TRANSGENDER—THE NEWEST FRONTIER IN WORKPLACE DIVERSITY AND INCLUSION

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INTRODUCTION

Matters related to transgender people in the workplace are arguably the most rapidly evolving aspects of diversity and inclusion that organizations are facing today. In 1993, when two of the principal authors of this paper started their consulting business around issues affecting the LGBT community, the “T” was included only as a matter of form. It was not until 2000 that organizations started asking for any meaningful, substantive content in education programs that focused on the “T.” Interestingly, it was not until around 2007 that organizations stopped asking us not to include specific transgender content in the education programs being built for them because they did not think their employee were ready for them. The last seven years have demonstrated that not only are people ready, they are interested in knowing more about transgender people, whom they are meeting more and more frequently at work and outside of work.

Between 2007 and 2014, great progress has been made in the ability of transgender people to make their case for meaningful inclusion in all aspects of the work experience: more access to employment equity; non-discrimination policies where they are employed, access to medical care on par with those who do not identify as transgender, or gender non-conforming. “Great progress” is not the same as saying that all the challenges faced by transgender people have disappeared or even are disappearing fast enough, but much has been accomplished. This paper is about what has gone on, what is going on, and what can and should go on in order to encourage more progress for transgender people at work.

AT THE LEADING EDGE

The Equal Employment Opportunity Commission (EEOC) ruled in 2012 that gender identity discrimination falls under the category of sex discrimination, which is prohibited under Title VII of the Civil Rights Act of 1964. This is true, the EEOC said, “regardless of whether an employer discriminates against an employee because the individual has expressed his or her gender in a non-stereotypical fashion, because the employer is uncomfortable with the fact that the person has transitioned or is in the process of transitioning from one gender to another, or because the employer simply does not like that the person is identifying as a transgender person.” In July 2014, President Obama signed an executive order protecting federal employees from discrimination by private companies that contract with the federal government. The order also explicitly protects federal employees from discrimination on the basis of gender identity.

These are momentous decisions. The EEOC ruling has already begun to change how HR professionals approach gender identity and the inclusion of transgender people. In the past, the most likely occasion for intervention was when an employee stated his or her intention to transition. An outline of transition protocols is included with this white paper, but much of what goes into a good transition plan does not apply in the case of employees who have already transitioned before they are hired. In that case, their new colleagues have often not had the benefit of any process or preparation. When biases do become apparent, they usually manifest in precisely the kinds of behaviors identified above as prohibited by the EEOC ruling and Title VII. Certainly, training on what the law holds and how to comply with it is necessary, but the most successful diversity and inclusion efforts are demonstrating a deeper shift in thinking, offering opportunities for education that, rather than focusing on any individual transition or transgender person, explains gender identity in factual terms and places transgender on an inclusive continuum of gender identities. Taking this approach makes transgender experience coherent, so that everyone who works with a transgender colleague can be comfortable abiding by the spirit as well as the letter of company policy and the law.

INCREASING VISIBILITY

In the U.S., the general public first encountered the possibility of sex reassignment surgery in the early 1950s, when Christine Jorgensen undertook her male-to-female transition after serving in the U.S. Army during World War II. On December 1, 1952, The New York Daily News printed the story with the headline “Ex-GI Becomes Blonde Beauty.” Jorgensen was an early advocate, helping to pave the way for greater awareness and acceptance of transgender people. Fifty years later, a traditional media outlet, Time magazine, called transgender “America’s next civil rights frontier” and cited a wide array of activists in private and public life, ranging from Laverne Cox, who appears in the popular Netflix show Orange is the New Black, to Catherine Lee, mother of a transgender boy and advocate for a California law that allows her son to use the boys’ bathroom at school. Efforts to reduce incidents of harassment and violence continue to be a central focus of activism. Published accounts of what it is like to go through transition have done much to lessen the anxiety and comprehension some people feel when they encounter a transgender person. Perhaps the best known of those who have written personal accounts is Chaz Bono, born Chastity Bono, daughter of Sonny Bono and Cher, who described his experiences as a transgender man in the book Transition: Becoming Who I Was Always Meant to Be. And then there are some who, because they have experienced the working world as both man and woman, are uniquely placed to comment on ongoing debates about whether and how gender bias affects career opportunities. For instance, Ben Barres, a neuroscientist at Stanford University and advocate for women in science, knows from his experience as a female-to-male transgender person how gender bias affects how people perceive talent. He summed up the difference this way: “Shortly after I changed sex, a faculty member was heard to say ‘Ben Barres gave a great seminar today, but then his work is much better than his sister’s.’” Transgender people like Dr. Barres offer invaluable insights into the nature and social expression of gender, illuminating gendered experiences that are otherwise virtually impossible to place in proper context.

GENDER IDENTITY IN DIVERSITY AND INCLUSION EFFORTS

The leading edge of thought in diversity and inclusion is toward recognizing that the workplace issues transgender people face are in many ways unique. Treating gender identity and expression
independently of sexual orientation greatly reduces confusion, making it possible to prevent most conflicts relating to transgender issues and to take action successfully when conflicts do arise.

Two points are important: 1) Transgender is not a new or localized way of being. What we call “transgender” spans world history, taking forms consistent with the culture of a specific time and place. 2) In the United States, transgender people have been at an enormous disadvantage economically, largely because of employment discrimination and harassment. This is beginning to improve significantly, due to workplace protections, legislative efforts, and changing attitudes.

HR diversity professionals and senior leaders, seeking the most effective way to address outright transgender bias, manage workplace transgender transitions, and deal productively with the effects of many employees’ unfamiliarity with what it means to be transgender, are setting aside the old assumptions and revising the practices they engender. The old practice of treating “T” as a sort of appendix to the “LGB” (lesbian, gay, and bisexual) designation muddied the distinction between gender identity and sexual orientation, lending credence to the myth that “transgender” was somehow a subcategory of “gay.” Consulting and education practices that have worked well for reducing bias about sexual orientation are ineffective when they are applied to transgender identities. Because gender identity and sexual orientation are actually different aspects of diversity, it has been challenging for LGBT Employee Resource Group leaders to be truly inclusive. They have often focused their efforts exclusively on sexual orientation, leaving transgender people on the sidelines. Similarly, employee services programs often have little experience with transgender issues. When they do, their emphasis is on medical benefits. This is absolutely crucial, but just as important (and more likely to be overlooked) are the working relationships between a transgender person and his/her network of colleagues and superiors. The good news is that even a brief, carefully constructed education session focusing on gender identity and transgender in the workplace brings a better understanding of how to be genuinely inclusive.

MEANINGFUL LANGUAGE

Most people have a basic understanding of what sexual orientation is, but it is common for people to gain little understanding of the fundamental diversity of gender identity until they have an opportunity for education. Among the basic questions education answers are the following: How is gender identity different from biological sex and sexual orientation? What range of gender identities is possible, and how does transgender fit within that range? What is gender dysphoria? What is meant by “transition”?

While biological sex is comprised of physical influences and characteristics, such as DNA, hormones, and anatomy, gender identity is a person’s inner sense of being male or female. Gender expression is the way a person enacts gender socially, through behaviors that are considered masculine or feminine within a particular culture, such as ways of dressing and speaking, grooming, and body language. The National Center for Transgender Equality defines transgender people as those “whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth.”4 For most people, including transgender people, gender identity is remarkably stable over a lifetime. Gender dysphoria is the condition of people whose consistent inner knowledge of themselves as a man or woman does not match their biological sex at birth. The word “dysphoria” comes from Greek words meaning “to bear distress”; the dictionary defines dysphoria as “an emotional state characterized by anxiety, depression, or unease.”5 Gender dysphoria can be resolved through a combination of counseling, hormone therapy, transitioning one’s gender in social and workplace realms, and, when feasible and desired, sex reassignment surgery. People seeking to transition need the care of health professionals, so a diagnostic term—gender dysphoria—is necessary.

TRANSGENDER WORKPLACE AND ECONOMICS BY THE NUMBERS

97% of transgender people report being harassed on the job

47% report an adverse employment outcome, e.g., not being hired, being fired, or not getting an earned promotion

26% of transgender people report being fired at some point in their career

19% report being homeless at some point in their life

15% of all transgender people—across all races—live below the poverty line compared to 7% of the general population

www.transequality.org
THE LANGUAGE OF TRANSGENDER

Working with a transgender colleague is still a fairly new experience for many people, and the ability of diversity and inclusion professionals to respond to concerns and questions about interpersonal relationships at work can make all the difference. A common source of unease is ignorance about how to address a transgender person, or speak of transgender experience, in a respectful manner. Many of the terms that were available in the past were clinical, clearly derogatory, or loaded with implied negative judgment.

Most people recognize that such terms are either always inappropriate, or unsuitable for use in the workplace, but knowing what not to say is only part of the answer. Colleagues of a transgender person are often looking for a few terms that, along with some guidance about how to behave, will give them the confidence that comes from knowing how to handle this relatively unfamiliar social situation gracefully. In turn, they model the best practices, help to discourage harassment, and create a safe and productive working environment.

As important as it is to know the correct terminology, such knowledge is not a license to pose questions to a transgender person out of sheer curiosity or to assume a new level of social intimacy with that person. In the environment of the workplace, it is not polite to ask about, or speculate on, what surgeries a person might have had, what hormonal therapies he or she might be undergoing, what the causes of a transgender identity might be, when the person first knew she or he was transgender, whether she or he have had counseling, or how the person’s family is reacting. Transgender people appreciate having the same level of privacy regarding their health and personal lives as everyone else.

Often, the most powerful statement of acceptance is also the simplest: address the person using the correct, post-transition name, and when speaking of the person to others, use the pronoun that accords with her or his gender identity. It is never polite to introduce the person to others as a transgender person. Again, using the correct name and pronoun is the best choice.

If a person has recently returned from a leave having to do with a transition, it is good to acknowledge the change in a way that best reflects the existing relationship. One might say: “Glad you’re back; how are you doing?” or “I wanted you to know that I’m glad you’re doing the right thing for you.” In some organizations, co-workers get together and plan an informal reception or lunch to welcome a newly transitioned person back to work. The culture of the workplace and the nature of the relationship are the best guides to how to acknowledge a transition.

What are the best terms and tools for diversity and inclusion professionals to use when talking with and about transgender people in the workplace? The source for the following glossary is The National Center for Transgender Equality, which maintains a clear and frequently updated list of terminology.1

1 For the complete list of terminology, see The National Center for Transgender Equality at http://transequality.org/Resources/TransTerminology_2014.pdf

TRANSGENDER TERMINOLOGY

Updated January 2014

- TRANSGENDER: A term for people whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth. “Transgender” is a broad term and is good for non-transgender people to use. “Trans” is shorthand for “transgender.” (Note: Transgender is correctly used as an adjective, not a noun, thus “transgender people” is appropriate, but “transgenders” is often viewed as disrespectful.)

- TRANSGENDER MAN: A term for a transgender individual who currently identifies as a man (see also “FTM”).

- TRANSGENDER WOMAN: A term for a transgender individual who currently identifies as a woman (see also “MTF”).

- GENDER IDENTITY: An individual’s internal sense of being male, female, or something else. Since gender identity is internal, one’s gender identity is not necessarily visible to others.

- GENDER EXPRESSION: How one represents or expresses one’s gender identity to others, often through behavior, clothing, hairstyles, voice, or body characteristics.

- TRANSSEXUAL: An older term for people whose gender identity is different from their assigned sex at birth who seek to transition from male to female or female to male. Many do not prefer this term because it is thought to sound overly clinical.

- CROSS-DRESSER: A term for people who dress in clothing traditionally or stereotypically worn by the other sex, but who generally have no intent to live full-time as the other gender. The older term “transvestite” is considered derogatory by many in the United States.

- QUEER: A term used to refer to lesbian, gay, bisexual, and often also transgender people. Some use “queer” as an alternative to “gay” in an effort to be more inclusive. Depending on the user, the term has either a derogatory or an affirming connotation, as many have sought to reclaim this term that was once widely used in a negative way.

- GENDERQUEER: A term used by some individuals who identify as neither entirely male nor entirely female.

- GENDER NON-CONFORMING: A term for individuals whose gender expression is different from societal expectations related to gender.

- BIGENDERED: One who has a significant gender identity that encompasses both genders, male and female. Some may feel that one side or the other is stronger, but both sides are there.

- TWO-SPRIT: A contemporary term that refers to the historical and current First Nations people whose individuals spirits were a blend of male and female spirits. This term has been reclaimed by some in Native American LGBT communities in order to honor their heritage and provide an alternative to the Western labels of gay, lesbian, bisexual, or transgender.

- SEX REASSIGNMENT SURGERY: Surgical procedures that change one’s body to better reflect one’s gender identity. These procedures may include those sometimes referred to as “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals). Contrary to popular belief, there is not one surgery; in fact, there are many different surgeries. These surgeries are medically necessary for some people; however, not all people want, need, or can have surgery as part of their transition. “Sex change surgery” is considered a derogatory term by many.

- SEXUAL ORIENTATION: A term describing a person’s attraction to members of the same sex and/or a different sex, usually defined as lesbian, gay, bisexual, heterosexual, or asexual.

- TRANSITION: The time when a person begins living as the gender with which he or she identify rather than the gender he or she was assigned at birth, which often includes changing one’s first name and dressing and grooming differently. Transitioning may or may not also include medical and legal aspects, such as taking hormones, having surgery, or changing identity documents (e.g. driver’s license, Social Security record) to reflect one’s gender identity. Medical and legal steps are often difficult for people to afford.

- INTERSEX: A term used for people who are born with a reproductive or sexual anatomy and/or chromosome pattern that does not seem to fit typical definitions of male or female. Intersex conditions are also known as differences of sex development (DSD).

ADDITIONAL RESOURCES:
- Human Rights Campaign Transgender FAQ: http://www.hrc.org/resources/entry/transgender-faq
- Out and Equal Workplace Resources: http://outandequal.org/workplace-resources
for the purposes of accessing appropriate treatment and for insurance coverage.

The American Psychiatric Association, in its current Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM 5), describes “gender dysphoria” as a disagreement between one’s biological sex as assigned at birth and one’s gender identity. The APA’s fact sheet on gender dysphoria emphasizes that gender non-conformity is not a mental disorder. “The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.”

Gender dysphoria can be a very draining emotional burden to carry. It often means a person is hiding an essential part of his or her self from family and co-workers so as not to upset or alienate them. Experiencing a discordance between one’s assigned sex and gender identity is distressing in itself, but gender identity is so basic to the human psyche that hiding one’s true gender identity over the long term is often the most stressful part of living with the condition. It feels like always pretending to be someone else.

One of the most persistent and damaging misinterpretations of transgender experience is that it is a mental illness characterized by a delusion of being a member of the opposite sex. For instance, three years after the repeal of “Don’t Ask, Don’t Tell, Don’t Pursue,” the law forbidding gay, lesbian, and bisexual people from serving openly in the U.S. military, and one year after the DSM 5 inaugurated the diagnostic term “gender dysphoria,” military policy still defines gender nonconformity as a psychological disorder and does not allow transgender people to serve. (Britain began allowing transgender people to serve in 1999, and Australia in 2010, changes that had no detrimental effects on military effectiveness.) The myth that transgender people suffer from a mental disorder is still so common that, in any educational effort, it is absolutely crucial to convey an accurate vision of how and why people with gender dysphoria access treatment.

Along with “biological sex”, “gender identity”, and “gender dysphoria” come a host of other terms, a few of which are sketched here.

“Transsexual” is a clinical term and is not recommended for use in casual or workplace conversations. “Transgender” is the most accurate and respectable term. Most people who have completed a transition do not identify as transsexual, and they prefer not to be labeled with any term that marks them out as different from everyone else. It is always appropriate to use pronouns and terms (man, woman; he, she) that align with the person’s gender identity. Although sex reassignment surgery can be part of a transition, surgery is not a defining element. The phases of a transition typically include counseling with a licensed therapist, hormone therapy, and a period of time living within his/her gender identity before making a decision about surgical procedures.

PROTECTIONS

Private companies have advanced more rapidly than law or government policy in providing protections for their employees. In 2003, only 3 percent of Fortune 500 companies included gender identity or expression in their non-discrimination policies; by 2013, 57 percent did so. Smaller companies are no less likely to prohibit discrimination based on gender identity, and they have not seen their costs rise as a result of including protections for transgender people.

ENDA is an act of Congress that would prohibit discrimination in hiring and employment on the basis of sexual orientation and gender identity by employers with at least 15 employees. The current version of the bill (July 2014) prohibits private employers with more than 15 employees from discriminating on these bases. Not-for-profit membership-only clubs, with the exception of labor unions, can ignore the provisions of the act if they choose. Religious organizations are also exempt if they choose to be, and this is similar to the exceptions found in the Civil Rights Act of 1964 for organizations that do not think they should have to accede to its provisions. By contrast, the President's July 2014 executive order applies to all federal contractors and contains no exceptions for religious organizations.

One of the main reasons ENDA should cover gender identity as well as sexual orientation is that transgender people may experience higher rates of discrimination than the LGB population. A survey of over 6,000 transgender and gender non-conforming people found that large majorities hid their gender (71 percent) or delayed their transition (57 percent) in an attempt to avoid discrimination. Almost half had been fired, not hired, or denied a promotion due to bias. A review by The Williams Institute of 11 studies spaced over 10 years found that transgender people experienced employment discrimination at a rate of 15 to 57 percent depending on where they lived and worked.

A BRIEF HISTORY OF GENDER IDENTITY AND ENDA

ENDA has been introduced in every Congress, save one, for the last 20 years. Its current version covers gender identity. The path to inclusion, however, was neither easy nor certain. No mention of transgender people or gender identity was made in any of the versions of ENDA until 2007. At that time, ENDA was expanded to include gender identity, defined as “gender-related identity, appearance, or mannerisms or other gender-related characteristics of an individual, with or without regard to the individual’s designated sex at birth.” It allowed employers to require adherence “to the same dress or grooming standards for the gender to which the employee has transitioned or is transitioning.”

However, gender identity was dropped by congressional sponsors because they didn’t think that ENDA could pass if it provided protections on the basis of gender identity. Without transgender people mentioned, it did pass the House that year, but failed in the Senate. A separate bill advocating similar protections solely on the basis of gender identity did not progress in either chamber.

A transgender-inclusive version of ENDA was introduced and put forth by Rep. Barney Frank in 2009 and again in 2011. The 2011 Act passed the Senate by a bi-partisan majority of 64-32 in November 2013, but the current leadership of the House of Representatives has not allowed it to come up for a vote.

There was a very divisive and vocal debate in the LGBT community about transgender inclusion in ENDA. Most activist organizations refused to support any version that did not include the transgender community because, they argued, doing so violated the spirit and intent of the Act and denied protections to a segment of the population that needs it most. The Human Rights Campaign (HRC) supports the current, gender-identity-inclusive version of ENDA, but the HRC nevertheless argued in favor of the non-inclusive Act (in 2007 and 2009), contending that it had the best chance of passing, and that all civil rights gains are incremental, which made it defensible to try to enact protections first for millions of gay, lesbian, and bisexual people in the nation's workplaces.

ENDA is still not the law of the land, and it is still often misrepresented as providing protection for gay and transgender people in the workplace. In fact, ENDA would protect all people, including heterosexual people and those whose gender expression doesn’t fit the traditional constructs of what it means to be male or female.
TRANSGENDER HEALTH BENEFITS

General health care disparities

According to the American Student Medical Association (ASMA), transgender people, like any other definable group of people, have health disparities when compared to the general population. ASMA is quick to point out, however, that not all transgender people will be subject to all the same disparities and that transgender people will have the same medical concerns as all other men and women. Common sense dictates that transgender people be treated as individuals. Unfortunately, this is not the case everywhere.

According to the Transgender Legal Defense & Education Fund (www.transgender-legal.org), transgender people are victims of violence more often than the general population. One study that they conducted showed that over a quarter of participants had been victims of violence, indicating that injuries from assault are major health concerns for transgender people. Relative to the general population, a higher proportion of transgender people report considering or attempting suicide, for reasons including rejection by family and harassment at work. The transgender population is disproportionally unemployed and living in poverty (www.glaad.org/healthcare), and given that most people get their health insurance through their employer or by qualifying for subsidies under the Affordable Care Act (ACA), circumstances conspire to put transgender people at greater risk of not being able to afford reliable health care. As an important note, the ACA prohibits discrimination on the basis of real or perceived sexual orientation or gender identity when providing health care services.

It Doesn’t End with the Standards of Care

Until very recently, the Standards of Care for transgender people were thought of as having to do with care before, during, and after transsexual transition. However, access to health care for transgender people now goes beyond that very limiting supposition, and so the evolving Standards of Care for transgender people emphasize the individuality of their health concerns. This is a vital point in a discussion of providing health care to this population through the workplace. Some people are fully employed and go through transition while maintaining their current employment; others come to a workplace post-transition. Where the first group of people is concerned, it is important for a process to be in place to help ensure a successful transition for all involved (see conversation about best practices below). The second group simply needs equitable access to health insurance on par with their co-workers who have not transitioned their sex.

As an overview, the Standards of Care pertain to the best way for a transgender person to go about the process of transition. Standards of Care are meant to be flexible. They include:

- Working with a licensed and certified mental health care specialist to confirm a diagnosis of gender dysphoria and enhance social support;
- Appropriate hormone therapies to masculinize or feminize the body;
- A period of time living in the gender role that is consistent with one’s gender identity;
- Complementary treatments such as electrolysis or voice training, to help with appearance and presentation;
- Legal and personal documentation changes;
- Sex reassignment surgery, if elected.

It is when a transgender person plans to begin living full-time in their true gender identity that in most places of employment, a person’s managers, co-workers, and clients become aware of a person’s transgender status. In the past, this was often the time when a transgender person would be fired or excluded from health benefits. Fortunately, more insurance companies and public and private employers are beginning to treat transgender employees equitably. This is a trend that began before the EEOC ruling in 2012 that prohibited discrimination on the basis of gender identity.

The Beginning of the End to Exclusions

Until the last few years, it was common for transgender people to be denied coverage in workplace health insurance plans or privately purchased plans for treatments that are ordinarily covered for non-transgender people. So, for example, if a woman who is not transgender needed or wanted hormone replacement therapy to ward off the difficult symptoms of menopause, her treatment was almost certainly covered. But if a transgender woman with a diagnosis of gender dysphoria was prescribed hormones for transition purposes or for the same continuation of life issues that

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**NUMBER AND PERCENTAGE OF EMPLOYERS WITH TRANSGENDER-INCLUSIVE HEALTH INSURANCE BENEFITS**

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<th>Fortune 100</th>
<th>Fortune 500</th>
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<th>AmLaw 200</th>
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<tr>
<td>2012</td>
<td>56 (56%)</td>
<td>140 (28%)</td>
<td>165 (17%)</td>
<td>81 (41%)</td>
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<tr>
<td>2004</td>
<td>1 (1%)</td>
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women who were born female have, she was typically denied coverage. This has started to change as more employers insist that their insurance plans make provisions for coverage to be more equitably available.

For those procedures that are part of a sex reassignment surgery or series of surgeries, denials of coverage used to be overwhelmingly common, because these procedures were classified as elective or cosmetic. More and more, these procedures are being classified as mandatory for the physical and mental well-being of the person in question. The American Medical Association, the American Psychological Association, and the American Association of Social Workers, to name but three influential organizations, are pushing hard for equality, and the insurance industry is listening.

Mike Kreidler, the Washington State insurance commissioner, recently sent all health insurance carriers in his state a letter banning the practice of denying coverage to transgender people for the same treatments available to non-transgender people. This means that if a transgender person requires mental health services or hormone treatments under his or her workplace medical plan, coverage can no longer be denied simply because the person identifies as a transgender person or has a diagnosis of gender dysphoria. Washington State's Law Against Discrimination, and the requirements of the federal Affordable Care Act, it is clear that exclusions, prohibitions, and other forms of discrimination by issuers against policy holders who identify as transgender is prohibited.17

According to the Human Rights Campaign Foundation's examination of transgender health benefits, there continues to be a surge in organizations seeking to end discrimination in access to health insurance for transgender people, as demonstrated by the table on page six from that report.

Clearly, access is becoming more commonplace, in keeping with other aspects of diversity and inclusion policies and programs that make room for people on the basis of their sexual orientation or gender identity/expression. Others have concerns about the cost and return-on-investment (ROI) of offering these benefits.18

Cost and ROI
The first reliable public data on insurance coverage for transgender employees came from the City and County of San Francisco for the five-year period ending in 2006. They reported that the cost of services was minimal, with yearly costs per insured person averaging between $0.77 and $0.96: less than a dollar per year per enrollee.19

Depending on an employer's current health care costs, even these numbers can appear high. However, when compared to the costs of other more common health care expenditures, the costs of coverage specific to transgender people's needs are comparable, or lower. In San Francisco, it had been projected that the average annual cost of according health benefits to transgender employees would be as much as $1.75 million, but the total cost amounted to less than $77,000 per year.20 According to the American Association of Health Plans, the most common disease management programs in health plans are those for diabetes, asthma, and congestive heart failure.21 The American Diabetes Association reports that the per capita annual cost of health care for people with diabetes was $13,243 in 2012.22

In September 2013, The Williams Institute surveyed 34 employers who provide health care for two million people and include coverage for transition-related health care.23 Most would encourage other employers to offer the coverage, and none would advise against it. The vast majority reported no additional costs, and a minority reported negligible costs. While the survey findings are very positive for proponents of equal access to health care for transgender people at any stage of transition, there are indications that some still apply exclusions. Although all employers surveyed covered procedures as per the World Professional Association for Transgender Health (WPATH) Standards of Care, only 59 percent covered breast or chest reconstruction, and only 25 percent covered electrolysis and certain facial and voice-related procedures. Almost half had restrictions to transition-related care provided out of network, which, given the specialized nature of some procedures, acts as a serious roadblock. However, employers who provided broader coverage did not experience higher costs.

As for return on investment, most employers perceived that providing coverage backed up their corporate values of equality and fairness and helped them compete as an employer of choice in their industry.

Beyond insurance or monetary support in order to bolster the employer's commitment to diversity and inclusion, there are some other rock-solid, business-savvy reasons for not only being active, but being proactive, on transgender inclusion.

• Thanks in large part to the Internet, the ability of transgender people and their supporters to find one another and organize for positive change also means that their ability to single out organizations who are helping—and spreading the word about them—is also becoming a powerful tool to drive patronage. Conversely, these tools can and are being used to shine a light on organizations that might be particularly unsupportive as well ... to the detriment of that business.

• As transgender people become more organized and visible, they can fight harder for change. ROI also takes the form of reducing the risk and expense of legal action that transgender people bring in instances of discrimination. This is especially important now that transgender inclusion in workplace non-discrimination plans is becoming so much more prevalent—not to mention transgender inclusion in President Obama's 2014 executive order referenced in this paper, and the unwavering commitment of proponents to ensure that ENDA includes transgender people.

• To be able to attract skilled workers regardless of their gender identity.

• To demonstrate in a real-world way a commitment to cultural competence that will prove to all employees that the organization intends to be a leader in all areas that affect the well-being and job satisfaction of all its members and stakeholders.

Where this last point is concerned, Common Ground has a mantra about the work it does in diversity and inclusion that is often laid out as an equation: teamwork = trust (honesty).

It is meant to be read that teamwork can only be created in an atmosphere of trust, and trust between human beings is only possible where there is complete honesty. If we accept that the goal and result of teamwork in any organization, regardless of its sector or mission or size, is to enhance the productivity of all its personnel in support of maximum satisfaction and profitability for the organization and everyone involved with it, then it is easy to conclude that the return on investment for organizations where their transgender employees are concerned—be it inclusion in insurance policies, inclusion in non-discrimination policies, inclusion in marketing and advertising, or inclusion in educational initiatives—is attainment of this profitability and satisfaction goal. In short, leaders lead. No one said that breaking new ground is ever easy, but doing so is not only its own reward—it bears material rewards for all involved as well.
With the increasing recognition that transgender people should not be alienated from family and society, and with workplace transitions becoming more common, organizational leaders need the resources that will enable them to prevent, as far as possible, conflicts over differences of gender identity, and to respond effectively when they are notified that a transgender transition is imminent. Instituting policies and plans proactively puts leaders in the most powerful position.

One of the main fears of transgender people contemplating a transition is that the change will undermine or even destroy their good working relationships with colleagues—relationships essential to maintaining job effectiveness. In fact, a well-managed workplace transition has the unanticipated effect of drawing co-workers closer together and even raising morale, possibly because people often rise to the occasion, making use of this real and present opportunity to reflect on their own sense of gender, as well as reaffirm the importance of every team member's contribution. When people find that they can negotiate a colleague's transition without difficulty, they feel justifiably good about themselves and about the organization.

In common with education for adults in the workplace on diversity topics like sexual orientation or gender identity, any successful Transition Plan will reflect the culture and structure of a given organization and the particular circumstances of that individual's transition. With that in mind, what follows is a very broad guide.

1 | Announcement of Intention
An employee who is planning to transition will inform the employer prior to beginning to present at work in the new gender role. Longer than three months' notice is difficult because an individual will probably not know much before this time frame when s/he will be ready and able to begin. Certain presentation changes (such as in dress or hairstyle, or due to hormonal therapy) make putting off communication about one's situation impractical. It is logical to presume that an employee will approach either his or her direct manager or his or her HR representative first.

2 | Notification of Principals
As soon as the employee has made her/his plan to transition known to at least one member of management, that person (if s/he is not the HR Division Manager) should notify the HR Division Manager so that other principals can be alerted. If the HR Division Manager is the first one to be told by the employee, then s/he should contact the individual's immediate supervisor first so that those two people can determine what the appropriate notification line and method should be.

3 | Forming a Transition Team
A Transition Team should be formed as soon as possible. The members of the team should include the HR Division Manager, the employee's HR generalist (if there is such a person), a member of the Diversity and Inclusion team, a member
of the legal staff (or a liaison between legal and HR), the employee’s immediate supervisor, other managerial/director-level personnel as are determined appropriate as part of the notification process, and the employee himself or herself. The employee’s exact involvement in the Transition Plan will be determined early on in the Transition Team’s meetings. This will be different in all circumstances depending on the employee’s situation and her/his preferences.

4 | Determining Transition Strategy and Timing

- Most often, Transition Team members themselves require education about gender identity and gender dysphoria. If so, convene a meeting/class as soon as possible.
- Have the employee in question meet with the Team to answer any questions they might have pertinent to that individual’s workplace transition.
- Determine the personnel (often called “stakeholders”) who need to be informed about the employee’s pending transition and identify the best means of communicating with them.
- Decide on the scope and timing of education for affected employees.
- Determine administrative functions and who is responsible.
- Have an outline sketch for post-transition follow-up to ensure a smooth adjustment.

5 | Implementing the Transition Plan

- Make sure that the Transition Plan has the support of all senior management who need to sign off on it.
- Make sure that all action items have a point of accountability.
- If using an outside resource for education, make sure the person has a point of accountability and access to the individual who is transitioning.
- Make sure a member of the Transition Team is present at every class or event that concerns the employee’s transition. Such representatives do not need to say or do anything; they just need to be there.
- Have a gatekeeper (probably the HR Division Manager) who is kept informed as to the content and the outcome of any event or class that concerns the employee’s transition. This will begin to build a very strong intellectual capital reserve and can assemble FAQ resource for future transitions, should there be any. Washington State’s Law Against Discrimination and the requirements of the federal Affordable Care Act state clearly that exclusions, prohibitions, and other forms of discrimination by issuers against policy holders who identify as transgender is prohibited.”

- Schedule intermittent conference calls with all members of the Transition Team to keep everyone informed and up to date on any questions, concerns, or changes to the Plan.
- Check in regularly with the transitioning employee.

6 | When the employee is ready to present at work in a gender role consistent with her/his gender identity

- Assuming all education has been completed, the appropriate HR Division Manager and/or manager of the employee’s most affected team should check in with all members of that team to make sure that any last-minute concerns are addressed and questions answered.
- Of specific interest will be how co-workers are doing with the question of restroom use. Depending on feedback about this, the agreed-upon reasonable accommodations must be put in place, and there should be a firm understanding of how long those reasonable accommodations will be in force. Denying a post-transition employee use of facilities consistent with his/her gender identity is discrimination. Co-workers must understand that they have a responsibility to seek assistance in working out any issues they may still have with this aspect of the transition.
- Some employees might want to do something nice to welcome the transitioning employee on his/her first day post-transition. This should be encouraged, of course, but prior planning is warranted as to the scope and nature of the acknowledgment.
- There needs to be in place an instantaneous response system for anything that may be said to, done to, or given to (anonymously or not) the transitioning employee that is anything less than welcoming or supportive is in violation of non-discrimination/harassment law and diversity and inclusion policy.
- The transitioning employee should check in with management and with the HR Division Manager regularly (perhaps every other day at least) for the first two weeks of transition just to make sure everything is going according to plan.
- S/he should ensure that s/he has taken care of any paperwork or other documentation requirements relative to personnel records, medical/pension benefits, etc.
- Any inquiries about public statements should be funneled to the appropriate PR or HR personnel.
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Alice Adams is Common Ground Diversity’s gender identity and gender specialist. She has perfected a mechanism for helping organizations and individuals within them understand gender in our lives and, specifically, what the umbrella term “transgender” actually means. In addition to the education programs and presentations Alice offers in this area, she consults on and assists with transsexual transitions in the workplace in such a way as to ensure that everyone, from the person transitioning their sex, to her or his co-workers, clients or customers, to the entirety of the organization as a whole has a very positive, engaging, supportive and non-disruptive experience. Alice also has extensive expertise in all matters related to sexual orientation in the workplace and is a frequent presenter on these topics to organizations throughout the US. Finally, she offers a new, exciting perspective to gender relationships (women and men at work) called “Playing to Strength: Leveraging Gender at Work”, which is also the title of her book on that subject. Alice is the definitive anti Venus/Mars thinker, offering a perspective based on solid evidence that shows men and women have a lot more in common than the pundits admit. Starting from there, Alice helps organizations move toward a gender-balanced workforce and improve their recruitment and retention efforts.

Alice is a former bye-fellow at Cambridge University and a Rockefeller fellow at the University of Minnesota. She holds a PhD from the University of Iowa.

Liz Winfeld started Common Ground Diversity in 1993, primarily focused on helping organizations update non-discrimination policies to include sexual orientation – and later – gender identity – and implementing domestic partner benefits plans. Her award-winning book, “Straight Talk About Gays in the Workplace”, now in its third edition, remains a one-of-a-kind tool for organizations who want to fully embrace orientation and identity in their diversity efforts. As progress and changes are happening so fast now, Liz now uses LinkedIn and Twitter, and this website, to get updates out.

In the last 3 years, Liz has expanded her focus at Common Ground in two ways. The first was by getting her Accredited Asset Management Specialist designation and passing various securities exams so as to be able to offer financial planning to organizations and individuals dealing with the increasingly complicated logistical and financial aspects of partner benefits and/or same sex marriage. The second is her combining her 2 decades of expertise working with organizations of all kinds and sizes regarding orientation and gender identity with her stand-up comedy. Liz calls this: “LGBT: Laughter Gets Business Talking.” In addition to the AAMS from the College of Financial Planning, Liz holds a Bachelor of Arts in English/Communications and a Master of Arts in Education

ENDNOTES


5 The American Heritage Stedman’s Medical Dictionary.


12 Twenty-one states prohibit employment discrimination on the basis of sexual orientation, and 18 prohibit it on the basis of gender identity as well, as of July 2014.


15 In accordance with the provisions of the ACA, a 1981 policy that excluded gender reassignment surgery from coverage under Medicare was reversed this year (2014).


20 Ibid.


24 Ibid.
Diversity Best Practices, a division of Working Mother Media, is the preeminent organization for diversity executives and thought leaders to share best practices and develop innovative solutions for culture change. Through research, benchmarking, publications, and events, Diversity Best Practices offers members information and strategies on how to implement, grow, measure, and create first-in-class diversity programs.

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