

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

CHELSEA ELIZABETH MANNING,

Plaintiff,

v.

CHUCK HAGEL, *et al.*,

Defendants.

Civ. No. \_\_\_\_\_

**DECLARATION OF CHELSEA E. MANNING**

1. I, the undersigned declarant, Chelsea E. Manning, hereby state the following in support of this action.

**BACKGROUND**

2. My name is Chelsea Elizabeth Manning. I am 26 years old. I am presently incarcerated at the United States Disciplinary Barracks at Fort Leavenworth, Kansas (USDB), serving a thirty-five year sentence issued at a general court-martial for charges related to the unauthorized disclosure of classified and otherwise sensitive documents and information. I am currently appealing that conviction and my sentence.

3. I have struggled with my gender identity throughout my life. I have always known that I was “different” but it was not until adulthood that I connected this sense of being different to my gender identity. Growing up I was often picked on at home and in school for being effeminate. I was called “girly-boy,” “faggy,” and “queer” merely for being myself and having different interests and behaviors than my male peers at school and from what my teachers expected.

4. As I grew older, I desperately wanted to fit in at school. I engaged in traditionally masculine activities at school in an effort to fit in and presented myself in a masculine manner. I tried to suppress my interest in anything that could be considered feminine.

5. However, I secretly and frequently cross-dressed. Often, after cross-dressing in private, I would purge myself of anything feminine, throwing away any clothing or cosmetics that I had. Then, a few weeks later, I would cross-dress again.

6. By 2005, I openly identified as a gay male. But, even after coming out and after leaving school and living on my own, I continued to feel unsettled and a sense of my true identity would haunt me.

7. In the spring of 2007, I saw a psychologist to talk to about my “gender issues.” But after seeing the psychologist a couple of times, I suppressed the desire to talk about my femininity and never brought it up.

8. In the summer of 2007, I enlisted in the United States Army as an all-source intelligence analyst.

9. It was not until 2009 that I truly came to terms with my identity as a transgender woman. At that time I was deployed in Iraq.

10. Unfortunately, I came to terms with my gender identity at a time when it was not safe to publicly come out as transgender or express my female identity. The military, and the conflict in Iraq in particular, was a very masculine and aggressive environment. Any expression of my female identity or any femininity would be frowned upon and ridiculed, and could have led to administrative or criminal sanctions.

11. I felt trapped, with nowhere to go, and no one to turn to. But, I finally knew who I was.

12. While on leave in the middle of my deployment, I finally gained the courage to live publicly as a woman, and I spent three days during that leave living as a woman. Those three days living publicly as a woman were transformative. For the first time, I felt a complete sense of calm about who I was. However, I still had to return to Iraq, and I continued my deployment until the time I was placed under investigation and ordered into pre-trial confinement for the offenses for which I was convicted at my subsequent court-martial.

13. In May of 2010, I was first diagnosed with what was then still called gender identity disorder but was not provided any treatment.

14. In June and July 2010, while held in a cell at a temporary detention camp at Camp Arifjan, Kuwait, I began to openly identify as a female. During that time, I also grew depressed and desperate as I realized that I would be publicly known as male and pictures of me as a boy were being circulated. I was terrified that I was never going to receive treatment for my condition. I contemplated self-surgery and even planned to commit suicide. One of my plans was discovered, and I was placed on suicide watch for the remainder of my time at Camp Arifjan.

15. I was transferred from Kuwait to Quantico, Virginia on July 29, 2010. From Quantico, I was sent to the Joint Regional Correctional Facility at Fort Leavenworth, Kansas in April 2011.

16. After being sentenced on August 21, 2013, I was transferred to the USDB, also in Fort Leavenworth, on August 22, 2013. I have been at the USDB since then.

### **GENDER DYSPHORIA DIAGNOSES**

17. I have been diagnosed with gender dysphoria (formerly known as gender identity disorder (GID)) by multiple doctors. I was first diagnosed with GID on May 8, 2010, by Captain Michael Worsely, a clinical psychologist, at Contingency Operating Station, Hammer, Iraq. I was not provided any treatment at that time.

18. Later, I received successive diagnoses of gender dysphoria/GID by multiple military mental health providers and experts while confined at Camp Arifjan, Kuwait; Marine Corps Base Quantico, Virginia; and Fort Leavenworth, Kansas. I was not provided with any treatment for gender dysphoria in Kuwait, at Quantico or at Fort Leavenworth.

19. My Rule 706 Board, convened under the Rules for Court-Martial to assess my mental fitness to stand trial, was conducted by Dr. Michael Sweda, Lieutenant Colonel Maria Hempill and Major Samantha Benesh on April 22, 2011. This Board confirmed my diagnosis of gender dysphoria and also documented my request for medical treatment for gender dysphoria including permission to express my gender in a manner consistent with my female gender identity (*i.e.*, through female clothing and grooming standards) and hormone therapy.

### **REQUESTS FOR TREATMENT TO THE DIRECTORATE OF TREATMENT PROGRAMS AT THE UNITED STATES DISCIPLINARY BARRACKS**

20. I arrived at the USDB on August 22, 2013. At that time, I provided a memorandum to the USDB's Directorate of Treatment Programs (DTP) requesting that the United States Army provide me with a mental health assessment and treatment plan consistent with the standards of care for treating gender dysphoria. I gave this memorandum to Captain Varner, the officer who transported me from my court-martial at Fort Meade, Maryland to the USDB. As far as I am aware, Captain Varner then passed the memorandum on to the DTP staff when I arrived.

21. Later that same day, John Lesniak, Chief Assessment Division, DTP conducted a series of interviews and evaluations to assess my treatment needs and risk for sexual victimization at the USDB. During those assessments, Mr. Lesniak designated me as high risk for sexual victimization based on the fact that I am transgender, am effeminate and have a slight build, among other things. He also told me that the USDB and United States Army policy limit treatment for gender dysphoria to psychotherapy and, if prescribed by a psychiatrist, anti-anxiety and anti-depressant medication.

22. On August 28, 2013, I delivered a Military Corrections Complex (MCC) Department of Defense (DD) Form 510 requesting a “mental health evaluation and treatment plan for Gender Dysphoria/[GID].” I addressed the form to Lieutenant Colonel Nathan Keller, the USDB’s Director of Treatment Programs and sent it through a Special Housing Unit Correctional Treatment Team member. I also attached a copy of my August 22, 2013 memorandum.

23. On September 12, 2013, I met with Dr. Ellen Galloway, the Chief of the Mental Health Division of the USDB's DTP. Dr. Galloway informed me that that she would conduct an assessment using psychological tests, interviews, medical records, and other documents and that following such tests she would write up a report including any diagnoses, which would be forwarded to the U.S. Army Western Regional Medical Command (WRMC) and the U.S. Army Corrections Command (ACC).

24. Over the course of two weeks in September 2013, Dr. Galloway conducted psychological tests and one-on-one interviews with me. It is my understanding that she also received the complete, unredacted version of the R.C.M. 706 Board findings from my civilian trial defense counsel.

25. During this time, Dr. Galloway also informed me that she reviewed a letter from Dr. David Moulton, Assistant Professor of Psychiatry at the Department of Psychiatry, University of Utah, which documented my gender dysphoria diagnosis and treatment needs. Dr. Moulton had evaluated me extensively as a defense forensic psychiatrist from August 2011 to August 2013.

26. On October 1, 2013, I was released from the Special Housing Unit where I had been placed upon my arrival, and entered the general population (GP). In GP, I was housed in a unit with approximately sixty single-person cells around a triangular common area, where I still live today. In this housing unit, I, and other prisoners, are free to move, mostly without escorts or restraints, but monitored constantly and never alone with other prisoners outside the sight and sound of staff. The only time I am out of view of staff is when using a single-person restroom or when inside my cell.

27. Later on October 1, 2013, Dr. Galloway notified me that she completed her assessment. She told me that I met the criteria for a diagnosis of gender dysphoria and that she would be diagnosing me with the condition. She also said that her report would be reviewed by another consulting psychologist, Dr. Patrick Armistead-Jehle, before being forwarded to the WRMC and ACC.

28. A few weeks later on October 31, 2013, Colonel Ricky Malone, an Army forensic psychiatrist from Bethesda, Maryland, conducted another interview of me as part of an additional psychiatric assessment for the establishment of a treatment plan. He continued this interview on November 1, 2013. I never saw or met with Col. Malone again.

29. On or about November 25, 2013, Dr. Galloway informed me that a proposed treatment plan was completed and sent to the WRMC, ACC, and the U.S. Army Office of the Surgeon General.

30. After this discussion with Dr. Galloway, I did not hear anything about my treatment for over a month. I started to become anxious and fearful that I would not be provided treatment. This was my greatest fear.

31. On January 5, 2014 I submitted a Military Corrections Complex DD Form 510 to DTP requesting an update on the status of my treatment.

32. I continued to meet with Dr. Galloway regularly to discuss my mental health. During these meetings I expressed my ongoing distress over not being provided with treatment for gender dysphoria. Dr. Galloway repeatedly told me that the requests were being reviewed at various commands, then later she informed me that the requests were at “the highest levels,” and ultimately, that decisions related to my health care would be decided by the Secretary of Defense.

33. While my other treatment requests were pending, on April 2, 2014, I submitted a request to the DTP at the USDB for permission to follow hair and grooming standards for female prisoners; female-specific issued clothing; and additional, female health and grooming items. On July 23, 2014, having received no response, I submitted a second request renewing the April 2, 2014 request.

34. I have not received a response to either my April 2, 2014 or my July 23, 2014 request. On August 21, 2014, I submitted a request for exception to Policy to Army Regulation 670-1 to the Deputy Chief of Staff, G-1, Department of the Army, for permission to use the female hair grooming, cosmetic, and nail grooming standards in Chapter 1-8 of AR

670-1 as part of my medically supervised treatment for gender dysphoria. I have received no response to that request either.

**REQUESTS FOR TREATMENT THROUGH  
COMMANDANT AND CHAIN OF COMMAND**

35. On January 21, 2014 I submitted a request for redress pursuant to Army Regulation (AR) 27-10 and Article 138, Uniform Code of Military Justice (UCMJ) (10 U.S.C. § 938) to Colonel Ledwith, the Commandant of the USDB, and Captain Andre D. Byrd, my commander at the Personnel Control Facility at Fort Sill, Oklahoma, requesting that I receive treatment for my diagnosed gender dysphoria in accordance with the World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People (WPATH Standards of Care).

36. In an undated memorandum, Captain Byrd responded to my request and indicated that he did not have the authority to implement a treatment plan for me and therefore could not commit a “wrong” against me within the meaning of Article 138.

37. Without any other available recourse and fearful that I would continue to be denied treatment, on March 4, 2014, I submitted an Article 138 complaint of wrong against both Colonel Ledwith and Captain Byrd. I alleged that by withholding treatment for my diagnosed gender dysphoria, Colonel Ledwith and Captain Byrd had caused me significant harm. To remedy the ongoing harm, I requested treatment for my gender dysphoria in accordance with the WPATH Standards of Care.

38. After receiving no response for nearly two months, I requested an update on my complaint of wrong through counsel. On May 7, 2014, I learned that Major General James McDonald, the Fort Sill Commander, had found my complaint deficient on March 19, 2014. The two grounds for the deficiencies were 1) Colonel Ledwith is not my commanding



officer; and 2) Captain Byrd lacked the authority to approve the treatment plan. The deficiencies were deemed unwaivable.

39. On May 29, 2014, I filed a request with the U.S. Army Office of the Judge Advocate General (OTJAG) to allow me, and other inmates at the USDB, to file complaints under Article 138 about confinement conditions at Fort Leavenworth to the Commandant. Without such relief I would be unable to submit a complaint of wrong against an officer with the authority to remedy the wrongs.

40. This request was denied by the criminal division of OTJAG on July 3, 2014. According to OTJAG, the Commandant is not a commanding officer under Article 138 and therefore cannot receive complaints of wrong pursuant to this provision. Meanwhile, Captain Byrd, the only proper chain of command for such complaints, has no authority to approve my treatment plan.

#### **ACTION REQUEST TO OFFICE OF THE INSPECTOR GENERAL**

41. At the time I submitted my request for redress, on January 21, 2014, I also submitted an Inspector General Action Request to the Office of the Inspector General, U.S. Army Combined Arms Center, Fort Leavenworth, Kansas, alleging a denial of medical treatment by the DTP.

42. On January 30, 2014, the Office of the Inspector General responded that they were looking into my complaint, and on February 21, 2014, that office forwarded my complaint to the Western Regional Medical Command Inspector General (WRMC IG) at Joint Base Lewis McChord in Washington.

43. On April 4, 2014, the WRMC IG informed me that my action request had been sent to the Army Office of the Surgeon General and that the WRMC IG would take no further action on it.

44. To date, I have received no response from the Army Office of the Surgeon General.

#### **LEGAL NAME CHANGE**

45. I filed a petition on January 27, 2014, requesting a legal change of name from Bradley Edward Manning to Chelsea Elizabeth Manning in the District Court of Leavenworth County, Kansas.

46. In my petition, I stated that the request was being made because, while I was assigned male at birth, I identify as a female and felt uncomfortable with name I was given.

47. On April 23, 2014, my petition was granted and my name was ordered to be changed to Chelsea Elizabeth Manning.

48. In the weeks following the court order, I requested that my identification documents and military records be updated to reflect my new name. My name has been updated in my records at the USDB.

#### **THE ARMY'S CONTINUED REFUSAL TO PROVIDE MEDICALLY NECESSARY TREATMENT**

49. Despite my repeated efforts to follow each and every procedure to pursue medical treatment, I am not receiving hormone therapy or permission to follow to the hair, cosmetics, and nail grooming standards consistent with my female gender.

50. On August 20, 2014, approximately six weeks after my attorneys put in a request for my medical records from the USDB, I was informed that I would be issued sports

bras and female underwear. I received those items shortly thereafter but I have not been permitted follow female hair length and other female grooming standards that would allow me to outwardly feminize my appearance. And I have not been provided hormone therapy.

51. I have been receiving psychotherapy from Dr. Galloway, but she has informed me that she is not qualified to treat gender dysphoria.

52. Because I have not been treated with hormones or given permission to outwardly express my female gender by growing my hair and receiving permission to follow the other female grooming standards, I am becoming increasingly stressed, anxious and depressed.

53. Instead of feeling more like the woman I want to express myself as being, I feel like I am just a “man in a bra,” and I feel as though I am slowly being poisoned by the testosterone that my body produces.

54. It has now been more than four years since I was first diagnosed with gender dysphoria, a condition that I have struggled with my entire life. It has been more than a year since I first requested treatment consistent with the WPATH Standards of Care at the USDB. My treatment request is, and has been, my highest priority since arriving at the USDB – even more than the appeal of my conviction and thirty-five year sentence. If my requests for medical treatment are ultimately denied, I do not believe I will be able to survive another year or two – let alone twenty to thirty years – without treatment.

55. Every day that goes by without appropriate treatment for my gender dysphoria, my stress and pain escalate and I fear for my long-term survival.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed: September 22, 2014.

*/s/ Chelsea E. Manning*

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CHELSEA E. MANNING