

## **Transgender Policy in the Australian Defence Force: Medicalization and Its Discontents**

**ABSTRACT:** In 2010, the Australian Defence Force (ADF) repealed a Defence Instruction that had effectively barred transgender people from serving. Transgender personnel have slowly been coming out since 2010, positioning Australia as an international leader in terms of recognizing the contribution that transgender and gender diverse people can make to military institutions. Yet Defence documents, media reports and the testimonies of transgender personnel, past and present, suggest a more complex picture of evolving ADF policies towards transgender personnel. This article traces the history of ADF policies towards transgender service and focuses on the medical frameworks deployed. Repealing the ban on transgender service in 2010 left what was essentially a policy vacuum, and gradually medical regulations have filled that void. Medicalized understandings of gender dysphoria (as distinct from transgender identity) had the potential to support transgender personnel through health benefits not available to civilian Australians. Yet as policies evolved, the ADF developed directives around particular treatments for gender dysphoria, adopting subjective timeframes, medical downgrades and restricting transition options. So whilst ADF rhetoric has emphasized diversity and transgender (among LGBTI) inclusion within the ADF, gradually the medicalized approach to transgenderism has disempowered and restricted transgender service members' opportunities.

**Keywords:** military, Australia, defense

In July 2013, the Australian press ran stories about Lieutenant Colonel Cate McGregor, Chief of Army Lieutenant General David Morrison's speechwriter. McGregor talked about her recent transition and her life as a transgender servicewoman in the Australian Defence Force (ADF). She mentioned the vicious verbal and online abuse she had received, as well as strong support from individuals, such as Morrison. McGregor has since been profiled in numerous print and television media, has delivered an address at the National Press Club and was even Queensland's nominee for 2016 Australian of the Year. McGregor became a 'poster-child', not only of transgender people in the ADF, but of being transgender in Australia today.

While Cate McGregor's story is distinct because of her high profile, it does present themes common among those of servicemen and women who have lived with gender dysphoria: depressive symptoms associated with minority stress (Hendricks & Testa, 2012), self-loathing and fear both of who they are and of being found out. Yet profiles of McGregor do not explore the wider status and treatment of transgender members of the ADF, past or present.<sup>1</sup> This is a complex and developing space, as the ADF only lifted the ban on transgender service in 2010. This article explores the history of the ADF's policies towards transgender members and the effects of those policies, especially on male-to-female (MtF) personnel. As this article will show, while repealing the ban did open a space for transgender military service, it also created a policy vacuum that left much discretion to commanding officers. Health directives gradually filled this space, deflecting responsibility from the chain of command. While the medicalized approach to gender dysphoria had the potential to support transgender personnel, over time the

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<sup>1</sup> In February 2016, the Special Broadcasting Service (SBS) news program *The Feed* ran a feature on transgender military service, profiling current Defence members Catherine Humphries and Donna Harding (Abboud, 2016). They were both interviewed for this article.

pathologization of gender dysphoria has become so prescriptive that it has disempowered and restricted transgender personnel's opportunities within the ADF.

### **Literature Review and Methodology**

Any analysis of transgender military service requires an understanding of the historical and contemporary gendered dimensions of the military. Raewyn Connell has argued that all institutions are gendered through power relations, divisions of labor, culture and patterns of emotional relations (Connell, 2008). There is a growing body of literature, particularly in the field of military sociology, analyzing how militaries represent hegemonic masculine institutions. Much of this literature focuses on how Western militaries have grappled with the status of women (Heggie, 2003; Knight, 2013; Rosen, Knudson, & Fancher, 2003; Tallberg & Valenius, 2008), but their arguments about hegemonic masculinity also affect transgender personnel. Though Western militaries have gradually integrated women since the Second World War (and especially since the 1980s), gender binaries continue to permeate the institutions in areas such as dress, facilities and employment opportunities. It is the transgression of those gender binaries, particularly as more roles have opened up for women, which has met stiff resistance from many men, both military and civilian (Heggie, 2003; Jericho, 2015). Transgender people, too, destabilize the gender binaries, and military hierarchies have traditionally been resistant to permit transgender service.

Historians argue that the Australian military's hegemonic masculinity derives significantly from the First World War Anzac legend. The term 'Anzac' refers to the Australian and New Zealand Army Corps who landed at Gallipoli on 25 April 1915, fighting valiantly against insurmountable odds. Marilyn Lake and Henry Reynolds link the Anzac mythology of

the First World War soldiers to Australian masculinity, summarizing: ‘In proving their manhood – brave, firm, loyal and steadfast – these men (so it was said) had proven our nationhood’ (Lake & Reynolds, 2010, p. 2). As Stephen Garton argues, subsequent generations of servicemen have positioned themselves within this Anzac legend, adapting the mythology to their own wartime experiences as an affirmation of their manhood (Garton, 1998). Historians have traced the Anzac legend’s evolution over the century amidst changing political and socio-cultural attitudes towards war and nationhood (Bongiorno, 2014; Holbrook, 2014; McKenna, 2010; Seal, 2004). Servicewomen are now part of contemporary commemorations of Anzac Day, but as recently retired Army officer James Brown notes in his book *Anzac’s Long Shadow*, the masculine Anzac mythology still has a strong hold over the contemporary Australian Defence Force (J. Brown, 2014, p. 90).

Jyonah Jericho’s PhD thesis contains the most comprehensive analysis of gender and power in the contemporary ADF. Jericho argues that the exclusion of women from key combat roles, positions traditionally associated with martial masculinity, has contributed to their marginalization within the ADF and has perpetuated a hegemonic masculine culture (Jericho, 2015). Ben Wadham has also written about the gendered nature of the ADF, arguing that the institution represents a patriarchy, or a homosocial band of brothers. He writes: ‘fraternity is crucial to strong teamwork but it can also culminate in very strong them and us attitudes, often inferiorising or denigrating the other’ (Wadham, 2013, p. 221). Wadham argues that the patriarchal culture of conformity/sameness means that any ‘others’ – most notably racial minorities, women and gays – are likely to be targets of exclusion and/or abuse. Given both the hegemonic masculinity and patriarchal nature of the ADF, it is therefore not surprising that transgender personnel have also been ‘othered’ and excluded from the ADF for most of its

history. These social trends underpinning ADF culture have also influenced transgender members' treatment since the ban was lifted in 2010.

Whilst this article is the first to analyze transgender military service in Australia, there is some literature about the United States military and one publication about the Canadian Forces. As early as 1984, *Military Medicine* featured an article documenting case studies of transsexualism in the US military dating back to the 1960s. The authors concluded that transgender people should continue to be barred from military service because of the negative effect their presence would allegedly have on social cohesion and, therefore, troop morale (the same argument used against gays and lesbians). The article also noted 'the additional medical limitations on worldwide assignment' (Jones, Deeken, & Eshelman, 1984, p. 275). This early invocation of a medical justification for military policy would over time surpass the cohesion argument as society gradually became more accepting of gays and lesbians, and as public and political pressure discredited arguments grounded in prejudice.

Even after the full repeal of 'don't ask, don't tell' in 2011, Department of Defense Medical Instruction DODI 6130.03 continued to ban people with a 'history of major abnormalities or defects of the genitalia, such as change of sex, hermaphroditism, pseudohermaphroditism, or pure gonadal dysgenesis' (Mendez, 2014, p. 30). Other military regulations banned service among transgender members who have not had gender reassignment surgery, such as those seen cross-dressing (Kerrigan, 2012; Yerke & Mitchell, 2013). Recent research challenged as invalid the medical and other arguments underpinning regulations against transgender service in the US (Elders, Brown, Coleman, Kolditz, & Steinman, 2015; Ross, 2014). Some studies draw partially on international examples of militaries that permit transgender service, including in Australia (Dietert & Dentice, 2015; Mendez, 2014; Yerke &

Mitchell, 2013). On 30 June 2016, after almost a year investigating the issue of transgender service, Defense Secretary Ash Carter announced the repeal of the US military's transgender ban. The repeal is being phased in over a twelve-month period, but effective immediately transgender troops could no longer be discharged (Rizzo & Cohen, 2016).

Lifting the ban is a recognition that both historically and currently there have been transgender personnel in the armed forces. The Williams Institute estimates that approximately 15,500 transgender men and women are currently serving in the US (Parco, Levy, & Spears, 2016). They have circumvented the rules for various reasons depending on their individual circumstances. Some transitioned after discharge; some kept gender reassignment surgery or practices such as cross-dressing secret from the Defense establishment; others were outed, caught and discharged. In 1988, psychiatrist George Brown reported a heightened presence of MtF people entering the military as a 'flight to hypermasculinity', attempting to deny their true gender identities and prove their manhood through service in a hegemonic masculine institution (George R Brown, 1988). Subsequent research with veterans and currently serving personnel has supported this finding (Harrison-Quintana & Herman, 21 October 2013; McDuffie & Brown, 2010; Parco, Levy, & Spears, 2015). Blosnich et al. report that in 2011, 22.9 per 100,000 Veterans' Health Administration users had a gender dysphoria diagnosis, compared with an average from the general US population of 4.3 per 100,000 people (Blosnich et al., 2013). Though there has been less research on the reasons pre-transition female-to-male (FtM) people have enlisted, Yerke and Mitchell argue that they often join because the military is seen as an acceptable environment for women to exhibit masculine attributes and behaviors (Yerke & Mitchell, 2013). Following a new US Veterans' Health Administration directive in 2011 outlining treatments available to transgender veterans, there was a significant increase in the

number of veterans accessing services related to gender dysphoria (Kauth et al., 2014). Recent research has shown that transgender veterans are significantly more likely than cisgender ex-service personnel to be diagnosed with serious mental illnesses including, but not limited to, depression, post-traumatic stress disorder and suicidal ideation (Blosnich et al., 2013; George R. Brown & Jones, 2016, pp. 127-128).

Only in the last few years have researchers begun to study the experiences of currently serving transgender personnel in the US, most who are serving in secret. Such research has found that transgender personnel are highly competent in their work and thus make effective servicemen and women. Yet they are less likely to feel a strong sense of connectedness to their peers because of the burden of secrecy and mental health problems associated with living in a transphobic environment. Levy, Parco and Spears also found that gendered rituals such as pronoun usage, dress or toilet access made transgender members feel less free to express themselves. Notwithstanding the regulations barring transgender service, there were some reports of supportive commanders who did not discharge transgender members (Levy, Parco, & Spears, 2015; Parco et al., 2015). Dietert and Dentice similarly found that supportive commanders could make a significant difference to transgender personnel's experiences, sometimes even letting members transition without reporting them. But this was not uniform, and interviewees also report difficulties deciding whether to disclose their transgender identity, and to whom. Some transgender personnel have been the subject of gossip or even outed unwillingly on social media, making them the targets of verbal abuse (Dietert & Dentice, 2015).

Aside from the US, there are at least eighteen countries which permit open transgender service; thirteen are European nations, as well as Canada, Bolivia, Israel, Australia and New Zealand (Elders et al., 2015, p. 212). Policies within these eighteen countries vary and often

intersect with legislation relating to recognition of transgender citizens' gender identity. For instance, in the United Kingdom individuals are required to live in their affirmed gender for two years before the government will recognize it. The military requires individuals to finish this legislated transition process before they are permitted to serve. In Belgium, transgender members must undergo gender reassignment surgery to be recognized in their affirmed gender (Polchar, Sweijts, Marten, & Galdiga, 2014). Besides the US, the only country where there has been scholarly research on transgender service personnel's experiences is Canada, where the ban was formally lifted in 1992 and inclusive policies adopted since 2010. Alan Okros and Denise Scott report that transgender inclusion did not adversely affect operational readiness in the Canadian Forces, and transgender members have experienced a mix of acceptance and transphobia among their colleagues. From a policy standpoint, there have been problems with administrative rules around service records and, as commanders and transgender members report, insufficient guidance to manage transgender personnel's diverse transition journeys. Okros and Scott make no mention of medicalization in the Canadian Forces transgender policy. This is a significant difference from the Australian and American experiences. Even so, Okros and Scott summarize: 'poor policy formulation and incomplete implementation produced unnecessary burdens and impediments for transgender personnel and their non-transgender peers and commanders' (Okros & Scott, 2015, p. 253). As this article will show, many of the personal experiences of Australian transgender Defence members echo the American and Canadian experiences.

This article uses a historical methodological approach, which is distinct from the sociology or psychology research methods deployed in the majority of abovementioned studies. It draws on media and government reports, ADF and other documents and, most importantly, oral history interviews with former and serving ADF members who identify as transgender. Oral



history as a methodology has proven particularly effective at uncovering hidden histories among social groups whose voices have been marginalized or excluded from written historical sources. This article is part of a wider project into the history of LGBTI military service in Australia and draws heavily on whole-of-life interviews with current and former Defence members who identify as LGBTI. Oral history as a methodology is valuable to draw on individual experiences, how people remember particular events and to reveal patterns of memory and experience among particular social groups. Like other qualitative research methods, oral historians extrapolate from the contents of the interviews to draw their arguments/conclusions and use them as one form of historical evidence in conjunction with other written sources (Perks & Thomson, 2016).

There are currently approximately twenty-five transgender Defence members who are known to each other through a closed Facebook group. One group administrator estimates that the ratio of MtF to FtM transgender members is about 60-40. The six self-selecting oral history interviewees discussed in this article are all MtF; four are currently serving and two are former Defence members. They come from all three branches of service – Navy, Army and Air Force (RAAF) – and were contacted either through networks with the Defence LGBTI Information Service (DEFGLIS) or, in the case of two who have appeared in the media, through direct contact via email. By tracing ADF transgender policy from a historical standpoint, this article argues that the medicalization of policy *could* support transgender Defence members if it were focused on gender dysphoria and the most up-to-date literature and guidelines about treatment. There is a key distinction to make here between gender dysphoria as a medical condition, and transgender people who have received treatment to realign their body and gender identity. This distinction is important because it is not transgenderism or a transgender identity that is the

medical condition, but rather the misalignment of gender identity and body (Coleman et al., 2012).

Yet, as this article argues, the ADF has gradually adopted rigid policies that disregard the diversity of transition journeys, instead pathologizing around hormone treatment and gender reassignment surgeries. This approach has shifted the medicalization framework from gender dysphoria to the transgender identity and has disempowered transgender personnel, limiting their employment options and even interfering with decisions about their transitions. Policy towards transgender members in the ADF has gone through three phases: a ban until September 2010, leaving transgender members to struggle in secret or eventually to challenge the ban; a policy vacuum from September 2010 until April 2015, with varying degrees of support depending on members' rank and commanders' attitudes; new health directives post-April 2015 removing the case-by-case approach to treatment for gender dysphoria, disempowering transgender members whose transition will require hormone treatment or gender reassignment surgery.

### **Banning Transgender Military Service**

Before 2000 there was no formal ban on transgender people serving in the ADF, though it was prohibited under rules such as 'conduct to the prejudice of good order and military discipline'. 'Kate' is a transgender woman who served in the Navy in the early 1980s as a man, and she vividly remembers transphobia from her training: 'So, you were then taught how to teach your sailors as a DO [divisional officer], how to recognize the transgender person. In fact, the Navy had an official name for it: they called transgender Benny Boys. They'd been a boy and now is a girl' ('Kate', 31/7/2015). 'Kate' also recalls how difficult it was as someone suffering from gender dysphoria, terrified of anyone else finding out.

Although the prohibition on transgender members was presumed, Defence Instruction 15-3 (1986) explicitly banned gays, lesbians and bisexuals serving in the ADF until its repeal on 23 November 1992 (Riseman, 2015). Whereas in Canada lifting the ban on lesbian, gay and bisexual personnel also allowed transgender service, this was not the case in Australia because Defence Instruction 15-3 concerned homosexual conduct rather than identity. ADF officials first formally addressed transgender service in 1996 when the minor party Australian Democrats introduced a Sexuality Discrimination Bill into the Commonwealth Parliament. The ADF made a submission and sent Commodore Jim O'Hara to testify before the Senate Legal and Constitutional References Committee inquiring into the bill. The ADF did not support the bill because it might permit transgender service, and this was problematic because:

1. Men may self-identify as women to exempt themselves from combat, and similarly women may self-identify as men and insist on serving in combat roles closed off to women;
2. Assuming another gender identity and dress 'could reduce team cohesion'; and
3. The self-assessment of transgender identity does not require clinical or other independent evidence (O'Hara, 1996; Senate Legal and Constitutional References Committee, 1996).

Conservative newspaper columnist Piers Akerman mocked the idea of transgender people serving, writing: 'A squad of cross-dressing SAS [Special Air Service Regiment] troops storming through the bush sounds like something out of Monty Python' (Akerman, 1996).

Interestingly, O'Hara's testimony suggested that the ADF did not have a problem with transsexuality per se, but rather with the self-identification definition of transgender. He indicated that if a member were to be clinically diagnosed and undergo gender reassignment

surgery, he or she would be welcome to serve under their new gender (O'Hara, 1996). This suggests that it was gender fluidity which worried ADF commanders because it disrupted binaries (Schilt & Connell, 2007, p. 602). It would destabilize policies restricting women's spheres within the ADF and which perpetuated the institution's hegemonic masculinity. Anecdotal evidence suggests that there were times before 2010 when Defence members left the ADF, underwent gender reassignment surgery and reenlisted whilst being strongly encouraged to live in secret.

In 2000, the ADF implemented a specific policy that effectively banned transgender Defence members. It is not clear why the ADF took this step, though a report in *The Australian* newspaper suggests that a British Royal Air Force decision to permit a pilot to transition may have been a catalyst (Mitchell, 2000). Defence Instruction General 16-16 (hereafter DI(G) Pers 16-16) was titled 'Trans-gender Personnel in the Australian Defence Force'. The summative statement indicated: 'a person undergoing or contemplating gender reassignment cannot be considered suitable for service in the ADF because of the need for ongoing treatment and/or the presence of a psychiatric disorder'. Similar to O'Hara's 1996 statement, DI(G) Pers 16-16 differentiated between those who were pre-transition and those whose transition concluded with gender reassignment surgery. DI(G) Pers 16-16 (2000) concluded: 'A member who is discharged in the above circumstances and subsequently undertakes successful gender reassignment surgery, may apply to rejoin the ADF as a person of their new gender.' DI(G) Pers 16-16 treated gender dysphoria as a psychological and medical issue, but unlike other medical issues the ADF would not support its members through a treatment process.

Even before and during the period of DI(G) Pers 16-16, there were transgender members of the ADF living with gender dysphoria in silence because they could not access support or

transition. Like Brown's findings about MtF Americans joining the military as a 'flight into hypermasculinity' (George R Brown, 1988), Dr Fintan Harte, psychiatrist and specialist in gender dysphoria, indicates that the ADF was not an uncommon career choice for pre-transition MtF people. He further states: 'And very often these patients are depressed... they may well have suicidal ideation. And in the combat arena can often put themselves in dangerous situations' (Harte, 14/7/2015). The notion of choosing the military as a career, particularly combat roles, because of its hyper-masculine culture and/or suicidal ideation comes across in the American literature (George R. Brown & Jones, 2016, p. 127; M. L. Brown & Rounsley, 1996, pp. 79-80) and in a few interviews. RAAF member Amy Hamblin did a tour of duty in Iraq in 2006, and she confesses that she intended to die with honor rather than continue being gender dysphoric. When she returned alive, her survival and post-traumatic stress disorder only compounded her depressive symptoms (Hamblin, 11/9/2015).

Defence members living with gender dysphoria during the years before and during DI(G) Pers 16-16's operation faced not only the challenge of coming to terms with their gender identity, but also the hurdle of accessing psychiatric support and treatment. All interviewees describe depressive symptoms, but they were terrified about seeking help. All interviewees did their own research online to learn about gender dysphoria (which raises the question of what transgender Defence members did before the internet). Cate Humphries recalls: 'It [dysphoria] was interfering with me, it was making me depressed, I needed to talk to people, so in 2007 I went to a GP...and the GP referred me to a psychiatrist in Adelaide where I was able to at least start talking and exploring' (Humphries, 11/8/2015). Amy Hamblin was already seeing a psychologist for her post-traumatic stress disorder. She states: 'For the first time in my life I found that psychiatrists and psychologists can actually be helpful. Why don't we deal with this

transgender issue? Okay. Well, we know that they're good for keeping a secret' (Hamblin, 11/9/2015).

DI(G) Pers 16-16 limited the options for Defence members diagnosed with gender dysphoria. When they felt comfortable in private, some would cross-dress, just as 'Kate' used to do in the 1980s. Cate Humphries took a significant risk and informed both her commanding officer (CO) and senior medical officer about her gender dysphoria diagnosis because: 'Defence was very specific, if you were receiving medical treatment you were to tell Defence...So my integrity meant that I did have to tell the medical officer. And as I said, the medical officer was, thankfully, amazing and protected me from the adverse effects' (Humphries, 11/8/2015). Having supportive commanders proved vital to Humphries' mental health (Levy et al., 2015), but even with supportive officers, Humphries was not allowed to transition. Others who took the risk of coming out to their superiors were not so fortunate, and two of these cases challenged DI(G) Pers 16-16.

### **Challenging DI(G) Pers 16-16**

Bridget Clinch joined the Australian Army Reserve in 1997 and enlisted full-time in 1999. She served in the infantry, went through officer training and did tours as a peacekeeper in East Timor in 2003 and 2008. She had attained the rank of captain and considered applying for the SAS. In early 2009, after a series of referrals, a specialist diagnosed Bridget with gender dysphoria. She told her supervisor and his supervisor with the support of her psychologist. Just before Christmas 2009 she came out to her colleagues by drafting a letter explaining gender dysphoria, the transition process and how this had worked in overseas militaries. She remembers: 'When I came out at work, what was really interesting was like, there was this wave of support. Like, and that

was, I guess, really heartening'. Bridget's meetings left her with the impression that ADF health command was fine with her transition, but the chain of command was not. She states: 'There was definitely a freak-out higher up the chain, where they didn't give the soldiers and the lower ranks credit for their acceptance and openness. Because that's what I was receiving, and that then drove this hostility and friction and resistance at every sort of step of the command chain from then on and so that made it really, really difficult, like, and painful' (Clinch, 30/7/2015).

Bridget began her hormone treatment in November 2009, but in December 2009 command informed Bridget that she could not dress as a woman at work while still legally male.<sup>2</sup> She went on extended leave to continue her transition, and in March 2010 she received a termination notice on medical grounds in line with DI(G) Pers 16-16. Bridget appealed her termination within the ADF and lodged a complaint with the Australian Human Rights Commission, which entered into conciliation with the ADF. The ADF withdrew Bridget's termination in July 2010, but by then Bridget had been frustrated with the delays and took her case to the media. Bridget and her wife Tammy did an interview with the television program *Sunday Night*, which aired in November 2010, and *New Idea* magazine. The features discussed her reasons for transitioning, family's reaction and battle to have the Army pay for her gender reassignment surgery (*Sunday Night*, 2010; Wilson, 2010).

The other challenge to DI(G) Pers 16-16 came from Amy Hamblin. She had enlisted in the RAAF in 2001 and by 2009 had served all over Australia, running logistics in transporting aircraft and other equipment. Amy served four months in Iraq in 2006, and while being treated for post-traumatic stress disorder finally opened up to her psychiatrist and was diagnosed with gender dysphoria. Amy did not come out voluntarily, but rather a mate from Iraq caught her in a nightgown in her private residence and reported her. Amy recalls when the wing commander

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<sup>2</sup> The Attorney-General overruled this decision sometime in 2010.

summoned her, and she thought to herself: ‘I’m not going to refute it, I’m not going to lie, I’m going to be honest. And so from that moment on I said, “Yes, Sir, after hours I live as a woman,” and he goes, “Oh, okay, are you aware of this policy [DI(G) Pers 16-16]?”...and I said, “Well, okay, I’ll wait for someone to officially challenge me on it and then I will fight it”’ (Hamblin, 26/8/2015). Amy fought against DI(G) Pers 16-16 internally through the RAAF chain of command. She prepared a legal case to challenge DI(G) Pers 16-16 in the High Court of Australia if necessary, arguing that it violated Commonwealth anti-discrimination legislation.

Amy never had to take her case to the High Court because on 2 September 2010 she received a DEFGRAM memo advising that DI(G) Pers 16-16 had been cancelled (DEFGRAM, 2/9/2010). Whether the DEFGRAM was a result of Bridget, Amy or a combination of the two cases is unclear, though as early as May 2010, the ADF’s response to Bridget’s Human Rights Commission case flagged that it was in the process of cancelling DI(G) Pers 16-16 (ADF, 5/5/2010). What does seem intentional is the public release before Bridget’s story could appear in the media. This policy vacuum was a time of uncertainty, as there was no indication of what would replace DI(G) Pers 16-16.

Amy, recognizing this, wanted to complete her transition. She ran into new obstacles, as every step of her transition required medical reports and often necessitated challenges through ADF Joint Health Command. For instance, just getting a new woman’s uniform required an application and medical overlay. Under a different Defence Instruction, ADF personnel are required to obtain their medications at base pharmacies. The pharmacist would not fill Amy’s hormone prescription because rules stipulated they could only be given to females.<sup>3</sup> Such issues constantly required Amy to return to Joint Health Command, fill in more paperwork, bring more

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<sup>3</sup> A doctor who has worked in LGBTI health informed me that this used to be a problem for transgender people in civilian Australia as well because of Pharmaceutical Benefits Scheme regulations.



doctors' letters and wait for permissions. Bridget, too, encountered obstacles over matters such as uniform, hair and toilet access. A report from the Inspector-General of the Australian Defence Force acknowledged that because of the absence of a clear policy on transgender personnel, 'almost every issue needed to be discussed and researched before decisions were made' (ADF, n.d., courtesy Bridget Clinch). Whilst some of these obstacles were unforeseen consequences of a system ill-prepared to handle transitions, Amy also suggests that the ADF hierarchy was very touchy around transgender service members because of Bridget's public case.

### **Policy Vacuum**

Since the cancellation of DI(G) Pers 16-16 in September 2010, the ADF has permitted transgender members to serve openly and to transition in the workplace. One of the key issues raised in Bridget's *Sunday Night* and *New Idea* stories was the question of whether the ADF would pay for her gender reassignment surgery. Other media reports similarly centered around this question, with headlines like 'Defence to foot bill for sex change surgery', 'Taxpayers to foot sex-change bill' and 'Military funds for sex change' (McPhedran, 2010a; McPhedran, 2010b; Dunn, 2010). Two days before the *Sunday Night* story, the Army indicated that they would pay for Bridget's and other members' gender reassignment surgeries. Major General Craig Orme (*Sunday Night*, 2010) stated: 'Surgical procedures and the medical treatment that any member of the Australian Defence Force gets is paid by the taxpayers... We spend a great deal of money training them, and the investment we make in our people we believe, is well worth the recovery of providing medical support to them'.

Orme was alluding to DI(G) Pers 16-1, which indicates that the Defence Health Service will be at least equitable with Australia's Medicare public health system, and in many instances

will exceed civilian entitlements because of the need to maintain optimal ADF readiness.

Covering the cost of gender reassignment surgeries – often valued at between AU\$20,000 and AU\$40,000 (not including the costs of hormones and other treatments like electrolysis) – is one example of items not covered by Medicare, but covered by the Defence Health Service. If gender dysphoria is a medical condition and gender reassignment surgery is the prescribed remedy, then it is the medical treatment required to return Defence members to optimal health.<sup>4</sup> Though it took more administrative hurdles as outlined above, ultimately the ADF did pay for Bridget Clinch and Amy Hamblin’s medical bills, including those for hormones and surgeries.

The medicalization of gender dysphoria thus had the potential to support transgender Defence members in ways not available to civilian Australians. Yet the administrative policy vacuum post-DI(G) Pers 16-16 left much to the discretion of commanding officers, leading to varying degrees of support for transgender Defence personnel. Donna Harding’s experience coming out was relatively smooth, possibly because she was a nurse stationed at the Army School of Health. In August 2012 Donna booked an appointment with the Australian Army Psychology Corps and was referred to a gender specialist. In August she advised her chain of command that she was transgender, and she remembers the colonel’s response: “‘You’re the second one this week.’” He was talking about Cate McGregor’. Donna told her head of corps, commanding officer and a few close friends, and her CO worked constructively with Donna to draft a coming out letter for her unit. Like Bridget’s letter, it explained Donna’s story and why she needed to transition. Donna’s CO read the letter out in Donna’s absence because she wanted the group to feel comfortable expressing themselves. Donna went on extended leave, both

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<sup>4</sup> Canadian Forces have also paid for prescribed gender reassignment surgeries, hormones and other gender dysphoria treatment since 1998 (Okros & Scott, 2015, p. 245). Whilst the US policies in this area are still being developed, media reports indicate that transgender members there will also have all treatments covered (Rizzo & Cohen, 2016).

because she was undergoing the transition and also because of family problems. She says of her return to work a few months later: 'I got back from that leave after I, when I started hormones and getting re-established, I came back to work as Donna, it was as if I'd been on holidays; no mis-gendering, no mis-, nothing like that' (Harding, 10/8/2015). Donna's positive public coming out mirrors transition experiences overseas, where commanders' leadership has been vital to ensure an affirmative peer environment (Parco et al., 2016).

As mentioned earlier, RAAF member Cate Humphries had already come out to her CO. The repeal of DI(G) Pers 16-16 was not enough for Cate to come out publicly and transition because her combat role was not open to women. In September 2011, though, the Australian government ordered the ADF to open all remaining combat roles to women over the next five years; the RAAF lifted restrictions on women serving as ground defence officers in January 2013. This policy reform, likely targeting cisgender women's employment, had the inadvertent effect of also opening up new opportunities for transgender servicewomen. That change in the professional environment, combined with a depressive spiral in Cate's personal life, led to her decision to transition. From late 2012 Cate began telling close friends and colleagues. In March 2013 Cate negotiated with her supervisor to make a public announcement. She remembers: 'It took two hours from that announcement in RAAF Base Amberley to make it to No. 2 Airfield Defence Squadron in the field in Shoalwater Bay...gossip travels fast'. Cate says her strategy of being open 'took power away from any under the table rumors'. Cate continued doing her job through the course of her transition, with the exception of the medical leave for her surgery (Humphries, 11/8/2015).

One key point that Donna and Cate make about their experiences is that they were high-ranking officers: an Army major and RAAF squadron leader respectively. Cate remarks: 'I have

the benefit of being, I suppose, trained and in an alpha-style career field and I'm of a reasonable rank. I can make things happen that a low rank or someone who's more uncertain or doesn't know the system, they can't make it happen' (Humphries, 11/8/2015). Donna elaborates about one private who has 'had an absolute shit of a time'. After she came out and planned to transition, the private was posted to a new unit, which Donna thinks undermined the private's 'street cred' as an effective operator and set her up for closer scrutiny than most service personnel (Harding, 10/8/2015).

The vacuum in a clear policy also caused problems for transgender recruits going through Defence Force Recruiting (DFR). Dana Pham was in the process of transitioning when she applied to join the ADF in early 2011. Initially her application was rejected because, according to the letter, she had been on antidepressants less than twelve months earlier. Dana rang to seek clarification about her rejection; she recalls: 'There was this one thing he said that really irritated me which was oh, it was something along the lines of unless I've had my gender reassignment surgery I can't be considered' (Pham, 24/5/2015). Just this first rejection and the many questions surrounding it – including the inconsistent information Dana was receiving from DFR – reveals the confusion surrounding transgender service amidst the policy vacuum post-DI(G) Pers 16-16.

Dana says that it was this response that actually steered her determination to appeal the rejection, sending letters from her psychiatrist to explain why she had been on antidepressants. Dana quotes directly from DFR Medical's first response to her appeal: 'You being a woman of transsexual background does not in itself disadvantage you...The Chief Medical Officer, DFR, considers that the medical implications of your transitioning gender status are significant. Further information is required in order to assess your fitness for Military service'. The vacuum in transgender policy was already having an adverse effect through an assumption that transgender

Defence members posed an inherent medical problem. Dana continued with the DFR processes and from April 2012 was already having extensive conversations with doctors in DFR Medical, continually supplying reports from her psychiatrist and endocrinologist. She says that every time she had to speak to a new psychologist or doctor: 'I kind of felt that I was giving this doctor a 101 on the medical management of transgender people' (Pham, 24/5/2015). This is not dissimilar to the Canadian experience, where Okros and Scott found that most Canadian Forces doctors, even supportive ones, were uneducated about transgender health care and had little interest to inform themselves (Okros & Scott, 2015).

Dana persevered, and she refers to another letter dated April 2012 in which DFR raised concerns about hormone medication. She states: 'This doctor's concern was if we cut off your medication for whatever service reason we need to know: 1. how quickly your secondary sex characteristics will redevelop as a male, and 2. the psychological impact of that...Essentially what they're looking for is a stable hormone regime ensuring that there are no post-operative complications'. Dana points out that at this stage she had not yet decided whether or not to have gender reassignment surgery (Pham, 24/5/2015). The World Professional Association for Transgender Health emphasizes that there is no set treatment for gender dysphoria and not all transgender people want or require surgery (Coleman et al., 2012). Even so, DFR's approach assumed this to be the proper outcome and therefore was pathologizing transgender recruitment around the surgery.

Dana did undergo gender reassignment surgery in late 2012. She admits that trying to get through DFR was the main reason she decided to have the surgery, which indicates how Defence policies could intrude on medical decisions normally reserved for the patient and specialist. Dana says 'I don't regret my gender transition. I do regret making a medical decision just to improve,

just to play the game with DFR'. Finally Dana got the medical all-clear in July 2013. Due to the lack of availability of positions, it was not until November 2013 that Dana completed her RAAF Officer Selection Board to become a Personnel Capability Officer. At last in May 2014 Dana received her offer letter and finally went off to officer training school (Pham, 24/5/2015). Her entire process of trying to enlist as an openly transgender woman took over three years. Clearly some of the delays, questions and concerns were born out of ignorance rather than transphobia, but her case is another early indicator of the dangers of a lack of administrative policy around transgender service and the negative consequences of medicalizing that policy.

### **Supporting Transgender Defence Members**

The policy-less space that pioneers such as Cate Humphries, Amy Hamblin, Bridget Clinch and Donna Harding navigated through their transitions led to some efforts within the ADF to provide a guide for transgender Defence members and commanding officers. Two documents now provide guidelines, though neither represents an administrative policy or procedure. The first is a November 2011 Department of Defence document entitled 'Understanding Transitioning Gender in the Workplace'. It explains gender dysphoria and addresses key logistical issues for commanders to consider, including change of name, toilet access, uniforms and proper use of pronouns. The document effectively covers critical points and notes that 'each member will be managed on a case-by-case basis' (Department of Defence, 2011, p. 9).

The more comprehensive document is entitled 'Air Force Diversity Handbook: Transitioning Gender in Air Force'. The Air Force Workforce Diversity directorate published the guide in April 2013, and what sets this document apart is the input that transgender members such as Amy Hamblin, Cate Humphries and Donna Harding provided. A reservist in Workforce

Diversity worked with Amy to produce a guide based on her transition experience. As Amy indicates, though, ‘we realized that the actual transition is very unique to the individual... We need to make sure that what we write is very generic and that the people who are empowered are the people who need to be empowered for the associated information’ (Hamblin, 26/8/2015). All three describe the process as one of genuine consultation so that the final document reflected the needs, concerns and problems confronting transgender Defence members.

A key point that permeates the final document is that every transition is different, with numerous references to ‘your unique situation’. Like the Department of Defence document, it explains terminology and outlines some of the administrative matters including uniforms, identification cards and passports. It goes much further, by being about the actual transgender member and providing strategies for coming out and navigating the transition. It is written in the second person and acknowledges some of the advantages and disadvantages of different approaches to coming out, such as whether to stay in the current unit or to transfer. Tips for transitioning include how to handle challenging questions, finding a mentor from the affirmed gender and leave considerations during transition. The guide also includes advice for commanding officers and managers, such as combating harassment or bullying and protecting members’ privacy. The four annexes are a gender transition support plan, a roadmap template to help members discuss their situation with their commanding officers, a model letter to commanding officers and a model letter to colleagues (Air Force Workforce Diversity, 2013).

The RAAF guide is one example of how transgender members have, in conjunction with a supportive directorate, supported each other. Many transgender members are also a part of Defence LGBTI advocacy group DEFGLIS, which has two transgender board members. It was through DEFGLIS that Cate Humphries decided to establish the closed Facebook group to allow

‘people to ask questions and particularly for transgender, and people thinking, or considering their gender identities’ (Humphries, 11/8/2015). Where possible superior officers also offer support to lower ranks or newer Defence members. These sorts of examples of transgender members supporting each other have been successful in the absence of a clear policy or support mechanisms to confront institutional transphobia.

### **The Extreme of Medicalization: Health Directive 234**

The RAAF guide to transitioning gender has a section on medical employment classification (MEC). The MEC system classifies Defence members into one of five categories based on their health and fitness capacities to perform certain roles: MEC 1: Fully Employable and Deployable, MEC 2: Employable and Deployable with Restrictions, MEC 3: Rehabilitation, MEC 4: Employment Transition and MEC 5: Separation (Department of Defence, 2013, Chapter 3 2.1-2.9). The RAAF guide to transitioning indicates that ‘you are likely to be classified as MEC 3 – Rehabilitation – for at least some of your gender affirmation journey, which means you are being defined as temporarily unfit for operational deployment. For some parts of your transition you may be able to negotiate a MEC 2’ (Air Force Workplace Diversity, 2013, p. 17). This temporary downgrade is an understandable necessity in some situations such as undergoing gender reassignment surgery.

In April 2015 the medicalization of transgender policy undid the case-by-case approach, ushering in problematic new regulations that disempower transgender Defence members. Health Directive 234, ‘Medical Management of Gender dysphoria and Gender Realignment in Defence Members’, is the first formal policy on transgender service since the repeal of DI(G) Pers 16-16. Significantly, this is a medical regulation rather than an administrative one, solidifying the



medicalization of transgender policy. The document provides some background about gender dysphoria, including the varying treatment options and mental health considerations. The document notes: 'The way this condition manifests is variable and treatment options need to be tailored to the individual' (Department of Defence, 13/4/2015, point 2).

Yet there are two problematic parts of the new policy. The section on medical employment classification indicates that Defence members are 'generally not deployable' for about six to twelve months from the commencement of hormonal therapy to ensure 'stability in hormone regimes'. The document further states that gender reassignment surgeries 'would generally mean a non-deployable MEC of at least six to nine months' (Department of Defence, 13/4/2015, points 29 & 33). This new health directive thus automatically downgrades transgender members undergoing transition, even if their physical and mental health would not affect performance. For instance, Cate Humphries' downgrade period was only six weeks following her surgery (Humphries, 11/8/2015); under this policy it would have been six months from her commencement of hormones, plus another minimum of six months from her surgery. The long timeframes associated with the medical downgrade have ripple effects on careers. Defence hierarchies often interpret members classified MEC 3 for long periods of time as 'problems' who may be denied promotions or need to show just cause for continuing employment. The automatic downgrades, and the need to apply through the Medical Classification Review Board rather than a treating physician, constitute what Donna Harding calls a 'MEC merry-go-round [that] is detrimental to someone's mental health'. She argues that the automatic downgrade falsely assumes that all transgender members will have surgery, thus prescribing a particular (mis)understanding of transgenderism. Harding also highlights the problematically nebulous implications of what constitutes 'stability in hormone regimes': 'What

does that mean? Are you looking at when the boobs have grown as much as they're going to grow, or the voice has dropped as much as it's going to drop and they've got a full beard? What does that mean? They can't tell' (Harding, 10/8/2015).

There are some differing opinions about hormone treatment and their effectiveness on military readiness. US Army Major Sherilyn Bunn claims that hormone treatment can lead to significant health complications, using this argument to oppose permitting transgender service in the US. Yet Bunn's use of evidence is selective and supports her much larger case against the repeal of 'don't ask, don't tell'. Moreover, Bunn is not a medical practitioner, let alone a specialist in gender dysphoria. She is a Judge Advocate in the US Army, and the purpose of her article was to demonstrate supposed legal gray areas that the repeal of 'don't ask, don't tell' would open up – including questions surrounding transgender service (Bunn, 2010). Though Okros and Scott do not address medical aspects of Canadian transgender service, they do emphasize that there has been no adverse effect on the Canadian Forces' operational readiness (Okros & Scott, 2015). The best evidence from Elders et al points out there are numerous medical conditions which require hormonal treatment and do not lead to medical downgrades or restricting service personnel from combat duties (Elders et al., 2015, pp. 206-207).

The other problematic section of Health Directive 234 states: 'Procedures that will not be provided at public expense...include: a. Any gender realignment surgery...b. Hair electrolysis or removal procedures' (Department of Defence, 13/4/2015, section 23). This marks a dramatic change in ADF health policy because it means that now transgender members have to pay for their own gender reassignment surgeries. The reason for this change is unclear, though coincidentally it was about two months before independent Senator Jacquie Lambie asked a question about ADF payments for gender reassignment surgery during a Senate Estimates

hearing (Foreign Affairs, Defence and Trade Legislation Committee, 2015). A week later, the *Daily Telegraph* headlined a story 'Sex ops high on military agenda'. The beat-up article opened: 'Taxpayers have been hit with a \$648,000 bill to cover the cost of multiple sex change and breast enhancement procedures for serving members of the Australian Defence Force during the past two and a half years' (McPhedran, 2015). Amy Hamblin sees the policy change as part of a long-term trend to reduce Defence Health provisions and align it more with Medicare. She says of this change specifically: 'Once upon a time if you're a Defence member and you had any illness whatsoever you would get treated. When I signed on my contract that's what I signed on for, that was my part of the deal okay...They're breaching their contract' (Hamblin, 11/9/2015).

Transgender Defence members through DEFGLIS are fighting to undo the changes wrought by Health Directive 234, emphasizing that, as the World Professional Association for Transgender Health consistently argues, gender reassignment surgery is not cosmetic but rather medically necessary (WPATH, 2008). The framework which DEFGLIS has instead been advocating since October 2015 is known as the 3R model: realization, realignment, resolution. This framework centers on developing approaches that align with the individual needs and circumstances of transgender Defence members, finding the appropriate path to resolution in their affirmed gender (DEFGLIS, 2015). This framework empowers the transgender members, accepts the diverse medical and other treatments for gender dysphoria and aims to achieve optimal outcomes for transgender members and the ADF.

## **Conclusion**

The ADF's 'Defence Diversity and Inclusion Strategy 2012-2017' explicitly targets transgender members along with lesbian, gay, bisexual and intersex personnel. The document claims its key

objective is to become an 'employer of choice' for LGBTI persons, and aims to do so through increased visibility, targeted marketing, workplace training, supporting families and encouraging mentoring and support among LGBTI members (Department of Defence, n.d(a), pp. 22-23).

Whilst the ADF showcases Cate McGregor and espouses support for workplace inclusion, as this article has shown, the policy vacuum after the 2010 repeal of DI(G) Pers 16-16 left many unaddressed issues and wide scope for varying treatment depending on local commanders. The research in this article suggests that gradually the medicalization of transgender service has filled that policy void, culminating in the April 2015 health directive, which effectively disempowers transgender members through medical downgrades and costly treatment regimens unsupported by ADF. The medicalization of gender dysphoria itself would not be a problem per se if, like other medical conditions, the ADF supported its members financially and deferred to specialists about appropriate treatment options and timelines. Through Health Directive 234 the ADF is not just medicalizing gender dysphoria, but rather transgenderism. The policy represents a prescriptive view of what transgender identity should be, forcing people to transition in a certain way and in the process disempowering them.

Transgender Defence members and their allies in DEFGLIS will fight Health Directive 234, and their best weapon is the success of currently serving transgender members who transitioned successfully and continue to serve with distinction. It is fitting then, to let Cate Humphries have the last word: 'over my eighteen years I've seen the military change a lot. I've seen things that are fundamental to the military still exist. So accepting and being more accepting of LGB hasn't stopped us being an effective force, hasn't caused issues on the front line. Now accepting transgender hasn't caused any issues. It's not something that should be an issue. Hopefully' (Humphries, 11/8/2015).

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