

The Honorable Marsha J. Pechman

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

RYAN KARNOSKI, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, et al.,

Defendants.

No. 2:17-cv-1297-MJP

**DEFENDANTS' RESPONSES TO
QUESTIONS FROM THE COURT**

1 Defendants herein provide responses to the Court’s nine questions, issued May 4, 2020.

2 **Question 1.** In the December 13, 2019 letter, Plaintiffs identified 487 individual third parties.
3 Has the government produced all third-party communications to plaintiffs, other than the 70
4 documents involving RAND and the DOD, the 63 documents involving Kennell and the DOD,
5 and the six email chain documents attached as Exhibit 6 to the Carmichael Declaration (Dkt.
6 No. 462), which have been submitted for *in camera* review?

7 **Answer:** Yes. To the best of Defendants’ knowledge, all third-party communications
8 other than those that have been submitted to the Court *in camera* have been produced to
9 Plaintiffs.

10 **Question 2.** Based on the PrivWithhold page numbers at the bottom right of each document
11 page of each Kennell documents submitted for *in camera* review, it appears that privilege pages
12 30-108 were not included. However, there are RAND documents that bear a PrivWithhold page
13 number of 30-108. Can you confirm that the gap in the PrivWithhold page number sequence in
14 the Kennell production were submitted to the Court as part of the RAND document production?
15 If not, have these missing pages been produced to plaintiffs?

16 **Answer:** Defendants confirm that the gap in the PrivWithhold page number sequence
17 in the Kennell production was submitted to the Court as part of the RAND *in camera*
18 production. The jump in PrivWithhold numbers occurred because Defendants’ document
19 review platform applied Bates numbers to the RAND and Kennell documents in a single
20 running sequence, and undersigned counsel then manually separated the documents into
21 separate groups of RAND documents and Kennell documents for filing.

22 **Question 3.** Some of the Kennell documents submitted for *in camera* review are entitled Task
23 Order with a number. What are Task Order documents? Who did they go to? Were they used in
24 both the RAND and the Mattis policy developments? How were they used? Did all Task Order
25 documents become part of the final report to the Panel of Experts?

26 **Answer:** A “task order contract” is a type of contract for services in which the contract
27 “does not procure or specify a firm quantity of services,” but rather “provides for the issuance
28 of orders for the performance of tasks during the period of the contract.” 10 U.S.C. § 2304d.
Congress has granted the Department of Defense (“DoD”) the authority to enter into task order

1 contacts, *see* 10 U.S.C. § 2304a, and DoD has entered into such a contract with Kennell and
2 Associates.

3 Each “task order” assigned to Kennell under its contract with DoD is assigned a “task
4 order number” for tracking purposes. Many of the documents in the Kennell *in camera*
5 submission consist of memoranda authored by Kennell in response to particular “tasks orders”
6 from the Department of Defense. In the subject line of these memoranda, Kennell lists the
7 “task order number” to which the memoranda correspond. *See* PrivWithold 1, 120, 196, 201,
8 223, 256, 286, 315, 353, 548, 553, 575, 608. Defendants understand the Court’s use of the
9 phrase “Task Order documents” to refer to these memoranda.
10

11 The Kennell memoranda in the *in camera* submission were solicited by senior DoD
12 policy officials within DoD’s Office of the Assistant Secretary of Defense for Health Affairs,
13 including Dr. Terry Adirim, Principal Deputy Assistant Secretary of Defense for Health
14 Affairs, and Dr. Andrew Finley, Health Services Policy and Oversight Program Director, as
15 well as by senior policy officials within the Defense Health Agency, including Dr. Paul Doan,
16 Chief, Specialty Care Support. These memoranda contain Kennell’s independent advice and
17 analysis on the healthcare and cost components of DoD policies related to transgender service
18 members and service members with gender dysphoria. Specifically, they were used to advise
19 DoD officials on the development and implementation of the Carter policy, through work done
20 by smaller medical groups supporting DoD decisionmakers and/or directly in briefings to
21 senior leadership. For example, PrivWithold 120 is a Kennell memorandum containing
22 analysis of the estimated cost of providing comprehensive health insurance coverage for
23 transition treatment, and was used by DoD officials as part of the development of the Carter
24 policy.
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1 The Kennell memoranda in the *in camera* production did not directly relate to the
2 Mattis policy, and did not become part of any final report to or from the Panel of Experts.
3 However, there are other materials in the Kennell *in camera* submission, such as briefing
4 presentations, that were related to the development of the Mattis policy, *see, e.g.*, PrivWithhold
5 153.

6 **Question 4.** Plaintiffs, if you have the final RAND reports, what is the relevance of the earlier
7 drafts? Defendants, if the RAND documents are public, what damage to the deliberative
8 process privilege can come about if drafts reflecting editorial changes are produced?

9 **Answer:** Disclosure of non-final versions of the RAND Report, *e.g.* PrivWithhold 59,
10 723, 765, 1012, would have a direct negative effect on the Department of Defense's future
11 deliberations. "[D]raft documents" are at the core of the deliberative process privilege because
12 they reflect "the editorial and policy judgment of the decisionmakers." *Nat'l Wildlife Fed'n v.*
13 *U.S. Forest Serv.*, 861 F.2d 1114, 1122 (9th Cir. 1988) (citation omitted). By comparing
14 earlier, confidential drafts of a document with the final, public version, one can uncover
15 suggestions that were rejected, proposals that were not adopted, information later determined to
16 be misleading, language thought to convey the wrong point, and other information that reflects
17 "the personal opinions of the writer rather than the policy of the agency." *Id.* at 1118–19
18 (citation omitted). Disclosure of such information might "inaccurately reflect or prematurely
19 disclose the views of the agency," and make it "impossible to have any frank discussions of
20 legal or policy matters." *Id.* at 1117, 1119 (citation omitted). At the same time, "maintaining
21 the confidentiality of the give-and-take that occurs among agency members in the formulation
22 of policy"—including the confidentiality of draft analysis and recommendations—"encourages
23 frank and open discussions of ideas, and, hence, improves the decisionmaking process." *Id.* at
24 1117. For these reasons, courts routinely hold that "draft documents, by their very nature, are
25 typically predecisional and deliberative." *Agility Public Warehousing Co. v. DoD*, 110 F.

1 Supp. 3d 215, 221 (D.D.C. 2015) (citation omitted).

2 Disclosure of drafts of the RAND Report would hamper DoD's future ability to engage
3 in fulsome and candid deliberations with agency consultants. *See* Easton Decl. ¶ 24, Dkt. 461.
4 The DoD decision-making apparatus relies on open and frank conversations between DoD
5 officials and nongovernment consultants to address the many difficult and complicated
6 decisions faced by the agency. *Id.* These consultants play an integral role because they may
7 have particular expertise, or may be able to consider a problem from a fresh perspective.
8 Indeed, DoD has relied on the RAND Corporation for such assistance for decades. If drafts of
9 the RAND report were to be disclosed in litigation, even pursuant to a protective order, it
10 would cause consultants like RAND to be less willing to engage in full and frank discussions
11 and lend their candid views. If personnel from RAND or any other DoD consultants knew that
12 their preliminary ideas, impressions, and opinions would be subject to scrutiny in court, they
13 may hesitate to provide their true positions on recommendations or potential courses of action
14 out of concern for such disclosure. This is especially true when the ideas or opinions at issue
15 relate to high-profile questions such as military service by transgender individuals and
16 individuals with gender dysphoria.
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19 By the same token, DoD officials themselves would be less likely to provide consultants
20 with the necessary information and advice to enable them to do their jobs if DoD officials knew
21 that their own candid views and advice may be disclosed in draft materials prepared by
22 consultants. *See id.* Likewise, consultants in such circumstances may be less likely to agree to
23 work with DoD in the first place, for fear that their candid and non-final views would be
24 subject to scrutiny in court. Consider, for instance, the next time that DoD attempts to retain a
25 consultant to assist with policy development on a prominent or potentially controversial issue.
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28 If the consultant is aware that RAND's draft policy proposals were previously disclosed in

1 court and dissected by litigants, he or she may simply decline the project at the outset. This
2 would have an immediate negative effect on DoD's ability to form policy, and may even
3 expose the nation to more overall risk. In sum, disclosure of drafts of the RAND report would
4 degrade DoD's decision-making process, and should not occur.

5 **Question 5.** Defendants, it appears that RAND and the DoD may have expected the reports
6 and briefings to be made public. (See, e.g., PrivWithhold 1106.) In addition, some documents
7 bear a Library of Congress number and at least one PrivWithhold document was available for
8 purchase at the price of \$22.50 off the RAND website. Isn't this a recognition that these
9 documents were going to be made available to the public even prior to the formal adoption of
10 the policy? If it was understood that the main documents were going to be made available to
11 the public, how can any of the RAND documents and drafts be considered so sensitive that
12 disclosure would harm the Government's need for free and frank policy discussions?

13 **Answer:** RAND's briefing presentations to the Department of Defense, e.g.
14 PrivWithhold 638, 685, 813, 977, 1107, 1143, 1170, 1210, 1227, were not expected or intended
15 to be made public. Although PrivWithhold 1106 indicates that a RAND briefing presentation
16 "may go to a broader audience," Defendants understand that language to refer to a broader
17 audience within DoD, not a broader audience of the public. Likewise, non-final drafts of the
18 RAND report, e.g. PrivWithhold 59, 723, 765, 1012, were not expected or intended to be made
19 public.

20 However, upon further review, Defendants has identified a group of documents in the *in*
21 *camera* submission that are public and therefore are not privileged and should not have been
22 included with the submission. Specifically, Defendants identified two copies of the final
23 version of the RAND Report (which bears a Library of Congress number and states that it is
24 available for purchase for \$22.50 on RAND's website), see PrivWithhold 865, 1245, three
25 copies of a fact sheet for the final report, see PrivWithhold 674, 863, 1357, and one copy of a
26 brief concerning the report, see PrivWithhold 1202. Although these documents were
27 inadvertently included in the *in camera* submission, their inclusion did not prejudice Plaintiffs,
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1 as each of these documents had previously been produced to Plaintiffs. *See, e.g.*,
2 USDOE00111405 (Final RAND Report); USDOE 00095727 (Fact Sheet); USDOE00086280
3 (Brief).

4 In addition, Defendants have identified in the *in camera* submission two versions of
5 RAND's briefing presentations over which Defendants have previously voluntarily waived the
6 deliberative process privilege. *See* PrivWithhold 813, 1210. Again, Plaintiffs were not
7 prejudiced by the inadvertent inclusion of these documents, as Defendants previously produced
8 them to Plaintiffs, marking them as confidential under the protective order. *See*
9 USDOE00075512; USDOE00075325. Although Defendants have voluntarily waived privilege
10 over these two versions of the briefing presentations, Defendants have properly maintained the
11 deliberative process privilege over the other versions of RAND's presentations in the *in camera*
12 submission. *See* PrivWithhold 638, 685, 977, 1107, 1143, 1170, 1227; *In re Sealed Case*, 121
13 F.3d 729, 741 (D.C. Cir. 1997) (“[R]elease of a document only waives [executive] privileges
14 for the document or information specifically released, and not for related materials.”); *accord*
15 *Mobil Oil Corp. v. EPA*, 879 F.2d 698, 700 (9th Cir. 1989).

16 The inadvertent inclusion in the *in camera* submission of the above public documents
17 and documents over which Defendants have voluntarily waived privilege likely resulted from
18 making that submission on a short timeline. *See* Dkt. 454 (ordering Government to review list
19 of third parties, determine scope of *in camera* submission, gather evidence to support
20 consultant corollary, make *in camera* submission, and make additional production to Plaintiffs,
21 all in ten days).

22 Regarding the final version of the RAND Report, that document was published on the
23 same day that the Carter policy went into effect, June 30, 2016. *See* DTM 16-005, “Military
24 Service of Transgender Service Members” (June 30, 2016), Dkt. 21-8. Defendants thus

1 disagree that the Report itself was intended to be made public prior to the formal adoption of
2 the Carter policy.

3 Notwithstanding the fact that the final RAND Report was eventually made public, the
4 non-final drafts of that report, as well as RAND's briefing presentations, were confidential and
5 reflect analysis, opinions, recommendations, and language that does not necessarily match what
6 is in the final report. To permit Plaintiffs to compare "the findings, projections, and
7 recommendations" of the draft report and unproduced versions of the presentations to the final
8 report would reveal RAND's "editorial and policy judgment[s]." *Nat'l Wildlife*, 861 F.2d at
9 1122. For the reasons explained above (*supra*, response to Question 4), this would have a
10 direct negative effect on DoD's ability to engage in fulsome and candid deliberations with
11 agency consultants.
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14 **Question 6.** If this is the case, and if the Task Orders included in the Kennell documents
15 predated the date of the formal adoption of the Carter policy, what harm could extend to the
16 DoD if the earlier Task Orders were released to plaintiffs? For those Kennell Task Force Order
17 document prepared that postdate by days, or two weeks, or one month of the actual release of
18 the Carter policy but clearly relate to the Carter policy, what harm could extend to the DoD if
19 these were released, given their association with the Carter policy?

20 **Answer:** As noted above, Defendants understand the "Task Order" documents to refer
21 to the confidential memoranda submitted by Kennell in response to specific requests for advice
22 or analysis by DoD. With respect to the Kennell memoranda that predates the June 30, 2016
23 release date of the Carter policy, *see, e.g.*, PrivWithhold 120, 608, those documents contain
24 analysis of the estimated cost of providing comprehensive health insurance coverage for
25 transition treatment, as part of the development of the Carter policy. Disclosure of these
26 confidential documents would have a chilling effect on DoD's future decision-making process.
27 *See Easton Decl.* ¶ 24, Dkt. 461. Consultants like Kennell would hesitate before lending their
28 full and frank advice on high profile policy matters if they knew that their opinions,

1 recommendations, and analysis would be disclosed in court. And DoD itself would be chilled
2 from soliciting consultant advice on a difficult and potentially controversial topic, knowing that
3 whatever advice they receive may later be subject to scrutiny from litigants. *See id.* This
4 would have the effect of discouraging DoD from utilizing consultants in the first place, leading
5 the agency to miss out on particular expertise and analysis.

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7 With respect to the Kennell memoranda that post-date the June 30, 2016 release date of
8 the Carter policy, *see, e.g.,* PrivWithhold 196, 201, 223, their release too would be to the
9 detriment of DoD's decision-making process. These memoranda contain analysis of the
10 estimated cost of providing medical services to treat gender dysphoria consistent with draft
11 language of a "Policy Manual" implementing the Carter policy. Deliberations over how to
12 implement the details of a policy are squarely protected by the deliberative process privilege.
13 *See, e.g., Bloche v. DoD*, 279 F. Supp. 3d 68, 83 (D.D.C. 2017) (finding DoD's discussion of
14 "how [a] current policy is implemented" to be predecisional and deliberative"). The
15 memoranda in question also reflect earlier analysis performed prior to the adoption of the
16 Carter policy, which likewise is privileged. *See, e.g.,* PrivWithhold 196 ("The basis of our cost
17 estimate is the modeling work we did . . . on June 9, 2016"); *Judicial Watch, Inc. v. DHS*, 841
18 F. Supp. 2d 142, 163 (D.D.C. 2012) (documents post-dating a decision are protected where
19 "they recount or reflect pre-decisional deliberations"). Disclosure of the Kennell memoranda
20 post-dating June 30, 2016 would chill DoD's decision-making process to the same extent as
21 disclosure of the earlier memoranda. Knowing that their analysis and opinions about how to
22 implement the details of a policy might be disclosed in a lawsuit would discourage DoD
23 consultants from conveying their full and frank advice to the agency. This is particularly true
24 when the topic at issue is one that is both sensitive and high-profile, as it is in this case. The
25 chilling effect of disclosure in such circumstances is starkly felt by those asked to convey
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1 analysis or opinions on such topics. The Kennell memoranda—both predating and postdating
2 June 30, 2016—are a classic example of deliberative analysis the disclosure of which would
3 harm with an agency’s decision-making process.

4 **Question 7.** Two documents are specifically mentioned or referenced in the email chains
5 attached to the Carmichael declaration (Dkt 462, Ex. 6 at pages 1, 4 (email chain dated
6 4/12/2018 (6:05 pm)); pages 1, 3 (email chain dated April 12, 2018 (5:43 pm)); pages 1, 2, 3
7 (email chain dated 04/12/2018 (5:04 pm)); pages 1, 2 (email chain date April 12, 2018 (4:13
8 pm)); pages 1, 2 (email chain dated April 11, 2018 (9:45 pm)); page 1 (email chain dated April
9 11, 2018 (1:54 pm))). Have these two documents been produced to plaintiffs? If not, why not?
10 If they have not been produced, please identify the privilege log entry where privilege has been
11 asserted.

12 **Answer:** Yes, the two documents referenced in the email chain have been produced to
13 Plaintiffs. The documents are (1) the action memo from former Undersecretary of Defense for
14 Personnel and Readiness (and current Secretary of Veteran’s Affairs) Robert Wilkie, and (2)
15 the dissenting opinion from Panel of Experts member Thomas Dee. The Wilkie action memo
16 was produced as part of the administrative record, *see* Administrative_Record_003059, and the
17 Dee dissenting opinion was produced in response to an order in the related case *Doe v. Esper*,
18 *see* USDOE00081113_0001.

19 **Question 8.** Has the Easton Declaration (Dkt. No. 461) been produced to Plaintiffs? If not,
20 why? Have the Carmichael Declaration (Dkt. No. 462) and attached exhibits (Id., Exs. 1-5)
21 been produced to Plaintiffs? If not, why?

22 **Answer:** Defendants have not produced to Plaintiffs the Easton Declaration, Dkt. 461,
23 the Carmichael Declaration, Dkt. 462, or the exhibits to those declarations. Defendants have
24 not done so because the Court’s March 4, 2020 order instructed Defendants to provide this
25 “evidence” “*in camera*.” Order 2, Dkt. 454. However, Defendants do not object to producing
26 to Plaintiffs under the protective order either of the declarations or their exhibits, except for
27 Exhibit 6 to the Carmichael Declaration, which contains privileged communications.

28 **Question 9.** It appears that some form of analysis was undertaken during preparation of the
Mattis report on issues relating to deployability status. What is contained in the analysis that

1 can be used to provide part of the information directed in the Court's April 15, 2020 Order
2 (Dkt. No. 485)? What additional information would be required and why would it take 75 days
3 to gather this information (see Dkt. No. 488 at 12), when the documents submitted for *in*
4 *camera* review suggest that at least some of it may be available now?

5 **Answer:** The answers to this question differ by Military Service. Answers from each
6 Military Service are set forth below:

7 **Army.** During the preparation of Army data to the Panel of Experts, the Army reviewed
8 the medical profiles ("profile") and, when necessary, medical documentation, of Soldiers who
9 requested a gender marker change or a medical treatment plan, in order to assess their
10 deployability status. A profile is a document that provides information to commanders
11 concerning their Soldiers' duty limitations resulting from medical conditions. Profiles, however,
12 contain limited information. Many descriptions of limiting conditions in a profile are not specific
13 enough to allow for a conclusion that the condition is related to a diagnosis of gender dysphoria
14 or related treatment. If a profile does not contain all the information necessary for a medical
15 reviewer to assess a Soldier's deployability during a given time period for a specific diagnosis or
16 treatment, the reviewer must examine the Soldier's medical file and consult providers' notes.
17 For example, a profile for "post-surgery" may or may not be related to a surgery connected to
18 transition, and in order to determine whether that is the case, the reviewer must consult the
19 medical file and provider's notes.
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21 The Army is presently conducting the same review of profiles and medical documentation
22 as it conducted for the Panel of Experts and applying the same methodology. However, the
23 present review is more burdensome, for two reasons.
24

25 First, Soldiers frequently are given several profiles for the same or different conditions,
26 and each profile may limit a Soldier's ability to deploy for different durations. As Soldiers
27 continue to serve, they are likely to receive more profiles and accumulate a greater number of
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1 medical records that might require review. Thus, although the previous analysis involved review
2 of some of the same information (i.e. profiles and medical records), now, the medical reviewer
3 must still review every Soldier's materials because Soldiers may have new profiles and
4 corresponding medical documentation that did not exist when the previous analysis was
5 conducted.

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7 Second, since the initial review roughly three years ago, approximately one hundred more
8 Soldiers have requested gender marker changes or medical treatment plans. Because there are
9 now more profiles to review, more Soldiers with profiles, and more corresponding medical
10 documentation that might require analysis, there is significant additional documentation that
11 must be reviewed and analyzed to comply with the Court's Order.

12
13 The Army is willing to submit for *in camera* review anonymized profiles (or a sampling
14 of anonymized profiles) that were generated during the timeframe covered by the previous
15 analysis (particularly if this could be done in lieu of the more burdensome review it is currently
16 conducting to comply with the Court's order). The process of anonymizing those profiles would
17 likely take several days.

18
19 ***Air Force.*** Similar to the Army, the Air Force's original review for the Panel of Experts
20 involved a review of Airmen profiles and medical documentation. And like the Army, the Air
21 Force's current review is significantly larger in scope than the original review because it involves
22 both more Airmen and more records. Whereas the original review covered a time frame of one
23 year (September 1, 2016 to August 31, 2017), the current review covers a period of nearly four
24 years (June 30, 2016 to present). Thus, there are now more patients to review and longer medical
25 histories for each patient. The Air Force is currently reviewing the records of 478 Airmen who
26 have been diagnosed with gender dysphoria between June 30, 2016 and the present. By contrast,
27 207 Airmen were diagnosed prior to the closing date of the review for the Panel of Experts. As

1 a result, the patient population has more than doubled and the length of records has increased
2 threefold since the original request.

3 Like with the Army, the profiles of all Airmen must be re-reviewed to provide current
4 information, regardless of whether profiles of some of the same Airmen were reviewed in 2017,
5 because patient records since then have grown in length, and many Airmen have acquired new
6 profiles. In addition, the Air Force needs to devote a significant amount of time to reviewing
7 medical records themselves to explain any ambiguities in the profiles. This is particularly true
8 because the 2017 review did not require the same level of detailed reporting on the reasons and
9 durations of each instance of a deployability restriction.
10

11 Similar to the Army, the Air Force is willing to submit for *in camera* review anonymized
12 profiles (or a sampling of anonymized profiles) pulled from its Aeromedical Services
13 Information Management System (ASIMS), the database which presents the required profile data
14 and diagnosis codes (particularly if this could be done in lieu of the more burdensome review it
15 is currently conducting to comply with the Court's order). The process of conducting this data
16 pull and anonymizing those profiles would likely take several days.
17

18 **Navy.** Unlike the Army and Air Force, the Navy does not use profiles. Instead, the Navy
19 performed its 2017 review using treatment plans that had been submitted to a transgender care
20 team, and submitted data to the Panel of Experts on the number of such care plans and types of
21 treatment included in the plans. The Navy also has a status called Limited Duty or "LIMDU",
22 which is similar in some ways to profiles in the Army or Air Force. However, by policy, the
23 Navy did not place members on LIMDU for transition-related care, so the data in that regard was
24 limited. Instead, the Navy provided the Panel of Experts with data on the number of non-
25 transition related LIMDUs for members with a care plan, and the average number of days on
26 LIMDU.
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1 In order to conduct the current review, the Navy is not able to simply review treatment
2 plans or limited LIMDU information, as it did for the Panel of Experts.¹ Those sources would
3 not contain information on which members would have had limited deployability due to
4 transition-related care, and for how long and what reasons. Thus, the Navy is now planning to
5 review the medical records of every member diagnosed with gender dysphoria who developed a
6 treatment plan over the relevant period. Accordingly, the Navy's current review is much more
7 burdensome than the original review it conducted for the Panel of Experts. Performing this
8 review during the current COVID-19 crisis is especially difficult and burdensome. *See* Gada
9 Declaration, Dkt. 489-3.
10

11 For members not placed on LIMDU, but receiving transition-related care (which is most
12 members receiving such care), the Navy could approximate the days of nondeployability by
13 pulling data on the transition-related care provided to every member, and then applying the
14 average recovery times presented to the Panel. This would be considerably faster and mirror the
15 information presented to the Panel. It would not produce the precise days of nondeployability
16 for any given member, however, because while the recommended recovery time may be 45 days
17 for a given surgery, some members may recover in 40 days, and some may recover in 50. To
18 determine how many days each member was actually non-deployable requires a provider to
19 review entire medical records and identify periods where that reviewing provider would consider
20 the member to have been nondeployable, even though the treating provider did not make such
21 determinations.
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27 ¹ Since the original review, the Navy has placed 17 members on LIMDU for transition related
28 care. However, this does not represent the full universe of Navy members receiving transition-
related care.

1 Dated: May 8, 2020

Respectfully submitted,

2 JOSEPH H. HUNT
Assistant Attorney General

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4 DAVID M. MORRELL
Deputy Assistant Attorney General

5
6 ALEXANDER K. HAAS
Branch Director

7
8 ANTHONY J. COPPOLINO
Deputy Director

9 /s/ Matthew Skurnik
10 MATTHEW SKURNIK (NY 5553896)
11 JAMES R. POWERS
ANDREW E. CARMICHAEL
12 Trial Attorneys
United States Department of Justice
13 Civil Division, Federal Programs Branch
1100 L Street, NW
14 Washington, DC 20005
Telephone: (202) 616-8188
15 Email: matthew.skurnik@usdoj.gov

16 *Counsel for Defendants*