

The Lamp Post

Shining the light in the dark
for trans service members + veterans



Issue No.

22

MAY 2026



Addressing the Community

Our struggle continues - at both the individual and collective levels. We are in the midst of a lazy genocide being perpetrated against our community by our own government.

Many of us are in survival mode right now. Understandably so. There is fear, a lack of support, isolation, and economic hardship plaguing our community: all stacked on top of state-sponsored repression and social alienation. The best weapon we have against this is community solidarity & grassroots organizing. This is why I harp on localization so heavily.

If you're in survival mode, don't suffer in silence. If you need to vent, there are spaces for that, but we have community all over for the express purpose of mutual aid. All we ask of you is cooperation and a bit of assistance in your own rescue (to the extent that it's possible).

And if you think you don't need it because you're past a certain point in your transition, you're well adjusted, and/or you've got other avenues of community engagement: you're wrong. At that point, you become a guide, mentor, leader, protector, and advocate. You can help people by simply being there for them. Folks abandoning community because they've achieved individual goals is part of how we got into this mess to begin with.

As I always say: expect the worst, hope for the best, and fight to bridge the gap.

-Catie

TMH Town Hall



May 2026

Agenda

- Advice by Status
- Partnership Updates
- Legal & Policy News
- Localization
- Strategy & Volunteering
- D&D
- Staff Updates
- Q&A

Advice by Status

This slide will be repeated & updated as necessary

- Closeted (Pre-Transition)
 - Stay in touch with the community
 - Carve out places to be yourself
 - Get a hotel off base for a long weekend
 - Make your home a safe space (if possible)
 - Stay active in queer digital spaces
 - Utilize off-base civilian BH resources
 - Find supportive people & build your network
 - ***This is not permanent. One day the ban will be lifted.***
- Stealth (Transitioned)
 - Stay in touch with the community
 - Advocate “as an ally”
 - Utilize a medic/corpsman for drug tests
 - You don’t owe details for why
 - It is your right
 - Medical personnel are HIPPA-bound
 - Have a discovery plan
 - Fight for admin leave
 - Stay informed on court cases & other INVOL boards
 - Have legal contacts on stand-by
- Board Process
 - Stay in touch with the community
 - Connect w/ TMH/Coalition Lawyers
 - Priya Rashid - Trans Rep. Project
 - Ryan Gunderman - TMH Staff & Fmr Army JAG
 - Rebecca Baker - Fmr Army JAG
 - Others in the network
- Veterans
 - VA Issues
 - Be persistent with the VA for everything
 - Use appeals & supplemental claims
 - Ensure your dependents are listed (as necessary)
 - Do NOT post about your rating online
 - Employment
 - LinkedIn Skills Verification Initiative
 - Temp Agencies
 - Localization Networking
 - References for volunteering
 - Benefits
 - Check your GI Bill
 - No more SMCRA
 - Activism
 - Separatees
 - No more UCMJ restrictions
 - Make them feel the mistake
 - Retirees
 - Some UCMJ restrictions
 - More than while a current SM
 - All Vets
 - Integrate into local queer and/or veteran groups
 - Leverage their resources for our community
 - Capitalize on our national reach and military skills for communicating, organizing & executing.

Partnership Updates

- **Rainbow Vets**
 - Working w/ TMH & Ministry of National Defense on a pipeline option to allow for trans vets to do a lateral transfer into the CAF.
- **Arm The Dolls**
 - Working w/ TMH via localization framework to provide education, paperwork assistance, training, and access to firearms.
 - Primary focus: maximum exercise of 2A w/in trans community for those who choose to do so
- **SPARTA**
 - Continuing to focus on political advocacy in/around DC area
 - Primary focus: restoration of open service



Legal & Policy News

- Legal News

- *Talbott & Shilling* cases are still working their way through courts
 - Class certification is pending
 - GJL membership is a variable

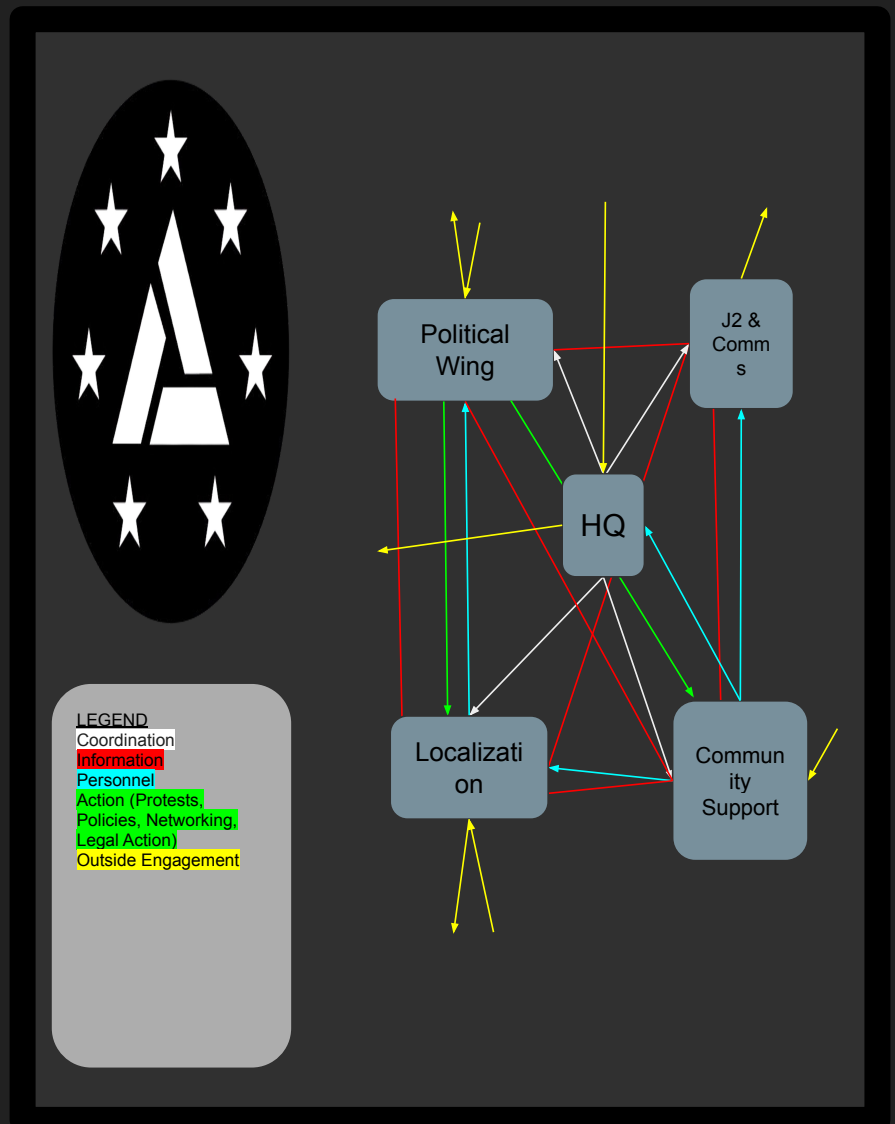
- Policy News

- Most states are now in their off-session cycles
 - Time to organize & prepare for the next sessions of the state legislatures
- Victories & progress in states like HI, CA, MD
- Increased threats in states like TN, TX, FL
- Separations are proceeding throughout DOD
 - Mixed bag of board results



Strategy & Volunteering

- Localization
 - Mutual Aid
 - Alternate Infrastructure
 - Grassroots activism
 - Local politics
 - Coordination for national efforts
 - *Shit happens if you help make it happen!*
- National-level (“TMH HQ”)
 - J2
 - Comms
 - BMM
 - Bastion

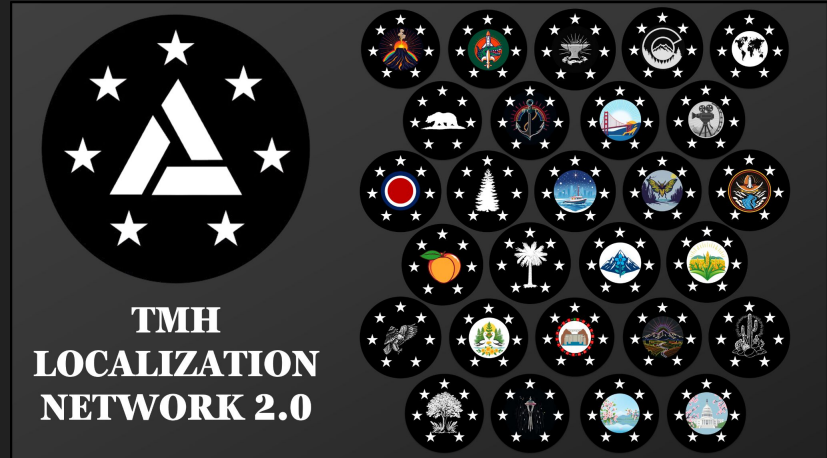


Volunteer Needs

Volunteer Need	Description	Time Per Week	Minimum Number	Maximum Number
Location research	Google and find resources in locations of need	2-3 hours a week	1	
Research	Routinely look up state level legislation as it's introduced that is pro or anti trans and/or LGBTQ+	2-5 hours a week (more helpers means less time per week)	2	
Media Analysts	<p>Media Analysis is the quick turn around on current or ongoing information that directly affects us as a community. We parse through news, socials, and other forms of media to reduce assumptions and panic within our group and provide an easy(ier) understanding of the information in a shorter form product.</p> <p>We're looking for some new team members that are able to keep up with the 24-48hr time frame depending on the incoming information. We need motivated individuals that are willing to read through slop that is floating around and decipher exaggerated or false claims in the media sphere.</p>	3-7 hours a week (more during high information times)	3	
Localization POC	Be "in charge" of a Signal localization chat. Share messages from the POC and Announcement channels to the localization. Ensure there isn't any NSFW content and everyone is respectful.	1-3 hours a week	9	3
Media graphics	Good with graphic design, or good with Canva and can make templates for us to use for our social media pages	1-3 hours a week	1	
Twitter template	Canva knowledge to take the Lamp Post template and recreate it in Canva.	1-3 hours total	1	
State Dolls research	Help ATD research gun laws, regulations, and policy in states they don't have guides for yet. They have a template to use to help make this easier.	1-3 hours a week	1	1

Localization

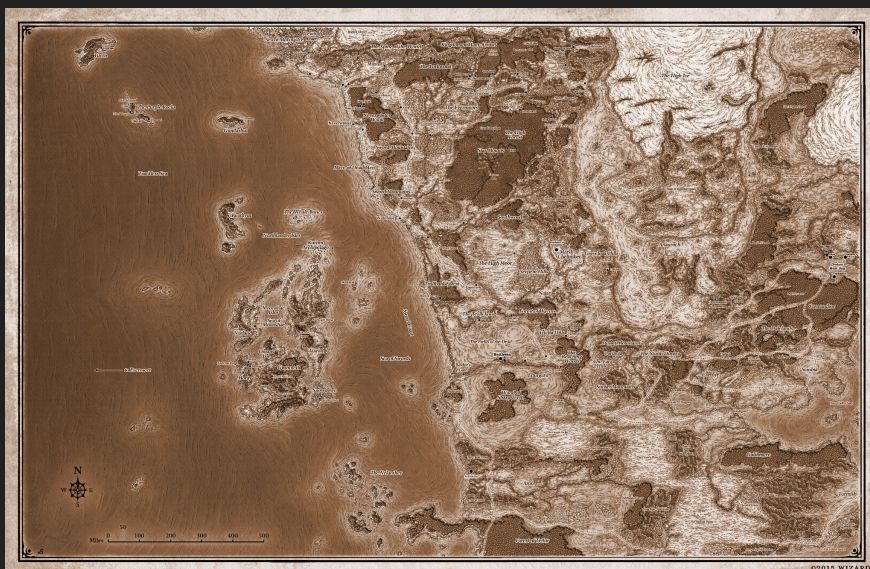
- Main POC: Tristan
- Don't be afraid to ask for more granular groups as needed
 - Florida
 - Minnesota
- Goals
 - Socialization
 - Community Support
 - Advocacy
- Localization → Grassroots Action
 - States: "Laboratories of Democracy"
- You'll get out what you put into them
- If you feel you don't need community, don't belong, or don't have anything to gain: that's the wrong answer.



Staging Area QR
Code

D&D

- Dates/times TBD
- Catie will DM
- Beginner-friendly
- Max. 6 players
- Start w/ one-shots
 - Potential campaign
 - TBD
- No physical materials necessary
- Keep an eye on discord calendar for more info!



CONTACTS/LINKS

Berry Law: andy.blevins@berrylaw.com

PTSDlawyers.com

Benefits Delivery at Discharge:

<https://www.benefits.va.gov/BENEFITS/benefits-delivery-discharge-program.asp>

TLP Submissions: marcie.kulp.tmh@gmail.com /
marcie.kulp.tmh@proton.me

Q'mmunity House: <https://minorityvets.my.canva.site/qhouse>

Volunteer Recruitment Form: <https://wkf.ms/4o68Xq8>

Teepublic Merch Page:

<https://www.teepublic.com/user/sudden-sentience>

TMH Stickers/Patches/Coins:

<https://forms.gle/MPpcJZSAa6wDdhjk7>

Project Ember: <https://forms.gle/Qiu38P8TEUGrz9VZ7>

LinkedIn Skill Endorsement/Matching :

<https://wkf.ms/49iGxVH>



Out and Out Anthology
Submissions

Signal Staging Area



News!

For the newsletter the study from back in June/July with Kyle Okamuro and Dr Anger from UC San Diego is going to be published on the 17th of this month in the journal of urology.

Primary Takeaway is executive order bad. It's a qualitative study more so. It does give quotes from service members, however, no names, rank or position are given

The report has been included in the next two pages.

News!

Federal Judge Rules Trump Government Has Animus Towards Trans People, Blocks Org Subpoenas

The government tried to get WPATH communications going all the way back to 1979 to target transgender people.



ERIN REED

MAY 08, 2026



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Share



Valerie Plesch / Bloomberg via NBC News

For full article, here:

https://www.erininthemorning.com/p/federal-judge-rules-trump-government?utm_campaign=post&utm_medium=web

News!

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News!

Hawai'i HB1875 is officially State law! This was a State Shield law that TMH was on the drafting coalition for and has been approved by the governor.

“Summary: Expands the protections established under Act 2, SLH 2023, to include gender-affirming health care services, including clarifying permitted disclosures of protected health information to address changes in federal regulations. Establishes protections against abusive litigation. Prohibits medical malpractice insurers and health carriers from taking certain adverse actions against health care providers solely on the basis that the health care provider provides lawful reproductive health care services or gender-affirming health care services.”

*Note: Summary was plugged in from legiscan.com and NOT an AI summary from Google.

Author(s)	Topic	Year	Journal	Volume	Issue	Pages	DOI	Abstract	Keywords	Index
Wang et al.	Prostate Cancer	2025	J Urol	203	1	1-8	10.1097/JUQ.0000000000000000	Abstract text	Prostate Cancer	Indexed
Smith et al.	Bladder Cancer	2025	J Urol	203	1	9-15	10.1097/JUQ.0000000000000000	Abstract text	Bladder Cancer	Indexed
Johnson et al.	Testicular Cancer	2025	J Urol	203	1	16-22	10.1097/JUQ.0000000000000000	Abstract text	Testicular Cancer	Indexed
Williams et al.	Penile Cancer	2025	J Urol	203	1	23-29	10.1097/JUQ.0000000000000000	Abstract text	Penile Cancer	Indexed
Miller et al.	Urologic Infections	2025	J Urol	203	1	30-36	10.1097/JUQ.0000000000000000	Abstract text	Urologic Infections	Indexed
Moore et al.	Urologic Trauma	2025	J Urol	203	1	37-43	10.1097/JUQ.0000000000000000	Abstract text	Urologic Trauma	Indexed
Lee et al.	Urologic Oncology	2025	J Urol	203	1	44-50	10.1097/JUQ.0000000000000000	Abstract text	Urologic Oncology	Indexed
White et al.	Urologic Reconstruction	2025	J Urol	203	1	51-57	10.1097/JUQ.0000000000000000	Abstract text	Urologic Reconstruction	Indexed
Green et al.	Urologic Robotics	2025	J Urol	203	1	58-64	10.1097/JUQ.0000000000000000	Abstract text	Urologic Robotics	Indexed
Black et al.	Urologic Quality Improvement	2025	J Urol	203	1	65-71	10.1097/JUQ.0000000000000000	Abstract text	Urologic Quality Improvement	Indexed

Source of Funding: None

IP51-16
SUPERFICIAL LYMPHATIC CHANGES IN POST-PROSTATECTOMY AND CYSTECTOMY LYMPHEDEMA: A VIDEO CAPILLAROSCOPIC ANALYSIS

Yuki Matsui, Satoshi Asakura, Takashi Fukagai, Tokyo, Japan

INTRODUCTION AND OBJECTIVES: Cancer-related lymphedema is a progressive and irreversible complication following pelvic malignancy treatment. The incidence is approximately 10% after lymph node dissection for prostate or bladder cancer, rising to 20–40% when combined with radiotherapy. Although microsurgical procedures such as lymphaticovenous anastomosis have advanced, curative therapy remains elusive due to incomplete understanding of lymphatic pathophysiology. Video capillaroscopy (VC) enables real-time, high-resolution intraoperative visualization of superficial collecting lymphatics (SCL) and their vasa vasorum (VCL). Our previous observations suggest that VCL injury contributes to lymphosclerosis progression through ischemia-driven lymphatic wall degeneration. However, the microstructural characteristics of SCL and VCL in normal tissue have not been fully characterized, representing a critical knowledge gap in cancer-related lymphedema. To characterize structural differences in SCL and VCL between lymphedema-affected and normal tissue using intraoperative VC.

METHODS: We retrospectively analyzed intraoperative VC findings from 28 limbs in 19 patients with cancer-related lower-limb lymphedema following radical cystectomy or prostatectomy, and 59 lymphatic channels from 16 healthy controls. SCL diameter and lymphatic flow dynamics (estimated flow velocity) were assessed and compared between groups. Statistical analyses were performed using unpaired t-tests, and p<0.05 was considered statistically significant.

RESULTS: SCL in lymphedema-affected limbs exhibited marked structural deterioration, characterized by lymphosclerosis and disrupted VCL architecture. Mean VCL diameter was significantly smaller in lymphedema tissue compared with healthy controls (0.031 mm vs. 0.039 mm, p<0.001). Lymphatic flow velocity was also markedly reduced in lymphedema (29.6 μm/s vs. 184 μm/s, p<0.001).

CONCLUSIONS: This study highlights that intraoperative VC enables direct visualization of early microstructural and hemodynamic deterioration in lymph vessels affected by lymphedema. Although VCL diameter appears preserved in early stages, significantly reduced flow velocity suggests early ischemic compromise preceding morphological collapse. These findings support the importance of timely intervention and underscore the potential role of microsurgical and rehabilitation

strategies in restoring functional lymphatic circulation. Further prospective studies are needed to validate these intraoperative biomarkers and refine clinical decision-making.

Source of Funding: None

IP51-17
IMPACT OF EXECUTIVE ORDER 14183 ON TRANSGENDER AND NONBINARY U. S. SERVICE MEMBERS' ACCESS TO GENDER AFFIRMING SURGERY

Gaurav Bhushan, Sweta Parjia, Kyle Okamura, Victor Trasvina, Cony Mardonez-Segovia, Andreas Schneeberger, La Jolla, CA; Hanna Barbn, Madison, WI; Tara Cohen, Los Angeles, CA; Alan Card, San Diego, CA; Jennifer Anger, La Jolla, CA

INTRODUCTION AND OBJECTIVES: On January 27, 2025, Executive Order (EO) 14183 was enacted, banning transgender and nonbinary (TGNB) individuals from serving in the U.S. military. It also restricted their access to military-sponsored healthcare, including Gender Affirming Surgery (GAS). This study applies the biological, psychological, social, technical (BPST) framework (AJ Card, 2022) to explore how EO 14183 affects TGNB service members' well-being and access to GAS.

METHODS: From June to July 2025, we conducted 20 semi-structured interviews with current and former TGNB service members, recruited through a national transgender support network and an academic medical center in Southern California. Interviews were audio-recorded, transcribed verbatim, and analyzed using a constructivist grounded theory approach.

RESULTS: Participants reported diverse physical, psychological, and socioeconomic harms. From our qualitative analysis, the following themes emerged: Interrupted access to hormones, Interrupted surgical revisions, Cancellation or delay of surgeries, Heightened anxiety and depression, Trauma reactivation and nightmares, Intensified gender dysphoria, Disrupted sense of belonging, Isolation and disconnection, Family and relationship strain, Career derailment and limbo, Misgendering and deadnaming in administrative records, and Abrupt stopping of medical care via technical systems. See Table for corresponding quotes and themes in the context of the BPST Model.

CONCLUSIONS: EO 14183 has caused profound harm to TGNB service members, disrupting their medical care, careers, and financial stability. Addressing these harms will require additional research, legal advocacy, and meaningful policy reform.

Table. Themes

Themes	Illustrative Quotes
Biological	
<ul style="list-style-type: none"> Interrupted access to hormones Interrupted surgical revisions Cancellation or delay of surgeries 	<p>"I'm stuck halfway... Yes, I have a penis now, but it doesn't function. I've had urethral complications that need to be fixed in two stages... I want to be able to pee normally... I've had bladder issues because of catheter complications—issues that aren't even about being trans, just medical side effects. But because the Navy sees those as tied to my gender-affirming care, they won't pay for it." (TGM)</p> <p>"The big thing is surgery. Because that is like my "last step"... before this was all like dropped I had a consult scheduled with a surgeon at Walter Reed... So I'm back to square one with surgery now. After two years of working on it." (TGW)</p> <p>"When I got the news that the military—Tricare—was no longer funding surgical paths for transgender sailors, I had two surgeries completely canceled. I wasn't able to keep going down the path for Dr. X (urological surgeon) to do surgery." (TGW)</p> <p>"I'm in limbo. I've got holes everywhere... I was supposed to get testicular implants, but now I won't... Even though it was previously approved." (TGM)</p>
Psychological	
<ul style="list-style-type: none"> Heightened anxiety and depression Trauma reactivation and nightmares Intensified gender dysphoria 	<p>"The first couple of months I was waking up, putting on the uniform, and I'd feel nauseous. I would start crying at random." (J TGW)</p> <p>"I'd wake up sweating from dreams where they were dragging me out of my unit and humiliating me." (TGW)</p>
Social	
<ul style="list-style-type: none"> Disrupted sense of belonging Isolation and disconnection Family and relationship strain Career derailment and limbo 	<p>"They put me on admin leave, so I was just in limbo. I wasn't training, I wasn't deploying, I wasn't even really part of the team anymore." (TGW)</p> <p>"I always thought I'd do 20 years and retire, but now that's gone. Overnight my whole career plan disappeared." (TGW)</p>
Technical	
<ul style="list-style-type: none"> Misgendering and deadnaming in administrative records Abrupt stopping of medical care via technical systems 	<p>"I went in for a refill and the system still had my old name and gender marker. The pharmacist called it out loud in front of everyone. I wanted to disappear." (TGW)</p> <p>"My doctor told me, 'We can't code this as gender-affirming care anymore.' They had to rewrite it as hypogonadism just so I could keep getting my hormones." (TGW)</p>

Source of Funding: None

IP51-18

DEVELOPMENT OF A STANDARDIZED PROTOCOL FOR SAME-DAY DISCHARGE IN SINGLE-PORT ROBOTIC UROLOGIC SURGERY

Alexandru Turcan, Turin, Italy; Marwan Alkassis, Chicago, IL; Flavia Tamborino, Chieti, Italy; Filippo Carletti, Padova, Italy; Lorenzo Santodirocco, Valerio Santarelli, Rome, Italy; Luca Morgantini, Chicago, IL; Daniele Amparore, Francesco Porpiglia, Turin, Italy; Stephan Cohn, Simone Crivellaro, Chicago, IL

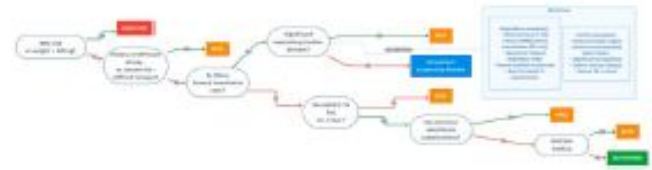
INTRODUCTION AND OBJECTIVES: Minimally invasive robotic surgery enables same-day discharge (SDD) for major urologic procedures; however, a consistent multidisciplinary protocol has not yet been established. The objective was to develop a standardized and reproducible protocol for patient selection and define anesthesiologic and surgical steps in outpatient robotic urologic surgery using the da Vinci Single-Port (SP) system.

METHODS: The protocol was designed at a tertiary referral center through collaboration among urology, anesthesiology, and nursing departments. National data from the Epic Cosmos electronic health record database (2018–2025) were later reviewed to confirm that our institutional experience reflected a broader shift in the United States toward outpatient urologic surgery. The framework includes patient selection criteria, anesthesiologic assessment, multimodal analgesia, intraoperative standards, and validated Post-Anesthesia Care Unit (PACU) discharge criteria. The protocol was reviewed and approved by the University of Illinois Board of Trustees before implementation.

RESULTS: The protocol defines objective eligibility criteria (ASA I–III, BMI 60 kg/m², and stable cardiopulmonary status) and a standardized anesthetic management, utilizing total intravenous anesthesia and regional or truncal nerve blocks. Same Day discharge requires an Aldrete score of ≥ 9 and a PADSS score of ≥ 8 . Intraoperative safeguards permit inpatient conversion for prolonged operative time, hemodynamic instability, or complex reconstruction. Analysis of Epic Cosmos data shows a nationwide rise in outpatient adoption for robotic

prostatectomy, partial nephrectomy, and reconstructive procedures, consistent across BMI groups.

CONCLUSIONS: A standardized protocol defining patient selection, anesthesiologic assessment, and day-of-surgery steps—including postoperative milestones—enables safe same-day discharge. The Single-Port platform's extraperitoneal and retroperitoneal access promotes early recovery and supports broader outpatient adoption in robotic urologic surgery.



Source of Funding: None

IP51-19

MICROHEMATURIA AND DOWNSTREAM PRACTICE PATTERNS TO DIAGNOSE BLADDER CANCER AT A VETERANS AFFAIRS MEDICAL CENTER

Joseph D. Nicolas, Krishay Sridalla, Dustin D. French, Lili Zhao, Joshua J. Meeks, David J. Bentrem, Hiten D. Patel, Chicago, IL

INTRODUCTION AND OBJECTIVES: Approximately 3,200 Veterans are diagnosed with bladder cancer (BCa) every year, making it the 3rd most common noncutaneous cancer treated by the Veterans Health Administration. Many members of the military are at increased risk for malignancy given unique occupational exposures. Microhematuria (MH) is often the trigger for urologic evaluation, but the rate of BCa in Veterans initially diagnosed with MH is unknown. We aimed to quantify the interaction between BCa risk and hematuria evaluation at a single VA Medical Center (VAMC).

METHODS: We performed a retrospective analysis of patients diagnosed with MH on urinalysis (UA) between 2021 and 2024 at the Jesse Brown VAMC in Chicago, IL. Patients were risk-stratified by red blood cells per high-power field (RBC/hpf) per AUA guidelines: low (3–10), intermediate (11–25), and high (≥ 26). Age-based risk was classified per AUA guidelines: low (<40 years), intermediate (40–59), and high (≥ 60). Descriptive statistics assessed rates of cystoscopy, urology consultation, and BCa diagnosis by MH severity and age risk categories. Multivariable logistic regression was performed to identify predictors of urology consultation in Veterans with MH.

RESULTS: Of 1,046 patients with MH on UA, 994 (95%) were male and 748 (71.5%) identified as Black. 571 (54.6%) had low risk MH, 156 (14.9%) intermediate risk, and 319 (30.5%) high risk. 749 (71.6%) were referred to urology, and 642 (85.7%) received cystoscopy. Seven patients (0.9%) were diagnosed with BCa, all from the high-risk MH group (7/319, 2.2%). For age, 14 individuals (1.3%) were low risk, 129 (12.3%) intermediate risk, and 903 (86.3%) high risk. All BCa cases were detected in the high-risk age group (7/903, 0.8%). Univariable results showed patients who were older and had history of prostate cancer were less likely to receive urology referral. On multivariable analysis, only Hispanic ethnicity (6% of 749 referred) was a significant predictor of receiving a urology consult (OR 2.46, $p=0.04$). High risk RBC level had borderline significance (OR 1.38, $p=0.05$).

CONCLUSIONS: BCa diagnosis among Veterans with MH was low, with 2.2% diagnosed when RBC/hpf was >25 . The 7 patients with BCa were high risk by both MH level and age. About 25% of patients at high risk by RBC level and 30% by age were not seen by urology or did not receive cystoscopy. There is potential for improvement in the care of Chicago-area Veterans with MH to improve the evaluation of high-risk patients and de-intensify evaluation of low and intermediate risk. Efforts should be made to ensure appropriate urologic referral and follow-up for cystoscopy.

Source of Funding: Prostate Cancer Foundation (24YOUN22), DoD (HT9425-25-1-0498)

Queer History

James Dale and the BSA



The Boy Scouts can trace their origin all the way to Britain in 1908, with the United States being officially recognized and incorporated in 1910. The goal was to organize boys into small groups and teach them various skills.

"On my honor I will do my best
To do my duty to God and my country and to obey
the Scout Law;
To help other people at all times;
To keep myself physically strong, mentally awake,
and morally straight."

This is the Oath they make, promising to commit and follow these simple asks.

Queer History

To be a Scout, one must promise to adhere to Scout Law, which is that a Scout is:

Trustworthy

Loyal

Helpful

Friendly

Courteous

Kind

Obedient

Cheerful

Thrifty

Brave

Clean

Reverent

Queer History

Originally intended for male youth ages 11-15, the organization would expand to allow both younger and older children. Programs would open up for 14-17 year old males, and Venturing became open for both males and females age 14-20.

Over in the U.K., the word “Boy” was dropped from their name, and it wasn’t until the 1980s that female youth were able to join.

James Dale was one notable assistant Scoutmaster for Troop 73. Dale joined the program when he was 8 in New Jersey. When he was in Troop 128, he became a pupil of a descendant of Lord Baden-Powell, the founder of the international Scouting movement. This same mentor would present him his Eagle Scout award in 1988.

Queer History

James Dale was the co-president of the Lesbian/Gay alliance at Rutgers University. He would later be featured as a speaker at a conference focused on the health needs of lesbian and gay teenagers. During this 1990 interview, Dale stated he was gay. Once the interview appeared to the public, the Boy Scouts of America expelled Dale, stating that the standards for leadership specifically forbade membership to homosexuals.

Dale, represented by attorneys from Lambda Legal, filed a lawsuit against the BSA (*Boy Scouts of America v. Dale*), accusing the BSA of violating state statute that prohibited the discrimination on the basis of sexual orientation in places of public accommodation.

The New Jersey Superior Court ruled with the BSA and labeled Dale as an “active sodomite”.

Queer History



However, the Supreme Court of New Jersey unanimously sided with Dale, and the Superior Court was overturned.

Although Dale won his lawsuit, the BSA continued to prohibit gays from joining. It wasn't until 2013 that the BSA removed the restriction.

In 2015, this expanded to gay adult leaders as well, although church-sponsored and other religiously-affiliated Scout units were allowed to uphold religious standards for adult leaders. Transgender children were finally allowed into the organization in 2017, based on the gender they identified with. Around 2018-2019, the BSA allowed young girls to join, and became known as Scouting America instead of Boy Scouts of America.

COMMUNITY SPOTLIGHT

On May 19th, 2026, one of our own, Logan Ireland, had his retirement ceremony aboard the USS Missouri in Pearl Harbor, HI. He was one of the first openly-serving trans servicemembers: having come out to SECDEF Ash Carter while on deployment in Afghanistan. In his own words:

"Thank you TMH family and to all transgender service members past, present, and future. While my time in uniform has come to an abrupt end, our history of service cannot be erased. It lives in every deployment completed in silence, every uniform worn with quiet courage, every leader who gave someone a fair shot, and every moment when visibility became necessary for those who could not yet be visible. Our stories are now part of the military's history, and no policy, order, or chapter title can undo the pages we have already written. The door has been opened and it can never be closed again. For me, visibility was never the goal, but it became a necessary act of service. So family, keep writing the pages. Keep planting trees whose shade you may never sit under. The uniform may come off for some of us, but our commitment to serve and open doors for those who come next does not end."



COMMUNITY SPOTLIGHT

Notable moments from a few key members this issue:

- Nasa (They/Them) conducted Q&A's for their INVOL Sep Board in the Topic Discussion channel of the Discord. DAF members were the primary audience, but all branches were welcome to join. Thank you, Nasa!
- Jamie (Any) held the first official TMH car meet! Although virtual, it was nice to see members coming together and having fun. If you ever want to see another Forza 6 Horizon meet, Jamie's your go-to!



Upcoming Events

- Friday Night Gaming
 - **TMH Discord - Every Friday @ 1800 EST**
- TMH Town Hall Schedule (1530EST)
 - **27JUN26**
 - 25JUL26
 - 29AUG2026
 - 26SEP2026
- The Lamp Post Publications
 - **28JUN26**
 - 26JUL26
 - 30AUG2026
 - 27SEP2026
- **TMH Day Activities**
 - **04 January 2027 1500**
- Power Point Party
 - **Next date/time TBD**
- Beginner D&D
 - **Dates/Times TBD**

Volunteers

With some great goals for TMH in 2026, we'll need more volunteers to help with everything we hope to achieve. If you'd like to help in any way, ping Kilele in the #general-chat channel. She'll get you added to the Volunteer Signal chat.

