ability in as open a manner as possible.[115]

Defence Ethics Program: The final program development that occurred concurrently in the 1988-1992 period was the implementation of the Defence Ethics Program (DEP). The DEP presents a values-based framework centered around three ethical obligations: respect the dignity of all persons; serve Canada before self; and obey and support lawful authority. The perception that the lifting of the ban on gays in the military in 1992 was a "non-event" is rooted in some part in the first prong of the DEP focus: respecting the dignity of all persons.

A key component of DEP was the development and implementation of broad-based professional development programs as both stand-alone workshops and as modules incorporated into professional military education (PME) across the CF. A series of surveys was conducted during the 1990s to assess the ethical climate in the CF and a

range of resource materials were made available.

Somalia and Canada's 'Blue Beret' Image: No summary of the evolution of CF policies, programs or culture during the 1990s can be complete without a consideration of the events surrounding the deployment of the Canadian Airborne Regiment to Somalia in 1992-93. On the night of March 16, 1993, a small number of Canadian soldiers beat to death Shidane Abukar Arone, a 16-year-old who had been taken into custody when found in the Canadian compound. The subsequent outcry among Canadians and criticism of senior military leadership by politicians led to the disbanding of the Airborne Regiment in disgrace and to the firing of the Chief of the Defence Staff, General John Boyle. Some years later, in 1997, the Minister of National Defence directed a series of sweeping changes to be implemented by the CF in order to regain the trust and confidence of Canadians.[116]

Among other concerns, the events surrounding the Airborne Regiment prior to and during the deployment to Somalia highlighted concerns regarding racism, prejudice, and a "rogue" culture that was at odds with the more respectful and ethics-focused norms of the Canadian military and society. The death of Shidane Arone struck a deep chord with Canadians as the vast majority of the citizenry had viewed their military as "Blue Berets" conducting random acts of kindness in far-off places.[117] While Canadians are not naïve and most recognize Canada's war fighting contributions in the First and Second World Wars and the Korean conflict, the dominant view among citizens is that Canada should use its military primarily to project values, not to project force. It is for this reason that

the Somalia incident had far greater consequences for Canadians and the CF than appears to have been the case in the US with events such as Abu Ghraib.

This overview of changes occurring in the CF around the time of the 1992 decision to remove the ban on gays serving in uniform reveals that the institution was engaged in addressing a number of concurrent issues related to changes in civilian culture. To some extent, the observed "non-event" was due to the fact that the decision to lift the ban on gays was seen as a rather minor issue in comparison to these other concurrent changes. While Palm researchers identified the role of senior leadership and the decision to address behaviors using broad programs rather than implementing initiatives to change attitudes or single out gay members, there are two more fundamental explanations as to how the CF was able to implement the wide range of policy changes needed to address all of the social evolution. The first was that the senior leadership recognized that the central issue in all cases pertained to culture and identity and, in particular, the requirement to ensure that key aspects of the CF culture reflected that of Canadian society. The second was to articulate the requirements, objectives, and desired ends using shared, key principles that underpinned how the military (collectively) served the nation and how each individual served the military. A fairly consistent message was that the role of leaders has been, is today, and always will be, to take well-trained, highly motivated, talented individuals who want to serve their country in uniform and transform them into cohesive, effective teams.

It should also be noted that, when taken together, the issues presented in this section compelled the CF to examine two myths that the military had been telling itself: first, that military culture was fine as it was and senior leadership needed no outside assistance to create a more dynamic, adaptive culture; and second, that the military alone should be the final arbiter of balancing operational effectiveness with individual rights- a view the Canadian Human Rights Tribunal clearly dismissed when it concluded that "the risk to individual rights is high when women are excluded from any occupations, and the risk to national security is, by comparison, low."[118]

Finally, while this update confirms that the cancelation of the previous policy was a non-event from the perspective of the CF, not all agreed. A minority of politicians was opposed to some of the related policy changes and clearly dismissed the legitimacy of, or need for, the CF to address the requirements of gay communities.

1996-2009: Recent Changes within Canadian Society and the CF

Until recently, no systematic research had been conducted to specifically examine the experiences of gays in uniform after the ban was lifted. Following is an update on the impact of changes in Canadian society and the CF on the experiences of gays in uniform.

Same-sex Marriage: The legal recognition of marriage between same-sex partners occurred over the course of several years as provincial governments amended statutes, and culminated with the federal government doing so in 2005. This measure has generally had broad support as illustrated in a September 2009 public opinion poll in

which 61% of Canadians supported same-sex marriage and only 11% indicated that same-sex couples should have no legal recognition. As legislation was passed, the CF moved quickly to amend a host of related policies including those regarding pay, pensions, married quarters, relocation benefits etc. As an example, Interim Guidelines for CF Chaplains for same-sex marriages were issued in September 2003 and the first publicly acknowledged same-sex marriage of two service members took place in May 2005.[119] These guidelines address key principles, and clearly highlight the importance of the Defence Ethics Program's focus on the obligation to respect the dignity of all persons.

Outreach and Community Engagement: Over the last few years, the CF has also developed more proactive approaches to engage with the gay community. One example is the creation of a Facebook site for the Canadian Forces Gay, Lesbian, Bi and Heterosexual Group.[120] Although the posting states it is not an official CF site, the presence of the CF logo, the use of military ranks, and the identification of both a Group Harassment Advisor and Bilingualism Officer (common CF unit-level secondary duties) are all indicators of an implicit acknowledgement and endorsement of this site by the institution. While this site provides an accessible means of social support, members of the gay community have requested that the CF appoint a formal senior "champion" (at the LGen or MGen level) as has been done for the four EE designated groups. To date, this effort has been unsuccessful.

A clearer example of formal outreach to the gay community pertains to participation in Pride Parades. These events are now held in many Canadian cities with Toronto Pride

Week estimated to draw 1 million participants. At the request of gay and straight members of the CF, permission was given in 2008 for CF members to participate in Pride Parades in uniform. In 2009, this was extended to a more formal outreach program which is intended to raise awareness of, and garner the support of Canadians for the CF by showcasing the men and women of the CF. This initiative is seen to support recruiting and diversity efforts with clear statements of the principle that "embracing diversity contributes to the relevance of the CF as a national institution in that Canadians see themselves when looking at the CF… Moreover, diversity is an operational imperative because it acts as a force multiplier as we conduct more operations in non-traditional theatres."[121] For a number of Pride Parades this year, volunteers from across the CF were on duty participating in the parades in uniform handing out promotional items to those in attendance and at an official recruiting booth.

Research: As mentioned, relatively little research has been conducted in the CF that is specifically focused on issues related to the inclusion of gays in the military. One area that has been examined pertains to legal proceedings. In an update to a comprehensive analysis of CF cases, the author of that work confirmed that, as of summer 2009, there have not been any courts martial since 2000 for either sexual misconduct involving gay members or for inappropriate behaviors directed at gay members.[122]

To return to one of the original areas of research, little has been done to re-examine the 1986 survey that was interpreted to reveal strong opposition to removing the ban on gays serving in uniform. As the CF had focused on regulating behaviors, rather than changing

attitudes, a major question that remained unanswered in the 2000 report was whether the opinions expressed particularly by heterosexual males in 1986 have persisted. Research conducted in both the U.S. in 1998 and 1999 and in Canada between 2001 and 2004 provides a partial answer and, with some time lag, a partial cross-national comparison. As part of a comprehensive research program examining the "civil-military gap" in the U.S., a team led by Dr. Peter Feaver analyzed attitudes of mid- to senior-level officers which was replicated in Canada.[123] 215 senior CF officers (Major to Colonel) attending Canadian Forces College (U.S. Staff and War College equivalent of Professional Military Education) completed a detailed survey of attitudes and opinions.[124] The following three paragraphs were presented in the report comparing the responses of the senior CF Officers to their U.S. colleagues of the same ranks:

> The two groups [Canadian and American] provided rather different perspectives on a number of items related to diversity and gender roles. Only a minority (21%) of Canadian survey respondents embraced the idea that "the military should remain basically masculine, dominated by male values and characteristics" whereas 41% of their American peers had agreed. Very few believed that military effectiveness was greatly hurt when women entered the workplace (3%), due to the military becoming less male-dominated (3%) or due to bans on language and behavior that encouraged traditional patterns of camaraderie (7%).
>
> The divergent views of the two militaries were evident in responses on the roles of women in uniform. 78% of Canadians agreed that women should be allowed to serve in combat jobs while only 38% of Americans supported such a policy… 81% of Canadians reported that they would be equally confident with a female as they would with a male Commanding Officer (CO) (vs. 67% in the US).
>
> The differences between Canadian and American respondents in openness were even more marked regarding the employment of gays and lesbians in uniform. While 68% of the Canadian respondents agreed with the CF policy allowing gay men and lesbian women to serve openly in the military, only 18% of their American colleagues supported adopting such a policy. Although only 28% of Canadians indicated that they would be more comfortable with a straight CO than with a gay CO, 65% in the US

preferred a commander who was straight.

Although the sample is small and clearly not representative of all ranks, it is seen as an indicator of a significant shift in attitudes and opinions regarding both gays and women in uniform since the 1986 study that was reported to reveal strong opposition. Further, in comparison to the general CF population, this sample over-represented older males, operational occupations (MOS), and those on a command career path, all factors that would predict a more conservative outlook than expected from a broader cross-section of the CF.[125] Not all of the attitudinal responses of this cohort of senior CF Officers were seen as positive, however. Note, for instance:

> In particular, although this group did not oppose the inclusion of individuals on the basis of gender or sexual orientation, they were somewhat complacent in assessing that the CF had achieved what is required to fully accommodate these groups. Some of their responses represented a latent resistance with perceptions that standards were easier for women and that the initiatives to integrate women had eroded military performance. Of more importance, the assessment of the CF's progress was rather optimistic and over-stated… Thus, while there were not signs of overt resistance, there appeared to be a 'perception gap' between what these military leaders believe had been accomplished and what may actually be required to achieve CF diversity objectives.

Doctrine and the prototype "Combat Male Warrior": One of the initiatives that came directly out of Somalia but was also informed by the other events identified in the previous section's decade of social evolution was a significant effort to establish and update CF Doctrine. The most important of the doctrine manuals produced was the 2003 publication, *Duty with Honour: The Profession of Arms in Canada.*[126] This manual "presents the theoretical and philosophical underpinnings of the profession, shows how in practice it serves Canada and Canadian interests, and, codifies, for the first time, what it

means to be a Canadian military professional."[127] Key in this articulation was the view that the CF should predominantly project values rather than force, and its military ethos should reflect both martial/war-fighting values and broader Canadian values of acceptance and inclusion. Martial values, uniquely emphasized in the military to ensure technical success, include such concepts as service before self, self-sacrifice/unlimited liability, fighting/warrior spirit, teamwork, and self-discipline. Civil values that were given prominence included notions of rights and freedoms and the obligation to respect the dignity of all persons.

The language chosen and the symbols used to communicate the intent of the manual were selected so as to carefully balance the fundamental role, character, and nature of the profession of arms as responsible to the state for the defense of the nation with the evolving, broader, and more complex expectations particularly for the CF as a partner with allies and other agencies in achieving integrated security solutions under comprehensive approaches.

The related doctrinal change was the subsequent publication of *Leadership in the Canadian Forces: Conceptual Foundations.* Drawing on the central concepts in *Duty with Honour, Conceptual Foundations* presents a values-based leadership model that emphasizes transformational leadership approaches and, under the concept of "leading the institution," highlights the individual and collective responsibilities of leaders at all levels to set the conditions for small unit/team success in operations. The unifying theme of respecting the dignity of all persons is highlighted in this manual along with other key

messages about drawing on the strengths of diverse teams.[128]

Together, these two doctrine manuals are intended to establish an appropriate philosophical, sociological, and ethical framework to enable the CF to evolve to meet both emerging societal expectations and to achieve complex (human) security missions. Of particular relevance for this review, *Duty with Honour* strove to retain the concept of the "warrior's honor" while shifting away from the dominant prototype of the "combat male warrior."[129] The (gradual) acceptance of a redefined model soldier- one who values a range of characteristics and behaviors- is key to achieving broadly defined diversity objectives, particularly for gays in uniform.

Combat and Operational Settings: This brief section addresses continued reservations by those who consider the 2000 report to be an inadequate assessment of the CF's 1992 transition to full inclusion since it had not yet been engaged in major combat missions at the time. Since taking a significant role in southern Afghanistan as well as engaging in naval interdiction and counter-piracy off the Horn of Africa, the CF certainly believes it has answered the general question of its collective combat capabilities on land, in the air, at sea, and in special forces contexts. In doing so, the CF has sustained significant losses (relative to the size of the CF) as well as standing its ground in the face of a rather determined insurgency. Our observation, based on extensive discussions with military leaders, is that the CF believes that soldier-for-soldier, man or woman, gay or straight, it is capable of punching above its weight. Although there has not been any systematic research to specifically examine the consequences of fielding combat units containing

women or gays, Dr Anne Irwin, an anthropologist who studies the CF, recently spent several weeks with combat solders in Afghanistan. Extending the key conclusion reached by Belkin and McNichol, she stated:

> My intuitive feeling was that it was a non-issue. Sexuality to a large degree is irrelevant; what matters is whether someone is reliable, loyal and hardworking. Good sense of humor, a joiner, rather than a loner. Beyond that, I don't think anyone really cares.[130]

Voices and Perspectives: Key themes that emerge from Canadian scholars' work on the perspectives of gays in uniform[131], as well as from service members' comments to the authors of this study, are as follows:

1. Invisible Identity. Several academics and some serving members have commented that one of the effects of the decision to cancel the previous policy in 1992 was that it made gendered and sexual identities invisible.[132] By adopting an approach of "benign neglect," the CF has prevented members of the gay community in uniform from engaging in meaningful dialogue about their identities. This issue appears to be of significant importance for those who are transgender, as was indicated in the legal proceedings by Micheline Montreuil.

2. "1 of 1." The combination of invisible identities and small numbers in uniform leads to a sense by some of being "1 of 1." There is a feeling of isolation and frustration that each person has to deal with the issues that confront them on their own, with little or no institutional support. This experience contrasts with that of others in uniform who have had to deal with issues that were either not common or not formally acknowledged, but

for which programs were developed to provide them with support, such as single parenthood, elder care, learning differences, PTSD, and mental illness.

3. Procedure. The sense of isolation and lack of institutional supports impair full access to the available procedures such as filing formal complaints in the event of wrongdoing. Individuals must have confidence in both the results of filing complaints and the processes used to adjudicate them for such procedures to accomplish their stated goals of justice. One service member commented, "Most queer people do not believe that going through the harassment complaint process is anything but a way of painting a big rainbow target on our heads." One result of the absence of complaints is that leaders wrongly conclude that all is well or that the CF is doing as much as is needed.

4. Career Implications. The input received suggests mixed results about the effects that open homosexuality can have on one's career. Some feared that declaring their identity would indirectly have career consequences while others perceived and experienced no problems. From the background research and some comments received, it is plausible that a differentiating factor may be the role that different individuals take on or the degree to which they make their identity visible. Several of the comments received indicated that some of those who were open about their identity felt an obligation to put in extra effort, achieve higher standards of proficiency, or demonstrate greater commitment to pass the "dedication" test before their presence and performance were accepted.

5. Ignorance and Prejudice vs. Acceptance and Belonging. From comments received, it is

evident that the time period during which individuals joined the CF shapes how gays in uniform experience daily life: those who joined pre-1988 still recall the "witch hunts" and need for secrecy, while those who joined more recently did not experience this treatment. An additional theme that emerged from respondents was frustration with the degree of ignorance demonstrated by a minority of their military colleagues. The misunderstanding of key facets of the gay community, conflation of gender identity with sexual identity, and assumptions about gender or sexual identity based on certain behaviors clearly lead to actions or statements that are received as harmful or prejudicial, with the sense that better education could prevent such problems. Conversely, several respondents commented on growing acceptance by their CF colleagues as gay members have "earned" the right to serve through their performance and professionalism.

In their 2000 review of the perspectives of gays in uniform, Palm researchers quote a comment by CF member Michelle Douglas that "gay people have never screamed to be really, really out. They just want to be really safe from being fired."[133] This update would suggest that their perspectives have evolved to the point that gays in uniform would appreciate greater factual knowledge and understanding if and when they choose to come out. Above all, they want to be judged on their performance, not their identity. Thus, the main shift noted among gays in uniform is that their expectation has grown from merely hoping to hold onto their job to aspiring to have a full career, which allows them the same balance of work and personal lives as their heterosexual counterparts.

Conclusion

This report, which updates previous research on gays in the Canadian Forces, confirms that the transition to full inclusion remains a non-event, and it supports the finding that effective leadership, a focus on behaviors, and the use of a comprehensive program to prevent personal harassment contributed to the smooth transition. It also provides some additional contextual factors that help explain the social evolution of the CF throughout the 1990s and 2000s, including effecting policy and program changes to address employment of women in combat roles; increasing representation of women, Aboriginal Peoples, and visible minorities at all ranks; accommodating a range of religious belief systems and associated practices; and confronting the fallout from criminal behaviors during the Airborne deployment to Somalia. Underlying these changes were the beliefs that the central issues pertained to culture and identity, key principles mattered more than rule changes, and leadership would play a strong role in realigning existing military culture.

Culture, principles, and leadership have retained their central importance as the CF has continued to evolve from 2000 to 2009 in response to broader social trends and internal expectations. A significant illustration of the development of CF institutional approaches toward its gay members can be seen in the formal outreach initiatives with gay and straight members in uniform representing the CF in Pride Parades. Research about current attitudes suggests a significant shift from those reported 15 years earlier, with general acceptance of both the policy and gay members in uniform, although a degree of

perhaps premature complacency was noted among some older CF members.

The final updated information provides some glimpses into the views and perspectives of the gay community within the CF. The issues that were raised were related to: dealing with identities that the institution has made invisible; feeling isolated as a minority that does not have the same status or supports afforded other sub-groups; lacking confidence in the current mechanisms of procedure for complaints in the event of wrongdoing; and difficulties confronting the minority of colleagues who do not, will not, or cannot understand the nuances of gender or sexual identity or the privilege given to the dominant heterosexual community to define what is "normal." Conversely, there are indicators that some are having success in their careers, and there were no significant indications that the CF was lagging behind society as a whole. While some are still reluctant or cautious in bringing their personal life into their professional domain, the comments by researchers and some gays in uniform suggest there is an expectation that all individuals should be judged solely on competence and performance and that identity should not be a factor. Using a common model for assessing inter- and intra-group relations, this expectation reflects a desire by gays in uniform to move from marginalization to integration rather then assimilation (loss of meaningful personal identity) or separation (loss of meaningful institutional role).[134]

In assessing the continued evolution of the CF, it would appear that the institution is currently in a phase of engaging gays but demanding their conformity; ultimately, it may progress to a phase in which it embraces a range of worldviews and appreciates the

strengths and benefits of such a position. Whether or not it does so depends on four factors: the continued evolution of broader social norms and expectations within Canadian society; the scarcity of talent and need to be more proactive in recruitment and outreach; the implications of new security missions in nations such as Afghanistan; and the continued redefinition of the ideal soldier, from "combat male-warrior" to "soldier-diplomat," "soldier-scholar," and "soldier-Samaritan."

III. AUSTRALIA

In June 1993, seven months after the Australian ban on homosexual service was lifted, the U.S. General Accounting Office conducted interviews with ADF officials to document early outcomes associated with the change.[135] The short overview of the policy change concludes with a summary statement based on comments from an Australian official who stated that, "although it is too early to assess the results of the revised policy, no reported changes have occurred in the number of persons declaring his or her sexual preference or the number of recruits being inducted. Effects on unit cohesiveness have not yet been fully determined. However, early indications are that the new policy has had little or no adverse impact."[136]

In February 1996, the U.K. Ministry of Defence completed a report documenting the findings of its "Homosexuality Policy Assessment Team" that investigated homosexual

personnel policies of a number of foreign militaries. A research team was sent to Australia to meet with representatives of the Royal Australian Air Force, Royal Australian Army, and Royal Australian Navy, as well as with Dr. Hugh Smith of the ADF Academy, and service psychologists at ADF headquarters in Canberra. The British team reported that service staffs believed the change had not resulted in any notable problems for military functioning. Following an initial outcry, said the report, homosexuality became a "non-issue" and the difficulties of integrating open homosexuals were described as "just another legitimate management problem."[137]

In 2000, the Palm Center reviewed all available data pertaining to the lifting of the ban in Australia. It found that the transition did not lead to "any identifiable negative effects on troop morale, combat effectiveness, recruitment and retention, or other measures of military performance."[138] Some evidence suggested that the policy change may have contributed to improvements in productivity and working environments for service members. Key findings included the following:

- Prior to the lifting of the ban, ADF service chief argued that allowing homosexuals to serve openly would jeopardize recruitment, troop cohesion, and combat effectiveness while also spreading AIDS and encouraging predatory behavior
- Senior officials, commanders, and military scholars within the ADF consistently appraise the lifting of the ban as a successful policy change that has contributed to greater equity and effective working relationships within the ranks.

- Senior officials, commanders and scholars report that there has been no overall pattern of disruption to the military. Recruitment and retention rates have not suffered as a result of the policy change. Some individual units have reported disruptions that were resolved successfully through normal management procedures.
- While the lifting of the ban was not immediately followed by large numbers of personnel declaring their sexual-orientation, by the late 1990s significant numbers of officers and enlisted personnel had successfully and largely uneventfully come out to their peers.
- Gay soldiers and commanders successfully served in active deployments in East Timor. Many of them describe good working relationships in an environment that emphasizes capable and competent job performance under uniform rules of conduct for all personnel.
- Complaints regarding sexual orientation issues comprise less than 5% of the total complaints received by the ADF of incidents of sexual harassment, bullying, and other forms of sexual misconduct. Of 1,400 calls received by an anonymous "Advice Line" maintained by the ADF to help personnel and commanders manage potential misconduct issues since this service was initiated in August 1998, 17 (1.21%) related to sexual orientation issues. To the degree that harassment issues continue to exist in the Australian Forces, most observers believe that problems faced by women soldiers are more serious than those faced by gay personnel.

Consulting experts in Australia offers evidence that cohesion and morale are enhanced by the transition to equal treatment. Australia's human rights commissioner said he believed his country's termination of the ban had positive effects on the military. "It's bad for morale to have your guys snooping on others of your guys," he concluded.[139] This conclusion is borne out by evidence from gay service members, who reported after the ban ended that the liberalized policy allowed them to spend less energy monitoring what they and others said and more focusing on their work. One Army captain, Squadron Leader Chris Renshaw, who later became Senior Marketing Officer for Defence Force Recruiting, said that under Australia's new policy, "you can be more honest. That's one of the key things about being in the military—honesty and integrity. Because you haven't got to worry about if someone's saying something behind your back, or is someone gossiping or something, because if they gossip, I don't care. So I'm more focused on my job, I'm more focused on what I'm achieving here, and less worried about [rumors] and what people think. In terms of productivity, I'm far more productive now… Everything's out in the open, no fear, no nothing, no potential of blackmail, no security implications... nothing."[140] Renshaw spoke of the positive impact of the new opportunity for casual banter, so much a part of the military bonding experience. Planning to take his male partner to the Christmas party, he told his superior as a courtesy. "He just looked at me with a bit of a pained expression and said, 'I expect you to behave.' And I just sort of looked at him and said, 'Look, knowing the other people that work on this floor and how they behave with booze, you're worried about me?'"[141]

An enlisted member of the Royal Australian Navy echoed the importance of teasing as a

form of bonding, and the positive role of joking even about sexual orientation: "I'm quite open about my sexuality. Sometimes the boys decide to give me a bit of a ding-up with a joke or something like that, but that doesn't bother me. We work really well together, and I'm sure it's the same for other gay and lesbian soldiers and sailors who are out, and they're accepted by their peers. O.K.—they're the object of ridicule sometimes, but everybody is." Military experts must surely understand how central it is for young people in the armed forces to navigate their relationships, in part, through playful insults and one-upmanship, at times becoming caustic or even aggressive. It's no secret that the military functions as a proving ground, both as part of the training process and apart from it. Yet many of these experts have cherry-picked instances of gay-straight tension and cast them as dangerous examples of social strife, when in fact it is part and parcel of the military bonding experience.[142]

The director of the ADF's Defence Equity Organisation, Bronwen Grey, reported that despite early fears of deleterious consequences, the lifting of the gay ban had no adverse effects on the capability or functioning of the Defence Forces. Following implementation, she said, "Nothing happened. I mean, people were expecting the sky to fall, and it didn't. Now, a number of gay people probably didn't come out at that point, but we've had an X.O. of a ship come out and say to the ship's company, 'I'm gay,' and, quite frankly, no one cared. There was no increase in complaints about gay people or by gay people. There was no known increase in fights, on a ship, or in Army units" and the "recruitment figures didn't alter." She said that Commanders "were watching out for problems" but "they didn't identify any. Now that doesn't mean there weren't any, but they didn't identify any.

Grey summed up the transition this way: "All I can say is, from the organizational point of view, while we were waiting for problems, nothing happened. There were no increased complaints or recruiting [problems] at all. I mean nothing happened. And it's very hard to document nothing."[143] An openly gay squadron leader, Michael Seah, said that he served actively in what is widely considered to be one of Australia's most successful military deployments in recent years—the United Nations peacekeeping operation in East Timor. [144] Another gay soldier commented, "Looking at the current operation in East Timor, I've got a number of gay and lesbian friends in an operational situation. I have served in Bougainville, and there is no problem."[145]

Some indication of the success of the ADF's transition comes from an interview with Commodore R.W. Gates, a senior warfare officer with substantial command experience and widespread familiarity with deployments. At the time of the interview in 2000, Gates had been in the Royal Australian Navy for twenty-nine years, having commanded a number of frigates and served in policy positions in the personnel division at Defence Headquarters in Canberra. He was subsequently promoted to Commodore in the Joint Personnel area in Career Management Policy, and later became Director General of Career Management Policy. Like other observers, the Commodore described mixed opinions and strong emotions within the Forces at the prospect of allowing homosexuals to serve openly: while nobody would deny that homosexuals existed in the ADF, whether they should "declare" their orientation was another matter. When the policy did change, serious protests all but disappeared, and formerly closeted personnel stepped forward successfully and largely uneventfully. "I must admit," said Gates, "after it happened, it's

been an absolute non-event. We've had some major cases of people declaring. Probably the most that I recall... would be one of our executive officers of a destroyer, the second-in-command. He declared. And, I'll be frank, it created a bit of a stir. We're talking about a mid-rank lieutenant commander in an absolute critical position on board a major warship, one heartbeat from command… That person under the new policy was certainly not removed from the ship, and in fact completed his full posting." The Commodore attributes the largely successful transition to a broader effort on the part of top officials in the Navy and the ADF to develop aggressive new training protocols to minimize harassment and maximize equality of opportunity.[146]

Dr. Hugh Smith, a professor at the University of New South Wales at the Australian Defence Force Academy, echoed Gates' judgment. A leading academic authority on military personnel policy, Professor Smith said that the lifting of the ban did not lead to any significant effects on military performance, combat effectiveness, or unit cohesion. Like other respondents, he characterized the outcome of the policy change as a virtual "non-issue," with little remaining salience in government, media, or military circles. The lack of quantitative empirical data regarding the policy change constituted, in his opinion, a form of evidence. In Professor Smith's words, "This is not a subject that has troubled the Defence Force to the extent that they have felt that studies have needed to be done on it. The lack of evidence is evidence."[147] He explaind that when government ordered the military to lift the ban, some officers said, "Over my dead body, if this happens I'll resign." However, Smith said that there were no departures and that the change was accepted in "true military tradition." To the degree that problems of sexual misconduct

and harassment continue in the ADF, Professor Smith indicated that they are mostly related to the treatment of women in the ranks and incidents of hazing (referred to as "bastardization") in the Academy.[148]

In 2000, retired Major General Peter Philips was president of the Returned and Services League (RSL) of Australia, a major veterans group similar to the American Legion. In 1993, the RSL was an ardent opponent of proposals to lift the ban, arguing that doing so would jeopardize morale, unit cohesion, performance, and decency in the Armed Forces and would hasten the spread of AIDS. Asked whether any of these problems had come to pass, he told researchers that openly gay service has "not been a significant public issue. The Defence Forces have not had a lot of difficulty in this area."[149] Probed for evidence suggesting that allowing homosexuals to serve impaired military performance, combat effectiveness, or unit cohesion, he replied, "If the issue had arisen, it would have in [peacekeeping operations in] East Timor. I haven't heard of any gay issues in that."[150]

Major General Philips acknowledged that some gay personnel had come out to peers but disagreed with assertions made by some groups that there were significant numbers in combat units. Journalist David Mills, who interviewed service members for several stories dealing with same-sex partner benefits and combat service in East Timor, gave a conflicting account. For his investigation of East Timor, Mr. Mills spoke with gay soldiers who had served actively. He was aware of seven or eight active duty soldiers serving in East Timor who self-identify as gay, and he interviewed an enlisted Army soldier who worked as a firefighter. In 2000 he reported, "I spoke with a guy who is

serving in the Army, a six-month stint in East Timor, speaking about his experiences. He was an interesting guy who said there is a lot less homophobia in the Armed Forces than you might think, although he was pretty selective about who he was open about his sexuality with… He said he didn't have any problem with that [coming out] whatsoever, although there was an element of surprise when he told people."[151]

By 2009, the RSL had withdrawn its opposition to openly gay service. Retired Major General Bill Crews, its former president, said that year that concerns about morale and AIDS had not panned out. "I was there in the early days of it," he said. "I thought there'd be a continuing problem because of prejudice that exists in parts of the community." He said, "I don't see any evidence now that homosexuals are in any way discriminated against. A homosexual can be just as effective a soldier as a heterosexual."[152]

In the spring of 2009, 100 active-duty service members, including at least one general, marched in Sydney's Gay and Lesbian Mardi Gras Parade holding an ADF banner. Chief Petty Officer Stuart O'Brien, who has served in the navy for nearly 20 years, reported that he worked shoulder to shoulder with U.S. military personnel in Baghdad in 2006, and that being openly gay was not an issue in those or other operations. "They valued the work that I did and that's all that it comes down to at the end of the day," O'Brien told the Associated Press in 2009. "Sexuality has nothing to do with anything any more within the services."[153]

Neil James is executive director of the Australian Defence Association, a non-partisan,

independent national security think tank. He is a graduate of the Royal Military College, served in the Australian Army for more than thirty years, and is the author of numerous ADF and Army operational manuals and journal articles on the Australian military. James' 2009 assessment of the ADF policy change was that it was uneventful besides some surprising disclosures of the sexuality of high-level officers. "Everyone said, 'Good heavens, that's a bit of a surprise,' and after five minutes the conversation reverted back to football," he said. "After a while it was met with a collective yawn."[154]

Currently the ADF recognizes a range of same-sex relationships on generally equal footing with married relationships. As of December 2005, the military agreed to grant same-sex couples in recognized "interdependent partnerships" the same rights and privileges afforded to members with other types of dependants, such as a spouse or children. To gain ADF recognition of an interdependent partnership, members must prove they maintain a common household with their partner (who may be of the same or opposite sex but is someone to whom they are not legally married), and that they have lived together on a permanent basis for at least 90 continuous days.[155] Once a service member has proven the existence of such an interdependent partnership, the couple are entitled to receive the same benefits as legally married couples, including income support and relocation, housing, education, and/or travel assistance.[156] Recently Australia's largest community-based LGBT health organization partnered with other groups to launch "Pride in Diversity," a not-for-profit program created to assist Australian employers with the inclusion of LGBT employees. The Department of Defence joined with a number of other prestigious Australian employers, including the Australian police force, to become a

foundation member of the program.[157]

Conclusion

In 1992 when a government committee recommended the ADF drop its gay ban, the full government voted to end the policy and Prime Minister Paul Keating ordered that the policy change be implemented immediately across all services of the ADF. In place of the previous ban, the government issued a more general instruction on "sexual misconduct policy." Among other provisions, the new instruction referred to unacceptable conduct without making a distinction between homosexuality and heterosexuality. Rather than define what was unacceptable based upon sexual orientation, the new instruction prohibited any sexual behavior that negatively impacted group cohesion or command relationships, took advantage of subordinates, or discredited the ADF, and provided commanders with latitude to judge whether a certain behavior was acceptable or not in a certain context.

Assessments by the U.S. General Accounting Office, the British Ministry of Defence, and the ADF itself all found that the change in policy has been successful and has not led to any perceptible decline in operational effectiveness, morale, unit cohesion, retention, or attrition. In fact, ADF officials and independent observers believe that changes associated with the policy have contributed to a working environment that is freer from the burdensome and unproductive consequences of mistrust, misunderstanding, and misjudgment that at times compromised the integrity of units in the past.

In the decade following the policy change, some concerns remained about uneven and partial implementation of the policy, and about isolated instances of discrimination and harassment, which also disproportionately affected heterosexual women. More recently, however, the fact that the debate over gays in the military has shifted away from the question of whether homosexual soldiers undermine military performance and toward a practice of treating all members according to a single standard also stands as a testament to the success of the inclusive policy.

IV. SOUTH AFRICA

In 2000 the South African Department of Defence undertook a major study to fully assess the environment for gay and lesbian personnel in the military. An in-depth survey was completed by 2,648 regular force members. The survey report noted that many respondents were undecided on many survey questions, and that there was often a large disparity between the attitudes of various subgroups within the SANDF regarding gays and lesbians. On many issues, officers, whites, personnel from the military medical service (SAMHS), and personnel in the Office of the Secretary for Defence held more pro-gay attitudes than Africans, members of the Army, and members with lower ranks (Results N.D.). [158]

Overall the results suggested that the transition had proceeded with great success despite

military opinion remaining mixed. Only a quarter of the respondents agreed with the statement, "I feel good about the integration of gays in the military" while nearly a half disagreed. Just over a quarter were "undecided." The question leaves unclear whether those who did not feel good about the integration of gays were opposed to service by gays or felt the climate for gays in uniform was simply not positive. However, half of respondents agreed with the statement, "I do not mind my co-worker being a gay or a lesbian" while only a third disagreed. More respondents were opposed to having a gay commanding officer than were in support (43% to 41%) even though a larger number disagreed with the statement, "Gays and lesbians as leaders do not command the same respect and obedience from subordinates as heterosexual leaders" than agreed with it (40% to 34%). Interestingly, a plurality of respondents agreed that gays in uniform would "undermine social cohesion. Only a third thought gays and lesbians were "morally weaker" than heterosexuals, while nearly two fifths disagreed with this statement.[159]

While these opinion polls are inconclusive, this fact in itself is illuminating, since the overall research indicates a successful transition to openly gay service. In 2003, the Palm Center conducted a study that found that the integration of gay and lesbian personnel into SANDF had been achieved without any significant impact on effectiveness. The study, based on interviews with over two dozen experts and a comprehensive review of all relevant government documents, newspaper articles, academic studies, and other materials, found the following:

- The integration of gays and lesbians in the SANDF has had little or no impact on

recruitment, retention, morale, unit cohesion, or operational effectiveness.

- Some gays and lesbians who served in the apartheid era military (pre-1994) were subject to aversion shock therapy, chemical castration, hormonal and drug therapy, and other forms of abuse and torture.
- While anti-gay attitudes still exists at the level of the unit and in more rural areas, there has been a steady improvement in attitudes towards gays and lesbians in the SANDF. When expressed, anti-gay sentiment has been subtle in its expression and has not involved overt acts of harassment, discrimination, or anti-gay violence.
- There is no significant public opposition to the policy of integration.
- There has been no mass coming-out as a result of the policy change, but gays and lesbians within the SANDF report an increased level of comfort and are increasingly viewing the SANDF as a career option.
- The SANDF initially included a statement of non-discrimination against sexual minorities in its policy on Equal Opportunity and Affirmative Action, but is now in the process of adopting a separate, stand-alone, and much more detailed policy on sexual orientation in the SANDF.
- The SANDF is in the process of eliminating all residual bias against sexual minorities in subsidiary policies. Same-sex "life-partners" now have equal access to health benefits.
- Racial integration occurred at the same time as the integration of the sexual minorities within the SANDF. Racial integration has been a far more difficult process than the integration of sexual minorities.

Effect of Integration on Anti-Gay Attitudes: Numerous military officials reported that there is now "zero discrimination" in the SANDF against gays and lesbians. "No incidents of blatant harassment or discrimination based on sexual orientation . . . or violence against gays and lesbians... have been reported to Equal Opportunities Chief Directorate since the Equal Opportunities policy was adopted," according to Colonel Jan Kotze.[160] This sentiment was echoed by those outside of the military who monitor these issues. Thandi Modise is the Chairwoman of the Portfolio Committee on Defence in the South African Parliament. "You just don't hear the stories that we used to hear before 1994 of the levels of intolerance for gays," Modise says. "If there are incidents, they are very few and far between... because I don't hear about them."[161] Advisor to the Defence Minister, Sue Rabkin, reported that anti-gay discrimination "certainly hasn't affected anyone I've heard about, and usually these things travel. I get quite a lot of information and I haven't heard a peep."[162] Evert Knoesen monitors discrimination complaints both in his position on the Minister's Advisory Board and as director of the Equality Project. Since integration, the only complaints he is aware of have dealt with residual discrimination in employment policies—pensions or health benefits, for example. "These issues have all been cleared away," Knoesen states. While he thinks it is possible that gay or lesbian personnel might not report harassment or violence easily, he concludes "that if people are prepared to complain about [pensions or health benefits], then if they had been physically assaulted or something like that we probably would have heard about it, or at least some of it."[163]

Generally the law remains ahead of social attitudes in South Africa. The policy enjoys very strong support among military and governmental leaders, but there is still a residue of anti-gay sentiment. That sentiment seems to be concentrated in the following locations: 1) among an older cadre of soldiers. "You do have people from the old school who have trouble accepting the sexuality of other people," M.P. Thandi Modise concedes [164]; 2) among lower level management and at the level of the unit.[165] If there is still a problem, Evert Knoesen concludes, "it is among the lower ranks"[166]; 3) in rural areas and among commanding officers from rural homeland armies. How much the culture of the military has changed since integration, according to archivist Anthony Manion of the Gay and Lesbian Archives, "depends a lot on where you are in the country at the time."[167] Evert Knoesen concurs: "Most of the people who serve in the defence force are from rural and impoverished areas, and they have very little exposure to lesbian and gay issues."[168]

Effect of Integration on Operational Effectiveness: Overall, informants agreed that the integration of gay and lesbian personnel has not had a negative impact on recruitment and retention, morale, unit cohesion or operational effectiveness in the SANDF. Heinecken reports that in the SANDF (as in the United States) commanders found that gay service members conducted themselves professionally and "their sexual preference did not detract from their ability to perform their work successfully."[169] Thandi Modise, who is a Member of Parliament with considerable expertise on military issues as the Chair of the Parliament's Portfolio Committee on Defence, asserts that "the effect on morale has only been positive because members of the defence force do not have to hide."[170] Colonel Jan

Kotze concurs, stating that "diversity contributes towards increased morale, unit cohesion, and ultimately mission readiness."[171] Colonel Rocklyn Williams, Director of the Defence Program for SAFER-Africa, a South African think-tank, and a former SANDF commander, simply concludes that the integration of gays and lesbians into the SANDF has had "no impact whatsoever" on operational effectiveness.[172]

Military experts and outside experts commonly asserted that the integration of gay and lesbian personnel has been more or less a non-issue, dwarfed by challenges of much greater magnitude. The integration of several different forces has proved hugely difficult, as has racial and gender integration.[173] All of this has had an impact on mission readiness for the SANDF, "but this is not related to lesbian and gay people," says Evert Knoesen.[174] "When the SANDF was formed there were so many other issues," concurs Heinecken, "integrating seven different forces into one, the end of conscription, racial transformation, and all of these things override the issue of gays and lesbians in the military." She concludes: "This has not been a major issue."[175] Democratic Party MP and Defence Committee member Hendrik Schmidt states: "Operational effectiveness has been affected by a number of other factors, but I wouldn't isolate [the integration of gays and lesbians] as being one of them."[176] Rocklyn Williams concurs: "Gay and lesbian issues are the least of people's worries," he says. "The force has had to rise up to the most monumental challenges."[177]

Democratic Party MP James Selfe, is a former member of the Portfolio Committee on Defence. While he agrees that there are some soldiers who are unhappy about gays in

their units, he states that these attitudes have no impact on mission readiness or operational effectiveness:

> I happen to know that there is an old Guard within the SANDF . . . who have what might be called an attitude problem with regard to integrating gays and lesbians into the defence force. I think these people disapprove of the policy, they find it irritating or offensive. But I don't think that this would affect the operational effectiveness of the defence force. It is a disciplined environment. Your personal feelings are less important than might be the case in other organizations. Orders are orders and you have to make the best job of it.[178]

Other research subjects stated that gay integration had very little impact on mission readiness or operational effectiveness because of the relatively small number of soldiers involved. (As a point of contrast, the South African military has gone from being a predominantly white to a predominantly black force in a matter of a few years.) Colonel Rocklyn Williams concludes that "because most gays in uniform keep their sexual orientation to themselves, it is not something that surfaces very often."[179] Henry Boshoff concurs that the integration of gays and lesbians in the SANDF "has had almost no impact because it is a small group of people." Similarly, Colonel Raymond Marutle, the Military Attaché at the South African Embassy in Washington D.C., assesses the impact of the new policy on gays and lesbians on the SANDF as "none whatsoever," and attributes that to the fact that the "percentage of gays and lesbians [in the SANDF] is low." Boshoff further argues that the integration of gay and lesbian service members has not been disruptive because the policy "has been implemented in a very professional and discrete manner."[180] Marutle says similarly that "there is no overall negative picture that one could paint of this policy" and that both "non-gays and gays are happy with this policy."[181]

As a result, there is virtually no public opposition to the policy integrating gays and lesbians into the SANDF. Even the African Christian Democratic Party, which spearheaded opposition to the inclusion of sexual orientation in the Constitution and has been vocal in the past in its opposition to gays in the SANDF, has retreated from this position. "We don't have a problem with gays and lesbians in the SANDF," says Mighty Madasa, Member of Parliament and Defence spokesperson for the ACDP, "everyone has a right to work."[182] Asked to identify other political actors in South African who oppose the open service of gays and lesbians in the military, Madasa stated: "there aren't any."[183]

It is noteworthy that most of the people interviewed for this study stressed the homophobic nature of South African society. Opponents of openly gay service in the U.S. frequently maintain that successes in other nations are irrelevant to the U.S. because other countries have more pro-gay climates. But as sociologist Jacklyn Cock writes, "homophobia is intense and widespread in post Apartheid South Africa," despite the Constitution. "Gays and lesbians continue to be denied cultural recognition and are subject to shaming, harassment, discrimination, and violence."[184] Nevertheless, the policy of openly gay service has been broadly deemed a success, a conclusion borne out by other research showing that prejudice, whether against racial minorities or sexual minorities, does not need to be abolished in order for policies of integration to work effectively.[185]

Jody Kollapen, Director of the South African Human Rights Commission, states that the policy has been successful in that it has "aligned the military's policy with the

Constitution," and that it provides a clear, understandable benchmark "against which acts of discrimination can be judged."[186] Graeme Reid concurs that the policy "has changed the parameters" such that "it is not okay to be overtly discriminatory."[187] Further, Kollapen credits the new policy with creating an atmosphere were issues of gay and lesbian equality can be taken up within the SANDF. "Previously there wasn't even room for this discussion," Kollapen asserts.[188]

Moreover, while more can be done to increase tolerance within the SANDF, major inroads have been made. "A significant number of Defence Force members are now willing to serve with lesbian and gay personnel," says Knoesen, "and the majority of the officer core has accepted this change."[189] Perhaps most significantly, the policy has made a difference in the lives of gay and lesbian personnel. "I think that the policy has had a strong impact," Reid asserts, "having official protection makes all the difference."[190] Evert Knoesen emphasizes not only the magnitude of the transformation the military has undergone, but in how short a time span:

> Eight years ago it was illegal to be in the Defence Force and be a homosexual. Now it is illegal to discriminate against someone who is homosexual in the Defence Force. The kind of impact that this has on the emotional experience of a homosexual in the Defence Force is very significant. It takes you from the experience of being unwanted to the experience of self-validation.[191]

Conclusion

The SANDF, along with South African society generally, have undergone massive

transformation since 1994, and the integration of gays and lesbians in the military has been a relatively easy part of that transformation. This report concludes that the integration of sexual minorities has been achieved without any negative consequences for the South African military. There has been a significant decrease in violence, harassment, and discrimination directed towards sexual minorities. The policy of integration has achieved the support of military and governmental leaders and the officer core, and is steadily gaining in acceptance among lower ranks.

In contrast to the situation in the United States, in South Africa laws pertaining to gay and lesbian people are far ahead of social attitudes. "Homosexuality is permitted by law," Lindy Heinecken concludes, "rather than accepted."[192] Because of this, the South African case is a striking example of how leadership at the highest levels can transform a military culture that is much more hostile to gays and lesbians than our own. As recently as the 1970s and 1980s, the SADF permitted human rights abuses against some gay and lesbian service members—including shock treatments, chemical castration, drug therapy, and even gender reassignment surgeries. Today, while certainly not all vestiges of anti-gay attitudes have been eliminated within the military, the DOD has taken major strides towards creating an environment within the military in which gay and lesbian personnel feel safe and want to work. This dramatic transformation has been achieved both by sending a message of "zero tolerance" for anti-gay harassment, discrimination, and violence throughout the command structure, and where possible, putting a few key gay and lesbian leaders both inside and outside the military in a position to monitor the policy.

It is also important to note that the integration of gays and lesbians has been made at no cost to the military in terms of operational effectiveness. Both gender and racial integration have been vastly more difficult for the SANDF. Indeed, that racial integration has been so much more problematic for the SANDF than the integration of gays and lesbians raises some interesting historical comparisons. When the U.S. military integrated racially in the 1940s, the U.S. was one of the most racist societies in the world —more so than South Africa at that time, with Jim Crow in the South every bit as severe as apartheid would later become. Despite the fact that the U.S. military was far ahead of social attitudes regarding race relations, racial integration was and continues to be a huge success. (Indeed, members of the SANDF now attend training at the U.S.'s Defense Equal Opportunity Management Institute.)

The racial integration of U.S. forces after World War II is of course parallel to what the SANDF is now undertaking. But the SANDF is also undertaking the integration of sexual minorities *at the same time*. By all accounts, this latter project has been far less difficult for the SANDF—even in a country where social attitudes regarding homosexuality are far from progressive. All of this suggests that the integration of gays and lesbians into the U.S. armed forces—after that institution has already achieved dramatic success in terms of racial integration, and in a society where, *in sharp contrast to South Africa,* social attitudes are in many ways more progressive than the law—could be carried out relatively easily, without significant cost in terms of military readiness or operational effectiveness.

V. ISRAEL

In 1993, U.S. government and academic researchers studied the Israel Defense Forces by reviewing data and conducting interviews with embassy and IDF officials, active and reserve military personnel, scholars, Israeli lawmakers, and civil rights groups. The researchers from GAO and Rand found that Israel's long-standing informal inclusion of homosexuals in the military had neither created internal problems nor jeopardized combat units. Officials interviewed for the GAO report stated that homosexual soldiers performed as well as heterosexual soldiers. Based on the officials' experience, homosexual soldiers had not adversely affected "unit readiness, effectiveness, cohesion, or morale." Security personnel noted that homosexual soldiers were able to hold security clearances without posing an unnecessary security risk.[193]

Reuven Gal, the director of the Israeli Institute for Military Studies, wrote in a 1994 assessment of the policy transition that, "According to military reports, [homosexuals'] presence, whether openly or clandestinely, has not impaired the morale, cohesion, readiness, or security of any unit. Perhaps the best indication of this overall perspective is the relative smoothness with which the most recent June 1993 repeal of the remaining restrictions on homosexuals was received within the IDF and in Israeli society as a whole."[194] Even, or perhaps especially, in the context of a country continuously at war, unrestricted participation in the military by sexual minorities serves to bolster the core

Israeli value of common defense of the nation rather than threaten military cohesion or morale.

A 1999 article on gays in the military published in the IDF news magazine *Bamahane* includes comments from seventeen heterosexual soldiers about their attitudes toward having a gay commander.[195] Two of the seventeen soldiers interviewed for the *Bamahane* article felt that serving under a homosexual commander would constitute a problem for them. One soldier explained that "The truth is it would be a bit strange for me. Not that I am primitive or homophobic, but among my friends there aren't any gays. I would try to get used to the idea and if I did not succeed I would request a transfer. I do not think that gays are less good, but it would be a bit difficult or strange for me." The rest of the respondents stated that the sexual orientation of their commanding officer would not make a difference to them. For instance, one respondent said, "I respect gays a lot. There is no problem with their service in the Army. It is none of my business if my commanding officer is gay. If he has already decided to participate this does not have to interfere with work."[196]

Three soldiers expressed some concern about showering with a homosexual solider, although they stated that in general they did not have a problem with gay soldiers. Second Lieutenant Gal in Human Resources explained his feelings: "I don't have anything against homosexuals in the army. They're citizens of Israel like you and me. The sexual orientation of the workers around me doesn't interest me. It does interest me if his output suffers from it, maybe if it bothers him and he needs help. I wouldn't

shower with him. There are cubicles here [at the officer's training base]." Eight of the respondents stated that they have no problems showering with sexual minorities. Dima, an officer, expressed the prevailing view of the respondents who brought up the issue: "They're citizens of the state, like all the other citizens. I think that even if they have a different sexual orientation, that doesn't have anything to do with hateful feelings. I don't have a problem showering with [homosexuals]. It seems to me that it wouldn't be a problem."[197]

In 2000, the Palm Center conducted a literature review, bolstered by interviews with three dozen experts on all sides of the debate over gay service in the IDF. None of the experts located could recount any indication that the lifting of the gay ban compromised military effectiveness. Several remarks from the experts interviewed make this case. Professor Stuart Cohen, a Professor and Senior Research Fellow at the Center for Strategic Studies at Bar-Ilan University who has written extensively on the Israeli military, reported that, "as far as I have been able to tell, homosexuals do not constitute an issue [with respect to] unit cohesion in the IDF. In fact, the entire subject is very marginal indeed as far as this military is concerned".[198]

One female soldier who served in the IDF between 1993 and 1996 was asked if she had experienced any problems because of her sexual orientation. She stated: "I was quite amazed to find out that people either thought that my sexual orientation was 'cool' or were indifferent to it."[199] That experience was echoed in an ABC News interview with Israeli Brigadier-General Oded Ben, when he commented that Israelis show "a great

tolerance" with respect to homosexual soldiers in the military.[200]

Amir Fink, the co-author of *Independence Park: The Lives of Gay Men in Israel,* argues that the IDF policy changes, among larger societal changes, have resulted in a more open attitude in the military. Fink believes that, "after the 1993 change in regulations there are more soldiers who are aware of the fact that there are gays in the unit and [that] they should treat them decently."[201]

Available evidence suggests that many homosexual soldiers choose not to disclose their sexual orientation while in the IDF. This is consistent with research from other nations showing that, even when gay bans are lifted, they do not result in a mass coming out. Danny Kaplan is a cultural psychologist at Ben Gurion University and Bar Ilan University in Israel, whose expertise is Israeli military culture and sexuality. His 2003 book, *Brothers and Others in Arms: The Making of Love and War in Israeli Combat Units,* explores military culture in Israel through the prism of the dozens of gay veterans he interviewed. Kaplan states that, "although some [homosexual service members] came out to close friends in their unit, as a whole they did not disclose their dispositions publicly in the context of their combat platoon."[202]

The impact of ending gay bans has nevertheless been shown to have positive impacts on gay and straight troops, as it relieves people of the burden of concealment, suspicion, and distrust. A woman who decided to bring her partner to one of her base's social events in 1997 explains that "the decision was preceded by consultations with my professional

commander… He recommended to me quite warmly not to hide my sexual orientation and promised to support me professionally if there were any problems following my revelation."[203] One scholar found that military personnel generally reported positive responses to their coming out. In a 1997 interview with a uniformed soldier at a gay pride march, he was told that appearing in uniform did not cause problems with military officials: "Not at all. I can come here in uniform. The military command is accepting of [gay and lesbian soldiers]"[204]

A tank corps soldier reported in 1999 that "I have not had any problems being gay. On the contrary, in my base we had a large gay contingent. You would come to the base, and you know one other gay person, who knows another gay person, etc… In my basic training, people knew that I was gay and it was enough that there was one homophobe in my unit… After that, I had nothing to be afraid of.[205] A June 2000 Israeli television broadcast that was sanctioned by the IDF featured homosexual active-duty and reserve soldiers discussing their experiences of being gay in the military.[206] Another officer said she had no problems rising through the ranks as an out lesbian. When asked how overall attitudes had changed from before the 1993 policy change, the major replied: "I have felt a change for the better, mainly in the attitude of security officers, but not as big a change (because not as big a change was needed) as it seems by the change in army regulations."[207]

These and other sources indicate growing openness. Although many homosexuals in IDF combat and intelligence units do not acknowledge their sexual orientation to peers, some known gays do serve in such units. Indeed, some IDF combat and intelligence units have

developed a reputation as particularly welcoming to gay and lesbian soldiers.

The IDF does not conduct any special education or sensitivity training related to sexual orientation issues. In contrast, the Israeli military provides training on sexual abuse of women and harassment of new immigrants and Mizrachim, Israelis of North African or Middle Eastern origin.[208] One board member of Agudaht Zechuyot Ha-ezrach, Israel's primary gay-rights group, expressed overall approval of the military's policies toward sexual minorities but other scholars and representatives of gay rights groups have declared that the IDF could do more to address the concerns of sexual minorities in the military and that many soldiers are not aware of official policy.[209] The Israeli army currently recognizes the partners of gay officers and offers them benefits including next-of-kin rights.

In 2000, seven years after the ban was lifted, two scholars conducted in-depth interviews with 21 self-identified gay IDF combat soldiers and found that five of them (23.8%) were known to be homosexual by at least one other member in their combat unit.[210] The same year, the Palm Center administered a survey to 194 combat soldiers in the Israel Defense Forces that included the following question: "Do you know (or have known in the past) a homosexual or lesbian soldier in your unit"? The findings showed that 21.6% of respondents knew a gay peer in their unit, and an additional 19.6% may have known a gay peer in their unit. Even in combat and intelligence units with known gay soldiers, however, we found no evidence of deterioration in cohesion, performance, readiness or morale. Generals, ministry officials, scholars, and NGO observers all have claimed that

their presence has not eroded cohesion, performance, readiness or morale.[211] As Kaplan stated in his 2003 book, Israeli soldiers "served on the frontline" and were "full participants in the military enterprise and were seen as such by their peers."[212]

In 2007 an official and former IDF officer re-confirmed that the policy transition had been smooth and uneventful. "It's a non-issue," said IDF veteran David Saranga, Israel's American consul for media and public affairs. "There is not a problem with your sexual tendency. You can be a very good officer, a creative one, a brave one, and be gay at the same time."[213]

In 2009, the *Associated Press* spent two months investigating the experiences of foreign militaries with gay service. The ensuing article concluded that today "Israel has had no restrictions on military service," that officers are accompanied by their same-sex partners at ceremonies and promotions, and that the policy of inclusion is "now considered thoroughly uncontroversial." It reported that "gays and lesbians—among them several senior officers—serve in all branches of the military, including combat duty." Yagil Levy, a respected Israeli sociologist said that, "In this regard, Israel has one of the most liberal armies in the world."[214] It is important to note that this openness exists despite the fact that Israeli society remains largely homophobic. Despite legal protections for gay, lesbian and bisexual citizens, and despite the absence of a robust "culture war" involving religious and cultural conservatives, the culture continues to frown on homosexuality as falling outside the mainstream of national and religious expectations for the state of Israel.

How far Israeli (military) culture has come in acceptance of homosexuality is evident in the case of the Israeli military magazine *Bamahane*. Nine years ago, in 2001, the topic of homosexuality was so controversial that when the magazine ran a front-page article about a gay colonel, the commander of the education corps ordered it shut down. The magazine survived following an appeal to the defense minister. Today, in contrast, the editor of the magazine, Major Yoni Schoenfeld, is an openly gay officer. In addition, in honor of gay pride month in June of last year, the magazine published a series of features on gay officers, including a cover photograph of two male soldiers in an embrace. No negative responses were received, nor were any subscriptions cancelled in response; in fact, the article received many positive responses.[215] Criticism *was* leveled, however, by IDF Chief Rabbi Brigadier General Avichai Ronski, who wrote to the army's personnel department and education corps to say he found the topic of homosexuality inappropriate for a magazine whose purpose is to express the IDF way of life.[216] Both the IDF and the magazine immediately distanced themselves from Ronski's position. An IDF spokesperson stated, "The IDF assigns soldiers to posts based on military needs and the soldiers' personal abilities, not based on their sexual orientation or their gender. Any statement to the contrary represents personal opinion and not official IDF policy."[217] *Bamahane* issued an official response saying that its magazine covers- and would continue to cover- the way of life of all IDF soldiers, including gay and lesbian officers; off the record, its staff was more blunt, saying they were simply "unfazed" by the rabbi's request.[218]

Schoenfeld reports that the difference in reactions across the eight years between the two incidents reflects increased tolerance that was partly a result of the more open policy. He reports that there is negligible friction in the armed forces stemming from the presence of open gays. He said his orientation was known when he served as a combat soldier and commander of a paratrooper company, and that it never became a problem. He described joking around the issue, but said it was generally not hostile. Acceptance of gays is smoother for people who conform to traditional notions proper gender roles, while "those who are more feminine in their speech and appearance have a harder time fitting in." His overall conclusion was that difference in sexuality is a natural occurrence and that once the presence of gays is allowed and acknowledged, "it's not a problem anymore."[219]

In a 2010 article published in *Foreign Policy* magazine, Danny Kaplan, the Israeli psychologist who studies military culture, writes that gay officers have been serving in the Israeli military for 17 years and their country is safer as a result.[220] The example of Israel, Kaplan writes, is particularly instructive as the Pentagon begins to consider the repeal of "don't ask, don't tell" in the U.S.

Kaplan begins his article by noting that the experiences of Israel and other countries allowing openly gay service show that the participation of gay soldiers poses no risk to military effectiveness. He further makes the point that, "Policies restricting the participation of gay soldiers paradoxically make sexuality a more salient [and hence disruptive] issue" than when there is no restriction. Many gay soldiers in combat units opt not to reveal their sexual orientation, whether or not restrictions are in place, and

those who do often only do so when they are preparing to leave the force. When gay soldiers are allowed to serve but not allowed to identify themselves as gay, anyone can be suspected of being gay, creating a climate of suspicion, paranoia, and harassment, as was seen to be the case in the U.S. military after implementation of "don't ask, don't tell." In contrast, when gay soldiers can serve openly, most do not choose to disclose their sexual identity, and instead find ways to separate their personal and social identities amid an amalgamated military culture, in much the same way as soldiers of different ethnic and religious backgrounds do. "They simply are what they are and find ways to function together," says Kaplan.[221]

According to Kaplan, the case of Israel can be instructive for the U.S. in numerous ways. For one, as is already well-established, "the mere participation of gays in combat units of the Israel Defense Forces has had no bearing on military performance and unit cohesion, whether or not soldiers come out." Secondly, Israel's experience shows that casting the debate as a dilemma over how to accept "open gays" is misguided. Sexual orientation has not become a source of disruption in the Israeli military because military authorities have treated it matter-of-factly rather than giving it special attention as a problem needing to be explicitly addressed. The Israeli military has chosen a strategy to "officially acknowledge the full participation of gays and at the same time ignore them as a group that may require special needs." As a result, gays become integrated into military units by virtue of not being singled out, and all soldiers can focus on their common mission of defeating the enemy rather than on questioning their fellow soldiers. If the U.S. were to chart a similar course, argues Kaplan, "it could enjoy not only a more liberal military, but

also, perhaps, a more combat-effective one."[222]

Conclusion

In comprehensive reviews of published evidence and interviews with all known experts on homosexuality in the IDF, no data emerged to suggest that Israel's decision to lift its gay ban undermined operational effectiveness, combat readiness, unit cohesion or morale. In this security-conscious country, in which the military is considered essential to the continued existence of the nation, the decision to include sexual minorities has not harmed IDF effectiveness. In addition, while no official statistics are available for harassment rates of sexual minorities in the IDF, scholars, military officials and representatives of gay organizations alike assert that vicious harassment is rare. Despite the fact that the majority of gay combat soldiers do not appear to disclose their sexual orientation to peers, the Israeli experience supports the proposition that American military effectiveness would not decline if known homosexuals were allowed to serve. Professor Laura Miller of the Rand Corporation has argued that although straight soldiers' reactions to open gays could undermine unit cohesion in the U.S. military, merely lifting the gay ban would not undermine cohesion, morale, readiness or performance.[223] Miller, whose conclusions are based on interviews she conducted with thousands of American soldiers, reasons that few gays or lesbians would come out of the closet in units where hostility and homophobia prevailed. Rather, Miller believes that American gay and lesbian soldiers would disclose their sexual orientation to peers only when they believed it was

safe to do so. In other words, Miller draws a sharp distinction between the effect of the decision to lift a gay ban and the effect of the presence of known gays and lesbians in the military. The Israeli case seems to confirm Miller's distinction.

The Relevance of Studying Foreign Militaries

Those who oppose allowing openly gay service in the U.S. often claim that the U.S. military cannot be compared to foreign armed forces. For instance, Lt. Gen. Calvin Waller, U.S. Army, deputy commander of allied forces in the Persian Gulf War, testified before the Senate in 1993 that "when we allow comparisons of smaller countries to this great nation of ours, the comparison between these countries with their policies regarding known homosexuals serving in their country, it is my belief that we do a grave disservice to our fellow American citizens."[224] Charles Moskos, a principal architect of "don't ask, don't tell," cautioned that "no neat and tidy lessons can be drawn from one country to another."[225] Moskos acknowledged that many foreign militaries formally allowed gays to serve, but he disputed their relevance to the U.S., saying other militaries had different cultures or lesser combat obligations or that their practices regarding gay troops were actually less tolerant than their formal policies would suggest. Of the Dutch and Scandinavian militaries, Moskos said, "these aren't real fighting armies like the Brits, the Israelis and us. If a country has a security threat," he argued, that country would be likely to implement "a policy that makes it very tough for gays."[226]

Critics of gay service continued to dismiss the relevancy claims throughout the 2000s. Lt. Gen. John Lemoyne, former Deputy Chief of Staff of the U.S. Army, said during a 2003 debate over gays in the military that "I do not accept the argument that the studies of foreign militaries are necessarily valid to the U.S. military. Different context. Different roles and missions."[227] And John Allen Williams, President of the Inter-University

Seminar, commented during a 2005 discussion of "don't ask, don't tell" that the "American military tends not to want to learn from other militaries on any subject. It's just a fact. We see ourselves as *sui generis*."[228] In short, these opponents claim, because the U.S. military is different, it does not and cannot learn from, or compare itself to, foreign armed forces.

Some take this argument further, mischaracterizing the relevance that the experience of foreign militaries could hold for the debate in the U.S. They suggest that any discussion of foreign militaries is moot because the fact that another country follows a certain policy is not a reason for the U.S to do the same. The implication is that proponents of gay service support repeal only because other nations have done it. This, of course, is not the actual basis of the argument in favor of openly gay service in the U.S. The relevancy claim simply states that the successful transition experiences of foreign militaries which share sufficiently similar variables to the U.S. military suggests that, *if* the U.S. were to lift its ban, American military performance would similarly not decline. The experiences, in other words, lend plausibility to a predictive causal claim—that eliminating "don't ask, don't tell" will not harm the military—but they do not, in and of themselves, constitute an argument that the U.S. ought to lift the ban.

The claim that the U.S. military does not, or should not, compare itself to other militaries is important because it has played a prominent role in debates about gays in the military since President Clinton tried to compel the Pentagon to eliminate its gay ban in 1993. As Lawrence J. Korb, Assistant Secretary of Defense under President Reagan, concluded,

"The first thing the military says when the gay issue is brought up... is that the U.S. military is different."[229] The argument even plays a role in popular discourse when media figures such as Bill O'Reilly echo such sentiments. Responding to research suggesting that foreign militaries have lifted their gay bans without any detriment to their effectiveness, O'Reilly remarked, "But just remember the different cultures in Britain, Israel, Australia, and the United States. Different cultures."[230]

This section addresses the question of how different the U.S. military is from its allied forces, and how relevant the experiences of those forces are to the U.S. It assesses the plausibility of the claim that the U.S. military does not compare itself to or learn from foreign forces. We consider several specific studies that reflect a wide variety of issue-areas, historical periods, and national cultures. All of them show that the U.S. military itself repeatedly has commissioned research that invites such comparisons, at times incorporating the lessons learned from these other militaries. While there is no doubt that the U.S. military is different from other militaries, such distinctions have not prevented the U.S. military from comparing itself to and learning from foreign armed forces. Ironically, one such issue-area in which the Pentagon has drawn lessons from foreign forces is gays in the military, as military spokespersons have argued that the U.S. should not lift its ban because certain foreign militaries have failed to do so.

Use of Other Militaries as Sources of Relevant Information for the U.S. Military

In 1986 the U.S. Army created the Foreign Military Studies Office (FMSO) to "research, write, lecture and publish from unclassified sources, in both English and original languages, about the military establishments, doctrine and operational and tactical practices of selected foreign armed forces."[231] The FMSO, which expanded its work after the fall of the Soviet Union, studies not only technological, strategic, and tactical operations of foreign militaries, but those relating to cultural aspects of service, such as housing, healthcare and personnel policy.[232]

Others have also noted the relevance of foreign militaries. In 1993, Rand thus explained its rationale for studying foreign militaries as part of its assessment of the gay troops issue in the U.S.: "Policy implementation difficulties in other countries can serve as warning flags if the United States attempted similar strategies, and successes in other countries may provide guidelines for U.S. policy formulations."[233] As analogues, in other words, these countries' experiences are not necessarily meant for imitation, but as suggestive models to inform U.S. policy by illustrating the consequences of decisions to eliminate gay bans. Paul Gade, Chief of the Research and Advanced Concepts Office at the U.S. Army Research Institute for the Behavioral and Social Sciences, agreed in remarks made in 2000, arguing that foreign militaries "are the best analogues we have for the U.S. case."[234]

Indeed, for decades the U.S. military has explicitly compared itself to foreign militaries in

the area of personnel policy including, ironically, comparisons to foreign armed forces that ban gays and lesbians. Indeed, prominent observers have drawn on the experiences of foreign armed forces that prevent homosexuals from serving openly to justify their opposition to integration in the U.S. Lt. Gen. Waller, for example, cited Korea and its policy of "no toleration of known homosexuals in their ranks" during his 1993 Senate testimony, and concluded surprisingly (given his argument, mentioned above, about the irrelevance of foreign military forces) by invoking a comparison to other countries that maintain gay bans: "And finally in all my dealing with the many nations who provided military forces to Operations Desert Shield and Desert Storm," he said, "the vast majority of those nations, as you have heard here today, did not allow known homosexuals to serve in their military units, who were part of the Persian Gulf forces."[235]

In making her case for banning gays from the U.S. military, Major Melissa Wells-Petry, who consulted the 1993 Military Working Group that wrote the blueprint for the current "don't ask, don't tell" policy, argued that U.S. personnel policies should be sensitive to the cultural attitudes of countries in which we deploy troops. "The way in which a host nation views the United States Armed Forces is critical indeed," she wrote.[236] She cited the British ban on gay service personnel, which was in effect when she was writing, as part of her case for banning gays in the U.S. military, using their rationale that, because gays are likely to be targeted for blackmail, they are unsuitable to serve in the U.S. military. Drawing an analogy between the U.S. and Britain and France, she wrote that "A relationship between blackmail and homosexuality is acknowledged in other national cultures as well."[237] Col. Ronald Ray of the U.S. Marine Corps relied on similar logic

when he argued for maintaining the ban, and referred to the British ban on homosexual service members to support his argument. He cited a British military expert who argued that "homosexuality in [a British army] regiment would be 'devastating to unit cohesion.'"[238]

These arguments date from before Britain lifted its ban. Clearly, opponents of allowing gays and lesbians to serve openly in the U.S. military do learn lessons from foreign armed forces, including on the subject of service by gays and lesbians. To the extent that the U.S. military does tend to learn from foreign forces, the British armed forces often serve as the most relevant comparison case.[239] The comparison of the U.S. to British forces during the period when the latter banned gay service raises the concern that opponents of gay service only invoke other nations when it supports their position, but cry foul when doing so undercuts their position.

Following are case studies of specific instances in which the U.S. military draws lessons from foreign militaries.

Military Innovation and Diffusion in Theory: Drawing lessons from other militaries has been the norm rather than the exception throughout much of modern history. In the context of emerging nationalism in Europe in the eighteenth and nineteenth centuries, for example, competition among nations for security led countries to focus on the military capabilities of their rivals and imitate those aspects that they deemed necessary for survival. Such developments prompt Barry Posen to argue that "states will be concerned

about the size and effectiveness of their military organizations relative to their neighbors. As in any competitive system, successful practices will be imitated. Those who fail to imitate are unlikely to survive."[240] For those nations that aspire to greater political power and influence, looking to the most successful rival country with the strongest military has been a common strategy, resulting in "contending states [imitating] the military innovations contrived by the country of greatest capability and ingenuity."[241] An example of this process is Prussia's transformation of its military during the mid-seventeenth and early eighteenth centuries, during which time Prussian officials studied France as a successful military model. As Posen describes, "Innovations that produce vast increases in the combat power of the French Army, both of a narrow tactical nature and of a more diffuse political nature, [were] closely studied by Prussian professionals. Imitation [was] recommended, and to a considerable extent achieved, including political reforms."[242] As this example illustrates, throughout history, militaries, even those that are extremely different, have looked to each other for ways to improve themselves. As he explores "whether states consciously imitate the successful practice of others," Posen concludes that "states might argue their own national uniqueness and the complete 'non-importability' of foreign models, but instead imitate the military institutions and practices of those who have defeated them, repackaged with a veneer of indigenousness."[243] Thus, it has not been uncommon for militaries to incorporate the practices of other militaries while at the same time denying the source of such innovations.

As powerful as Posen's model of competition and imitation may be for explaining how militaries have evolved over time and explicitly imitated each other, it fails to account

fully for the complicated and culturally inflected process of innovation and diffusion that militaries actually experience. Challenging Kenneth Waltz's argument that "diffusion is a uniform and efficient process driven by the threat of defeat by a superior power," Leslie Eliason and Emily Goldman argue that a "look at the historical record reveals far more variation in adoption and emulation across states and cultures than conventional international relations theory assumes. The process of diffusion appears far less deterministic and much more vulnerable to local conditions than the systemic view suggests."[244] Emphasizing the "contingent nature of the diffusion process," Eliason and Goldman urge scholars to explore more fully the cultural or organizational context within which new technologies or practices are considered and adopted.[245]

Three of the most relevant themes that emerge from their overview reveal how attending to such "local conditions" subverts our understanding that the diffusion of military innovation proceeds solely from major to minor powers. Even when smaller militaries on the periphery adopt core military technology, as was the case in the Middle East during much of the Cold War, Eliason and Goldman note that "indigenous culture shapes diffusion," reinforcing the idea that some level of adaptation and adjustment occurs any time one military imitates another.[246] They also observe that "cultural affinity allows transmission of military expertise far exceeding identifiable security requirements," as is the case between the U.S., the U.K., Canada, Australia, and New Zealand, their common cultural and linguistic background effectively facilitating a range of innovations.[247] Last, they emphasize that "innovation can also originate in the periphery," as was the case when the U.S. adopted Israeli-designed remotely piloted vehicles, discussed below.[248]

Ultimately, these insights reflect a consensus that military innovation moves in many directions, suggesting that major powers like the U.S. do not simply innovate and get imitated, but rather they are engaged in a more complicated process in which they carefully consider the experience of smaller, less powerful militaries and even learn important lessons from them.

In his examination of the unique relationship between the ABCA countries, which include Australia, Britain, Canada, the United States, and New Zealand, Thomas-Durell Young considers how cultural similarities between these countries influence patterns of innovation. He notes that, "despite the end of the Cold War, and the end of a common threat, [the] relationship among these five countries has actually grown closer, particularly among the five armies."[249] This is not to say that important differences between these militaries do not continue to exist and pose challenges to the interoperability that they aspire to. But as Young makes clear, the militaries of all these countries, including the U.S., share a common cultural heritage and political history. Such similarities have helped create a context in which they desire and are able to share information effectively among each other. The four case studies presented below indicate that across a wide range of issue areas and historical periods the U.S. military has compared itself to and learned from foreign militaries. Indeed, the American armed forces have even learned from the militaries of nations that do not share close cultural affinity with the U.S.

Technological Innovation: While many armed forces have adopted U.S. technological

innovations and advances, the U.S. has learned from foreign militaries as well. As Timothy D. Hoyt argues, "The peripheral experience demonstrates that not all diffusion flows from the industrialized core to the developing periphery."[250] Israel's political relationship with the U.S., for example, as well as its recent history of military engagement, has allowed it to serve as a useful example for the U.S. military. From 1956 to 1973, the Israeli Navy developed a series of fast missile-armed attack craft (FACMs), in response to technology that Arab navies had adapted from the Soviet Union. These "indigenously developed and produced antiship missiles" were the "first deployed by a Western power."[251] As Hoyt notes, these innovations "proved decisive in the 1973 conflict" between Israel and Arab states, and the "antiship missile currently constitutes one of the most important weapons in naval arsenals," including that of the United States. [252] Unlike the traditional neorealist view that sees only minor powers imitating major powers, this example illustrates an alternative route of diffusion, for "Israeli innovation spurred countermeasures in the core countries."[253] And after Israel showed the effectiveness of these new weapons in 1973, countries like the U.S. responded with their own similar innovations. Because the "use of sea-skimming missiles, in particular, posed a particular threat," it "prompt[ed] the development of automated point defense systems such as PHALANX (United States) and NULKA (Russia)."[254]

In the 1980s, the U.S. more directly adopted another facet of Israeli military technology: remotely piloted vehicles (RPVs) and unmanned aerial vehicles (UAVs). According to Hoyt, Israel's 1982 war in Lebanon confirmed the utility and effectiveness of such devices, which "provid[ed] near-real time battlefield and operational intelligence."[255]

Both the U.S. and Israel had been experimenting with such technology since at least 1973, but a private firm in Israel succeeding in perfecting RPVs before the U.S. managed to. As Hoyt writes, at this time the "United States looked on RPV technology as an area of considerable promise. Nevertheless, U.S. RPV projects were languishing by 1982: out of 986 RPVs built in the 1960s and 1970s, only 33 remained in U.S. inventory and all those were in storage."[256] For the U.S., part of Israel's success was reflected in its ability to develop RPVs much more cheaply and efficiently than it had attempted to do, and lead to its adoption of the technology in the U.S. military. According to Hoyt, "within several years after the Lebanon conflict, the United States was purchasing and fielding Israeli-designed RPVs and was involved in joint efforts to develop new systems and integrate existing systems into ground, naval, and amphibious units of the U.S. military."[257] Directly adopting models like the Mazlat Pioneer and developing new RPVs, like the Hunter drone, from existing Israeli technology, the U.S. military eagerly embraced another country's technological innovation, which clearly demonstrates not only the relevance, but also the utility of looking to a foreign military.[258]

Clearly, it is not simply the case that the U.S. only shares its advances with the smaller militaries of its allies. Even with its highly advanced technology, it still pays close attention to the other countries, allowing their capabilities to inform their own decisions about military tactics and procedures. According to Young, "the U.S. armed forces are not unaware of this important problem [allies' concern with U.S. advances] and are endeavoring to maintain their ability to operate alongside forces that are less technically advanced—both allies and their own reserve components."[259] Although not the typical

kinds of lessons we might expect our military to learn from others, such considerations underscore the relevance of foreign militaries for the U.S., especially since the end of the Cold War when the U.S. has found itself working increasingly more closely in multinational engagements.[260] Thus, the U.S. military strives to create and maintain "intellectual interoperability" with these allies through the "standardization of tactics, techniques, and procedures," further underscoring the relevance of their experiences.[261]

Privatization: In recent years, the U.S. military and government have attempted to privatize various aspects of military operations, and in the cases of military housing and ammunitions production, the U.S. military has looked to both Britain and Canada for ideas on how to implement change.[262] In April 2000, the Assistant Secretary of the Army for Installations and Environment "convened a conference to compare the United States and United Kingdom experiences with privatizing military installation assets, operations, and services."[263] Held in the U.K., the "purpose of the conference was to bring together U.S. and U.K. defense officials, U.S. Army leaders, and commercial contractors from both countries to discuss the British experience with privatization and explore its applicability to the U.S. Army"[264] Co-chairs of the conference were the Hon. Dick Cheney, former U.S. Secretary of Defense, and Field Marshall The Lord Vincent, former Chief of Defence Staff for the U.K. Ministry of Defence. As the conference organizers acknowledged, both countries and their militaries have turned increasingly to the private sector since the 1980s, but "the U.K. has pursued privatization of defense activities and support services much more aggressively than the U.S."[265] Because of this, U.S. officials repeatedly looked to their British counterparts throughout the conference for advice and

suggestions on possible ways to improve their efforts at privatizing certain military services. In his opening remarks, U.S. Co-Chairman, Cheney observed, "My general impression is that… our British colleagues are far ahead of us in the U.S. in the extent to which they have adopted changes in culture, attitude, and style of operation that are required for privatization efforts."[266] As much as he recognized the political differences between the countries that could prevent the U.S. from imitating exactly measures taken by the U.K, Cheney urged his U.S. colleagues to listen closely to their British counterparts, for this conference allowed them a "tremendous opportunity for us to share experiences, and to learn how the U.S. might take advantage of the concepts and principles that are embodied in the U.K. experience."[267]

The Honorable Mahlon Apgar IV, then Assistant Secretary of the Army for Installations and Environment, appeared equally optimistic that the U.S. could learn from the British model. Acknowledging their common experiences, Apgar notes that the "U.S. Department of Defense, or DOD, and the U.K. Ministry of Defence, or MOD, have faced similar challenges in recent years," including significant downsizing and restructuring and modernizing military forces.[268] As eager as he was to learn from the U.K., Apgar emphasized the important differences between the countries, most pressing being the different nature of each country's government and the different levels of power over the military that is granted to the British Parliament and the U.S. Congress. But in spite of such differences, his interest in privatization clearly outweighed these differences. According to Apgar, "We face enormous obstacles to privatization in the U.S., and I've been intrigued to learn that our British colleagues have not found it much easier.

Fortunately, you in Britain have had far more recent success in this area than we have, and you have already tackled many of the difficulties we are just now addressing. In this conference, we hope that we can learn from your experience and that you'll help us leapfrog some of the barriers that we face."[269]

Overall, the general tone of Apgar's keynote address reflected a hopeful certainty that possible answers to the U.S.'s challenges would emerge from the conference discussions. Concluding his talk, Apgar emphasized that one of the most important lessons that U.S. could learn from the U.K. involves an attention to their process of transition and transformation. As he said, reflecting on the U.K.'s system of change, "We in the U.S. could save years by adopting [their] model."[270]

After these opening remarks, conference attendees participated in working groups that allowed them to share information and ask questions of each other's experiences. Repeatedly, these groups reflected an interest on the part of the U.S. participants to glean applicable lessons for their efforts to privatize military housing and base operations. In the Housing Working Group, participants agreed that the "U.S. and the U.K. share some basic military housing problems."[271] And even though a "stark difference in attitude" regarding definitions of privatization "informed much of the group's discussion about the merits of transferring ownership and management of residential housing facilities," U.S. Army groups members continued to solicit advice from the U.K., resulting in "industry and U.K. group members offer[ing] concrete advice about building contracts with incentives that reach all the way through the lease."[272] Thus, the differences between the

two countries did not prohibit U.S. group members from drawing possible lessons from the British and applying their experiences were they deemed it appropriate. Together the participants in this working group concluded that "successfully privatizing military housing requires changing cultural attitudes. Improving education for all players—public and private sector—is essential to effect that change."[273] Such exchanges and conclusions were common for all the working groups of this conference, and the dialogue between the representatives of each country was so fruitful that it prompted the U.S. Army participants to "establish a permanent, ongoing forum, such as this Conference, for continued U.S.-U.K. exchanges. The forum should meet at least annually, and organize visits to installations in the U.K. and U.S. where public-private partnerships are in force."[274] As the U.S. continues to pursue its privatization of these parts of its military, the relevance of the British experience is, according to the U.S. military, undeniable.

Such relevance has even more recently extended to include Canada's experience with privatizing ammunitions production. In 2004, the National Defense Research Institute published a report on Canada's privatization of its "domestic ammunition-manufacturing base" that "was done at the request of the U.S. DOD to determine what lessons, if any, the Canadian experience might offer should the U.S. Army consider privatizing its government-owned plants."[275] Even though the study authors recognize that "Canada differs from the United States along many dimensions," including the size of its military, its focus and commitments, and differences in political structure and internal divisions of power, they concluded that such differences should not "render the Canadian example moot."[276] In fact, their research prompts them to argue that not only could the "deliberate

process Canada employed... also work in the United States," but also that the "Canadian experience offers numerous useful insights into the privatization process. If the United States decides to pursue a similar course, it would do well to study the Canadian experience in detail."[277] In the summary of their report, the study authors list no fewer than twelve points that offer insight from the Canadian experience, insights that emphasize the process that Canada followed to achieve successful privatization. As was the case in the privatization conference, the lessons learned from foreign militaries have less to do with what the U.S. military should do, but how it should proceed once it has concluded that a particular innovation or change is a productive course to take. Regardless of the U.S. military's ultimate decision with regard to this report, it is not unreasonable to conclude that Canada's experience will at least be considered as the U.S. military decides its future course with regard to this issue.

Counterterrorist Strategy: More recently the war in Iraq and the ongoing insurgency has provided the U.S. Military an opportunity to learn tactical lessons from the Israel Defense Forces and improve its fight against terrorism, especially with regard to urban warfare. According to the Jewish Institute for National Security Affairs, "Army and Marine Corps forces that battled terrorist insurgents in the Iraqi cities of Fallujah and Mosul employed urban warfare tactics gleaned from the combat experience of the Israel Defense Forces."[278] These lessons were learned at Israel's Adam counter insurgency urban warfare training facility, at which "in the last two years, hundreds of U.S. military personnel have trained."[279] The lessons learned that U.S. forces have adopted include maintaining surprise when infantry "advance in an Arab urban environment," using air platforms to

"target enemy combatants during street battles," and using a "multi-pronged advance on insurgency strongholds in an urban area."[280] As a military official told reporters, "We have learned a lot regarding urban warfare tactics in the Middle East from our allies… Yes, this includes Israel."[281] In a letter to *Army Magazine*, Brig. Gen. Michael Vane, Deputy Chief of Staff at the U.S. Army's Training and Doctrine Command (TRADOC) concurred. Responding to an earlier article about urban warfare, Vane elaborated on the development of recent Army doctrine in this area, stressing the importance of considering the IDF's experiences. "Experience continues to teach us many lessons," he writes, "and we continue to evaluate and address those lessons, embedding and incorporating them appropriately into our concepts, doctrine and training. For example, we recently traveled to Israel to glean lessons learned from their counterterrorist operations in urban areas. To a degree, we are already executing in Basra and Baghdad the information age sieges that Col. Leonhard describes."[282]

Subsequently, on December 6, 2004, the Department of Defense "chartered a blue-ribbon panel to explore ways to improve the military defenses against urban guerrilla attacks such as the ones occurring daily in Iraq."[283] The director of defense research and engineering, Ronald Sega "directed the task force to draw on lessons that other nations have learned in adapting their traditional military forces to deal with asymmetrical threats, including Britain's experience in Northern Ireland, Israel's with the Palestinians, Russia's with Chechnya and Australia's with East Timor."[284] As all of these examples show, at many levels, the U.S. military recognizes that valuable lessons can be drawn from other countries experiences, especially as the U.S. enters into a new type of strategic

and tactical environment, with which the military has less experience than some U.S. allies.

Medical and Sanitary Policy: The U.S. military's tradition of learning from foreign militaries is not new. In the nineteenth and early twentieth centuries, for example, the U.S. searched for ways to improve the care of wounded soldiers. In 1862, with the U.S. in the midst of its bloody civil war, Stephen H. Perkins traveled to Europe to survey the pension and care systems for disabled soldiers of the continent's major powers, including France, Prussia, Austria, Russia, and Italy. Under the direction of the U.S. Sanitary Commission, Perkins was instructed to "study the military pension and invalid systems of the principal European nations… and to report his observations to the Commission," with the hope that his evaluation of these countries' systems would guide U.S. policy on this matter.[285] As Henry W. Bellows, the President of the Sanitary Commission, makes clear in his letter of instruction included in the final report, addressing this issue was of the utmost importance, considering the extraordinary number of men—Bellows cites nearly 200,000—whose lives were devastated by the war and the U.S.'s limited experience in dealing with such matters. As he writes, "the subject will need careful guidance," and "the principle sources of light are, first, general principles, and next, the experience of other nations—for we have next to none in our own country."[286]

During World War I, the U.S. again turned to a European power, this time Germany, to improve its military medical care. Prior to the U.S. entry into the war, Dr. John R. McDill, an officer in the Medical Reserve Corps of the U.S. Army, temporary resigned

his commission in the Medical Reserve Corps of the U.S. Army to direct a hospital service unit organized by the American Physicians' Expeditions Committee of New York. In his capacity as a medical relief worker, McDill was able to gain access to a number of German army sanitary organizations and collect data for his medical war manual, *Lessons from Enemy: How German Cares for Her War Disabled* (1918), a volume that was authorized by the U.S. Secretary of War and supervised by the Surgeon-General and the Council of National Defense. Impressed with the organizational efficiency of the German military medical system, McDill hoped that his account "might furnish something of use to our service."[287] Because "the Germans claim that through their system they have been enabled to return 95% of their wounded to either military duty of to a self-supporting civic or industrial usefulness," McDill believed that that the U.S. and its allies should learn from Germany's experiences.[288] Although he was aware of the dissimilarities between the two countries, McDill concluded by emphasizing the larger good that could come of learning lessons from the enemy: "Aside from the question of the irreconcilable differences between autocracy and democracy, if we will look back of the phenomenon of the tremendous power of Germany we can see the great fact of community life organized for health for both peace and for war. If we overlook this and fail to learn this great lesson from the enemy… we will have missed one of the most valuable lessons of the great conflict."[289]

Fielding Other Claims of Irrelevancy

In a related effort to dismiss the relevance of foreign militaries to the U.S., some

opponents of openly gay service claim that even when formal policies allow open gays to serve, such service is rarely or never actually open. Charles Moskos told Congress that gay troops in the Israeli military did not fight in elite combat units, did not serve in intelligence units or hold command positions, and did not serve openly in high positions. "I can categorically state that no declared gay holds a command position in a combat arm anywhere in the IDF," he stated. Open gays, he said, "are treated much in the manner of women soldiers," in that they are excluded from real fighting and serve primarily in support roles from "open bases" where they can go home at night.[290] He repeated these assertions in a companion essay and op-ed,[291] and in radio broadcasts as late as 2000, saying there were no open gays in combat or intelligence positions in the Israeli military.[292]

But according to Dr. Reuven Gal, former chief psychologist for the IDF and later director of the Israeli Institute for Military Studies, even before Israel liberalized its policy in 1993, gay soldiers in the IDF did serve in "highly classified intelligence units" and, even when their sexuality was revealed to their commanders, they were allowed to keep serving.[293]

The Palm Center's study on the IDF found repeated instances of openly gay service in combat and intelligence positions, while noting that cultural norms continue to encourage most gays and lesbians to keep their sexual orientation private. According to Palm, "some IDF combat and intelligence units have developed a reputation as particularly welcoming to gay and lesbian soldiers and some have developed a gay culture." One

tank corps soldier said his base had "a large gay contingent" and that it was sometimes "even easier" to come out of the closet in the military "because you are protected from society. You don't have friends from the same town so you can be more open in the Army." The Palm study also reported interviewing over 20 gay IDF soldiers who served in combat units, several of whom said they were known by others in their combat unit.[294] A related study, published in 2003 in *Parameters*, the professional journal of the U.S. Army War College, found that at least one fifth of IDF combat soldiers knew of a gay peer in their unit, with roughly another fifth saying they "might" have known a gay peer. This suggests that hundreds of Israeli service members were serving openly.[295]

The Palm study concluded that the Israeli case is, indeed, relevant to the situation in the U.S., even though many Israelis choose to keep their sexual identity private. In fact, such voluntary discretion is a reminder that lifting a ban on openly gay service is not likely to result in a mass coming-out or in any notable change in the core culture of the military apart from enhancing respect for those who serve. "The fact that many gay Israeli soldiers choose not to reveal their orientation does not indicate that the Israeli experience is irrelevant for determining what would happen if the U.S. lifted its gay ban," concluded the Palm study. "On the contrary, the evidence shows that both Israelis and Americans come out of the closet only when it is safe to do so." The 2003 article in *Parameters* discussed the oft-cited fear among ban defenders that ending discrimination would result in a mass coming out in the military, suggesting the fear was not based in fact. "This belief is premised on the flawed assumption that culture and identity politics are the driving forces behind gay soldiers' decisions to disclose their homosexuality," says the

article. "What the evidence shows is that personal safety plays a much more powerful role than culture in the decision of whether or not to reveal sexual orientation."[296] Thus the fact that many or most troops remain discreet even when a new policy allows them to serve openly is an argument for lifting the ban, not against it: it suggests that formally ending a ban will not create disruptions to a fighting force, while other evidence suggests that allowing gays to serve honestly improves their readiness and morale.

Critics of openly gay service have also suggested that foreign militaries are irrelevant to the U.S. because their cultures are more tolerant of homosexuality than American culture. Yet this assertion is not borne out by evidence. In Britain, a law was passed in 1987 banning any discussion in schools that promoted the acceptability of homosexuality. Even in the 1990s, a majority of the British, according to polls, believed sex between members of the same sex was always wrong.[297] In Canada, in the years preceding the admission of open gays, polls showed strong moral disapproval of homosexuality.[298] Military researchers at the U.S. Army Research Institute for the Behavioral and Social Sciences regard the Anglo-American nations (the U.K., Canada, Australia, New Zealand and Ireland), as sharing "a more-or-less common cultural heritage" with the U.S. The researchers pointed to a 1992 study in Germany that found that respondents viewed homosexuals as less acceptable neighbors than foreigners, Hindus, racial minorities and Jews, and equated gays and lesbians with criminals, AIDS patients and the mentally handicapped. According to military sociologists, France tolerated "deviant behavior" because, as a Catholic country, the possibility of forgiveness for sin was always available. Data also suggest that Israel was slightly more homophobic than the U.S. in the 1990s.[299]

Evidence of Successful Combat and Joint Operations Involving Openly Gay Troops

While some of the skepticism of the relevance of foreign militaries was expressed before 2001, the international landscape following the Al Qaeda attacks of that year has dramatically changed the analytical context for assessing claims of irrelevancy. The wars in Afghanistan and Iraq have thrown into combat the militaries of numerous countries that American commentators formerly dismissed as non-combat forces. Indeed, in many documented cases, U.S. troops have served in these military campaigns shoulder-to-shoulder with troops who belong to militaries that allow openly gay service. These facts have considerably weakened claims from before 2001 that those nations with openly gay troops cannot offer combat experiences that are relevant to the major combat operations of the U.S. around the world.

In the first five years of military operations in Iraq, the U.K. sent a total of forty-five thousand troops to Iraq, mostly stationed in the south.[300] Thirty other countries also joined the coalition, many of which allowed open gay service. The coalition included two thousand troops provided by Australia, along with submarines and other naval support from Denmark.[301] In Afghanistan, the number of countries contributing troops or support was even higher, numbering nearly fifty at one time. As NATO forces took over the occupation, troops from these countries took on greater combat roles.

In 2006, American, Canadian, British and Afghan troops led the charge against a resurgent Taliban in Operation Mountain Thrust, the largest offensive to root out Islamic radicals since 2001. Insufficient water meant some troops had to give each other IVs to survive. Enduring heavy mortar attacks, suicide bombings, regular ambushes, and scorching desert temperatures, over ten thousand troops worked together to lug more than seven thousand pounds of supplies from the bottom of a rocky mountain range to its peak, where they had their greatest chance to best the Taliban. The powerful artillery and targeted airstrikes of the coalition took its toll on enemy forces, and by the end of the offensive, over 1,500 Taliban fighters had been killed or captured.[302]

Afterward, a NATO International Security Assistance Force, consisting of troops from nearly forty countries, took over operations in some of the most dangerous regions of southern Afghanistan, with Britain, Australia, Canada, Denmark and the Netherlands doing the heavy lifting.[303] That fall, Canadian forces led American, British, Dutch and Danish troops in a bloody battle in which five hundred suspected Taliban fighters were surrounded and killed. The defeat prompted complaints by the Taliban that so many of its forces had been wiped out that it was having trouble finding sufficient leadership.[304]

The Canadian and Australian experiences with open gays was now fourteen years old but Canada, Australia, and even the Netherlands, were certainly not "irrelevant." Their combat-tested fighting forces, replete with gays and lesbians serving openly, were critical partners in America's national defense strategy, and the U.S. was eager to enlist their fire power in the wars in the Middle East. Charles Moskos had given his original testimony

about the limited relevance of Britain seven years before it lifted its ban in 2000. Late the following year, in 2001, its armed forces became the chief partner to the U.S. in the war in Afghanistan and, in 2003, in Iraq. It thus became far less tenable to claim that other militaries were "not real fighting armies." Many had not seen major combat in 1993, but by 2006, even the smallest of these militaries were proving themselves in combat so much so that the U.S. was reliant on their firepower and the U.S. president, George Bush, was touting their capacities as "the coalition of the willing."

Many of these military operations were not only reliant on the presence of smaller forces that allow openly gay service, but were fought together with those forces. The presence of openly gay service members in multinational military units offers first-hand evidence that serving with known gays does not undermine effectiveness.

Since the end of the Cold War, multinational forces have mushroomed. The U.S. has participated in at least forty joint military operations, with half involving direct deployment with foreign service members. Many of these participating countries allow open gay service, from Canada to Britain and beyond.[305]

British Lieutenant Rolf Kurth of the Royal Navy was one example. Discharged from the Royal Navy in 1997 for homosexuality, he was invited to re-enlist after the U.K. lifted its ban in 2000. During the War in Iraq, Kurth was deployed to the Persian Gulf aboard the Royal Navy's largest amphibious ship. As it happened, American sailors also served on his ship, and Kurth worked closely with them, serving as a principle liaison for the

American team. Kurth served as an openly gay man in this multi-national force, and said it was "fairly well-known around the entire ship" that he was gay. His sexual orientation was "common knowledge," a fact he confirmed by the banter of his colleagues, who playfully told him, when several men convened to discuss an attractive woman, that Kurth was clearly "not the best person to judge!" He characterized his relationship with the American sailors as "great," saying he "got along very well with them." He added that the Americans "didn't behave any differently from British colleagues" toward him, even though he was known as a gay sailor.[306]

Lieutenant Kurth's service in a multinational force in the Iraq War is only one example of documented evidence that openly gay foreign troops are actually serving right alongside Americans—without causing the kinds of disruptions that critics predicted would result from gay service. Others come from training operations on foreign ships deployed in the Middle East, NATO and UN peacekeeping missions around the world, joint operations at the North American Aerospace Defense Command in Canada and the U.S., the Multinational Force and Observers in Sinai, the Multinational Force in Lebanon, U.S. and foreign war colleges, training grounds and military and diplomatic centers of operations, including NATO headquarters in Belgium. In some cases, U.S. troops are directly under the command of foreign military personnel, some known to be gay. And these cases suggest that coming out of the closet can help improve the working climate in the armed forces.

In one example, Colonel René Holtel of the Royal Netherlands Army commanded

American service members, including a U.S. tank battalion, in NATO and UN missions. In 2001, he served as chief military observer and chief liaison officer at the headquarters of the United Nations Mission in Ethiopia and Eritrea. UNMEE was tasked with monitoring the ceasefire between the two nations in the demilitarized security zone running along their mutual border. Six American service members served with him as military observers. Holtel found that when others in his unit knew he was gay, it caused "some relaxation in the unit," reducing the guesswork and allowing people to focus on their jobs. "They are not having questions anymore about who or what their commander is," he said. By telling them who you are, "you pose a clear guideline and that is, 'don't fuck around with gays, because I'm not going to accept that.'"[307]

The use of multinational forces is also a reminder that armed services worldwide are trending toward what experts call "the postmodern military." In an age of terrorist threats, where "rogue" attacks are more likely than traditional acts of war, the term refers to the blurring of several kinds of boundaries, including national borders, as well as fading distinctions between the different branches of the military and even between the military and civilian society.[308] Nothing has demonstrated this evolution more grimly than the Iraq War. Rocket-propelled grenades, snipers and suicide bombers do not distinguish between civilians and designated fighters, between combat Marines and female supply clerks riding in the rear of a convoy, between uniformed military personnel and field intelligence agents. As it becomes harder and harder to tell who is a civilian and who is a combatant, and to distinguish which jobs fall into the intelligence sphere and which are uniformed, it becomes less and less rational to maintain a policy that draws

lines around groups that simply don't exist in the same ways as they did in the past. This is a fact about not only the postmodern military but the postmodern world—it's hard to contain people and restrict behavior by resorting to familiar lines of exclusion when these old categories have a totally different meaning, or none at all.

Conclusion

The U.S. has long studied other militaries to learn relevant lessons for its own military, including about the topic of homosexuality in the force. Government, military, and academic leaders are quite capable of using sound social science techniques to assess the relevancy of different lessons to the context at hand, making the suggestion that other nations have nothing to offer the U.S. in studying gays in the military seem naïve at best, and dishonest at worst.

Opponents of gays in the military have routinely exaggerated the arguments for studying the experiences of foreign countries, implying that supporters of open service who point to other militaries are asking the U.S. to blindly follow those policies and lift the gay ban simply *because* foreign militaries have done so. In fact, however, the principle claim of supporters of learning from foreign militaries is that, while no single case is decisive, the combined weight of the evidence from the 25 countries which allow gays and lesbians to serve shows that if the U.S. were to lift its ban, American military performance would not decline. According to this perspective, the relevance of foreign experiences is not that

they indicate that the U.S. should eliminate "don't ask, don't tell," but rather that they illustrate that if the U.S. does decide to integrate, military performance will not decline.

Those who support eliminating "don't ask, don't tell" acknowledge that important differences distinguish the U.S. military from other armed forces, but suggest that the relevant question is not whether differences exist, but whether they render foreign military experiences irrelevant for determining whether military effectiveness would decline if gays and lesbians were allowed to serve openly in the U.S. Indeed, scholars have already explained why such differences do not diminish the relevance of these lessons, but opponents of gays in the military have not responded.[309] Rather, they robotically repeat the point that the U.S. military cannot be compared to or learn from the experiences of other militaries. In short, although the U.S. has more international obligations than other countries and its culture is unique, the question is not how similar our missions or culture are to those of other nations but whether the United States is any less capable than other nations of integrating gays into its military.

Conclusion

The experiences of foreign nations with openly gay service offer highly instructive lessons into nearly all the issues that the U.S. faces as it considers lifting its current ban on known gay and lesbian troops. While many consider the U.S. and its military to be unique among world fighting forces, and while each culture is distinct in important ways, scholars and the U.S. military itself view foreign militaries as valuable sources of information about warfare and military policy, including on the topic of openly gay service. Other countries, particularly Britain, Canada, and Israel, experienced very similar cultural and political debates on this issue prior to lifting their bans. Opponents raised concerns that an inclusive policy would undermine morale, recruitment, retention, cohesion and discipline, and pointed to polls suggesting that service members would leave if bans were lifted. Yet the reality was far different from the scenario painted by opponents, and consistent research by those militaries, as well as by independent scholars and observers, found that the new policies were uniformly successful, and in many cases improved the climate in their armed forces.

The research is also clear on what made these transitions successful: clear signals of leadership support from the top levels of the military; a focus on a uniform code of behavior to which all service members are subject, without regard to sexual orientation; and a quick, simple implementation process that does not retard the transition. This latter is deemed critical to avoid anxiety, confusion, and obstructionism both by military

members and political forces outside the military. These three lessons are mutually reinforcing, as strong leadership, consistent standards, and decisive execution of policies combine to make expectations clear and to communicate them effectively throughout the chain of command.

The research on the importance of decisive implementation is borne out by the experiences of foreign militaries, which generally followed civilian mandates to lift their bans and completed the transition process in under six months. In nearly all cases, these militaries replaced their gay bans with codes of conduct that did not discriminate based on sexual orientation, and helped shift focus from group traits which have been shown to be irrelevant to performance, to behavior and capacity that are performance-related.

In no case did a formal change in policy result in a mass "coming out." Yet, contrary to some assertions, gay and lesbian troops do serve in all levels of the armed forces of Britain, Canada, Australia, and Israel, in both combat and non-combat positions, at both the enlisted level and as high commanders. While gays and lesbians continue to face pockets of discrimination in these militaries, the new policies contribute to a decrease in such discrimination, by allowing knowledge and familiarity to replace fear with facts. There were no instances of increased harassment by gay people as a result of lifting bans in any of the countries studied.

Each country has taken its own approach to resolving questions of benefits, housing, partner recognition, re-instatement, etc. Generally, the military honors the status afforded

to gay or lesbian couples by that country, and the military rarely gets out in front of the government or other institutions in the benefits offered; in some cases the military has joined other institutions in outreach to gay and lesbian populations to convey that it is now a welcoming employer of all people.

Finally, none of the countries studied saw fit to install separate facilities of any kind for gay and heterosexual troops, or to retain any regulations or procedures that would continue to treat gays differently from their straight peers. While episodes of informal discrimination in treatment and promotions have not been wiped out, evidence suggests that formal policies of equal treatment for people equally situated helps reduce discrimination and resentment, and helps keep the focus on behavior necessary to complete the mission rather than on group traits that can distract from the mission.

Appendix

List of Foreign Militaries that Allow Openly Gay Service

Note: Several countries, particularly in Asia, are difficult to codify since they do not have a formal policy governing gay service, often not acknowledging their existence at all. We have taken a conservative approach to listing nations that allow openly gay service, including only those nations that we could confirm allow openly gay service without formal restrictions. For this reason, our list may be smaller than others.

1. Australia
2. Austria
3. Belgium
4. Canada
5. Czech Republic
6. Denmark
7. Estonia
8. Finland
9. France
10. Germany
11. Ireland
12. Israel
13. Italy
14. Lithuania
15. Luxembourg
16. Netherlands
17. New Zealand
18. Norway
19. Slovenia
20. South Africa
21. Spain
22. Sweden
23. Switzerland
24. United Kingdom
25. Uruguay

Documentation on Contested Cases

Czech Republic: Homosexuality is not considered a liability for enlistment. All citizens are required to serve, regardless of sexual orientation. Act No. l 218/1999 Coll. (Military Act) stipulates military service "for all citizens of the Czech Republic, regardless of sexual orientation." In an email from PhDr. J. Vereov of the Public Relations Department of the Ministry of Defense, he writes, "In general these issues fall in the competence of psychological personnel appointed at individual units. There is a special facility available - the ACR Open Line, where people can make phone calls to have their problems dealt

with."

Estonia: There has never been a ban on sexual minorities in the Estonian military. The Public Relations Department writes that, "according to the Estonian legislation all sexual minorities have the same rights and duties compared with the others. In respect to the army it means that all males have the duty to serve in the army and all females have the right to do so."

Ireland: According to Denise Croke of OUThouse, a support service for gays and lesbians in Ireland, there is no gay ban in the Irish military. Cathal Kelly, International Secretary of the National Lesbian and Gay Foundation, which implements recent equality legislation in Ireland, says that the Employment Equality Act of 1998 applies to the Irish military. This act is available online at http://www.gov.ie/bills28/acts/1998/default.htm and is item #21 on the list.

Italy: Arcigay, the gay and lesbian rights organization in Italy, responded to inquiries by saying the legally there is no precedent of barring gays and lesbians from the military, but in reality this is not necessarily the case. If the presence of a gay service member disrupts military discipline, it appears he or she can be dismissed. Additionally, a law exists in Italy that allows gay people to avoid military service based on their homosexuality. More information is available at: www.gay.it/noi, which offers a link to the home page of NOI, Notizie Omosessuali Italiane.

Lithuania: Gays and lesbians are not legally regulated in Lithuania's armed forces. The Ministry of Defense writes that, "Theoretically they can serve openly but there is no practical case like this in Lithuania so far. Officially, no bans exist or have ever existed on service of sexual minorities in Lithuanian military."

Slovenia: There is no ban in the Slovenian military, but homosexuality is still listed among psychiatric diseases. Yet the "Rules for establishing medical capability for serving in the military" stipulate that "recruits are capable of serving in the military unless it is predicted that they will be disturbing to military unit." The Slovenian Queer Resources Directory writes, "In practice it means that gay men can avoid being drafted if they state on the draft that they are gay and that they do not want to serve." There is no known case of a professional military personnel being fired for his homosexuality.

Switzerland: Gays and lesbians are allowed to serve and there is no ban. Their ability to serve is only questioned if their sexual orientation somehow interferes with their service. (Both the Swiss Military and its gay and lesbian organization agree on this matter.)

Germany: Germany no longer has a ban on gays and lesbians, nor does it allow any form of discrimination against gays and lesbians in the military. In January of 2001, the General Inspector of the Federal Army, Harald Kujat, published a code of conduct entitled "Dealing with Sexuality" that established within the army "an equal treatment for gay lesbian members of the army" that is considered "a binding antidiscrimination measure" (from Klaus Jetz of the Lesbian and Gay Federation in Germany).

Uruguay: A 2009 email from Mauricixo Coitiño, Institutional Relations Secretary of Uruguay, confirms that discrimination against gays and lesbians in the armed forces of Uruguay is forbidden. He cites a law that "penalizes the commission of acts of violence, humiliation or disrespect against people because of their sexual orientation or gender identity," and another law that "declares that the fight against all kinds of discrimination is of national interest." He also states that "there are no restrictions whatsoever for the participation of gay, lesbian and transgender people in our army."

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[71] Sarah Rutherford, Robin Schneider, and Alexis Walmsley, *Ministry of Defence/Equal Opportunities Commission Agreement on Preventing & Dealing Effectively with Sexual Harassment: Quantitative & Qualitative Research into Sexual Harassment in the Armed Forces* (Andover: Schneider-Ross, 2006); Ministry of Defence, United Kingdom, "*Agreement Between the Ministry Of Defence and the Equal Opportunities Commission on an Action Plan to Prevent and Deal Effectively with Sexual Harassment in the Armed Forces*" (London: Ministry of Defence, 2005). See also Victoria Basham, "Effecting Discrimination: Operational Effectiveness and Harassment in the British Armed Forces", *Armed Forces & Society*, 35:4 (2009): 728-744. The issue of misconduct between heterosexuals as presenting more of a challenge for the British Forces was also raised in a personal communication on October 19, 2009 with an anonymous source from the British Army. This source also believed that the Code of Social Conduct had been "a success at every level" because it helped commanders deal with both trivial and major behavioral problems without any lasting damage to unit effectiveness.

[72] Compare, for example, Leonard Wong, "Combat Motivation in Today's Soldiers," *Armed Forces & Society*, 32:4 (2006): 659-663 and Robert J. MacCoun, Elizabeth Kier, and Aaron Belkin, "Does Social Cohesion Determine Motivation in Combat? An Old Question with an Old Answer," *Armed Forces & Society*, 32:4 (2006): 646-654.

[73] R.J. MacCoun, "What Is Known about Unit Cohesion and Military Performance," Rand, *Sexual Orientation*, 291; MacCoun, Kier, and Belkin, "Does Social Cohesion Determine Motivation?" Others have also considered how different forms of cohesion are mutually reinforcing- see Charles Kirke, *Social Structures in the Combat Arms Units of the British Army* (Defence Fellowship Report, 1994)- or have demonstrated how cohesive principles are largely pragmatic considerations for soldiers- see Charles Moskos, "The Military," *Annual Review of Sociology*, 2 (1976): 55-77. The idea of social cohesion as a determinant of military cohesion has been disputed by those who suggest that other factors such as command are vital. See, for example, Anthony King, "The Word of Command: Communication and Cohesion in the Military," *Armed Forces & Society*, 32:4 (2006): 493-512.

[74] See, for example, S.L.A. Marshall, *Men against Fire: The Problem of Battle Command in Future War* (New York: William Morrow, 1947); Edward Shils and Morris Janowitz, "Cohesion and Disintegration in the Wehrmacht in World War II," *Public Opinion Quarterly*, 12 (1948): 280-315. See also Morris Janowitz and Roger W. Little, *Sociology and the Military Establishment*, 3rd ed. (London: Sage, 1974), 96.

[75] For a comprehensive review see MacCoun, "What Is Known about Unit Cohesion."

[76] Basham, "Effecting Discrimination."

[77] MacCoun, Kier, and Belkin, "Does Social Cohesion Determine Motivation," 652. See also Victoria Basham, *An Analysis of Social Diversity in the British Armed Forces*, unpublished PhD thesis (Bristol: University of Bristol, 2006).

[78] Belkin and Evans, "British Armed Forces," 41.

[79] Edmund Hall quoted in Belkin and Evans, "British Armed Forces."

[80] Robb Nunn, Personal communication, May 11, 2007.

[81] Patrick Lyster-Todd, Personal communication, April 11, 2007.

[82] Gregory M. Herek and Aaron Belkin, "Sexual Orientation and Military Service: Prospects for Organizational and Individual Change in the United States," in Thomas W. Britt, Amy B. Adler, and Carl Andrew Castro, eds., *Military Life: The Psychology of Serving in Peace and Combat* (Westport, CT: Praeger Security International, 2005), Vol. 4:119-42.

[83] Ministry of Defence Diversity Policy Team, Personal communication, October 19, 2009.

[84] Commander Debbie Whittingham, Royal Navy and Commandant of the Joint Equality and Diversity Training Center (JEDTC), Personal communication, October 16, 2009. As Commandant of the JEDTC, Commander Whittingham is in an ideal position to access the views of service personnel that pass through the JEDTC and to hear about views 'on the ground.'

[85] Lieutenant Commander McBain is the chair of the Naval Service Lesbian, Gay, Bisexual and Trans Forum and the Royal Navy Equality & Diversity Policy Officer for Sexual Orientation.

[86] Lieutenant Commander Mandy McBain, Royal Navy, Personal communication, October 18, 2009.

[87] David Crary, "U.S. Allies Embrace Gay Military Personnel," Associated Press, July 12, 2009.

[88] (Retired) Lieutenant Commander Craig Jones, Lieutenant Commander, Royal Navy 1989-2008, Personal communication, October 20, 2009.

[89] Ibid.
[90] Ibid.
[91] Ibid.
[92] Ministry of Defence, United Kingdom, *A Guide to Living in Service Family Accommodation* (London: Ministry of Defence, 2007).
[93] Cdr. Whittingham, Personal communication, 2009.
[94] Ibid.
[95] Lt. Cdr. Jones, Personal communication, 2009.
[96] Crary, "U.S. Allies Embrace Gay Military Personnel."
[97] Ibid.
[98] Lt. Cdr. McBain, Personal communication, 2009. See also Basham, "Effecting Discrimination" and "Gay Soldiers Celebrate Diversity of Modern British Army," *Soldier Magazine*, July 2009. Available at: http://www.mod.uk/DefenceInternet/DefenceNews/PeopleInDefence/GaySoldiersCelebrateDiversityOfModernBritishArmy.htm.
[99] Lt. Cdr. McBain, Personal communication, 2009.
[100] Ibid.
[101] Ibid.
[102] Ibid; Cdr. Whittingham, Personal communication, 2009.
[103] Anonymous, British Army, Personal communication, October 19, 2009.
[104] Professor Christopher Dandeker, King's College London, Personal communication, October 16, 2009. Professor Dandeker has been researching personnel issues in the Armed Forces for several years. He has also served as an advisor to the House of Commons Defence Committee.
[105] Belkin and McNichol, "Canadian Forces."
[106] Swardson, "Canada: No Problem with Gays in Ranks."
[107] Richard A. Zuliani, "Canadian Forces Survey on Homosexual Issues," Charter Task Force (Ottawa: Department of National Defence, 1986).
[108] National Defence Headquarters, Canadian Forces, "Briefing Note for Director of Personnel Policy: Effects of Cancellation of Canadian Forces Policy Restricting Service of Homosexuals," August 1995.
[109] The central catalyst for these evolutions was the Canadian *Charter of Rights and Freedoms* and, in particular, equality rights which came into effect in 1985.
[110] Defence reductions occurred in 1995-1997 with greater reductions, in relative terms, for the CF in personnel, equipment and budgets than in the U.S. Services.
[111] For a more detailed treatment of the CF during this period, see Franklin C. Pinch, "Canada: Managing Change with Shrinking Resources," in Charles C. Moskos, John Allen Williams, and David R. Segal, eds., *The Postmodern Military: Armed Forces after the Cold War*, (New York: Oxford University Press, 2000), 156-182.
[112] The original catalyst was the 1970 Royal Commission on the Status of Women in Canada, which included initial policy amendments, first, to cease dismissing women once they married, and second, to cease dismissing women once they had children.
[113] The restriction on employment in submarines was subsequently cancelled when the CF acquired new submarines that were deemed to address adequately the privacy concerns identified by the Tribunal. For the presentation of the Tribunal's decision, see *Isabelle Gauthier, Joseph G. Houlden, Marie-Claude Gauthier, Georgina Ann Brown vs. Canadian Armed Forces* (Ottawa: Canadian Human Rights Tribunal Decision 3/89, February 20, 1989).
[114] For example, aboriginal members were permitted to grow ceremonial braids, various groups could wear beards, and Muslim women could wear specific, loose fitting uniforms that conformed to Islamic requirements for modesty. Certain restrictions on turbans, beards and loose fitting clothing were put in place to meet safety requirements; however, the underlying philosophy was one of accommodation and consultation among the chain of command, service member and religious authorities to achieve satisfactory outcomes.
[115] For a comprehensive review of the rationale and implications for both Chaplains and members of the CF, see Joanne Benham Rennick, *Religion in the Ranks: Religion in the Canadian Forces in the 21st Century* (Vancouver: University of British Columbia Press, *in press*).
[116] The Canadian military has generally not been subject to the same degree of oversight or direction by politicians as is the case in the U.S. The only previous instance prior to the 1997 MND Doug Young report to the Prime Minister was the decision to integrate and then unify the CF in the mid-1960s.

[117] As an example, in a September 2009 poll, fully half of Canadians indicated that the CF should engage only in a peacekeeping role. See Murray Brewster, "Go back to peacekeeping; Canadians tell DND in increasing numbers: poll," Canadian Press, September 20, 2009.

[118] *Gauthier et. al. vs. Canadian Armed Forces*, 67.

[119] The guidelines for Chaplains are accessible at: http://www.cmp-cpm.forces.gc.ca/cfcb-bsafc/pd/ssmbr-bmuepms-eng.asp

[120] Accessible at: http://www.facebook.com/group.php?gid=2215599900&ref=mf

[121] Quotes are from the June 2009 Operation Order for CF Participation at the 29th Toronto Pride Parade cited with permission from the originating office –J3 Joint Task Force (Central).

[122] Dr. Chris Madsen, Personal communication, October 14, 2009. Dr. Madsen reviews and summarizes military legal procedures to produce case studies for senior PME programs in Canada and the U.S.

[123] For the original U.S. research, see Peter D. Feaver and Richard H. Kohn, eds., *Soldiers and Civilians: The Civil-Military Gap and American National Security* (Cambridge: MIT Press, 2001). For the Canadian replication, see Alan Okros, Sarah Hill, and Franklin C. Pinch, *Between 9/11 and Kandahar: Attitudes of Canadian Forces Officers in Transition, Vol. 8 of Claxton Papers* (Kingston: School of Policy Studies, Queen's University in cooperation with the Centre for Security, Armed Forces and Society, Royal Military College of Canada, 2008).

[124] 195, or 90.7%, of the participants were male.

[125] Conversely, however, they had higher levels of education, which tends to correlate with more accepting attitudes.

[126] *Duty with Honour: The Profession of Arms in Canada* (Ottawa, ON: Chief of the Defence Staff, 2003). The first author led the team that produced both *Duty with Honour* and the leadership manual *Conceptual Foundations*, to be discussed next.

[127] *Duty with Honour*, 2.

[128] *Leadership in the Canadian Forces: Conceptual Foundations* (Ottawa, ON: Chief of the Defence Staff, 2003).

[129] *Duty with Honour* draws the concept of the Warrior's Honour from the work of that name by Michael Ignatieff, which emphasizes the values used in military conduct rather than the ends achieved. The concept of the Combat Male Warrior has been presented in a number of academic publications and is examined in the Canadian context in Karen D. Davis and Brian McKee, "Women in the Military: Facing the Warrior Framework" in Franklin C. Pinch, Allister T. MacIntyre, Phyllis Browne, and Alan C. Okros, eds., *Challenge and Change in the Military: Gender and Diversity Issues* (Kingston, ON: Canadian Defence Academy Press, 2004), 52-75.

[130] Dr. Anne Irwin, Personal communication, October 14, 2009.

[131] In particular, see Paul Jackson, *The Military Closet: Sexual Orientation and the Canadian Forces* (Kingston, ON: Canadian Forces Leadership Institute, 2003) and Paul Jackson, *The Experience of Military Service for Lesbians and Gay Men* (Kingston, ON: Canadian Forces Leadership Institute, 2003).

[132] See Rosemary Park, "Opening the Canadian Forces to Gays and Lesbians: An Inevitable Decision but Improbable Reconfiguration" in Scott and Stanley, *Gays and Lesbians in the Military*, 165-175 and Jackson, *The Military Closet* for discussion.

[133] Belkin and McNichol, "Canadian Forces," 37.

[134] See John D. Berry and David L. Sam, "Acculturation and Adaptation" in John W. Berry, Marshall H. Segall, and Cigdem Kagicibaci, eds., *Handbook of Cross-Cultural Psychology: Vol. 31, Social Behaviour and Application* (Boston: Allyn & Bacon, 1997), 291-326 for a presentation of the model, which considers whether two groups a) work together and b) seek to preserve key elements of identity and culture.

[135] GAO, "Policies and Practices of Foreign Countries," 1993.

[136] GAO, "Policies and Practices of Foreign Countries," 1993, 19.

[137] Ministry of Defence, United Kingdom, "Report of the Homosexual Policy Assessment Team" (London: Ministry of Defence, 1996).

[138] Belkin and McNichol, "Australian Defence Forces," 2.

[139] Chris Sidoti, Australian Human Rights Commissioner, Personal communication, August 18, 2000.

[140] Squadron Leader Chris P. Renshaw, Senior Marketing Director, Defence Force Recruiting Organization, Personal communication, August 31, 2000.

[141] Ibid.

[142] Andrew Stuht, enlisted personnel, Royal Australian Navy, Personal communication, August 25, 2000.

[143] Bronwen Grey, Director, Defence Equity Organisation, Personal communication, August 17, 2000.

[144] Squadron Leader Michael Seah, Senior Medical Officer, RAAF Base Pearce, Personal communication, September 13, 2000.

[145] Sergeant Scott McClennan, Medical Corps, Personal communication, August 31, 2000.

[146] Commodore R.W. Gates, Royal Australian Navy, Personal communication, September 13, 2000.
[147] Hugh Smith, Associate Professor, School of Politics, University of New South Wales, Australian Defence Force Academy, Canberra, Australia, Personal communication, August 20, 2000.
[148] Ibid.
[149] (Retired) Major General Peter Phillips, Former President, Returned and Services League of Australia, Personal communication, August 8, 2000.
[150] Ibid.
[151] David Mills, reporter for the *Sydney Star-Observer*, Personal communication, September 12, 2000.
[152] Crary, "U.S. Allies Embrace Gay Military Personnel."
[153] Ibid.
[154] Ibid.
[155] Australian Government, Department of Defence, Defence Instruction (General) Personnel 53-1, "Recognition of Interdependent Partnerships," December 2005.
[156] Australian Government, Department of Defence, Pay and Conditions Manual (PACMAN), Vol. 2, Chapter 8, "Members and their dependants."
[157] Pride in Diversity, "Leading Employers Sign Up to Create Gay-Friendly Workplaces," press release, February 10, 2010, http://www.prideindiversity.com.au/media/leading-employers-sign-up-to-create-gay-friendly-workplaces.html.
[158] The SANDF is comprised of four branches: Army, Navy, Air Force, and South African Military Health Service (SAMHS).
[159] Margot Canaday, "Assessing the Integration of Gays and Lesbians into the South African National Defence Force," White paper, Palm Center, University of California, Santa Barbara, March 2003.
[160] Colonel Kotze, Personal communication, 2003.
[161] Thandi Modise, Member of Parliament (African National Congress) and Chairperson of Portfolio Committee on Defence, Capetown, South Africa, Personal communication, Fall 2002.
[162] Sue Rabkin, Special Advisor to the Minister of Defence, Capetown, South Africa, Personal communication, Fall 2002.
[163] Knoesen, Personal communication, 2002.
[164] Modise, Personal communication, 2002; Dr. Hussein Solomon, Head, Unit for African Studies at the Center for International Political Studies, University of Pretoria, Pretoria, South Africa, Personal communication, Fall 2002.
[165] Reid, Personal communication, 2002.
[166] Knoesen, Personal communication, 2002.
[167] Anthony Manion, Archivist, Gay and Lesbian Archives, University of the Witwatersrand, Johannesburg, South Africa, Personal communication, Fall 2002.
[168] Knoesen, Personal communication, 2002
[169] Heinecken, "The Silent Right," 43-55.
[170] Modise, Personal communication, 2002.
[171] Colonel Kotze, Personal communication, 2003.
[172] Dr. Rocklyn Williams, Director of Defence Program for SAFER-Africa and former Colonel in SANDF, Pretoria, South Africa, Personal communication, Fall 2002.
[173] Lindy Heinecken reports that the DOD's policy of "fast-tracking" women, blacks, and persons with disabilities has been controversial. Further, Heinecken reports that while "formally there is full racial integration in training and posts, there is still a high degree of social segregation among the different racial groups" (Heinecken, "Managing Diversity," 194-5).
[174] Knoesen, Personal communication, 2002.
[175] Heinecken, Personal communication, 2002.
[176] Hendrik Schmidt, Member of Parliament (Democratic Party) and member of Portfolio Committee on Defence, Capetown, South Africa, Personal communication, Spring 2003.
[177] Williams, Personal communication, 2002.
[178] James Selfe, Member of Parliament. (Democratic Party) and former member of Portfolio Committee on Defence, Capetown, South Africa, Personal communication, Spring 2003.
[179] Williams, Personal communication, 2002.
[180] Henry Boshoff, Military Analyst, Institute for Security Studies, Pretoria, South Africa, Personal communication, Fall 2002.

[181] Colonel Raymond Marutle, Military Attache at the South African Embassy, Washington, D.C., Personal communication, Fall 2002.

[182] Mighty Madasa, Member of Parliament (African Christian Democratic Party) and Defence Spokesperson for the African Christian Democratic Party, Capetown, South Africa, Personal communication, Fall 2002.

[183] Madasa's conclusion confirmed the study's own attempts to solicit opinions from those who opposed the policy. Informants were asked to identify potential interviewees who publicly opposed the policy. Most commonly, informants could not identify parties opposed to gay or lesbian service. In a few cases (and in the print media) the ACDP was identified as advocating anti-gay policies.

[184] Cock, "Gay and Lesbian rights," 40-1.

[185] David R. Segal, Paul A. Gade and Edgar M. Johnson, "Social Science Research on Homosexuals in the Military," in Scott and Stanley, *Gays and Lesbians in the Military*, 1994, 33-51; see also Nathaniel Frank, *Unfriendly Fire: How the Gay Ban Undermines the Military and Weakens America* (New York: St. Martin's Press, 2009), 152-4, 161-3.

[186] Jody Kollapen, Chairperson, South African Human Rights Commission, Johannesburg, South Africa, Personal communication, Fall 2002.

[187] Reid, Personal communication, 2002.

[188] Kollapen, Personal communication, 2002.

[189] Knoesen, Personal communication, 2002.

[190] Reid, Personal communication, 2002.

[191] Knoesen, Personal communication, 2002.

[192] Heinecken, "The Silent Right," 54.

[193] GAO, "Policies and Practices of Foreign Countries," 43.

[194] Gal, "Gays in the Military," 188.

[195] **Ma'ayan Zigdon, "Coming out of the Kitbag," *Bamahane*, October 22, 1999, 21-25.**

[196] Ibid.

[197] Ibid.

[198] Stuart Cohen, Personal communication, April 10, 2000.

[199] Anonymous, Personal communication, March 18, 2000.

[200] Brigadier-General Oded Ben, interview by **Charles Gibson, "U.S. Struggling with Issue of Gays in the Military," *ABC News*, March 9, 2000.**

[201] Amir Fink, Personal communication, April 11, 2000.

[202] Danny Kaplan, *Brothers and Others in Arms: The Making of Love and War in Israeli Combat Units* (Binghamton, NY: Harrington Park Press, 2003), 3.

[203] Lee Walzer, *Between Sodom and Eden: A Gay Journey Through Today's Changing Israel* (New York: Columbia University Press, 2000), 133.

[204] Walzer, *Between Sodom and Eden*, 114.

[205] Ma'ayan Zigdon, "Coming out of the Kitbag," 21-25.

[206] Aeyal M. Gross, "Between the Homosocial and the Homoerotic: Gays/Military in Comparative and International Law- A Summary," Unpublished manuscript, 2000.

[207] Anonymous, Personal communication, March 30, 2000.

[208] **For recent problems concerning the sexual harassment of female soldiers in the military, see Stacy Feldman, "The Gender Battlefield," *The Jerusalem Report*, April 10, 2000, 11; Gayil Hareven, "Of Vice and Men," *The Jerusalem Report*, April 10, 2000.**

[209] **Raanan Gabbay, Personal communication, April 9, 2000; Oren Slozberg, Personal communication, April 9, 2000; Dan Yakir, Personal communication, March 25, 2000. All three are affiliated with gay rights groups in Israel.**

[210] **Danny Kaplan and Eyal Ben-Ari, "Brothers and Others in Arms: Managing Gay Identity in Combat Units of the Israeli Army," *Journal of Contemporary Ethnography* 29:4 (2000): 396-432; Danny Kaplan, Personal communication, July 18, 2000. Interviewees reflected a broad range of social backgrounds and served in elite infantry brigades, the armored corps, artillery units, combat engineering units, navy attack ships, submarines and pilots' school. Interviewees served 3 to 4 years from 1980 to 1996. While most were sergeants, two were officers.**

[211] Belkin, "Is the Gay Ban Based on Military Necessity?" (2003), 108-119.

[212] Kaplan, *Brothers and Others in Arms*, 2003, 3.

[213] Taylor Martin, "Will Israeli Army Success Sway U.S. Policy."

[214] Crary, "U.S. Allies Embrace Gay Military Personnel."

[215] Daniel Edelson, "Military Magazine 'Unfazed' by Rabbi's Anti-Gay Sentiments," ynetnews.com, August 10, 2009, http://www.ynetnews.com/articles/0,7340,L-3759919,00.html.

[216] Anshel Pfeffer and Jonathan Lis, "IDF Chief Rabbi: Army Magazine Shouldn't Cover Gays," *Haaretz.com*, August 10, 2009, http://haaretz.com/hasen/spages/1106488.html

[217] Ibid.

[218] Pfeffer and Lis, "Army Magazine Shouldn't Cover Gays"; Edelson, "Military Magazine 'Unfazed.'"

[219] Crary, "U.S. Allies Embrace Gay Military Personnel."

[220] Danny Kaplan, "They're Here, They're Queer, It's No Big Deal," *Foreign Policy*, February 3, 2010.

[221] Ibid.

[222] Ibid.

[223] **Laura Miller, "Are Open Gays a Threat to Cohesion?" Lecture presented at the Palm Center, University of California, Santa Barbara, April 21, 2000.**

[224] *Policy Concerning Homosexuality in the Armed Forces: Hearings before the Committee on Armed Services*, United States Senate, 103rd Congress, Second Session, March 29, 31; April 29; May 7, 10, 11; July 20, 21, 22, 1993, (Washington, D.C.: U.S. Government Printing Office, 1994), 400.

[225] Eric Schmidt, "Gay Soldiers No Problem Elsewhere, Experts Say," *The New York Times*, April 30, 1993. Also see the influential Pentagon report on gays in the military, which says, "Extended deployments and berthing/billeting privacy are not significant issues for most foreign militaries. Additionally, no country has as high a proportion of its servicemembers billeted/berthed together on military installations and deployed aboard ships or overseas at any given time as does the United States. Most importantly, no other country has the global responsibilities, operational tempo, or worldwide deployment commitments of the Armed Forces of the United States." Office of the Secretary of Defense, *Summary Report of the Military Working Group* (Washington, D.C.: U.S. Department of Defense, 1993), 10.

[226] Chris Reidy, "Just Saying No," *Boston Globe*, January 31, 1993.

[227] Lt. Gen. John Lemoyne, "Social Norms in Military Institutions: A Look to the Future," U.S. Army War College Debate, December 16, 2002.

[228] *Front and Center with John Callaway: Gays in the Military: A Policy Review*, Pritzer Military Library, Chicago, IL, June 30, 2005; available at http://www.pritzkermilitarylibrary.org/events/2005/06-30-front-and-center.jsp.

[229] Aaron Belkin and Geoffrey Bateman, eds., *Don't Ask, Don't Tell: Debating the Gay Ban in the Military* (Boulder: Lynne Rienner, 2003), 118.

[230] "The O'Reilly Factor," *Fox Television*, June 18, 2003.

[231] See *Foreign Military Studies Office*, http://fmso.leavenworth.army.mil (accessed June 3, 2004): Since the collapse of the Soviet Union, the FMSO has "expanded its research mission to encompass a broad range of transnational issues affecting U.S. military policy, strategy, and doctrine." Since this study was started, the FMSO's website has been updated, reflecting subtle changes in it mission. Now, according to its website, the "FMSO manages and operates the Ft. Leavenworth Joint Reserve Intelligence Center (JRIC) and conducts analytical programs focused on emerging and asymmetric threats, regional military and security developments, and other issues that define evolving operational environments around the world. Joint Reserve Component personnel and units–operating at the Ft. Leavenworth JRIC and in distance drilling analytical teams around the U.S. and abroad--make substantial contributions to all FMSO production efforts." See *Foreign Military Studies Office*, http://fmso.leavenworth.army.mil (accessed May 23, 2005).

[232] Geoffrey Bateman, "Is the U.S. Military Unique? 'Don't Ask, Don't Tell' and the (Ir)relevance of Foreign Military Experiences," White paper, Palm Center, University of California, Santa Barbara, 2005.

[233] Rand, *Sexual Orientation*, 65.

[234] Belkin and Bateman, *Don't Ask, Don't Tell*, 2003, 121.

[235] Waller was cited above as saying that the U.S. should not compare itself to smaller militaries. See *Policy Concerning Homosexuality in the Armed Forces: Hearings before the Committee on Armed Services*, United States Senate, 1993, 399.

[236] Melissa Wells-Petry, *Exclusion: Homosexuals and the Right to Serve* (Washington, D.C.: Regnery Gateway, 1993), 76.

[237] Ibid., 121.

[238] John Keegan, "NATO Acceptance of Gays Run Full Spectrum," *Army Times*, January 11, 1993, 20; cited in Ronald Ray, "Military Necessity and Homosexuality," in *Gays: In or Out* (Washington, D.C.: Brassey's, 1993), 98.

[239] John Allen Williams confirms that, "If we're going to compare ourselves with anyone it would be the British military, the ones most like us, because we've patterned ourselves after the British military." See *Front and Center with John Callaway: Gays in the Military*, Pritzker Military Library, June 30, 2005.

[240] Barry R. Posen, "Nationalism, the Mass Army, and Military Power," *International Security* 18:2 (1993), 82.

[241] Kenneth Waltz, *Theory of International Politics* (Reading, Mass.: Addison-Wesley, 1979), 127. See also Charles Tilly, ed., *Formation of National States in Western Europe* (Princeton: Princeton University Press, 1975) and Stanislav Andreski, *Military Organization and Society* (Berkeley: University of California Press, 1971).

[242] Posen, "Nationalism, the Mass Army, and Military Power," 99.

[243] Ibid., 87, 89.

[244] Leslie C. Eliason and Emily O. Goldman, "Introduction: Theoretical and Comparative Perspectives on Innovation and Diffusion," in Emily O. Goldman and Leslie C. Eliason, eds., *The Diffusion of Military Technology and Ideas* (Stanford: Stanford University Press, 2003), 8.

[245] Ibid.

[246] Ibid., 25. For a full discussion of this argument, see Michael J. Eisenstadt and Kenneth M. Pollack, "Armies of Snow and Armies of Sand: The Impact of Soviet Military Doctrine on Arab Militaries," in Goldman and Eliason, *Military Technology and Ideas*, 63-92.

[247] Eliason and Goldman, "Introduction," in Eliason and Goldman, *Military Technology and Ideas*, 26.

[248] Ibid., 27.

[249] Thomas-Durell Young, "Cooperative Diffusion through Cultural Similarity: The Postwar Anglo-Saxon Experience," in Goldman and Eliason, *Military Technology and Ideas*, 95.

[250] Timothy D. Hoyt, "Revolution and Counter-Revolution: The Role of the Periphery in Technological and Conceptual Innovation," in Goldman and Eliason, *Military Technology and Ideas*, 180.

[251] Ibid., 181.

[252] Ibid.

[253] Ibid., 185.

[254] Ibid.

[255] Ibid., 186.

[256] Ibid., 186.

[257] Ibid., 187.

[258] See *The Future Security Environment, Report of the Future Security Environment Working Group, submitted to the Commission on Integrated Long-Term Strategy* (Washington, D.C.: Pentagon, 1988), 27; cited in Hoyt, "Revolution and Counter-Revolution," 187.

[259] Young, "Cooperative Diffusion through Cultural Similarity," 112-113.

[260] For a discussion of the changing nature of the military in our current era, see Moskos, Williams, and Segal, *The Postmodern Military*, and Harry Bondy, "Postmodernism and the Source of Military Strength in the Anglo West," *Armed Forces & Society* 31:1 (2004): 31-61. For an overview to the U.S.'s involvement in multinational military operations, see Geoffrey Bateman and Sameera Dalvi, "Multinational Military Units and Homosexual Personnel," White paper, Palm Center, University of California, Santa Barbara, 2004.

[261] Young, "Cooperative Diffusion through Cultural Similarity," 98-99.

[262] For an overview of the issue of privatization in the post-Cold War era, see Robert Mandel, "The Privatization of Security," *Armed Forces & Society* 28:1 (2001): 129-151.

[263] Ellen M. Pint, *Public-Private Partnerships: Proceedings of the U.S.-U.K. Conference on Military Installation Assets, Operations, and Services, April 14-16, 2000* (Santa Monica: Arroyo Center, Rand Corporation, 2001), 1. Prior to the conference, Rand scholars also prepared a number of background papers that gave participants an overview to the prior experiences with privatization of both countries. See Ellen M. Pint, et al., *Public-Private Partnerships: Background Papers for the U.S.-U.K. Conference on Military Installation: Assets, Operations, and Services* (Santa Monica: Arroyo Center, Rand Corporation, 2001).

[264] Pint, *Public-Private Partnerships: Proceedings*, 1.

[265] Ibid., 2.

[266] Ibid., 5.

[267] Ibid., 3.

[268] Ibid., 8.

[269] Ibid., 13.

[270] Ibid., 23.

[271] Ibid., 32.

[272] Ibid., 33-34.
[273] Ibid., 31.
[274] Ibid, 63.
[275] W. Michael Hix, Bruce Held, and Ellen M. Pint, *Lessons from the North: Canada's Privatization of Military Ammunition Production* (Santa Monica: Rand Corporation, 2004), xv, xvi.
[276] Ibid., xvii.
[277] Ibid., xviii, xxiv.
[278] Jonathan Howland, "Israel Assists U.S. Forces, Shares Lessons-Learned Fighting Terrorists: Fallujah Success Capitalized on IDF Know-How," *JINSA Online*, Jewish Institute for National Security Affairs, December 27, 2004, http://jinsa.org/articles/view.html?documentid=2774 (accessed May 18, 2005).
[279] Ibid.
[280] "Officers at Fallujah Were Trained in Israeli Urban Warfare Tactics," *WorldTribune.com*, November 10, 2004, http://www.worldtribune.com/worldtribune/ (accessed 18 May 2005).
[281] Ibid.
[282] Brig. Gen. Michael A. Vane, "Urban Warfare," *Army Magazine*, Letters, July 2003.
[283] Jason Sherman, "Pentagon Panel to Boost Urban Defenses," *DefenseNews.com*, December 6, 2004, http://defensenews.com (accessed 18 May 2005).
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[285] Stephen H. Perkins, *Report on the Pension Systems and Invalid Hospitals of France, Prussia, Austria, Russia and Italy, with Some Means upon the Best Means of Disposing of our Disabled Soldiers* (New York: W.C. Bryant & Co., 1863), 9.
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Transgender Service in the Israel Defense Forces: A Polar Opposite Stance to the U.S. Military Policy of Barring Transgender Soldiers from Service

Anne Speckhard, Ph.D. & Reuven Paz, Ph.D.[1]

Introduction

From its origins, the U.S. military has barred lesbian, gay, bisexual and transgender (LGBT) individuals from service. LGBT individuals were disqualified from service based on at one time widely held, professional and societal view that labeled LGBT lifestyles as a manifestation of psychiatric illness and LGBT individuals as psychiatrically disabled.

The U.S. military leadership additionally argued—even in recent years—that allowing homosexual or lesbian service members would negatively affect military unit morale, cohesion and readiness. In regard to homosexuality the January 1981 DOD Directive 1332.14 (Enlisted Administrative Separations) stated, "The presence in the military environment of persons who engage in homosexual conduct or who, by their statements, demonstrate a propensity to engage in homosexual conduct, *seriously impairs the accomplishment of the military mission.* The presence of such members *adversely affects the ability of the armed forces to maintain discipline, good order, and morale; to foster mutual trust and confidence among service members; to ensure the integrity of the system of rank and command; to facilitate assignment and worldwide deployment of service members who frequently must live and work in close conditions affording minimal privacy; to recruit and retain members of the armed forces; to maintain the public acceptability of military service; and to prevent breaches of security."* [Emphasis added].[1] These views persisted into the nineties.

The rationale behind banning LGBT persons from service was originally based on prevailing negative and judgmental professional, "scientific" and social views of alternate sexual practices that have since evolved into more accepting views. As the field of psychiatry updated the "scientific" assumptions upon which previous military policies were based, banning LGBT service in the U.S. military became increasingly difficult to defend. Likewise a burgeoning research literature began to document that in truth LGB service caused *no* significant issues for military moral, unit cohesiveness or military readiness.[2] And in September 2011, the U.S. military policy finally caught up to current scientific views. The most recent U.S. military policy excluding LGBT members from service—Don't Ask/Don't Tell" (DADT)—was repealed.

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Despite these forward strides, the repeal of DADT did not end the prohibition on transgender service in the U.S. military. This is because, despite the repeal of DADT, the military *medical* code still labels "transsexualism" and "transvestism" as disqualifying "psychosexual" conditions for military service. And this prohibits the service of individuals exhibiting transgender identification, cross-dressing, and any other actions interpreted as gender transitioning. Likewise, sex reassignment surgery that occurs while in the service or prior to enlisting—if discovered in a routine physical exam—is also a reason for refusal to enlist or for military discharge. Such surgical alterations are still included with "major abnormalities and defects of the genitalia" and "hermaphroditism" disqualifying one for military service.[3]

The current U.S. military policy as it relates to transgender service members is regrettably predicated on an outdated psychiatric view of transgender individuals as mentally unfit. And this continues to this day despite the 2013 American Psychiatric Association's (AMA) decision to remove the category of Gender Identity Disorder from its Diagnostic and Statistical Manual of Mental Disorders (DSM-V)[4], replacing it instead with the category of Gender Dysphoria.

This move as explained by the AMA was taken in order to remove "the connotation that the [transgender] patient is disordered". According to the AMA, the diagnosis Gender Identity Disorder was replaced with Gender Dysphoria to accurately reflect the anguish of individuals who see and feel themselves to be a different gender than their assigned gender, to avoid stigmatizing these feelings, and to ensure appropriate clinical care—including counseling, hormone treatment, gender reassignment surgery and social and legal transition to the desired gender if desired.[5]

Despite rapid societal and medical changes, the U.S. military has been slow to update its policies or even official statements. In its statements about transgender service still being banned—following the repeal of DADT—the U.S. military leadership still referred to the outdated psychiatric category of gender identity disorder versus gender dysphoria in its official statements. Transgender individuals thus continue to be viewed (by the U.S. military) through an outdated psychiatric lens that labels them as having a 'psychosexual' condition rendering them unfit for service. This despite the fact that the military is well aware that there are a significant number of transgender military veterans who served honorably, albeit undercover, who come after retirement to the Veterans Administration finally able to openly seek care for their condition. Some of these served in the Special Forces such as Kristen Beck, a highly decorated U.S. Navy SEAL serving her full twenty years before retiring recently and "coming out".[6]

Declared or discovered transgender persons are refused enlistment no matter how qualified they may be. And well and honorably serving service members who admit to or are discovered to be transgender are also still forcibly discharged. This unfortunately displays a persistent belief by the U.S. military leadership that transgender individuals manifest by their gender identity expressions a form of psychiatric illness, and that this "illness" cannot be effectively mitigated, accommodated or treated but will instead negatively affect unit cohesiveness, morale and military readiness.

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While the exact opposite may be closer to the truth, and was perhaps even evidenced by the "falling apart" of Chelsea Manning. Manning is a transgender (male to female, MtF) individual who faced a forced separation in her military career if she openly pursued treatment for her gender dysphoria or chose medically approved treatments by beginning to live as a woman. Ms. Manning apparently broke under the pressure of having to keep her true identity bottled up in order to keep her military career. In her final days in service she leaked classified documents in what she claims was a whistle-blowing act aimed at cleaning up military injustices. Sadly, keeping *both secrets* may have simply proved too much psychological pressure for Ms. Manning who publically came out as transgender only after her court martial.[7]

Most of America's best military allies— Australia, Belgium, Canada, the Czech Republic, Denmark, Israel, the Netherlands, New Zealand, Spain, Sweden and the United Kingdom take a completely different stance on transgender service following a modern interpretation that transgenderism does not equate to a psychiatric disqualification for service. And they have each successfully allowed transgender service in their militaries apparently without compromising unit cohesion, morale or military readiness.

Israel is one of the United States' closest allies and the Israel Defense Forces (IDF) is considered by many as one of the fiercest and best-prepared militaries in the world. The IDF has faced decades of serious threat from neighboring countries, fought in numerous wars and border skirmishes, and routinely runs security operations in the Palestinian occupied territories. Because of the constant threat to Israeli security, the IDF is required to be in a constant state of readiness. Yet, the IDF has for more than a decade allowed transgender service with no apparent loss of military readiness.

This paper examines the practice of allowing transgender individuals to serve in the Israeli military and compares how the IDF's stance toward transgender service is nearly the polar opposite of the U.S. military's stance. The IDF's policy reflects a much more accepting cultural norm toward gender identity differences demonstrating both the willingness and successful accommodation of transgender individuals.

This report is based on six in-depth interviews of experts on the subject both inside and outside the IDF: two in the IDF leadership—including the spokesman's office; two transgender individuals who served in the IDF, and two professionals who serve transgender clientele—before, during and after their IDF service. These informants were all experts on transgender issues in the IDF and intimately acquainted with the existing practices of the IDF regarding transgender service. The paper examines from an insider's point of view, the effects of allowing transgender service in the IDF upon military unit cohesion, morale and military readiness and makes recommendations for how the U.S. military may be able to benefit, as Israel has, from accepting transgender service.

The Israel Defense Forces - Background

In its history, the IDF—similar to the U.S. military—denied service and discharged LGBT individuals from active service. Indeed, in decades past, any IDF soldier wanting

to be discharged from active duty only had to admit to homosexual or lesbian proclivities. This, similar to U.S. military policies was due to a now outdated view that LGBT individuals are psychiatrically unfit for service. That all changed for the IDF in 1993 when policies were put into place to allow LGB service. The IDF however, neglected at that time to make a policy pertaining to transgender soldiers as they had no active cases on record requiring one.

This change was a reflection of a process of change in the view of the Israeli society, especially in the secular part, on LGBT issues in general. This change toward increased acceptance of LGBT individuals was followed by legal reforms made by the Israeli Parliament and the courts. This change took place despite a growing effect and influence of the Jewish religious political circles and parties. The latter preferred not to deal with LGBT issues, or minimize their involvement, due to a total denial of the phenomenon on one hand, and the emergence of social associations of religious LGBT who came out of the closet, on the other hand. The immigration to Israel of over one million ex-soviet Jews throughout the 1990s—about one fifth of the Israeli population—also contributed to rapid social change and growth of the secular part of society. It also affected the change in viewing the LGBT community in a better and more positive way. The strong bond between the military and the Israeli society encouraged the change towards LGBT soldiers.

By way of background it is important to point out that Israeli military service is compulsory at age eighteen for males and females and involves three years of service for males and twenty months for females. Young people are put in contact with the IDF while still in high school and begin preparing around age sixteen for their service by testing for various units. Most young Israelis view their compulsory military service as an honor, a rite of passage consolidating their Israeli identity and a positive bonding experience with their same age cohort.

In Israel gender is listed on one's identification card and cannot be officially changed without a certificate of sex change surgery—but having such surgery is prohibited in Israel until after age twenty-one. Thus while one can declare their gender identity as differing from their assigned sex at birth, their id card remains unchanged during their enlistment in the IDF unless they have gone out of country for a sex change before age twenty-one.

In Israel most non-combat unit soldiers live off base in their own housing. Likewise, most noncombat units are mixed gender. All combat infantry units, but one (the Caracal Battalion), are all male. Caracal is a coed infantry combat battalion formed by the IDF in 2000 with leadership that has held a very strong commitment to nondiscrimination on the basis of gender. Border patrol, artillery and anti-aircraft, among a few other units, also have women who serve as combat soldiers in mixed gender units. Caracal is unique in the sense that it was a newly established coed unit rather than a pre-existing male only unit that later integrated women.

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Lastly, in Israel there is only one hospital that is allowed to perform sexual reassignment surgery (SRS) although at this writing there is no qualified surgeon to do so. Thus some Israelis opt to go abroad for SRS. In Israel healthcare is nationalized. The Israeli health policy (and IDF policy) is to cover all in country costs of transition—psychiatric and psychological counseling, pre and postoperative care, all SRS procedures desired, including breast augmentation and facial feminization surgery.

The IDF Policy on Transgender Service

According to Nora Greenberg, "The first trans case in the IDF was in the Chief of the Southern Command, under General Yom-Tov Samia [This was a male to female, MtF case.]" Greenberg, a trans woman herself, and counselor for hundreds of Israeli trans persons—some who seek her help both during and after their military service recalls, "She served in his office. She had enrolled as a male. One day she asked permission to wear a skirt and make up. They said yes. This was in 2000." Nora continues, "In the same time frame, another soldier who registered as a woman was serving as a physical trainer and requested to transition to male. She took hormones and transferred from the infantry to Navy."

At that time the IDF had no official written policy on transgender service—leaving the issue up to commanding officers. This situation of handling transgender issues on a case-by-case basis with the local commander making the decisions on how to handle these issues continues to date. However, since then the numbers of individuals revealing their transgender identity prior to, or during their military service, has continued to grow each year creating more of a need for an official policy statement. "Ten years ago there were three to four trans in a year that wanted to serve and did so without problems. Now there are far more," Nora Greenberg states. She estimates that each year there are about twenty to thirty declared trans who want to enlist for the service, but most of them are only in the beginning of the gender change.

All of our respondents explained that although there is currently no official IDF policy on transgender service, that transgender persons are in no way disallowed from serving. Nora Greenberg states, "The Army has no official policy toward trans people. Everything that has been done has been an ad hoc initiative, involving ad hoc solutions and improvisation." She continues, "There are four different departments dealing at some point or another with trans soldiers. These are the departments of Personnel, Medical Corps, Chief of Staff Aid for Women's Affairs, and the Planning Corps." All of these departments contribute to how the unofficial trans policy is played out in the IDF.

Retired Lieutenant Colonel Dinor Shavit, who served in the IDF spokesman unit, recalls, "I don't remember any specific policy ever being formulated or communicated from the Army leadership, but the Army did make clear they don't care about the transgender status of the soldiers." He goes on to explain, "The only units where it matters are the security units with top secret clearances because of blackmail issues. Does the family know?"

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Nivi Lasker,[2] a male to female (MtF) transgender informant who did her IDF service prior to transitioning explains. "There is no official policy in the IDF, they are looking at it case by case and it is affected by the local decisions of the unit commander." Giving a slightly outdated view Nivi adds, "There are several approaches:

1) If the transperson doesn't wish to serve they are discharged after one meeting with the mental health officers;
2) If the transperson wishes to serve in his or her own biological [assigned at birth] sex and transition after, there is no problem for the IDF;
3) Or they may transition during military service."

Nivi recalls, "When I was in the military, two soldiers came out trans. One was in the border police serving in the North and the other was in my intelligence unit. Both were male to female and both were allowed to serve as females but they both had to serve their full three years [the requirement for males]. This was approximately 1998."

"In 2002 there was a trans female to male (FtM) that enlisted as a female and served as a combat instructor for females," Nivi continues. "He asked to serve as a male and they granted it and his own housing. He fought to serve the full three years [required of males], which was also granted. His name was Tal Ayzzik and he served in Eilat. In basic [training] he was in an all female unit. He was later assigned to a mixed unit in the Navy. At discharge he fought to continue to serve in reserve duty. He won in court."

Nora Greenberg explains that declaring one's transgender status can occur at different points in service. Some declare prior to enlisting and it poses no problem. "If you enlist in the military you can continue to live in your declared gender. If she is female gender but male body there have to be accommodations made, but it can be fine to take showers in the female quarters, check if anyone is there in the showers, etc. Where there is a will there is a way. In most cases there is no problem."

The evolution in the Israeli military policy toward LGBT individuals has followed social and professional views on LGBT lifestyles in general. Years ago a voluntarily discharge could be granted based on psychiatric grounds simply by one admitting to LGBT proclivities. The same was true until very recently and is sometimes still true for transgender individuals.

"In the late eighties here a gay could be discharged for declaring he is gay," Nivi Lasker recalls. "We had to ask and tell to be discharged…That has all changed of course." She continues by stating a fact that was until recently still true, "*Transgenders* can now ask and tell to be discharged."

Despite compulsory service requirements transgender individuals up until very recently *could* simply ask to be released prior to being enlisted, or once serving, be discharged based solely on psychiatric reasons—due to the belief that being transgender *could* constitute a psychiatric diagnosis.

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[2] A pseudonym.

That however has dramatically changed in the last year in response to the American Psychiatric Association having removed the diagnosis of Gender Identity Disorder from its Diagnostic and Statistical Manual of Psychiatric Disorders replacing it with gender dysphoria. According to Greenberg, "Transgender identity has been de-pathologized." However this has led to further confusions, grey areas and inconsistencies in how IDF practices are carried out in regard to transgender issues.

Nora Greenberg recounts, "Three to four years ago two male to female girls were already living fulltime [as women upon their enlistment], one had gotten surgery already, the other not. Both asked to be released from enlisting in the Army, but the Army refused. They were told being Trans is *not* a reason not to serve, in you go."

Nora Greenberg recounts one of her current cases in which an Air Force MtF transgender soldier was given permission to start on hormones but at the same time was not allowed to be moved from the male quarters and not given permission to grow her hair and fingernails. When she became distressed by her situation and requested release from the military, the committee convened by the Air Force responded (according to Greenberg) with, "No, it's not considered a mental health issue." Greenberg explains that now, "They have no category to let her go."

Thus it appears that this newer policy of requiring service and refusing to grant releases based on a mental health option is inconsistently applied. Greenberg points out that in the same time frame other youth were allowed to opt out of service based on their transgender status, "Last year some soldiers were about to be enlisted asked for release. No fuss was made." Yet Greenberg also knows of other cases where enlisting males were not allowed to opt out of service simply because they declared themselves transgender. Increasingly the IDF is now considering that transgender status is not an automatic reason to be considered psychologically unfit for service and that any distress over being transgender can be dealt without granting a release. Declared transgender individuals are drafted along with all the other youth. Yet how the IDF finds their solutions is still inconsistently applied. "Every unit mental health officer finds their own solution," Greenberg states.

In Israel most soldiers also may continue to serve in the reserves. Nivi Lasker, a male to female transgender woman explains, "In my case I transitioned after service, but I still did my reserve duty. I reported to the male unit. It was fine. I was not full time [returned home at nights]."

While Nivi was in the reserves, she was called back for a security mission while going through transition. She recalls, "It was only males for three weeks, sleeping and shower [together] and I couldn't see it. I asked for a discharge from the reserves. You receive this postcard in the mail that you return answering, I'll be there or not, with a reason why. I wrote, 'I need to be discharged. I am going through a sex change and it's not appropriate for me to be with an all male unit.'"

Nivi found that although everyone was very understanding there were bureaucratic challenges to being discharged as the IDF no longer wished to grant such a discharge for mental health reasons—viewing transgender service as acceptable. "I had to meet with the mental health officer who said, 'Fine, no problem, I'll tell your unit. You will be exempt because in your unit only males do security missions.' But it was not so simple. The reserve unit commander answered, 'Sorry we cannot discharge him,' so I had to meet with the mental health officer again who having no wish to dishonor or demean me in anyway, advised, 'I don't think you should be discharged on mental health reasons'—what we call a Profile 21, which carries a stigma. They consulted and finally exempted me from sleeping with other soldiers and from carrying a weapon [instead of a mental health discharge], which meant I couldn't do any security detail. Five years later after serving well beyond my compulsory years of duty as a male, I got discharged, along with many others, due to budgetary cutbacks in our unit."

In 2013 the IDF was reported to have recruited a MtF transgender who had already at age seventeen undergone sex change surgery. According to an IDF source she would thus be recruited and serve as a female from the start.[8]

At present the IDF has formed a committee headed by the adviser of the IDF Chief of Staff for female issues. This committee is tasked with writing the criteria for how to deal with transgender issues, which will create across the board rules for all units of the IDF. The criteria are expected to be forthcoming as early as spring of 2014. However, according to an informant in the spokesman's office, the committee is sitting very rarely and is not in a hurry, since transgender service is not seen as a serious problem in the IDF.

Performance

In terms of performance, transgender soldiers who want to serve in the IDF by all reports appear to do well. Since the release of the AMA's new DSM-V criteria downgrading transgender status from a serious mental disorder, the IDF has taken a rather strong stance against releasing MtF transgender individuals simply on the basis of their transgender status. They are offered support for transitioning up to some limits and expected to serve through their compulsory service without attempts to excuse themselves on mental health grounds. And most do just that.

Nora Greenberg explains, "There are transgender persons who served all their time well with no problems. For instance, Tal Ayzzik served three years. He was female to male. He served three years although he had been enlisted only two years as a female. The Army refused to enlist him to reserves. Most soldiers want to get out, but he wanted to serve in the reserves and was very offended that they didn't [automatically] enroll him. In his ID he was still listed as female and for that reason they did not even ask him. He found it very insulting. They told him he wouldn't be doing reserve duty. He tried to fight it for over a year." Nora continues, "Many trans men want to serve. In the Caracal men and women serve equally as fighters. I had three trans men serving in that unit. One trans women wanted to become a fighter pilot and tried. She simply did not pass the exam, but

otherwise it was fine." (Tal Ayzzik eventually won the right to serve in the reserves as other genetic males do.)

Dr. Dalia Gilboa, the Senior Clinical and Medical Psychologist in the Transgender Treatment Unit at Tel HaShomer Hospital in Tel Aviv has worked twenty-seven years in the field and has treated hundreds of transgender individuals. Dr. Gilboa is the psychological gatekeeper for sex reassignment surgery (SRS) in Israel. She also explains that most transgender soldiers serve well, "There are those who finished the military and they have no problems with their service—they did well. Some [FtM] were fitness instructors, even served like men. If someone has the motivation, he will be a very good soldier."

Dr. Gilboa recalls that in her years treating transgender soldiers at the hospital, "There are one or two that were female to male that began surgery [during their service]. They continued in the army, performing well." She notes that in Israel, similar to the U.S. experience, that transgender soldiers are overrepresented in Special Forces. She notes that many Israeli MtF soldiers enroll first in combat and active units because "they are often in denial and trying to consolidate their male identity.

LC Shavit concurs that transgender status makes no differences on performance. He states, "The main thing in the Army is that we don't care if you are Jewish, Muslim, Christian, gay, lesbian, trans, whatever. We don't look at your personal life (except in regard to security). Do whatever you want to do when you take off your uniform. The main thing is to be honorable if you are part of the IDF." Reflecting on his eleven years working in the unit of the IDF spokesman where he personally oversaw one transgender MtF soldier going through transition, Lieutenant Colonel Shavit recalls, "I found that in this unit there were no problems. Partly this is because they didn't bring their sexuality into the Army. This is the main point: They didn't exaggerate their sexuality. They acted as normal people."

Nivi Lasker echoes this statement, "If a person is enlisted as a man but serving as a woman they usually don't seek any special press on it, they just want to do normal service." She emphasizes as well that most transgender soldiers serve well with few problems and calling little attention to themselves. "They may go to the mental health officer if there are any issues but most don't want trouble or to make any trouble asking for special concessions."

Avi Feder[3], a female to male (FtM) transgender who transitioned in 2003 while serving in the IDF states, "Readiness was at no time compromised. I spent a year and half in Caracal (the coed combat infantry unit of the IDF). Bunking and showering was really inconvenient. Socially it wasn't ideal, but it was fine. I did my job just fine. I performed just as well as anyone else. I kept up fine, my evaluations were positive. I was well liked. I completed all the different trainings."

[3] A pseudonym

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Transition

For militaries that allow transgender service the process of transition can pose some serious challenges. As Nora Greenberg notes, "Dealing with transition by its very nature is a challenge because militaries want order, organization, clear-cut categories, rather than ambiguity and exceptions."

In Israel, the IDF begins testing and interviewing youth while still in high school, as young as age sixteen. While those who are transgender have often not yet "come out", some will declare themselves in those first encounters. The majority however enlist without declaring and either declare and request transition during their three years of compulsory service (from ages eighteen to twenty-one) for males and or two years of service (from eighteen to twenty for females) or simply wait to declare and transition after they have completed their compulsory service.

By law transgender treatment in Israel can only begin at age eighteen, although some do begin unofficially to take hormones earlier. Likewise, sexual reassignment surgery (SRS) cannot be performed in Israel until age twenty-one. Thus for those who do only their compulsory service in the IDF, transition is likely to involve hormone and mental health support treatments only with SRS—if it is opted for—to occur after the compulsory service.

When asked to comment on how disruptive transition is in terms of unit cohesion, morale and military readiness our respondents stated that the challenges of taking hormones are similar to other hormonal conditions and treatments (premenstrual syndrome, taking oral contraceptives, etc.). Commenting on a MtF transgender in his unit Lieutenant Colonel Shavit stated, "the hormone therapy did not affect his performance in any way or his unit morale at all." Instead LC Shavit found that allowing his soldiers to be their authentic selves increased their morale and performance, "In fact I found that he responded to the openness and closeness in our unit as very grateful. He worked even harder—he was more motivated when we met his needs."

Nivi Lasker, herself a MtF transgender and former soldier also downplayed any serious issues arising from hormone treatment comparing it to conditions like premenstrual syndrome (PMS) and stating that during hormone treatment one can remain calm and control oneself. Nivi explains, "Emotional instability can occur when hormonal treatment begins or is abruptly ceased but this only lasts for a week to a few months." In her own case of transitioning off of hormones for a time period she recalls having mood swings and feeling agitated, but recalls, "I tried to control myself and keep calm no matter what and it worked for the most part."

Dr. Gilboa states, "We don't see a problem with hormone dysregulation. A few report emotional instability like PMS in the first three months at the worst. It doesn't affect their brain, their concentration, or their fitness."

Greenberg states that, "Successful transition while in the military depends on the personality of the soldier, the support they have both on the outside and within the Army and the environment." When asked about any destabilizing effects of taking hormones she notes, "The beginning of hormone treatment or its sudden disruption is very emotionally destabilizing, but that does not mean it will affect military performance. And there are very big positive responses to it that are beneficial. There is a huge decrease in anxiety. In certain cases, trans women can get extreme mood changes but this stabilizes in week or months." She adds, "If the person is unstable to begin with they could remain unstable, if their personal life is a mess, if they lack support, if they are in crisis. And in those cases, we cannot know if it's the hormones, or these other things, or both. And there is also the crisis that can occur if the trans woman takes hormones and nothing happens, if the body refuses to develop. That is very destabilizing and upsetting."

Regarding the complications of transitioning, Nivi Lasker explains, "A person that is self-aware will be fine. Women get their cycles every month, with mood swings and they still serve. They have pregnancies and they don't get discharged for that. A transgender person taking hormones is no different. It's a short fixed period in time, temporary in which there is an adjustment, it may not even be noticeable, and can be accommodated. If the person wants [SRS] surgery they will take HRT first for two years prior usually and then go to surgery. They will need medical observations if they want SRS. If they are in the military they will need an absence for leave and it will depend where they get SRS, domestically or abroad. It's like any other elective surgery. In the military, women can have their breasts augmented or get rhinoplasty. This is no different."

Our respondents also pointed out that being able to transition, especially to begin hormones and live in one's declared gender was a very positive thing for most. Avi, a FtM transgender transitioning during his IDF service states, "Hormones if anything made me a lot more energetic, a lot more confident, they definitely made me feel better. I was able to feel a lot more confident in myself in the way the world saw me—that I was being seen in the way I wanted to be. When my voice started to change, to drop, it was a big relief. Before that I was always being asked, 'Are you really a soldier? Are you old enough?' I looked like a twelve-year-old boy! I was in the awkward teenage stage. I was not yet comfortable with myself until I started testosterone."

Dr. Gilboa states, "After surgery they are happy. They all say, 'It changes our life.' They are already happy arriving at our clinic. They say I'm going to do what I really want—my aim is to become complete. They feel it makes them authentic." She points out that even hormone treatment achieves this positive response, "Most when they start hormones become happier. They feel more complete, more content."

Many respondents pointed out that the time required for SRS is comparable to that needed for commonplace injuries or surgeries (a broken leg, a C-section childbirth, hernia, hysterectomy, etc.) and is also similar for elective surgeries that are not disallowed for service members. They did however acknowledge that SRS is psychologically challenging, life altering, and difficult to go through requiring a good

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psychological assessment regarding readiness and support; and that if the surgery goes wrong it can create complications—just like any other surgery gone wrong.

When it comes to SRS, Nora Greenberg summed up the time needs pertaining to transition as follows. "Trans men will have upper surgery first. If you do office work you could take off only ten days to two weeks for recovery. If you do heavy physical work you need longer. Trans women will also do upper surgery. SRS for a trans woman would take two to three months likely depending on what surgeries she does. After surgery a trans woman will need to enlarge the vagina two to three times [because it's a wound basically] and for this she will need both privacy and a hygienic place. If they allow this she can do it. For trans men it can involve several surgeries—it's not just one operation. The first one needs longer, ten to fifteen days in the hospital for just the first one. They get a hysterectomy, ovaries removed, and other procedures." Greenberg also points out that "Most trans people will *not* have [SRS] surgery," so these time frames won't apply."

Lasker echoed this timeline; "SRS should take two to three months in the worst case." She also points out that there is not only one narrative to how transgender individuals come to terms with their responses to gender identity issues—that despite beliefs to the contrary—many transgender persons will *not* even feel a need to have SRS.

Dr. Dalia Gilboa serves as the gatekeeper for sexual reassignment surgery at Tel HaShomer Hospital in Tel Aviv, the only hospital in Israel that is allowed to do SRS. She explains that according to Ministry of Health guidelines in Israel, gender treatment at their facility does not begin until age eighteen and hormones generally are administered at age nineteen—although hormone treatment can be sought earlier at other facilities. The usual wait for SRS is two years after that, occurring only after age twenty-one. So for soldiers doing only their compulsory service they are already out by the time surgery becomes an issue.

Dr. Gilboa explains, "If they get SRS [while in the IDF] they would be hospitalized for two to three weeks at most with one or two months for recovery. There would be the issue of hospitalization, and during transition there may be some special issues about the places for them to sleep and shower." When asked about from start to finish, Dr. Gilboa answers, "I would estimate that a year and a half is needed for the entire process if SRS is involved, six to nine months for [nonsurgical] transition only."

Lieutenant Colonel Dinor Shavit portrays the supportive policy of the IDF commanders toward transition stating that if he were in charge of a male combat soldier transitioning to female that she "won't come back to a combat unit except if it's Caracal because the other combat units are all pure male warrior units and she won't be admitted as a woman. *But* she *will* be admitted into Caracal" he states. "If I was commanding her in that unit and she needed six months to [surgically] transition I would allow her to take that time and then return. She would need to take the necessary steps, talk to the psychologists, talk with her commander and then go through the steps of transitioning."

Unit Cohesion

Housing is an issue for transgender soldiers who are still going through transition as their body does not yet match their declared gender which can make for discomfort in showering, housing, dressing or other situations where males and females generally segregate over issues of bodily privacy. Lieutenant Colonel Dinor Shavit states, "We have in the Army mixed units except for in combat units. Transgender women feel very well in these [mixed] units."

"Not all units require or have housing," Nivi Lasker explains. "Many go home each day to their own homes. It becomes more complicated for a transgender to serve in a combat unit or far from where one lives. Then we see issues around communal showers and housing, but they find a way."

Our respondents explained the *logistics* of serving openly as a transgender are the difficulty—that transitioning is allowed and supported in general but housing can be problematic. If one serves close to home they are allowed to live in their declared gender off base, but if they live in quarters generally they are assigned to quarters according to their identification card, which has their assigned, versus declared, gender on it.

For the most part young soldiers performing their compulsory service in the IDF live off base in their own or parents housing making these complications moot. Combat units however are often housed on base. In Israel all noncombat units are mixed sex and combat infantry units (with the exception of Caracal) are male. Also previously all male units such as border control, anti-aircraft and artillery have incorporated women into their units.

According to Lieutenant Colonel Dinor Shavit all roles in the IDF are open for transgender soldiers as long as they qualify in terms of skills and physical abilities and are not still going through transition. "If a male to female [transgender individual] wanted to go to a combat unit before transition is completed with SRS she cannot go to a combat unit because there she can't go to her own shower, barracks, etc." LC Shavit explains. "If she has had SRS she can conceivably do anything that women can now do. She can be a fighter pilot, anything that women can now do in our military. In the Shield one [genetic/nontransgender] woman tried to qualify for active combat duty but she didn't pass the test, but now they go. A trans MtF could conceivably go if she had SRS also."

"The whole unit is affected by a trans soldier," Nora Greenberg notes. In our interviews we found the IDF offering an extremely supportive environment to LGBT individuals. While IDF transgender soldiers are generally encouraged to wait until their service is complete to transition—as it avoids all the potential complications—those who cannot bear to wait are accommodated with few, if any, problems.

LC Shavit recalls, "In the case I dealt with of a MtF in 1998, I at first tried to convince him to wait for his three years of service, to transition upon discharge. I thought it would be more comfortable for him, the unit, his friends, everyone to wait. But this guy couldn't wait and he had full confidence. There was no problem with his unit soldiers.

The soldiers that come to that unit—the IDF spokesperson's unit are more intelligent than most, liberal and I was the commander of it. There, more than twenty-five percent of soldiers were gay or lesbian and they were excellent soldiers with very high professionalism."

From Nora Greenberg's point of view, "the first issue is protecting the trans solider." Of course from the military's point of view readiness and unit cohesion is of similar importance. Nora states "Legitimization of their status has to come from above to send an unmistakable signal. Second there must be a respect for the privacy of the soldier, unless he wants to come out, the experience should be positive." Nora counsels. Avi, a FtM transgender soldier who served in 2003-2005 also found the IDF extremely supportive of his desire for confidentiality about his transgender status.

Lieutenant Colonel Dinor Shavit who worked eleven years in the unit of the IDF spokesman and had transgender soldiers serve under his command there, states that he made a point to communicate to them, "It's okay. It's not a crime, not a sickness. I judge you if you do well, not if you are lesbian, gay or transgender." Shavit explains, "I tell my soldiers they have to go with uniforms during the day, but you can do as you like after you finish your day duty. I don't stop you from taking hormones now or even surgery"

LC Shavit states, "Most commanders in the IDF are very open and liberal, even the religious ones. They simply don't care about these issues. And there are gay and lesbians very high in the military. We had a colonel in the medical unit who was gay and there are many lieutenant colonels who are gay. The main issue only comes from field security – if there is any issue of potential blackmail for those whose families don't know."

Recalling a MtF soldier he supervised, LC Shavit states, "He [she] came in a regular uniform until one year before the end of his [her three year] service. She was very confident and sure of herself. I suggested to her, 'When you feel ready let's call all the soldiers and you can explain to them. We'll tell them don't ask too many questions and then we'll leave it.' She thought about it and then after about a month and a half she said yes she wanted to do that. She was in transition, taking hormones and the changes were starting to show. There were no problems with her. If she had been in the infantry there is no way to go through transition. She must leave or do it after because of the inability to arrange individual showers and housing while in transition. Afterward she can be in the infantry no problem. There is no issue [in the IDF] other than are you professional and talented. Sexuality is not an issue."

Morale

Among our respondents we heard no seriously negative issues concerning morale as far as the units went. There were challenges and discomfort with housing and showers but nothing that wasn't dealt with positively. The transgender individuals themselves struggled with making their transition, sometimes felt alone, and often carried a heavy burden trying to teach their military colleagues what being transgender entails. Thus it appears that if there are morale issues—they have mainly to do with the transgender

service person him or herself and not the unit.

Dr. Gilboa recalls a MtF soldier who transitioned during service but remained in an all male unit, "One told me it was very difficult being part of a male unit and she wanted to transfer to a coed unit but stayed in the military. They feel good that they served."

Nivi Lasker, a MtF transgender woman recalls of her unit, "[The] intelligence corps had no morale issues regarding trans service. Noncombat units have no problems and the LGBT percentage is higher in some units with no problems surrounding it. The more religious and conservatives typically go to the combat units and they may have problems. If there is a problem you can transfer and also you can complain using the sexual orientation code, which is interpreted for gender identity also since 2000. The IDF is generally liberal in its code and outlook on these issues."

Judging from the statements of our respondents, military morale was not affected by transgender service. Transgender individuals themselves however sometimes suffered under the normal societal prejudices and pressures to conform, even inside the IDF. Nora Greenberg explains that prejudices that exist in society exist inside the IDF as well and despite the leadership being inclusive and liberal on the issue of transgender service verbal attacks still do occur. "In the IDF I hear reports from my clients of verbal attacks on trans people on a daily basis, and of insensitive treatments, but I have never heard of a violent attack of a trans person."

Speaking of the needs of transgender individuals going through transition, Greenberg states, "There must be a respect for the privacy of the soldier—unless he wants to come out, the experience should be positive."

Avi Feder, a FtM transgender recalls, "I came out to one of my lower ranking commanders who was at the level of a staff sergeant. She was very supportive, she didn't really understand, but she was supportive." Avi was then referred first to the military psychiatrist and then to the transgender unit at Tel HaShomer—the non-military Israeli hospital that handles sexual reassignment surgery requests. There, Avi received hormones without any problems and was also informed of his options for SRS.

Avi recalls that his transition did not cause any morale issues for others but was hard on him due to having to explain and that he felt a sense of alienation. "When I first started T [testosterone], not too many physical changes were going on. I was bunking in the women's tent, and all the folks in my platoon that I went with in training—all one hundred knew. I came out to most everyone; first it was just a few people here and there. Then they talked and then I started educating everyone—it was exhausting!"

Avi recalls, "At one point my platoon commander, a captain ranking officer, approached me. He had heard I was going by another name and using male pronouns, and being referred to by male form. He said, 'I heard you are going by this name, etc. I don't completely understand but I respect it.' He was very respectful and honest. There was

only really one guy in another squad that at first thought I was joking and was not willing to accept it. He came around once he realized no one else had any problems with it."

In terms of housing Avi recalls, "When I was becoming uncomfortable in the female bunks—I felt uncomfortable showering and I was able to set up separate housing, I had a difficult time letting my platoon mates get close to me. I was afraid of their assumptions. I didn't feel super connected to the folks in my platoon, the further that I was going in my medical transition, I was feeling more comfortable with myself but finding it difficult to connect with them. It became especially harder to feel connected once I was bunking by myself."

Avi continues, "I felt alienated. I slept in my own space for other people's comfort. The women don't want you in their tent and the men don't want you, some of the women voiced that, some men also said, 'I don't want to undress next to you.' It's a bit of an awkward situation, and I was the cause of it. I asked my commanders about showering and sleeping, they said the men wouldn't feel comfortable. I could have stayed with the women but I didn't feel comfortable and some of the women didn't either but I could have insisted on that. I never felt comfortable bunking with the women to begin with because I never identified with them; it was definitely tough in that sense."

Avi is quick to state however that the others were supportive of him and did not resent his medical needs and that it was only his *own* morale that suffered as he went through transition. "Anyone who would take a day off to go to the hospital or for medical leave—that meant that someone else had to cover them—in that sense there would be resentment. But I didn't feel *anyone* resented me for every now and then taking a medical day, to see a psychiatrist, get lab work or go to the endocrinologist. So I don't think my being trans was really an issue."

In some ways people are really curious, they asked lots of questions, in some ways it may have *created* cohesion among them. I maybe have been giving them more support than I was getting and I felt, *it's great that you want to understand but sucks that I'm alone in this process with no one to relate to.* It alleviated their anxiety."

"The issue of where I was going to sleep and shower was taken into consideration with whether or not [the accommodation for my needs] was at *my* expense, just, etc. And the commanders were sensitive with trying to find a middle ground where I and they would be comfortable which was really cool." Avi also states that he always felt safe in the IDF—that "no one was going to hate crime me." Likewise Avi was impressed on how in his second assignment after having transitioned the commanding officer was "very serious about honoring my confidentiality, making sure information about my transition was on a 'need to know' basis and did not tolerate this being gossiped about which is not typical of Israelis. Israelis tend to like to be in each other's business a lot."

Avi also states, "It was really validating to have my military and my country tell me you are still valuable. You can still serve even if you want to be true to your gender identity. We'll support you—treat you like a normal soldier. We'll accommodate this."

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Advice to the Pentagon

When asked what advice they would give to the Pentagon based upon their experiences with the IDF our respondents had some interesting things to say.

LC Shavit, states, "It's important not to be too hard on soldiers, but rather look inside and address what are their problems and offer support." He continues, "Gender is only a mask, but it does not change what is on the inside. If you are a talented professional, you still are. If you took and remain inside your vows, if you are a good person, you are still a good person in the other gender. Look inside the man, ask if he is educated, professional, upholds his vows, and contributes to the U.S. military. If you lose him, you can miss excellent people with excellent brains and skills. Rejecting those who cross genders is a mistake. It's important to ask—Is he breaking very easily, or strong?"

Nivi Lasker advises, "Don't discriminate. Think of more than one trans narrative. Those [transgender individuals] who want to serve in the military are probably not the 'drag queen' type and they won't push limits. If they are willing and desire to serve, they will conform to an orderly life, if they opt for this career."

Avi Feder who has dual U.S.-Israeli citizenship is now a health care provider living in the United States. He points out that he would have served in the U.S. military had he been allowed to. "The fact that I can't serve in the U.S. military because of my transgender history—there is definitely something about that—that I lose and the U.S. military loses also. I'm a well qualified professional and very physically healthy. I just need testosterone once a week—no other health issues." He continues, "I don't get disqualifying people only on the basis of being trans. You can serve in the military and it doesn't have to be a combat position. Why not make those distinctions, help everyone out? There are definitely ways to accommodate trans folks that don't disrupt the military and only add to it by making soldiers feel safer, that all people who are capable are valued, and to feel that this is a good institution—one that I want to be part of. People go into the military for different reasons: being validated, being part of something bigger than themselves—to be part of something that matters. There is no reason transgender people should be denied the privilege of serving their country."

Summary

Since 1998 transgender individuals have been successfully serving in the Israel Defense Forces (IDF). Up until recently transgender persons could opt out of enlisting or be discharged simply on the basis of being transgender, with the excuse of psychological distress. Now however, being transgender has become such a non-issue in the Israel Defense Forces that *everyone* who is drafted—no matter what their gender identity issues are—is expected to serve. Transgender issues and the need to transition are accommodated inside the IDF sensitively and without compromise to military readiness,

morale or unit cohesiveness. Clearly the IDF, one of the fiercest and most capable militaries in the world, has found solutions to the transgender service issue that the U.S. military might also want to consider.

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Gender Identity in the Canadian Forces: A Review of Possible Impacts on Operational Effectiveness

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Abstract

One of the most prominent debates over minority participation in the military has been whether or not inclusive policies would undermine operational effectiveness. While the adoption of inclusive policy has tended to indicate that minority participation does not compromise effectiveness, the question has not yet been tested in the context of transgender military service. In this paper, we conduct the first-ever assessment of whether policies that allow transgender troops to serve openly have undermined effectiveness, and we ask this question in the context of the Canadian Forces (CF), which lifted its transgender ban in 1992 and then adopted more explicitly inclusive policy in 2010 and 2012. Although transgender military service in Canada poses a particularly hard test for the proposition that minority inclusion does not undermine organizational performance, our finding is that despite ongoing prejudice and incomplete policy formulation and implementation, allowing transgender personnel to serve openly has not harmed the CF's effectiveness.

Keywords

Canadian Forces, transgender, diversity, don't ask, don't tell, DADT, operational effectiveness, readiness

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Introduction

One of the most prominent aspects of debates over the presence of women, members from distinct ethnicities, or gays and lesbians in the military has been whether or not minority inclusion would undermine operational effectiveness.[1] While the adoption of inclusive policy has tended to indicate that minority participation does not compromise effectiveness, the question has not yet been tested in the context of transgender military service, as limited scholarly research has been conducted on this issue.[2] In this article, we conduct the first-ever exploratory assessment of whether policies that allow transgender troops to serve openly appear to have undermined effectiveness, and we ask this question in the context of the Canadian Forces (CF), which lifted its transgender ban in 1992 and then adopted more explicitly inclusive policy in 2010 and 2012.

Transgender military service in Canada poses a particularly hard test for the proposition that minority inclusion does not undermine effectiveness. As with other research examining the effects of changes in military personnel or social policies on effectiveness, the impacts are most often inferred rather than demonstrated through controlled, empirical studies.[3] Further, in this context, prejudice against transgender individuals remains prevalent among Canadian civilians and service members and, as we show subsequently, while inclusive policies have been formulated, implementation has been incomplete.[4] Nonetheless, if the available evidence from this exploratory study does not reveal that transgender inclusion compromises effectiveness despite instances of intolerance as well as indications of poor formulation and implementation of policies, this would affirm the feasibility of allowing transgender troops to serve in other organizations whose host societies are more tolerant and whose policies are enacted with more care. Despite ongoing prejudice and weaknesses in the crafting and execution of policy, we did not identify any evidence indicating that allowing transgender individuals to serve openly has harmed the operational effectiveness of the CF.

Policy History

In examining issues related to transgender individuals, it is important to note that sex refers to the categories of male and female as determined by biological characteristics, while gender is a person's own understanding of themselves as male or female (or both or neither). A person's gender identity is displayed through his or her gender expression or presentation and can include, but is not limited to, behaviors, clothing and hairstyles, voice, and emphasis or de-emphasis of bodily characteristics. Thus, gender conformity occurs when one presents their gender in a manner consistent with the social expectations for males and females while gender nonconformity occurs when gender presentation is not consistent with the dominant social expectations.

Although the CF has not used survey research or administered a census to determine the number of transgender service members, scholars estimate that in the United States, transgender citizens are approximately twice as likely as nontransgender Americans to serve in the military.[5] To the extent that these trends characterize Canadian society, we estimate that the active component of the CF includes approximately 265 transgender personnel. In 2011, the CF's Surgeon General reported that approximately one service member undergoes surgical procedures to change genders each year, and this estimate is somewhat consistent with the data from the United States.[6] While some service members may transition to their acquired gender via cross-sex hormone therapy rather than surgery, the vast majority of transgender service members in the CF are either pre-transition or post-transition. And as a result, commanders only rarely must address the question of how to manage personnel undergoing transition, and this article does not go into great depth about transitional administrative or medical issues.[7]

Despite the small number of transgender personnel, gender nonconformity has been the subject of a range of regulations spanning the last several decades. After the 1985 enactment of the *Canadian Charter of Rights and Freedoms*, the CF conducted a comprehensive regulatory review and made a number of changes to comply with new requirements. One policy that the CF revised was CF Administrative Order (CFAO) 19-20, "Homosexuality–Sexual Abnormality Investigation, Medical Examination and Disposal," which stated that "service policy does not allow homosexual members or members with a sexual abnormality to be retained in the Canadian Forces." Although not explicitly included in this order, gender nonconformity often was conflated with sexual orientation at the time, and some transgender individuals were subsequently identified as "members with a sexual abnormality" and released from the CF or denied enrollment.[8]

In 1988 and again in 1992, the CF issued new regulations to reduce and then remove all discrimination based on sexual orientation with, again, an implied link to gender nonconformity. The replacement CFAO (19-36) defined sexual misconduct as "an act which has a sexual purpose or is of a sexual or indecent nature and which . . . constitutes an offence under the Criminal Code or the Code of Service Discipline" but did not include any explicit reference to gender nonconformity. It was not until 1998 that the CF first recognized that the question of transgender military service required attention. Following internal reviews, the CF amended its medical policies in 1998 to recognize sex reassignment surgery (SRS) as an appropriate treatment for gender identity disorder and to include it as a covered medical procedure.

In 2010, as part of a comprehensive updating of the policy manual on the management of personnel information, the CF articulated specific guidance related to transgender individuals with direction for changing an individual's legal name, providing clothing consistent with the target gender, clarifying relevant military physical fitness standards, and updating personnel documents, records, identity cards, and passports. The revised policy required commanders to promote "utmost privacy

and respect," but stated that previous records, awards, and honors will not be reissued under a new name.[9]

Finally, in February 2012, the CF issued Military Personnel Instruction 01/11, "Management of CF Transsexual Members." Under the new policy, the CF must consider accommodating the needs of transgender service members who undergo transition, but not if doing so would "constitute undue hardship" or "cause the CF member not to meet, or to not be capable of meeting" standards that apply to other service members. The instruction obliges commanding officers to work with transgender service members, supervisors, and medical authorities to develop suitable plans for units and requires commanders to ensure that the workplace is free from harassment and to "find a balanced solution [to privacy issues] that is satisfactory to all."[10] Transgender personnel must be consulted throughout the process and are expected to be active participants in the development of workplace accommodation plans.

Between 1985 and 2012, the CF came to understand gender nonconformity as a medical issue and to include reassignment surgery under its standards of care. The concurrent doctrinal and policy emphases on leadership, professional behavior, and respecting the dignity of all personnel served, at a minimum, to remove formal discrimination against transgender service members. That said, as we show subsequently, informal discrimination did not disappear, in part, because inclusive policies were poorly formulated and implemented. Before developing that point, we address whether the adoption of inclusive policy undermined the effectiveness of the CF.

Methods

To assess whether policies allowing transgender military service may have undermined the effectiveness of the CF, we conducted an extensive literature review, using 216 search permutations, to identify all possibly relevant media stories, governmental reports and scholarly books, journal articles, and chapters.[11] In addition, we obtained written, interview, and focus group feedback from twenty-six individuals including senior military leaders ($n = 2$), commanders ($n = 10$), non-transgender personnel who have served with transgender peers ($n = 2$), transgender service members and veterans ($n = 4$), and scholarly experts on the CF's operational effectiveness ($n = 8$).

We invited all 106 CF majors, lieutenant commanders, lieutenant colonels, and commanders attending Staff College to participate in our study via an internal e-mail. Twelve individuals expressed interest, though scheduling conflicts prevented two from providing interviews. The ten officers who did provide interviews were reflective of the overall CF population with a slight overrepresentation of those in operational occupations (aircrew, combat arms, and naval operations) and female officers (three of the ten). All but one had served in Afghanistan and had firsthand knowledge of the operational effectiveness of units with which they had deployed. While a participation rate of 9.4 percent is lower than desired, it was considered

acceptable, given the extremely busy schedule of these officers. The first author did check with the participants to see whether they were aware of colleagues who opposed the CF inclusive policies, and none were identified.

Collectively, the ten commanders were aware of at least seven transgender individuals who had transitioned or were in the process of doing so, in all cases from male to female. Five had no awareness of any transgender individual; two had secondary knowledge through discussions with colleagues who had supervised or were supervising transitions; two had served with individuals after transition and one had been directly responsible for supervising a transition and had worked with another unit member who had already transitioned. We conducted two focus group sessions and one individual interview, which we arranged due to scheduling conflicts.

Transgender participants in this research were identified via snowball sampling through social media networks and include four individuals who serve or have served in the CF: a junior noncommissioned Air Force member who has served since 1983, a former junior Navy officer who served for 21.5 years, a junior noncommissioned Army officer who has served for 13 years, and a junior noncommissioned Air Force officer who served in the Regular Force for 22 years and who has been a "Class A" reservist for the past 11 years.[12] In-depth face-to-face interviews were conducted with the first three individuals and the final participant corresponded via e-mail. As well, we sought input from participants' non-transgender colleagues, and we received feedback from a junior noncommissioned Navy officer and a junior noncommissioned Air Force officer. Significant steps were taken to ensure the participants were fully aware of the research objectives, nature of questions and handling of data. Further participants were given methods to adopt an alias should they wish to conceal their identity, but none chose to do so. Finally, participants were provided with transcripts of their comments and the summaries of their input incorporated in this article to confirm accuracy.

No Identified Impact on Operational Effectiveness

Operational effectiveness, typically referred to as *readiness* in the United States, consists of a number of related dimensions including cohesion, morale, and leadership. In assessing whether policies allowing transgender service compromised the CF's effectiveness, we searched for five different types of evidence, described subsequently, of any impact on any of these, or other, aspects of organizational performance. To begin our assessment of the impact of inclusive policies, we conducted a comprehensive search of all possibly relevant media articles published between 1998 and 2014 ($n = 102$). We were unable to find a single media story indicating that transgender-inclusive policy had undermined operational effectiveness. As an added check, we reviewed every media article that contained the words "Canada" and "transgender" and that was published between January 1, 1998, through February 1, 2014 ($n = 992$). The only evidence suggesting that transgender service had compromised operational effectiveness was a single article that reported some military

personnel were "irked" when the CF announced a new policy on gender nonconformity immediately following the publication of another report condemning the CF's efforts to support families of service members killed in action.[13] While this data point is insufficient, in isolation, for reaching an overall conclusion, it is instructive that during the sixteen-year period under consideration, journalists reported many stories about the impact of the budget, downsizing, combat stress, and other factors on the CF's operational effectiveness, but not a single story suggesting that transgender-inclusive policy had compromised operational effectiveness. If transgender service had compromised effectiveness, we would expect at least some media attention to have been devoted to the problem.

Second, we conducted a comprehensive review of all possibly relevant scholarly books, book chapters, and journal articles and did not find any academic research suggesting that transgender-inclusive policy had compromised operational effectiveness ($n = 201$). Although we identified many studies of various determinants of the CF's operational effectiveness, none of those studies suggested that transgender-inclusive policy had compromised performance.[14] As a check on our literature review, we contacted eight scholars who conducted research on the CF including examinations of effectiveness and asked whether they were aware of any evidence about the impact of transgender-inclusive policies. None were aware of any evidence. As was the case with our inference about the lack of media coverage, we do not believe that this data point, in isolation, is sufficient for sustaining an overall conclusion. That said, we were struck that none of the scholarly experts on the CF's operational effectiveness who we contacted were aware of any compromise resulting from transgender-inclusive policy.

Third, we conducted a comprehensive literature search of more than 100 possibly relevant internal military and governmental reports and policy memos in the public domain from 1998 through 2013 and again found no research touching on the impact of transgender military service on operational effectiveness. During this period, the CF conducted numerous internal studies on various dimensions of operational effectiveness such as unit-level morale and cohesion, harassment, leadership, reenlistment intentions, and the quality of incoming recruits. As a check on our literature review, we contacted the CF's primary researchers and desk officers responsible for research, and they confirmed to us that the lack of internal analysis suggests that the military has viewed inclusive policies as a nonissue as far as their impact on operational effectiveness is concerned. They told us that if any concerns about a detrimental impact had emerged, the CF would have conducted internal analyses.

Fourth, we asked senior military leaders to tell us if transgender-inclusive policies had undermined the CF's operational effectiveness, and they reported that policies had not had any negative impact. Vice Admiral Greg Maddison served as Deputy Chief of the Defence Staff from 2001 to 2005 and was in command throughout Canada's initial post-9/11 engagement in Afghanistan. When we asked him whether policy changes related to transgender service had compromised operational effectiveness in any way, Admiral Maddison responded that it had not. We posed the

same question to Lieutenant General Marc Lessard, who served as the Commander of the Canadian Expeditionary Force Command from 2009 to 2011, and he confirmed Admiral Maddison's observation.[15]

Finally, fifth, we interviewed commanding officers about the impact of transgender-inclusive policies. All twelve commanding officers we interviewed confirmed that transgender-inclusive policies have had no negative impact on operational effectiveness. Of note, all but one of the twelve had served in operations in Afghanistan and hence had firsthand experiences assessing units with which they had deployed. Despite our repeated questioning and probing for negative evidence, it was clear throughout our focus groups and interviews that none of the officers recognized any negative impact of transgender military service on operational effectiveness or its related components including morale, cohesion, or the integrity of the chain of command. While they pointed out areas where current policies could be clarified, these commanders fully supported the inclusive policies and provided suggestions only to strengthen leaders' capacity to supervise transgender subordinates.

At the time when inclusive policies were first enacted in 1998, the CF faced a number of challenges, as the Cold War's end prompted a budget cut of 23 percent and a reduction in force size of 30 percent, just as a generation of equipment approached the end of its life cycle.[16] Despite these obstacles, and perhaps surprisingly, the CF's operational effectiveness improved after transgender-inclusive policies were enacted, as Canadian personnel performed well when facing determined and lethal foes during heavy combat operations in Afghanistan.[17] Scholars argue that the CF recovered from the 1990s, which became known as the "decade of darkness," by increasing funding, raising force strength, acquiring necessary equipment, and strengthening professional development across all levels of military leadership.[18]

Without, of course, attributing the CF's recovery to transgender-inclusive policies, this research did not reveal any indicators that inclusion had compromised operational effectiveness. Indeed, an anthropologist who spent three months living with a Canadian infantry unit in Afghanistan in 2006 found that traditional categories of diversity such as race and gender were irrelevant to the troops and had no impact on cohesion. Rather, she found that service members measured diversity in terms of personality attributes such as laziness, friendliness, and ability to take a joke, "soldiers were assigned to categories based on observed personal qualities, not on . . . demographic factors."[19]

While it is fully recognized that our interview sample was small and additional empirical research would be required in order to draw direct linkages between gender identity policies and operational effectiveness, the fact that none of the five sources used in our triangulation revealed a single issue of concern with regard to effectiveness is taken as a positive sign that the two are not incompatible. Perhaps it should be no surprise that we were unable to find evidence suggesting that transgender inclusion compromised effectiveness. As we emphasized in an article, the CF has reached the stage of professional culture at which only one question matters to

military personnel: can their peers do the job? Demographic characteristics including gender identity are simply not seen as relevant to an individual's capacity to perform assigned duties or to a commander's ability to lead an effective fighting team.[20]

Policy Formulation and Implementation

Although the adoption of policies that include transgender service members has not undermined the operational effectiveness of the CF, it is nonetheless apparent that additional effort is required to ensure that the CF has formulated and fully implemented appropriate policies. While the scope and much of the content of recent policies were well received, transgender as well as non-transgender enlisted personnel and officers who we interviewed identified a number of policy deficiencies, one of which refers to formulation and three of which refer to implementation. With respect to policy formulation, some of the policy content has been vague, lacking sufficient guidance for transgender individuals or their commanding officers. The latest, 2012 policy revision, for example, fails to instruct commanders how to manage transgender personnel who wish to use hormones but not surgery to adopt a target gender and fails to acknowledge that transgender individuals may pursue different medical treatments and may transition according to distinct timelines. A transgender service member told us that her doctor adhered too rigidly to the CF's standards of care that outline the transition process, rather than viewing them as a guideline.

Commanders told us that the new policy fails to provide sufficient guidance as to how to weigh priorities among competing objectives during their subordinates' transition processes. Although they endorsed the need to consult transitioning service members, they recognized that as commanding officers, they would be called on to balance competing requirements. They saw the primary challenge to involve meeting trans individual's expectations for reasonable accommodation and individual privacy while avoiding creating conditions that place extra burdens on others or undermined the overall team effectiveness. To do so, they said that they require additional guidance on a range of issues including clothing, communal showers, and shipboard bunking and messing arrangements.

In addition to incomplete formulation, we identified three deficiencies in the implementation of inclusive policy. To begin, some medical providers appear not to have acquired sufficient competence in addressing the health care needs of the transgender personnel.[21] All three service members who we interviewed and who transitioned while in the CF told us that, while doctors sought to be supportive, they were predominantly unknowledgeable about transgender health care and unwilling or unable to take the initiative to educate themselves. Transgender personnel reported that they had to do their own research and educate their doctors about available medical treatments. One described a CF doctor who continues to use the term "breast-like tissue" rather than "breasts" and who refuses to demonstrate how to do a breast exam.

In addition, officers and enlisted personnel agreed that the CF need to devote more effort to education and training. A transgender service member explained that after she came out, a brief information session was held for the members of her unit. She was not allowed to attend this meeting, however, and was thus unable to address coworkers' questions. She suspects that the session was more about "reading the riot act" to coworkers than providing them with information. A non-transgender colleague told us that, "A little education of the subject for all CF personnel will go a long way."

Finally, senior leaders have not always held commanders accountable for successful enforcement of the policy. And the chain of command, in turn, has not fully earned the trust of the transgender personnel. While one transgender service member told us that if she ever experienced discrimination or harassment, she would "trust the C of C [chain of command] to solve such a problem," others who we interviewed expressed little confidence in the system. According to one transgender service member, "I just don't think it works that well."

Consequences of Policy Deficiencies

As a result of policy deficiencies noted previously, the transgender service members have encountered more difficulties than would have been the case if the design and execution of inclusive policy had been managed more carefully. All four transgender service members who we interviewed experienced or were familiar with hostile unit climates. A transgender service member, for example, began her transition after her most recent tour in Afghanistan and hoped that colleagues would adjust. She discovered quickly that this was not the case, however, and had to leave the unit because of harassment. Another service member told us that disapproval is "mostly under the table, behind the scenes . . . [and] always in a way you can't prove." A non-transgender interviewee reported that coworkers were "cordial" and even "friendly" in the presence of her transgender colleague but were "more mean spirited" in her absence. Three of the four interviewees stated that their decision to transition had a negative impact on their career.

That said, all interviewees reported positive experiences as well and reported that most of their colleagues' reactions tended to range from accepting to "guardedly neutral." One transgender service member who did not experience any significant discrimination told us that she had "zero issues with my transition from any member of the CF." She did experience the occasional use of incorrect pronouns but attributed this to human error, as it did not continue to occur once the person was reminded of the correct pronouns.

Four consequences emerged from our interviews. First, the process of having individuals transition while in uniform tended to prompt informal discrimination and either overt or subtle rejection from some peers. While there was no evidence of erosion to task cohesion, readiness or the willingness of individuals to work together to achieve unit goals, the responses by some colleagues are not consistent with the level of interpersonal relations that characterize strong social cohesion.[22]

Second, access to safe washrooms has, at times, been a challenge for transgender service members who we interviewed. One who was instructed to use specific washrooms in a separate building said that this was "the point at which I became highly visible as being different." A non-transgender service member told us that her transgender colleague was instructed not to use the female washroom because she had not yet had sex reassignment surgery, even though male colleagues had harassed her in men's washrooms while female colleagues supported her use of female washrooms.

Third, decisions to disclose transgender status have been taken out of the hands of transgender personnel as a result of gossip and administrative policies. A transgender soldier told us that her new coworkers were informed about her gender nonconformity prior to her arrival, and as a result she was not given the opportunity to become integrated into the new work environment before disclosing her transgender identity. Nor was she provided the option of not disclosing her identity to unit members. Her colleague explains, "I think the most awkward time was in preparing us for her arrival—we were not told that the new member was a transvestite or anything like that—but they did make it seem like the member joining the section had some sort of problem with social comfort—and that the situation was sensitive. It would have been better if no one had said anything."

Finally, fourth, the transgender service members we interviewed expressed frustration at the CF's unwillingness to update military medals and previous service records with new names and genders. While the CF maintains that it is not possible to rewrite history, there is a lack of understanding of the consequences, in part because inaccurate documentation repeatedly outed transgender personnel and forced them to explain discrepancies to curious and suspicious colleagues.

Lessons

While this study is fully recognized to be exploratory and based on a very small number of trans CF participants, several lessons can be drawn from the results obtained. For the CF, the most obvious is the need for additional education on transgender issues. Although the intent of recent policies is supported by transgender members and commanders, both groups identified areas where further information would be of benefit. In expanding on current policies, the CF needs to attend to aspects of social cohesion and acceptance of trans individuals by their peers. As these are clearly leadership issues, efforts to better inform leaders at all levels would be of assistance in reinforcing the professional culture of the CF.

It is also considered that this study can provide some valuable perspectives for other nations considering shift policies regarding trans serving from exclusionary to inclusionary. While no single country comparison is sufficient for determining whether a future military decision to allow transgender individuals to serve openly would compromise readiness, the Canadian experience implies four lessons for decision makers particularly in the United States or European context where there are greater commonalities. First, all available evidence suggests that Canada's

decision to allow transgender individuals to serve openly did not compromise operational effectiveness. This conclusion is consistent with the findings from multiple military and paramilitary organizations in the United States and Europe that have integrated members from a range of minority communities, and that, contrary to frequently expressed concerns, implemented inclusive policies without compromising effectiveness.[23]

Second, although shifting rather quickly in recent years, Canadian civilian society as well as military culture remain generally inhospitable to transgender individuals, and survey research suggests that a high degree of intolerance against transgender people remains.[24] If inclusive policy can be implemented without undermining readiness, even in the context of civilian and military cultures that include high degrees of prejudice, this suggests that regardless of the status of the national conversation about transgender rights in the other nations, military policy can become inclusive without undermining readiness.

Third, even though inclusion has not undermined the CF's operational effectiveness, poor policy formulation and incomplete implementation produced unnecessary burdens and impediments for transgender personnel and their non-transgender peers and commanders. Although successful formulation and implementation of inclusive policy requires some care and attention, many organizations including the British and Australian forces have paved the way. While the elaboration of these lessons is beyond the scope of this article, they can be applied to other national contexts in a straightforward manner and without undue difficulty.

Finally, despite differences between gender identity and sexual orientation, lessons from the repeal of bans on gay and lesbian personnel in numerous countries can be applied to transgender military service. In particular, scholars have argued that one key to successful policy transition is that leaders must state clearly that regardless of personal feelings, service members are expected to work together in pursuit of a common mission.[25] If and when transgender individuals are allowed to serve openly in other nations, an emphasis on leadership will minimize difficulties. This is not to say that every decision to include minority service members proceeds without glitches, but rather that as long as leaders ensure a common focus on the pursuit of the organization's mission, inclusive approaches tend not to compromise effectiveness.

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Notes

1. James E. Parco and David A. Levi, *Attitudes Aren't Free: Thinking Deeply about Diversity in the US Armed Forces* (Maxwell, AL: Air University Press, 2010); James Burk, "Citizenship Status and Military Service: The Quest For Inclusion by Minorities and Conscientious Objectors," *Armed Forces and Society* 21, 4 (1995): 503-29; D'Ann Campbell, "Servicewomen of World War II," *Armed Forces and Society* 16, 2 (1990): 251-70; David J. Amor and Curtis Gilroy, "Changing Minority Representation in the U.S. Military," *Armed Forces and Society* 36, 2 (2010): 223-46; David Ari Bianco, "Echoes of Prejudice: The Debates Over Race and Sexuality in the Armed Forces," in *Gay Rights, Military Wrongs*, ed. Craig A. Rimmerman (New York: Garland, 1996), 47-52; Brian Mitchell, *Weak Link: The Feminization of the American Military* (Washington, DC: Regnery Gateway, 1989).
2. The few scholarly studies that have addressed transgender military service did not assess its impact on operational effectiveness. See, for example, Jack Harrison-Quintana and Jody L. Herman, "Still Serving in Silence: Transgender Service Members and Veterans in the National Transgender Discrimination Survey," *LGBTQ Public Policy Journal at the Harvard Kennedy School* 3 (2013); Matthew F. Kerrigan, "Transgender Discrimination in the Military, the New Don't Ask, Don't Tell," *Psychology, Public Policy, and Law* 18, 3 (2012): 500-18; Jillian C. Shipherd, Lauren Mizock, Shira Maguen, and Kelly E. Green, "Male-to-female Transgender Veterans and VA Health Care Utilization," *International Journal of Sexual Health* 24, 1 (2012): 78-87; Adam F. Yerke and Valory Mitchell, "Transgender People in the Military: Don't Ask? Don't Tell? Don't Enlist!," *Journal of Homosexuality* 60, 2-3 (2013): 436-57.
3. See, for example, Wilber J. Scott and Sandra Carson Stanley, *Gays and Lesbians in the Military: Issues, Concerns and Contrasts* (Piscataway Township, NJ: Transaction Publishers, 1994).
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5. See Gary Gates and Jody Herman, *Transgender Military Service in the United States* (Los Angeles, CA: Williams Institute, forthcoming).
6. On the estimate of one surgical transition per year among CF personnel, see, for example, Tom Blackwell, "Rules Set for Transsexuals in Military," *Canwest News Service*, December 8, 2010. Scholars estimate that if the US military allowed transgender personnel to serve and to obtain transition-related health care, 230 service members would request gender-confirming surgeries each year. Given that the US military is nineteen times larger than the CF, one would expect, based on the extrapolation, that twelve members of the CF should seek gender-confirming surgery each year. Because civilian health

insurance covers such surgery in Canada, however, there is less incentive for service members to obtain surgery while still in the military.

7. For an in-depth analysis of medical and psychological issues pertaining to transgender military service, see Joycelyn Elders, Alan M. Steinman, George R. Brown, Eli Coleman, and Thomas A. Kolditz, *Report of the Transgender Military Service Commission* (San Francisco, CA: Palm Center, 2014).
8. Alan C. Okros and Denise Scott, *An Update on Canadian Forces Approaches to Gays and Lesbians in Uniform* (Palm Center: University of California at Santa Barbara, 2009).
9. Chapter 34, "Management of CF Transsexual Personnel,"A-PM-245-001/FP-001, *Military Human Resources Records Procedures*, chapter 34, para 5.0, p. 2.
10. Canadian Forces, *Military Personnel Instruction 01/11*, "Management of CF Transsexual Members," section 2.4.2.
11. Databases accessed include Scholars Portal, EBSCO Host, Proquest, Web of Knowledge, JSTOR, Queen's University Summon and York University Libraries and LexisNexis.
12. Members of the reserves on "Class A" service are expected to parade one night per week and conduct two weeks of full-time service or training each year. Those on "Class B" and "Class C" service are employed on a full-time basis.
13. Blackwell, "Rules Set for Transsexuals in Military," 2010.
14. The articles reviewed commented on different aspects of Canadian Forces effectiveness and are incorporated in subsequent discussion. See the references noted subsequently to works by Bland; Jockel; Sloan; Hope; Sharpe and English; Holland and Kirkey; Blatchford; and Irwin.
15. General Lessard, who relieved a brigadier general in Afghanistan and a colonel in Haiti, was well-known for closely monitoring subordinate commanders and their ability to maintain operational effectiveness in theater. As both Officers had made public comments on their concerns regarding CF effectiveness, it is considered unlikely that either was reluctant to identify issues regarding trans service members in order to protect the institution.
16. Douglas L. Bland, *Canada Without Armed Forces?* (McGill, Canada: Queen's University Press, 2004); Jack Granatstien, *Who Killed the Canadian Military?* (Toronto, Canada: Harper Collins, 2004); Joseph T. Jockel, *The Canadian Forces: Hard Choices, Soft Power* (Toronto, Canada: Canadian Institute of Strategic Studies, 1999).
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18. G. E. Sharpe and Allan D. English, *The Decade of Darkness* (Kingston, Canada: Canadian Forces Leadership Institute, 2003); Kenneth Holland and Christopher Kirkey, "Canada's Commitment to Afghanistan," *American Review of Canadian Studies* 40, 2 (2010): 167-170; Kenneth Holland and Christopher Kirkey, "An Evaluation of Canada's Engagement in Afghanistan," *International Journal* 68, 2 (2013): 269-73; Christie Blatchford, *Fifteen Days: Stories of Bravery, Friendship, Life and Death from Inside the New Canadian Army* (Toronto, Canada: Doubleday, 2007).

19. Anne Irwin, "Diversity in the Canadian Forces: Lessons from Afghanistan," *Commonwealth and Comparative Politics* 47, 4 (2009): 503.
20. Okros and Scott (2009).
21. The views of CF Medical Officers were not included in this study and should be examined in subsequent work. Among reasons for not including medical practitioners, the authors had concerns over doing so without inadvertently identifying the trans participants. It was also recognized that the CF does not have uniformed experts who specialize in gender reassignment surgery or therapy, hence this would require interviews with external specialists who provide services to the CF on a contractual basis.
22. Task cohesion is a shared commitment to the same mission, while social cohesion refers to whether or not members of a group like and trust one another. The roles of task versus social cohesion have been debated in the literature particularly in the context of combat missions. In particular, see the exchanges published in *Armed Forces and Society* among Anthony King, Guy Siebold, James Griffith, Robert MacCoun et al., and Leonard Wong published in vols. 32(4), 33(2), 33(4), and 34(1).
23. Aaron Belkin et al., "Readiness and DADT Repeal: Has the New Policy of Open Service Undermined the Military," *Armed Forces and Society* 39, 4 (2013): 587-601; Aaron Belkin and Melissa Levitt, "Homosexuality and the Israel Defense Forces: Did Lifting the Gay Ban Undermine Military Performance," *Armed Forces and Society* 27, 4 (2001): 541-66.
24. Egale Canada Human Rights Trust (2011).
25. See Gail L. Zellman et al., "Implementing Policy Change in Large Organizations," in *Sexual Orientation and U.S. Military Personnel Policy: Options and Assessment*, eds Bernard D. Rostker and Scott A. Harris (Santa Monica, CA: RAND, 1993): 368-94.

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Denise Scott recently completed her master's in information in library and information science from the University of Toronto and previously completed her MA from York University's Graduate Program in Interdisciplinary Studies. She has coauthored work on issues of gender and sexuality in library settings as well as reports on policies and experiences related to gays and lesbians serving in the Canadian Forces. Most recently, she has submitted a book chapter on liminal states and entry level military socialization.

Your Military

(/news/your-military/)

Poll: Active-duty troops worry about military's transgender policies

By: Leo Shane III (/author/leo-shane-iii) July 27, 2017

WASHINGTON — President Donald Trump's announcement of looming changes in the military's transgender policies could be less controversial within the ranks than among civilians, given troops' conflicted views on the issue.

In a Military Times/Institute for Veterans and Military Families poll conducted late last year, 57 percent of active-duty military personnel expressed a negative opinion of the decision to allowing transgender troops to serve openly. More than half of that groups said the policy change had a very negative effect on military morale.

Only about 16 percent thought the change would boost troops' morale, while the remaining 27 percent believed the policy change would have no effect.

But the results were less clear when it came to service members' personal expectations for the change. Almost half — 47 percent — believed the policy change would have little effect on their own unit's military readiness.

Roughly 41 percent thought it would hurt the units. About 12 percent believed allowing transgender individuals to serve openly would be beneficial to readiness.

The survey was conducted in December, about two months after Pentagon officials announced transgender individuals already in the military could serve openly. Transgender recruits are still barred from enlisting.

On Wednesday, in a series of tweets, Trump announced what appears to be a dramatic reversal of the Pentagon's current transgender policies, citing readiness issues.

"After consultation with my generals and military experts, please be advised that the United States Government will not accept or allow transgender individuals to serve in any capacity in the U.S. Military," Trump wrote.

"Our military must be focused on decisive and overwhelming victory and cannot be burdened with the tremendous medical costs and disruption that transgender in the military would entail."

The news came as a surprise to many on Capitol Hill and the Pentagon, where a six-month review of the current policy was already underway.

On Tuesday, in an internal memo, Joint Chiefs Chairman Marine Gen. Joe Dunford told military leaders that "there will be no modifications to the current policy until the President's direction has been received by the Secretary of Defense and the Secretary has issued implementation guidance."

No timetable has been set for that. White House officials have said they'll coordinate changes with the Pentagon sometime in the future.

In the meantime, Dunford wrote, "we will continue to treat all of our personnel with respect. As importantly, given the current fight and the challenges we face, we will all remain focused on accomplishing our assigned missions."

In the Military Times/IVMF survey, allowing open service for transgender troops was more controversial that the repeal of "don't ask, don't tell" (26 percent saw that as a negative move) and allowing women to serve in combat roles (48 percent opposed) but less harmful than defense funding reductions mandated under federal spending caps (93 percent opposed).

Researchers for the RAND Corporation last summer argued that allowing transgendered individuals to enlist and serve openly would have minimal effects on the armed services.

They estimated between 1,300 and 6,600 transgendered troops would be actively serving in years to come, with fewer than 200 a year undergoing gender transition-related treatments that could result in "reduced deployability."

"This amount is negligible relative to the 102,500 nondeployable soldiers in the Army alone in 2015," researchers wrote.

Lawmakers have promised to keep a close eye on the issue in coming months, to see whether dismissing transgender individuals already in the ranks would cause greater readiness and morale issues than allowing them to continue their service.

OUR METHODOLOGY

Between Dec. 16 and 21, 2016, Military Times and Syracuse University's Institute for Veterans and Military Families conducted a voluntary, confidential online survey of U.S. service members. The questions focused on President Barack Obama's time in the White House and the nation's current political climate.

The survey received 1,664 responses from active-duty troops. A standard methodology was used by IVMF analysts to estimate the weights for each individual observation of the survey sample. The margin of error for the questions was roughly 2 percent.

The survey audience was 87 percent male and 13 percent female, and had a mean age of 30 years old. The respondents identified themselves as 73 percent white, 12 percent Hispanic, 11 percent African American, 4 percent Asian and 9 percent other ethnicities. Respondents were able to select more than one race.

Follow @LeoShane

Leo Shane III covers Congress, Veterans Affairs and the White House for Military Times. He can be reached at lshane@militarytimes.com.

MINUTES: TRANSGENDER REVIEW PANEL
FRIDAY, OCTOBER 13, 2017 1500-1700
DECISION SUPPORT CENTER, 2E579
1400 DEFENSE PENTAGON WASHINGTON, DC 20301

Transgender Review Panel Attendees: *( ) – indicates authorized substitute*

Performing the Duties of the Undersecretary of Defense – P&R	Mr. Tony Kurta
Performing the Duties of the Under Secretary of the Army	Mr. Thomas Kelly III
Performing the Duties of the Under Secretary of the Navy	Mr. Thomas Dee
Under Secretary of the Air Force	HON. Matthew Donovan
Vice Commandant of the Coast Guard	( )
Vice Chief of Staff of the Army	( )
Vice Chief of Naval Operations	( )
Vice Chief of Staff of the Air Force	Gen Stephen Wilson
Assistant Commandant of the Marine Corps	Gen Glenn Walters
Vice Chief of Staff National Guard Bureau	LTG Daniel Hokanson
Sergeant Major of the United States Army	SGM Daniel Dailey
Master Chief Petty Officer of the Navy	MCPON Steven S. Giordano
Chief Master Sergeant of the Air Force	CMSAF Kaleth O. Wright
Sergeant Major of the Marine Corps	SgtMajMC Ronald L. Green
Senior Enlisted Advisor - National Guard Bureau	CSM Christopher Kepner

Agenda:

Topic	Briefing Name	POC
Opening Remarks	n/a	Mr. Tony Kurta
Survey Results	2016 Workplace and Gender Relations Survey of Active Duty Members: Transgender Service Members	
DoDI 6130.03	Proposed updates to *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*", dated April 28, 2010	
Commander's Panel	n/a	n/a

Detailed Meeting Minutes:

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[redacted]

Survey Results: The [redacted] presented the results of the "2016 Workplace and Gender Relations Survey of Active Duty Members: Transgender Service Members." The survey concluded that between 8,227 and 9,732 Service Members (SM), representing approximately 1% of the active duty force consider themselves to be Trangender (TG). The prior RAND study indicates that between 2-12K currently serving SMs are TG based on an assessment of prior studies involving a wide range of ages and nationalities. [redacted]

DoDI 6130.03: [redacted] briefed the proposed updates to DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*, dated April 28, 2010. [redacted]

Commander's Panel: The nine commanders, representing each of the five uniformed services, spoke about their experiences with a TG SM in their formation. Highlights of their discussion include:

- There was no consensus on whether or not to allow open TG service in the future (and have the military pay for transitions), and that seemed to be largely based on their experiences with their single Soldier. The amount of leadership energy required to navigate a SM through a TG transition plan are formidable and the current policy has gaps within it.
- While the Commanders remarked that TG SMs tended to take up a large amount of leadership's time (as compared to a non-TG), the more pro-active a SM was in working around operational requirements, the more supportive the Command was and the less time leadership had to spend on the SM. One Commander, who fully supported in-service transition, remarked that his transitioning SM worked closely with the chain of command to ensure that he did not miss any

operational requirements, to include two rotations at the National Training Center. Another commander remarked that his phenomenal transgender SM had decided to resign her commission and will be heavily recruited by Silicon Valley companies, a great loss to the Service.

- When informally queried, on a scale from 1 to 10 with one being minimal amount of leader time dedicated to TG SMs and 10 being the maximum, the Commanders were uniformly distributed, though many remarked that it was not due to the SMs, it was due to gaps in current policy.
- The vast majority of commanders agreed that from time of diagnosis to the completion of a transition plan, the SM would be non-deployable for 2-2.5 years (up to a year of hormones to achieve stability, then surgeries).
- Commanders almost uniformly voiced concerns that patients had too much control over which surgeries were included in their transition plans – something should either be medically necessary or not - personal desires or patient 'negotiation' should not override that medical opinion; several transgender medical treatment plans were changed after the medical treatment plan was approved based on individual desires.
- One commander spoke of his 'dueling' EO issues; his TG SM (a female with male genitalia), with an approved ETP for full-time real life experience that is authorized to use female shower facilities. This led to an EO complaint by the females assigned to the unit who believed their privacy was invaded by this. That led to an EO complaint claiming that the command was not supporting her rights.
- Several commanders indicated a budgetary impact as they received no additional monies to pay for the numerous TDY trips throughout CONUS for specialized medical care and had to pay out of O&M Funds.
- One commander remarked about how it would be extremely difficult for a TG SM to operate in a SOCOM world with austere living conditions and non-emergency medical support not readily available. He also raised the issue that some military specialties, like air traffic controllers, have their standards set by another agency – in that case the FAA. The FAA does not allow an individual to control air traffic until they have been hormonally stable for 5 years, effectively closing that specialty to TG SMs.

Conclusion: The meeting ended at 1700 at the conclusion of the Commander's Panel.

MINUTES: TRANSGENDER REVIEW PANEL
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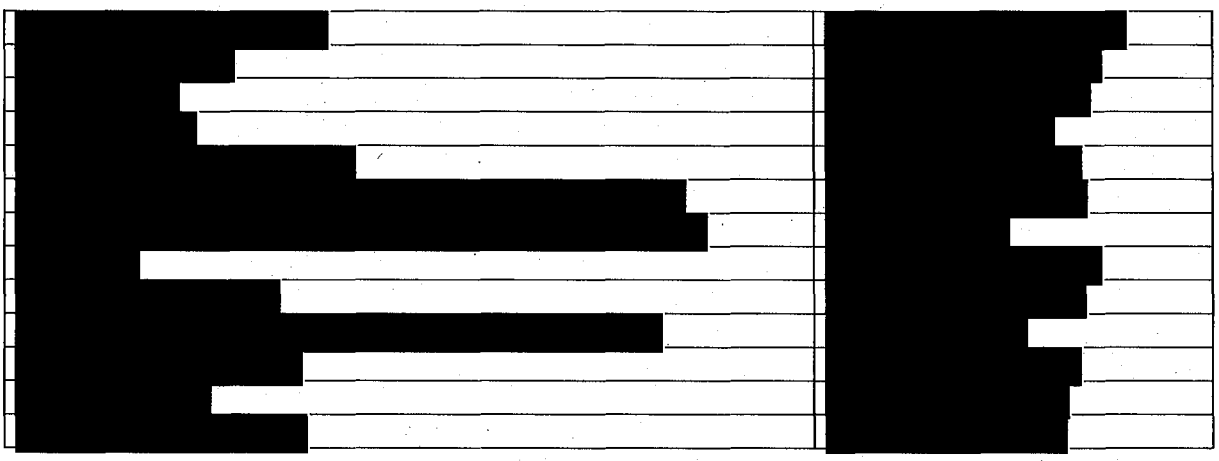
1400 DEFENSE PENTAGON WASHINGTON, DC 20301

Other attendees:



MINUTES: TRANSGENDER REVIEW PANEL II
THURSDAY, OCTOBER 19, 2017 1500-1718
DECISION SUPPORT CENTER, 2E579
1400 DEFENSE PENTAGON WASHINGTON, DC 20301

Transgender Review Panelists: *( ) – indicates authorized substitute*

Performing the Duties of the Undersecretary of Defense – P&R	Mr. Tony Kurta
Performing the Duties of the Under Secretary of the Army	Mr. Thomas Kelly III
Performing the Duties of the Under Secretary of the Navy	Mr. Thomas Dee
Under Secretary of the Air Force	HON. Matthew Donovan
Vice Commandant of the Coast Guard	ADM Charles D. Michel ([redacted])
Vice Chief of Staff of the Army	GEN James McConville
Vice Chief of Naval Operations	ADM William Moran ([redacted])
Vice Chief of Staff of the Air Force	Gen Stephen Wilson
Assistant Commandant of the Marine Corps	Gen Glenn Walters
Vice Chief of Staff National Guard Bureau	LTG Daniel Hokanson
Senior Enlisted Advisor to the VJCS	CSM John Wayne Troxell
Sergeant Major of the United States Army	SGM Daniel Dailey *(did not attend)*
Master Chief Petty Officer of the Navy	MCPON Steven S. Giordano
Chief Master Sergeant of the Air Force	CMSAF Kaleth O. Wright *(did not attend)*
Sergeant Major of the Marine Corps	SgtMajMC Ronald L. Green
Master Chief Petty Officer of the Coast Guard	MCPO Steven W. Cantrell
Senior Enlisted Advisor - National Guard Bureau	CSM Christopher Kepner

Agenda:

Topic	Briefing Name	POC
Opening Remarks	n/a	Mr. Tony Kurta
Minutes from previous meeting	n/a	Mr. Tony Kurta
Transgender Service Manual	In-service transition policy	[redacted]
Transgender Service member's Panel	n/a	n/a

Detailed Meeting Minutes:

Welcome: [redacted]

MINUTES: TRANSGENDER REVIEW PANEL II
THURSDAY, OCTOBER 19, 2017 1500-1718
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1400 DEFENSE PENTAGON WASHINGTON, DC 20301

[redacted]

Review of minutes from previous meeting: [redacted]

In-service transition policy: [redacted] presented the Transgender 101 briefing, covering current guidance and terms of reference. Comments included:

- Discussion about the definitions and the relationship between them.
- Discussion about how someone could be gender dysphoric and not transgender.
- Discussion regarding whether an individual who completed their gender transition was still considered transgender.
- Discussion regarding the phrase "assigned at birth" to denote birth sex, whether it was a subjective choice rather than an objective reality.
- [redacted]
- Exceptions to policy are a command issue, not a medical issue…but it was pointed out that in practice, they are a medical issue.
- [redacted]

Transgender Service member Panel: Nine transgender Service members participated in the panel, representing USA, USAF, USN and the US Coast Guard. Members provided individual statements, but were provided a set of questions to ensure each speaker addressed certain topics.

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The nine Service members come from a wide array of military specialties; from administrative to operations to the medical field. Each indicated positive support from their respective chains of command upon revealing themselves as transgender and worked with the Service members to develop a medical treatment plan. The majority of the Service members began their transition in the civilian health care system prior to the enactment of the current DoD Transgender policy in 2016. The Service members indicated a minimal impact to operational requirements due to medical procedures. The common theme amongst the Service members was that they simply wanted to be treated like everyone else.

Highlights of the panel discussion:

- Transgender support groups are extremely important, because when an individual is considering revealing themselves, they have to be prepared to lose everything.
- Some Service members have not come out yet because they are waiting on guidance for certain Military Occupational Specialties (MOSs). Personnel in certain jobs (e.g. submarines, pilots) want to ensure that policy is set to ensure that they can maintain the MOSs. One individual remarked that an Army pilot got an ETP to continue flying, but it was later rescinded.
- After surgery is completed, most TG Service members will remain on hormones for the rest of their lives. Being TG could preclude assignment to certain bases due to insufficient facilities.
- Without hormone treatments, some of the effects might reverse themselves, but the Service members indicated there were no critical factors to stopping hormone treatments if it became necessary to do so during a deployment. One panelist has been off of hormones for more than 2 years with little effect and another compared the side effects of skipping a week of hormones to a bad case of pre-menstrual syndrome. One of the panelists sometimes skips hormone injections and this leads to oily skin, and mood swings, both of which are manageable.
- When asked how much input the Service members have on their medical treatment plan, the answer was a great deal. The development of a medical treatment plan is a collaboration between the doctor and the Service member and each is individualized to the specific needs of the Service member.
- The panel remarked that covered treatments were unequal across the Services and at different medical treatment facilities (MTFs) – and it was inferred that each Service has a different standard for what constitutes "medically necessary care." An example was given concerning facial feminization surgery. One Army Service member received the procedure for free as part of her treatment plan while an Airman had to pay for it out of pocket because it was considered elective. One of the panelists was denied her request for that same surgery, so she utilized her civilian insurance to pay for it. (Same panelist used his civilian insurance for all procedures, including gender confirming surgery.) [redacted]

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[redacted]

- Members of the TG panel asserted that the issue of facial reconstructive surgery is a big issue for those with dysphoria because it is the part of them that is seen the most, but some MTFs continue to treat the procedure as elective. Another procedure that was brought up as not being covered is breast augmentation surgery, so many members pay for that surgery in the civilian health care system.
- When asked to comment on how long they were nondeployable during transition, TG panelists stated that the most complex surgery (gender reassignment surgery) required six weeks of CLV followed by an unspecified period of light duty.
- When asked about not doing RLE while on-duty, a member of the TG panel commented that it was 'limiting' to only do it after hours.
- When asked about when they are no longer considered transgender, the panel had mixed responses because it is a personal choice. One stated that once their transition is complete, they no longer identify as transgender and some will always say that they are transgender. One panelist did remark that post-transition, they are just like everybody else – except that they will continue to take hormones. Most post-transition transgendered people remain on hormones for the entirety of their lives.
- Service members indicated in some cases, to avoid pre-2016 policy prohibitions on transgendered service, some members were diagnosed with an 'unspecified endocrine issue' in order to receive cross-sex hormones legally (through insurance) instead of being diagnosed with gender dysphoria.
- When asked about post-transition medical issues, the TG panel stated that other than sharing their information with their medical doctor (which is very important), their transition is nobody's business unless they choose to share the information.
- One Service member indicated that he was gender fluid and while today he presents as male, he believes he should have the option to later present as female and the Department's policy should allow this change. Of note is the fact that this member does not have a diagnosis of gender dysphoria in his records and has not asked for any accommodations.

Key quotes from the TG Panel
- "Plans, if done right, can work."
- "This panel is proof that the open transgender service policy works"
- "I am no longer transgender when it is no longer relevant."

Conclusion: Mr. Kurta closed the meeting at 1718 and thanked the TG panel for their openness and frank comments.

MINUTES: TRANSGENDER REVIEW PANEL II
THURSDAY, OCTOBER 19, 2017 1500-1718
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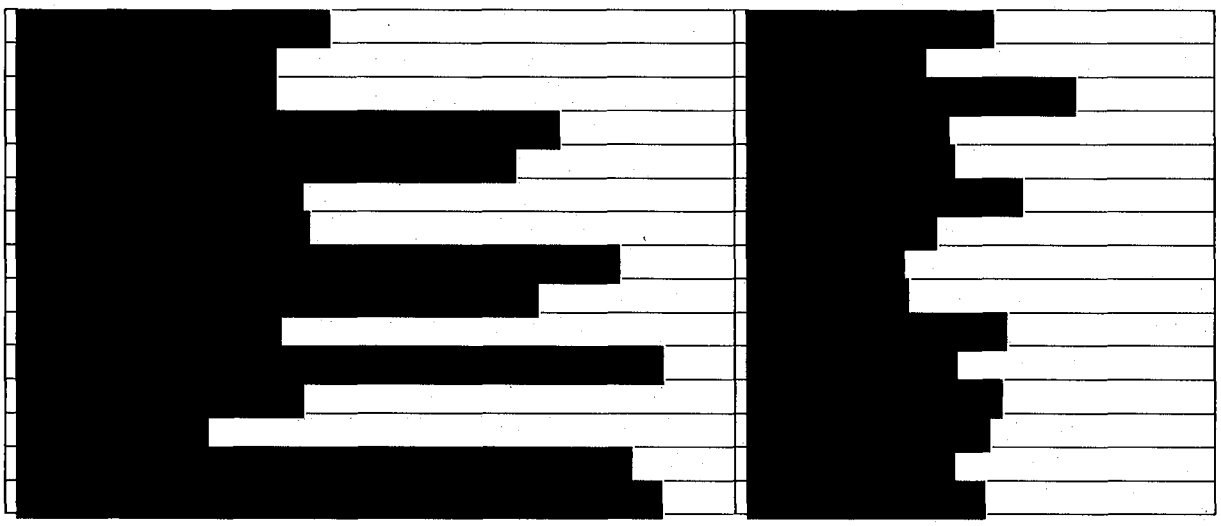
Other attendees:



MINUTES: TRANSGENDER REVIEW PANEL III
THURSDAY, OCTOBER 26, 2017 1500-1730
P&R CONFERENCE ROOM, 3D1063
1400 DEFENSE PENTAGON WASHINGTON, DC 20301

Transgender Review Panelists: *( ) – indicates authorized substitute*

Vice Chairman to the Joint Chiefs of Staff	GEN Paul J. Selva
Performing the Duties of the Undersecretary of Defense – P&R	Mr. Tony Kurta
Performing the Duties of the Under Secretary of the Army	Mr. Thomas Kelly III
Performing the Duties of the Under Secretary of the Navy	Mr. Thomas Dee
Under Secretary of the Air Force	([redacted])
Vice Commandant of the Coast Guard	ADM Charles D. Michel ([redacted])
Vice Chief of Staff of the Army	GEN James McConville
Vice Chief of Naval Operations	ADM William Moran
Vice Chief of Staff of the Air Force	([redacted])
Assistant Commandant of the Marine Corps	Gen Glenn Walters
Vice Chief of Staff National Guard Bureau	LTG Daniel Hokanson
Senior Enlisted Advisor to the VJCS	CSM John Wayne Troxell *(did not attend)*
Sergeant Major of the United States Army	SGM Daniel Dailey
Master Chief Petty Officer of the Navy	MCPON Steven S. Giordano *(did not attend)*
Chief Master Sergeant of the Air Force	CMSAF Kaleth O. Wright *(did not attend)*
Sergeant Major of the Marine Corps	SgtMajMC Ronald L. Green *(did not attend)*
Master Chief Petty Officer of the Coast Guard	MCPO Steven W. Cantrell *(did not attend)*
Senior Enlisted Advisor - National Guard Bureau	CSM Christopher Kepner *(did not attend)*

Agenda:

Topic	Briefing Name	POC
Opening Remarks	n/a	Mr. Tony Kurta
Approve previous minutes	n/a	Mr. Tony Kurta
Gender Relations Survey Methodology	Overview of Survey Methodology	[redacted]
Policy development roadmap	n/a	[redacted]
Military Medical Professionals	n/a	Various

Detailed Meeting Minutes:

MINUTES: TRANSGENDER REVIEW PANEL III
THURSDAY, OCTOBER 26, 2017 1500-1730
P&R CONFERENCE ROOM, 3D1063
1400 DEFENSE PENTAGON WASHINGTON, DC 20301

Welcome: [redacted]

Review of minutes from previous meeting: [redacted]

Gender Relations Survey Methodology: [redacted] presented the methodology used in the 2016 Gender Relations Survey. [redacted]

Policy development roadmap: [redacted]

Military Medical Professionals: A panel of seven military medical professionals joined the meeting to share their insights, experiences and advice to the Panel. The group consisted of mental health specialists, surgeons, endocrinologists as well as general practitioners. Representing the Army, Navy and Air Force, the collective group had personally seen or advised on more than 250 transgender Service member medical treatment plans.

Highlights of the panel discussion:

- One medical panelist with significant experience in the field provided these definitions for transgender and gender dysphoria: "an individual who does not identify with their birth gender is considered transgender." When that dissonance causes the individual distress, they become gender dysphoric. Furthermore, gender dysphoria is ultimately a social phenomenon brought about by social pressure – and in a society that is all-welcoming and non-discriminatory, gender dysphoria would not exist because individuals would feel free to be who they identify with.
- When asked if gender dysphoria can be 'cured,' a panelist remarked that they shied away from using the term 'cured,' and instead stated that it is treatable and resolvable – potentially without any medical treatment whatsoever.
- The panel expressed their concern that many young Service members may be rushing to surgery, feeling that their window for open service may be closing soon.
- When asked if current policies are adequate, a panelist remarked that they were 'challenging.' The current policy presents both commands and medical practitioners with challenges, the most obvious challenge being achieving a gender marker change. Under current policy, without an exception to policy, the gender marker

change cannot occur without completion of the medical treatment plan. With an uncomplicated plan (e.g. hormones only), that is a relatively quick process. With a complicated plan (e.g. surgeries), that can be a long period – and with a requirement for a year of 24/7 real life experience prior to any surgeries, the gender marker change cannot be accomplished quickly. Additionally, without an exception to policy, the Service member cannot perform their real life experience (RLE) while on duty.

- Individuals with untreated gender dysphoria have roughly a 25 times higher risk of suicide, but that studies indicated it is largely due to an inability to transition or treat gender dysphoria. With treatment, suicidal ideation can significantly decrease.
- The panel cautioned that if DoD closes the door on transgender service, it would stigmatize and marginalize those that are still serving which could translate into increased suicide rates or harassment amongst the population.
- The panel expressed that the better support structure the transgender Service member has, the smoother the transition is for them.
- One panelist remarked that she is seeing approximately 4-5 new transgender Service members per month.

Developing a Medical Treatment Plan:

- Receiving a diagnosis of gender dysphoria takes approximately 6 months of counseling.
- The panel was asked what the first step in transition is after a diagnosis of gender dysphoria is given and the answer was mental or behavioral health treatment.
- The panel widely expressed the sentiment that commands across all Services were supportive of their Service member's transitions.
- When asked about how many Service members changed their plan while in the midst of it, the answer was relatively small. Since many plans are originally written broadly with words like "may consider" for certain surgeries, they are flexible enough to allow for adjustments when the Service member decides to enact that portion or not.
- One panelist with experience on more than 150 transgender Service members stated that their medical plans ran the gamut from full surgeries, partial surgeries to no surgeries. When asked about the average length of time to complete a transition, the panel stated that it depended on the amount of procedures the individual Service member desired or were recommended by their health care provider.

Cross-sex hormones:

- When asked what happens if an individual on cross-sex hormones was unable to take them for a period of time, the panel stated that the answer depended on the specific situation. In short, side effects of cross-sex hormone withdrawal include increased fatigue, mood swings and decreased libido – and these symptoms are

similar to those of a cisgender individual that stopped taking hormone supplements. The longer an individual was on cross-sex hormones when they had to stop, the more intense those symptoms would be because the cross-sex hormones suppress the body's natural production of hormones and the body might not resume production after a long course of cross-sex hormones. If the individual was on a short course of cross-sex hormones prior to stopping, the body would likely be able to begin production of natural hormones again. The panelist also pointed out that cross sex hormones could conceivably be provided in multiple ways – topical creams, injections or pills – so it would be unlikely that an individual would be unable to take cross-sex hormones anywhere in the world. The same panelist remarked that there would likely be a decrease in combat ability for an individual who stopped taking their cross-sex hormones.

- When asked about why an individual is nondeployable for 12 months after beginning cross-sex hormones, the endocrinologist stated that it was due to prevailing medical guidelines (e.g. endocrine society), though his experience was that a Service member could feasibly deploy after six months of hormonal stability. The prevailing medical guidelines require laboratory work to be conducted every 90 days, making access to labs the driving factor for deployability in the first 12 months. That is the same standard applied to individuals provided hormone supplements due to low natural hormones (e.g. low testosterone).
- When asked about the long-term effects of cross-sex hormones, the endocrinologist stated that the hormone regimen is tailored to the individual and while there is an increased risk of clots, strokes, or bad lipid profiles, the risks are very small. Birth control pills generally contain more hormones than cross-sex hormones. Having treated more than 150 Service members on cross-sex hormones, none of his patients experienced any adverse side effects.
- When asked about the FAA requirement for 5 years of hormonal stability for pilots or air traffic controllers, the endocrinologist stated that it was due to the effects of hormones on red blood cells – in the cockpit, certain conditions can increase the nitrogen content in blood and cross-sex hormones could exacerbate this phenomenon.
- In the endocrinologist's experience, roughly three times more cisgender men want testosterone supplements than transgender patients.
- One panelist has seen more than 20 transgender Service members and has approved the deployment of several of them to non-austere environments like Poland and Kosovo. Most of the individuals work their transitions around operational requirements.

Surgical Procedures:

- A plastic surgeon brought up the difference between medically necessary procedures and those that are considered to be cosmetic. Based on guidelines similar to civilian insurance, breast reduction surgery for a female-to-male (FtM)

transition is considered medically necessary, in a male-to-female (MtF) transition, breast augmentation is considered cosmetic. Other procedures considered to be cosmetic include facial feminization, Adam's apple reduction surgery and voice augmentation surgery. According to the panelist's experience, roughly 25% of transgender individuals requires some sort of surgery, with breast reduction being the most common. Only 10-15% of MtF transitions have genital reassignment surgery.

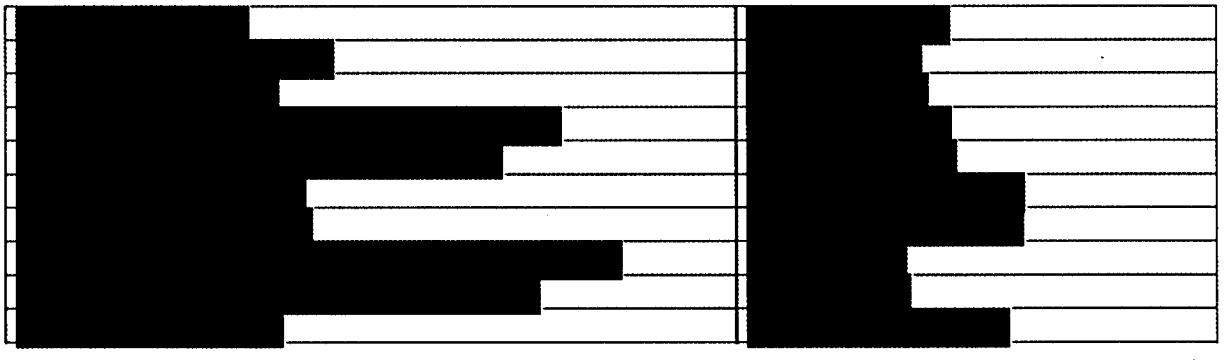
- When asked about the probability of successful transitions, one panelist remarked that the complication rate for procedures associated with transition are 5-20%. He also remarked that a MtF transition is medically easier than a FtM.
- One panelist stated that the surgical portion of a complete gender reassignment, would generally be scheduled as five or six surgeries over a 15-month period. A MtF transition, including counseling, 12 months of hormonal stability and surgeries could easily take up the bulk of an entire 4-year enlistment.
- The University of Oregon is the only medical treatment facility on the west coast that accepts Tricare or the DoD's direct pay system and therefore the singular west coast facility currently seeing DoD sex reassignment consults.

Future Considerations:

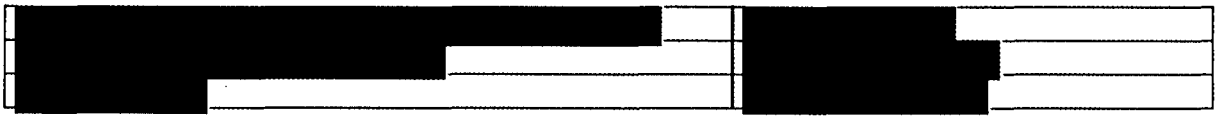
- Some individuals do not come to terms with their issues until their mid-40's, so even if transgender service is disallowed, DoD medical facilities will continue to have to provide support in the future.
- According to one panelist, the DoD must retain certain transition-related skills, because 10-15% of his transgender patients are family members or retirees, so regardless of the eventual policy decision, the military treatment facilities will continue to support transitions.

Conclusion: Mr. Kurta closed the meeting at 1730 and thanked the medical panel for their openness and frank comments.

Other attendees:



MINUTES: TRANSGENDER REVIEW PANEL III
THURSDAY, OCTOBER 26, 2017 1500-1730
P&R CONFERENCE ROOM, 3D1063
1400 DEFENSE PENTAGON WASHINGTON, DC 20301



MINUTES: TRANSGENDER REVIEW PANEL IV
THURSDAY, NOVEMBER 2, 2017 1500-1700
P&R CONFERENCE ROOM, 3D1063
1400 DEFENSE PENTAGON WASHINGTON, DC 20301

Transgender Review Panelists: *( ) – indicates authorized substitute*

Performing the Duties of the Undersecretary of Defense – P&R	Mr. Tony Kurta
Performing the Duties of the Under Secretary of the Army	Mr. Thomas Kelly III
Performing the Duties of the Under Secretary of the Navy	Mr. Thomas Dee
Under Secretary of the Air Force	HON. Matthew Donovan
Vice Commandant of the Coast Guard	ADM Charles D. Michel
Vice Chief of Staff of the Army	GEN James McConville
Vice Chief of Naval Operations	ADM William Moran
Vice Chief of Staff of the Air Force	Gen Stephen Wilson *(did not attend)*
Assistant Commandant of the Marine Corps	([redacted])
Vice Chief of Staff National Guard Bureau	LTG Daniel Hokanson
Senior Enlisted Advisor to the JCS	CSM John Wayne Troxell
Sergeant Major of the United States Army	SGM Daniel Dailey *(did not attend)*
Master Chief Petty Officer of the Navy	MCPON Steven S. Giordano *(did not attend)*
Chief Master Sergeant of the Air Force	CMSAF Kaleth O. Wright *(did not attend)*
Sergeant Major of the Marine Corps	SgtMajMC Ronald L. Green
Master Chief Petty Officer of the Coast Guard	MCPO Steven W. Cantrell *(did not attend)*
Senior Enlisted Advisor - National Guard Bureau	CSM Christopher Kepner

Agenda:

Topic	Briefing Name	POC
Opening Remarks	n/a	Mr. Tony Kurta
Legal Update	n/a	[redacted]
Review of previous minutes	n/a	Mr. Tony Kurta
Deliverable 2	Results of data review of Transgender Service members	[redacted]

Detailed Meeting Minutes:

Welcome: [redacted]

MINUTES: TRANSGENDER REVIEW PANEL IV
THURSDAY, NOVEMBER 2, 2017 1500-1700
P&R CONFERENCE ROOM, 3D1063
1400 DEFENSE PENTAGON WASHINGTON, DC 20301

Legal Update: [redacted]

Review of minutes from previous meeting: [redacted]

Review of medical data: [redacted] presented the results of her review of existing medical data about transgender Service members.

Highlights of the briefing to the Panel:

- [redacted] opened her presentation by stating that while a great deal of data would be presented, it may be insufficient to draw actionable conclusions. Instead, it is helpful to show trends. With such a small population to examine and barely a year of open transgender service, using the data to predict long-term issues would not be advised. [redacted] also stated that Health Affairs was in the process of authorizing a much more thorough review (e.g. chart reviews) of the data.
- [redacted] stated the information she was providing was based on 994 Service members with a diagnostic code correlating to gender dysphoria (GD) – a number that, based on availability of information, was the best representation of the transgender in-Service population that she could provide. When later asked if she could provide demographics of the 994, [redacted] stated that she could at a later meeting. Throughout the brief, the Panel had many questions about how the data was gathered. [redacted] indicated that since the Services "own" their respective medical information, Health Affairs data is based on administrative data from DoD-owned medical databases. The Service data was gathered via an examination of approved medical treatment plans and may not represent a comprehensive data set of all those Service members receiving treatment for GD in some way.
- A Panelist asked if, rather than rely on existing studies that estimate the number of transgender Service members, if DoD could ask the force if they were transgender (e.g. survey based on 100% census). While this could theoretically be accomplished (although difficult given timing), the usefulness of that information, if received, was questioned. Transgender service is, in itself, not an issue – it is when a transgender Service member develops GD, a medical condition requiring treatment that it becomes problematic for continued military service.
- When examining the number of medical visits by Service members with GD, one Panelist asked if instead of displaying that information, it could be displayed with the medical usage of a cisgender Service members so a comparison could be made. [redacted] agreed that across the board comparisons to the cisgender Service member population would be useful, and would work to present it to the Panel.

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- When discussing the surgical procedures for Service members with GD, it was pointed out that the usefulness of the data is most likely low. This is because the policy that allows open transgender service is barely 15 months old. A standard medical treatment plan requires 12 months of hormonal stability and 12 months of real life experience prior to progressing to the surgical portions of their plan. With that in mind, very few of the transgender Service members would have progressed sufficiently unless they started their transition prior to the enactment of the policy.
- When discussing the percentages of plans that include psychotherapy, hormones, or surgeries, [redacted] remarked that most plans evolve over the time they are executed – they are typically initially extensive and then scaled back if the GD is resolved earlier than expected.
- When examining the data provided by the Services, Mr. Kurta asked all of the Services to conduct an extensive examination of their data and bring the results of their analysis back to the Panel. Specifically, he asked that the Services examine the profile/limited duty portions of their Service members with GD. If one Service can find a useful way to examine and report on readiness impacts, sharing it with the Panel could allow the other Services to duplicate their efforts.
- When examining the amount of time Service members with GD spend on profile or limited duty, the Panel asked [redacted] if she could compare that information to an average cisgender Service member and present those findings to the Panel. She agreed she would work towards it.
- A Panelist asked if TRICARE could refuse to pay for a gender-transition surgery and [redacted] answered that it depended on the situation. Statutorily, TRICARE is forbidden from paying for gender reassignment surgery. All transition-related surgeries must be processed through Supplemental Health Care Program. In any case, if an individual does not meet required guidelines, TRICARE can refuse to perform the procedure until the individual meets all criterion contained in the guidelines.
- When a Panelist asked [redacted] what her confidence in the data was and her ability to extrapolate it to the larger DoD population, [redacted] stated that her confidence in the data was high, but it was not sufficient to extrapolate it onto the entire Service population.
- When discussing financial costs for Service members with GD, [redacted] cautioned that the data presented was very immature, with few surgeries included. She could not predict long-term financial costs.

Conclusion: Mr. Kurta closed the meeting at 1657 and thanked [redacted] and the Panel for their time and efforts.

Other attendees:

[redacted]

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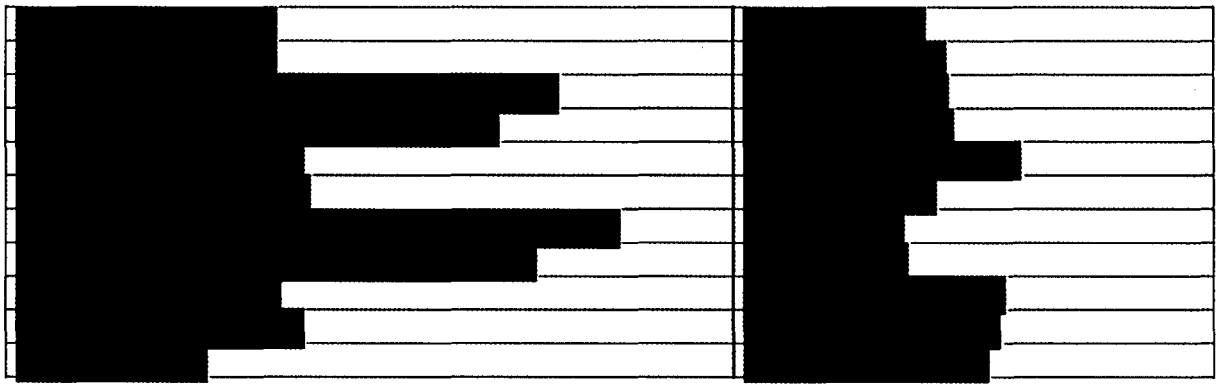

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Transgender Review Panelists: *( ) – indicates authorized substitute*

Performing the Duties of the Undersecretary of Defense – P&R	Mr. Tony Kurta
Performing the Duties of the Under Secretary of the Army	Mr. Thomas Kelly III
Performing the Duties of the Under Secretary of the Navy	Mr. Thomas Dee
Under Secretary of the Air Force	HON. Matthew Donovan
Vice Commandant of the Coast Guard	ADM Charles D. Michel
Vice Chief of Staff of the Army	GEN James McConville
Vice Chief of Naval Operations	ADM William Moran *(did not attend)*
Vice Chief of Staff of the Air Force	GEN Stephen Wilson
Assistant Commandant of the Marine Corps	([redacted])
Vice Chief of Staff National Guard Bureau	LTG Daniel Hokanson
Senior Enlisted Advisor to the JCS	CSM John Wayne Troxell
Sergeant Major of the United States Army	SGM Daniel Dailey
Master Chief Petty Officer of the Navy	MCPON Steven S. Giordano *(did not attend)*
Chief Master Sergeant of the Air Force	CMSAF Kaleth O. Wright *(did not attend)*
Sergeant Major of the Marine Corps	SgtMajMC Ronald L. Green
Master Chief Petty Officer of the Coast Guard	MCPO Steven W. Cantrell *(did not attend)*
Senior Enlisted Advisor - National Guard Bureau	CSM Christopher Kepner

Agenda:

Topic	Briefing Name	POC
Opening Remarks	n/a	Mr. Tony Kurta
Review of previous minutes	n/a	Mr. Tony Kurta
Civilian Medical Experts	n/a	[redacted]
Deliverable 3	Authorized Medical Procedures	

Detailed Meeting Minutes:

Welcome: [redacted]

Review of minutes from previous meeting: [redacted]

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Civilian Medical Experts panel: [redacted] introduced the three distinguished panel members and briefly discussed their experience with transgender individuals.

Highlights of the briefing to the Panel:

Opening Statements:

- [redacted] is a clinical psychologist [redacted]. She began the panel discussion by stating that transgender individuals have always served in the military – and they always will. She then remarked that the future policy on transgender service will have an impact on the health of transgender Service members.
- [redacted] is an Endocrinologist [redacted] He began his remarks by stating that Gender Incongruence (a term that is eventually replacing transgender) is a biological phenomenon. Once its origin was identified, the therapies of today were developed. An endocrinologist, [redacted] stated that cross-sex hormone therapy is relatively safe and acceptable therapy. With respect to the year of continuous monitoring upon beginning a regimen cross-sex hormone therapy, he stated that most monitoring is annual and only more frequently when starting or changing doses.
- [redacted] is a plastic surgeon [redacted] He stated that he has seen transgender individuals in his practice since 2000. As access to transgender care has increased, so has his number of transgender patients, with transgender patients accounting for 85% of his current case load. [redacted] remarked that the goal of care is to provide lasting comfort – and transgender care is most effective when it is multi-disciplinary with psychological, medicinal or surgical disciplines involved.

Questions and Answers: Below are highlights of the questions answered by the civilian medical experts:

General Information

- Gender Incongruence (GI) is a new term that will replace transgender.
- The medical experts confirmed that the risk of suicide for an individual with Gender Dysphoria (GD) is 25 times higher than a cisgender individual.
- When asked if an individual could do a gender marker change without any treatment, the medical experts noted that yes, it was possible in the civilian world. It was further noted that under current military policy, that was not possible.

- Although it was believed that many transgender individuals would join the military simply to have the DoD provide their transition support, the Affordable Care Act made transgender care widespread, so the likelihood of an individual joining the military solely for that purpose is low.
- The military could trigger stress in a transgender individual and cause GD, but that is not different than any of a number of other conditions that could be unmasked due to the stress of the military. Being transgender does not make an individual more susceptible to stress.
- The medical experts were asked if same-sex enhancements could be considered a dysphoria as well – e.g. a male who wanted to be 'more masculine' or a female who wanted to be 'more feminine.' The experts demurred and instead stated that an individual like that should seek medical care because it could be a hormone deficiency.
- A non-binary person cannot be treated medically. The medical experts do not recommend surgery for non-binary individuals and the best treatment for them is to live in an accepting environment.
- One Panelist brought up the fact that a transgender Service member has an average of 30 mental health visits over two years and while the medical experts could not explain that, they did wonder how many of those visits were for initial intakes or assessments rather than actual treatment.
- One expert [redacted] was asked what the VA provides for transgender health care. She replied that transgender medical benefits have not changed since 1993 and that the VA provides all transition care but gender altering surgeries. She believes that by expanding VA benefits to include surgeries, the VA would actually save money in the long run due to cost avoidance savings from care currently provided to gender dysphoric patients to alleviate their dysphoria. Changing what medical support the VA can provide would require statutorial change by Congress.
- Many transgender veterans were perfectly satisfied with delaying their gender transition until after they completed their service because they valued their service so much.

Categorization of Transgenderism/Gender Dysphoria

- When asked if transgenderism was a medical condition, one expert replied that it was a medical condition because it has a biological origin. Failure to treat the issue causes future problems, so it meets the definition of a medical condition. The endocrinologist further explained that that gender incongruence is a biological issue and not a mental issue and that GD is a mental condition that develops by failing to treat the original biological issue earlier. GD is the only psychological issue that can be cured with surgery. All medical experts agreed that GD could be completely

cured in many cases. When asked about if there is a genetic component to transgenderism, he remarked that while the data supports a genetic component, science has not identified it yet and has no idea what it might be.

- The medical experts unanimously agreed that civilian medical practices allow gender transition without a diagnosis of GD because civilian health providers will treat gender incongruence before it develops into GD.
- One expert stated that gender incongruence is an accepted medical condition and just because it lacks a mental health concern does not mean that it cannot be medically treated.
- When asked if Gender Incongruence was in the current Diagnostic and Statistical Manual of Mental Disorders, the medical experts stated that it was not. It will, however, be included in the next update to the International Classification of Diseases (ICD) codes when ICD version 11 is released. Gender Incongruence is, however, currently included in the latest version of the Endocrine Society Guidelines.
- When asked why the military medical specialists previously stated that transgenderism is not a medical condition, none of the medical experts could explain why that would be true. Transgenderism is the incongruence between one's body and how that person sees themselves. There is no need to have a mental health concern in order to have medical procedures to facilitate a transition. The evolution to ICD 11 will make gender incongruence a sexual health issue.
- When asked if an individual could have gender incongruence and not seek any treatment, the medical experts agreed that was possible.

Prevalence of Transgenderism

- One Panelist remarked that in Germany, the box indicating sex on birth certificates now have three options to choose from and asked if that was an indication of transgenderism becoming more prevalent. The response was yes – as knowledge about transgenderism increases, the overall awareness of the issue increases. There is not an increase in the prevalence of transgenderism, there is a societal shift that led to an increase in awareness. Additionally, there are now harms associated with not treating transgenderism which encourages more to seek help.
- When asked how many transgender veterans were treated by the VA, the expert stated that more than 7,400 transgender veterans had been treated and they covered a wide range of ages and eras.

Deployability Concerns

- The medical experts were asked about their concerns with an individual on cross-sex hormones missing a routine 90-day check and they had no issues. As one remarked, it is a common occurrence because life often gets in the way of a medical

care. The pace of care is irrelevant – ignoring an issue and not progressing on a treatment plan is a health concern. If the DoD's concern is deployability, missing a blood test is not an issue; it will just freeze the progress of the individual. From an endocrinologist's perspective, there is no reason why a transgender Service member on cross-sex hormones could not deploy – it would just restrict the ability of the individual to have their dosages adjusted because that requires routine monitoring.

- When asked about the Federal Aviation Administration (FAA) grounding pilots for being on cross-sex hormone therapy, the endocrinologist was unsure as to why. He could not think of a medically logical reason why pilots would be grounded and [redacted] stated that medical standards for military aviation are extremely conservative.

Medical Treatment Plans/Surgeries

- When asked about how successful medical interventions are in treating GD/GI, the medical experts stated that nothing was 100%, though a 'huge number' are considered successful. The surgeon stated that satisfaction rates for his patients are between 75 and 85 percent. When asked about the individuals that are not satisfied, he replied that it was most likely individuals who experienced bumps along the road. One measure to gauge success is by measuring the percentage of individuals that do not return to mental health counseling post-surgeries, which is more than 50%, though those that do could be returning for non-transition related issues. The treatment of transgenderism is an immature medical field that is still evolving.
- When asked if transgenderism could be cured, one expert stated that in her opinion, it could be cured as could post-traumatic stress disorder. Gender dysphoria is a consequence of a failure to treat gender incongruence and relief can be achieved in numerous ways.
- When asked about whether a transgender individual requires a lifelong ICD code for GD/GI to continue to receive cross-sex hormones, one expert answered that in his practice, upon completion of surgeries, the ICD code is changed. While insurance standards used to require an ICD code to cover prescription cross-sex hormones, the industry is moving away from that practice.
- When asked if all surgical practices were considered medically necessary one expert replied that the major procedures were medically necessary but cosmetic procedures were not. When asked if a medical treatment plan could include both medically necessary surgery as well as cosmetic surgery, one medical expert stated that it could.
- The experts were unable to put a definitive figure on how many transgender patients who originally had surgical procedures on their medical plans changed their minds, but remarked that many times a transgender individual would initially see a provider without any real experience with transgender issues and that provider would 'tell' the transgender individual what they needed. Only upon referral to an experienced

provider would a more personalized medical treatment plan be developed. All medicine should be patient-centric and individualized and treatment plans should be revisited at least annually.

- When asked about the percentages of transgender individuals that opted for medical procedures, the medical experts provided the following information, based on their personal experience:

	Male to Female (MtF) transitions	Female-to-Male (FtM) transitions
% that desire medical intervention	50	50
% (of above) that desire surgery	33	33
Desire cross-sex hormones	majority	Majority
Remarks	Majority of surgical procedures are chest augmentation surgery	Majority of surgical procedures are mastectomies

Cross-sex hormones

- One medical expert remarked that he had less medical concerns about an individual deploying to an austere environment with cross-sex hormones than about one deploying on psychological medications.
- If a Service member was deployed and lost their cross-sex hormones, the most likely effect would just be an angry Service member. As a matter of routine in civilian care, the use of cross-sex hormones are halted before and after surgeries for a period of time without any issues.
- In contradiction to the military physicians that stated that coming off of cross-sex hormones could lead to lethargy, mood swings and a lack of intensity, the medical experts refuted that claim. They stated that there is no medical evidence that stopping cross-sex hormones would lead to the aforementioned consequences. A far worse consideration would be a transgender male being treated in secret from a health care perspective.

Policy Considerations from the medical experts

- With the multitude of 'authoritative medical standards' in existence, the medical experts were asked which standard the DoD should use as a basis for its policy – and the answer was whichever is the most defensible.
- An environment that discriminates against gender incongruence can lead to other health issues from those in the gender incongruence population.

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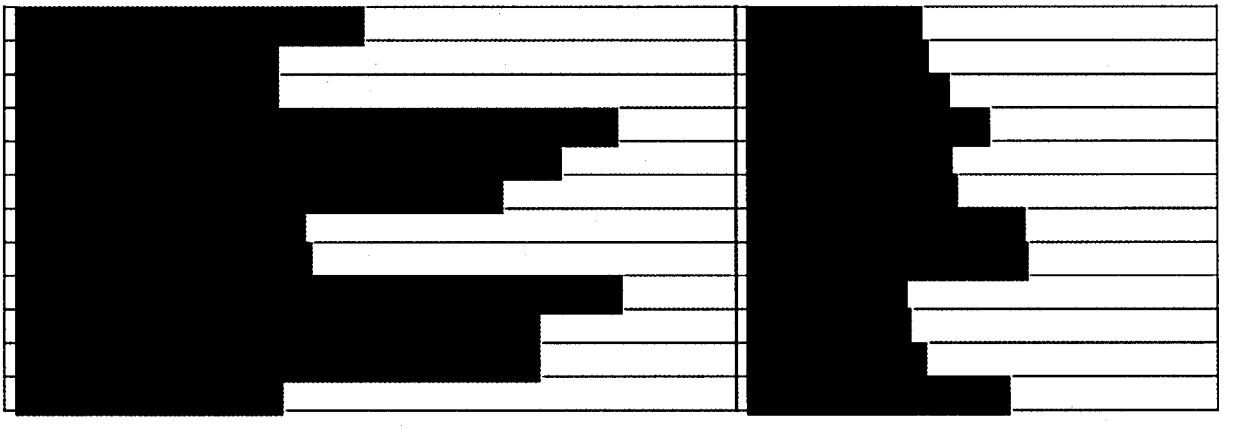
- The medical experts were asked if there was a standard treatment plan timeline that could be used in policy development to project non-deployable time and they remarked that nothing existed like that. Since medical treatment plans are individualized to the patient, there is a range of time that the individual could be non-deployable. One option for policy makers could be to reduce authorized treatment to a finite number of options. The military does have an advantage over civilian health care providers – with all medical practitioners co-located, the military could combine surgeries to minimize the amount of non-deployable time. This would allow not only a continuity of care, but also the multi-disciplinary approach that has proven to be the most effective course of action.
- One Panelist stated that the military must have a standards-based approach to medical standards for accession into the Armed Forces, using the example of an individual with a knee injury not being allowed to access into the military. Assuming that gender dysphoria could be cured, he asked the medical experts what their recommendation would be for accession standards. One expert stated that there should be two sets of criterion – the first should be for a post-surgical individual and the second should be for an individual who does not desire surgery. With respect to the latter, the DoD could require a specific period of hormonal stability – and the required period of stability does not need to be long and a future DoD policy could limit transition-related surgeries for the first two years of service.
- When asked if allowing transgender transitions would increase the lethality and readiness of the force, one medical expert answered that it would by providing healthcare to an unserved population.

Conclusion: Mr. Kurta closed the meeting at 1700 and thanked the medical experts for their time. The meeting adjourned without discussing Deliverable 3, authorized medical procedures. That will be re-scheduled for the 16 November Panel meeting.

Other attendees:



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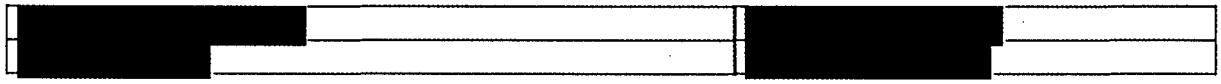

PANEL OF EXPERTS MEETING AGENDA

Date: October 13, 2017
Time: 1500-1630
Room: 2E579

Overview:
This is the initial Panel of Experts meeting conducting an in-progress review of the working group's transgender policy proposals. Decisions, deliverables, and timeline will also be discussed.

Subject	Speaker	Duration
Overview	Mr. Tony Kurta	1500-1510
Gender Relations Survey	[redacted]	1510-1530
Accession Medical Standards	[redacted]	1530-1550
Commanders Panel	Commanders	1550-1630

Meeting Homework/Deliverables:
Accession medical standards review.

Save the following dates for upcoming meetings: Fridays, (3:00 p.m. – 4:30 p.m.)

Administrative:
Questions or issues please contact, [redacted].

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2016 Workplace and Gender Relations Survey of Active Duty Members
Transgender Service Members

Study Background Information

The Health and Resilience Research Division (H&R), within the Office of People Analytics (OPA), [1] has been conducting the congressionally-mandated gender relations surveys of active duty members since 1988 as part of a quadrennial cycle of human relations surveys outlined in Title 10 U. S. Code Section 481. Past surveys of this population were conducted by OPA in 1988, 1995, 2002, 2006, 2010, and 2012. At the request of Congress, the RAND Corporation conducted the *2014 RAND Military Workplace Study* (*2014 RMWS*) of military members (both the active duty and Reserve components) to provide an independent assessment of unwanted gender-related behaviors in the military force. The measures for sexual assault and Military Equal Opportunity (MEO) violations developed by RAND for use in the *2014 RMWS* will be used in Workplace and Gender Relations (WGR) surveys hereafter. The *2016 Workplace and Gender Relations Survey of Active Duty Members* (*2016 WGRA*) is a key source of information for evaluating sexual assault and sexual harassment programs to provide reporting options and survivor care procedures and for assessing the gender relations environment across the Services. In addition, this survey is used to scientifically measure and assess other gender-related issues of interest to the Department.

Analysis of Transgender Active Duty Service Members

The *2016 WGRA* included an item asking whether members identified as transgender. The question was stated as follows with the noted response options. For this analysis, all categories with a "yes" response are included together as one overall "Yes, transgender" response.

Q212. Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender? *Mark one.*

1) Yes, transgender, male to female
2) Yes, transgender, female to male
3) Yes, transgender, gender non-conforming
4) No
5) Unsure
6) Prefer not to answer

As shown in Table 1, 1% of all DoD active duty members (including DoD women and DoD men)[2] indicated they identified as transgender. The vast majority of DoD members (93%; 95% of women and 93% of

[1] Prior to 2016, the Defense Research Surveys, and Statistics Center resided within the Defense Manpower Data Center (DMDC). In 2016, DHRA reorganized and moved RSSC under the newly established Office of People Analytics (OPA).

[2] Gender was determined by self-report data from the respondent on the survey. If they did not indicate their gender on the survey, their gender from their administrative records was used. Therefore, the gender could be their birth gender or the gender they identified with at the time of the survey administration.

men) indicated they are not transgender. Only 1% of DoD members (1% of women and men) were unsure, and 4% (3% of women and 5% of men) preferred not to answer. It should be noted that the "prefer not to answer" response option is typically not included in gender identity measures.[3] Overall, this item has a low-rate of item missing. That is, of the web-respondents who likely saw the item; only 0.5% chose not to answer the item.

Table 1.
Self-Reported Identification as Transgender for DoD Active Duty Members (Q212)

	Total DoD	DoD Women	DoD Men
Yes, transgender	1%	1%	1%
No	93%	95%	93%
Unsure	1%	1%	1%
Prefer not to answer	4%	3%	5%

Note. Percent of all active duty members. Margins of error do not exceed ±1%.

As shown in Table 2, based on the 126,234 DoD active duty eligible web survey[4] respondents (excluding Coast Guard members), weighted up to an estimated eligible population of 1,277,989, a constructed 95 percent confidence interval ranges from 8,227 to 9,732 DoD active duty members, with an estimate of 8,980 who consider themselves to be transgender. For DoD women, based on a constructed 95 percent confidence interval ranging from 1,591 to 2,109, an estimated 1,850 DoD women considered themselves to be transgender. For DoD men, based on a constructed 95 percent confidence interval ranging from 6,329 to 7,930, an estimated 7,129 DoD men considered themselves to be transgender.

Table 2.
Self-Reported Identification as Transgender Population Estimates for DoD Active Duty Members (Q212)

	Total DoD	DoD Women	DoD Men
Population Estimate	8,980	1,850	7,129
Confidence Interval Range	8,227–9,732	1,591–2,109	6,329–7,930

[3] In September of 2016, the Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys released a comprehensive review of current measures of sexual orientation and gender identity in federal surveys (available: https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/242/2014/04/WorkingGroupPaper1_CurrentMeasures_08-16.pdf), examining 12 surveys/studies that assessed sexual orientation and 6 that assessed gender identity. The response options on the WGRA gender identity measure are largely consistent with those included on other surveys. However, unlike other surveys, the WGRA measure provided a "prefer not to answer" option. Most gender identity measures include a response for "something else," "other," or "don't know," but do not provide a "prefer not to answer" option. The reason for including this response option on the WGRA was to provide a response option for those who did not wish to answer the question. However, it's possible, if this response option were not available, those who selected it would have skipped the question. If this were the case, those individuals would not be included in analyses and the proportions selecting other response options (i.e., transgender, not transgender, unsure) would thus be slightly higher.

[4] Items addressing transgender identity were only included only on the web version of the *2016 WGRA*. Out of the 132,429 DoD active duty members who completed the survey, 126,234 completed via the web and 6,195 completed the paper option.

Note. Population estimates based on a constructed 95% confidence interval.

Survey Methodology

Data for the *2016 WGRA* were collected between July 22 and October 17, 2016 using the web with a paper survey option. The survey procedures were reviewed by a DoD Human Subjects Protection Officer as part of the DoD survey approval and licensing process. Additionally, OPA received a Certificate of Confidentiality from the Health Resources and Services Administration (HRSA) at the Department of Health and Human Services to ensure the respondent data are protected.[5]

The target population for the *2016 WGRA* consisted of active duty members from the Army, Navy, Marine Corps, Air Force, and Coast Guard who were below flag rank and had been on active duty for approximately five months.[6] Of note, while Coast Guard members were included in the sample and design of the *2016 WGRA*, data reviewed in this white paper is of DoD members only and does not include Coast Guard.

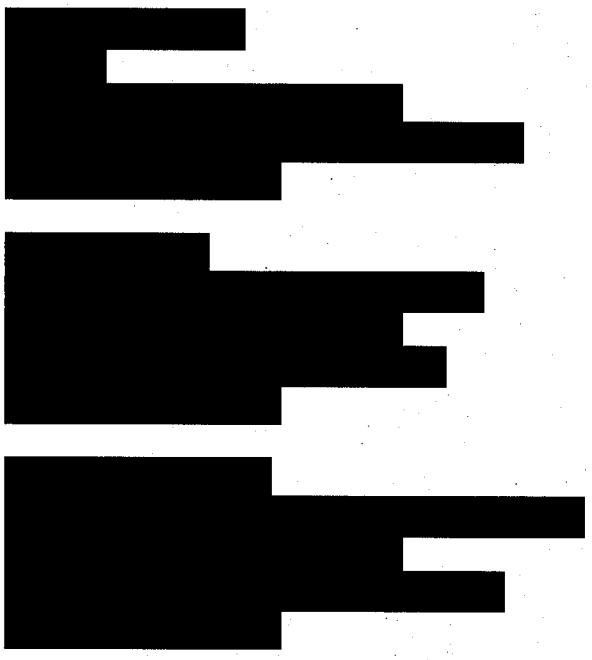
Single-stage, nonproportional stratified random sampling procedures were used in the *2016 WGRA* for the DoD Services and Coast Guard. A census of the Coast Guard was taken for this survey as they have a small population. OPA sampled a total of 735,329 active duty Service members (696,329 DoD members and 39,000 Coast Guard members). Surveys were completed by 151,010 active duty members (132,429 DoD members and 18,581 Coast Guard members). The overall weighted response rate for the *2016 WGRA* (including DoD and Coast Guard) was 24%, which is typical for large DoD-wide surveys.

OPA scientifically weights the survey data so findings can be generalized to the full population of active duty members. Within this process, statistical adjustments are made so that the sample more accurately reflects the characteristics of the population from which it was drawn. This ensures that the oversampling within any one subgroup does not result in overrepresentation in the total force estimates, and also properly adjusts to account for survey nonresponse. OPA typically weights the data based on an industry standard process that includes 1) assigning a base weight based on a selection probability, 2) adjusting for nonresponse which includes eligibility to the survey and completion of the survey, and 3) adjusting for poststratification to known population totals.

[5] This Certificate of Confidentiality means that OPA cannot be forced to disclose information that may identify study participants in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

[6] The sampling frame was developed five months prior to fielding the survey. Therefore, the sampling population including those active duty members with approximately five months of service at the start of survey fielding.

Contact Information



Panel of Experts
Initial Meeting
13 October 2017

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Draft Deliberative Document

PERSONNEL AND READINESS

Agenda

Introduction & Overview	Mr. Tony Kurta	1500-1510
Gender Relations Survey	[redacted]	1510-1530
Accessions Medical Standards	[redacted]	1530-1550
Commander's Panel	Commanders	1550-1630

OPA

OFFICE OF PEOPLE ANALYTICS

2016 Workplace and Gender Relations Survey of Active Duty Members: Transgender Service Members

[redacted]

Deputy Director, Health and Resilience Research, OPA

October 13, 2017

TRANSGENDER SERVICE MEMBERS

- **Question:**

"Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider to be transgender?"

- **Responses:**

Yes, transgender, male to female
Yes, transgender, female to male
Yes, transgender, gender non-conforming
No
Unsure
Prefer not to answer

	Total DoD	DoD Women	DoD Men
Yes	**1% 8,980 (8,227-9,732)**	**1% 1,850 (1,591-2,109)**	**1% 7,129 (6,329-7,930)**
No	93%	95%	93%
Unsure	1%	1%	1%
Prefer not to answer	4%	3%	5%

Note: Margins of error do not exceed ±1%. Gender was determined using self-report data from the survey. Therefore, the gender could either be their birth gender or the gender they identified with at the time of the survey.

TRANSGENDER POLICY PANEL MEETING AGENDA

Date: October 19, 2017
Time: 1500-1630
Room: 2E579

Overview:
The second Panel of Experts meeting will focus on meeting with currently serving Transgender Servicemembers and listening to their insights and experiences over the last year.

Subject	Speaker	Duration
Opening Remarks	Mr. Tony Kurta	1500-1505
Approve minutes of previous panel meeting	Mr. Tony Kurta	1505-1510
Transgender Service Manual	[redacted]	1510-1525
In-service TG Members panel	Various	1525-1630

Meeting Homework/Deliverables:
Approve Minutes from previous meeting

Save the following dates for upcoming meetings: Thursday 26 October, 2 November, 9 November, 16 November, TBD week of 19-25 November, 30 November, 7 December. All meetings currently scheduled from 1500 – 1630.

Administrative:
Questions or issues please contact, [redacted].

Transgender Policy Panel Meeting

Meeting #2 – October 19, 2017

Agenda

- Guidance
- Terms
- Roles and Responsibilities
- Approval Process for Changing Gender
- Transgender Policy Implementation Handbook
- Questions

Guidance

- POTUS memo to the SECDEF, 25 AUG 17
- SECDEF Interim Guidance, 14 SEP 17
- SECDEF Terms of Reference, 14 SEP 17
- OUSD (P&R) Memo, 6 OCT 17
- "I believe any individual who meets the physical and mental standards, and is worldwide deployable and is currently serving, should be afforded the opportunity to continue to serve."

General Joseph F. Dunford
Chairman, Joint Chiefs of Staff
Testimony given to the SASC
September 26, 2017

Terms

- **Gender identity**. One's internal or personal sense of being male or female
- **Gender dysphoria**. A medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth
- **Medically necessary**. Those health care services or supplies necessary to prevent, diagnose, or treat and illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine
- **Real life experience**. The phase in the gender transition process when the individual commences living socially in the gender role consistent with their preferred gender. This will generally occur in an off-duty status and away from the Service Member's (SM) place of duty prior to the gender marker change in DEERS
- **Preferred gender**. The gender of the SM when gender transition is complete and the gender marker in DEERS is changed
- **Gender marker**. Data element in the Defense Enrollment Eligibility Reporting System (DEERS) that identifies a SM's gender

Terms Continued

- **Transgender Service member**. A SM who has received a medical diagnosis indicating that gender transition is medically necessary, including any SM who intends to begin transition, is undergoing transition, or has completed transition and is stable in the preferred gender
- **Gender transition process.** Gender transition in the Services begin when a SM receives a diagnosis from a military medical provider indicating that the SM's gender transition is medically necessary, and concludes when the SM's gender marker in DEERS is changed and the SM is recognized in the preferred gender
- **Stable in preferred gender.** Medical care identified or approved by a military medical provider in a documented medical treatment plan is complete, no functional limitations or complications persist, and the SM is not experiencing clinically significant distress or impairment in social, occupational, or other important areas of functioning. Continuing medical care, including but not limited to cross-sex hormone therapy, may be required to maintain a state of stability

Roles and Responsibilities

- ***Transgender Service Member***: Initiate process, maintain individual readiness and meets Service standards throughout the transition process

- ***Military Medical Providers***: Provide diagnosis, develop treatment plan, confirm medical treatment plan complete, provide medical treatment

- ***Commander***: Maintain unit readiness, support the Service member, approve timing of medical treatment plan, and approve gender marker change upon submission of completed request.

Approval Process for Changing Gender

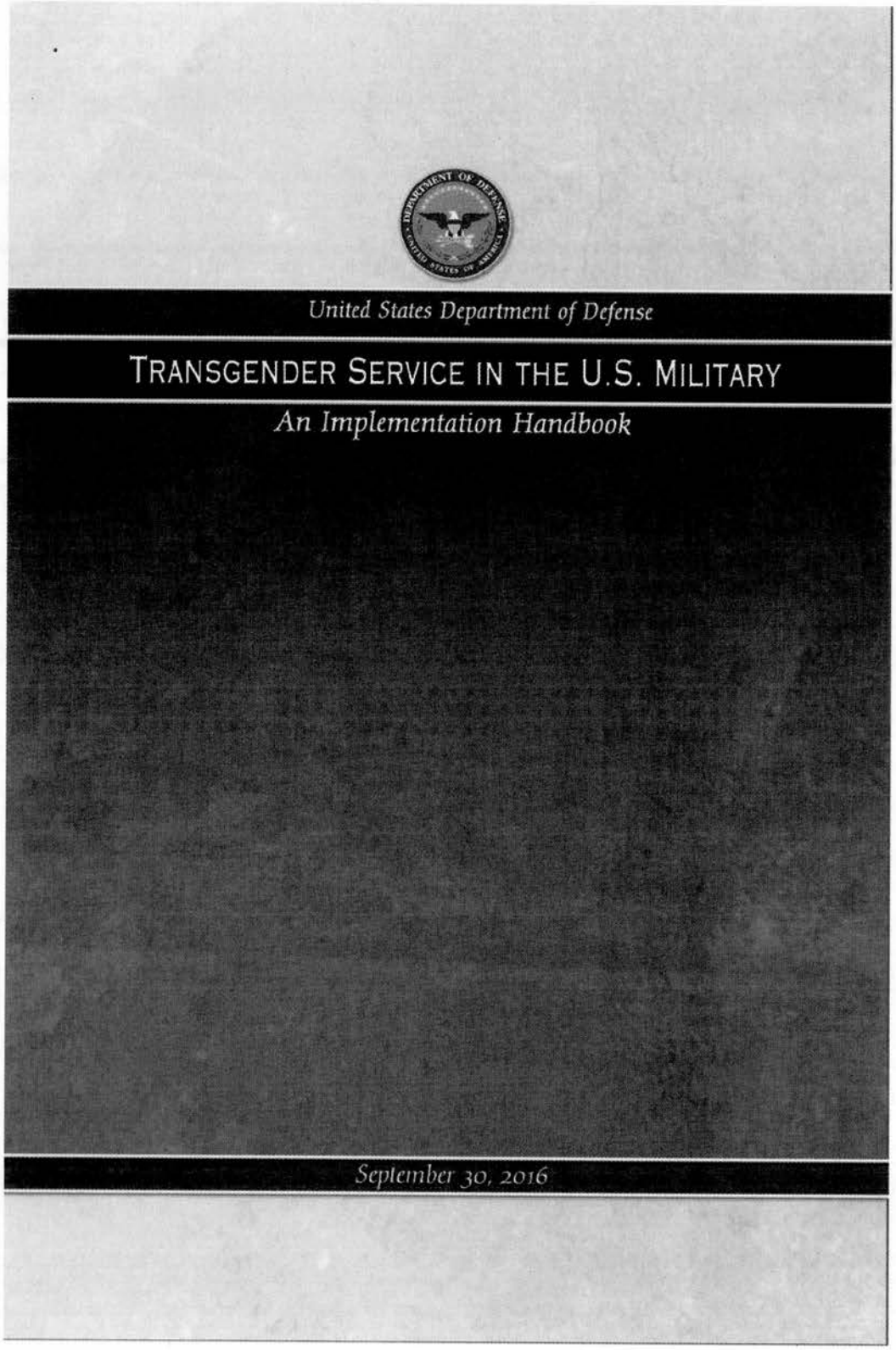
- **Under current policy in effect today the gender transition process includes:**
  - Diagnosis and medical treatment plan received from or validated by MMP
  - Gender transition (initiating medical treatment plan, completion of medical treatment plan, SM changing gender marker in DEERS)
  - Compliance with gender standards after gender marker is changed

- **Commander's responsibility in this process includes:**
  - Timing of medical treatment associated with gender transition
  - Timing of RLE (i.e. non-duty hours, duty hours with exception to policy (ETP))
  - Requested ETPs associated with gender transition
  - Changing the SMs gender marker in their Service's personnel data system

Transgender Policy Implementation Handbook

- ***Handbook released September 30, 2016*** :
  - Background, Introduction, and Policy refer to Transgender Policy instituted by former Secretary of Defense Ash Carter
  - Guide provides information for the Transgender Service member, Commanders, and the Total Force
  - Scenarios are included to address potential situations
  - Additional Resources and Links

Questions?


United States Department of Defense
TRANSGENDER SERVICE IN THE U.S. MILITARY
An Implementation Handbook
September 30, 2016

INTRODUCTION

Sex and gender are different. Sex is whether a person is male or female through their biology. Gender is the socially defined roles and characteristics of being male and female associated with that sex. There are a number of people for whom these associations do not match. This feeling may arise in childhood, adolescence or adulthood and may result in gender dysphoria. Sometimes people's gender identity does not match their sex at birth.

Gender dysphoria is a medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth. The condition can manifest in a person as strong and persistent cross-gender identification and a discomfort with their biological sex, or a sense of inappropriateness in the gender role of that sex. Transgender Service members may face challenges centered on their own personal situation and/or others' unfamiliarity with gender identity issues.

POLICY

In July 2015, the Secretary of Defense directed the Department of Defense to identify the practical issues related to transgender Americans serving openly in the military and to develop an implementation plan that addresses those issues consistent with military readiness. On June 30, 2016, the Secretary announced a new policy[5] allowing open service of transgender Service members and outlined three reasons[6] for this policy change:

- The Army, Navy, Air Force, Marine Corps, and Coast Guard need to avail themselves of all available talent in order to remain the finest fighting force the world has ever known. The mission to defend this country requires that the Services do not have barriers unrelated to a person's qualification to serve or preventing the Department of Defense (DoD) from recruiting or retaining Service members.
- There are transgender Service members in uniform today. DoD has a responsibility to them and their commanders to provide clearer and more consistent guidance.
- Individuals who want to serve and can meet the Department's standards should be afforded the opportunity to compete to do so.

This handbook will explain the framework by which transgender Service members may transition gender while serving.

5 DoDI 1300.28 and DTM 16-005.

6 U.S. Secretary of Defense Ash Carter Remarks, June 30, 2016.

TERMS AND DEFINITIONS

The following terms are associated with open service by transgender individuals. The list is not all-inclusive. The definitions are consistent with those in the new policy.

Cross-sex hormone therapy. 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.

Gender dysphoria. A medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth.

Gender identity. One's internal or personal sense of being male or female.

Gender marker. Data element in the Defense Enrollment Eligibility Reporting System (DEERS) that identifies a Service member's gender. A Service member must meet all military standards associated with the member's gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.[7]

Gender transition is complete. A Service member has completed the medical care identified or approved by a military medical provider in a documented medical treatment plan as necessary to achieve stability in the preferred gender.

Gender transition process. Gender transition in the military begins when a Service member receives a diagnosis from a military medical provider indicating that the member's gender transition is medically necessary, and concludes when the Service member's gender marker in DEERS is changed and the member is recognized in the preferred gender.

Human and functional support network. Support network for a Service member that may be informal (e.g., friends, family, co-workers, social media.) or formal (e.g., medical professionals, counselors, clergy).

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7 While the gender marker change is reflected in DEERS, the Services' personnel data systems are the means to input gender; as such, the remainder of this handbook refers to 'Services' personnel data systems'.

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 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.

Preferred gender. The gender of a transgender Service member when gender transition is complete and the gender marker in DEERS is changed.

Real life experience (RLE). The phase in the gender transition process when 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 individual gender transition medical treatment plan. 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 berthing, bathroom, and shower facilities.[8]

Service Central Coordination Cell (SCCC). Service-level 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.[9]

Stable in the preferred gender. Medical care identified or approved by a military medical provider in a documented medical treatment plan is complete, no functional limitations or complications persist, and the individual is not experiencing clinically significant distress or impairment in social, occupational, or other important areas of functioning. Continuing medical care, including but not limited to cross-sex hormone therapy, may be required to maintain a state of stability.

Transgender Service member. A Service member who has received a medical diagnosis indicating that gender transition is medically necessary, including any Service member who intends to begin transition, is undergoing transition, or has completed transition and is stable in the preferred gender.

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8 RLE intended to occur off duty; however, exceptions to policy may be granted. Consult Service policy for specifics.

9 A complete listing with SCCC contact information can be found at Annex D.

THE BASICS

Sex and gender are different. Sex is the assignment made at birth as male or female, based on anatomy. Gender identity is an individual's internal sense of being male or female. Gender role or expression is the socially defined roles and characteristics of being male and female associated with that sex. For most people, gender identity and expression are consistent with their sex assigned at birth. However, in transgender individuals, gender identity and/or expression differs from their sex assigned at birth.

Gender dysphoria is a medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth.

Broadly, the term "transgender person" refers to individuals whose internal sense of being male or female (gender identity) is different from the sex they were assigned at birth. Some transgender individuals feel compelled to align their external appearance with their gender identity and undergo transition to the preferred gender. Gender transition care is individualized and can include psychotherapy, hormone therapy, RLE, and sex reassignment surgery.

Traditionally, society has had little understanding of what it means to transition gender. Many transitioning people have been subjected to hostility, ridicule, and discrimination. Every person has the right to have their gender identity recognized and respected, and all Service members who receive a diagnosis that gender transition is medically necessary will be provided with support and management to transition, within the bounds of military readiness.

Gender transition is the process a person goes through to live fully in their preferred gender. Gender transition in the military may present challenges associated with addressing the needs of the Service member while preserving military readiness. The oversight and management of the gender transition process is a team effort with the commander, the Service member, and the military medical provider (MMP). DoD values the contributions of all Service members and tries to ensure all are as medically ready as possible throughout their service. Individual readiness is a key to Total Force readiness.

Gender Transition Approval Process Overview

Gender transition is highly individualized. Figure 1 outlines the main components. Generally, the gender transition process includes:

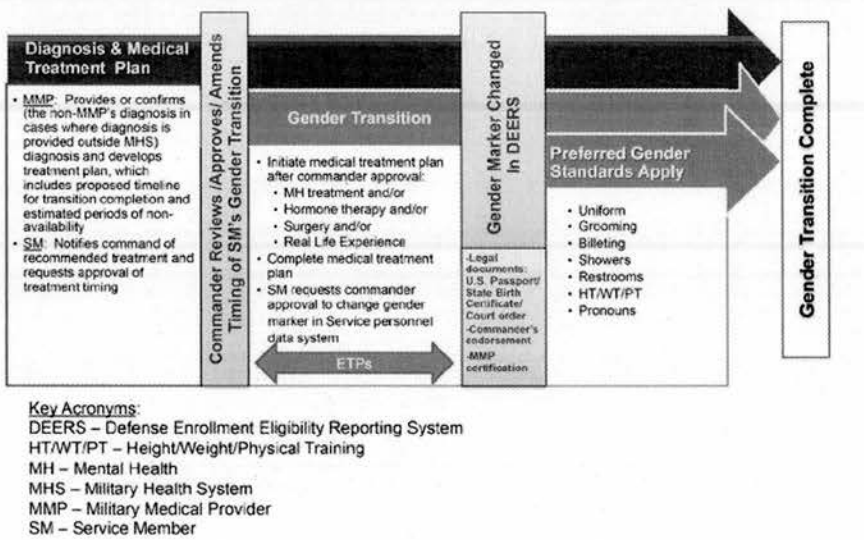
- Diagnosis and medical treatment plan received from or validated by an MMP;
- Gender transition (initiate medical treatment plan, complete medical treatment plan, Service member requesting gender marker change); and
- Compliance with gender standards post-gender marker change.

The process depicted is only a framework and Service members may progress on varying timelines. The commander, informed by the recommendations of the MMP, the SCCC, and others, as appropriate, will respond to the request to transition gender while ensuring readiness by minimizing impacts to the mission (including deployment, operations, training, exercise schedules, and critical skills availability), as well as to the morale and welfare and good order and discipline of the command.

Within this framework, the commander plays a key role in making recommendations and taking action on:

- The timing of medical treatment associated with gender transition;
- Timing of RLE (e.g., non-duty hours, duty hours with an exception to policy (ETP))
- Requested ETPs associated with gender transition; and
- A change to the Service member's gender marker in their Service's personnel data system.

Figure 1: Gender Transition Process



Key Acronyms:
DEERS – Defense Enrollment Eligibility Reporting System
HT/WT/PT – Height/Weight/Physical Training
MH – Mental Health
MHS – Military Health System
MMP – Military Medical Provider
SM – Service Member

ACRONYMS

AOR	*Area of Responsibility*
BCA	*Body Composition Assessment*
DEERS	*Defense Enrollment Eligibility Reporting System*
DES	*Disability Evaluation System*
DoD	*Department of Defense*
DoDI	*Department of Defense Instruction*
DTM	*Directive-type Memorandum*
ETP	*Exception to Policy*
HT/WT	*Height/Weight*
IMR	*Individual Medical Readiness*
ING	*Inactive National Guard*
IR	*Individual Readiness*
IRR	*Individual Ready Reserve*
MHS	*Military Health System*
MLOA	*Medical Leave of Absence*
MMP	*Military Medical Provider*
MPDATP	*Military Personnel Drug Abuse Testing Program*
MSA	*Military Service Academy*
MTF	*Military Treatment Facility*
PRT	*Physical Readiness Test*
RLE	*Real Life Experience*
ROTC	*Reserve Officers' Training Corps*
SCCC	*Service Central Coordination Cell*
SELRES	*Selected Reserve*

BIBLIOGRAPHY

Australian Air Force. *Air Force Diversity Handbook: Transitioning Gender in the Air Force.* Australian Air Force, 2013.

DTM 16-005, *"Military Service of Transgender Service Members,"* June 30, 2016.

DoDI 1010.16, *"Technical Procedures for the Military Personnel Drug Abuse Testing Program (MPDATP),"* October 10, 2012.

DoDI 1215.08, *"Senior Reserve Officers' Training Corps (ROTC) Programs,"* June 26, 2006.

DoDI 1215.13, *"Ready Reserve Member Participation Policy,"* May 5, 2015.

DoDI 1300.28, *"In-Service Transition for Service Members Identifying as Transgender,"* June 30, 2016.

DoDI 1332.14, *"Enlisted Administrative Separations,"* January 27, 2014, as amended.

DoDI 1332.18, *"Disability Evaluation System (DES),"* August 5, 2014.

DoDI 1322.22, *"Service Academies,"* September 24, 2015.

DoDI 6025.19, *"Individual Medical Readiness (IMR),"* June 9, 2014.

DoDI 6130.03, *"Medical Standards for Appointment, Enlistment, or Induction in the Military Services,"* September 13, 2011.

DoDI 6490.04, *"Mental Health Evaluations of Members of the Military Services,"* March 4, 2013.

U.S. Secretary of Defense Ash Carter, *"Secretary of Defense Ash Carter Remarks Announcing Transgender Policy Changes,"* Washington, D.C., June 30, 2016.

ANNEX A:
Questions and Answers

Listed below are responses to frequently asked questions organized by topic and applicable to multiple audiences.

The Basics

1. What does transgender mean?

A. Transgender is a term used to describe people whose sex at birth is different from their sense of being male or female. A transgender male is someone who was born female but identifies as male, and a transgender female is someone who was born male but identifies as female.

2. What is gender identity?

A. Gender identity is one's internal sense of being male or female.

3. What is gender dysphoria?

A. Gender dysphoria is a medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth.

4. Is being a transgender person the same as being a transvestite or a cross-dresser?

A. No. "Transvestite" is an outdated term that is considered derogatory. A "cross-dresser" is a person who wears clothing of the opposite sex for reasons other than gender identity (see question #2). A transgender person who dresses according to their gender identity is not "cross-dressing."

5. What is the relationship between sexual orientation and gender identity?

A. There is no relationship between sexual orientation and gender identity.

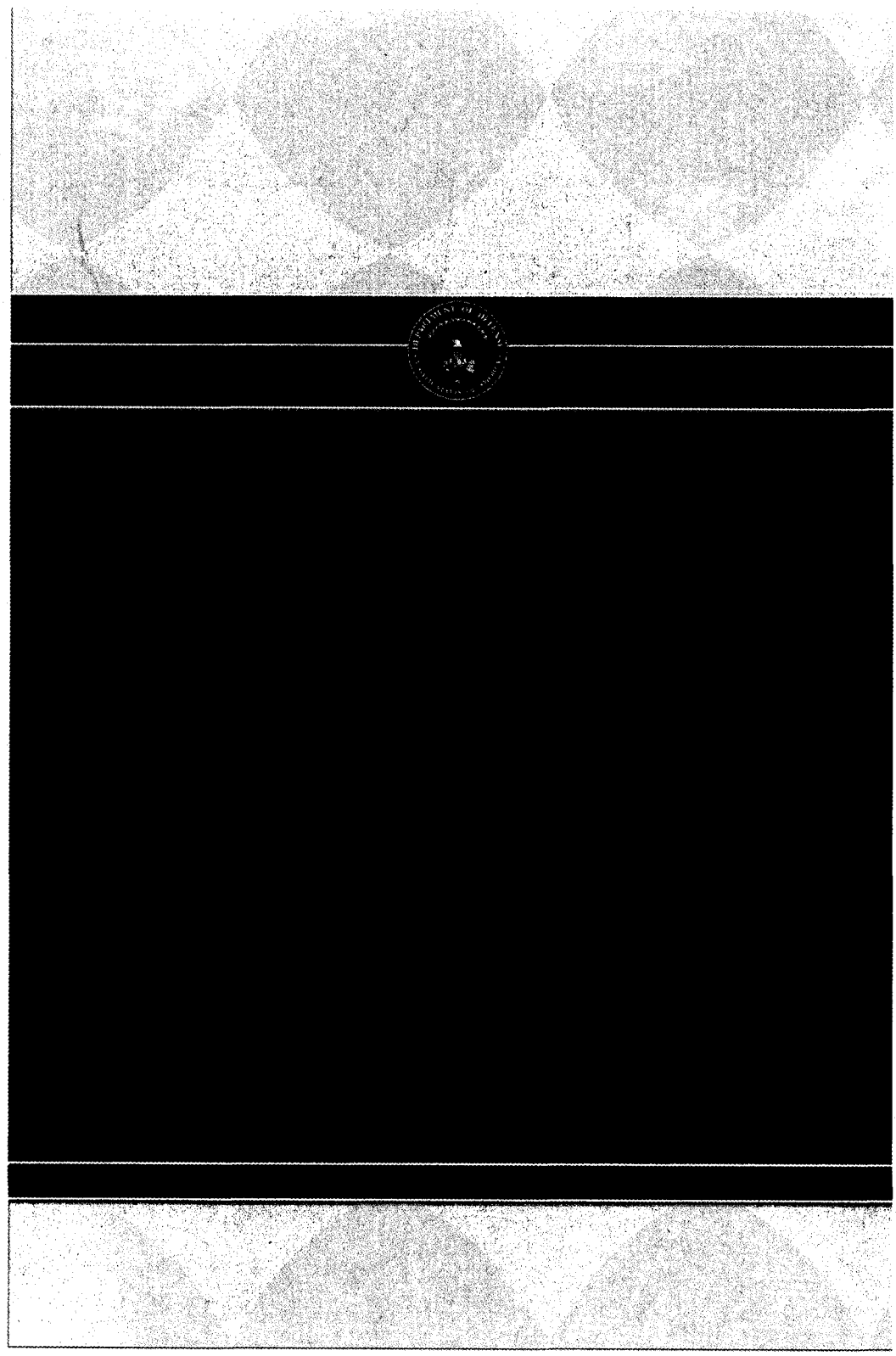
6. What pronouns should I use with transgender Service members?

A. This will vary by individual and unit. Transgender Service members should work with their unit leadership to establish correct pronoun usage. If there is ever any question about pronoun usage, do not hesitate to ask the Service member how they wish to be addressed.

7. What happens when federal and state laws appear to conflict?

A. When not on federal property, Service members must abide by local laws. If there are any questions or concerns about how state laws may affect Service members and/or their dependents off federal property or in areas of concurrent federal and state jurisdiction, the installation legal assistance office should be consulted.

It is also the commander's responsibility to ensure the safety of unit personnel. This includes reminding Service members of risks through use of safety bulletins, alerts, or briefings regarding off-installation activities. Additionally, judge advocate and SCCC resources are available to enhance risk management strategies.



TRANSGENDER POLICY PANEL MEETING AGENDA

Date: October 26, 2017
Time: 1500-1700
Room: 3D1063

Overview:
To inform the Panel on Transgender medical issues from the perspective and experience of military medical experts. The medical professionals will share experiences, insights and opinions on transgendered military service.

Subject	Speaker	Duration
Introduction	Mr. Tony Kurta	1500-1505
Approve minutes 1 Approve minutes 2	Mr. Tony Kurta	1505-1510
Gender Relations Survey Methodology	[redacted]	1510-1525
TG Policy development roadmap	[redacted]	1525-1540
Military Doctors	Various	1540-1700

Meeting Homework/Deliverables:
Approve Minutes from previous meeting

Save the following dates for upcoming meetings: Thursday, 2 November, 9 November, 16 November, TBD week of 19-25 November, 30 November, 7 December. All meetings currently scheduled from 1500 – 1630

Administrative:
Questions or issues please contact, [redacted].

TRANSGENDER POLICY PANEL MEETING AGENDA

Date: November 2, 2017
Time: 1500-1700
Room: 3D1063

Overview:
Panel of Experts will receive a briefing by ASD (HA) on the results of their multi-disciplinary review of the existing in-service TG population.

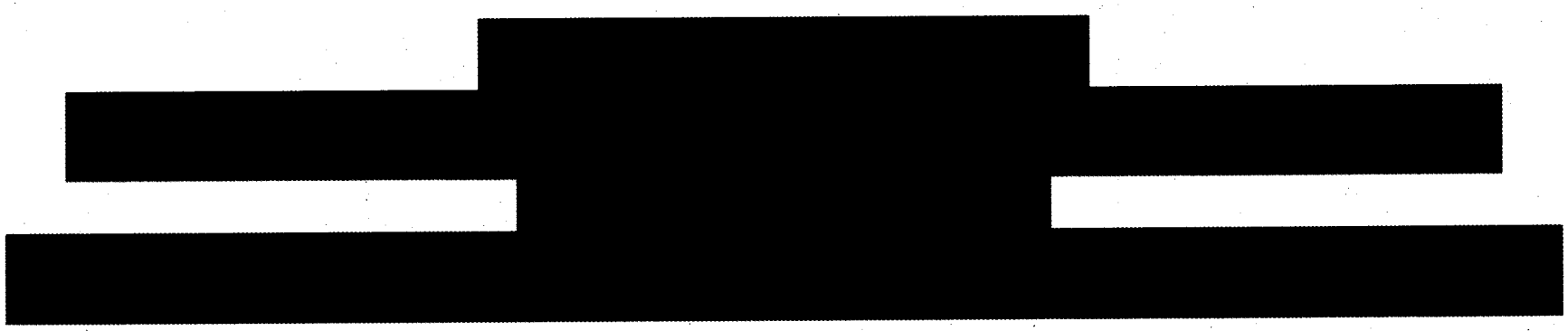
Subject	Speaker	Duration
Overview	Mr. Tony Kurta	1500-1505
Review of previous minutes	Mr. Tony Kurta	1505-1515
Results of review	[redacted]	1515-1700

Meeting Homework/Deliverables:
None

Save the following dates for upcoming meetings: Thursday, 9 November, 16 November, 21 November (if required), 30 November, 7 December. All meetings currently scheduled from 1500 – 1700

Administrative:
Questions or issues please contact, [redacted].

Health Data for Service Members with Gender Dysphoria



Briefing Overview

Briefing Type
Informational
Briefing Overview (BLUF)
• As of July 26, 2017 there are 994 AD SMs coded for Gender Dysphoria with full data • Since the ban on Service by TG individuals was lifted, there have been 34 surgeries performed at MTFs for gender transition which include mastectomies, hysterectomies, and excision of testes • There are currently 18 requests for genital reassignment surgery (either consults or surgery) through the Supplemental Health Care Program
Decision(s) Required
• N/A

Definitions for this Presentation

- **Service members (SMs) with gender dysphoria (GD)**
  - Service members presenting to the military health system (MHS) with a diagnosis code of gender dysphoria
- **"Coded for", "diagnosis code" or ICD-10 codes**
  - International Classification of Disease (ICD) version 10 - in health care, for payment or tracking these codes are used
  - For diagnoses, symptoms and procedures
- **Transgender Service (TG) members**
  - SMs who may or may not have gender dysphoria but whose sense of personal identity does not correspond with the gender assigned to them at birth
- **Direct care**
  - Term used in the MHS referring to care rendered at military treatment facilities (MTFs)
- **Purchased care**
  - Term used in the MHS referring to care purchased at civilian facilities
- **Sex Reassignment Surgeries (SRS)**
  - For the purposes of this presentation, refers to any surgery performed for purposes of gender transition

Other Reports that Estimate Number of TG SMs

	Number of Transgender Service Members		Transgender Prevalence Estimates and Other Assumptions	Source
RAND	AD	1,320 - 6,630 **Midrange: 2,450**	0.1% - 0.5%	Service members: DMDC FY14; Prevalence: Lower bound (0.1%): Gates 2011 from CA; Upper bound (0.5%): Conron 2012 from population-based estimate in MA
	G/R	830 - 4,160 **Midrange: 1,510**		
	Total	2,150 – 10,790 **Midrange: 3,960**		
Palm Center	**15,450***		0.3%. Also assumes transgender prevalence in the armed forces is approximately twice adults in the U.S.	Gates, 2014
SPARTA	15,000		Unknown	Unknown
Williams Institute	15,500 8,800 AD			Gates and Herman 2014 National Transgender Discrimination Survey
Office of People Analytics 2016 Survey of W&GR Q on AD TG Members	8,980			Self Reporting Survey

***This number cites Gates 2014, which was not final when Palm Center report was published. The updated number in Gates 2014 is 15,550.**

Assumptions and Caveats

- Not all individuals who are transgender carry the diagnosis of gender dysphoria
- We cannot assume all SMs who are transgender presented to the health care system or their commanders after the ban was lifted
- These numbers cannot be considered precise and therefore the data presented should only be used to show trends in health care utilization and cost

Data Sources

- Decision not to count TG SMs or to collect data so have to rely on administrative data
- Military Health System Administrative Data
  - MHS Data Repository (MDR)
  - MHS Mart (M2)
  - These are MEDICAL administrative data banks and limited in the types of information they contain
- Data Call to the Services

DoD Data Limitations

- Administrative data
  - Subject to misclassification errors
  - Details are limited
  - Lag in data input of 30-90 days
- Do not have access to data on out-of-pocket expenditures by AD SMs with GD
- Generalizations cannot be made because of small sample size of population
- Early in policy implementation, therefore cannot generalize conclusions of this data to the longitudinal impacts

Study Cohort

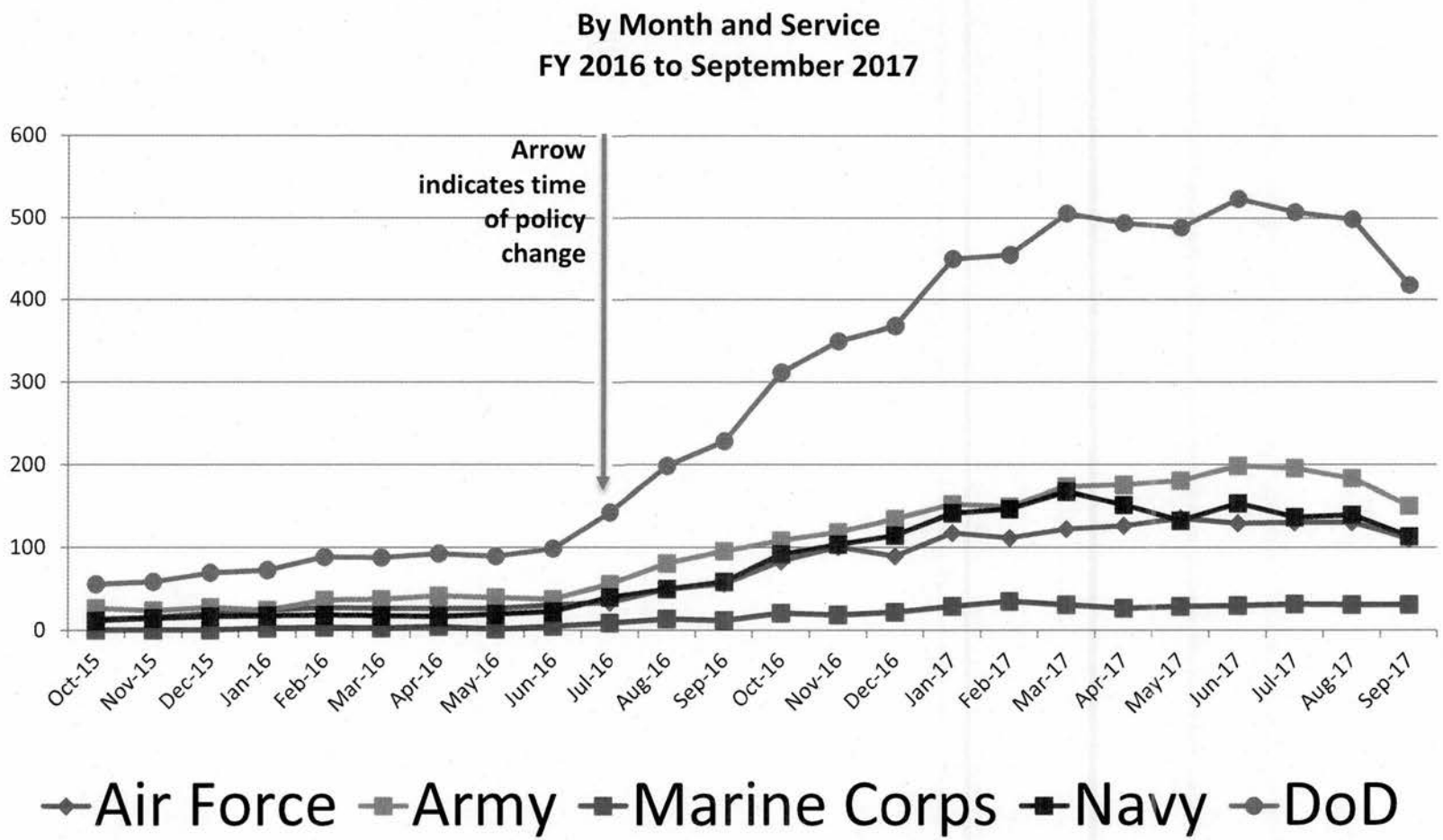
- Includes SMs identified by GD ICD-10 codes October 1, 2015 to July 26, 2017 = 994 SMs
- For cost data, a subset of the study cohort was identified that had full health care cost data available – AD SMs who are TRICARE Prime
  - This data does not include any care purchased with personal funds

Study Cohort of Service Members with GD

(FY16 to July 27, 2017)

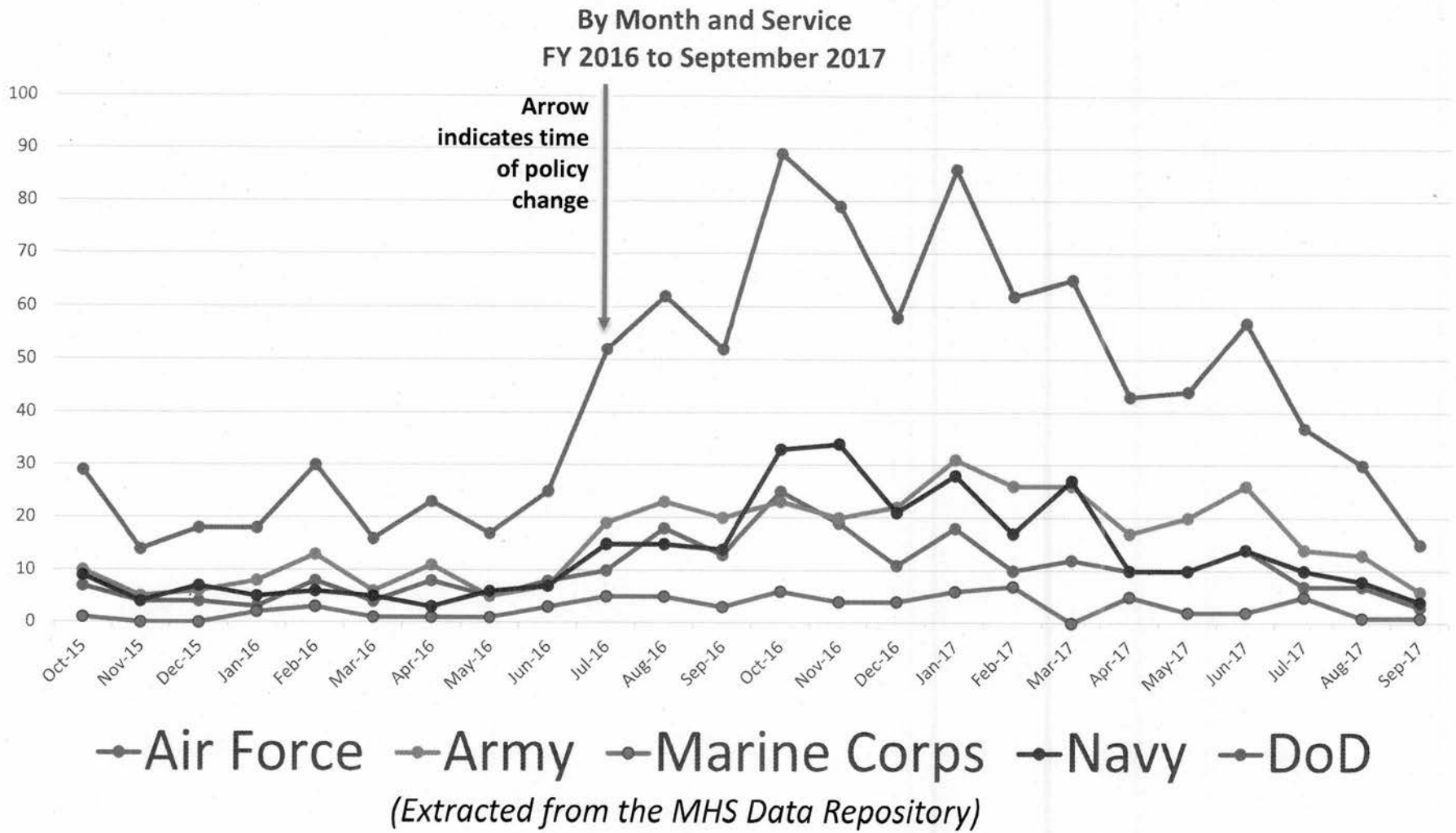
SMs Diagnosed with Gender Dysphoria FY 2016 to July 26, 2017			
	Active Duty	Guard/Reserve	Total
Air Force	240	5	245
Army	331	33	364
Coast Guard	20	0	20
Marine Corps	61	2	63
Navy	294	4	298
Other	4	0	4
Total	950	44	994

Number of SMs with GD Diagnoses Seen Per Month



(Data Extracted from the MHS Data Repository July 26, 2017 Note: Other and Coast Guard not shown)

New Cases of Gender Dysphoria Diagnoses



(Extracted from the MHS Data Repository)

Medical Utilization for Study Cohort

(Oct 1, 2015 through Oct 3, 2017)

Includes Direct Care and Purchased Care

		Any Mental Health		Psychotherapy		Hormone Therapy		Surgery		Total FY2016 to Present
		Individuals	Encounters	Individuals	Encounters	Individuals	Scripts	Individuals	Encounters	
Air Force	Active	240	7,367	240	5,155	99	906	2	3	240
	Reserve	5	35	5	44	1	2	0	0	5
	Total	245	7,402	245	5,199	100	908	2	3	245
Army	Active	328	11,163	326	7,543	169	1,899	11	13	331
	Reserve	31	730	32	558	20	433	1	1	33
	Total	359	11,893	358	8,101	189	2,332	12	14	364
Coast Guard	Active	20	461	20	205	14	127	0	0	20
Marine Corps	Active	61	1,485	61	1,188	20	110	6	7	61
	Reserve	2	55	2	35	1	2	0	0	2
	Total	63	1,540	63	1,223	21	112	0	0	63
Navy	Active	292	8,269	283	4,773	138	1,160	9	9	294
	Reserve	4	205	3	128	4	51	1	1	4
	Total	296	8,474	286	4,901	142	1,211	10	10	298
Other	Total	4	239	4	126	3	64	0	0	4
Total	Active	945	28,984	934	18,990	443	4,266	28	32	950
	Reserve	42	1,025	42	765	26	488	2	2	44
	Total	987	30,009	976	19,755	469	4,754	30	34	994

Data Extracted October 3, 2017 from MHS Data Repository (MDR); Cohort from **July 27, 2017 extract*

Surgeries in Study Cohort, FY2016 to Present

Direct Care and Purchased Care

SERVICE		Resection of Uterus/ Hysterectomy	Mastectomy	Excision Procedures on the Testes	Totals
Air Force	Active Duty	3			3
	Guard/Reserve				
Army	Active Duty	6	5	2	13
	Guard/Reserve		1		1
Marine Corps	Active Duty	1	6		7
	Reserve				
Navy	Active Duty	4	3	2	9
	Guard/Reserve	1			1
Totals		**15**	**15**	**4**	**34**

33 procedures were performed in MTFs, 1 in Purchased Care.
Of the 34 procedures performed, 25 were for an indication of GD

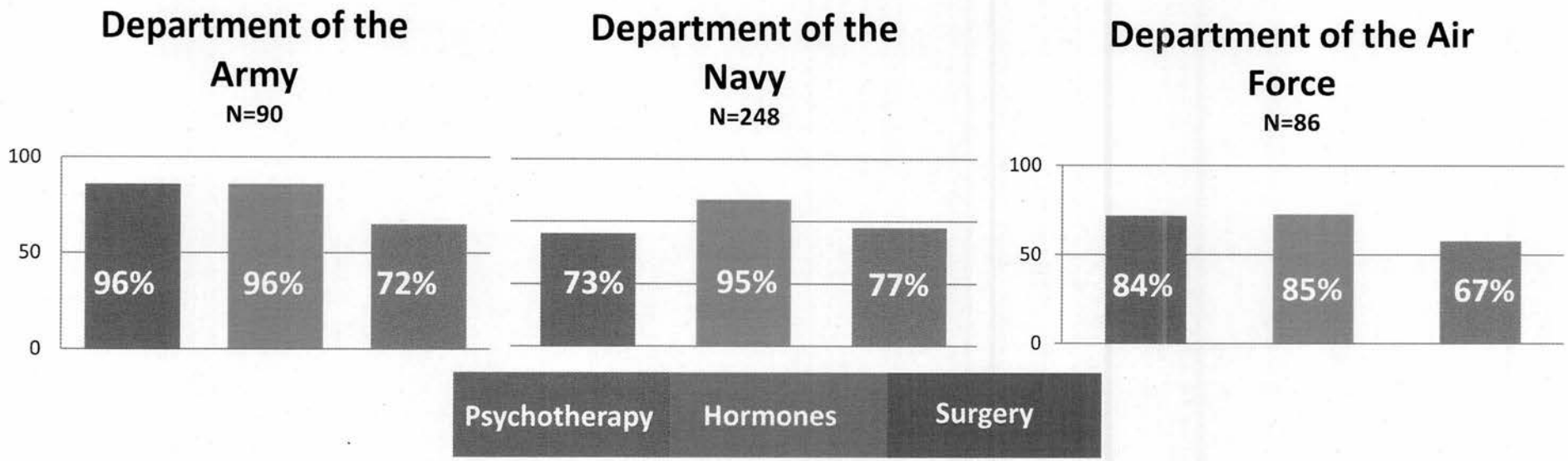
Surgery Waivers
Supplemental Health Care Program

- MTFs do not have capability to perform genital reassignment surgeries
- Since ban lifted in July 2016, there have been 18 applications for waivers for surgical consultation
  - 2 SMs who have completed consults have applications for waivers for surgery pending
- To date, no one has had surgery through the SHCP

Service Data Request

- Data collection covered the time period from **September 1, 2016** to **August 31, 2017**
- Data request included:
  - Number of SMs with approved treatment plans
  - Number of SMs receiving psychotherapy and cross-sex hormones as part of the treatment plan
  - Number of SMs with sex reassignment surgery as part of the treatment plan
  - Total number of profiles/LIMDUs and days on restricted duty for each transitioning SM
  - Total number of days on profile/LIMDU/restricted duty
- Army, Navy and Air Force coordinated definitions and methodologies of collection for data elements

Service Data – Approved Treatment Plans*



	ARMY	NAVY	AIR FORCE
Number of Service Members with surgeries as part of treatment plan^	65	190	58
Percent of Treatment Plans with surgery included	72%	77%	67%

**Services only had access to treatment plans submitted to their TG care teams (TGCT/MMDT)*

^A Civilian study shows that 23% of MtF and 2% FtM TG individuals initially wanting surgery actually have surgery.

SERVICE DATA

Types of Surgeries Included in Treatment Plans

	Department of the Army	Department of the Navy	Department of the Air Force
Hysterectomy/Oophorectomy	7	97	14
Orchiectomy	2	61	12
Mastectomy/Augmentation	10	113	38
Genital Reassignment	14	118	19
Other	11	-	27

** An individual service member may have more than one surgical procedure in their treatment plan*
*** Department of the Army information does not include 24 medical plans that are "still evaluating and/or considering" procedures. Many plans included phrases like "surgeries may include…" or "may include, but not limited to…"*

SERVICE DATA – Profiles/LIMDUs/Restricted Duty

	Department of the Army*	Department of the Navy**		Department of the Air Force***
Number of Service Members with a diagnosis of Gender Dysphoria on Profile/ LIMDU/Restricted Duty	87 (90)	22 (248)		52 (86)
Average Number of Profiles/LIMDUs/Restricted Duty per transitioning SM	3.4	0.1		1.9
Average number of days a transitioning Service Member is in a Profile/LIMDU/Restricted Duty status	167.4	1-90	3	159
		90-180	12	
		180-270	3	
		270-360	2	
		>360	2	
Range of Days on Profile	0 - 537	1 - 360+		1 - 365

* **Army** – profiles for SMs with GD; indication for profile not known; could be for transition or for other indications.

** **Navy** - policy dictates no LIMDU for gender transition. All LIMDUs are for non-transition indications. SMs undergoing transition are non-deployable for the first 3 to 6 months of hormone therapy but not put on LIMDU. Navy provided Avg. Number of days on LIMDU in block times.

*** **Air Force** - profiles are for transition.

UPDATED 2 NOV

Costs and Cost Comparisons

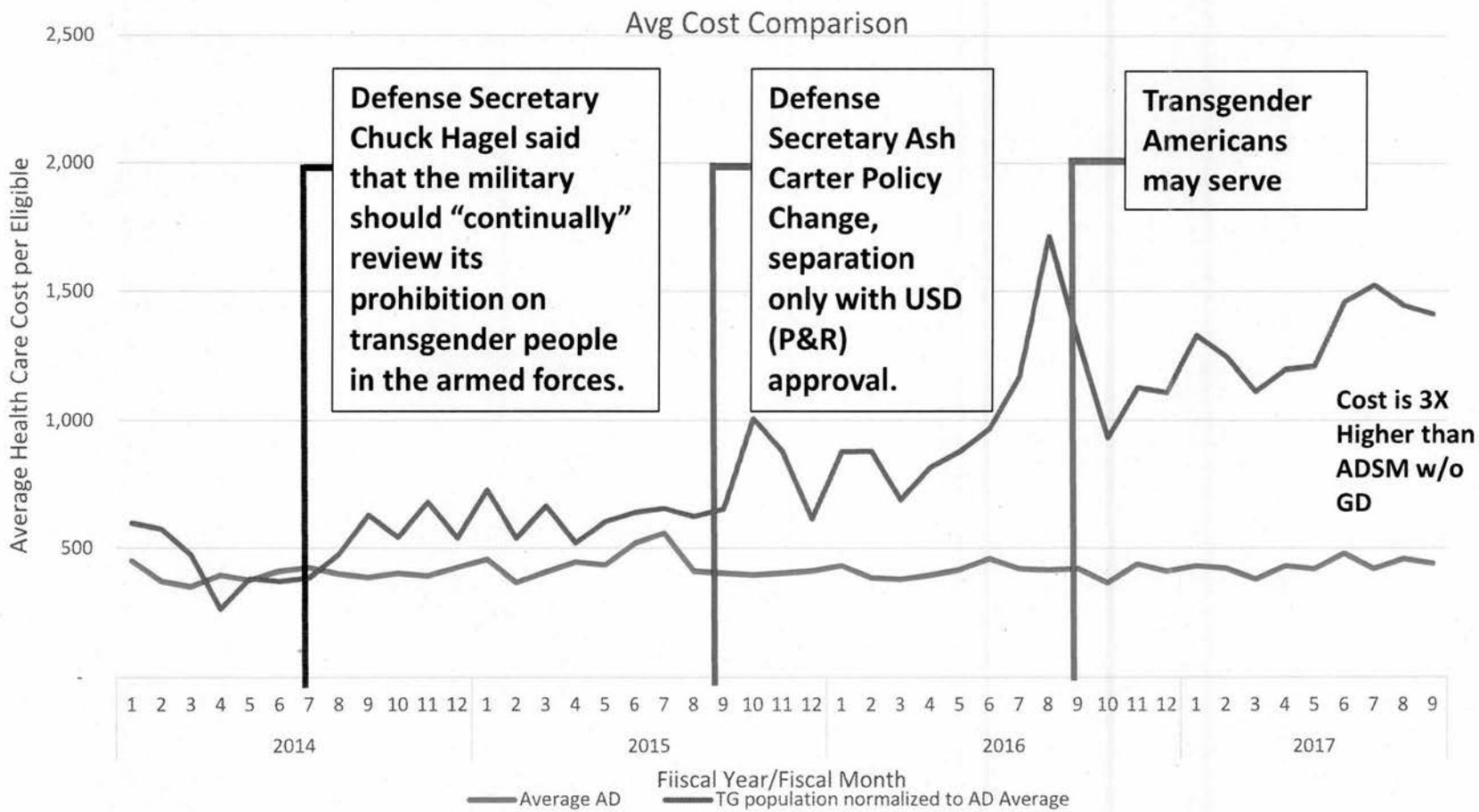
Cost of Services for Gender Dysphoria

(Purchased Care Paid Costs; Direct Care Estimated Costs)

	FY14	FY15	FY16	FY17	TOTAL
Direct Care	$ 82,558	$ 83,563	$ 650,492	$ 2,172,849	$ 2,989,462
Purchased Care	$ 5,421	$ 3,884	$ 10,094	$ 16,509	$ 35,908
Pharmacy	$ 1,264	$ 2,693	$ 3,406	$ 6,130	$ 13,493
TOTAL	$ 89,243	$ 90,140	$ 663,992	$ 2,195,488	$ 3,038,863

Average Health Care Expenditures:

Transgender Active Duty (TRICARE Prime) vs Average Active Duty



Source: M2 (Purchased Care: Inpatient (TED-I); Professional (TED-NI)); (Direct Care: Inpatient (SIDR); Professional (CAPER)); Pharmacy (PDTS); Population (DEERS)

QUESTIONS

TRANSGENDER POLICY PANEL MEETING AGENDA

Date: November 9, 2017
Time: 1500-1700
Room: 3D1063

Overview:
Panel of Experts will receive a briefing by civilian medical professionals with significant expertise on their experiences, insights, and opinions regarding TG Service members.

Subject	Speaker	Duration
Overview	Mr. Tony Kurta	1500-1505
Review of previous minutes	Mr. Tony Kurta	1505-1515
Medical panel	Various	1515-1630
Authorized Medical Procedures	[redacted]	1630-1700

Meeting Homework/Deliverables:
None

Save the following dates for upcoming meetings: Thursday, 16 November, Tuesday, November, 21 November (if required), Thursday, 30 November and 7 December. All meetings currently scheduled from 1500 – 1700.

Administrative:
Questions or issues please contact, [redacted].

TRANSGENDER POLICY PANEL MEETING AGENDA

Date: November 16, 2017
Time: 1500-1700
Room: 3D1063

Overview:
The Panel of Experts will receive a briefing from the Medical Personnel Executive Steering Committee (MEDPERs) on their recommendations for authorized medical procedures for gender dysphoric Service members. The Retention and Non-deployable workgroup will also present their DHRB-approved findings.

Subject	Speaker	Duration
Overview	Mr. Tony Kurta	1500-1505
Presentation of Meeting Minutes	Mr. Tony Kurta	1505-1530
Universal Retention Standard	[redacted]	1530-1600
Authorized Medical Procedures	MEDPERS	1600-1645
Policy review	[redacted]	1645-1700

Meeting Homework/Deliverables:
Approve meeting 5 minutes, review policy review questions

Save the following dates for upcoming meetings: Tuesday, 21 November, Thursday, 30 November, 7 December, and Wednesday, 13 December. All meetings currently scheduled from 1500 – 1700.

Administrative:
Questions or issues please contact, [redacted].

Non-deployable Working Group
Information Briefing to the Panel of Experts

November 16, 2017

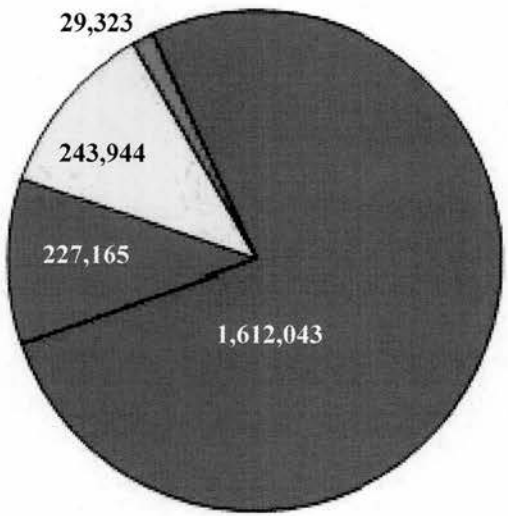
Non-deployable Population Review

- [redacted]
- [redacted]
- [redacted]

Summary of Non-deployable Population

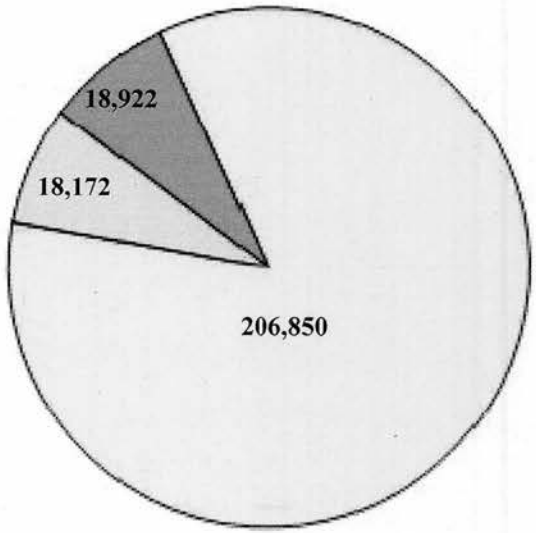
Total Force: 2,112,475

Total DoD Non-Deployable (500,432)



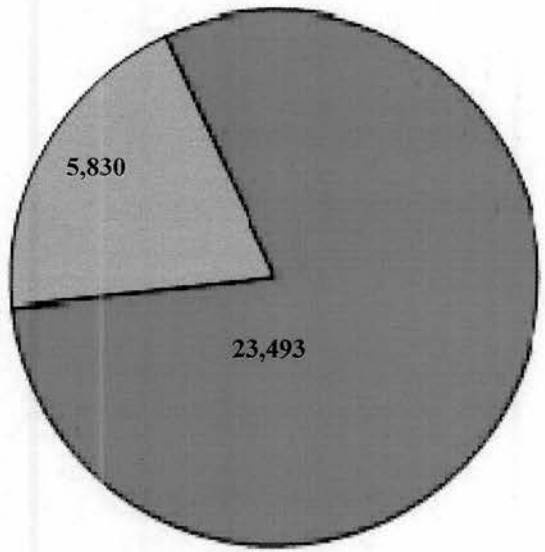
- Deployable DoD Strength 76.3%
- Trainees & Transients 10.8%
- Temporary 11.5%
- Permanent 1.4%

Temporary Non-Deployable (243,944)



- Medical 84.8%
- Legal 7.4%
- Admin 7.8%

Permanent Non-Deployable (29,323)



- Medical 80.1%
- Admin 19.9%

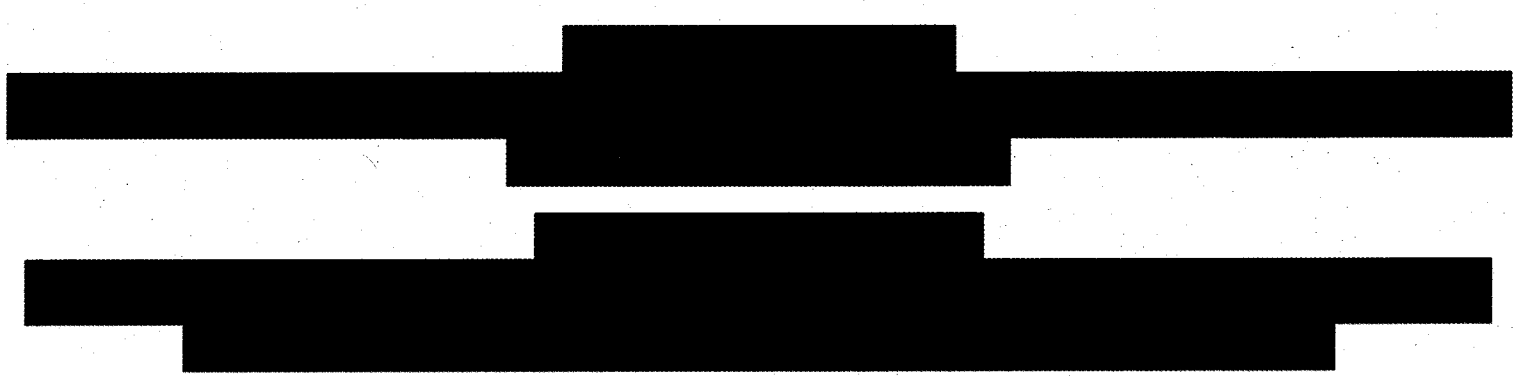
Data as of : 31 August 2017

- **Findings:**
  - Temporary Medical Non-deployable (206,850) provides the most opportunity for reduction.
  - Permanent Medical Non-deployable (23,493) provides additional opportunity for reduction.
  - Temporary Legal and Admin (37,094) provide opportunity for review of Service policy.
  - Training & Transient Population (227,165) enhances future readiness and quality.

Non-deployable Policy Recommendations

- [redacted]
- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]
- [redacted]
  - [redacted]
  - [redacted]
  - [redacted]

MEDICAL and SURGICAL TREATMENT FOR GENDER DYSPHORIA



BLUF

- Treatment for gender dysphoria may include a combination of mental health therapy, hormone treatments and surgery
  - Treatment plans should be tailored to the individual
- MHS follows the 2017 Endocrine Society Guidelines for treatment of gender dysphoria
  - Rationale is that these guidelines are evidence-based/informed and endorsed by multiple professional medical societies
- Information on recovery times for genital reassignment surgeries come from civilian sector experience, no data for genital reassignment surgery on active duty military
- MHS is developing a procedural instruction based on Endocrine Society Guidelines and standard industry practices and coverage

Definitions for this Presentation

- **Service members (SMs) with gender dysphoria (GD)**
  - Service members presenting to the military health system with a diagnosis code of gender dysphoria
- **Transgender Service (TG) members**
  - SMs who may or may not have gender dysphoria but whose sense of personal identity does not correspond with the gender assigned to them at birth
- **Direct care**
  - Term used in the MHS referring to care rendered at military treatment facilities (MTFs)
- **Purchased care**
  - Term used in the MHS referring to care purchased at civilian facilities
- **Sex Reassignment Surgeries (SRS)**
  - For the purposes of this presentation, refers to any surgery performed for purposes of gender transition
- **Genital reassignment surgeries**
  - For the purposes of this presentation, refers to any surgery performed on the genitalia for the purpose transitioning from one gender to another