

## Message

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**From:** Elaine Donnelly [elaine@cmrlink.org]  
**Sent:** 11/15/2017 9:37:05 PM  
**To:** Teller, Paul S. EOP/WHO [Paul.S.Teller@who.eop.gov]  
**BCC:** terry@cmrlink.org  
**Subject:** Transgender Surgery and Anthony Kurta's Senate Statement  
**Attachments:** AExcerptsofKuraTestimony.docx; Kurta\_APQs\_11-14-17.pdf  
**Importance:** High

Hello Paul,

Thank you for your note about the military transgender surgery, which the DoD is paying for under Secretary Mattis' "Interim Policy." Several people have sent this to me and they are upset about it.

I am familiar with the litigation reasons behind what appears to be defiance of President Trump's order to end such surgeries, but the optics are demoralizing. Far worse than the surgery is the situation with Trump appointee Anthony Kurta, described below.

Kurta is all-for transgender surgeries, at DoD expense, in-house or farmed out, with extension of surgical options to dependents and children. And he's the key official who, in a few weeks, will tell President Trump what to do about transgenders in the military.

Are President Trump or Secretary Mattis aware that this Obama holdover has been chairing the "Panel of Experts" who may have already written recommendations on how to continue Obama's transgender policies?

President Trump did a great job during his trip to Asia, but he and Secretary Mattis need to pay attention to what the holdovers are doing in the Pentagon.

Some insight would be appreciated.

Best,  
Elaine

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**From:** Elaine Donnelly [mailto:elaine@cmrlink.org]  
**Sent:** Tuesday, November 14, 2017 4:24 PM  
**To:** Teller, Paul S. EOP/WHO <Paul.S.Teller@who.eop.gov>  
**Cc:** Makin, Sarah E. EOP/OVP <Sarah.E.Makin@ovp.eop.gov>; MarcTShort@who.eop.gov;  
John.mashburn@who.eop.gov; 'Kellyanne.conway@WHO.EOP.GOV' <Kellyanne.conway@WHO.EOP.GOV>  
**Subject:** Anthony Kurta's Senate Statement  
**Importance:** High

Hello Paul,

Today I checked the SASC website to see what's been happening with DoD Under Secretary for P & R Robert Wilkie and his nominated Principle Deputy, Obama holdover Anthony Kurta. Wilkie had a hearing last week, and it looks like the committee will approve him, pending his answer on a question about being willing to testify before other committees.

I don't see any hold on Kurta, who seems to have said everything Sen. McCain wanted to hear, with his true liberal record undisclosed and unexplored by the SASC.

I excerpted his PDF responses re transgenders, and my concerns are justified. (See attachment)

As you know, in the political world people are policy – it's a cardinal rule. Obama put the wrong people in the right places to promote his LGBT agenda, and Secretary Mattis has retained many of the same people at this key turning-point time, thereby ensuring that no permanent policy changes will be made. Civilians and military personnel will not get what they voted for, and President Trump will feel the political heat.

The most glaring problem is Kurta's identification of himself as the Chairman of the "Transgender Panel of Experts." As I've said before, this "Transgender Panel of Experts" probably has their recommendations already written, with the help of RAND, Obama holdovers like the ones who filed declarations in support of the transgender lawsuit against Trump, and outside LGBT activists who praised Kurta's work with RAND on their 2016 pro-transgenders in the military report.

I'm sure they have a perception management roll-out plan ready to go too – probably involving a leak to the Washington Post at a strategically advantageous time; e.g., Christmas or New Year's Eve.

With all due respect, it was a serious mistake to retain Kurta and former Deputy Bob Work, one or both of whom probably coordinated the DoD rumor campaign about Secretary Mattis' wishes, which worked to defeat the Hartzler amendment in June. Secretary Mattis will be responsible for everything his subordinates did or will do in letting President Trump down.

In Kurta's Q & A I see the not-so-fine hand of Obama ally John McCain. Note the question about an "in-house capability for transgender medical treatment and surgery." This is a preview of future distractions and diversions of valuable medical resources, including the time and loss of medical personnel who cannot, in conscience, participate in controversial hormone treatments and surgeries to remove healthy body parts.

Are we ready for the DoD to establish funding for LGBT-approved "doctors" who provide politicized medical treatments? Their services surely will draw the attention of gender-confused people who want the DoD to pay for their surgeries during extended non-deployments.

Kurta will see to all these "EO/diversity" concerns, in the name of his new boss, President Donald Trump.

I find it revealing that in the Q & A he is asked about the readiness impact of losing transgenders (under Trump's announced policies) but not about the readiness impact of retaining and expanding the number of transgenders in the military. His response is not genuine; it is disingenuous.

Also note the question about the extension of transgender surgeries to dependents and military children. Kurta's half-true, misleading answer acknowledges that right now, minors can get hormone puberty blockers, which can have irreversible effects on vulnerable children, but the National Center for Transgender Equality wants funding for all forms of what Kurta calls "necessary" medical care, including surgeries for minor military children.

The questions and answers in Kurta's statement are fluent in RAND/LGBT-speak, not even mentioning that President Trump called for revocation of Obama's transgender policies and an end to transgender surgeries. After years of transgender indoctrination, Kurta has no problem referring to "sex reassignment" surgeries, which do not change gender or reduce suicide risks, as "medically necessary care." This is an example of the universal deceit that George Orwell wrote about in *1984*.

Kurta keeps saying that all policies will comply with law and regulations, knowing that he and his colleagues, probably including RAND and outside LGBT activist groups who were mentioned in Secretary Mattis' memo, are in position to write the recommendations that Secretary Mattis will be expected to accept and refer to President Trump without question.

Even confirmation of Robert Wilkie will not be enough to slow this train; elsewhere in his statement Kurta says that “equal opportunity and diversity” matters will be among many issues overseen by his office. But we already knew this.

At a minimum, this means that even if President Trump finds a way to sign useful directives in March, Kurta’s Pentagon LGBT Pride lobbying machine will emerge each year in June, wearing-down Trump with incrementally radical demands. He has defied the president’s wishes before, when he instigated an LGBT Pride event at the Pentagon and was rewarded with a nice promotion.

We saw this coming months ago and I do not like being proven right. I would appreciate an explanation or comments, since the situation will be publicly known before long.

Best regards,  
Elaine

**Elaine Donnelly**  
**President, Center for Military Readiness**  
**P. O. Box 51600**  
**Livonia, Michigan 48151**  
**734/464-9430**  
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## Message

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**From:** Teller, Paul S. EOP/WHO [Paul.S.Teller@who.eop.gov]  
**Sent:** 8/17/2017 3:52:56 PM  
**To:** Elaine Donnelly [elaine@cmrlink.org]  
**Subject:** RE: Ryan Newman

Thanks so much—that would be excellent. Not sure about Willkie, to be honest....

**Paul Teller**

*Special Assistant to the President for Legislative Affairs*  
The White House  
Paul.S.Teller@who.eop.gov

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**From:** Elaine Donnelly [mailto:elaine@cmrlink.org]  
**Sent:** Thursday, August 17, 2017 11:35 AM  
**To:** Teller, Paul S. EOP/WHO <Paul.S.Teller@who.eop.gov>  
**Subject:** RE: Ryan Newman

OK – We’re doing a CMR E-Notes today and will go after McCain on two counts, Newman’s nomination being one of them.

McCain is entitled to his own views on drafting our daughters, and he already misused his power to set up a \$45 million/3-year commission loaded to promote his pet cause. But he is wrong in demanding that nominees swear allegiance to that cause as the price of confirmation to a DoD appointment that President Trump has every right to make. McCain also is wrong in criticizing Trump for calling for action on an important military/social issue that Chairman McCain has ignored, year after year.

Robert Wilkie’s nomination also is among the unconfirmed – a situation made even more risky because holdover Anthony Kurta probably is busy writing an equivocal report that will be prematurely leaked to the Washington Post, in order to advance the LGBT cause. (This is what happened in November 2010).

Is McCain holding up Wilkie too?

Perhaps you saw this editorial and new article:

*Washington Times*, Analysis: [Mr. Trump’s LGBT Tweets](#)  
James Hasson, The Federalist: [No, the Military Is Not Defying Trump’s Transgender Ban; He Made No Ban](#)

Elaine

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**From:** Teller, Paul S. EOP/WHO [mailto:Paul.S.Teller@who.eop.gov]  
**Sent:** Thursday, August 17, 2017 6:48 AM  
**To:** Elaine Donnelly <elaine@cmrlink.org>  
**Subject:** Ryan Newman

Just circling back on Ryan Newman. Whaddya think---dial that up a bit with an action alert or some social media?

**Paul Teller**

*Special Assistant to the President for Legislative Affairs*  
The White House  
[Paul.S.Teller@who.eop.gov](mailto:Paul.S.Teller@who.eop.gov)



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**From:** Teller, Paul S. EOP/WHO  
**Sent:** Monday, August 14, 2017 8:09 PM  
**To:** 'Elaine Donnelly' <[elaine@cmrlink.org](mailto:elaine@cmrlink.org)>  
**Subject:** RE: DoD Protocols & Bob Wilke

Sorry I missed this. McCain is still holding up Ryan Newman. Any chance you'd want to raise some public attention to this, especially now that the conservative world is angry at McCain because of healthcare?

**Paul Teller**  
*Special Assistant to the President for Legislative Affairs*  
The White House  
[Paul.S.Teller@who.eop.gov](mailto:Paul.S.Teller@who.eop.gov)

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**From:** Elaine Donnelly [<mailto:elaine@cmrlink.org>]  
**Sent:** Sunday, July 30, 2017 5:08 PM  
**To:** Teller, Paul S. EOP/WHO <[Paul.S.Teller@who.eop.gov](mailto:Paul.S.Teller@who.eop.gov)>  
**Subject:** DoD Protocols & Bob Wilke

Hello Paul,

There has been a lot of media coverage on the President's announcement re transgenders last week, including several positive op-eds (Will send separately) We've also seen the usual spin and hysteria from media trying to separate Trump from the military.

I hope that the Communications Department people have received background on this issue – particularly the [news release](#) we sent out last Thursday. I mention this because the media is trying to make the administration [appear defensive](#), even though there is nothing to be defensive about.

As I said on C-Span Saturday morning, there are protocols for one administration to revoke harmful policies from the previous administration, in an orderly fashion. The Secretary of Defense and other Pentagon officials have the list of at least fifteen problematic directives and instructions, which CMR updated in July. Under-Secretary of Defense for Personnel & Readiness nominee Robert Wilke needs to get confirmed so that he can direct this project promptly, without letting Obama holdover Anthony Kurta get within ten miles of it. (I would not want to see a replay of what has happened at DoJ occurring at the DoD.)

Officials may take steps on a case-by-case basis, to ensure that individuals are not adversely affected by Trump Administration policies as they are phased in, provided that the objective remains consistent: mission readiness, not political correctness. Expect litigation, but federal judges do not get to make policy. Legal defenses will need to be consistent and rooted in sound values: military readiness first.

Will Wilke be confirmed with others this week? And will [Ryan Newman](#) get confirmed while McCain is in Arizona?

Best. Elaine

**Elaine Donnelly**  
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## Trump's VA pick, once a defender of Confederate symbols, built his career serving polarizing figures

By **Paul Sonne** and **Lisa Rein**

June 26, 2018 at 7:58 a.m. CDT

Robert Wilkie, President Trump's choice to lead the Department of Veterans Affairs, is a conservative Washington insider who would bring three decades of military policymaking and a deep list of Capitol Hill connections to a Cabinet post responsible for serving one of the administration's most crucial constituencies.

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But when he appears Wednesday for his Senate confirmation hearing, Wilkie also will draw on a career spent working shoulder to shoulder with polarizing figures in U.S. politics and often defending their most divisive views.

Wilkie, 55, has impeccable credentials: three decades at the center of the country's most important military policies. The son of an Army artillery commander severely wounded in Vietnam — and a reserve officer in the Air Force himself. A trusted lieutenant of Defense Secretary Jim Mattis with contacts in Congress spanning at least five administrations.

AD

He started as a young aide to Jesse Helms (R-N.C.), the five-term Senate firebrand who denounced Martin Luther King Jr. and once called gay people “weak, morally sick wretches.” He served as a top aide to Senate Majority Leader Trent Lott (R-Miss.), who lost his leadership post after defending a fellow senator’s segregationist campaign for president decades earlier. And he joined the inner circle of former defense secretary and Iraq War architect Donald H. Rumsfeld before returning to the Pentagon last year to run military personnel policy for the Trump administration.

Throughout, Wilkie showed a willingness to fight on the front lines of his bosses’ culture wars. This year, he led efforts to justify Trump’s near wholesale ban on transgender troops. In 1997, he rebutted a Democratic proposal to ensure equal pay for working women. And in 1993, he publicly defended a failed push by Helms to support an organization whose logo included the Confederate flag.

Wilkie grew up visiting U.S. battlefields with his father and developed a lifelong fascination with military history, including that of his ancestors, who fought for the Confederacy. He was, as recently as 2005, a fixture at the annual memorial ceremonies in Washington held by descendants of Confederate veterans around the birthday of Jefferson Davis. Wilkie also was a member of the Sons of Confederate Veterans, a group that defends public displays of the Confederate



symbols.

AD

A Pentagon spokeswoman said Wilkie no longer attends the ceremonies or counts himself a member of the group. In a statement, Wilkie said the commemorations were once a means to memorialize soldiers but now have become “part of the politics that divide us.”

Paul Rieckhoff, founder of Iraq and Afghanistan Veterans of America, a leading advocacy group, said Wilkie must demonstrate that he doesn’t hold antiquated views and that he can serve all veterans. “He has to show he is loyal to veterans and not a partisan agenda,” Rieckhoff said.

## Helms acolyte

In many ways, Wilkie’s career has been defined by the years he worked for Helms, the famous *bête noire* of liberals from Wilkie’s home state of North Carolina. Friends say Wilkie admires the late senator as a political exemplar with a strong view of U.S. sovereignty and defense.

AD

Wilkie declined to be interviewed for this story. Instead, the Pentagon provided a list of former colleagues and friends who could speak on his behalf. Those closest to Wilkie describe an intensely intellectual conservative policymaker who does not espouse Helms's racial politics. They praise Wilkie's commitment to public service and veterans, owing to a lifetime spent among the military.

Retired Marine Corps Maj. Gen. Arnold L. Punaro, a former Democratic staff director on the Senate Armed Services Committee, said that in more than 30 years of knowing Wilkie, he never saw "any of the leanings of Jesse Helms when it comes to the issues people were concerned about."

"If the implication is that because he is interested in [events that commemorate the Confederacy] he somehow doesn't treat everyone with dignity and respect — I would say that doesn't logically follow," Punaro said. "Because if you know the guy, that's just not who he is."

AD

SA.042

Wilkie was not the president's first choice to lead VA after the dismissal this spring of his first veterans affairs secretary, David Shulkin. Rather, the president made him acting secretary as he considered other possible candidates following the failed nomination of Rear Adm. Ronny L. Jackson, Trump's White House physician, who stepped aside amid allegations of improper conduct.

Wilkie received strong recommendations from Mattis — whom Wilkie prepared for his confirmation hearing — and White House Chief of Staff John F. Kelly. He was seen as someone who could breeze through the confirmation process, having been approved by the Senate twice before for other posts.

Trump surprised Wilkie by announcing his nomination at a White House event in May. In conversations with friends, Wilkie has said he didn't want to leave the Pentagon, where he felt comfortable as Mattis's undersecretary of defense for personnel and readiness, but felt obliged to do so out of a sense of duty.



Apart from navigating the transgender policy reversal for Mattis, Wilkie had introduced a new sexual harassment policy at the Pentagon and was crafting high-profile policies on suicide and sexual assault prevention. He also was partnering with retired Army Maj. Gen. Robert H. Scales, who served with Wilkie's father, on an effort to improve training for troops who experience violent close-quarters combat.

People who have worked with Wilkie say that while he lacks the executive résumé of his two immediate predecessors at VA, he has deep ties in Congress and a background that will help him succeed at the agency.

"It's a place for soldiers to go," Scales said. "Unless you have that close affinity with soldiers, that moral connection with soldiers, I just don't think a VA administrator can give it his all."

AD

SA.044

## 'I do not live in the past'

Wilkie was 7 years old when his father, while serving in Vietnam, was hit by rounds of enemy fire during the invasion of Cambodia. The wounds nearly killed him, and the experience was formative for his son.

“It certainly makes me empathetic to anyone who has been wounded and what their families go through — all of that motivates me,” Wilkie said in a statement.

Wilkie came to call Fayetteville, N.C., his home while his father was stationed at Fort Bragg. He married his high school sweetheart and began a career in Washington politics after graduating from Wake Forest University and Loyola University School of Law.

Working for Helms in the late 1980s, Wilkie handled military issues, a matter of critical importance to the senator’s base in North Carolina. He quickly earned a reputation as a brainy legislative expert whose talent for floor tactics and Senate procedure made him an unflappable presence in the cloakroom as he scribbled proposed amendments on his yellow legal pad.

AD

Helms returned Wilkie's drafts with so few corrections that fellow staffers joked that if anyone wanted their work approved by the stickler senator, they should just put Wilkie's name on it, recalled former staffer Jimmy Broughton.

Wilkie periodically came out swinging for Helms at divisive moments. In 1993, for example, the only African American in the Senate, Democrat Carol Moseley Braun (Ill.), opposed Helms's amendment to renew the patent on the insignia used by the United Daughters of the Confederacy because the logo featured the Confederate flag.

Moseley Braun rallied the Senate behind her in blocking the amendment. Wilkie attacked her efforts in statements made to The Washington Post. "What we are seeing is an attempt in the name of political correctness to erase entire blocks of our history," the 30-year-old aide was quoted as saying at the time. "The question is whether we're going to wipe out the history of millions of Americans who trace their heritage to the losing side."



Around that time, Wilkie was attending ceremonies honoring fallen Confederate fighters at Arlington National Cemetery and the U.S. Capitol. The Pentagon declined to provide the speeches Wilkie delivered at those events. Maj. Carla Gleason, a spokeswoman, said Wilkie was participating in government-sanctioned events recognizing Civil War veterans more than a decade ago in his official capacity as a Senate staffer and executive branch official alongside Republicans and Democrats. He stopped attending, Gleason said, when the events became more politically divisive.

“Today, there would be much more consideration taken into attending this type of memorial event,” Wilkie said in a statement. “While I honor the soldiers in my family, and I am a student of history, the past is the past, and I do not live in the past.”

Wilkie left Capitol Hill in the mid-1990s to mount a failed bid for Congress. He later and served as executive director of the North Carolina Republican Party as Helms was engaged in a contentious reelection campaign against Democrat Harvey Gantt, the former mayor of Charlotte.

Wilkie publicly defended a campaign flier the party issued showing Gantt, who is black, alongside the state’s incumbent congressional Democrats. Two of the three also were black, including Eva Clayton, the first African American woman to

represent North Carolina in Congress. “Eva’s bad enough. Do you want Harvey too?” the fliers asked.

Democrats said the mailer was attempting to persuade white voters not to send another black representative to Congress. Wilkie told the New York Times the mailers also went to voters in a district represented by a white Democrat. “The racial charge has become so trite now that it’s lost its meaning,” he said at the time.

Gleason said that Wilkie maintains the flier was an attack against Gantt on the issues.

Wilkie also attacked Gantt for having “openly courted money from the homosexual community,” according to a 1996 transcript from PBS’s “NewsHour with Jim Lehrer.” The Pentagon did not respond to a request for comment about the transcript.

## Culture warrior

In the late 1990s, Wilkie returned to Washington as a top aide to Lott, the Mississippi senator who would later become majority leader. He was involved in critical national security matters, leading negotiations after the 9/11 attacks on legislation that authorized the use of military force against the perpetrators and helping defeat U.S. ratification of the Comprehensive Nuclear-Test-Ban Treaty.

But he continued to do battle in the culture wars. When the office of then-Senate Minority Leader Thomas A. Daschle (D-S.D.) promoted a resolution calling for equal pay for women and sent it to Wilkie in hopes of securing bipartisan support, Wilkie marked up the draft with edits that called on Congress to require young women to finish high school as a condition of receiving welfare, a Daschle staffer

recalled.

“I think he was trying to suggest that the whole endeavor was by itself ridiculous,” said Caroline Fredrickson, now president of the American Constitution Society. “I found it very insulting.”

Gleason, the Pentagon spokeswoman, said Wilkie’s “record on the way he treats his employees, on equal rights, equal opportunity and employment stands for itself on this matter.”

Wilkie defended Lott in 2003, shortly after the Senate majority leader lost his post for praising Strom Thurmond’s 1948 presidential campaign that opposed the intermingling of races. Speaking to the Associated Press, Wilkie said that Lott was simply trying to be “gracious to an American icon.”

Today, liberals find cause for alarm in Wilkie’s record of defending his past bosses.

“This toxic history is profoundly beneath the office Robert Wilkie has been nominated for,” said Andrew Bates, a spokesman for the liberal opposition research group American Bridge. Bates said Wilkie “championed the disgraceful, painful legacy of Jesse Helms.”

Conservative former colleagues of Wilkie see it otherwise, viewing Wilkie as one of Helms’s smartest acolytes. “He’s probably the most brilliant person I worked with,” said Broughton, the former staffer. “Probably as high a level of integrity as anybody.”

Wilkie joined the George W. Bush administration after his many years on Capitol Hill, first working for Condoleezza Rice at the White House National Security Council and later at the Pentagon, where he rose to become Rumsfeld’s point person with Congress. Later, while working for former defense secretary Robert M. Gates, Wilkie helped the Pentagon usher in an armored vehicle that saved


Mr. Gates, Wilkie helped the Pentagon usher in an armored vehicle that saved American soldiers from being maimed by explosive devices in Iraq.

As he testifies before the Senate Veterans' Affairs Committee this week, Wilkie is likely to emphasize his record of policy achievements, such as bipartisan legislation on sexual assault prevention. Bob Carey, who was a Senate staffer with Wilkie and now works at a conservative veterans group, said what veterans care about is whether VA can properly deliver health care and benefits.

“You look at this guy’s career, and I don’t think you’ll find a person more prepared to do that than Robert Wilkie,” Carey said.


*Julie Tate contributed to this report.*

### **Paul Sonne**

Paul Sonne covers the U.S. military and national security. He previously reported for the Wall Street Journal from Moscow, London and Washington. Follow 

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### **Lisa Rein**

Lisa Rein covers federal agencies and the management of government in the Trump administration. At The Washington Post, she has written about the federal workforce; state politics and government in Annapolis, and in Richmond; local government in Fairfax County, Va. and the redevelopment of Washington and its neighborhoods. Follow 





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## Comments

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## All Comments (245)

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**jims7** 1 year ago

How does a Country HONOR It's Fallen, by Their Own 'Sacrifice' in Taking Care of the Brothers and Sisters They Served With!! Privatizing The VA For Corporate Profits, Wall Street Returns! Private Sector Health Care Already Make Hefty Profits When Integrating VA R&D Findings Into That Sector: Means Doctors, Health Care Employee's, Won't Look To Military Service For Possible Reasons Veterans Might Have Been Exposed!! Private Sector Doctors If Forced To Charge Less For Care Then They Do Health Ins. Co. Will Give Same Care, Or Phony Billings For Care Not Given, To Veterans, Less!! Many Private Care Doctors, In Recent Years, Already Have Come out Saying They're Not Qualified To Care For What Some Veterans May Be Suffering From!! The VA Is The Country Served 'Responsibility' They Have Never Fully 'Sacrificed' For!! 2 Aug 2015 - 'I fight like hell to pay as little as possible': Donald Trump \* DeJa-Vu: "With \* No Shared 'Sacrifice' \* being asked of civilians after Sept. 11", especially at trump level, Decades and War From, All Over Again!! \* And no one has demanded they should, Still!! Borrowed with Interest Added!! Mark Shields 02/09/2018 PBS NewHour: "So, now we have had 17 years {plus-js} of war financed by three tax cuts," Huge For Them Wealthy!! PBS NewsHour

4/27/2018 - Mark Shields: "to Ronny Jackson, for the failure of due diligence, but he did an increasing disservice to the 20.5 million American veterans, 9.5 million of whom depend personally and individually on Veterans Administration services." "But certainly veterans, for whom we pay great lip service in this country about thanking them for their service endlessly, it would be, rather, an improvement, a positive development if we did provide the services we pledged beginning with Abraham Lincoln to the widow and the orphan and the veteran." Keeping My Oath: USN All Shore '67-'71 GMG3 - Gunner's Mate (Guns) - Vietnam In Country '70-'71 - Independent\*\*

Like  Link  Report 



**lifelongdemocrat** 1 year ago

Where does Trump find all these mother's basement dwellers? Is there a membership organization for such? Is this where Bannon and Miller came from?

Like  1 Link  Report 



**Yvette Meowmeow** 1 year ago

Yes, Miller was Session's aide when Jeffy was a senator.

Like  Link  Report 



**Witch-Hunter** 1 year ago

Well, if he's not a practicing alcoholic and he's not Tom Cotton, I guess those are two points in his favor.

Like  3 Link  Report 



**MaturinAubrey** 1 year ago *(Edited)*

90% of vets have never seen a bullet or combat. But act like they have. And claim disability. They feel it is part of their employment benefits package.

Like  1 Link  Report 



**Witch-Hunter** 1 year ago

Source?

Like 1 Link Report



**MaturinAubrey** 1 year ago

the DOD.

Like Link Report



**LeoMarius** 1 year ago

More deplorable Confederates from the Trump brigade.

Like 10 Link Report



**lifelongdemocrat** 1 year ago

Cadet Bone Spurs will one day have his own army, led by Sarah of Swineville.

Like 1 Link Report



**Boblingen** 1 year ago

If he loves the military so much I'm surprised I didn't see anything about his military service, did he at any time serve on active duty. I would prefer someone who has actually served in a combat unit. I served two tours in Vietnam and have had treatment at VA hospitals in California and Virginia, no major problems and did receive the correct treatment. Hope he works out OK

Like 6 Link Report



**ARindependent** 1 year ago

I am a Veteran and of course there is concern about increasing the privatization of the VA. Will this guy do this as instructed by trump and the congress who are trying to do for the private healthcare industry who is hungry for the money provided for VA Care.

Tom Cotton, do you support this guy? You are a Veteran, do you have concern for your brothers, who served? Do you have concern about your constituents, many who are Veterans and cannot afford private care?

I know what the plans are, Veterans will be given a voucher to go out and find a private healthcare provider where there are waits longer than the VA.

Their voucher will have limits for the amount of care they can receive over time. The private providers will have no experience in the medical and mental health problems veterans need.

Like  9   Link    Report 

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**myself3** 1 year ago

Tom Cotton is a fascist, almost universally loathed by everyone who ever knew him, including many of those with whom he served.

Like  4   Link    Report 

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**GaryBonner** 1 year ago

Unfortunately, the American people elected an out-loud, unapologetic RACIST, misogynist, LIAR, morally bankrupt man President of the United States. Securing a commitment to work in his wretched administration from a person like Robert Wilkie is probably the best Trump is going to be able to do.

Trump is not going to attract "A" listers, and highly qualified, honorable people who want to soil themselves by being in his presence.

Like  7   Link    Report 

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**JesuswichSonOfManwich** 1 year ago

Question one: Mr Wilkie, Yes or No: Is it good that the Confederacy lost the war?

Like  7   Link    Report 

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**ad9inaz** 1 year ago

The job of the VA is to spend money on veterans, and Trump seems eager to spend money on Veterans. If this guy knows how to administer a large organization, he should have a pretty easy time keeping veterans happy.

Like Link Report

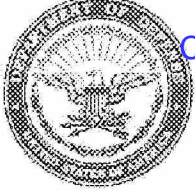


**JesuswichSonOfManwich** 1 year ago

Too bad the Trump family has a long history of keeping money from veterans.

Like 6 Link Report





9/14/17

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
COMMANDANT, U.S. COAST GUARD  
DEPUTY CHIEF MANAGEMENT OFFICER  
CHIEF, NATIONAL GUARD BUREAU  
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR OF COST ASSESSMENT AND PROGRAM  
EVALUATION  
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR OF OPERATIONAL TEST AND EVALUATION  
CHIEF INFORMATION OFFICER OF THE DEPARTMENT OF  
DEFENSE  
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE  
AFFAIRS  
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC  
AFFAIRS  
DIRECTOR OF NET ASSESSMENT  
DIRECTOR, STRATEGIC CAPABILITIES OFFICE  
DIRECTORS OF DEFENSE AGENCIES  
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Terms of Reference - Implementation of Presidential Memorandum on Military Service by Transgender Individuals

Reference: Military Service by Transgender Individuals -- Interim Guidance

I direct the Deputy Secretary of Defense and the Vice Chairman of the Joint Chiefs of Staff to lead the Department of Defense (DoD) in developing an Implementation Plan on military service by transgender individuals, to effect the policy and directives in Presidential Memorandum, *Military Service by Transgender Individuals*, dated August 25, 2017 ("Presidential Memorandum"). The implementation plan will establish the policy, standards and procedures for service by transgender individuals in the military, consistent with military readiness, lethality, deployability, budgetary constraints, and applicable law.

The Deputy Secretary and the Vice Chairman, supported by a panel of experts drawn from DoD and the Department of Homeland Security (DHS) ("Panel"), shall propose for my consideration recommendations supported by appropriate evidence and information, not later than January 15, 2018. The Deputy Secretary and the Vice Chairman will be supported by the Panel, which will be comprised of the Military Department Under Secretaries, Service Vice Chiefs, and Service Senior Enlisted Advisors. The Deputy Secretary and Vice Chairman shall



designate personnel to support the Panel's work to ensure Panel recommendations reflect senior civilian experience, combat experience, and expertise in military operational effectiveness. The Panel and designated support personnel shall bring a comprehensive, holistic, and objective approach to study military service by transgender individuals, focusing on military readiness, lethality, and unit cohesion, with due regard for budgetary constraints and consistent with applicable law. The Panel will be chaired by the Under Secretary of Defense for Personnel and Readiness and will report to the Deputy Secretary and the Vice Chairman at least every 30 days and address, at a minimum, the following three areas:

Accessions: The Presidential Memorandum directs DoD to maintain the policy currently in effect, which generally prohibits accession of transgender individuals into military service. The Panel will recommend updated accession policy guidelines to reflect currently accepted medical terminology.

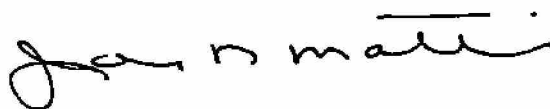
Medical Care: The Presidential Memorandum halts the use of DoD or DHS resources to fund sex-reassignment surgical procedures for military personnel, effective March 23, 2018, except to the extent necessary to protect the health of an individual who has already begun a course of treatment to reassign his or her sex. The implementation plan will enumerate the specific surgical procedures associated with sex reassignment treatment that shall be prohibited from DoD or DHS resourcing unless necessary to protect the health of the Service member.

Transgender Members Serving in the Armed Forces: The Presidential Memorandum directs that the Department return to the longstanding policy and practice on military service by transgender individuals that was in place prior to June 2016. The Presidential Memorandum also allows the Secretary to determine how to address transgender individuals currently serving in the Armed Forces. The Panel will set forth, in a single policy document, the standards and procedures applicable to military service by transgender persons, with specific attention to addressing transgender persons currently serving. The Panel will develop a universal retention standard that promotes military readiness, lethality, deployability, and unit cohesion.

To support its efforts, the Panel will conduct an independent multi-disciplinary review and study of relevant data and information pertaining to transgender Service members. The study will be planned and executed to inform the Implementation Plan. The independent multi-disciplinary review and study will address aspects of medical care and treatment, personnel management, general policies and practices, and other matters, including the effects of the service of transgender persons on military readiness, lethality, deployability, and unit cohesion.

The Panel may obtain advice from outside experts on an individual basis. The recommendations of the Deputy Secretary and the Vice Chairman will be coordinated with senior civilian officials, the Military Departments, and the Joint Staff.

All DoD Components will cooperate fully in, and will support the Deputy Secretary and the Vice Chairman in their efforts, by making personnel and resources available upon request in support of their efforts.



cc:  
Secretary of Homeland Security



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# Transgender Accessions Smartbook



**21 June 2017**

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Table of Contents

Tab	Title
A	Transgender Accessions Info Paper
B	Transgender Quadchart
C	CJCS Comments at National Press Club Luncheon on 19 June 2017
D	DepSecDef Memo Directing Services Report Readiness to access TG individuals dtd 8 May 2017
E	Service Secretary Response Memos to DepSecDef
F	SecDef Memo, "Trangender Service Members" dtd 28 July 2015
G	DTM 16-005, "Military Service of Transgender Service Members" dtd 30 June 2016
H	DOD Instruction 1300.28, "In-Service Transition for Transgender Service Members" dtd 1 October 2016

**TAB**

**A**



UNCLASSIFIED

21 June 2017

## INFORMATION PAPER

Subject: Transgender Accessions

1. Purpose. To provide VCJCS information on Service ability to meet transgender (TG) accessions; prepare for Deputy Secretary of Defense (DepSecDef)/VCJCS-led discussion.
2. Issue. On 30 June 2016, SecDef published policy allowing open service of TG service members. Services have published guidance, created training curriculums as directed in SecDef's policy, and are on track to complete training requirements by 30 June 2017. DoD and the Services are scheduled to begin to access new transgender applicants into the military on 1 July 2017. On 8 May 2017, DepSecDef requested an assessment from each of the Services on their ability to meet the 1 July 2017 suspense. Army and Air Force requested additional time, but did not provide information on their readiness to access TG applicants.
3. Desired Outcome. Decision on when the Department will begin to access transitioned TG applicants.
4. Background.
  - a. On 13 July 2015, SecDef signed a directive stating qualified Service members cannot be involuntarily separated, discharged, or denied reenlistment or continuation of Service on the basis of gender identity, without the personal approval of the USD(P&R). Previous DoD accession policy did not specifically address TG individuals; TG definitions resulted from a change in the Diagnosis and Statistics Manual of Mental Disorders (DSM-5.)
  - b. On 30 June 2016, SecDef announced policy allowing open service of TG service members, to be implemented over a 12-month period -- starting with addressing currently serving TG members and their commanders, followed by total force training, and ultimately, accession of TG recruits.
  - c. A RAND study indicates the impact to overall readiness from openly-serving TG members to be negligible, because of the relatively small TG population estimated to be serving; and the desire of most TG members to adjust their medical treatment plan as needed to deploy with their units.
  - d. Following a unified Service reversal on TG medical accession standards, on 8 May 2017, DepSecDef directed the Services to submit assessments (NLT 31 May 2017) on their readiness to begin accessing TG applicants on 1 July 2017. Service assessments:

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- Army- Did not specifically comment on readiness to access on 1 July; however, did request a 24-month delay for further evaluation.
- DON- Navy and Marine Corps are prepared to access on 1 July; however, did request a 12-month delay for further evaluation and Marine Corps barracks modifications.
- Air Force- Did not specifically comment on readiness to access on 1 July; however, did request a 12 to 36-month delay for evaluation.

5. Key Milestones.

- 13 July 2015: SecDef directive that qualified Service members cannot be involuntarily separated, discharged, or denied reenlistment or continuation of Service solely on the basis of gender identity.
- 30 September 2016: DoD issued TG handbook for commanders and service members.
- 31 May 2017: Services report readiness to begin accessing transitioned TG applicants on 1 July 2017.
- 30 June 2017: Services and Joint element commanders complete targeted "service-specific" TG training for commanders, medical personnel, service members, and recruiters.
- 1 July 2017: Services scheduled to begin accessing transitioned TG applicants who meet all traditional military entry requirements and are stable in gender for 18 months, as certified by a doctor.
- Not later than 30 June 2018: Transitioned TG accession standards will again be reviewed to ensure they reflect currently applicable medical standards, are consistent with military readiness, and promote effective recruiting and retention policies.

6. Additional Points for Consideration.

- There are no official statistics on the number of current TG service members. Best estimate is from RAND Corporation data, indicating the TG service member population is between 1,300 and 6,600 Active Duty and between 800 and 4,000 Selected Reservists.
- Both USMA and USAFA had a TG Cadet in the 2017 class who graduated, but was not commissioned due to the current accessions policy.

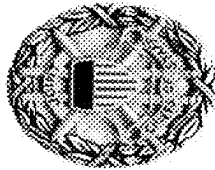
7. Recommendation. For informational purposes only.

Prepared by: Richard A. Knight, CDR, USN, JS J1, 697-5960

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**TAB**

**B**



# Transgender Service

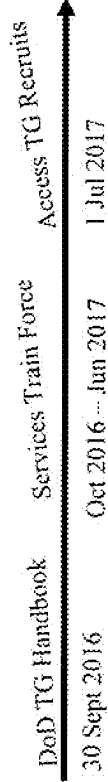
## Policy

On June 30, 2016, the SECDEF announced a new policy allowing open service of transgender (TG) Service Members:

- TG Service members may serve openly and no longer be discharged or separated solely on basis of gender identity.
- Services have published guidance, created training curriculums as directed in SECDEF's policy, and are on track to complete training requirements by June 30, 2017.
- OSD is currently reviewing the readiness of the Services to implement the accession of TG applicants on July 1, 2017.

## DoD Strategy

- 30 Sep 2016: DoD issued an implementation TG handbook for commanders and service members.
- Oct 2016 to Jun 2017: Services conduct targeted "service-specific" TG training for commanders, medical personnel, service members, and recruiters. Training on track to be completed by 30 June 2017.
- 1 Jul 2017: Military Services to begin accessing TG applicants. On 31 May 2017, all Service Secretaries request 12-to-36 month delay to begin accessing TG applicants citing readiness concerns.



## Military Dimension

- There are no statistics on the number of TG service members currently serving. Best estimate is from RAND Corporation data, indicating the estimated TG service population is between 1,300 and 6,600 in the Active Component and between 800 and 4,000 in the Selected Reserve.
- Discrimination on the basis of gender identity will be a form of sex discrimination consistent with the U.S. Attorney General's opinion, and handled under the Department's Military Equal Opportunity Program.

## Key Issues

- RAND data indicates the impact to overall readiness from openly serving TG members to be negligible, because of the relatively small TG population estimated to be serving today and the desire of most TG persons to adjust their medical needs (when possible) in order to deploy with their units.
- We are able to recruit individuals previously denied accessions and prohibit involuntary discharge and separation of TG Service member in whom we have invested time, training, & resources.
- It is estimated that the transition related expenses, including medical care, will range from \$3.5-14.1 million in FY 2017.

**BLUF: Long term impact of TG accessions on readiness is unknown; however, none of the Service arguments present compelling information to delay implementation.**

**TAB**  
**C**



**Excerpt from Transcript of National Press Club Luncheon with CJCS**

**Subject:** A number of important issues facing the U.S. Military including the latest strategy for defeating the Islamic State and other terrorist groups, challenges from North Korea, Cyber Warfare, Weapons acquisition, and recruiting and strengthening U.S. alliances.

**Moderator:** Jeff Ballou

**Location:** National Press Club ballroom, Washington, D.C.

**Time:** 12:00 p.m.

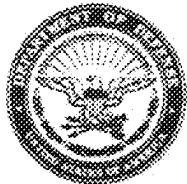
**Date:** Monday, 19 June 2017

**Jeff Ballou:** Along those lines, Mr. Chairman, there are thousands of transgender service members who are honorably serving in the military today. Last year then Secretary Carter created the new policy allowing transgender individuals to openly serve and allow new transgender recruits to join. Why is the Pentagon considering changing this policy?

**Joseph f. Dunford:** Okay, first of all let's be clear. There is-- transgender personnel are serving right now and there is no review ongoing that would affect the ability of those currently serving to continue serving, provided they can meet the physical and mental qualifications of service, be worldwide deployable, and the same standards that every other Soldier, Sailor, Airmen, Marine meets. The issue now is the challenges of assessing individuals and the criteria for assessing, and so that is, there have been some issues raised with regard to challenges of assessing transgender individuals, and that is what the Secretary is reviewing.

So, this is not a reversal of the policy that was implemented before. This is the next phase of implementation was accessions, and there have been some issues identified with accessions that the Service Chiefs, some of the Service Chiefs believe need to be resolved before we move forward, and so that's where we are right now.

**TAB**  
**D**



DEPUTY SECRETARY OF DEFENSE  
1010 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1010

MAY - 8 2017

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHIEFS OF THE MILITARY SERVICES

SUBJECT: Readiness of Military Departments to Implement Accession of Transgender Applicants into Military Service

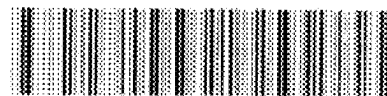
In coordination with the Under Secretary of Defense for Personnel and Readiness, I direct you to assess the Department's readiness to begin accessing transgender applicants into military service on July 1, 2017.

The personnel policies of this Department are designed to enhance the warfighting readiness and lethality of the force that protects our country. 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.

Current guidance prohibits the involuntary separation of otherwise qualified Service members solely because of gender identity and directs the Military Departments to prepare for the accession of transgender applicants into military service by July 1, 2017. That guidance also contained directions for each Department to conduct force-wide education and training to ready the force and ensure successful integration. Please report your assessment to me no later than May 31, 2017.

cc:

Chairman of the Joint Chiefs of Staff  
Under Secretary of Defense for Personnel and Readiness  
General Counsel of the Department of Defense



OSD000001-17/CMD007670-17

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# TAB E



SECRETARY OF THE ARMY  
WASHINGTON

ACTION MEMO

15-05-17 A 9:40 307

FOR: DEPUTY SECRETARY OF DEFENSE

FROM: Robert M. Speer, Acting Secretary of the Army *Robert M. Speer, 5-25-17*

SUBJECT: Readiness of Military Departments to Implement Accession of Transgender Applicants into Military Service

- This responds to your May 8, 2017 memorandum to assess the Army's readiness to begin accessing transgender applicants into the Army on July 1, 2017 (TAB A). The Army requests a delay in implementing the draft accessions policy until July 1, 2019, to allow for a meaningful analysis and determination regarding the impact of transgender accessions on the Army's readiness to meet the statutory requirement under 10 USC 3062, specifically the Army's obligation to be organized, trained, and equipped primarily for prompt and sustained combat operations.
- While the Army is on track to complete our transgender in service tiered training program by July 1, 2017, our assessment identified several impediments to starting accessions on July 1, 2017, potentially impacting our future ability to conduct "prompt and sustained" combat operations in furtherance of our statutory mission.
- Some transgender Soldiers experience extensive medical non-deployability both before and after transition. The Army reviewed the records of the 36 Soldiers with an approved gender marker change and found that seven (19%) were permanently non-deployable after their transition compared to 2% permanently non-deployable in the rest of the force. This rate is in addition to the 6 - 12 months medically non-deployable time (exclusive of time needed to recover from surgery) most transitioning Soldiers experience. Accessing additional individuals when the only empirical evidence collected suggests a 19% permanently non-deployable rate hurts the overall readiness of the force and reduces the ability of the Army to achieve our statutory mission of providing prompt and sustained combat operations. As we have just begun retaining transgender Soldiers, insufficient data exists to determine if more time would resolve the associated non-deployable conditions.
- Empirical evidence is not available to identify if the contemplated 18-month stability period is sufficient to support the overall readiness of the force. Many medical conditions require a waiting period to determine stability. The waiting periods are based primarily on published medical standards of care used to determine complete healing times or the point at which one reaches such a low risk of recurrence that the condition is considered medically resolved, for example, a 6-month stability period following refractive eye surgery. Gender dysphoria has a higher than average risk of being associated with mood and anxiety disorders and suicidal behaviors. Some of the waiting periods for disorders sometimes associated with gender dysphoria are greater than the contemplated 18-months of stability for gender dysphoria, for

SD CA		DSD SA	
SD SMA		DSD SMA	
SD MA		DSD MA	<i>7-26</i>
CeS		DSD CA	
ES		ESB Rvw	<i>8/5/26</i>
ESR	<i>11/27/26</i>	ESD	



**SUBJECT: Readiness of Military Departments to Implement Accession of Transgender Applicants into Military Service**

example depression (requiring a period of 36 months without treatment prior to accession), and anxiety (requiring a period of 24 months without treatment prior to accession). The minimum waiting period for transgender individuals should be that time necessary to resolve the dysphoria or any other attendant conditions.

- Data to assess impact on readiness has only been available since October 2016. To address this insufficiency, the Army requests delaying implementation of an accessions policy for at least 24 months. The delay provides the necessary time to develop actual practical experience regarding the length and type of medical treatment needed to resolve periods of non-deployability and validate the presumption that transgender Soldiers will access in their preferred gender and experience no additional distress or dysphoria, requiring only routine behavioral health and endocrinological follow-up with minimum training disruption during service.

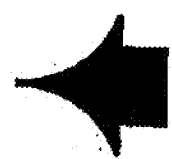
**RECOMMENDATION:** Approve the delay of implementation until July 1, 2019.

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Other \_\_\_\_\_

**COORDINATION:** NONE

**Attachment:**  
As stated

Prepared by: LTC Daniel McTigue, (703) 695-5666





THE SECRETARY OF THE NAVY  
WASHINGTON DC 20350-1000

May 31, 2017

MEMORANDUM FOR DEPUTY SECRETARY OF DEFENSE


SUBJECT: Readiness of Military Departments to Implement Accession of Transgender Applicants into Military Service

Pursuant to your memorandum of May 8, 2017, the Department of the Navy (DON) evaluated our readiness to begin accessing transgender applicants into military service on July 1, 2017. While both the Navy and Marine Corps are prepared to begin accessing applicants on July 1, 2017, as outlined in the attached Service assessments from the Director, Navy Staff and Commandant of the Marine Corps, I request consideration be given to extending the accession deadline by one year to July 1, 2018.

As directed, the Navy and Marine Corps developed Service-wide education and training plans to ready the force and ensure successful integration. Navy completed training as of April 30, 2017, and the Marine Corps will be complete by July 1, 2017. Additionally, DON published transgender policy in Secretary of the Navy Instruction 1000.11, *Service of Transgender Sailors and Marines*, on November 4, 2016.

A one-year delay will enable DON to assess the effectiveness of our policy to evaluate, treat, and integrate transgender Service Members within the existing population. This will allow us opportunity to apply the experience of our current efforts to identify any potential impacts of transgender service on readiness and deployability and to standardize and clarify DON procedures as required to preclude such impacts. During this period we will also assess the detailed policy impacts on individual Service Members and their ability to have full, uninhibited careers offering world-wide assignability. Additionally, we will work with the other Services, the Combatant Commanders, and the Office of the Secretary of Defense to promote consistency in implementation regarding deployed environment requirements, non-deployability periods, and the optimal stability period associated with the unique stressors of military life.

Those who join our all-volunteer force today do so with an expectation of being able to serve wherever the nation needs them. We owe them consistent and clear policies that maximize readiness while simultaneously ensuring individuals have the ability to contribute to the mission based solely on their abilities and qualifications.

  
Sean J. Stackley  
Acting

Attachments:  
As stated





DEPARTMENT OF THE NAVY  
 HEADQUARTERS, UNITED STATES MARINE CORPS  
 3000 MARINE CORPS PENTAGON  
 WASHINGTON, DC 20390-3000

May 30, 2017

MEMORANDUM FOR DEPUTY SECRETARY OF DEFENSE  
 SECRETARY OF THE NAVY

SUBJECT: Readiness of the Military Departments to Implement Accession of Transgender Applicants into Military Service

The United States Marine Corps acknowledges the 30 June 2016 decision by the Secretary of Defense to begin accessing transgender applicants into the Marine Corps on 1 July 2017. The Marine Corps will comply with all Department of Defense (DoD) directives on this issue, but recommends extending the accession deadline to 1 July 2018. Since the implementation of the DoD transgender policy, we continue to learn from our transitioning in-service Marines who have bravely stepped forward. An additional year will give us the opportunity to continue to learn and to address ongoing concerns including:

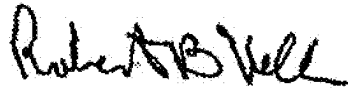
- Since the implementation of the policy, we are beginning to better understand, via our in-service transitioning Marines, how transition impacts deployability and readiness. This information is important because the majority of Marines serve only a single term and we expect these Marines to be ready to train and deploy multiple times. With an additional year to implement transitioning/transgender accessions, we will be able to gain more insight from our experience with our in-service transitioning Marines and will be able to offer DOD a well-informed assessment on the impact on readiness.
- Facilities modifications are necessary at numerous training locations to respond to privacy concerns. These modifications have been impacted by the extended Continuing Resolution and, therefore, have not yet been completed. An additional year and a signed budget will allow us to complete these modifications.
- Notable inconsistencies exist between the clinical guidelines for transgender care and the DoD policy, specifically with respect to the requirement of real life experience (RLE). Defense Health Agency policy mandates DoD clinicians use guidelines requiring at least three months RLE prior to initiating hormone treatment. However, DoD policy which was developed with input from DoD medical experts does not permit RLE during duty hours and only allows partial RLE when Service members are off-duty. This incongruity reflects the lack of agreement within the medical and behavioral health communities and must be resolved to ensure appropriate care for our transitioning service members. By deliberately increasing this population before we have resolved the inconsistencies, we potentially expose newly accessed transitioning Marines to unacceptable health risks.
- Lastly, an extension would allow DOD and the Services to gain more certainty about DOD's interpretation of 10 U.S.C. §§6931, 9319, and 4319 which require the Services to provide sleeping and latrine areas separated by "male" and "female" at recruit training. The statutes

**SUBJECT: Readiness of the Military Departments to Implement Accession of Transgender Applicants into Military Service**

do not define the terms "male" or "female," but DOD General Counsel has suggested in a 5 July 2016 opinion that the terms will be interpreted to mean the member's gender marker as reflected in the Defense Enrollment Eligibility Reporting System (DEERS). The DOD General Counsel opinion indicates a belief that Congress will defer to DOD's interpretation of "male" and "female" because of the significant authority Congress has conferred on the Secretary of Defense and Service Secretaries concerning the administration of DOD and its personnel. DOD should take additional action prior to the accession of transgender applicants to ensure this view is consistent with congressional intent, in order to avoid potential risk of violation of these statutes.

In addition to these concerns, we continue to recommend the stability period for new accessions be established as 24 months, vice 18 months under the current policy. This 24-month stability requirement is consistent with other stability requirements within DOD's medical standards for accession in DODI 6130.03. Accession to military service is a significant and stressful event for all applicants; physical and mental stability are vital for success during recruit training or officer candidate school. A longer stabilization requirement would provide a better foundation for our transgender applicants and better position them to successfully complete rigorous initial training.

In summary, the Marine Corps will execute as required, but recommend the effective date for new accessions be delayed to 1 July 2018 so the Services can review and learn from current in-service transgender cases to better serve our transitioning/transgender members and to better understand the impacts of this new policy. We further recommend the stability period for new accessions be lengthened to 24 months.



Robert B. Neifer



DEPARTMENT OF THE NAVY  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
2000 NAVY PENTAGON  
WASHINGTON DC 20350-2000

22 May 17

MEMORANDUM FOR SECRETARY OF THE NAVY

SUBJECT: Readiness of Military Departments to Implement Accession of Transgender Applicants into Military Service

Mr. Secretary, we are prepared to access transgender (TG) applicants into military Service on July 1, 2017. We conducted extensive policy reviews and training of the force, and established the required conditions for implementation of TG applicant accessions. The following criteria served as the basis for our assessment.

- Required revisions to Navy policy were outlined in NAVADMIN 248/16 and BUMEDNOTE 6000. Applicable Navy instructions were reviewed and any changes required are nearing completion and will be in effect by the planned date for TG accessions.
- All Navy policies and regulations are consistent with the standards of military readiness, effectiveness, unit cohesion, and recruiting and retention needs.
- As of April 30, 2017, the Navy completed TG policy training for both the active and reserve components.
- The Navy Service Central Coordination Cell continues to provide assistance and clarification to command triads and individual Sailors regarding personnel policies and gender transition, responding to over 460 inquiries since the July 5, 2016 standup.
- BUMED successfully stood up east and west coast transgender care teams, completed physician training and developed a multidisciplinary approach to care for transitioning Sailors.
- Navy Recruiting Command recruiters are prepared to accept TG applications.
- Navy accession sources at Naval Service Training Command and U.S. Naval Academy are ready to begin accessing TG recruits and officer candidates.
- Recruit Training Command (RTC) is on track to complete the minimum necessary modifications to ensure appropriate privacy for incoming TG personnel. No other facilities modifications are planned by Navy outside of RTC.

While Navy sees no impediments and assesses limited risk to start accessing TG applicants, I would not oppose a shift in the final implementation date if required by our sister Services. Navy agrees to the plan of 18 months stability requirement for Service entry of TG applicants, but awaits decision and release of DoD accession medical standards to review and update our policies and instructions accordingly. The accession of TG personnel is not expected to cause significant impacts to readiness, effectiveness, cohesion, recruiting and retention.

  
J. G. FOGGO



SECRETARY OF THE AIR FORCE  
WASHINGTON

MAY 31 2017

FOR: DEPUTY SECRETARY OF DEFENSE

FROM: Heather Wilson *H. R. Wilson*

SUBJECT: Readiness of Military Departments to Implement Accession of Transgender Applicants into Military Service

- In response to your subject memorandum, dated 8 May 2017, we recommend a 12-36 month delay from the current 1 July 2017 accession policy implementation to allow for a period of further study to assess the readiness implications of transgender accessions. We reaffirm our commitment that currently serving transgender members be allowed to serve openly, freely, without discrimination and to ensure that all Airmen have the opportunity to focus on the mission and be successful. The Air Force is complying with OSD direction to educate our force through general Transgender Awareness Training, and anticipates completion by the OSD-directed target date of 1 July 2017.
- We believe that the combination of developing, but still immature, medical information and information received from Combatant Commands (CCMDs) raises significant concerns about the potential availability, readiness, and deployability of potential transgender accessions that warrants more study.
- It has been further noted that currently serving transgender members have had some significant readiness and deployment issues. Early medical evidence indicates that gender transition medical treatment may not be providing a lasting resolution to gender dysphoria and there is not sufficient data to draw conclusions on cited medical issues. This additional period would allow the opportunity to build upon a growing body of medical evidence on which to base a more informed decision on the readiness impacts of transgender applicant accessions.
- As a force provider, the Air Force takes these concerns seriously, particularly in light of understandable restrictions required by our warfighters. For example, US Central Command (USCENTCOM) MODIFICATION (MOD) 13, *Individual Protection and Individual Unit Deployment Policy*, provides that members with gender dysphoria, and those actively undergoing gender transition, are, due to complex medical and mental health needs, generally disqualified from deployment to the USCENTCOM Area of Responsibility until the process, including all necessary follow-up and stabilization, is completed without complication or persistent concerns (identified as stability). Additionally, other CCMDs have policies that limit deployment of any member, not solely transgender members, who have a condition with complex multi-specialty medical concerns without an approved waiver by the gaining CCMD, which is consistent with established Military Department and Service standards.

SA.077

- Our point of contact is Martha P. Soper, SAF/MRR, (703) 693-9512 or via email at Martha.p.soper.civ@mail.mil

COORDINATION: None

Attachment:

DepSecDef Memo, 8 May 17

Prepared by: Martha P. Soper, SAF/MRR, (703) 693-9512

**TAB**

**F**





SECRETARY OF DEFENSE  
1000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1000

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS

SUBJECT: Transgender Service Members

JUL 28 2015

Effective as of July 13, 2015, no Service member shall be involuntarily separated or denied reenlistment or continuation of active or reserve service on the basis of their gender identity, without the personal approval of the Under Secretary of Defense for Personnel and Readiness. This approval authority may not be further delegated.

The Under Secretary of Defense for Personnel and Readiness will chair a working group composed of senior representatives from each of the Military Departments, Joint Staff, and relevant components from the Office of the Secretary of Defense to formulate policy options for the DoD regarding the military service of transgender Service members. The working group will start with the presumption that transgender persons can serve openly without adverse impact on military effectiveness and readiness, unless and except where objective, practical impediments are identified, and shall present its recommendations to me within 180 days. Pending the issuance of DoD-wide policy following the submission of the working group's report, any interim guidance issued by the Military Departments will be coordinated with, and subject to the prior personal approval of, the Under Secretary of Defense for Personnel and Readiness. If questions relating to the service of transgender members arise, the Military Departments should address them to the Under Secretary of Defense for Personnel and Readiness.

A handwritten signature in black ink that reads "Ash Carter".

cc:  
DepSecDef  
CJCS  
USDs  
DoD, GC  
ASD(LA)  
ATSD(PA)



**TAB**

**G**



SECRETARY OF DEFENSE  
1000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1000

JUN 30 2016

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
DEPUTY CHIEF MANAGEMENT OFFICER  
CHIEF OF THE NATIONAL GUARD BUREAU  
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR, COST ASSESSMENT AND PROGRAM  
EVALUATION  
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR, OPERATIONAL TEST AND EVALUATION  
DEPARTMENT OF DEFENSE CHIEF INFORMATION OFFICER  
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE  
AFFAIRS  
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC  
AFFAIRS  
DIRECTOR, NET ASSESSMENT  
DIRECTORS OF THE DEFENSE AGENCIES  
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Directive-type Memorandum (DTM) 16-005, "Military Service of Transgender Service Members"

References: DoD Directive 1020.02E, "Diversity Management and Equal Opportunity in the DoD," June 8, 2015  
DoD Directive 1350.2, "Department of Defense Military Equal Opportunity (MEO) Program," August 18, 1995  
DoD Instruction 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services," April 28, 2010, as amended

Purpose. This DTM:

- Establishes policy, assigns responsibilities, and prescribes procedures for the standards for retention, accession, separation, in-service transition, and medical coverage for transgender personnel serving in the Military Services.
- Except as otherwise noted, this DTM will take effect immediately. It will be converted to a new DoDI. This DTM will expire effective June 30, 2017.

Applicability. This DTM applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the

DTM-16-005

Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

#### Policy.

- The defense of the Nation requires a well-trained, all-volunteer force comprised of Active and Reserve Component Service members ready to deploy worldwide on combat and operational missions.
- The policy of the Department of Defense is that service in the United States military should be open to all who can meet the rigorous standards for military service and readiness. Consistent with the policies and procedures set forth in this memorandum, transgender individuals shall be allowed to serve in the military.
- These policies and procedures are premised on my conclusion that open service by transgender Service members while being subject to the same standards and procedures as other members with regard to their medical fitness for duty, physical fitness, uniform and grooming, deployability, and retention, is consistent with military readiness and with strength through diversity.

#### Responsibilities

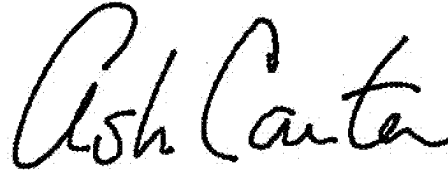
- The Secretaries of the Military Departments will:
  - Take immediate action to identify all DoD, Military Department, and Service issuances, the content of which relate to, or may be affected by, the open service of transgender Service members.
  - Draft revisions to the issuances identified, and, as necessary and appropriate, draft new issuances, consistent with the policies and procedures in this memorandum.
  - Submit to the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) the text of any proposed revisions to existing Military Department and Service regulations, policies, and guidance, and of any proposed new issuance, no later than 30 days in advance of the proposed publication date of each.
- The USD(P&R) will:
  - Take immediate action to identify all DoD, Military Department, and Service issuances, the content of which relate to, or may be affected by, the open service of transgender Service members.

DTM-16-005

- Draft revisions to the issuances identified in this memorandum and, as necessary and appropriate, draft new issuances consistent with the policies and procedures in this memorandum.

Procedures. See Attachment.

Releasability. **Cleared for public release.** This DTM is available on the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.



Attachment:  
As stated

cc:  
Secretary of Homeland Security  
Commandant, United States Coast Guard

DTM-16-005

ATTACHMENTPROCEDURES1. SEPARATION AND RETENTION

a. Effective immediately, no otherwise qualified Service member may be involuntarily separated, discharged or denied reenlistment or continuation of service, solely on the basis of their gender identity.

b. Transgender Service members 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 basis, but not due solely to their gender identity or an expressed intent to transition genders.

c. A Service member whose ability to serve is adversely affected by a medical condition or medical treatment related to their gender identity should be treated, for purposes of separation and retention, in a manner consistent with a Service member whose ability to serve is similarly affected for reasons unrelated to gender identity or gender transition.

2. ACCESSIONS

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. Not later than July 1, 2017, the USD(P&R) will update DoD Instruction 6130.03 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; and

(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.

DTM-16-005

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

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

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

b. The Secretaries of the Military Departments and the Commandant, United States Coast Guard, may waive or reduce the 18-month periods, in whole or in part, in individual cases for applicable reasons.

c. The standards for accession described in this memorandum will be reviewed no later than 24 months from the effective date of this 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.

### 3. IN-SERVICE TRANSITION

a. Effective October 1, 2016, DoD will implement a construct by which transgender Service members may transition gender while serving, in accordance with DoDI 1300.28, which I signed today.

b. Gender transition while serving in the military presents unique challenges associated with addressing the needs of the Service member in a manner consistent with military mission and readiness needs.

4. MEDICAL POLICY. Not later than October 1, 2016, the USD(P&R) will issue further guidance on the provision of necessary medical care and treatment to transgender Service members. Until the issuance of such guidance, the Military Departments and Services will handle requests from transgender Service members for particular medical care or to transition on a case-by-case basis, following the spirit and intent of this memorandum and DoDI 1300.28.

### 5. EQUAL OPPORTUNITY

a. 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.



DTM-16-005

b. The USD(P&R) will revise DoD Directives (DoDDs) 1020.02E, "Diversity Management and Equal Opportunity in the DoD," and 1350.2, "Department of Defense Military Equal Opportunity (MEO) Program," to prohibit discrimination on the basis of gender identity and to incorporate such prohibitions in all aspects of the DoD MEO program. The USD(P&R) will prescribe the period of time within which Military Department and Service issuances implementing the MEO program must be conformed accordingly.

## 6. EDUCATION AND TRAINING

a. The USD(P&R) will expeditiously develop and promulgate education and training materials to provide relevant, useful information for transgender Service members, commanders, the force, and medical professionals regarding DoD policies and procedures on transgender service. The USD(P&R) will disseminate these training materials to all Military Departments and the Coast Guard not later than October 1, 2016.

b. Not later than November 1, 2016, each Military Department will issue implementing guidance and a written force training and education plan. Such plan will detail the Military Department's plan and program for training and educating its assigned force (to include medical professionals), including the standards to which such education and training will be conducted, and the period of time within which it will be completed.

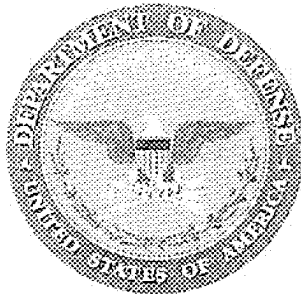
## 7. IMPLEMENTATION AND TIMELINE

a. Not later than October 1, 2016, the USD(P&R) will issue a Commander's Training Handbook, medical guidance, and guidance establishing procedures for changing a Service member's gender marker in DEERS.

b. In the period between the date of this memorandum and October 1, 2016, the Military Departments and Services will address requests for gender transition from serving transgender Service members on a case-by-case basis, following the spirit and intent of this memorandum and DoDI 1300.28.

**TAB**

**H**



## DoD INSTRUCTION 1300.28

### IN-SERVICE TRANSITION FOR TRANSGENDER SERVICE MEMBERS

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**Originating Component:** Office of the Under Secretary of Defense for Personnel and Readiness

**Effective:** October 1, 2016

**Releasability:** Cleared for public release. Available on the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

**Cancel:** Secretary of Defense Memorandum, "Transgender Service Members," July 28, 2015

**Approved by:** Ashton Carter, Secretary of Defense

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**Purpose:** This issuance:

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

DoDI 1300.28, June 30, 2016

## TABLE OF CONTENTS

SECTION 1: GENERAL ISSUANCE INFORMATION .....	3
1.1. Applicability .....	3
1.2. Policy .....	3
SECTION 2: RESPONSIBILITIES .....	5
2.1. Under Secretary of Defense for Personnel and Readiness (USD(P&R)) .....	5
2.2. Secretaries of The Military Departments and Commandant, United States Coast Guard (USCG) .....	5
SECTION 3: GENDER TRANSITION .....	7
3.1. Special Military Considerations .....	7
a. Medical .....	7
b. Gender Transition in the Military .....	7
c. Continuity of Medical Care .....	7
d. Living in Preferred Gender .....	8
e. DEERS .....	8
f. Military Readiness .....	8
3.2. Roles and Responsibilities .....	8
a. Service Member's Role .....	8
b. Military Medical Provider's Role .....	9
c. Commander's Role .....	9
d. Role of the Military Department and the USCG .....	10
3.3. Gender Transition Approval Process .....	11
3.4. Additional RC Considerations .....	12
a. General .....	12
b. Gender Transition Approach .....	12
c. Medical Treatment Plans .....	12
d. Selected Reserve Drilling Member Participation .....	12
e. Delayed Training Program .....	13
f. Split Option Training .....	13
3.5. Initial Entry Training and Considerations Associated With the First Term of Service .....	13
3.6. Protection of PII and Protected Health Information .....	14
3.7. Personal Privacy Considerations .....	14
3.8. Assessment and Oversight of Compliance .....	14
GLOSSARY .....	15
G.1. Acronyms .....	15
G.2. Definitions .....	15
REFERENCES .....	18

*DoDI 1300.28, June 30, 2016*

## SECTION I: GENERAL ISSUANCE INFORMATION

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

### 1.2. **POLICY.**

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

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

c. Service members with a diagnosis from a military medical provider indicating that gender transition is medically necessary, will be provided medical care and treatment for the diagnosed medical condition. Recommendations of a military medical provider will address the severity of the Service member's medical condition and the urgency of any proposed medical treatment. Medical advice to commanders will be provided in a manner consistent with processes used for other medical conditions that may limit the Service member's performance of official duties.

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

e. Any determination that a transgender Service member is non-deployable at any time will be consistent with established Military Department and Service standards, as applied to other Service members whose deployability is similarly affected in comparable circumstances unrelated to gender transition.

*DoDI 1300.28, June 30, 2016*

f. Commanders will assess expected impacts on mission and readiness after consideration of the advice of military medical providers and will address such impacts in accordance with this issuance. In applying the tools described in this issuance, a commander will not accommodate biases against transgender individuals. If a Service member is unable to meet standards or requires an exception to policy (ETP) during a period of gender transition, all applicable tools, including the tools described in this issuance, will be available to commanders to minimize impacts to the mission and unit readiness.

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



DoDI 1300.28, June 30, 2016

## SECTION 2: RESPONSIBILITIES

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

- a. Updates existing DoD issuances, or promulgate new issuances, as appropriate, in accordance with the provisions of this issuance.
- b. Expeditiously develops and promulgates education and training materials to provide relevant, useful information for transgender Service members, commanders, military medical providers, and the force.
- c. Ensures that the text of proposed revisions to existing Military Department and Service regulations, policies, and guidance, and of any proposed new Military Department and Service issuance, is consistent with this issuance.
- d. Issues guidance to the Military Departments, establishing the prerequisites and procedures for changing a Service member's gender marker in DEERS.

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

- a. Adhere to all provisions of this issuance.
- b. Administer their respective programs, and update existing Military Department regulations, policies, and guidance, or promulgate new issuances, as appropriate, in accordance with the provisions of this issuance.
- c. Establish a Service Central Coordination Cell (SCCC) to provide multi-disciplinary (e.g., medical, legal, military personnel management) expert advice and assistance to commanders with regard to service by transgender Service members and gender transition in the military and to assist commanders in the execution of DoD, Military Department, and Service policies and procedures.
- d. Educate their AC and RC forces to ensure appropriate understanding of the policies and procedures pertaining to gender transition in the military.
- e. Submit to the USD(P&R) the text of any proposed revision to existing Military Department and Service regulations, policies, and guidance, and of any proposed new issuance, not later than 30 days in advance of the proposed publication date.
- f. Ensure the protection of personally identifiable information (PII) and personal privacy considerations in the implementation of this issuance and Military Department and Service regulations, policies, and guidance.

*DoDI 1300.28, June 30, 2016*

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

*DoDI 1300.28, June 30, 2016*

### SECTION 3: GENDER TRANSITION

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

*a. Medical.*

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

(2) Each Service member in the AC or in the Selected Reserve will, as a condition of continued participation in military service, report significant health information to their chain of command. Service members who have or have had a medical condition that may limit their performance of official duties, must consult with a military medical provider concerning their diagnosis and proposed treatment, and must notify their commanders.

(3) As in the case of other health issues, when a Service member receives a diagnosis from a military medical provider indicating that gender transition is medically necessary, the member's notification to the commander must identify all medically necessary care and treatment that is part of the Service member's medical treatment plan and a projected schedule for such treatment, including an estimated date for a change in the member's gender marker in DEERS.

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

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

*DoDI 1300.28, June 30, 2016*

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

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

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

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

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

a. *Service Member's Role.*

- (1) Secure a medical diagnosis from a military medical provider.
- (2) Notify the commander of a diagnosis indicating that gender transition is medically necessary, and identify all medically necessary treatment that is part of the member's medical treatment plan and a projected schedule for such treatment, including an estimated date for a change in the member's gender marker in DEERS, as set forth in Paragraph 3.1.a.
- (3) Notify the commander of any change to the medical treatment plan, the projected schedule for such treatment, or the estimated date on which the member's gender marker would be changed in DEERS.

*DoDI 1300.28, June 30, 2016*

*b. Military Medical Provider's Role.*

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

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

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

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

*c. Commander's Role.*

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

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

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

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

(d) Is consistent with the medical treatment plan.

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

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

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



*DoDI 1300.28, June 30, 2016*

d. Role of the Military Department and the USCG.

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

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

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

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

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

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

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

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

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

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



*DoDI 1300.28, June 30, 2016*

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

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

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

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

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

### 3.3. GENDER TRANSITION APPROVAL PROCESS.

a. A Service member on active duty, who receives a diagnosis from a military medical provider for which gender transition is medically necessary may, in consultation with the military medical provider and at the appropriate time, request that the commander approve:

- (1) The timing of medical treatment associated with gender transition;
- (2) An ETP associated with gender transition, consistent with Paragraph 3.2.d, and/or
- (3) A change to the Service member's gender marker in DEERS.

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

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

- (1) Comply with the provisions of this issuance, and with Military Department and Service regulations, policies, and guidance, and consult with the SCCC.
- (2) Promptly respond to any request for medical care, as identified by the military medical provider, and ensure that such care is provided consistent with applicable regulations.
- (3) Respond to any request for medical treatment or an ETP associated with gender transition, as soon as practicable, but not later than, 90 days after receiving a request determined to be complete in accordance with the provisions of this issuance and Military Department and Service regulations, policies, and guidance. The response will be in writing; include notice of any actions taken by the commander in accordance with applicable regulations, policies, and guidance and the provisions of this issuance; and will be provided to both the Service member

*DoDI 1300.28, June 30, 2016*

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

(4) At any time prior to the change of the Service member's gender marker in DEERS, the commander may modify a previously approved approach to, or an ETP associated with, gender transition. A determination that modification is necessary and appropriate will be made in accordance with the procedures, and upon review and consideration of the factors set forth in Paragraph 3.2.c of this issuance. Notice of such modification will be provided to the Service member under procedures established by the Secretary of the Military Department concerned, and may include options as set forth in Paragraph 3.2.d.

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

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

### 3.4. ADDITIONAL RC CONSIDERATIONS.

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

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

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

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

*DoDI 1300.28, June 30, 2016*

- (1) Rescheduled training.
- (2) Authorized absences.
- (3) Alternate training.

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

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

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

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

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

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

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

*DoDI 1300.28, June 30, 2016*

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

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

### 3.6. PROTECTION OF PII AND PROTECTED HEALTH INFORMATION.

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

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

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

### 3.8. ASSESSMENT AND OVERSIGHT OF COMPLIANCE.

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

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

*DoDI 1300.28, June 30, 2016*

## GLOSSARY

## G.1. ACRONYMS.

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

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

**cross-sex hormone therapy.** The use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth. A common medical treatment associated with gender transition.

**gender marker.** Data element in DEERS that identifies a Service member's gender. A Service member is expected to adhere to all military standards associated with the member's gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.



*DoDI 1300.28, June 30, 2016*

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

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

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

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

**non-urgent medical care.** The care required to diagnose and treat problems that are not life or limb threatening or that do not require immediate attention.

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

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

**SCCC.** Service-level cell of experts created to provide multi-disciplinary (e.g., medical, legal) advice and assistance to commanders with regard to service by transgender Service members and gender transition in the military.

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

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



*DoDI 1300.28, June 30, 2016*

**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.

*DoDI 1300.28, June 30, 2016*

REFERENCES

- Directive-type Memorandum 16-005, "Military Service of Transgender Service Members," July 1, 2016
- DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
- DoD Directive 5400.11, "DoD Privacy Program," October 29, 2014
- DoD Instruction 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," June 26, 2006
- DoD Instruction 1215.13, "Ready Reserve Member Participation Policy," May 5, 2015
- DoD Instruction 1322.22, "Service Academies," September 24, 2015
- DoD Instruction 1332.14, "Enlisted Administrative Separations," January 27, 2014, as amended
- DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014
- DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014

# RE: POTUS TG MEMO (UNCLASSIFIED)

Wednesday, January 24, 2018 3:29 PM

Subject	<b>RE: POTUS TG MEMO (UNCLASSIFIED)</b>
From	Dailey, Daniel A SMA USARMY HQDA SMA (US)
To	Troxell, John W CSM USARMY JS DOM (US)
Sent	Wednesday, October 18, 2017 5:07 PM

SEAC,

Got it, thank you,

SMA

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

From: Troxell, John W CSM USARMY JS DOM (US)  
 Sent: Wednesday, October 18, 2017 7:36 AM  
 To: Dailey, Daniel A SMA USARMY HQDA SMA (US) <daniel.a.dailey.mil@mail.mil>  
 Subject: RE: POTUS TG MEMO (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Dan,  
Let me know if this works. v/r John

Command Sergeant Major John Wayne Troxell Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff (SEAC) OCJCS/SEAC  
 9999 Joint Staff Pentagon  
 Washington, DC 20318-9999  
 (703) 571-2484  
 John.w.troxell.mil@mail.mil  
 John.w.troxell.mil@mail.smil.mil  
 JWICS- john.w.troxell@coe.ic.gov

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

From: Dailey, Daniel A SMA USARMY HQDA SMA (US)  
 Sent: Tuesday, October 17, 2017 7:12 PM  
 To: Troxell, John W CSM USARMY JS DOM (US) <john.w.troxell.mil@mail.mil>  
 Subject: Re: POTUS TG MEMO (UNCLASSIFIED)

SEAC,

Can you re-send, I can't read it.

Thanks,

Dan

Sent from my iPhone

> On Oct 17, 2017, at 10:18 AM, Troxell, John W CSM USARMY JS DOM (US)  
<john.w.troxell.mil@mail.mil> wrote:  
>  
> CLASSIFICATION: UNCLASSIFIED  
>  
> CLASSIFICATION: UNCLASSIFIED  
>  
> Teammates,  
> I was unable to attend the TG Panel last week due to being on  
> travel with the SECDEF, so I sat in on the executive feedback session  
> by USD P&R Mr. Kurta to DSD Shanahan and VCJS General Selva yesterday.  
> One of the points brought up by the DSD and VCJS was that they wanted  
> all members of the panel to be knowledgeable on the President's TG  
> guidance memo to the SECDEF and SECHS. I have attached the memo for  
> your use as you see fit. Additionally, if you have not received the  
> word this week's session is on Thursday from 1500-1630. v/r John  
>  
> Command Sergeant Major John Wayne Troxell Senior Enlisted Advisor to  
> the Chairman of the Joint Chiefs of Staff (SEAC) OCJCS/SEAC  
> 9999 Joint Staff Pentagon  
> Washington, DC 20318-9999  
> (703) 571-2484  
> John.w.troxell.mil@mail.mil  
> John.w.troxell.mil@mail.smil.mil  
> JWICS- john.w.troxell@coe.ic.gov  
>  
>  
> CLASSIFICATION: UNCLASSIFIED  
> CLASSIFICATION: UNCLASSIFIED  
> <winmail.dat>  
CLASSIFICATION: UNCLASSIFIED

**CERTIFICATE OF SERVICE**

I hereby certify that I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Ninth Circuit by using the appellate CM/ECF system on October 7, 2020. I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the appellate CM/ECF system.

*/s/ Stephen R. Patton* \_\_\_\_\_

Stephen R. Patton