answer to the field.

So it was more of a tracking and coordination of the request and where it stood and if the request met the policy requirements.

Q. So really these were all relating to specific situations that the SCC was consulted about?

A. Yes, ma'am.

Q. Okay. Do you know why you were selected to work on the SCCC?

A. Probably because I'm the healthcare POC for the Air Force.

Q. And was it because you had some previous expertise that you developed during the working group process?

A. No. I think it's probably because I was the single point of contact for healthcare issues, and perhaps it's speculative, but perhaps my participation and familiarity with the other working groups.

Q. Okay. Did the Air Force SCCC end up following or assisting with every transitioning airman, or was the group consulted only once some specific issue arose?

A. We consulted with any questions that we received. Whether it was every airman, I don't know. We only worked with those that came to us.

Q. What kinds of queries did you receive?

A. In the beginning we received a lot of queries from commanders asking what their roles and responsibilities were. We received queries about how to apply for exceptions to policy, airmen that were -- shortly after Secretary Carter released his statement saying that, you know, transgender members can serve openly without, you know, being involuntarily separated, discharged, or any actions taken against them, airmen started to come forward in good faith with the policy and say, you know, "I'm transgender and I want to start transition. What do we do."

So we offered whatever guidance we could at the time because, again, it was in its infancy as to what does this mean. And, again, the Air Force was very forward leaning with what we could do, and we weren't going to stand in the way of anybody transitioning because I mean if they were serving and they met the qualifications of the standards that we had at the time, then we would do everything we could to help them.

So we answered questions about dress and appearance policy and helped them work their way through that.

Q. Did you ever get involved in approval of

treatment plans in connection with the SCCC?

A. No, ma'am. That was not our job.

Q. Whose job was that?

A. In the infancy, it was a coordination between the military medical provider and the airmen, and in order to look at an ETP request for, say, dress and appearance, we needed to validate that this airman was transgender, had a diagnosis of gender dysphoria and was in the process of transitioning versus in -- and that validated the fact that this airman has a valid ETP request, exception to policy request, to be able to wear the uniform and meet the dress and appearance standards of their preferred gender versus somebody who just wanted to dress in a different gender.

So we tried to set up some criteria to say, "Okay. This is valid. Yep. You meet the requirements, and here's what we can do to help you." That was in the infancy stages.

Q. So in the beginning, the approval of treatment plans was in coordination between a medical provider and the airman?

A. Yes, ma'am.

Q. Okay. And was there any approval through the chain of command that was required for that?

A. It has evolved to that now, yes, ma'am.

Q. If I wanted to learn more about what the Air Force SCCC did, what documents would I consult?

A. We don't really have any documents.

Q. You mentioned that in the beginning there were a number of, I guess, queries that were fairly similar to each other.

A. Uh-huh. Yes, ma'am.

Q. And that was because this was a brand new policy. So people didn't yet know how to handle the situation; right?

A. Correct.

Q. And did the level of inquiry or, you know, the level of utilization of the SCCC go down over time as people got more accustomed to what the policies and procedures were?

A. Actually, our workload increased because we had more transgender service members. I say the term "transgender service members" because that's the language that's used right now. We had more members that self-identified as transgender and came forward and wanted to transition.

So with that process and receiving the diagnosis of gender dysphoria, which allowed DoD to pay for healthcare, we had an increase in the number of members -- actually, commanders calling and asking

the guidance on -- it's easy to read a policy, but then trying to figure out what it means allowed the members, the commanders to call the SCCC and say, "What does this mean? What do I have to do?" You know, so we helped the commanders work through that process.

Q. Was there a learning process for the commanders so that they got used to what they needed to do to deal with the transitioning airmen?

A. Yes, ma'am. I think there was a learning process for everybody.

Q. Did you also work on something called an "MMDT"?

A. And can you clarify what you mean by did I work on it?

Q. Okay. Well, let's start with have you heard of something called an "MMDT"?

A. Yes, ma'am, I have.

Q. And what is that?

A. That is the Air Force medical multidisciplinary team.

Q. So it's specific to the Air Force?

A. Yes, ma'am.

Q. And what is the purpose of the MMDT?

A. The purpose of the MMDT is a requirement that

was for all the services to stand up what they call a transgender care team, TCT. So all the services were required to stand up a transgender care team with the medical expertise to provide transgender healthcare or be a single resource similar to the central service coordination cell.

So for the Air Force we established what they called the "MMDT," the medical multidisciplinary team, because transgender healthcare is a multidisciplinary type of care. There's not just one provider involved in the care. It is a team approach. So the Air Force has that team down at Randolph.

Q. Randolph Air Force Base?

A. Actually, they're in San Antonio. My apologies.

Q. So who was on the MMDT?

A. At what point in time?

Q. When it was established.

A. I can tell you a little bit more about the specific providers versus the names because it's been a while, but there's a physician, a mental health provider, an endocrinology, a case manager, and a nurse manager. Did I say surgeon? A surgeon. And these are people that -- they are called upon to come together as a team. They are not a solely established

entity.

Q. Are they all located in Texas?

A. Yes, ma'am.

Q. Okay. And did you work with the MMDT?

A. Yes, ma'am.

Q. In what capacity?

A. My capacity was to help the initiation and stand-up of the MMDT and to help them establish their charter and their roles and responsibilities because it is a policy type of organization. So it's a new organization that was formulated that required a charter in the authorization for this team to perform their functions.

Q. In addition to helping them with their charter, can you say more about what -- how substantively they did their work?

A. I'm not getting --

Q. I'm just trying to understand how -- what effect they had. When there was a transitioning airman, how did the MMDT get involved in that transition, if at all?

A. Okay. So as I mentioned, in the infancy we didn't really have a lot of guidance on where we were going, what we were doing. There were so many things happening at the same time with the development of

policy. We were looking at the medical accession standards. The service is saying, "Go forth and do" with the release of the DTM.

So the services were trying to make sure that we provided the healthcare for our transgender service member to establish a single standard, if possible, for all service members. So the MMDT was being formulated as the policy was rolled out so that we would have some subject matter experts as far as the healthcare. In allowing individual military medical providers to provide or develop a medical treatment plan with a transgender individual, the Air Force at the time didn't have the expertise required as outlined in the Endocrine Society guidelines. So providers were doing the best they could at their local wing level.

So what that creates is a nonstandardization station of healthcare. So you may have experience in endocrinology but you don't, but you're both treating an airman with the same type of treatment plans.

So the MMDT was established to try and provide a standardization for healthcare for the field, and the way they function now is that if you are a provider for a transgender service member, you know that -- and I'm pointing to you, as an example.

So if I come to you and say, you know, "Doc, I identify as transgender. I have had these feelings for a long time."

And you just say, "Okay. I'm your primary care provider. I need to refer you to a mental health provider. So the mental health provider can confirm a diagnosis in gender dysphoria." And then you sit down and develop a medical treatment plan. The MMDT has established kind of like a checklist for the field to use to let them know what the steps are in order to provide a diagnosis, but then they also have all those medical treatment plans come to the MMDT for a standardized approach on healthcare to make sure that the minimum -- I shouldn't say, "minimum," but the requirements that are identified in the 2017 Endocrine Society guidelines are met.

So if there is a plan to start a member on Cross-X hormone therapy, we need baseline labs. We need to schedule setups so the member can have access to allow to have the labs drawn quarterly as outlined. Is there a plan for real-life experience. Is there a plan for continued mental health support during this transition. What are the other components of the medical treatment plan. Real-life experience.

Cross-X hormone therapy. When would be an appropriate time for the member to request an exception to policy for dress and appearance.

In the beginning, we anticipated that exception to policy for dress and appearance to start after the use of Cross-X hormone therapy so the member, once they start to take on the physiological effects of the hormone therapy, they would probably be able to meet the dress and appearance standards.

And we've learned from that to say, "Hey, real-life experience really needs to occur earlier in the transition phase," and the Endocrine Society guideline talks to the fact that as you start to work with me and I come to you and say, "Hey, I want to be Mr. Martie Soper," your recommendation would be to me, "Okay. Let's check out your support systems. Let's check out are you able to live in your preferred gender without any minimal social negative impact, any negative psychological impact."

So that RLE really became an important factor in the initialization of the transition.

Q. And "RLE" is real-life experience?

A. Yes, ma'am. I'm sorry. So we entertained requests for airmen wanting to initiate their real-life experience sooner in the transition process

before they started Cross-X hormone therapy. So they would put in a request for dress and appearance for an ETP, exception to policy, for dress and appearance.

So we looked at that and said, "That makes sense" because you want to make sure that you are stable in your transition, and this is a slow process. It doesn't happen overnight. So we want to make sure an airman is stable as they go through this process. So we entertained ETPs for dress and appearance.

They had to be part of the medical treatment plan, again, validating the fact that they are gender dysphoria, and this is a valid request versus somebody that just wants to come in and meet the dress and appearance standards of a preferred gender.

So the MMDT standardized that medical care plan approach to make sure that, you know, there is the base support. There is the endocrinologist there to monitor the lab values and the dosing of the hormones that are given. There's the mental health provider there. And those are the big three that the medical -- they review the medical treatment plan.

Q. So when the Air Force has a transitioning airman, that person is treated by the local health providers, and the local health providers consult with the MMDT; is that right?

A. Yes, ma'am. So they would meet with their primary care physician, and they would get a referral, or their primary care physician may be a mental health provider. So they would receive the initial care. If they are at a base that doesn't have the adequate support for that airman, the Air Force MMDT will allow an airman to go TDY to a temporary travel down to the MMDT to have that full assessment done, and they can make the diagnosis there and then develop a medical treatment plan and send the airman back with that medical treatment plan.

Q. And for the situations where the airman is at a base that does have adequate support, then the MMDT might provide advice and consultation?

A. Yes, ma'am.

Q. Okay. And so does the MMDT get down to the level of looking at specific cases of specific airmen?

A. They look at all individual cases of all airmen, yes, ma'am.

Q. So the MMDT looks at every single case of a transitioning airman, not just ones where help is requested?

A. Yes, ma'am. The MM -- in order for an airman who has -- who self-identifies as transgender and has a diagnosis of gender dysphoria and wishes to

transition to treat that dysphoria, the MMDT will review all individual care plans and make sure that they meet the requirements of the healthcare needs as set by policy and as well as to meet the -- so that the providers at that base understand what the requirements are. So any airman that requests to transition, the MMDT has a requirement to see that medical treatment plan.

They will bless it off, or if there's questions, they will contact the providers. Once a medical treatment plan is blessed off, there is a memo that is sent back to the providers and the airmen saying, "This medical treatment plan is approved."

The airmen can then take that memo and the medical treatment plan to their commander to sit down and let the commander know that, "I have a medical treatment plan. I would like to request to start my transition."

Q. So typically the transition plan would be in place before there was a consultation with the commander?

A. Yes, ma'am.

Q. Okay.

A. Well, may I --

Q. Yes.

A. In order -- from my experience, commanders have had airmen come to them and say, "Hey, you know, I'm transgender. I want to transition." So the majority of the time commanders know that they have an airman that wants to transition, and that's when they call the SCCC and say, "What do we do? How can we help?" And then we direct them to the medical capabilities and requirements.

Q. Okay. So your work with the MMDT was what?

A. Mostly policy oversight to ensure that they had the adequate staff that they needed, and they actually stood up the formal platform of providers. So we wanted to make sure that it was codified by a charter, by roles and responsibilities and things because the team that we have is an expert team, and they will eventually rotate out.

So we wanted to make sure there was something in place so the new people that were rotated in had some guidelines and guidance to follow.

Q. So is there a collection of documents reflecting the decisions that the MMDT made to standardized policy -- or to standardized procedures for transition?

A. I'm not sure.

Q. Well, I understood you to be saying that they

wanted to have some standards available so that when people rotated out of the various positions that you identified on the MMDT, people who came into that would still know what was going on.

A. Uh-huh.

Q. Was there any kind of central repository of documents, policies, procedures or anything else that the MMDT established to allow that information and knowledge to be carried on?

A. Actually, right now, their charter is being coordinated on. So we don't have anything in writing just yet.

Q. What do you mean, "Their charter is being coordinated on"?

A. They have written -- "they" meaning the staff down at the MMDT, have written kind of like an organizational construct to say, "This is who we are. This is the consistency -- this is who our team is comprised of. These are the roles of each one of the members, and this is what we do." That kind of thing. Then they have a checklist attached to it that they share with the field to say, "Hey, when airmen come to the MMDT, this is what we will use as our basis to review the medical treatment plan.

And they have shared that with the medical

treatment facilities and providers in the field so that they have a go by.

MR. PARKER: Claire, if you're transitioning, it might make sense for us to just discuss what you were thinking about in terms of breaks and lunch.

MS. LAPORTE: Well, how about if we go until about 12:30? Would that work for you?

Are you okay? Do you need a break?

THE WITNESS: I'm fine. I'm fine.

MS. LAPORTE: Keep on going.

(Deposition Exhibit 7 was marked for identification.)

BY MS. LAPORTE:

Q. So, Ms. Soper, Exhibit 7 should be marked at the lower right-hand corner USDOE1868 through -1894. Is that what you have?

A. Yes, ma'am.

Q. And can you identify this document?

A. The heading on it, it says, "MMDT Case Review Meeting, 9 March 17."

Q. And if you leaf through the document, you'll see it is a collection of MMDT case review meetings. Do you see that?

A. Yes, ma'am.

Q. Okay. So can you -- do you have any

understanding of what this document is? Have you seen it before, this collection of documents?

A. No, ma'am, I have not seen this collection of documents before. It does not look familiar to me right now.

Q. Okay. If you turn to the page Bates stamped -1871 at the bottom right.

A. Uh-huh.

Q. You'll see that, under Roman II., "Business/Open Items," Subitem g. is "Colonel Cheatham/Martie Soper Visit." Do you see that?

A. Uh-huh.

Q. Did you and Colonel Cheatham make a visit to the MMDT in Texas at some point?

A. Yes, we did.

Q. Okay. What was the purpose of that visit?

A. The purpose of the visit was -- it just got loud. The purpose of the visit was to go down and look at the organizational structure of the MMDT.

Q. And why would you do that?

A. Because of -- I have responsibilities to the policy oversight for the Air Force, and as the POC for transgender care, to make sure that the efforts of our MMDT were codified and -- into a formal organization. We had a lot of physicians come in, kind of borrowed

from different areas that would come in and do an ad hoc, and we wanted to make sure as they developed policy within their organization, what they were doing was approved by the Air Force SG.

Q. What do you mean when you say you "had a lot of physicians who came in borrowed from different areas and would come in and do an ad hoc." Can you explain that?

A. So I believe Colonel Porchia was a physician assigned to a different unit. There were a couple others. Colonel Machado was another physician that came from -- I want to say it was an Air Force individual assigned to an Army unit. So the Air Force worked with other agencies to bring the specialists in to function kind of like the central coordination cell. So they were the medical coordination cell that did this.

So if we -- this was going to be a long-standing type of organization that had a specific role and function. Again, policies evolving. Our workload is evolving. We're trying to figure out where we're going. We realized we need to sit down and have a formal organizational construct for this.

Q. So is there a document that reflects that formal organizational construct?

A. That is the charter that's in coordination right now, yes, ma'am.

Q. Okay. So it's not complete yet?

A. No, ma'am.

Q. Has it had to be changed as a result of recent changes in policy by the president?

A. I don't know of any recent changes in policy by the president. We're still operating on the same policies that were issued in October of '16.

Q. Okay. There's a reference near the end of this document to moving forward with the clinic model. And you don't need to look for that. I'm just wondering if you know what that means?

A. No, ma'am, I don't.

MS. LAPORTE: Okay.

(Deposition Exhibit 8 was marked for identification.)

BY MS. LAPORTE:

Q. Ms. Soper, can you identify Exhibit 8?

A. Yes, ma'am. That's DoDI 1300.28, "IN-SERVICE TRANSITION FOR TRANSITION SERVICE MEMBERS."

Q. Okay. And that's the DoDI that you've referred to a few times today already in your testimony?

A. Yes, ma'am.

Q. And did you have any role in preparing this document?

A. Yes, ma'am.

Q. Okay. Did you write parts of it?

A. I contributed to the draft policy that the working group submitted prior to this being established, yes.

Q. Okay. But you weren't involved in the actual drafting of this document, it sounds like?

A. Well, the draft that we submitted, this is the end result, but what came out was not what -- with the information that we submitted. So the final product is much different than the work that we had done.

(Deposition Exhibit 9 was marked for identification.)

BY MS. LAPORTE:

Q. Okay. Let me ask you to look at Exhibit 9 then.

A. Uh-huh.

Q. Can you identify Exhibit 9?

A. Yes. This is the "Air Force Policy Memorandum for In-Service Transition for Airmen Identifying as Transgender."

Q. And what is the point of Exhibit 9? Why do

you need that in addition to Exhibit 8?

A. Okay. So, again, as I explained, OSD sets out policy.

Q. And that's the Secretary of Defense?

A. Right. Correct. Office of Secretary of Defense. They set out policy for all the services to follow. So now each service has to develop their own service-specific policy carrying out the requirements of this DoDI.

Q. So Exhibit 9 carries out the requirements of Exhibit 8?

A. Yes, for the Air Force.

Q. Did you have any role in drafting Exhibit 9?

A. Yes.

Q. What was your role?

A. The role was developing the implementation of this DoDI. How are we going to implement the requirements of this DoDI in the Air Force.

Q. Did you write Exhibit 9 or any part of it?

A. There's a working group that got together to write this.

Q. And this reflects the final product of that working group rather than being substantially altered; is that right?

A. Yes, ma'am.

Q. Who else was on that working group?

A. There were representatives from the personnel division, the SG, Surgeon General division. The judge advocate division.

Q. Do you remember who they were?

A. No, ma'am, I don't.

Q. So after the Air Force policy, Exhibit 9, was released on October 6, did transgender airmen begin to come forward pursuant to the Open Service policy?

A. Transgender members started coming forward after Secretary Carter made his announcement in June of 2015.

Q. Okay. Did any of them start to transition before Exhibit 8, the in-service transition for transgender service members, was released?

A. Yes.

Q. Okay. So how were the transitions that preceded the development of the DoDI, Exhibit 8, how were those handled?

A. I can't answer that because we didn't have policy to allow it. So most of it had been done in the civilian sector. So I don't know how it was handled.

Q. Were there any disciplinary issues or other issues that arose as a result of people seeking to

transition in service before the release of the specific policies?

A. None that I'm aware of.

Q. Was there any involvement by the SCCC in any of these early transitions?

A. Prior to this?

Q. Yes.

A. Prior to this, we didn't know any transgender members existed.

Q. Okay. Well, so I'm trying to get the chronology straight here. I thought that you said people started coming forward beginning in 2015.

A. Yes, ma'am.

Q. Okay. So I'm just trying to understand -- and I think you also said that some people began to transition even before the release of the policies reflected in Exhibit 8 and Exhibit 9; right?

A. Right.

Q. So how did it work for them when the policies in Exhibit 8 and Exhibit 9 were not yet established? How were those transitions handled by the Air Force?

A. So the SCCC wasn't established until after these policies came out. So there was a year gap on working with transgender service members in the field on what needs to be done, what can be done. I was the

single point of contact for all of those questions for everybody in the field. Myself and Mr. Fedrigo. Mr. Fedrigo managed the SECS in geo level. So L-7 and above or any senior executive service questions. So he dealt with senior leadership. My role was to work with the Air Force field at large.

So I'm trying to remember if it was the chief of staff or if it was the secretary of the Air Force put out a field to commanders that identified Mr. Fedrigo and myself as the single point of contacts for the Air Force. There was a message that went out, and I'm sorry, I don't remember how that went out, but I started receiving questions from the field about, "I have a transgender service member who wants to transition. What do I do?" So I fielded a lot of questions like that. "Where are we at? What are we doing?"

Q. Do you know how many airmen began transitioning before the establishment of the policies, Exhibit 8 and Exhibit 9?

A. No, ma'am.

Q. If you wanted to find that out now, how would you do it?

A. It's a self-identification. So there's no reporting system for self-identifications.

Q. Okay. Was there a larger volume of people who began to identify as transgender or began to identify themselves to their chain of command or to the medical resources as transgender after the policies came out?

A. There were --

Q. How about this. Let me rephrase that question.

Did a larger volume of people begin to identify themselves to medical authorities or to their chain of command as transgender after the release of these policies?

A. Well, it's hard to say if it's a larger volume. If not, we now had a known volume. So I can't tell the size of the volume before the policy came out.

Q. Did you start tracking the specific cases of transitioning airmen only after the policies were released? Actually, strike that.

Did you start tracking each case after the policies were released?

A. And what do you mean by "tracking"?

Q. Keeping information so that you knew what was going on with the transitioning airmen.

A. The only information that we kept were the

queries that came to the SCCC and those that required follow-up.

Q. The MMDT also kept records on every case; right?

A. They have a log of members that have come in for healthcare to have a medical treatment review, yes.

Q. Okay. So is there any mechanism for tracking airmen who are seeking to transition while in service?

A. We were told specifically that we will not track this data.

Q. Who told you that?

A. At the time, Mr. Carson.

Q. And did he explain why that data wasn't supposed to be tracked?

A. More for privacy concerns. We could potentially seem discriminatory for the transgender members.

Q. So the point of it was to protect the privacy of people who are transitioning?

A. Yes, ma'am.

Q. So just getting back to my question earlier, what I was really trying to understand was was there higher utilization of the systems that began to be put into place to facilitate transition after the

announcement of these policies?

A. Again, I can't say if it was a higher utilization. After the establishment of these policies, we now had a known population of people that wanted to utilize the system.

Q. Okay. And so the SCCC was established after the announcement of the policies, I think you said?

A. Yes, ma'am.

Q. And is that also true for the MMDT?

A. Yes, ma'am.

Q. So whatever was happening before the announcement of the policies was happening without the support systems in place?

A. The support that was in place was provided in accordance with current policy because we did not have any updated policy to provide support with. So we went with the known, as far as healthcare goes, as far as personnel actions go. So we went with established policies.

Q. Right. I'm just trying to understand that essentially it was on a somewhat more ad hoc basis. In other words, there weren't specific institutions or organizations set up to facilitate the transition at that time?

A. Prior to this policy, no, ma'am. Prior to

this policy, it was prohibited.

Q. I thought you said that there were some people who began to transition before the announcement of these policies; is that right?

A. Yes, ma'am.

Q. Okay. And so how do you reconcile that with the fact that it was prohibited?

A. We have -- there's always a population -- I shouldn't say that. I'm sure there were transgender members that served in silence, and they went about their duties in accordance with, you know, the current guidance. They entered the service on a volunteer basis. They knew what the requirements were because we are an all-volunteer service right now. So they volunteered to serve. They know what the requirements are.

So whatever transition they decided to undertake was done on their own time without seeking approval or, you know, commander approval because it was prohibited. So does that happen with service members for any healthcare condition, absolutely. So service members, there are certain surgical procedures, like a tummy tuck, that is prohibited.

Do service members go out into the civilian community and take leave and get a tummy tuck?

Absolutely. Do we always find out about it? Not always. So there's certain conditions and certain things service members will do.

Q. So the care that these transitioning airmen was receiving was not really within the military health system. Is that what you're saying?

A. Correct.

Q. Okay. All right. Understood now. So we've talked a little bit about post the announcement of the Open Service policy you worked on the SCCC, the S-C-C-C, I guess it's called. You coordinated or worked to some extent with the MMDT, although you weren't on it. Did you have any other roles in the implementation of the Open Service policy?

A. The working group that I have served on are the SCCC, the AMSWG, the transgender service review policy working group. I continue to sit on the OSD policy working group that's working to revise this DoDI right now. I sit on the medical executive personnel steering committee.

I think that's it for right now. Plus my other job.

Q. So you're busy. What is AMSWG?

A. The AMSWG, that's the accession medical standard working group.

Q. Okay. So tell me about what the role of that group has been in the implementation of the Open Service policy.

A. Their role is -- basically, it's a working group that looks at the medical accession standards for all services, and they do a review of the policy, and the goal is for every two years to look at the policy to make any revisions that we need to do because it looks at the accession requirements from a system's perspective for individuals.

So for individuals wanting to be assessed into the military that have a history of eczema or depression or, you know, asthma or things like that, there is criteria set up in the AMSWG, DoDI 6130.03 that says what is the acceptable level of risk for an individual from the civilian sector to come into the military. So if you have certain conditions, you have to be stable or free from these symptoms or not having to require any care in a certain period of time for certain conditions.

So as we described it, it's an acceptable level of risk for individuals who come in, and if some of those conditions, the risk is too high, you're not qualified for military service.

Q. So that sounds like an ongoing policy review?

A. Yes, ma'am. They try and look at it every two years because as healthcare and medical advances progress, some of these conditions can be treated better than they could have 10 years ago. So now with certain healthcare requirements, we can now assess some of these individuals, or we can assess them with -- if you want periods of stability or healthcare and, you know, they're found initially not qualified, but if they meet certain requirements, we can do a service waiver for that condition and bring them in.

Q. Okay. You also mentioned a transgender services review policy group.

A. That's the working group, yes, ma'am.

Q. And has that continued on in the implementation phase?

A. That's the group that's currently looking at potential policy revisions to the DoDI.

Q. Okay.

A. It initially started to write this DoDI. Members were taken from that working group to look at the handbook. We're a very fluid group. So we get put into a lot of different working groups.

Q. Okay. So that group worked on the DoDI; right?

A. Yes, ma'am.

Q. Then it worked on the handbook?

A. Yes, ma'am.

Q. Now it's working on possible revisions for the DoDI?

A. Yes. And the AMSWG, some of the members from the AMSWG work on these policies as well.

Q. Okay. And what about the medical executive personnel steering committee? What's that?

A. That is -- that's the Med PERS, and that's comprised of the Surgeon Generals and the personnel individuals, and it's individuals from both the civilian side or the military side. So you'll have Mr. Fedrigo and General Kelly or General Grusso for -- you know, so you have your civilian counterparts and your military personnel there as well.

Q. And you serve on that?

A. I backseat, yes, ma'am. Sometimes I will sit in in the event that Mr. Fedrigo can't go.

Q. And what is the role of that group in the implementation of the Open Service policy?

A. That group will hear -- for example, if the accession medical standard working group has a recommendation for a change to the policy, they will bring that policy up and present it to the AMSWG and for a vote to see if the group says, "Yes, we're good

with this change" or not.

So they'll look at personnel policies and they'll look at medical policies. Most recently, they've been, you know, receiving information, trying to figure out where we're going with the updated policies as they stand right now.

Q. So it sounds like some of the things that you're working on are at a policy level as opposed to an implementation level. Is that a valid distinction?

A. Well, you have to have the policy established before you can implement it. So, yes, I work at those levels.

Q. Okay. And just on the implementation level, sticking with that for the moment, what is there besides the SCCC that you do specifically on implementation?

A. For which?

Q. Of the Open Service policy.

A. So for this, the SCCC is really the backbone to answer any questions as this policy was implemented to the field. So if people have questions, "Are we doing it right or wrong" or "Where do we go? I don't understand this."

Q. Okay. So it sounds like what you're saying is that, as far as implementing an existing policy is

concerned, the main way that you've worked on that is through the SCCC. Am I getting that right?

A. For this policy, yes, ma'am. This is released to the field, and the field is -- they read it, and they use this as a reference when they have an instance of a transgender service member who wants to transition. So this is applicable to a very small population of people in the field.

Q. How would you rate the Air Force's implementation of the Open Service policy?

A. Against what?

Q. Do you think that the implementation has been a success in the Air Force?

A. I think the transgender service members who want to -- who self-identify as transgender have a diagnosis of gender dysphoria and receive care. Are we meeting that goal, yes.

Q. Did you have any conversations with people in other service branches about how the roll-out of the Open Service policy was going for their services?

A. Regarding specifically -- I mean...

Q. I'm trying to understand what it was like trying to implement a whole, new policy and just trying to get a sense of whether people in the other branches identified issues to you that arose in their

service.

A. We didn't really talk about specific issues in the other services. We -- with my counterparts we talked about, you know, "Do you have an SCCC? How do they function? What is your transgender care team? How do they operate?"

Q. Okay. Let me just shift gears for a moment and ask you some questions about something called DEERS, which is another acronym. So what is DEERS?

A. It's the Defense -- I can't remember one of the E's, but it's the Defense Eligibility Reporting System.

Q. So I think I looked this up. So I think it's Defense Enrollment Eligibility Enrollment System.

A. Okay. There you go.

Q. Let's call it DEERS. Good one for an acronym. What is the purpose of DEERS?

A. One of the purposes I'm familiar with is for the identification of either a male or female in the personnel system.

Q. Okay. And does the DEERS system have any role in determining a service member's eligibility for TRICARE benefits?

A. I believe it does.

Q. And how is that?