

PALM CENTER

BLUEPRINTS FOR SOUND PUBLIC POLICY

DOD'S NEW TRANSGENDER POLICY IS EXEMPLARY AND STRENGTHENS READINESS

The Palm Center has concluded that **DOD's new transgender policy is exemplary and that it strengthens military readiness**. Our conclusion is based on a review of three documents posted to DOD's new Transgender Policy [web page](#): Military Service of Transgender Service Members (DTM-16-005); In-Service Transition for Service Members Identifying as Transgender (DODI 1300.28); and Transgender Service Member Policy Implementation Fact Sheet.

1. The policy gets the four most important things right: (a) open service begins now, meaning that undoing repeal would be like trying to "put the toothpaste back in the tube"; (b) the services will be required to provide **all** medically necessary care; (c) trans personnel will be held to the same standards as everyone else; (d) gender dysphoria (GD) will be managed according to the same principles that govern DOD's provision of all medical care.

2. The accessions standard is excellent (putting aside various positions on appropriate wait time, discussed in point #8 below). In particular, the standard for applicants with "a history of medical treatment associated with gender transition" (DTM Attachment 1, page 1) would apply only to persons who have actually begun transition, not just received treatment for GD. This is more narrow than flagging people for GD treatment alone. If the person has received treatment for GD (e.g. counseling, hormones), but has not sought to transition gender, the standard means that they do not have to "complete" or "finish" anything. They only have to demonstrate stability for 18 months, the same standard that is applied to any other person with a history of GD.

3. The policy would seem to authorize the services to qualify transgender applicants now by waiver (see DTM Attachment 1, page 2). And the accessions standard will be reviewed two years after its enactment, allowing an opportunity for revision if, as expected, implementation is successful.

4. Similarly the policy does not prohibit medical care or even transition between now and October 1 (see DTM Attachment 1, page 2). Situations in question would be handled on a case-by-case basis, "following the spirit and intent" of these issuances.

5. The policy does a good job of acknowledging commander discretion while constantly directing that discretion must be applied in a way that is consistent with comparable decisions unrelated to gender identity or transition (see DODI 1300.28). Some may be concerned about references to commander discretion or commander consultations, but the DODI is clear that a commander "will not accommodate biases" (page 4) and that "Nothing in this issuance will be construed to authorize a commander to deny medically necessary treatment" (page 3).

6. Service implementation must be consistent with Department-wide standards outlined in the DODI (page 5).

7. Stipulations for first term of service include: "A blanket prohibition on gender transition during... first term of service is not permissible" (DODI, page 13). However, the policy allows commanders to take into account, as one factor among others, the expectation that a new enlistee be ready and available for multiple training and deployment cycles during the first term, a reasonable consideration. Another factor to be considered by commanders, however, is the urgency of medical need, as documented by a doctor.

8. Regarding the 18-month accessions wait time, the Palm Center has argued that a one-size-fits-all wait time is not appropriate, as many individuals undergoing transition are fit for duty almost immediately. That said, the military requires long periods of medical stability following treatment for many different medical conditions prior to eligibility for enlistment. An individual must demonstrate **three years** of medical stability prior to enlistment, for example, if he or she has a "history of motion sickness resulting in recurrent incapacitating symptoms" or a "depressive disorder not otherwise specified" or a "history of anaphylaxis to stinging insects." An individual must wait **five years** if he or she has had "gastric or duodenal ulcers" or "any seizure occurring beyond the 6th birthday." Taken in this context, a delay of 18 months is not unreasonable.