

GENERAL POLICY QUESTIONS

Q1: What topics did DoD/CG consider when formulating this policy?

A1: The Transgender Service Review Working Group, consulting with experts inside and outside of DoD/CG, studied all applicable aspects of transgender military service, including medical accession standards, medical treatment, deployability considerations, retention standards, grooming standards and facility use, military readiness implications, health care costs, and in-service gender transition.

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 requirements. Recognizing that every transition is unique, the policies and procedures set forth in the new policy provide appropriate flexibility to the Military Departments, Services, and commanders.

Q2: What data/data sources are we relying on?

A2: The RAND National Defense Research Institute prepared a full literature review with respect to the experience of Allied militaries, transgender population estimates, medical procedures for transgender individuals, and potential readiness costs and implications

- SPARTA wrote two handbooks: "Transgender Military Service: A Guide to Implementation" and "Transgender Military Service: Frequently Asked Questions"
- PALM Center (formerly a research arm of UC Santa Barbara, now an independent non-profit) produced numerous papers and legal opinions on accession standards, gender transition, and medical treatment

Q3: To what extent would a change in current policies affect military readiness, cohesion, morale, and good order and discipline? What effect would such a change have on the number of service members who would be non-deployable for medical reasons? What is the nature of the other effects that might be expected upon changing policies? Would these effects be of short duration or an extended duration?

A3: The DoD contracted with the RAND National Defense Research Institute to conduct a review of all available literature and academic studies related to military service by transgender individuals. From that literature review, RAND estimated the number of serving transgender service members, how many and what types of health care treatments this population might undergo, how much such treatments might cost, the potential readiness implications of open

transgender service, and lessons learned from our military Allies. RAND has today placed a copy of the report on its public website,

Conclusive data on military service by transgender individuals is non-existent. Thus, RAND extrapolated the best available data to the military population. We believe the RAND results represent the best data available and are academically defensible, and we agree generally with RAND's conclusions. RAND estimates that the DoD would lose annually a total of between 8 and 43 man-years (of the available 1.2 million man-years) in the Active Component, due to periods of non-availability for deployment related to medical care and treatment for gender transition. However, Service members undergoing medical care and treatment for gender transition may be able to perform some or all of their duties throughout the process of gender transition, depending on the nature of the transition. The RAND study appears to indicate that the readiness impact on deployable man-years is likely to be small, and for the most part transitory. We do not take these effects lightly, however. Readiness considerations were at all times at the forefront of our DoD/CG-wide deliberations underlying the development of this new policy and the new policy sets forth the tools available to commanders to minimize impacts to unit readiness when reviewing and acting on a Service member's request to undergo medically necessary gender transition.

Q4: To what degree and how would a change in current policies improve military readiness?

A4: We expect that military readiness will improve as we provide transgender Service members with medically necessary treatment and bring their care into the Military Health System. Although we expect some military readiness impact from medical treatment associated with gender transition, we believe that this is likely to be in line with the impacts of other medical treatments. Our policies emphasize the tools available to commanders to prevent and address those effects, consistent with medical necessity, as determined by the military medical provider. If a Service member is unable to meet standards during a period of gender transition, the commander may use all of the applicable tools described in the new policy, including:

- adjustment to the date on which any component of the transition process will commence;
- advising the service member of the availability of options for extended leave status or participation in other voluntary absence programs;
- arrangements for transfer to another organization, command, location, or duty status during transition;
- referral for a determination of fitness in the disability evaluation system; and
- other appropriate actions, including the initiation of administrative or other proceedings.

Q5: There is a lot of discussion of the potential “readiness” issues related to accepting transgender people into the force. But we’re talking about a very small number of people, and the RAND study found there would be no readiness impact. What exactly are the “readiness” issues that are causing concern?

A5: Transgender individuals are, and have been for many years, serving successfully in the military. As part of a study conducted for DoD, RAND estimated the readiness impacts associated with open military service by transgender individuals.

RAND reviewed data on potential medical treatment that might cause time lost from work or make an individual non-deployable for some period of time (primary readiness considerations), collected data from several state studies, and examined the lessons learned from Allied militaries who allow open service of transgender individuals. RAND’s data indicates that the overall readiness impacts of open service by transgender individuals would be very small because of:

- the relatively small number of transgender individuals estimated to be serving today; and
- the desire of most serving transgender persons to adjust their medical needs where possible in order to deploy with their units.

Our policy provides the Services with options to preserve unit readiness, after considering the individual facts and circumstances of each case, including:

- adjustment to the date on which any component of the transition process will commence;
- advising the service member of the availability of options for extended leave status or participation in other voluntary absence programs;
- arrangements for transfer to another organization, command, location, or duty status during transition;
- referral for a determination of fitness in the disability evaluation system; and
- other appropriate actions, including the initiation of administrative or other proceedings.

Q6: Would a change in current policies improve military family readiness?

A6: The new policy on military service by transgender persons will not affect the medical care currently provided to dependents. We believe that military family readiness should increase commensurate with increases in the individual readiness of the transgender Service member that we expect to result from bringing their medical care and treatment into the military Medical Health System.

Q7: At what phase of gender transition would an individual be recognized as their desired gender, assigned housing commensurate with their desired gender, and be expected to adhere to those physical fitness and uniform and grooming standards?

A7: The DoD and CG recognize a Service member’s gender by the member’s corresponding gender marker in the Defense Enrollment Eligibility Reporting System (DEERS). Coincident

with that gender marker, the Services apply, and the Service member is responsible to meet, all standards for protocol, 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. 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 in DEERS will be changed and the Service member will serve and be recognized in the preferred gender. Under the new policy, a Service member's gender transition is complete when the Service member has completed the medical care identified by a military medical provider as necessary to achieve stability in the new gender – i.e., no medical complications persist and the individual is not experiencing clinically significant distress or impairment in social, occupational, or other important areas of functioning. At that point, the Service member will be responsible for meeting all military standards applicable to the preferred gender and will use facilities associated with the preferred gender.

Q8: In a time of budget cuts, why should it be a priority for us to pay for sex reassignment surgery for people who are transgender? We're cutting payments for children of service members with autism, and instead using our funds to pay for surgery for a small handful of transgender service members?

A8: We have an obligation to provide medically necessary care and treatment to all of our Service members in order to keep the force medically ready to deploy. We have transgender members in the military Services today. We believe that we have the same obligation to them that we have to our other Service members. Allowing these transgender individuals to serve openly does not bring new medical problems into the military; it brings these medical problems into the open and enables us to treat them in a way that promotes the readiness of the force. Paying for proper medical care will enable us to keep talented Service members in the force and ensure that they are able to serve more effectively by addressing medical conditions that might otherwise undermine their readiness and ability to serve. When a medical condition is such that a member can no longer serve, the Coast Guard has a validated process to evaluate those individuals and separate them if they are found unfit for their military duties.

We also recognize our obligation to provide medical care to dependents of Service members. Recently, questions have been raised about changes in reimbursement rates for certain therapies for autism being provided under a pilot program. This care is paid for through the TRICARE system. TRICARE establishes reimbursement rates for all types of medical care providers and adjusts them to make certain that the military is paying competitive rates to ensure that needed medical care and treatment is available and accessible to our beneficiaries. DoD/CG is committed to providing care for our TRICARE beneficiaries (including children with autism).

We must ensure that all of our Service members receive the care that their doctors say is medically necessary—this is a fundamental obligation we have to our troops.

SEPARATION / RETENTION QUESTIONS

Q9: To what extent has the current accession and retention policies regarding transgender service members hindered the military's ability in a measurable way to recruit and retain qualified personnel to meet service manpower requirements?

A9: We know that there are transgender Service members currently serving. Because they are not able to serve openly, we are unable to determine how many there are now or how many there have been in the past. However, we do know that we currently deny these Service members access to necessary care and treatment in accordance with established medical standards. We do not believe that denying necessary medical treatment to any Service member is in the best interest of the force or consistent with our values and standards. It is our view that those who uphold our values and meet our standards should have the opportunity to serve their country in uniform.

Q10: To what extent does the discharge of personnel under the policies create a measurable impact on readiness of the force?

A10: Any time the Coast Guard discharges a Service member in whose training and education we have significantly invested, we impact the readiness of the force. Replacing a Service member is considerably more expensive than providing medical treatment, and can have a greater adverse effect on readiness than retaining a fully-trained and qualified Service member.

Q11: What effect would a change in the transgender service policy have on recruiting and retention? Would repeal of the current law significantly improve the military's ability to attract and retain personnel to meet service manpower requirements?

A11: We do not anticipate a major impact on recruiting or retention, because we do not believe that the number of transgender Service members is significant in proportion to the size of the total force. However, we believe it is important for the Coast Guard to adhere to its stated values of treating everyone equally, with dignity and respect, and to provide necessary medical care and treatment to all Service members.

RECRUITING/ACCESSIONS QUESTIONS

Q12: What effect would change in policies have on the propensity of prospective recruits to enlist and on the propensity of influencers (parents, coaches, teachers, religious leaders, for example) to recommend military service?

A12: The Department of Defense and the Coast Guard are a values and standards-based organization. Those who uphold our values and meet our standards should have the opportunity to serve their country in uniform. The more the DoD/CG live up to our stated values of treating everyone equally, with dignity and respect, the more likely influencers are to recommend military service to prospective recruits. Being true to our values will only enhance the attractiveness of military service to those who influence our nation's potential military recruits.

Q13: How do you plan to guard the Services against fraud, i.e., someone who joins just so they can get their transition paid for? How would you even prove fraud in that case?

A13: A Service member is subject to administrative separation for a fraudulent enlistment or induction, when warranted and in accordance with Military Separations, COMDTINST M1000.4 (series), 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.

Q14: Is paying for sex reassignment surgery going to make military service a magnet for transgender individuals?

A14: We do not believe that will be the case. The Affordable Care Act requires all Americans to have health care insurance coverage. Best estimates show that nearly 34% of Fortune 500 companies offer gender transition inclusive medical coverage in one or more of the health insurance plans offered their employees, as does the federal government in the plans it offers to civilian employees. This continues to be a rapidly changing environment and we anticipate that even more health plans will cover transition-related medical care in the near future.

We believe that the driving force behind most transgender person's desire to join the military has been, is, and will continue to be, to serve their country, not to obtain the type of medical care that they could receive today under private health insurance coverage.

Our accessions standard will focus on ensuring that transgender people entering the military do not have physical or mental conditions that would take excessive time away from duty or prevent them from being able to complete basic training. Just as we have standards that provide for a minimum recovery or stability period in connection with other medical treatments—whether something physical (like back surgery) or mental health-related (such as treatment for depression)—the policy we have issued today provides for a period of 18 months recovery and

stability following surgery or other treatment related to gender transition *before* that person can join the military.

Further, special considerations continue to apply to all Service members in the first period of service. In the first 180 days of service in the military, all personnel must continue to meet the medical standards associated with accession (which are more stringent than for retention in the military after a period of service). If a Service member is found in the first 180 days to have a medical condition that does not meet the standards for accession into the military (for example, an under-active thyroid), that individual could be separated from service. These requirements apply to ALL Service members, including transgender Service members.