

DOCUMENT FILED UNDER SEAL

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

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|--|--|--|
| <p>JANE DOE 2, <i>et al.</i>,</p> <p style="text-align: right;">Plaintiffs,</p> <p>v.</p> <p>PATRICK SHANAHAN, in his official capacity as Secretary of the Department of Defense, <i>et al.</i></p> <p style="text-align: right;">Defendants.</p> | <p>)</p> | <p>Civil Action No. 17-cv-1597 (CKK)</p> |
|--|--|--|

**DECLARATION OF ZACHARY D. ROSENBAUM
IN SUPPORT OF MOTION TO COMPEL**

I, Zachary D. Rosenbaum, declare under penalty of perjury that the following is true and correct:

1. I am a partner at the law firm of Lowenstein Sandler LLP, co-counsel for Plaintiffs in this action. I am providing this Declaration in support of Plaintiffs’ motion to compel. I, along with my colleagues Jennifer Fiorica Delgado and Meg Slachetka appeared in this case on May 10, 2019. Our firm serves as co-counsel for Plaintiffs with GLBTQ Legal Advocates & Defenders, National Center for Lesbian Rights, Foley Hoag, LLP, and Jenner & Block, LLP. I make this Declaration based on my own knowledge and review of the record, as well as information provided to me by my colleagues and our co-counsel.

2. Plaintiffs received a document production from Defendants dated April 30, 2019, consisting of a total of 1,425 documents. Of that total, 760 were withheld entirely on the basis of one or more privileges, and were produced as a one-page slipsheet indicating that each document had been withheld. Additionally, 80 of these documents were copies of documents Defendants had previously produced. The remaining 585 documents, many of which are partially redacted, primarily consist of gender transition plans for individual service members, and updates

concerning the total number of transgender individuals currently serving or in the process of enlisting.

3. Based on our review of the government's privilege logs served to date, 5,962 entries on the government's privilege logs are pre-Tweet and of those, 3,477 assert only deliberative process privilege, not attorney-client or work product protection.

4. Attached hereto as **Exhibit A** is a true and correct copy of the government's *Vaughn* index produced on behalf of the Department of Defense, with annotations added by counsel for Plaintiffs.

5. Attached hereto as **Exhibit B** is a true and correct copy of the government's *Vaughn* index produced on behalf of the Army, with annotations added by counsel for Plaintiffs.

6. Attached hereto as **Exhibit C** is a true and correct copy of the government's *Vaughn* index produced on behalf of the Navy, with annotations added by counsel for Plaintiffs.

7. Attached hereto as **Exhibit D** is a true and correct copy of the government's *Vaughn* index produced on behalf of the Air Force, with annotations added by counsel for Plaintiffs.

8. Attached hereto as **Exhibit E** is a true and correct copy of the government's *Vaughn* index produced on behalf of the Coast Guard, with annotations added by counsel for Plaintiffs.

9. Attached hereto as **Exhibit F** is a true and correct copy of the government's June 2018 claw-back log, with annotations added by counsel for Plaintiffs.

10. For the Court's convenience, Plaintiffs have categorized the *Vaughn* Index entries on Exhibits A through E per the four sub-categories of documents related to the panel review process identified in the April 9, 2019 Minute Order. Plaintiffs note that no documents on the

Vaughn Indexes appear to fall under sub-category three: “drafts of the Panel's report communicated to any third parties.”

11. Plaintiffs have also annotated the *Vaughn* Index entries on Exhibits A through E and the claw-back log on Exhibit F to reflect the categories of documents Plaintiffs assert are improperly withheld: post-decisional documents are noted in purple, documents appearing to contain factual content are noted in orange, documents dated pre-Tweet are noted in yellow, and documents for which the description on the Indexes or log is insufficient for Plaintiffs to assess the privilege assertion are noted in blue.

12. Attached hereto as **Exhibit G** is a true and correct copy of a document entitled “Active Duty Service Members with Gender Dysphoria” Bates stamped USDOE00284622-31.

13. Attached hereto as **Exhibit H** is a true and correct copy of a document entitled “Data Extracts” Bates stamped USDOE00088637_001-019.

14. Attached hereto as **Exhibit I** is a true and correct copy of a document entitled “Average Cost comparison for AD and GD Population” Bates stamped USDOE00283408.

15. Attached hereto as **Exhibit J** is a true and correct copy of a document Bates stamped Administrative_Record_002821.

16. Attached hereto as **Exhibit K** is a true and correct copy of a document Bates stamped USDOE00088638_009-024.

17. Attached hereto as **Exhibit L** is a true and correct copy of a letter from counsel for Defendants to counsel for Plaintiffs dated September 7, 2018, stating, among other things, that “Production 19 is a supplemental production of documents over which Defendants have withdrawn prior claims of privilege.”

18. Attached hereto as **Exhibit M** is a true and correct copy of a document entitled “Litigation Risks Associated with Revising Transgender Service Policy” Bates stamped USDOE00269008. This document was part of “Production 19” referenced in Exhibit K as to which Defendants withdrew their prior claims of privilege.

19. Attached hereto as **Exhibit N** is a true and correct copy of a document Bates stamped USDOE00003284.

20. Attached hereto as **Exhibit O** is a true and correct copy of privilege log entries from Defendants’ productions 6, 7, 10, 11, 14, 18 and 23 that appear to be communications relating to Exhibit M.

21. Attached hereto as **Exhibit P** is a true and correct copy of a document Bates stamped USDOE00081122.

22. Attached hereto as **Exhibit Q** is a true and correct copy of excerpts from the deposition transcript of Col. Mary Krueger, the Assistant Deputy for Health Affairs in the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs.

23. Attached hereto as **Exhibit R** is a true and correct copy of excerpts from the deposition transcript of Martha Soper, the Assistant Deputy of Health Care Policy for the Air Force.

24. Attached hereto as **Exhibit S** is a true and correct copy of a document Bates stamped USDOE00003252.

25. By email on June 3, 2019, pursuant to Local Civil Rule 7(m), our office informed counsel for Defendants of Plaintiffs’ intention to submit to the Court by way of an accompanying motion to seal, the aforementioned confidential documents produced by Defendants (identified in

the email by Bates number) and Defendants' *Vaughn* Indexes and privilege logs. By response email on June 4th, Defendants consented to Plaintiffs' motion to seal.

Signed under the pains and penalties of perjury this 4th day of June 2019.

/s/ Zachary D. Rosenbaum
Zachary D. Rosenbaum

EXHIBIT A

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EXHIBIT B

DOCUMENT FILED UNDER SEAL

EXHIBIT C

DOCUMENT FILED UNDER SEAL

EXHIBIT D

DOCUMENT FILED UNDER SEAL

EXHIBIT E

DOCUMENT FILED UNDER SEAL

EXHIBIT F

DOCUMENT FILED UNDER SEAL

EXHIBIT G

DOCUMENT FILED UNDER SEAL

EXHIBIT H

DOCUMENT FILED UNDER SEAL

EXHIBIT I

DOCUMENT FILED UNDER SEAL

EXHIBIT J

MINUTES: TRANSGENDER REVIEW PANEL
 FRIDAY, OCTOBER 13, 2017 1500-1700
 DECISION SUPPORT CENTER, 2E579
 1400 DEFENSE PENTAGON WASHINGTON, DC 20301

Transgender Review Panel Attendees: () – indicates authorized substitute

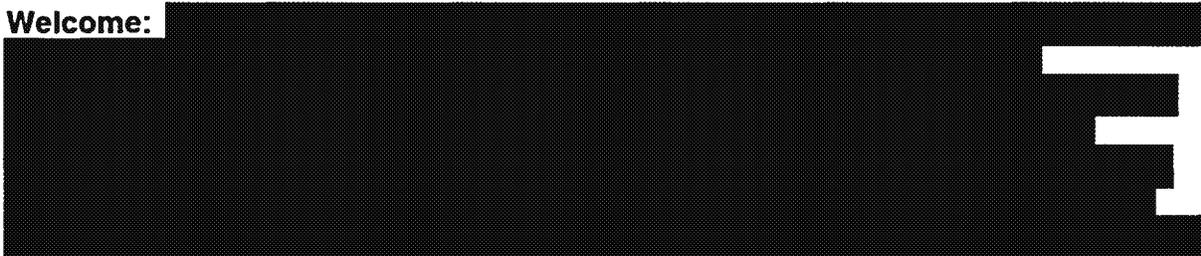
| | |
|--|--------------------------|
| Performing the Duties of the Undersecretary of Defense – P&R | Mr. Tony Kurta |
| Performing the Duties of the Under Secretary of the Army | Mr. Thomas Kelly III |
| Performing the Duties of the Under Secretary of the Navy | Mr. Thomas Dee |
| Under Secretary of the Air Force | HON. Matthew Donovan |
| Vice Commandant of the Coast Guard | () |
| Vice Chief of Staff of the Army | () |
| Vice Chief of Naval Operations | () |
| Vice Chief of Staff of the Air Force | Gen Stephen Wilson |
| Assistant Commandant of the Marine Corps | Gen Glenn Walters |
| Vice Chief of Staff National Guard Bureau | LTG Daniel Hokanson |
| Sergeant Major of the United States Army | SGM Daniel Dailey |
| Master Chief Petty Officer of the Navy | MCPON Steven S. Giordano |
| Chief Master Sergeant of the Air Force | CMSAF Kaleth O. Wright |
| Sergeant Major of the Marine Corps | SgtMajMC Ronald L. Green |
| Senior Enlisted Advisor - National Guard Bureau | CSM Christopher Kepner |

Agenda:

| Topic | Briefing Name | POC |
|-------------------|--|----------------|
| Opening Remarks | n/a | Mr. Tony Kurta |
| Survey Results | 2016 Workplace and Gender Relations Survey of Active Duty Members: Transgender Service Members | () |
| DoDI 6130.03 | Proposed updates to <i>Medical Standards for Appointment, Enlistment, or Induction in the Military Services</i> , dated April 28, 2010 | () |
| Commander's Panel | n/a | n/a |

Detailed Meeting Minutes:

Welcome:



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1400 DEFENSE PENTAGON WASHINGTON, DC 20301

[REDACTED]

Survey Results: The [REDACTED]

[REDACTED] presented the results of the "2016 Workplace and Gender Relations Survey of Active Duty Members: Transgender Service Members." The survey concluded that between 8,227 and 9,732 Service Members (SM), representing approximately 1% of the active duty force consider themselves to be Transgender (TG). The prior RAND study indicates that between 2-12K currently serving SMs are TG based on an assessment of prior studies involving a wide range of ages and nationalities. [REDACTED]

DoDI 6130.03: [REDACTED] briefed the proposed updates to DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*, dated April 28, 2010. [REDACTED]

Commander's Panel: The nine commanders, representing each of the five uniformed services, spoke about their experiences with a TG SM in their formation. Highlights of their discussion include:

- There was no consensus on whether or not to allow open TG service in the future (and have the military pay for transitions), and that seemed to be largely based on their experiences with their single Soldier. The amount of leadership energy required to navigate a SM through a TG transition plan are formidable and the current policy has gaps within it.
- While the Commanders remarked that TG SMs tended to take up a large amount of leadership's time (as compared to a non-TG), the more pro-active a SM was in working around operational requirements, the more supportive the Command was and the less time leadership had to spend on the SM. One Commander, who fully supported in-service transition, remarked that his transitioning SM worked closely with the chain of command to ensure that he did not miss any

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operational requirements, to include two rotations at the National Training Center. Another commander remarked that his phenomenal transgender SM had decided to resign her commission and will be heavily recruited by Silicon Valley companies, a great loss to the Service.

- When informally queried, on a scale from 1 to 10 with one being minimal amount of leader time dedicated to TG SMs and 10 being the maximum, the Commanders were uniformly distributed, though many remarked that it was not due to the SMs, it was due to gaps in current policy.
- The vast majority of commanders agreed that from time of diagnosis to the completion of a transition plan, the SM would be non-deployable for 2-2.5 years (up to a year of hormones to achieve stability, then surgeries).
- Commanders almost uniformly voiced concerns that patients had too much control over which surgeries were included in their transition plans – something should either be medically necessary or not - personal desires or patient 'negotiation' should not override that medical opinion; several transgender medical treatment plans were changed after the medical treatment plan was approved based on individual desires.
- One commander spoke of his 'dueling' EO issues; his TG SM (a female with male genitalia), with an approved ETP for full-time real life experience that is authorized to use female shower facilities. This led to an EO complaint by the females assigned to the unit who believed their privacy was invaded by this. That led to an EO complaint claiming that the command was not supporting her rights.
- Several commanders indicated a budgetary impact as they received no additional monies to pay for the numerous TDY trips throughout CONUS for specialized medical care and had to pay out of O&M Funds.
- One commander remarked about how it would be extremely difficult for a TG SM to operate in a SOCOM world with austere living conditions and non-emergency medical support not readily available. He also raised the issue that some military specialties, like air traffic controllers, have their standards set by another agency – in that case the FAA. The FAA does not allow an individual to control air traffic until they have been hormonally stable for 5 years, effectively closing that specialty to TG SMs.

Conclusion: The meeting ended at 1700 at the conclusion of the Commander's Panel.

EXHIBIT K

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EXHIBIT L



U.S. Department of Justice
Civil Division, Federal Program Branch

Robert M. Norway
Trial Attorney

Tel: (202) 353-0889
Email: robert.m.norway@usdoj.gov

September 7, 2018

By FedEx

Tracy Roosevelt
Matt Miller
Foley Hoag LLP
1717 K Street, NW
Washington, D.C. 20006-5350

Counsel for Plaintiffs

Re: Defendants' Discovery Responses in *Doe v. Trump*

Dear Counsel,

Enclosed please find one encrypted hard drive containing documents responsive to the Requests for Production of Documents that Plaintiffs served on December 15, 2017, and/or were served in *Stone v. Trump*. The documents are bates numbered USDOE00239009 – USDOE00268251 and each document is also bates numbered by component. The USDOE bates numbers will be used in document productions across the four related cases to facilitate the identification of documents in depositions and other discovery matters.

The flash drive contains Defendants' production numbers 18 to 23. Production 18 is a supplemental production of documents from the Department of Defense that were inadvertently excluded from our previous productions. Production 19 is a supplemental production of documents over which Defendants have withdrawn prior claims of privilege. Productions 20 and 23 are supplemental productions of documents that were identified by Defendants as responsive to Freedom of Information Act Requests. Production 21 and 22 are productions of documents for the Department of Homeland Security and Coast Guard that are responsive to document requests in *Stone v. Trump*.

We will provide privilege logs that correspond to the component bates numbers in this production. Please note that these documents are provided subject to the terms of the protective order and FRE 502(d) order. ECF Nos. 84 and 85.

The instructions for accessing the encrypted drive will be sent via email.

Sincerely,

/s/ Robert M. Norway

EXHIBIT M

DOCUMENT FILED UNDER SEAL

EXHIBIT N

Lewis, Tyler E Lt Col USAF SAF-OS (US)

From: Sitterly, Daniel R SES USAF SAF-MR (US)
Sent: Monday, May 29, 2017 12:59 PM
To: Wilson, Heather A HON (US)
Cc: Goldfein, David L Gen USAF AF-CC (US); Disbrow, Lisa S HON USAF SAF-US (US); Wilson, Stephen W Gen USAF AF-CV (US); Zarodkiewicz, Patricia J SES USAF SAF-AA (US); Harris, Stayce D Lt Gen USAF AF-CVA (US); Grosso, Gina M Lt Gen USAF AF-A1 (US); Ediger, Mark A Lt Gen USAF AF-SG (US); Fedrigo, John A SES USAF SAF-MR (US); Nolta, Noel Christina (Christy) SES USAF AF-CVA (US); Iverson, David R Col USAF SAF-US (US); Angelo, Thomas P (Tom) Col USAF SAF-MR (US); Soper, Martha P CIV USAF SAF-MR (US); Clinton, Kyle Matthew (Bender) Maj USAF SAF-US (US); Mentzer, Eries L Col USAF AF-CC (US); Wright, Kaleth O CMSAF USAF AF-CCC (US); Nowland, Mark C (Chris) Lt Gen USAF AF-A3 (US); France, Derek C Col USAF AF-CV (US); Sitterly, Daniel R SES USAF SAF-MR (US)
Subject: Urgent//RFI//Transgender Draft Memo
Attachments: AF Transgender Service Policy Memorandum dtd 06 Oct 16.pdf
Importance: High

Madam Secretary,

BLUF: There are many viewpoints on this policy. I recommend we gather the senior leadership team (CMSAF, MR, A1, SG, GC, A3, CVA) together with you and the Chief tomorrow/Wed to walk you thru the history of the policies, the various concerns and service positions, and the options for your response.

In response to your questions:

- "Our response is due NLT 31 May. ..." The draft memo was coordinated with GC, MR, A1, and SG ... as well as the Under, Vice Chief, and Chief.

- "The draft memo "strongly recommends" a 36-month delay." Since the policy to allow transgender service members currently serving to continue to serve and to complete transition was changed in Oct 16, we have become aware (thru medical channels) of 700-800 service members across DoD who have been diagnosed with Gender Dysphoria. There are a number of comorbidities associated with Gender Dysphoria such as multiple psychosocial, endocrine, and surgical issues. Major Depressive Disorder is the comorbidity with the longest period of required stabilization for entry into the military services--36 months. If we are to delay accessions to analyze the impact on readiness from a purely medical perspective, a 36-month period would allow us to assess the readiness impact of all of the comorbidities of the 700-800 currently serving service members. Additionally, complete transition to the preferred gender will be different for each Airman. For Airmen choosing to include gender reassignment surgery, even 36 months may not be enough time to fully assess the medical impacts on deployability. We were not aware of the Army's final response of "24 month delay" until this package was in staffing and I have been unable to determine why 24 months (versus something more or less). We understand the USMC also made a final decision on Friday

..we're working to see their final input as well.

- "The guidance from DEPSECDEF says that "We do not intend to reconsider prior decisions unless they cause readiness problems that could lessen our ability to fight, survive and win on the battlefield." When the decision was made last year to begin accessions on 1 Jul 17, we had very little data available to us on the impact to readiness. Since we stood up the Service Coordination Cell last summer we have become aware of approximately 110 Transgender Airmen. Because we do not have an established formal "tracking system", we can't follow each of these Airman thru to determine their military readiness, however, anecdotally, the issues we have addressed with these Airmen, their commanders, and their supervisors indicate there may be significant issues related to readiness. I will obtain our "log sheet" and send under separate email.

- "Policy has already prohibited involuntary separation of otherwise qualified Airmen solely because of gender identity. The 1 July 2017 deadline is solely about accessions. I don't know what the policy says about period of stability before joining. Is there one?" The OSD accessions policy hasn't been published yet, but it calls for an 18-month period of stability for those individuals with a history of gender dysphoria, hormone treatment, or gender reassignment surgery. Our position in the original OSD Working Group called for a 36 month period to be consistent with the most restrictive comorbidity (major depressive disorder). We subsequently took a service position of 24-months, and OSD ultimately decided it would be 18 months (and waivable to less by Service Secretary). That too has been a point of concern but the decision has been made to keep it at 18 months. My sense is that any delay in the accessions start date to analyze impacts would better inform the stability period for future accessions decisions.

- "Are there other medical conditions which render a person non-deployable for a period of time which are not disqualifying for joining the service?" We waive many medical conditions to access Airmen but they are all generally deployable upon entry. When making the accession decisions, medical risk is measured against the Airman's well being, deployment sustainability, and the ability to complete a period of commitment. The same would be true of TG Airmen. There is some debate regarding gender dysphoria and how long one might be stable in the various phases of transition--e.g. life experiences, hormone therapy, and reassignment surgery.

- "How many of our 600,000+ airmen have had their gender markers changed in the personnel system? The Army says they have 36 total, and that 19% of them are permanently non-deployable compared to 2% permanently non-deployable in the rest of the force. What are our comparable numbers?" Obtaining updated data--it was only 2 the last time I checked ... with one of them returned from deployment with medical issues.

- "I accept that deployability is an issue. I also accept that stability is an issue, particularly given the very high percentage of transgender individuals who return to their birth gender by early adulthood. At the same time, we are talking about a very small percentage of the force. With

such small numbers, it is hard to make the case that this change in policy would cause readiness problems that would lessen our ability to fight and win on the battlefield." Agree--some advocacy groups suggest the number of Transgender service members is ~10,000. A recent RAND report suggests it is closer to 4,500 across the DOD. Currently 700-800, service members across DOD have been diagnosed with Gender Dysphoria. Some suggest that since we are providing hormones and gender reassignment surgery at no cost to the service members, transgender individuals will seek out military service.

- "If the policy requires a period of stability (18, 24, 36 months) before accession, and we are talking about quite small numbers, I'm not sure this is really worth fighting about with a delay as opposed to an operational study for the first 48 months with a report on results and potential to adjust the policy if needed at that time with respect to accessions based on real data." The policy requires a stability period of 18 months. Beginning accessions as planned on 1 Jul 17 and doing an operational study for 48 months is a viable COA.

- "It's also not clear to me what we would do over the next 36 months to get answers to questions if we don't have them now." We would track and analyze the readiness impact of those 700-800 currently serving service members with Gender Dysphoria.

- "I want to make sure that there has been full staff input and that people think this through." Agree Ma'am ... recommend a session Tuesday or Wednesday with you and the Chief and the A1, MR, SG, GC, A3, CMSAF

- I have also included our AF Memo dated 6 Oct FYSA.

Vr

Dano

//signed//

DANIEL R. SITTERLY, SES, DAF

Acting Assistant Secretary of the Air Force (Manpower and Reserve Affairs)
(703) 697-1258

Caution: This message may contain competitive or other non-public information protected by federal law from disclosure and not intended for disclosure outside official government channels. Do not disseminate this message without the approval of the originating office. If you received this message in error, please notify the sender by reply email and delete all copies of the message."

From: Goldfein, David L Gen USAF AF-CC (US)

Sent: Sunday, May 28, 2017 9:21 AM

To: Harris, Stayce D Lt Gen USAF AF-CVA (US)

<stayce.d.harris.mil@mail.mil <mailto:stayce.d.harris.mil@mail.mil> >

Cc: Wilson, Stephen W Gen USAF AF-CV (US)

<stephen.w.wilson18.mil@mail.mil <mailto:stephen.w.wilson18.mil@mail.mil> >

Subject: Fwd: [Non-DoD Source] Transgender Draft Memo

Stayce can you get with Gina and MR to ensure we are answering SECAF questions? With 31 May deadline we are going to need folks involved to work it. Dan Sitterly has been our lead.

Begin forwarded message:

From: "Wilson, Heather A." <Heather.Wilson@sdsmt.edu <mailto:Heather.Wilson@sdsmt.edu> >
Date: May 28, 2017 at 7:16:39 AM EDT
To: "Disbrow, Lisa S HON USAF SAF-US (US)" <lisa.s.disbrow.civ@mail.mil <mailto:lisa.s.disbrow.civ@mail.mil> >, "Soper, Martha P CIV USAF SAF-MR (US)" <martha.p.soper.civ@mail.mil <mailto:martha.p.soper.civ@mail.mil> >
Cc: "Goldfein, David L Gen USAF AF-CC (US)" <david.l.goldfein.mil@mail.mil <mailto:david.l.goldfein.mil@mail.mil> >, "Wilson, Heather A HON (US)" <heather.a.wilson8.civ@mail.mil <mailto:heather.a.wilson8.civ@mail.mil> >
Subject: [Non-DoD Source] Transgender Draft Memo

Our memo is due not later than May 31 and I have looked at the draft. There is no coordination on the draft. Martha, you might be able to fill us in on which parts of the Headquarters and others you have gotten input from.

The draft "strongly recommends" a 36 month delay. The Army is recommending a 24 month delay.

The guidance from DEPSECDEF says that "We do not intend to reconsider prior decisions unless they cause readiness problems that could lessen our ability to fight, survive and win on the battlefield."

Policy has already prohibited involuntary separation of otherwise qualified Airmen solely because of gender identity. The 1 July 2017 deadline is solely about accessions. I don't know what the policy says about period of stability before joining. Is there one?

Are there other medical conditions which render a person non-deployable for a period of time which are not disqualifying for joining the service?

How many of our 600,000+ airmen have had their gender

markers changed in the personnel system? The Army says they have 36 total, and that 19% of them are permanently non-deployable compared to 2% permanently non-deployable in the rest of the force. What are our comparable numbers?

I accept that deployability is an issue. I also accept that stability is an issue, particularly given the very high percentage of transgender individuals who return to their birth gender by early adulthood. At the same time, we are talking about a very small percentage of the force. With such small numbers, it is hard to make the case that this change in policy would cause readiness problems that would lessen our ability to fight and win on the battlefield.

If the policy requires a period of stability (18, 24, 36 months) before accession, and we are talking about quite small numbers, I'm not sure this is really worth fighting about with a delay as opposed to an operational study for the first 48 months with a report on results and potential to adjust the policy if needed at that time with respect to accessions based on real data.

It's also not clear to me what we would do over the next 36 months to get answers to questions if we don't have them now.

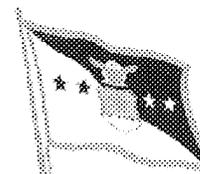
I want to make sure that there has been full staff input and that people think this through.

Thanks.

Heather Wilson



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



AFPM2016-36-01

06 October 2016

MEMORANDUM FOR DISTRIBUTION C
ALMAJCOM-FOA-DRU

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

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

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

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

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

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


Deborah Lee James
Secretary of the Air Force


Dave Goldson
General, USAF
Chief of Staff

Attachments:

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

Attachment 1

TRANSGENDER AIRMEN POLICY GUIDANCE

1. Applicability

- a. This memorandum provides policy and guidance for all military personnel serving in the United States Air Force, including those serving in the Reserve and Guard components of the Air Force. This guidance provides unit personnel, supervisors, commanders, transgender Airmen and the medical community a construct by which transgender Airmen may transition gender while serving. It further outlines policies for accessing, separating, and retaining transgender Airmen.
- b. Policies and procedures are premised on the conclusion that open service by transgender Airmen who are subject to the same standards and procedures as other members of the same gender with regard to their medical fitness for duty, physical fitness, dress and appearance standards, deployability, and retention, is consistent with military service and readiness.
- c. Exception to policy (ETP) requests will be made on a case-by-case basis and will be directed to the Service Central Coordination Cell (SCCC) via email at usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil for action.

2. Policy

- a. It is Air Force policy that service in the United States Air Force should be open to all who can meet the rigorous standards for military service and readiness. Consistent with the policies set forth in this memorandum, transgender individuals shall be allowed to serve in the Air Force.
- b. The Air Force recognizes a service member's gender by the member's gender marker in the Military Personnel Data System (MilPDS). A gender marker change must first be made in MilPDS and will flow to and update the Defense Enrollment Eligibility Reporting System (DEERS). Coincident with that gender marker, the Air Force applies, and the member is responsible to meet dress and appearance standards, fitness, Military Drug Demand Reduction Program (DDRP) participation, and other military standards applied with consideration of the member's gender. Airmen will use lodging, bathroom and shower facilities that are subject to regulation by the military in accordance with their gender marker in DEERS unless provided an approved ETP.
- c. All Service members are entitled to equal opportunity in an environment free from sexual harassment and unlawful discrimination on the basis of race, color, national origin, religion, sex, or sexual orientation. It is the Department's position, consistent with the U.S. Attorney General's opinion, that discrimination based on gender identity is a form of sex discrimination. In today's Air Force, people of different moral and religious values work, live and fight together on a daily basis. This is possible because they treat each other with dignity and respect. Airmen will continue to respect and serve with others who may hold different views and beliefs.
- d. Any medical care and treatment provided to a transgender Airman in the process of gender transition will be provided in the same manner as other medical care and treatment. Nothing in

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

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

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

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

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

3. Separation and Retention

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

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

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

4. Accessions Standards

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

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

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

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

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

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

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

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

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

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

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

4.1. Initial Entry Training

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

4.2. Pre-Commissioning Sources (AFROTC and USAFA)

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

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

5.1. Medical

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

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

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

d. When an Airman receives a diagnosis from a military medical provider, (or a diagnosis made by a civilian provider and validated by a military provider) indicating that gender transition is

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

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

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

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

5.2. Requesting Transition

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

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

5.3. Developing a Gender Transition Plan and Approval Process

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

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

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

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

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

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

5.4. Considerations for Transitioning Airmen

In cases where transgender Airmen may require accommodation in regard to military dress and appearance standards, fitness standards, or to use the designated facilities of their preferred gender, Airmen should submit an ETP to their commander (see attachment 3).

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

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

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

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

b. Dress and Appearance

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

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

(3) ETP requests will include:

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

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

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

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

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

c. Facilities

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

d. Deployment

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

e. For ARC Members

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

6. Completion of Transition

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

7. Post Transition

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

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

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

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

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

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

Attachment 2

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

DTM 16-005, *Military Service of Transgender Service Members*, 30 June 2016

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

DoDD 5400.11, *DoD Privacy Program*, 29 October 2014

DoDI 1300.28, *In-Service transition for Transgender Service Members*, 1 July 2016

DoDI 1332.14, *Enlisted Administrative Separations*, 27 January 2014

DoDI 1322.22, *Service Academies*, 24 September 2015

DoDI 1215.08, *Senior Reserve Officers' Training Corps (ROTC) Programs*, 26 June 2006

DoDI 1215.13, *Ready Reserve Member Participation Policy*, 5 May 2015

DoDI 6025.19, *Individual Medical Readiness (IMR)*, 9 June 2014

DoDI 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Service*, 28 April 2010

DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*, 17 August 2011

DoDI 1215.13, *Reserve Component (RC) Member Participation Policy*, 5 May 2015

DoD Handbook, *Transgender Service in the U.S. Military: An Implementation Handbook*

AFI 32-6005, *Unaccompanied Housing Management*, 29 January 2016

AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, 18 July 2011

AFI 36-2905, *Fitness Program*, 21 October 2013

AFI 36-801, *Uniforms for Civilian Employees*, 22 December 2015

AFI 90-507, *Military Drug Demand Reduction Program*, 22 September 2014

Abbreviations and Acronyms

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

Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXHIBIT O

DOCUMENT FILED UNDER SEAL

EXHIBIT P

Thomas P. Dee
SES
703-819-1314
December 14, 2017

MEMORANDUM FOR THE RECORD

Subj: Dissenting Opinion from the Majority Recommendations of the “Military Service by Transgender Individuals - Panel of Experts”

This memorandum records my dissent from the majority opinion of the DoD “Military Service by Transgender Individuals - Panel of Experts” which has recommended the following policy be adopted concerning the military service of transgender individuals:

Redacted

Redacted

The recommendations are

Redacted

Redacted

are not supported by the data provided to the panel in terms of military effectiveness, lethality, or budget constraints, and are likely not consistent with applicable law.

Recommendation 1.

Redacted

During the course of our panel, neither the transgender service members, the military doctors, nor the civilian doctors suggested that a person serving outside of their birth

gender would necessarily be unable to meet medical or physical standards, nor did any of our briefers suggest that those standards should be loosened or waived to allow transgender service. [Redacted]

Redacted

Redacted

DODI 6130.03 governs the physical standards for the appointment, enlistment, or induction of Service personnel. Those standards should apply to everyone regardless of gender identity. The instruction states that individuals under consideration for appointment, enlistment, or induction into the Military Services should be:

1. Free of contagious diseases that probably will endanger the health of other personnel.
2. Free of medical conditions or physical defects that may require excessive time lost from duty for necessary treatment or hospitalization, or probably will result in separation from the Service for medical unfitness.
3. Medically capable of satisfactorily completing required training.
4. Medically adaptable to the military environment without the necessity of geographical area limitations.
5. Medically capable of performing duties without aggravation of existing physical defects or medical conditions.

Enclosure (4) of that instruction provides the specific medical conditions that are disqualifying for service. [Redacted] The instruction makes no mention of transgenderism or gender dysphoria, but enclosure (4) paragraph 29.r. states that a “current or history of psychosexual conditions including but not limited to transsexualism... tranvestism... and other paraphilias” is disqualifying. The language in that section is no longer consistent with current medical guidelines, the DSM V, which distinguishes gender dysphoria (identity disorder) from psychosexual conditions and paraphilia’s (sexual attraction or behavioral disorder). Once that section of the DODI 6130.03 is brought current with modern practice, [Redacted]

Redacted

Redacted

DODI. The instruction does, however, allow for a history of certain other surgeries, treatments, and mental disorders (some of which may be similar to those associated with gender dysphoria) after a demonstrated period of stability. Such a standard for stability should be developed for gender dysphoria. Of note, the FAA allows persons with a history of gender dysphoria to serve as commercial pilots or air traffic controllers after a stability period of five years.

DODI 1304.26, “Qualification Standards for Enlistment, Appointment, and Induction”, states that waivers for otherwise disqualifying current or past medical conditions may be considered based on a “whole person” review of the applicant. [Redacted]

Redacted

Redacted

[Redacted]. No data was presented during the course of the panel to conclude that such separate accommodation would be required or that, if it were, the cost would be untenable. As the total cost of all medical treatment of the entire DoD transgender population over the past few years is \$3.3M (exclusive of unit incurred costs)

Redacted

Redacted

Redacted

Recommendation 2.

Redacted

Redacted

Recommendation.

Redacted

//S//
Thomas P. Dee

EXHIBIT Q

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JANE DOE 1, JANE DOE 2,) Civil Action
JANE DOE 3, JANE DOE 4,) No. 17-cv-1597 (CKK)
JANE DOE 5, JOHN DOE 1,)
REGAN V. KIBBY, and)
DYLAN KOHERE,)

Plaintiffs,)

v.)

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

Defendants.)
-----)

Complete caption on Page 2.

Tuesday, April 17, 2018

Deposition of COL. MARY KRUEGER, M.D., taken at
the offices of Foley Hoag LLP, 1717 K Street NW,
Washington, D.C., beginning at 9:11 a.m., before
Nancy J. Martin, a Registered Merit Reporter,
Certified Shorthand Reporter.

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA
Civil Case No. 17-cv-1597 (CKK)

JANE DOE 1, JANE DOE 2, JANE DOE 3,)
JANE DOE 4, JANE DOE 5, JOHN DOE 1,)
REGAN V. KIBBY, and DYLAN KOHERE,)

Plaintiffs,)

v.)

DONALD J. TRUMP, in his official)
capacity as President of the)
United States; JAMES N. MATTIS, in his)
official capacity as Secretary of)
Defense; JOSEPH F. DUNFORD, JR.,)
in his official capacity as Chairman)
of the Joint Chiefs of Staff;)
the UNITED STATES DEPARTMENT OF)
THE ARMY; MARK T. ESPER, in his)
official capacity as Secretary of the)
Army; the UNITED STATES DEPARTMENT OF)
THE NAVY; RICHARD V. SPENCER, in his)
official capacity as Secretary of the)
Navy; the UNITED STATES DEPARTMENT OF)
THE AIR FORCE; HEATHER A. WILSON, in)
her official capacity as Secretary of)
the Air Force; the UNITED STATES)
COAST GUARD; KIRSTJEN NIELSEN, in her)
official capacity as Secretary of)
Homeland Security; the DEFENSE HEALTH)
AGENCY; RAQUEL C. BONO, in her official)
capacity as Director of the Defense)
Health Agency; and the)
UNITED STATES OF AMERICA,)

Defendants.)

-----)

1 and the rest of your group had going into this task?

2 A. I don't recall.

3 Q. So you pointed earlier to one of the
4 various pages that lists courses of action here, and I
5 don't know what any of them are, but just to look at
6 those, did any of the courses of action that you saw
7 on this slide deck include the option of keeping the
8 open service policy in effect as it was before the
9 tweets?

10 MS. ENLOW: Objection. That calls for
11 deliberative process.

12 MS. LAPORTE: No, I don't think it does at
13 all. I'm not asking for what anybody said. I'm
14 merely asking for a benchmark of what the subject
15 matter was and how open things were.

16 MS. ENLOW: That question asked for whether
17 or not the group was considering keeping the Carter
18 policy in effect. That's deliberative.

19 MS. LAPORTE: Well, I'm not asking what they
20 ultimately deliberated about that or what they
21 decided, but I am interested and I think we're
22 entitled to understand the contours of what the
23 decision was of what they were being asked to make.

24 MS. ENLOW: The different courses of action
25 or policies that they considered are predecisional and

1 deliberative, and therefore, squarely covered by the
2 deliberative process privilege.

3 MS. LAPORTE: Well, the ones that they did
4 consider, yes, but I'm asking about whether they did
5 not consider certain policies.

6 MS. ENLOW: That's also deliberative. What
7 they considered necessarily tells you what they didn't
8 consider.

9 MS. LAPORTE: Okay. So I hear what you're
10 saying and certainly disagree with it. I would also
11 say that I'm concerned about this assertion of
12 deliberative process privilege in the context of a
13 situation where the government is now relying on this
14 process as a justification for the new policy. And so
15 it seems to me that there is either a waiver or we
16 have a need to understand this deliberative process,
17 at least to the very general extent that I am asking
18 in this deposition.

19 Will you maintain your objection even given
20 the fact that you are relying on the process?

21 MS. ENLOW: Yes. I maintain the objection
22 that it is deliberative what the panel of experts
23 considered before they got to their final
24 recommendation, yes.

25 MS. LAPORTE: Well, right now I'm not asking

1 about the panel of experts. I'm asking about the
2 Transgender Personnel Policy Working Group.

3 MS. ENLOW: Personnel Policy Working Group
4 fed into the panel of experts. So their work of the
5 subordinates that ultimately lead to the decision is
6 predecisional and deliberative. So yes.

7 MS. LAPORTE: Okay. So you object to the
8 question.

9 And can you just read the question again,
10 please.

11 (Record read.)

12 MS. ENLOW: I'm instructing you not to answer
13 that question.

14 THE WITNESS: Okay.

15 BY MS. LAPORTE:

16 Q. Are you going to follow that instruction?

17 A. Yes. Sure. You would want your client to
18 follow your advice too.

19 Q. Yes. We typically ask that too.

20 MS. LAPORTE: Okay. Let me figure out what
21 my options are, then, my courses of action in view of
22 that instruction.

23 Why don't we take five.

24 (A recess was taken from 11:47 a.m.

25 to 12:16 p.m.)

EXHIBIT R

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

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|-------------------------|---|----------------------|
| JANE DOE 1, JANE DOE 2, |) | Civil Action |
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| REGAN V. KIBBY, and |) | |
| DYLAN KOHERE, |) | |
| |) | |
| Plaintiffs, |) | |
| |) | |
| v. |) | |
| |) | |
| DONALD J. TRUMP, in his |) | |
| official capacity as |) | |
| President of the |) | |
| United States; et al., |) | |
| |) | |
| Defendants. |) | |

-----)

Complete caption on Page 2.

- - -
Thursday, February 1, 2018
- - -

Deposition of MARTIE SOPER, taken at the offices of Foley Hoag LLP, 1717 K Street NW, Washington, D.C., beginning at 9:13 a.m., before Nancy J. Martin, a Registered Merit Reporter, Certified Shorthand Reporter.

Page 90

1 So this is a directive-type memorandum
 2 stating to the services, "Go forth and do and develop
 3 your additional policies." So this is not the product
 4 of our working group.
 5 Q. Okay. Was any -- do you know what the
 6 process was by which the product of your working group
 7 affected, for example, the timing of this
 8 announcement?
 9 MR. PARKER: I'm going to object to the
 10 extent it calls for deliberative material that's
 11 protected by the deliberative process privilege.
 12 MS. LAPORTE: Okay. Are you instructing her
 13 not to answer that question?
 14 MR. PARKER: I'm instructing her not to
 15 answer to the extent you are asking about
 16 recommendations that came to the group from the
 17 deliberative process that was undertaken by the panel
 18 in making recommendations regarding both the DTM and
 19 the DoDI that have been discussed in the deposition.
 20 BY MS. LAPORTE:
 21 Q. So for the moment all I'm trying to
 22 understand is how procedurally the work of the working
 23 group fed into this announcement that is Exhibit 5.
 24 In other words, I'm not trying to understand all the
 25 details of what you recommended. I'm just trying to

Page 91

1 understand whether Exhibit 5 reflects the Secretary of
 2 Defense taking into account recommendations of the
 3 working group or whether these were not -- whether
 4 your recommendations were not feeding into the
 5 development of this announcement.
 6 MR. PARKER: Objection. To the extent you're
 7 asking the witness whether this reflects the work
 8 product or the recommendations of the working group,
 9 the answer to that question would be protected by the
 10 deliberative process privilege.
 11 MS. LAPORTE: And that's not what I'm asking.
 12 I'm just trying to understand the work flow here.
 13 Q. So can you explain that in terms of how the
 14 work that the working group did fed into Exhibit 5
 15 without getting into the detail of the policies that
 16 you recommended?
 17 A. I don't know the work flow, ma'am. I don't
 18 know the part that we submitted and how it got
 19 approved by the Secretary of Defense.
 20 Q. Were you aware that Secretary Carter was
 21 going to make that announcement on June 30 before it
 22 happened?
 23 A. No, ma'am.
 24 Q. Okay. What -- so you mentioned that you were
 25 involved in a working group relating to accessions. I

Page 92

1 think you referred to it specifically as an accessions
 2 group within the working group. Do you recall that?
 3 A. It's the accessions medical standards working
 4 group, yes, ma'am.
 5 Q. Yes. Okay. And did that actually relate to
 6 the specifics of the accessions policy?
 7 MR. PARKER: I'm going to object. The term
 8 "relate to" is a little vague. Can you specify so
 9 that I can decide whether there's a privilege
 10 objection? What do you mean by "relate to"?
 11 BY MS. LAPORTE:
 12 Q. When you were on the accessions medical
 13 standards working group, were you working on the
 14 standards or procedures that would be required in
 15 order for transgender people to accede to the
 16 military? And you can answer that "yes" or "no."
 17 A. Yes.
 18 Q. What process did you follow to determine what
 19 kind of standards and practices would be needed to
 20 permit transgender applicants to accede to the
 21 military?
 22 MR. PARKER: I'm going to object to the
 23 extent this calls for information related to the types
 24 of discussions or the substantive recommendations that
 25 would come out of the panel or the subcommittee that

Page 93

1 you participated on, on deliberative process grounds.
 2 MS. LAPORTE: All right. Let me move on to
 3 another topic then.
 4 Q. I have heard that you were involved in a
 5 hotline relating to issues of transgender service in
 6 the military. Is that accurate, or is that an
 7 informal way of referring to some of the
 8 responsibilities that you've had that have more fancy
 9 titles?
 10 A. I would ask you to clarify what you mean by
 11 "hotline."
 12 Q. Okay. So it sounds like "hotline" is not a
 13 term that you use?
 14 A. No, ma'am.
 15 Q. Okay.
 16 A. Sounds like the red phone, and I don't do
 17 that.
 18 Q. And you don't work on the red phone?
 19 A. No, ma'am.
 20 MS. LAPORTE: Well, in that case, let me...
 21 (Deposition Exhibit 6 was marked for
 22 identification.)
 23 BY MS. LAPORTE:
 24 Q. Okay. So Exhibit 6 should be labeled
 25 USDOE0018301 and -302. Is that what you have before

EXHIBIT S

From: Labrutta, Robert D Maj Gen USAF AF-A1 (US)
Sent: Friday, November 17, 2017 11:18 AM
To: Grosso, Gina M Lt Gen USAF AF-A1 (US)
Cc: Fore, Todd A SES USAF AF-A1 (US); Fischer, William D Col USAF AF-A1 (US); Izawa, Emi CIV USAF AF-A1 (US); Huibregtse, Matthew J Lt Col USAF (US)
Subject: RE: Transgender Panel of Experts Question
Signed By: robert.labrutta@us.af.mil

Yes ma'am.

v/r, Bob

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

From: Grosso, Gina M Lt Gen USAF AF-A1 (US)
Sent: Friday, November 17, 2017 8:49 AM
To: Labrutta, Robert D Maj Gen USAF AF-A1 (US)
<robert.d.labrutta.mil@mail.mil>
Cc: Fore, Todd A SES USAF AF-A1 (US) <todd.a.fore.civ@mail.mil>
Subject: FW: Transgender Panel of Experts Question

Bob,

Would like to see the A1 proposed answers to the questions before we go final. Thanks!

gina

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

From: Fedrigo, John A SES USAF SAF-MR (US)
Sent: Friday, November 17, 2017 7:47 AM
To: Smith, Craig A SES USAF SAF-GC (US) <craig.a.smith5.civ@mail.mil>; Von Wald, Conrad M SES USAF AF-JA (US) <conrad.m.vonwald.civ@mail.mil>; Labrutta, Robert D Maj Gen USAF AF-A1 (US) <robert.d.labrutta.mil@mail.mil>; Allen, Roosevelt Jr Maj Gen USAF AF-SG (US) <roosevelt.allen4.mil@mail.mil>
Cc: Sitterly, Daniel R SES USAF SAF-MR (US) <daniel.r.sitterly.civ@mail.mil>; MCDADE, Joseph M (Joe) SES USAF SAF-GC (US) <joseph.m.mcdade2.civ@mail.mil>; Ediger, Mark A Lt Gen USAF AF-SG (US) <mark.a.ediger.mil@mail.mil>; Grosso, Gina M Lt Gen USAF AF-A1 (US) <gina.m.grosso.mil@mail.mil>; Burne, Christopher F Lt Gen USAF AF-JA (US) <christopher.f.burne.mil@mail.mil>; Soper, Martha P CIV USAF SAF-MR (US) <martha.p.soper.civ@mail.mil>; Igl, Ann M Col USAF SAF-MR (US) <ann.m.igl.mil@mail.mil>; Downes, Karen M Lt Col USAF SAF-MR (US) <karen.m.downes2.mil@mail.mil>
Subject: FW: Transgender Panel of Experts Question

To those on the "To" line:

This is a quick turn tasker due early Tuesday.

Please provide POC information (Col/GS-15) to Lt Col Downes today (cc Col Igl).

Ms. Soper will be reaching out to your POC's first thing Monday morning (when she returns from leave) to bring the group together.

Please review these questions with your designated POC today and make them available to meet Monday morning.

The group will spend a couple hours together Monday to answer the first task (Are these the right questions?), response will need concurrence from identified offices NLT COB Monday so please ensure priority is given.

We will follow up with additional scheduled discussions on task #2 (answers)

Thanks for the help!

JF

John A. Fedrigo, SES
Deputy Assistant Secretary of the Air Force
(Reserve Affairs & Airman Readiness)
(703) 697-6375

-- Live an Air Force Life --

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

From: Schiess, Douglas A Col USAF SAF-US (US)
Sent: Thursday, November 16, 2017 5:54 PM
To: Igl, Ann M Col USAF SAF-MR (US) <ann.m.igl.mil@mail.mil>
Cc: 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>; Sams, Kelly M Lt Col USAF AF-A1 (US) <kelly.m.sams.mil@mail.mil>; 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>; McKim, Heath A Maj USAF AF-A1 (US) <heath.a.mckim.mil@mail.mil>; Warren, Dara J Maj USAF AF-SG (US) < dara.j.warren.mil@mail.mil>; Grabowski, Douglas N Maj USAF AF-SG (US) <douglas.n.grabowski4.mil@mail.mil>; Edmondson, Michele C Col USAF AF-CV (US) <michele.c.edmondson.mil@mail.mil>; Soper, Martha P CIV USAF SAF-MR (US) <martha.p.soper.civ@mail.mil>; Floyd, Derrick J Lt Col USAF AF-A1 (US) <derrick.j.floyd.mil@mail.mil>; Crawford, Gail E Col USAF SAF-GC (US) <gail.e.crawford.mil@mail.mil>; Weaver, Frederick C (Chris) Col USAF AF-SG (US) <frederick.c.weaver.mil@mail.mil>
Subject: Transgender Panel of Experts Question

Ann

Two taskers from the USECAF for Ms. Soper:

1. Take a look at the questions and determine if these are the right questions to ask? Are they worded correctly? (SUSP: With read aheads prior to the 21 Nov PoE meeting)

2. Draft answers to the question that are coordinated (within the small group) by MR, SG, A1 and GC. (SUSP: Prior to the 30 Nov meeting -- trying to set up a meeting for the USECAF & VCSAF to meet with SECAF & CSAF to discuss)

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