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PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
COMMANDANT OF THE COAST GUARD
CHIEF, NATIONAL GUARD BUREAU
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE

SUBJECT: Military Service by Transgender Individuals – Panel of Experts

Per Secretary of Defense memorandum of September 14, 2017, “Terms of Reference – Implementation of Presidential Memorandum on Military Service by Transgender Individuals,” I will chair a Panel of Experts (“Panel”), drawn from the Department of Defense (DoD) and the Department of Homeland Security (DHS), to support the Deputy Secretary of Defense and Vice Chairman of the Joint Chiefs of Staff in their development of an Implementation Plan on military service by transgender individuals. The Panel will be comprised of the Military Department Under Secretaries, Service Vice Chiefs, and Service Senior Enlisted Advisors.

The Panel will meet as needed, with an initial meeting to be held the week of October 9, 2017, and provide updates to the Deputy Secretary and the Vice Chairman no less frequently than every two weeks. I will publish an agenda for each meeting 72 hours prior, with any read ahead material in order for our time to be as productive as possible. The final recommendations of the Deputy Secretary and Vice Chairman will be coordinated with senior civilian officials, the Military Departments, and the Joint Staff, and provided to the Secretary of Defense no later than the week of December 18, 2017.

To gather the information and promote the analysis demanded by this task, the Panel will be supported by three Working Groups, each with specifically assigned areas of focus and expertise. The Working Groups will be responsible for developing and analyzing data and information, and formulating recommendations and courses of action for consideration by the Panel. To the extent necessary and appropriate, each Working Group may obtain advice and assistance from subject matter experts from within, and external to, the DoD.

- (1) Medical and Personnel Executive Steering Committee (MEDPERS). Co-chaired by the Deputy Assistant Secretary of Defense (Military Personnel Policy) and the Principal Deputy Assistant Secretary of Defense (Health Affairs), this Working Group will meet the week of October 2, 2017, and regularly thereafter, to review:
 - a. Accessions Medical Standards, including but not limited to gender dysphoria.
 - b. Data and information maintained by the Department pertaining to currently-serving transgender Service members to inform the development of the Implementation Plan. This multi-disciplinary review will address all aspects of

medical care and treatment, personnel management, general policies and practices, and other matters, including the effects of the service of transgender persons on military readiness, lethality, deployability, and unit cohesion.

- c. Medical data and information from the Transgender Care Integrated Process Team (TG-IPT), to inform findings and recommendations regarding specific surgical procedures associated with sex reassignment that should not be resourced from DoD or DHS funding.
- (2) Retention & Non-Deployability Working Group. Chaired by the Director, Officer and Enlisted Personnel Management, this Working Group has been meeting biweekly and is developing a universal DoD policy for the retention and separation of non-deployable Service members.
 - (3) Transgender Personnel Policy Working Group. Chaired by the Director, Accession Policy, this Working Group will meet biweekly to review current policies and practices pertaining to transgender individuals currently serving in the Armed Forces and revise the current DoDI that sets forth the standards and processes that will apply to such Service members. Service transgender policy experts, as you choose, will comprise the expertise of this group.

We will use the MAX.GOV website to disseminate products and meeting minutes. I request your full cooperation in providing the advice, assistance, data, information and personnel necessary to fulfill our directed tasking on time.



A.M. Kurta
Performing the Duties of
Under Secretary of Defense
for Personnel and Readiness

Cc:
Chairman of the Joint Chiefs of Staff
Under Secretary of Defense for Personnel and Readiness
Chief of the National Guard Bureau
Assistant Secretary of the Army for
Manpower and Reserve Affairs
Assistant Secretary of the Navy for
Manpower and Reserve Affairs
Assistant Secretary of the Air Force for
Manpower and Reserve Affairs
Director, Washington Headquarters Services

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From: [Soper, Martha P CIV USAF SAF-MR \(US\)](#)
To: [Grabowski, Douglas N Maj USAF AF-SG \(US\)](#); [Floyd, Derrick J Lt Col USAF AF-A1 \(US\)](#); [Sams, Kelly M Lt Col USAF AF-A1 \(US\)](#)
Subject: FW: RAH for PoE Meeting 3
Date: Wednesday, October 25, 2017 3:18:00 PM
Attachments: [TG Panel Meeting 1 Minutes - 13 Oct.docx](#)
[AGENDA Transgender Panel of Experts Meeting 3 -26 Oct 17.docx](#)
[OPA 2016 Workplace and Gender Relations Survey.pdf](#)
[PoE Meeting 10.26.2017 - Military Physicians.docx](#)
[TG LOE v6.pdf](#)
[TG Panel 2 Minutes DRAFT.docx](#)

Good afternoon,

Attached are the RAH's for tomorrow's prebrief with the VCSAF and Mr. Sitterly.

Best,
Martie

Martie Soper, RN, MSHS
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Office of the Secretary of the Air Force
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-----Original Message-----

From: Soper, Martha P CIV USAF SAF-MR (US)
Sent: Wednesday, October 25, 2017 3:15 PM
To: Igl, Ann M Col USAF SAF-MR (US) <ann.m.igl.mil@mail.mil>; Boatner, Margaret E CIV USAF SAF-MR (US) <margaret.e.boatner.civ@mail.mil>; Edmondson, Michele C Col USAF AF-CV (US) <michele.c.edmondson.mil@mail.mil>
Cc: Fedrigo, John A SES USAF SAF-MR (US) <john.a.fedrigo.civ@mail.mil>
Subject: RAH for PoE Meeting 3

Good afternoon everyone,

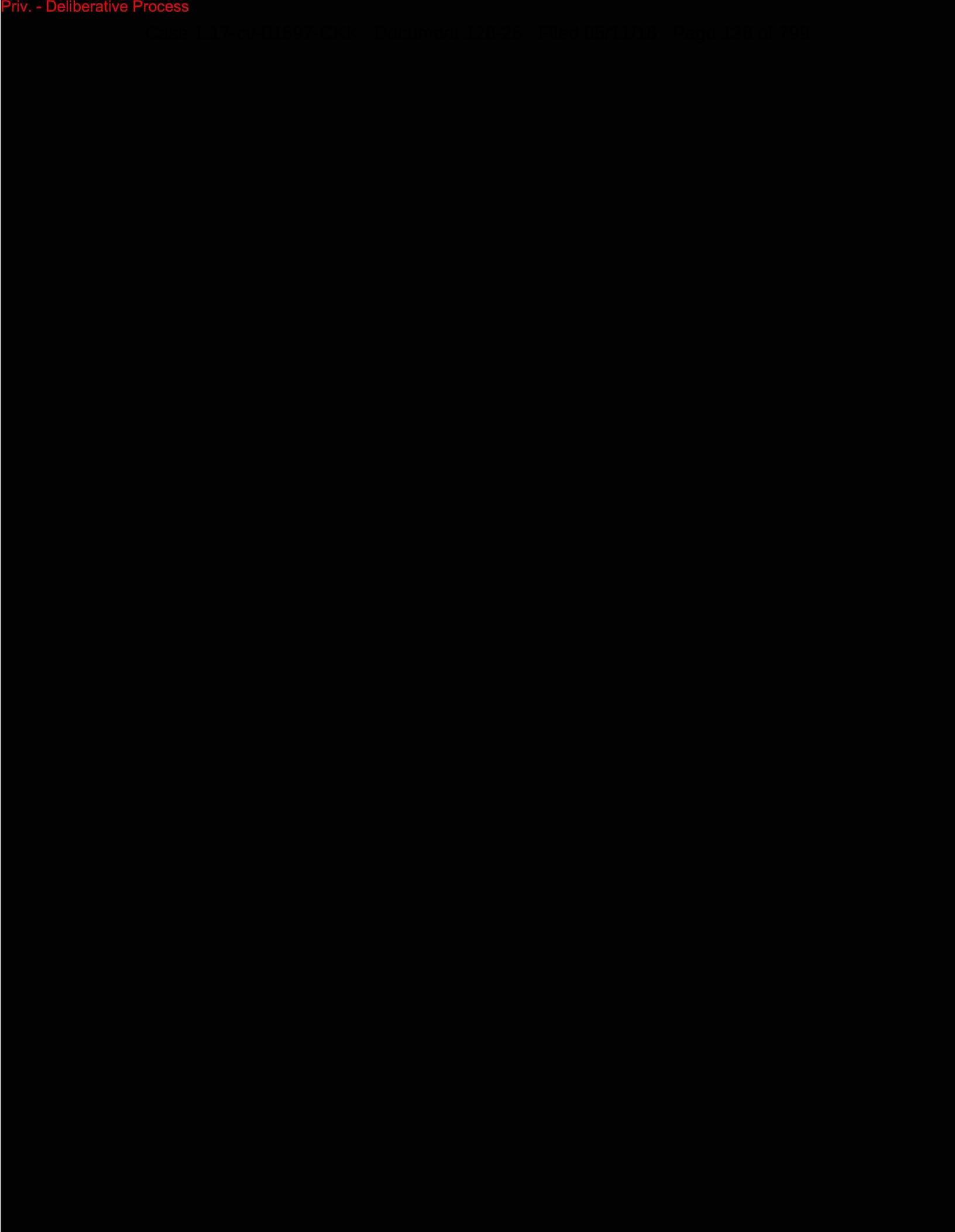
Attached are the RAH's for tomorrow's prebrief. If you have any questions please let me know.

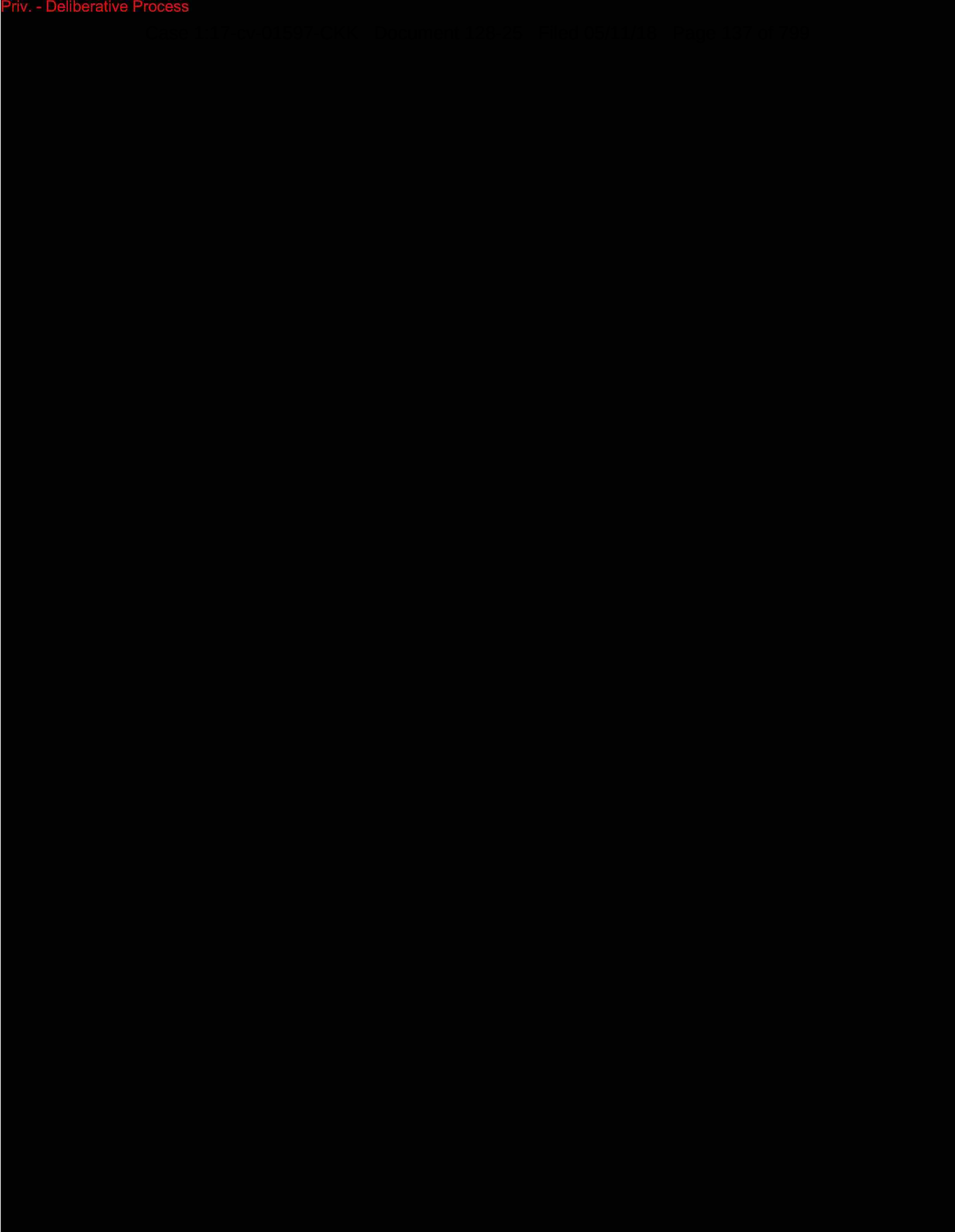
Best,
Martie

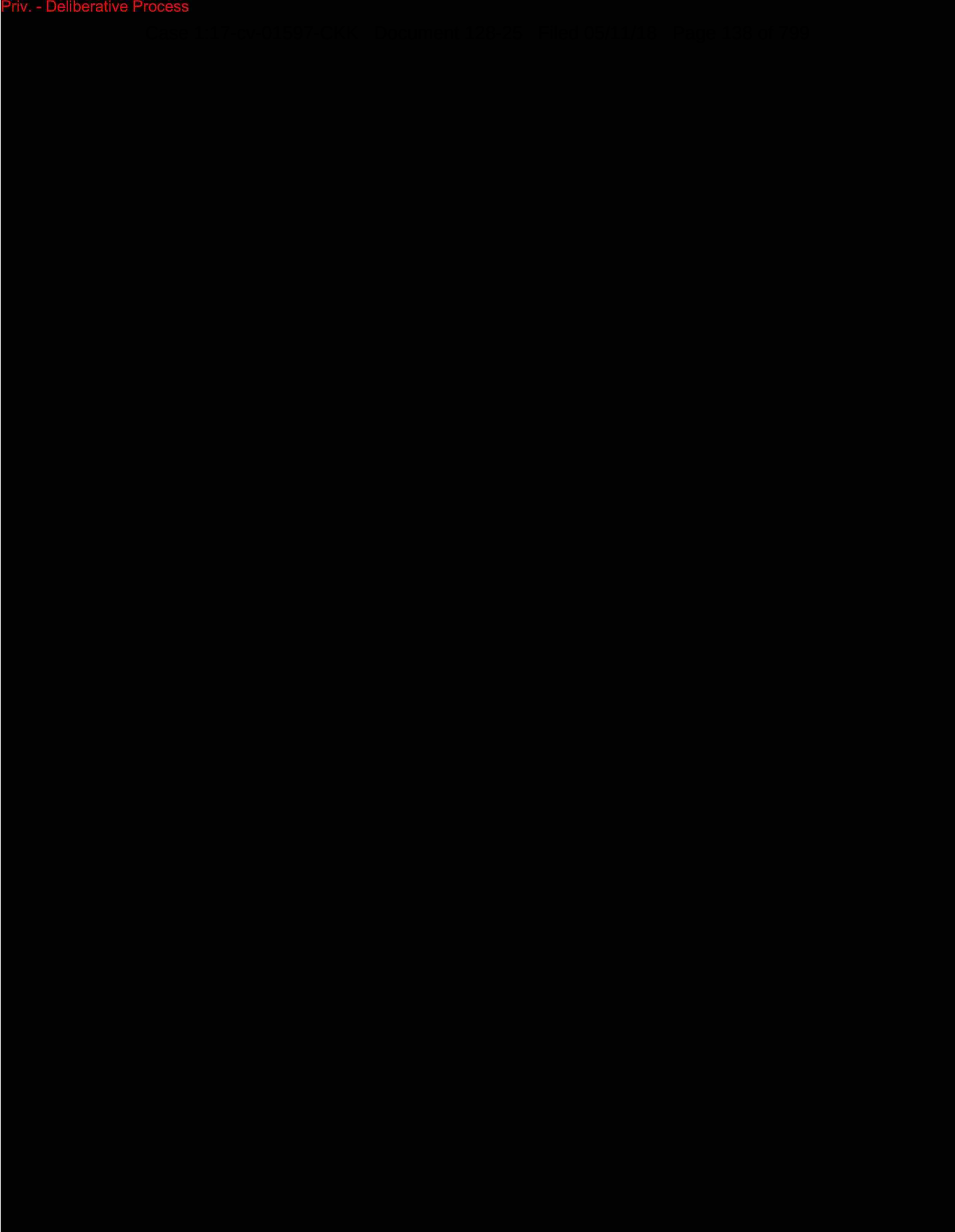
Martie Soper, RN, MSHS

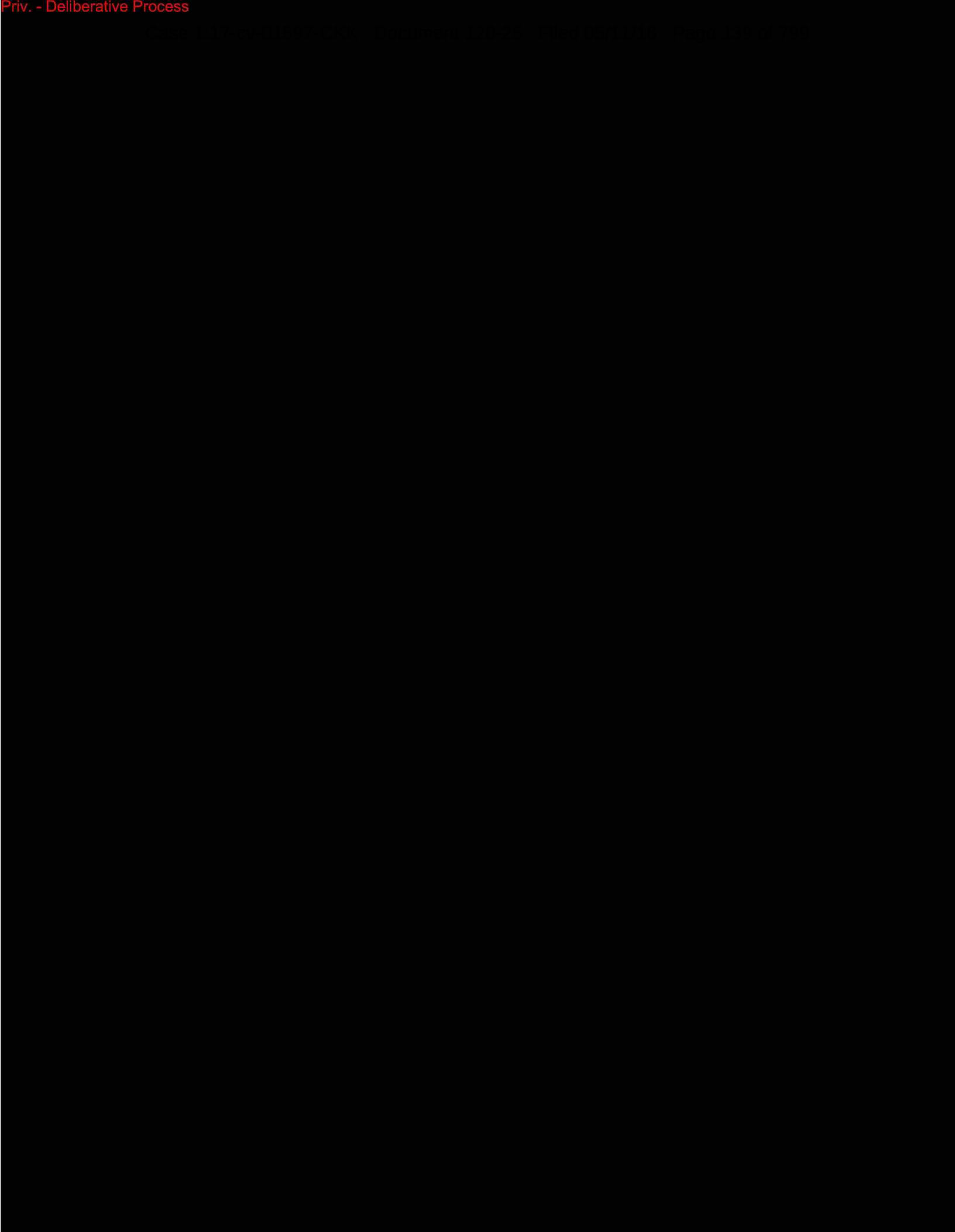
Assistant Deputy, Health Policy
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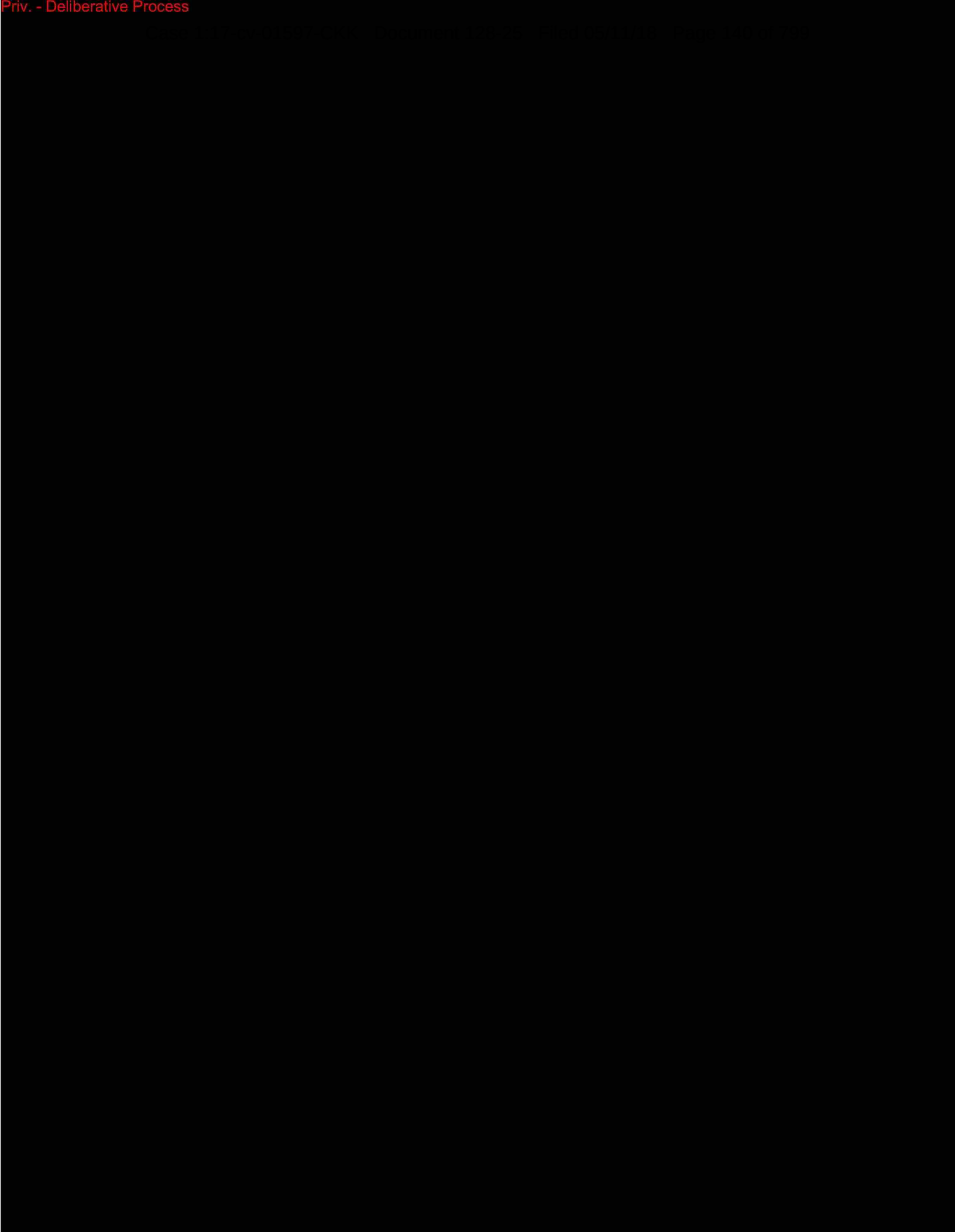
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THE OFFICE OF PEOPLE ANALYTICS



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.

Key Findings From 2016 Gender Relations Surveys

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 $\pm 1\%$.

As shown in Table 2, based on the 126,234 DoD active duty eligible web survey⁴ 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.

Key Findings From 2016 Gender Relations Surveys

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.

Key Findings From 2016 Gender Relations Surveys

Contact Information

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PoE Meeting 10.26.2017 - Military Physicians

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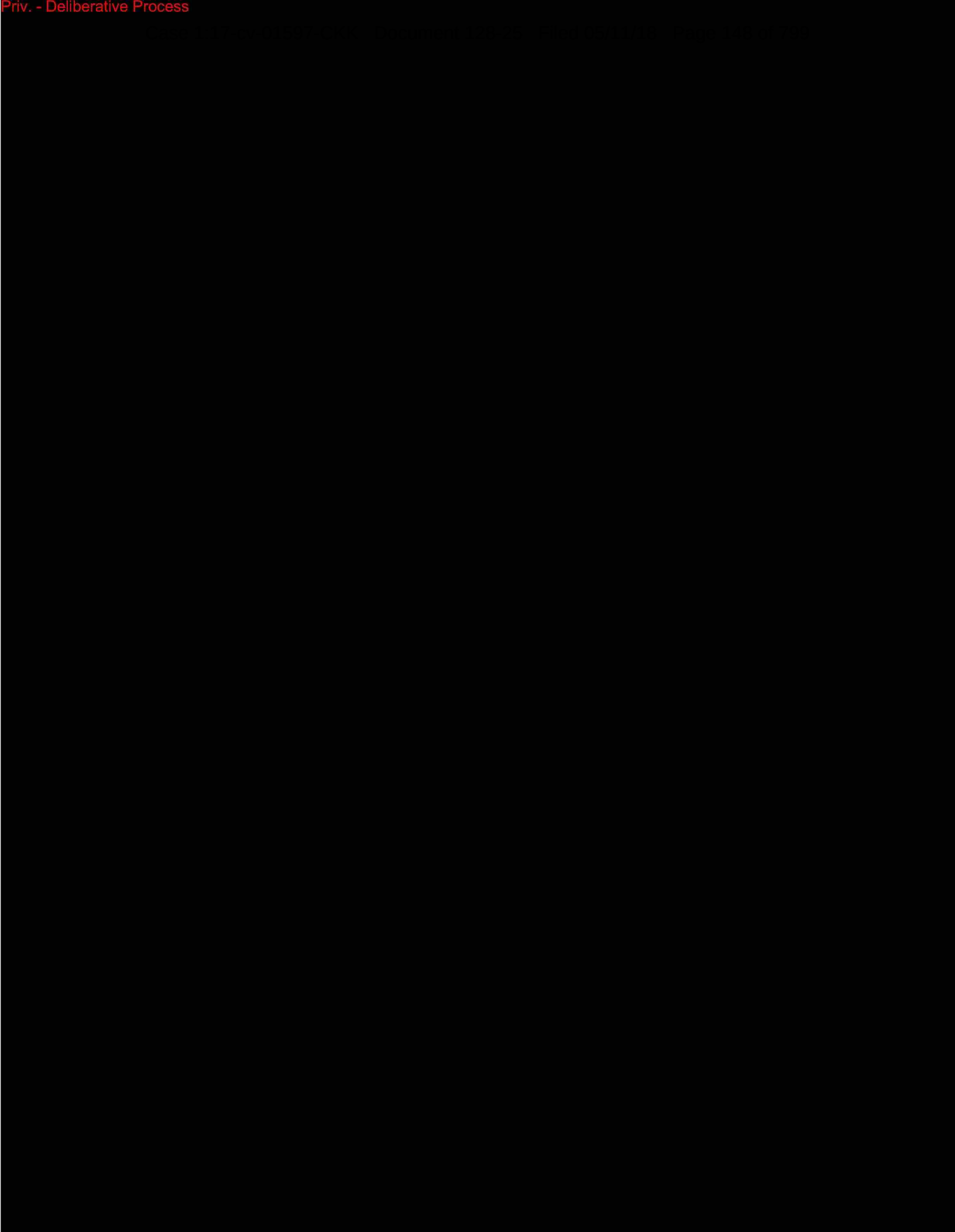
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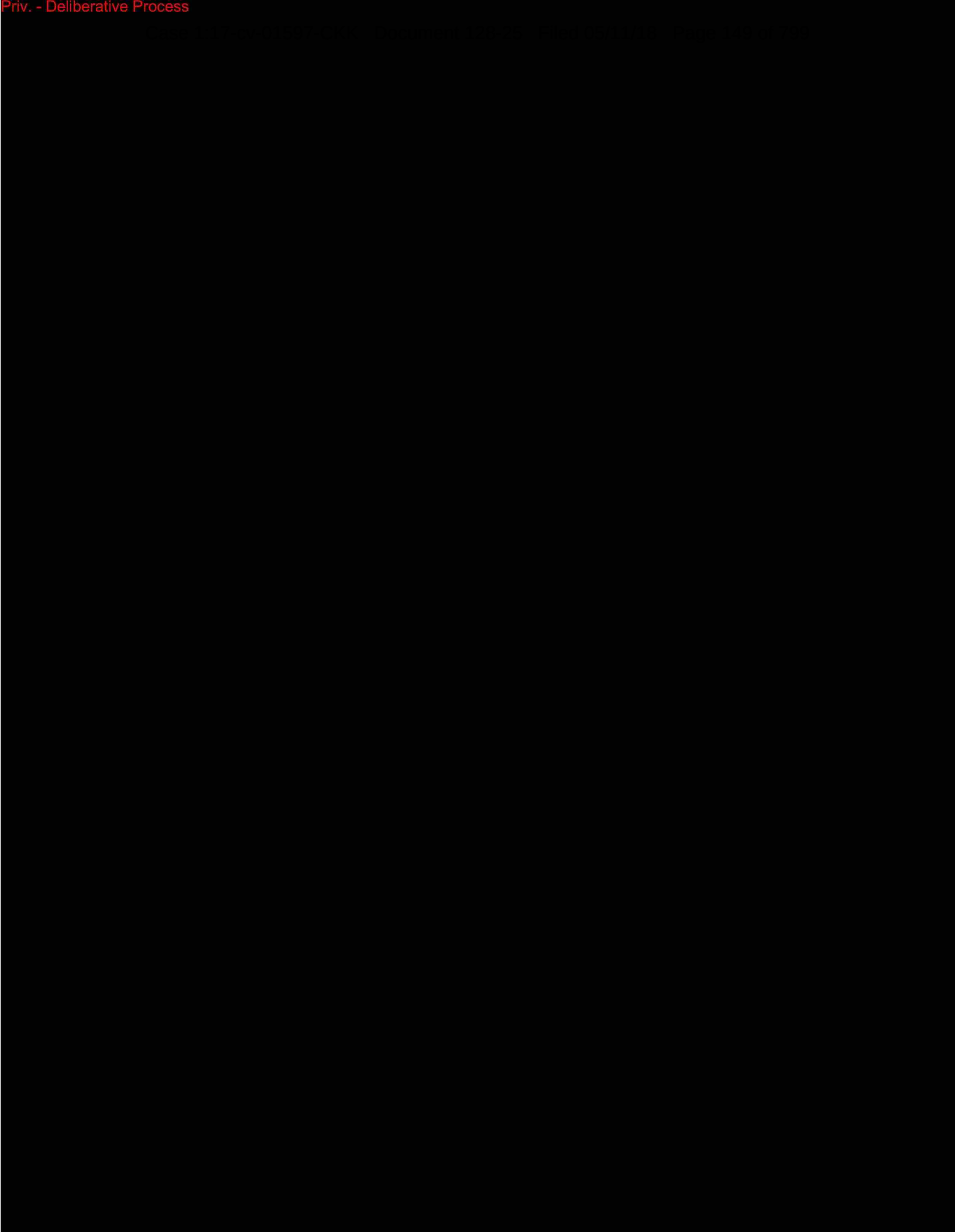
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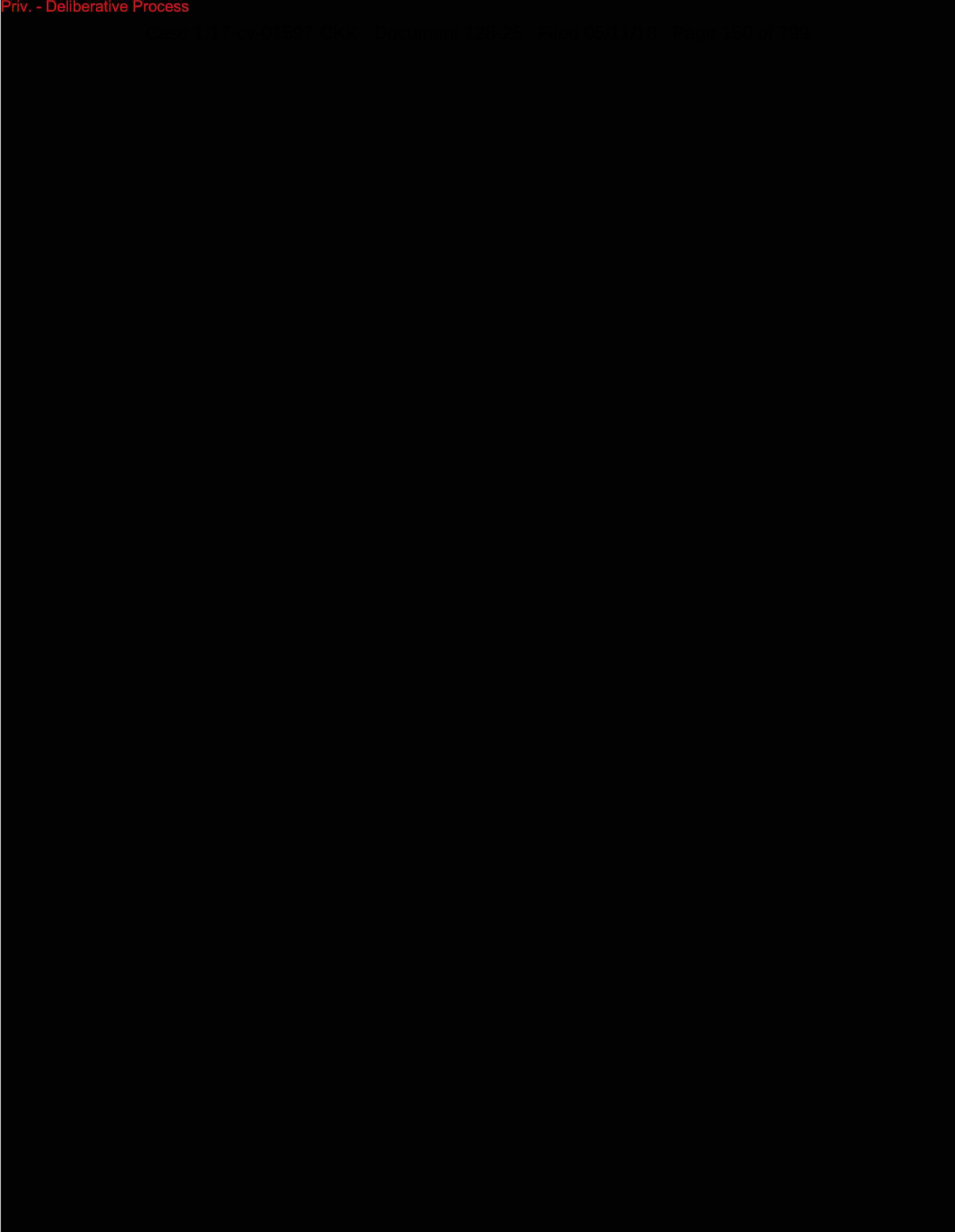
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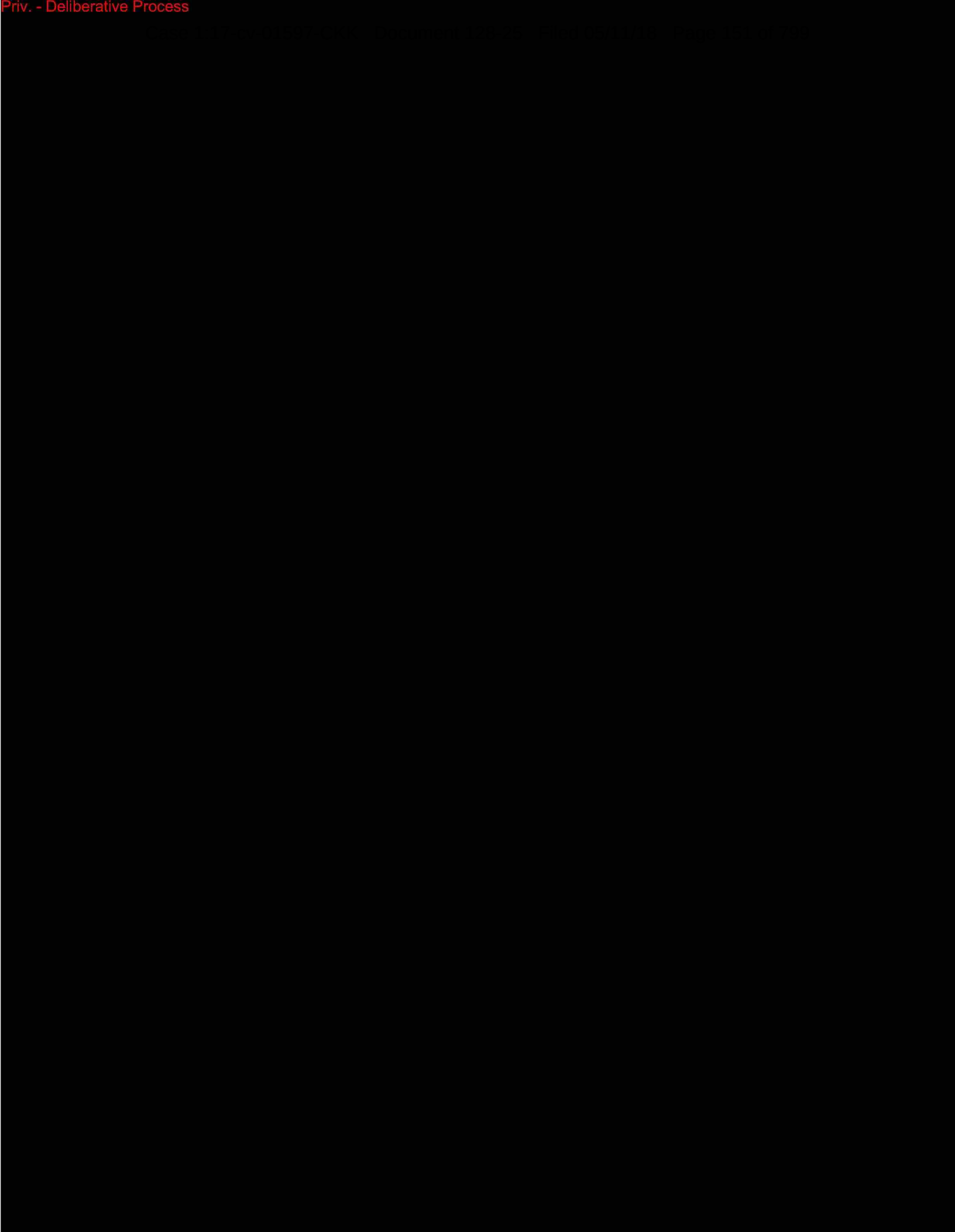
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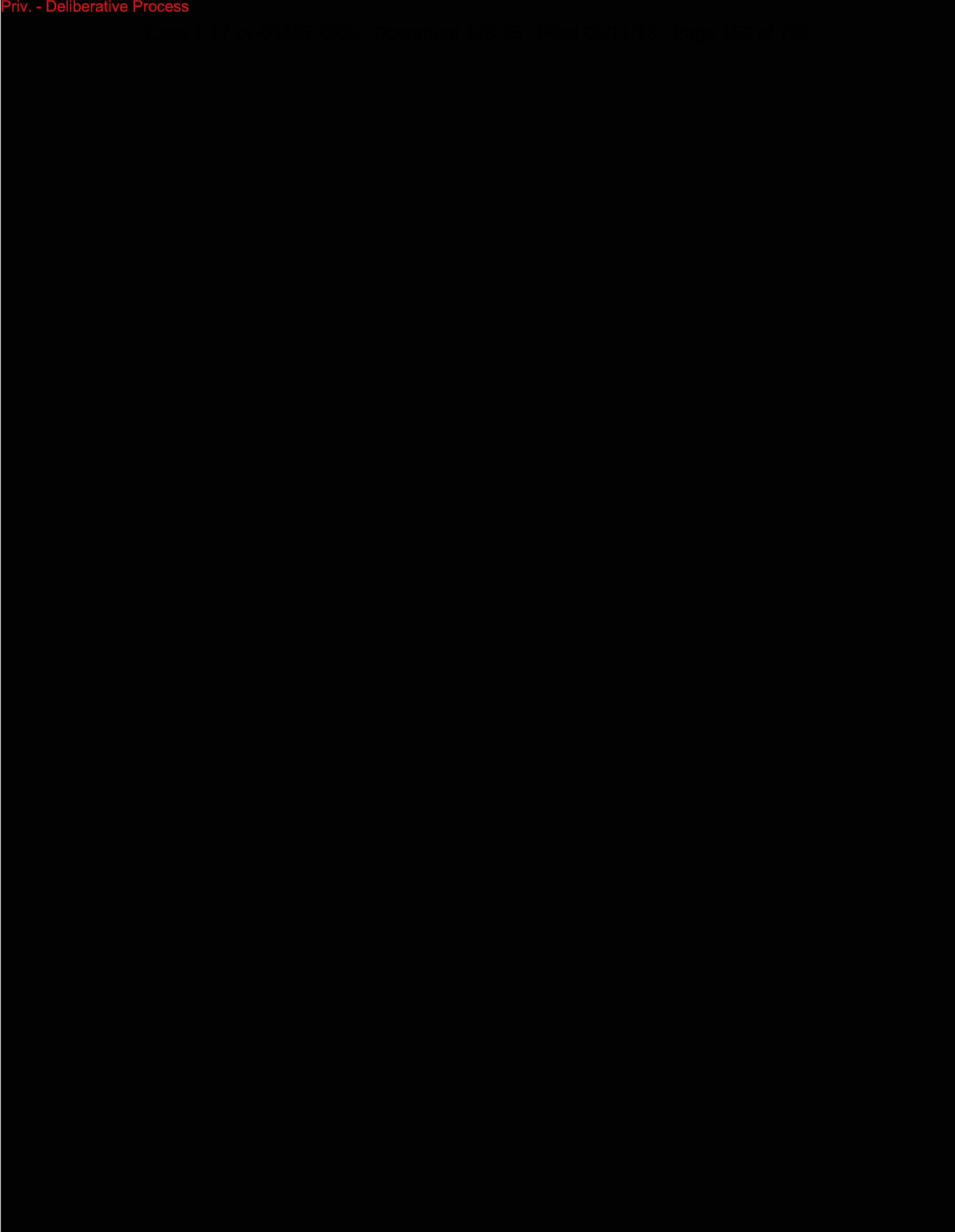
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From: [Soper, Martha P CIV USAF SAF-MR \(US\)](#)
To: [Sitterly, Daniel R SES USAF SAF-MR \(US\)](#)
Cc: [Fedrigo, John A SES USAF SAF-MR \(US\)](#)
Subject: FW: RHA for PoE meeting today, 21 Nov 17
Date: Tuesday, November 21, 2017 1:41:00 PM
Attachments: [Transgender Review Panel - Questions AF Position 21 Nov 17.docx](#)
[Transgender Review Panel - View of Others 21 Nov 17.docx](#)

Mr. Sitterly,

Sir, as discussed, attached are the documents Sec Donovan requested for discussion at today's PoE meeting. Sec Wilson, Sec Donovan, Gen Goldfein, Gen Wilson, CMSgt Wright, and I believe Mr. Manasco may be present, to discuss the official AF position next week while they are at Andrews.

I will keep you updated as things progress.

v/r,
Martie

Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
SAF/MRR, Rm 5D742, Pentagon
Washington, DC 20330
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-----Original Message-----

From: Korell, Scott S Maj USAF SAF-US (US)
Sent: Tuesday, November 21, 2017 11:26 AM
To: Soper, Martha P CIV USAF SAF-MR (US) <martha.p.soper.civ@mail.mil>
Cc: Schiess, Douglas A Col USAF SAF-US (US) <douglas.a.schiess.mil@mail.mil>
Subject: RE: RHA for PoE meeting today, 21 Nov 17

Martie,

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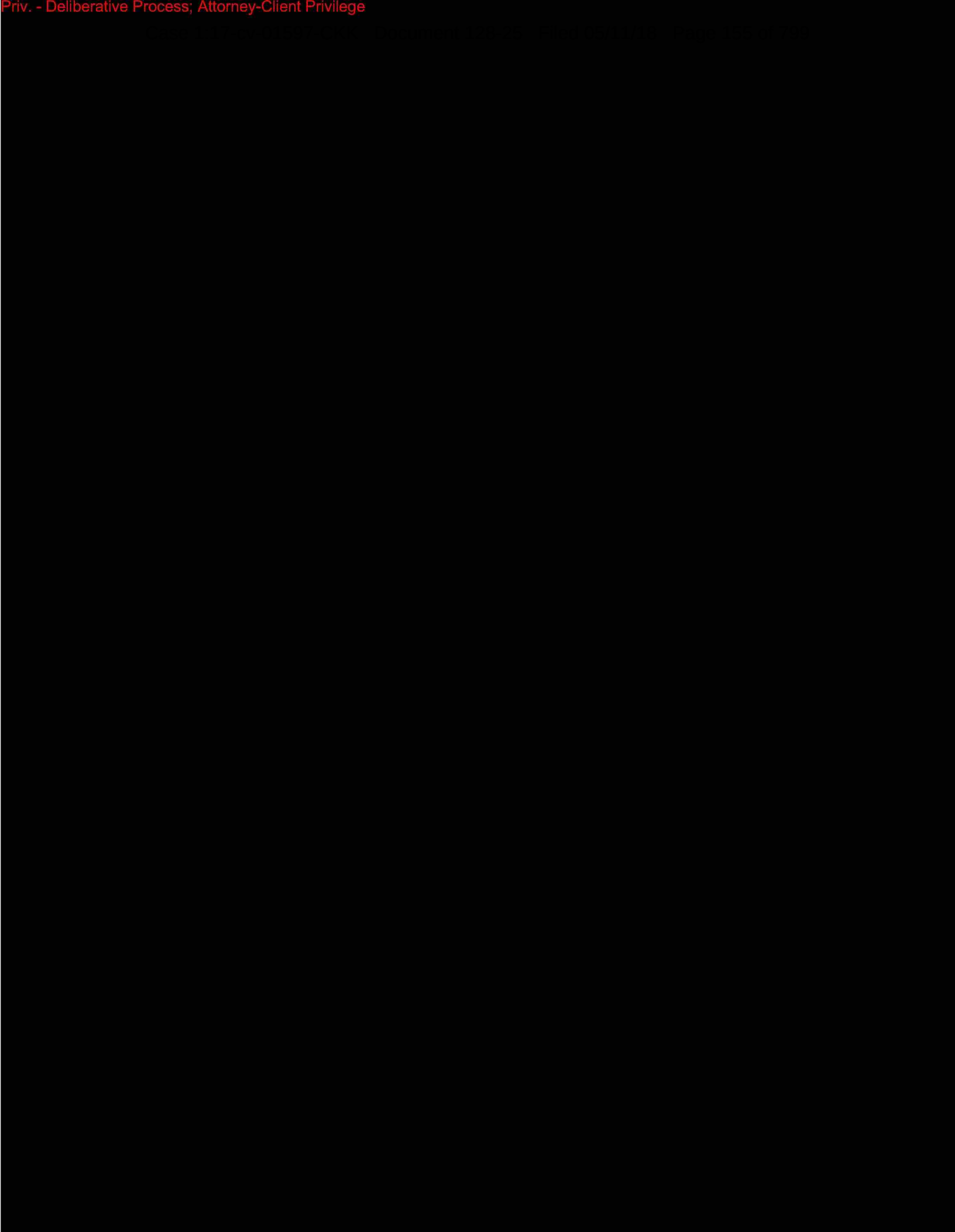
VR,
Scott

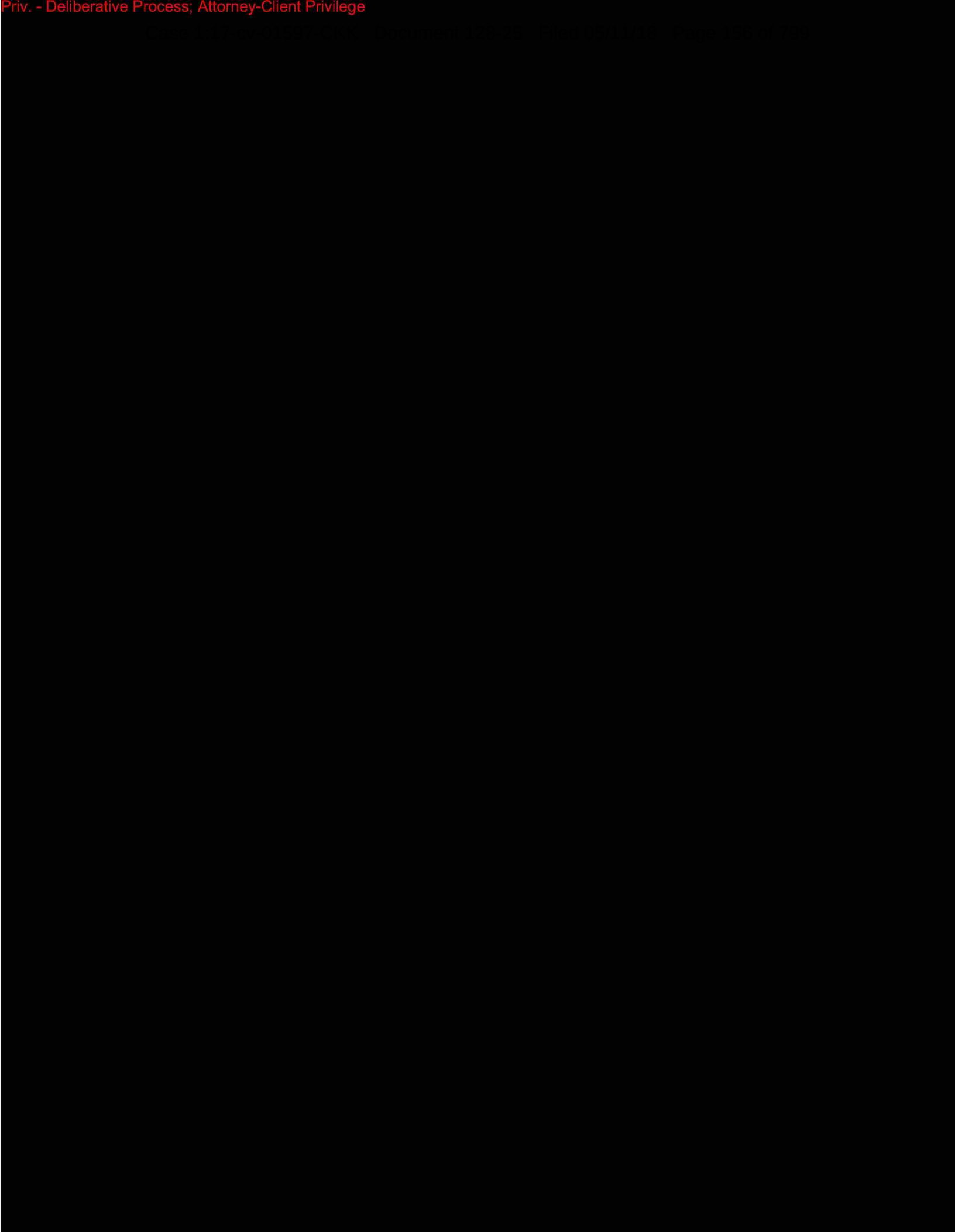
Scott S. Korell, Major, USAF

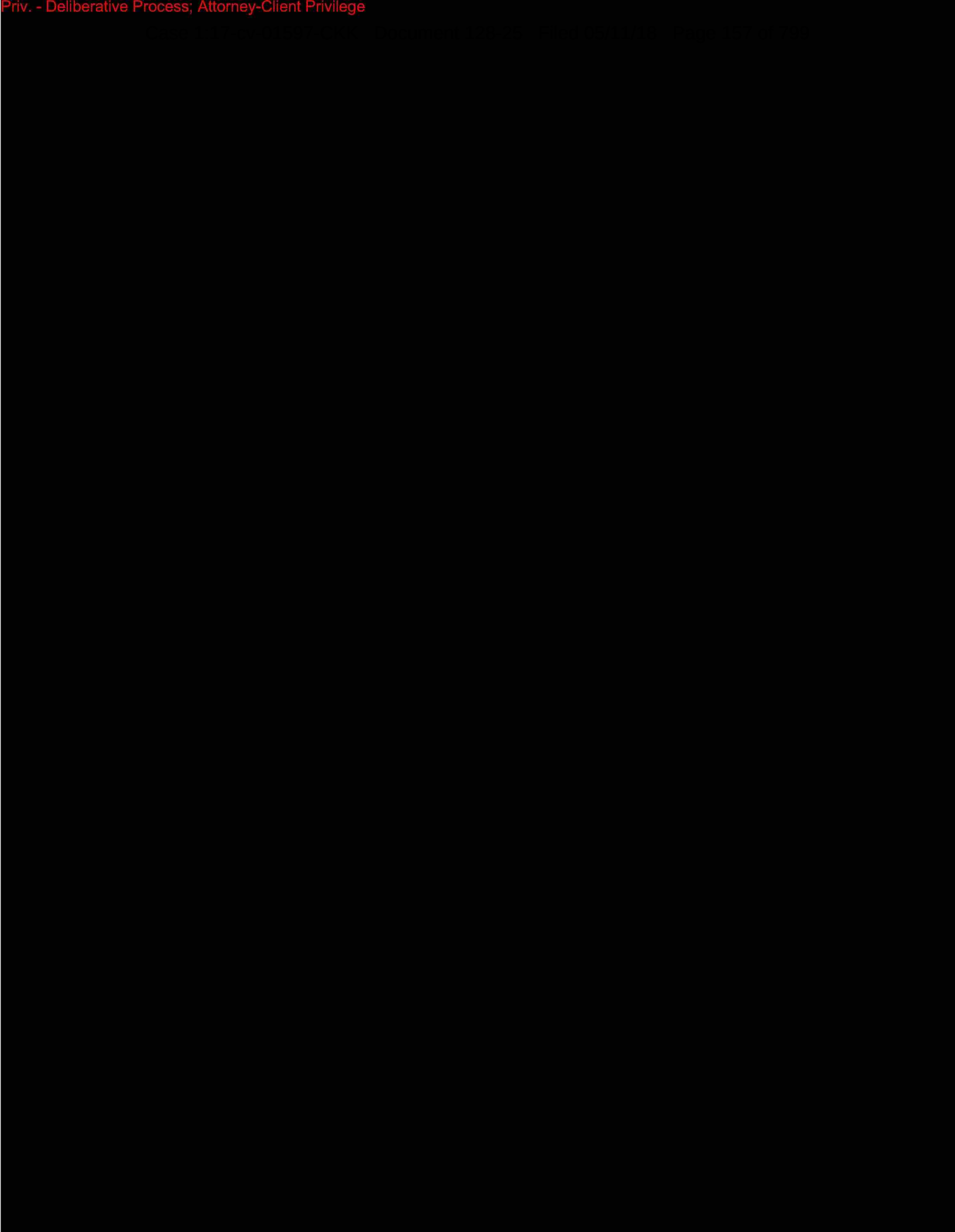
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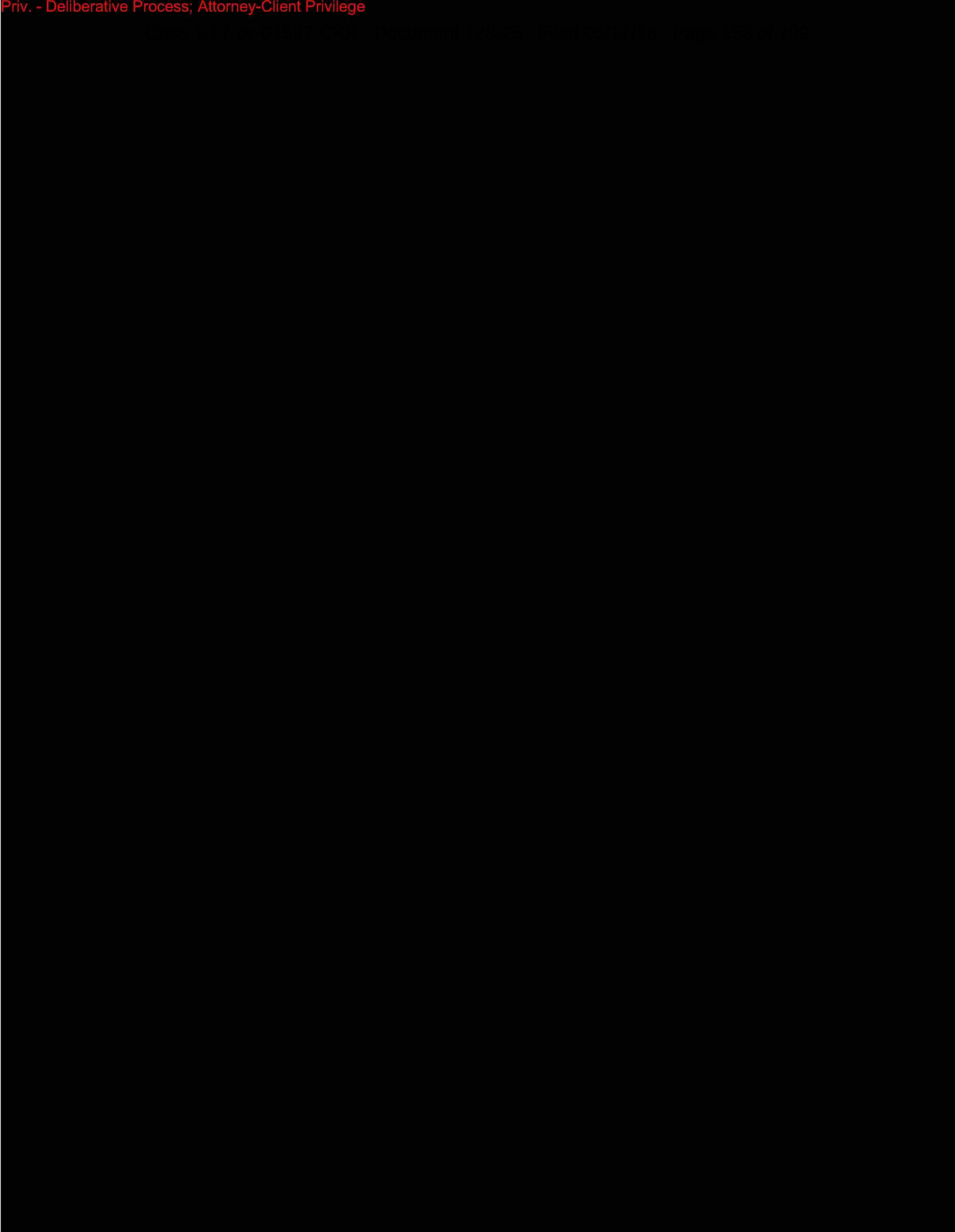
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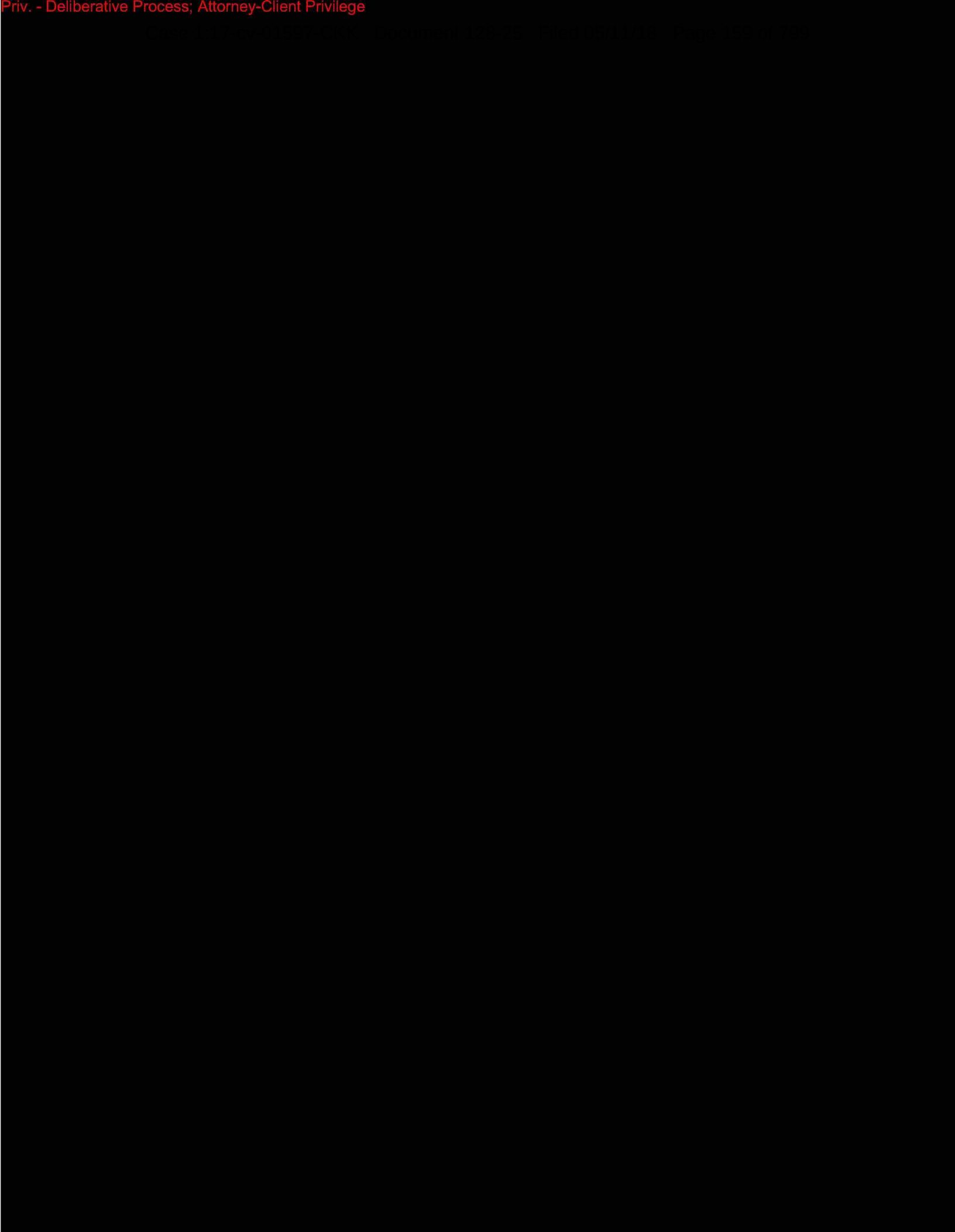
Military Assistant to the Under Secretary of the Air Force
1670 Air Force Pentagon, Room 4E858
Washington DC 20330-1670
Commercial (703) 695-8772 / DSN 225-8772
Cell: 571-215-9659

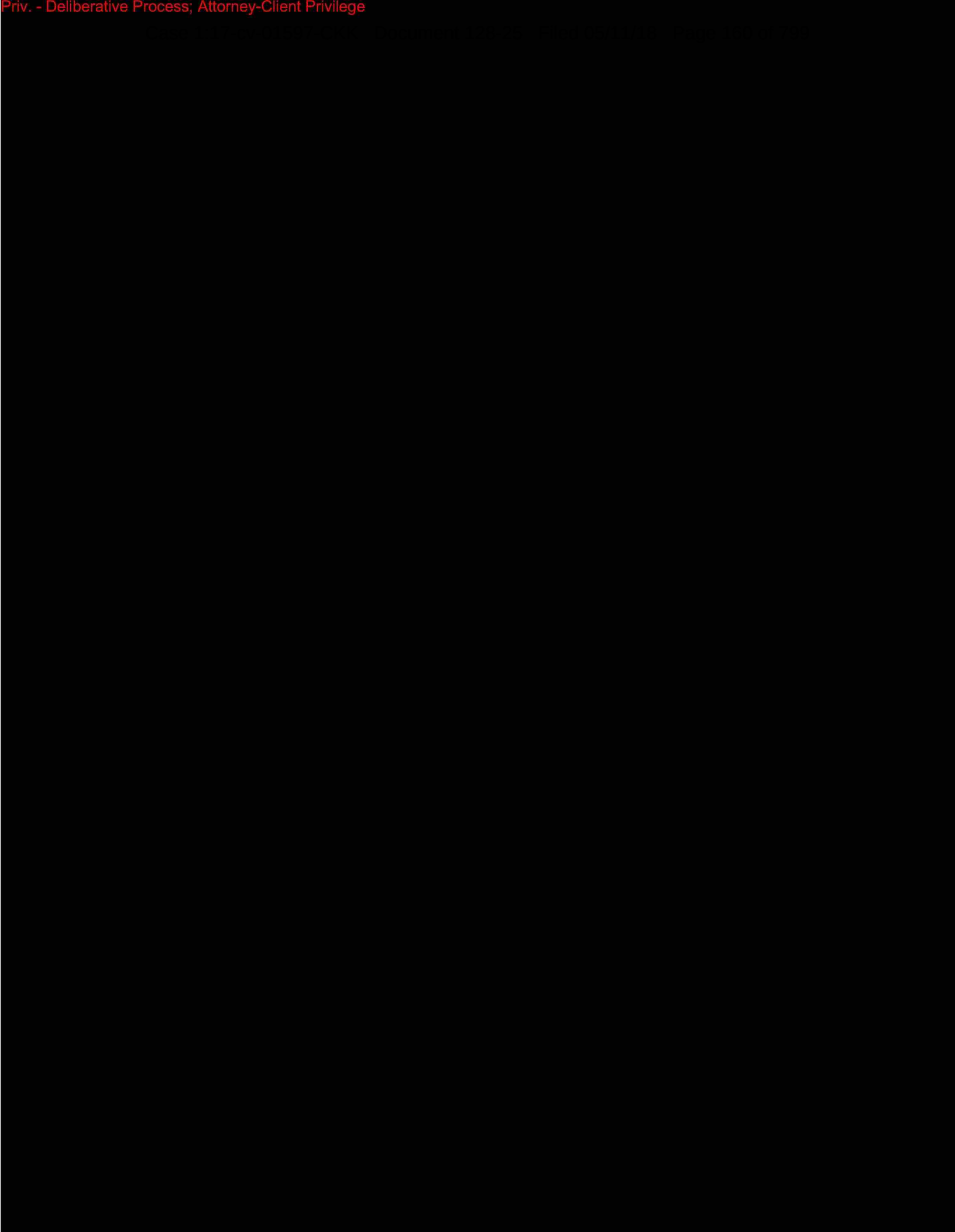


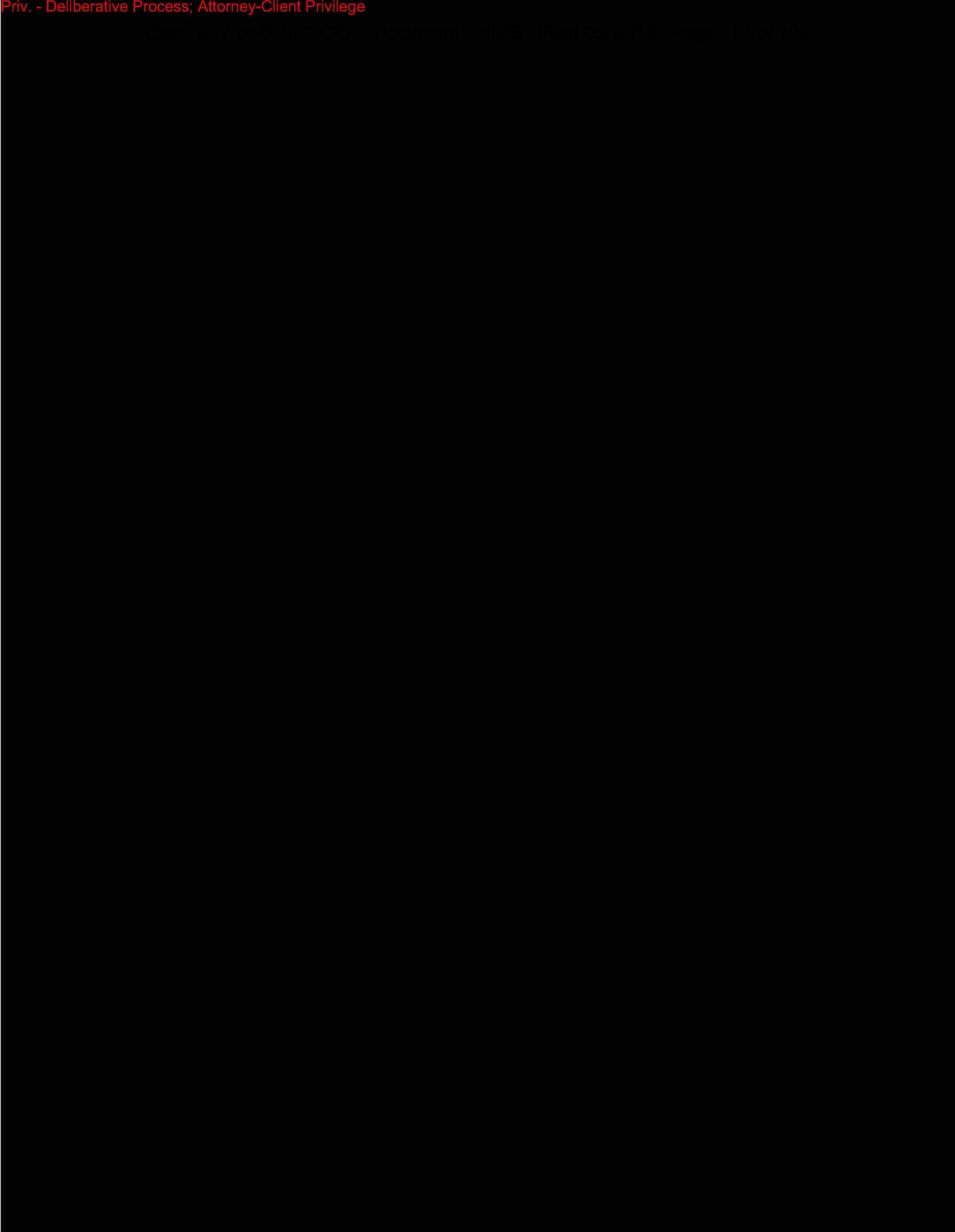


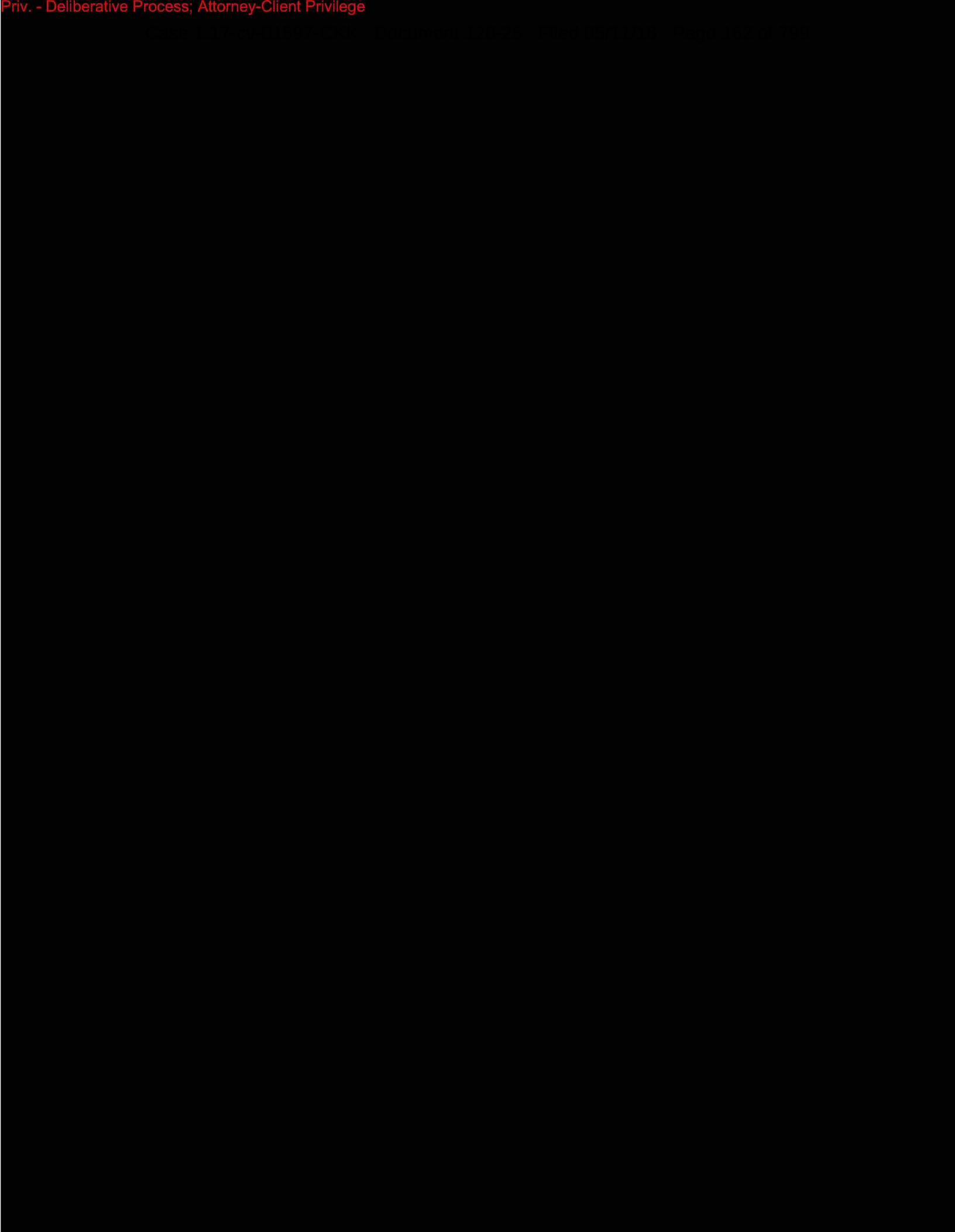


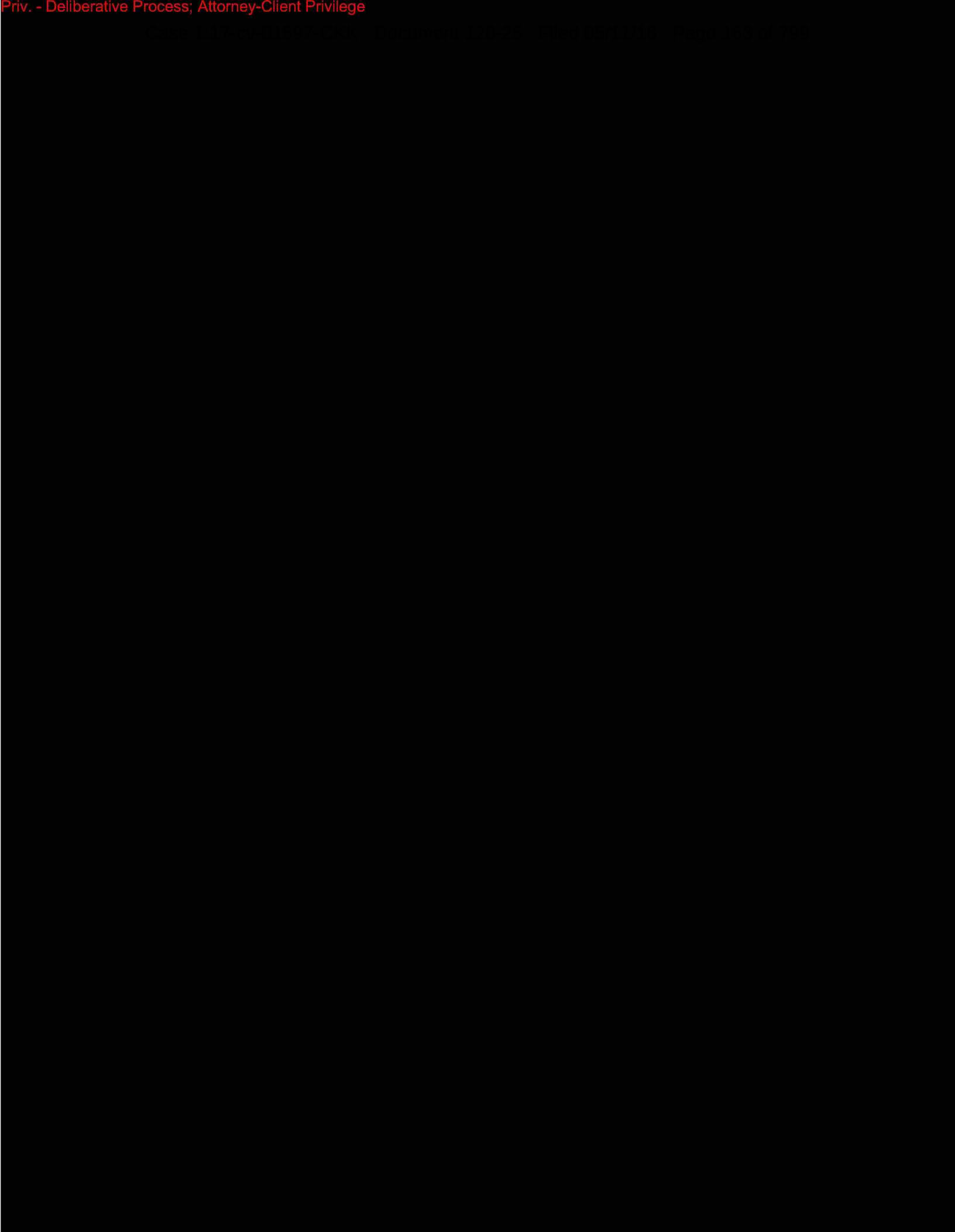












From: [Igl, Ann M Col USAF SAF-MR \(US\)](#)
To: [Floyd, Derrick J Lt Col USAF AF-A1 \(US\)](#); [Cheatham, Thomas N Col USAF AFMSA \(US\)](#)
Cc: [Fedrigo, John A SES USAF SAF-MR \(US\)](#); [Soper, Martha P CIV USAF SAF-MR \(US\)](#); [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Bosco, Albert J \(AI\) III Lt Col USAF SAF-MR \(US\)](#); [Weaver, Frederick C \(Chris\) Col USAF AF-SG \(US\)](#); [McKim, Heath A Maj USAF AF-A1 \(US\)](#)
Subject: FW: Slides (UNCLASSIFIED)
Date: Wednesday, October 11, 2017 4:49:36 PM
Attachments: [OPA 2016WGRA Transgender Request USD PR.pdf](#)
[AGENDA Transgender PoE Meeting 13 Oct 17.docx](#)

Sorry, just received another email, Ann

-----Original Message-----

From: Koprowski, Daniel C COL USARMY OSD OUSD P-R (US)
Sent: Wednesday, October 11, 2017 4:44 PM
To: Igl, Ann M Col USAF SAF-MR (US) <ann.m.igl.mil@mail.mil>
Subject: FW: Slides (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

COL Igl,

POCs provided two more documents.

Dan

Daniel C. Koprowski
COL, US Army
Executive Officer to the Assistant Secretary of Defense
(Manpower & Reserve Affairs)

SOPER DEP_RFP_00851

USDOE00032986



THE OFFICE OF PEOPLE ANALYTICS



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.

Key Findings From 2016 Gender Relations Surveys

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 $\pm 1\%$.

As shown in Table 2, based on the 126,234 DoD active duty eligible web survey⁴ 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.

Key Findings From 2016 Gender Relations Surveys

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.

Key Findings From 2016 Gender Relations Surveys

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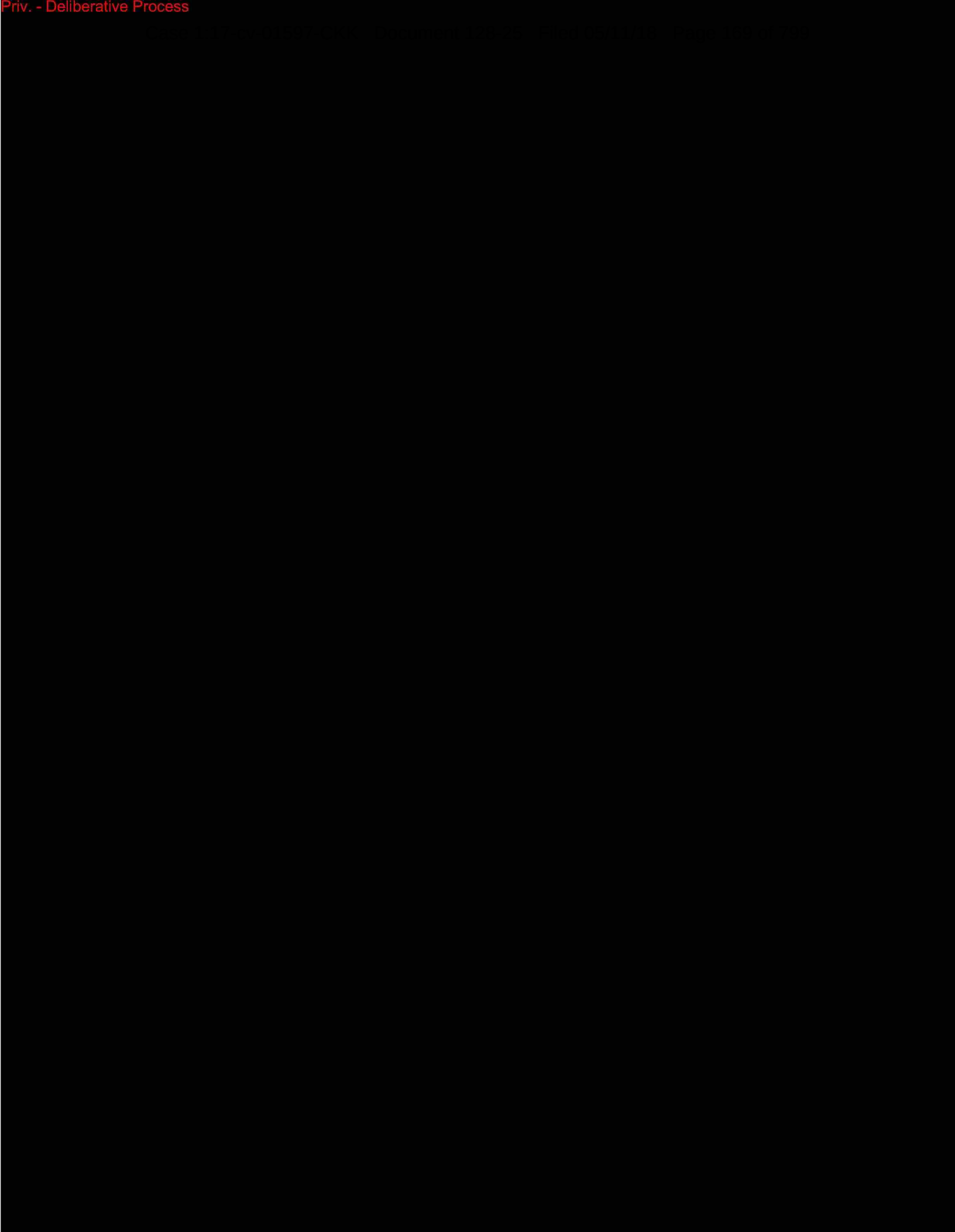
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Cc: [Fedrigo, John A SES USAF SAF-MR \(US\)](#); [Downes, Karen M Lt Col USAF SAF-MR \(US\)](#)
Subject: PoE Documents
Date: Wednesday, November 8, 2017 12:38:00 PM
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[PoE - Deliverable 3 - recommended authorized Treatments for GD - FOR RAHs.pdf](#)
[Deliverable 3 Slide 9.pdf](#)
[AGENDA Transgender Panel of Experts Meeting 5 - 9 Nov 17.docx](#)
[TG LOE v8.pdf](#)

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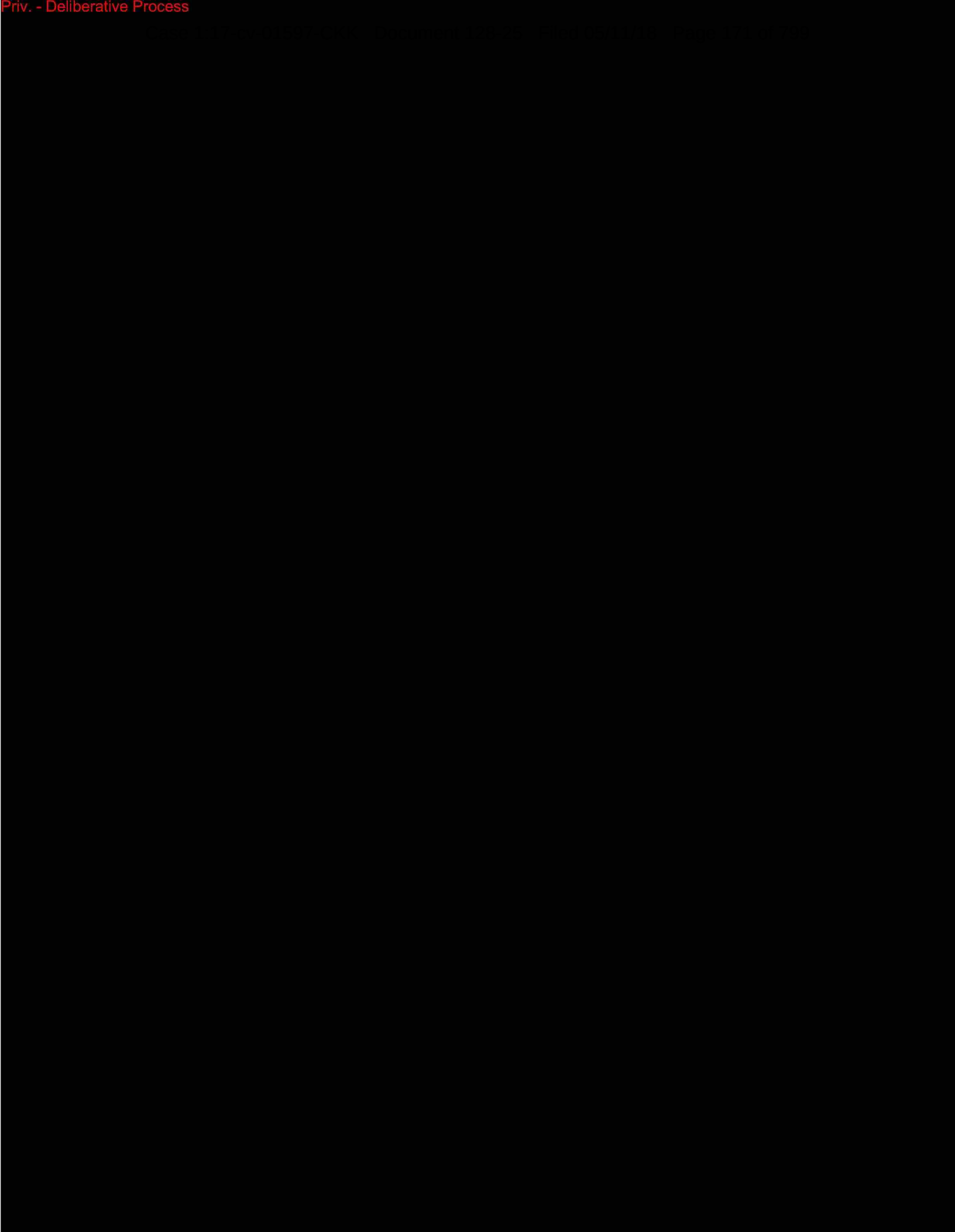
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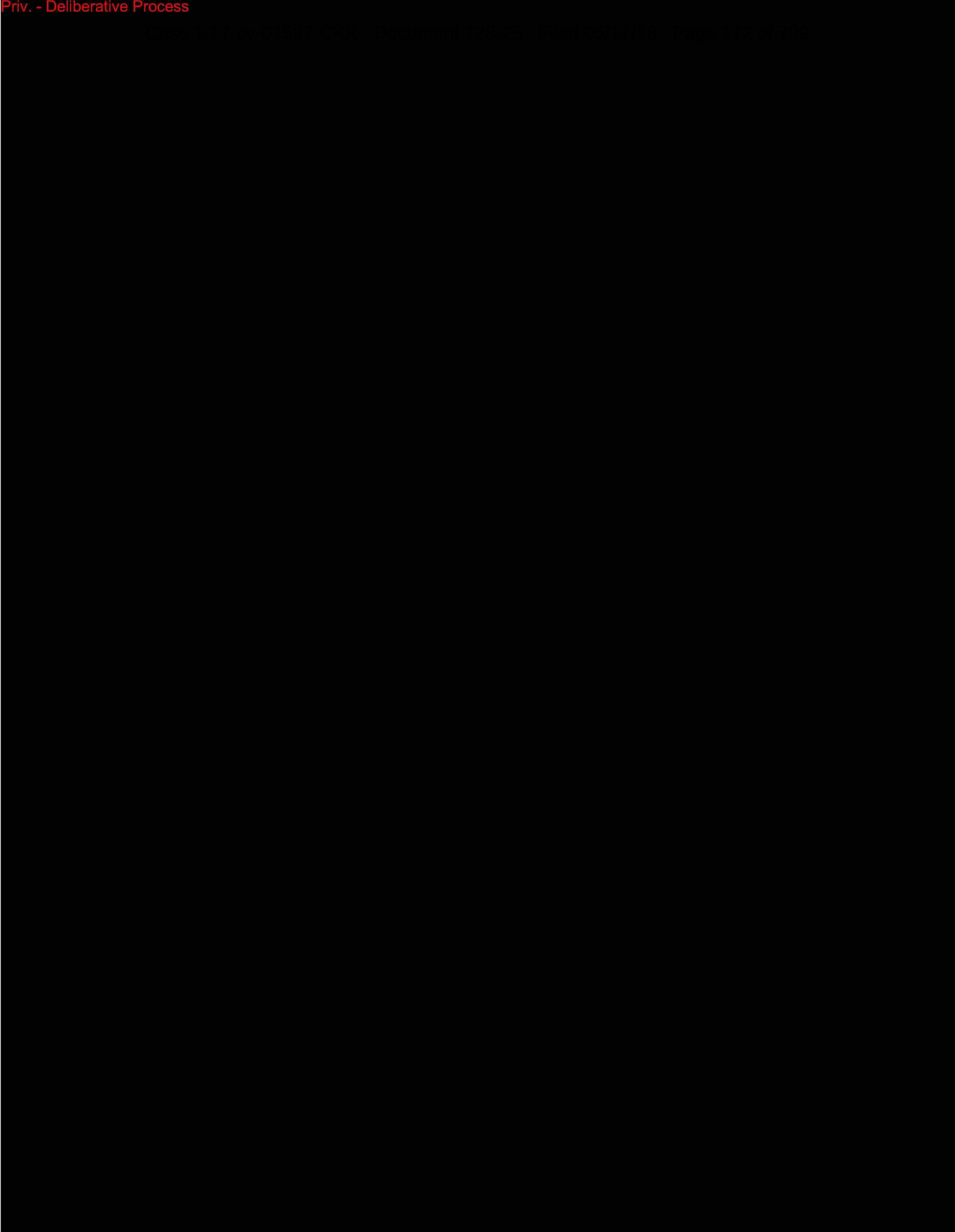


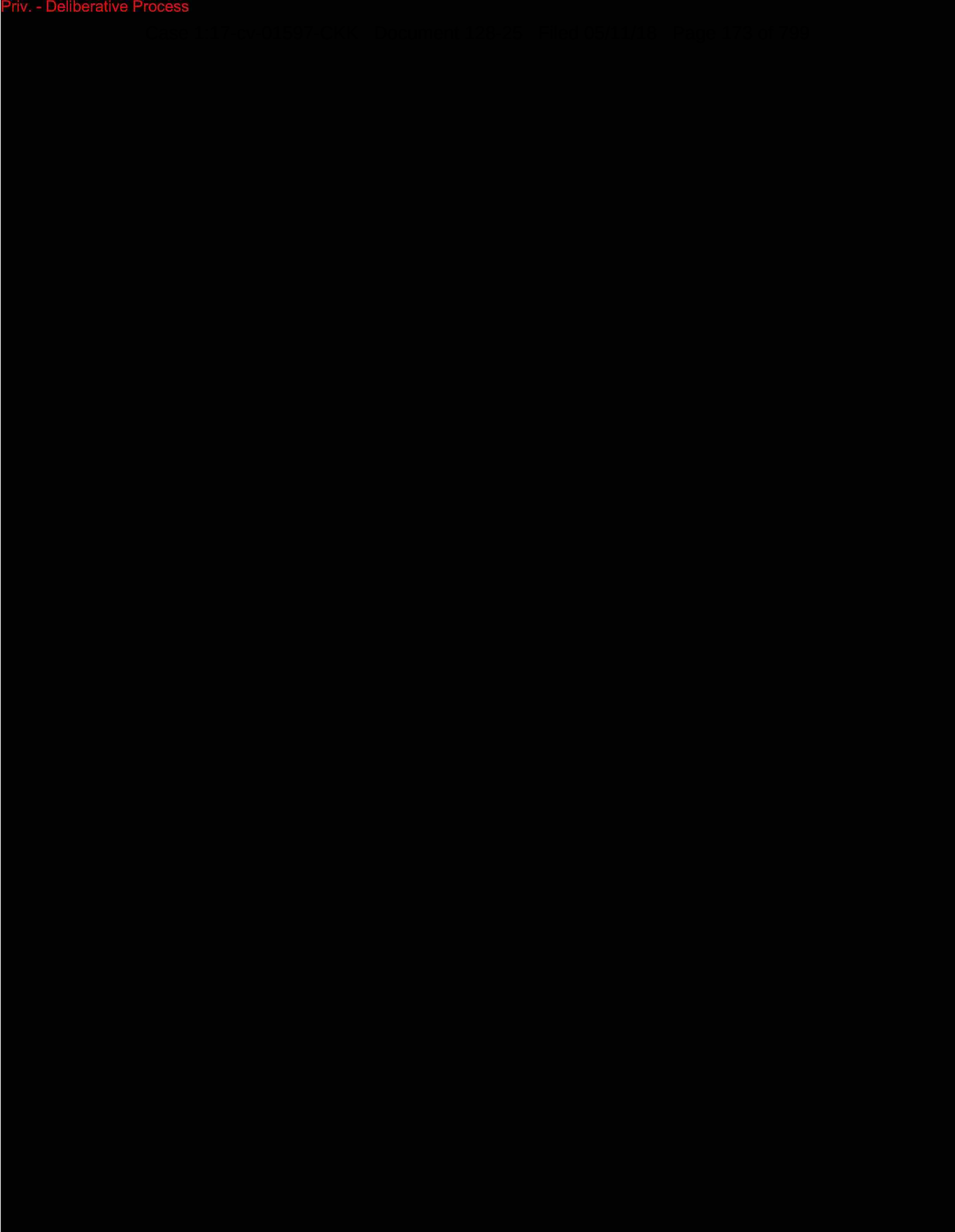
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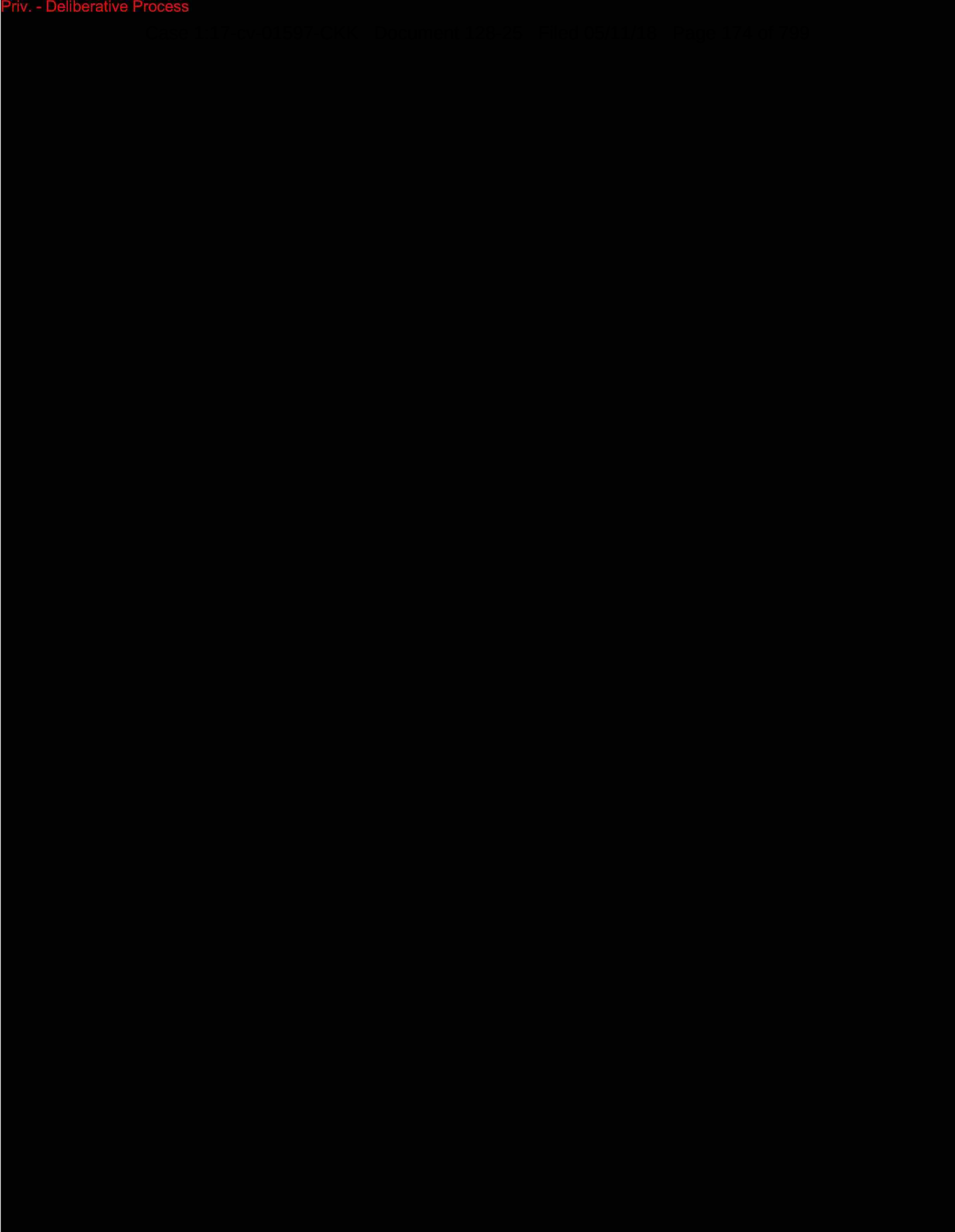
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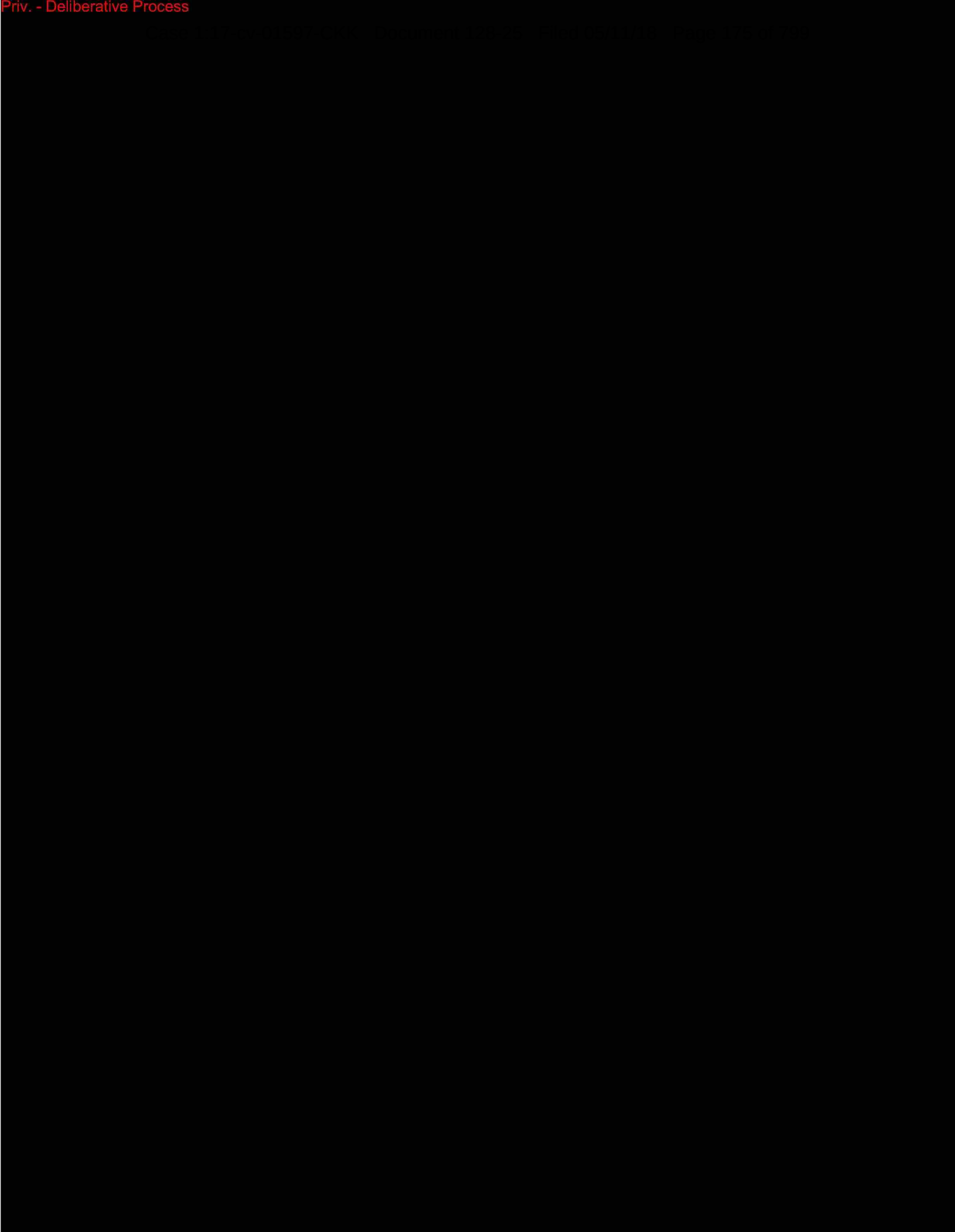
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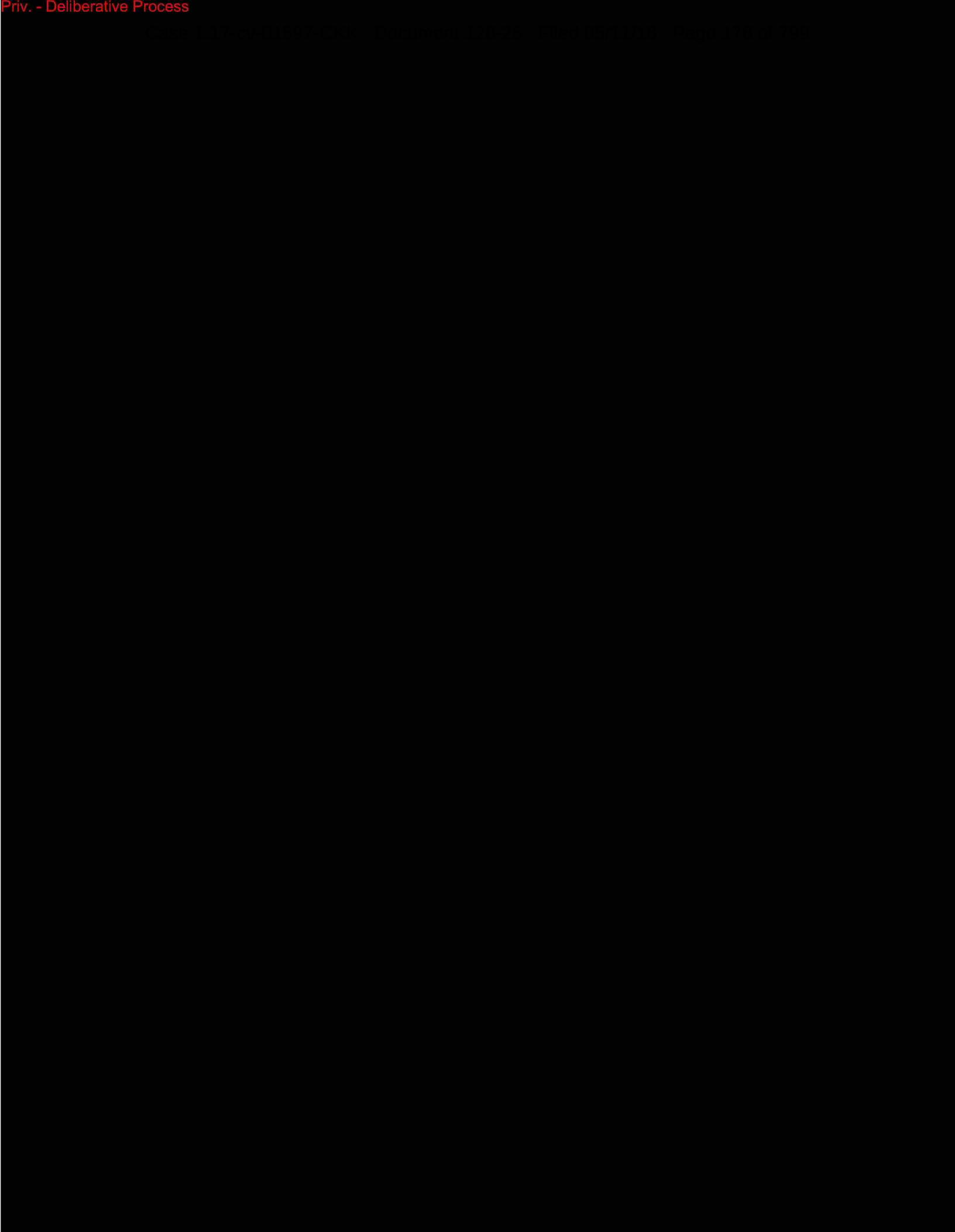


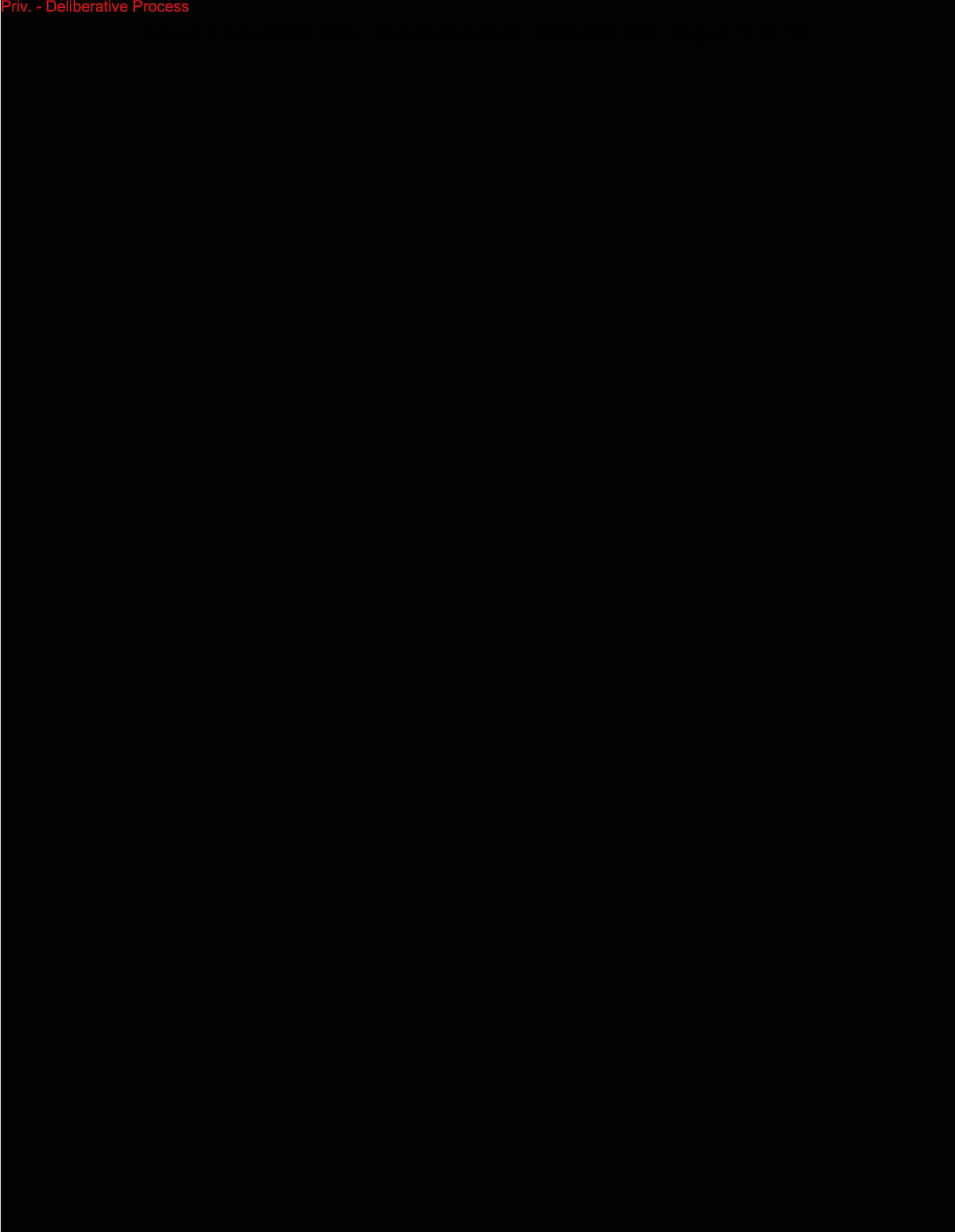


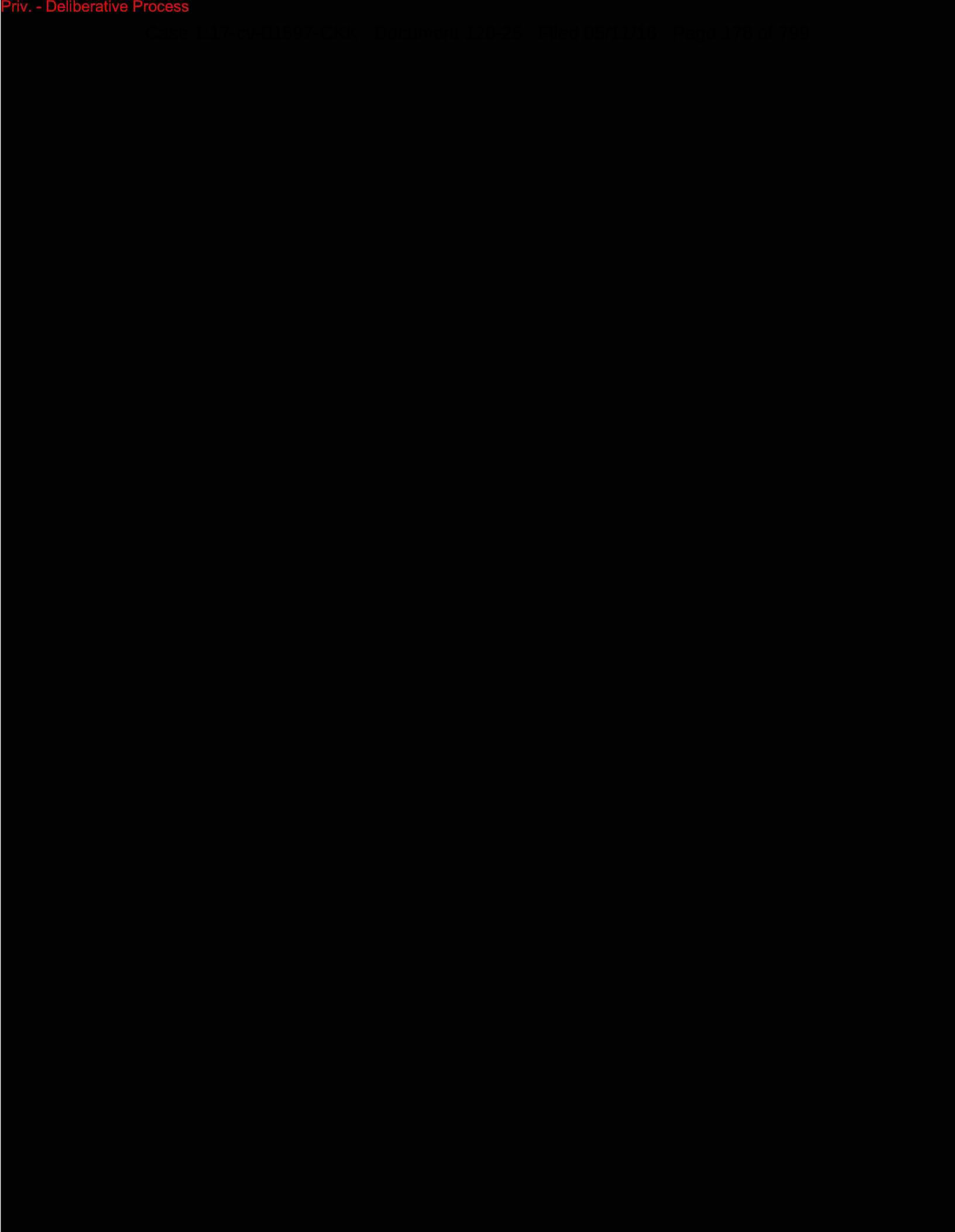


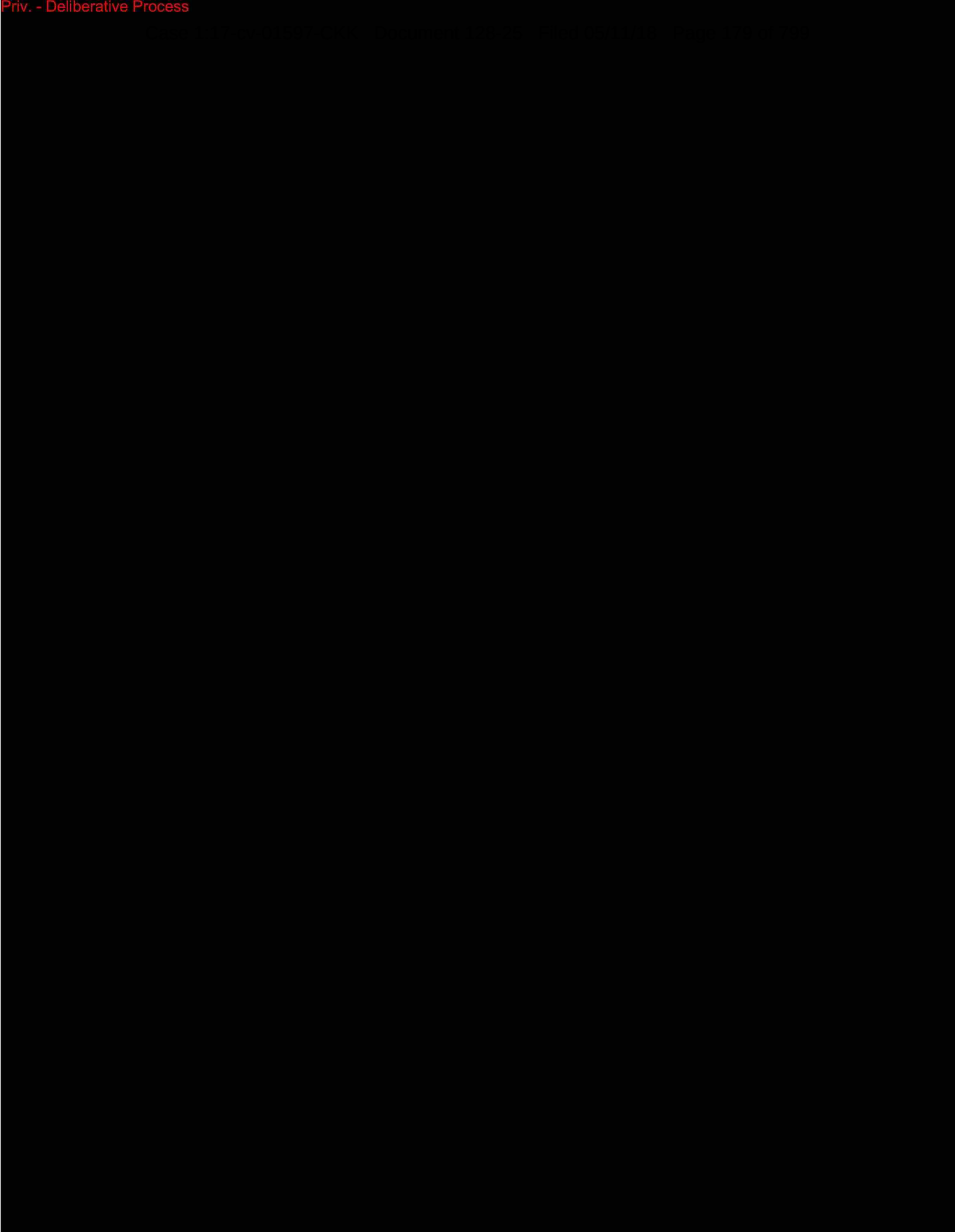


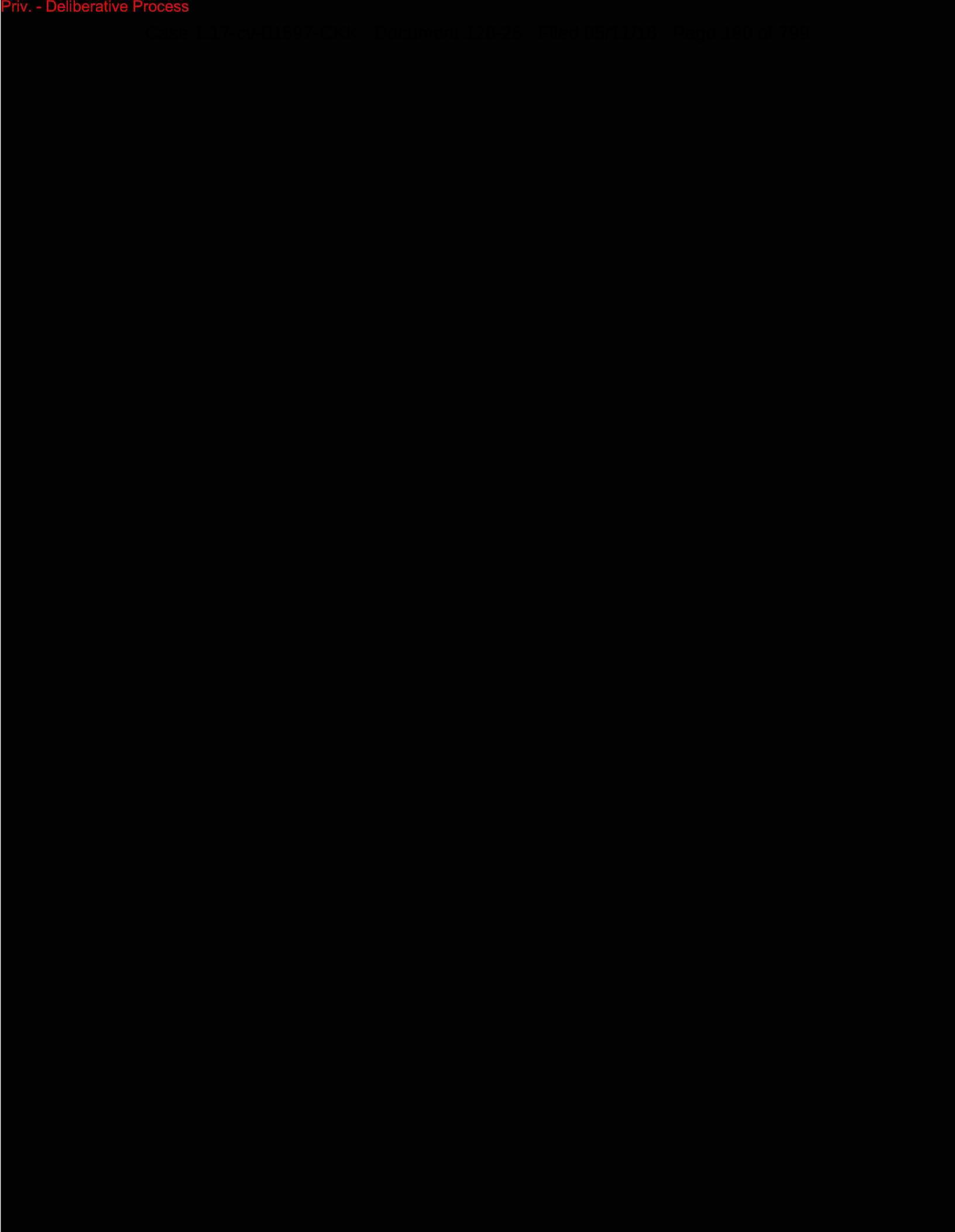


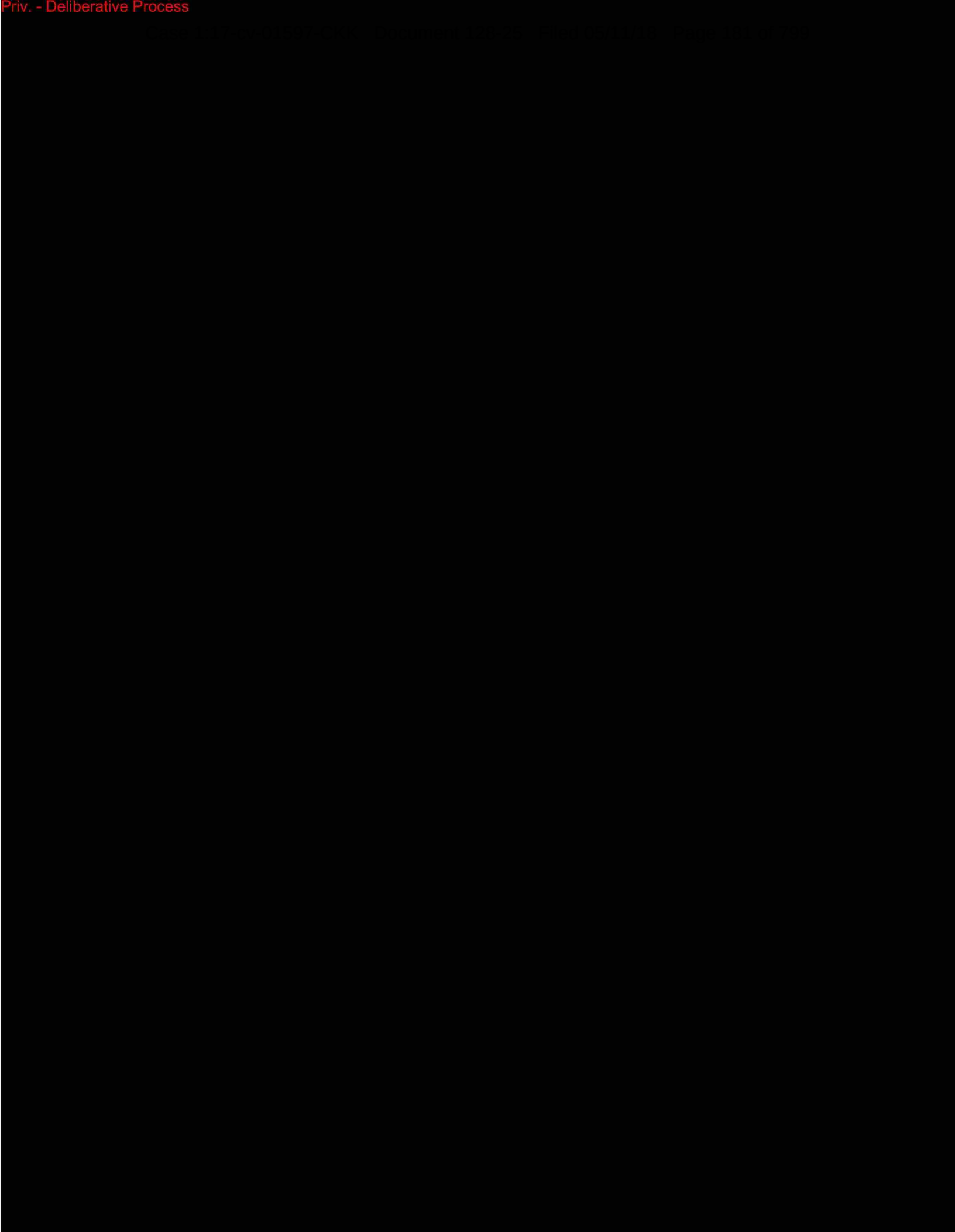


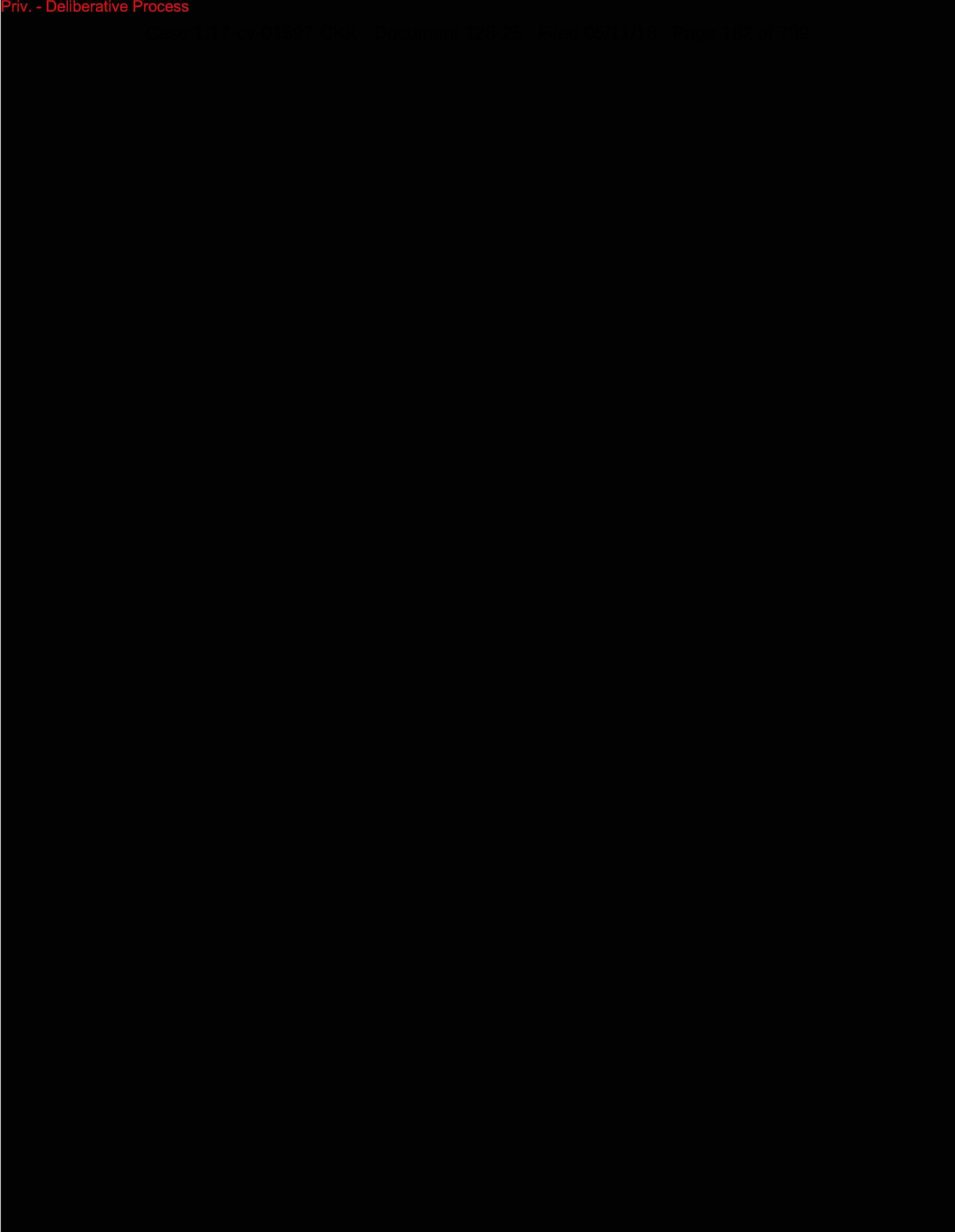


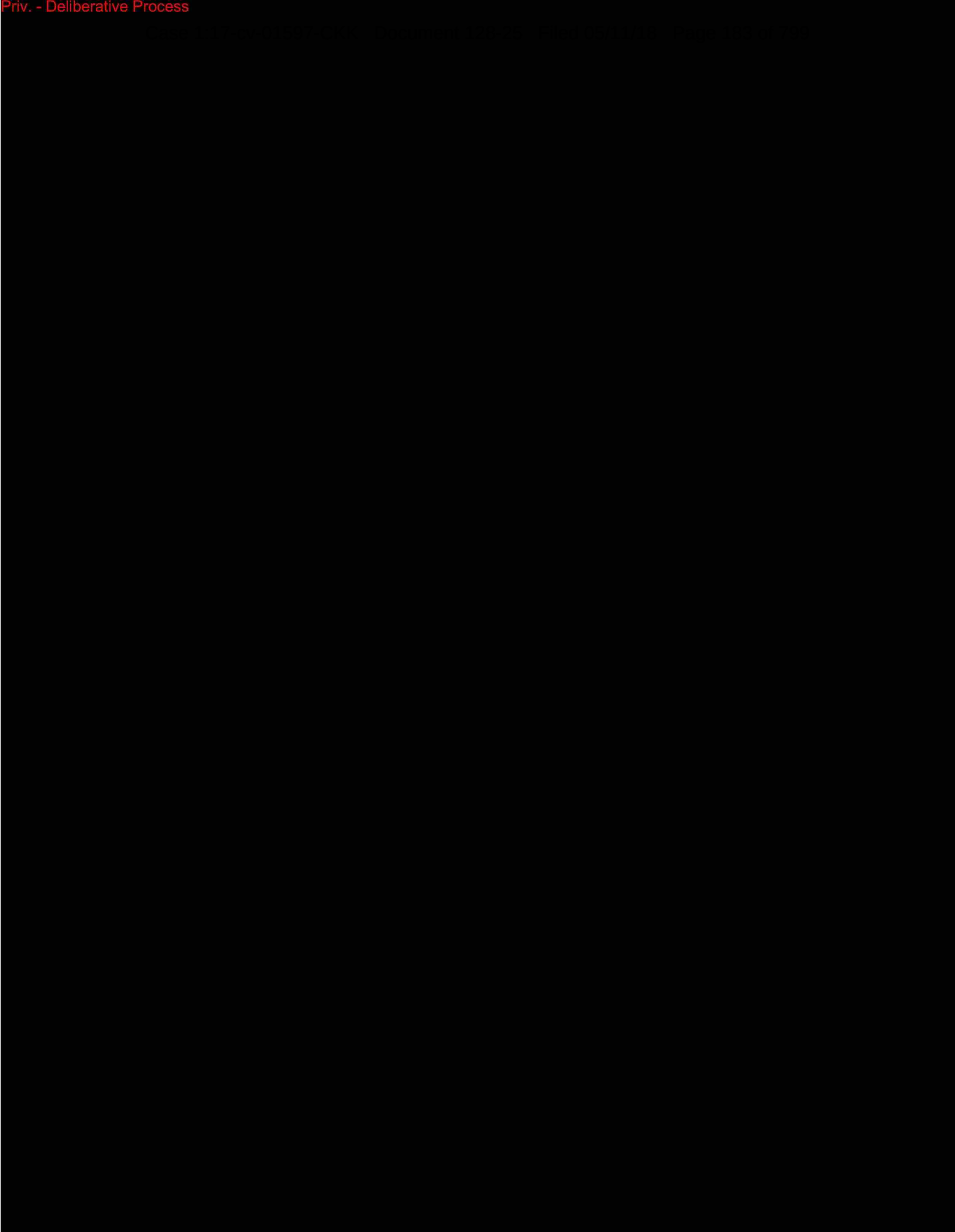


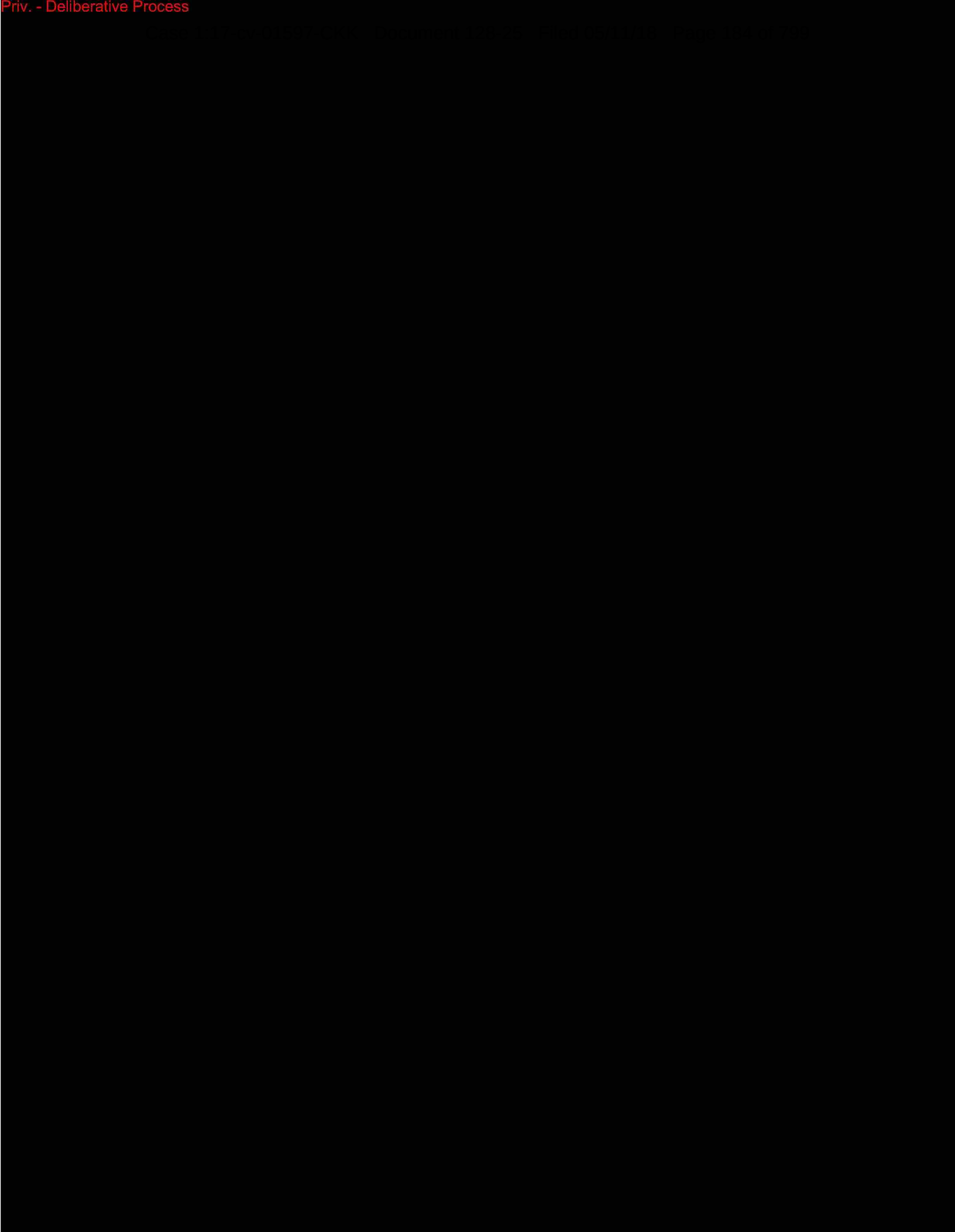


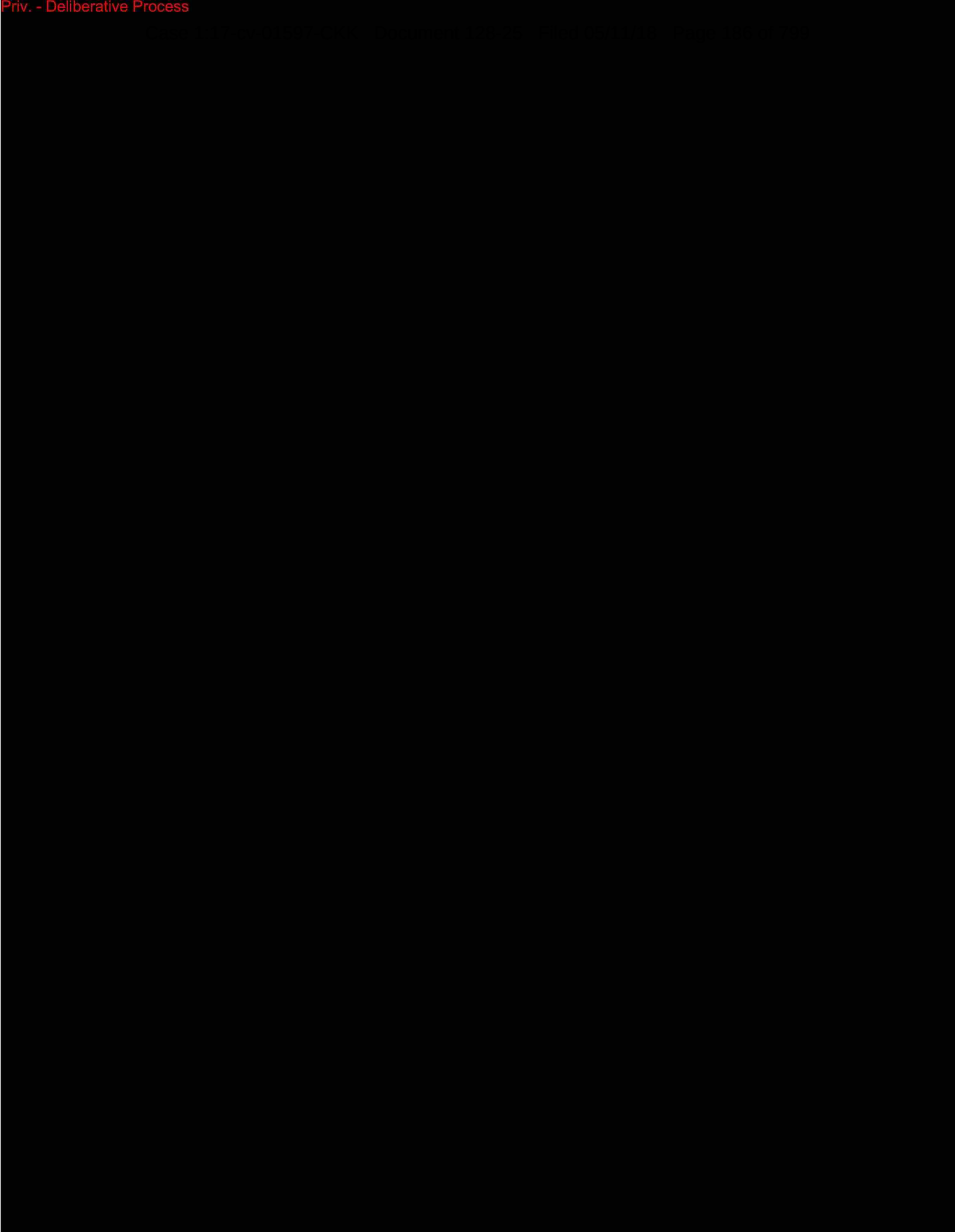


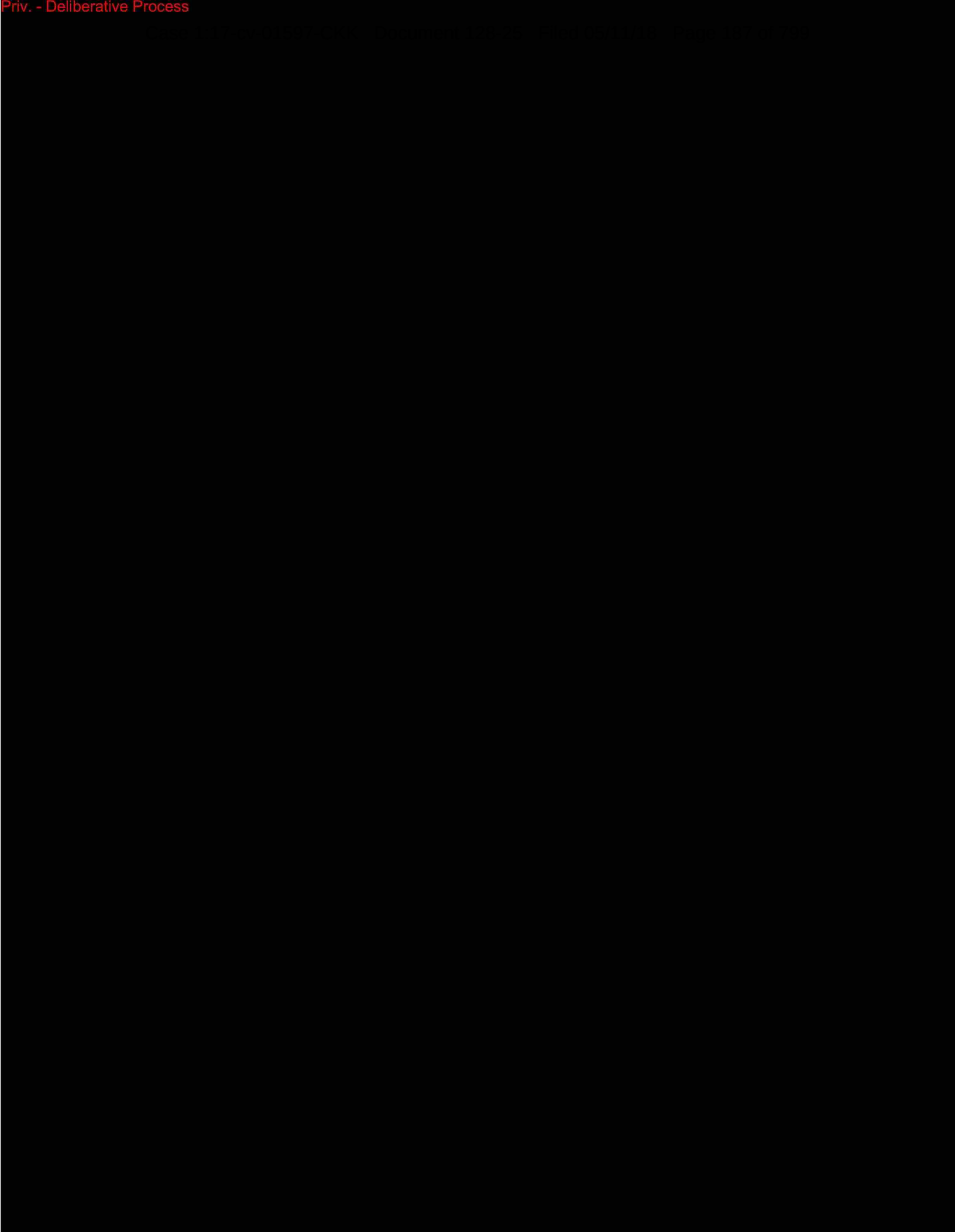


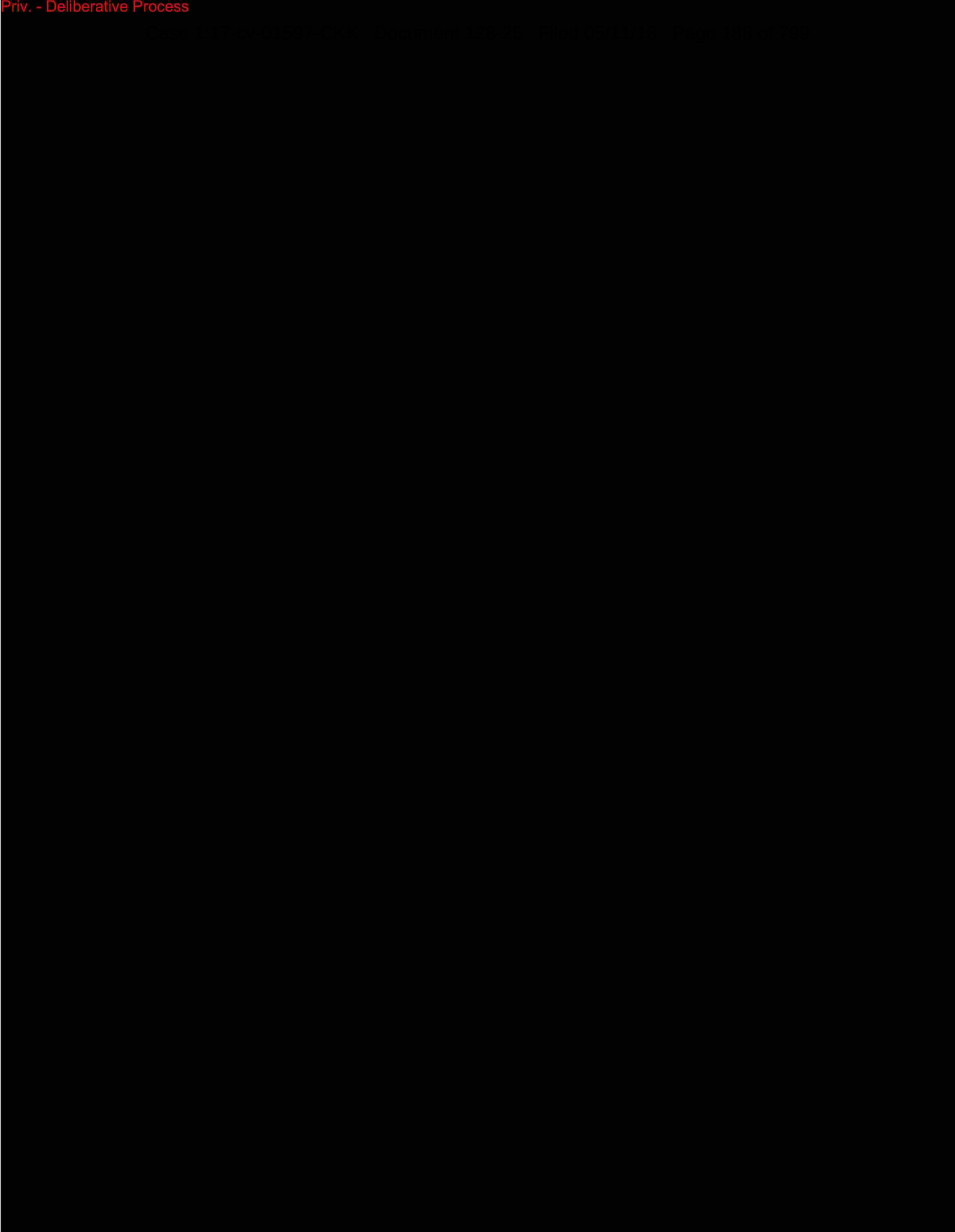


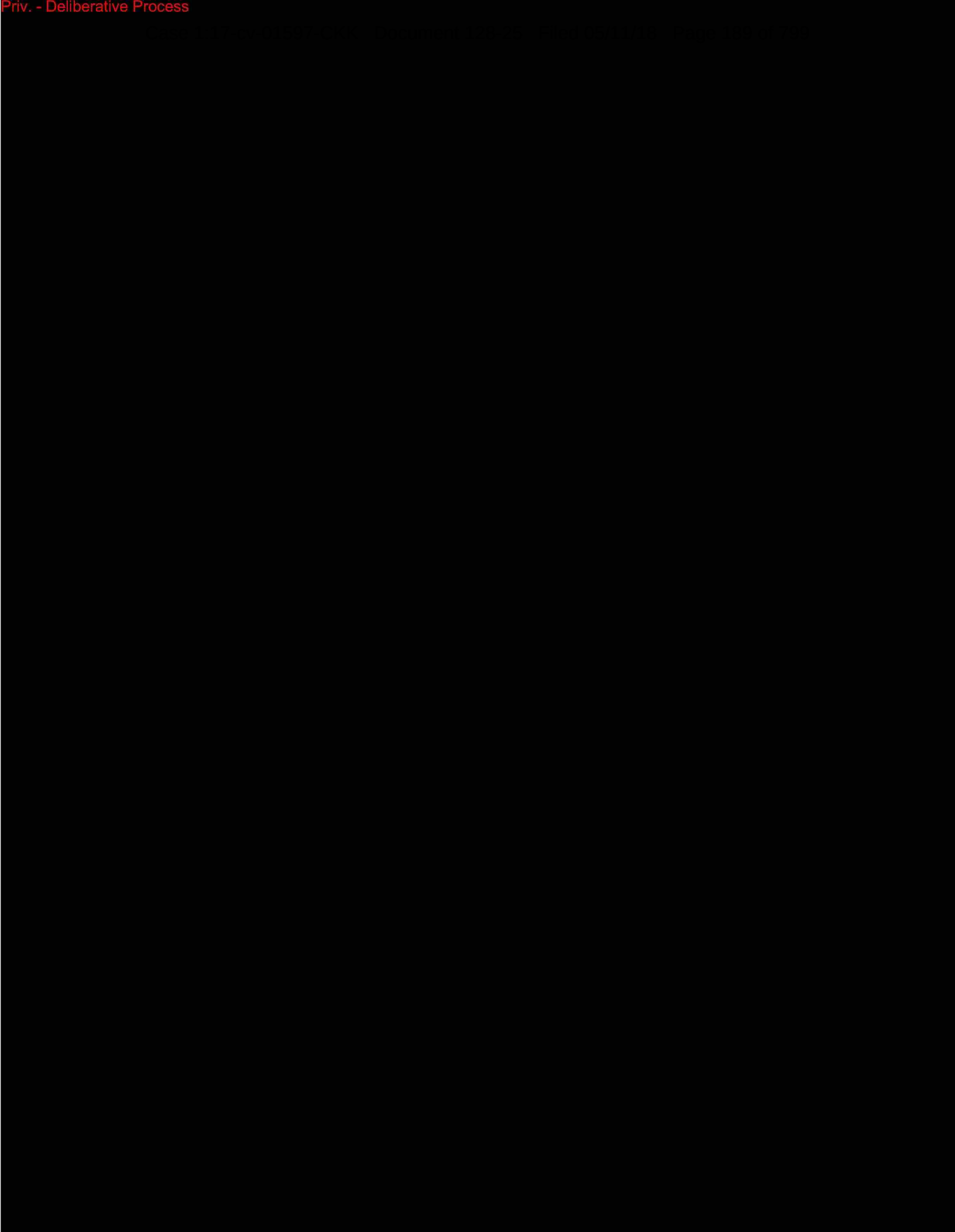


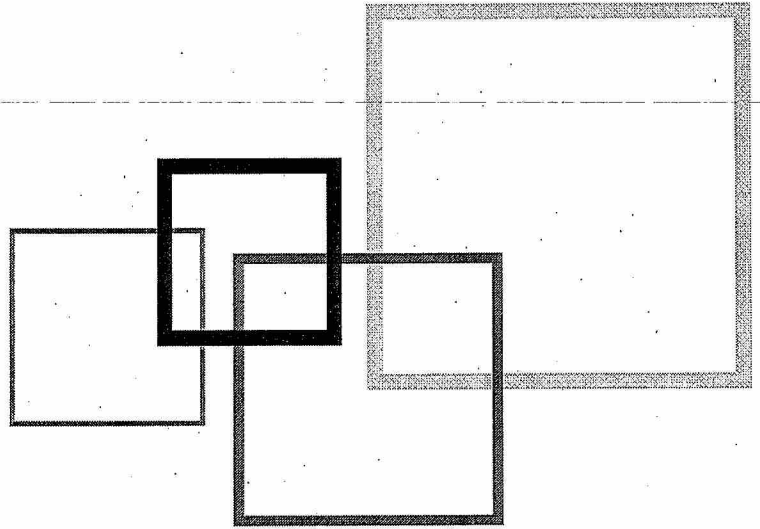












EXECUTIVE

SUMMARY

*A special thanks is also extended to **USTS Interns, Fellows, and Assistants** for their work at various stages of the project:*

Rodrigo Aguayo-Romero	Shabab Mirza	Jeymee Semiti	Venus Selenite
Willem Miller	Davida Schiffer	Danielle Stevens	

*The authors also thank the **USTS Advisory Committee (UAC)** members, who devoted their time to the project by giving valuable recommendations around project development and community outreach:*

Danni Askini	Brooke Cerda Guzman	Angelica Ross	Brynn Tannehill
Cherno Biko	Trudie Jackson	Nowmee Shehab	
Thomas Coughlin	Andrea Jenkins	Stephanie Skora	

Additional acknowledgement goes to the **more than 300 transgender, LGBT, and allied organizations** that promoted and distributed the survey to its members throughout the country for completion.

The authors also acknowledge current and former NCTE staff for their work on the project, particularly:

Theo George and **Vincent Villano** for their pivotal work in survey project development and distribution through their respective roles in digital media and communication strategy.

Arli Christian, Joanna Cifredo, K'ai Smith, and **Harper Jean Tobin** for their contributions as report co-writers, including lending their subject-matter expertise and analysis to the findings included in this report.

Various individuals and firms assisted in spreading the word about the survey, both prior to and during the data collection phase, as well as in the designing and reporting stages. Thanks goes to:

Sean Carlson	Anna Zuccaro	Dewey Square Group	TransTech Social Enterprises
Molly Haigh	Design Action Collective	ThoughtWorks	

Additionally, NCTE would like to express special appreciation to **an anonymous donor** for providing the largest share of the funds needed to conduct and report on the U.S. Transgender Survey. Other important funders were the **Arcus Foundation**, the **Gill Foundation**, the **Human Rights Campaign Foundation**, and the **David Bohnett Foundation**. NCTE is also grateful to its other funders, many of which supported this project through general operating support, including the **Ford Foundation**, the **Evelyn & Walter Haas, Jr. Fund**, and the **Tides Foundation**.

Finally, NCTE would like to give special thanks to the **National LGBTQ Task Force**, for its previous partnership in conducting the National Transgender Discrimination Survey as a joint project from 2008 to 2011, as well as for its support of NCTE's re-development of it as the U.S. Transgender Survey.

USTS Executive Summary

The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. Conducted in the summer of 2015 by the National Center for Transgender Equality, the USTS was an anonymous, online survey for transgender adults (18 and older) in the United States, available in English and Spanish. The USTS serves as a follow-up to the groundbreaking 2008–09 National Transgender Discrimination Survey (NTDS), which helped to shift how the public and policymakers view the lives of transgender people and the challenges they face. The report of the 2015 USTS provides a detailed look at the experiences of transgender people across a wide range of categories, such as education, employment, family life, health, housing, and interactions with the criminal justice system.

The findings reveal disturbing patterns of mistreatment and discrimination and startling disparities between transgender people in the survey and the U.S. population when it comes to the most basic elements of life, such as finding a job, having a place to live, accessing medical care, and enjoying the support of family and community. Survey respondents also experienced harassment and violence at alarmingly high rates. Several themes emerge from the thousands of data points presented in the full survey report.

Pervasive Mistreatment and Violence

Respondents reported high levels of mistreatment, harassment, and violence in every aspect of life. One in ten (10%) of those who were out to their immediate family reported that a family member was violent towards them because they were transgender, and 8% were kicked out of the house because they were transgender.

The majority of respondents who were out or perceived as transgender while in school (K–12) experienced some form of mistreatment, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender. Further, 17% experienced such severe mistreatment that they left a school as a result.

In the year prior to completing the survey, 30% of respondents who had a job reported being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace due to their gender identity or expression, such as being verbally harassed or physically or sexually assaulted at work.

In the year prior to completing the survey, 46% of respondents were verbally harassed and 9% were physically attacked because of being transgender. During that same time period, 10% of respondents were sexually assaulted, and nearly half (47%) were sexually assaulted at some point in their lifetime.

Severe Economic Hardship and Instability

The findings show large economic disparities between transgender people in the survey and the U.S. population. Nearly one-third (29%) of respondents were living in poverty, compared to 14% in the U.S. population. A major contributor to the high rate of poverty is likely respondents' 15% unemployment rate—three times higher than the unemployment rate in the U.S. population at the time of the survey (5%).

Respondents were also far less likely to own a home, with only 16% of respondents reporting homeownership, compared to 63% of the U.S. population. Even more concerning, nearly one-third (30%) of respondents have experienced homelessness at some point in their lifetime, and 12% reported experiencing homelessness in the year prior to completing the survey because they were transgender.

Harmful Effects on Physical and Mental Health

The findings paint a troubling picture of the impact of stigma and discrimination on the health of many transgender people. A staggering 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population. Among the starkest findings is that 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%).

Respondents also encountered high levels of mistreatment when seeking health care. In the year prior to completing the survey, one-third (33%) of those who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity. Additionally, nearly one-quarter (23%) of respondents reported that they did not seek the health care they needed in the year prior to completing the survey due to fear of being mistreated as a transgender person, and 33% did not go to a health care provider when needed because they could not afford it.

The Compounding Impact of Other Forms of Discrimination

When respondents' experiences are examined by race and ethnicity, a clear and disturbing pattern is revealed: transgender people of color experience deeper and broader patterns of discrimination than white respondents and the U.S. population. While respondents in the USTS sample overall were more than twice as likely as the U.S. population to be living in poverty, people of color, including Latino/a (43%), American Indian (41%), multiracial (40%), and Black (38%) respondents, were up to three times as likely as the U.S. population (14%) to be living in poverty. The unemployment rate among transgender people of color (20%) was four times higher than the U.S. unemployment rate (5%). People of color also experienced greater health disparities. While 1.4% of all respondents were living with HIV—nearly five times the rate in the U.S. population (0.3%)—the rate among Black respondents (6.7%) was substantially higher, and the rate for Black transgender women was a staggering 19%.

Undocumented respondents were also more likely to face severe economic hardship and violence than other respondents. In the year prior to completing the survey, nearly one-quarter (24%) of undocumented respondents were physically attacked. Additionally, one-half (50%) of undocumented respondents have experienced homelessness in their lifetime, and 68% have faced intimate partner violence.

Respondents with disabilities also faced higher rates of economic instability and mistreatment. Nearly one-quarter (24%) were unemployed, and 45% were living in poverty. Transgender people with disabilities were more likely to be currently experiencing serious psychological distress (59%) and more likely to have attempted suicide in their lifetime (54%). They also reported higher rates of mistreatment by health care providers (42%).

Increased Visibility and Growing Acceptance

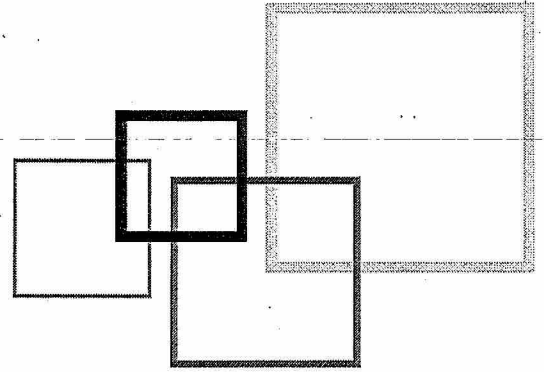
Despite the undeniable hardships faced by transgender people, respondents' experiences also show some of the positive impacts of growing visibility and acceptance of transgender people in the United States.

One such indication is that an unprecedented number—nearly 28,000—of transgender people completed the survey, more than four times the number of respondents in the 2008–09 NTDS. This number of transgender people who elevated their voices reflects the historic growth in visibility that the transgender community has seen in recent years. Additionally, this growing visibility has lifted up not only the voices of transgender men and women, but also people who are non-binary, which is a term that is often used to describe

people whose gender identity is not exclusively male or female, including those who identify as no gender, as a gender other than male or female, or as more than one gender. With non-binary people making up over one-third of the sample, the need for advocacy that is inclusive of all identities in the transgender community is clearer than ever.

Respondents' experiences also suggest growing acceptance by family members, colleagues, classmates, and other people in their lives. More than half (60%) of respondents who were out to their immediate family reported that their family was supportive of them as a transgender person. More than two-thirds (68%) of those who were out to their coworkers reported that their coworkers were supportive. Of students who were out to their classmates, more than half (56%) reported that their classmates supported them as a transgender person.

Overall, the report provides evidence of hardships and barriers faced by transgender people on a day-to-day basis. It portrays the challenges that transgender people must overcome and the complex systems that they are often forced to navigate in multiple areas of their lives in order to survive and thrive. Given this evidence, governmental and private institutions throughout the United States should address these disparities and ensure that transgender people are able to live fulfilling lives in an inclusive society. This includes eliminating barriers to quality, affordable health care, putting an end to discrimination in schools, the workplace, and other areas of public life, and creating systems of support at the municipal, state, and federal levels that meet the needs of transgender people and reduce the hardships they face. As the national conversation about transgender people continues to evolve, public education efforts to improve understanding and acceptance of transgender people are crucial. The rates of suicide attempts, poverty, unemployment, and violence must serve as an immediate call to action, and their reduction must be a priority. Despite policy improvements over the last several years, it is clear that there is still much work ahead to ensure that transgender people can live without fear of discrimination and violence.



CHAPTER 7

Health

Disparities in health and health care among transgender people have been documented in prior research.¹ The survey explored several areas related to health care, including respondents' overall physical and mental health, and their experiences accessing health care services, both related to gender transition and routine health care.

Results related to health and health care are presented in six sections:

- A. Routine and Transition-Related Health Care and Coverage
- B. Overall Health and Psychological Distress
- C. Conversion Therapy and Other Pressures to De-Transition
- D. Suicidal Thoughts and Behaviors
- E. Substance Use
- F. HIV Testing and Care

Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

A. ROUTINE AND TRANSITION-RELATED HEALTH CARE AND COVERAGE

Previous studies indicate that transgender people face barriers to accessing quality, affordable health care. These barriers include lack of adequate insurance coverage, mistreatment by health providers, and health providers' discomfort or inexperience with treating transgender people.² Such barriers make it harder for transgender people to seek both routine health care that is unrelated to their transgender status, and health care related to gender transition ("transition-related care"). Transition-related care can include a variety of treatments, such as counseling, hormone therapy, and surgical procedures. While not every transgender person may need or want medical care related to gender transition, many do, and the specific treatments that they may undergo vary based on their individualized needs.

Respondents were asked about their experiences with health insurance coverage, including coverage for transition-related care. They were also asked about their experiences receiving general health care from doctors and other health providers, including how providers treated them as transgender people. Finally, respondents were asked about transition-related care they have had or wanted to have.

KEY FINDINGS

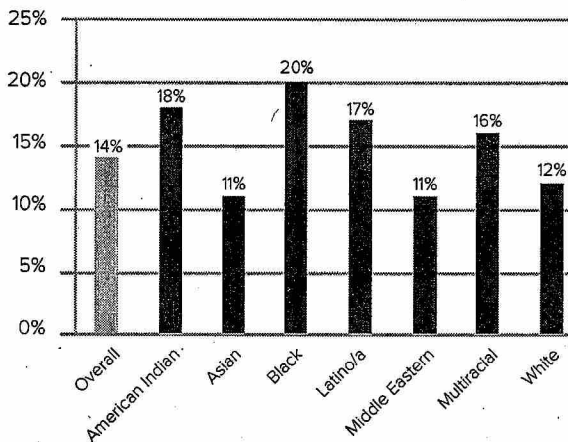
- ▶ One in four (25%) respondents experienced a problem with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition.
 - One-quarter (25%) of those who sought coverage for hormones in the past year were denied, and 55% of those who sought coverage for transition-related surgery in the past year were denied.
- ▶ One-third (33%) of respondents reported having at least one negative experience with a health care provider in the past year related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.
- ▶ In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor because of cost.
- ▶ While more than three-quarters (78%) of respondents wanted hormone therapy related to gender transition, only 49% had ever received it.
- ▶ One-quarter (25%) of respondents have undergone some form of transition-related surgery.

I. Health Insurance

a. Insurance Coverage and Source of Coverage

Respondents were asked a series of questions about health insurance coverage. Eighty-six percent (86%) reported that they were covered by a health insurance or health coverage plan, and 14% reported that they were uninsured. This compares to 89% of adults in the U.S. general population who were covered by a health insurance or health coverage plan in 2015, as reported in the American Community Survey (ACS).³ Insurance coverage differed by region, with those in the South (20%) being more likely to be uninsured than those in the overall sample, compared to those in the Midwest (13%), West (11%), and Northeast (9%). Among people of color, Black (20%), American Indian (18%), and Latino/a (17%) respondents were more likely to be uninsured (Figure 7.1). Respondents who were not U.S. citizens were more likely to be uninsured, including nearly one-quarter (24%) of documented non-citizens and a majority (58%) of undocumented residents.

Figure 7.1: Uninsured RACE/ETHNICITY (%)



Fourteen percent (14%) of respondents were uninsured, compared to 11% of adults in the U.S. population.

The most common source of health insurance reported by respondents was an employer-sponsored insurance plan (either through the respondent's employer or someone else's employer) (53%). Fourteen percent (14%) of respondents had individual insurance plans that they or someone else purchased directly from an insurance company, through healthcare.gov, or from a health insurance marketplace, and 13% were insured through Medicaid (Table 7.1).

Table 7.1: Type of health insurance or health coverage plan

Health insurance source	% in USTS	% in U.S. general population (ACS) ⁴
Insurance through current or former employer or union (belonging to respondent or a family member)	53%	56%
Insurance they or someone else purchased directly from an insurance company or through a health insurance marketplace (such as healthcare.gov)	14%	16%
Medicaid	13%	15%
Medicare	5%	22%
TRICARE or other military health care	2%	3%
VA	2%	3%
Indian Health Service	<1%	1% ⁵
Another type of insurance	6%	N/A

More than one-quarter (26%) of respondents sought options for health insurance from a state or federal health insurance marketplace, such as through healthcare.gov, in the past year.⁶ Of those who sought insurance through a marketplace, 42% purchased a plan. When acquiring health insurance through healthcare.gov or state marketplaces, most enrolled in a Medicaid plan (58%), 27% received a subsidy to buy a private plan, and 12% purchased a private plan without a subsidy.

b. Negative Experiences with Insurance Coverage

One in four (25%) respondents reported having problems with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition. Among those who were insured and made the relevant requests of their insurer,⁷ several problems were reported. Seventeen percent (17%) of respondents had an insurer refuse to change their name and/or gender in their insurance record when requested. Thirteen percent (13%) reported that they were denied coverage for services often considered to be gender-specific, including routine sexual or reproductive health screenings (such as Pap smears, prostate exams, and mammograms). Seven percent (7%) reported that they were denied coverage for other routine health care. More than half (55%) of respondents who sought transition-related surgery coverage were denied, and one-quarter (25%) of those who sought coverage for hormones were denied (Table 7.2).

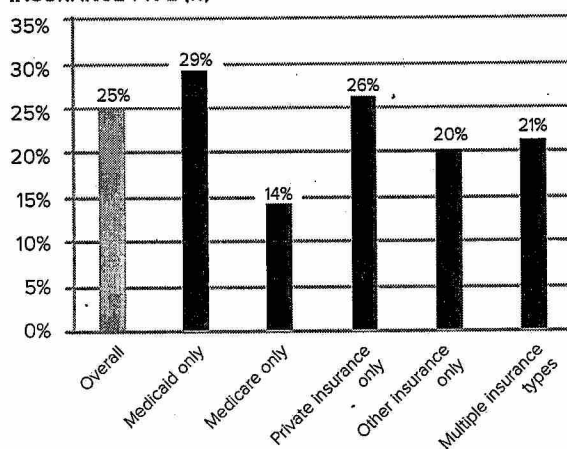
Table 7.2: Negative action or policy by health insurer

Negative action or policy	% of respondents who made such a request of their insurer
Denied coverage for transition-related surgery	55%
Covered only some of the surgical care needed for transition (respondent could not get coverage for treatment they needed)	42%
Denied coverage for transition-related hormone therapy	25%
Covered surgery for transition, but had no surgery providers in their network	21%
Refused to change records to list current name or gender	17%
Denied coverage for care often considered gender-specific because of transgender status	13%
Denied other routine health care because of transgender status	7%

Denials for hormone coverage differed by gender, with transgender men (32%) and non-binary people who had female on their original birth certificate (36%) more likely to report being denied hormone

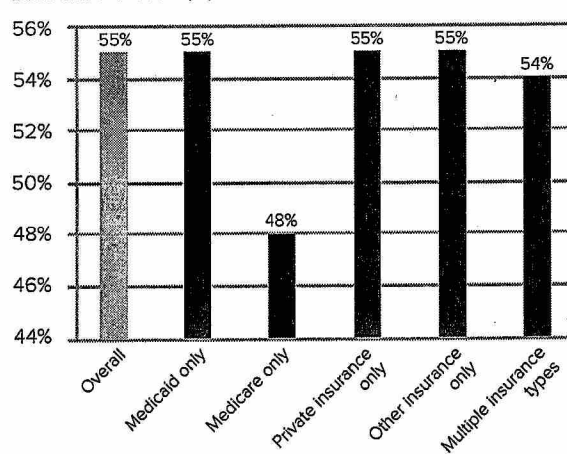
coverage than transgender women (18%) and non-binary people who had male on their original birth certificate (16%). Respondents who were insured solely through Medicare were least likely to be denied coverage for hormones (14%) (Figure 7.2).⁸

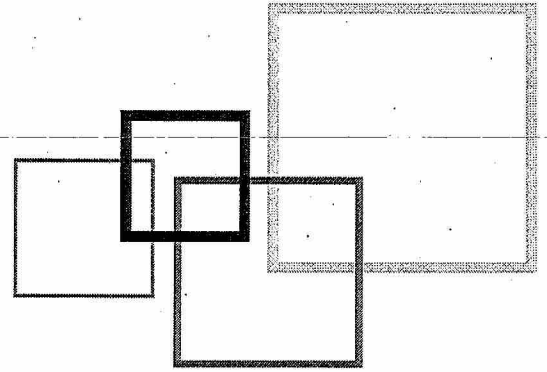
Figure 7.2: Denied coverage for hormone therapy in the past year



Transgender men (57%) were more likely to be denied surgery coverage than transgender women (54%) and non-binary people, including non-binary people with female on their original birth certificate (49%) and non-binary people with male on their original birth certificate (35%). With the exception of those who were solely covered by Medicare (48%), the rate of denials for surgery was similar among the different types of insurance providers (Figure 7.3).

Figure 7.3: Denied coverage for surgery in the past year





CHAPTER 12

Military Service

Prior research suggests that transgender people serve in the military at a higher rate than the U.S. general population.¹ USTS respondents with military experience were asked a series of questions about their service, their treatment as transgender service members, and their separation from the military. They were also asked about health care that they received through military providers and the Veterans Health Administration.

At the time that survey data was collected in 2015, the military still barred transgender people from serving openly in the military, and service members could be discharged simply for being transgender.² The Department of Defense announced that it was lifting the ban on June 30, 2016, with full implementation of specific policies related to transgender service members expected to be completed in 2017.³ Despite the long-standing ban, thousands of transgender people have served and continue to serve in the military, many of them openly and with the support of their colleagues and commanders.

This chapter examines the experiences of current and former service members, including their interactions with leadership and health care providers as transgender people. It also explores veterans' unique experiences of separating from the military and accessing health care. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Nearly one in five (18%) respondents have served in the military, including veterans and those currently on active duty.

- ▶ Of current service members whose leadership or commanding officers knew or thought they were transgender, nearly one-quarter (23%) said that actions were taken to discharge them.

- ▶ Sixty percent (60%) of service members who separated from the military within the past ten years said that they might or would return to the military if the ban on transgender service members were lifted.

- ▶ Nearly one in five (19%) respondents who separated from the military more than ten years ago said they were discharged partly or completely because of their transgender status, and 19% left the military to avoid being mistreated or harassed as a transgender person.

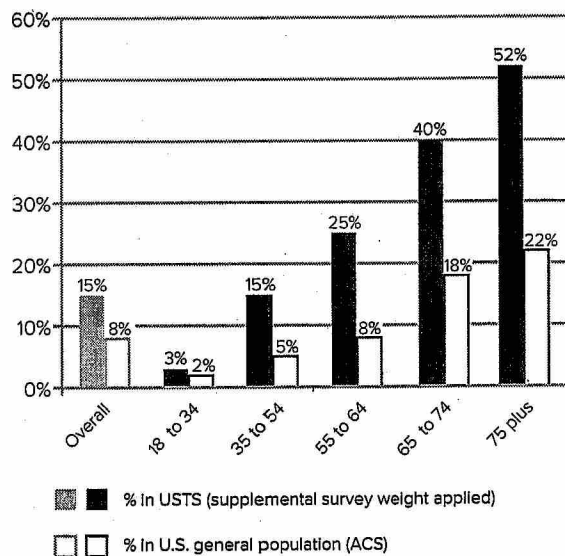
I. Current and Past Military Service

Nearly one in five (18%) respondents in the sample have served in the military, including respondents who were currently serving in the military on active duty (0.5%), and those who were currently on active duty for training in the Reserves or National Guard (2%).⁴ Fifteen percent (15%) of respondents were veterans, compared with 8% in the U.S. population.⁵

Respondents in every age group were more likely to be veterans than their counterparts in the U.S. population. More than half (52%) of respondents over the age of 75 and 40% of respondents between the ages of 65 and 74 were veterans, compared with 22% and 18% of those age groups in the U.S. population, respectively.⁶ One-quarter (25%) of respondents between the ages of 55 and 64 were veterans, more than three times higher than that age group in the U.S. population (8%).⁷

Fifteen percent (15%) of respondents between the ages of 35 and 54 were veterans, which was three times higher than the same age group in the U.S. population (5%)⁸ (Figure 12.1).

Figure 12.1: Veteran status
AGE (%)



Among those with past or current military service, crossdressers (33%), transgender women (23%), and non-binary people with male on their original birth certificate (22%) were more likely to have served, compared with transgender men (8%) and non-binary people with female on their original birth certificate (2%) (Figure 12.2). White (21%), American Indian (20%), and Middle Eastern (20%) respondents were more likely to have served in the military, while Asian (7%) and Latino/a (7%) respondents were less likely (Figure 12.3). Multiracial respondents were ten times as likely as the overall sample to currently be on active duty, with 5% on active duty at the time they took the survey.

Figure 12.2: Past or current military service GENDER IDENTITY (%)

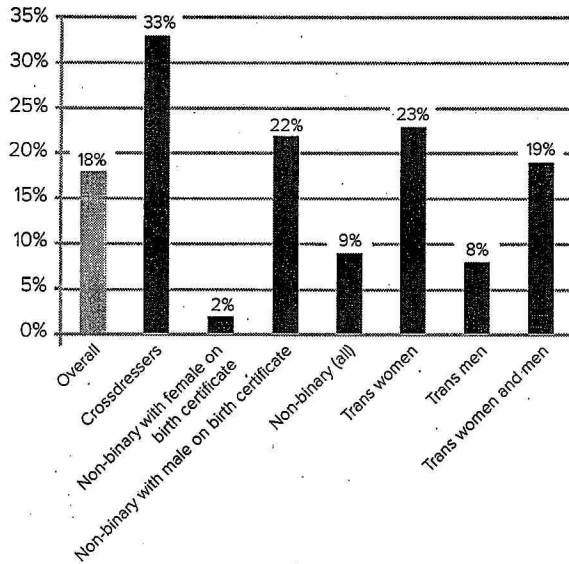
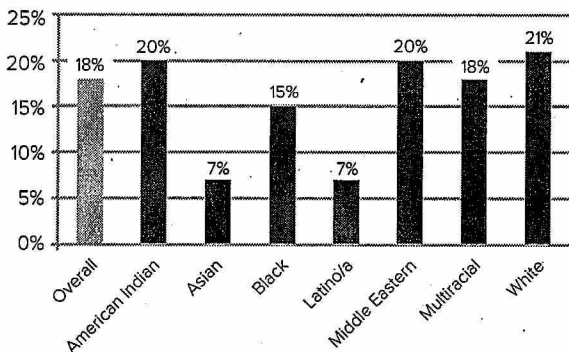


Figure 12.3: Past or current military service RACE/ETHNICITY (%)



Fifteen percent (15%) of respondents were veterans, compared with 8% in the U.S. population.

Of those who reported military service, 2% were still serving. Nearly one-third (31%) of those who were no longer serving separated from military service within the past ten years, and 69% separated from military service more than ten years ago.

II. Branch of Service

Current and former service members were asked to identify their current or most recent branch of service. Twenty-eight percent (28%) of these respondents currently or most recently served in the Army, 22% in the Navy, 18% in the Air Force, 7% in the Marine Corps, and 1% served in the Coast Guard. Nearly one-quarter (24%) served in the Reserves or the National Guard (Table 12.1).

Table 12.1: Current or most recent branch of service

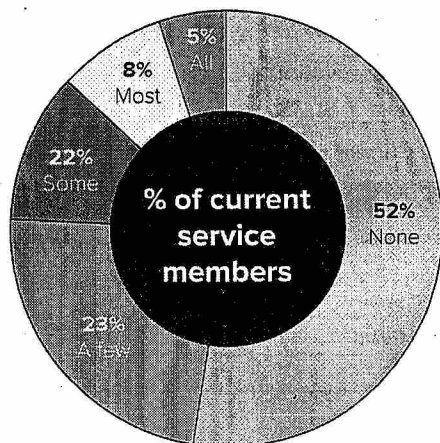
Branch of service	% of current or former service members
Air Force	18%
Air Force Reserve	2%
Air National Guard	2%
Army	28%
Army Reserve	8%
Army National Guard	8%
Coast Guard	1%
Coast Guard Reserve	<1%
Marine Corps	7%
Marine Corps Reserve	1%
Navy	22%
Navy Reserve	3%

III. Outness or Being Perceived as Transgender

Current service members⁹ were asked how many people in the military (with the exception of other transgender people) thought or knew that they were transgender.¹⁰

More than half (52%) of current service members said that, as far as they knew, no one else thought or knew that they were transgender. Approximately one-third (34%) of current service members indicated that a few or some people in the military thought or knew that they were transgender, and 13% indicated that most or all people in the military thought or knew that they were transgender (Figure 12.4).¹¹

Figure 12.4: Number of people in the military who thought or knew that respondent was transgender



More than half (52%) of current service members said that, as far as they knew, no one else thought or knew that they were transgender.

IV. Leadership Response to Transgender Status

Among current service members who said that a few, some, most, or all others in the military thought or knew they were transgender, 48% indicated that their leadership or commanding officer thought or knew that they were transgender.

These respondents were asked about the ways in which their leadership or commanding officer responded to them being transgender, and they selected one or more response. Many reported that their leadership or commanding officer responded to their transgender status in a variety of positive ways, including supporting their name change (47%) and supporting their transition-related medical treatment (36%). Thirty percent (30%) reported that their leadership or commanding officer ignored their transgender status or looked the other way. Approximately one-quarter (23%) reported that their leadership or commanding officer had taken actions to discharge them (Table 12.2).

One-third (33%) of these respondents wrote in responses describing additional actions their leadership or commanding officers took because they thought or knew the respondent was transgender. Their write-in responses included several positive actions, such as supporting their social transition or their use of pronouns and uniforms that were consistent with their gender identity. These respondents also offered several additional negative actions, such as forcing respondents to present in a way that was inconsistent with their gender identity, forbidding them from discussing their transgender status with anyone else, passing them over for awards and duties, and subjecting them to administrative discipline.

Table 12.2: Response of leadership and/or commanding officer to being transgender

Leadership or commanding officers' response	% of current service members whose commanding officer thought/knew they were transgender
Supported name change	47%
Supported medical treatment	36%
Ignored or looked the other way	30%
Took actions to discharge them	23%
Not listed above	33%

V. Separation from Military Service

Veterans were divided into two groups for the purposes of analysis: those who separated within the past ten years and those who separated more than ten years prior to taking the survey. The two groups were given distinct questions based on a consideration of the types of experiences a service member may have encountered during their service and the changing nature of the military.¹²

a. Type of Discharge

Respondents who separated from military service more than ten years ago¹³ were asked about the reasons for their separation from service, including the type of discharge they received. More than three-quarters (79%) of these respondents reported being honorably discharged, and the remaining 21% reported a variety of other types of discharges (Table 12.3).

Table 12.3: Type of discharge

Discharge	% of veterans who separated more than 10 years ago
Honorable	79%
General	7%
Medical	6%
Other-than-honorable	3%
Entry level separation	2%
Bad conduct	1%
Retired	1%
Dishonorable	<1%
Not listed above	2%

In Our Own Voices

"I began to accept myself as a woman. I was happier than I ever had been before. But the army didn't share my enthusiasm. A year after returning from deployment, I was kept in under penal conditions. I was demoted from a sergeant to a private, the lowest rank in the army."

"I am repeatedly harassed in my workplace, and am continually required to conceal my transgender status. When I sought assistance from the Equal Opportunity Office, I was told that they were unable to help because transgender individuals are not protected against harassment in the military."

b. Discharged Because of Transgender Status

While 81% of respondents who had separated from service more than ten years prior reported that they did not believe their discharge was related to being transgender, 19% believed their discharge was either partially related (14%) or completely related (5%) to being transgender.

Respondents who indicated that their discharge was related to being transgender were less likely to have been honorably discharged. Eighty-six percent (86%) of those who said their discharge was not related to their transgender status were honorably discharged, while only 45% of those who

said their discharge was partially related to being transgender and 51% of those who indicated that it was completely related were honorably discharged.

Respondents with female on their original birth certificate (24%) were more likely to say that their discharge was partially or completely related to being transgender than those with male on their original birth certificate (17%). Latino/a (28%) and Black (24%) respondents were also more likely to report that their transgender status was a factor in their discharge, compared with white (16%) respondents.

Even though these discharges took place more than ten years ago, the experience of being discharged partly or completely because of one's transgender status was associated with a variety of negative outcomes affecting respondents at the time they took the survey. Respondents who were currently living in poverty (29%) or currently working in the underground economy (34%) were more likely to say that their discharge was completely or partially connected to their transgender status, as were respondents who were currently experiencing serious psychological distress (28%).

c. Separated to Transition or Avoid Harassment

Nearly one in ten (9%) respondents who separated from military service more than ten years ago left the service in order to transition, and an additional 19% said they left the service to avoid being mistreated or harassed as a transgender person.

Differences emerged by race, where Latino/a (28%) and Black respondents (26%) were more likely to have left to avoid mistreatment or harassment.

Approximately one-third (32%) of those who were currently living in poverty and more than one-third of those who have done sex work (38%) also left the military to avoid mistreatment or harassment.

VI. Name Change on Discharge Papers

Respondents who separated from military service more than ten years earlier were also asked if they had changed their name on their military discharge papers, known as the DD 214. Two percent (2%) applied for and received an updated DD 214 with a new name, or they received a DD 215 (an alternative form used to correct errors in a DD 214) with their new name. Six percent (6%) applied for a name change on their military discharge papers, but their request was denied. The remaining 92% had not tried to change their name on their military discharge papers.

VII. Health Care Treatment from Military Providers

Current service members and veterans who separated from military service within the ten years prior to taking the survey were asked whether they had received health care related to gender transition from a military provider, not including the Veterans Health Administration. Twelve percent (12%) had received mental health treatment related to gender transition from a military provider, and 4% had received medical treatment related to gender transition other than mental health treatment, such as hormone therapy or surgical care, from a military provider.

Even though this survey was conducted prior to the Department of Defense's announcement of plans to allow transgender people to serve openly, more than one-quarter (28%) of all current service members reported taking hormones for their gender identity or gender transition at the time they participated in the survey. Among these

current-service members, 28% reported getting their hormones from an on-post medical doctor and/or pharmacy. Nearly three-quarters (74%) received their hormones through an off-post medical doctor, and 57% received them through an off-post pharmacy (Table 12.4).

Table 12.4: Source of hormones

Source of hormones	% of current service members who take hormones
Off-post medical doctor	74%
Off-post pharmacy	57%
On-post pharmacy	15%
Friends, online, or other non-licensed sources	15%
On-post medical doctor	13%

Current services members were asked whether a military medical provider, including any mental health provider, had reported to their commanding officer that they were transgender or recommended them for discharge. Of current service members whose providers knew they were transgender,¹⁴ 86% reported no action being taken by military medical or mental health providers. However, 8% said that their provider reported their transgender status to their commander, and 12% said that their provider recommended them for discharge.

VIII. Veterans Health Care

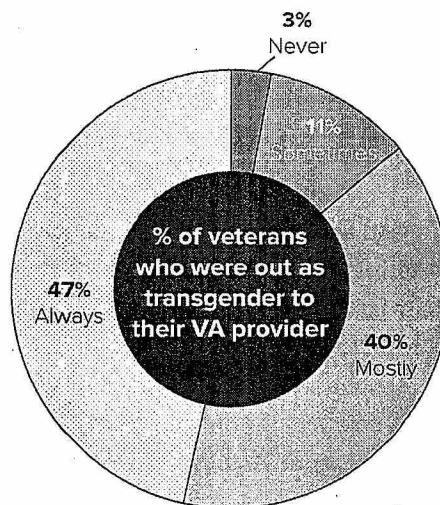
Veterans who separated from the military more than ten years ago were asked about their experiences receiving health care through the Veterans Health Administration (VA).¹⁵

Forty percent (40%) of former service members have received health care through the VA, 75% of whom were currently receiving care through the VA. Of those who received health care through the

VA at any point, more than half (56%) received care related to gender transition.

Nearly three-quarters (72%) indicated that they were out to their VA providers as transgender. Of those who were out to their VA providers as transgender, almost half (47%) reported that they were always treated respectfully as a transgender person, and 40% said that they received mostly respectful care. Eleven percent (11%) reported that they were sometimes treated respectfully, and 3% said that they were never treated respectfully (Figure 12.5).

Figure 12.5: Frequency of respectful treatment at the VA



IX. Impact of Repealing Ban on Transgender Service

At the time the survey was taken, the military had not yet announced it would let transgender people serve openly. Current military service members were asked what they would do if the military allowed transgender people to serve openly. Nearly one-quarter (24%) said that they would start to transition while still serving, and 18% said that they would finish the transition that they

had already started while continuing to serve. Additionally, 21% reported that they had already transitioned (Table 12.5).

Table 12.5: What respondent would do if open service in the military was allowed for transgender people

What they would do if allowed to serve openly	% of current service members
They would start to transition while still serving	24%
They have already transitioned	21%
They would finish the transition they already started and continue to serve	18%
They would leave the military to transition and not return	6%
They do not want to transition	6%
They would leave the military to transition and then return to service	3%
They would not finish the transition they already started and continue to serve	1%
Not listed above	21%

Veterans who separated from the military within the past ten years were asked whether they would return to military service if transgender people were allowed to serve. Nearly one-third (30%) of these respondents indicated that they would return, 30% said that they might return, and the remaining 39% reported that they would not return to military service. Transgender men (42%) were more likely than transgender women (25%) and non-binary people (18%) to say that they would return to service.

Conclusion

Despite a ban on transgender service members at the time the survey was administered, nearly one in five respondents reported having served in the military, and respondents were nearly twice as likely to be veterans as the general U.S. population. The findings indicated that a majority of current service members were interested in serving openly as transgender people, including those who would transition during their military service. Responses also indicated diverse experiences of acceptance and rejection of transgender people in military and veteran settings by military officials, direct superiors, and health care providers. The results suggest that lifting the ban on transgender service members and implementing new policies could lead to a substantial number of current and former service members continuing or resuming their military service.

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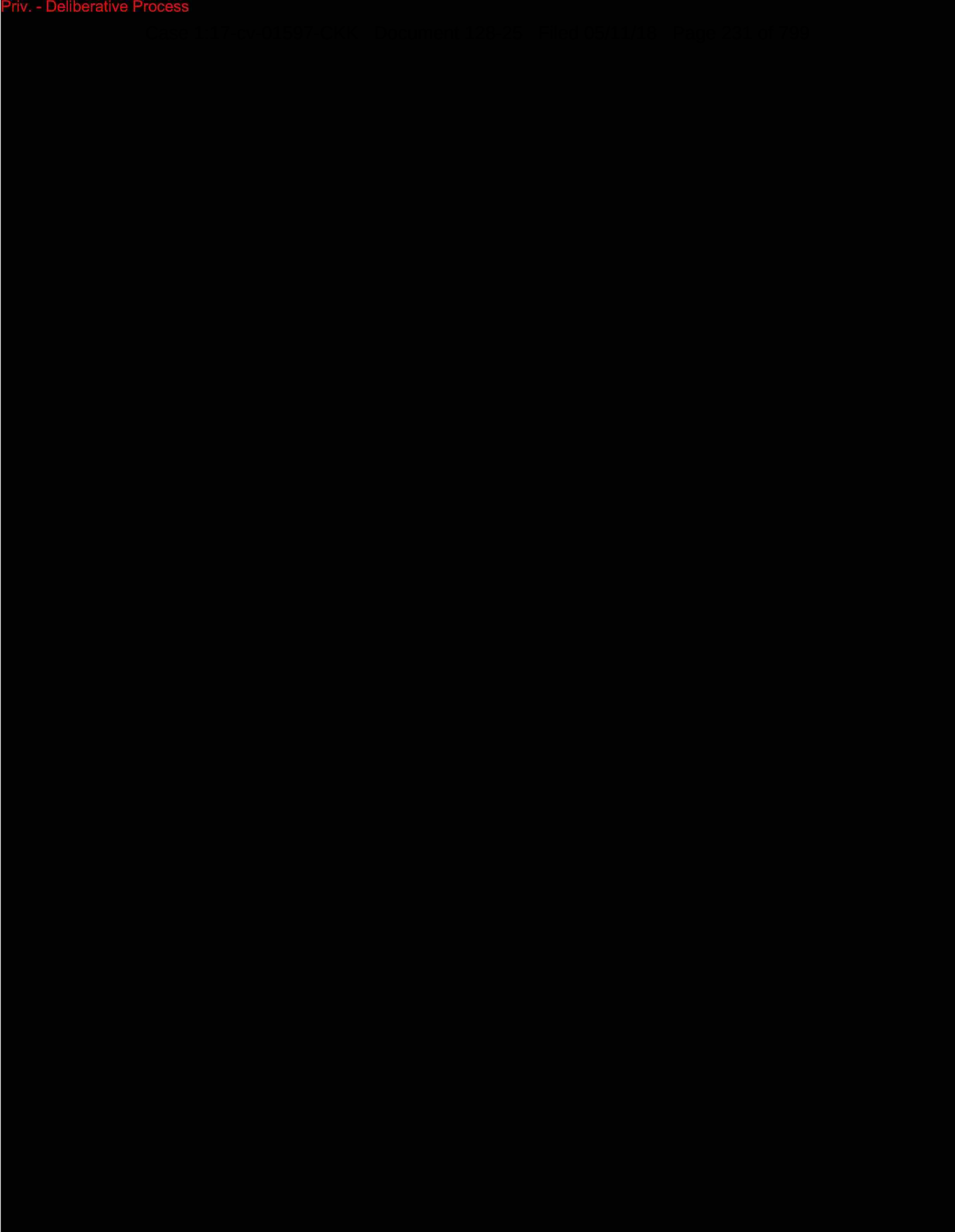
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Comparison of Civilian Insurers and MHS
(From slide 9)

	MHS		Aetna		United		Cigna		Health Net		Anthem BC		Conn Medicaid (Aetna)	
	Cover	Not Cov	Cover	Not Cover	Cover	Not Cover	Cover	Not Cover	Cover	Not Cover	Cover	Not Cover	Cover	Not Cover
Hysterectomy and BSO	X		X		X		X		X		X		X	
Mastectomy	X		X		X		X		X		X		X	
Metoidioplasty	X		X		X		X		X		X		X	
Phalloplasty	X		X		X		X		X		X		X	
testicular prostheses	X		X		X		X		X		X		X	
Scrotoplasty	X		X		X		X		X		X		X	
Urethroplasty	X		X		X		X		X		X		X	
Vaginectomy	X		X		X		X		X		X		X	
Vaginoplasty	X		X		X		X		X		X		X	
Clitoroplasty	X		X		X		X		X		X		X	
Labioplasty	X		X		X		X		X		X		X	
Orchiectomy	X		X		X		X		X		X		X	
Penectomy	X		X		X		X		X		X		X	
Abdominoplasty		X		X		X		X		X		X		X
Breast Augment		X		X		X		X		X*		X		X
Blepharoplasty		X		X		X		X		X		X		X
Electrolysis		X		X		X		X		X		X		X
Face-lift		X		X		X		X		X		X		X
Facial bone reduction		X		X		X		X		X		X		X
Hair transplant		X		X		X		X		X		X		X
Hair removal		X		X		X		X		X		X		X
Liposuction		X		X		X		X		X		X		X
Reduction thyroid chondroplasty		X		X		X		X		X		X		X
Rhinoplasty		X		X		X		X		X		X		X
Voice modifcat		X		X		X		X		X		X		X
Lip enhancement		X		X		X		X		X		X		X
Skin resurfacing		X		X		X		X		X		X		X
Brow lift		X		X		X		X		X		X		X
Chin implants		X		X		X		X		X		X		X
Nose implants		X		X		X		X		X		X		X
Lip reduction		X		X		X		X		X		X		X
Calf implants		X		X		X		X		X		X		X
Collagen injections		X		X		X		X		X		X		X
Others		X		X		X		X		X		X		X
Breast reduct		X		X		X		X		X		X		X

*MTF Capability includes mastectomy, hysterectomy, gonadectomy, breast augmentation and other select non-genital reassignment surgical procedures.

** Under SHCP



From: [Soper, Martha P CIV USAF SAF-MR \(US\)](#)
To: [Korell, Scott S Maj USAF SAF-US \(US\)](#); [Schiess, Douglas A Col USAF SAF-US \(US\)](#); [Edmondson, Michele C Col USAF AF-CV \(US\)](#); [Long, Gregory B Maj USAF AF-CV \(US\)](#)
Cc: [Igl, Ann M Col USAF SAF-MR \(US\)](#); [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Downes, Karen M Lt Col USAF SAF-MR \(US\)](#)
Subject: PoE Meeting_22 Dec 17
Date: Thursday, December 21, 2017 1:49:00 PM
Attachments: [Proposed Alternate Policy.pdf](#)
[AGENDA Transgender Panel of Experts Meeting 11 - 22 Dec.docx](#)

Team,

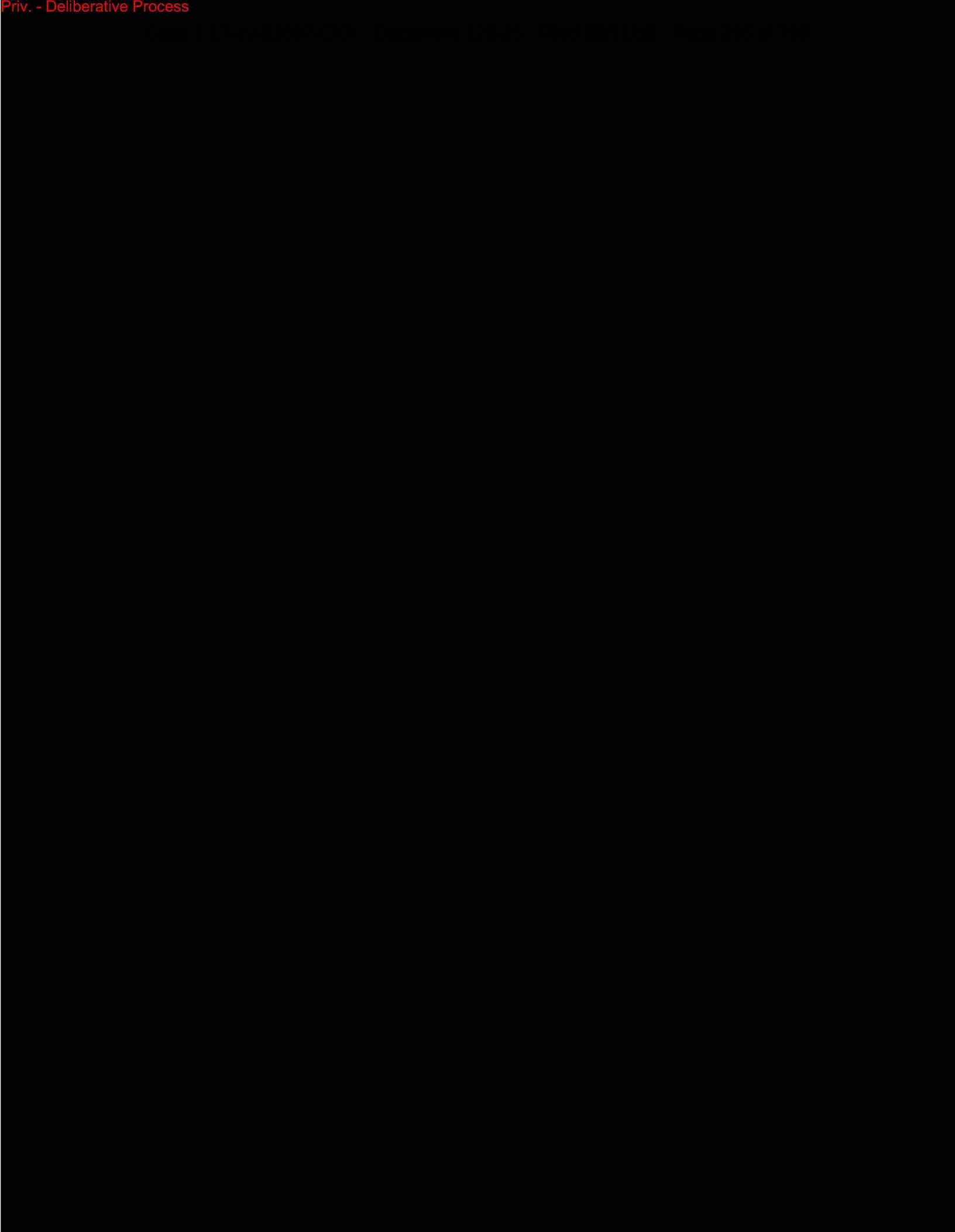
The only documents listed on the MAX.GOV site for tomorrow's meeting are attached. I believe Under Sec Donovan and Gen Wilson are well versed on the slide - Gen Wilson debriefed Mr. Fedrigo. **Priv. - Deliberative Process**

I'll keep an eye on this and if anything pops up I'll send it your way.

Happy Holidays,
Martie

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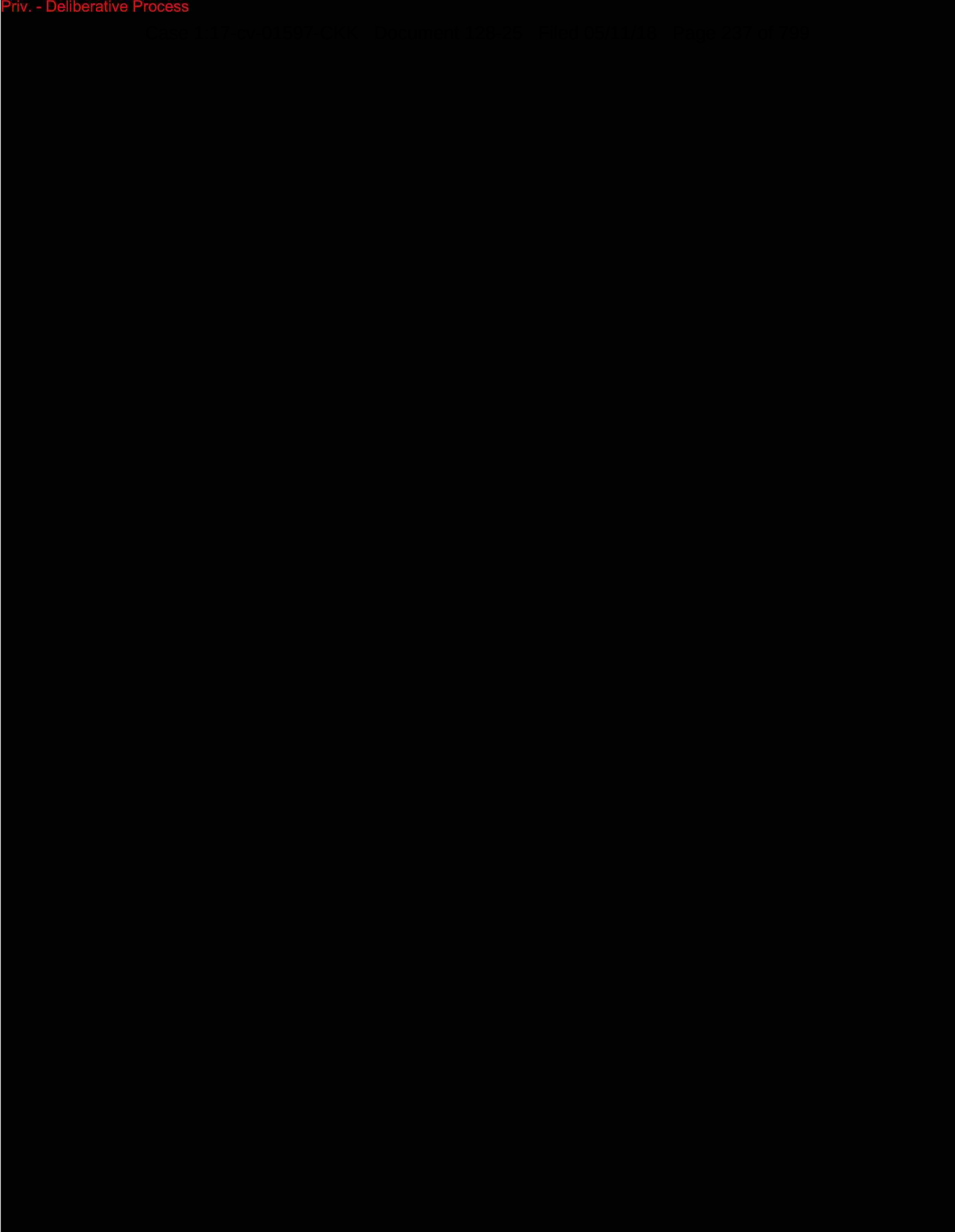
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Subject: PoE RAHs
Date: Wednesday, November 15, 2017 6:18:00 PM
Attachments: [AGENDA Transgender Panel of Experts Meeting 6 - 16 Nov 17.docx](#)
[MPP ND WG Brief to PoE Nov 16 Facer.pptx](#)
[PoE - Deliverable 3 - recommended authorized Treatments for GDv2.0 Facer.pptx](#)
[Deliverable 3 Slide 9 Facer.pptx](#)
[Transgender Review Panel - Questions Facer.pptx](#)
[TG Policy Implementation Strategy 2017.11.14.pptx Facer.pptx](#)

Here are the RAHs for the morning briefing. Lt Col Downes and Mr. Fedrigo will provide the brief. If there is any other information that comes out I'll send it forward.

Regards,
Martie Soper

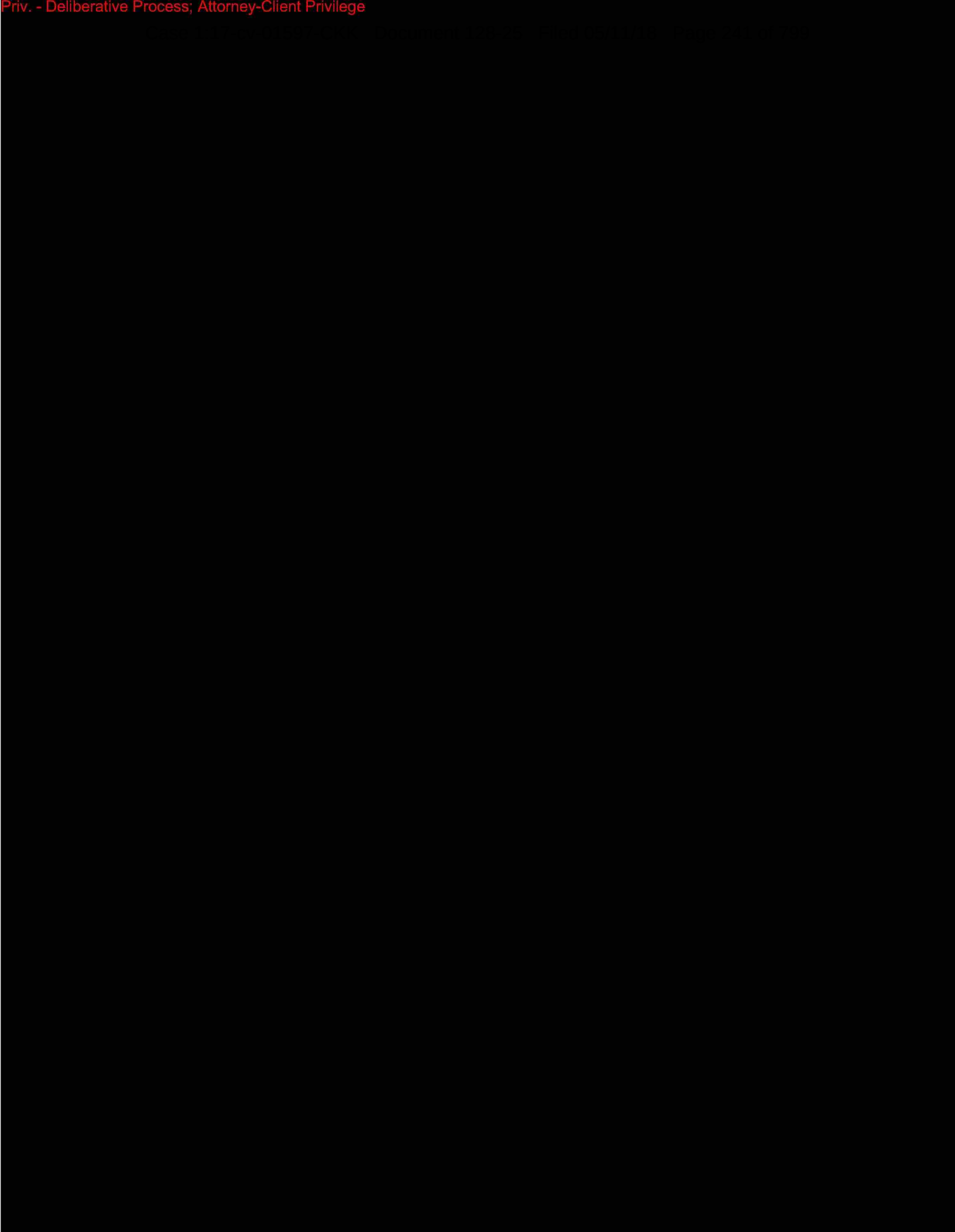
Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
SAF/MRR, Rm 5D742, Pentagon
Washington, DC 20330
O: 703-693-9512
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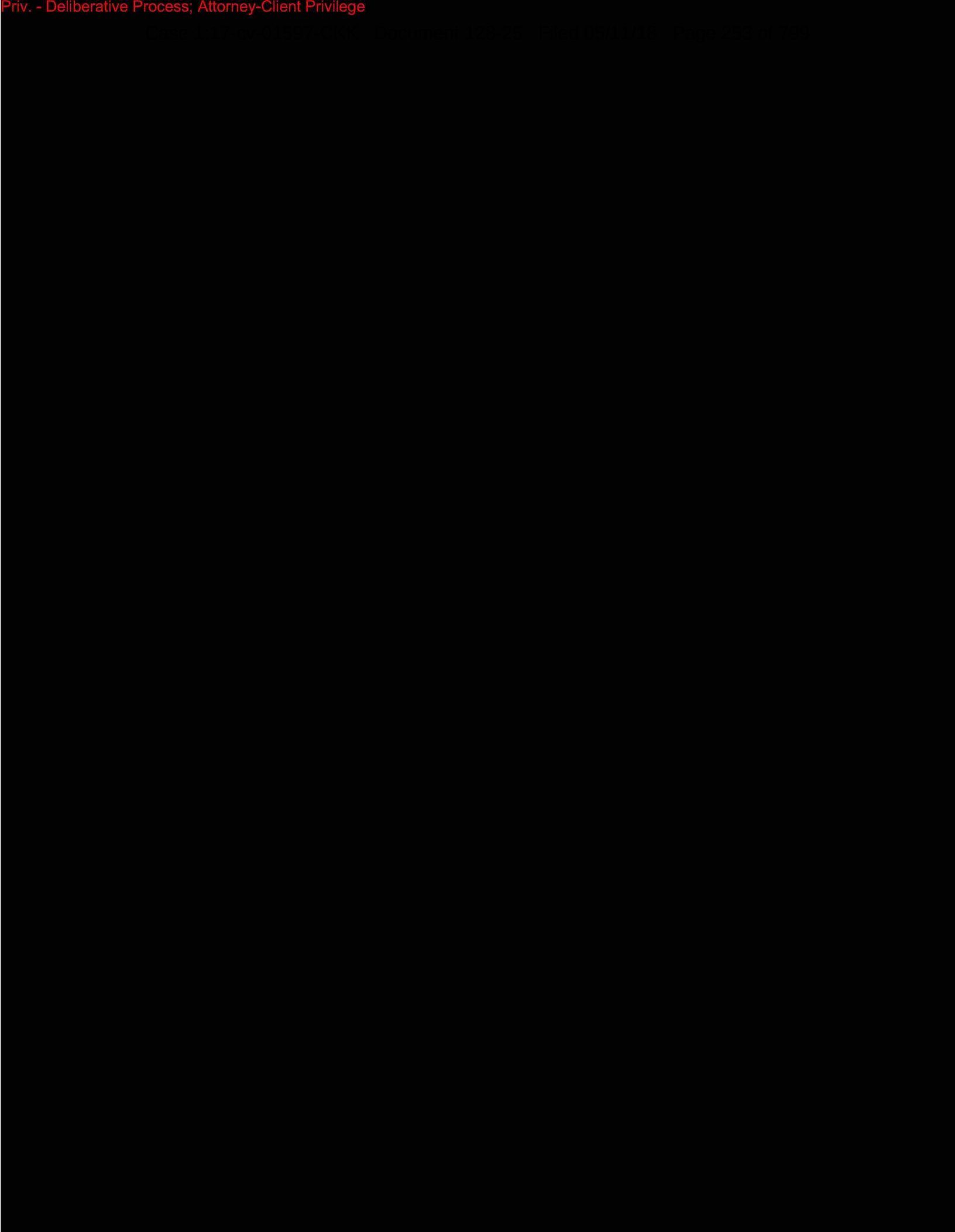
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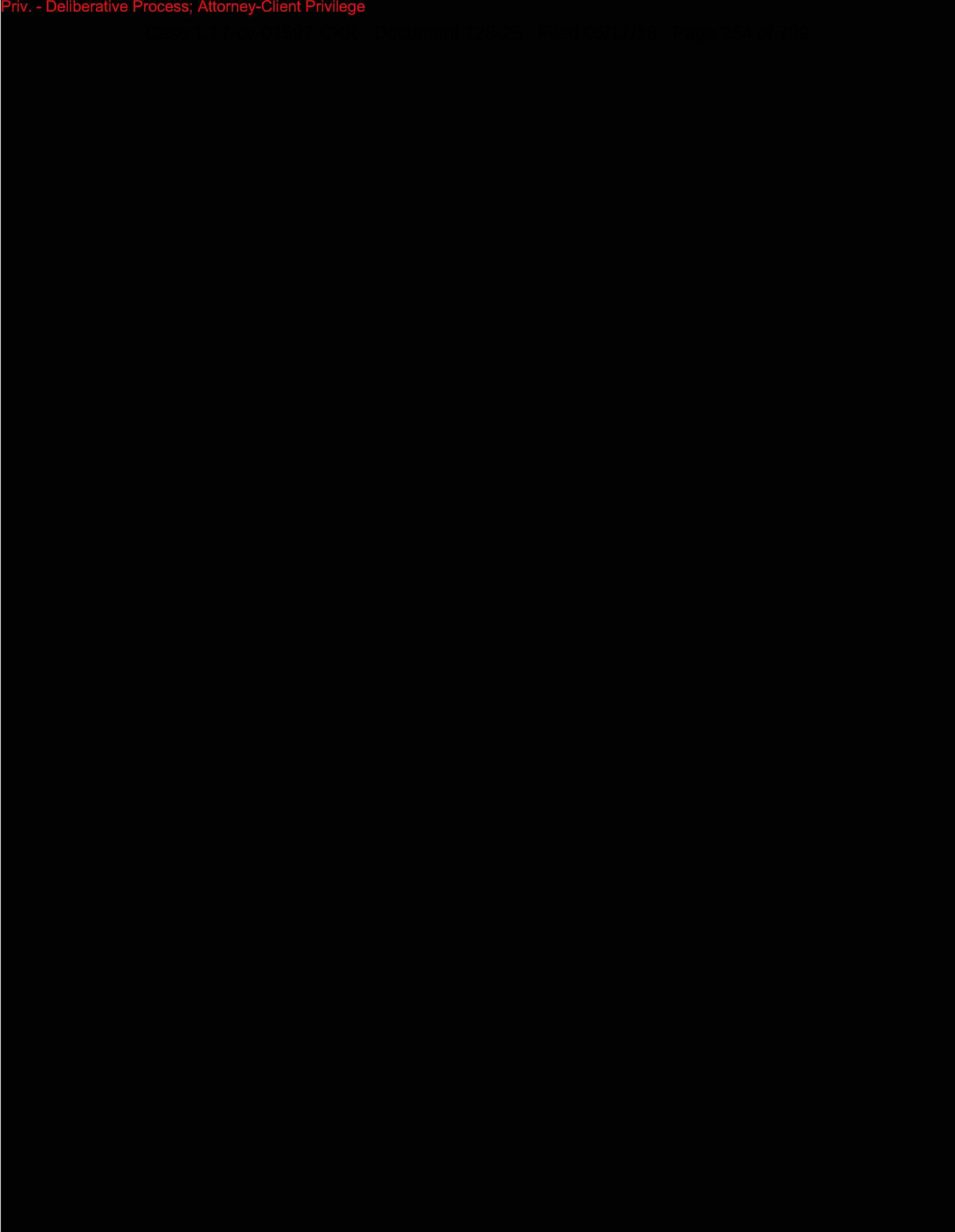


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From: [Soper, Martha P CIV USAF SAF-MR \(US\)](#)
To: [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Igl, Ann M Col USAF SAF-MR \(US\)](#); [Schiess, Douglas A Col USAF SAF-US \(US\)](#); [Edmondson, Michele C Col USAF AF-CV \(US\)](#); [Cheatham, Thomas N Col USAF AFMSA \(US\)](#); [Whalen, Amanda R Capt USAF AF-A1 \(US\)](#); [Floyd, Derrick J Lt Col USAF AF-A1 \(US\)](#); [Sams, Kelly M Lt Col USAF AF-A1 \(US\)](#)
Cc: [Fedrigo, John A SES USAF SAF-MR \(US\)](#)
Subject: RAH for prebrief
Date: Wednesday, November 1, 2017 5:12:00 PM
Attachments: [AGENDA Transgender Panel of Experts Meeting 4 - 2 Nov 17v2.docx](#)
[PoE Deliverable 2 DRAFT_DHA Data Points.pdf](#)
[TG Panel 3 Minutes DRAFT.pdf](#)

Good evening,

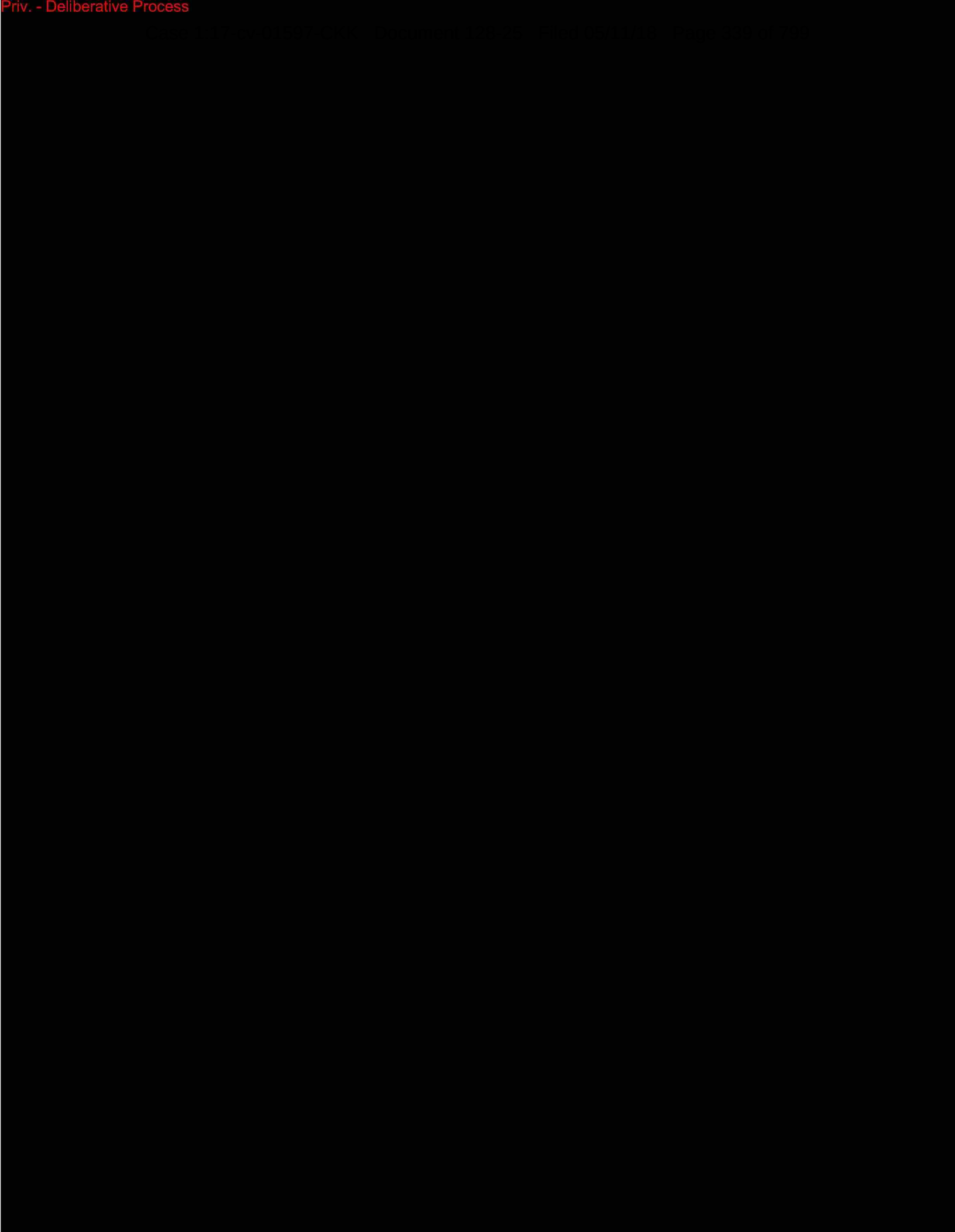
Attached are the RAH's for tomorrow morning's prebrief.

If there are any updates I'll send them out in the morning.

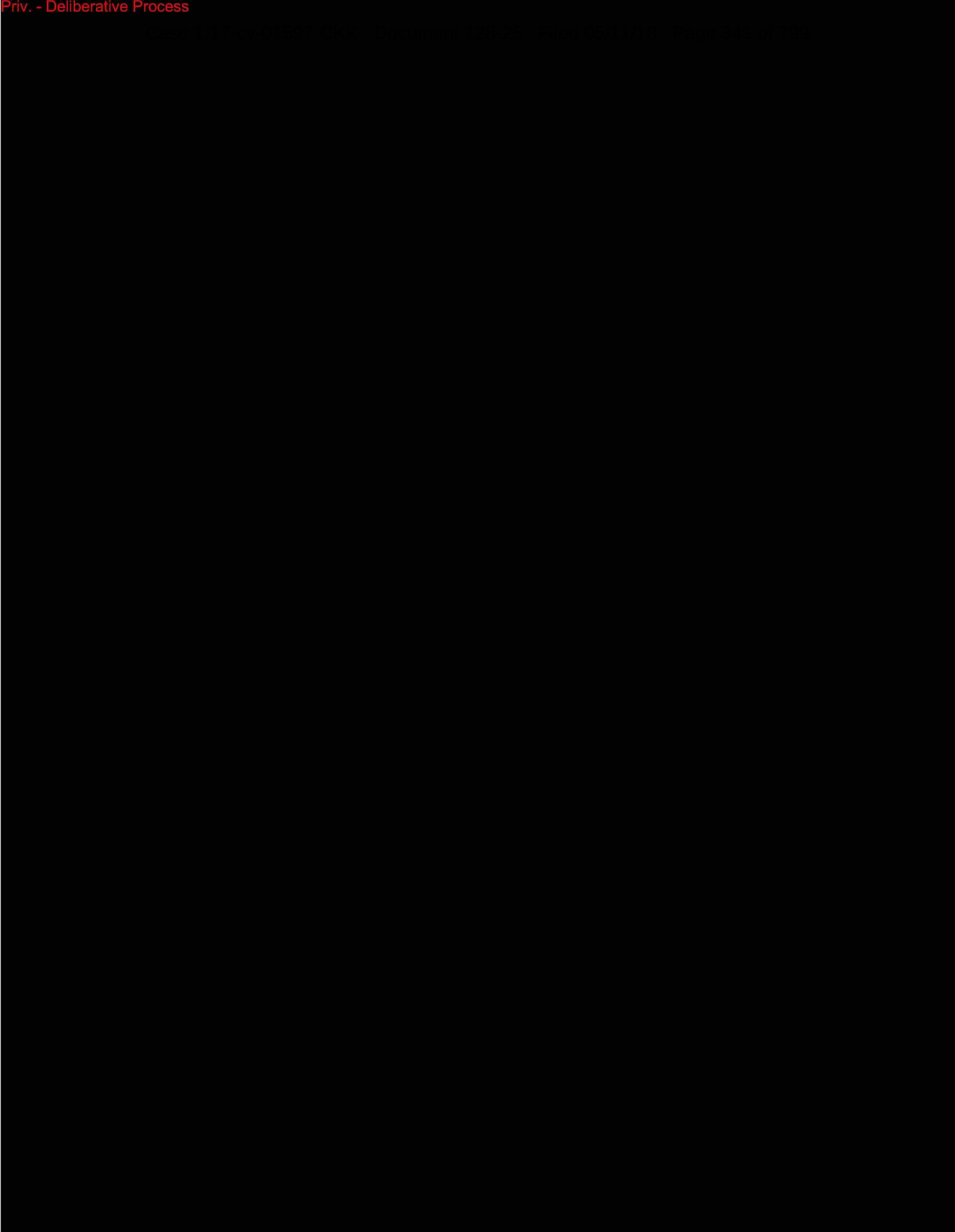
Best,
Martie Soper

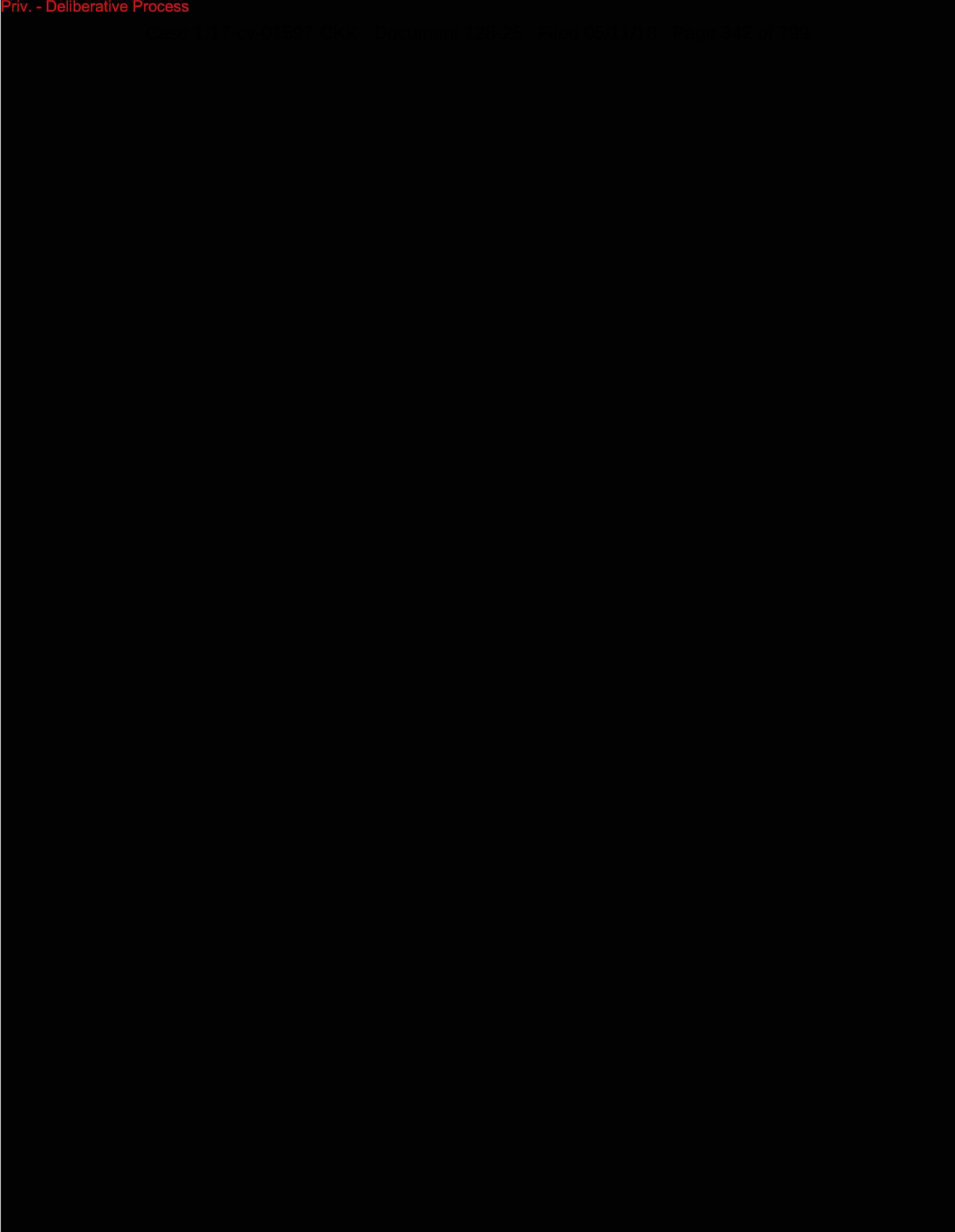
Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
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Assistant Secretary (Reserve Affairs & Airman Readiness)
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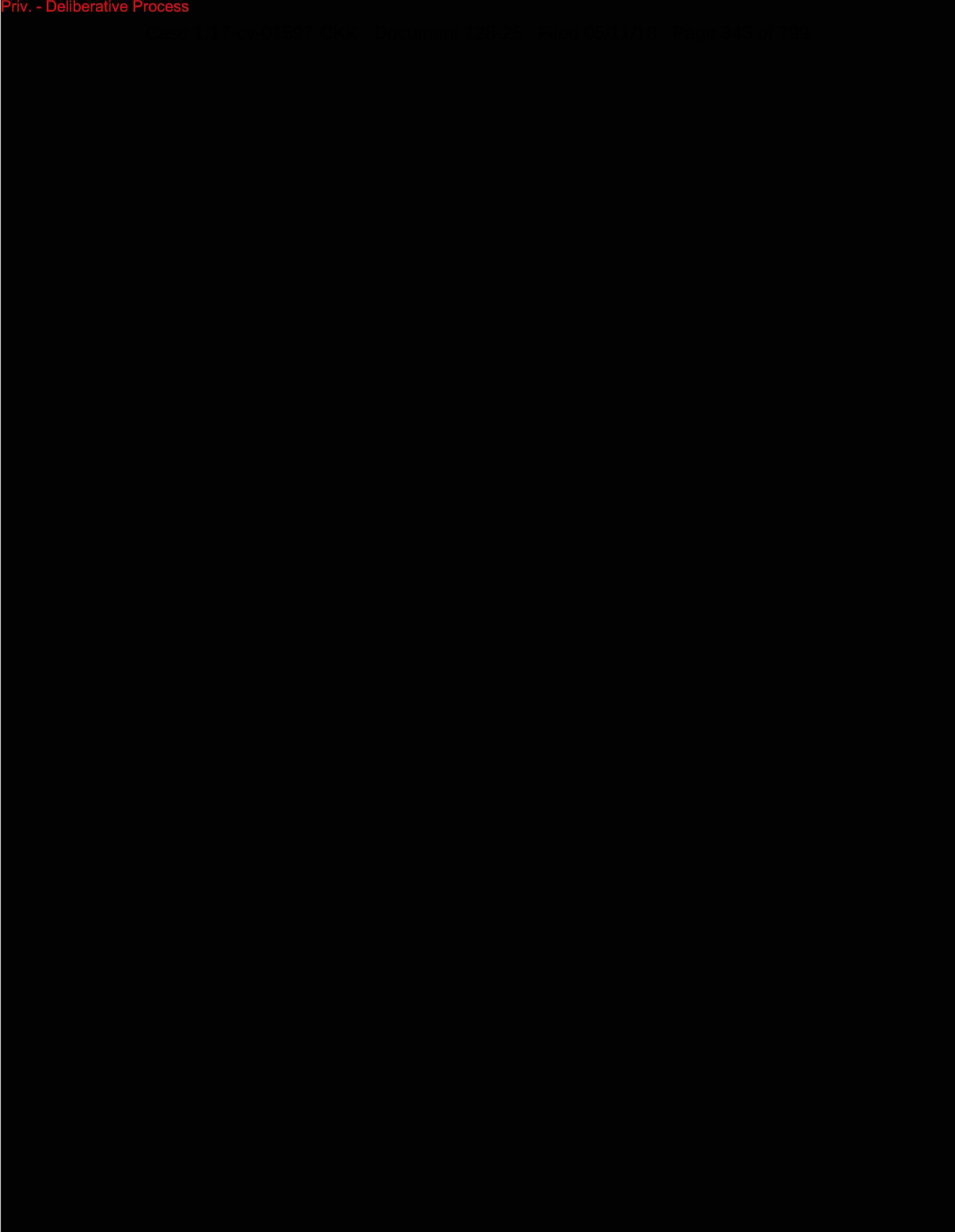
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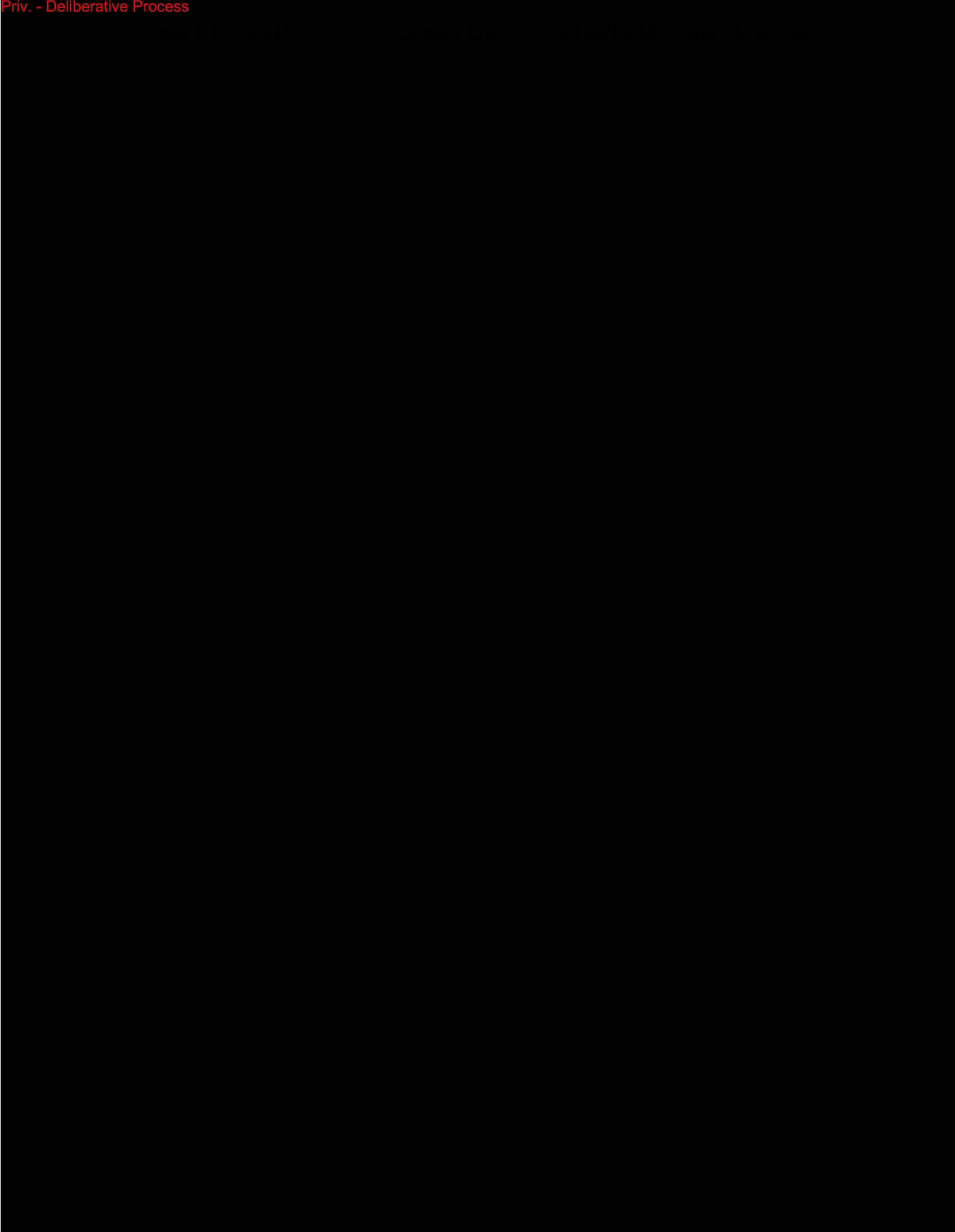


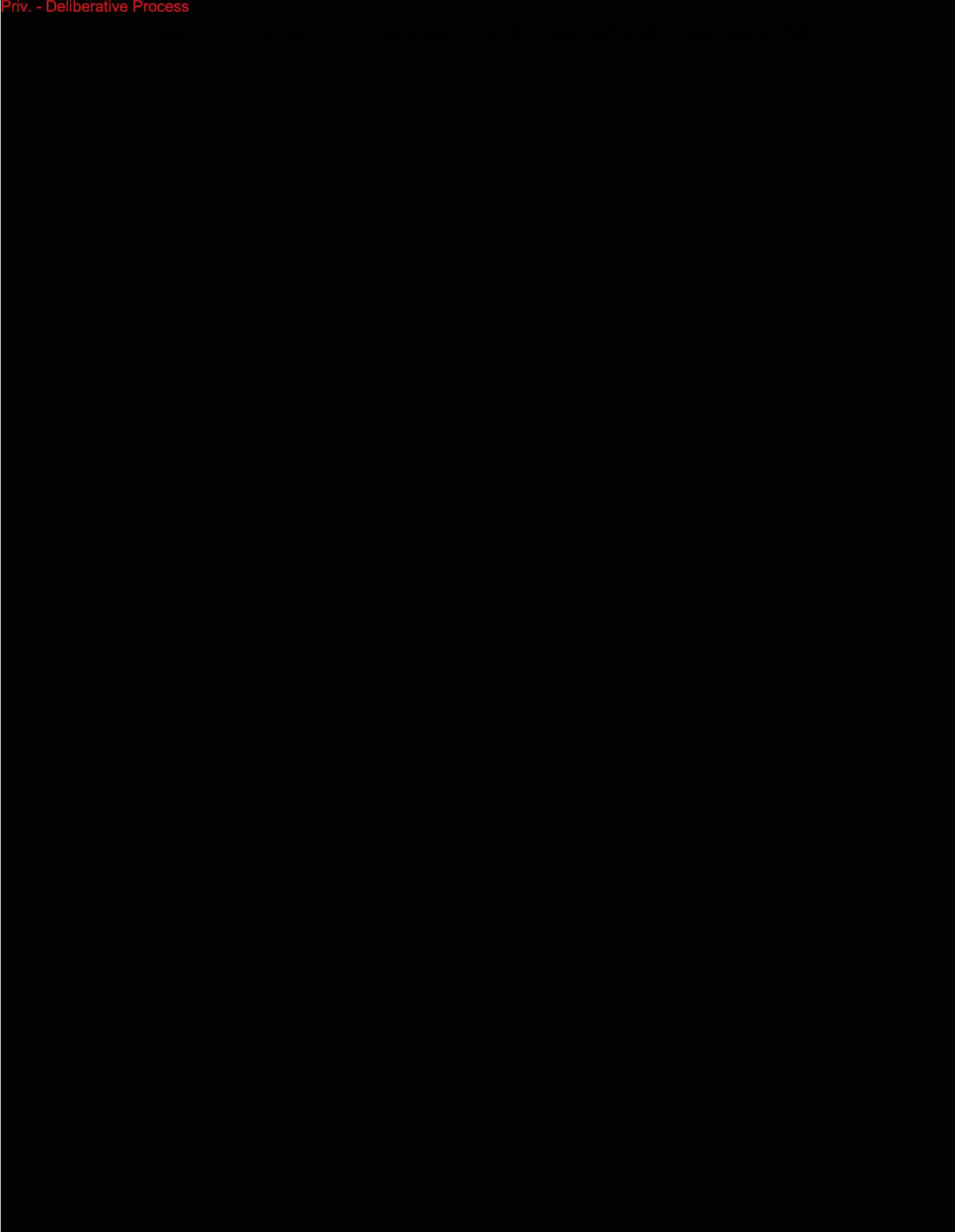
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From: [Brown, Gary W LTC USARMY OSD OUSD P-R \(US\)](#)
To: [Krueger, Mary V COL USARMY HQDA ASA MRA \(US\)](#); [Thum, Andreas M \(Andy\) COL USARMY HQDA DCS G-1 \(US\)](#); [Davis, Michael C CAPT USN DCNO N1 \(US\)](#); [Palacios, Cindi L LCDR USN ASSTSECNAV MRA DC \(US\)](#); [Soper, Martha P CIV USAF SAF-MR \(US\)](#); [Hindelang, Rachel R Maj USAF \(US\)](#); [McWaters, William J CIV USMC MANDR AFFAIRS \(US\)](#); [Brown, Matthew T CDR](#); [Bossert, Raymond D Jr COL USARMY NG NGB \(US\)](#)
Cc: [MILLER, Stephanie P SES OSD OUSD P-R \(US\)](#); [Arendt, Christopher P CIV OSD OUSD P-R \(US\)](#); [Wellman, Aaron C LTC USARMY OSD OUSD P-R \(US\)](#)
Subject: RE: Panel of Experts request for Commanders of transgender Service members (UNCLASSIFIED)
Date: Monday, October 9, 2017 11:35:17 AM
Attachments: [MEDPERS Charter 2012.pdf](#)
[October 12, 2017 MEDPERS Meeting Agenda V1 2017.10.05-Final.docx](#)
[TG - Accession Medical Standards Policy Review - MEDPERS V1 2017.10.04-Final.pptx](#)

Ladies and Gentlemen,

As promised - documents for Thursday, October 12 ,2017 MEDPERS meeting. The MEDPERS committee has these attachments via the meeting calendar invite. Thanks!

Very Respectfully,

Gary W. Brown
Lieutenant Colonel, USA
Assistant Director, Reserve and Medical Manpower

Office of The Under Secretary of Defense for Personnel and Readiness
Military Personnel Policy-Accession Policy Office
1500 Defense Pentagon, Room 3D1066
Washington, DC 20301-1500
(703) 697-9273
gary.w.brown.mil@mail.mil

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-----Original Message-----

From: Wellman, Aaron C LTC USARMY OSD OUSD P-R (US)
Sent: Friday, October 6, 2017 4:49 PM
To: Krueger, Mary V COL USARMY HQDA ASA MRA (US) <mary.v.krueger.mil@mail.mil>; Thum, Andreas M (Andy) COL USARMY HQDA DCS G-1 (US) <andreas.m.thum.mil@mail.mil>; Davis, Michael C CAPT USN DCNO N1 (US) <michael.c.davis2@navy.mil>; Palacios, Cindi L LCDR USN ASSTSECNAV MRA DC (US) <cindi.l.palacios.mil@mail.mil>; Soper, Martha P CIV USAF SAF-MR (US) <martha.p.soper.civ@mail.mil>; Hindelang, Rachel R Maj USAF (US) <rachel.r.hindelang.mil@mail.mil>; McWaters, William J CIV USMC MANDR AFFAIRS (US) <william.mcwaters@usmc.mil>; Brown, Matthew T CDR <Matthew.T.Brown@uscg.mil>; Bossert, Raymond D Jr COL USARMY NG NGB (US) <raymond.d.bossert.mil@mail.mil>
Cc: MILLER, Stephanie P SES OSD OUSD P-R (US) <stephanie.p.miller.civ@mail.mil>; Arendt, Christopher P CIV OSD OUSD P-R (US) <christopher.p.arendt.civ@mail.mil>; Brown, Gary W LTC USARMY OSD OUSD P-R (US) <gary.w.brown.mil@mail.mil>
Subject: Panel of Experts request for Commanders of transgender Service members (UNCLASSIFIED)

SOPER DEP_RFP_01054

USDOE00033189

CLASSIFICATION: UNCLASSIFIED

Ladies and Gentlemen,

We have received responses from the Navy and Marine Corps with their commanders who will attend the MEDPERS and Panel of Experts meetings. The MEDPERS meeting will be held on Thursday, 12 OCT 17, from 1400-1600 hours in the Decision Support Center room, 2E579 and the Panel of Experts meeting will be held on Friday, 13 OCT 17, from 1500-1630 hours in the P&R Conference Room, 3D1063. The Commanders are expected to participate in both meetings if travel schedules permit. For the remaining Services, please forward to me the names of your Commanders who will participate with both events or an email stating your Service will not provide Commanders. If you have any questions, please contact me. Thanks and have a nice weekend!

Very respectfully,
Aaron C. Wellman
Lieutenant Colonel, USA
Deputy Director, Reserve Accessions
Office of The Under Secretary of Defense for Personnel and Readiness
Military Personnel Policy - Accession Policy Office
Pentagon, Rm 3D1066
(703)697-7594 Commercial
(312)223-7594 DSN
Email: aaron.c.wellman mil@mail mil
Group Mailbox: osd.pentagon.ousd-p-r mbx ra-mp@mail mil

CLASSIFICATION: UNCLASSIFIED

**MEDICAL PERSONNEL EXECUTIVE STEERING
COMMITTEE (MEDPERS)**

CHARTER

I. ESTABLISHMENT, PURPOSE, AND SCOPE

A. ESTABLISHMENT

The Under Secretary of Defense for Personnel and Readiness establishes a Medical and Personnel Executive Steering Committee, hereafter referred to as the "MEDPERS." The MEDPERS shall be co-chaired by the Deputy Assistant Secretary of Defense, Military Personnel Policy and the Principal Deputy Assistant Secretary of Defense, Health Affairs.

B. PURPOSE

To bring together leaders from the Medical and Personnel communities for the development, discussion, and disposition of common issues requiring resolution. The Committee's focus shall be the nexus of medical and personnel systems that impact the total force: Department of Defense (DoD) and Coast Guard civilian, active duty, and Reserve Component members and their families, as well as those seeking entry into the Armed Forces and those who must depart prior to completion of an enlistment or career.

The primary purposes of the MEDPERS are to:

1. Integrate the medical and personnel policy guidance for civilian and military personnel for optimal readiness at the most cost effective use of resources;
2. Establish military accession, deployment, and retention medical standards, and develop policy from evidence-based information provided by analysis and research, designed to recruit, retain, and deploy personnel who will operationally perform with the best physical and medical outcomes. This will assure a cost-efficient force of healthy members in service, capable of completing training and maintaining worldwide deployability;
3. Advance health promotion, safety, and injury/illness prevention policy initiatives for the total force that are consistent with Service readiness requirements and informed by research;
4. Receive information and recommendations from assigned panels that support the fitness of the total force and make recommendations to higher authority; and
5. Advocate the policy for individual location reporting during deployment and when indicated during other health related events.

MEDPERS CHARTER

C. SCOPE OF ACTIVITY

1. Provide policy oversight and guidance to the medical/physical standards setting process for accession, deployment, and retention:
 - (a) Direct research and studies necessary to produce evidenced-based accession, deployment, and retention standards making the best use of resources, utilizing the Accession Medical Standards Analysis and Research Activity (AMSARA);
 - (b) Ensure medical and personnel community coordination when formulating policy changes related to standards for accession, retention, and deployment;
 - (c) Oversee the Accession Medical Standards Working Group (AMSWG) in the common application of accession medical standards as outlined in Department of Defense Instruction (DoDI) 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services;"
 - (d) Recommend legislative proposals concerning accession, retention, and separation medical/physical processing in accordance with DoD's legislative process;
 - (e) Review, analyze, formulate, and implement policy concerning the accession physical examination and separation assessments;
 - (f) Resolve conflicts in adoption of accession, retention, and separation medical/physical standards and policies among the Military Services and other authorized agents; and
 - (g) Review, analyze, formulate, and implement policy concerning the requirement to report daily locations on deployed personnel (DoDI 6490.03, "Deployment Health") and when indicated during other health related events.
2. Endorsement of uniform, comprehensive health promotion, and safety and injury/illness prevention policies and programs, predicated on research results and documented best practice where available, that when implemented consistently throughout the departments will measurably improve the health and safety status of individuals and populations:
 - (a) Identify and support strategically critical department prevention initiatives, promote their development and implementation, and champion these initiatives;
 - (b) Involve medical, line and community leaders, and organizations to support a culture of wellness and health promotion that preserves human resources and supports force health protection throughout the departments;

MEDPERS CHARTER

(c) Identify ways to involve personnel, family members, retirees, and other beneficiary groups in a culture that supports health, fitness, and wellness; and

(d) Support and monitor results of research to improve human performance, health, safety, personal protective, and monitoring equipment.

3. Interface with other relevant DoD and Department of Homeland Security, and Department of Health and Human Services organizations on issues pertinent to the MEDPERS mission.

4. Provide a forum through which various directed working groups such as the AMSWG, committees such as the Joint Program Committees for Medical Research and Development, Addictive Substance Misuse Advisory Committee (ASMAC), activities such as the AMSARA and councils such as the Psychological Health Council, the DoD Nutrition Committee, and the Force Health Protection Integrating Council present their findings and recommendations.

5. Recommend promulgation and revisions of DoD directives and issuance of other policy guidance as appropriate.

6. Maintain and distribute records and minutes of MEDPERS meetings.

II. ORGANIZATION

A. The MEDPERS will report to the Under Secretary of Defense for Personnel and Readiness as appropriate. The MEDPERS will convene semiannually, at a minimum, and at the discretion of the Co-Chairpersons.

B. The MEDPERS members provide ongoing liaison with their respective organizations concerning matters of medical/physical accession policy. Members shall be full-time or permanent part-time employees of the military.

C. The MEDPERS shall be composed of the following:

1. Deputy Assistant Secretary of Defense for Military Personnel Policy (DASD(MPP)),
2. Principal Deputy Assistant Secretary of Defense for Health Affairs (PDASD(HA)),
3. Deputy Assistant Secretary of Defense for Civilian Personnel Policy,
4. Deputy Assistant Secretary of Defense for Reserve Manpower and Personnel,

MEDPERS CHARTER

5. Deputy Assistant Secretary of Defense for Clinical and Program Policy,
6. Deputy Assistant Secretary of Defense for Force Health Protection and Readiness,
7. Surgeon General of the Army,
8. Surgeon General of the Navy,
9. Surgeon General of the Air Force,
10. Director Health Services, Headquarters United States Marine Corps (USMC),
11. Coast Guard (CG) Director, Health, Safety and Work-Life, CG-11,
12. Deputy Chief of Staff for Personnel Army,
13. Deputy Chief of Staff for Personnel Navy,
14. Deputy Chief of Staff for Personnel Air Force,
15. Assistant Secretary of the Army, Manpower and Reserve Affairs,
16. Assistant Secretary of the Navy, Manpower and Reserve Affairs,
17. Assistant Secretary of the Air Force, Manpower and Reserve Affairs,
18. Deputy Chief of Staff for Personnel, USMC,
19. CG Director Reserve and Military Personnel, CG-13,
20. Joint Staff, Surgeon, and
21. Joint Staff, Director Manpower and Personnel

D. The DASD(MPP) and the PDASD(HA) shall provide individuals to serve as executive secretaries for the MEDPERS.

E. The DASD(MPP) and the PDASD(HA) shall provide individuals to co-chair the AMSWG. AMSWG will be comprised of representatives from the Services Surgeon General Offices and the Services Personnel community to receive and review medical issues pertinent to accession.

MEDPERS CHARTER

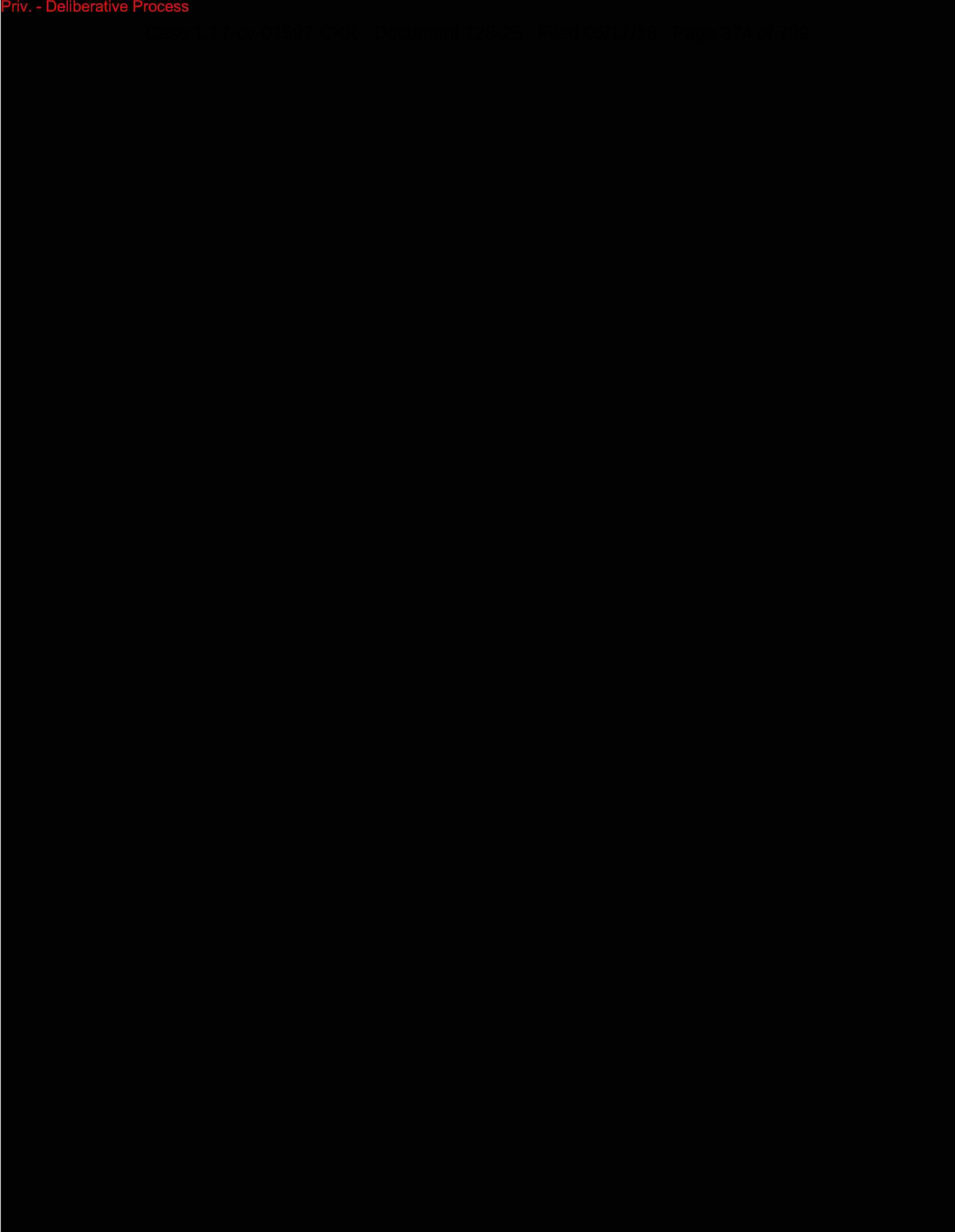
F. The Medical Standards Working Group established by the DASD(MPP) and the PDASD(HA) shall ensure consistent application of accession, retention, and separation medical/physical standards and policies among the Military Services, while consolidating research and studies necessary to produce evidenced-based decisions, and providing the best use of resources.

G. The Commander, United States Military Entrance Processing Command; the Director, Department of Defense Medical Examination Review Board; and Deputy Assistant Secretary of Defense Warrior Care Policy shall serve as advisors to the MEDPERS.

H. The MEDPERS may invite consultants (for example; training, recruiting, and epidemiology, etcetera) at the discretion of the Chairpersons.



Erin C. Conaton
Under Secretary of Defense
Personnel and Readiness



From: [Soper, Martha P CIV USAF SAF-MR \(US\)](#)
To: [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Igl, Ann M Col USAF SAF-MR \(US\)](#); [Schiess, Douglas A Col USAF SAF-US \(US\)](#); [Edmondson, Michele C Col USAF AF-CV \(US\)](#); [Cheatham, Thomas N Col USAF AFMSA \(US\)](#); [Whalen, Amanda R Capt USAF AF-A1 \(US\)](#); [Floyd, Derrick J Lt Col USAF AF-A1 \(US\)](#); [Sams, Kelly M Lt Col USAF AF-A1 \(US\)](#)
Cc: [Fedrigo, John A SES USAF SAF-MR \(US\)](#)
Subject: RE: RAH for prebrief
Date: Thursday, November 2, 2017 10:44:00 AM
Attachments: [PoE Deliverable 2 FINAL.pdf](#)

Good morning everyone, attached is the updated DHA Data Points brief.

Best,
Martie

Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
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Washington, DC 20330
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From: Soper, Martha P CIV USAF SAF-MR (US)
Sent: Wednesday, November 01, 2017 5:13 PM
To: Boatner, Margaret E CIV USAF SAF-MR (US)
<margaret.e.boatner.civ@mail.mil>; Igl, Ann M Col USAF SAF-MR (US)
<ann.m.igl.mil@mail.mil>; Schiess, Douglas A Col USAF SAF-US (US)
<douglas.a.schiess.mil@mail.mil>; Edmondson, Michele C Col USAF AF-CV (US)
<michele.c.edmondson.mil@mail.mil>; Cheatham, Thomas N Col USAF AFMSA (US)
<thomas.n.cheatham2.mil@mail.mil>; Whalen, Amanda R Capt USAF AF-A1 (US)
<amanda.r.whalen3.mil@mail.mil>; Floyd, Derrick J Lt Col USAF AF-A1 (US)
<derrick.j.floyd.mil@mail.mil>; Sams, Kelly M Lt Col USAF AF-A1 (US)
<kelly.m.sams.mil@mail.mil>
Cc: Fedrigo, John A SES USAF SAF-MR (US) <john.a.fedrigo.civ@mail.mil>
Subject: RAH for prebrief

Good evening,

Attached are the RAH's for tomorrow morning's prebrief.

If there are any updates I'll send them out in the morning.

Best,

Martie Soper

Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
SAF/MRR, Rm 5D742, Pentagon
Washington, DC 20330
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From: [Soper, Martha P CIV USAF SAF-MR \(US\)](#)
To: [Sams, Kelly M Lt Col USAF AF-A1 \(US\)](#); [Huibregtse, Matthew J Lt Col USAF \(US\)](#); [Schiess, Douglas A Col USAF SAF-US \(US\)](#); [Edmondson, Michele C Col USAF AF-CV \(US\)](#); [Igl, Ann M Col USAF SAF-MR \(US\)](#); [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Bosco, Albert J \(AI\) III Lt Col USAF SAF-MR \(US\)](#); [Cheatham, Thomas N Col USAF AFMSA \(US\)](#); [Cunningham, David L Col USAF AF-SG \(US\)](#); [Long, Gregory B Maj USAF AF-CV \(US\)](#); [Korell, Scott S Maj USAF SAF-US \(US\)](#); [Floyd, Derrick J Lt Col USAF AF-A1 \(US\)](#); [Robertson, Jason S Lt Col USAF AF-JA \(US\)](#); [Baker, Christopher J Lt Col USAF AF-JA \(US\)](#)
Cc: [Downes, Karen M Lt Col USAF SAF-MR \(US\)](#); [Fedriqo, John A SES USAF SAF-MR \(US\)](#); [Kern, Therese J Col USAF \(US\)](#)
Subject: RE: RHA PoE meeting, 30 Nov 17
Date: Thursday, November 30, 2017 12:50:00 PM
Attachments: [Transgender Review Panel - Questions AF Position 21 Nov 17.docx](#)
[TG Admin Record v6 291738NOV17_with comments.pdf](#)
[TG Continuum_with comments.pdf](#)
[2017 Endocrine Society Guidelines for Gender Dysphoria.pdf](#)
[TG Panel 7 Minutes DRAFT v1.pdf](#)
[TG Panel 6 Minutes DRAFT v4.pdf](#)
[AGENDA Transgender Policy Review Panel Meeting 8 - 30 Nov 17.docx](#)
[Policy O-A as of 1 August 2017.pdf](#)
[TG Panel 5 Minutes DRAFT v4.pdf](#)

Good afternoon,

There are three new RAH's for today's meeting. The first attachment is a review of the Q&A's for the PoE - with our AF Position. I've added comments into the next two documents, I've not been able to insert Facers. If someone is savvy on this technique, you can change my comments to facer blocks. The fourth documents is a copy of the 2017 Endocrine Society Guidelines and qualifiers for gender dysphoria. The TG Admin Record references the DSM 5 - which has not been done and does not match the 2017 ESG criteria. The last of the new documents is the TG Panel 7 meeting minutes. The remaining attachments were sent yesterday.

Best,
Martie

Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
SAF/MRR, Rm 5D742, Pentagon
Washington, DC 20330
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From: Soper, Martha P CIV USAF SAF-MR (US)
Sent: Wednesday, November 29, 2017 4:22 PM
To: Sams, Kelly M Lt Col USAF AF-A1 (US) <kelly.m.sams.mil@mail.mil>; Huibregtse, Matthew J Lt Col USAF (US) <matthew.j.huibregtse.mil@mail.mil>;

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Fedrigo, John A SES USAF SAF-MR (US) <john.a.fedrigo.civ@mail.mil>
Subject: RE: RHA PoE meeting, 30 Nov 17

Good afternoon,

Attached are the RAH's for tomorrow's briefings. I have been offline all day and will work in the Facers tonight. Regarding the first attachment, Policy Q-A, the information for the definitions on page 2 are NOT the purposed definitions by the TG Policy WG.

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The remaining 3 attachments are the agenda and the meeting minutes from the last two PoE meetings.

Best,
Martie

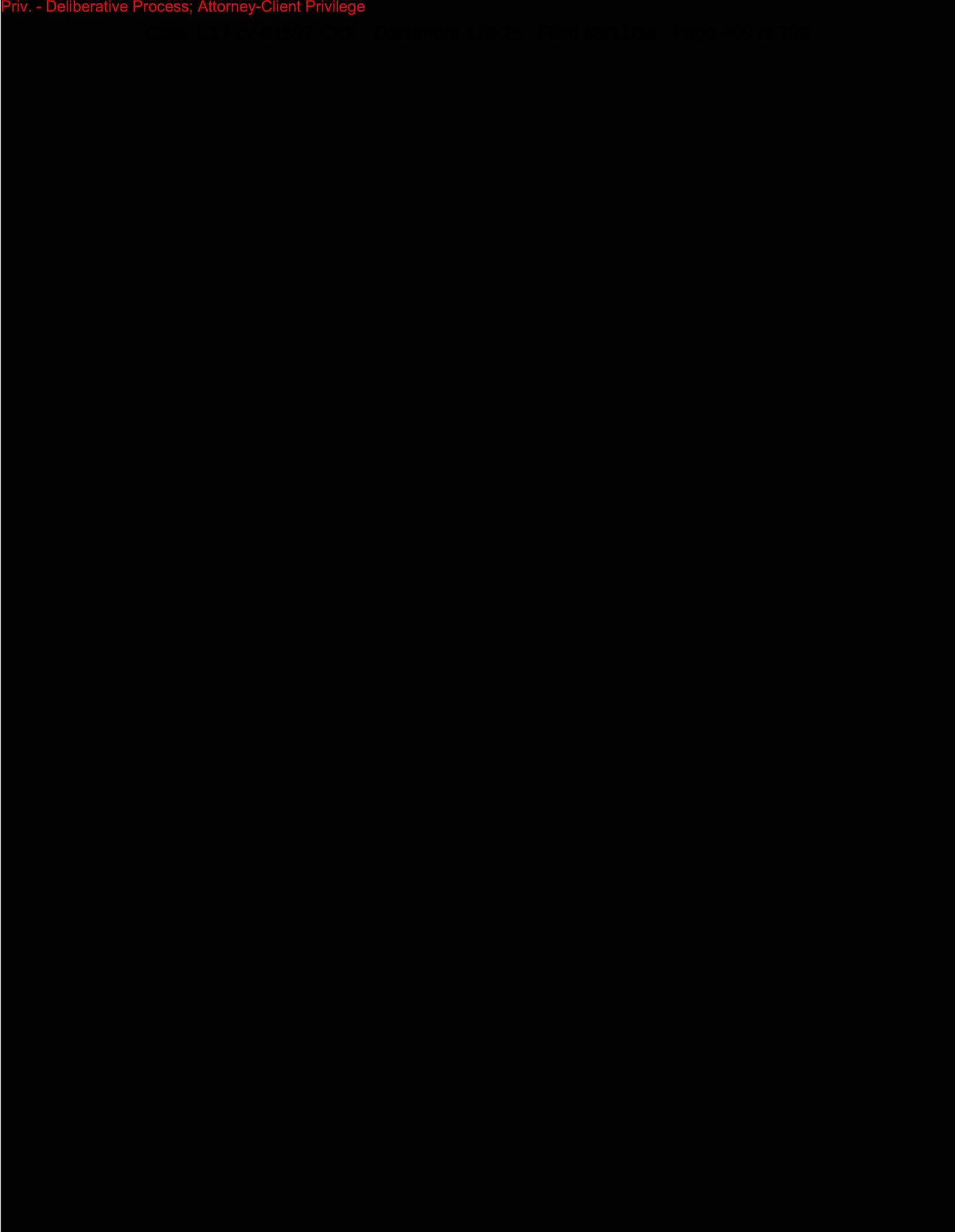
Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
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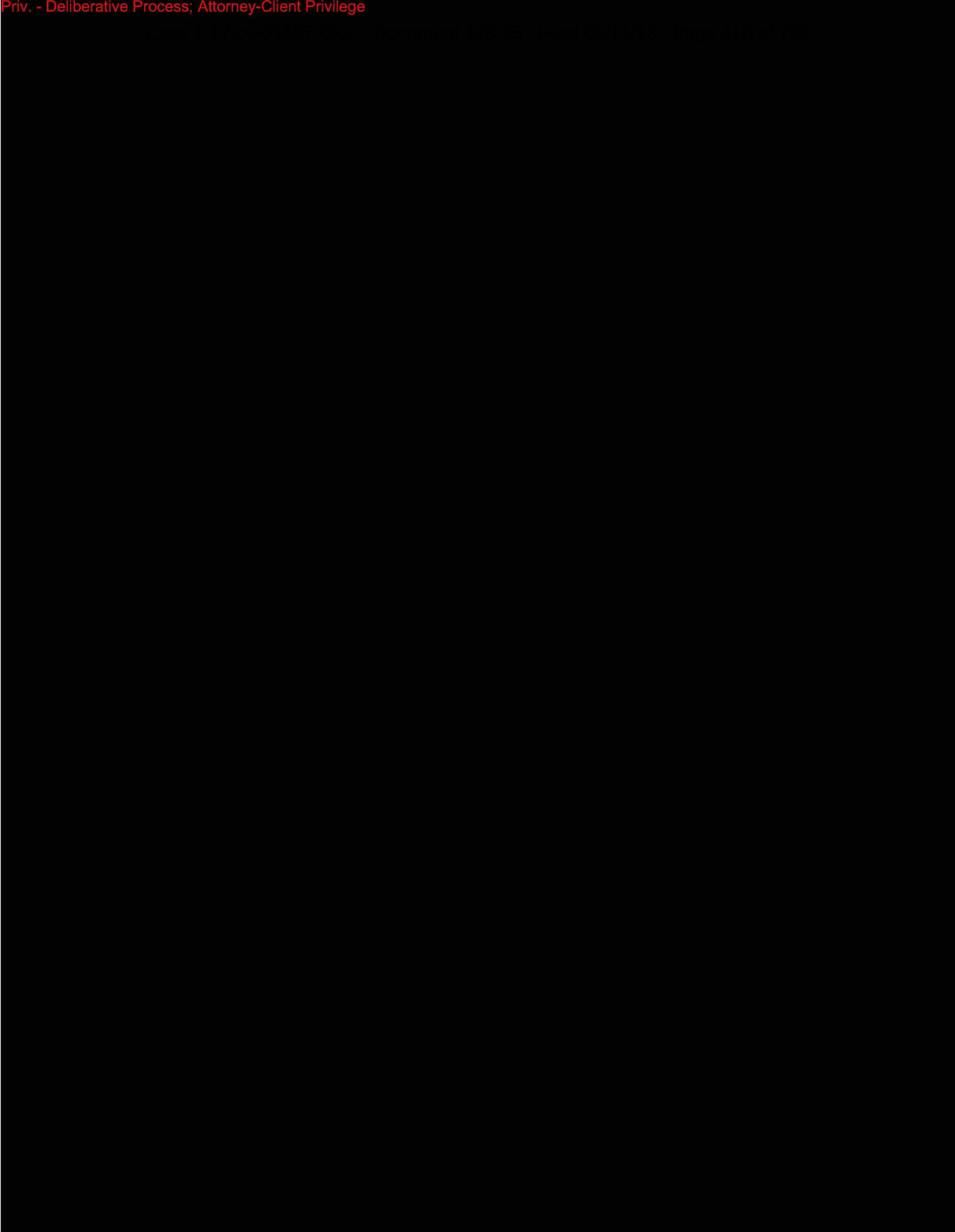
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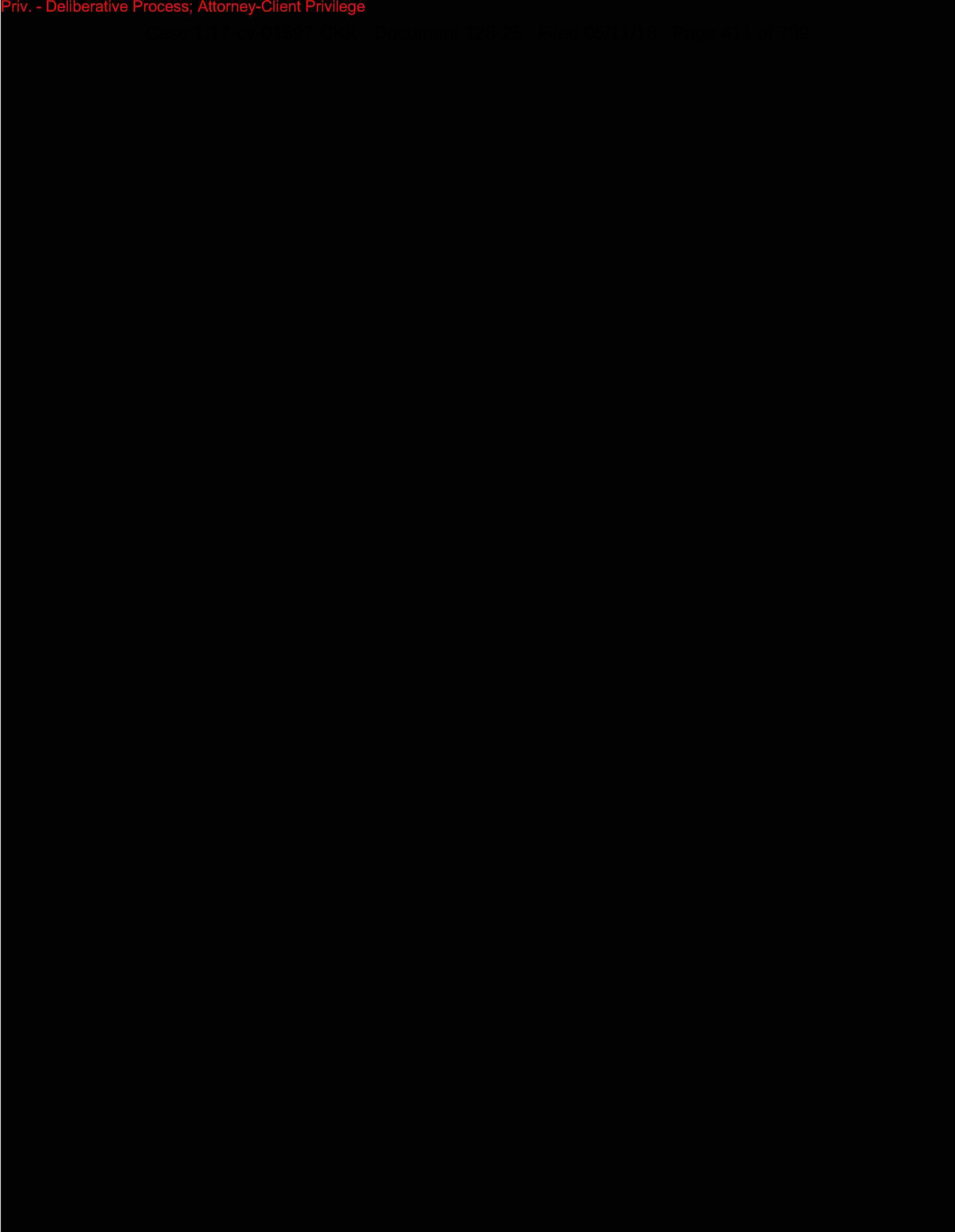
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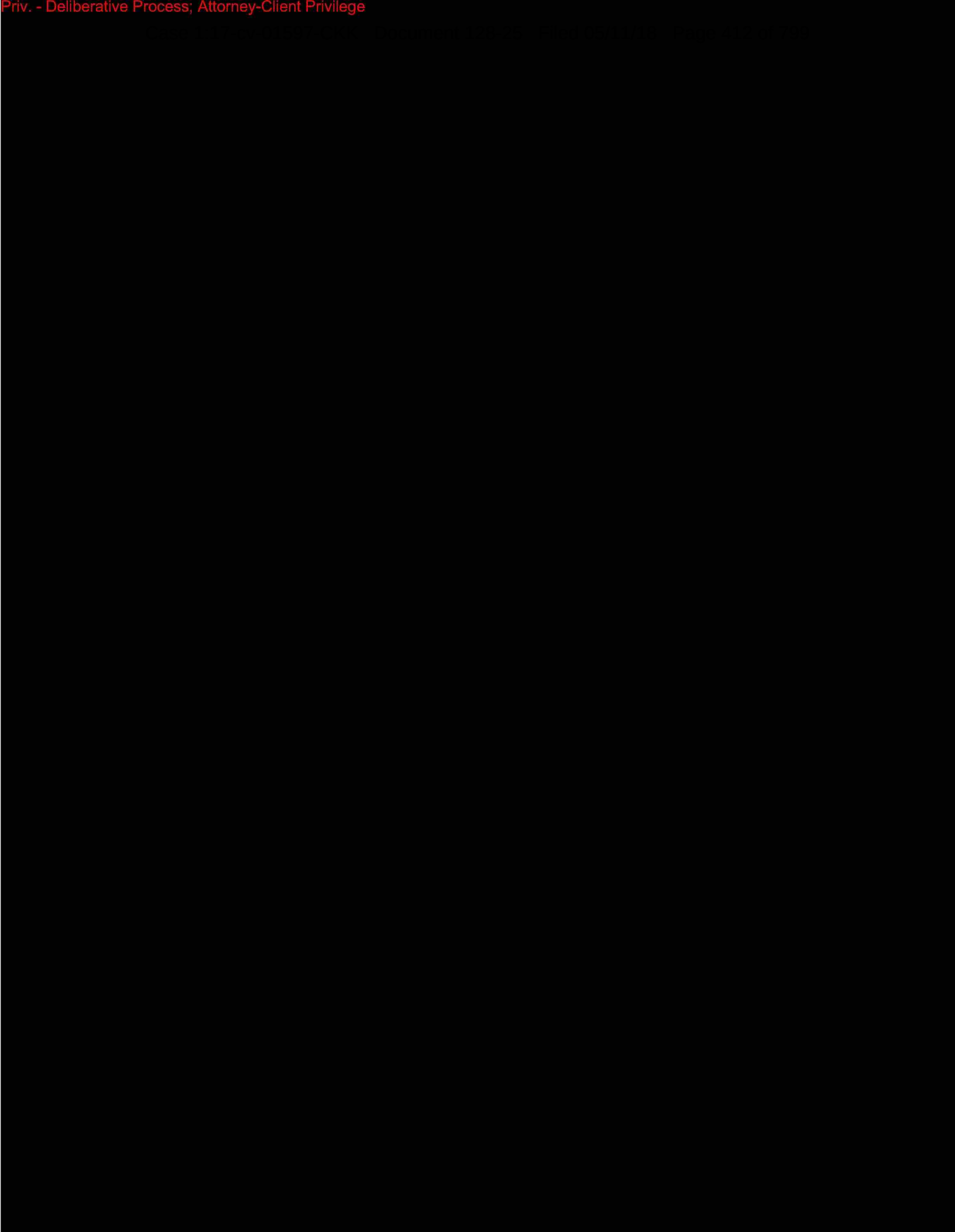
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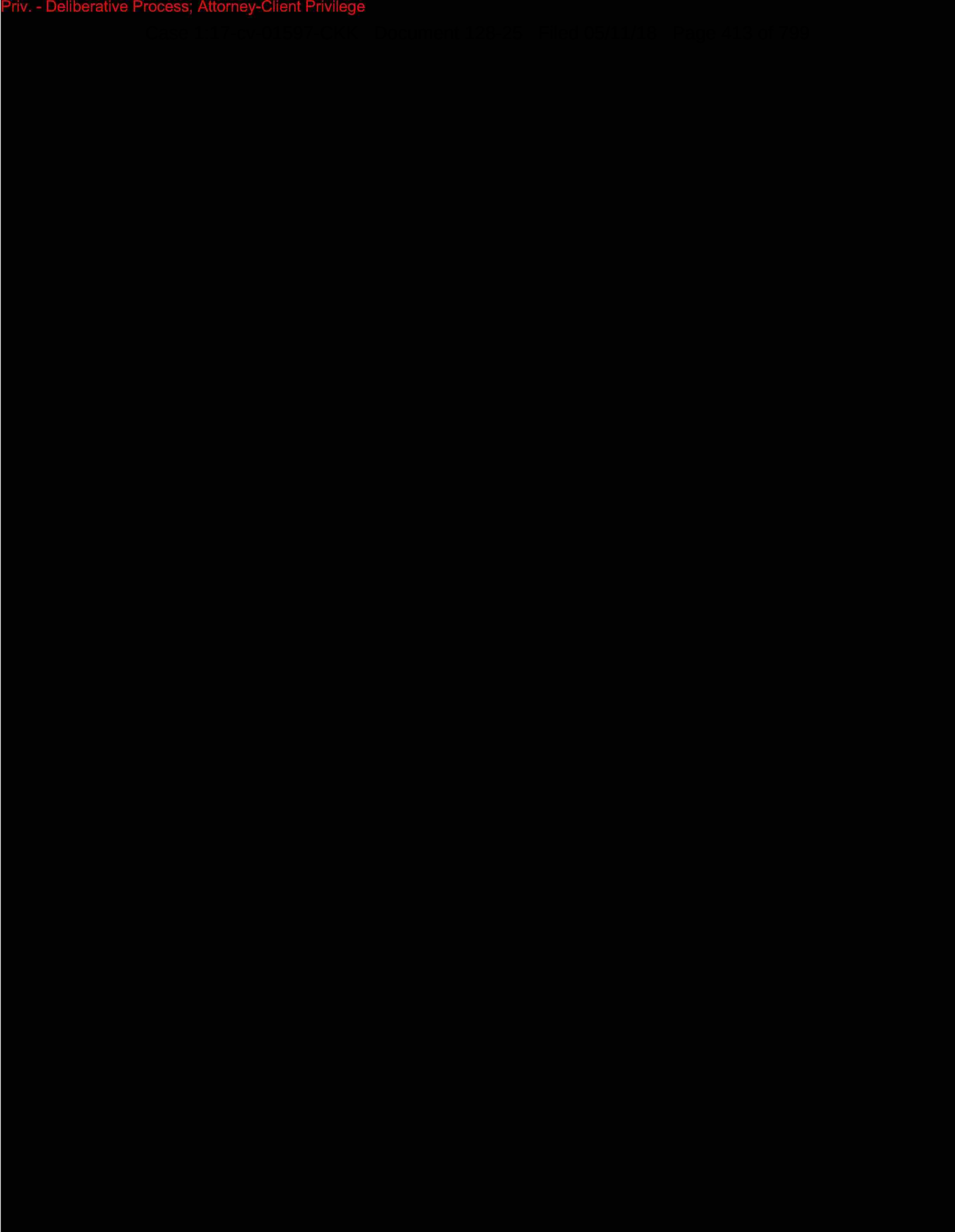
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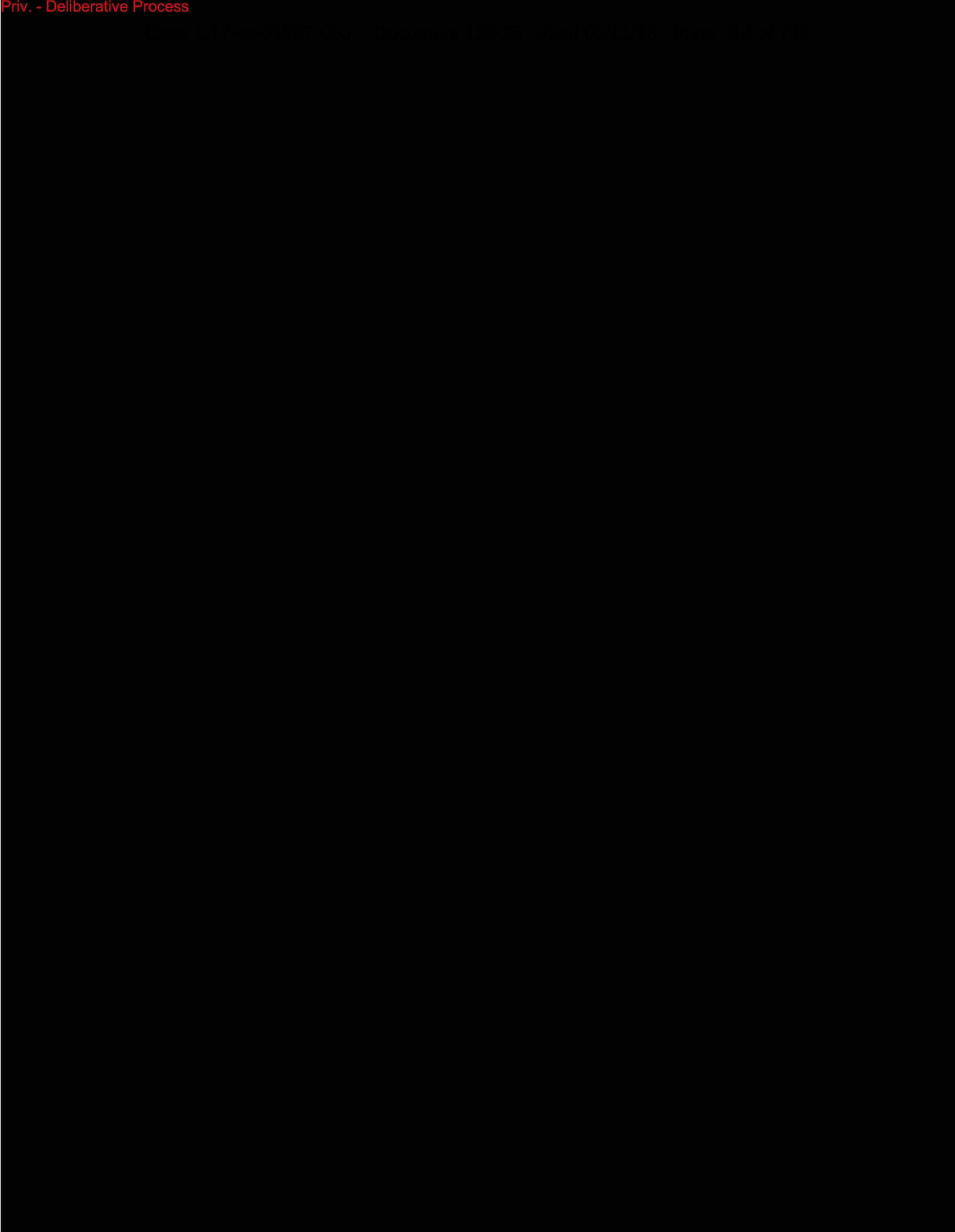


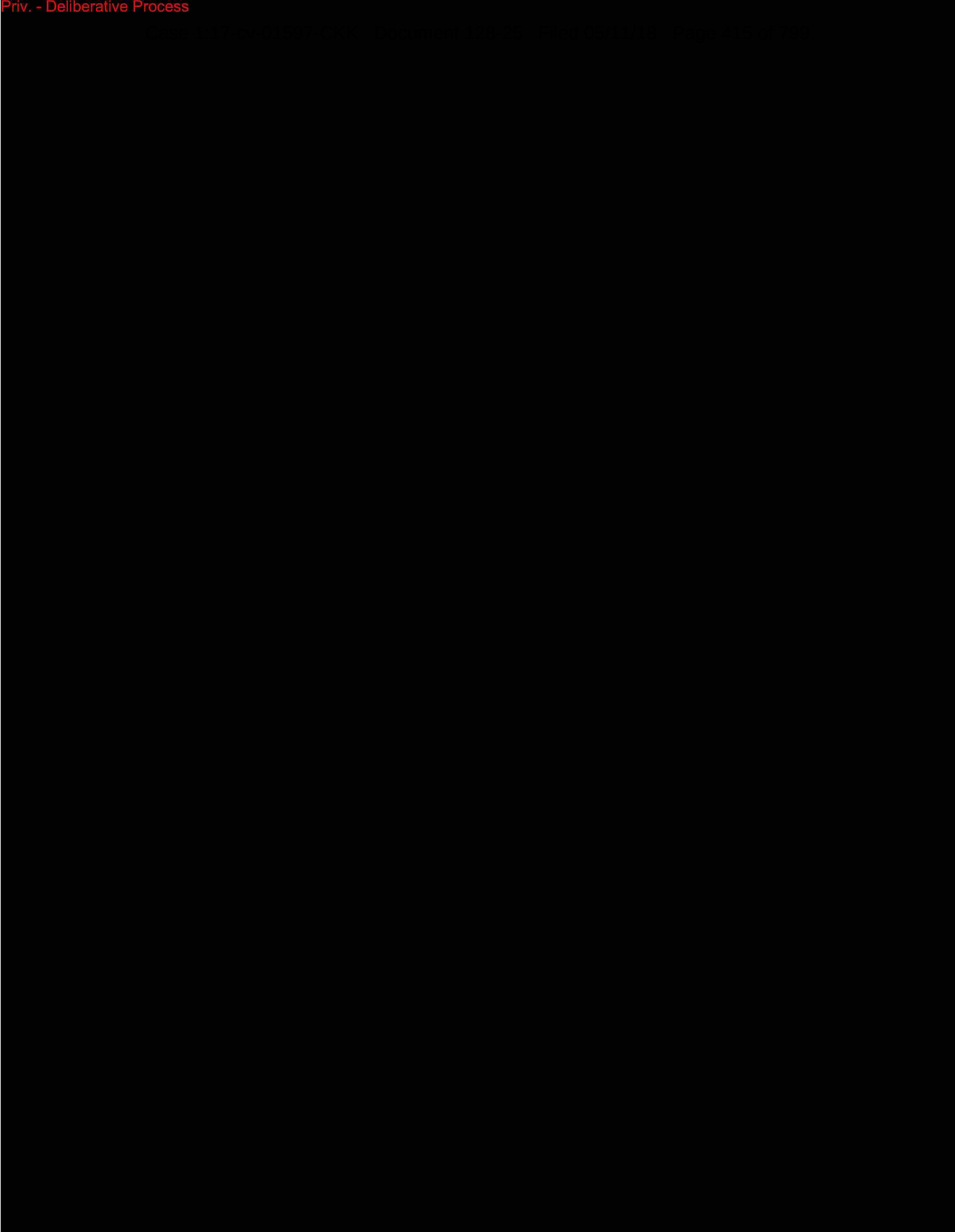


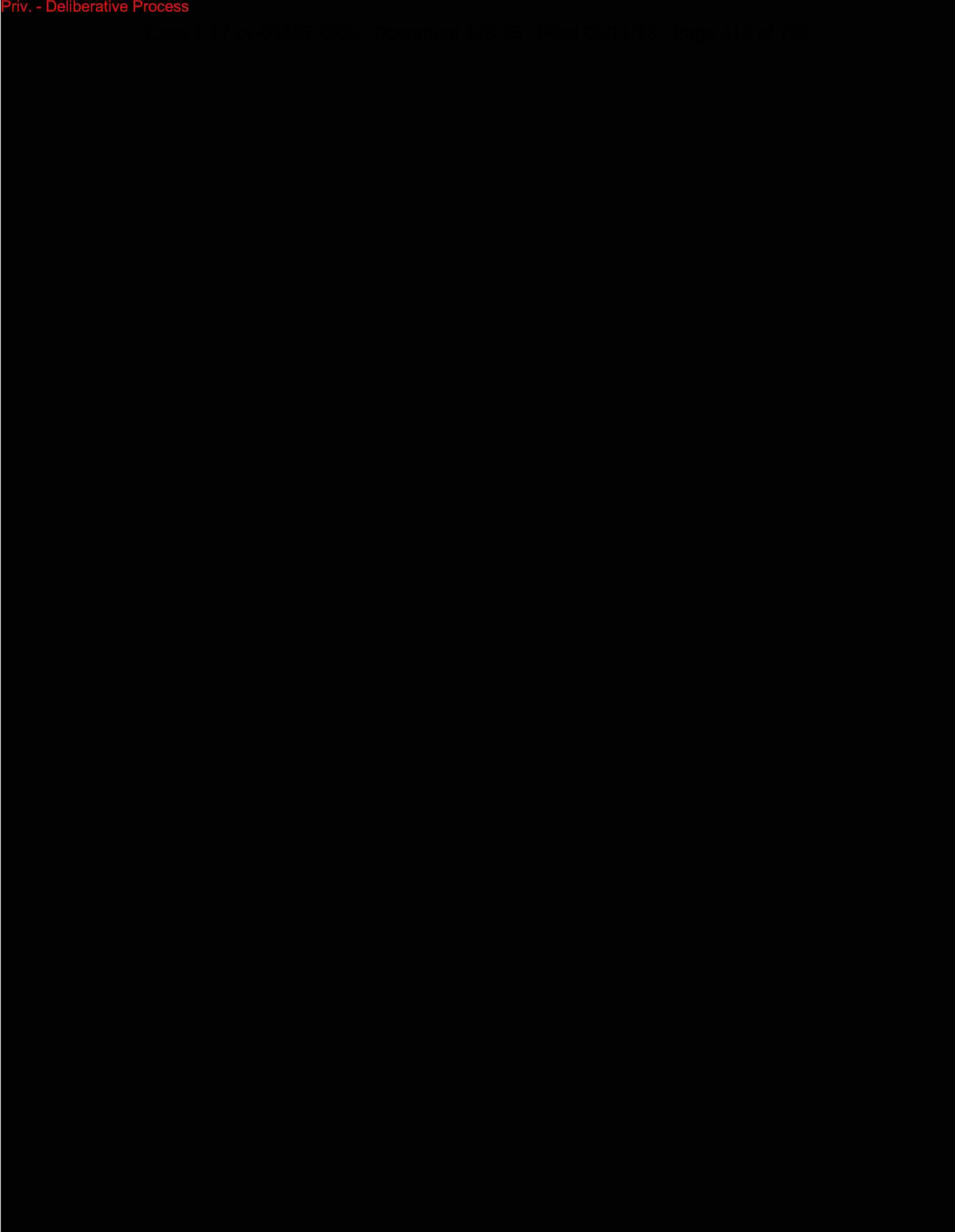


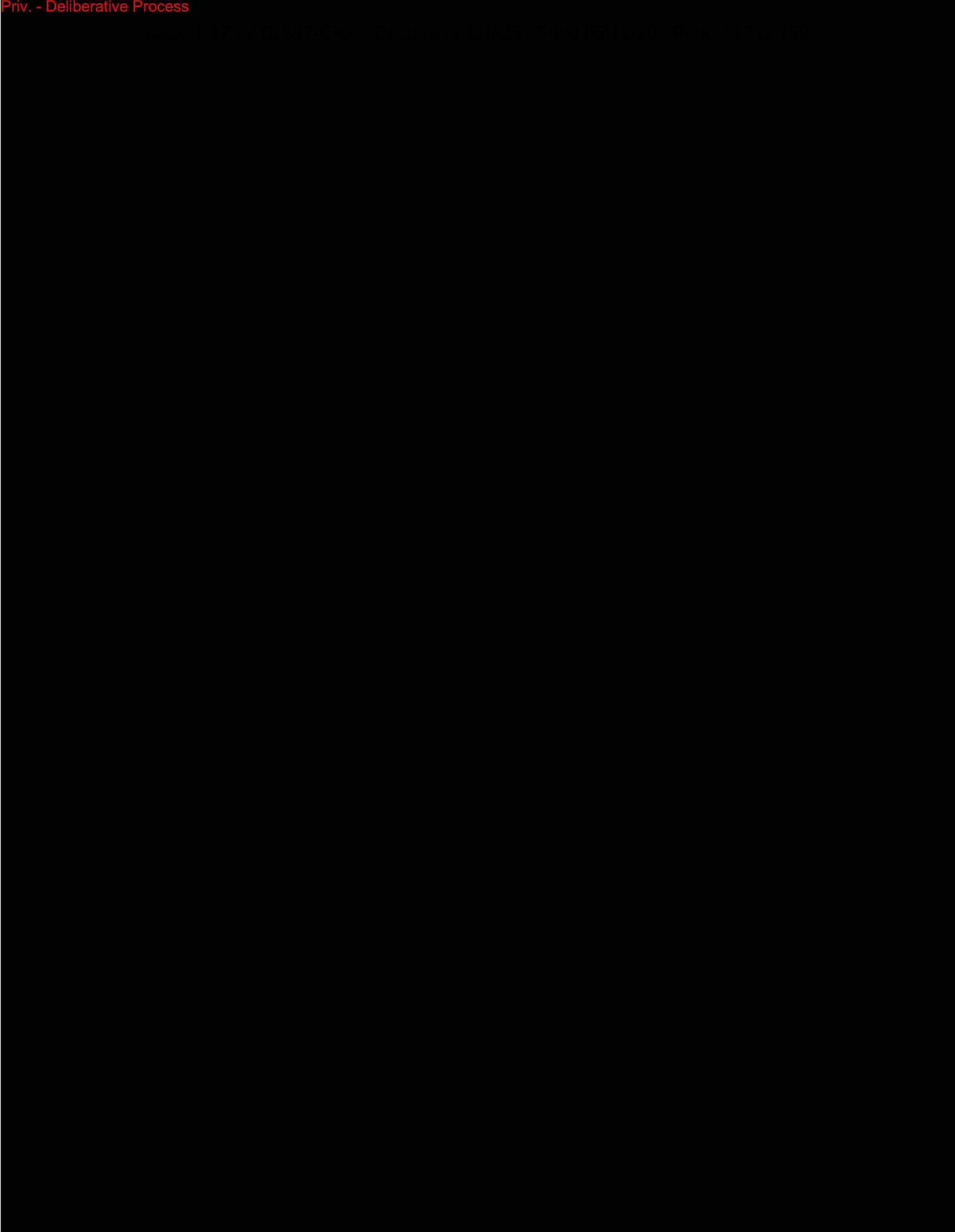


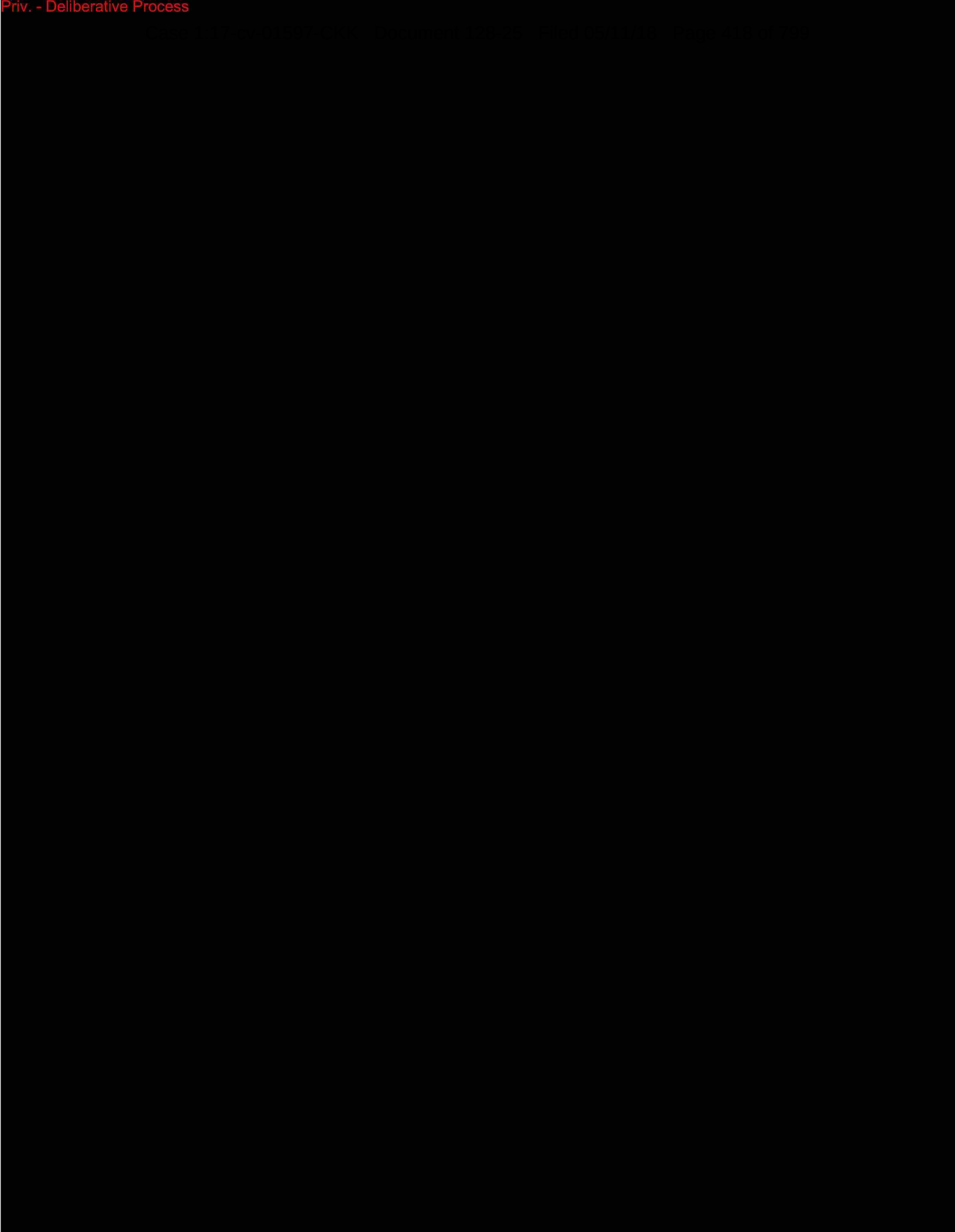


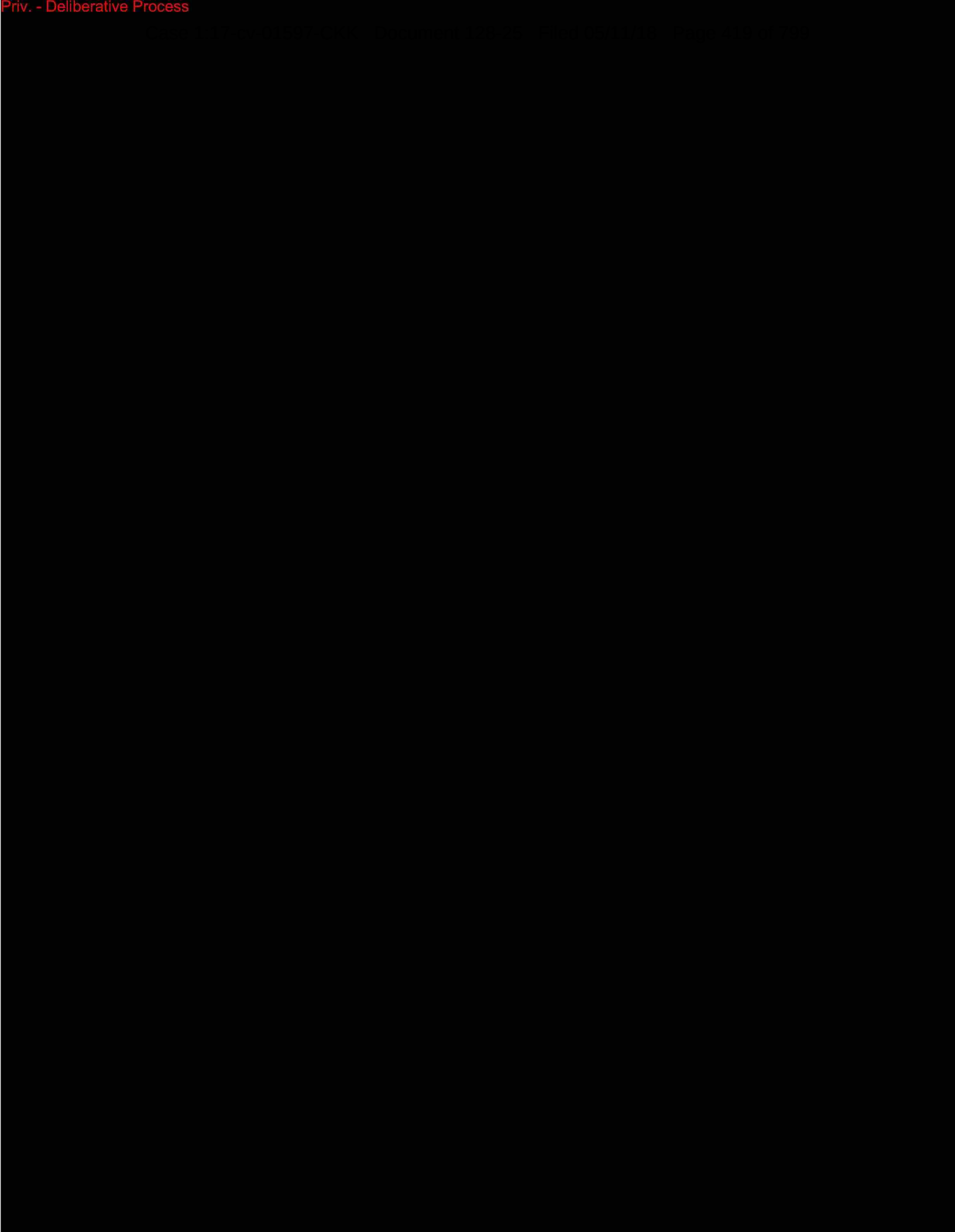


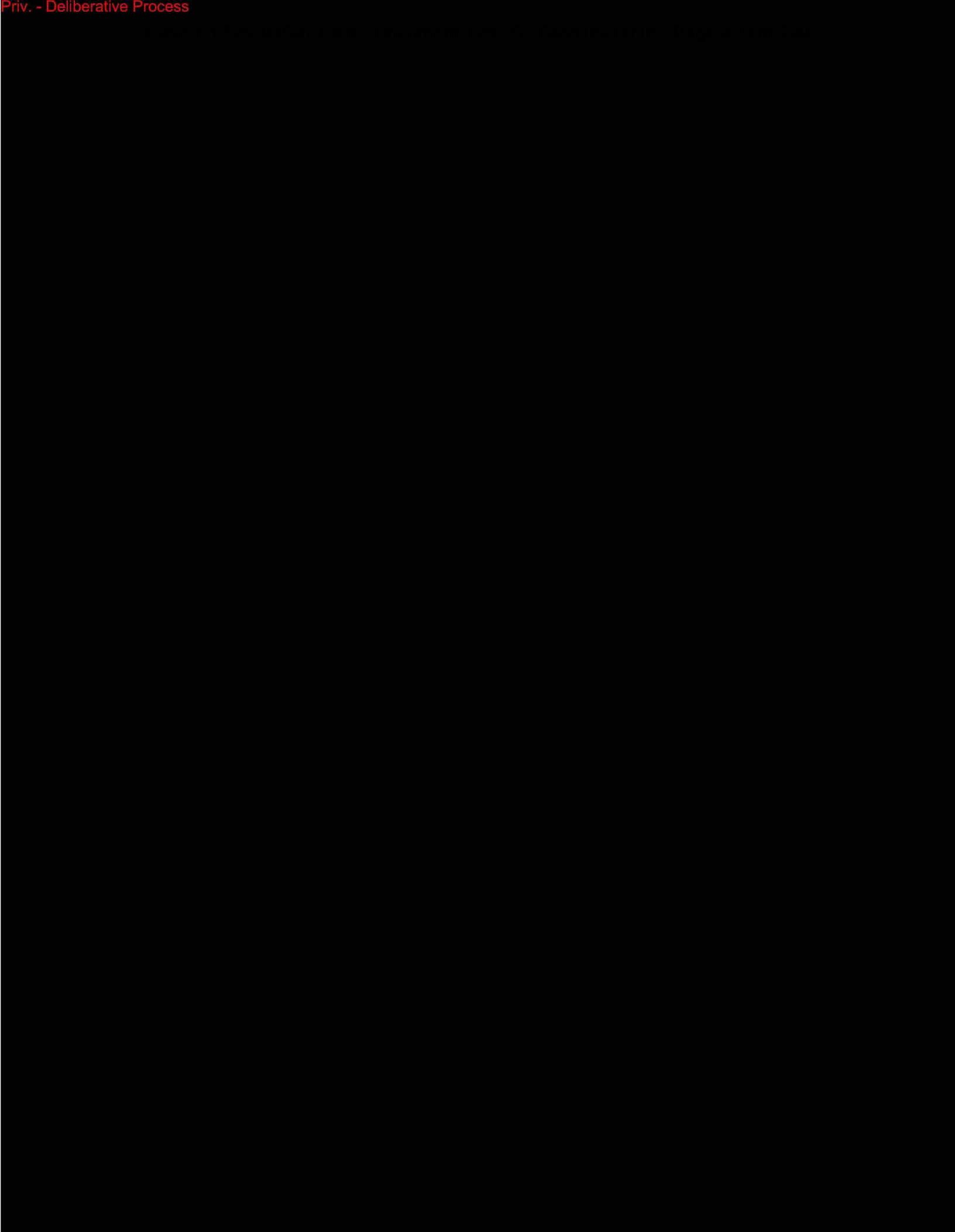


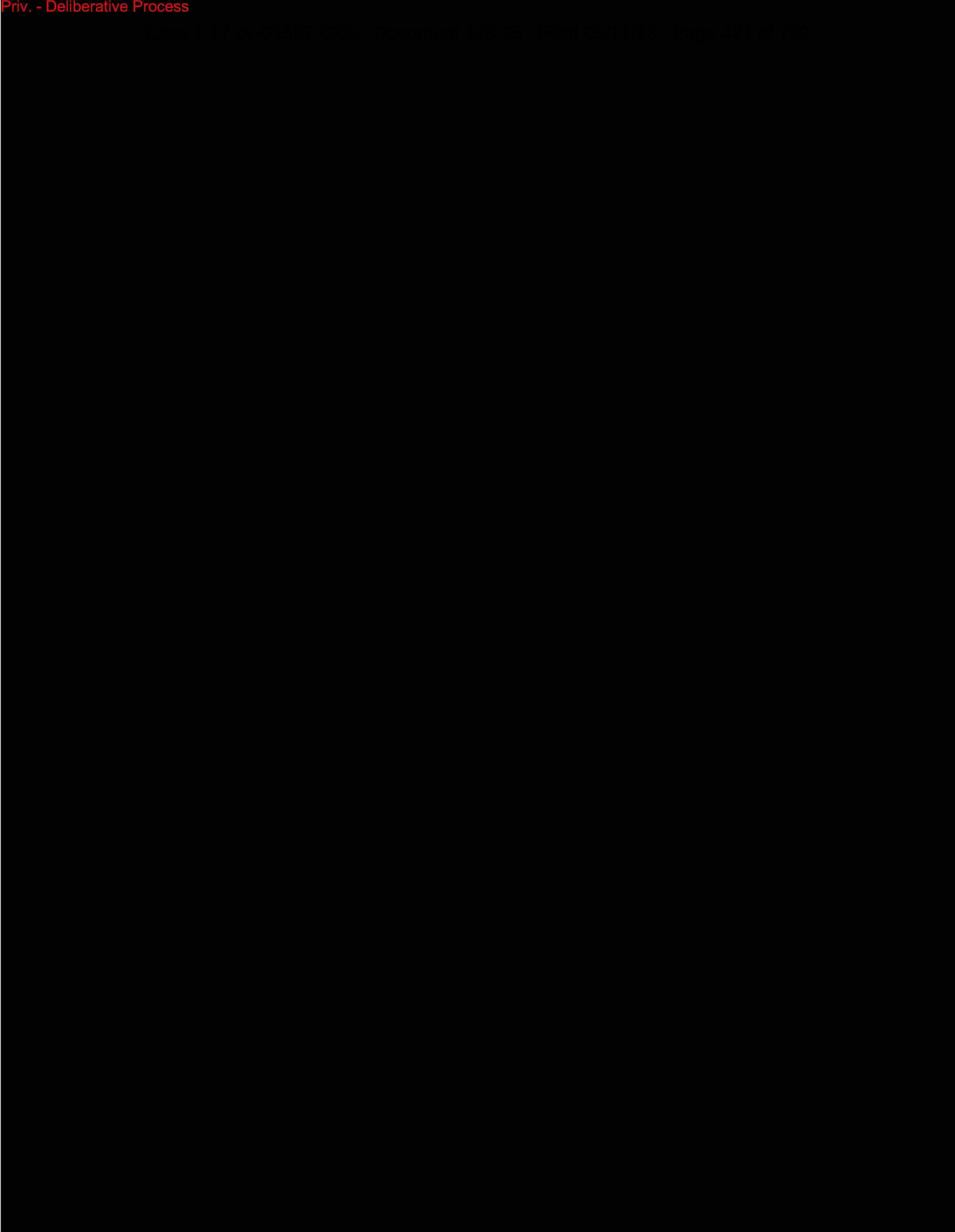


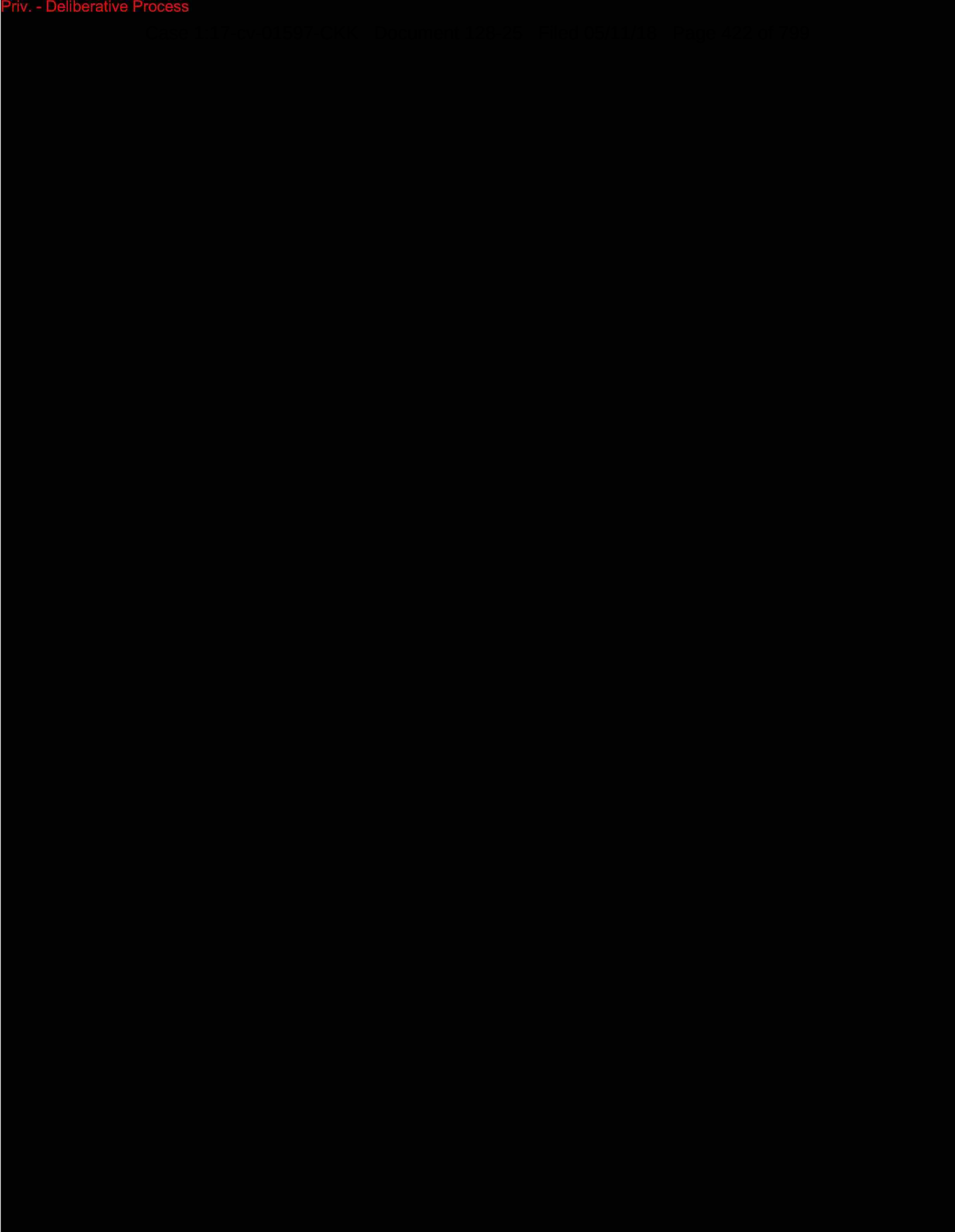


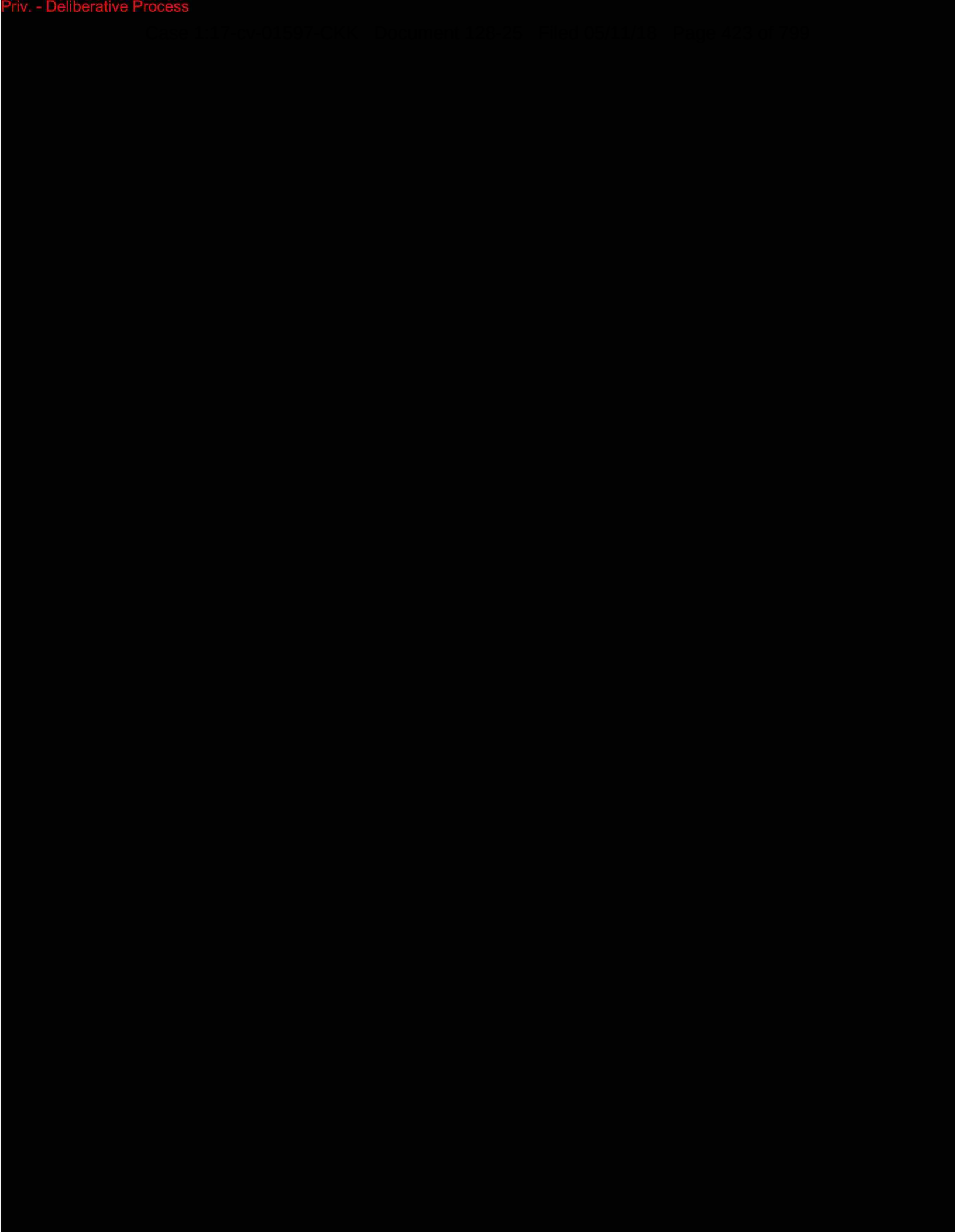


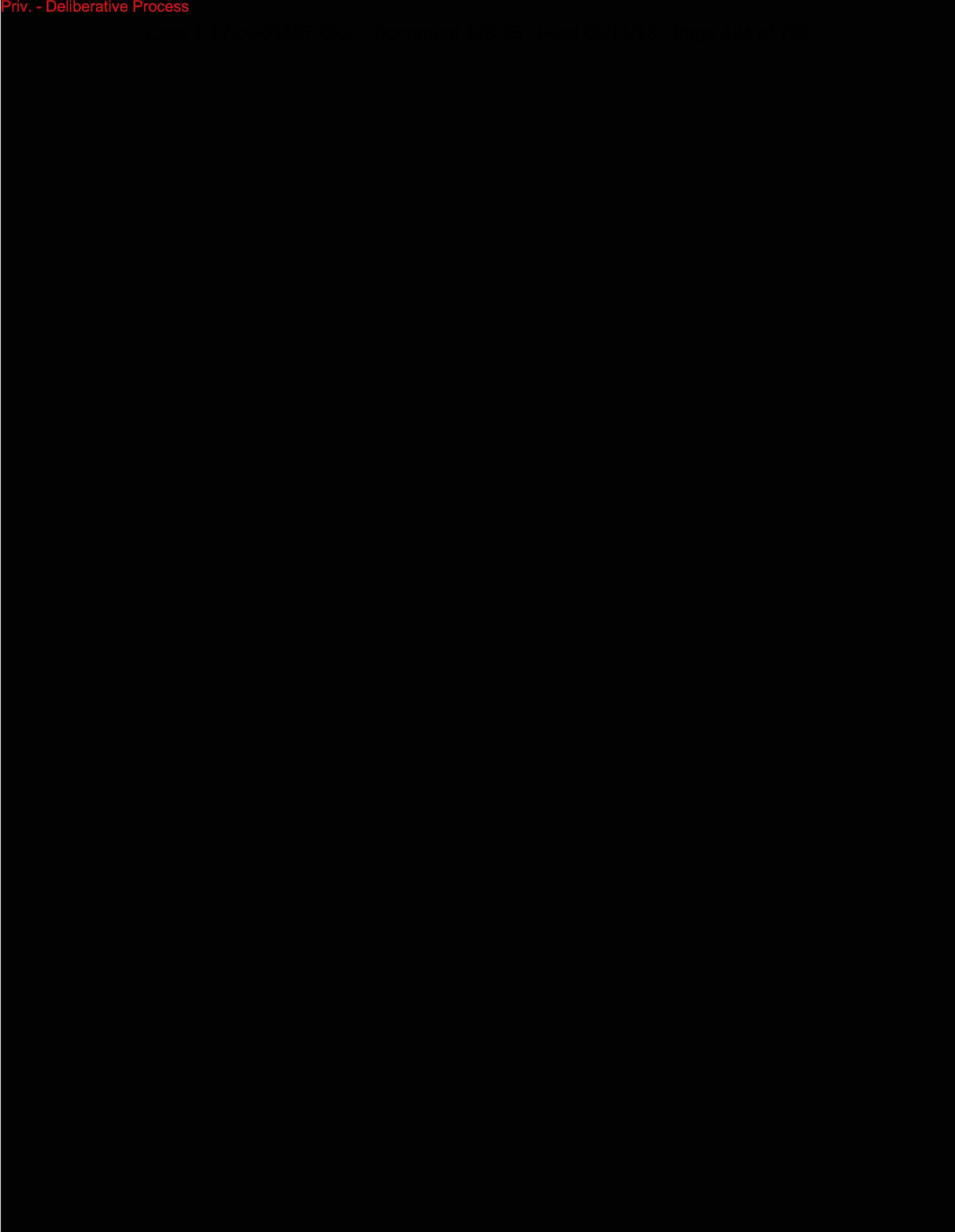












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Natural History of Children With GD/Gender Incongruence

With current knowledge, we cannot predict the psychosexual outcome for any specific child. Prospective follow-up studies show that childhood GD/gender incongruence does not invariably persist into adolescence and adulthood (so-called “desisters”). Combining all outcome studies to date, the GD/gender incongruence of a minority of prepubertal children appears to persist in adolescence (20, 40). In adolescence, a significant number of these desisters identify as homosexual or bisexual. It may be that children who only showed some gender nonconforming characteristics have been included in the follow-up studies, because the DSM-IV text revision criteria for a diagnosis were rather broad. However, the persistence of GD/gender incongruence into adolescence is more likely if it had been extreme in childhood (41, 42). With the newer, stricter criteria of the DSM-5 (Table 2), persistence rates may well be different in future studies.

1.0 Evaluation of Youth and Adults

Gender-affirming treatment is a multidisciplinary effort. After evaluation, education, and diagnosis, treatment may include mental health care, hormone therapy, and/or surgical therapy. Together with an MHP, hormone-prescribing clinicians should examine the psychosocial impact of the potential changes on people’s lives, including mental health, friends, family, jobs, and their role in society. Transgender individuals should be encouraged to experience living in the new gender role and assess whether

this improves their quality of life. Although the focus of this guideline is gender-affirming hormone therapy, collaboration with appropriate professionals responsible for each aspect of treatment maximizes a successful outcome.

Diagnostic assessment and mental health care

GD/gender incongruence may be accompanied with psychological or psychiatric problems (43–51). It is therefore necessary that clinicians who prescribe hormones and are involved in diagnosis and psychosocial assessment meet the following criteria: (1) are competent in using the DSM and/or the ICD for diagnostic purposes, (2) are able to diagnose GD/gender incongruence and make a distinction between GD/gender incongruence and conditions that have similar features (*e.g.*, body dysmorphic disorder), (3) are trained in diagnosing psychiatric conditions, (4) undertake or refer for appropriate treatment, (5) are able to do a psychosocial assessment of the patient’s understanding, mental health, and social conditions that can impact gender-affirming hormone therapy, and (6) regularly attend relevant professional meetings.

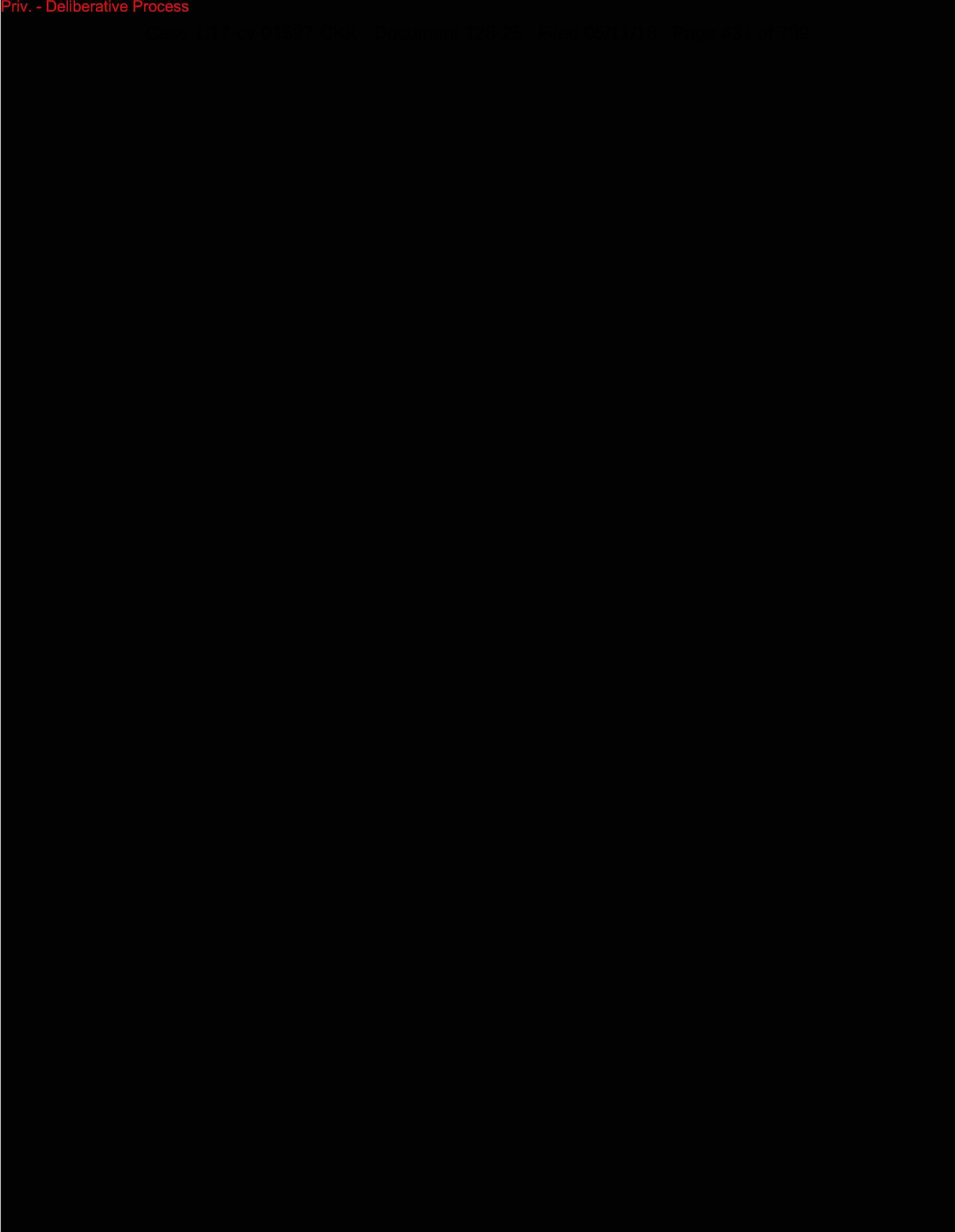
Because of the psychological vulnerability of many individuals with GD/gender incongruence, it is important that mental health care is available before, during, and sometimes also after transitioning. For children and adolescents, an MHP who has training/experience in child and adolescent gender development (as well as child and adolescent psychopathology) should make the diagnosis, because assessing GD/gender incongruence in children and adolescents is often extremely complex.

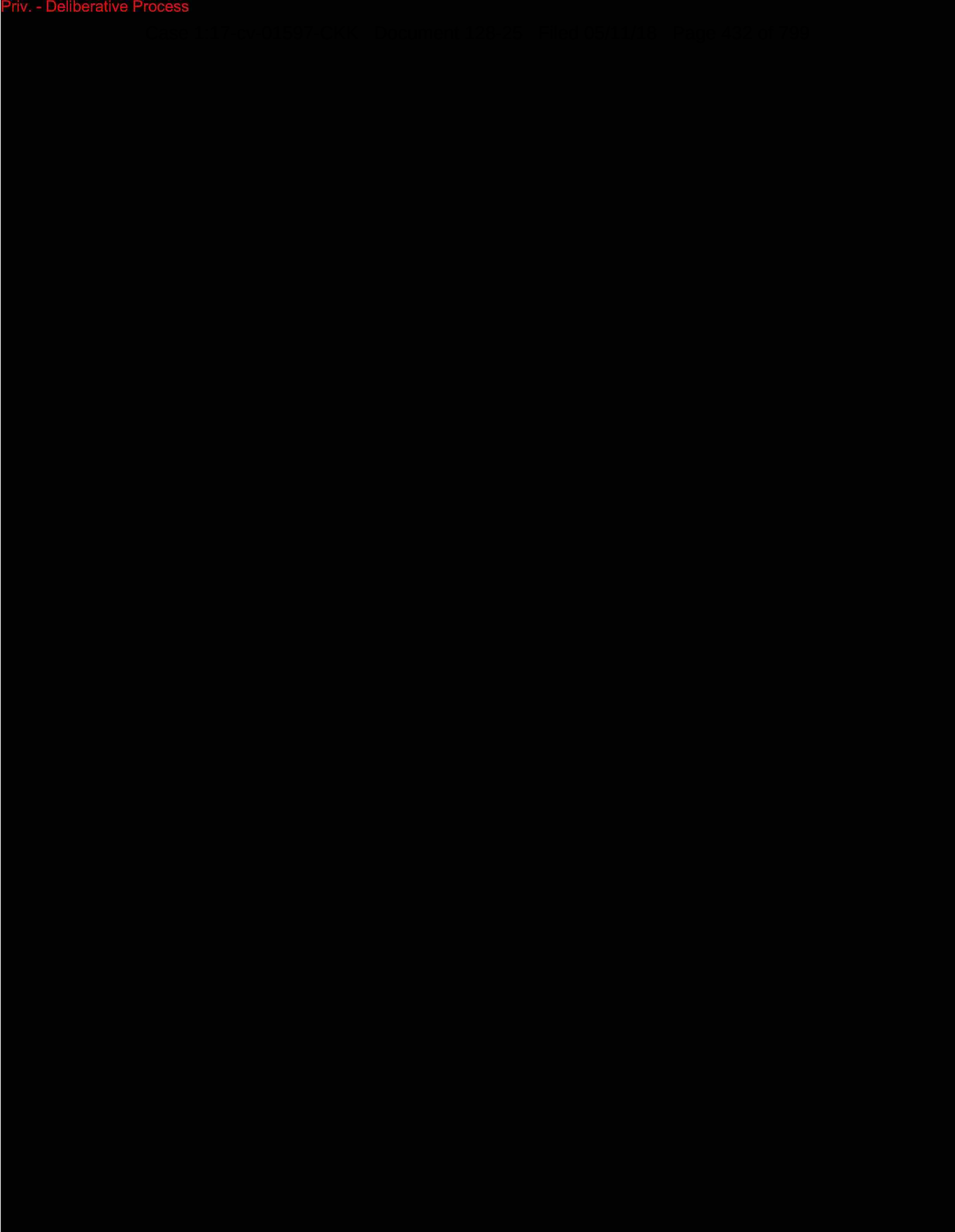
During assessment, the clinician obtains information from the individual seeking gender-affirming treatment. In the case

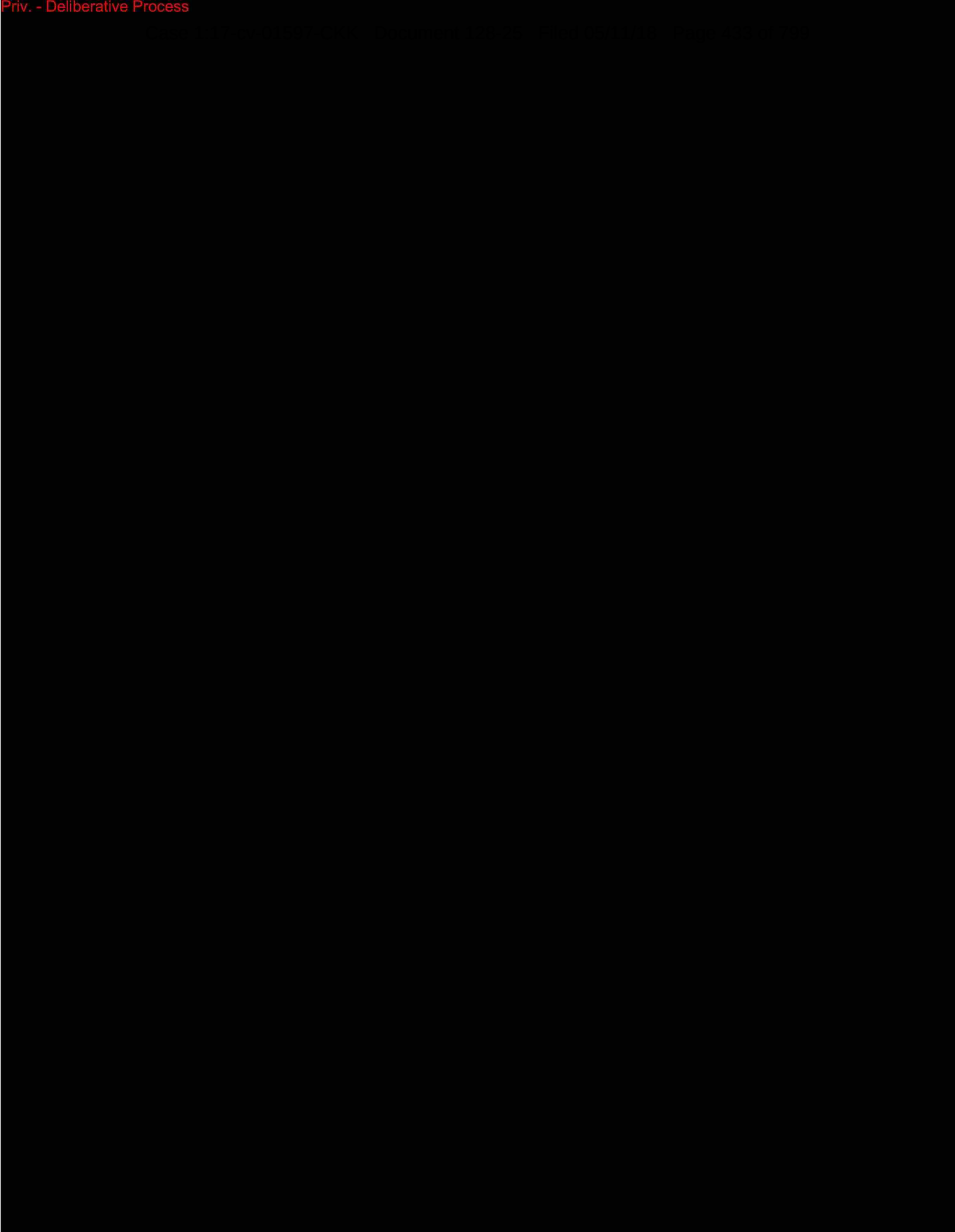
Table 2. DSM-5 Criteria for Gender Dysphoria in Adolescents and Adults

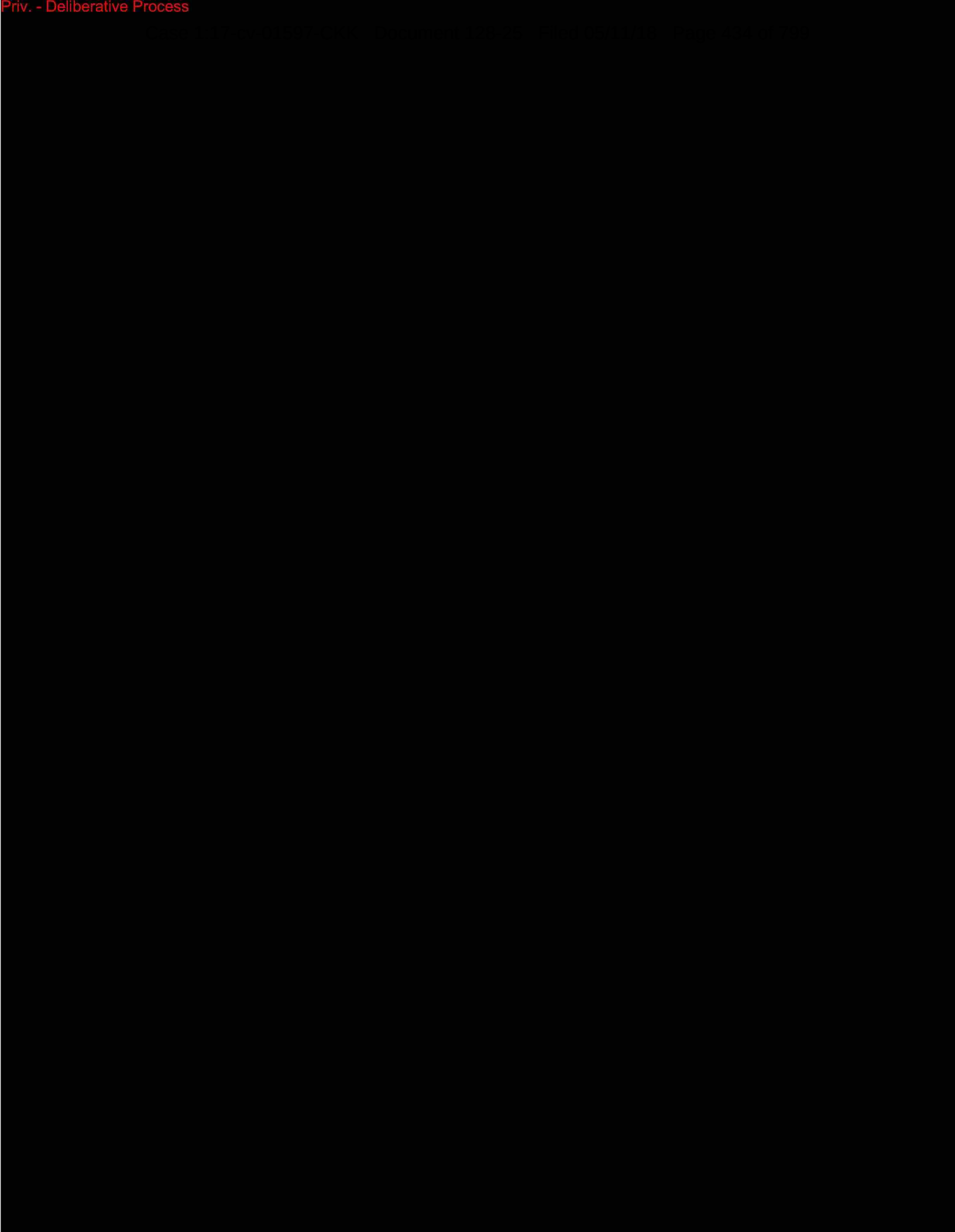
- A. A marked incongruence between one’s experienced/expressed gender and natal gender of at least 6 mo in duration, as manifested by at least two of the following:
1. A marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics)
 2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics)
 3. A strong desire for the primary and/or secondary sex characteristics of the other gender
 4. A strong desire to be of the other gender (or some alternative gender different from one’s designated gender)
 5. A strong desire to be treated as the other gender (or some alternative gender different from one’s designated gender)
 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s designated gender)
- B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Specify if:
1. The condition exists with a disorder of sex development.
 2. The condition is posttransitional, in that the individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one sex-related medical procedure or treatment regimen—namely, regular sex hormone treatment or gender reassignment surgery confirming the desired gender (*e.g.*, penectomy, vaginoplasty in natal males; mastectomy or phalloplasty in natal females).

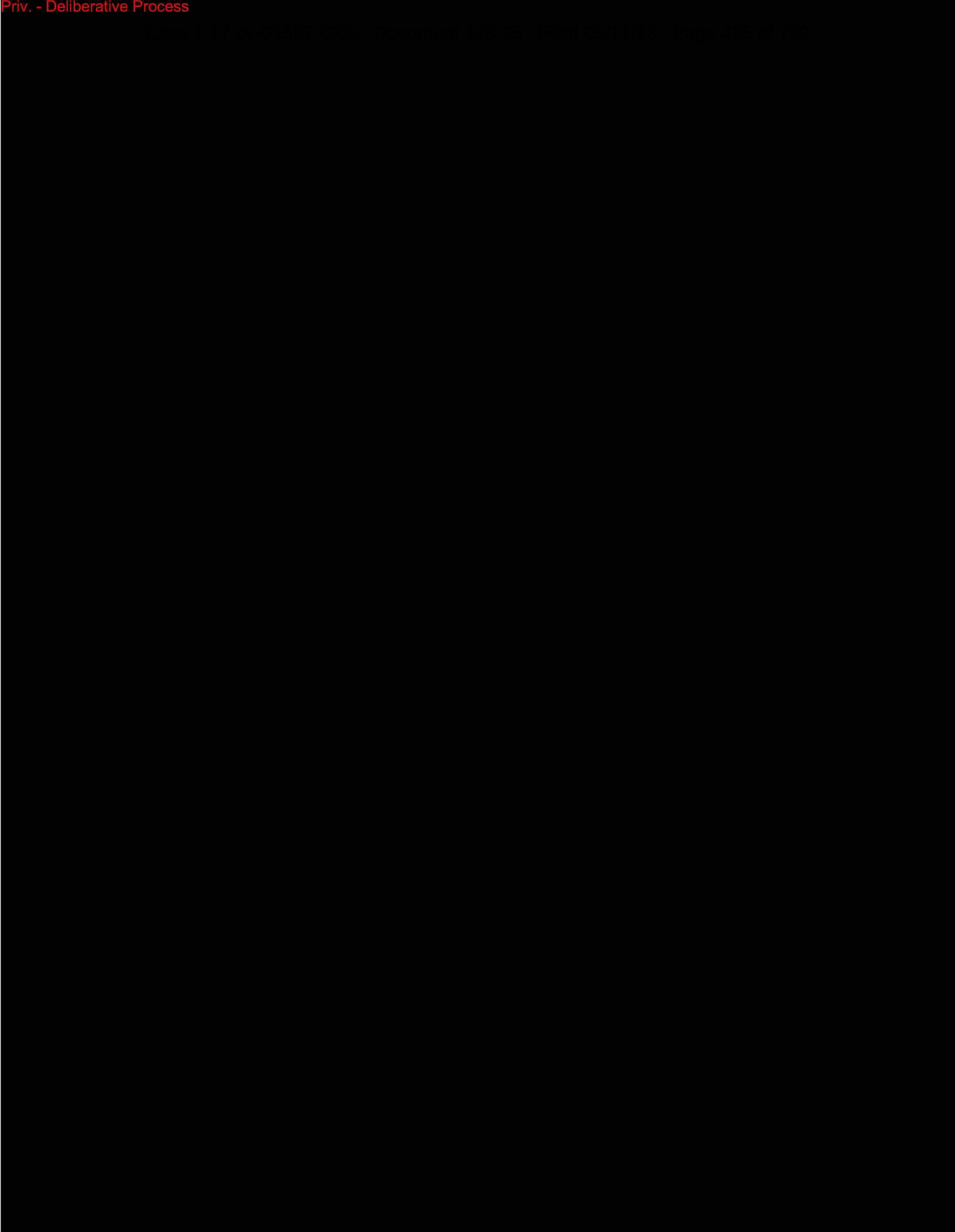
Reference: American Psychiatric Association (14).

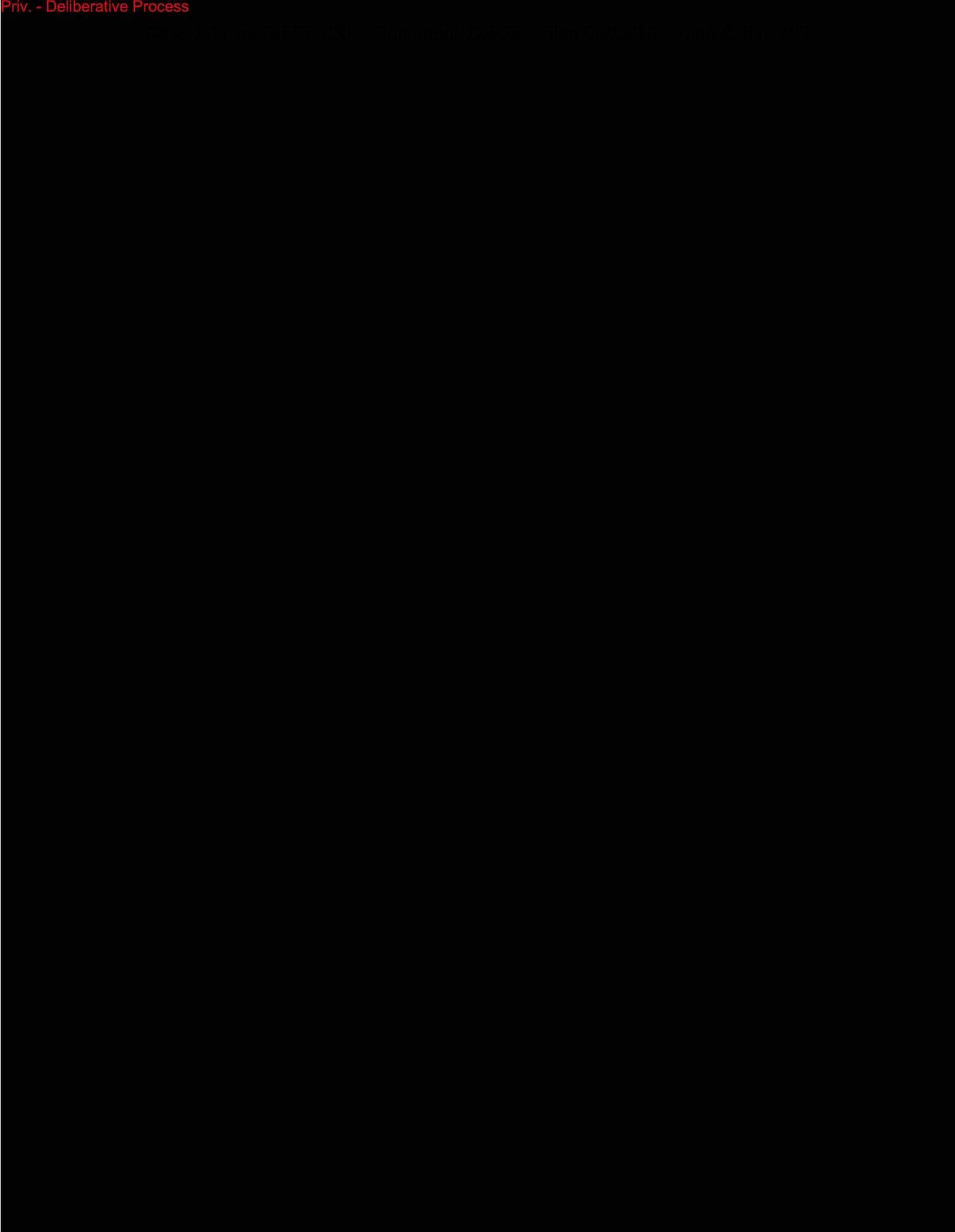


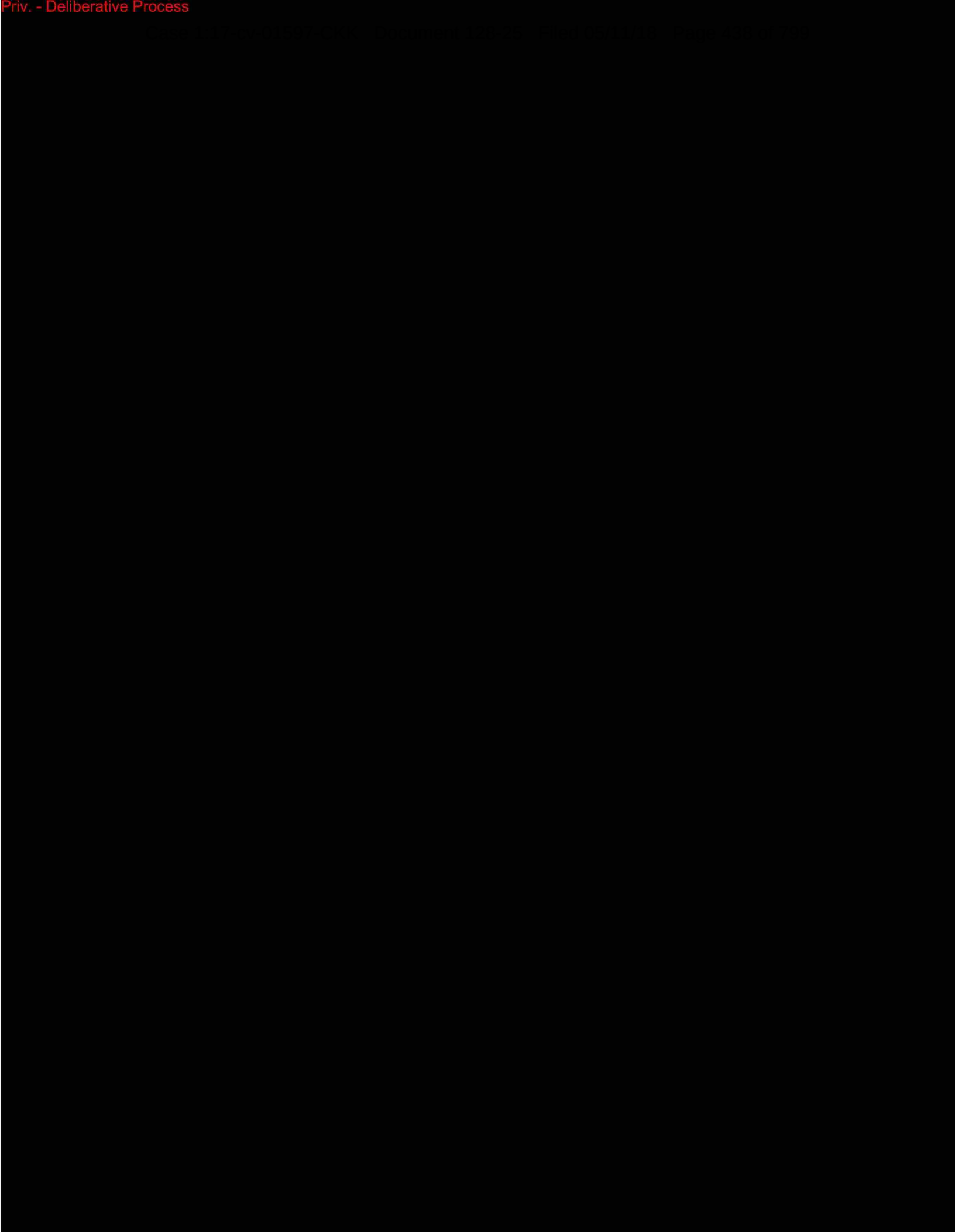












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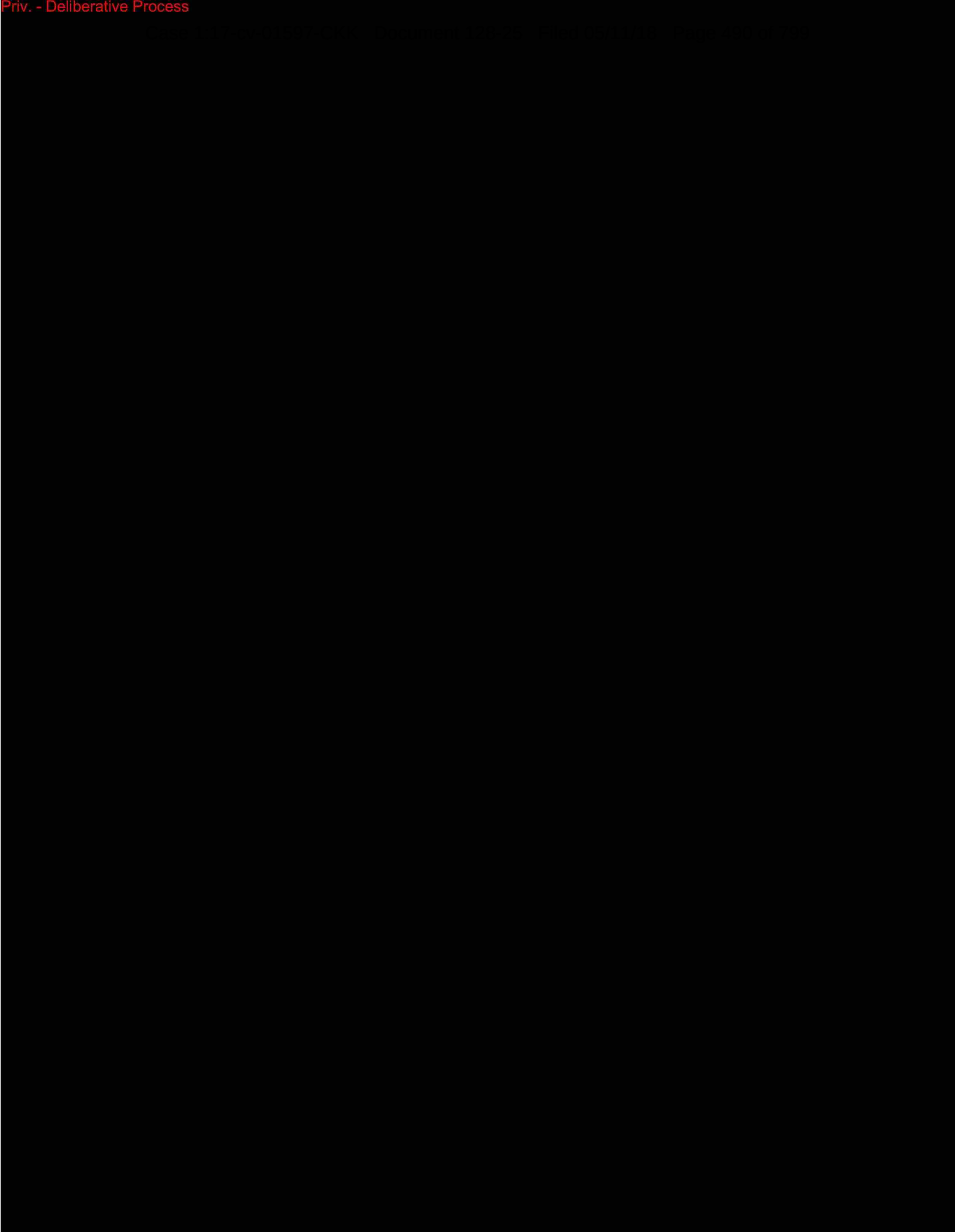
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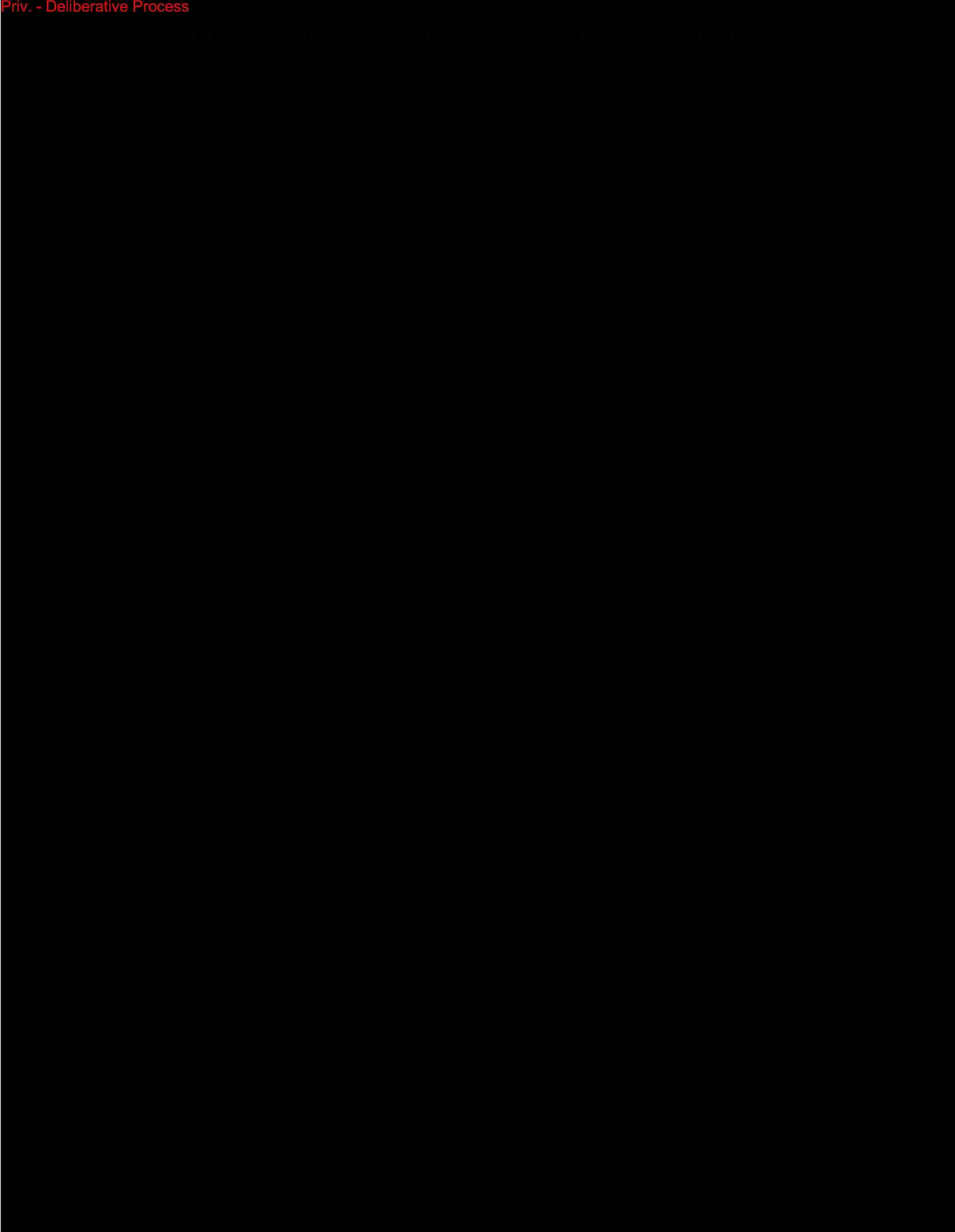
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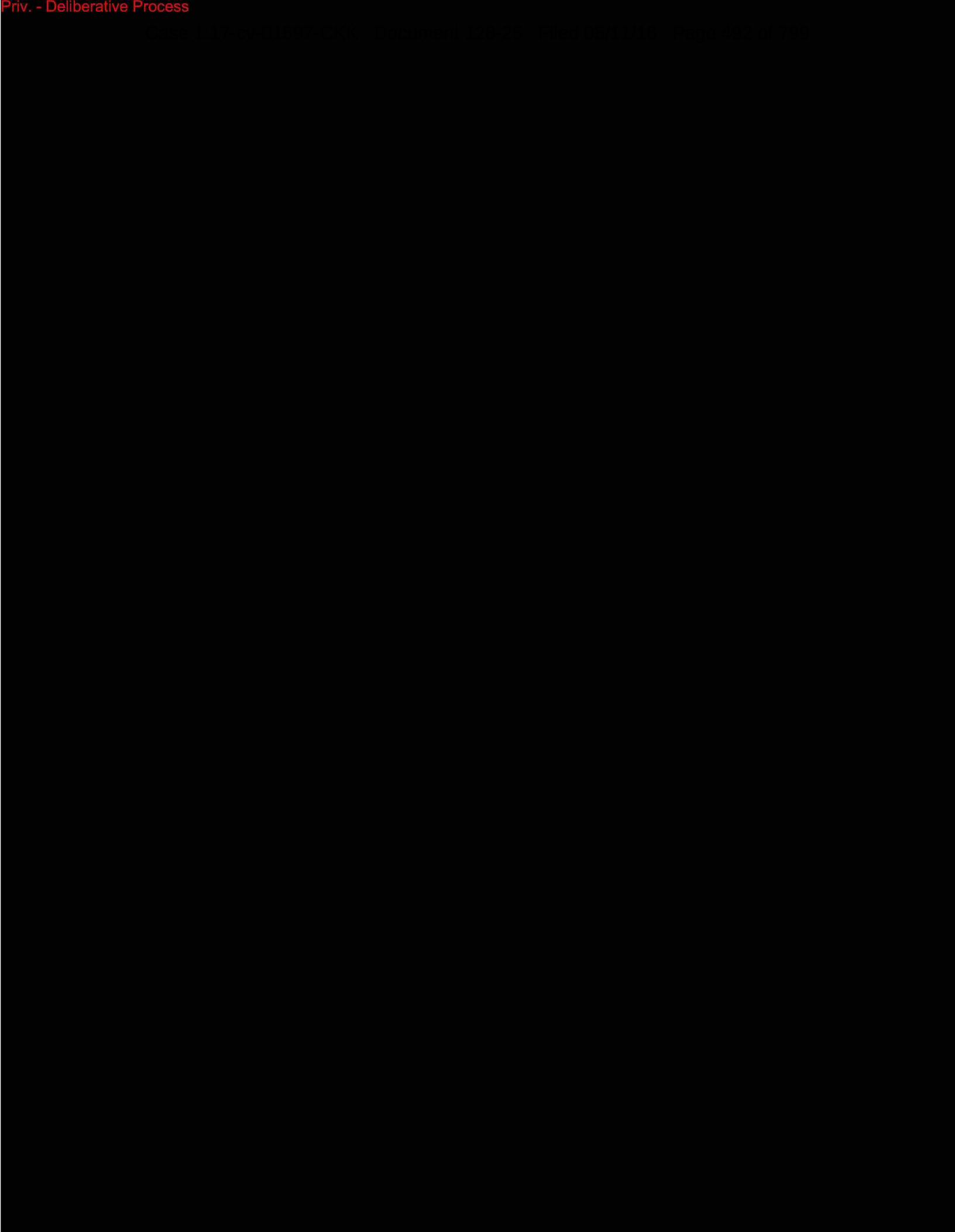
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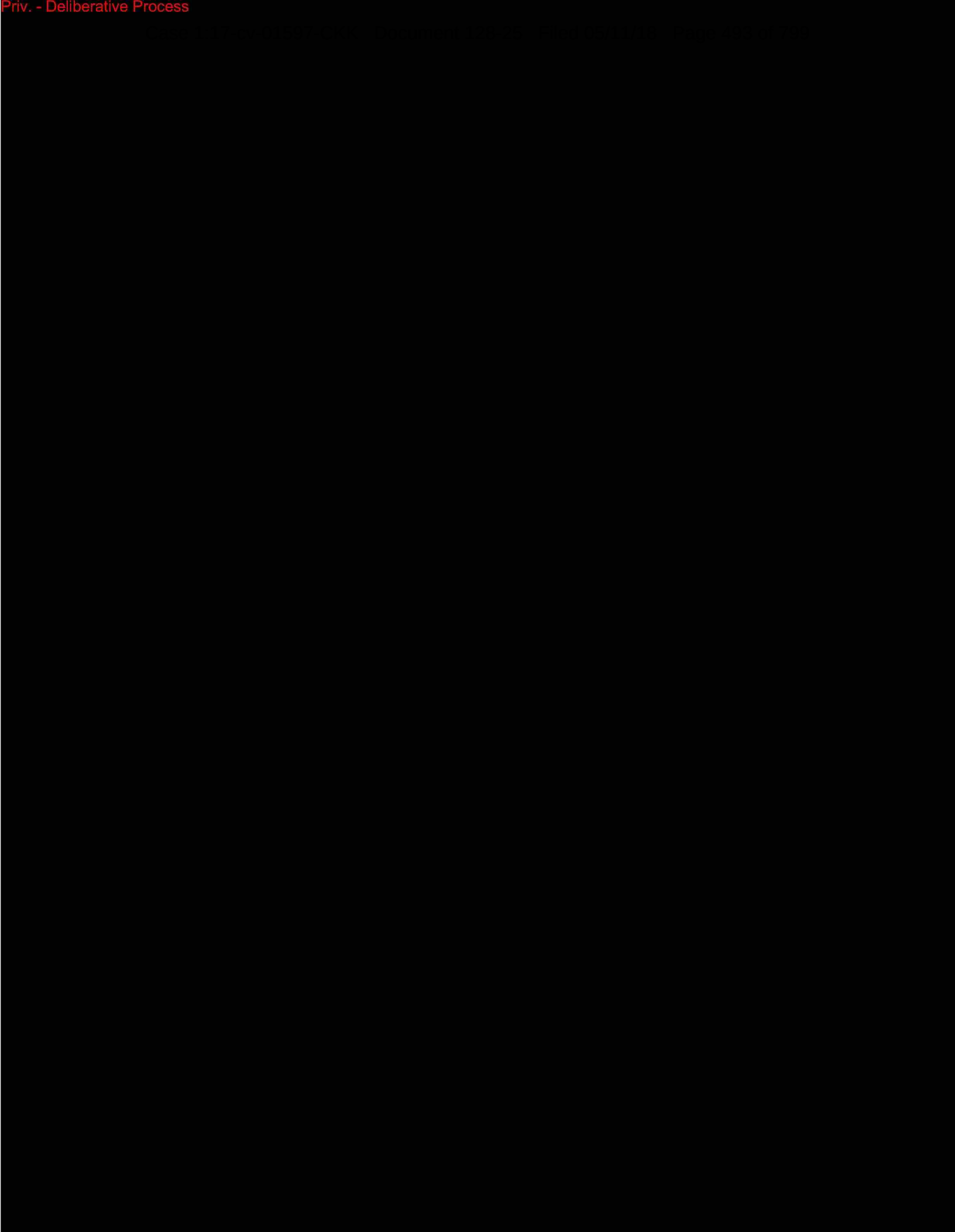
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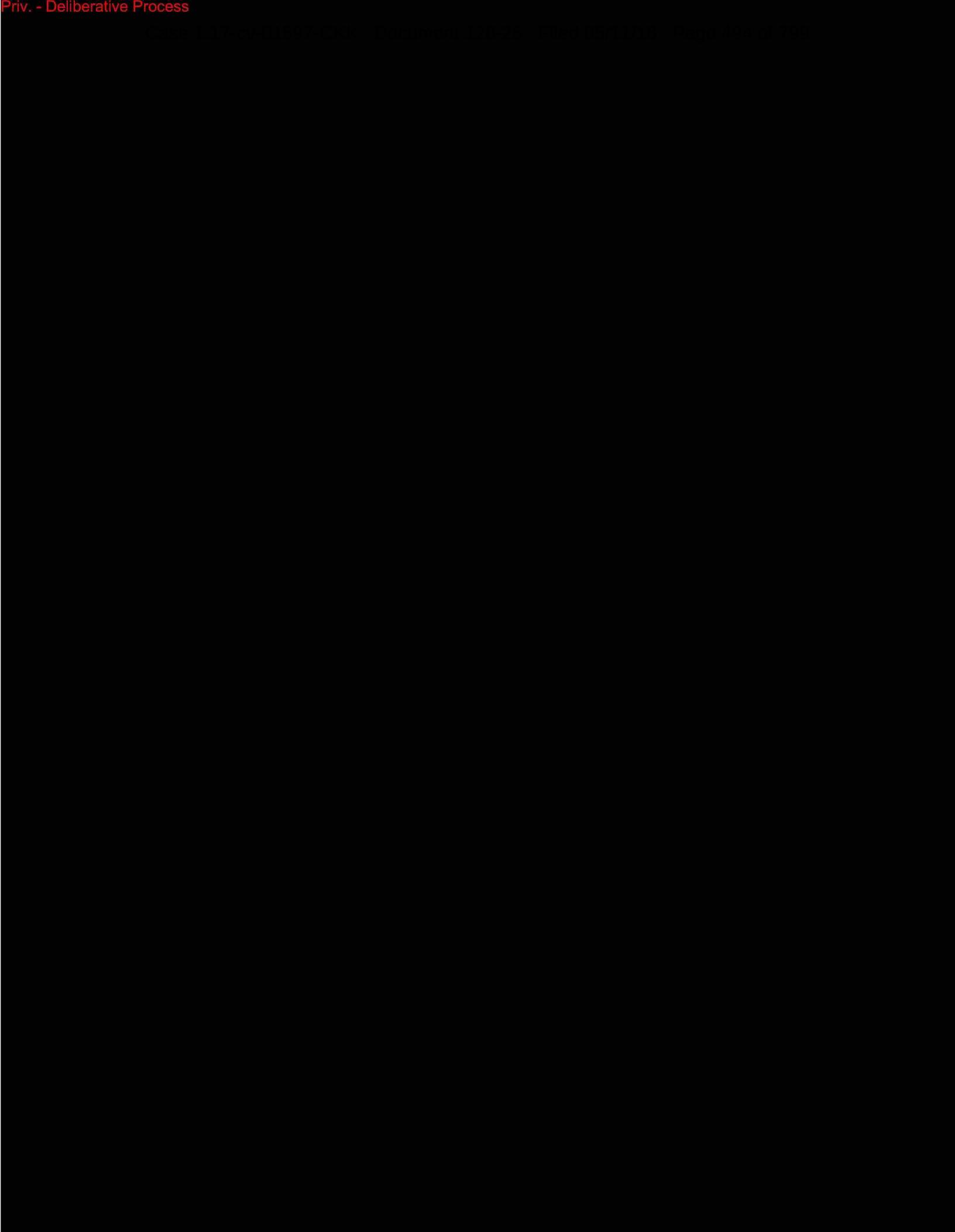
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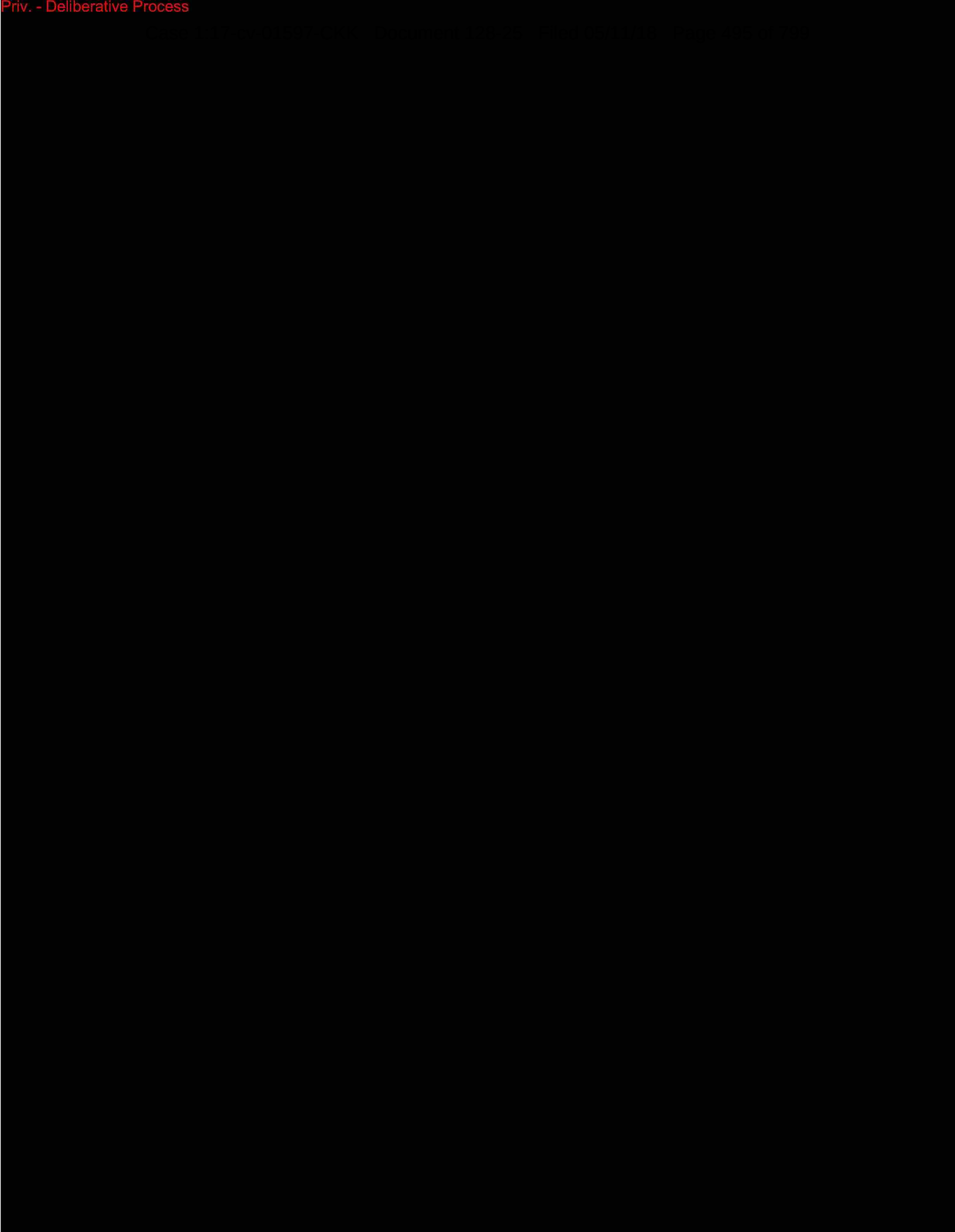


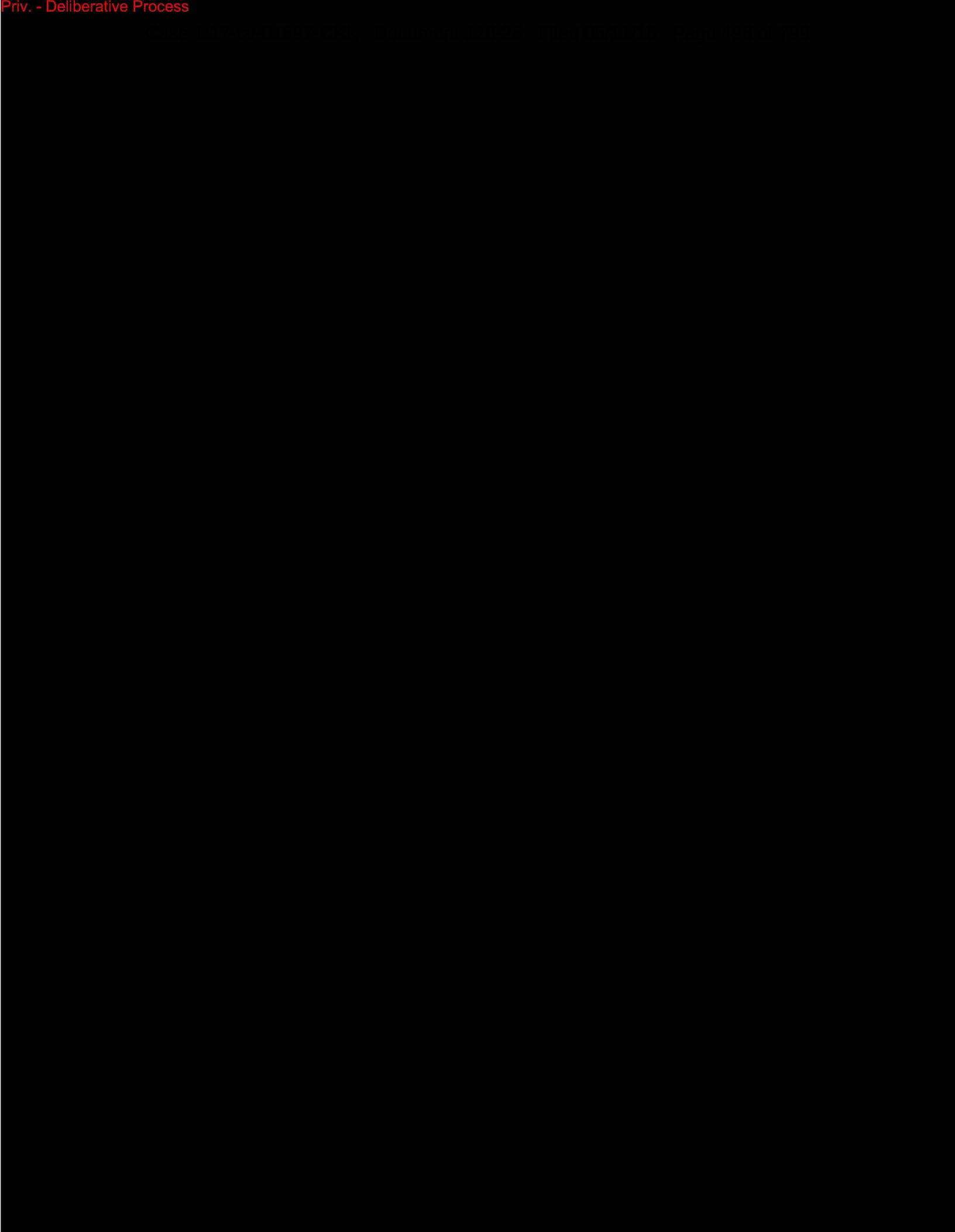


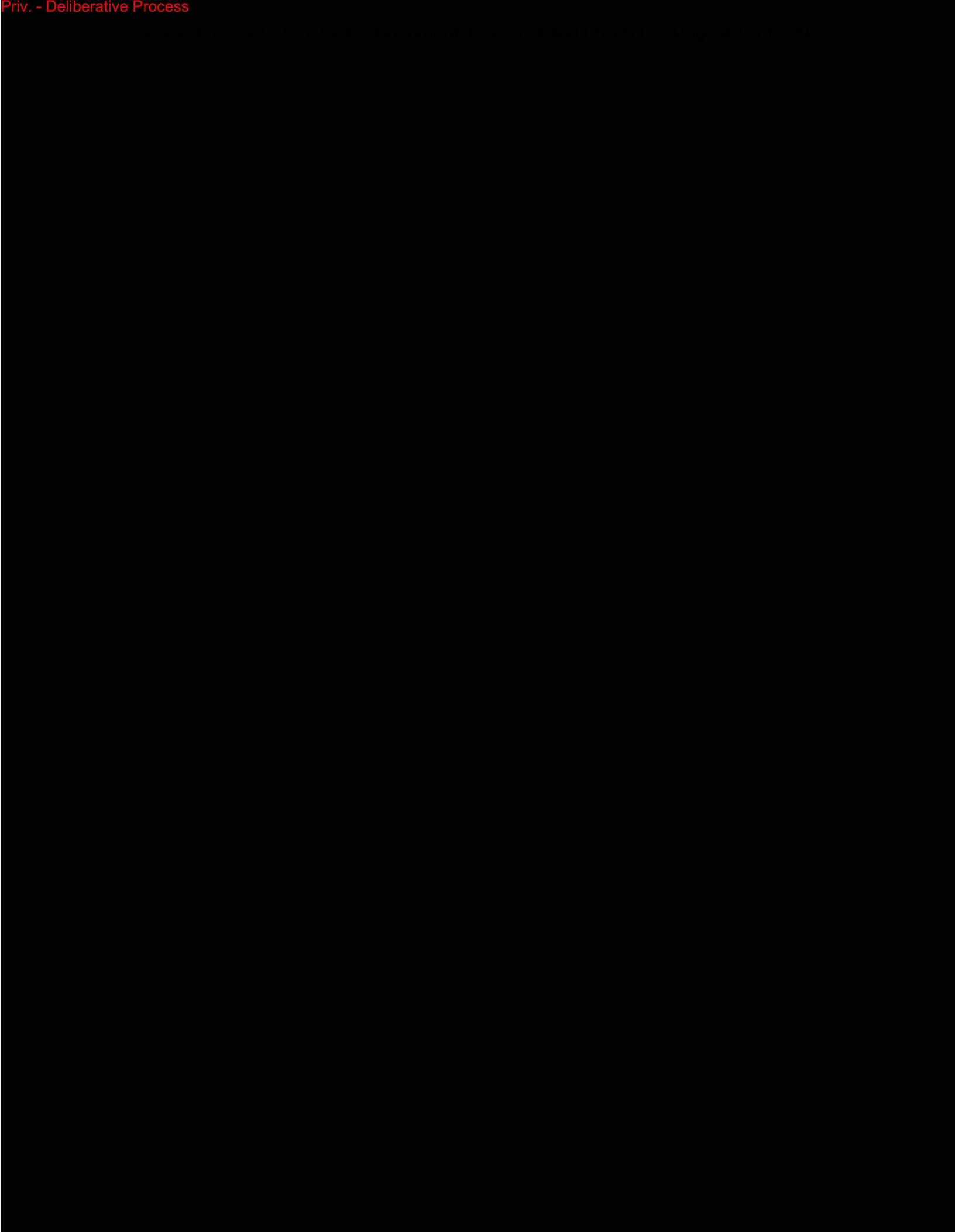












From: [Igl, Ann M Col USAF SAF-MR \(US\)](#)
To: [Cheatham, Thomas N Col USAF AFMSA \(US\)](#); [Floyd, Derrick J Lt Col USAF AF-A1 \(US\)](#)
Cc: [Fedrigo, John A SES USAF SAF-MR \(US\)](#); [Soper, Martha P CIV USAF SAF-MR \(US\)](#); [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Bosco, Albert J \(Al\) III Lt Col USAF SAF-MR \(US\)](#); [Weaver, Frederick C \(Chris\) Col USAF AF-SG \(US\)](#); [McKim, Heath A Maj USAF AF-A1 \(US\)](#)
Subject: RE: Transgender - Interim Guidance and Terms of Reference (UNCLASSIFIED)
Date: Wednesday, October 11, 2017 4:27:34 PM
Attachments: [PoE 1 Slides.pptx](#)
[AGENDA Transgender Panel of Experts Meeting 1 - 13 Oct 17.docx](#)
[MTG 1_OPA 2016 Workplace and Gender Relations Survey.pdf](#)
[WGRA Slides.pdf](#)

All, here is some additional information (some new, some old) we were able to obtain in preparation for the meeting tomorrow.

Vr, Col Igl

-----Original Message-----

From: Igl, Ann M Col USAF SAF-MR (US)
Sent: Wednesday, October 11, 2017 3:04 PM
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<derrick.j.floyd.mil@mail.mil>
Cc: Fedrigo, John A SES USAF SAF-MR (US) <john.a.fedrigo.civ@mail.mil>;
Soper, Martha P CIV USAF SAF-MR (US) <martha.p.soper.civ@mail.mil>; Boatner,
Margaret E CIV USAF SAF-MR (US) <margaret.e.boatner.civ@mail.mil>; Bosco,
Albert J (Al) III Lt Col USAF SAF-MR (US) <albert.j.bosco.mil@mail.mil>;
Weaver, Frederick C (Chris) Col USAF AF-SG (US)
<frederick.c.weaver.mil@mail.mil>; McKim, Heath A Maj USAF AF-A1 (US)
<heath.a.mckim.mil@mail.mil>
Subject: Transgender - Interim Guidance and Terms of Reference
(UNCLASSIFIED)

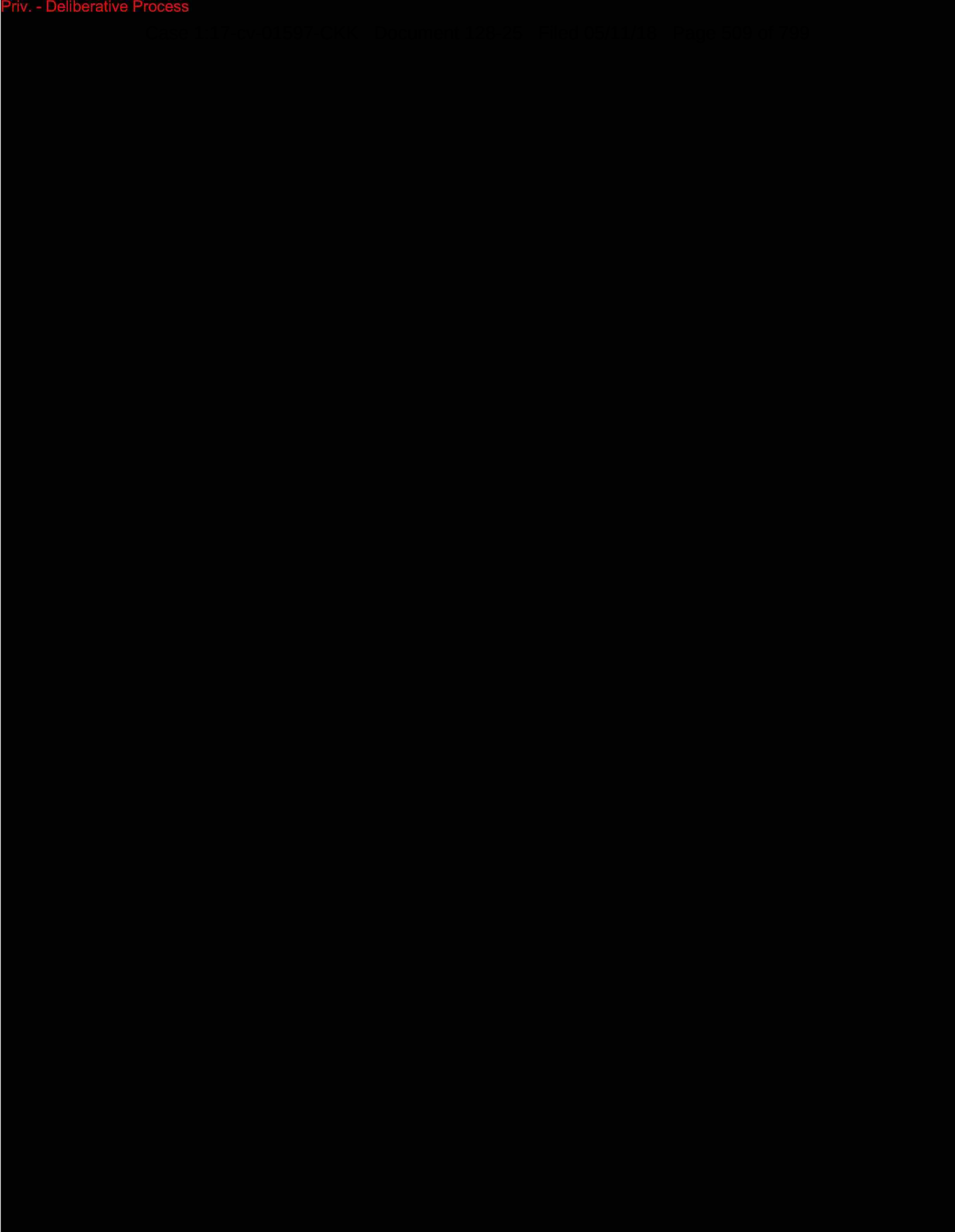
D/Col Cheatham,

Attached are the tabs that were provided to the USecAF and VCSAF in preparation for the initial SD Transgender Panel meeting led by Mr. Tony Kurta (OSD/P&R) held on Friday, 13 October, 1500-1630. Mr Fedrigo and Ms Soper are lead for the prep session on Thursday at 1600 in the Under's Office.

Also, attached is a BBP that was provided to the Under showing the development of transgender policy over the past few years. I am still waiting to hear from P&R (called again) for a copy of the slides that will be used on Friday but once we receive those we will send you those as well.

Vr, Col Igl

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THE OFFICE OF PEOPLE ANALYTICS



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.

Key Findings From 2016 Gender Relations Surveys

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 $\pm 1\%$.

As shown in Table 2, based on the 126,234 DoD active duty eligible web survey⁴ 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.

Key Findings From 2016 Gender Relations Surveys

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.

Key Findings From 2016 Gender Relations Surveys

Contact Information

Mr. Matt Boehmer

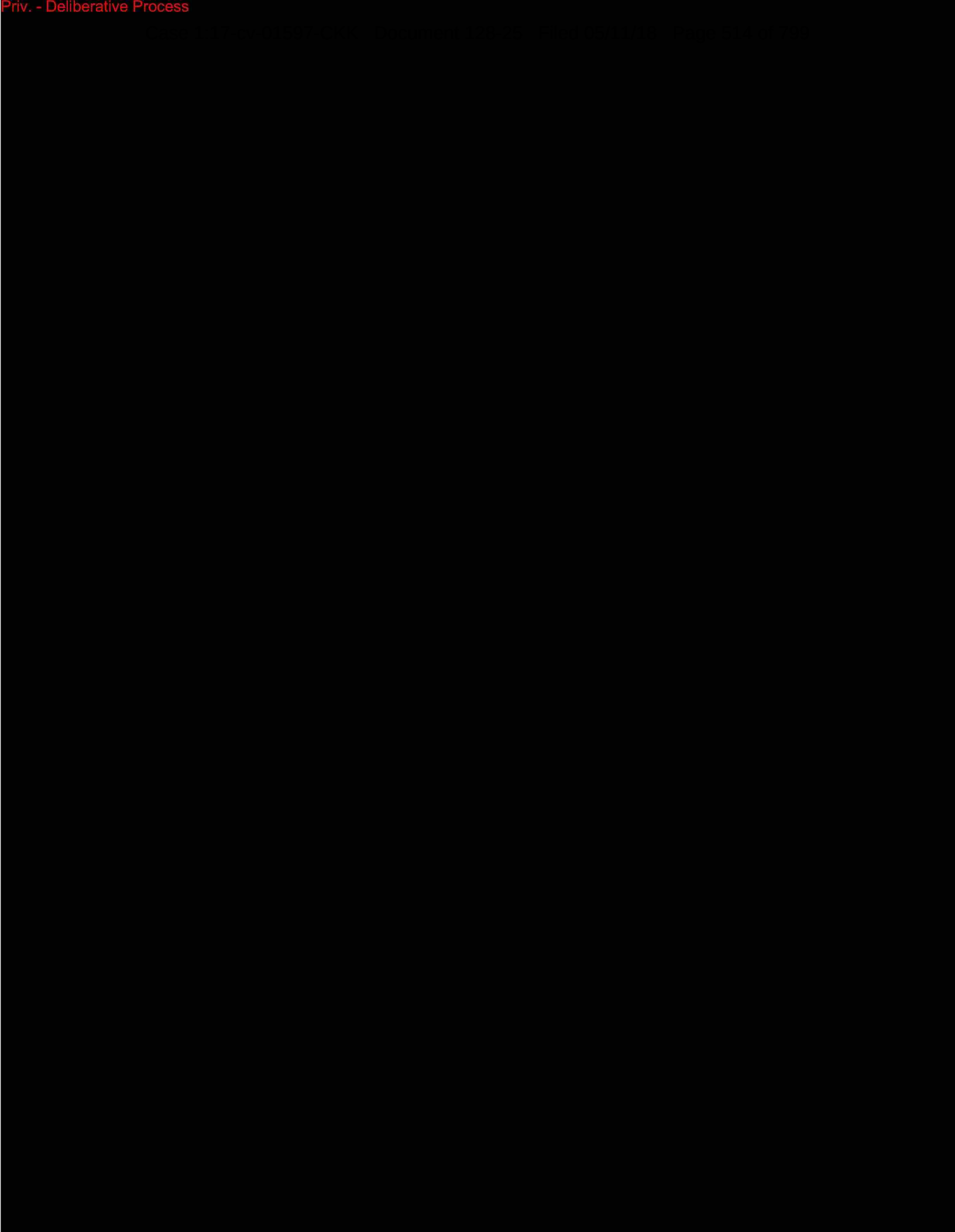
Director
Office of People Analytics (OPA)
Email: matthew.d.boehmer.civ@mail.mil
Phone: 571-372-0727

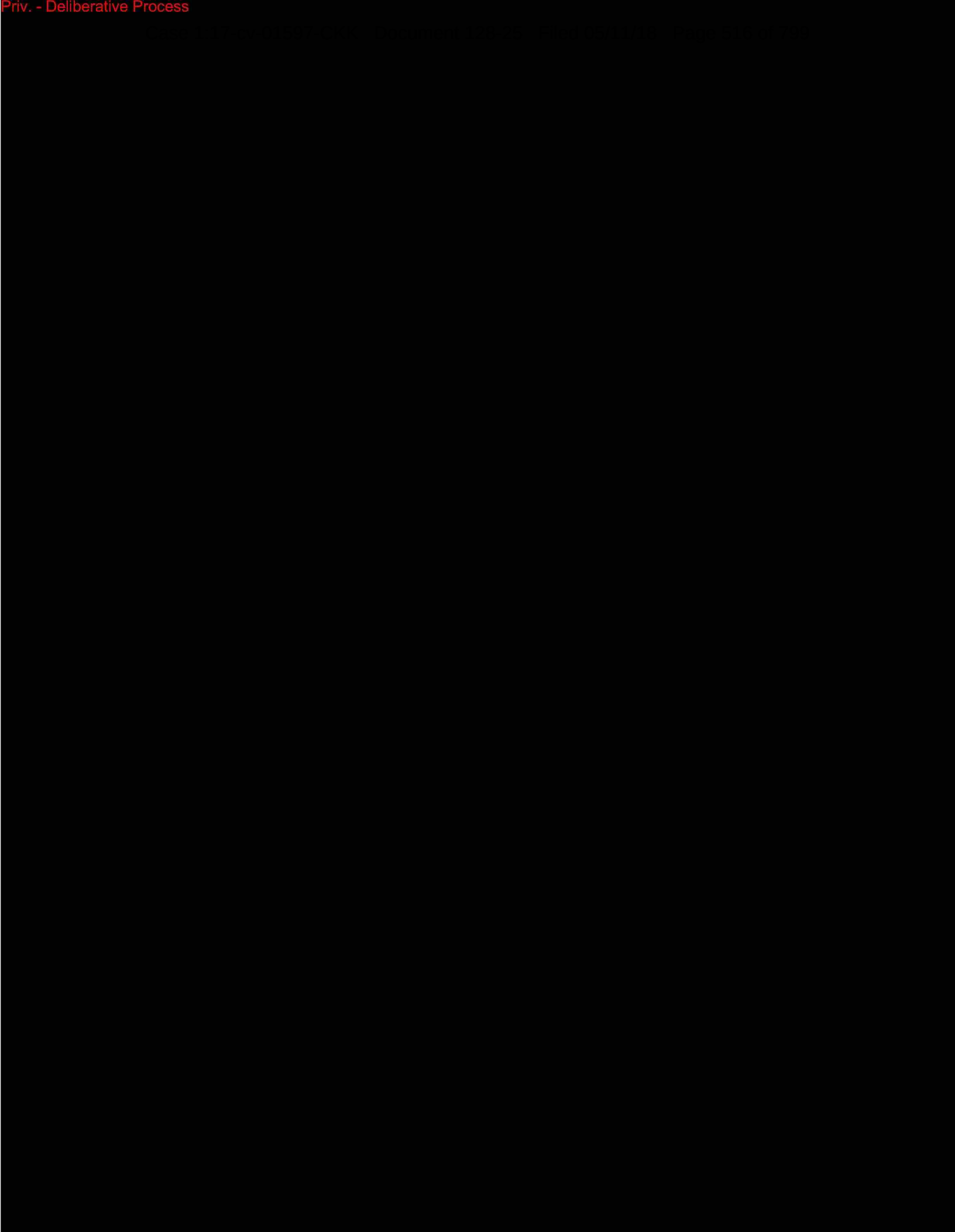
Dr. Ashlea Klahr

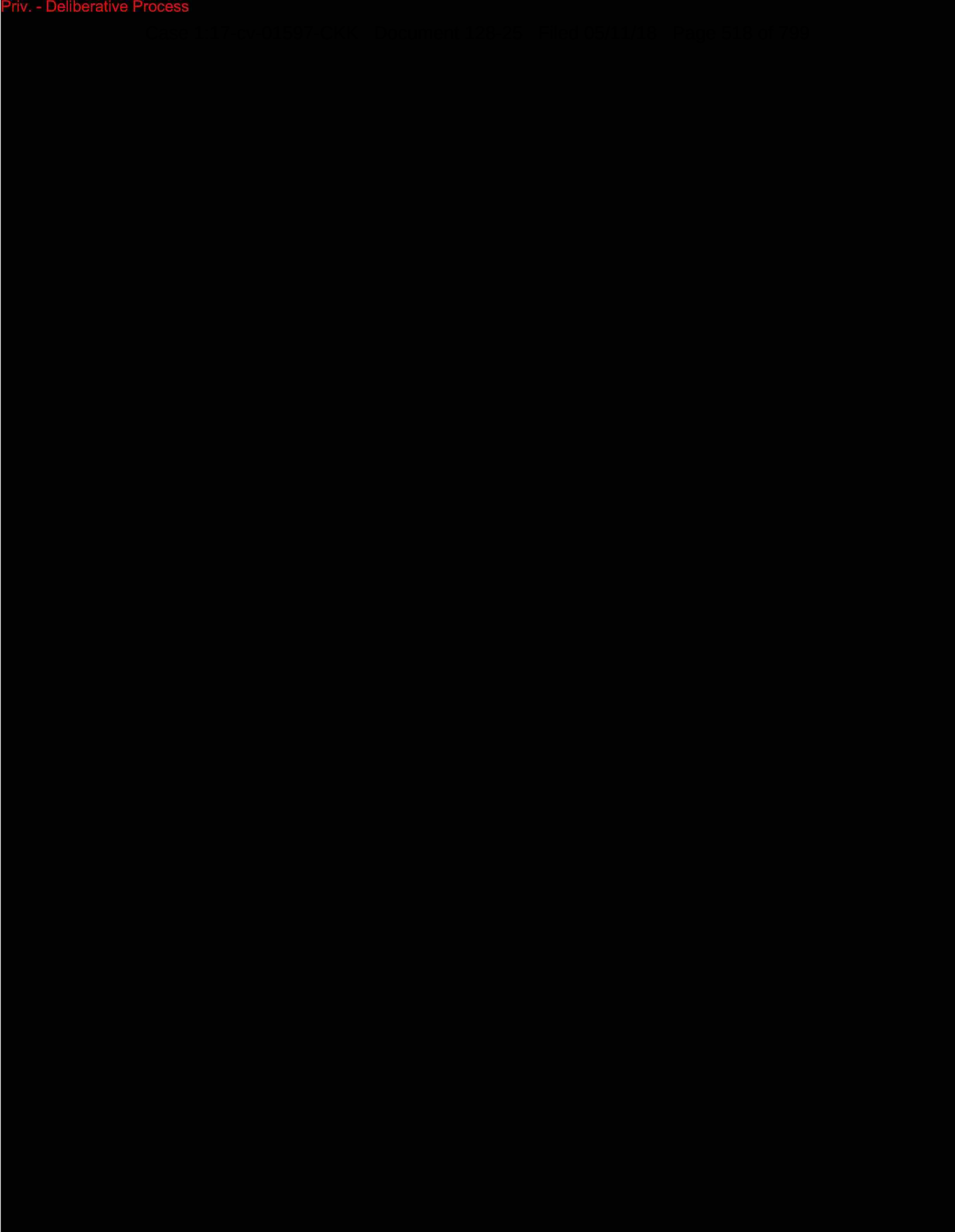
Director, Health & Resilience Research
Office of People Analytics (OPA)
Email: ashlea.m.klahr.civ@mail.mil
Phone: 571-372-1789

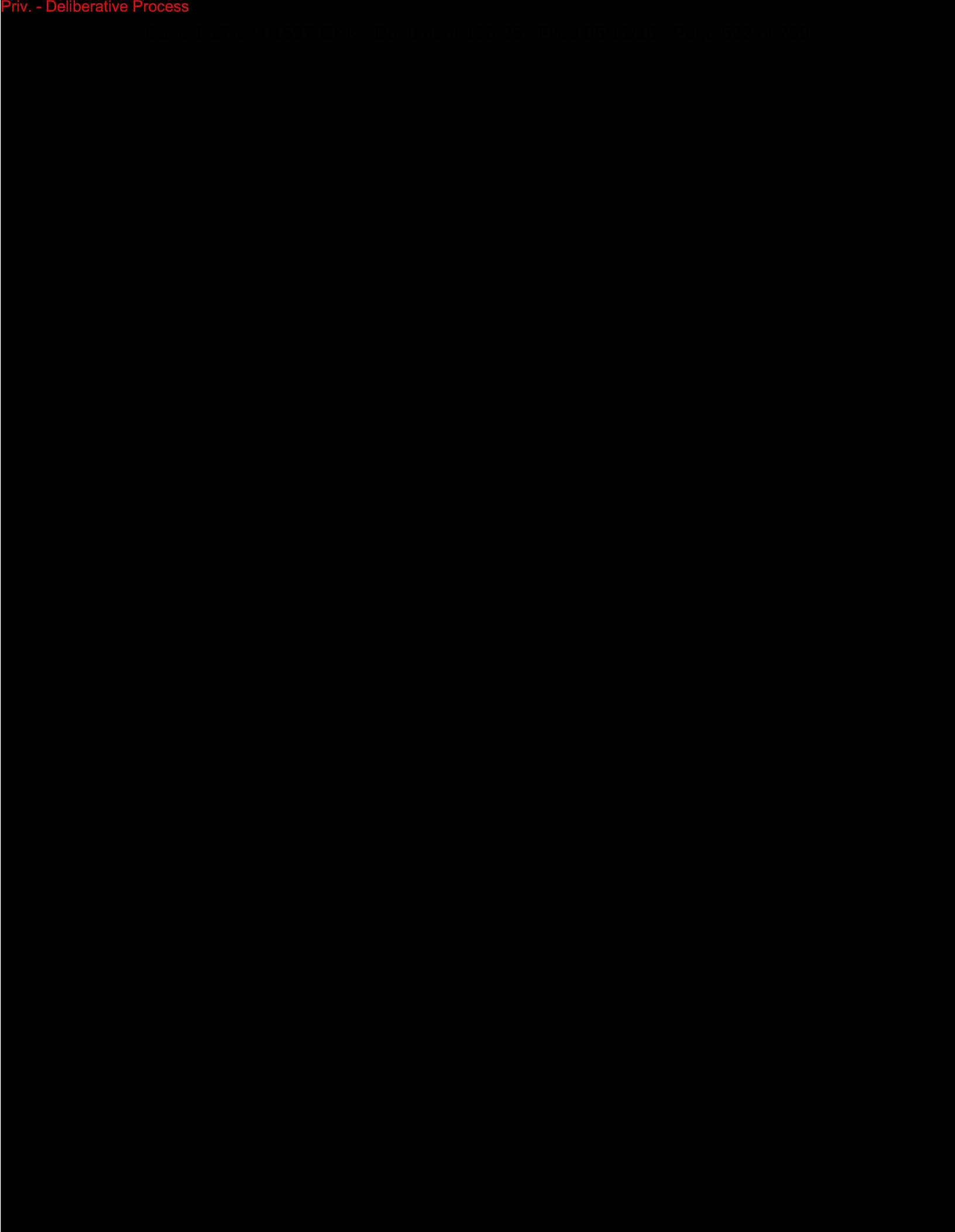
Elizabeth (Lisa) Davis

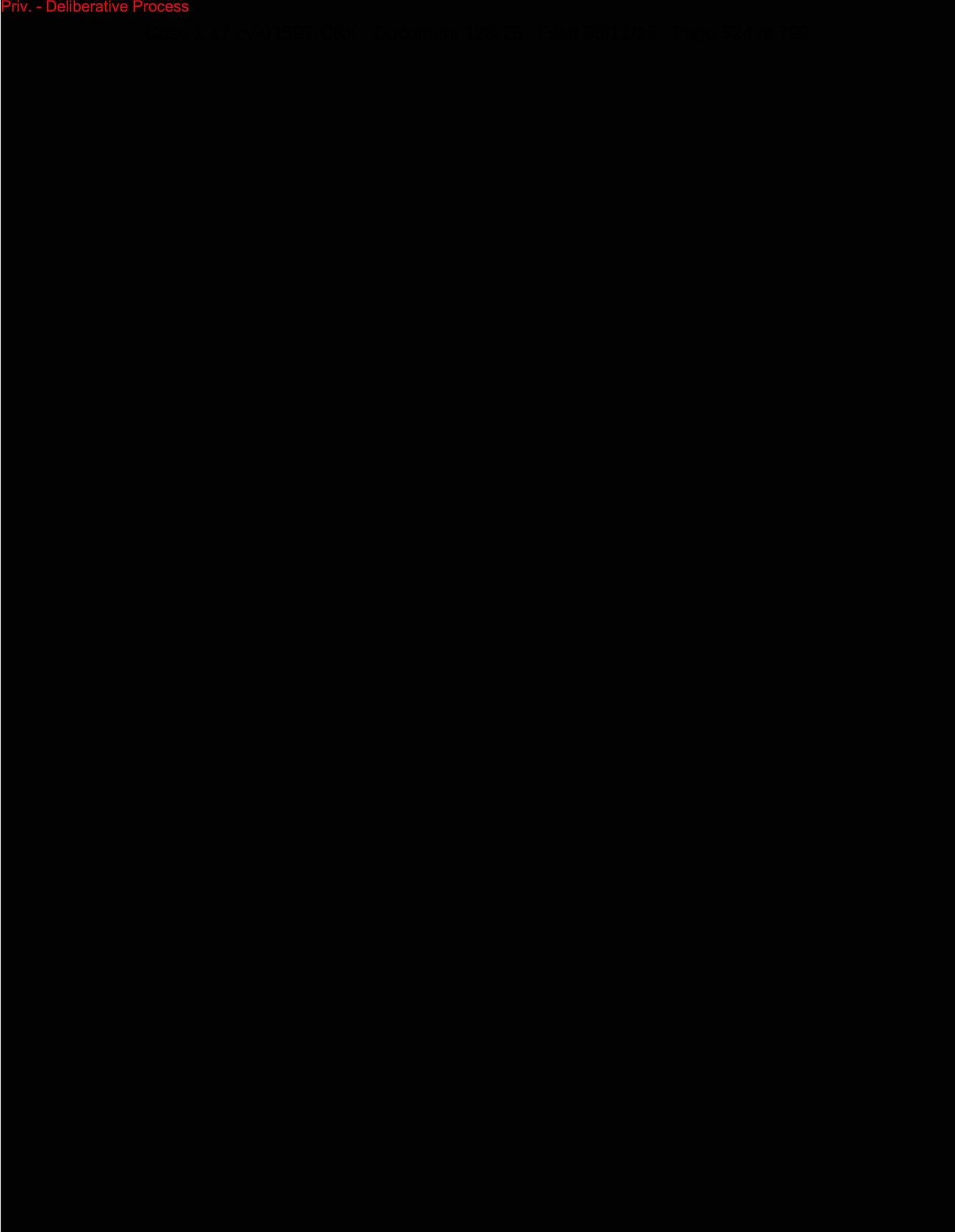
Deputy Director, Health & Resilience Research
Office of People Analytics (OPA)
Email: elizabeth.h.davis18.civ@mail.mil
Phone: 571-372-1105

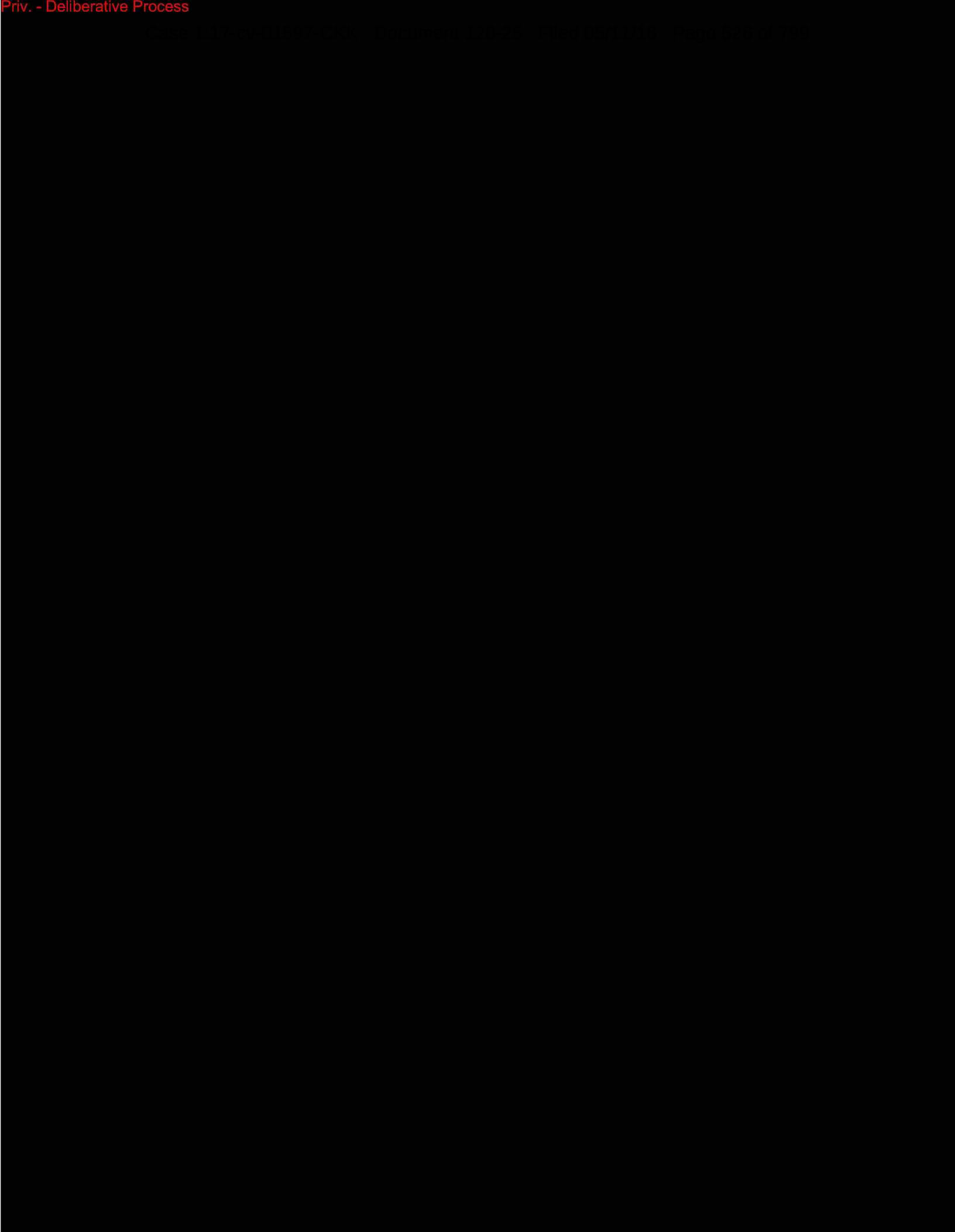












From: [Soper, Martha P CIV USAF SAF-MR \(US\)](#)
To: [Korell, Scott S Maj USAF SAF-US \(US\)](#)
Cc: [Schiess, Douglas A Col USAF SAF-US \(US\)](#); [Igl, Ann M Col USAF SAF-MR \(US\)](#); [Bosco, Albert J \(AI\) III Lt Col USAF SAF-MR \(US\)](#); [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Edmondson, Michele C Col USAF AF-CV \(US\)](#); [Long, Gregory B Maj USAF AF-CV \(US\)](#)
Subject: RE: Updated Transgender Policy for Sr Leader Review
Date: Tuesday, December 12, 2017 11:54:00 AM
Attachments: [Tuesday, December 12, 2017 MEDPERS Meeting Agenda V3 2017.12.07.pdf](#)
[DSD Brief4.pdf](#)
[TG Policy Implementation Plan Slide 2017.12.11.pptx](#)

Good morning Scott,

I've scoured the MAX.GOV site. The only thing listed for the PoE meeting is the agenda right now. The MEDPERS will review the TG policy recommendations along with the implementation plan. Right now those are drafts, I can't predict how much they will change following the meeting.

I get facer slides ready from these briefings just in case.

More to follow,
Martie

Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
SAF/MRR, Rm 5D742, Pentagon
Washington, DC 20330
O: 703-693-9512
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-----Original Message-----

From: Korell, Scott S Maj USAF SAF-US (US)
Sent: Tuesday, December 12, 2017 10:54 AM
To: Soper, Martha P CIV USAF SAF-MR (US) <martha.p.soper.civ@mail.mil>
Cc: Schiess, Douglas A Col USAF SAF-US (US) <douglas.a.schiess.mil@mail.mil>; Igl, Ann M Col USAF SAF-MR (US) <ann.m.igl.mil@mail.mil>; Bosco, Albert J (AI) III Lt Col USAF SAF-MR (US) <albert.j.bosco.mil@mail.mil>
Subject: Updated Transgender Policy for Sr Leader Review

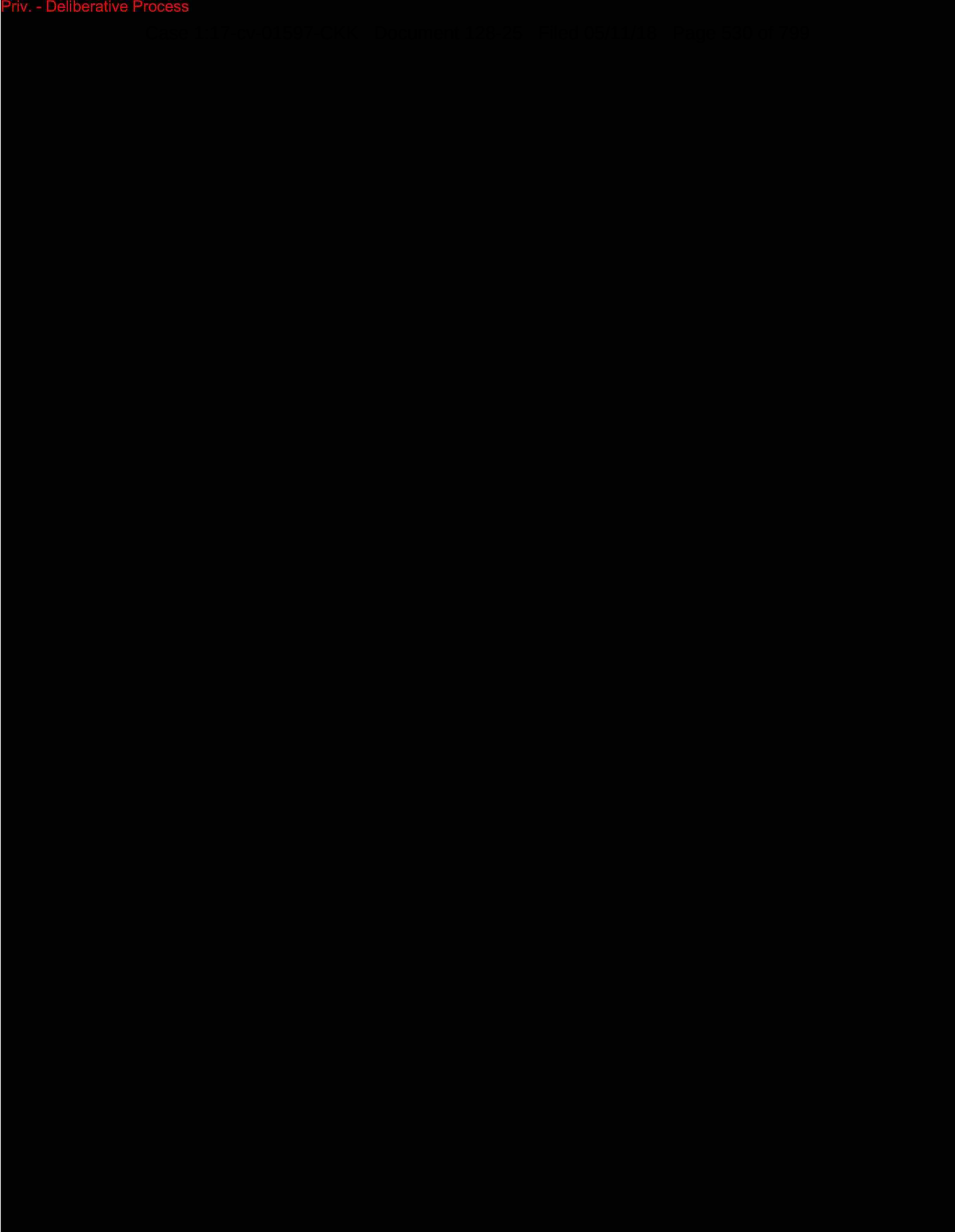
Ms. Soper,

Ma'am, have you received the revised transgender policy documents from P&R? Hon. Donovan was told in last week's meeting the revised guidance would be

solicited early this week for Service Secretary and Chief coordination prior to Wednesday's meeting. Please investigate, thank you.

VR,
Scott

Scott S. Korell, Major, USAF
Military Assistant to the Under Secretary of the Air Force
1670 Air Force Pentagon, Room 4E858
Washington DC 20330-1670
Commercial (703) 695-8772 / DSN 225-8772
Cell: 571-215-9659



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From: [Soper, Martha P CIV USAF SAF-MR \(US\)](#)
To: [Sams, Kelly M Lt Col USAF AF-A1 \(US\)](#); [Huibregtse, Matthew J Lt Col USAF \(US\)](#); [Schiess, Douglas A Col USAF SAF-US \(US\)](#); [Edmondson, Michele C Col USAF AF-CV \(US\)](#); [Igl, Ann M Col USAF SAF-MR \(US\)](#); [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Bosco, Albert J \(AI\) III Lt Col USAF SAF-MR \(US\)](#); [Cheatham, Thomas N Col USAF AFMSA \(US\)](#); [Cunningham, David L Col USAF AF-SG \(US\)](#); [Long, Gregory B Maj USAF AF-CV \(US\)](#); [Korell, Scott S Maj USAF SAF-US \(US\)](#); [Floyd, Derrick J Lt Col USAF AF-A1 \(US\)](#); [Robertson, Jason S Lt Col USAF AF-JA \(US\)](#); [Baker, Christopher J Lt Col USAF AF-JA \(US\)](#)
Cc: [Downes, Karen M Lt Col USAF SAF-MR \(US\)](#); [Fedriqo, John A SES USAF SAF-MR \(US\)](#)
Subject: RHA for PoE meeting today, 21 Nov 17
Date: Tuesday, November 21, 2017 10:44:00 AM
Attachments: [AGENDA Transgender Panel of Experts Meeting 7 - 21 Nov 17 v3.docx](#)
[Transgender Review Panel - Questions Responses 21 Nov 17v2.docx](#)
[TG Panel 6 Minutes DRAFT v2.pdf](#)
[TG Panel 5 Minutes DRAFT v3.pdf](#)
[21 Nov Panel Slides DRAFT Facer.pptx](#)
[21 November Handout.pdf](#)

All,

Attached are the RAH's for today Panel of Expert meeting.

Best,
Martie

Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
SAF/MRR, Rm 5D742, Pentagon
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From: Soper, Martha P CIV USAF SAF-MR (US)
Sent: Tuesday, November 21, 2017 9:06 AM
To: Sams, Kelly M Lt Col USAF AF-A1 (US) <kelly.m.sams.mil@mail.mil>;
Huibregtse, Matthew J Lt Col USAF (US) <matthew.j.huibregtse.mil@mail.mil>;
Schiess, Douglas A Col USAF SAF-US (US) <douglas.a.schiess.mil@mail.mil>;
Edmondson, Michele C Col USAF AF-CV (US) <michele.c.edmondson.mil@mail.mil>;
Igl, Ann M Col USAF SAF-MR (US) <ann.m.igl.mil@mail.mil>; Boatner, Margaret
E CIV USAF SAF-MR (US) <margaret.e.boatner.civ@mail.mil>; Bosco, Albert J
(AI) III Lt Col USAF SAF-MR (US) <albert.j.bosco.mil@mail.mil>; Cheatham,
Thomas N Col USAF AFMSA (US) <thomas.n.cheatham2.mil@mail.mil>; Cunningham,
David L Col USAF AF-SG (US) <david.l.cunningham10.mil@mail.mil>; Long,
Gregory B Maj USAF AF-CV (US) <gregory.b.long10.mil@mail.mil>; Korell, Scott
S Maj USAF SAF-US (US) <scott.s.korell.mil@mail.mil>; Floyd, Derrick J Lt
Col USAF AF-A1 (US) <derrick.j.floyd.mil@mail.mil>; Robertson, Jason S Lt

SOPER DEP_RFP_01232

USDOE00033367

Col USAF AF-JA (US) <jason.s.robertson2.mil@mail.mil>; Baker, Christopher J
Lt Col USAF AF-JA (US) <christopher.j.baker76.mil@mail.mil>
Cc: Downes, Karen M Lt Col USAF SAF-MR (US) <karen.m.downes2.mil@mail.mil>;
Fedrigo, John A SES USAF SAF-MR (US) <john.a.fedrigo.civ@mail.mil>
Subject: PoE Questions - Responses due NLT 1030 today.

Good morning everyone,

I hope I've added all the names to this email. Please take a look at the revised questions discussed yesterday. Make any edits to your respective responses, if you believe there is a question that should be re-worded, please make those edits. I've made some recommendations to several questions with responses noted.

I'd like to have your inputs NLT 1030 so that I can consolidate all RAH's for today's meeting. I know this is a short suspense and I thank you in advance for your help.

Best,
Martie

Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
SAF/MRR, Rm 5D742, Pentagon
Washington, DC 20330
O: 703-693-9512
C: 404-405-6109

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From: Soper, Martha P CIV USAF SAF-MR (US)
Sent: Monday, November 20, 2017 12:40 PM
To: Sams, Kelly M Lt Col USAF AF-A1 (US) <kelly.m.sams.mil@mail.mil>;
Huibregtse, Matthew J Lt Col USAF (US) <matthew.j.huibregtse.mil@mail.mil>;
Schiess, Douglas A Col USAF SAF-US (US) <douglas.a.schiess.mil@mail.mil>;
Edmondson, Michele C Col USAF AF-CV (US) <michele.c.edmondson.mil@mail.mil>;
Igl, Ann M Col USAF SAF-MR (US) <ann.m.igl.mil@mail.mil>; Boatner, Margaret
E CIV USAF SAF-MR (US) <margaret.e.boatner.civ@mail.mil>; Bosco, Albert J
(AI) III Lt Col USAF SAF-MR (US) <albert.j.bosco.mil@mail.mil>; Cheatham,
Thomas N Col USAF AFMSA (US) <thomas.n.cheatham2.mil@mail.mil>; Cunningham,
David L Col USAF AF-SG (US) <david.l.cunningham10.mil@mail.mil>
Subject: RAH for PoE meeting.

Good afternoon,

Due to the tight timeline, the Transgender Panel Questions are being

SOPER DEP_RFP_01233

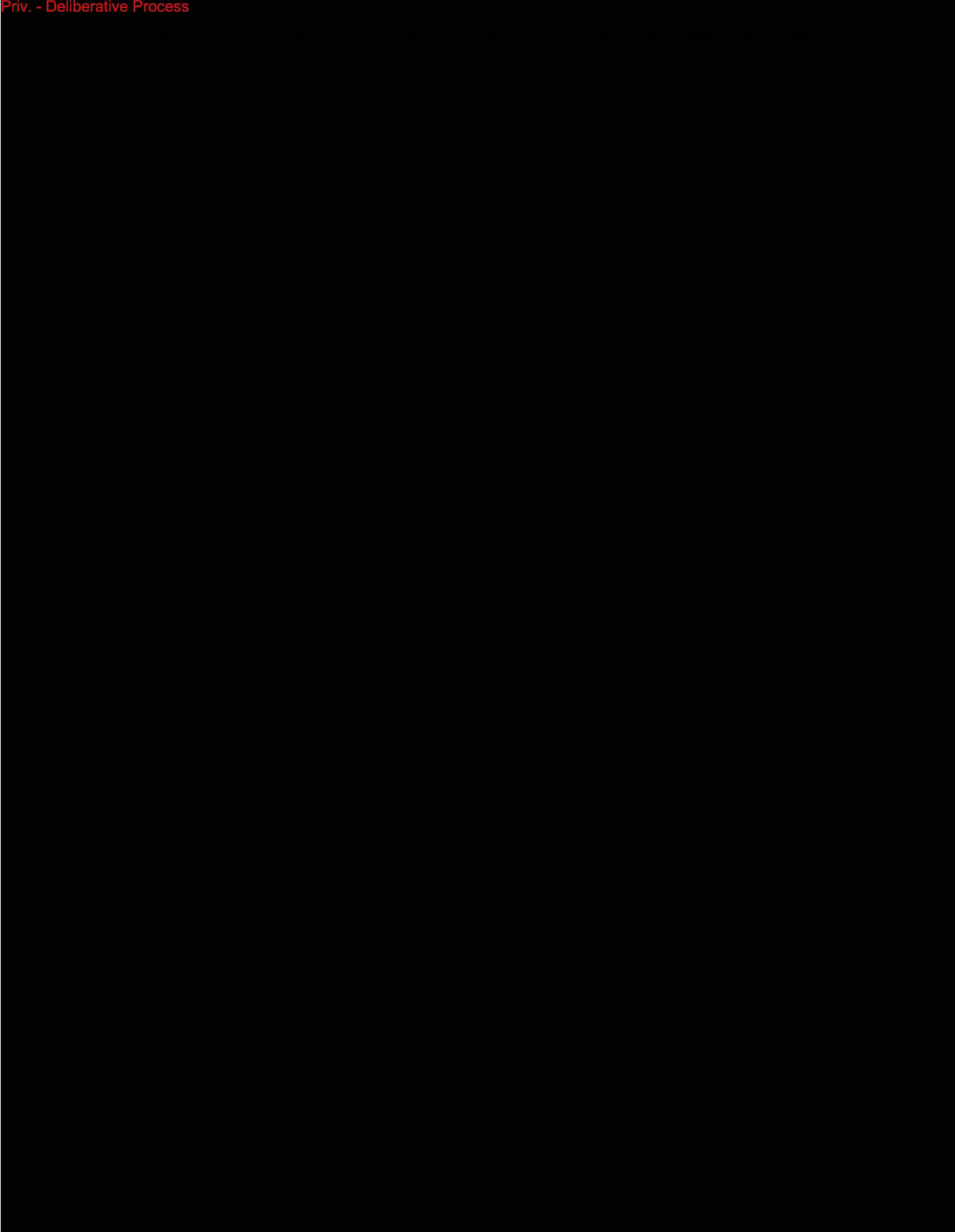
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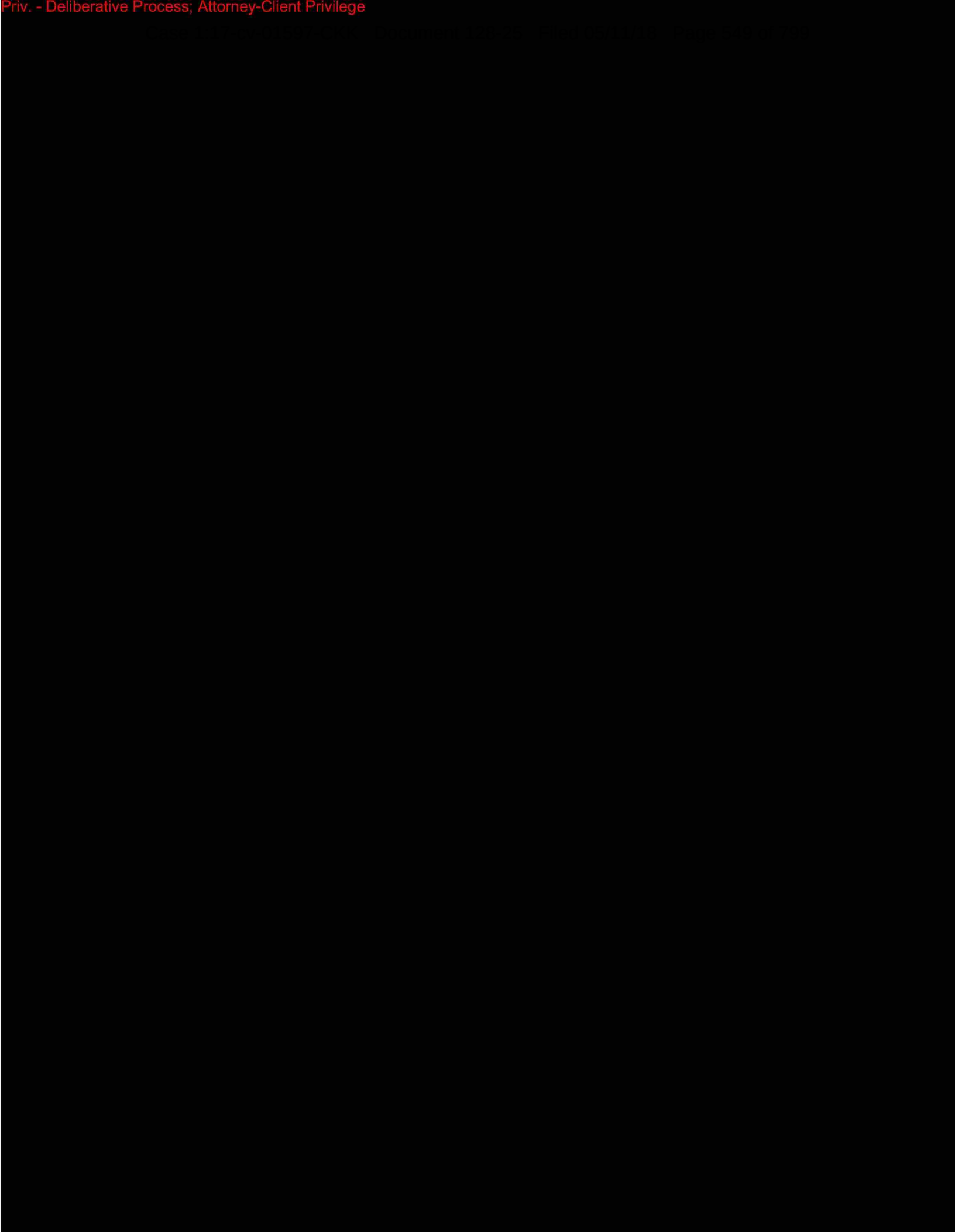
reviewed by the SME's right now. We will discuss the responses at today's 1330 meeting, I wanted to get the RAH's out as soon as possible. DHA has placed a new presentation on MAX.GOV, I will try to have facers before the meeting, this slide deck has not been seen prior to this morning.

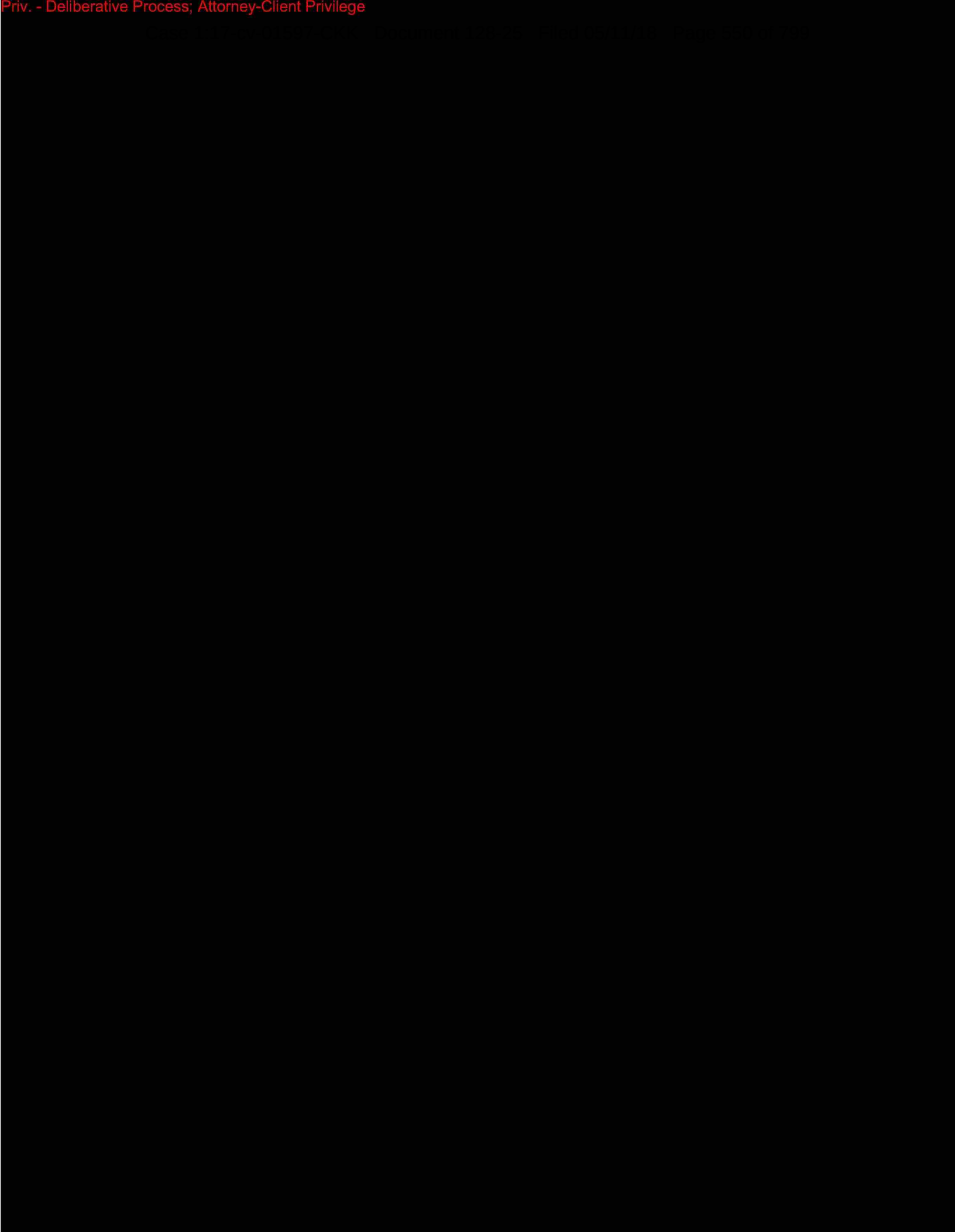
v/r,
Martie

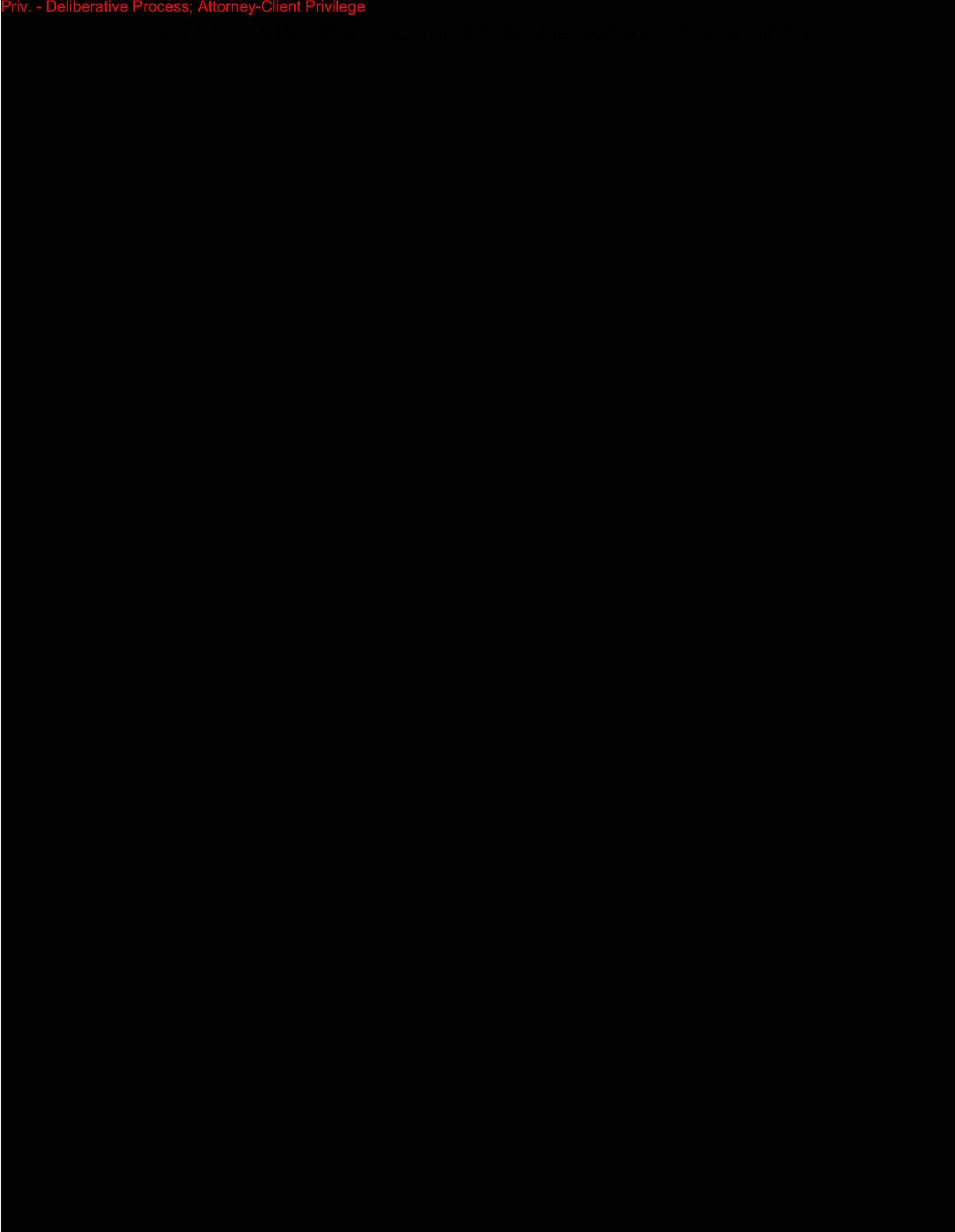
Martie Soper, RN, MSHS
Assistant Deputy, Health Policy
Office of the Secretary of the Air Force
Assistant Secretary (Reserve Affairs & Airman Readiness)
SAF/MRR, Rm 5D742, Pentagon
Washington, DC 20330
O: 703-693-9512
C: 404-405-6109

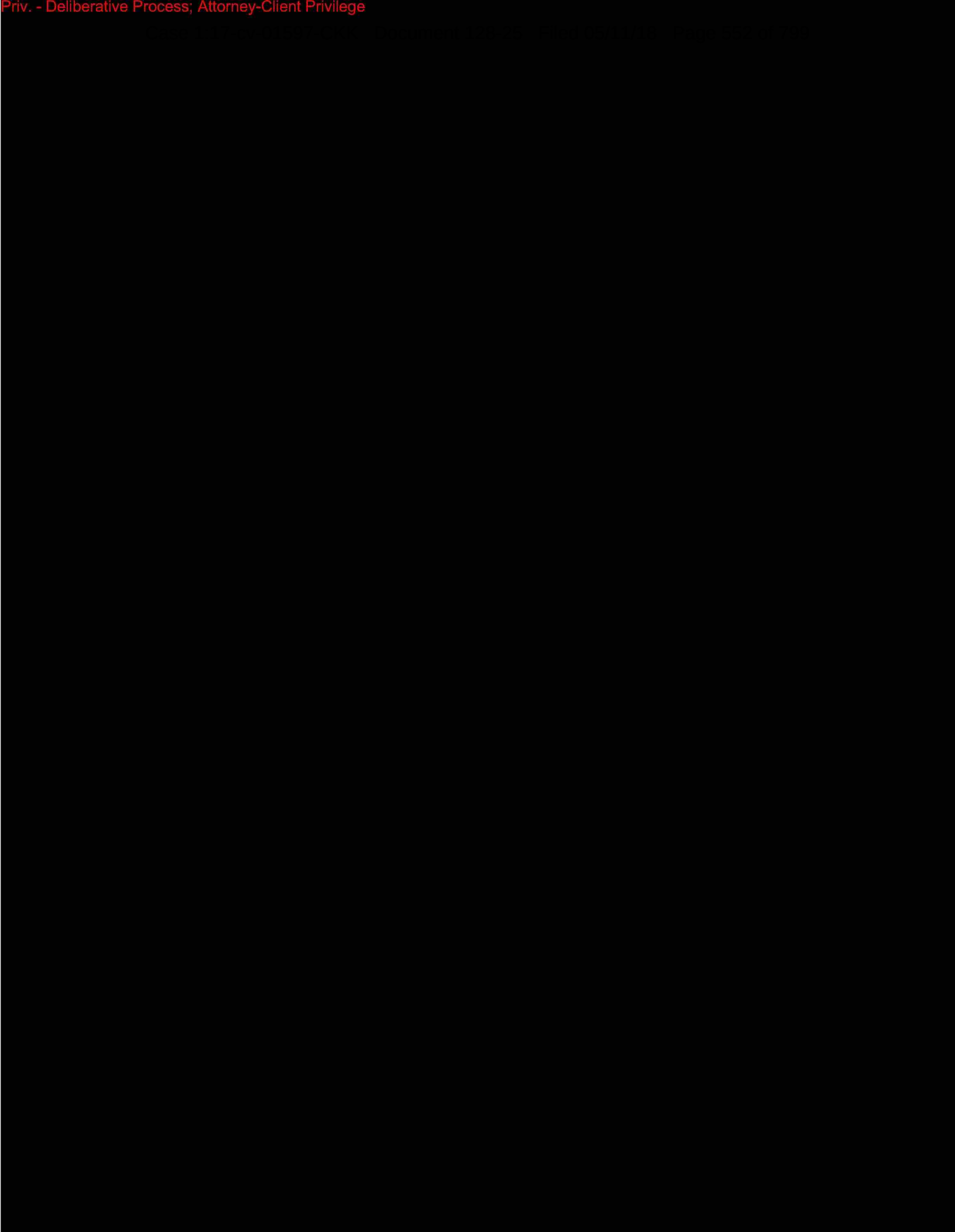
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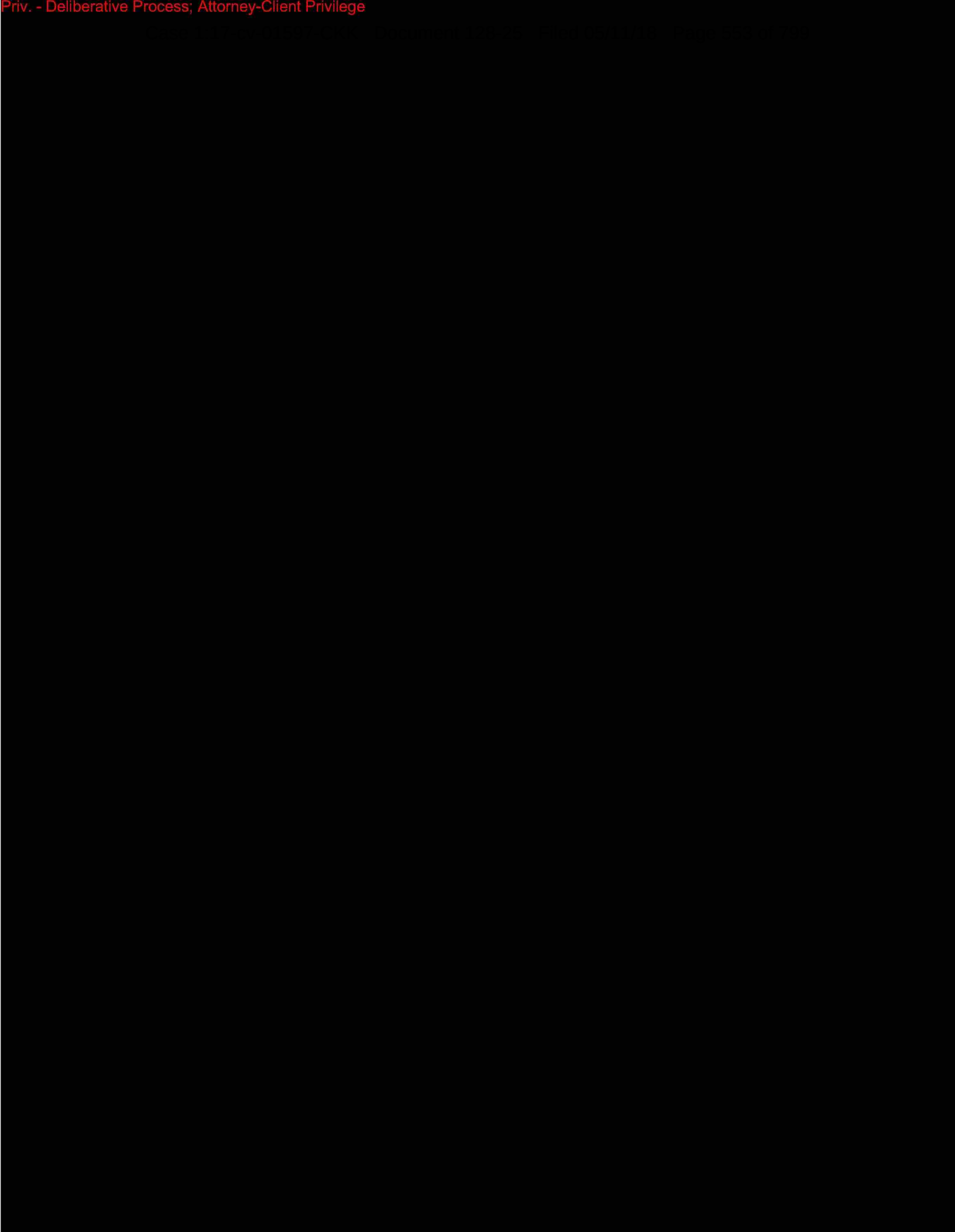


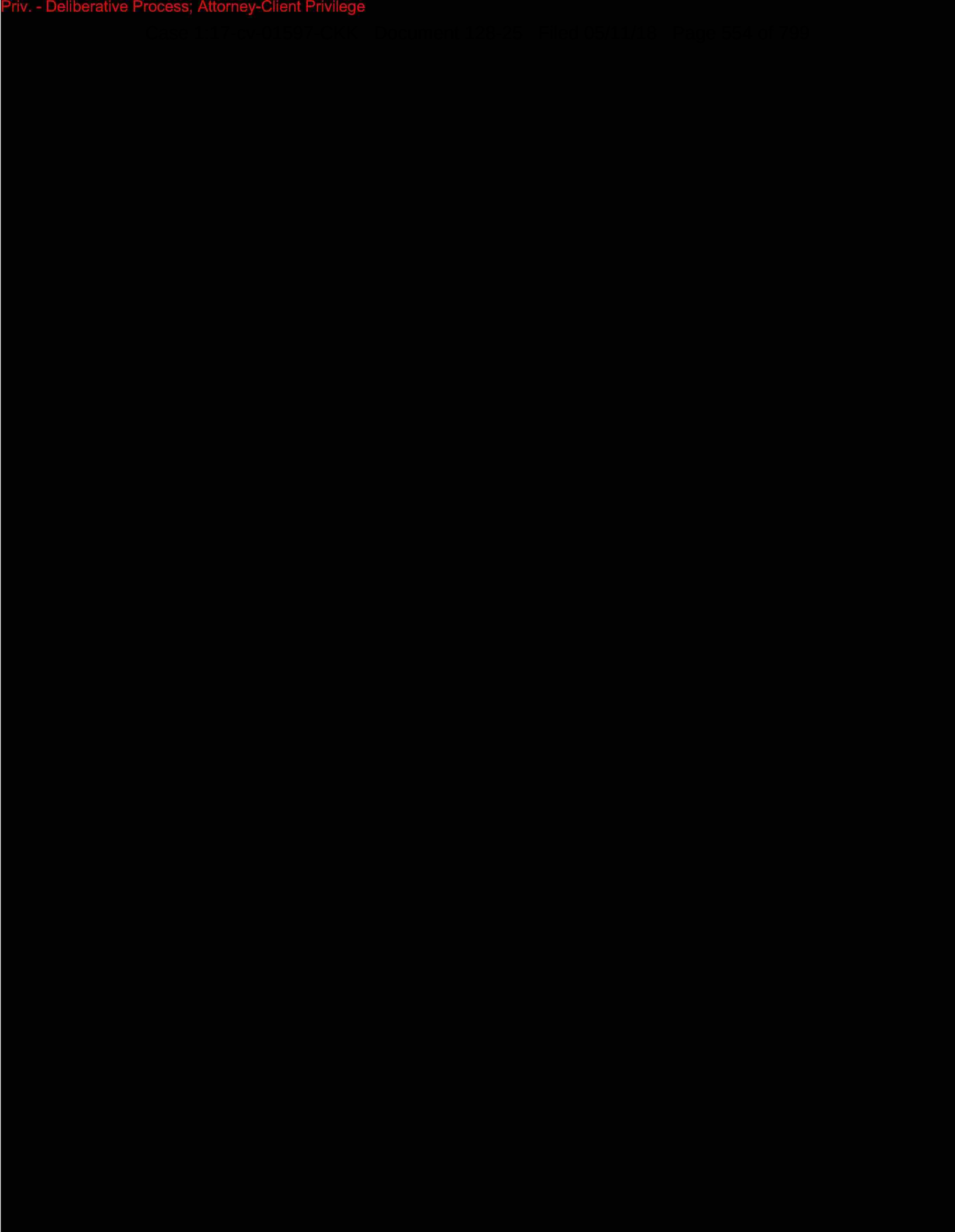


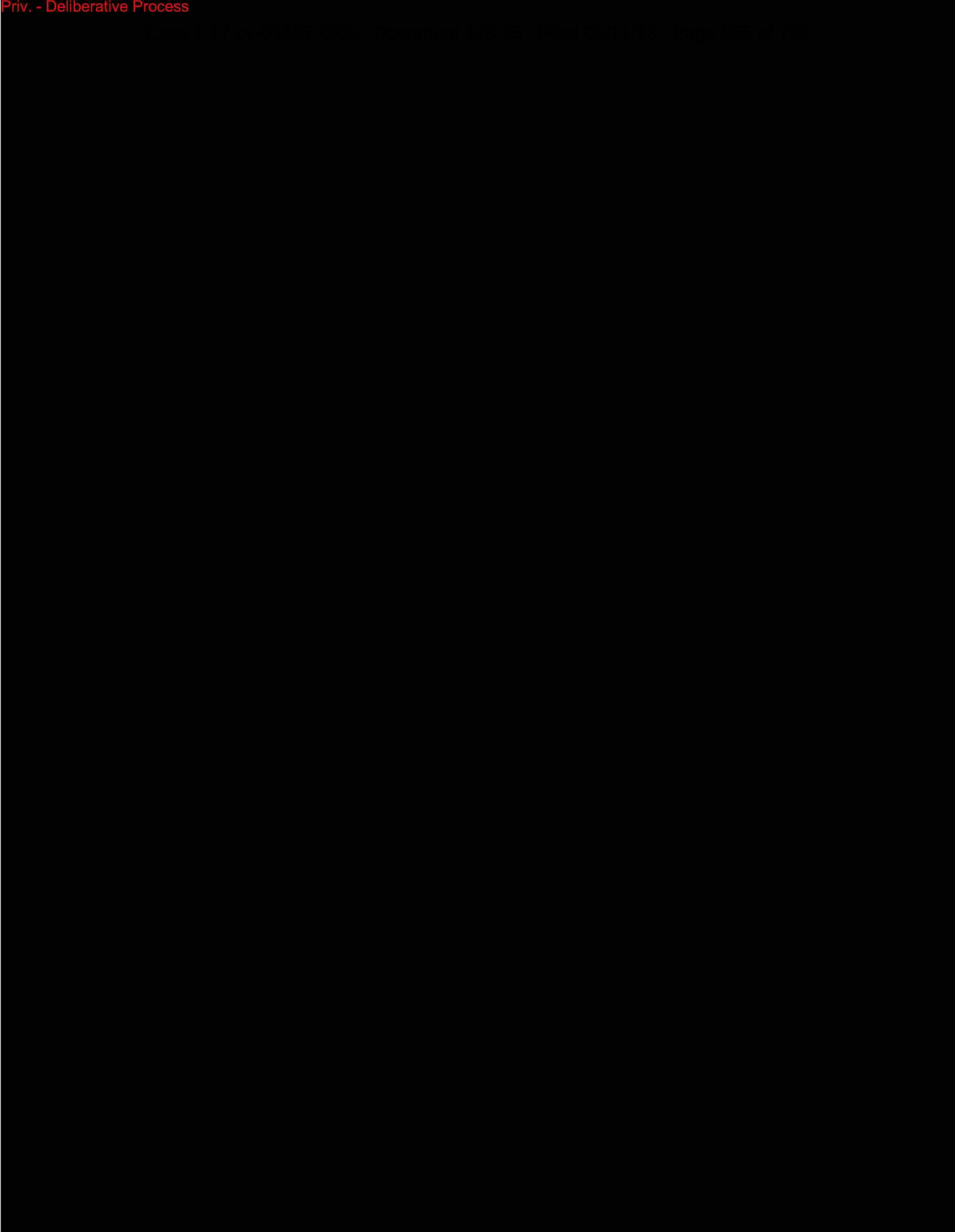


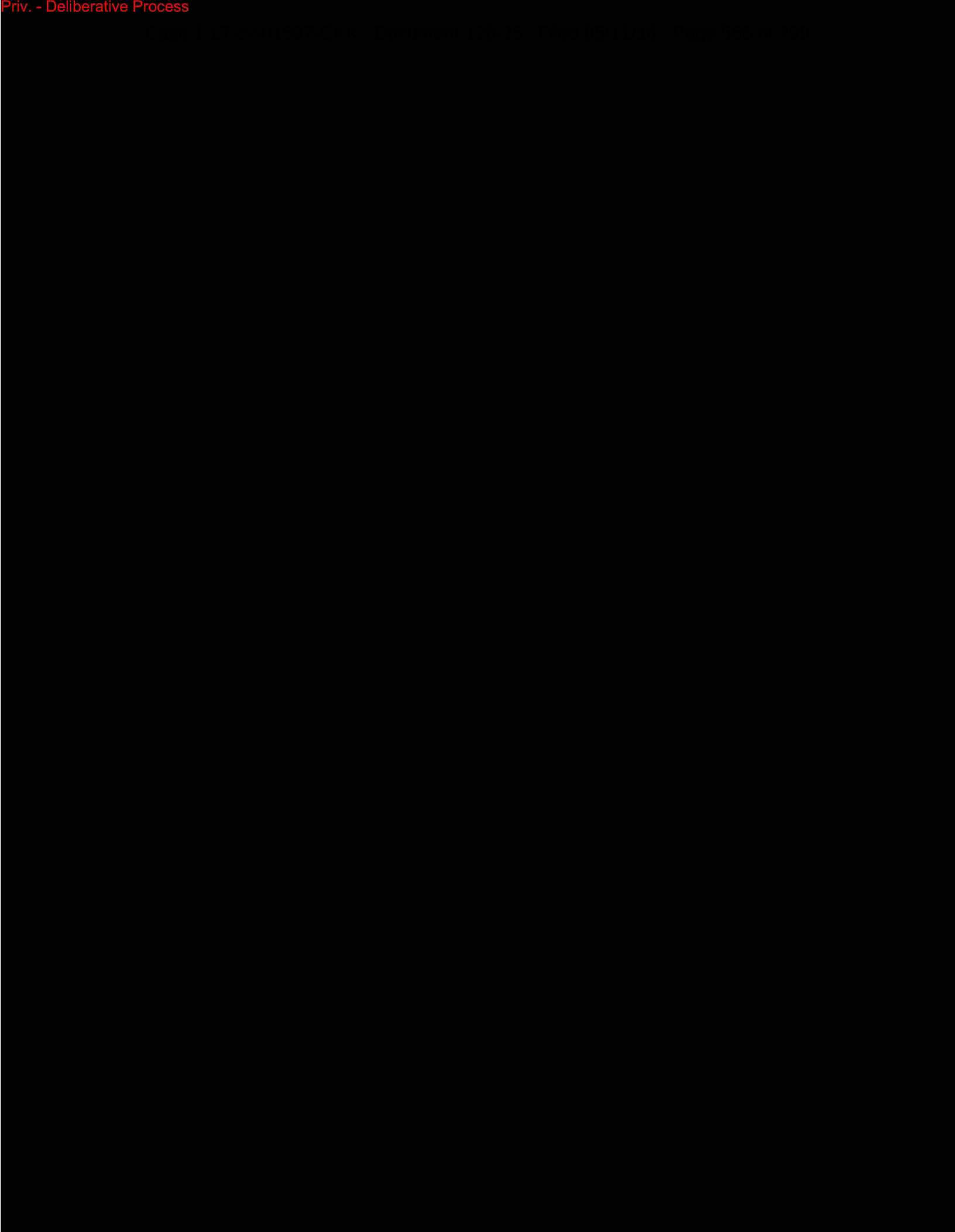


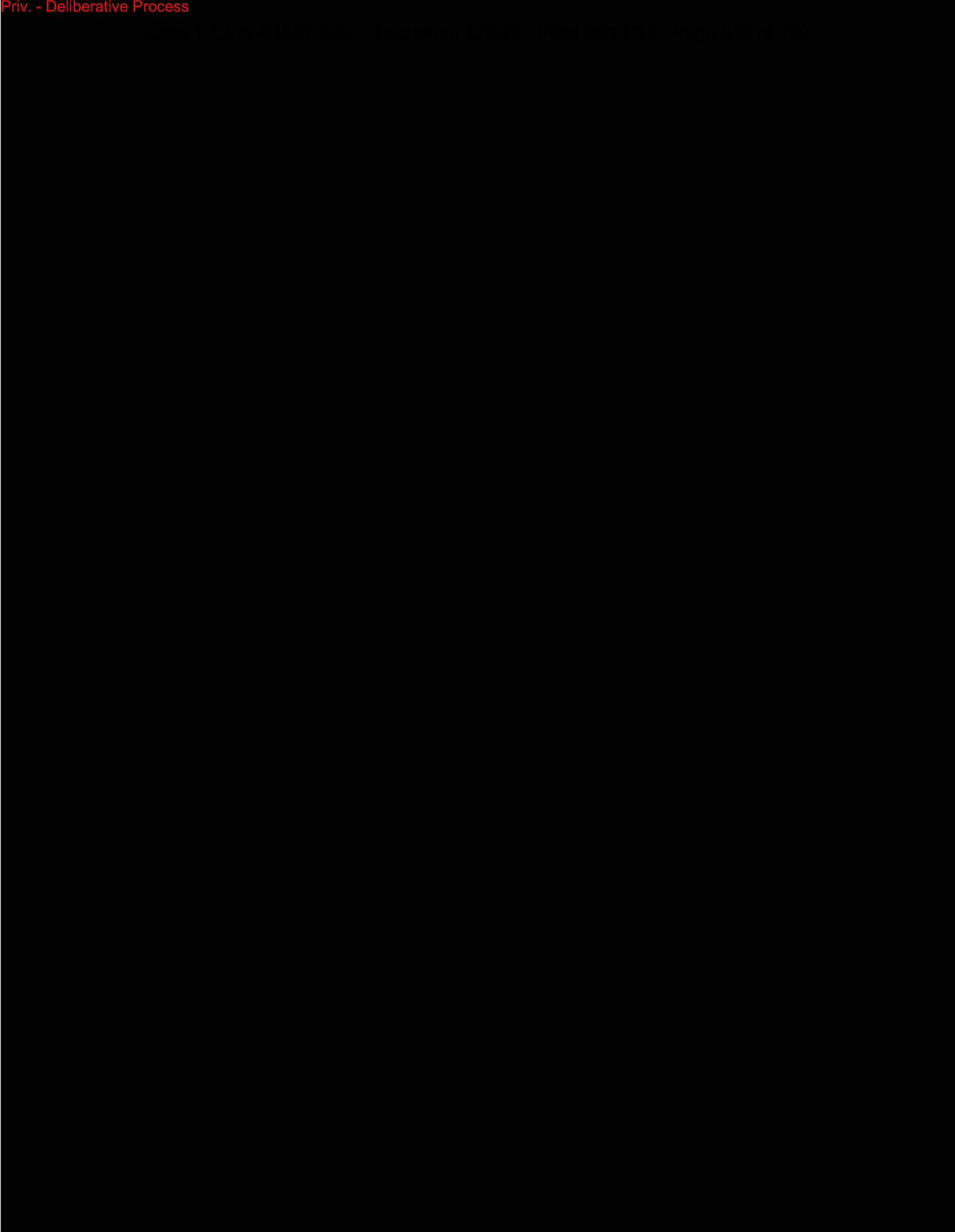


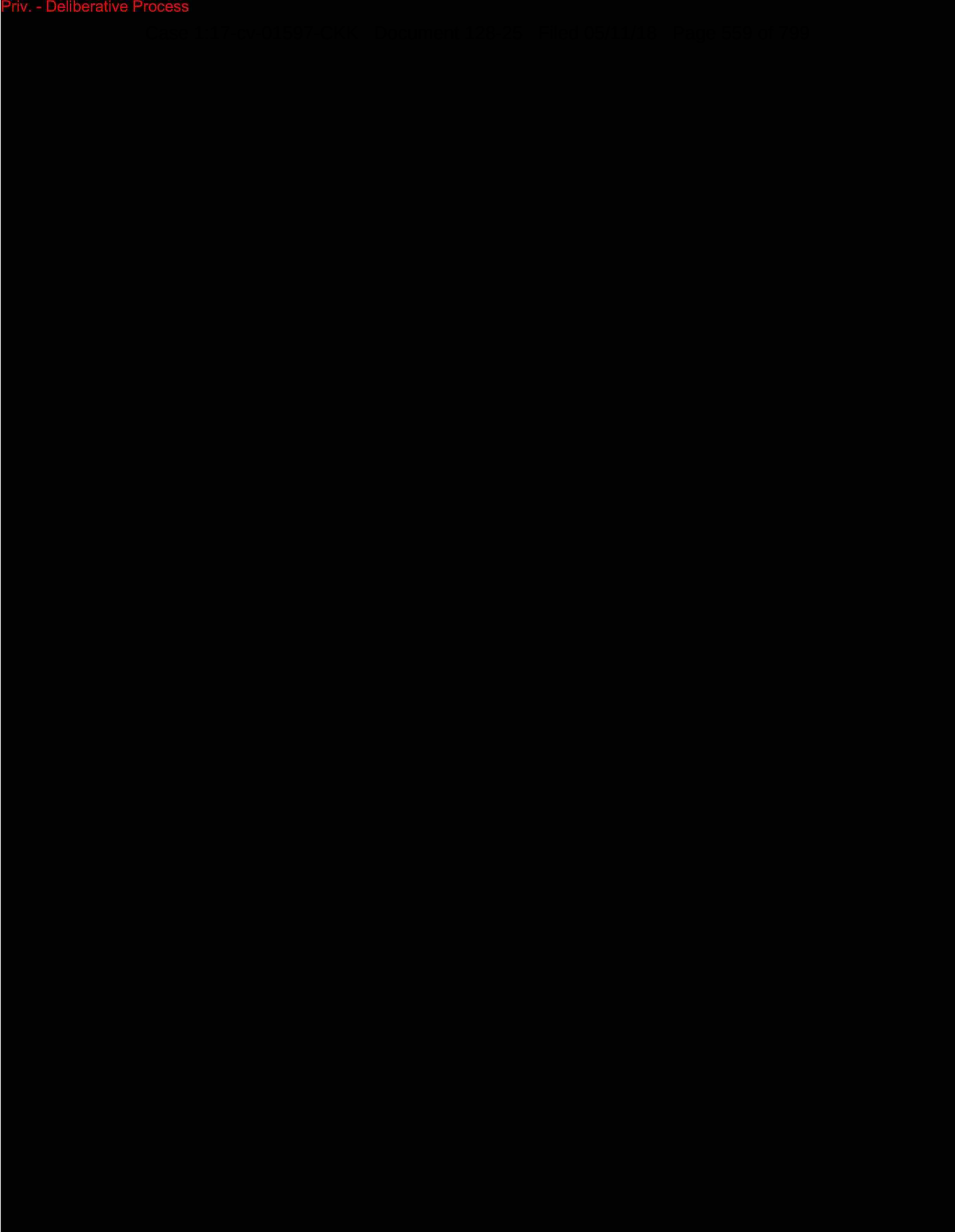


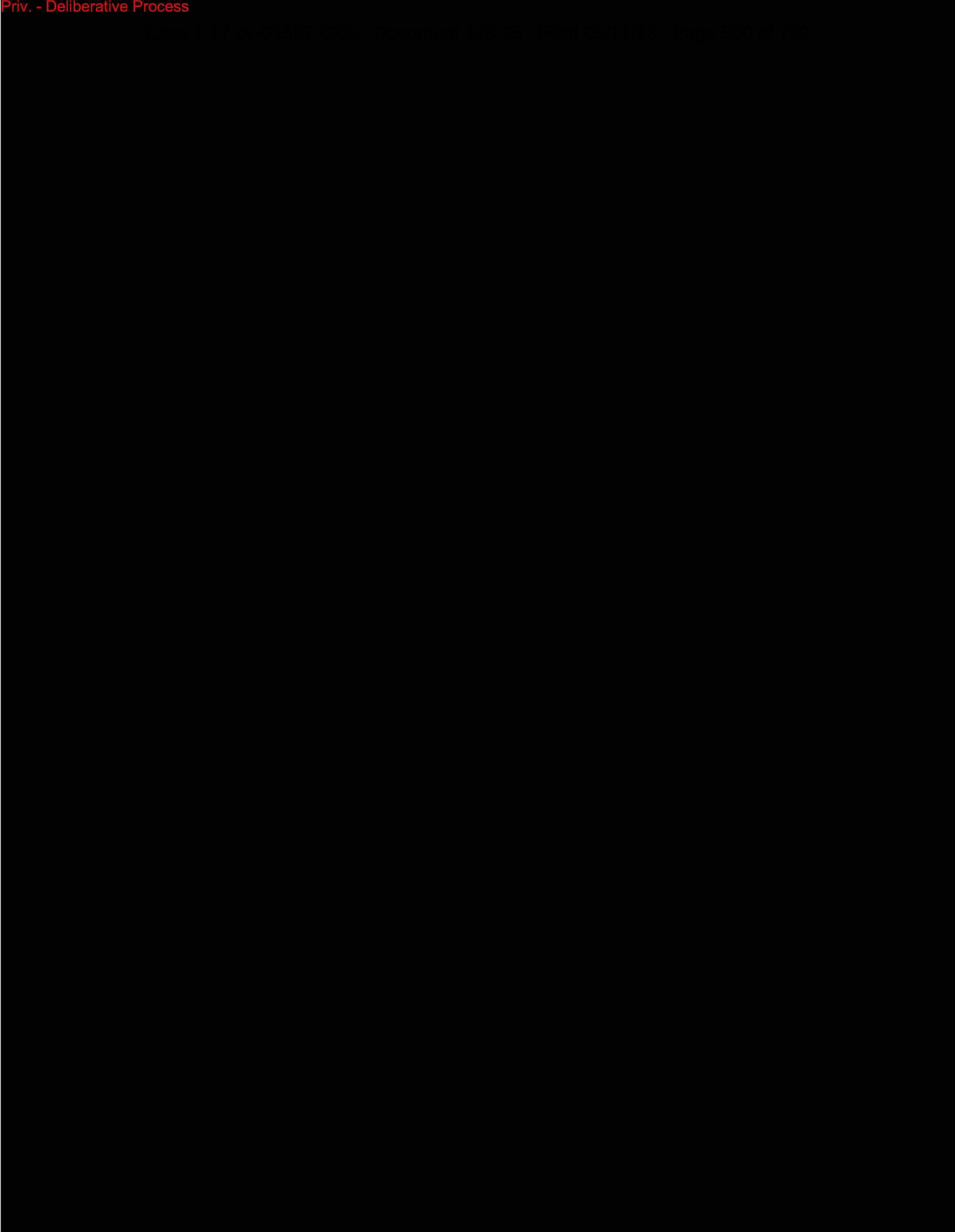


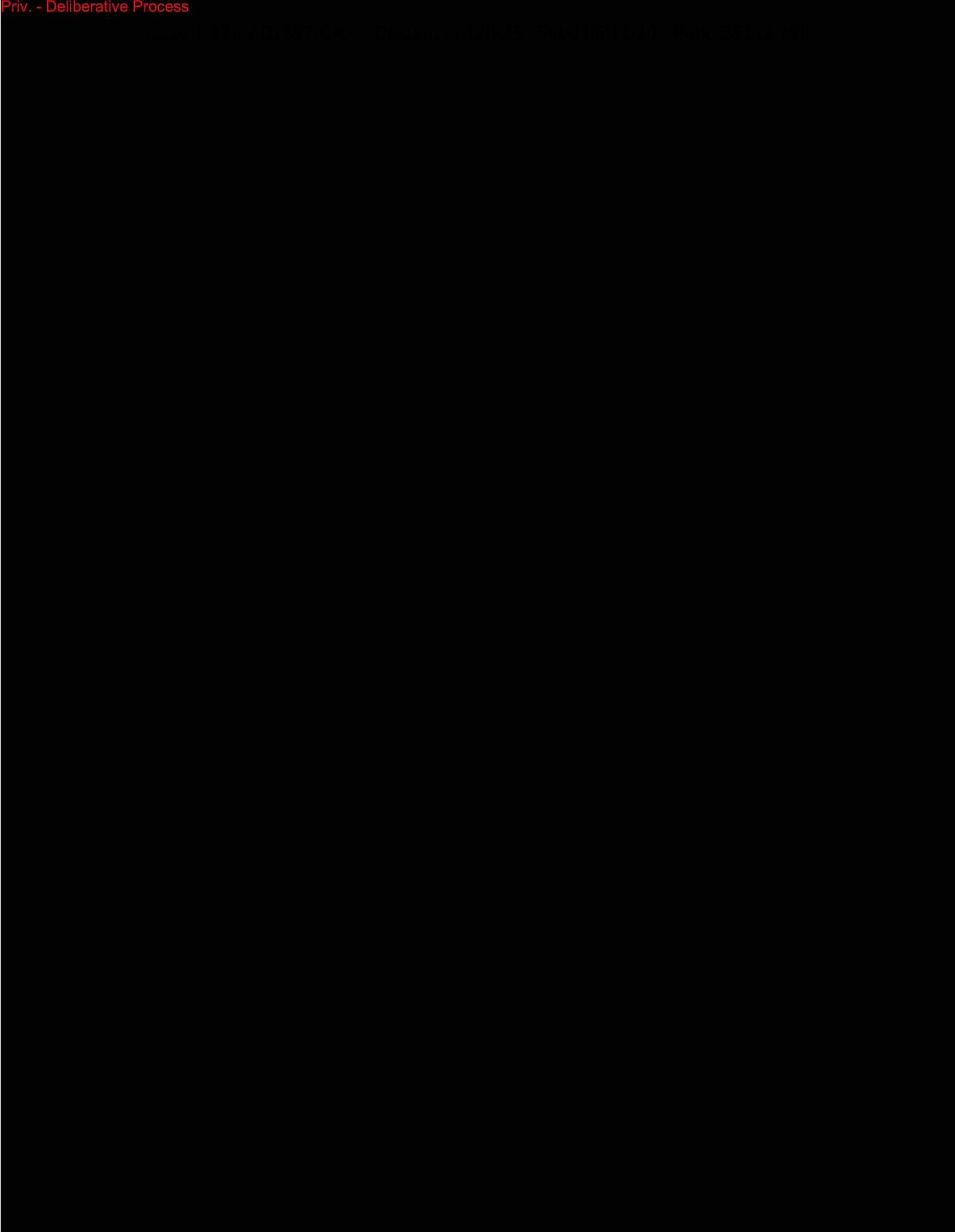


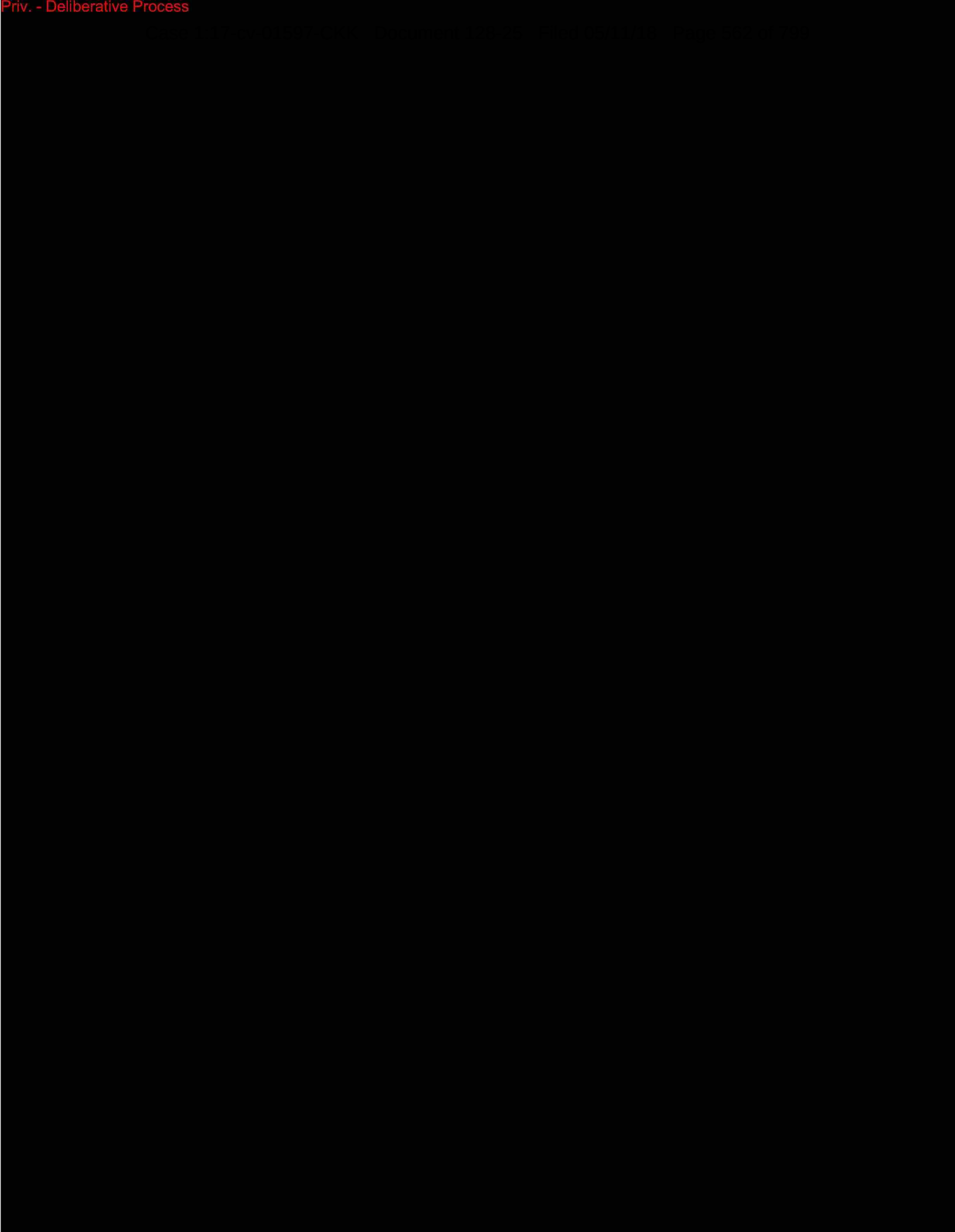


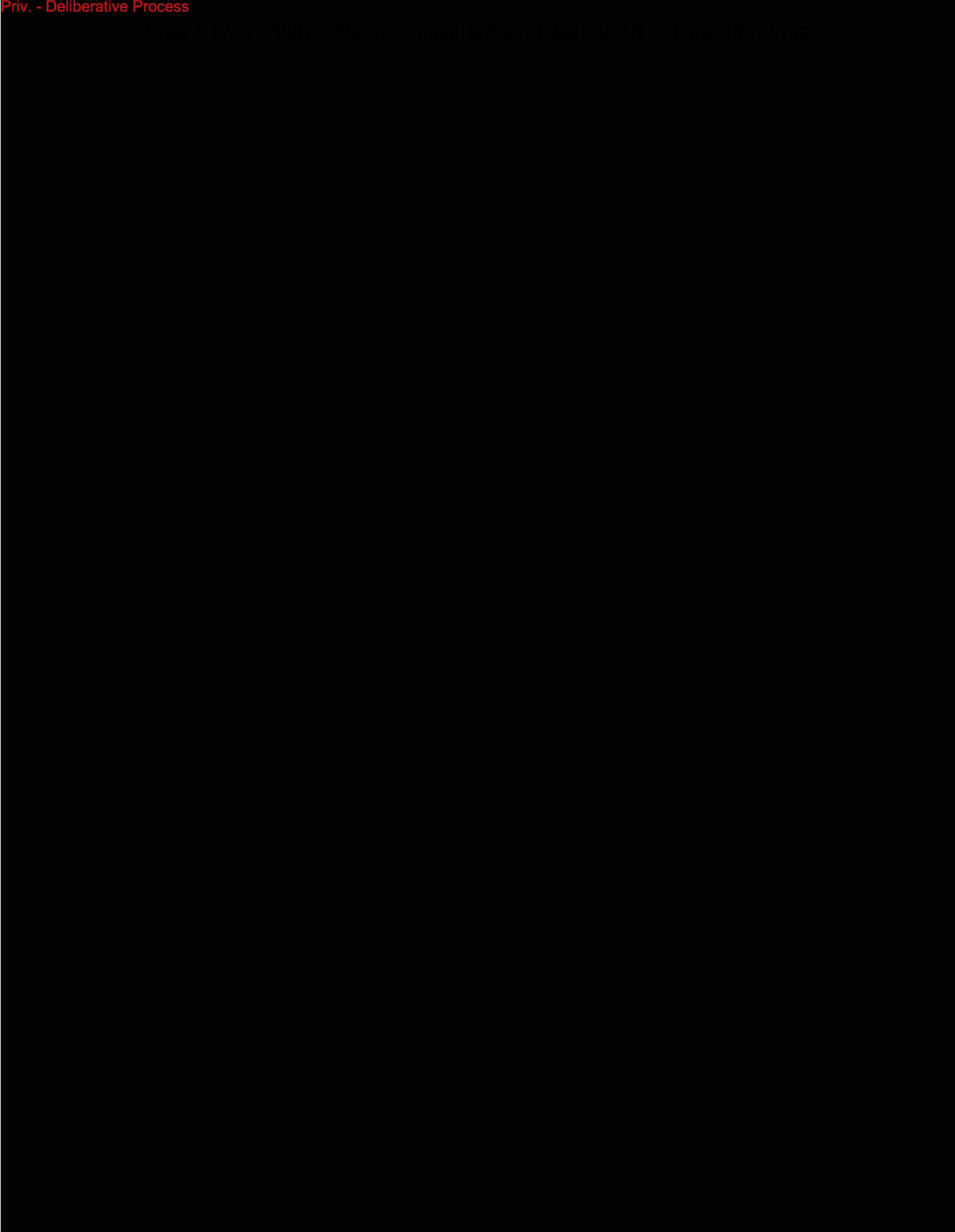


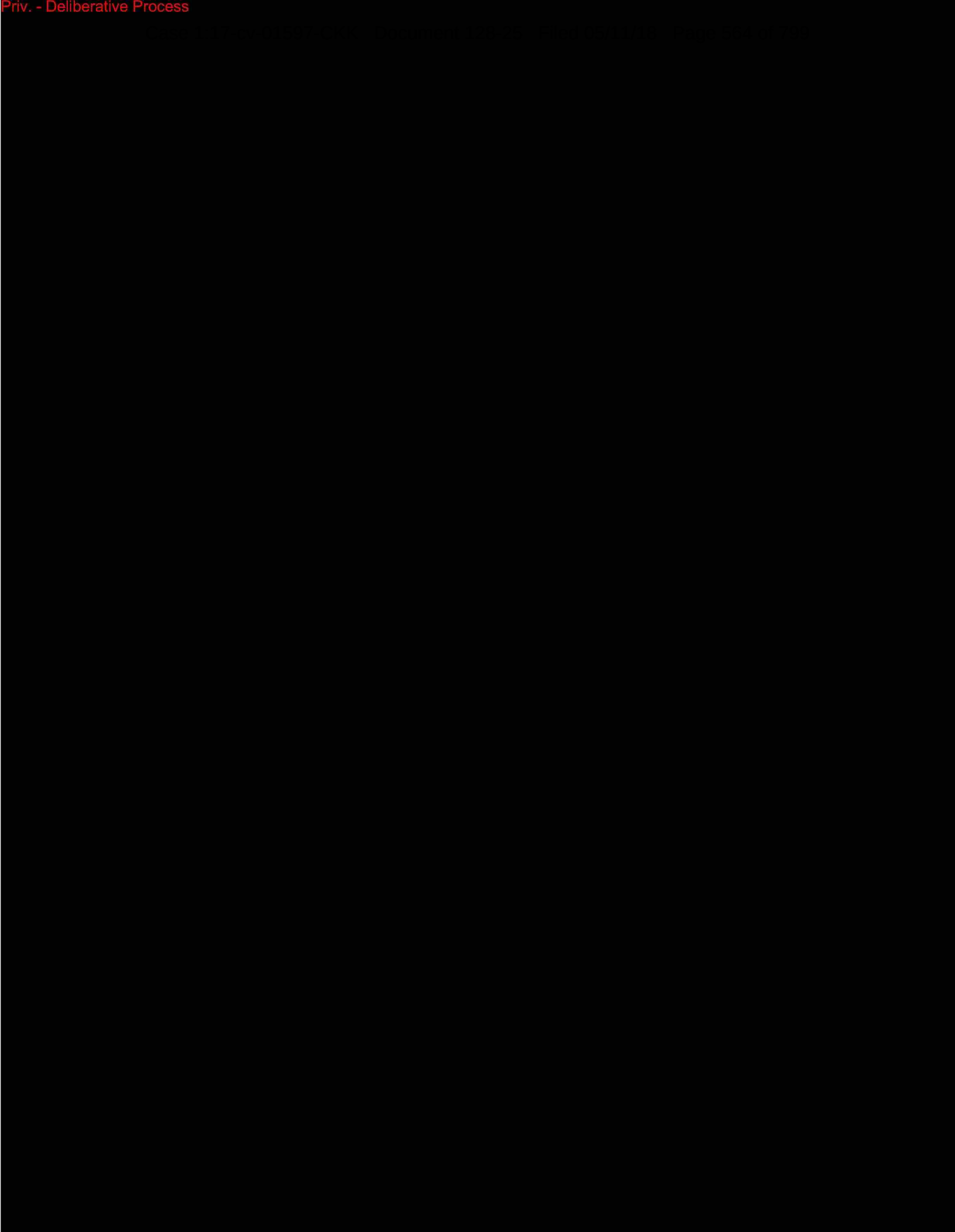


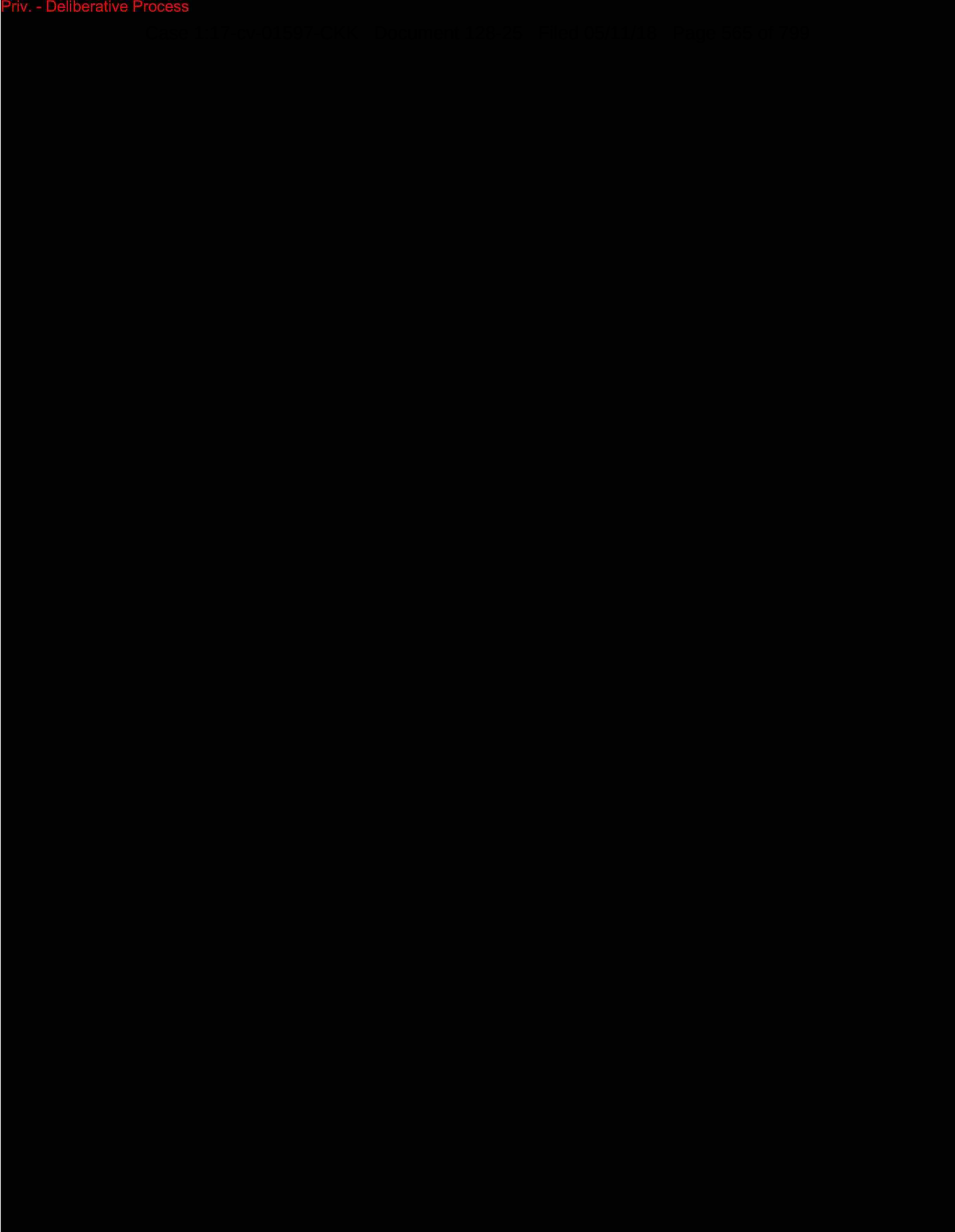


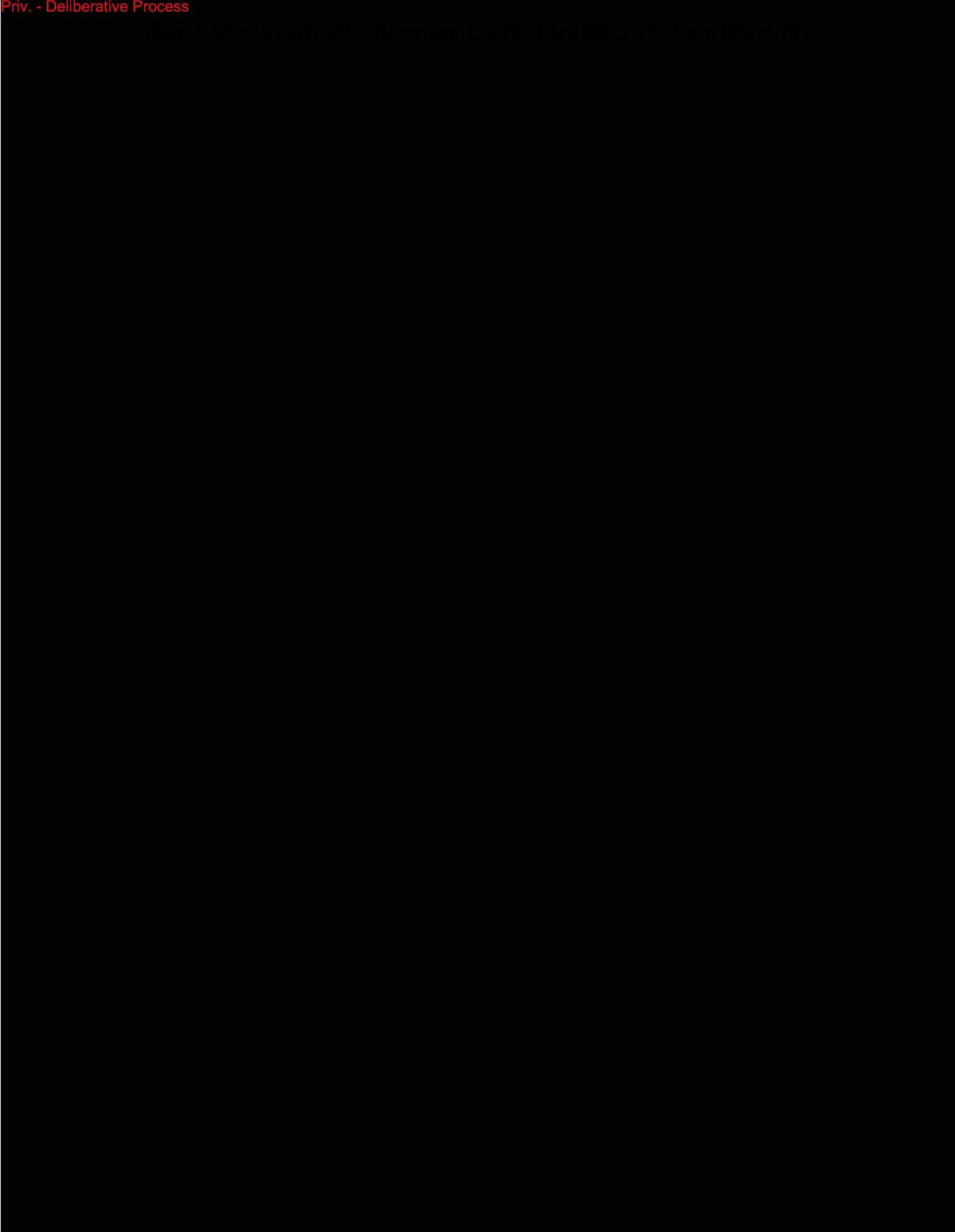


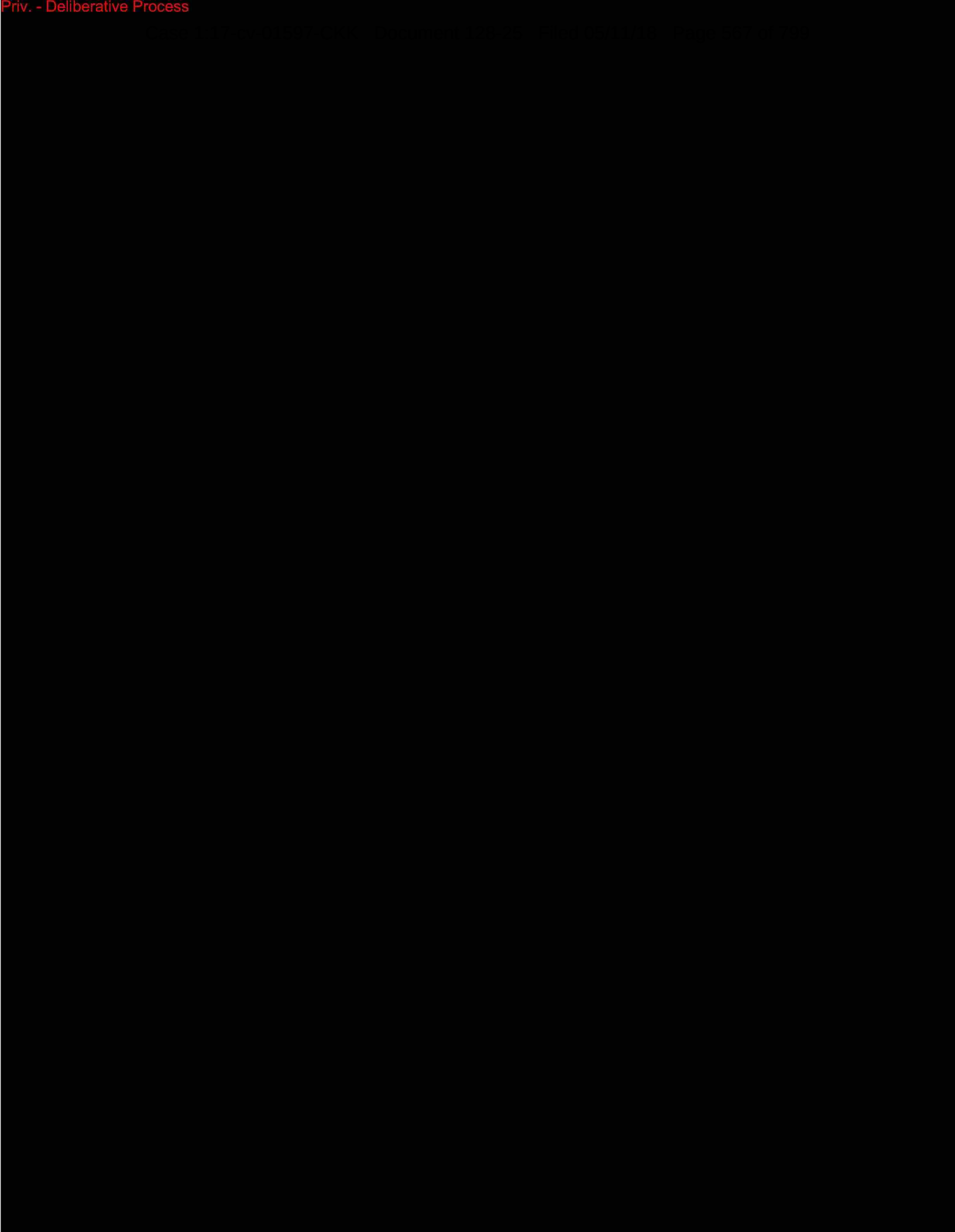












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From: [Schiess, Douglas A Col USAF SAF-US \(US\)](#)
To: [Igl, Ann M Col USAF SAF-MR \(US\)](#)
Cc: [Boatner, Margaret E CIV USAF SAF-MR \(US\)](#); [Bosco, Albert J \(AI\) III Lt Col USAF SAF-MR \(US\)](#); [Cheatham, Thomas N Col USAF AFMSA \(US\)](#); [Sams, Kelly M Lt Col USAF AF-A1 \(US\)](#); [Downes, Karen M Lt Col USAF SAF-MR \(US\)](#); [Fedrigo, John A SES USAF SAF-MR \(US\)](#); [McKim, Heath A Maj USAF AF-A1 \(US\)](#); [Warren, Dara J Maj USAF AF-SG \(US\)](#); [Grabowski, Douglas N Maj USAF AF-SG \(US\)](#); [Edmondson, Michele C Col USAF AF-CV \(US\)](#); [Soper, Martha P CIV USAF SAF-MR \(US\)](#); [Floyd, Derrick J Lt Col USAF AF-A1 \(US\)](#); [Crawford, Gail E Col USAF SAF-GC \(US\)](#); [Weaver, Frederick C \(Chris\) Col USAF AF-SG \(US\)](#)
Subject: Transgender Panel of Experts Question
Date: Thursday, November 16, 2017 5:54:18 PM
Attachments: [Transgender Review Panel - Questions.pdf](#)

Ann

Two taskers from the USECAF for Ms. Soper:

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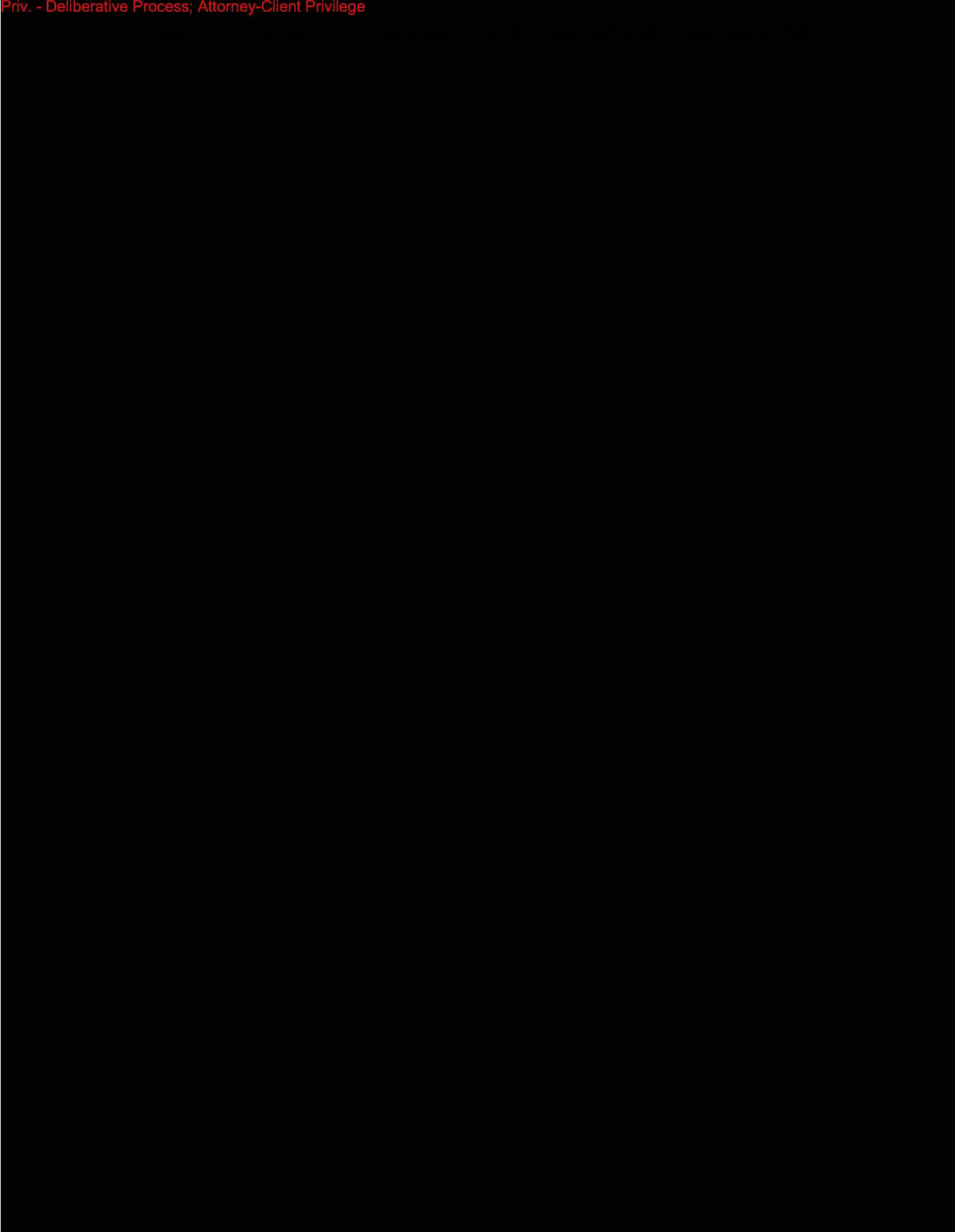
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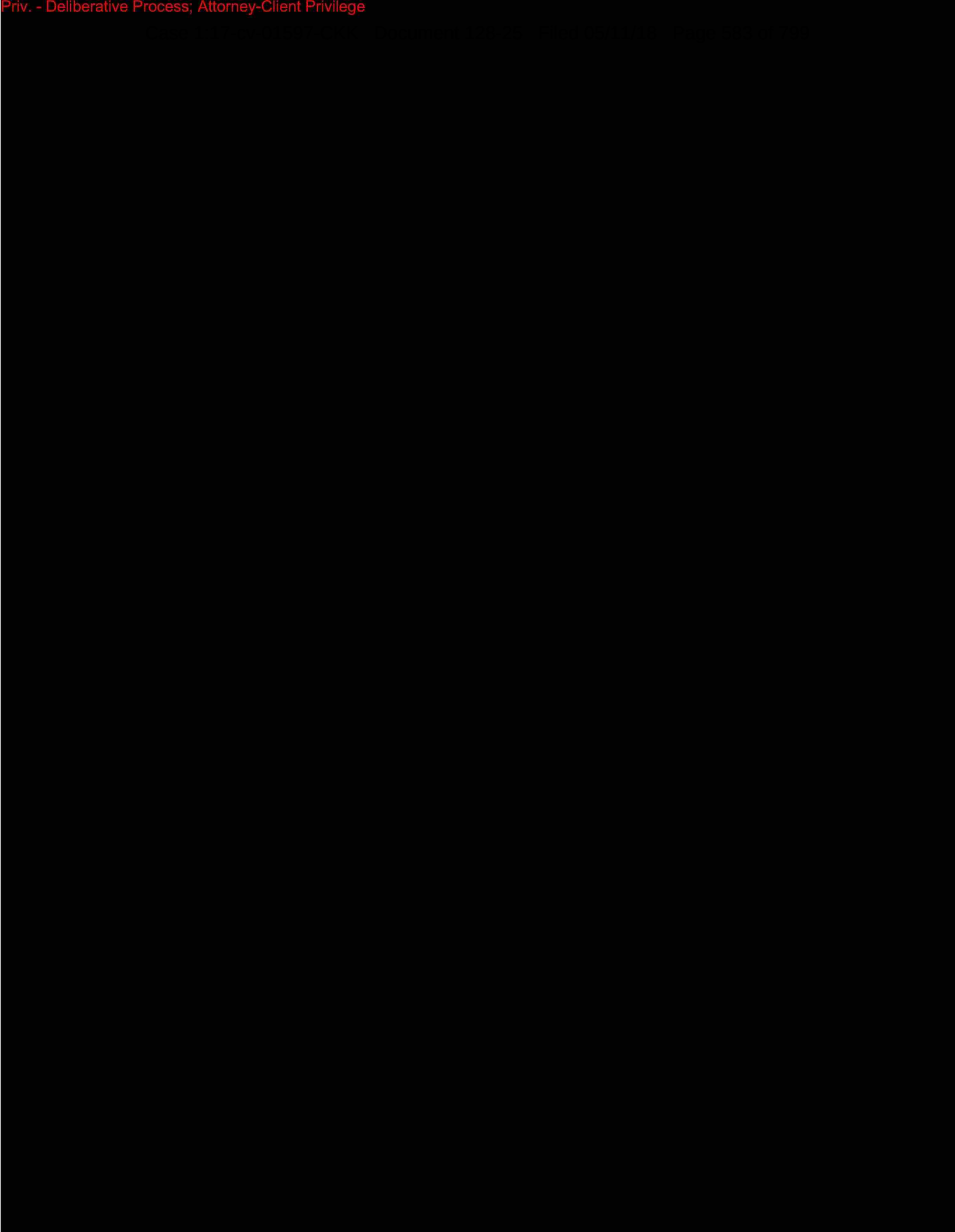
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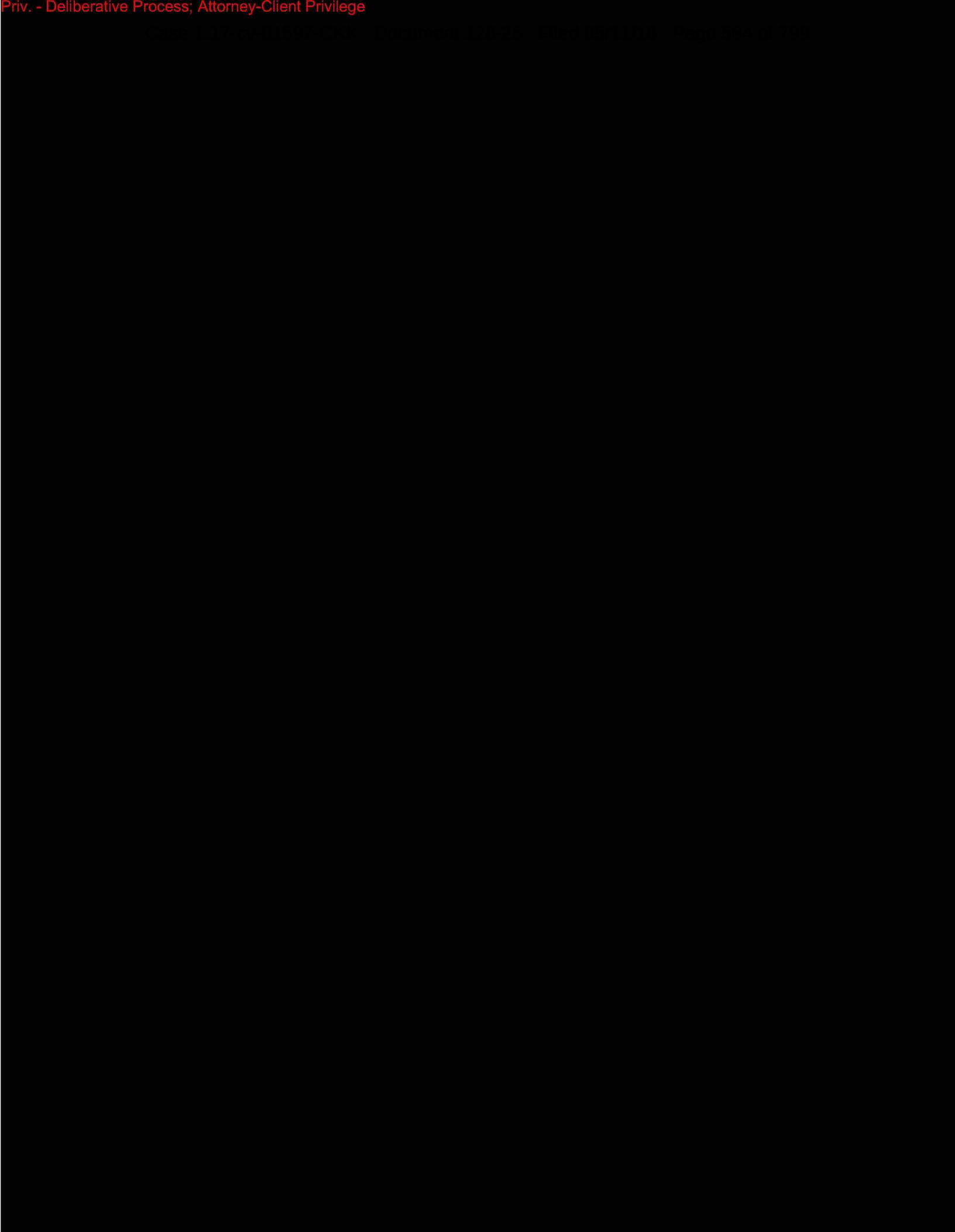
I'll let you know as soon as we get the meeting with the Top 4 scheduled as that will affect the suspense for #2.

Please call if you have any questions.

VR
Doug
DOUGLAS A. SCHIESS, Colonel, USAF
Senior Military Assistant to the Under Secretary of the Air Force
1670 Air Force Pentagon, Room 4E858
Washington DC 20330-1670
Commercial (703) 695-8775 / DSN 225-8775







From: [Brown, Gary W LTC USARMY OSD OUSD P-R \(US\)](#)
To: [Golden, Kerrie J COL USARMY HODA ASA MRA \(US\)](#); [Krueger, Mary V COL USARMY HODA ASA MRA \(US\)](#); [Soper, Martha P CIV USAF SAF-MR \(US\)](#); [Franzos, Marc Alaric CAPT USN BUMED FCH VA \(US\)](#); [Nelson, Michael R \(Mike Nelson\) COL USARMY HODA OTSG \(US\)](#); [Welch, Scott A CDR USN BUMED FCH VA \(US\)](#); [Corso, Meghan L CDR USPHS USN \(US\)](#); [Carino, S M \(Sad\) CDR USN JS J1 \(US\)](#); [McWaters, William J CIV USMC MANDR AFFAIRS \(US\)](#); [Palacios, Cindi L LCDR USN ASSTSECNAV MRA DC \(US\)](#); [Brown, Matthew T CDR USCG \(US\)](#); [Fogh, Denise A Lt Col USAF JS OCJCS \(US\)](#)
Cc: [Wellman, Aaron C LTC USARMY OSD OUSD P-R \(US\)](#)
Subject: MEDPERS Meeting 14 Nov (UNCLASSIFIED)
Date: Monday, November 13, 2017 2:00:40 PM
Attachments: [Tuesday, November 14, 2017 MEDPERS Meeting Agenda V1 2017.11.13 - Final.pdf](#)
[MPP ND WG Brief to MEDPERS Nov 10.pdf](#)
[PoE - Deliverable 3 - recommended authorized Treatments for GDv2.0.pdf](#)

Pushed out to MEDPERS moments ago....

Attached is the agenda and RAH brief for the Non-Deployability presentation for tomorrow's MEDPERS meeting.

Also attached - Courtesy copy - **Priv. - Deliberative Process**

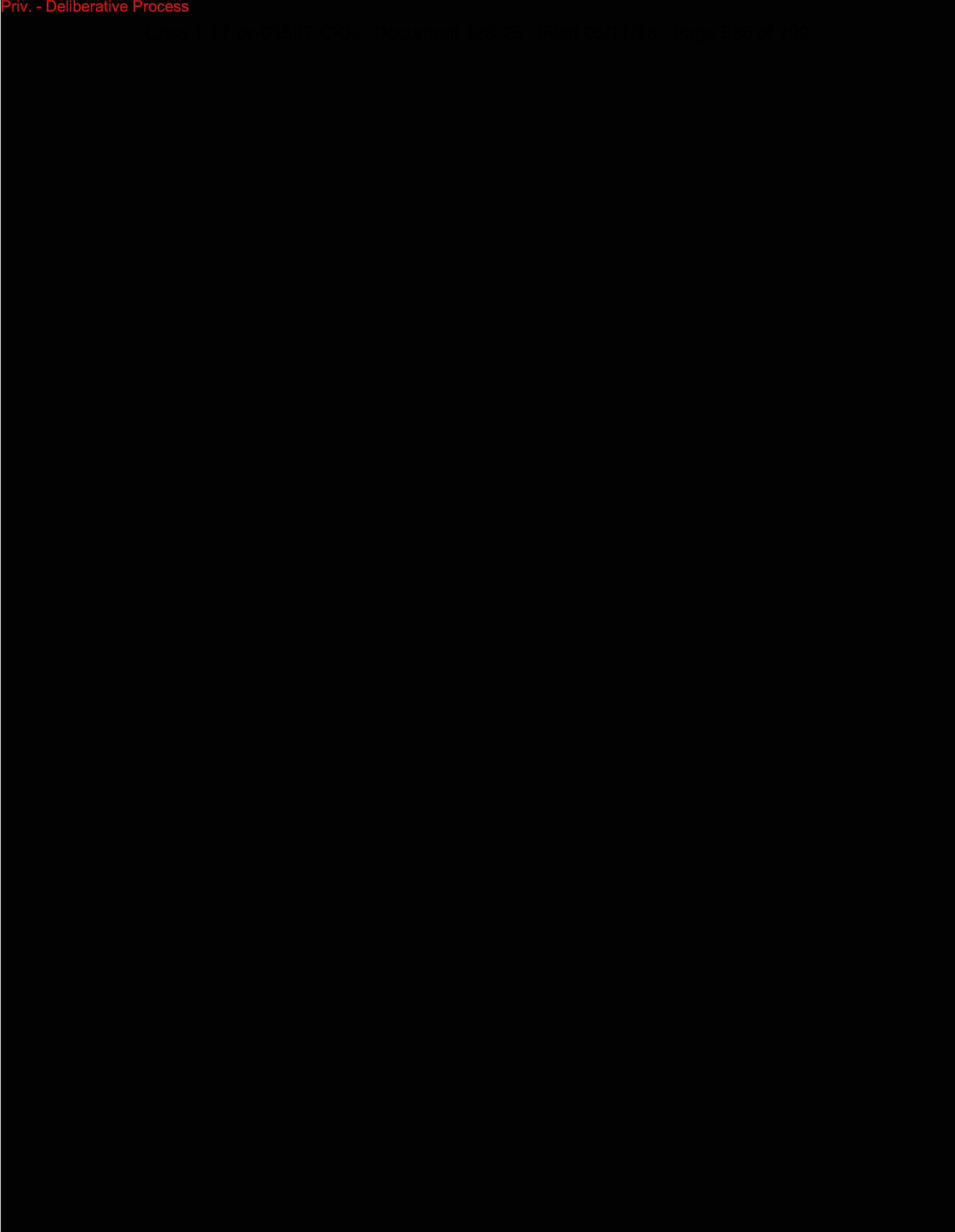
[REDACTED] which is still scheduled to be briefed at the next Panel of Expert's meeting.

Very Respectfully,

Gary W. Brown
Lieutenant Colonel, USA
Assistant Director, Reserve and Medical Manpower

Office of The Under Secretary of Defense for Personnel and Readiness
Military Personnel Policy-Accession Policy Office
1500 Defense Pentagon, Room 3D1066
Washington, DC 20301-1500
(703) 697-9273
gary.w.brown.mil@mail.mil

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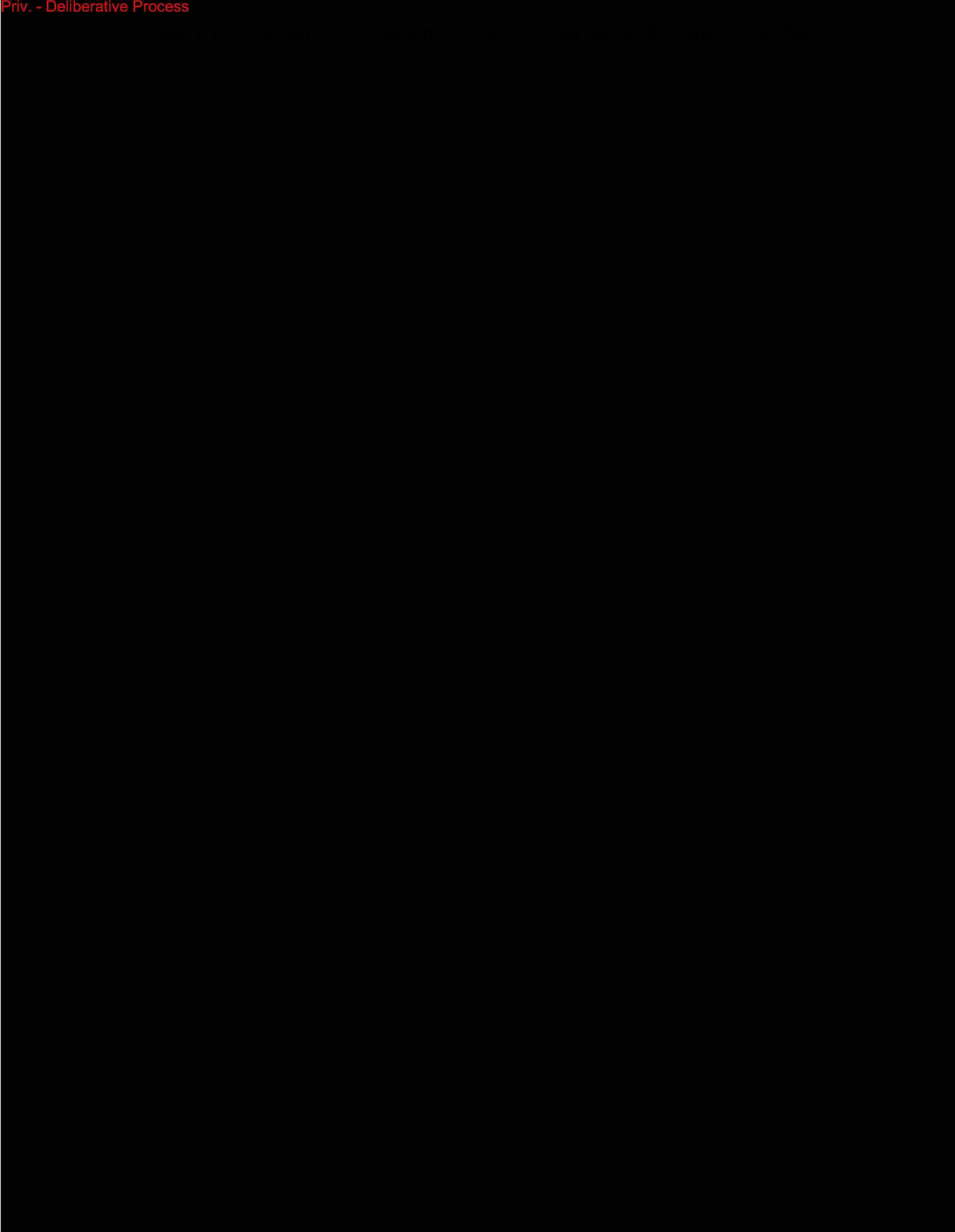
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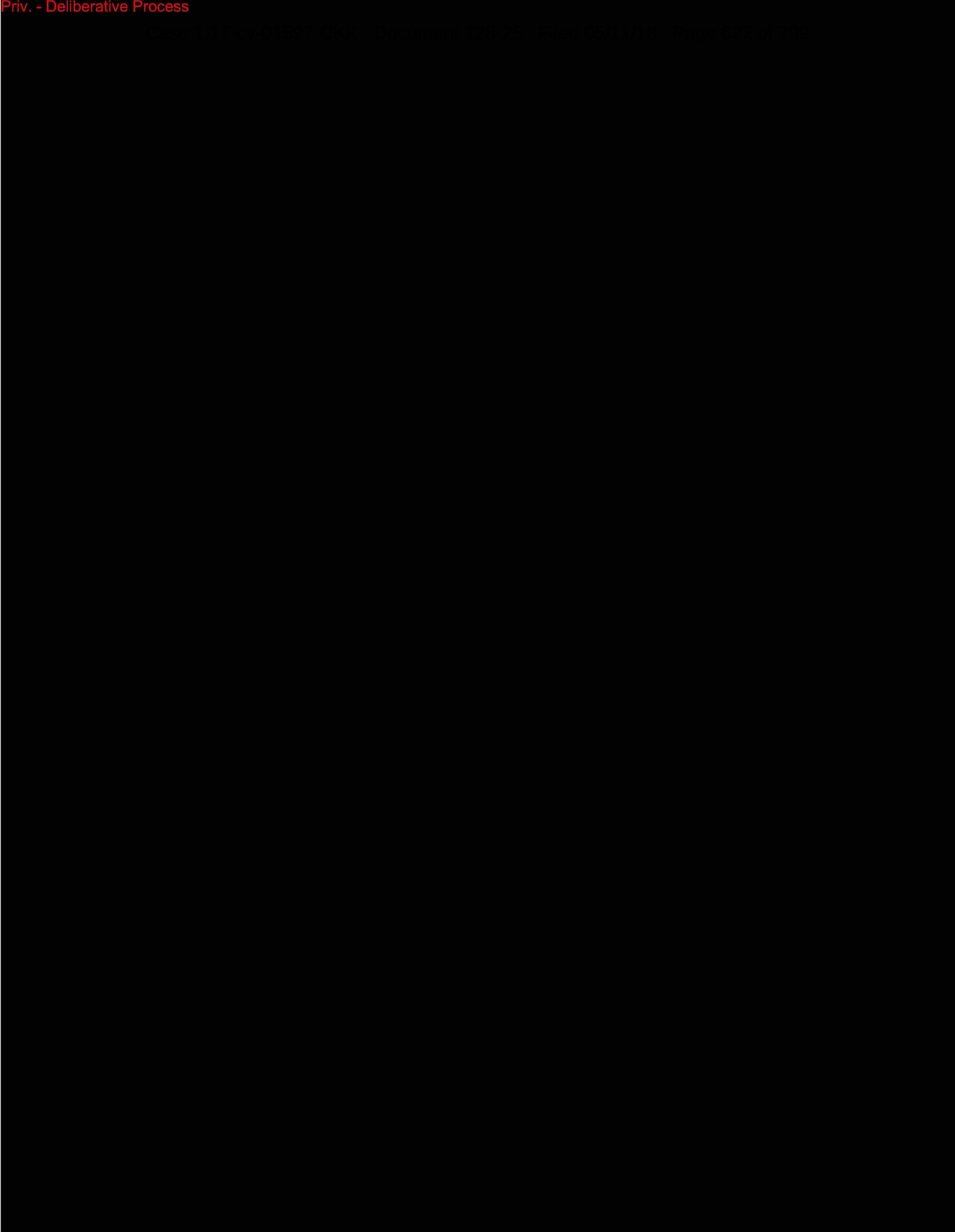
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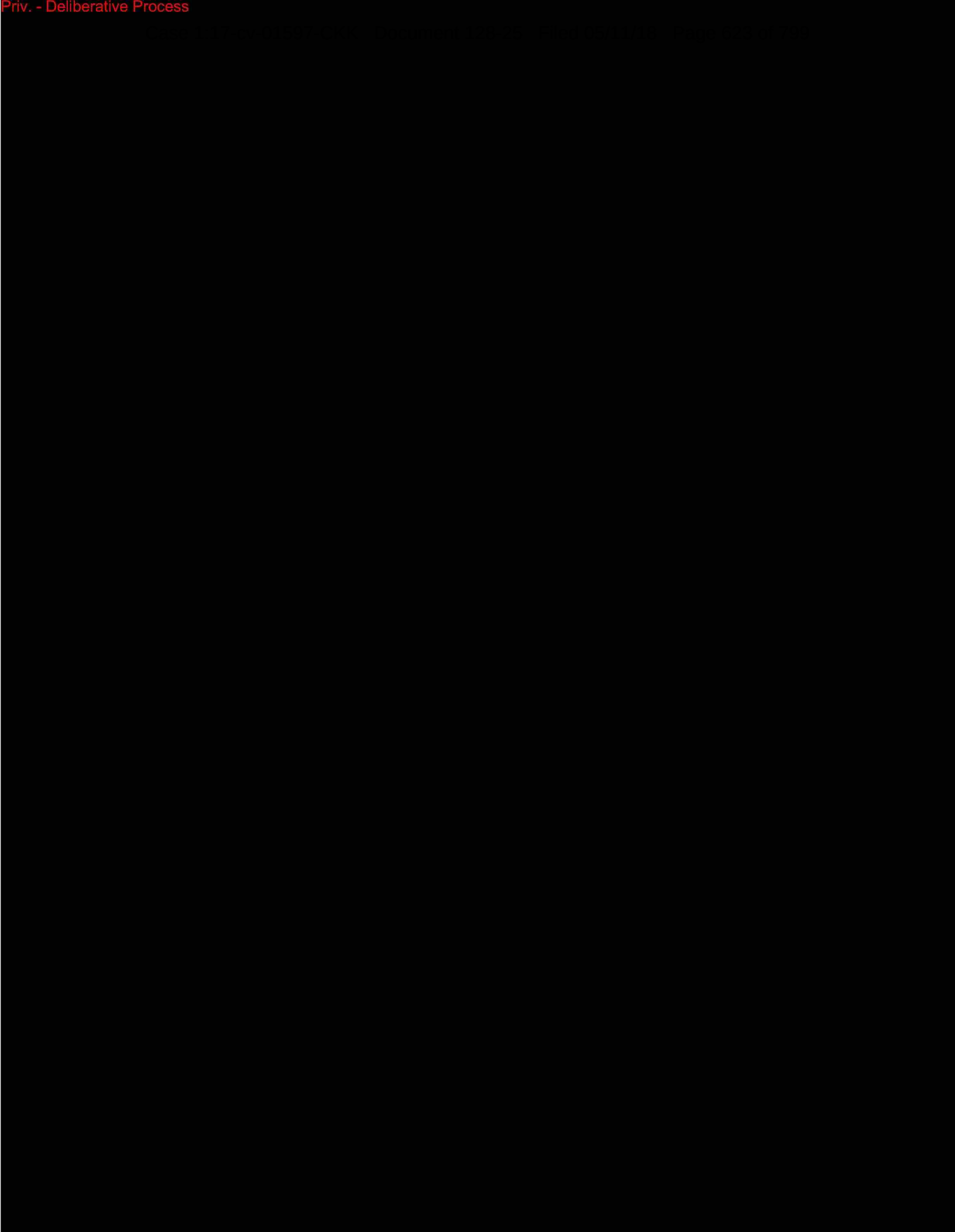
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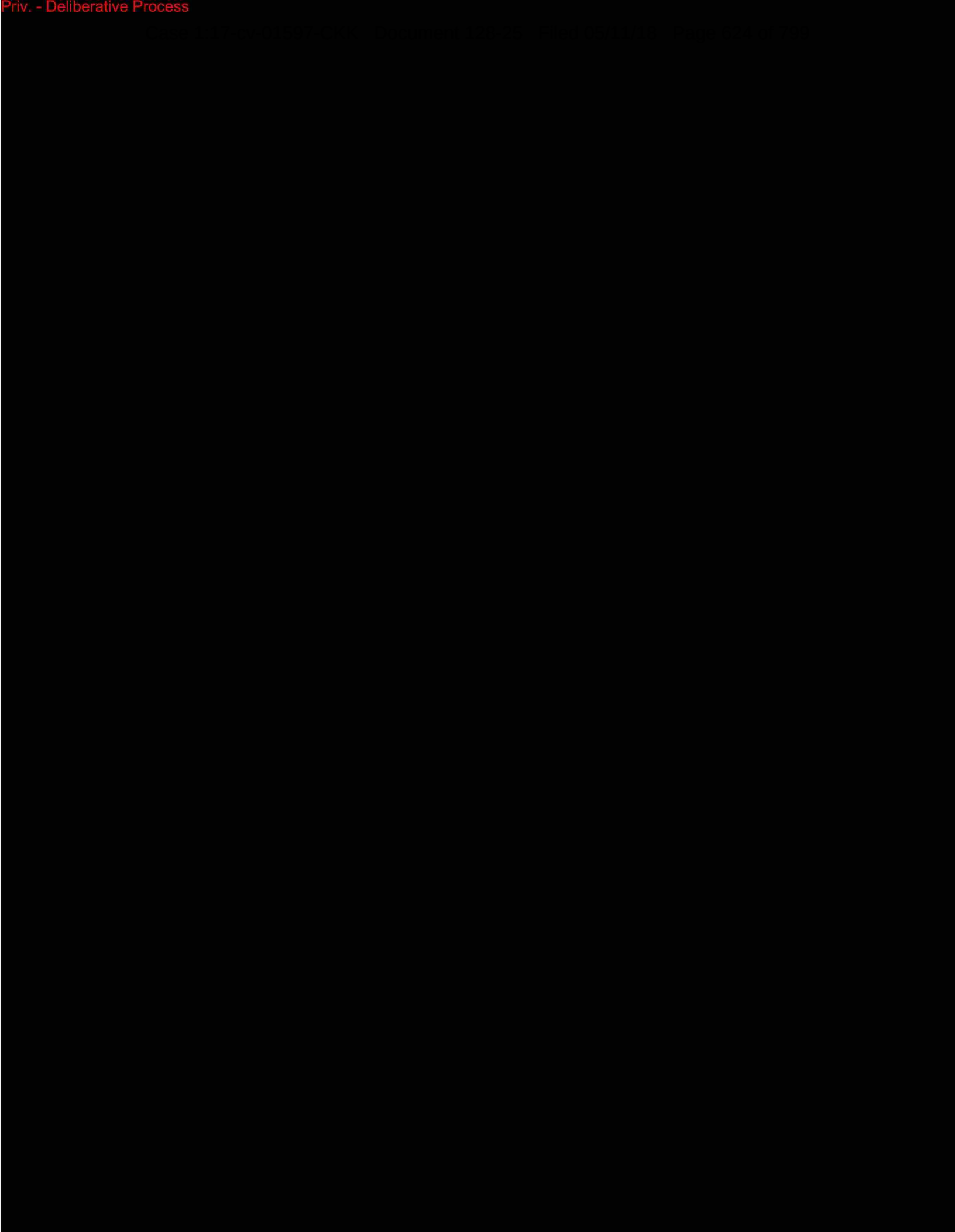
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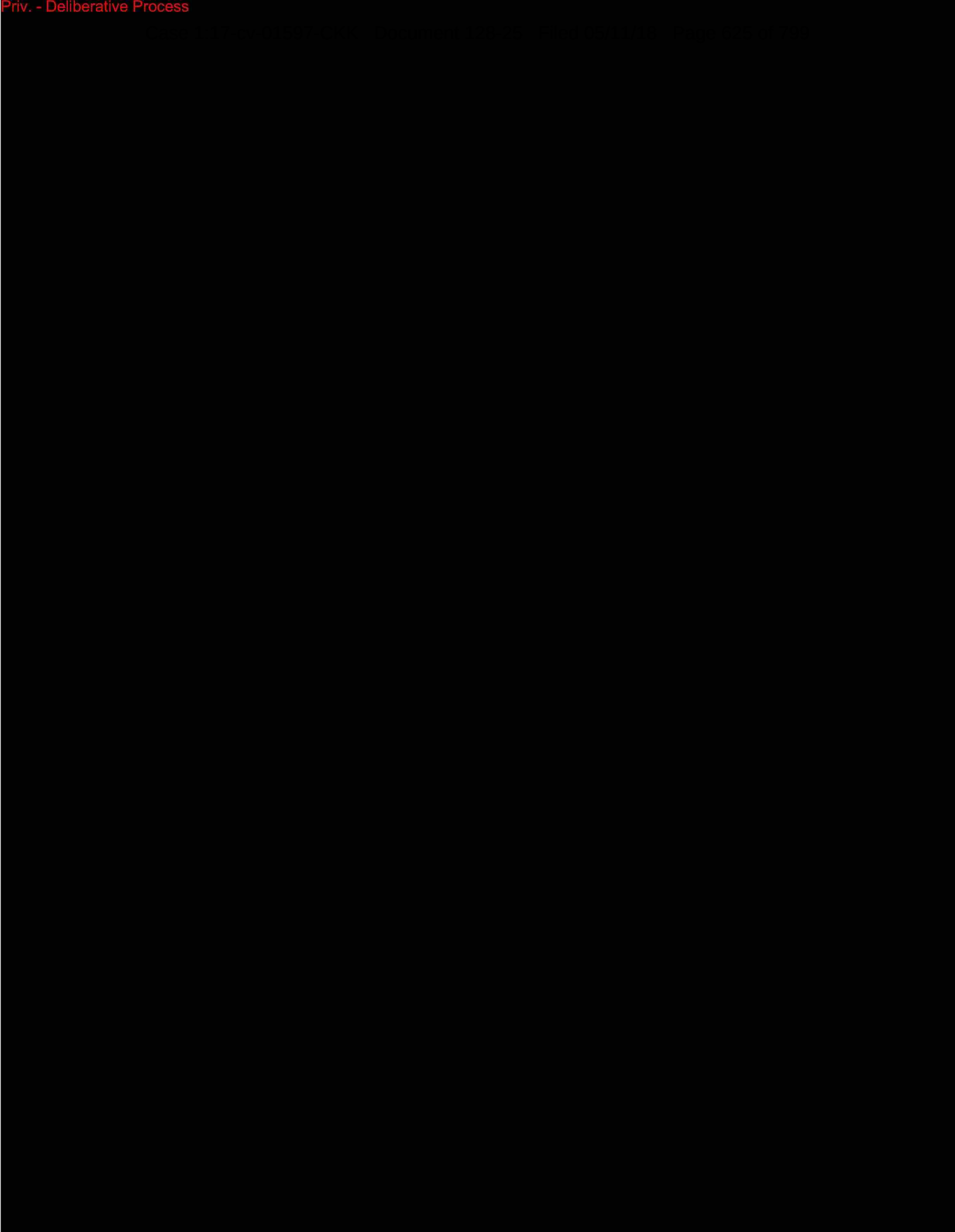
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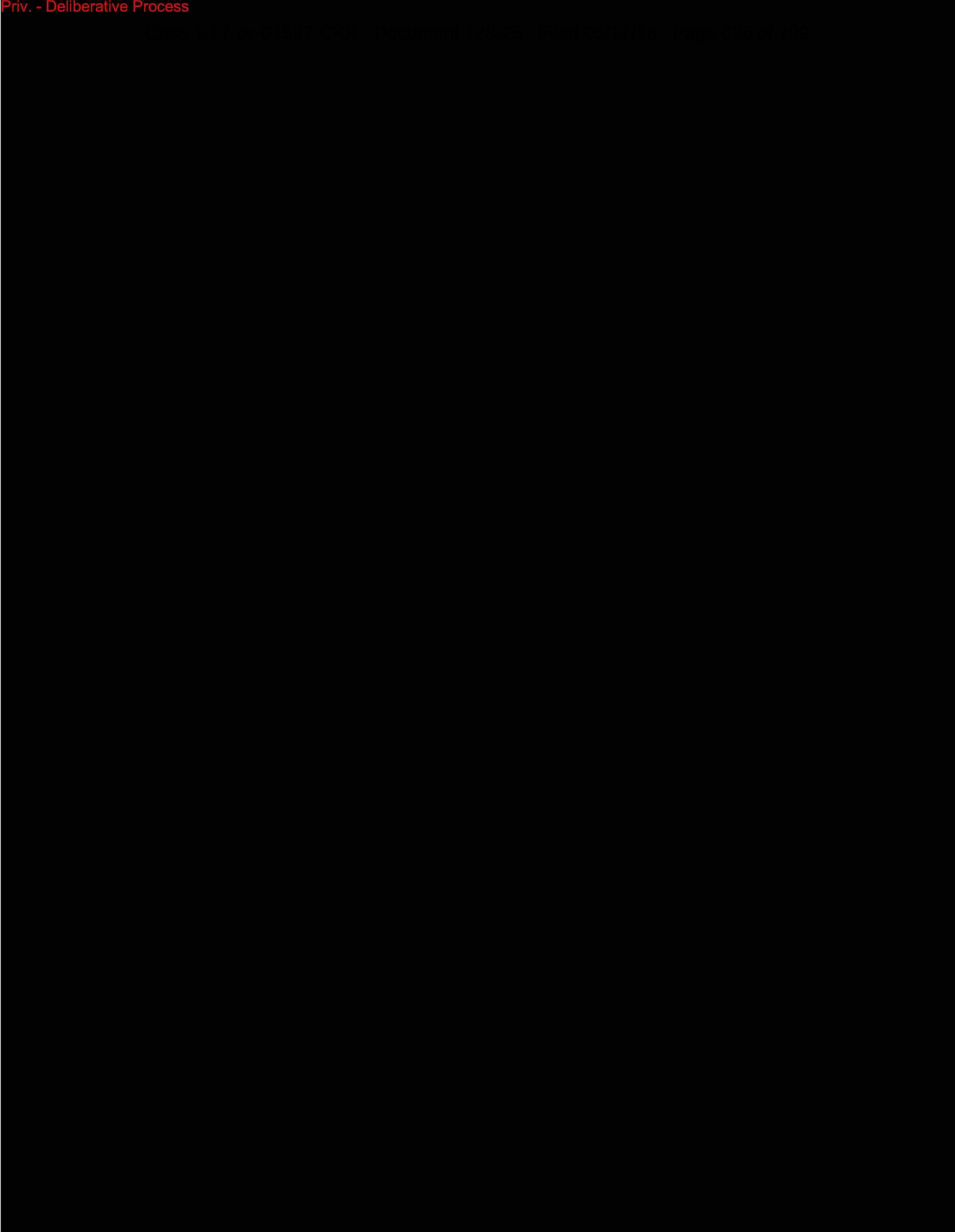


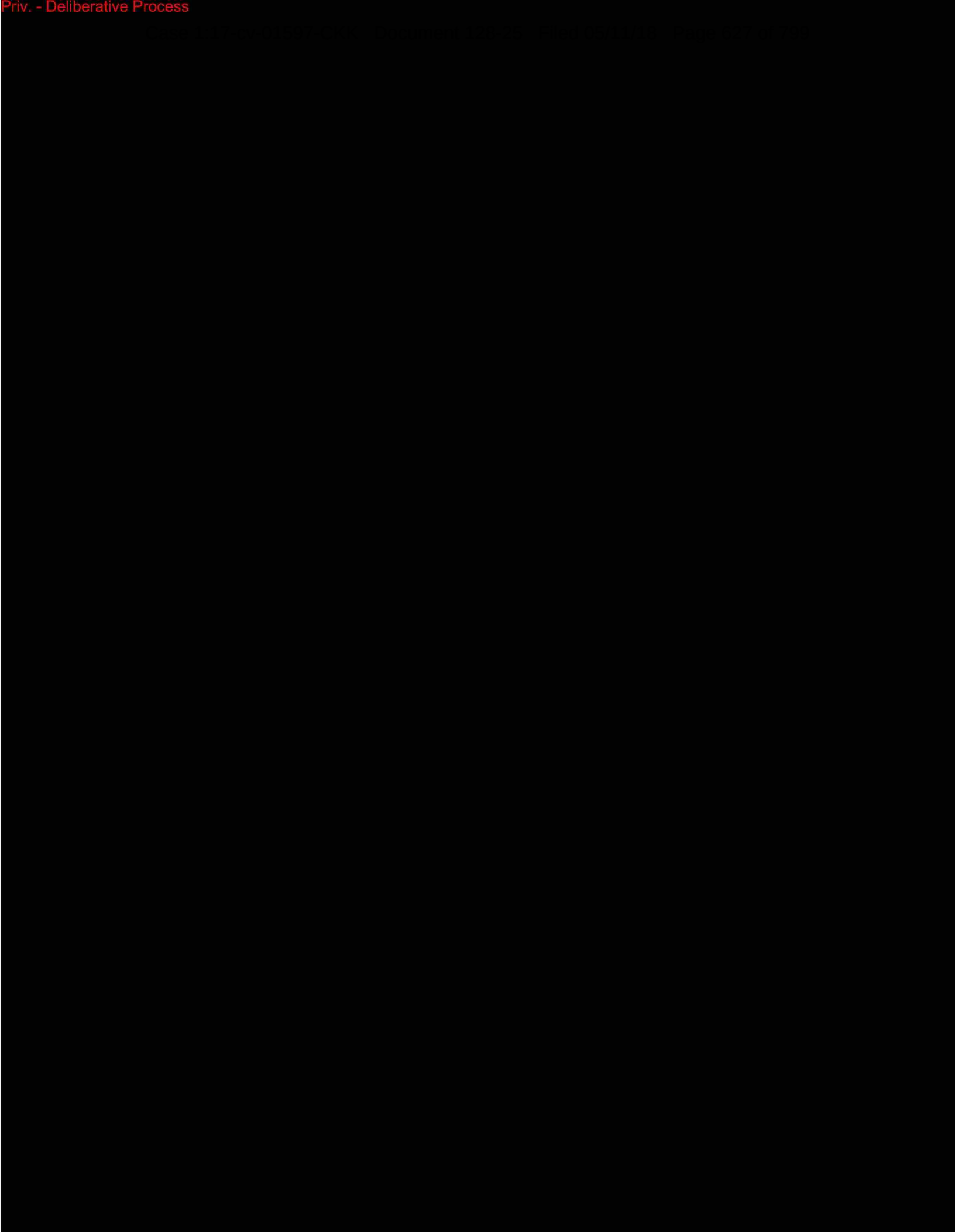


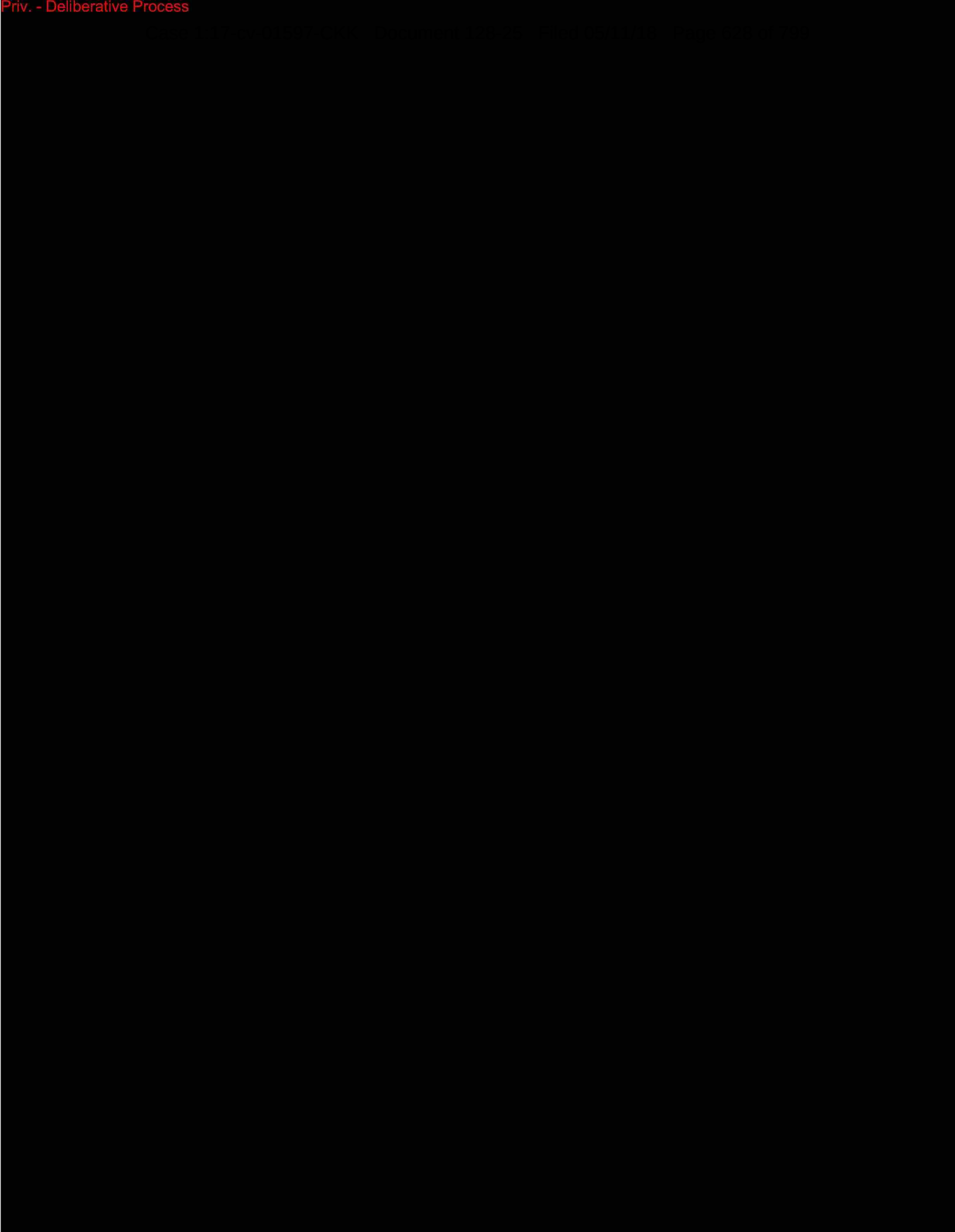


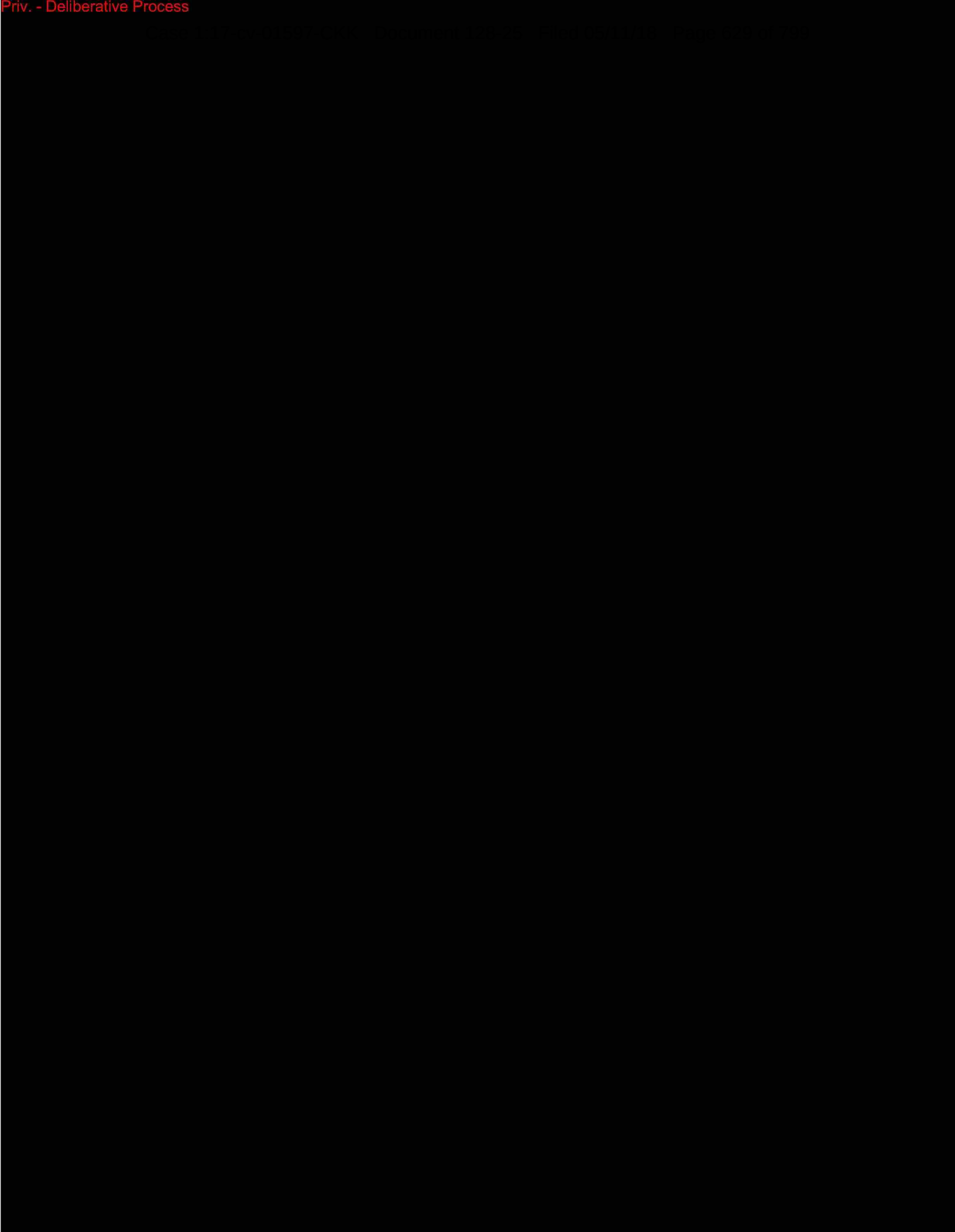


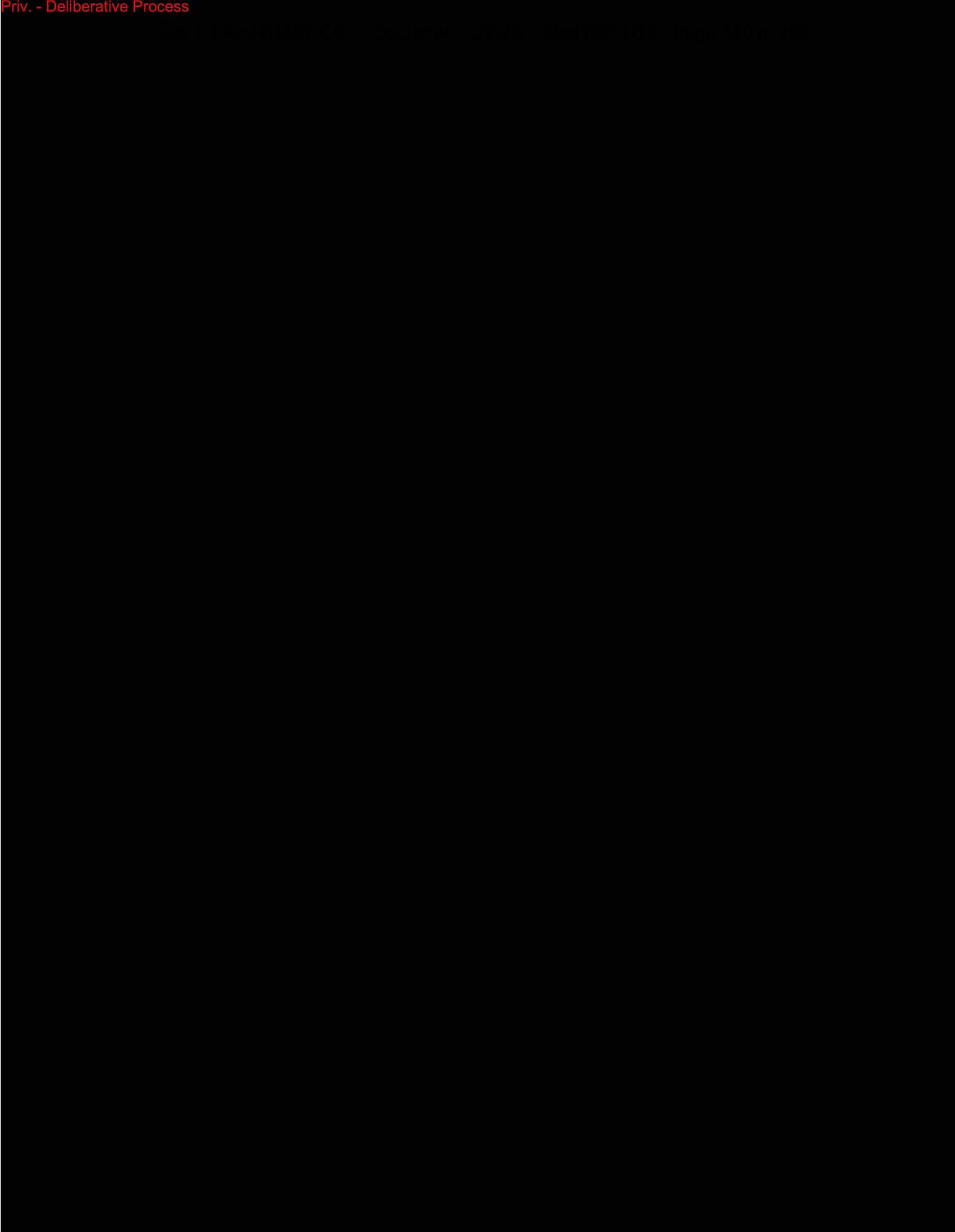


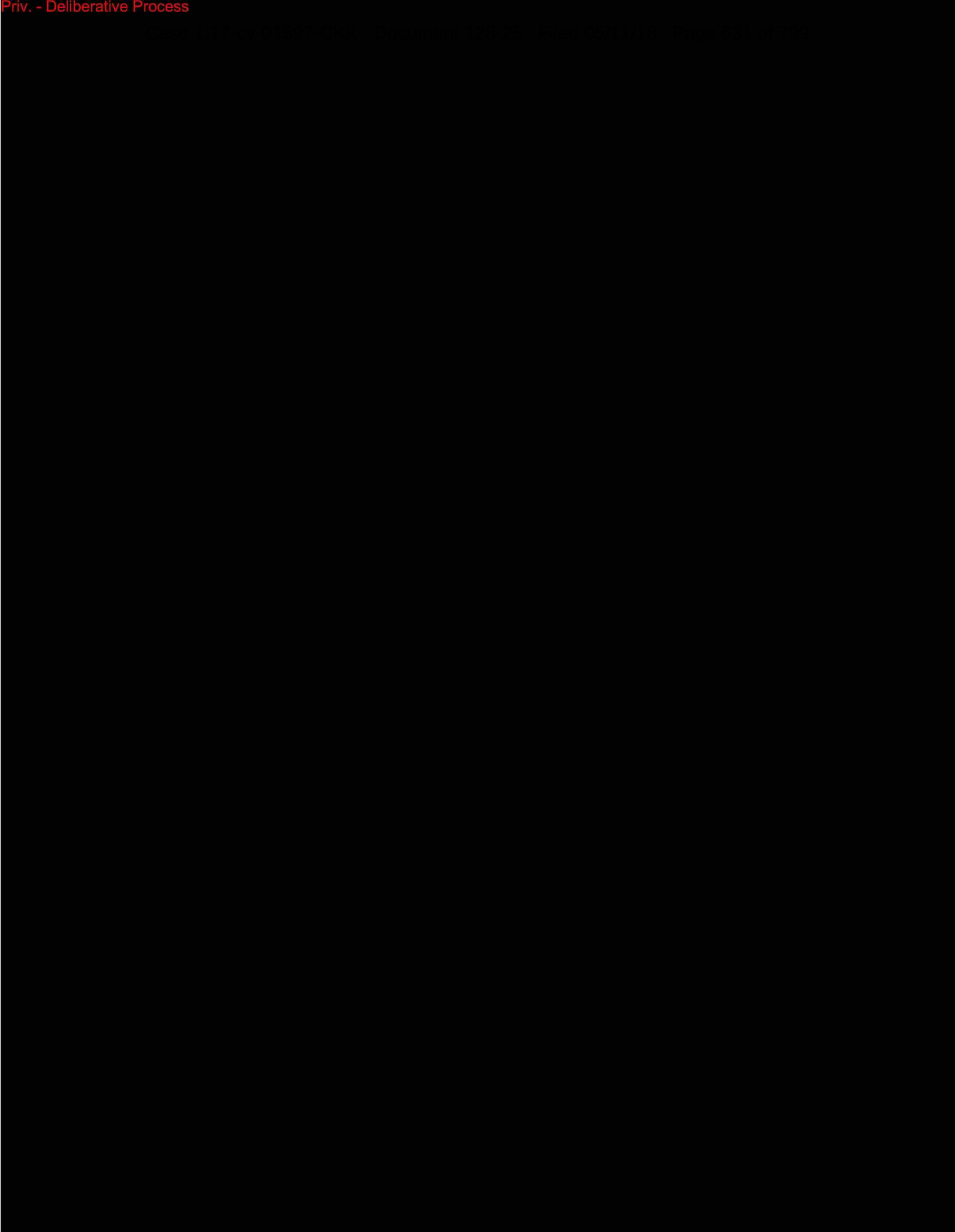


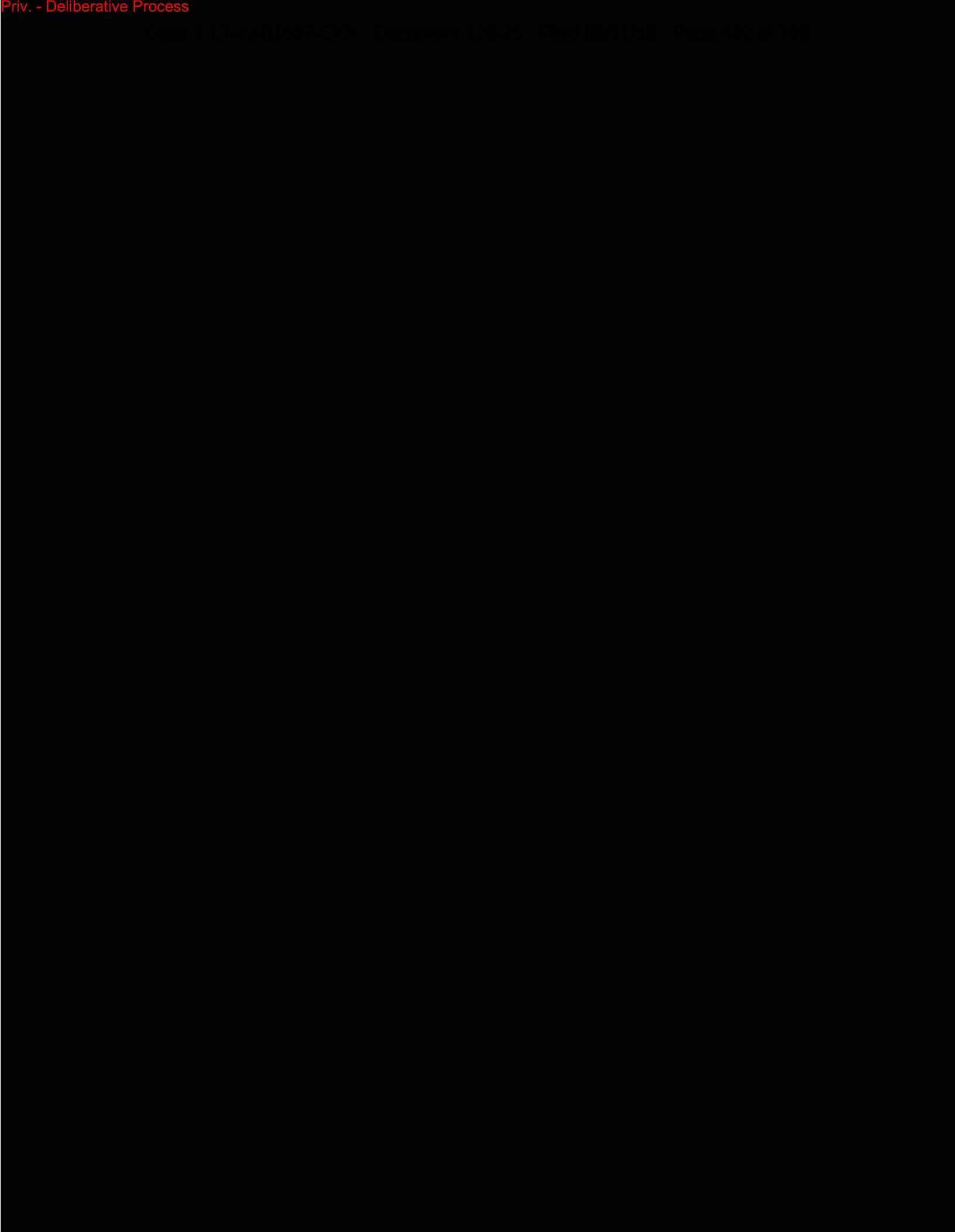


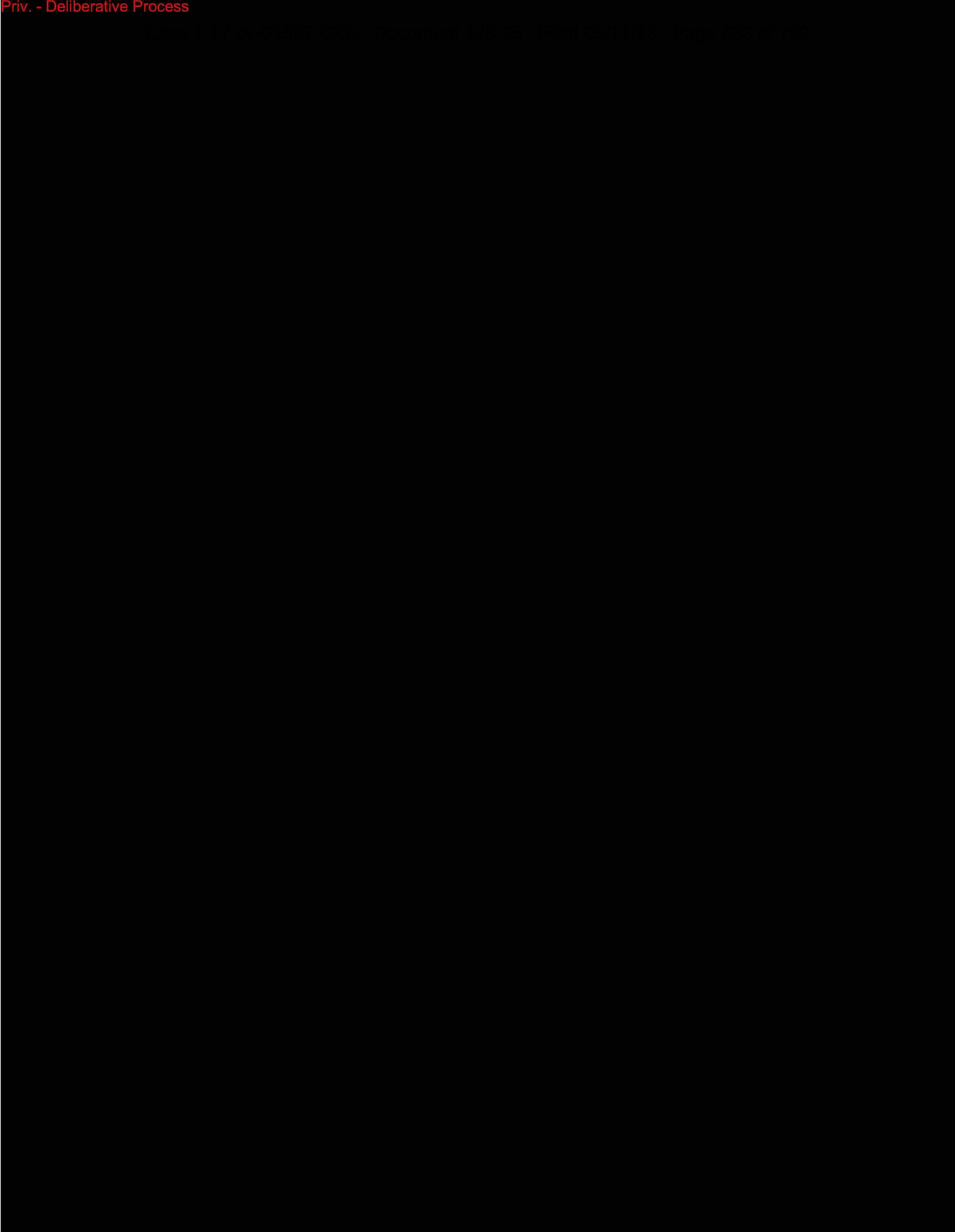












From: [Brown, Gary W LTC USARMY OSD OUSD P-R \(US\)](#)

To: [Baker, Richard D Col USAF \(US\);](#) [Boquard, Michael J CAPT USPHS USCG PSC \(US\);](#) [Bridges, Michael D CIV USN \(US\);](#) [Calloway, Margaret CAPT USN COMNAVCRUITCOM MIL \(US\);](#) [Cerny, Kerry A CIV USMC MANDR AFFAIRS \(US\);](#) [Dean, Craig E LTC USARMY NG NGB \(US\);](#) [Downes, Karen M Lt Col USAF SAF-MR \(US\);](#) [Findley, Andrew L Jr CIV \(US\);](#) [Frear, Richard A LTC USARMY NG NGB \(US\);](#) [Green, Alphonsa D CIV USARMY HODA DCS G-1 \(US\);](#) [Hus, Clayton D CPO USN \(US\);](#) [Jackson, Jacqueline F Lt Col USAF AF-A3 \(US\);](#) [Jacobs, Jack L Jr CIV USMC MCRC \(US\);](#) [Klimkowski, Paul Edward CDR USN BUMED FCH VA \(US\);](#) [Krueger, Mary V COL USARMY HODA ASA MRA \(US\);](#) [Kwon, Paul O LTC USARMY MEDCOM WRAIR \(US\);](#) [Landez, Michael E CIV USAF \(US\);](#) [Maby, Jan I LTC USARMY MEDCOM WRAIR \(US\);](#) [Minarcik, Allison H CIV \(US\);](#) [Mullen, Lawrence E CIV DHA DIR SUPPORT \(US\);](#) [Nakamura, Jason M LTC USARMY OSD USMEPCOM \(US\);](#) [Page, Neil E COL USARMY HODA OTSG \(US\);](#) [Palacios, Cindi L LCDR USN ASSTSECNAV MRA DC \(US\);](#) [Pearce, Teresa D MAJ USARMY \(US\);](#) [Ribeiro, Elizabeth M CTR OSD HA \(US\);](#) [Rohde, Christopher S Col USAF AFMSA \(US\);](#) [Scott, Robert A MSG USARMY HODA \(US\);](#) [Soper, Martha P CIV USAF SAF-MR \(US\);](#) [Taylor, Gerald N CAPT USPHS \(US\);](#) [Teneza, Brigilda C COL USARMY OSD USMEPCOM \(US\);](#) [Brown, Suzanne M CAPT USCG D13 \(US\);](#) [McIntee, Marie-France M \(Marie\) Lt Col USAF AFMSA \(US\);](#) [Washington, William LTC USARMY MEDCOM WRAIR \(US\);](#) [Franzos, Marc Alaric CAPT USN BUMED FCH VA \(US\);](#) [Gogate, Sanjay A Lt Col USAF AETC SG \(US\);](#) [Ortega, Hernando J Jr CTR USAF AETC SG \(US\);](#) [Glogower, Frederic D CIV DHA DEPLOY HEALTH \(US\)](#)

Cc: [Arendt, Christopher P CIV OSD OUSD P-R \(US\);](#) [Bentz, Kevin R MAJ USARMY OSD OUSD P-R \(US\);](#) [Chan, Edmund M CIV OSD HA \(US\);](#) [Cowan, David N CTR USARMY MEDCOM WRAIR \(US\);](#) [Graham, Elizabeth A CTR OSD HA \(US\);](#) [Kemp, David S CAPT USN OSD USMEPCOM \(US\);](#) [MILLER, Stephanie P SES OSD OUSD P-R \(US\);](#) [Waddelow, Annette D CIV OSD USMEPCOM \(US\);](#) [Weber, Natalya S CIV USARMY MEDCOM WRAIR \(US\);](#) [Wood, Laura P MAJ USARMY JPED \(US\);](#) [Siordia, Martina C CIV OSD USMEPCOM \(US\);](#) [Meyerinq, Christopher D LTC USARMY USAREC \(US\);](#) [Brown, Michelle R Lt Col USAF AFMSA \(US\);](#) [Pond, George C \(Chris\) CIV USN COMNAVCRUITCOM MIL \(US\);](#) [Dalitsch, Walter W III CAPT USN NAVMED EAST \(US\);](#) [Cavicchia, Melinda A COL USARMY DHA PUB HEALTH \(US\);](#) [Jack, Jarrett R Lt Col USAF DHA DEPLOY HEALTH \(US\);](#) [Jenkins, Mary E CAPT USN \(US\);](#) [WASHINGTON, Yolanda A CIV USAF SAF-MR \(US\)](#)

Subject: October 2017 Accession Medical Standards Working Group (AMSWG) Meeting

Attachments: [AMSWG Charter 2012.pdf](#)
[3rd Floor Main.jpg](#)
[1st Floor Main.jpg](#)
[2015 Parking Diagram v2.ppt](#)
[DHHQ Pentagon Shuttle Schedule 2015-10-15.pdf](#)
[DHHQ Dunn Loring Shuttle Schedule 2015-10-15.pdf](#)
[October 17, 2017 AMSWG Meeting Agenda V4of4 2017.10.16.docx](#)

AMSWG,

ASMARA ppt presentation added as an enclosure to the agenda. The ppt. presentation was also sent to you in a separate email.

LTC Brown
10/16/2017 P.M.

*****Historical Email*****

AMSWG,

Final agenda. Teleconference line and passcode is provided: TELECONFERENCE LINE: **Priv. - Deliberative Process**

LTC Brown
10/16/2017 A.M.

*****Historical Email*****

AMSWG,

Agenda attached. A few pending entries, but gets you started.

LTC Brown
10/9/2017

*****Historical Email*****

Agenda Pending...

Logistics Notes:

1. For those traveling into the area: There are hotels near the Dun Loring Metro station in Arlington or hotels in either Crystal City or Pentagon City, which provide metro access to DHHQ by way of the Dun Loring Metro Station (from Crystal City or Pentagon City Stations-take the Blue line (toward Largo Town Center to the Roslyn station, transfer to Orange line towards Vienna; Dun Loring is the second to last stop on the Orange line). The shuttle schedule from the Dun Loring Metro Station to DHHQ is attached below.

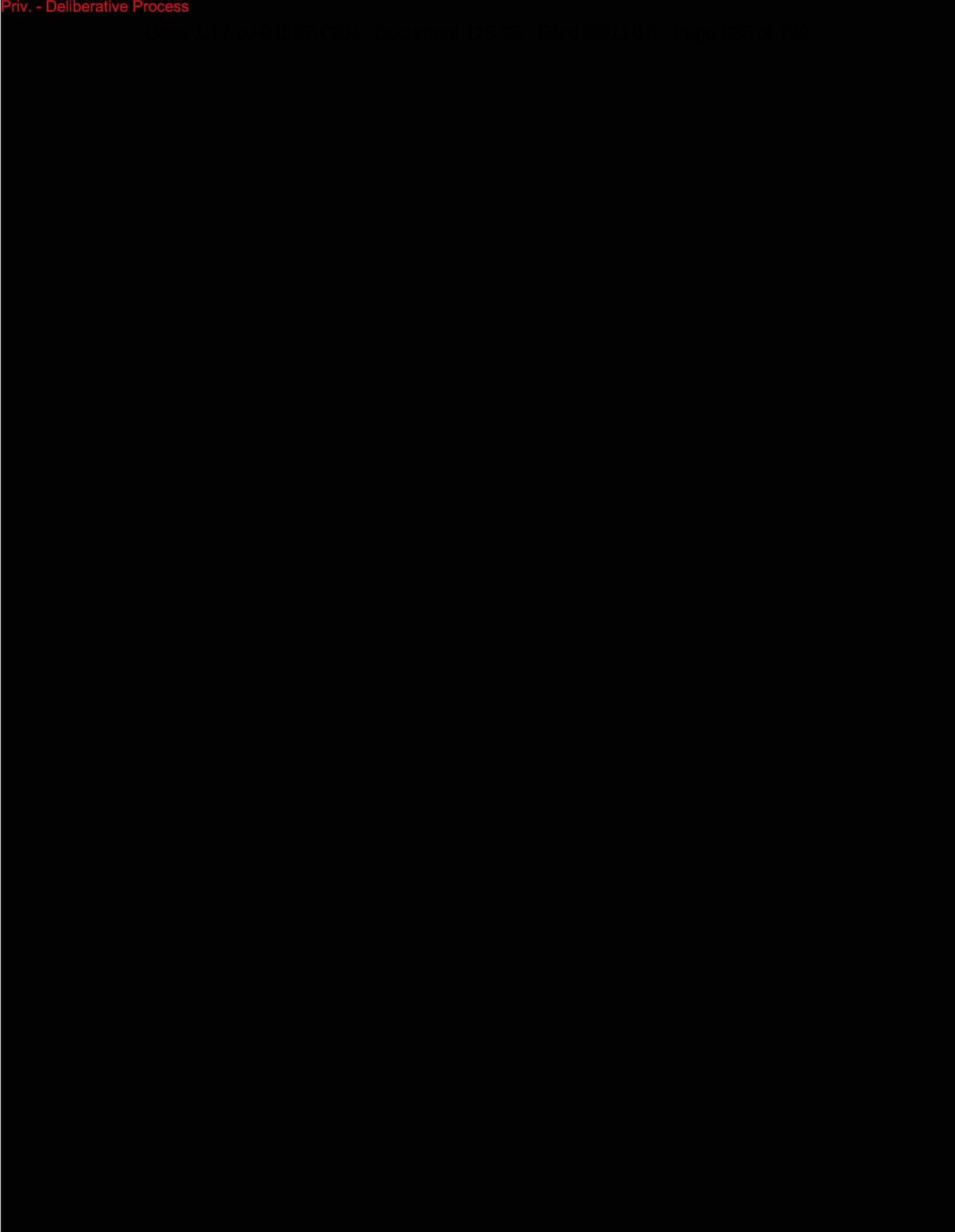
2. Parking: The parking office would like us to submit a group parking request in lieu of individual passes. If anyone needs a parking pass please send

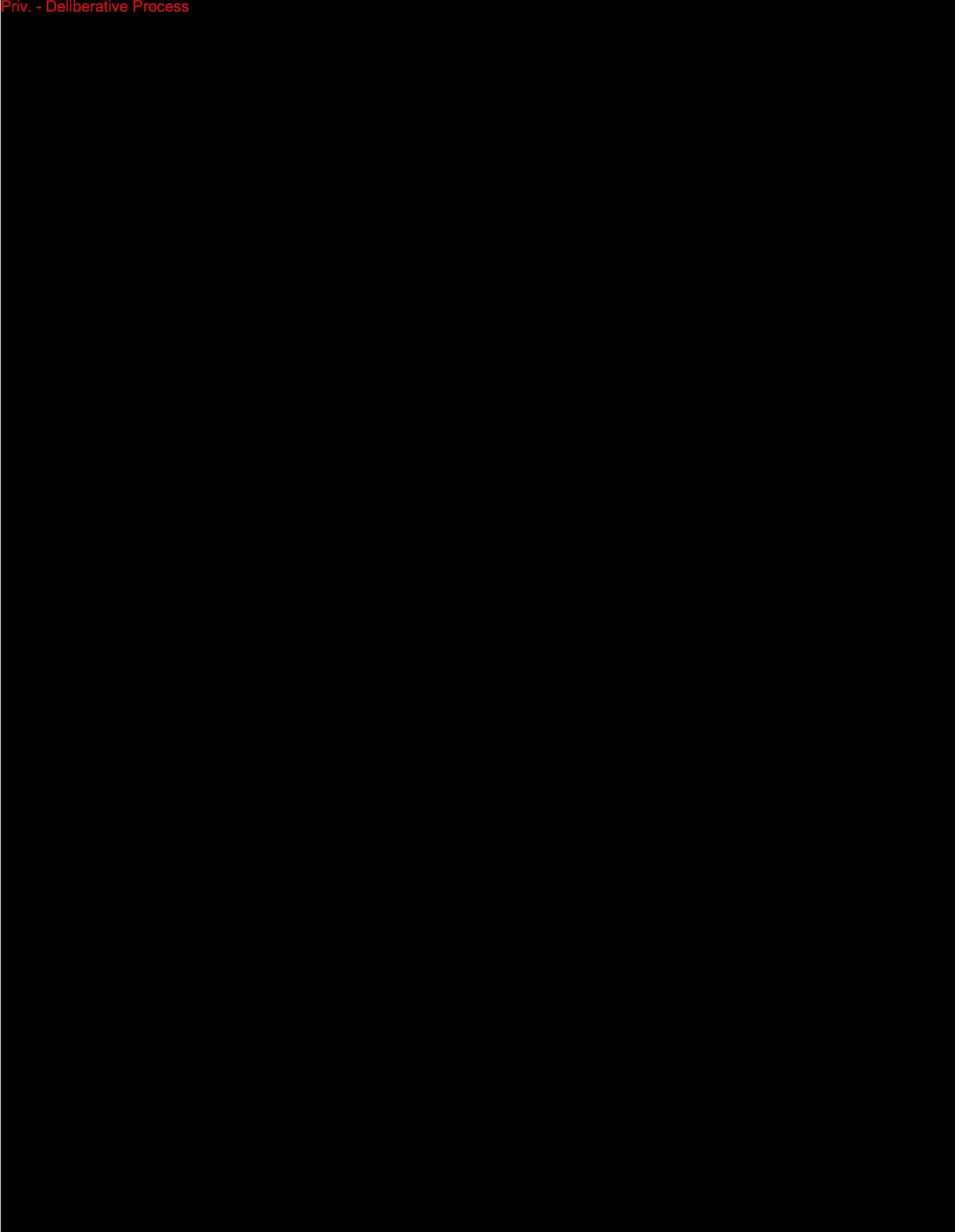
your Name, Car-Year, Make, Model, and state and number of your license plate to Ms. Liz Ribeiro elizabeth.m.ribeiro.ctr@mail.mil and Ms. Elizabeth Graham, elizabeth.a.graham50.ctr@mail.mil for group submittal. Ms. Ribeiro/Ms. Graham will retrieve the group parking pass from the parking office and distribute to each requester via email.

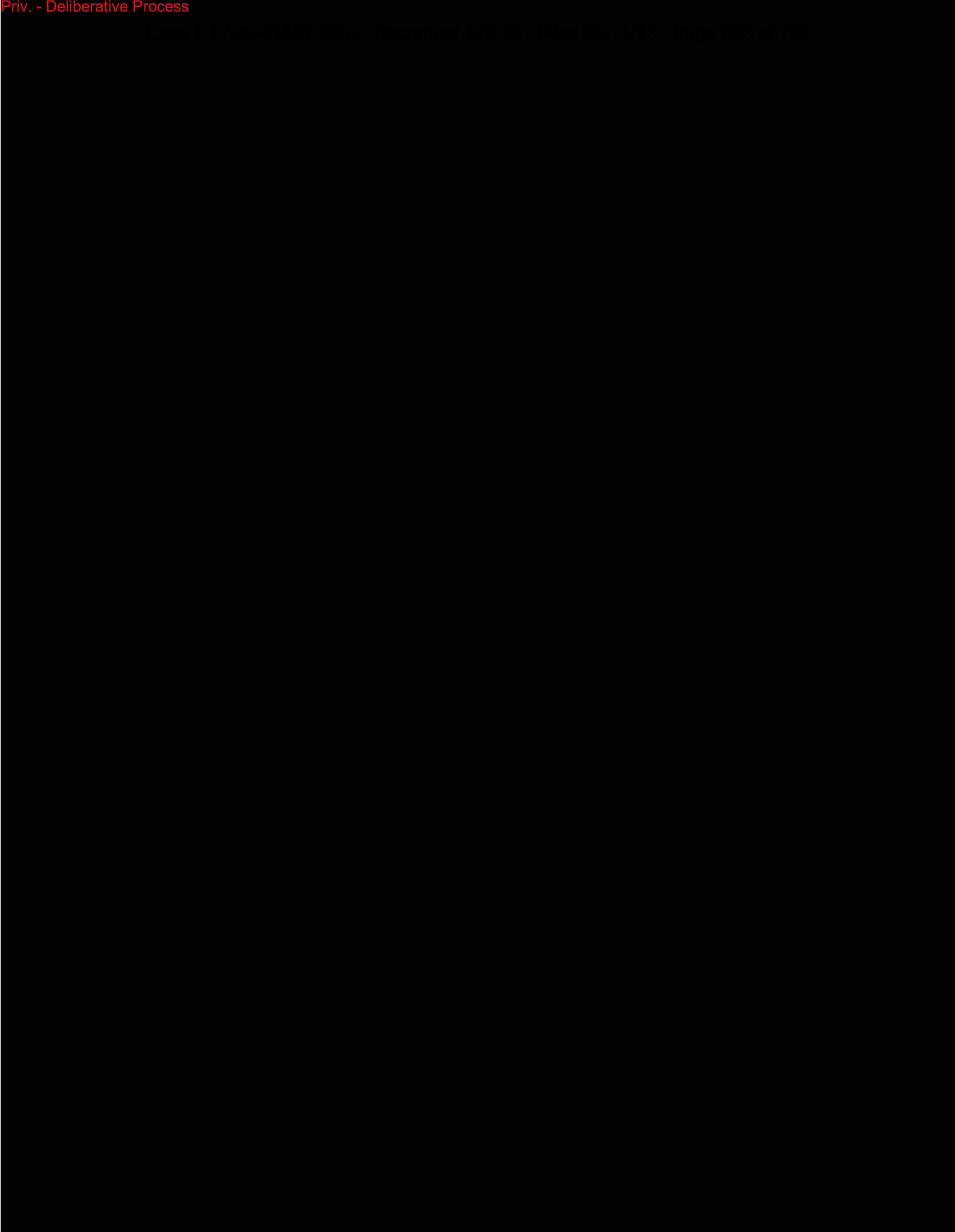
3. Shuttles: Attached below - The Dunn Loring Metro Station, Pentagon, & DHHQ Shuttle Schedule.

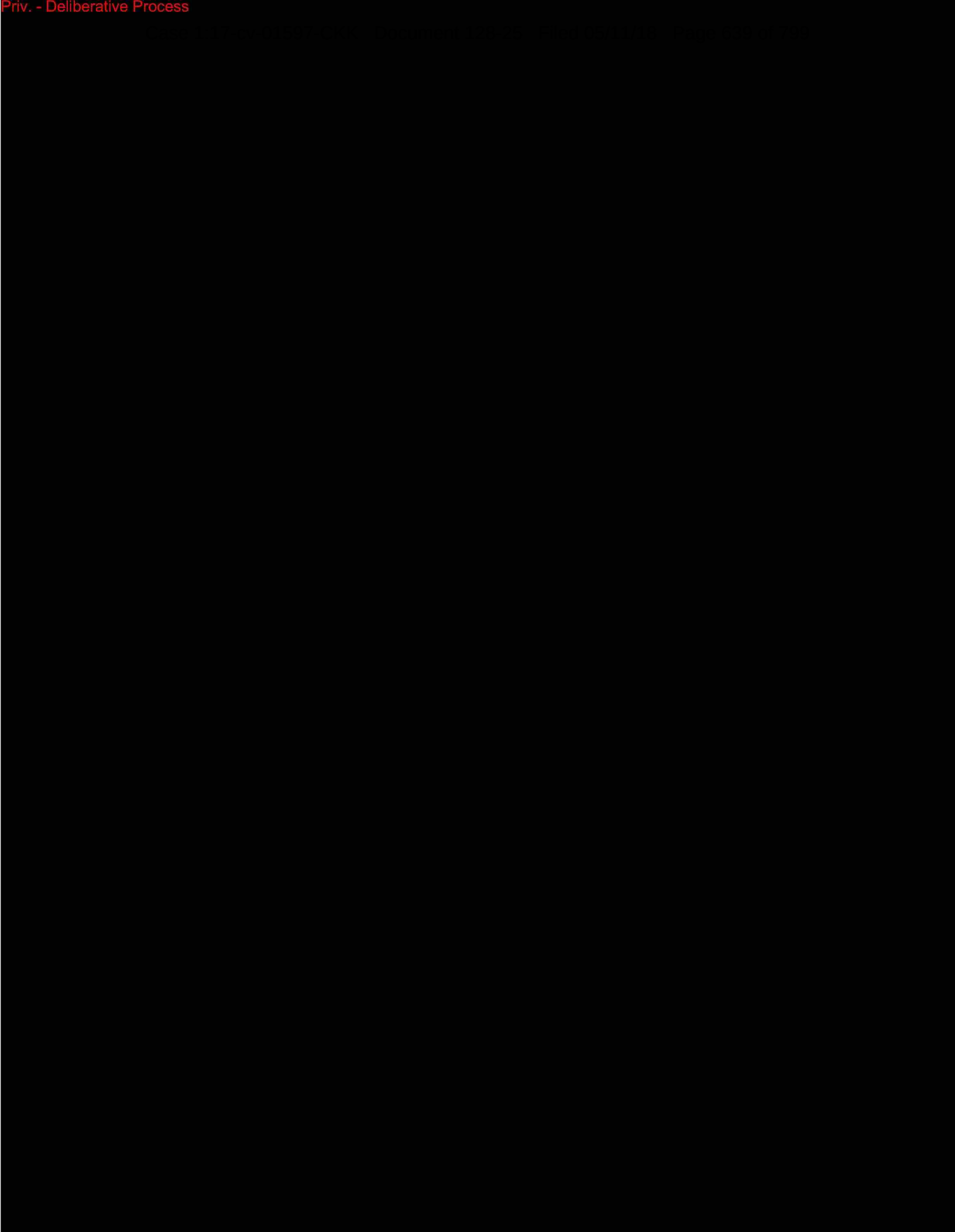
4. Teleconferencing: Although not recommended, and HIGHLY discouraged, teleconference capabilities have been scheduled for SMEs outside of the National Capital Region whose clinic schedule cannot accommodate travel to DC. The teleconference dial in telephone number is: Pending.

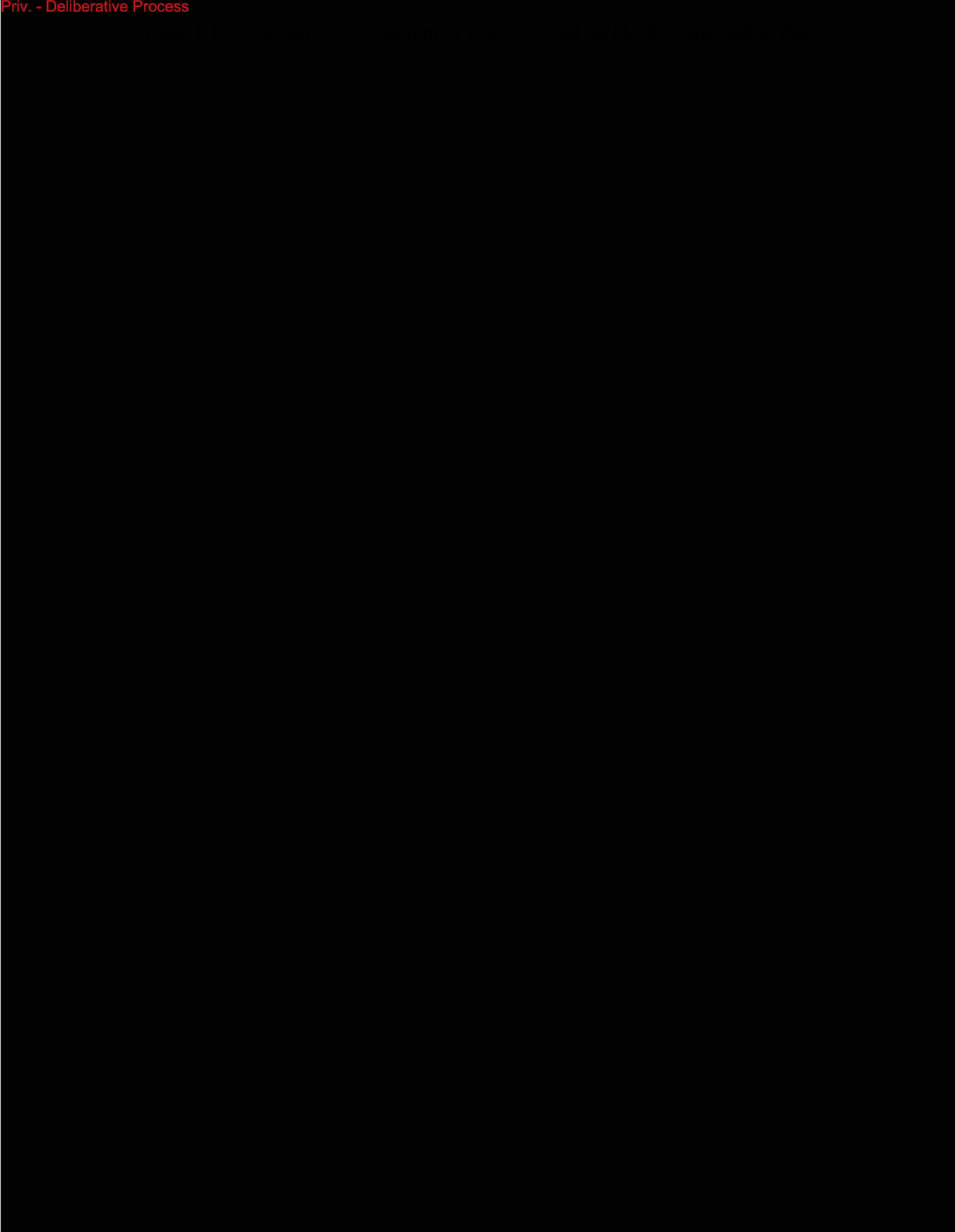
LTC Gary Brown's cell phone number: 309-224-1558 (This is a personal cell not a government issued BB).

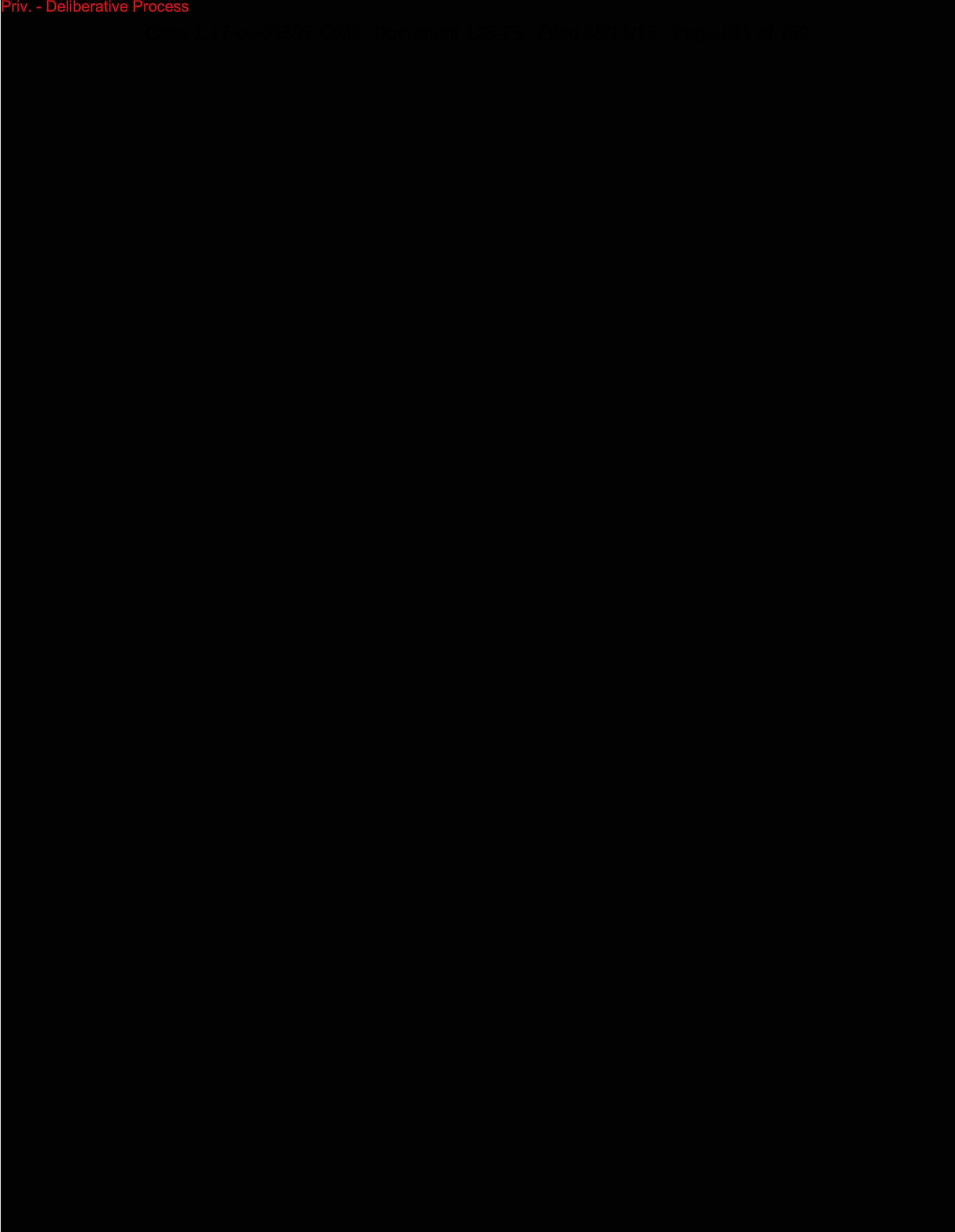


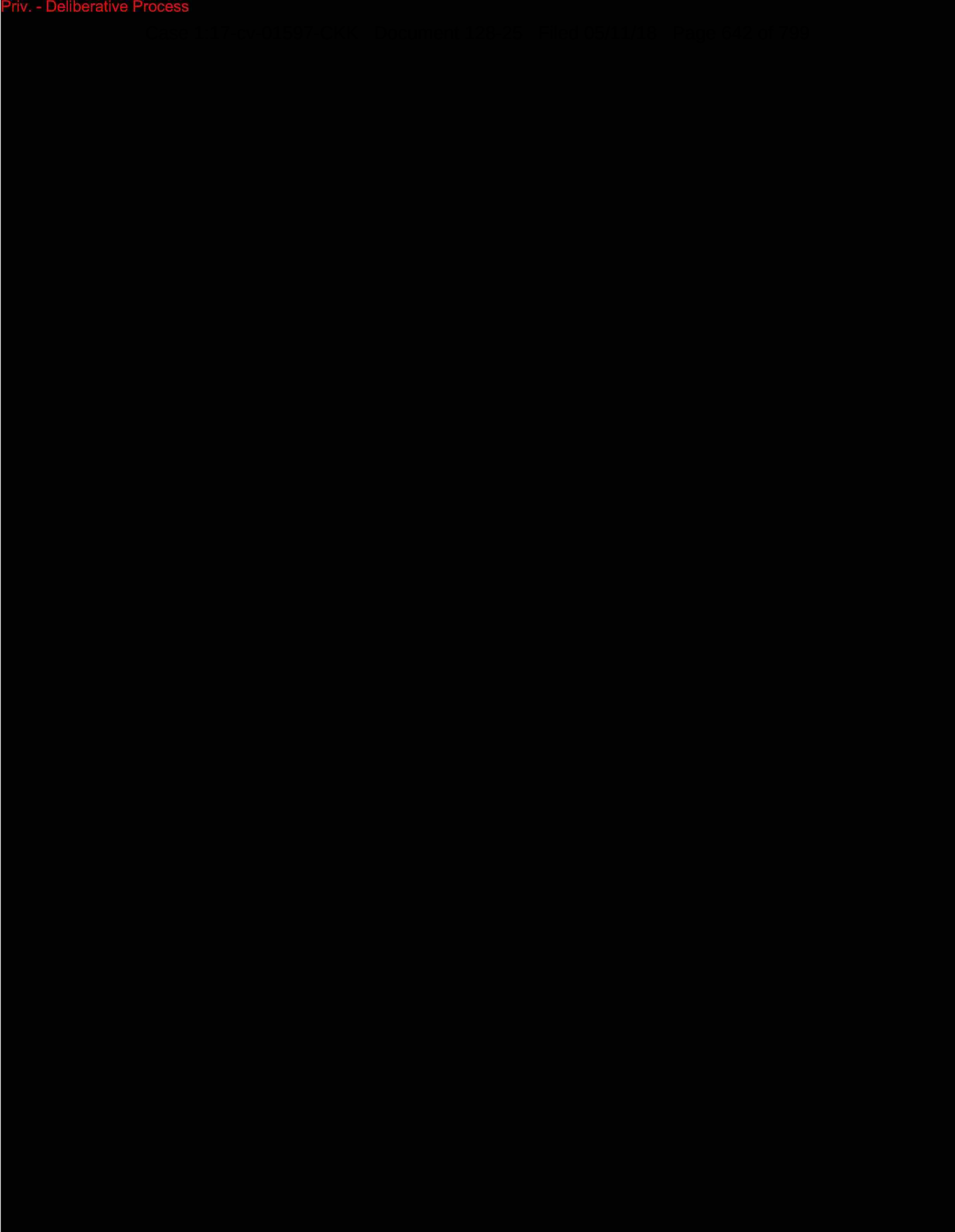


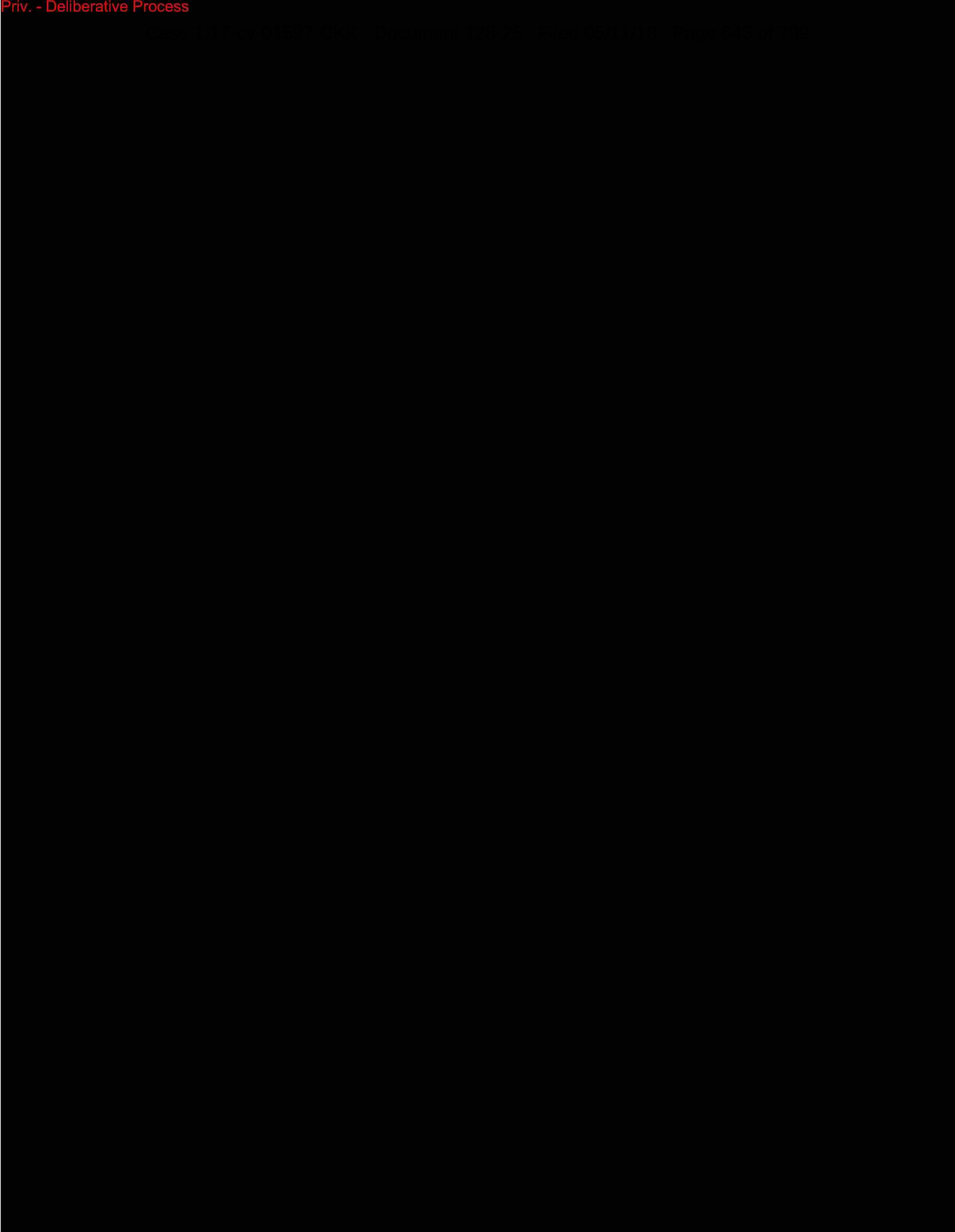


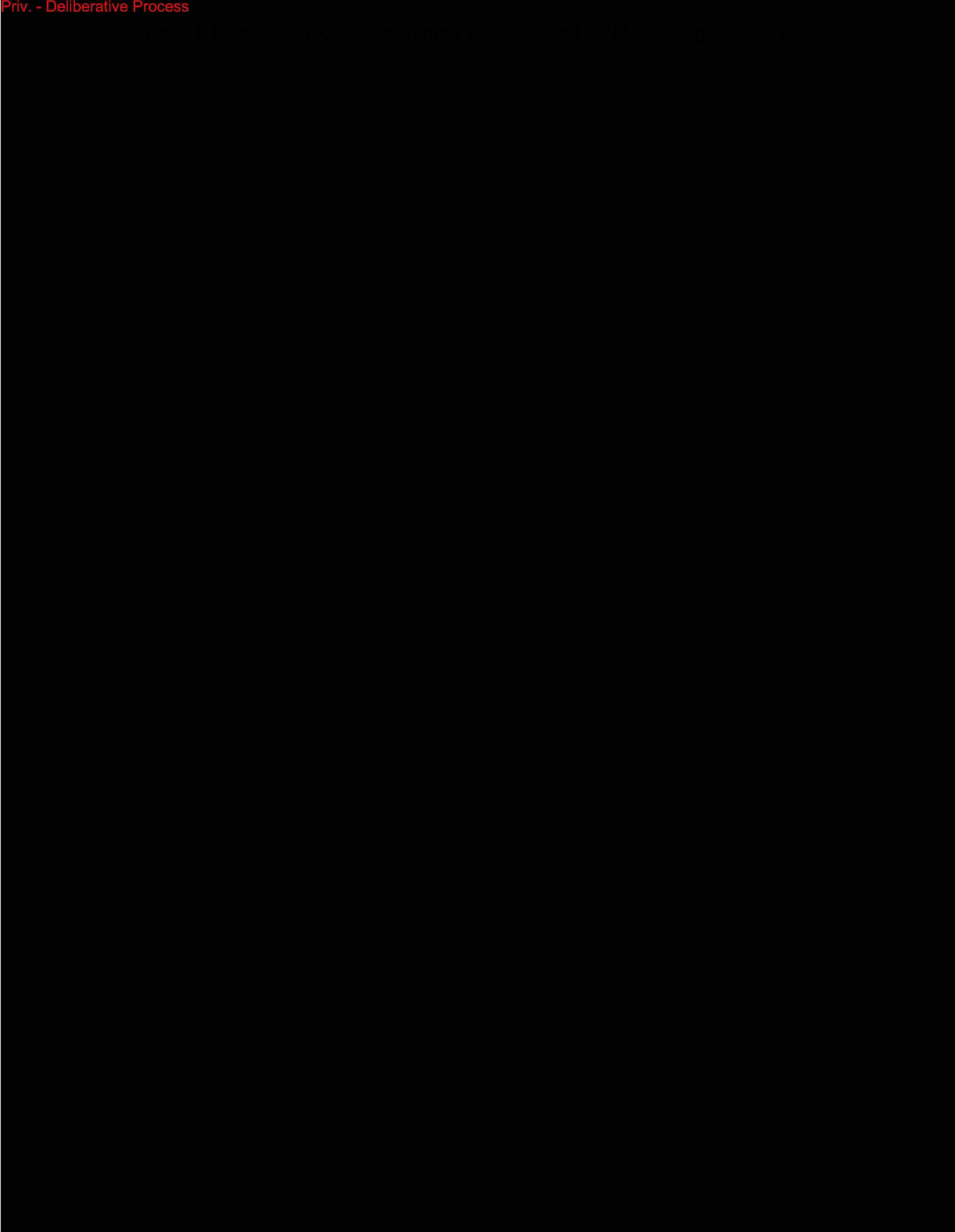


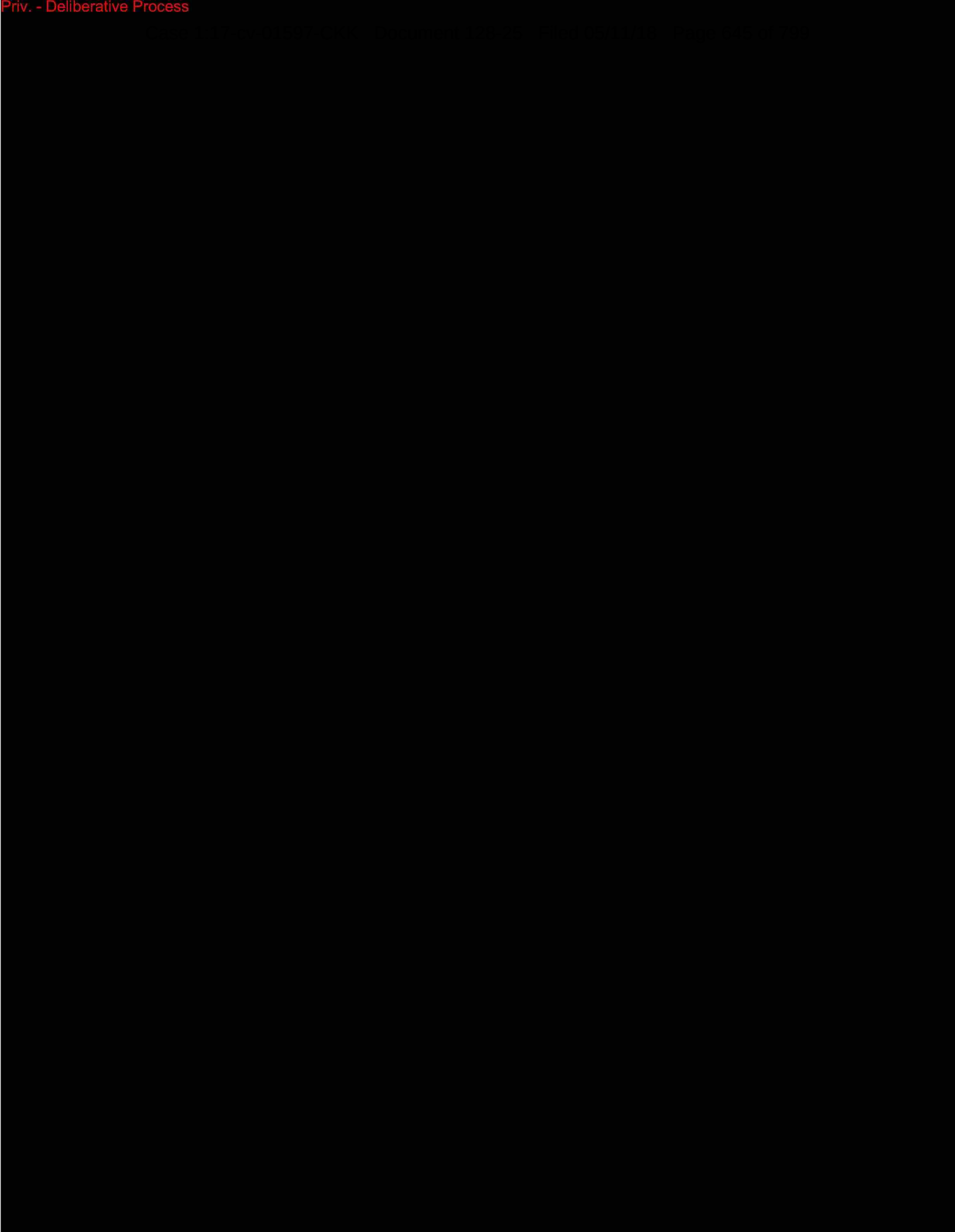


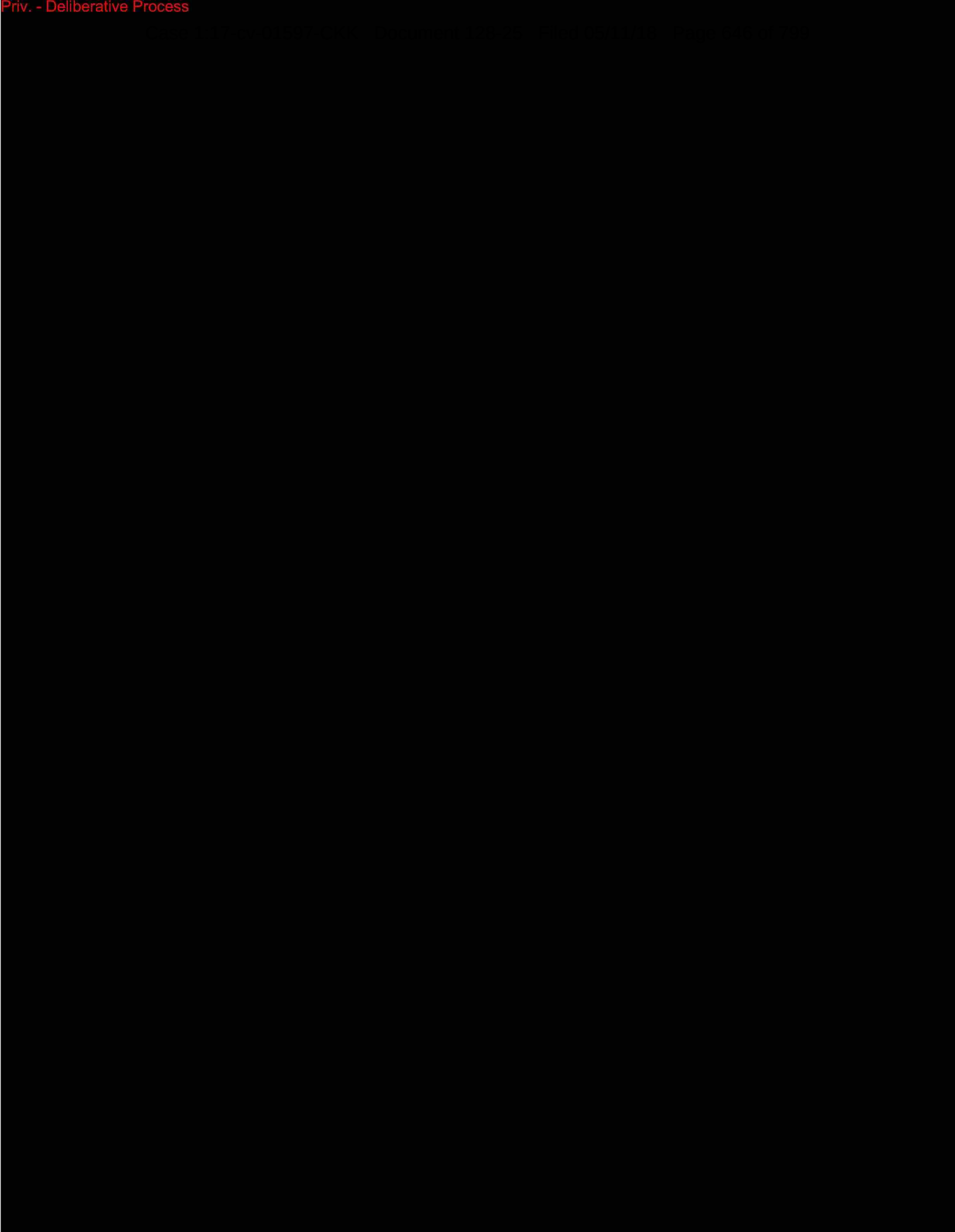


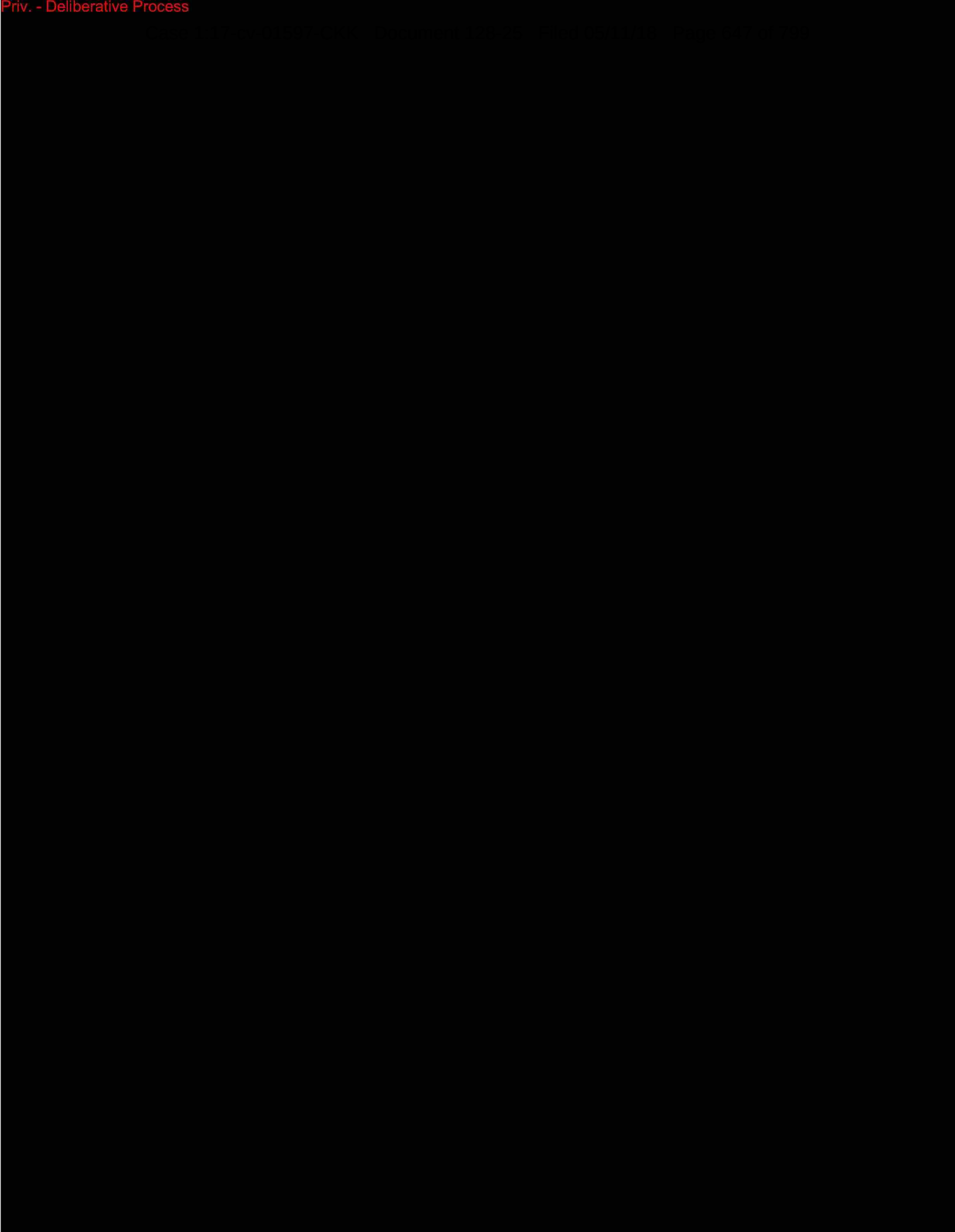


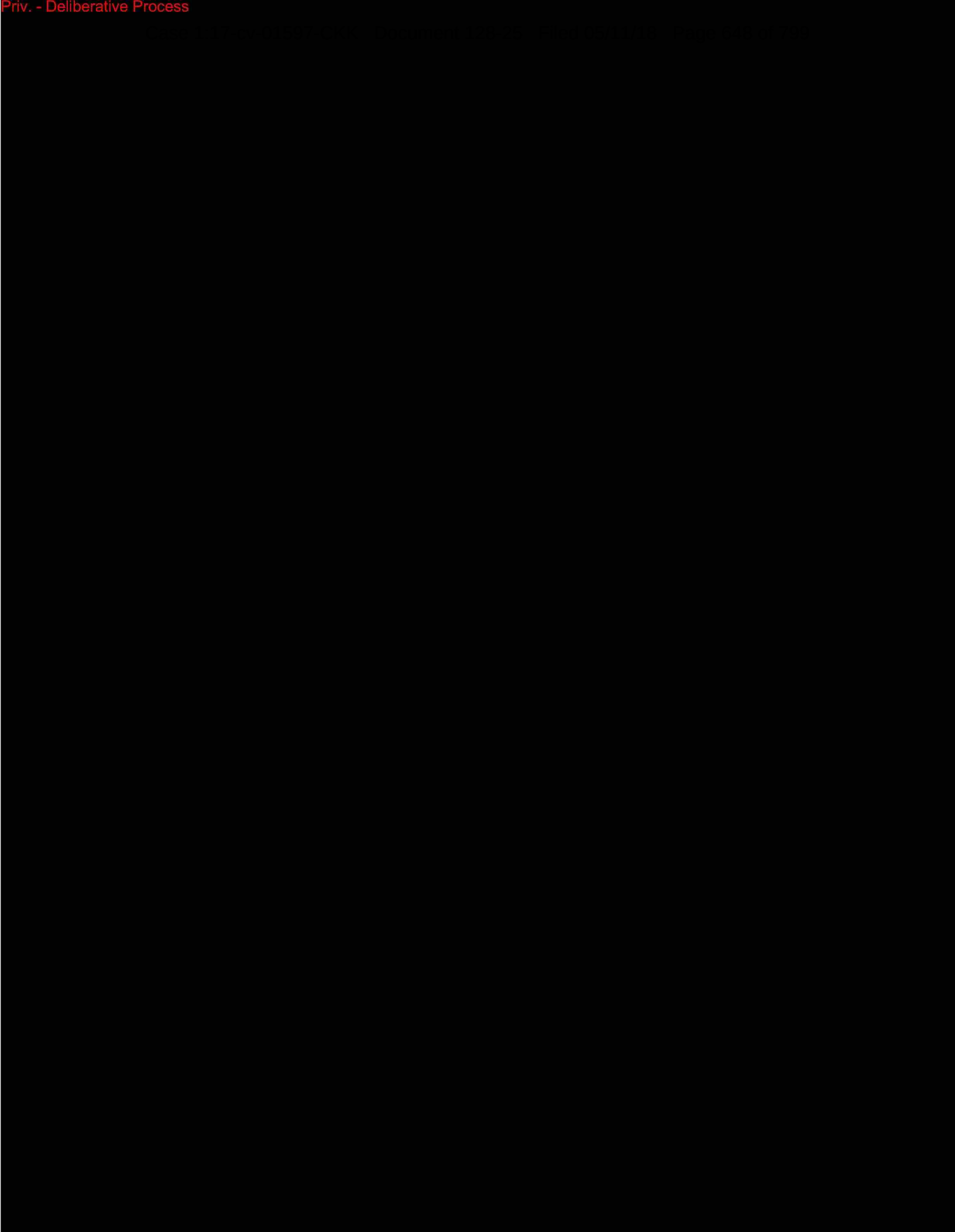


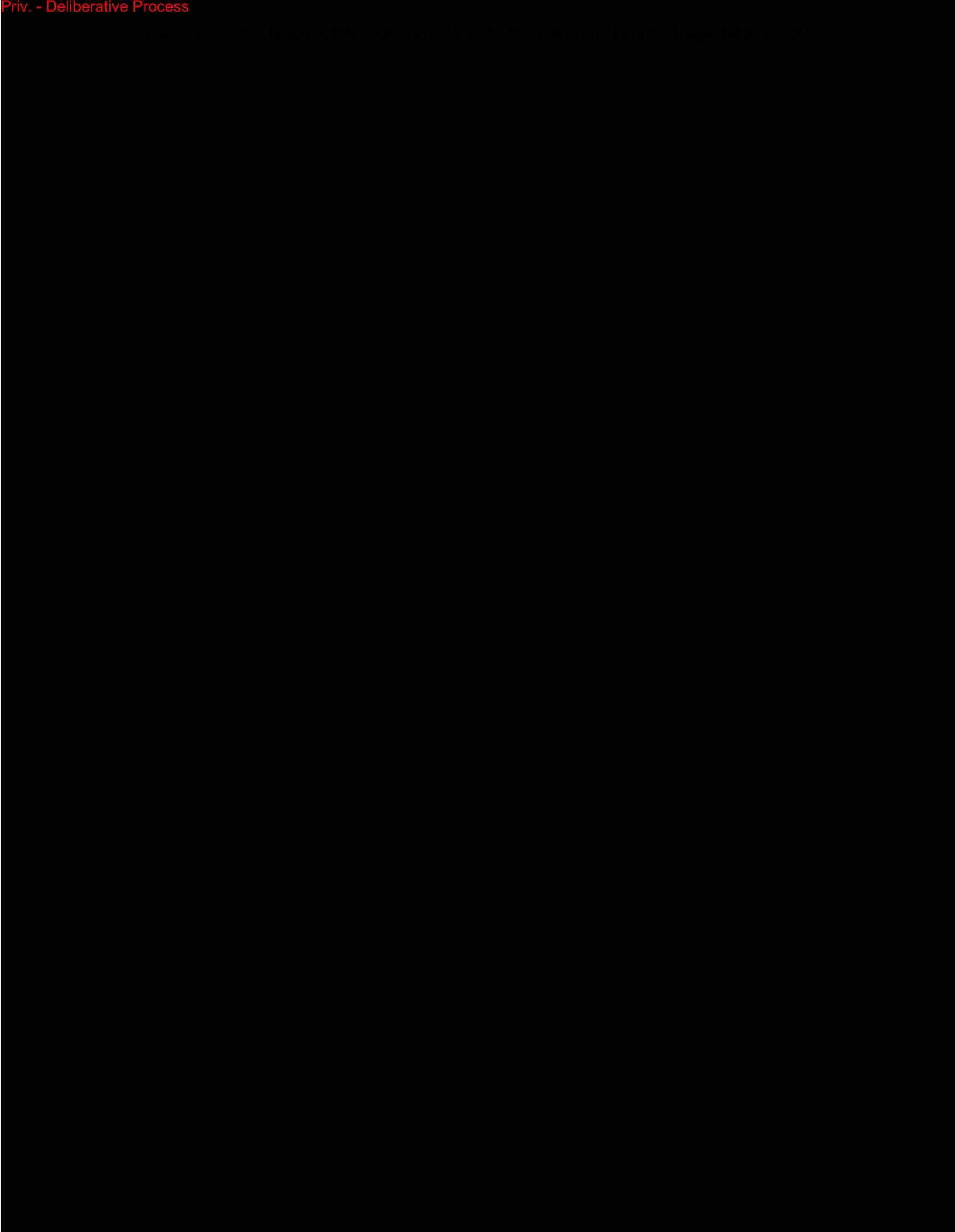


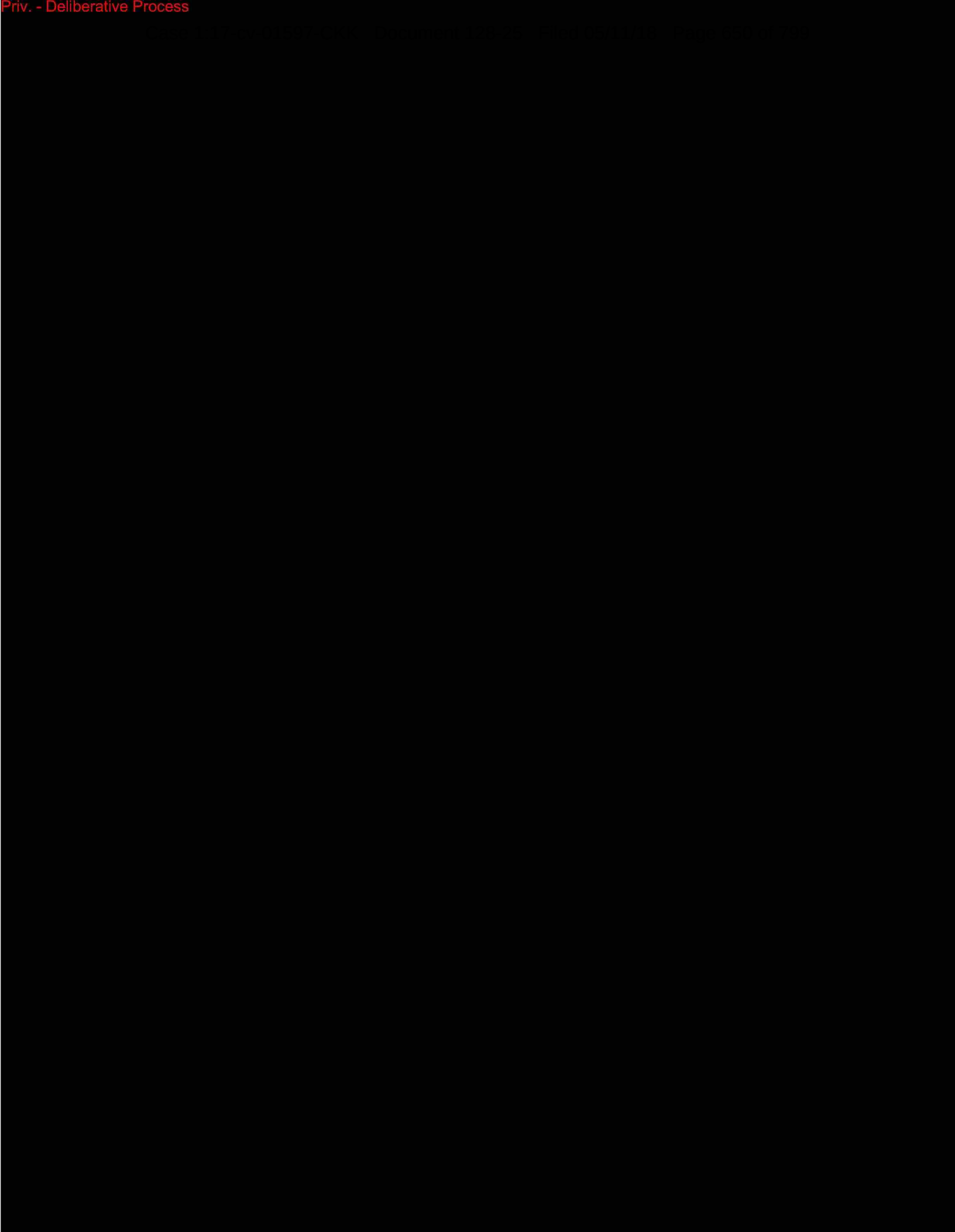


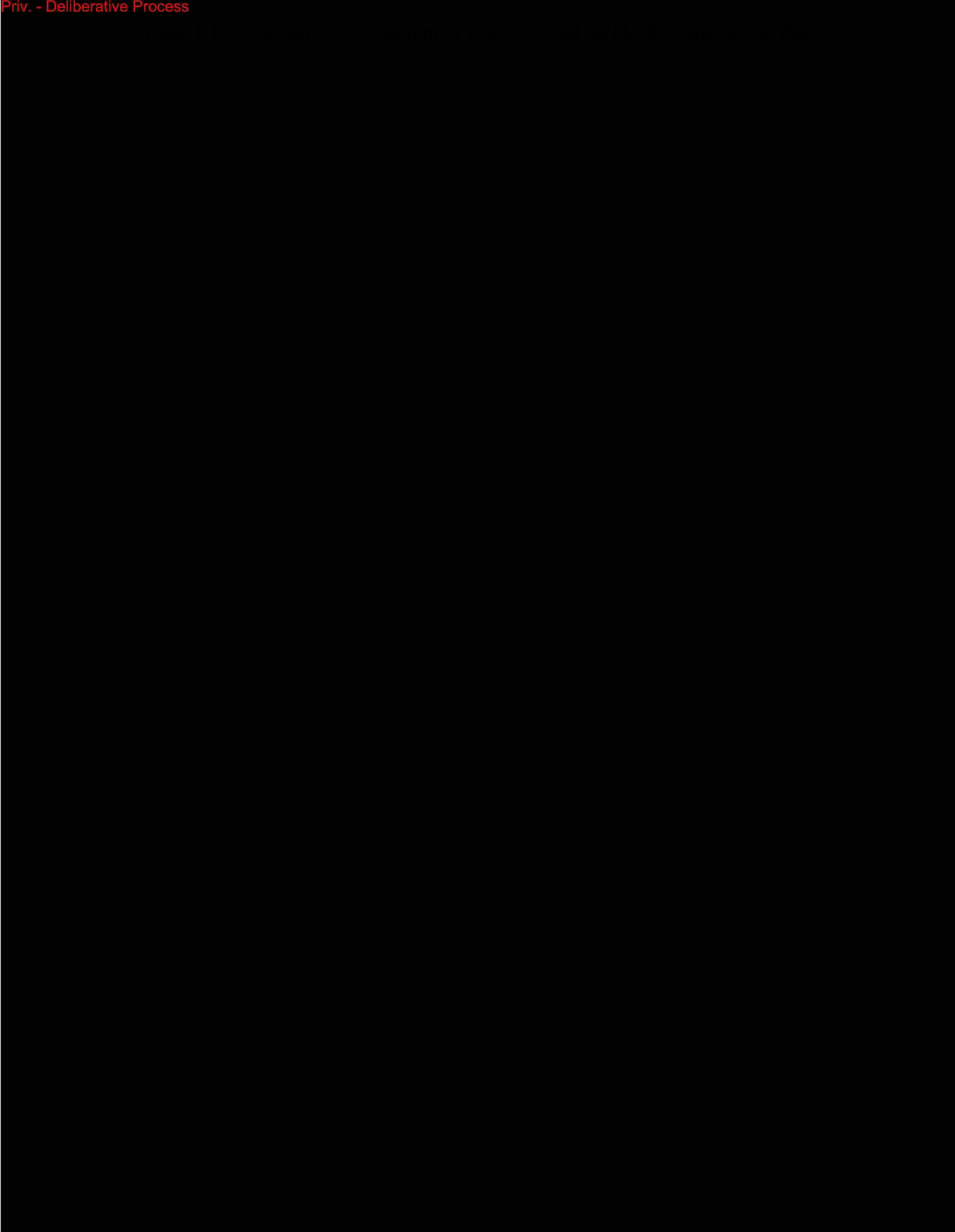


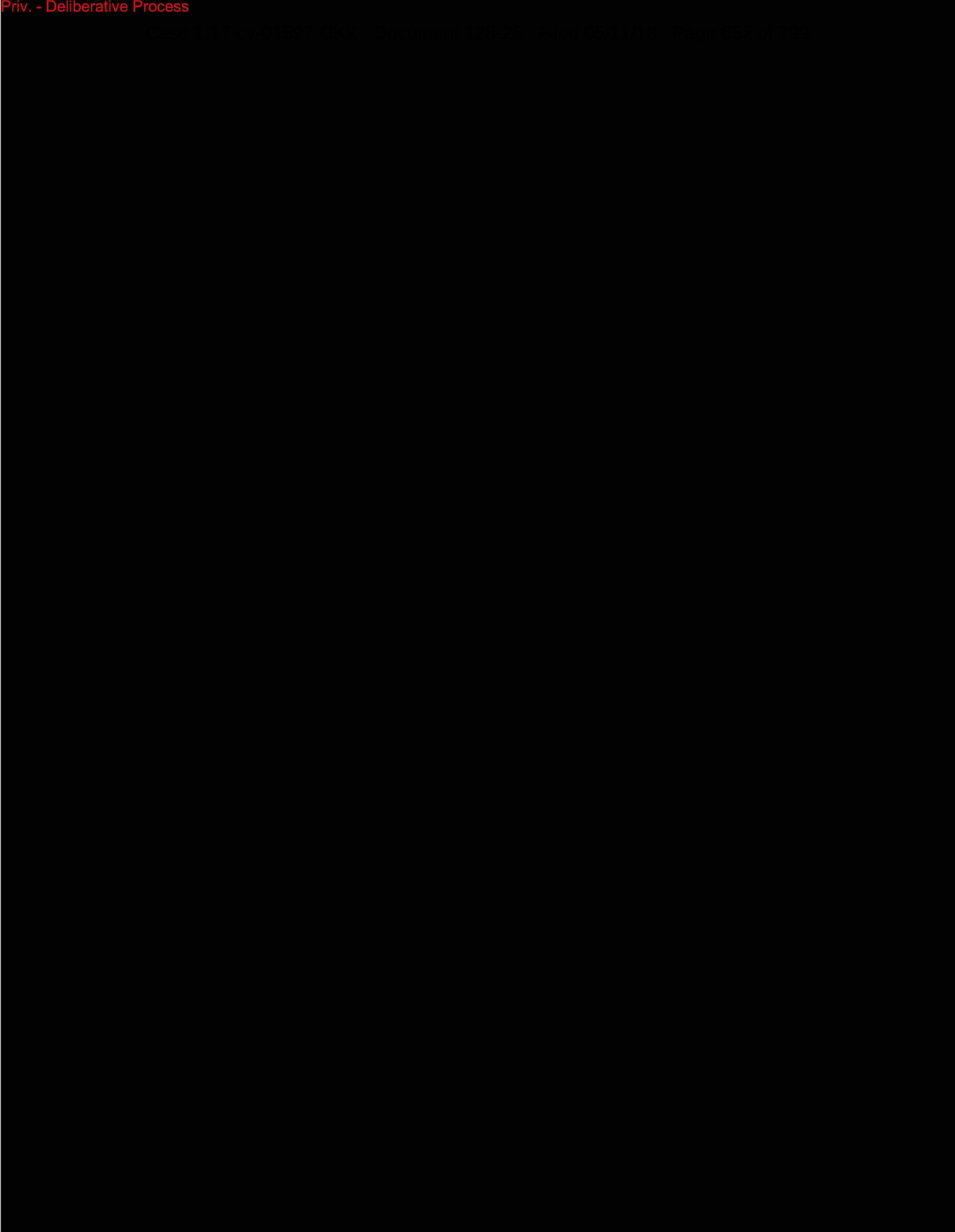


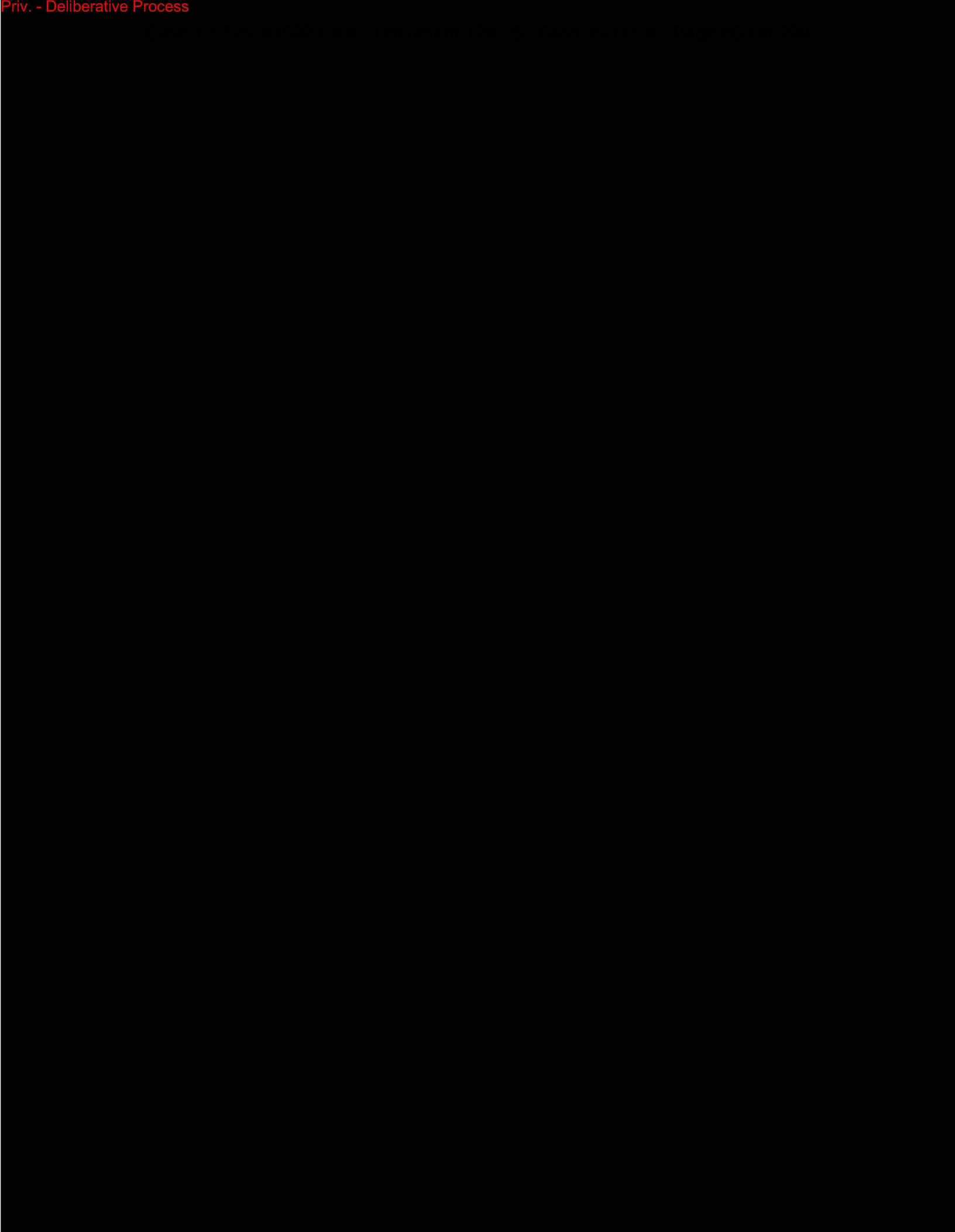


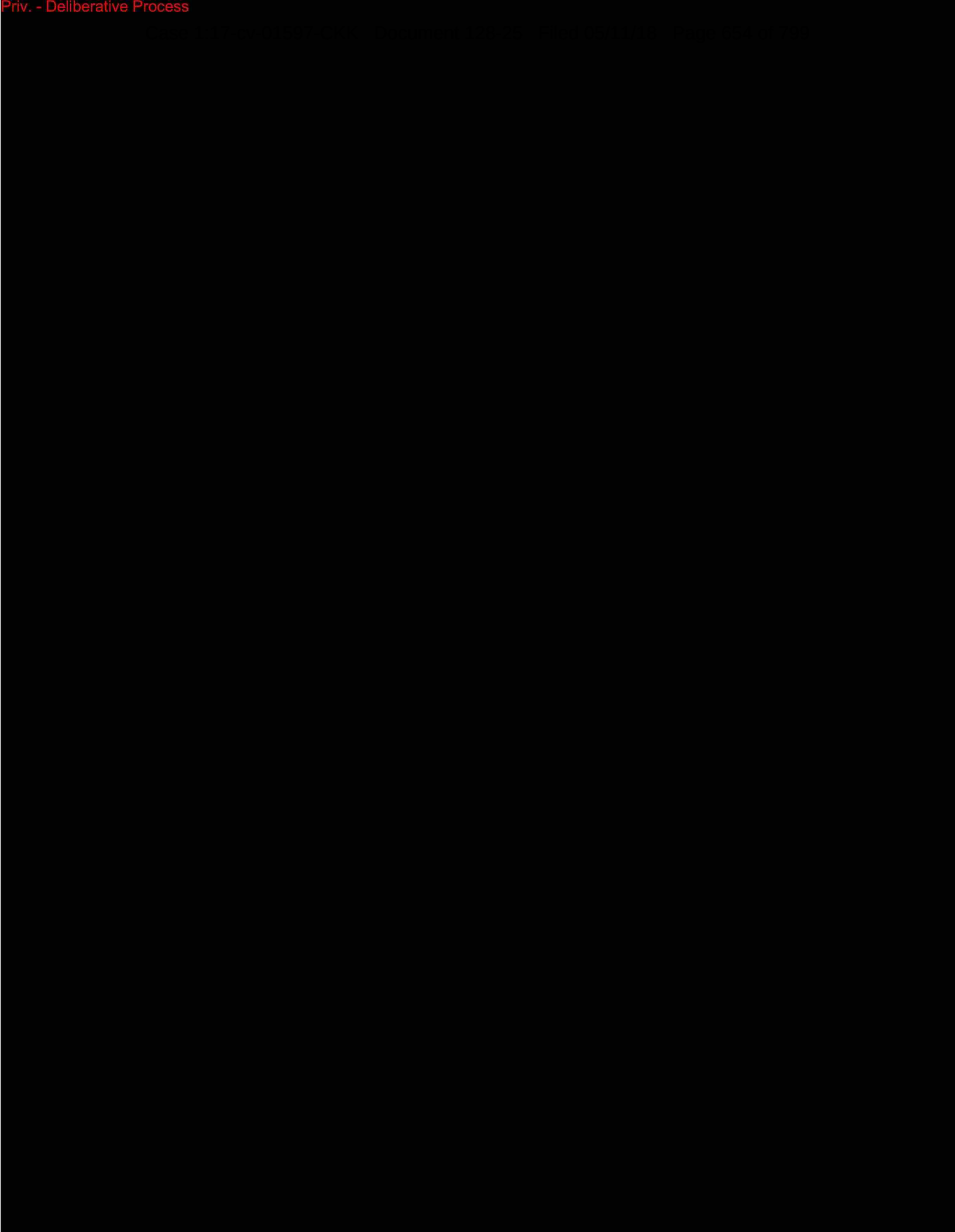


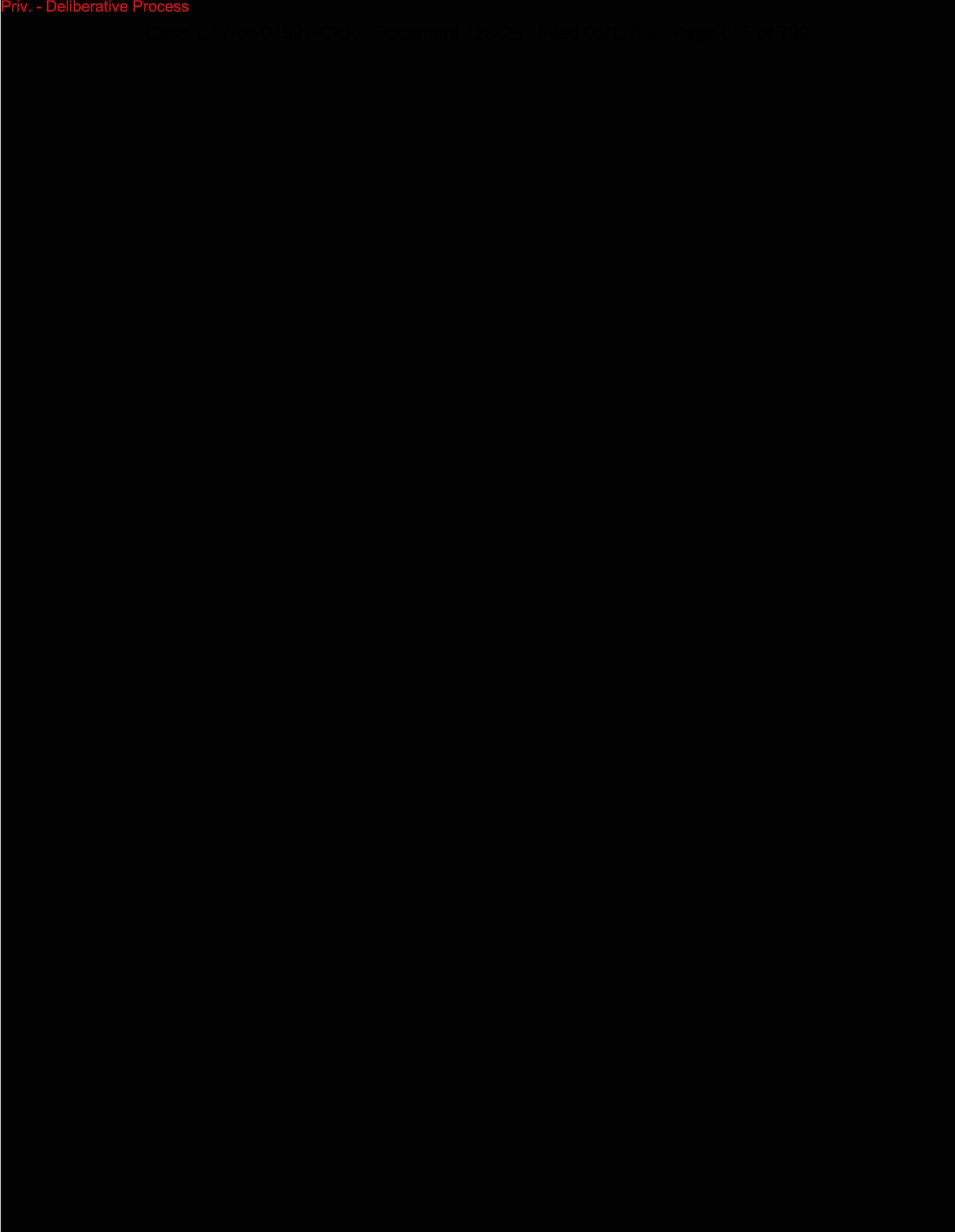


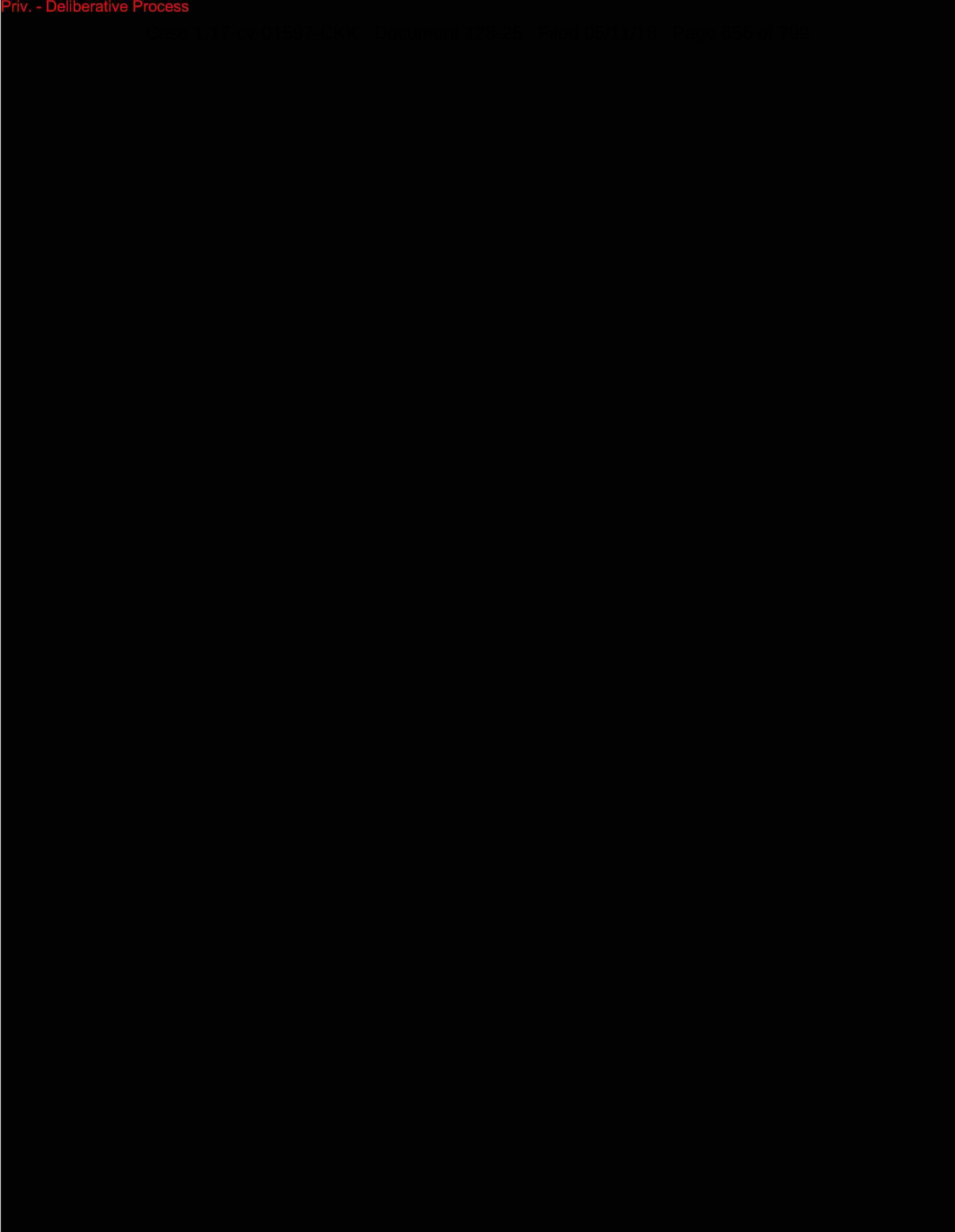


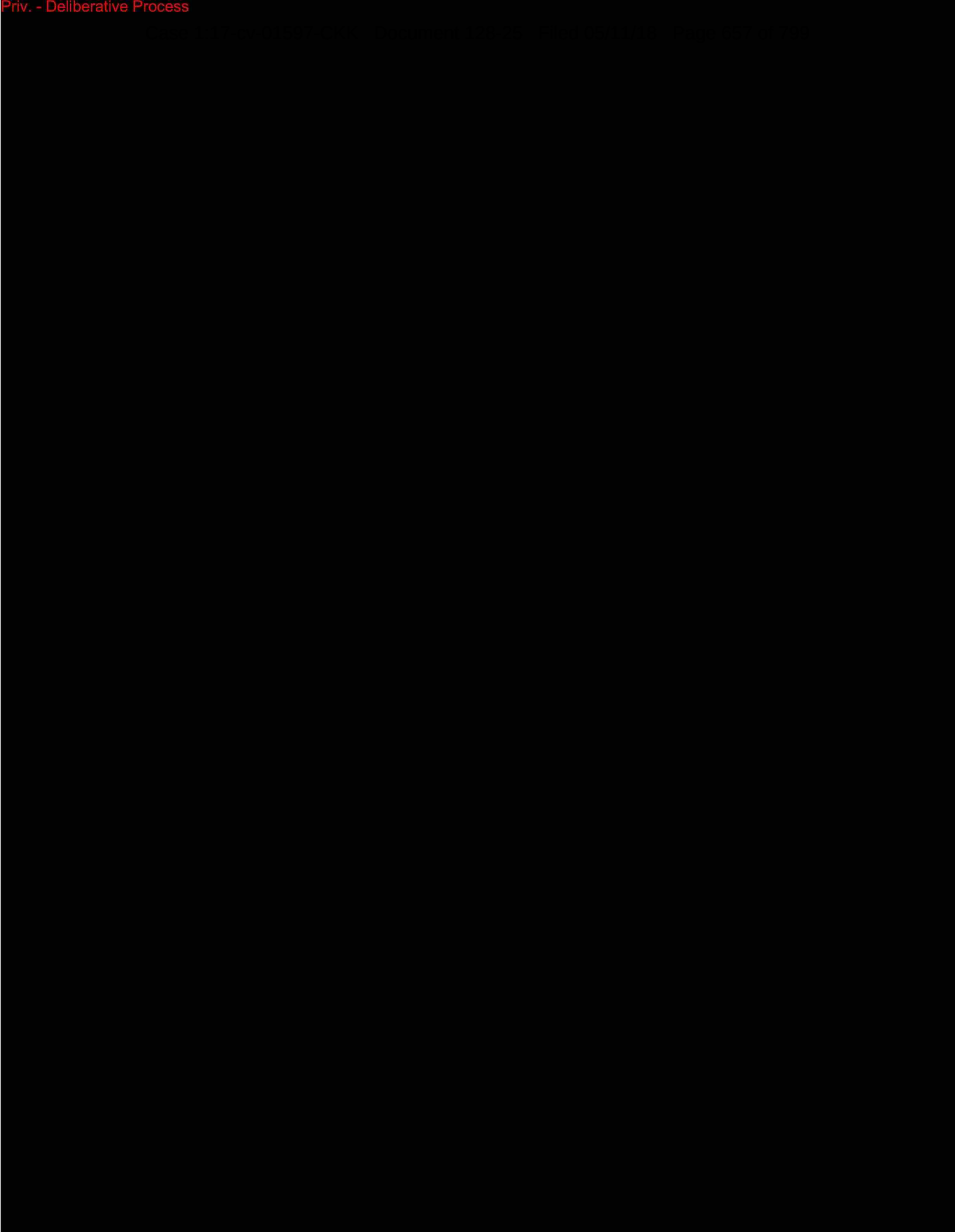


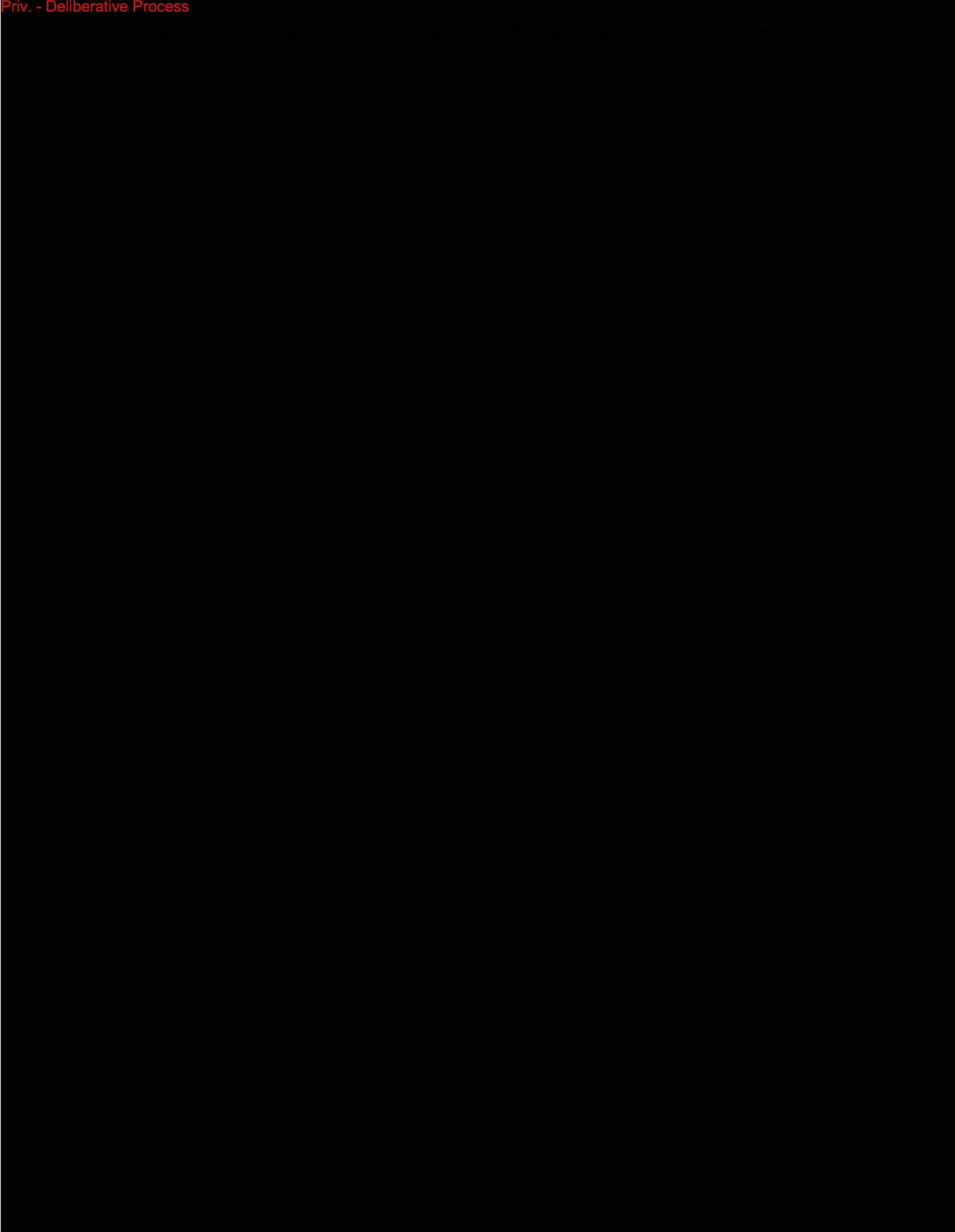


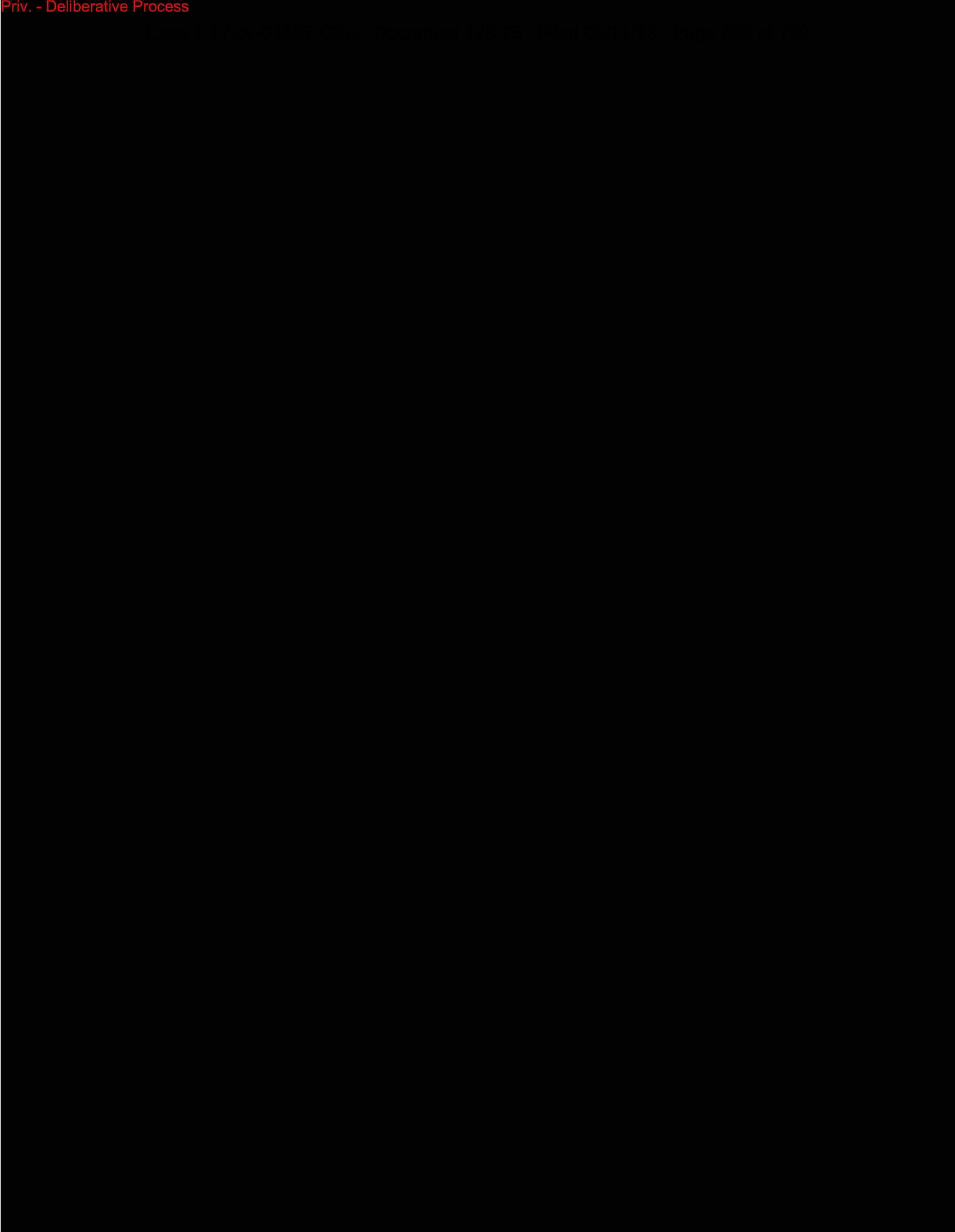


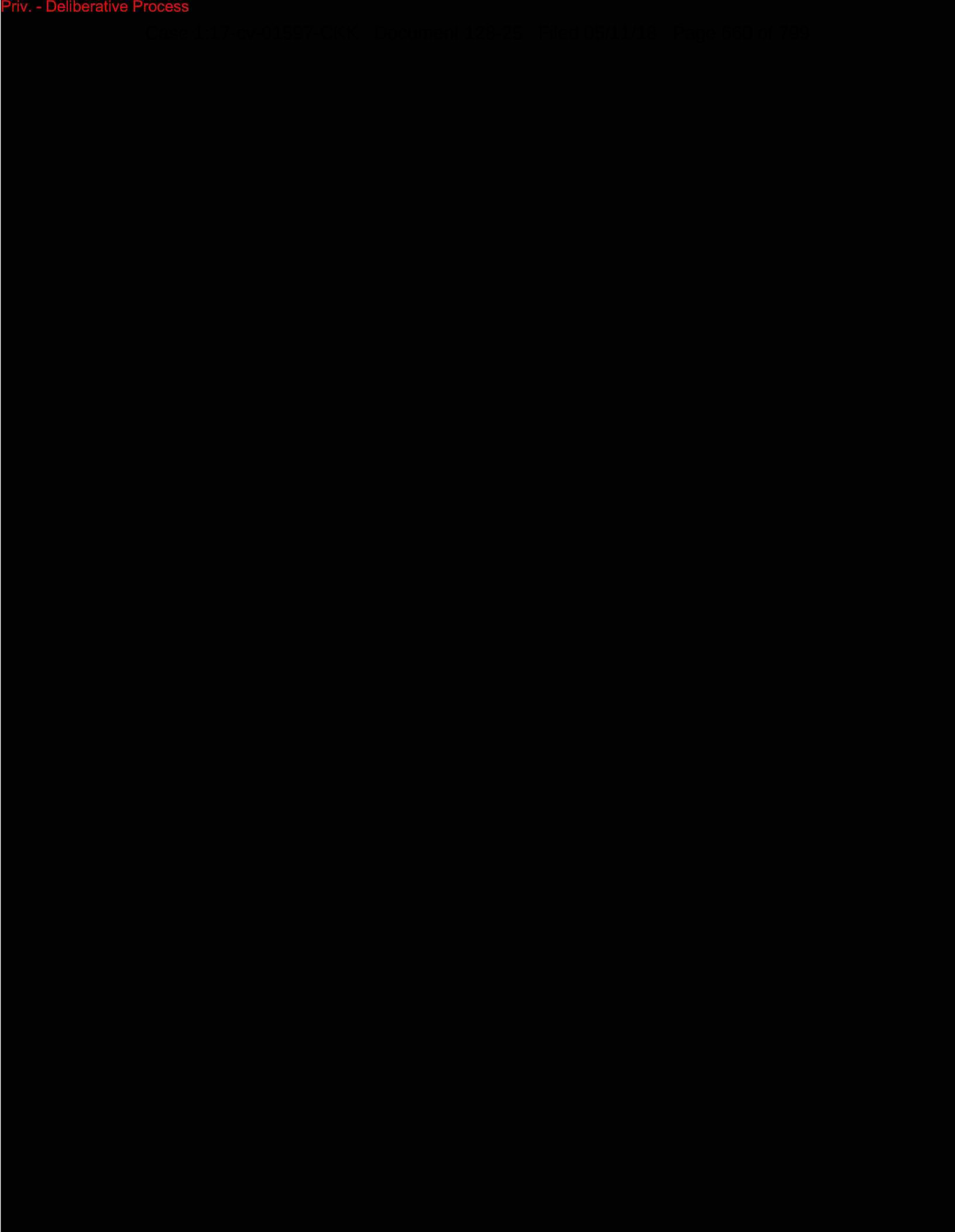


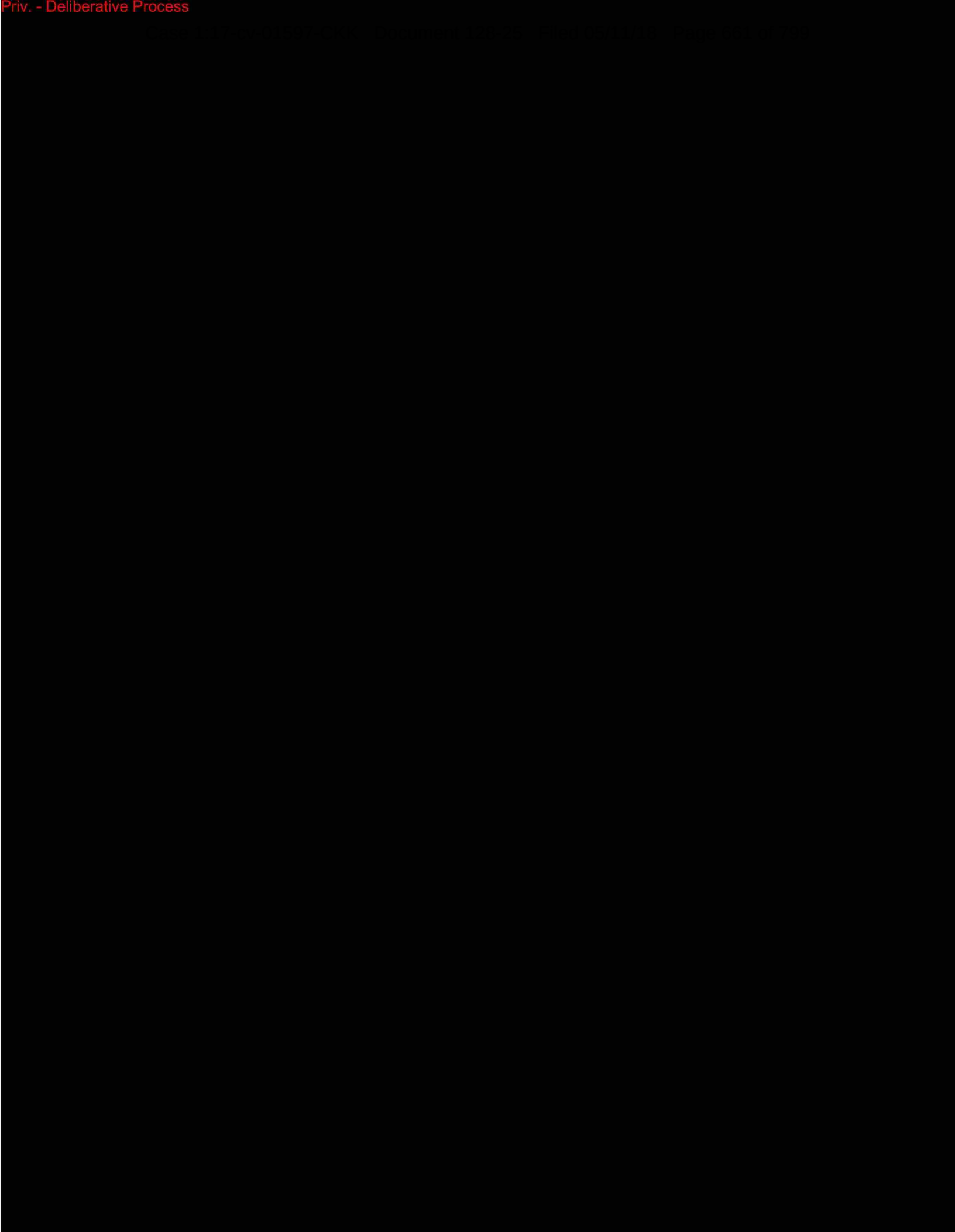


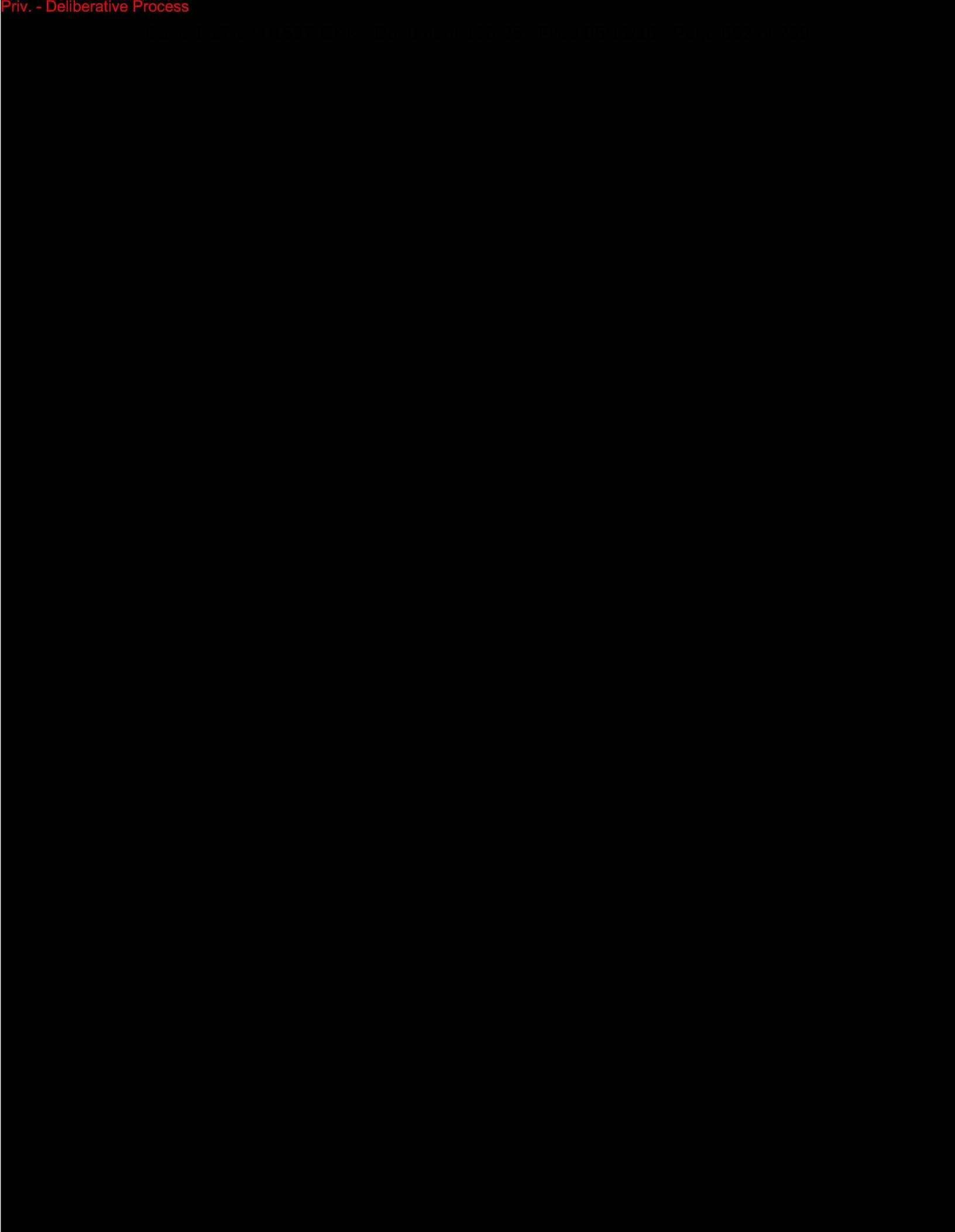


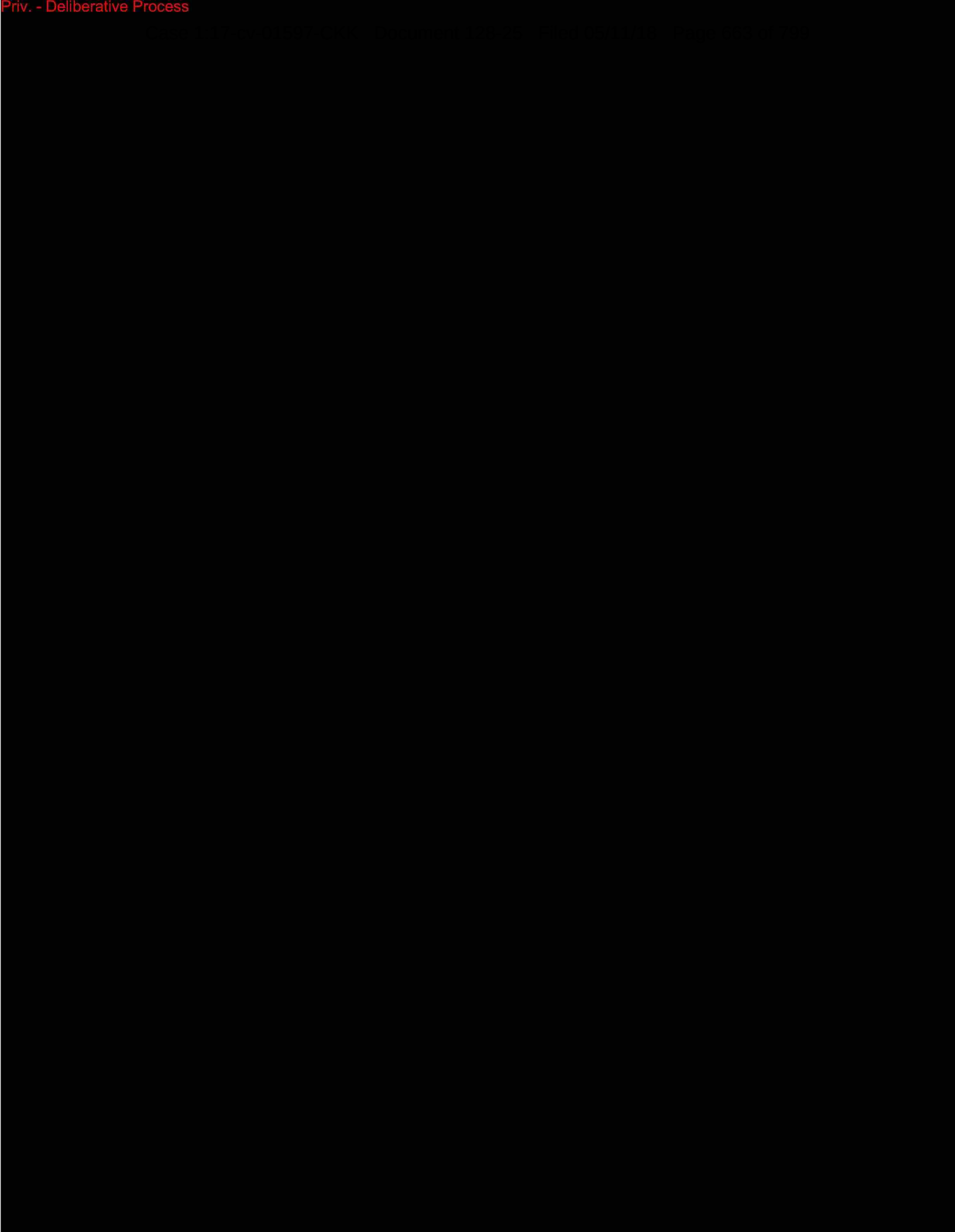


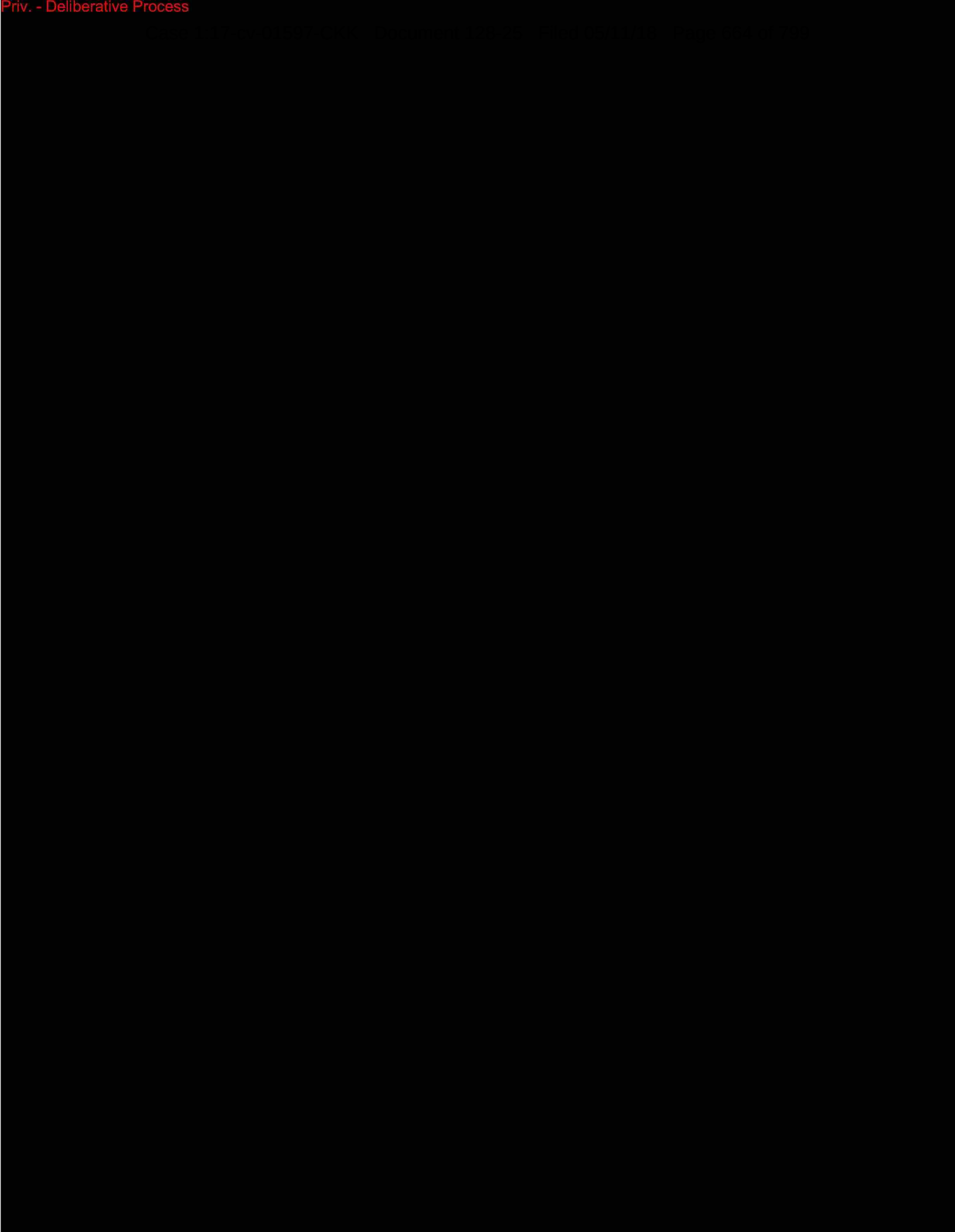


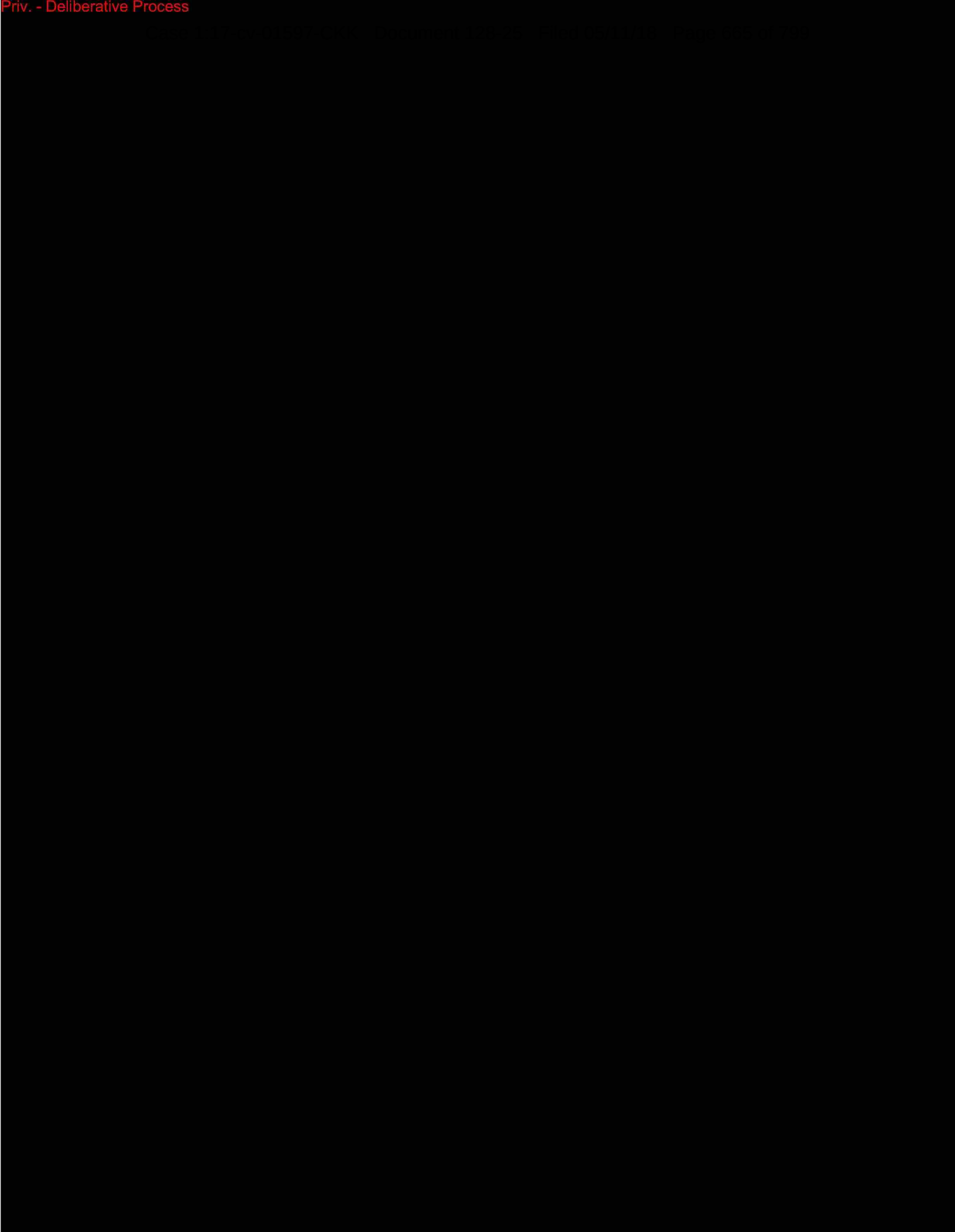


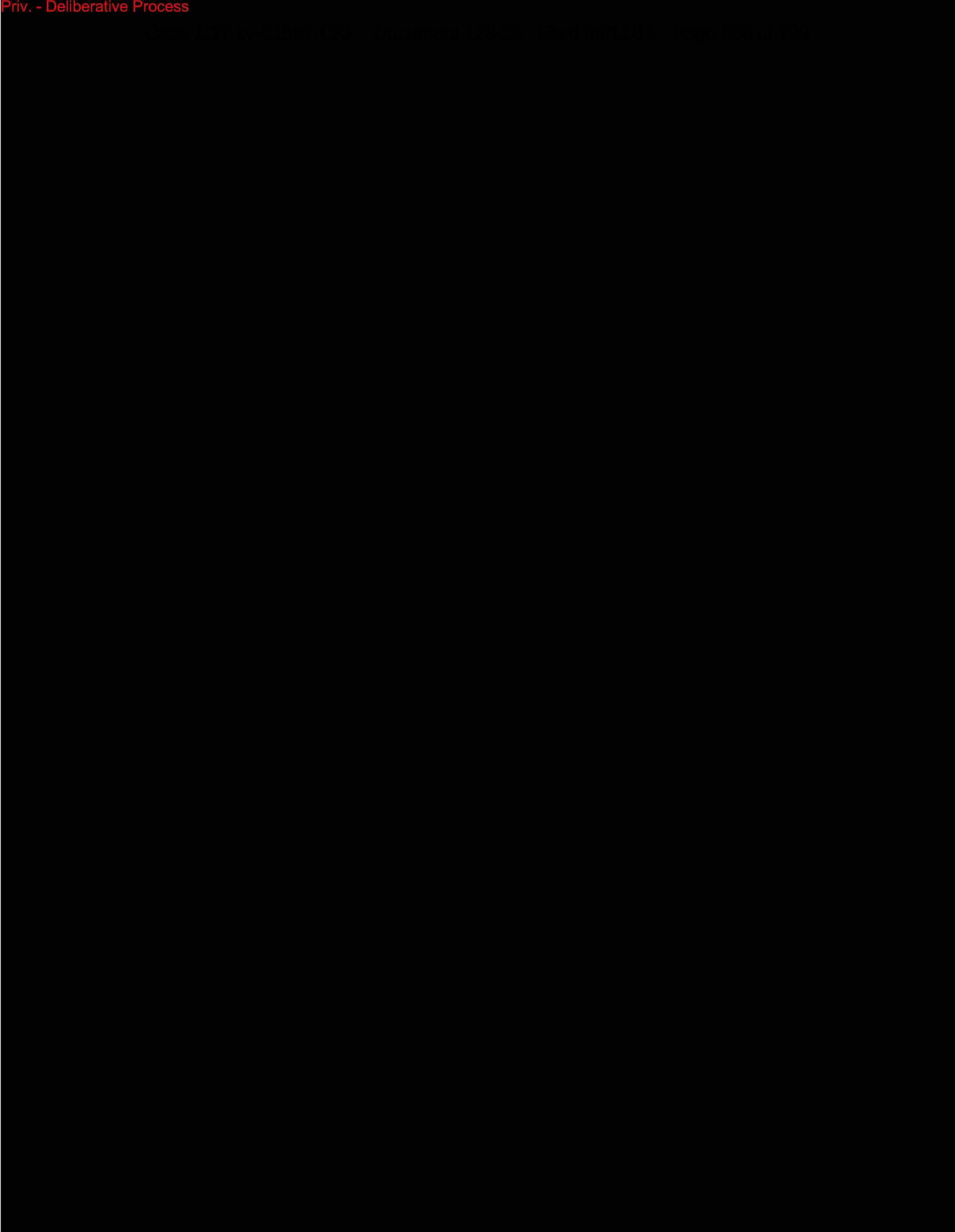


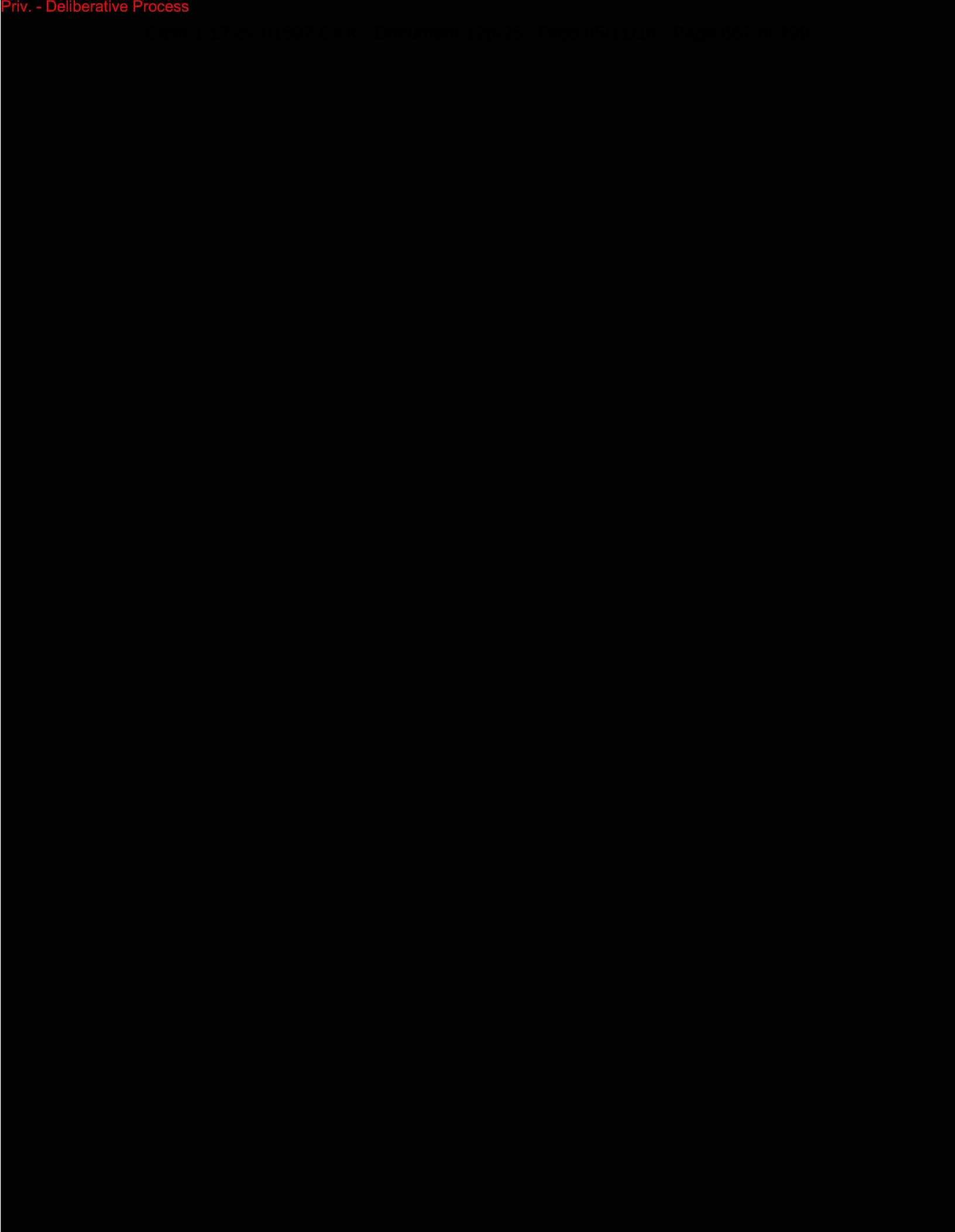


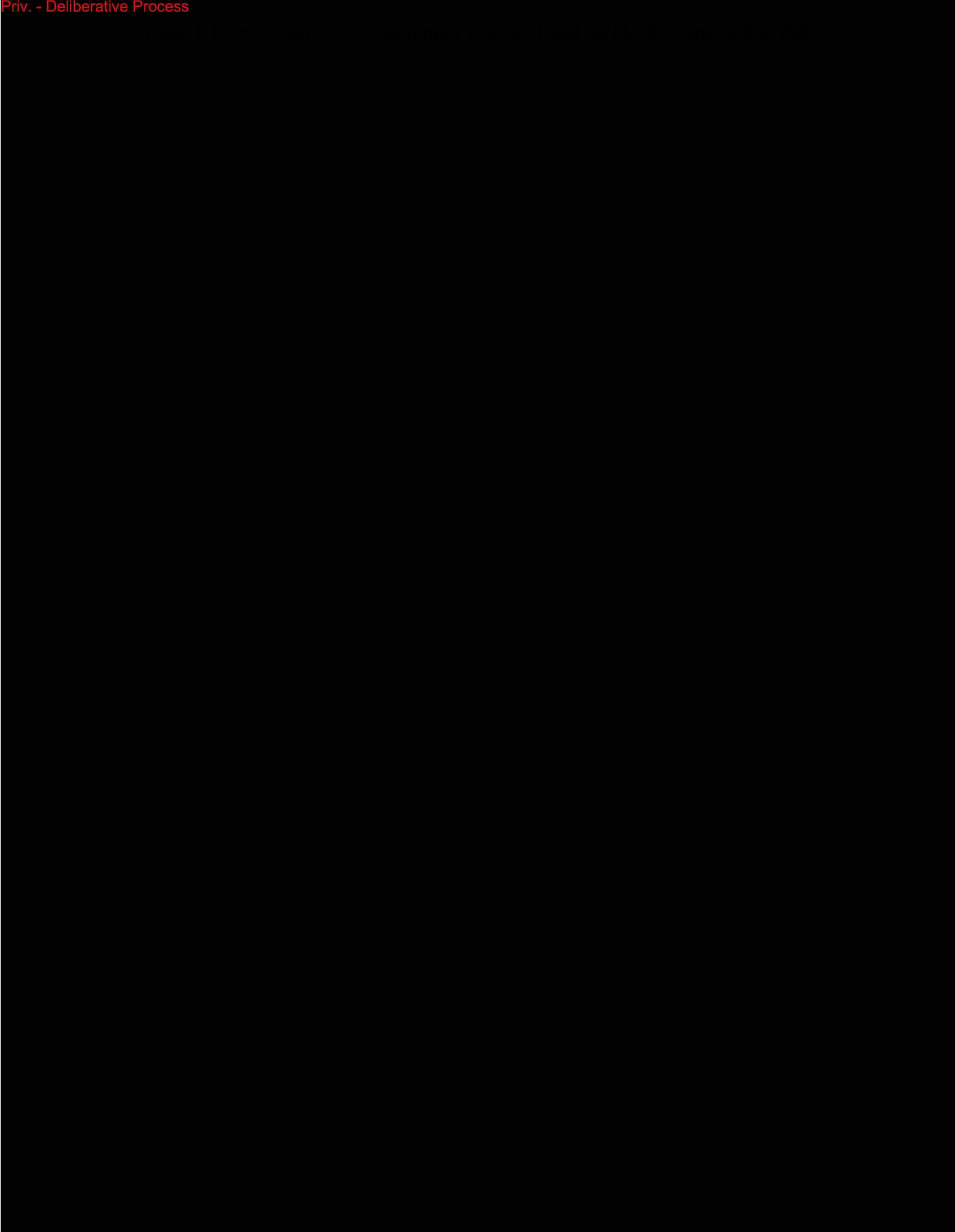


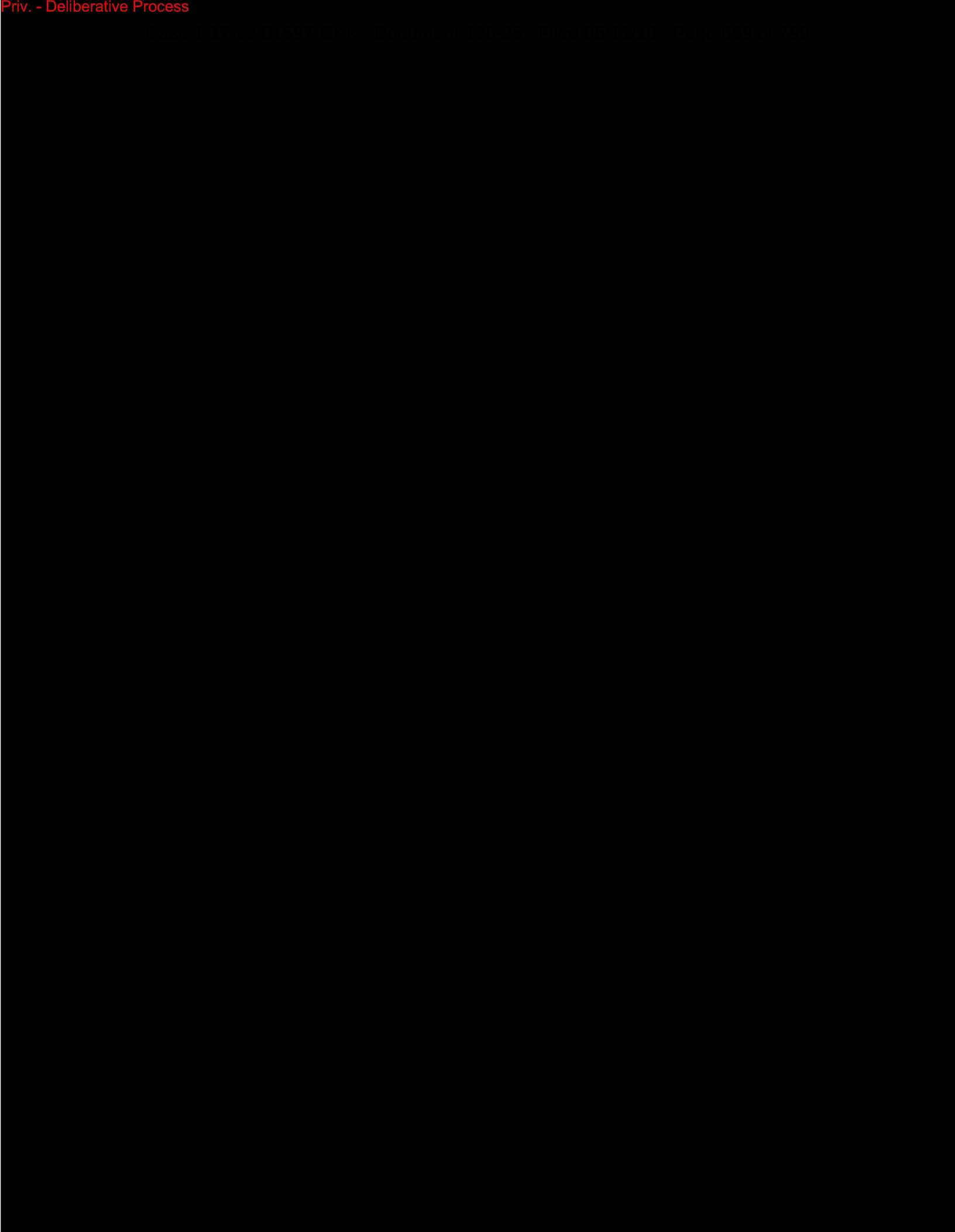


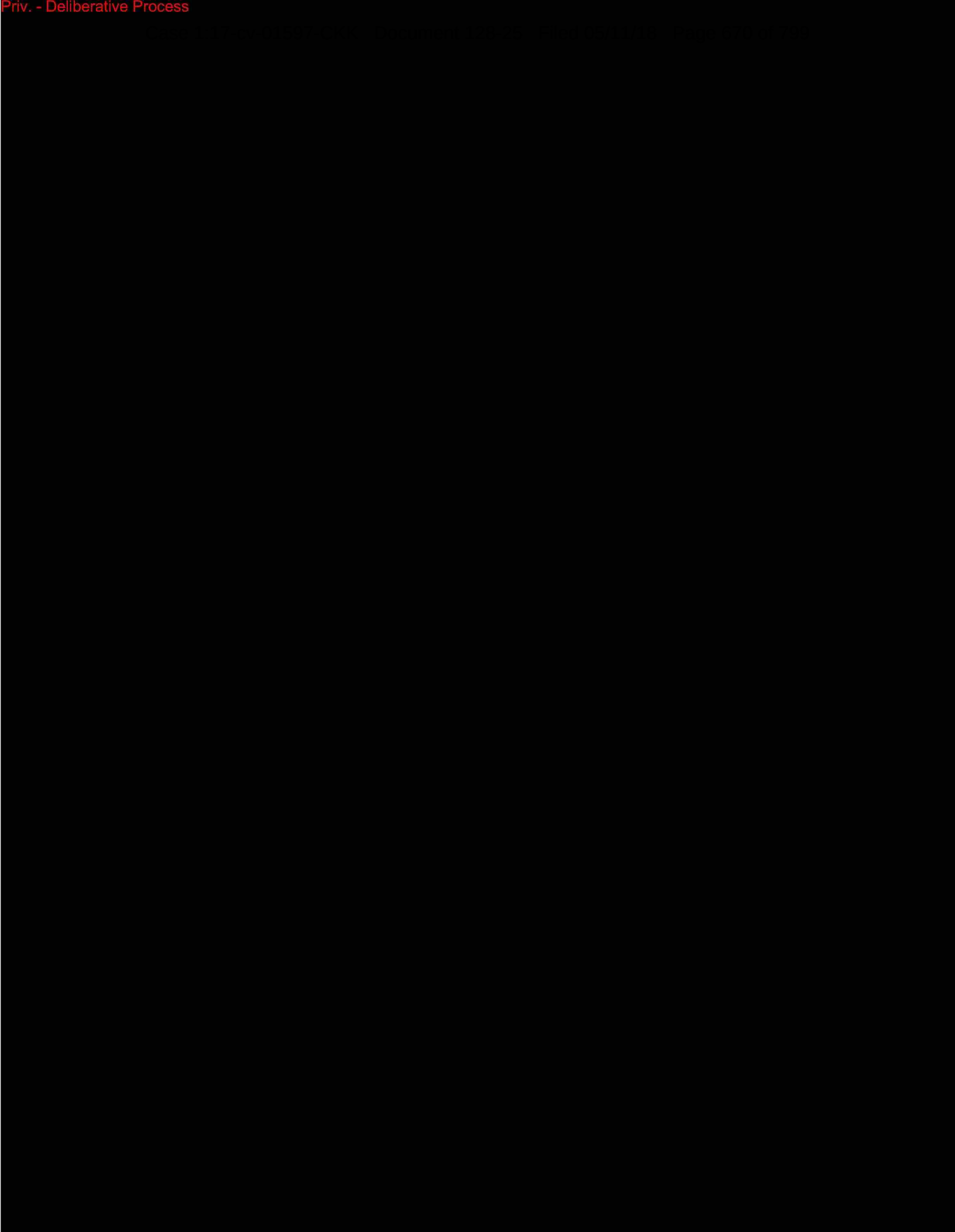


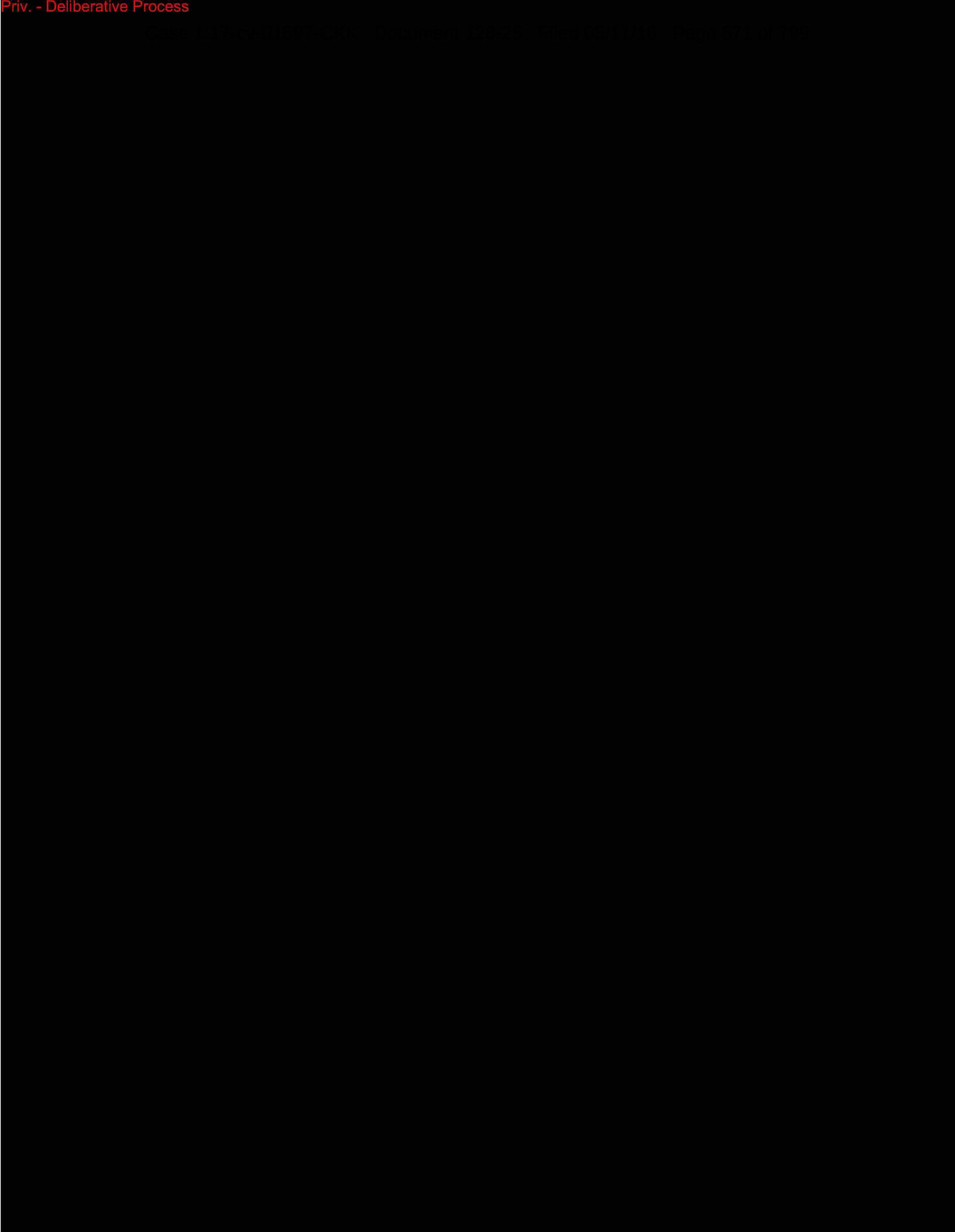


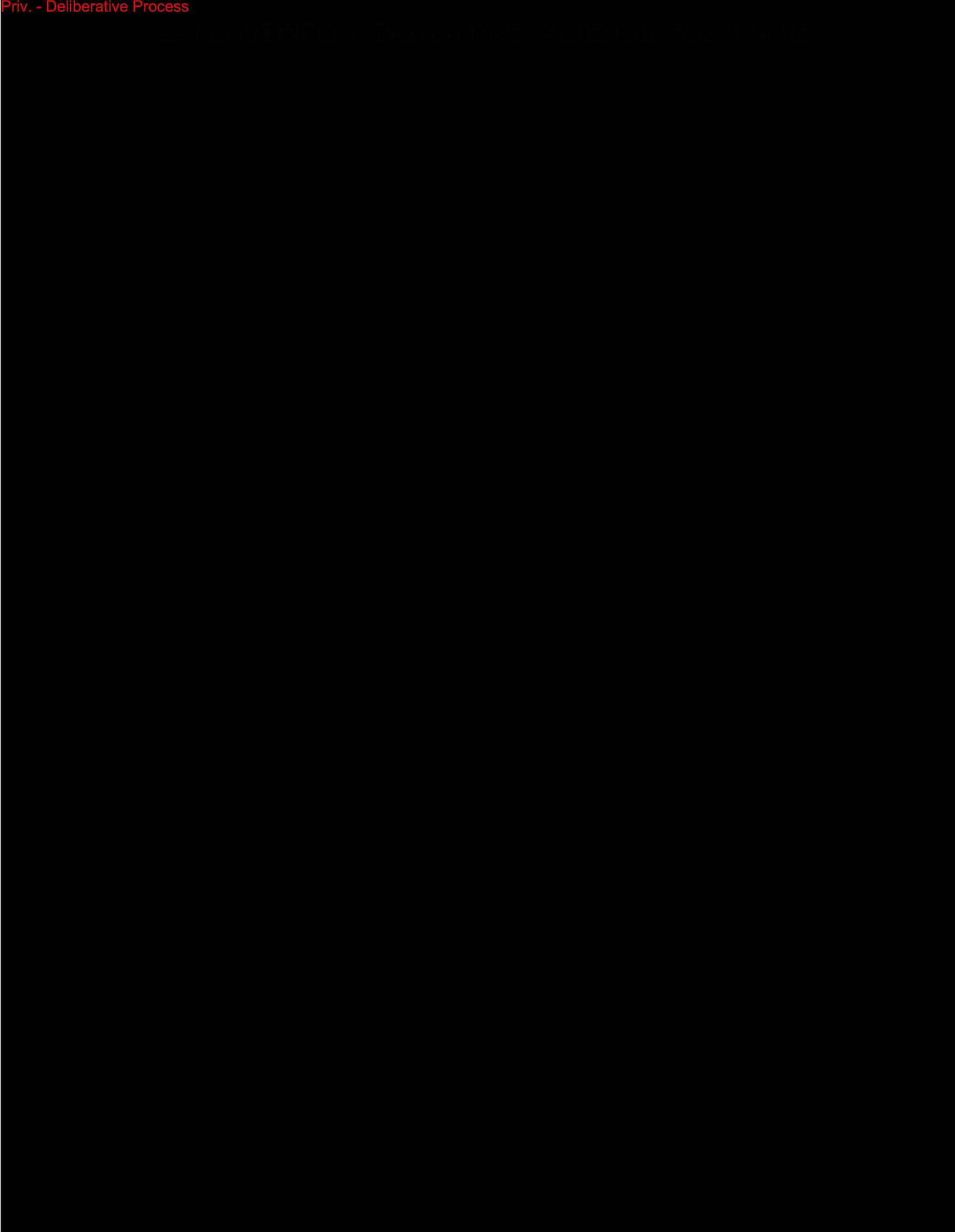


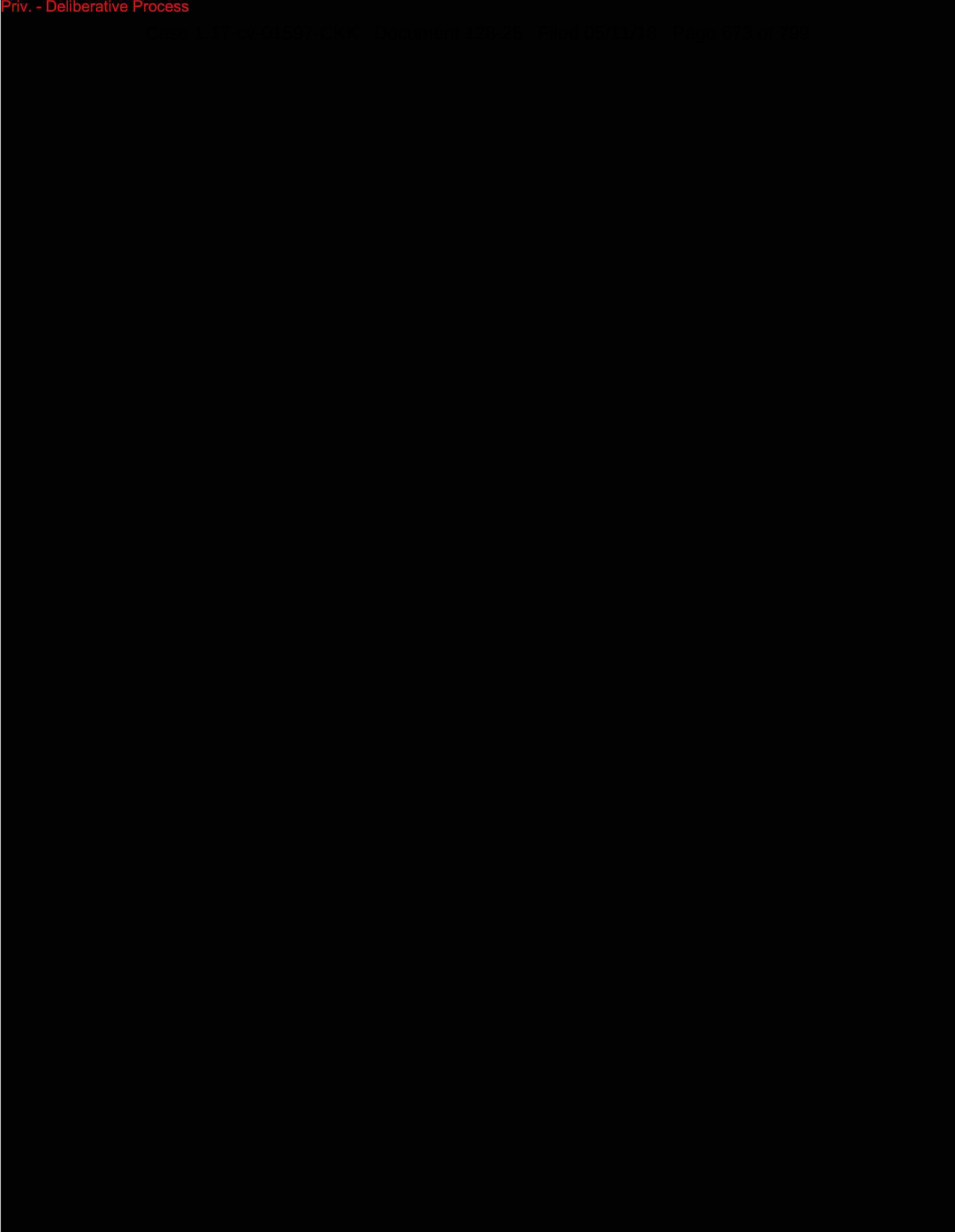


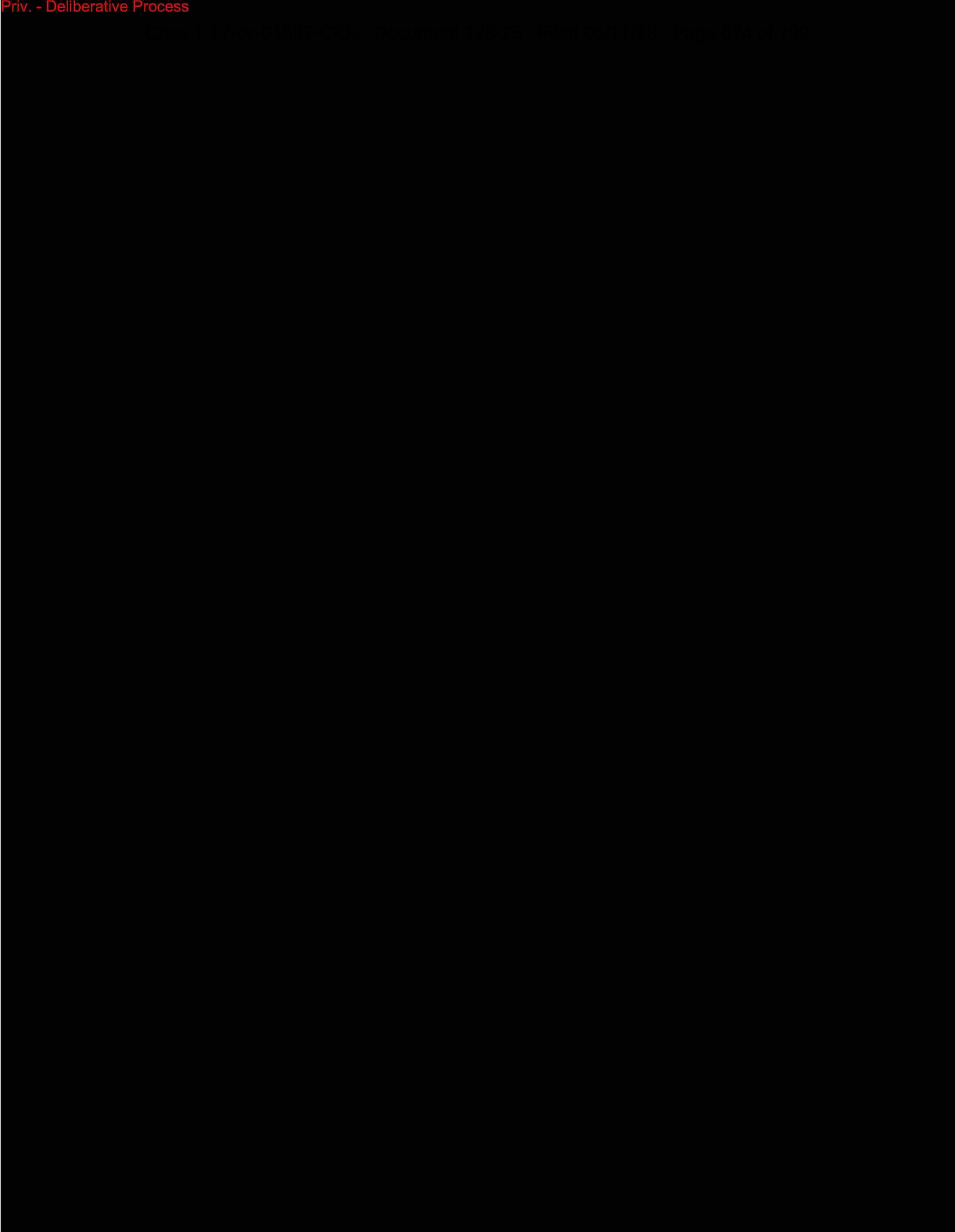


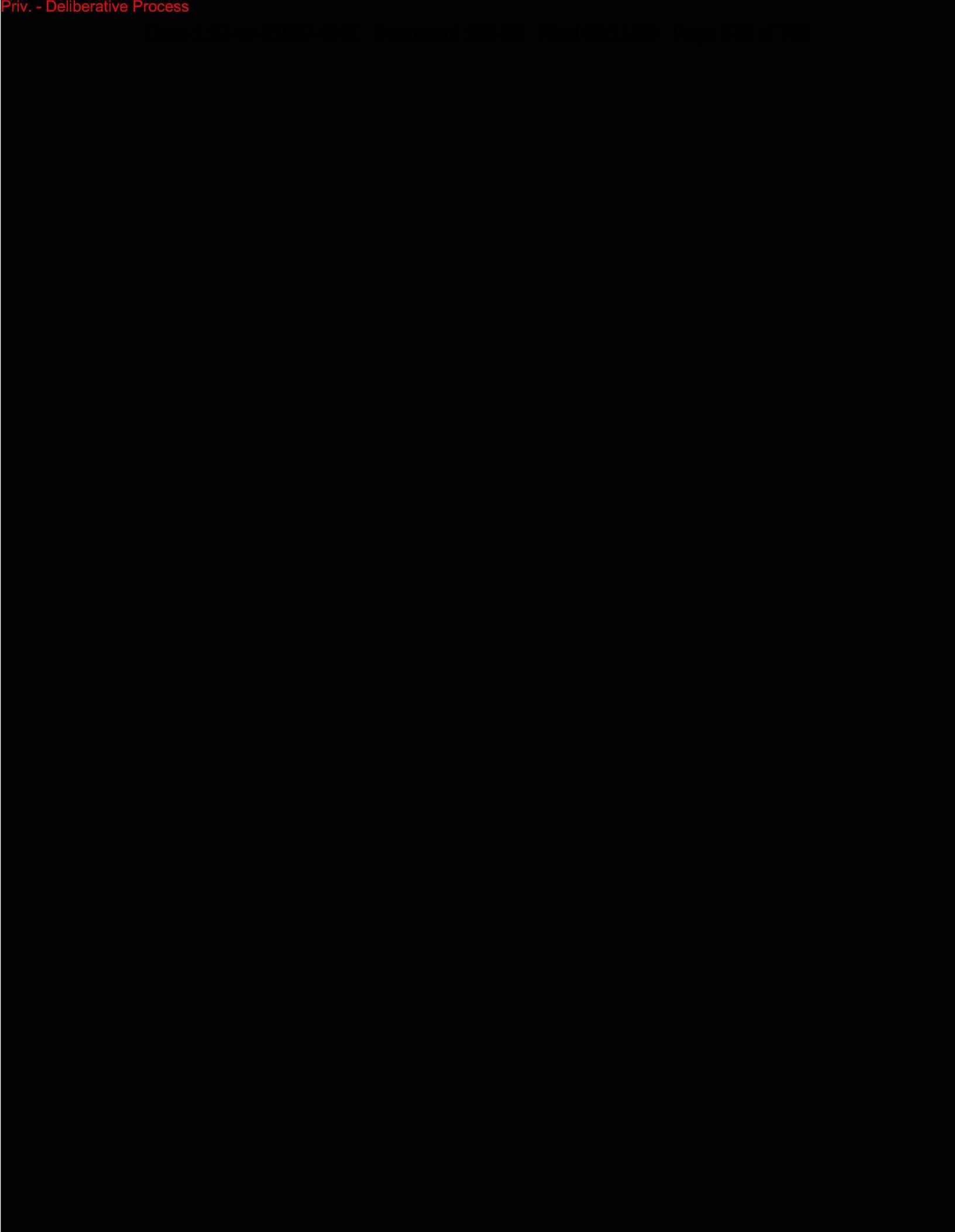


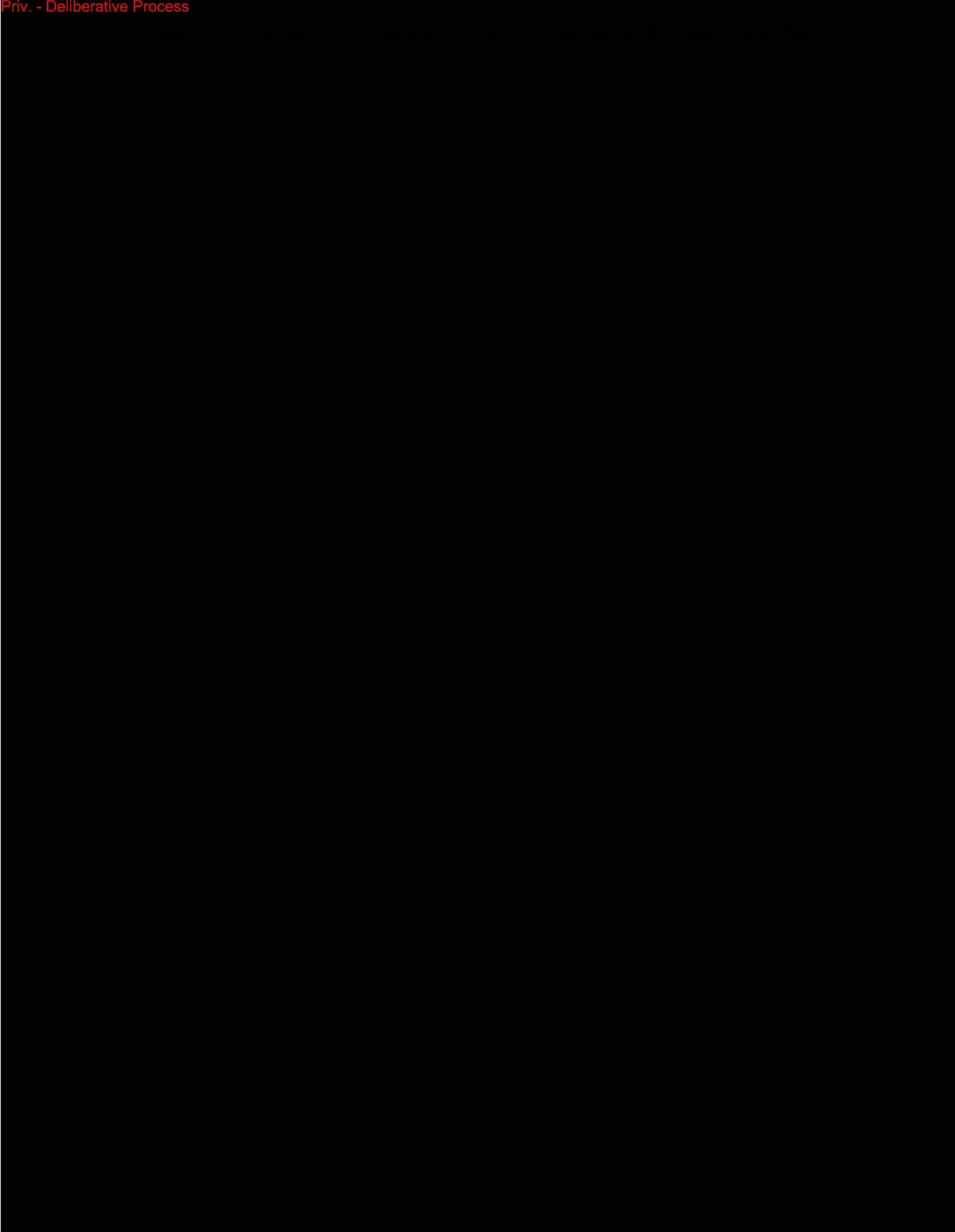


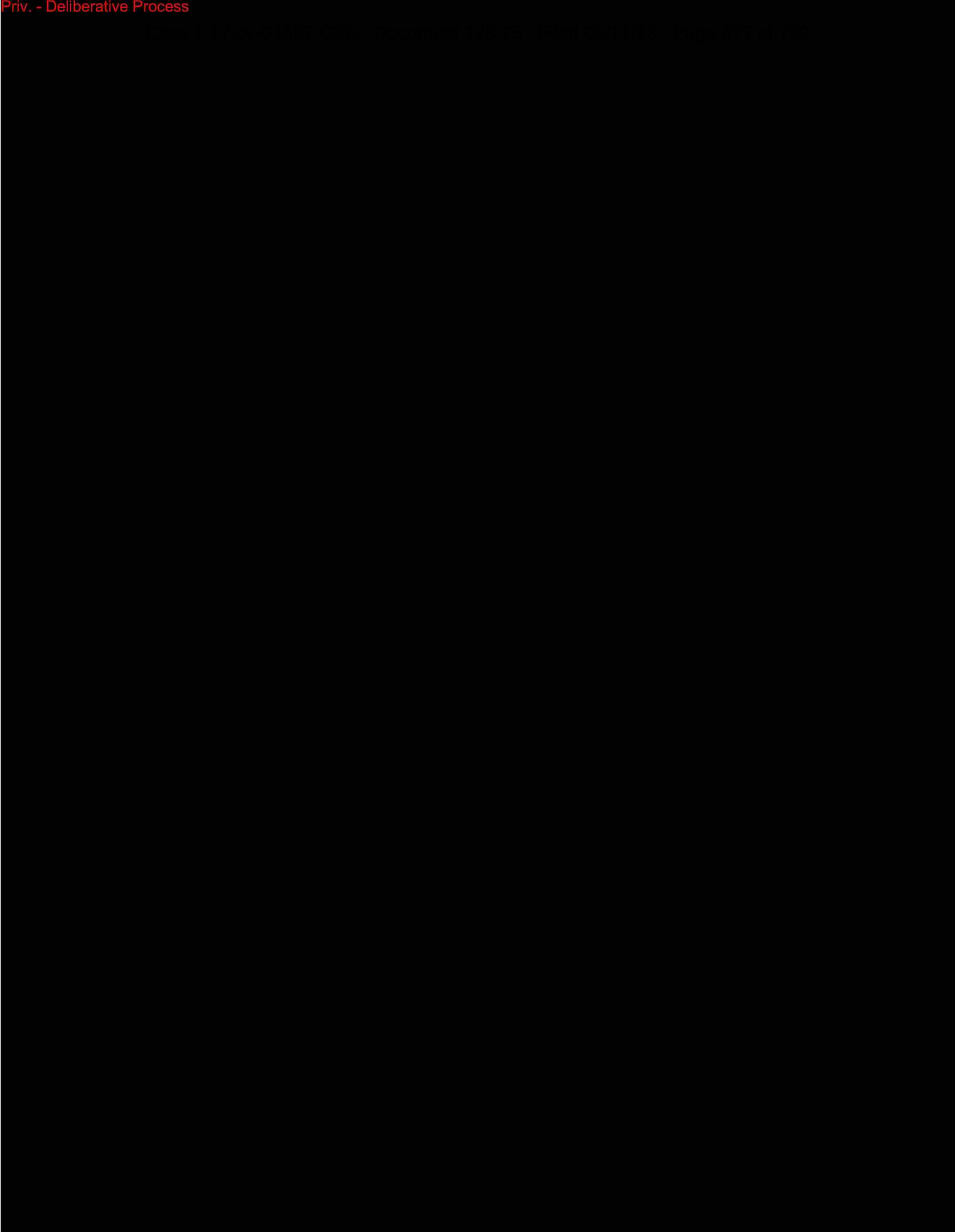


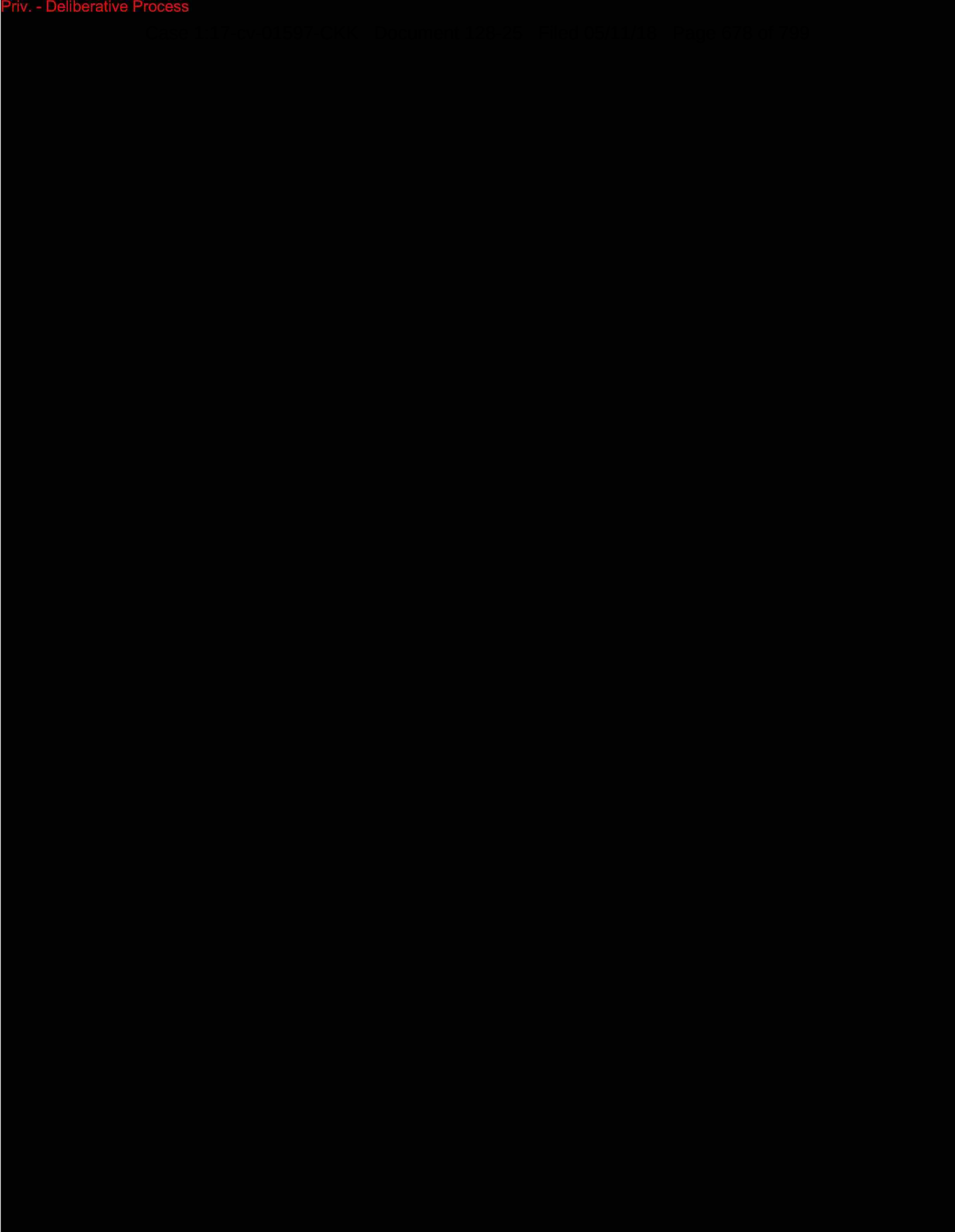


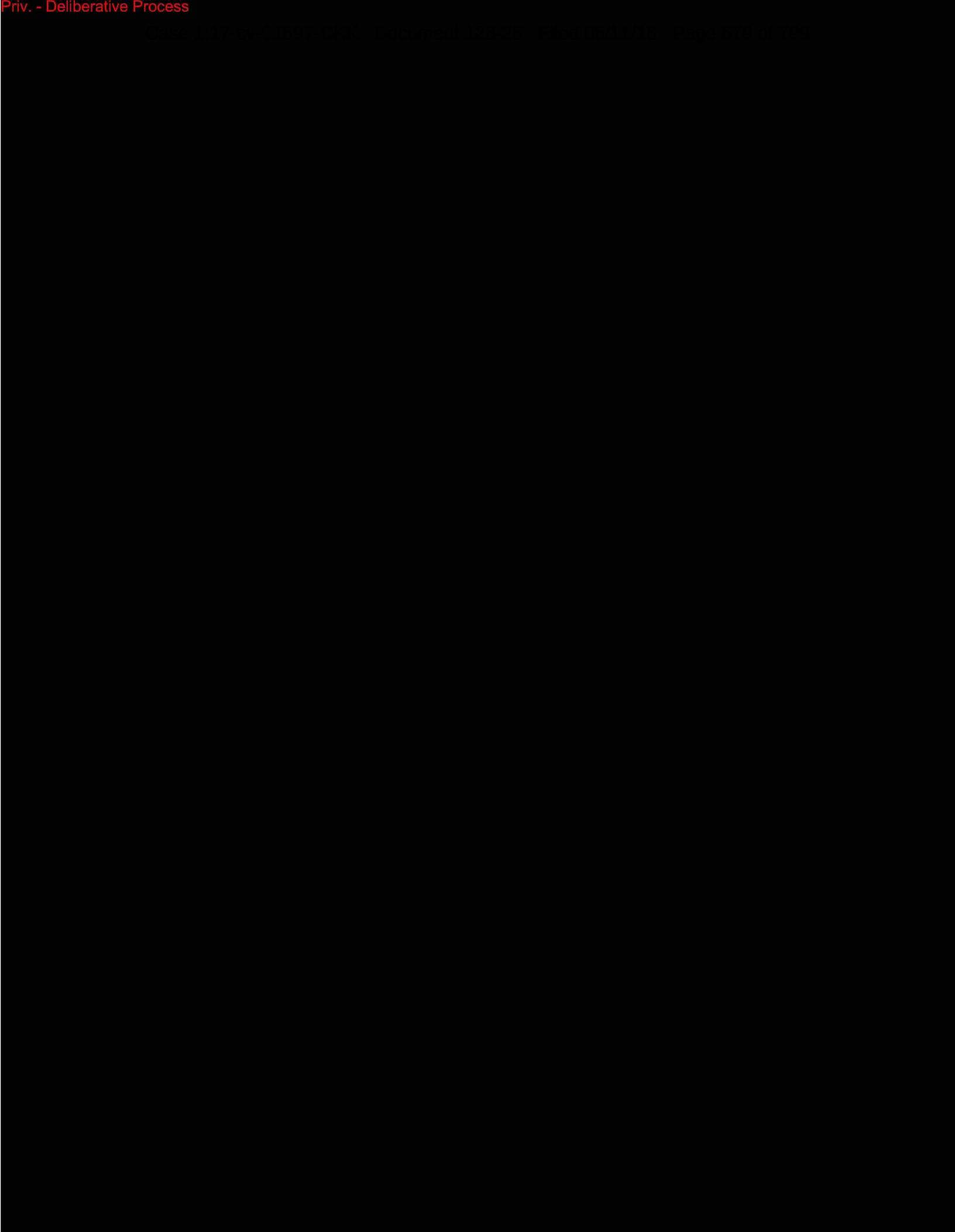


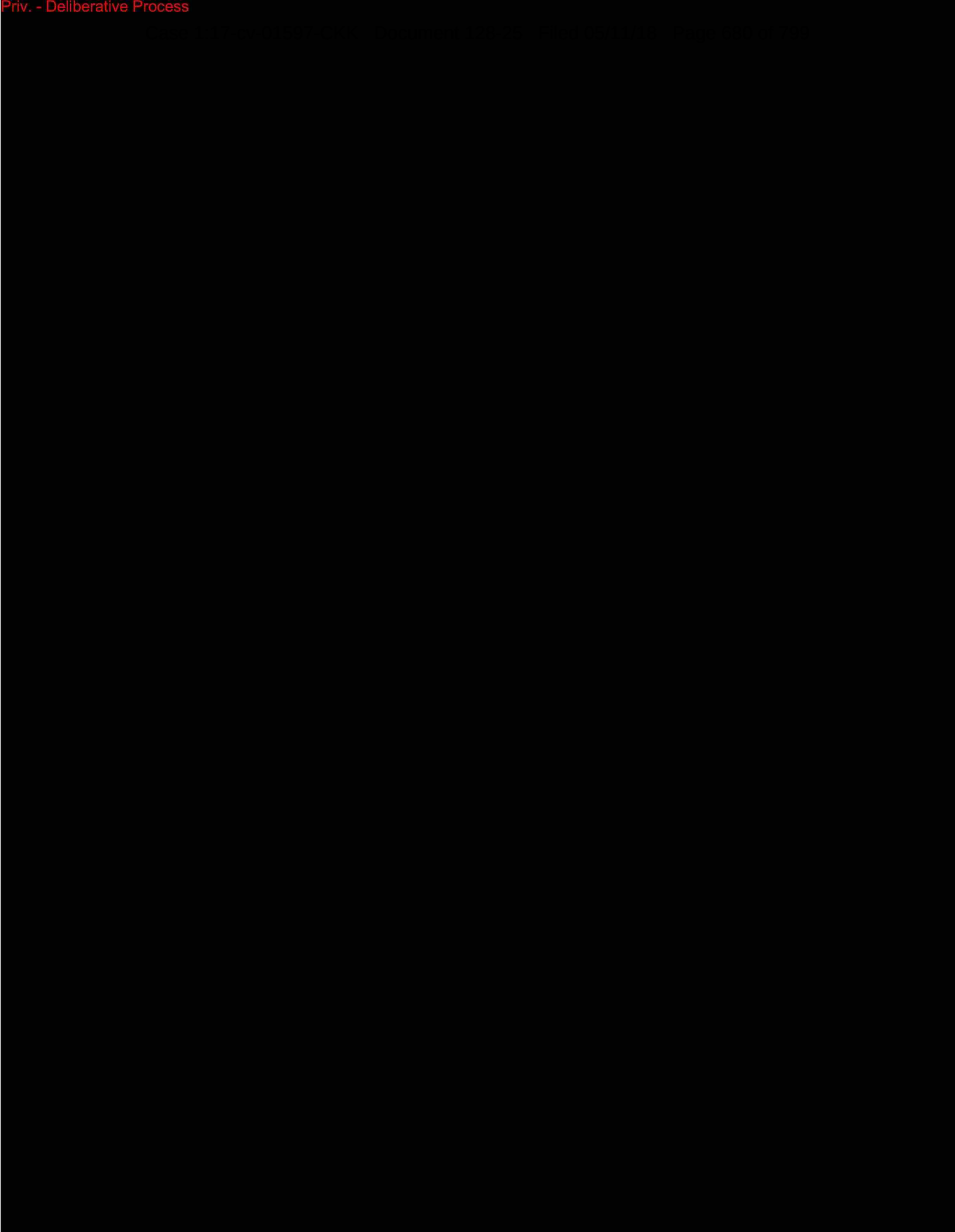


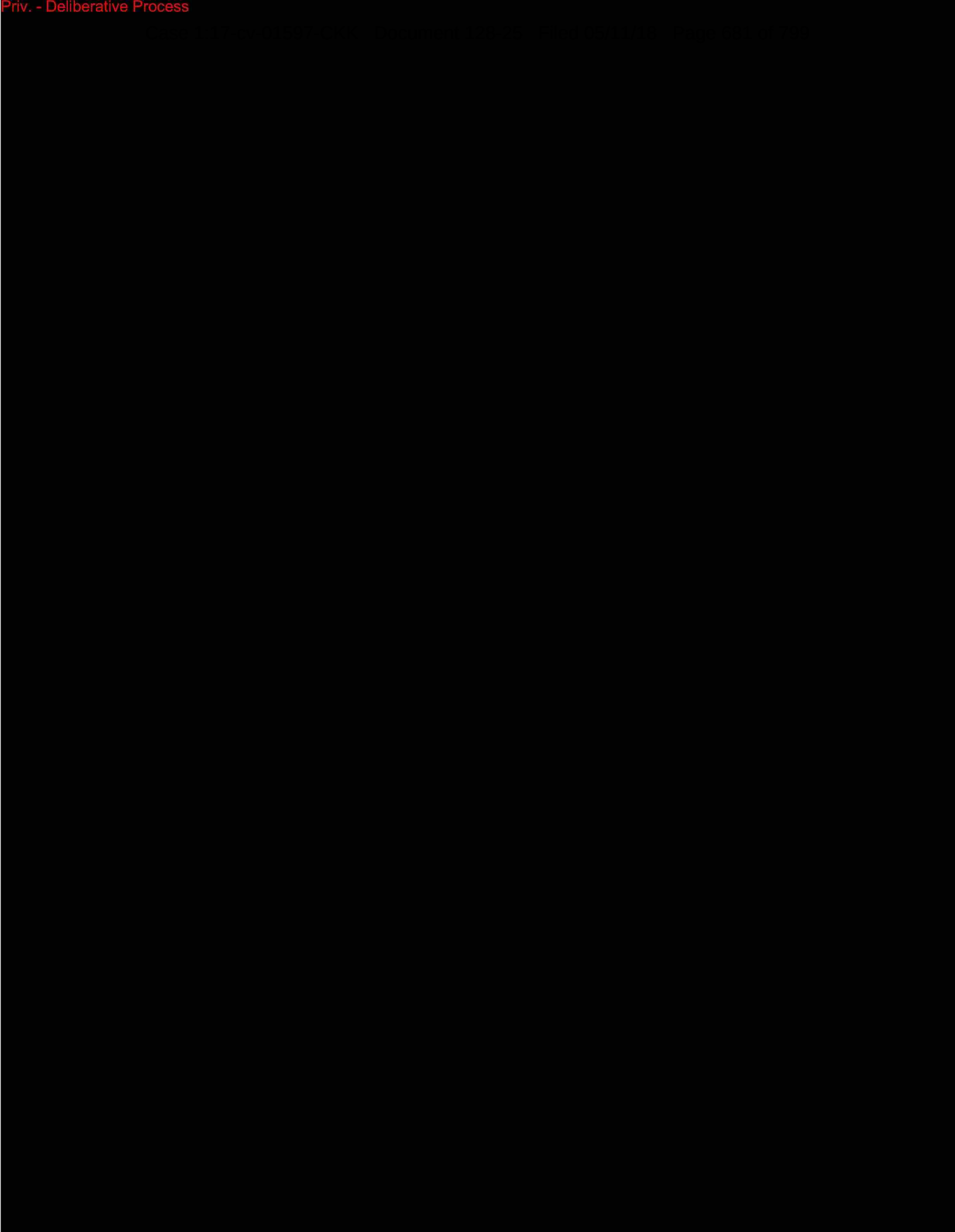


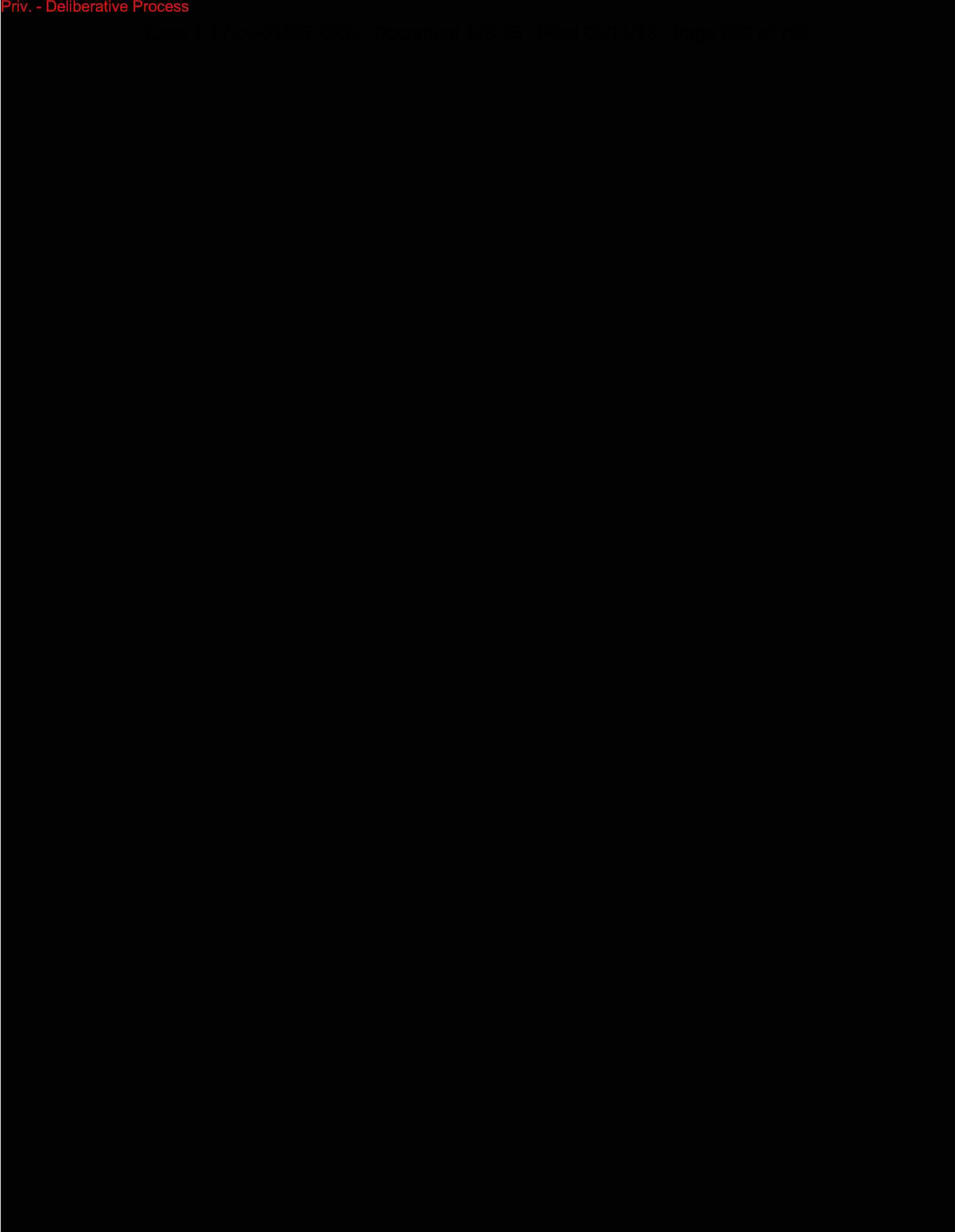


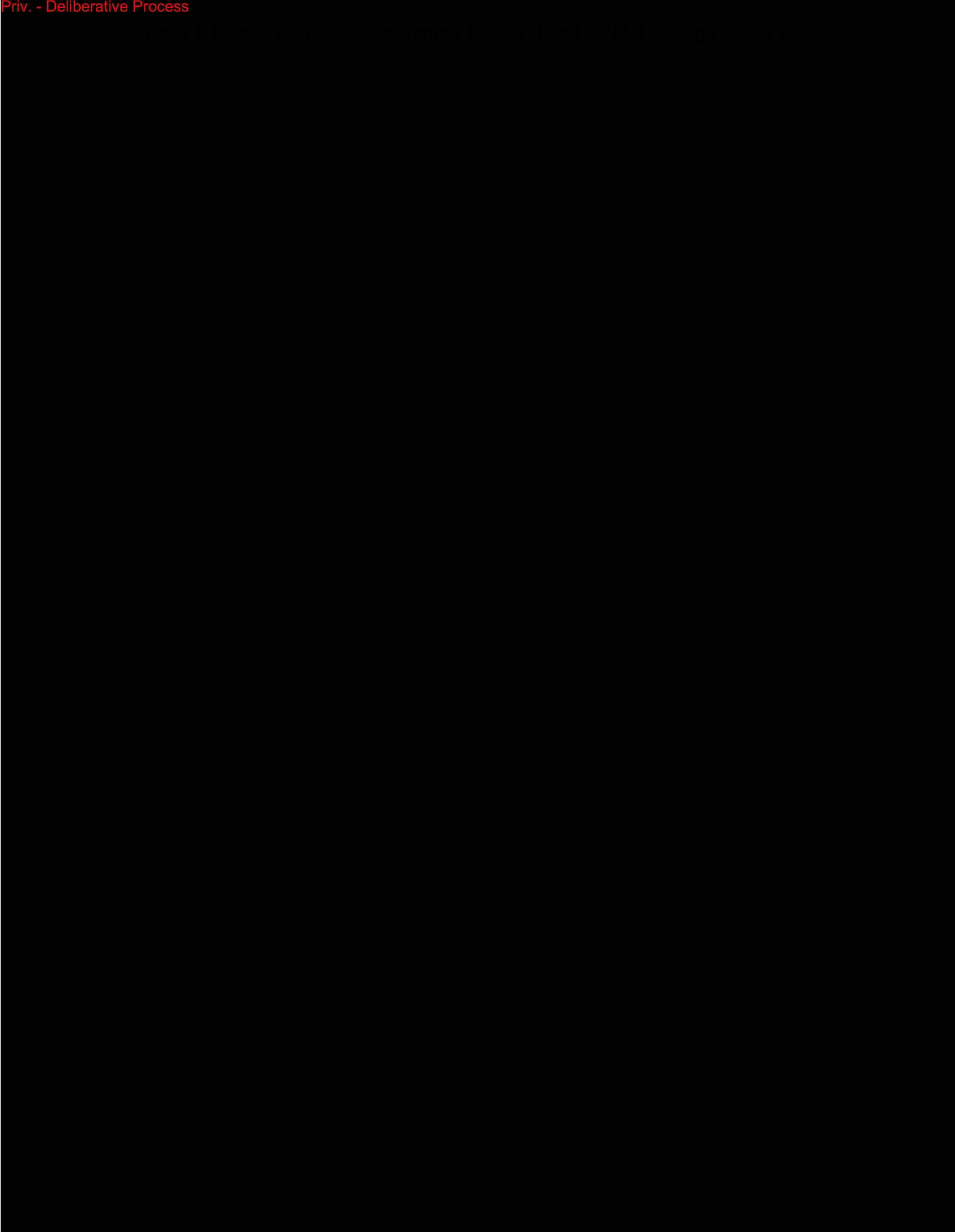


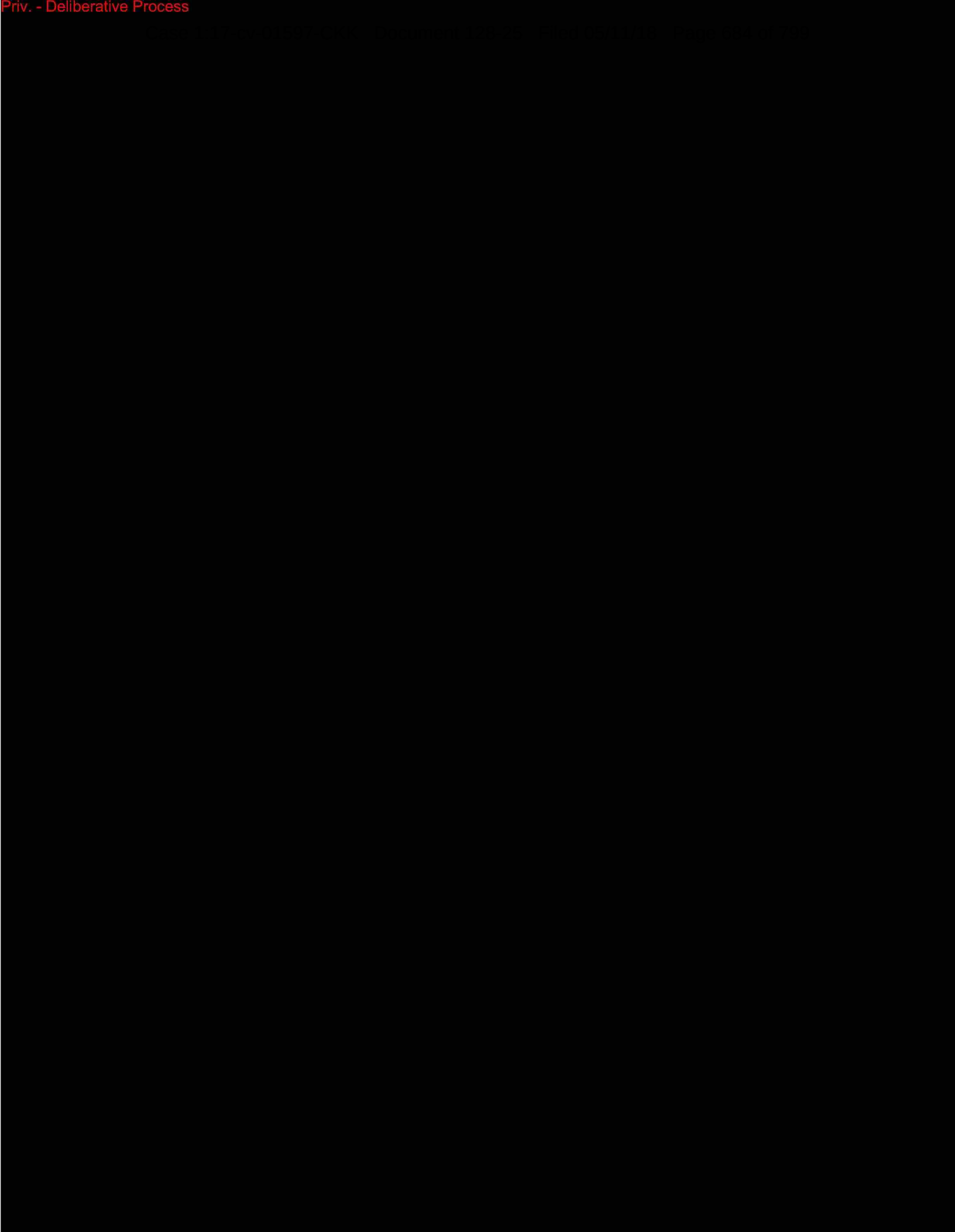


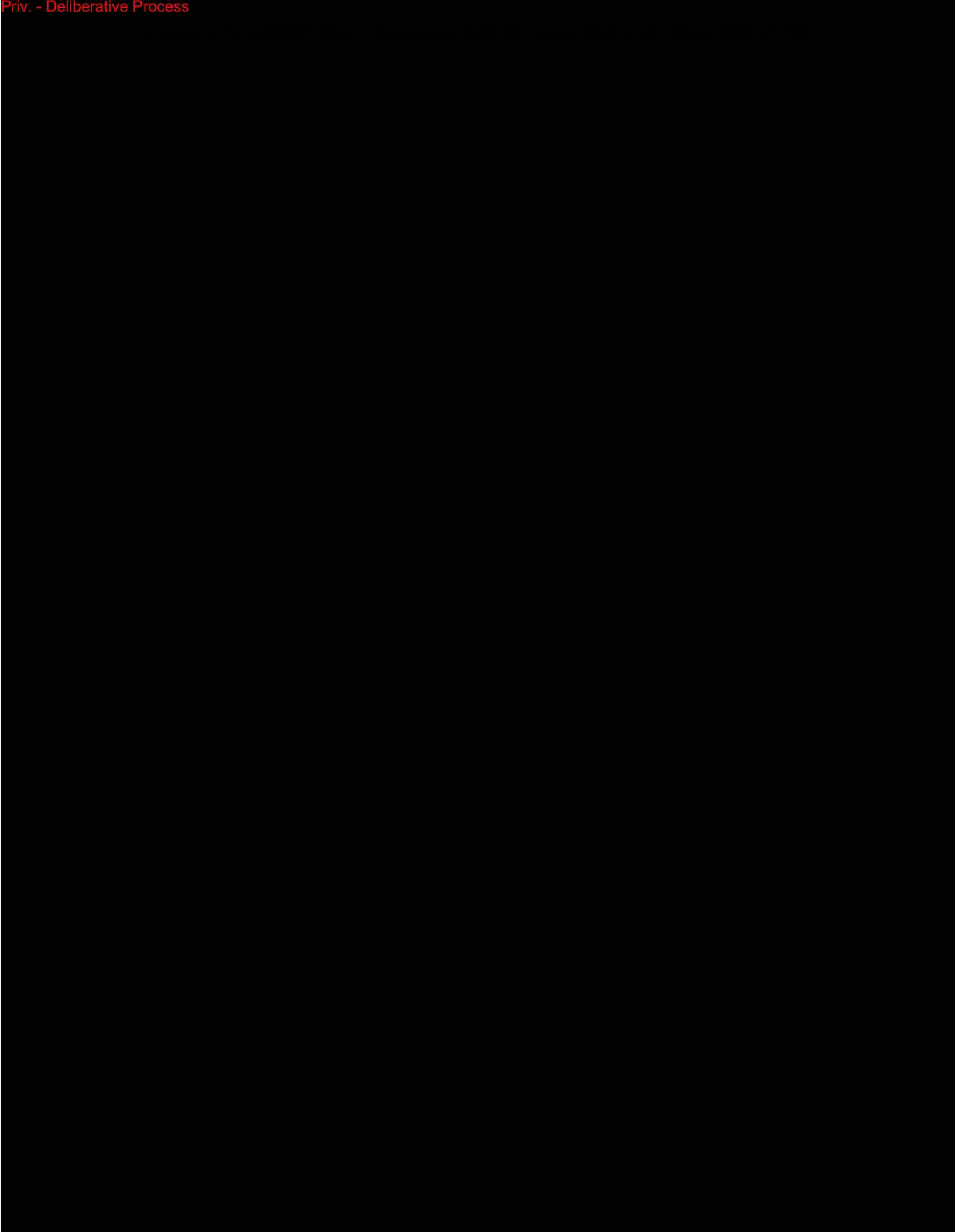


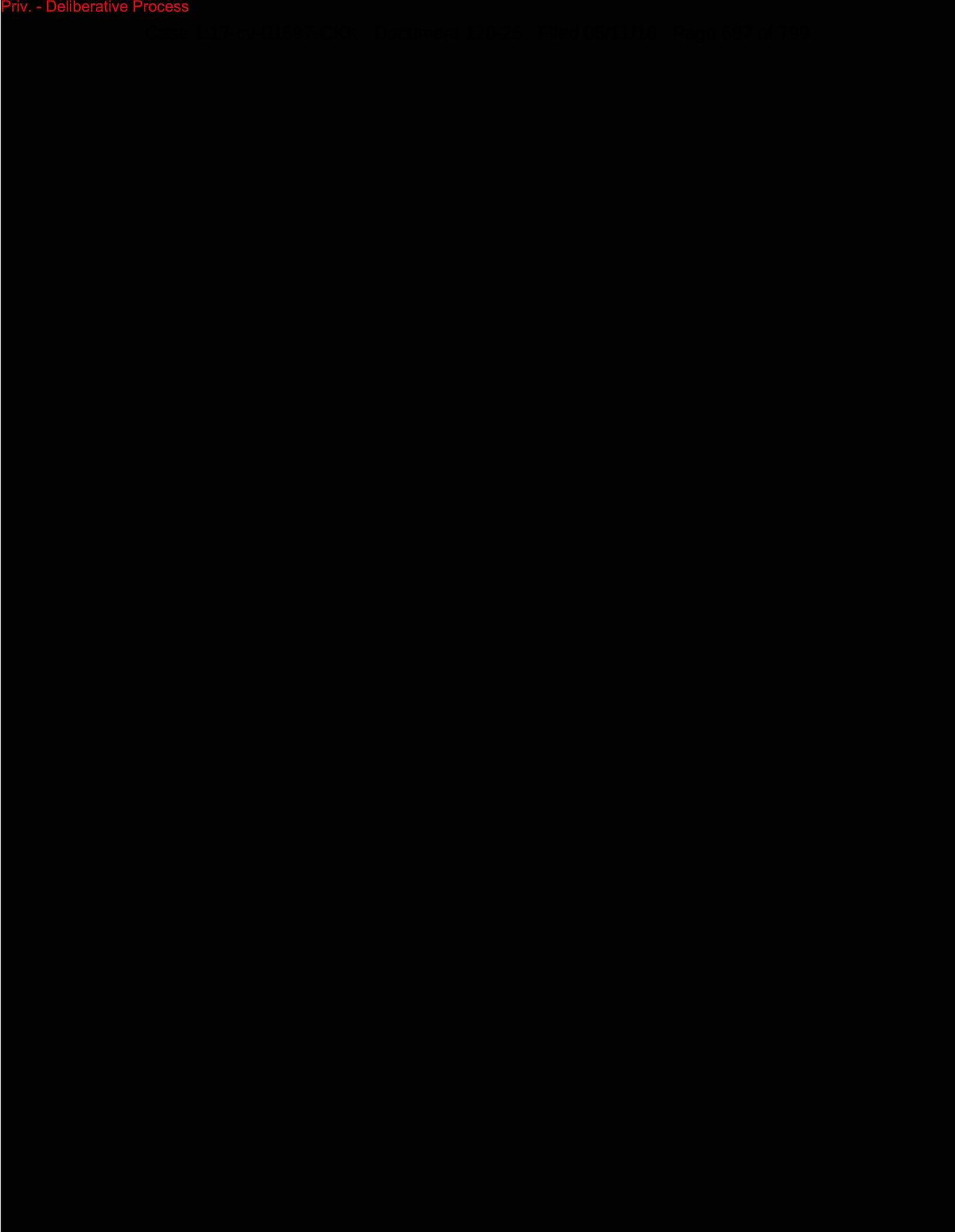


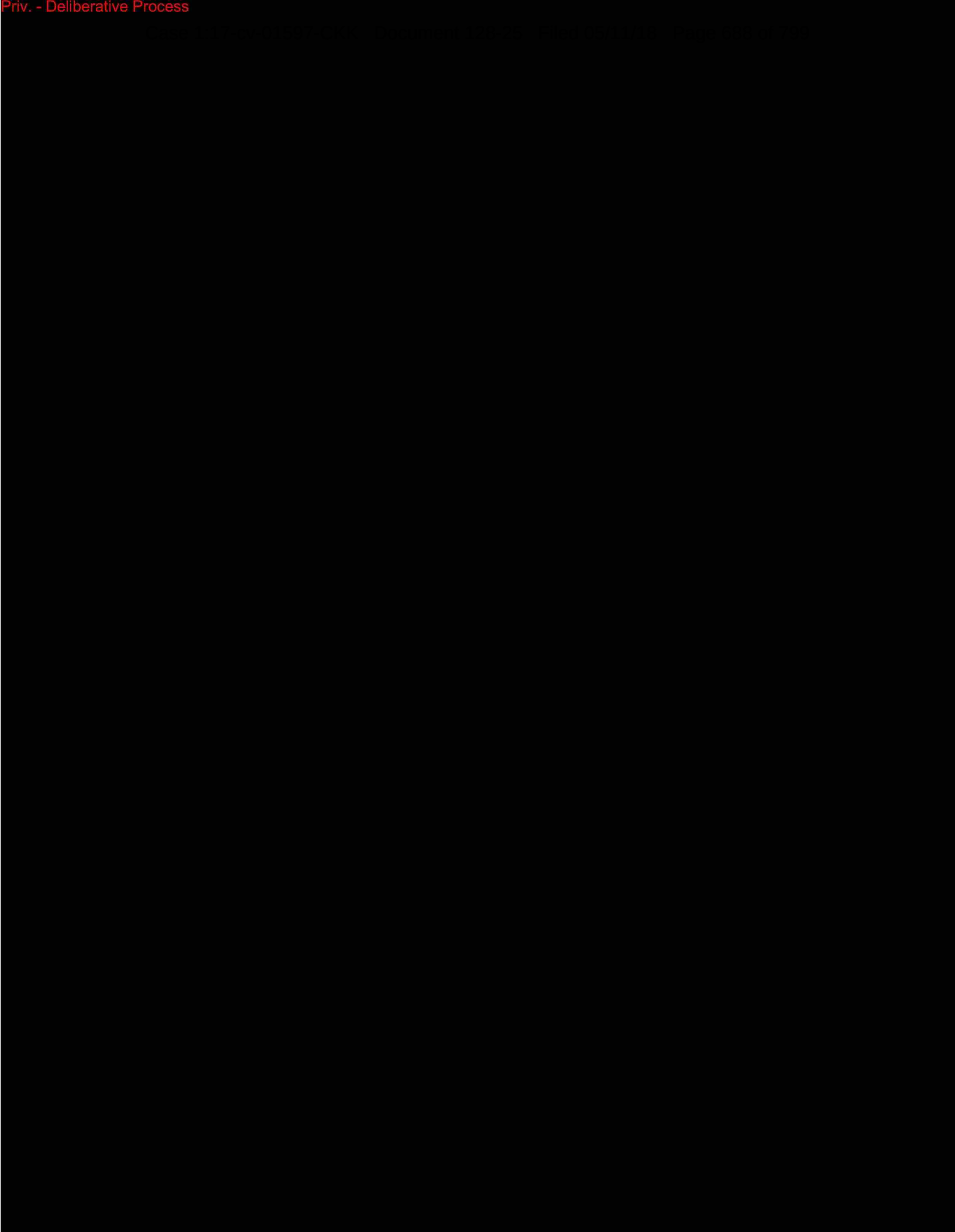


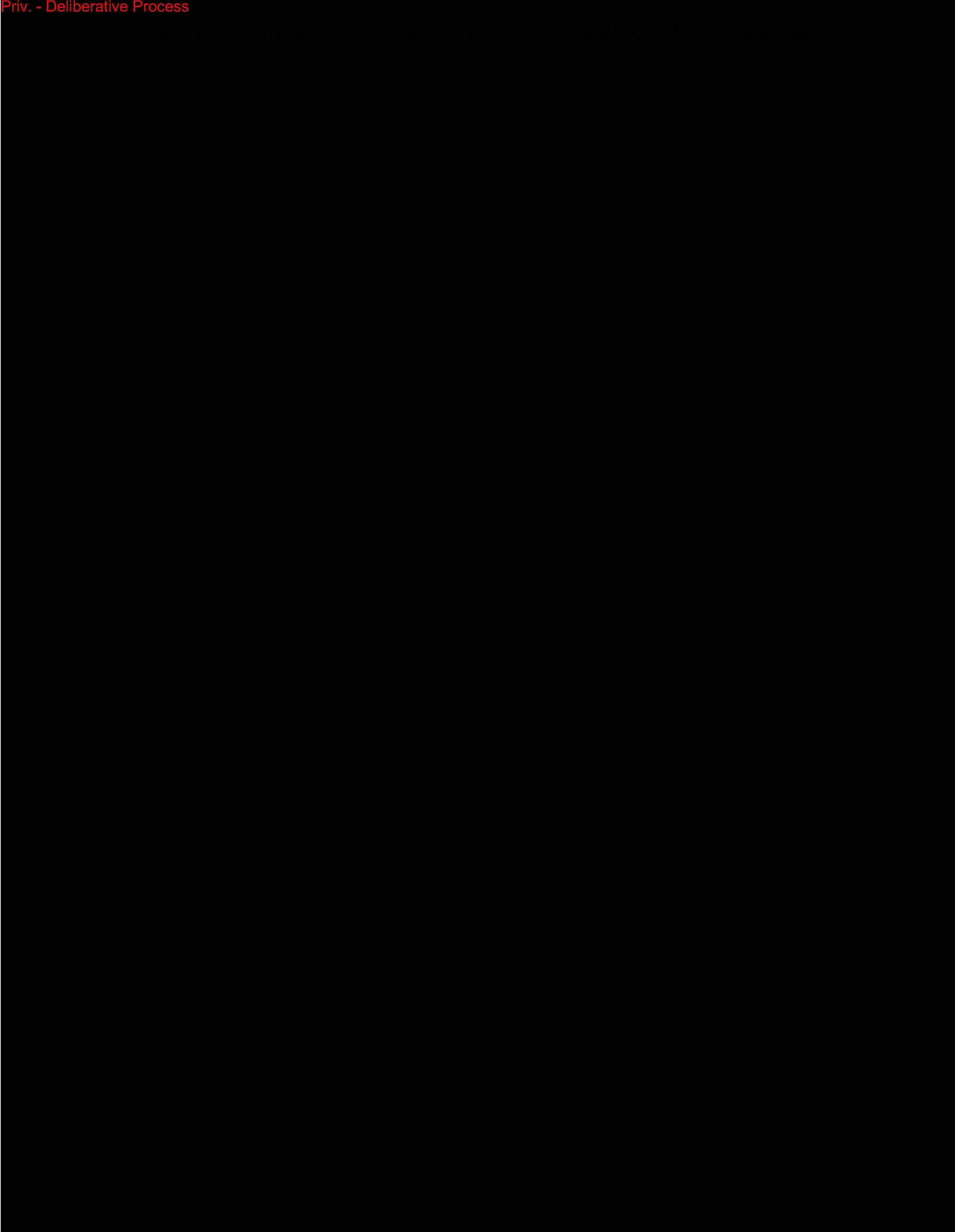


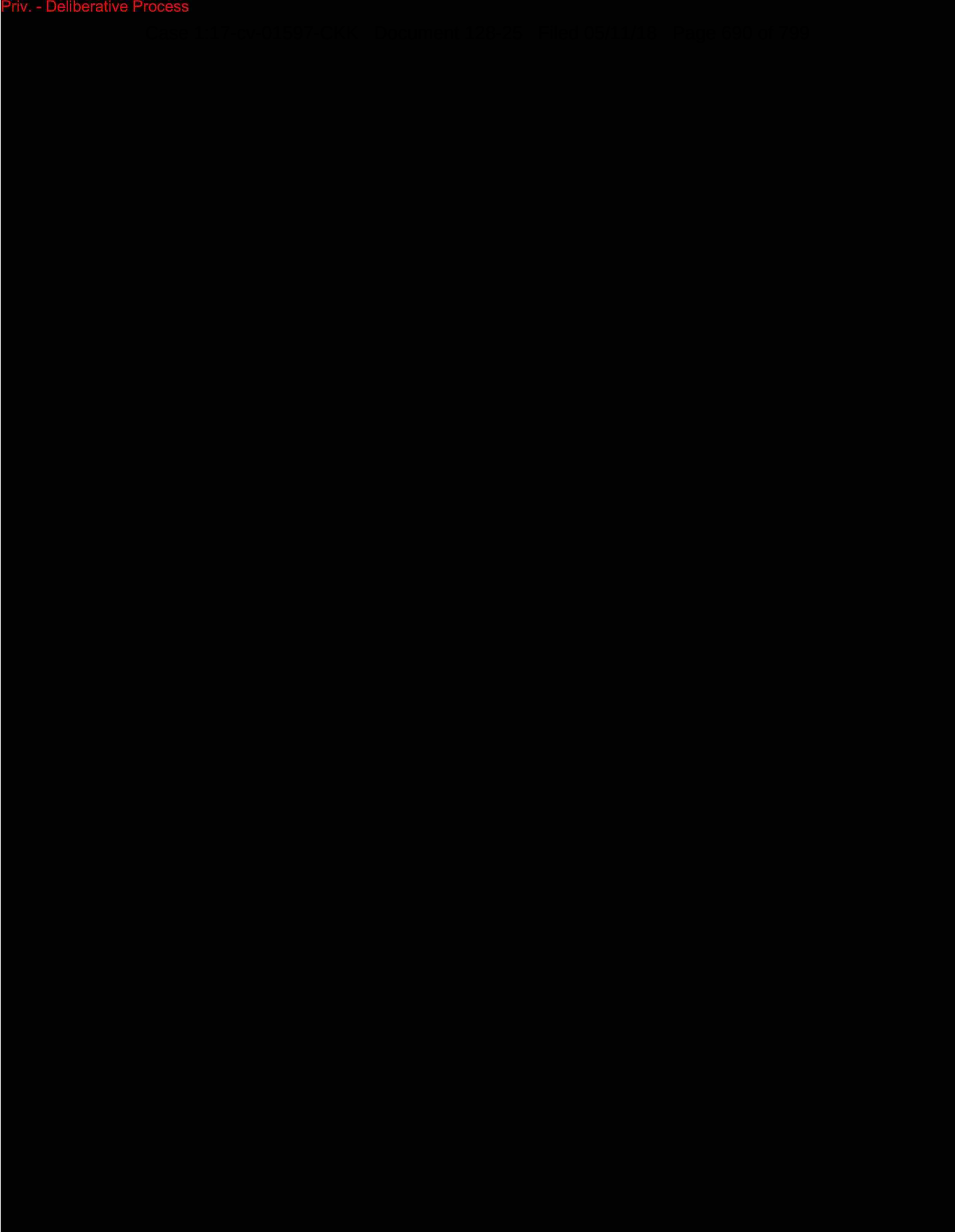


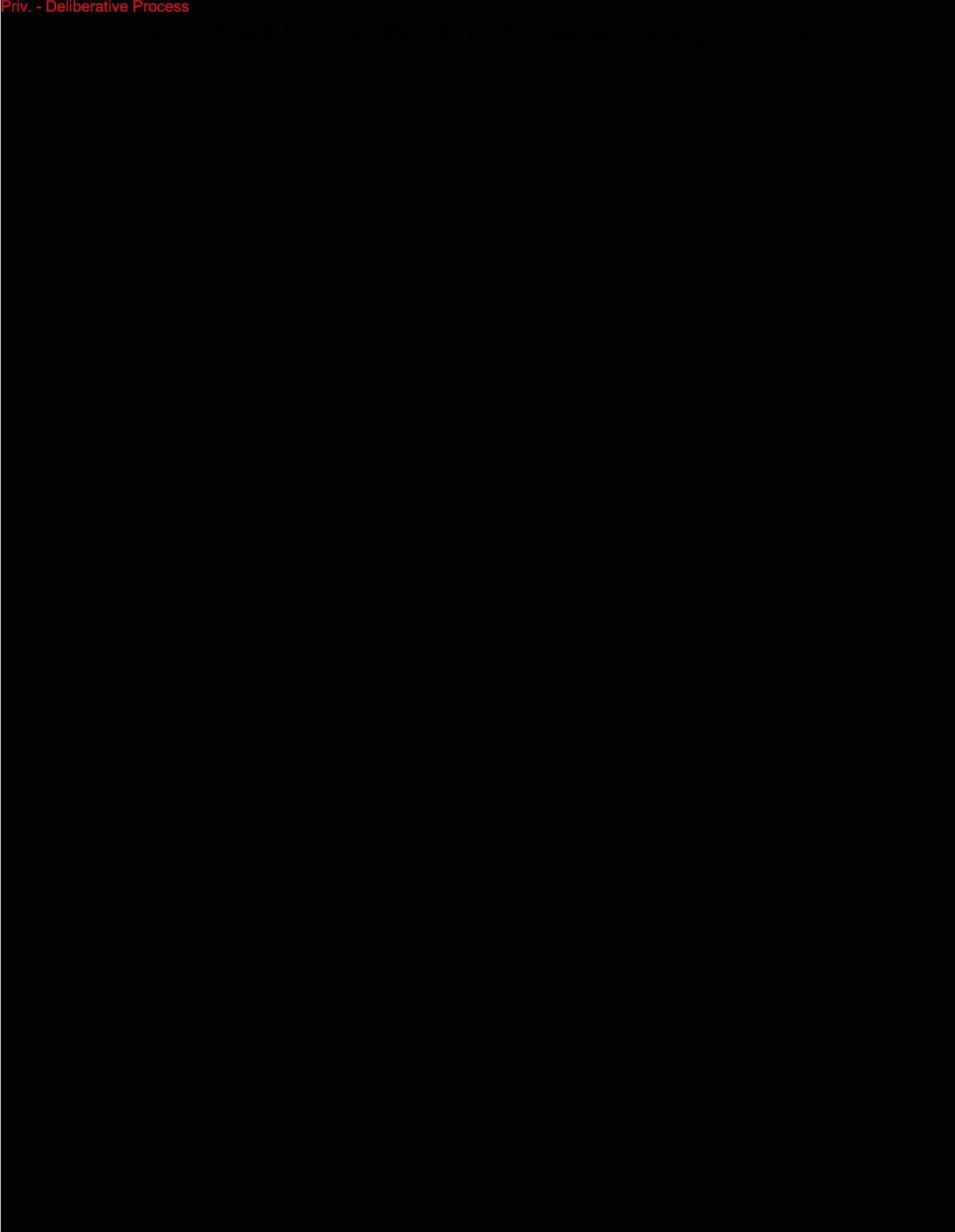


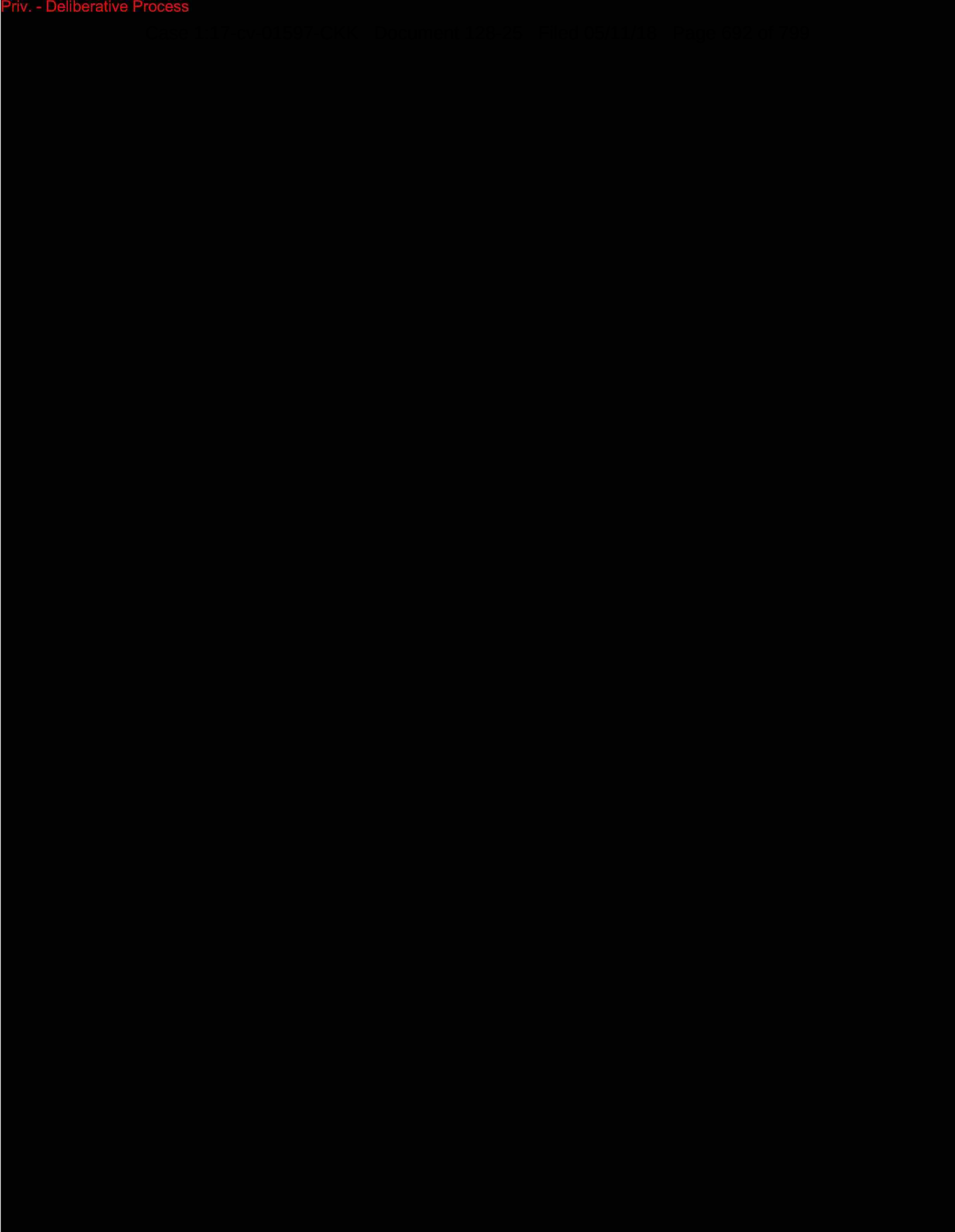


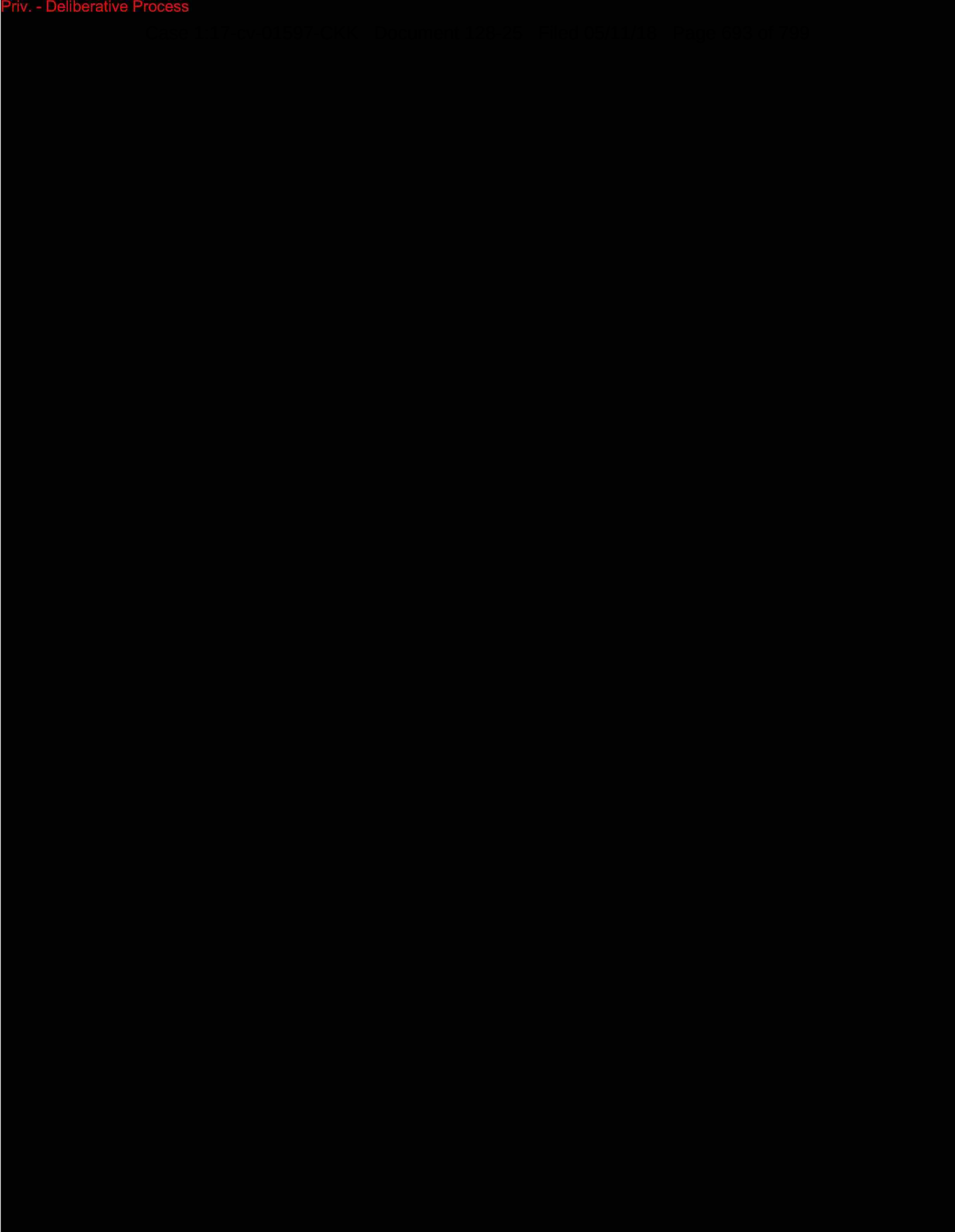












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From: [Brown, Gary W LTC USARMY OSD OUSD P-R \(US\)](#)
To: [Golden, Kerrie J COL USARMY HQDA ASA MRA \(US\)](#); [Krueger, Mary V COL USARMY HQDA ASA MRA \(US\)](#); [Soper, Martha P CIV USAF SAF-MR \(US\)](#); [Franzos, Marc Alaric CAPT USN BUMED FCH VA \(US\)](#); [Nelson, Michael R COL USARMY HQDA OTSG \(US\)](#); [Welch, Scott A CDR USN BUMED FCH VA \(US\)](#); [Corso, Meghan L CDR USPHS USN \(US\)](#); [Carino, S M \(Sad\) CDR USN JS J1 \(US\)](#); [McWaters, William J CIV USMC MANDR AFFAIRS \(US\)](#); [Palacios, Cindi L LCDR USN ASSTSECNAV MRA DC \(US\)](#); [Brown, Matthew T CDR USCG \(US\)](#)
Cc: [Wellman, Aaron C LTC USARMY OSD OUSD P-R \(US\)](#)
Subject: RE: MEDPERS Meeting 6 Nov (UNCLASSIFIED)
Date: Monday, November 6, 2017 7:30:59 AM
Attachments: [Monday, November 6, 2017 MEDPERS Meeting Agenda V2 2017.11.06 - Final.pdf](#)
[MEDPERS Treatment for GD - PrePoE v3.0.pdf](#)
[Height Weight Potential Single Standard Issue Paper.pdf](#)

Pushed out to MEDPERS moments ago.

Today. 2pm. 2E579.

-----Original Message-----

From: Brown, Gary W LTC USARMY OSD OUSD P-R (US)
Sent: Sunday, November 5, 2017 3:33 PM
To: Golden, Kerrie J COL USARMY HQDA ASA MRA (US) <kerrie.j.golden.mil@mail.mil>; Wellman, Aaron C LTC USARMY OSD OUSD P-R (US) <aaron.c.wellman.mil@mail.mil>
Cc: Krueger, Mary V COL USARMY HQDA ASA MRA (US) <mary.v.krueger.mil@mail.mil>
Subject: RE: MEDPERS Meeting 6 Nov (UNCLASSIFIED)

Kerrie,

Is going to be what's in the calendar invite:

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Unfortunately, we are still unsure of read ahead documents, could even be as late as having table drops at the time of the meeting. More to follow.

Gary

-----Original Message-----

From: Golden, Kerrie J COL USARMY HQDA ASA MRA (US)
Sent: Friday, November 3, 2017 4:26 PM
To: Brown, Gary W LTC USARMY OSD OUSD P-R (US) <gary.w.brown.mil@mail.mil>; Wellman, Aaron C LTC USARMY OSD OUSD P-R (US) <aaron.c.wellman.mil@mail.mil>
Cc: Krueger, Mary V COL USARMY HQDA ASA MRA (US) <mary.v.krueger.mil@mail.mil>
Subject: FW: MEDPERS Meeting 6 Nov (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Gary and/or Aaron,

Do you have an agenda for the MEDPERS on Monday?

Thanks!

SOPER DEP_RFP_01441

USDOE00033576

COL Kerrie Golden, SP, PT, MPT, DPT, SCS Assistant Deputy Medical Affairs ASA-M&RA (MPQ)
111 Army Pentagon, Room 2E469
Washington, DC 20310-0111
Office: 703.693.1921

-----Original Message-----

From: Feliciano, Teresa M LTC USARMY HQDA ASA MRA (US)
Sent: Friday, November 03, 2017 4:23 PM
To: Krueger, Mary V COL USARMY HQDA ASA MRA (US) <mary.v.krueger mil@mail.mil>; Golden, Kerrie J COL USARMY HQDA ASA MRA (US) <kerrie.j.golden mil@mail mil>
Subject: MEDPERS Meeting 6 Nov (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

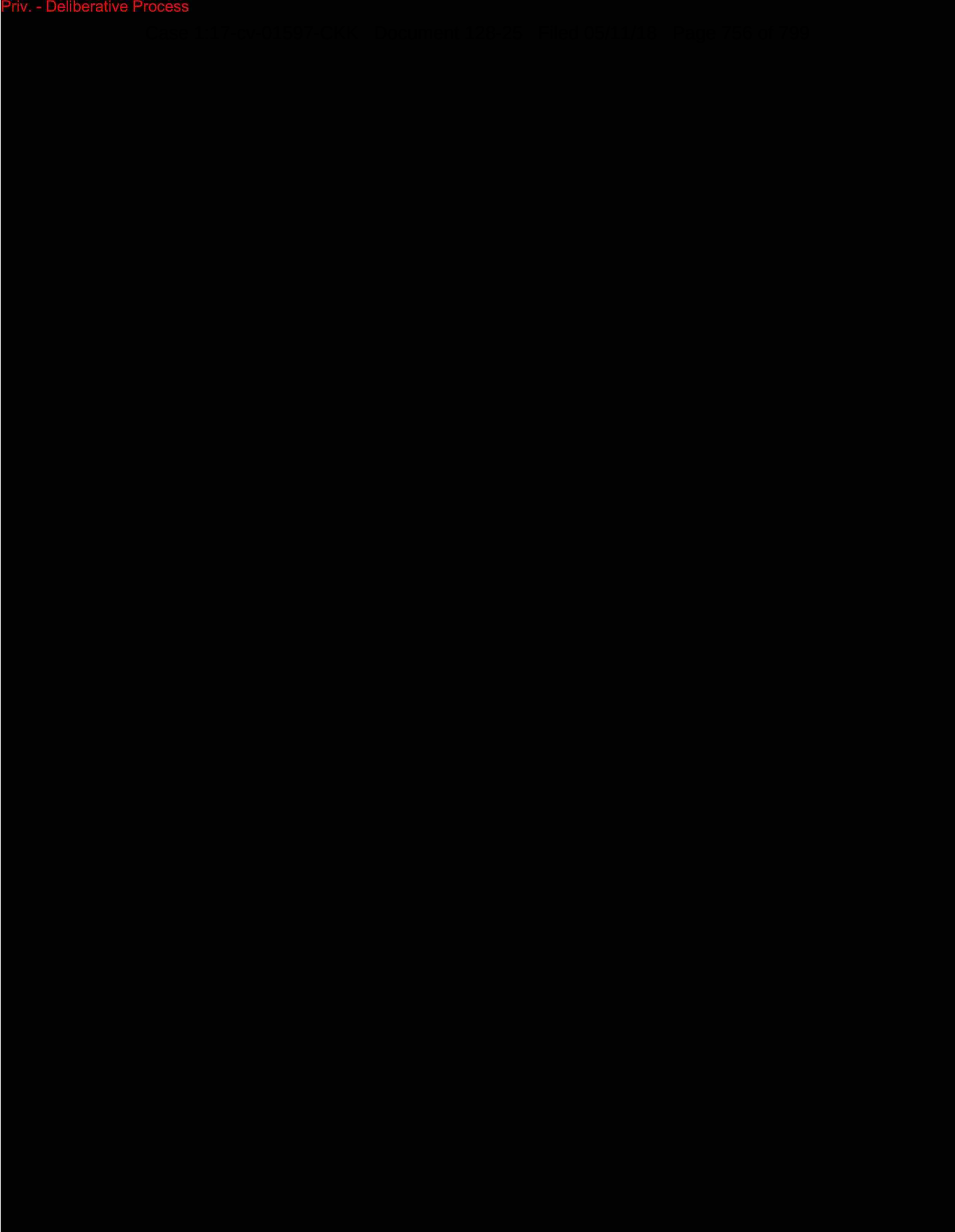
Ma'am,

Ms. Randon would like to see the agenda for the MEDPERS Meeting on 6 NOV. Please send when you can.

Thank you.

v/r,
TERESA M. FELICIANO
LTC, GS
Executive Officer
Principal Deputy Assistant Secretary of the Army (Manpower & Reserve Affairs)
111 Army Pentagon, Room 2E460
Washington, DC 20310-0111
COM: 703-693-3783
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