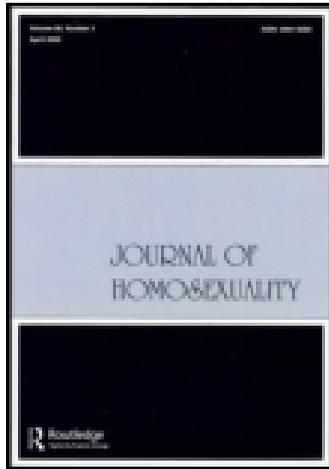


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### Transgender People in the Military: Don't Ask? Don't Tell? Don't Enlist!

Adam F. Yerke PsyD<sup>a</sup> & Valory Mitchell PhD<sup>b</sup>

<sup>a</sup> Chicago School of Professional Psychology, Chicago, Illinois, USA

<sup>b</sup> California School of Professional Psychology, Alliant International University, San Francisco, California, USA

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## **Transgender People in the Military: Don't Ask? Don't Tell? Don't Enlist!**

ADAM F. YERKE, PsyD

*Chicago School of Professional Psychology, Chicago, Illinois, USA*

VALORY MITCHELL, PhD

*California School of Professional Psychology, Alliant International University, San Francisco, California, USA*

*The repeal of Don't Ask, Don't Tell offered legal equality to sexual minorities in the military. However, this big step forward had no impact on the policy of exclusion and rejection and the fear and secrecy that resulted for transgender people (whether lesbian, gay, bisexual, or heterosexual). In this article, we argue that transgender citizens should have equal opportunity to honorably serve their country, and to be treated with respect and sensitivity as they do so. Many transgender persons may be drawn to military service and its ethos of masculine values. However, they are currently not permitted entry, and, if they are to enter, must remain hidden or face dismissal, leaving them vulnerable to harassment. While they report both positive and negative experiences during their service, research documents discrimination in veterans' healthcare as well as mental health risks resulting from fear and harassment. In contrast to the United States, 11 countries include transgender people in their militaries. Drawing in part from their examples, we end with recommendations for change in the direction of respect and equality of opportunity.*

**KEYWORDS** *transgender, transsexual, gender variant, gender identity disorder, military, veterans, discharge*

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Address correspondence to Adam F. Yerke, Chicago School of Professional Psychology, 617 W. 7th St., Los Angeles, CA 90017, USA. E-mail: [ayerke@thechicagoschool.edu](mailto:ayerke@thechicagoschool.edu)

The repeal of Don't Ask, Don't Tell (DADT) was significant for lesbian, gay, and bisexual (LGB) people (and for those who engage in homosexual acts without such an identity) because they could no longer be denied admission into the military and could be discharged as a result of homosexual identity or behavior (U.S. Department of Defense [DOD], 2011b). However, this monumental change did not impact transgender people. The U.S. military continues to discriminate against transgender people by barring them from military service and by discharging anyone who is, or is alleged to be, transgender (Kerrigan, 2011; Witten, 2007).

In this article, we argue that transgender citizens should have equal opportunity to serve their country honorably, and should be treated with respect and sensitivity as they do so. We first review U.S. military policies concerning rejection and exclusion. We explain that transgender people may be particularly drawn to seek military service, and that many transgender people have already served. Autobiographical recollections illustrate some of their experiences. Like all military personnel, transgender people deserve appropriate healthcare. We discuss the mental and physical health and healthcare concerns of this population so that policies can be based in understanding, rather than becoming additional domains of discrimination. Finally, we present information about eleven countries whose militaries include transgender persons, followed by some arguments against inclusion. Using the positive models and considering the negative arguments, we conclude with our recommendations for change.

We focus on one group of transgender people, transsexuals. Transsexuals usually choose to live permanently as the other sex and make physical changes to their bodies with hormone-replacement therapy and surgeries; however, individuals differ in their transition interests, and not all transsexuals seek full physical transition (Lev, 2004; Yerke & Mitchell, 2011). Although our focus is on transsexuals, our observations and conclusions often apply to all people who do not completely identify with their birth sex or assigned gender, including transvestites, cross-dressers, androgynous, intersex, genderqueer or other gender-variant people (Brown & Rounsley, 1996; Israel & Tarver, 1997; Lev, 2004).

## CURRENT U. S. MILITARY POLICIES

The military's current policies regarding transgender persons may impact "enlistment, appointment or commissioning into the armed forces, or may arise for personnel already serving in the military" (Servicemembers Legal Defense Network [SLDN], 2011, p. 29). Transgender people may be rejected by invoking medical or psychological rationales (SLDN, 2011a; Witten, 2007), or may simply be rejected for behavior that is deemed to reflect negatively on themselves or the military (Uniform Code of Military Justice [UCMJ], 2010a, 2010b).

Transgender people may be disqualified from joining the military as a result of any type of genital surgery, since this is an area of assessment and examination during the initial medical evaluation (Department of the Army [DOA], 2011; DoD, 2011a). According to the DoD directive (2011a), any individual with a “history of major abnormalities or defects of the genitalia such as change of sex (P64.5) (CPT 55970, 55980), hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis (752.7)” is precluded from service for what the military considers to be a medical condition (pp. 26–27). DoD directives apply to all branches of the military, but each branch also has its own guidelines to exclude transgender people from serving. For example, the DoA’s (2011) Standards of Medical Fitness use language identical to that quoted above, but add that any person with “dysfunctional residuals from surgical correction of these conditions does not meet the standard [for eligibility to be in the Army]” (p. 11).

Transgender people may also be disqualified for service as a result of being seen as having a “psychological condition” (DoA, 2011; DoD, 2011a). The DoD (2011a) excludes people with “Current or history of psychosexual conditions (302), including but not limited to transsexualism, exhibitionism, transvestism, voyeurism, and other paraphilias” (p. 48). Any person identifying themselves as transgender, or suspected of being transgender, can be labeled with these psychosexual conditions. As they do with the medical exclusions, each branch of the military also has their own regulations restricting transgender people on the basis of psychosexual conditions. For example, the DoA (2011, p. 15) uses identical language to the DoD.

These military policies place transsexualism among the paraphilic disorders (DoA, 2011; DoD, 2011a) even though transsexualism is neither a paraphilia nor a diagnosis in the current *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev; DSM-IV-TR; American Psychiatric Association [APA], 2000). Transsexualism concerns a person’s gender identity, while paraphilias describe “recurrent, intense sexual urges, fantasies, or behaviors” (APA, 2000, p. 535). Although the term transsexualism does include “sex” in the term, this is related to biological sex rather than sexuality—a point of confusion for those creating and implementing military policies.

Curiously, the psychiatric diagnosis of gender identity disorder (GID), which is often applied to persons identifying as transgender or transsexual (Lev, 2004), is not mentioned in the DoD or other military policy statements. The GID diagnosis requires that the individual experiences subjective distress or functional impairment (APA, 2000), so some transgender individuals would not meet these criteria. If the military were to use GID as a criterion for rejection of transgender persons, those who do not experience distress or impairment could be exempt, which might force the military to be explicit about the actual basis for their rejection.

Some people, having been allowed to enter military service, may begin to identify as transgender once in the military. If they are suspected of being

transgender, they may be discharged (SLDN, 2011a; Witten, 2007) using the medical or psychological exclusion criteria already discussed. In addition, transgender (or allegedly transgender) people may be charged criminally using Articles 133 and 134 of the UCMJ (Kerrigan, 2011):

933. ART. 133. CONDUCT UNBECOMING AN OFFICER AND A GENTLEMAN

Any commissioned officer, cadet, or midshipman who is convicted of conduct unbecoming an officer and a gentleman shall be punished as a court-martial may direct.

934. ART. 134. GENERAL ARTICLE

Though not specifically mentioned in this chapter, all disorders and neglects to the prejudice of good order and discipline in the armed forces, all conduct of a nature to bring discredit upon the armed forces, and crimes and offenses not capital, of which persons subject to this chapter may be guilty, shall be taken cognizance of by a general, special or summary court-martial, according to the nature and degree of the offense, and shall be punished at the discretion of that court. (UCMJ, 2010a, 2010b)

Kerrigan (2011) describes Article 134 as “a catch-all method the military could employ to justify punishing or discharging someone for almost any behavior seen as out of the ordinary . . . the broad language means that it could be used against a variety of transgender behaviors and appearances” (pp. 8–9).

Any person displaying gender atypical behaviors can be criminalized and discharged under Article 134; this includes homosexuals and bisexuals (and heterosexuals), who may be discharged for gender atypical behavior (Kerrigan, 2011). LGB people may be particularly at risk because gender role behavior is often more fluid for homosexual or bisexual persons (Dawood, Bailey, & Martin, 2009; Rieger, Linsenmeier, Gygax, & Bailey, 2008), that is, gay men may (but may not) behave more effeminately, and lesbians may (or may not) appear more masculine or butch than heterosexuals. Now that homosexual or bisexual servicemen and women are not disqualified for their sexual orientation, they may still be disqualified or discharged for non-traditional gender traits and behavior.

## THE PREVALENCE OF TRANSGENDER PEOPLE IN THE MILITARY

It is particularly important for the military to address its discrimination against transgender persons because of the possibility that there is a higher proportion of transgender people in the military than in the general U.S. population (Brown, 1988; Brown & Rounsley, 1996; Frye, 2004; McDuffie & Brown, 2010; Shipherd, Mizock, Maguen, & Green, 2011). In a recent study

(Shipherd et al., 2011), 30% of the male-to-female (MTF) sample were veterans, a rate that triples the prevalence of veterans in the general population (10.1%). Clinicians specializing in transgender care have reported high rates of military service among MTFs (Brown, 1988; Brown & Rounsley, 1996). For instance, Brown (1988), a psychiatrist, reported that he had met with 11 biological males with GID, and 8 of these had extensive active duty military experience. Brown and Rounsley (1996, as cited in Shipher et al., 2011) indicated that over half of their MTF patients had served in the military. Brown (1988) also pointed to several autobiographies by MTFs who were in the military (Cowell, 1954; Jorgensen, 1967; Morris, 1974; Richards, 1983).

Transgender people may be drawn to the military for some of the same reasons as non-transgender (cisgender) people, such as following a family tradition of military service, needing financial help to gain further training and schooling, seeking adventure and excitement, interest in the opportunity for international travel, and patriotism. The autobiographies of two MTFs who transitioned following their military service cite these reasons for joining the military:

I signed up in the summer of 1970 with the Royal Engineers. This choice was because my dad had been a Royal Engineer, and so had my uncle and his dad before him, so it was a bit of a family tradition. (Murphy, 2003, p. 163)

I wanted to be accepted by the army for two reasons. Foremost was my great desire to belong, to be needed, and to join the stream of activities around me like the other young people of my acquaintance who were contributing to the times. Second, I wanted my parents to be proud of me and to be able to say, "My son is also in the service." Although they never mentioned it, I was poignantly aware that Mom and Dad must have felt their child was "different" and, therefore, unwanted. (Jorgensen, 1967, p. 35)

Transgender people may be especially interested in the military because of its emphasis on traditional masculine values (Brown, 1988). Devor (2004, as cited in Shipher, et al., 2011) recognizes identity confusion as a stage in transsexual identity development that may include attempts to repress questions about one's gender identity. MTFs in that confusion stage, long prior to transition, may seek activities that express a traditional masculine, or even hypermasculine, role associated with violence, danger, excitement, and manliness (Mosher & Sirkin, 1984). Joining the military is one way that such people can attempt to become real men (Brown, 1988). McDuffie and Brown (2010) describe this experience:

Transgendered or transsexual natal males can attempt to purge the desire to become feminine by enlisting in an organization that rewards and cultivates exaggerated masculine behaviors: high-risk taking, stoicism, controlled violence, heterosexuality, athletic prowess, and contempt for physical/emotional weakness. (p. 23)

This psychological effort may be deliberate for some but unconscious for others, and only revealed long after the fact (McDuffie & Brown, 2010). Brown (1988) has seen this “flight into hypermasculinity” as common among MTFs prior to transition (p. 539). Brown and Rounsley (1996) stated:

Many male-to-female transsexuals seek the most rugged, stereotypically male profession or job they can find . . . .Military service is a route that many male-to-female transsexuals follow in their quest for confirmation of their masculinity. Over half of my male patients served in one of the branches of military. Many transsexuals not only become career military officers but also frequently request the most rigorous or dangerous missions they can find in their desire to exaggerate their gender role. Their bravado . . . provides an excellent cover-up. Nobody would ever suspect that these rugged military men are not what they appear to be. (pp. 79–80)

Anecdotal stories by MTFs include this idea of joining the military for its emphasis on hypermasculinity:

When I was eighteen . . . I moved in with my cousin, who was kind of macho, and I tried to emulate his behavior. He thought that joining the military would be a way of making me a man. I hoped he might be right, so I went along with that and enlisted in the Marines. I somehow managed to get through it, but it didn’t cure my gender problems. The transsexualism was always there; I just worked like the devil to repress it. (Brown & Rounsley, 1996, p. 66)

[I joined the Navy as] a way to prove my manhood. Hey, I’m a man, aren’t I? (Girshick, 2008, p. 92)

Female-to-male (FTM) transgender people who have yet to transition may also be interested in the military for its focus on traditional masculinity or hypermasculinity. The military is one place where women are encouraged and commended for adopting masculine traits. Some FTMs who are still living as women may seek refuge in the military because it is an acceptable place for them to express gender behaviors stereotypical of men, before transitioning (Frye, 2004). Some FTMs may not be aware of their gender identity until they actively take on masculine attributes (Lev, 2004). The military may be a safe way of testing and practicing a partial identity as a man, since it

is acceptable for women to behave in more masculine ways in the military than in most other professions.

Transgender people may also be attracted to the military for the risks associated with active military duty (Brown, 1988; Brown & Rounsley, 1996). While transgender people (or others with passive suicidal ideation) may not be aware of the reasons they engage in risky behaviors, there is a higher incidence of these behaviors among people who are depressed and hopeless (Beck, Rush, Shaw, & Gary, 1979; Cleveland Clinic Foundation, 2009). Suicidality has repeatedly been shown to be prominent among transgender people (Brown & Rounsley, 1996; Clements-Noelle, Marx, & Katz, 2006; Grant et al., 2011; Israel & Tarver, 1997; Mathy, 2002; Whittle, Turner, & Al-Alami, 2007). It is possible that some transgender people may (consciously or unconsciously) put themselves in life threatening situations as a result of distress and hopelessness regarding their gender identity; joining the military presents opportunities for this. According to Brown and Rounsley (1996), many transsexuals seek some of the most life-risking pursuits within the military, because “. . . if the mission were to end in death, the transsexual would be permanently freed from a lifetime of gender pain” (pp. 79–80). As one MTF stated: “And I joined the military. I even volunteered to go to Viet Nam to get killed to put me out of my misery” (Girshick, 2008, p. 92).

## PHYSICAL AND MENTAL HEALTH CONCERNS

One component of military life is the expectation that personnel can meet their healthcare needs within military facilities. For transgender people to realize this expectation, the U.S. military would need to educate providers and create policies based on an informed understanding of the transgender population. Failing to address the unique needs of this population fuels continued discrimination, as has been identified by research with transgender veterans (Bryant & Schilt, 2008; Shipherd, et al., 2011), and can exacerbate mental health problems.

Most people wait to transition until after they've left military service (e.g., Bryant and Schilt [2008] report that 97% of their sample of transgender veterans transitioned after leaving the military); for this reason, medical care for transgender military people is offered primarily in the context of the Veterans Administration (VA). Prior to the recent release of the *Directive for Providing Health Care for Transgender and Intersex Veterans* (U.S. Department of Veterans Affairs, 2011) there were no policies for transgender veterans. Without policies, many transgender veterans described their treatment at the VA as inconsistent, insensitive, and, at times, prejudiced (Bryant & Schilt, 2008; McDuffie & Brown, 2010). Some veterans report being denied necessary services, such as mammograms for FTMs and prostate exams for MTFs

(Bryant & Schilt, 2008; SLDN, 2011a). One FTM stated, “I was told by a religious clerk that I should just go away because I was an insult to the brave real men who were there for treatment” (Bryant & Schilt, 2008, p. 8). Another reported, “I am asked about my genitals and my plans for SRS regardless of whether or not it has relevance to my treatment” (Bryant & Schilt, 2008, p. 8). One transgender veteran described the varied messages received when seeking information about sex reassignment surgery: “I’ve gotten mixed responses. One doctor told me it has been done in the past. Most tell me it isn’t allowed. One cursed me” (Bryant & Schilt, 2008, p. 8). Another was told, “. . . the VA does not turn men into women” (Bryant & Schilt, 2008, p. 8).

Many transgender veterans do not seek necessary treatment (Stalsburg, 2011), or obtain it elsewhere in order to avoid discrimination, and because of their desire for transgender-competent services (Bryant & Schilt, 2008; McDuffie & Brown, 2010). Shipher et al. (2011) identified two major barriers to accessing treatment among transgender veterans: concern about medical providers’ reactions and knowledge of others’ negative experiences.

Transgender veterans who access the VA likely have limited options for treatment as a result of being unemployed, underemployed, or living in poverty (Bryant & Schilt, 2008); therefore, they are willing to risk (or experience) discrimination in order to receive services. Shipher et al. (2011) found that transgender veterans utilized VA services at a much higher rate (16.3%) than veterans in the general population (6.2–15.8%), even though only half of their sample of transgender veterans believed they were eligible for care. This greater use of VA medical care may reflect discrimination against transgender people that makes them disproportionately more likely to become poor and/or unemployed.

In June 2011, the Veterans Health Administration (VHA) “issued a Directive to all its facilities establishing a policy of respectful delivery of healthcare to transgender and intersex veterans . . . enrolled in the U.S. Department of Veterans Affairs (VA) healthcare system . . . or eligible for VA care” (National Center for Transgender Equality [NCTE], 2011a, p. 1). This policy document began with a brief overview of terms related to transgender and intersex people, demonstrating the VA’s understanding of this population (VA, 2011). The policy specifically identified the healthcare that the VA affords transgender veterans, including “hormonal therapy, mental health care, preoperative evaluation, and medically necessary postoperative and long-term care following sex reassignment surgery” (VA, 2011, p. 2). The only service not covered or performed by the VA is clearly stated: sex reassignment surgery itself. Besides the medical and psychological services offered, the policy also calls for VA staff to address transgender people according to their self-identified gender, even in the case that a person’s appearance does not seem to match their self-identified gender (VA, 2011).

The implementation of this policy is a huge step toward providing sensitive services to the transgender population, and can be a model for other healthcare providers, both public and private (NCTE, 2011a). However, the directive does not apply to active duty military, retired military, or military dependents, as the healthcare program for these persons is run by DoD and follows a separate protocol (NCTE, 2011).

Because the VA directive (2011) was released recently, any changes in treatment and provider attitudes have yet to impact the research about transgender veterans' experiences. However, because, unlike the VA, the U.S. military does not have policies in place, transgender personnel seeking healthcare are likely to experience discrimination similar to that reported by veterans before the new VA (2011) directive was implemented.

### MENTAL HEALTH ISSUES

Research on the mental health of active transgender military members does not exist because potential research participants risk discrimination and discharge if they identify themselves. Therefore, research describing the mental health of transgender veterans and transsexuals in general will be used to speculate about the mental health issues of transgender people in the military.

Some research indicates that transgender people do not significantly differ from the general population in mental health (Brown et al., 1996; Israel & Tarver, 1997; Shipherd et al., 2011), while others find higher rates of psychological problems among transgender people (Clements-Noelle et al., 2006; Nuttbrock, et al., 2010). Since mental health worsens with experiences of discrimination and victimization (Diaz, Ayala, Bein, Henne, & Marin, 2001; Pascoe, & Richman, 2009; Waldo, 1999), it would not be surprising if psychological problems were elevated in the transgender population, because of pervasive discrimination and victimization against transgender people (Clements-Noelle et al., 2006; Israel & Tarver, 1997; Lombardi, Wilchins, Priesing, & Malouf, 2001). A recent study of transgender veterans (McDuffie & Brown, 2010) identified depression, post traumatic stress disorder (PTSD), and substance use disorders as the most common psychological problems, while Shipherd et al. (2011) found that transgender veterans most often sought VA mental health services for depression, PTSD, and gender identity counseling.

A transgender person may need treatment before, during, or after transition to consider gender-related adaptations. Not only does the military not offer competent transgender-related care, but they discharge the person who seeks it (SLDN, 2011a; 2011b). Since there are transgender people in the military, maybe a relatively high number of them (Brown, 1988; Brown & Rounsley, 1996; Frye, 2004; McDuffie & Brown, 2010; Shipherd et al., 2011),

the options available to them are a concern. Continuing to live a false identity when one knows better may have negative effects on one's mental health (Besner & Spungin, 1995; Waldo, 1999). One MTF's account supports this notion:

After some consultation with the medical officer, I was offered help to stop these feelings of being a woman occurring. I was convinced that there was some kind of treatment that could "normalize" me; after all, I was a deviant, abnormal, loony toon. The psychiatrist I saw told me that it was something he could help with, and so I was sent to a psychiatric hospital where they treated all kinds of disorders, including homosexuality. . . The army's way of treating sexual deviants was probably in contravention of human rights, but we didn't have such legislation to fall back on at that time, should we find the treatment unacceptable. They used brainwashing techniques to cleanse the mind of all abnormal behavior, but I didn't know at the time that was how it was done. In a few weeks I started to feel different: the treatment was working, but I didn't realize what the doctors had done and what the consequences of their actions would lead to. I was sent back to rejoin my army unit and given a clean bill of health, but within weeks I was back in the hospital after attempting to kill myself when the treatment failed to work as they had hoped. . . . There were several suicide attempts to resolve what I saw as a hopeless situation. (Murphy, 2003, pp. 161–164)

Mental health, medical, and substance abuse services obtained outside of the military are supposed to be communicated back to the military, so transgender people who seek these services elsewhere still risk exposure (Witten, 2007). This leads individuals to go without treatment, allowing symptoms to exacerbate, and causing some to treat symptoms with alcohol or drugs, which could lead to substance abuse or dependence. Substance abuse is a prevalent problem for the transgender population (Kreiss & Patterson, 1997; Lombardi and van Servellen, 2000; SAMHSA, 2001; Tayleur, 1994; Xavier, 2000, as cited in Lev, 2004). Transgender people may also resort to self-harming behaviors (e.g. cutting, hitting, or burning themselves), another common problem related to untreated gender dysphoria (Bockting, Knudson, & Goldberg, 2006; Fraser, 2009a; Lev, 2009, as cited in World Professional Association for Transgender Health [WPATH], 2011).

If, in addition to the institutional discrimination they experience from the military, a person is directly discriminated against or victimized for being transgender (or being suspected of being transgender), they may be unable to access services for help because of fear of being discharged.

The failure to provide a safe, confidential setting for treatment sabotages any chance that transgender service personnel will allow themselves the self-disclosure needed to implement useful psychotherapy, whether the treatment needs are for depression, trauma, substance-abuse, or gender-related

concerns. As such, they create unequal access to these healthcare resources, based on membership in this stigmatized group.

## NON-U.S. MILITARIES: MODELS OF INCLUSION

Several non-U.S. militaries allow lesbian, gay, and bisexual people to serve openly (Human Rights Campaign [HRC], 2011; Kerrigan, 2011) and several of those also include transgender people (Stalsburg, 2011). Eleven countries allow transgender people to serve: Australia, Belgium, Canada, Czech Republic, Israel, the Netherlands, Spain, Sweden, Thailand, United Kingdom (SLDN, 2011a), and Uruguay (HRC, 2011). Some of these countries consider transgender individuals' applications on a case-by-case basis, while others have formal policies (SLDN, 2011a).

The United Kingdom, Israel, Australia, Spain, Uruguay, and Thailand have policies for transgender people serving openly in their militaries (HRC, 2011). These militaries have had to gain an understanding about transgender people; policies can only be effective when there is an accurate understanding of the people to whom they will be applied. By utilizing their nation's resources for this purpose, these countries honor transgender people as citizens who are just as deserving as others, rather than treating them as second-class citizens, as they are usually considered in the United States. These countries' militaries benefit from including competent military personnel who are transgender, rather than excluding or expelling them.

The militaries of these countries provide transgender veterans access to the same services as other military personnel, and even in some cases, offer transgender-related healthcare (Bryant & Schilt, 2008). Transgender veterans are able to access their benefits, whether they were transgender or not at the time of duty.

Tracking armed forces' regulations concerning LGBT people around the world is very difficult; "It is incredibly labor intensive to determine with great accuracy what a country permits or prohibits by law and what really happens on a day-to-day basis" (Belkin & Embser-Herbert, 2009, p. 59). Some regions do not offer specific policies regarding LGBT people because they do not recognize that these persons exist, or because transgender or LGB identities are illegal in these countries; military regulations do not ban what is already prohibited by general laws and customs (Belkin & Embser-Herbert, 2009). In addition, military policies and laws change and the application of these may differ by location and command.

### United Kingdom

In 2009, the United Kingdom created the Policy for Recruitment and Management of Transsexual Personnel in the Armed Forces (HRC, 2011).

According to this policy, it is unlawful for the U.K. military to reject a person's application for entry for being transgender (Gender Identity Research and Education Society [GIRES], 2009). Transgender persons, like other persons seeking to serve, are dealt with on a case-by-case basis (GIRES, 2009). There is recognition that transgender people (especially those transitioning) may not be appropriate for certain military roles, such as active duty or extensive travel (GIRES, 2009). At the same time, by adopting a case-by-case approach, the U.K. military recognizes the diversity within the transgender population. Overall, the U.K. military rejects the idea that being transgender in itself makes a person unfit for service, which is the view currently upheld by the U.S. military.

This U.K. document includes incidence data as well as a glossary of terms that highlight the policymakers' understanding of the transgender population (GIRES, 2009). The document correctly delineates the differences between sexual orientation and gender identity, as well as the difference between being transgender, transsexual, and cross-dressing (GIRES, 2009). Also included are resources and referrals for transgender persons, and an example of a name-change form (GIRES, 2009). U.K. military policy allows personnel to re-inscribe and replace medals that no longer reflect a person's legal name (GIRES, 2009). The policy document reports that while there may be a higher incidence of mental health problems for these persons, and that assessment is imperative for this reason, a person should not be referred to a psychiatrist or excluded solely because of being a transsexual (GIRES, 2009).

The U.K. military considers transsexualism a medical condition that should be dealt with similarly to other medical conditions, where the person is provided treatment, and where the kind of military service they do may be based on the limitations of their condition (GIRES, 2009). U.K. policy also includes coverage of transgender-related healthcare (GIRES, 2009). Prescriptions, such as those for hormone therapy, can be prescribed by military physicians, and are covered by the military's budget, just like prescriptions for treatment of any other medical condition (GIRES, 2009). However, surgeries are to be paid for privately or by a non-military source (GIRES, 2009).

## Canada

Canada's military not only includes transgender personnel, but sometimes pays for sex-reassignment surgeries for transgender people (Bryant & Schilt, 2008). The Canadian Forces (CF) has established specified policies for its transgender service members. They first began covering sex-reassignment surgery in 1998 and continue to do so, on average, for one to two people per year (Cohen, 2011). According to a spokesperson for the National Defense Department, "The CF is unique in that it must recruit, house, clothe, train and deploy its members. This requires clear direction and standardized

instructions to deal with individuals who may not fall into the generally accepted categories” (Cohen, 2011, para. 8).

According to Cohen (2011), the CF policies describe transgender people as having “a psychological need” to live as the opposite sex from which they were born, regardless of their stage of transition. As a result, the policy calls for military personnel to treat transgender people with “the utmost privacy and respect” (“Canadian Military Publishes New Transgender Policy,” 2010; Cohen, 2011). The CF also allows transgender people to change their name on military records without having to provide any reason for doing so (“Canadian Military Publishes New Transgender Policy,” 2010), and requires that service members dress in uniform according to their self-identified gender, regardless of their stage of transition (Cohen, 2011).

### Thailand

The Army in Thailand recently (September 2011) changed the language used to describe transgender people (International Lesbian, Gay, Bisexual, Trans and Intersex Association [ILGA], 2011). Previously, transgender people were identified as “having a permanent mental disorder” (“Court to Thai Military,” 2011, para. 2) or “psychological abnormality” and were rejected for enlistment as a result (ILGA, 2011, para. 4). This stigmatizing language asserted that all transgender people suffer from mental illness that made them unfit for service, a view that the United States continues to uphold.

In 2012, the Thai army is inclusive of transgender people. Although this is a significant step forward, there continues to be problems. Young men in Thailand are conscripted at the age of 18, so MTF transgender people may be required to serve as their biological sex (“Court to Thai Military,” 2011; ILGA, 2011), which could have ramifications for mental health and potential for victimization. The Thai Army has created three classes of males so that MTF transgender people can be recruited into the military: Type 1 is used for biological men who behave and identify according to their birth sex or assigned gender; type 2 includes MTF transgender persons who have had breast augmentation surgery; and type 3 is reserved for MTFs who have had genital reconstructive surgery (ILGA, 2011). While the Thai Army is inclusive of transgender people, they continue to identify them as men, even when they have identified themselves as women.

### Spain

After a post-transition FTM (having undergone hormone treatment and a mastectomy) was rejected by the Spanish Armed Forces (SAF) twice, the military changed its policies (“Transsexual Wins Battle,” 2009). Prior to this incident, the SAF excluded any man who did not have a penis; after, it changed its policies to allow for FTMs to be included without any genital

reconstructive surgery. In 2009 when this 28-year-old FTM's story made headlines, Spain's Minister of Defense promised to revise legislation concerning medical reasons for exclusion from service, so that transgender people could be provided equal opportunities to serve in the military ("Transsexual Wins Battle," 2009).

### Australia

Australia previously had policies restricting transgender people from serving in the military (Dennett, 2010). However, in 2010, the Chief of the Australian Defense Force (ADF) issued an instruction revoking these policies. The Air Chief, Marshall Houston, directed ADF commanders to "manage ADF transgender personnel with fairness, respect and dignity . . . and ensure all personnel are not subjects to unacceptable behavior" (Dennett, 2010, para. 3). As a result, transgender people can now serve for the ADF if they meet all other restrictions.

### Uruguay

Some militaries do not have specific policies in place for the inclusion (or exclusion) of transgender people. In Uruguay, for example, a set of laws concerning discrimination have been applied to establish standards of equality for transgender people in the armed forces. The Institutional Relations Secretary of Uruguay has cited a law that "penalizes the commission of acts of violence, humiliation or disrespect against people because of their sexual orientation or gender identity" as well as another law that "declares that the fight against all kinds of discrimination is of national interest" (Frank et al., 2010, p. 139). As a result, the Secretary has stated, "there are no restrictions whatsoever for the participation of gay, lesbian and transgender people in our army" (Frank et al., 2010, p. 139).

### Czech Republic

In the Czech Republic, military policy stipulates service "for all citizens of the Czech Republic, regardless of sexual orientation" (Frank et al., 2010, p. 137). This military applies the same standards to transgender people, meaning that all citizens are required to serve, including transgender citizens (SLDN, 2011a). There are no policies in place for including or excluding people on the basis of gender identity or expression (HRC, 2011).

### Israel, Netherlands, Sweden, and Belgium

Like the Czech Republic, the Israel Defense Forces (IDF), the Armed Forces of the Netherlands, the Belgian Armed Forces (BAF), and the Swedish

military are all inclusive of transgender people (SLDN, 2011a) but do not have policies in place for including them (HRC, 2011).

Israeli (IDF) policy indicates that “homosexuals are entitled to serve in the military as are others,” and this policy extends to transgender people, even if not specified (Bronner, 1993, as cited in Frank et al., 2010). An anecdotal account of a FTM serving as a man in the IDF has been documented (Jsybird2532, 2011). According to Manigart (2007), there is one documented case of a MTF transitioning while remaining on active duty in the Belgian military; she remained in her same military position and even had sex reassignment surgery reimbursed by social security. In order to ease her transition and reintegration, her superior informed her colleagues of the change (Manigart, 2007).

## U.S. OBJECTIONS

U.S. military policy on transgender people reveals some of the discrimination against them. However, these policies do not explain why transgender people should be excluded or discharged, and few authors have presented these arguments.

Bunn’s (2010) explanation emphasizes the cost of presumed extra services. She states “[f]or a majority of transgender persons, simply living a stable life requires extensive medical treatment and clinical assistance” (p. 223). While added cost is a plausible concern, Bunn’s fiscal speculations are in marked contrast to Bryant and Schilt (2008), who explain that even funding sex-reassignment surgeries would be “[unlikely to] create a financial burden on the military, as the percentage of people accessing such services would be quite small” (p. 9).

“More importantly” Bunn (2010) suggests, “the emotional highs and lows commonly experienced during the course of one’s transition” could interfere with the “well-being” of others “in close physical proximity” (p. 223). The assumption that transgender people are emotionally unstable, or that they can damage the wellbeing of those around them, comes closer to the stereotypes that fuel discrimination. These assertions are reminiscent of those used to justify exclusion of lesbians and gay men, and are equally amenable to being overturned by looking to research on psychological stability in the transgender population.

Finally, Bunn (2010) asserts that even after transgender people have transitioned, they continue to have difficulties as a result of societal discrimination. This is less of an argument against transgender people and more a reason for the military to adopt policies requiring fair and equal treatment of them, just as they do for personnel who have been stigmatized by race, religion, or other dimensions of difference.

In order for transgender people to be included in the military there must be policies to mandate this successful change. However, Bunn (2010) fails to acknowledge the diversity of the transgender population: not all transgender people require mental health treatment or suffer from debilitating psychological issues, and they vary in their interests in seeking physical changes.

We are most concerned by Bunn's (2010) worry that including transgender people will turn the military into a "Petri dish for uninformed social experimentation" (p. 226). This argument has been applied to justify exclusion of people on the basis of race or gender in the past, and it is just as antithetical to equal rights and access now as it has proven to have been in those painful chapters of our nation's history.

### RECOMMENDATIONS

Service in the U.S. military is not a guaranteed right for its citizens; everyone is not fit and prepared for such service. However, it is discriminatory to exclude a group on the false assumption that they have a medical or psychological problem that would inhibit their functioning as a service member. This sort of discrimination is not tolerated by several armed forces around the world; however, it continues today in the United States. To rectify this injustice and bring government policy and conduct in line with the values of our nation, we recommend the following:

- a. The U.S. military policymakers must become informed about the transgender population. They must learn and recognize that, like all other citizens, transgender people include physically and mentally healthy individuals as well as some with weaknesses and illness. They must become familiar with the differences between sex and gender, since this is a point of confusion in the current documents that exclude transgender people. Just as the United Kingdom has done, we recommend that the United States create policies for transgender service members that include definitions and information about the transgender community and the diversity within it. Policies need to recognize that not all transgender persons hold the same goals for transition. Diversity training should be required at all levels of personnel, and as with other types of diversity training, information, materials, and policies should be reevaluated and updated routinely to insure they accurately represent this community.
- b. The U.S. Armed Forces must reverse its policies of refusing entry and discharging currently serving transgender persons, and explicitly issue policies of inclusion for transgender people, in the same way that the Women's Armed Services Integration Act (1948) "authorize[d] the enlistment and appointment of women in the [Military]" and Harry S. Truman

declared “equality of treatment and opportunity for all persons in the armed services without regard to race, color, religion, or national origin” (Executive Order No. 9981, 1948).

It follows from this recommendation that the U.S. military should recognize that transgender people are currently serving and have served, and that these service personnel are equally deserving of benefits, including healthcare.

We recommend that the United States adopt a policy similar to that created by the United Kingdom, which allows the military to determine appropriate duties for each enlistee. That policy deals with transgender people on a case-by-case basis, like any other qualified enlistee who has a medical condition.

- c. Branches of the U.S. Armed Forces should cover transgender-related healthcare. Like others in the military, it is important for transgender people to access preventive healthcare; availability of care has fiscal and social ramifications for our society, in addition to benefits for the individual. These healthcare services would include prostate and mammogram exams.
- d. Healthcare specifically related to transitioning (such as hormones) should be covered, as it is in the United Kingdom and Canada, and transgender-related surgeries should be provided, as they currently are by such government entities as the City of San Francisco and Canadian Armed Forces.
- e. The mental health needs of transgender people should be addressed, just as these needs are addressed for other military personnel. We recommend that the United States adopt the U.K. policy, where people are not referred because they are transgender. However, if there are other concerns, or the person requests services, they should be given care by a provider who is trained and competent to work with such a person. To establish competence among mental health and medical providers, we ask the DoD to employ the Standards of Care (WPATH, 2011) that are used by other professionals worldwide to treat transgender people.

## SUMMARY AND CONCLUSIONS

The United States has a stated policy of discrimination against transgender people that leads to their marginalization, induces fear and the need to hide, leaves them unprotected from harassment, and deprives veterans of benefits. Other countries have adopted models of inclusion and sensitivity, and the United States can easily look to these eleven nations to assess the viability of including transgender military personnel. Now is the time to ride atop the moral momentum generated by the new U.S. policy toward sexual minorities

and press for similar equal treatment for transgender people who wish to serve their country in the military.

Transgender people may be drawn to military service and are vulnerable to mental health concerns as a result of discrimination, harassment, the need for secrecy, and felt marginality. Current policy leaves transgender people who are now in the military stranded without needed medical and/or psychological services, and without protection. Making these inequities widely visible can launch a groundswell of activism to bring the United States closer to its ideals of justice for all.

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