

Exhibit 1

Declaration of Stephanie A. Barna,

dated June 14, 2018

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

BROCK STONE, *et al.*,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, *et al.*,

Defendants.

Case 1:17-cv-02459-MJG

Hon. Marvin J. Garbis

DECLARATION OF STEPHAIE A. BARNA

I, Stephanie A. Barna, do hereby declare as follows:

1. I am the Acting Assistant Secretary of Defense (Manpower and Reserve Affairs), serving as the Senior Policy Advisor to the Under Secretary of Defense for Personnel and Readiness within the Department of Defense (DoD). In this capacity, I advise the Under Secretary on matters related to Total Force management, including military readiness and training, and military personnel requirements. I have served in this capacity since February 2018. From June 2014 through the date of this memorandum, I served first as the Acting Assistant Secretary of Defense (Readiness and Force Management) and subsequently performed the duties of the Assistant Secretary of Defense (Manpower and Reserve Affairs), the duties of the Principal Deputy Under Secretary of Defense for Personnel and Readiness, and the duties of the Under Secretary of Defense for Personnel and Readiness. In these roles, I served as principal advisor to the Secretary of Defense and/or the Under Secretary of Defense (Personnel and Readiness) on all personnel matters, including civilian and military personnel policies, reserve affairs, Total Force Planning and Requirements, and diversity. I also served in senior leadership positions in the

Department of the Army as a career senior executive, and retired from the U.S. Army Reserve in 2011 in the rank of Colonel.

2. In my current role, I have oversight responsibility for the drafting and implementation of policy concerning military service by transgender individuals.

3. In the exercise of my official duties, I have been made aware of this lawsuit and the related litigation involving DoD transgender service policy. The information in this declaration is based on my personal knowledge and on information made available to me in my official capacity.

4. On February 22, 2018, the Secretary of Defense, with the agreement of the Secretary of Homeland Security, sent the President a memorandum proposing a new policy regarding military service by transgender persons. The memorandum was accompanied by a 44-page report detailing the proposed policy and explaining the rationale for it. On March 23, 2018, the President issued a memorandum that revoked his August 2017 memorandum and any other directive he may have made on military service by transgender persons, thereby allowing the Secretaries of Defense and Homeland Security to implement their proposed policy.

5. The proposed policy includes an exemption for “transgender Service members who were diagnosed with gender dysphoria by a military medical provider after the effective date of the Carter policy, but before the effective date of any new policy.” Report 43. Under the policy, these Service members “may continue to receive all medically necessary treatment, to change their gender marker in DEERS, and to serve in their preferred gender, even after the new policy commences.” *Id.*

6. The Department included this exemption because of its commitment to honor the reasonable expectations of Service members “who were diagnosed with gender dysphoria and

either entered or remained in service following the announcement of the Carter policy and court orders requiring transgender accession and retention” and because of the “substantial investment” it has made in them. Report 43. Consistent with these purposes, no exempted transgender Service member will be denied reenlistment if otherwise qualified.

7. With respect to commissioning, exempted transgender cadets and midshipmen enrolled in the Service Academies will be able to commission under the “Carter policy,” provided they meet all applicable medical and non-medical commissioning requirements. With regard to in-service commissioning under the proposed policy, the Department has not yet specifically resolved that issue, but will do so when the Department is permitted to implement the proposed policy.

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

EXECUTED on June 14, 2018.

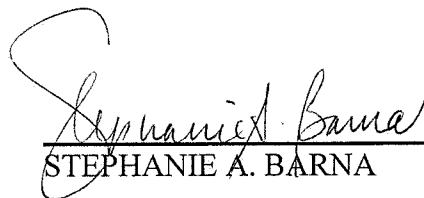

STEPHANIE A. BARNA

Exhibit 2

U.S. Department of Defense Transgender Service in the
Military Implementation Handbook



United States Department of Defense

TRANSGENDER SERVICE IN THE U.S. MILITARY

An Implementation Handbook

September 30, 2016



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

SEP 30 2016

MEMORANDUM FOR ALL SERVICE MEMBERS

SUBJECT: Transgender Service in the U.S. Military: An Implementation Handbook

In July 2015, the Secretary of Defense directed the Department of Defense to identify the practical issues related to the open service of transgender Americans in the military, and to develop an implementation plan addressing those issues in manner consistent with military readiness. On June 30, 2016, the Secretary announced a new policy allowing open service by transgender Service members:

"This is the right thing to do for our people and for the force. We're talking about talented Americans who are serving with distinction or who want the opportunity to serve. We can't allow barriers unrelated to a person's qualifications to prevent us from recruiting and retaining those who can best accomplish the mission."

This handbook will assist our transgender Service members in their gender transition, help commanders with their duties and responsibilities, and help all Service members understand Department policy allowing the open service of transgender Service members. It is the product of broad collaboration among the Services, and is intended as a practical day-to-day guide. For further information, you are encouraged to contact your chain of command and/or Service Central Coordination Cell.



Peter Levine
Acting

TRANSGENDER SERVICE IN THE U.S. MILITARY

AN IMPLEMENTATION HANDBOOK

September 30, 2016

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TRANSGENDER SERVICE IN THE US MILITARY:

An Implementation Handbook

Our mission is to defend this country, and we don't want barriers unrelated to a person's qualification to serve preventing us from recruiting or retaining the Soldier, Sailor, Airman, or Marine who can best accomplish the mission. We have to have access to 100 percent of America's population for our all-volunteer force to be able to recruit from among them the most highly qualified—and to retain them...Starting today: Otherwise qualified Service members can no longer be involuntarily separated, discharged, or denied reenlistment or continuation of service just for being transgender.

—Statement by Secretary of Defense Ash Carter¹

¹ U.S. Secretary of Defense Ash Carter, "Secretary of Defense Ash Carter Remarks Announcing Transgender Policy Changes," June 30, 2016.

BACKGROUND

The handbook is designed to assist our transgender Service members in their gender transition, help commanders with their duties and responsibilities, and help all Service members understand new policies enabling the open service of transgender Service members. The handbook includes advice, questions and answers, and scenarios.

This handbook outlines some of the issues faced by commanders, transgender Service members, and the Military Services; it does not have all of the solutions – individual circumstances will vary. It is an administrative management tool, and is not a health management tool or policy document. Additional key parts of this handbook include: Annex A, which contains questions and answers to help with understanding specific terms and words; Annex B, which provides step-by-step details of the gender transition process; Annex C, which highlights situation-based scenarios that may be useful for training situations; and Annex D, which provides links to additional resources. For specific policies refer to Department of Defense Instruction (DoDI) 1300.28,² Directive-type Memorandum (DTM) 16-005,³ Service policies, and/or Service Central Coordination Cells (SCCC).⁴

2 DoD Instruction (DoDI) 1300.28, “In-Service Transition for Service Members Identifying as Transgender,” June 30, 2016.

3 Directive-type Memorandum (DTM), 16-005, “Military Service of Transgender Service Members,” June 30, 2016.

4 See Annex D for SCCC contact information.

INTRODUCTION

Sex and gender are different. Sex is whether a person is male or female through their biology. Gender is the socially defined roles and characteristics of being male and female associated with that sex. There are a number of people for whom these associations do not match. This feeling may arise in childhood, adolescence or adulthood and may result in gender dysphoria. Sometimes people's gender identity does not match their sex at birth.

Gender dysphoria is a medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth. The condition can manifest in a person as strong and persistent cross-gender identification and a discomfort with their biological sex, or a sense of inappropriateness in the gender role of that sex. Transgender Service members may face challenges centered on their own personal situation and/or others' unfamiliarity with gender identity issues.

POLICY

In July 2015, the Secretary of Defense directed the Department of Defense to identify the practical issues related to transgender Americans serving openly in the military and to develop an implementation plan that addresses those issues consistent with military readiness. On June 30, 2016, the Secretary announced a new policy⁵ allowing open service of transgender Service members and outlined three reasons⁶ for this policy change:

- The Army, Navy, Air Force, Marine Corps, and Coast Guard need to avail themselves of all available talent in order to remain the finest fighting force the world has ever known. The mission to defend this country requires that the Services do not have barriers unrelated to a person's qualification to serve or preventing the Department of Defense (DoD) from recruiting or retaining Service members.
- There are transgender Service members in uniform today. DoD has a responsibility to them and their commanders to provide clearer and more consistent guidance.
- Individuals who want to serve and can meet the Department's standards should be afforded the opportunity to compete to do so.

This handbook will explain the framework by which transgender Service members may transition gender while serving.

5 DoDI 1300.28 and DTM 16-005.

6 U.S. Secretary of Defense Ash Carter Remarks, June 30, 2016.

TERMS AND DEFINITIONS

The following terms are associated with open service by transgender individuals. The list is not all-inclusive. The definitions are consistent with those in the new policy.

Cross-sex hormone therapy. The use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth. A common medical treatment associated with gender transition.

Gender dysphoria. A medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth.

Gender identity. One's internal or personal sense of being male or female.

Gender marker. Data element in the Defense Enrollment Eligibility Reporting System (DEERS) that identifies a Service member's gender. A Service member must meet all military standards associated with the member's gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.⁷

Gender transition is complete. A Service member has completed the medical care identified or approved by a military medical provider in a documented medical treatment plan as necessary to achieve stability in the preferred gender.

Gender transition process. Gender transition in the military begins when a Service member receives a diagnosis from a military medical provider indicating that the member's gender transition is medically necessary, and concludes when the Service member's gender marker in DEERS is changed and the member is recognized in the preferred gender.

Human and functional support network. Support network for a Service member that may be informal (e.g., friends, family, co-workers, social media.) or formal (e.g., medical professionals, counselors, clergy).

⁷ While the gender marker change is reflected in DEERS, the Services' personnel data systems are the means to input gender; as such, the remainder of this handbook refers to 'Services' personnel data systems'.

Medically necessary. Those health care services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medical care.

Non-urgent medical care. The care required to diagnose and treat problems that are not life or limb threatening or that do not require immediate attention.

Preferred gender. The gender of a transgender Service member when gender transition is complete and the gender marker in DEERS is changed.

Real life experience (RLE). The phase in the gender transition process when the individual commences living socially in the gender role consistent with their preferred gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the individual gender transition medical treatment plan. The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the new gender, as well as using preferred gender berthing, bathroom, and shower facilities.⁸

Service Central Coordination Cell (SCCC). Service-level cell of experts created to provide multi-disciplinary (e.g., medical, legal) advice and assistance to commanders with regard to service by transgender Service members and gender transition in the military.⁹

Stable in the preferred gender. Medical care identified or approved by a military medical provider in a documented medical treatment plan is complete, no functional limitations or complications persist, and the individual is not experiencing clinically significant distress or impairment in social, occupational, or other important areas of functioning. Continuing medical care, including but not limited to cross-sex hormone therapy, may be required to maintain a state of stability.

Transgender Service member. A Service member who has received a medical diagnosis indicating that gender transition is medically necessary, including any Service member who intends to begin transition, is undergoing transition, or has completed transition and is stable in the preferred gender.

⁸ RLE intended to occur off duty; however, exceptions to policy may be granted. Consult Service policy for specifics.

⁹ A complete listing with SCCC contact information can be found at Annex D.

THE BASICS

Sex and gender are different. Sex is the assignment made at birth as male or female, based on anatomy. Gender identity is an individual's internal sense of being male or female. Gender role or expression is the socially defined roles and characteristics of being male and female associated with that sex. For most people, gender identity and expression are consistent with their sex assigned at birth. However, in transgender individuals, gender identity and/or expression differs from their sex assigned at birth.

Gender dysphoria is a medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth.

Broadly, the term "transgender person" refers to individuals whose internal sense of being male or female (gender identity) is different from the sex they were assigned at birth. Some transgender individuals feel compelled to align their external appearance with their gender identity and undergo transition to the preferred gender. Gender transition care is individualized and can include psychotherapy, hormone therapy, RLE, and sex reassignment surgery.

Traditionally, society has had little understanding of what it means to transition gender. Many transitioning people have been subjected to hostility, ridicule, and discrimination. Every person has the right to have their gender identity recognized and respected, and all Service members who receive a diagnosis that gender transition is medically necessary will be provided with support and management to transition, within the bounds of military readiness.

Gender transition is the process a person goes through to live fully in their preferred gender. Gender transition in the military may present challenges associated with addressing the needs of the Service member while preserving military readiness. The oversight and management of the gender transition process is a team effort with the commander, the Service member, and the military medical provider (MMP). DoD values the contributions of all Service members and tries to ensure all are as medically ready as possible throughout their service. Individual readiness is a key to Total Force readiness.

Gender Transition Approval Process Overview

Gender transition is highly individualized. Figure 1 outlines the main components. Generally, the gender transition process includes:

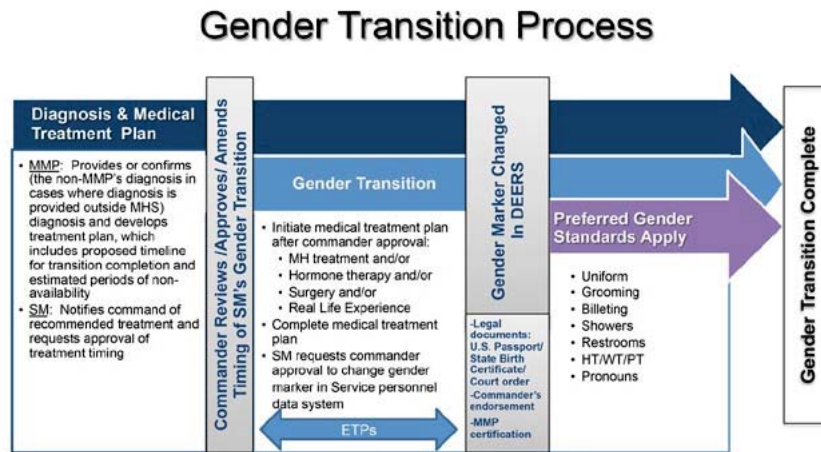
- Diagnosis and medical treatment plan received from or validated by an MMP;
- Gender transition (initiate medical treatment plan, complete medical treatment plan, Service member requesting gender marker change); and
- Compliance with gender standards post-gender marker change.

The process depicted is only a framework and Service members may progress on varying timelines. The commander, informed by the recommendations of the MMP, the SCCC, and others, as appropriate, will respond to the request to transition gender while ensuring readiness by minimizing impacts to the mission (including deployment, operations, training, exercise schedules, and critical skills availability), as well as to the morale and welfare and good order and discipline of the command.

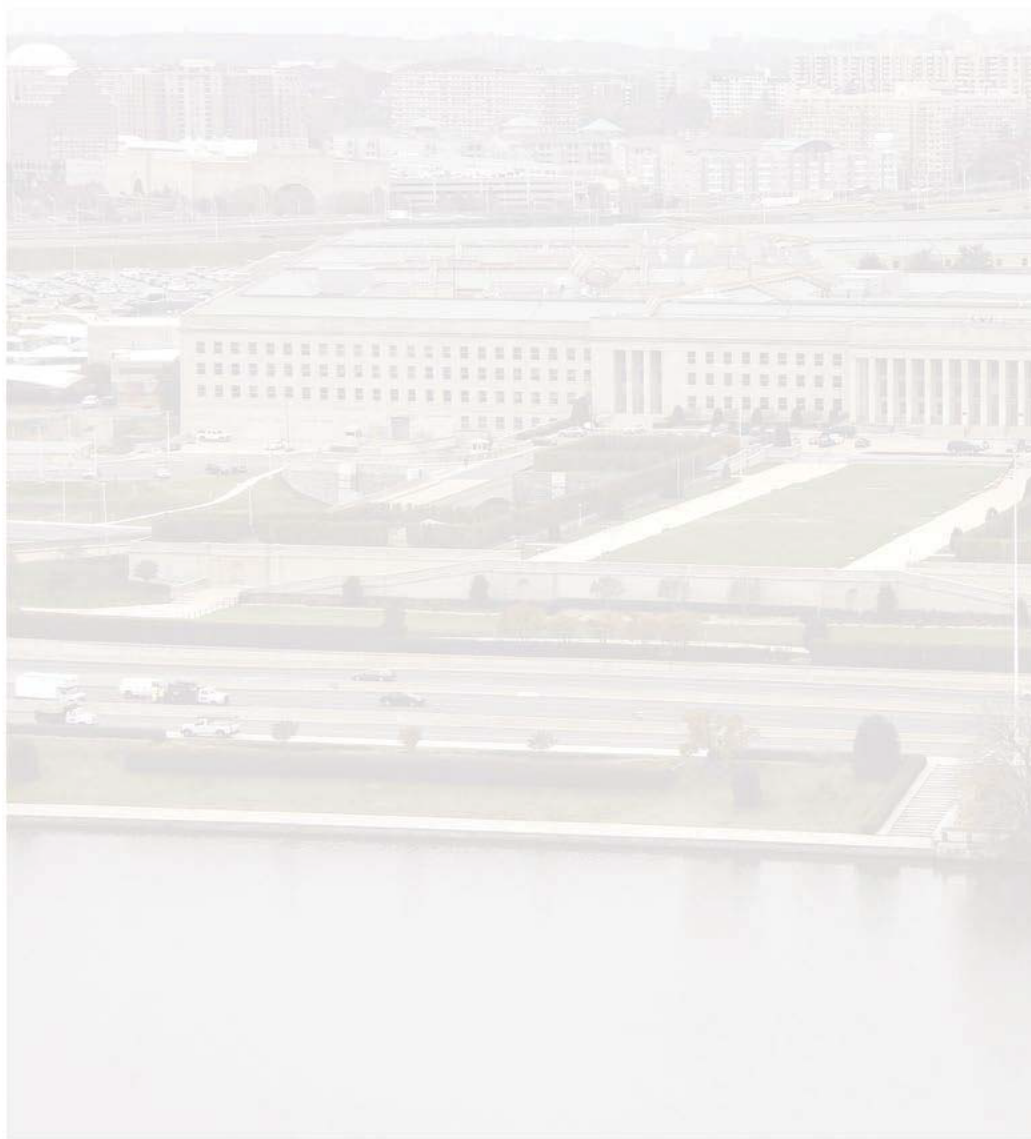
Within this framework, the commander plays a key role in making recommendations and taking action on:

- The timing of medical treatment associated with gender transition;
- Timing of RLE (e.g., non-duty hours, duty hours with an exception to policy (ETP))
- Requested ETPs associated with gender transition; and
- A change to the Service member's gender marker in their Service's personnel data system.

Figure 1: Gender Transition Process



Key Acronyms:
 DEERS – Defense Enrollment Eligibility Reporting System
 HT/WT/PT – Height/Weight/Physical Training
 MH – Mental Health
 MHS – Military Health System
 MMP – Military Medical Provider
 SM – Service Member



FOR THE TRANSGENDER SERVICE MEMBER

“...the reality is that we have transgender Service members serving in uniform today, and I have a responsibility to them and their commanders to provide them both with clearer and more consistent guidance than is provided by current policies.”

—Statement by Secretary of Defense Ash Carter¹⁰

DoD's revised transgender Service member policy ensures your medical care is brought into the military health system (MHS), protects your privacy when receiving medical care, and establishes a structured process whereby you may transition gender when medically necessary.

In-Service Transition

Gender transition in the military begins when you receive a diagnosis from an MMP indicating that gender transition is medically necessary and concludes when you change your gender marker in your Service's personnel data system. Your commander is a critical part of your transition and much of this section will highlight his/her role. The table below outlines responsibilities for both Active and Reserve Component Service members requesting in-service transition. To make a request, you must:

¹⁰ U.S. Secretary of Defense Ash Carter Remarks, June 30, 2016.

Active Component & Reserve Component Uniformed Full-Time Support Personnel	Reserve Component (All Others)
<p>1. Secure a medical diagnosis and a medical treatment plan from your MMP. If the diagnosis and treatment plan are from a non-military medical provider (<u>non-MMP</u>), you are required to notify your MMP at the earliest practical opportunity to bring your care into the MHS. Your MMP will review, and if appropriate validate the <u>non-MMP's</u> diagnosis and treatment plan.</p>	<p>1. Secure a medical diagnosis and a medical treatment plan from your <u>non-MMP</u>.</p>
<p>2. Notify your commander of the diagnosis and medical treatment plan indicating that gender transition is medically necessary. Work with your commander and your MMP to develop a transition plan that includes a timeline for treatment and an estimated date for a change of your gender marker in your Service's personnel data system.</p>	<p>2. Notify your commander of the diagnosis and medical treatment plan, indicating that gender transition is medically necessary. Work with your commander to have an MMP validate the <u>non-MMP's</u> diagnosis and treatment plan and develop a transition plan that includes a timeline for treatment and an estimated date for a change of your gender marker in your Service's personnel data system.</p>
<p>3. Notify your commander of any changes to the medical treatment plan, the projected schedule for such treatment, any exceptions to policy (ETP) you may request, and the estimated date on which your gender marker would be changed in your Service's personnel data system.</p>	<p>3. Same as AC.</p>
<p>4. Obtain one of the following to change your gender marker in your Service's personnel data system:</p> <ul style="list-style-type: none"> ■ A certified true copy of a state birth certificate reflecting your preferred gender; or ■ A certified true copy of a court order reflecting your preferred gender; or ■ A U.S. Passport reflecting your preferred gender. 	<p>4. Same as AC.</p>

Active Component & Reserve Component Uniformed Full-Time Support Personnel	Reserve Component (All Others)
5. Obtain your MMP's confirmation that gender transition is complete. ¹¹	5. Obtain a <u>non-MMP</u> confirmation that your gender transition is complete, then validate with an MMP (in concert with commander).
6. Obtain written approval from your commander to change your gender marker in your service's personnel data system.	6. Same as AC.
7. Submit paperwork to your personnel administrative office once you have all the required documentation and your commander's written approval to obtain your gender marker change.	7. Same as AC.
8. Meet all applicable military standards in your preferred gender (to include using military berthing, bathroom, and shower facilities), when your gender marker is changed in your Service's personnel data system.	8. Same as AC.
9. Adhere to the ongoing medical treatment plan developed by your MMP to address continuing medical needs, including follow-up visits related to continuous hormone treatment and routine health screening. ¹²	9. Adhere to the ongoing medical treatment plan developed by your <u>non-MMP</u> to address continuing medical needs, including follow-up visits related to continuous hormone treatment and routine health screening.

11 In DoDI 1300.28, gender transition is complete when a Service member has completed the medical care identified or approved by a military medical provider in a documented medical treatment plan as necessary to achieve stability in the preferred gender.

12 The MMP (or non-MMP, if you are not on active duty) may determine certain aspects of your medical care and treatment to be medically necessary, even after your gender marker is changed in your Service's personnel data system (e.g., cross-sex hormone therapy). A gender marker change does not prohibit you from receiving further care and treatment.

Communication

It is vital that you are open and honest with your leadership when discussing the gender transition process. This will enable you to convey your needs as well as address any questions or concerns from your leadership.

Communication with colleagues is equally important as they may not be familiar or comfortable with gender transition. It is important to remember that while you have had many months, probably years, to understand your need to transition, this may be the first time your colleagues have encountered gender transition. They may have difficulty understanding the reasons and the process.

There are many ways to respectfully disclose your gender identity to your colleagues. How and when you wish to tell your coworkers is something you will need to discuss with your commander and/or your MMP. It is important to state what information you are open to discussing and what information you wish to remain private. Communication strategies could include:

- Ask your leadership to convene a unit meeting and make an announcement on your behalf. Have health professionals and/or chaplains available to answer questions;
- Share a letter from you with your unit;
- Distribute a letter or notification via email; and/or
- Make the announcement in person at a unit meeting.

Finding a Mentor

Similar to seeking a mentor to assist and guide in career/professional development, it may be advisable to seek a mentor to assist you in your transition. A mentor should be someone familiar with the process you are undertaking. If possible, choose someone from your peer group or military pay grade. If you cannot find your own potential mentor(s), consider seeking recommendations from your commander, a chaplain, or medical professional. Below are some areas where a mentor may be beneficial:

- Providing advice on military issues related to the correct wear of your preferred gender uniform and related grooming issues;
- Being a supportive sounding board;

- Providing frank and honest advice; and
- Being a unit point of contact, or conduit, for questions from the workplace related to gender transition.

Considerations

Below are some career considerations that you may wish to take into account.

Period of Adjustment

Early on in your transition you may need to consider that adjusting your appearance and grooming can take some time. During this period of transition, it may be appropriate to discuss periods of authorized absence with your commander and the MMP.

For most of your transition, you should not need to use convalescent leave; however, you may require some time to recover from certain medical or surgical treatments. Accordingly, when convalescent leave is recommended, ensure you have coordinated with your unit leadership, administrative personnel, and medical personnel.

Impact Transitioning May Have on Your Career

Transitioning gender may have an impact on several different aspects of your career including deployability, assignment considerations, medical classification, and aspects of individual readiness (e.g., physical fitness, body composition assessment, and professional military education attendance). Since the impact to your career could be significant, it is strongly recommended you discuss this with your commander and/or mentor.

Assignments

You may need to discuss with your MMP and commander whether you want to transition while in your current unit or upon arrival at a new unit. There are advantages and disadvantages to both. The latter has the advantage of leaving your old life at your last duty station and arriving at your next assignment ready to start your new life. However, the disadvantage is that you will have to re-establish your support network in the new location.

Completing transition within a normal Permanent Change of Station cycle of 3-4 years is possible, but may or may not be desirable depending on your circumstances. Below are some issues to consider:

- Specialized medical care may not be available at all duty locations. Assignments near installations with such care may need to be considered;
- Moving locations means potentially moving away from a stable environment, including medical specialists and social support. However, making a fresh start may be easier for some transitioning members;
- Your duty locations may impact decisions about when to commence RLE in your preferred gender; and
- Not all duty assignments will be able to support a gender transition.

Individual Medical Readiness (IMR)

Medical care for gender transition is managed in the same way as other medical conditions. You may be non-deployable for some periods during your gender transition process. It is your responsibility to inform your leadership regarding your medical condition when, as a result of any medical treatment, you will be or have become non-deployable.¹³

Physical Readiness Testing (PRT)

PRT is a fundamental requirement of your military service. You are required to meet the PRT standards based upon your gender marker in your Service's personnel data system and in accordance with Service regulations. Similar to other circumstances where Service members may not meet standards, it is important that you consult regularly with your MMP to ensure you can meet standards (i.e., fitness). If you are unable to meet the standards, it may be necessary to request an ETP.

Privacy

Maintaining dignity and respect for all is important. You will need to consider both your own privacy needs and the privacy needs of others. This includes, but is not limited to, maintaining personal privacy in locker rooms, showers, and living quarters. One strategy might include adjusting personal hygiene hours. If you have concerns, you are encouraged to discuss them with your chain of command.

Military Records

Your records prior to transition (e.g., awards, performance evaluations) are historical and will not be changed after completion of your gender transition.

¹³ DoDI 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014.

Your Service has a board process that may consider changes to historical military records.¹⁴ All records generated after your Service's personnel data system gender marker is changed will reflect your preferred gender.

Expectation Management

The military developed a process to allow you to transition gender while you serve. Keep the lines of communication open and be patient with the process. Your timeline may need to be flexible due to operational requirements.

Tips for Transitioning Service Members

The following tips have been provided by Service members from an allied foreign military who have transitioned gender.¹⁵

- Honesty. "If you wish to be respected you must also give that same respect to your coworkers up and down the chain. How you treat others and inform others will be directly related to the way you are treated. It is incredibly hard to open up and trust people with a personal secret you have probably carried for your entire adult life; however from my experiences if you keep an open-door philosophy and answer honest questions with polite and clear non-emotional detail, most will accept and understand."
- Be professional. "The hormones you may [take] to change will have a varied and perhaps profound effect on not only your physical body, but more importantly your emotional stability. Try not to allow this to cloud or affect your judgement, it will be hard for some to see this happening, trust in your friends when they point out little slips and errors in your emotional well-being, they have your interests at heart!"
- Empower those around you. "Knowledge equals power which equals understanding; empowering those around you to understand will help them feel less threatened and confused, which can assist in being treated with respect and understanding rather than confusion and possibly even contempt and hostility."
- Be confident. "Know yourself, make as much effort as possible to be part of the team and not hide or be hidden away to avoid embarrassment. Stepping

¹⁴ See Annex D for a list of Service links to boards for correction of military records.

¹⁵ Australian Air Force, Air Force Diversity Handbook: Transitioning Gender in the Air Force, April 2013, 19.

out in to the work arena will be hard, but the sooner you face this challenge the sooner your well-being can return.”

- Trust. “Trusting others when you’re vulnerable is hard for most serving people. We are proud, strong, and generally rather too stubborn to allow others to take charge of us when we feel we can manage ourselves. The problem is you may not understand all that is happening around you, particularly with your coworkers. So listen and trust in your commanders based on their good sound knowledge.”
- Planning. “Map out your transition as best you can, try and forecast as much as possible and pass this on to the relevant commanders. Learn and understand not only what’s happening now in your world, but look and think about where you will be and what you may need.”

FOR THE COMMANDER

“We owe commanders better guidance on how to handle questions such as deployment, medical treatment and other matters. And this is particularly true for small unit leaders, like our senior enlisted and junior officers.”

—Statement by Secretary of Defense Ash Carter¹⁶

The Commander’s Impact

In the course of your duties, you may encounter a transgender Service member who wants to transition gender. It is important that you are aware of your obligations and responsibilities with regard to the support and management of Service members who are transitioning gender. You are responsible and accountable for the overall readiness of your command. You are also responsible for the collective morale and welfare and good order and discipline of the unit and for fostering a command climate where all members of your command are treated with dignity and respect.

Commander’s Roles and Responsibilities

In-Service Transition

When you receive a request from a Service member for medical treatment or an ETP associated with gender transition, you must consider the individual needs associated with the request and the needs of your command. The table below outlines your responsibilities for Active and Reserve Component Service members requesting in-service transition. In making a decision on the request, your responsibilities include:

¹⁶ U.S. Secretary of Defense Ash Carter Remarks, June 30, 2016.

Active Component & Reserve Component Uniformed Full-Time Support Personnel	Reserve Component (All Others)
<p>1. Complying with the provisions of DoDI 1300.28¹⁷ and with Military Department and Service regulations, policies, guidance, and with your SCCC, as appropriate.</p>	<p>1. Same as AC.</p>
<p>2. Evaluating a Service member's request to transition gender. Ensure, as appropriate, a transition process that:</p> <ul style="list-style-type: none"> ■ Considers the individual facts and circumstances presented by the Service member; ■ Considers military readiness and impacts to the mission (including deployment, operations, training, and exercise schedules, and critical skills availability), as well as to the morale and welfare and good order and discipline of the unit; ■ Is consistent with the medical treatment plan generated or validated by the MMP; and incorporates consideration of other factors, as appropriate. 	<p>2. A Service member will likely provide a diagnosis and medical treatment plan from a <u>non-MMP</u>. In this instance, it still must be validated by the MMP. Consult your chain of command for guidance, if required. You must still evaluate Service member's request in light of the 3 bullets in the active duty column.</p>
<p>3. Reviewing a Service member's request for completeness.¹⁸ If you determine the request to be incomplete, you must return it to the Service member, with written notice of the deficiencies identified, as soon as practicable, but not later than 30 days after receipt.</p>	<p>3. Same as AC.</p>

¹⁷ DoDI 1300.28.

¹⁸ Refer to Figure 1 and Service policy for completeness determination; in all cases, it will include: completed medical treatment plan and commander approval of request.

Active Component & Reserve Component Uniformed Full-Time Support Personnel	Reserve Component (All Others)
<p>4. Responding to any requests for medical treatment or an ETP¹⁹ associated with gender transition, as soon as practicable, but not later than 90 days after receiving a request determined to be complete. Your response shall:</p> <ul style="list-style-type: none"> ■ Be in writing; including notice of any actions taken by you; and ■ Be provided to both the Service member and their MMP. 	<p>4. Same as AC.</p>
<p>5. At any time prior to the change of the Service member's gender marker in Service's personnel data system, you may modify a previously approved approach to, or an ETP associated with, gender transition.</p>	<p>5. Same as AC.</p>
<p>6. Approving in writing²⁰ the request to change a Service member's gender marker in your Service's personnel data system upon receipt of the recommendation by the MMP and the requisite legal documentation from the Service member. The Service member is then able to take the approval and the legal documentation to the personnel administrative office to obtain the change to the gender marker.</p>	<p>6. Ensuring <u>non-MMP's</u> statement of completion is validated by an MMP, prior to your approval. The remaining process in active duty column should be followed.</p>
<p>7. When the gender marker in the Service's personnel data system is changed:</p> <ul style="list-style-type: none"> ■ Apply uniform, grooming, body composition assessment (BCA), PRT, Military Personnel Drug Abuse Testing Program (MPDATP), and other standards reflecting the Service member's gender marker in the Service's personnel data system; and ■ Direct the use of berthing, bathroom, and shower facilities according to the Service member's gender marker as reflected in the Service's personnel data system in facilities that are subject to regulation by the military. 	<p>7. Same as AC.</p>

19 Your Service will determine the approval level for ETPs. Refer to Service policy or your SCCC if there are concerns.

20 There is no prescribed format for approving a request to change gender marker. Refer to Service policy or your SCCC if there are concerns.

What You Should Expect From the Military Medical Provider (MMP)

The MMP plays a key role in the gender transition process. The MMP will:

- Provide the medical diagnosis applicable to the Service member; list the medically necessary treatments, including the timing of the proposed treatment and the likely impact of the treatment on the individual's readiness, and deployability; and
- Formally advise you when the Service member's medical treatment plan for gender transition is complete and recommend a time at which the gender marker may be changed in your Service's personnel data system.
- Validate the non-MMP's confirmation that Service member's gender transition is complete.

Policy Implications

You have broad responsibilities to maintain your unit's readiness. Select policy areas that may impact the transition process are highlighted below.

Non-Military Medical Care

If an active duty Service member's diagnosis and/or treatment plan are from a non-MMP, direct the individual to notify the MMP at the earliest practical opportunity to bring the care into the MHS. The MMP must consider, and if appropriate, validate the Service member's diagnosis before initiating any other steps in the transition process. If the request is from a non-active duty Service member, the non-MMP diagnosis and/or treatment plan must still be approved by an MMP.

Military Personnel Uniform and Grooming Standards

Exceptions for uniform and grooming standards may be considered per your Service's policy. You may consider current and preferred gender uniforms, form, fit and/or function, the Service member's professional military image, as well as impact on unit cohesion and good order and discipline. If you have questions, refer to your SCCC.

Deployment

Service members will deploy if they are medically and otherwise qualified to do so. As with any Service member, exceptions may be considered by your Service and must be coordinated with the deployed commander, if unique medical needs exist. Individuals requiring close monitoring or ongoing care may not be available for deployment.

Physical Fitness

There are no separate standards for transgender Service members. Any exceptions to PRT standards will be administered by your Service. Individuals undergoing cross-sex hormone therapy may experience changes to their body shape and physical strength, which may have a notable effect on their ability to maintain standards. If that is the case, consult with the individual and the MMP as you would for any other Service member with a medical condition affecting their ability to meet physical fitness standards.

Privacy Accommodations

If concerns are raised by Service members about their privacy in showers, bathrooms, or other shared spaces, you may employ reasonable accommodations, such as installing shower curtains and placing towel and clothing hooks inside individual shower stalls, to respect the privacy interests of Service members. In cases where accommodations are not practicable, you may authorize alternative measures to respect personal privacy, such as adjustments to timing of the use of shower or changing facilities. This should be done with the intent of avoiding any stigmatizing impact to any Service member. You are encouraged to consult with your SCCC for guidance on such measures.

Military Personnel Drug Abuse Testing Program

The MPDATP²³ requires urinalysis specimens to be collected under the direct supervision of a designated individual of the same sex as the Service member providing the specimen. You have discretion to take additional steps to promote privacy, provided those steps do not undermine the integrity of the program. However, all collections must be directly observed. You are encouraged to use discretion and/or contact your SCCC for additional guidance.

²³ DoDI 1010.16, "Technical Procedures for the Military Personnel Drug Abuse Testing Program (MPDATP)," October 10, 2012.

Tips for Commanders

The below tips are provided by an allied foreign military and may prove useful.²⁴

- Protect the service member's privacy. Information management is very important.
- Listen to the Service member's wishes with respect to disclosure to the workplace and the broader community.
- Consider consultation with the chaplain, behavioral health personnel, and medical providers.
- Seek guidance and advice from other commanders and supervisors who have experience with individuals who transitioned gender while serving.
- Encourage the Service member to articulate a plan to include a timeline and strategy for notifying coworkers and other command personnel.
- Assist the Service member with identifying a mentor with whom they are comfortable.
- Encourage open communication. Feel free to ask questions.
- Ensure bullying, bias, harassment, hazing, or any other unacceptable behavior is not tolerated.

²⁴ Australian Air Force Handbook.

FOR ALL SERVICE MEMBERS

“I am 100 percent confident in the ability of our military leaders and all our men and women in uniform to implement these changes in a manner that both protects the readiness of the force and also upholds values cherished by the military—honor, trust, and judging every individual on their merits.”

—Statement by Secretary of Defense Ash Carter²⁵

The cornerstone of DoD values is treating every Service member with dignity and respect. Anyone who wants to serve their country, upholds our values, and can meet our standards, should be given the opportunity to compete to do so. Being a transgender individual, in and of itself, does not affect a Service member’s ability to perform their job. Previous policy, however, required transgender Service members to hide their gender identity and forced them to receive their gender-related medical care outside the MHS.

The June 30, 2016, policy allows transgender Service members to openly acknowledge their gender identity, brings all of their medical care into the MHS, allows transgender Service members to transition their gender when medically necessary, and allows the commander to work with the Service member and an MMP to implement a gender transition plan that meets the individual’s medical requirements and unit readiness requirements.

Understanding Gender Transition

The gender transition process is individualized. Gender transition can include social, medical, and legal components. Social transition, in the military context, will generally encompass living in the preferred gender after duty hours. (You may encounter a situation where you know a Service member by one name during duty hours and another after duty hours; this all depends on the individual’s transition.) Medical treatment may include behavioral health care, use of hormones (which may change physical appearance), and/or surgery.

²⁵ U.S. Secretary of Defense Ash Carter Remarks, June 30, 2016.

Other aspects of transition includes formally changing one's gender with federal, state, and military documentation.

Some individuals prefer that very few people know they are transgender Service members and hope that after transition they can quietly blend in with their new gender. Others are committed to educating the public about gender identity, are eager to answer questions, and continue to talk openly about being a transgender Service member long after transition.

Revealing gender identity at work may be one of the last steps transgender Service members take to live and work in their preferred gender. By the time they inform their chain of command they plan to change gender, they have often been dealing with this issue for many years. It is also important not to "out" a transgender Service member (i.e., do not talk about someone else's gender identity or status unless they are okay with it.) The bottom line is to treat others with the dignity, respect, and consideration you would like to be treated with by others.

Harassment and Bullying

Everyone plays a role in stopping bullying and harassment. You must be proactive and question behavior that is inappropriate at the time it occurs. You must report inappropriate behavior to your chain of command immediately. Remember, everyone is responsible for fostering the best possible command climate within your unit.

The impact harassment can have on Service members should not be underestimated; it has the potential to affect the member both personally and professionally. Inappropriate jokes, attitudes, or comments that marginalize transgender Service members are damaging to command climate. In an environment that permits inappropriate jokes and behavior, transgender Service members who have not disclosed their status may be unlikely to seek the care they need.

Respect for Personal Information

You are responsible for upholding and maintaining the high standards of the U.S. military at all times and at all places. Out of respect for all Service members, as mentioned earlier, you should not disclose someone's gender identity without their permission, unless the disclosure is made for official use.²⁶

²⁶ Services retain the authority provided by law and Department and Service regulations to counsel, discipline, and involuntarily separate, as appropriate under the circumstances, those Service members who fail to obey established standards.

Tips for Service Members

Your social interactions and developing friendships with peers contribute to a positive work environment. Do not make assumptions about an individual's gender or sexual orientation. Let others volunteer personal information.

Try to ensure planned social activities are inclusive of Service members and their families who may not fit into your perception of what is typical.

If you notice colleagues or peers are expressing opinions that may alienate others, speak up regarding how their statements may impact others. Often people may be unaware of how their statements, questions, and activities may alienate and offend their coworkers, team members, or staff.

You should be sensitive to the use of pronouns when addressing others. This will vary by individual and unit. If there is ever any question about pronoun usage, do not hesitate to ask the Service member how they wish to be addressed.

If you have questions or concerns, you are encouraged to talk with your chain of command.

Privacy

Maintaining dignity and respect for all is important. You will need to consider both your own privacy needs and the privacy needs of others. This includes, but is not limited to, maintaining personal privacy in locker rooms, showers, and living quarters. One strategy might include adjusting personal hygiene hours. If you have concerns, you are encouraged to discuss them with your chain of command.

ACRONYMS

AOR	<i>Area of Responsibility</i>
BCA	<i>Body Composition Assessment</i>
DEERS	<i>Defense Enrollment Eligibility Reporting System</i>
DES	<i>Disability Evaluation System</i>
DoD	<i>Department of Defense</i>
DoDI	<i>Department of Defense Instruction</i>
DTM	<i>Directive-type Memorandum</i>
ETP	<i>Exception to Policy</i>
HT/WT	<i>Height/Weight</i>
IMR	<i>Individual Medical Readiness</i>
ING	<i>Inactive National Guard</i>
IR	<i>Individual Readiness</i>
IRR	<i>Individual Ready Reserve</i>
MHS	<i>Military Health System</i>
MLOA	<i>Medical Leave of Absence</i>
MMP	<i>Military Medical Provider</i>
MPDATP	<i>Military Personnel Drug Abuse Testing Program</i>
MSA	<i>Military Service Academy</i>
MTF	<i>Military Treatment Facility</i>
PRT	<i>Physical Readiness Test</i>
RLE	<i>Real Life Experience</i>
ROTC	<i>Reserve Officers' Training Corps</i>
SCCC	<i>Service Central Coordination Cell</i>
SELRES	<i>Selected Reserve</i>

BIBLIOGRAPHY

- Australian Air Force. *Air Force Diversity Handbook: Transitioning Gender in the Air Force*. Australian Air Force, 2013.
- DTM 16-005, "Military Service of Transgender Service Members," June 30, 2016.
- DoDI 1010.16, "Technical Procedures for the Military Personnel Drug Abuse Testing Program (MPDATP)," October 10, 2012.
- DoDI 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," June 26, 2006.
- DoDI 1215.13, "Ready Reserve Member Participation Policy," May 5, 2015.
- DoDI 1300.28, "In-Service Transition for Service Members Identifying as Transgender," June 30, 2016.
- DoDI 1332.14, "Enlisted Administrative Separations," January 27, 2014, as amended.
- DoDI 1332.18, "Disability Evaluation System (DES)," August 5, 2014.
- DoDI 1322.22, "Service Academies," September 24, 2015.
- DoDI 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014.
- DoDI 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services," September 13, 2011.
- DoDI 6490.04, "Mental Health Evaluations of Members of the Military Services," March 4, 2013.
- U.S. Secretary of Defense Ash Carter, "Secretary of Defense Ash Carter Remarks Announcing Transgender Policy Changes," Washington, D.C., June 30, 2016.

ANNEX A:

Questions and Answers

Listed below are responses to frequently asked questions organized by topic and applicable to multiple audiences.

The Basics

1. What does transgender mean?
 - A. Transgender is a term used to describe people whose sex at birth is different from their sense of being male or female. A transgender male is someone who was born female but identifies as male, and a transgender female is someone who was born male but identifies as female.
2. What is gender identity?
 - A. Gender identity is one's internal sense of being male or female.
3. What is gender dysphoria?
 - A. Gender dysphoria is a medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth.
4. Is being a transgender person the same as being a transvestite or a cross-dresser?
 - A. No. "Transvestite" is an outdated term that is considered derogatory. A "cross-dresser" is a person who wears clothing of the opposite sex for reasons other than gender identity (see question #2). A transgender person who dresses according to their gender identity is not "cross-dressing."
5. What is the relationship between sexual orientation and gender identity?
 - A. There is no relationship between sexual orientation and gender identity.
6. What pronouns should I use with transgender Service members?
 - A. This will vary by individual and unit. Transgender Service members should work with their unit leadership to establish correct pronoun usage. If there is ever any question about pronoun usage, do not hesitate to ask the Service member how they wish to be addressed.

7. What happens when federal and state laws appear to conflict?

- A. When not on federal property, Service members must abide by local laws. If there are any questions or concerns about how state laws may affect Service members and/or their dependents off federal property or in areas of concurrent federal and state jurisdiction, the installation legal assistance office should be consulted.

It is also the commander's responsibility to ensure the safety of unit personnel. This includes reminding Service members of risks through use of safety bulletins, alerts, or briefings regarding off-installation activities. Additionally, judge advocate and SCCC resources are available to enhance risk management strategies.

Health Care Issues

8. What hormones do transgender people need?

- A. Not all transgender Service members need cross-sex hormone therapy. Male or female hormones may be prescribed by medical providers in order for transgender Service members to develop the physical characteristics of their preferred gender if that is part of their transition plan.

9. What if a deployed transgender Service member loses his or her medications?

- A. In the event that a Service member lost his or her supply of hormones, and for some unlikely reason was not able to obtain replacements, any side effects, like irritability, decreased energy, or hot flashes, would take a few weeks to become evident. None of these side effects would be life threatening.

In-Service Transition Policy Issues

10. Have other countries allowed transgender individuals to serve openly in their militaries?

- A. Yes. At least 18 countries: Australia, Austria, Belgium, Bolivia, Canada, Czech Republic, Denmark, Estonia, Finland, France, Germany, Israel, the Netherlands, New Zealand, Norway, Spain, Sweden, and the United Kingdom, allow transgender personnel to serve openly.

11. What about Service members whose beliefs just cannot allow them to accept this as normal?
 - A. In today's military, people of different moral and religious values work, live, and fight together. This is possible because they treat each other with dignity and respect. This will not change. There will be no changes regarding Service members' ability to freely exercise their religious beliefs, nor are there any changes to policies concerning the Chaplain Corps of the Military Departments and their duties. Service members will continue to treat with respect and serve with others who may hold different views and beliefs.
12. What is the Service Central Coordination Cell (SCCC)?
 - A. Each Service has an SCCC of medical, legal, and policy experts, primarily to advise field commanders and medical service providers. Contact information for the SCCC's can be found in Annex D of this handbook.
13. Will Reserve Component members receive any kind of medical care or financial assistance to pay for transition-related treatment? Can they be treated in a military treatment facility (MTF) throughout their transition?
 - A. Reserve Component members typically receive health care through private civilian health insurance. Those enrolled in TRICARE Reserve Select may be able to access mental health and hormone treatment through TRICARE and are eligible for care in MTFs on a space-available basis. Service members are encouraged to contact their civilian provider/TRICARE for eligibility benefits. A civilian diagnosis and medical treatment plan must be submitted to your chain of command and validated by an MMP. This may be accomplished by telemedicine if available or submission of civilian health documentation to an MMP for review per Service policy.
14. How will the military protect the rights of Service members who are not comfortable sharing berthing, bathroom, and shower facilities with a transitioning Service member? Are they forced to just accept a transgender person living and showering with them?
 - A. To the extent feasible, a commander may employ reasonable accommodations to protect the privacy interests of Service members, while avoiding a stigmatizing impact to any Service member. Commanders are encouraged to consult with their SCCC for guidance.

15. How long will a Service member's deployment eligibility be affected? Is this a way to get out of deployment? Can a Service member in the process of transitioning, which can be a lengthy process, still deploy if called upon?
 - A. A Service member's period of non-deployability will vary by individual based on the care needed. Availability for deployment and any anticipated duty limitations would be part of the conversation Service members have with their commanders and medical providers as part of a medical treatment plan. Medical recommendations concerning unanticipated calls for deployment would be made in the same way as other medical conditions and as part of the pre-deployment process.

New Accession Policy Issues

Recruiting

16. Does the new policy mean the Military Services will start recruiting transgender applicants immediately?
 - A. No, policy is being revised to allow the Military Services to recruit new personnel no later than July 1, 2017.²⁷

When training of the Force is complete and the new DoDI 6130.03 is effective, the Military Services will begin accessing transgender applicants who meet all standards, holding them to the same physical and mental fitness standards as everyone else who wants to join the military.

Detailed accession policy can be found in in DoD DTM 16-005, "Military Service of Transgender Service Members."²⁸

17. What should a recruiter do if a transgender applicant wants to enlist, but the new policy is not in place?
 - A. A recruiter should ensure the applicant meets all standards (e.g., physical fitness, medical fitness) prior to being accessed. This is also a good time to assist the applicant in understanding the accession requirements so they can prepare themselves for entry once the new policy is in place.

²⁷ DTM 16-005.

²⁸ Ibid.

Military Service Academy (MSA)/ Reserve Officers' Training Corps (ROTC)

18. Does the new accession policy mentioned above apply to the Service Academies and the Reserve Officers' Training Corps (ROTC)?
 - A. Yes, effective July 1, 2017, the gender identity of an otherwise qualified individual will not bar them from joining the military, from admission to the MSAs, or from participating in ROTC or any other accession program. However, they must adhere to accession standards prior to being commissioned.
19. If ROTC or MSA students seek to transition during college, would they need to be stable for 18 months prior to commissioning?
 - A. Yes. An individual participant who is transgender is subject to separation from ROTC in accordance with DoDI 1215.08²⁹ or from an MSA in accordance with DoDI 1322.22,³⁰ based on a medical condition that impairs the individual's ability to complete such training or to access into the Armed Forces, under the same terms and conditions applicable to participants in comparable circumstances not related to transgender persons or gender transition. ROTC and MSA cadets and midshipmen are required to meet medical accessions standards when they are appointed as commissioned officers.
20. What are the medical requirements that must be met by an MSA cadet or midshipman to be eligible for a commission?
 - A. Cadets and midshipmen are subject to medical accession standards enumerated in DoDI 6130.03³¹ prior to being commissioned.

29 DoDI 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," June 26, 2006.

30 DoDI 1322.22, "Service Academies," September 24, 2015.

31 DoDI 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services," September 13, 2011. (Currently under revision to reflect DTM 16-005 changes.)

21. What are the medical requirements that must be met by a ROTC cadet or midshipman to be eligible for a commission?
 - A. In accordance with DoDI 1215.08,³² E3.2 (Senior ROTC Programs), complete medical examinations must be conducted before enrollment in the scholarship program or at the time of or immediately before enrollment in Senior ROTC programs of the Army, Navy, and Air Force. Such examinations must, in all respects, be equal to the examination conducted to determine medical qualifications for appointment as a commissioned officer. Provided the cadet or midshipman meets the requirements in DoDI 6130.03,³³ they would be qualified to receive a commission.
22. Would a cadet or midshipman be able to undergo hormone therapy while at one of the MSAs or enrolled in ROTC?
 - A. It depends. Cadets and midshipmen must continue to meet medical accession standards while at the MSA or enrolled in ROTC. If the standards for appointment into the U.S. Military Services are not maintained, an ROTC cadet or midshipman may be placed on an involuntary Medical Leave of Absence (MLOA) by the Service Secretary or designee. When an MLOA is recommended, a medical record review will determine whether the health-related incapacity or condition presents clear evidence that, following medical treatment, the cadet or midshipman will be unable to meet the physical standards for appointment into the U.S. Armed Forces within a reasonable period of time. Military Service Academy cadets and midshipmen who cannot meet medical accession standards and become medically disqualified may be disenrolled.³⁴

³² DoDI 1215.08.

³³ DoDI 6130.03.

³⁴ DoDI 1322.22.

ANNEX B:

Gender Transition Roadmap for U.S. Military Personnel

Below is a summary of the gender transition process for a Service member in accordance with the recently implemented DoD Instruction, "In-Service Transition for Transgender Service Members." The roles, responsibilities, and courses of action available to transgender Service members and their commanders are described below.

Service Member Responsibilities

Before Initiating Gender Transition

Request an assessment by an MMP in order to confirm a diagnosis stating gender transition is medically necessary.

- Collaborate with and assist the MMP with developing a medical treatment plan for submission to the commander. This plan should include a projected timeline for completion of gender transition, and estimated periods of non-deployability and absence.
- Notify the commander of the recommended treatment and request approval of the timing of the treatment plan. The written request should include the following:
 - Medical treatment plan outlining all medically necessary care and a projected schedule for such treatment; and an estimated date for the completion of gender transition and a gender marker change in the appropriate Service personnel data system.

Reserve Considerations

- All transgender Reserve Component Service members (except Selected Reserve (SELRES) Full-Time Support personnel who fall under Active Component rules/requirements) will submit to, and coordinate with, their chain of command evidence of a civilian medical evaluation that includes a medical treatment plan.
- To the greatest extent possible, commanders and Service members shall address periods of non-availability for any period of military duty, paid or unpaid, during the Service member's gender transition with a view

to mitigate unsatisfactory participation through the use of rescheduled training or authorized absences.

During Gender Transition

- Initiate gender transition after obtaining the commander's approval.
- Inform the commander of any medical issues that come up in the course of gender transition.
- Notify the commander of any changes to the approved timeline of the medical treatment plan.
- Request the commander process an ETP, if necessary.

When Gender Transition is Complete

- Through your MMP, inform the commander that gender transition is complete, along with a recommended time to change gender marker in the Service personnel data system.
- Request the commander's written approval to change the gender marker in the Service personnel data system. The request must comply with Service policies and must, at a minimum, be accompanied by one of the following legal documents to support gender change:
 - A certified true copy of a State birth certificate reflecting your preferred gender;
 - A certified true copy of a court order reflecting your preferred gender; or
 - A U.S. passport reflecting your preferred gender.
- Upon receipt of the commander's approval, submit supporting documentation to personnel servicing activity to change the gender marker in the Service personnel data system.

After Gender Marker Change in the Service Personnel Data System

- Meet applicable Service standards of the preferred gender, including medical fitness, physical fitness, uniform and grooming, deployability, and retention standards.

- Use military berthing, bathroom, and shower facilities associated with the preferred gender.
- Request ETPs, as needed, from the commander.

Commander Responsibilities

Before Initiating Gender Transition

No later than 30 calendar days after receiving a Service member's request to transition gender:

- Review Service member's request to ensure that it contains the required documentation in accordance with DoD and Service policies, to include a medical treatment plan with a projected timeline for completion of gender transition, estimated periods of non-deployability/absence, and estimated date of gender marker change;
- Coordinate with an MMP. If request to transition gender is from an RC Service member they will likely provide a diagnosis and medical treatment plan from a non-MMP. In this instance, it still must be validated by an MMP;
- Consult with the SCCC; and
- If the Service member's request is incomplete, return it with a written notice of additional required documentation.

No later than 90 calendar days after receiving a Service member's request to transition gender:

- Provide a written response to Service member's request for gender transition or an ETP, with a copy to the MMP; and
- In reviewing the Service member's gender transition request, ensure the decision:
 - Complies with DoD, Service policies, and guidance;
 - Considers the individual facts and circumstances presented by the Service member;

- Considers the needs of the command (including deployment, operations, training, exercise schedules, critical skills availability, morale and welfare, and good order and discipline of the unit);
- Minimizes impacts to the mission and readiness by balancing the needs of the individual with the needs of the command;
- Is consistent with the medical treatment plan; and
- Incorporates input provided by the MMP.

During Gender Transition

In cases where a transitioning Service member is unable to meet standards or requests an ETP during the gender transition, review Service policies outlining the actions a commander may take to balance the needs of the individual Service member and unit readiness. As permitted by Service policies, the commander may:

- Adjust the date on which the Service member's gender transition, or any component of the transition process, will commence;
- Advise the Service member regarding options for extended leave status or participation in other voluntary absence programs during the transition process;
- Arrange for the transfer of the Service member to another organization, command, location, or duty status (e.g., Individual Ready Reserve (IRR)), as appropriate, during the transition process;
- Review and forward ETP requests for application of standards for uniforms and grooming, PRT, and MPDATP participation;
- Establish, or adjust, command policies on the use of berthing, bathroom, and shower facilities;
- Refer for a determination of fitness in the disability evaluation system in accordance with DoDI 1332.18;³⁵

³⁵ DoDI 1332.18, "Disability Evaluation System (DES)," August 5, 2014.

- Initiate administrative proceedings, comparable to actions that could be initiated with regard to others whose ability to serve is limited by medical conditions unrelated to gender transition; and
- Consult the SCCC, with regard to:
 - Service by transgender Service members and gender transition in the military;
 - Implementing DoD, Military Department, and Service policies and procedures; and
 - Assessing the means and timing of any proposed medical care or treatment.
- Coordinate with the MMP regarding any medical issues that arise in the course of a Service member's gender transition;
- Ensure that requests for ETPs are processed within 90 days and provide a written response to both the Service member and their MMP; and
- Modify a previously approved timeline for gender transition or an ETP at any time prior to the change in a Service member's gender marker in the Service personnel data system.
 - A determination that modification is necessary and appropriate will be made in accordance with DoD/Service policies and procedures.
 - Notify Service member of such modification under established DoD procedures as described in the 'before initiating gender transition' section at beginning of 'commander's responsibilities'.

When Gender Transition is Complete

- Review a Service member's request to change gender marker in the Service personnel data system to ensure that it complies with Service requirements, to include at a minimum:
 - A recommendation from the MMP stating that gender transition according to the medical treatment plan is complete and that the Service member is stable in the identified gender; and

- One of the following legal documents to effect gender change:
 - A certified true copy of a State birth certificate reflecting the Service member's preferred gender;
 - A certified true copy of a court order reflecting the Service member's preferred gender; or
 - A U.S. passport reflecting the member's preferred gender.
- If the Service member's request is complete, provide written approval to Service member authorizing gender marker change in the Service personnel data system.

After Gender Marker Change in the Service Personnel Data System

- Apply uniform standards, grooming standards, BCA standards, PRT standards, MPDATP standards, and other standards according to the Service member's identified gender listed in the Service personnel data system.
- Direct the use of military berthing, bathroom, and shower facilities according to the Service member's gender listed in the Service personnel data system.
- Review ETP requests as appropriate.

ANNEX C:

Scenarios

The following fictional cases illustrate scenarios that may be encountered when addressing individual issues.³⁶ The delineation of responsibilities in each scenario is intended only to provide a general discussion of issues that may arise. The scenarios are not all inclusive, nor are they directive in nature. All personnel are reminded to consult with their Chain of Command, SCCC, Service, and DoD guidelines before determining the best course(s) of action. Commanders are reminded of their responsibility to ensure good order and discipline throughout their entire unit.

Readiness

Scenario 1: Inability to Meet Standards during Transition

A senior officer, Tony, is transitioning to become Tanya. The officer is about halfway through the gender transition timeline agreed upon with his military medical provider (MMP) and commander and is taking feminizing hormone therapy. The officer is aware that male standards (berthing, uniform, BCA, PRT, etc.) will still apply until his transition is complete. However, midway through hormone treatment, it becomes increasingly difficult for Tony to meet the male body composition and physical readiness standards. Tony's commander is supportive, but several key unit training events have been scheduled over the next several months, making immediate accommodation difficult.

Key takeaway(s)

This scenario illustrates the importance of notifying the commander of any changes to individual medical readiness (IMR) that may impact the ability to meet standards. It is essential that communication among Service member, commander, and the MMP is ongoing.

Service member responsibilities

- If necessary, work with the MMP to obtain proper waiver for male physical readiness standards during the period of gender transition and ensure the commander is informed; and

³⁶ The scenarios presented are fictitious and not intended to represent any actual person or event.

- Discuss alternatives with the commander, such as rescheduled training events or extended leave/absence until gender transition process is complete.

Commander responsibilities

The commander can exercise multiple options listed below, as permitted by DoD and Service policies:

- Advise Tony on the option of taking extended leave/absence during the gender transition process;
- Explore the possibility of transferring Tony to another organization with less rigorous operational requirements;
- Refer Tony for a determination of fitness in the disability evaluation system;³⁷ or
- Review approved ETPs consistent with Service policies for male physical readiness and male body composition standards and ensure they are followed until the change of gender marker in the Service personnel data system to a female is complete.

Scenario 2: Physical Standards

A Service member has completed their medical treatment plan and is requesting commander approval to change their gender marker in the Service personnel data system. The commander has concerns about the Service member's ability to meet height/weight (HT/WT) and physical readiness training (PRT) standards for the preferred gender.

Key takeaway(s)

This scenario illustrates the importance of ongoing communication among Service member, commander, and the MMP, and the requirement for the commander to approve in writing all gender marker change requests. This communication will assist the commander in determining the timing of the gender marker change in the Service's personnel data system.

³⁷ DoDI 1332.18. (USCG reference is Physical Disability Evaluation System, COMDTINST M1850.2 (series))

Service member responsibilities

- Part of your transition process should include a provision to meet new HT/WT and PRT standards and consider whether an ETP will be required as you progress through the medical treatment plan.
- Continue communicating with your commander and your MMP on your ability to meet HT/WT and PRT standards.

Commander responsibilities

- Part of the Service member's transition process should include a provision to meet new HT/WT and PRT standards as they progress through their medical treatment plan.
- Counsel Service member on HT/WT requirements and personal fitness and the potential negative outcomes should they fail to meet those requirements.
- Consult with the MMP on Service member's ability to meet standards.
- Consider two possible courses of action for gender marker change in Service personnel data system: (1) grant gender marker change with ETPs or (2) delay gender marker change until all standards of the preferred gender are met.
- Consult DoD and Service policy as well as the SCCC.

Scenario 3: Pregnancy

Lieutenant Marty changed his gender marker in the Service personnel data system from female to male after completing an approved transition plan. Lieutenant Marty has not had sex reassignment surgery as part of the transition plan and is working with his MMP on a plan to start a family. Lieutenant Marty approached his commanding officer a few weeks ago and mentioned he was pregnant.

Key takeaway(s)

This scenario illustrates the importance of ongoing communication among Service member, commander, and the MMP with regard to Individual Medical Readiness (IMR). It also emphasizes the importance of understanding

special medical care that may be required and administrative benefits resulting from pregnancy.

Service member responsibilities

- It is your responsibility to notify the chain of command of any change to IMR.³⁸
- Though you have changed your gender marker in the Service personnel data system, there are IMR requirements that may be contrary to what is listed in the personnel data system (i.e., gender reflects male, however you have female anatomical characteristics). Health matters specific to anatomical characteristics still require appropriate medical review as they may affect your overall health and readiness, thus you will still require annual female examinations.
- You will receive any/all treatment/check-ups/physicals as it relates to female genitalia, including, in this case, prenatal care. Upon giving birth, you will be entitled to all relevant medical care, administrative entitlements, and leave prescribed under Service policies.
- Be aware that colleagues may find this situation confusing. Consider how and when you would like to discuss the pregnancy with your chain of command and colleagues.

Commander responsibilities

- Comply with Service pregnancy policies.
- Understand and be prepared to address administrative entitlements with Lieutenant Marty (i.e., maternity leave).
- Even though Lieutenant Marty has maintained female anatomy, he must be screened for pregnancy prior to deployment. If Lieutenant Marty became pregnant on deployment he will be transferred in accordance with Service policy.
- Consider workplace communications at the appropriate time with consideration of Lieutenant Marty's wishes.
- Consult with the SCCC.

³⁸ DoDI 6025.19.

Career

Scenario 4: Specialized Career Limitations

A male aviation officer with 12 years of service approaches his commanding officer and requests guidance on how to complete a transition from “Eric” to “Erica.” He has been living as a female when not on duty, and has already started hormone therapy, prescribed by a civilian provider, sought consultation for surgical transition, and is about to have a legal name change.

Key takeaway(s)

This scenario illustrates the importance of notifying the commander of any changes to IMR, and the importance of bringing all medical care into the MHS, whether a member of the Active or Reserve Component. Even though the Service member has received gender transition-related treatment with a civilian medical provider, they must have their subsequent care within the military health system. Finally, the scenario highlights how performance of duty may be limited depending on specialty/career field.

Service member responsibilities

- Immediately notify the flight surgeon of care received by a civilian medical provider.
- You are required by policy to inform your commander of medical treatment that may impact your medical readiness status.
- You have a responsibility to maintain your health and fitness, meet IMR requirements,³⁹ and report medical (including mental health) and health issues that may affect your readiness to deploy or fitness to continue serving in an active/reserve status;
- Receive a diagnosis and a treatment plan from an MMP.
- Provide all medical documentation from your civilian provider to the MMP.
- Develop a transition timeline with the MMP and the commander.

³⁹ Ibid.

Commander responsibilities

- Consider Service policies applicable to Service members regarding unauthorized medical care.
- Direct Service member to an MMP for diagnosis and review of procedures already performed.
- Consult the MMP and/or the SCCC regarding the impact of gender transition on the Service member's readiness status and ability to perform military duties, highlighting the immediate impact to the officer's ability to maintain aviation credentials.
- Consider the timing of medical requirements in the treatment plan and any impacts to the mission (including deployments, operations, training and exercises) as well as the morale and welfare, and good order and discipline of the unit.

Scenario 5: Entry-Level Training

After four months, Private Lee completes recruit and combat training. She then reports to Ft. Sill for Military Occupational Specialty training. Upon arrival, Private Lee tells her Platoon Sergeant she is currently feeling distress as she believes she should be a man. Although she pushed herself through to completion, recruit training increased her distress. Private Lee has expressed reluctance about seeing a mental health specialist and/or medical care provider.

Key takeaway(s)

This scenario illustrates the importance of receiving a proper diagnosis from the MMP prior to other actions being taken. The commander has tools available to facilitate medical care for a Service member's well-being and to ensure Service members complete initial entry training.

Service member responsibilities

- Discuss situation with the commander.
- Obtain an evaluation by an MMP.

Next, Private Lee received a diagnosis of gender dysphoria, and the commander is told her training will be interrupted as treatment is medically necessary. After one month, it is clear Private Lee's medical condition impairs her ability to train.

Commander responsibilities

- Consult with an MMP and determine need for a command-directed mental health evaluation.⁴⁰
- Consult with the SCCC.
- Inform Private Lee potential courses of action may include: withdrawal from training due to her medical condition, a training delay, or an initial entry separation if within 180 days of accession.⁴¹

Reserve Component

Scenario 6: Individual Ready Reserve

Corporal Kennedy is a member of the IRR and does not have access to an MMP. He has recently completed the transition from female to male. Corporal Kennedy wants to be considered male by his Service. He has a new birth certificate showing his preferred gender.

Key takeaway(s)

This scenario illustrates the importance of notifying the commander of any changes to IMR, whether a member of the Active or Reserve Component. Even though the Service member did all of their gender transition-related treatment with a civilian medical provider, they must still adhere to established military medical and personnel processes.

⁴⁰ DoDI 6490.04, "Mental Health Evaluations of Members of the Military Services," March 4, 2013.

⁴¹ DoDI 1332.14, "Enlisted Administrative Separations," January 27, 2014, as amended.

Service member responsibilities

- All IRR Service members have a responsibility to maintain their health and fitness, meet IMR requirements,⁴² and report to their chain of command any medical (including mental health) and health issues that may affect their readiness to deploy or fitness to continue serving.
- Provide medical documentation indicating that transition is complete to their IRR command and ensure it is available to an MMP to confirm the diagnosis.
- Provide legal documentation of gender change (i.e., certified birth certificate, U.S. passport, certified court order) to IRR command.

Commander responsibilities

- Review documentation with an MMP to ensure completeness and compliance with Service instructions and DoD policy.
- If complete, provide letter authorizing gender marker change in the Service personnel database.
- Consult with SCCC.

Scenario 7: Standards and Exceptions to Policy

Sergeant Rich, a Selected Reservist, informs his commanding officer that he has been living as a female when he is not in a drilling status. He requests to be called Meena; to use the female bathroom; to be held to female physical, uniform, and grooming standards; and to have his gender changed in his official military personnel file.

Key takeaway(s)

This scenario illustrates the importance of notifying the commander of any changes to IMR, whether a member of the Active or Reserve Component. Even though the Service member has initiated their gender transition-related treatment with a civilian medical provider, they must still adhere to established military medical and personnel processes.

⁴² DoDI 1215.13, "Ready Reserve Member Participation Policy," May 5, 2015.

Service member responsibilities

- All Selected Reserve Service members have a responsibility to maintain their health and fitness, meet IMR requirements,⁴³ and report to their chain of command any medical (including mental health) and health issues that may affect their readiness to deploy or fitness to continue serving.
- Provide medical documentation to the MMP showing diagnosis and medical treatment received from civilian medical provider.
- Upon confirmed diagnosis by the MMP, work with the MMP and commander to develop a transition plan.
- Provide legal documentation of gender change (i.e., certified birth certificate, U.S. passport, certified court order).

Commander responsibilities

- Facilitate Sergeant Rich's consultation with the MMP and discuss need for any ETPs that may be required.
- Upon confirmed diagnosis by the MMP, work with Sergeant Rich and the MMP to develop a gender transition plan consistent with your unit's operational responsibilities.
- When transition is complete, as certified by the MMP, provide a letter authorizing gender marker change in the Service personnel database.
- Ensure your unit is properly trained to accept and understand Sergeant Rich's preferred gender.

Scenario 8: Satisfactory Reserve Participation

Sergeant Williams is a Selected Reserve member with an Army Reserve unit. He has been in consultation with his commander regarding his gender transition. The medical treatment portion of his gender transition will require him to miss up to 2 months of duty. Both the commander and Sergeant Williams are working through potential mitigation strategies to ensure he does not become an unsatisfactory participant.

⁴³ DoDI 6025.19.

Key policy takeaway(s)

This scenario illustrates the importance of notifying the commander of any changes to IMR, whether a member of the Active or Reserve Component. The commander also has tools available to address the Service member's absence.

Service member responsibilities

- As part of the previously agreed to transition, continued communication with the commander is key to success.
- Be aware of participation requirements to ensure a satisfactory year is achieved.
- Consult with the commander regarding alternative training opportunities.

Commander responsibilities

- You have the necessary tools to develop an initial mitigation strategy; options available to you include: (1) rescheduled training; (2) authorized absences; or (3) alternate training.
- Individual Service policies will detail processes and procedures required to use the above mitigation tools.
- Consult with your SCCC.
- Ensure your unit is properly trained to accept and understand Sergeant Williams' preferred gender.

Scenario 9: Medical Compliance

Airman Bristol, a Selected Reserve member with an Air Force Reserve unit, has an approved transition plan. She has been contemplating an unscheduled medical procedure between unit training assemblies. It is highly unlikely that the surgical procedure will require her to miss training. Airman Bristol is uncertain if she needs to report the procedure to her chain of command.

Key takeaway(s)

This scenario illustrates the importance of notifying the commander of any changes to IMR, whether a member of the Active or Reserve Component. Even though the Service member has initiated their gender transition-related treatment with a civilian medical provider, they must still adhere to established military medical and personnel processes. The commander also has tools available to facilitate the Service member's well-being.

Service member responsibilities

- You have a responsibility to maintain your health and fitness, meet IMR requirements,⁴⁴ and report to your chain of command any medical (including mental health) and health issues that may affect your readiness to deploy or fitness to continue serving in an active status.
- Discuss with your commander to address potential adjustments to your transition plan and any readiness implications.

Commander responsibilities

- You should prepare Airman Bristol for any potential periods of non-availability and work with her to mitigate absences. Options available to you include: (1) rescheduled training; (2) authorized absences; or (3) alternate training.
- Consider potential adjustments to Airman Bristol's transition plan based on individual needs as well as readiness.
- Individual Service policies will detail processes and procedures required to use any of these mitigation tools.
- You must also balance the needs of the individual and the unit in terms of readiness. While Airman Bristol may have great flexibility in her Air Force Reserve unit as to the timing of the medical procedure, this may not always be the case. Continued dialogue between you and Airman Bristol is important to individual and unit readiness. For further information, you should consult your chain of command and/or SCCC.

⁴⁴ Ibid.

Scenario 10: Unauthorized Medical Care

An Active Guard/Reserve (AGR) National Guardsman has completed nearly all aspects of gender transition with the assistance of a civilian medical provider. His gender transition and medical treatment have not been disclosed to the chain of command. He would like to be recognized in his preferred gender.

Key takeaway(s)

This scenario illustrates the importance of notifying the commander of any changes to IMR, whether a member of the Active or Reserve Component. Even though the Service member did all of their gender transition-related treatment with a civilian medical provider, they must still adhere to established military medical procedures.

Service member responsibilities

Even though you have completed nearly all aspects of gender transition by a civilian medical provider, you must:

- By policy, inform your commander of medical treatment that may impact your medical readiness status.
- Maintain your health and fitness, meet IMR requirements, and report medical (including mental health) and health issues that may affect your readiness to deploy or fitness to continue serving in an active/reserve status.
- Request and receive a diagnosis and a treatment plan from an MMP.
- Provide all medical documentation from your civilian provider to the MMP.
- Develop a transition timeline with the MMP and the commander.

Commander responsibilities

- Consider Service policies applicable to Service members regarding unauthorized medical care.
- Direct the Service member to military medical for diagnosis and review of procedures already performed.

- Consult the MMP and/or the SCCC regarding the impact of gender transition on the Service member's readiness status and ability to perform military duties.
- Consider the timing of medical requirements in the treatment plan and any impacts to the mission (including deployments, operations, training and exercises) as well as the morale and welfare, and good order and discipline of the unit.

Privacy and Cohabitation

Scenario 11: Use of Shower Facilities

A transgender Service member has expressed privacy concerns regarding the open bay shower configuration. Similarly, several other non-transgender Service members have expressed discomfort when showering in these facilities with individuals who have different genitalia.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander. It also depicts steps a commander may take to permit privacy, based on Service policy.

Service member responsibilities

- If you have any concerns about privacy in an open bay shower setting, you should discuss this with your chain of command.
- Consider altering your shower hours.

Commander responsibilities

- You may employ reasonable accommodations when/if you have a Service member who voices concerns about privacy. This should be done with the intent of avoiding any stigmatizing impact to any Service member. If permitted by Service policies, some of these steps may include:
 - Facility modifications, such as installing shower curtains and placing towel and clothing hooks inside individual shower stalls.

- In cases where accommodations are not practicable, you may authorize alternative measures to respect personal privacy, such as adjustments to timing of the use of shower or changing facilities.
- Take proactive steps through the chain of command to ensure that expressions of discomfort don't escalate into harassment or hazing.
- Consult the SCCC for guidance on how to institute such measures.

Scenario 12: Urinalysis

A transgender Service member is randomly selected to undergo a urinalysis test at their new command.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander. The commander must adhere to procedures outlined in the Military Personnel Drug Abuse Testing Program (MPDATP)⁴⁵ and Service policy.

Service member responsibilities

- Discuss your circumstances with command leadership during sign-in period to determine your options and allow the commander the ability to adjust as required/desired for your comfort and the comfort level of the observer, particularly if you have not undergone full surgical change.

Commander responsibilities

- Depending on Service regulations, you may consider alternate observation options if a request from a transgender Service member or an observer is made. Options could include observation by a different observer or medical personnel.
- You have discretion to take additional steps to promote privacy, provided those steps do not undermine the integrity of the program. However, all collections must be directly observed.

⁴⁵ DoDI 1010.16.

- Consult with the SCCC; if unable to make special accommodation, spend time discussing with both the observer and the Service member.
- Ensure your observers are properly trained.

Good Order and Discipline

Scenario 13: Living Quarters

You are the leading Chief Petty Officer aboard ship. A high performing Petty Officer, who is transgender and completely transitioned, approaches you and states she can no longer tolerate her roommate. Through positive reinforcement, counseling, and mentorship, you attempt to resolve the issue at the lowest level in the chain of command. However, you notice her performance starting to diminish, and she and her roommate are making derogatory comments to co-workers about each other. The behavior has become disruptive to the entire unit and others are starting to complain. She puts in a request to be re-assigned to another berthing area onboard ship.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander, as well as standards of conduct. It also highlights existing tools available to resolve the situation.

Service member responsibilities

- Respecting each other's rights within a closed space is critical to maintaining good order and discipline.
- Standards of conduct apply equally to all Service members.

Commander responsibilities

- Take an active and positive leadership approach with a focus on conflict resolution and professional obligations to maintain high standards of conduct.
- Counsel the individuals and encourage them to resolve their personal differences. Make clear to both that respecting each other's rights within a closed space is critical to maintaining good order and discipline.

- If the issue cannot be resolved and alternative berthing arrangements can be made within command policy and without degrading good order and discipline of the unit, you may consider alternative arrangements.

Scenario 14: Proper Attire during a Swim Test

It is the semi-annual swim test and a female to male transgender Service member who has fully transitioned, but did not undergo surgical change, would like to wear a male swimsuit for the test with no shirt or other top coverage.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander. It also depicts steps a commander may take to permit privacy, based on Service policy.

Service member responsibilities

- You may be comfortable with your outward appearance; however, there may be a period of adjustment for others. It is courteous and respectful to consider social norms and mandatory to adhere to military standards of conduct.
- Discuss with your chain of command.

Commander responsibilities

- It is within your discretion to take measures ensuring good order and discipline.
- When administering the swim test, counsel the individual and address the unit, if additional options (e.g., requiring all personnel to wear shirts) are being considered.
- Consult with your SCCC.

Scenario 15: Living Quarters

Following her transition (which did not include any sex reassignment surgery) and gender marker change in the Service personnel data system from male to female, Petty Officer Kelleher was assigned to a Coast Guard cutter and

provided quarters in female berthing. Shortly after her arrival aboard the cutter, several females in Petty Officer Kelleher's berthing area complained to the Command Senior Chief about being uncomfortable around Petty Officer Kelleher as she still has male genitalia. The Command Senior Chief approached the commanding officer with these complaints hoping to achieve some sort of resolution.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander, as well as standards of conduct. It also highlights existing tools available to resolve the situation.

Service member responsibilities

- You are not required to modify or adjust your behavior based on the fact you do not “match” the physical appearance of those in your berthing area. You must, however, follow all relevant shipboard and/or Service regulations commensurate with your gender.
- If you suspect others feel uncomfortable, or begin to feel uncomfortable, you should immediately reach out to an appropriate member of your command and note your concern. Should you feel uncomfortable approaching your command, every effort should be made to use resources available through the command senior enlisted leader network (e.g., Command Master Chief, Command Sergeant Major).
- The preservation of personal privacy, dignity, and respect is a responsibility shared by all crew members.

Commander's responsibilities

- Prior to Petty Officer Kelleher's arrival, ensure crew has received baseline training on policy regarding service by transgender personnel.
- Immediately upon the gender marker change in the Service personnel data system, Petty Officer Kelleher will be responsible for meeting all applicable military standards in her preferred gender, and subject to regulation by the military, will use those berthing, bathroom, and shower facilities associated with the preferred gender.

- You are responsible for the collective morale and welfare and good order and discipline of the unit and for fostering a command climate where all members of your command are treated with dignity and respect.
- An initial approach to the complaints may entail meeting with the Command Senior Chief as well as the complaining members of the berthing area to determine the exact nature of their complaints. You should inform them that Petty Officer Kelleher's assignment to female berthing is required regardless of her physical appearance and that their lack of comfort is not reason to prevent Petty Officer Kelleher from residing in female berthing or make her subject to treatment different from others.
- Similarly, as with any other issue taking place in a berthing area that affects the morale and welfare and good order and discipline, you (or Command Senior Chief) may also want to speak with Petty Officer Kelleher to inform her of the perceived problem regarding her physical appearance and its effect on the other members in the berthing area. Such a conversation should be handled very carefully; coordination with the SCCC is advisable to gain assistance on strategies to successfully engage in such communication.
- In every case, you may employ reasonable accommodations to respect the privacy interests of Service members. Avoid stigmatizing actions that may single out any Service members in an attempt to resolve the complaints.

Real Life Experience (RLE)

Scenario 16: Attending a Unit Social Event

A Service member has been undergoing transition for the last three months, from male to female, and his gender marker has not been changed in the Service's personnel data system. Only the immediate chain of command is aware of this transition. The Service member desires to attend an off-post unit event dressed as a female.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander, as well as standards of conduct. It also

highlights existing tools available to resolve the situation, as well as emphasizing the RLE agreement that was discussed when developing the transition plan.

Service member responsibilities

- Your RLE should be conducted in accordance with your approved transition plan. If this specific situation is not addressed, discuss this with your commander and the MMP to potentially modify the transition plan.
- Devise a communication plan with the commander to inform unit members of the transition to your preferred gender prior to attending unit events.

Commander responsibilities

- Maintain good order and discipline.
- During transition planning, discuss and document expected conduct to include RLE and whether ETPs may be necessary.
- If approving the ETP, ensure the unit members are properly trained prior to the event. If granting an ETP is not practicable, discuss with the Service member and advise him not to attend such activities as a female until unit members are properly trained.

Scenario 17: Off Duty

A Service member has been undergoing transition for the last three months, from male to female, and has not yet changed his gender marker in the Service's personnel database system. The unit is aware of his transition. He is preparing to begin his RLE after duty hours (i.e., wearing make-up, wigs, and female clothing) and would like to do so in his barracks room, unit day room, and on the military installation. He is still using the male facilities.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander, as well as standards of conduct. It also highlights existing tools available to resolve the situation, as well as emphasizing the RLE agreement that was discussed when developing transition plan.

Service member responsibilities

- Your RLE should be conducted in accordance with your approved transition plan. If this specific situation is not addressed, discuss this with your commander and the MMP to potentially modify the transition plan (i.e., request an ETP if necessary).

Commander responsibilities

- During transition plan development, discuss and document expected conduct to include RLE.
- Consider ETPs if requested by Service member; ensure your unit is aware and properly trained prior to granting an ETP.
- Only at the Service member's request, consider authorizing extended leave, transfer to IRR, ING, or Career Intermission Program/ Temporary Separation in accordance with Service policy to allow the Service member to live in their preferred gender and conduct RLE. Care should be taken to not apply any undue pressure on the Service member to avail himself of these voluntary options.
- Consider notifying the installation commander that you have a transitioning Service member to mitigate any potential confusion at base access control points.

Overseas

Scenario 18: Liberty Call and Personal Safety

The USS SHIP is about to pull into port for 3 days of liberty. The diverse crew, which includes a transgender Service member, has been working hard in the Arabian Gulf and is excited about a few days off. There is concern for Service member safety ashore due to wide spread anti-LGBT sentiment. Additionally, there are criminal penalties for violations of social norms.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander. Additionally, emphasis is placed on using available tools to evaluate assignments that may be potentially risky for the Service member.

Service member responsibilities

- You must always remember that the laws and what is considered socially normal in the host country may be vastly different than in the U.S.
- Pay attention to any travel warnings given at your command as a pre-arrival brief. You should also consult the Foreign Clearance Guide,⁴⁶ Travel Precautions, and Information section for LGBT travel information for that country.
- You should ensure that when you visit the country that you are always accompanied by some of your shipmates and avoid areas that are listed as dangerous. Be cautious of potential risky situations and don't do anything you would not do at home.
- You should avoid all physical displays of affection in public.

Commander responsibilities

- While having a transgender Service member might be unique to your crew, the specific issues and concerns are analyzed similarly to any other safety issues that may be encountered by any member of your crew.
- Conduct a thorough analysis of the country you are visiting prior to arrival. At a minimum, you should review the U.S. State Department's country specific website and DoD Foreign Clearance Guide.
- Tailor your pre-briefs to the crew on the accepted country norms and places to avoid. Ensure a robust buddy system for liberty is prescribed. Educate your non-commissioned officers about any concerns regarding the port.

Scenario 19: Assignment Considerations

A newly reported transgender female Service member arrives in the CENTCOM Area of Responsibility (AOR) to serve as an advise-and-assist mentor to women police officers. The country of assignment specifically requires female trainers for their female police officers.

⁴⁶ See Annex D.

Key takeaway(s)

This scenario illustrates the importance of open lines of communication between the Service member and the commander, as well as the personnel assignment officer. Additionally, emphasis is placed on using available tools to evaluate assignments that may be potentially risky for the Service member.

Service member responsibilities

- You must be mindful of challenges presented by beliefs and norms in the AOR and how they are different than the accepted norms in the U.S.
- You may need to adjust your expectations in the event that you are asked to shift to a different billet in support of the mission. It is important to maintain a flexible mentality when working with foreign nations to better meet the needs of the overall mission.

Commander responsibilities

- This situation is unique in that close proximity with women and men in foreign countries may be more complicated than in the U.S.
- Some nations view transgender people as culturally unacceptable and will not recognize the individual's preferred gender.
- Conduct a thorough analysis of the country prior to arrival. At a minimum, you should review the U.S. State Department's country specific website and DoD Foreign Clearance Guide.
- You are encouraged to discuss this situation with your chain of command and the SCCC.

Proceed with caution for the safety of the Service member and the possible attention local media interest would generate in assigning this individual to the billet. The individual may need to be reassigned.

ANNEX D:

Additional Resources and Links

DoD Public and CAC-Enabled Websites

Public DoD website, "Department of Defense Transgender Policy":
<http://www.defense.gov/transgender>

DoD CAC-enabled website:
<https://ra.sp.pentagon.mil/DoDCCC/SitePages/HomePage.aspx>

Foreign Clearance Guide:

<https://www.fcg.pentagon.mil/>

Passport

The Department of State has established procedures allowing a person to change the gender on their U.S. Passport. Significantly, an amended birth certificate is not required. Details on this process are contained in the attached information page, found at this link:

<http://travel.state.gov/content/passports/english/passports/information/gender.html>

Service Boards for Correction of Military Records

Air Force:

<http://www.afpc.af.mil/board-for-correction-of-military-records>

Army:

<http://arba.army.pentagon.mil/abcmr-overview.cfm>

Coast Guard:

<http://www.uscg.mil/legal/BCMR.asp>

Navy and Marine Corps:

<http://www.secnav.navy.mil/mra/bcncr/Pages/home.aspx>

Service Central Coordination Cells (SCCCs)

Air Force:

usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil

Army:

usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@mail.mil

Coast Guard:

SCCC@uscg.mil

Marine Corps:

USMC.SCCC@usmc.mil

Navy:

usn_navy_sccc@navy.mil

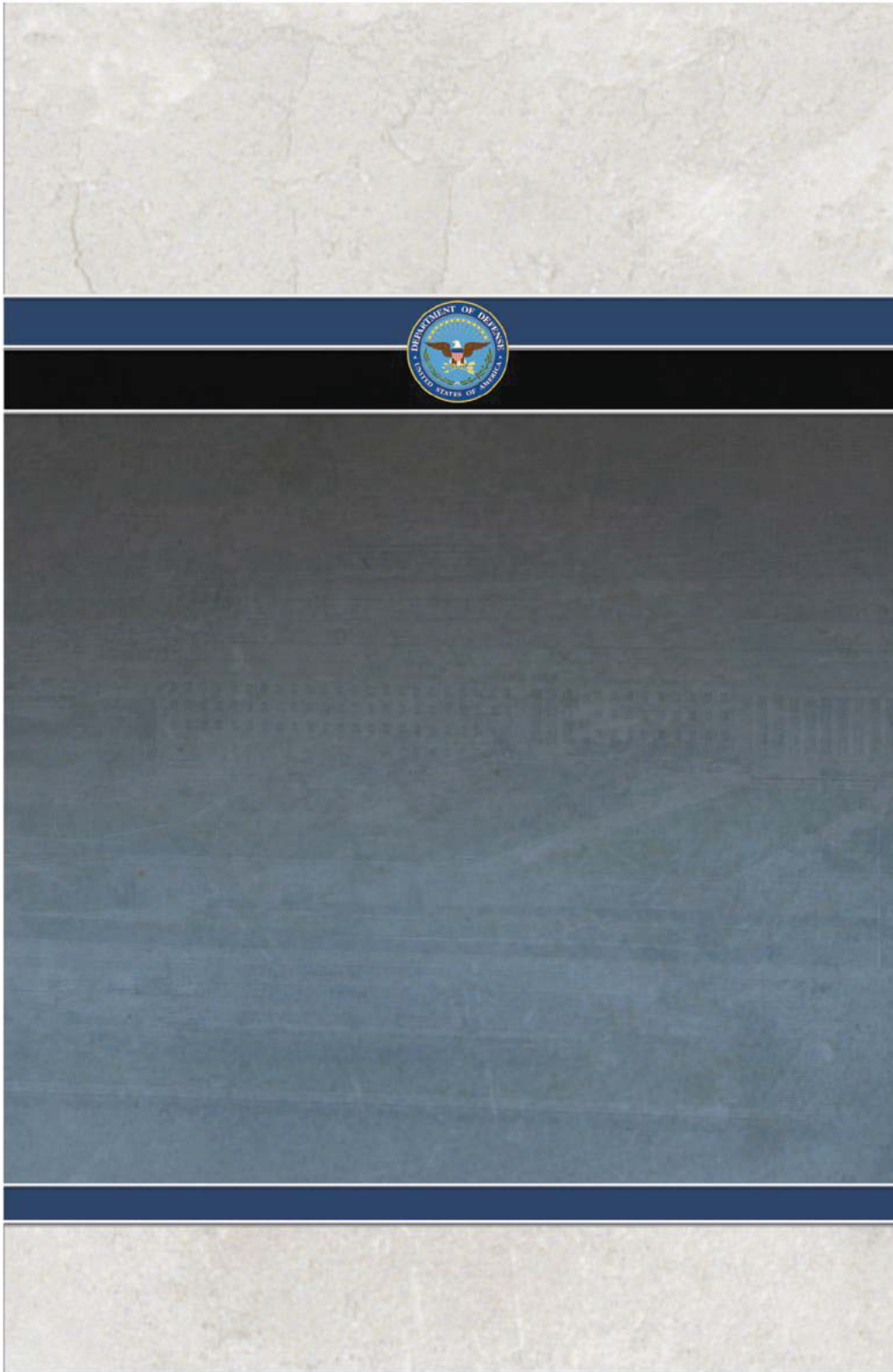


Exhibit 3

U.S. Navy's Transgender and Gender Transition
Commanding Officer's Toolkit

The background of the page is a photograph of a submarine's deck at sunset. The sun is low on the horizon, casting a warm glow over the scene. The deck is dark with various markings and equipment. A person is visible in the distance on the deck. The sky is filled with soft, colorful clouds.

**United States Navy
Transgender and
Gender Transition
Commanding
Officer's Toolkit**

This guide is intended as a supplement to the *Transgender Service in the US Military: An Implementation Handbook*. The Department of Defense (DoD) handbook addresses many topics to assist in understanding transgender terms, definitions, and related issues which are not fully repeated in this guide. The DoD guide and this guide are not all-encompassing. Should Commanding Officers have questions or discover situations which are not adequately addressed, they are encouraged to contact the USN Service Central Coordination Cell (SCCC) listed at the end of this guide for policy assistance.

Existing standards of conduct shall continue to apply to all Service Members with the continued expectation of treating each other with dignity, respect, and professionalism.

Commanding Officers should use this opportunity to review their local standards of personal and professional conduct to ensure that they provide adequate guidance in relevant areas, apply uniformly to all personnel, and promote an environment free from personal, social or institutional barriers. Place special emphasis during such review on the following areas: berthing, shower and head facilities, dress and appearance, and zero tolerance for harassment and hazing. Standards of conduct must clearly address the responsibility of leaders, supervisors, and subordinate personnel to foster unit cohesion, good order and discipline, respect for authority, and mission accomplishment.

Commanding Officers must promote the dignity and respect of all personnel to include transgender Sailors, prevent discrimination and harassment based on gender identity, and provide guidance to command personnel as required regarding gender transition by military personnel.

Understanding the Transition Process

Transition: *Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in another gender role, for others this means finding a gender role and expression that are most comfortable for them. Transition may or may not include feminization or masculinization of the body through cross-sex hormone therapy or other medical procedures. The nature and duration of transition are variable and individualized.*

Gender Transition Process

Though the **Gender Transition** process (the process of changing the physical appearance of an individual to align with their preferred gender identity) involves medical, social, and administrative components, the starting point will always be a medical diagnosis. If a Sailor expresses to command leadership feelings of gender non-conformity, which in some cases can cause significant distress or anxiety, it is important to recognize the Sailor is likely under psychological strain that may place them in a vulnerable position. Assist the Sailor in obtaining an appointment with mental health professionals to obtain a medical diagnosis at the first available opportunity. Leadership needs to assure the Sailor of the command's support, address personal privacy concerns, and reiterate zero tolerance for any discrimination or harassment.

A medical diagnosis is a fundamental first step in a transition process. When a medical diagnosis of **Gender Dysphoria** (a medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their birth gender and their sex and that may cause them difficulty in functioning in their social or work environment) indicates Gender Transition is necessary, the Sailor, Military Medical Provider (MMP), and Commanding Officer (CO) will jointly develop a **Transition Plan**.

Gender Dysphoria is a condition that will rarely require emergency care/medical intervention or removal from a command. A diagnosis of Gender Dysphoria involves a multi-visit, comprehensive medical review conducted at an appropriate Military Medical Treatment Facility. Transition will not be initiated simply on the basis of a declaration of a Gender Identity issue by the Sailor. There must be a medical diagnosis and medical treatment plan on record as developed by the MMP in conjunction with the BUMED Regional Transgender Care Team (TGCT) (See BUMEDNOTE 6000).

Medical courses of treatment vary from person to person and may include any or all of the following: behavioral health counseling, cross-sex hormone therapy, surgery, and real-life experience (RLE). Goals are to minimize impact to both the Command and the Sailor, and to maintain the Sailor's fitness for duty, or return the Sailor to duty as quickly as possible following periods of limited duty. A CO may not disapprove medically-necessary Gender Transition care or timing of urgent care, but may work with the Sailor's medical provider and the Sailor to adjust timing of periods of limited duty to support operational or work requirements.

Understanding the Transition Process

The Sailor's CO will approve the Transition Plan, which will include the **Medical Treatment Plan** as outlined and approved by the MMP, guidance regarding the immediacy and timing of recommended treatment, guidance on RLE, operational and mission requirements, length of the treatment plan, discussion on the expectation of maintaining standards based on the gender marker in personnel administrative systems/DEERS, communication requirements to include timing of disclosure to the workforce and taking the Sailor's desires into consideration.

Due to Navy operational requirements, transition should be completed within 18 months and no later than 24-months with waiver following the date the CO approves a Sailor's Transition Plan. However, there is not a standardized transition timeline. Once the Transition Plan is completed, there may be other medical procedures undertaken by the individual but these would be considered as a routine medical procedure and not to be affiliated with the Transition Plan. Each Sailor's transition will be handled on a case-by-case basis with medical determination of fitness for duty the controlling factor. A command-approved Transition Plan will detail the Sailor's anticipated transition timeline based on the individual's diagnosis and Medical Treatment Plan. Similar to other medical conditions, complications or unforeseen issues may arise which alter the treatment plan timeline.



Gender Transition Process: Gender transition in the military begins when a Service Member receives a diagnosis from a military medical provider indicating that the member's gender transition is medically necessary, and concludes when the Service Member's gender marker in DEERS is changed and the member is recognized in the preferred gender.

Understanding the Transition Process

Real Life Experience (RLE): RLE is the phase in the gender transition process during which the individual commences living socially in the gender role consistent with their preferred gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the medical treatment associated with the individual Service Member's gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the new gender, as well as using preferred gender berthing, bathroom, and shower facilities.

Real Life Experience

RLE refers to a period of time during transition when a transgender person changes outward gender expression and lives in their preferred gender.

- This will often start prior to an official administrative change of gender during off-duty hours and may include socialization, clothing, and appearance (hair style, cosmetic, etc.) changes. A transgender Sailor may desire to engage in RLE during a leave period or after duty hours.
- RLE expectations and timing must be discussed and codified in the Medical Treatment Plan and the Transition Plan. A Sailor who is undergoing transition and has been approved by the CO to conduct RLE in accordance with the agreement in the Sailor's Transition Plan is not considered to be cross-dressing. A more extensive discussion of cross-dressing and the limitations of such are listed on the Navy Personnel Command website under Support & Services/21st Century Sailor/LGBT Resources.
- There is no ability to conduct RLE shipboard/underway. Clear expectations for RLE in various social settings should be communicated and is typically not authorized at military functions in or out of uniform unless the CO has documented and approved.
- There are three situations where RLE may occur, each with its own considerations or restrictions:
 - Foreign Locations. Commands need to be cognizant of host-nation laws and social norms when considering RLE in an off-duty status in foreign nations. Travel warnings, the State Department's country-specific website, the DoD Foreign Clearance Guide, and any U.S. regional military Commander directives should be reviewed and heeded.
 - Stationed in the United States, Shipboard. When a Service Member is onboard a ship, they are considered in an on-duty status, even after working hours. In accordance with DoDI 1300.28, RLE takes place away from the working environment. As part of the approved Transition Plan, COs may allow for embarkation and debarkation from the ship for Sailors going on liberty to commence after-hours RLE.

Understanding the Transition Process

- Stationed in the United States, Shore Based. When a Service Member is stationed at a shore facility, they may execute RLE away from the workplace.

Transition Process Complete

When the MMP determines that the Medical Treatment Plan is complete, the Sailor obtains the required State or Federal legal documents, as outlined in DoDI 1300.28 (amended passport, updated birth certificate, or court order). Following CO written approval (sample on pg. 25), the Sailor may submit a request to execute the gender marker change in DEERS.

When the Service Member's gender marker in personnel administrative systems/DEERS is changed (as completed per MILPERSMAN 1000-131), apply the preferred gender standards for uniform, grooming, PFA, and Military Personnel Drug Abuse Testing Program (MPDATP). The requirement to meet preferred gender standards after the gender marker change must be clearly communicated to the transitioning Sailor so that they are prepared, particularly for the PFA.

Direct the use of military berthing, head, and shower facilities according to the Service Member's gender marker as reflected in DEERS.



Gender Transition Complete: Service Member has completed the medical care identified or approved by a military medical provider in a documented medical treatment plan as necessary to achieve stability in the preferred gender. The Service member obtains appropriate documentation and the Commanding Officer provides written permission to change the gender marker in personnel administrative system/DEERS.

Counseling Tips

Transgender Service Member: . Service Member who has received a medical diagnosis indicating that gender transition is medically necessary, including any Service Member who intends to begin transition, is undergoing transition, or has completed transition and is stable in the preferred gender.

First Steps for Commanding Officers

When a Sailor Informs the Commanding Officer that they are/suspect they are Transgender

The CO should be supportive, respect privacy concerns, and describe the basic tenets of policies and processes outlined in instruction and the DoD Handbook relevant to Navy transgender personnel. Be cognizant that the Sailor may know very little or have incorrect information about existing DoD and Navy transgender policy, what options are available to them, and what, if any, immediate actions will be taken. Assure the Sailor that any actions regarding performance of duties will be based on readiness and the Sailor's ability to perform tasks as determined by medical evaluations and operational requirements. This will likely be a good opportunity to discuss the basics of how gender transition might typically occur, to include the need for medical diagnosis, a Medical Treatment Plan, and development of a Transition Plan which will detail the steps and timing of the Sailor's gender transition, in the event their personal decision includes transition. Tips for discussion:

- The timing of undergoing transition. There are distinct differences between shipboard and shore-based transitions. Ideally, transitions are conducted in a shore environment to allow greater access to health care, greater opportunity to conduct real-life experience and to reduce the added stressors of operational requirements. The timing discussion should include any potential career implications, especially with regard to sea duty completion, and whether Sailor may prefer transfer or staying in the current command.
- The CO may not deny medically necessary care but may adjust the timing of transition or surgical procedures based on mission unless the care is medically urgent as determined by the MMP. While the care outlined in the Medical Treatment Plan is considered medically necessary, it is typically not medically urgent. This can be verified through the MMP.

Counseling Tips

- If a Sailor desires to remain shipboard during transition, they are required to maintain standards up to and through the legal change (must maintain birth gender grooming and appearance standards and use birth gender head, shower, and berthing facilities until the CO receives medical proof of transition complete and provides the Sailor the written approval to make the DEERS gender marker change per MILPERSMAN 1000-131). Once a Sailor's gender marker is changed in DEERS, they will shift grooming and uniform standards and use the head, shower, and berthing facilities associated with their preferred gender. This shift should be accompanied by communications with shipmates in the work center and shared living spaces. The transitioning Sailor should be consulted on how this will be communicated.
- In either case (shipboard or shore-based transitions), Sailors should be counseled that they will be required to meet all gender standards associated with their gender marker in DEERS. This means that upon completing their transition they are expected to be able to meet their new physical fitness requirements.
- The Navy will allow up to 18 months for gender transition completion. Waivers for an additional 6 months up to two years maximum for transition may be considered. If Sailors desire additional medical procedures after the legal transition is complete, it is considered to be as any other medical procedure but is not considered part of the transition process by the Navy.



Gender Marker: *Lata element in DEERS that identifies a Service Member's gender. A Service Member is expected to adhere to all military standards associated with the member's gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.*

Counseling Tips

Stable in Preferred Gender: *Medical care identified or approved by a military medical provider in a documented medical treatment plan is complete, no functional limitations or complications persist, and the individual is not experiencing clinically significant distress or impairment in social, occupational, or other important areas of functioning. Continuing medical care, including but not limited to cross-sex hormone therapy, may be required to maintain a state of stability.*

- Physical Fitness Assessment (PFA). Since PRIMS gender marker data is fed by personnel systems, there is no ability to change testing standards until the legal gender marker change in DEERS. Personnel will be subject to assessment standards of their birth gender prior to the change in DEERS unless medically waived as required like any other medical condition.
- Sailors requiring adjustments to a Transition Plan may do so with CO approval. CO's may adjust the Transition Plan as required or as it makes sense in consultation with the Sailor.

Communication

Communication between the CO and Sailor is critical throughout the transition process. Discuss who will communicate the Sailor's transition to shipmates - the Sailor, CO, or together. A Department Head or another senior member of the command may also be chosen to communicate to the Sailor's work center, but the CO will want to ensure the message content is appropriately non-stigmatizing.

The goal is to keep the transitioning Sailor and other command members as comfortable as possible throughout the entire process. While the transitioning Sailor's privacy is to be respected, there will be a point where other members of the command will notice changes and communication is necessary.



Grooming and Uniform Standards / Facilities Use

Uniform and Grooming Standards

Standards for uniform and grooming must match the official gender as annotated in DEERS, therefore, a transgender Sailor's shift of uniform and grooming standards will occur concurrently with the administrative change of gender in DEERS. Sailors who transition gender will not receive a special uniform allowance for uniforms of their acquired gender. Service Members will be responsible for purchasing any required uniforms after completing a Gender Transition using their current clothing replacement allowance (CRA). An adjustment in the type of clothing allowance (male-to-female or female-to-male) will be made when DFAS is made aware of a gender change. The rate change may not be reflected in the Service Member's pay account until the next year of their anniversary. Keep in mind the NWU are unisex, there are not male and female versions. Optional items (such as skirts, relax fit jackets, sweaters) are not funded as part of the clothing allowance. Remember that Service uniforms and Service Dress White uniforms have a 24-month wear life and the Service Dress Blue has a 36-month wear life and should be replaced accordingly or as required to maintain a neat and professional appearance. Sailors are provided the full amount of a new uniform in their annual CRA during the wear life of each uniform. The key to this and all important decisions that involve fiscal expenditures is planning.

Berthing

Updated Standard Organization and Regulations Manual (SORM) guidance will be published via NAVADMIN and included at a future date in OPNAVINST 3120.32D. COs should consider developing command modesty policies as required. Courteous behavior and individual privacy of each command member should be addressed. The creation of separate living quarters based on gender identity is prohibited, and the CO is not authorized to establish practices that physically segregate Service Members according to gender identity.

Berthing assignment must match gender as annotated in DEERS, therefore, a transgender Sailor's shift of berthing will occur concurrently with an administrative change of gender in DEERS. Prior to the DEERS gender marker change, the Sailor will be assigned to the corresponding berthing of their birth gender. After the DEERS change, the Sailor will be assigned to the corresponding berthing of their preferred gender.

Preferred Gender: The gender in which a transgender Service Member will be recognized when that member's gender transition is complete and the member's gender marker in DEERS is changed.

Grooming and Uniform Standards / Facilities Use

Head/Restroom and Shower Facilities (referred to as “facilities”) Usage

Similar to assignment of berthing, head and shower facilities use must match gender as annotated in DEERS, therefore, a transgender Sailor’s shift of facilities usage will occur concurrently with administrative change of gender in personnel administrative systems/DEERS upon submission of legal documentation of gender change in accordance with MILPERSMAN 1000-131.



Physical Fitness Assessment (PFA) and Urinalysis

Physical Fitness Assessment (PFA) Program standards

There are no separate or distinct standards for transgender Service Members. Service Members must adhere to applicable fitness program standards commensurate with the gender marker currently reflected in DEERS. Service Members and MMPs must carefully consider the time required to adjust to new PRT standards as part of the medical treatment and transition planning process.

Sailors who complete transition are expected to meet Navy standards of the preferred gender at the same time as the administrative gender marker change in DEERS. MMPs should take this into account when signing off transitioning individuals as complete.

Military Personnel Drug Abuse Testing (Urinalysis) Program (MPDATP)

Transgender personnel are subject to all urinalysis program requirements, and direct observation of urine collection by a trained observer is required. Not all transgender people who transition gender make the full surgical change – therefore, COs retain the discretionary authority in assigning observers to ensure the dignity of the transgender Sailor and the designated observer are upheld while maintaining the requirements of the urinalysis program. An observer is not required to conduct this duty if they are uncomfortable doing so. Examples of allowances include:

- Use of medical personnel as observers if available and/or as authorized by the medical command.
- Finding an observer who is comfortable observing a transgender Sailor who may have different genitalia than the gender marker listed in DEERS.



Transfer / Reassignment

Command Transfer/Reassignment

Recommended duty reassignments based on a medical diagnosis and a treatment plan will be coordinated on a case-by-case basis consistent with other medical conditions that may require transfer for medically indicated reassignment.

As a general rule, Gender Transitions will only be allowable shipboard if a transitioning Service Member can maintain deployability standards, with exceptions for minor convalescent leave periods, up to and through the legal change (birth gender standards up to legal change and then preferred gender standards will apply after the gender marker is changed in DEERS). Berthing and head reassignment will only occur after this point.

During a Gender Transition, Service Members may enter periods of non-deployability during a Gender Transition. Each transition will be different. Timing of a Transition Plan should include consideration of a Sailor's planned rotation date (PRD) and planned deployment/operational requirements. Service Members should normally attempt to finalize transition during one tour to avoid interrupting medical treatment and having to coordinate a new Transition Plan at the next command, where operational requirements may be different. It is the Service Member's and their MMP's responsibility to inform leadership regarding an unforeseen medical condition when, as a result of any medical treatment, the Service Member will or has become non-deployable. For Active Duty Service Members, after a diagnosis has been made, while the treatment and Transition Plan are being created with involvement of the Service Member, their CO, and the MMP, part of the process will be discussing timing of treatment and procedures to minimize impact on potential deployments or mission readiness. Communication between the Service Member/CO and the Service Member's community manager/detailer will also be important. The Service Member may need to discuss with their MMP and CO whether they want to transition while in their current unit or upon arrival at a new unit, as there are advantages and disadvantages to both. Transferring during transition is typically not a good idea as it will require a new Transition Plan signed by the new CO in order to account for the new command's operational requirements.

Career Specialty / Assignment

Community assignment restrictions will be in accordance with the Navy's Bureau of Medicine (BUMED) current assessment of disqualifying medical status. Individuals undergoing medical or surgical treatment may have periods of being restricted from flight duty and diving operations. Refer questions to the BUMED Regional Transgender Care Teams or the SCCC.

Similarly, there are impacts with Service Members who are part of the **Personnel Reliability Program (PRP)** with regards to being diagnosed and initiating a Gender Transition:

- **Medication use:** If any treatment (not just related to transgender service) involves a new medication, the Service Member will be suspended until the effects of the medication can be understood. For hormone treatment, this may result in a period of 6 months to evaluate the side effects/stability on the medication.
- **Mental health:** Just like any major life stressor/change, BUMED PRP medical authority requires a mental health evaluation to assess a member's stability and reliability as it relates to PRP.
- **Surgery:** Just as in any other surgical treatment a member must be pronounced fit for full duty by their surgeon and stable on any pain medication. If the pain medication calls into question a person's attentiveness or may cause sudden or subtle incapacitation, this medication would be grounds for suspension. With regards to surgery, not every transition includes sex reassignment surgery (SRS).
- **Suspension is the term that is used for anything from being SIQ for a day or an issue that could last for one year. After one year, the member must be decertified. Decertification is NOT permanent but does require a board for reinstatement.**



Cross-sex Hormone Therapy: The use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth. A common medical treatment associated with gender transition.

Initial Entry Education / Training

Gender Transitions are generally not supportable during entry-level training due to the rigorous military requirements and schedule. In general, the compressed training timeline does not permit transitions to be accommodated at Recruit Training Command (RTC), U.S. Naval Academy (USNA) or in a Reserve Officers Training Corps (ROTC) program though situations will be evaluated on a case-by-case basis.

RTC

A Service Member is subject to separation in an entry-level status during the period of initial training (defined as 180 days per DoDI 1332.14) based on a medical condition that impairs the Service Member's ability to complete such training.

Transitioning USNA and ROTC Midshipmen

Midshipmen must continue to meet medical accession standards while at USNA or enrolled in ROTC. If midshipmen do not maintain the standards for appointment into the U.S. Military Services, a one-year Medical Leave of Absence (MLOA) may be warranted as determined by the Secretary of the Navy or designee. When an MLOA is recommended, a medical record review will determine whether the health-related incapacity or condition presents clear evidence that, following medical treatment, the midshipman will be able to meet the physical standards for appointment into the Navy within a reasonable period of time. USNA midshipmen who cannot meet medical accession standards and become medically disqualified may be disenrolled in accordance with DoDI 1322.22.



Reserve Component

Reserve Component Applicability

DoD and Navy policies regarding accessing and retaining transgender personnel are applicable to both Active Component (AC) and Reserve Component (RC) Sailors. Unique aspects of policy application and execution for the Reserve Component are listed below.

Medical Diagnosis

In accordance with DoDI 6025.19 Individual Medical Readiness, Sailors must report significant health information to their chain of command. RC Sailors must consult with a MMP concerning the potential impact on military readiness of any medical diagnosis and proposed treatment. Any member receiving a diagnosis of Gender Dysphoria must report the diagnosis and submit relevant medical information to their Navy Reserve Activity (NRA) Medical Department Representative (MDR), in addition to informing their Reserve Unit leadership. Once the NRA CO receives a Gender Transition request, the member becomes Temporarily Not Physically Qualified (TNPQ) and the MPQ (temporarily not physically qualified for mobilization) Manpower Availability Status (MAS) code will be applied to the member. The MPQ MAS code will indicate the member is awaiting validation of the diagnosis and treatment plan. The medical diagnosis and treatment plan for Gender Dysphoria may be provided by a civilian medical provider but must be forwarded for validation to the BUMED Medical Support Cell that services the USN Service Central Coordination Cell (SCCC). Once the diagnosis and Medical Treatment Plan are approved, a Transition Plan can be developed.

Transition Plan Approval

The Transition Plan (see *Create a Transition Plan* section) serves as documentation of the Reserve Sailor's anticipated timeline for the medical, social, and administrative aspects of Gender Transition in the Navy. The NRA CO with administrative responsibility for mobilization readiness is the approval authority for a transitioning Reserve Sailor's Transition Plan. The plan must be developed by the NRA CO in coordination with the Navy Reserve Force Surgeon (COMNAVRESFORCOM N9), the Reserve Unit CO, and the Sailor.



Reserve Component

Readiness Implications

Individual Medical Readiness (IMR) status will be determined on a case-by-case basis as dictated by the Transition Plan. Generally, the MPQ MAS code will remain in effect until the Reserve Sailor's Transition Plan is completed, or if at any time during the transition a medical condition arises to warrant a change in medical status, or if the Transition Plan is not approved.

Administration of the Temporarily Not Physically Qualified (TNPQ) status is well established and supports documentation of readiness for many different medical conditions. The MPQ MAS code will be applied in accordance with RESPERSMAN 6000-010.

Entitlement Participation (IDT/AT) and Assignment

The inherent flexibility of entitlement participation, to include rescheduling Inactive Duty Training (IDT) periods, granting Authorized Absences (AAs), and waiving Annual Training (AT), should be maximized to provide the Sailor an opportunity to achieve satisfactory participation and unit readiness during the transition process. In certain situations where significant operational tasking is anticipated, reassignment to a different Reserve Unit may best enable a smooth transition. Guidelines for assignment flexibility will be in accordance with RESPERSMAN articles 1570-010 and 1570-020. Sailors will not be summarily assigned to the IRR unless that is the Sailor's choice.

Restrictions on Mobilization and Other Participation

Once the NRA CO receives a Gender Transition request, the member initially becomes TNPQ and the MPQ MAS code (temporarily not physically qualified for mobilization) will be applied to the member in accordance with RESPERSMAN 6000-010. This appropriately identifies the member as having a medical condition and supports documentation of readiness in the same manner as other medical conditions. The Service Member's mobilization status will be reviewed monthly to determine their physical readiness status. Transitioning Sailors may have periods of ineligibility for participation, including AT and other active duty assignments (Active Duty for Training (ADT), Active Duty for Special Work (ADSW), and definite recalls) due to planned medical procedures in accordance with the approved treatment plan. Members classified as TNPQ may be authorized drill participation but are limited to performing IDT drills and completing correspondence courses. They may not perform any other type of training or active duty orders including AT, ADT, ADSW, IDTT, or recall in accordance with BUPERSINST 1001.39F. However, RESPERSMAN article 6000-010 allows members in a TNPQ status to request consideration for Inactive Duty Training Travel (IDTT), AT, and ADT on a case-by-case basis for periods of less than 29 days within CONUS.

Reserve Component

RC Sailors on Temporary Active Duty Orders

RC Sailors serving on active duty orders (e.g., ADT, ADSW, mobilization, definite recall) for a finite period will generally be precluded from beginning the Gender Transition process. Comparable to AC Sailors, RC Sailors may also be released from active duty based on a medical determination. Determinations will be made on a case-by-case basis by the chain of command in coordination with the USN Service Central Coordination Cell (SCCC) and the BUMED Medical Support Cell.

Implication of Transferring Between AC and RC

Members will be treated according to the same medical standards as any other Sailor transferring from AC to RC. Members should be counseled on the physical qualification processes and timing of affiliation with the Navy Reserve per MANMED 15-22.

IRR to SELRES

Members transferring from the IRR to SELRES are subject to the same affiliation policies and medical standards as any other member.



Privacy Concerns

Personal privacy is a concern for all Service Members. Members of the Armed Forces accept living and working conditions that are often austere, primitive, and characterized by close quarters with little or no privacy. Consistent with current policy, COs retain discretion to alter berthing or billeting assignments to maintain morale and good order and discipline when consistent with mission accomplishment in accordance with Service policy. The creation of separate head and shower facilities or living quarters for transgender personnel is prohibited. During development of the Sailor's Transition Plan, there should include discussion regarding Service Member and unit privacy concerns. There may be points where communication with the work force is necessary to attempt to ensure that all Sailors' privacy needs are being met. Ask the transgender Sailor how they would like to do this to include them in the decision making.

Personally Identifiable Information (PII)

The Navy is required to protect personally identifiable information (PII) at all times in accordance with instruction and annual training. For transgender personnel specifically, when a Sailor's Gender Transition is complete, there should be no requirement to communicate the individual's transgender status when transferring commands. This should be left up to the individual.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Health Insurance Portability and Accountability Act of 1996 (HIPAA) only applies to the "covered entity" or in other words the medical facility or health care provider. Once the information is released pursuant to a HIPAA exception to an outside entity (i.e. CO), HIPAA no longer applies and only the Privacy Act would apply to further releases by a CO. Health care providers can only release the "minimum necessary" medical information to COs. In the case of transgender personnel, providers will be able to coordinate with COs the timing of the treatment plan and the effect that such treatment will have on the member's ability to perform his/her duties, but will not be able to release specific medical information.

Records

Service records, awards, FITREPS, and Evaluations are considered historical documents and any previous name/gender used will not be changed. All documents created after the DEERS gender marker change will reflect the preferred gender. Navy Personnel Command already incorporated board precept language into board proceedings to prohibit discrimination based on gender identity or taking into account an individual's transgender status as relevant.

Other Considerations

Standards of Conduct

A CO has a powerful role in setting the tone and defining the degree of inclusion within your Command. Your leadership and attitude towards transgender Service Members will have a strong impact on whether transgender Service Members feel they can be themselves in the command, and how others treat them.

Protect the Service member's privacy consistent with their wishes. Some will prefer socialization of their desire to transition with shipmates and others will not. Information management is very important.

Listen to the Service Member's wishes with respect to disclosure to the workcenter and the broader command.

Be open with your transitioning Sailor. Feel free to ask them questions.

Exceptions to Policy (ETP)

Service Members shall comply with all standards of the gender marker currently in Navy personnel administrative systems/DEERS. Individual Service Members and COs may request exceptions to policy (ETP) via the first Flag Officer in the chain of command to Deputy Chief of Naval Operations for Manpower, Personnel, Training, and Education (DCNO N1) for any service policy waivers as part of the approved Transition Plan in accordance with DoDI 1300.28 and SECNAVINST 1000.11, when it is in the best interest of the individual and as it makes sense for good order and discipline within the command. Examples of ETPs requiring DCNO N1 approval include grooming, uniform and appearance standards, change of berthing, head and shower facilities, and preferred gender urinalysis observation, prior to completion of the gender marker change in DEERS. Physical readiness testing, body composition assessment standards or deployability determinations require medical waivers.

Pronoun Usage

Pronoun usage can be a confusing issue for people when addressing someone who is transitioning gender. Since the transitioning Sailor is required to be in birth gender standards prior to the gender marker change (unless the Sailor has an OPNAV N1-approved exception to policy for uniform, grooming and appearance standards), it is appropriate to retain birth gender pronouns and shift to preferred gender pronouns after the gender marker change.



Other Considerations

Discuss this topic with the transitioning Sailor and remind them that people may make mistakes for a bit but also remind coworkers that it is inappropriate to intentionally mix pronoun usage.

If there is an ETP (as described above) in place, then it would be appropriate to use preferred gender pronouns. Discuss the Sailor's preferences, in this case, on name and pronoun usage and help them communicate that to the workforce.

Addressing Foreign Port Visits and/or Cultures that may Present Challenges when Sailors are Ashore (in a Duty or Liberty Status)

Service Members will continue to be eligible for world-wide assignment without consideration of gender identity. Existing Commander's authority and discretion in enforcing guidelines for appropriate civilian attire during liberty remains unchanged.

Moral and Religious Concerns/Freedom of Speech Policy Changes

None. Existing policies remain in place.

Security Clearances

Any change in a Service Member's status (e.g. marriage, divorce, addition of dependents) is reportable to the command security manager in order to maintain a national security clearance. This includes changes to name and gender. A Standard Form 86 Certification (SF 86C) allows reporting of changes in previously reported information on the SF 86.



Create a Transition Plan

Transition Plan

A notification of intention to undergo transition obligates the Navy to consider a transgender member's needs. This requires a Transition Plan tailored to the coordination of each individual on a case-by-case basis to ensure diagnosis, treatment timeline, operational requirements, and medical, social, and administrative needs. Communication between the transitioning Sailor and the CO is an integral part of this process. The Transition Plan will outline anticipated stages of the transition process which includes but is not limited to:

Starting the Process

- Visit to Military Treatment Facility
- Diagnosis of Gender Dysphoria
- Develop Medical Treatment Plan with the MMP

Medical Treatment Plan and Timeline

- Plan must be approved by the CO, considering personal readiness and operational schedule / deployability impact, if any
- Hormone Replacement Therapy and resulting personal readiness impact, if any
- Other anticipated medical procedures and resulting personal readiness impact, if any

Social Transition

- Timing and strategy for engagement with non-military family and friends
- Strategy, timing, and manner of engagement with remaining Command personnel
- Off-duty RLE prior to administrative change in gender
- Timing for a change in berthing, facilities (heads), uniform/grooming standards, PFA standards (gender marker change or ETP)



Create a Transition Plan

Administrative

- Only ONE of the following is required: amended passport, updated birth certificate, or court order. No other federal or state documentation is considered sufficient.
<https://travel.state.gov/content/passports/en/passports/information/gender.html>
- CO written approval certifying a Sailor as transition complete and eligible to make the gender marker change in DEERS
- Change in personnel administrative systems/Defense Enrollment Eligibility Reporting System (DEERS) Gender Marker per MILPERSMAN 1000-131



travel.state.gov > Passports & International Travel > Your Passports > Gender Transition Applicants

Print Email

Gender Transition Applicants

We can issue two different kinds of passports to you depending on where you are in your gender transition. You must provide extra documentation in both cases.

Status of Gender Transition	Kind of Passport	Validity of Passport
Completed	Full Validity	10 years
In Process	Limited Validity	2 years*

*A limited validity passport book can be extended to the full ten-year validity book with no additional fee by submitting Form DS-5504 within two years of the passport issue date.

Requirements

If you are in the process of or have had clinical treatment for a gender transition, please note that you must apply using the DS-11. Your supporting documentation should include the following, in addition to the normally required documents:

- ID that resembles your current appearance
- Passport photo that resembles your current appearance
- Proof of legal name change (if applicable)

WHERE TO APPLY

Make an Appointment

Call the National Passport Information Center 24 hours a day to make an appointment at a passport agency.

1-877-487-2778;
TDD/TTY: 1-888-874-7793



Enroll in STEP

Enrolling in this free service will allow us to better assist you in case of an emergency while you are abroad.

ENROLL

Create a Transition Plan

Transition Plan Draft Sample



5000

From: Commanding Officer, COMMAND
To: Sailor Y, USN

Subj: GENDER TRANSITION PLAN

Ref: (a) Directive-type Memorandum (DTM) 16-005
(b) DODI 1300.28 In-Service Transition for Transgender Service Members
(c) ALNAV 053/16 dtg 051937Z AUG 16 SUBJ/SERVICE OF TRANSGENDER SAILORS AND MARINES INTERIM GUIDANCE
(d) Your request of DD MON YR

1. In accordance with references (a) through (c), I approve your request to transition gender.
2. In accordance with reference (b), you must complete the following steps prior to requesting my approval for your gender marker to change in the Defense Enrollment Eligibility Reporting System (DEERS). Report completion of each step through your chain of command and provide copies of any relevant supporting documentation.
 - a. Establish a medical treatment plan with your military medical provider.
 - b. Live in your preferred gender while in an off-duty status, off the ship and off base, for a timeframe as recommended by your military medical provider.
 - c. Submit any leave requests necessary for gender reassignment procedures in advance to minimize impact to Command readiness.
 - d. Receive a determination from your military medical provider that you are stable in your preferred gender.
 - e. Legally record your gender change with the appropriate state vital records department.
 - f. Submit your gender marker change to DEERS via the Command Admin Department after receiving my written approval.



Create a Transition Plan

Transition Plan Draft Sample (Continued)

3. You may seek guidance from your chain of command, your medical provider, psychologist, or Command Judge Advocate.

A. B. Charlie

Date: _____

FIRST ENDORSEMENT

From: Sailor Y, USN
To: Commanding Officer, COMMAND

I acknowledge receipt of the above Gender Transition Plan and agree to the terms and milestones contained therein.

X. Z. Yankee

Gender Marker Change

Sample CO Approval Letter

5000
Ser XXX/XXX
DD MM YY

ENDORSEMENT on LT John V. Doe, XXX-XX-XXXX/XXX, USN, ltr of DD MM YY

From: Commanding Officer, USS Neversail (XXX XX)
To: NSIPS HELPDESK

Ref: (a) DoD Instruction 1300.28
(b) SECNAVINST 1000.11
(c) MPM 1000-130

Encl: (1) LT Doe ltr of DD MM YY
(2) Copy of State or Federal document with preferred gender (as appropriate)

1. Forward recommending approval.
2. Pursuant to references (a) and (b) and in accordance with reference (c), LT Doe has my approval to request a gender marker change via the Navy Standard Integrated Personnel System (NSIPS) help desk.
3. In consultation with LT Doe's Military Medical Provider, I determined that LT Doe completed the command-approved transition plan.
4. My admin point of contact in this matter is LCDR XXXXX, who can be reached by email at xxxx.xxxx@navy.mil or by phone at XXX-XXX-XXXX.

J. P. Jones



Frequently Asked Questions

Q1: What are the reasons behind this policy change?

A1: In July 2015, the Secretary of Defense directed the Department of Defense to identify the practical issues related to transgender Americans serving openly in the military and to develop an implementation plan that addresses those issues consistent with military readiness. On June 30, 2016, the Secretary announced a new policy allowing open service of transgender Service Members and outlined three reasons for this policy change:

- 1) The Army, Navy, Air Force, Marine Corps, and Coast Guard need to avail themselves of all available talent in order to remain the finest fighting force the world has ever known. The mission to defend this country requires that the Services do not have barriers unrelated to a person's qualification to serve or preventing the Department of Defense (DoD) from recruiting or retaining Service Members.
- 2) There are transgender Service Members in uniform today. DoD has a responsibility to them and their commanders to provide clearer and more consistent guidance.
- 3) Individuals who want to serve and can meet the Department's standards should be afforded the opportunity to compete to do so.

Q2: Will the military pay for the transition costs?

A2: Medical care for Gender Transition is managed in the same way as other medical conditions. The military will pay for all medically necessary care to resolve any feelings of Gender Dysphoria and any ongoing cross-sex hormone therapy and mental health requirements. Additional procedures are considered elective and may be covered in the MTF on a space-available cost basis as with any other Service Member who desires an elective medical procedure. Reserve health care requirements are typically accomplished through a civilian health care provider.

Q3: What about my privacy rights?

A3: To the extent feasible, a commander may employ reasonable accommodations to protect the privacy interests of all Service Members, while avoiding a stigmatizing impact to any Service Member. This is a common question from Sailors who will be required to share berthing, head, and shower facilities with transgender Sailors who may not make the full surgical change. Most transgender personnel will want to be accepted fully in their preferred gender and will likely attempt to maintain personal privacy so as not to be seen as different from their preferred gender counterparts.

Frequently Asked Questions

The Navy SORM is being updated to require a minimum standard of coverage for all personnel in berthing, head, and shower facilities. The new language is outlined in the policy NAVADMIN until the SORM can be updated. Bottom line, this is a leadership issue that requires conversation to further understanding of transgender personnel and may take time to achieve a level of comfort with this policy change. Commanders are encouraged to consult with their SCCC for guidance.

Q4: How do exceptions to policy work?

A4: In cases where a transitioning Service Member is unable to meet standards or requests an ETP during the Gender Transition there are actions that may be taken to balance the needs of the individual Service Member and unit readiness. A Sailor may request an ETP through the CO and the first flag officer in the chain of command to Deputy Chief of Naval Operations for Manpower, Personnel, Training and Education (DCNO N1) for adjudication. ETP requests for application of standards for uniforms and grooming, MPDATP participation (urinalysis observation) and the use of berthing, bathroom, and shower facilities may be requested. Questions on ETPs may be addressed to the SCCC after review of Navy policy.



Resources and References

Service Central Coordination Cell (SCCC): A service-level cell of experts created to provide multi-disciplinary (e.g., medical, legal) advice and assistance to commanders regarding transgender Service Members and gender transition in the military.

Navy Transgender Service Central Coordination Cell (SCCC)

The SCCC was established to assist COs in the execution of the DoD, and Navy policies and procedures on transgender service, and to provide multi-disciplinary (e.g., medical, legal) expert advice to COs regarding service by transgender Service Members and Gender Transition in the military. Individuals are encouraged to work with their chain of command prior to contacting the SCCC.

For questions contact the SCCC:

Office of the Chief of Naval Personnel
Transgender Service Central Coordination Cell
701 South Courthouse Road
Room 3R180
Arlington VA 22204

SCCC email address:

usn_navy_sccc@navy.mil

Navy 311 contact information:

1-855-628-9311

1-855-NAVY311

NAVY311@navy.mil

US Navy LGBT Resources:

http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/lgbt/Pages/default.aspx

On-line training for all personnel will also be available on the LGBT Resources website:

http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/lgbt/Pages/default.aspx

Resources and References

Commander's Toolkit References

The references below were used to develop the content of the Commanders Toolkit. Additional information can be found by following the Web links.

American Psychological Association Website:

<http://www.apa.org/topics/lgbt/transgender.aspx>

HRC Workplace Gender Transition Guidelines:

<http://www.hrc.org/resources/workplace-gender-transition-guidelines>

Kime, Patricia. "Advocates: Transgender care costs not a barrier to service." Aug 31, 2015. Military Times

<http://www.militarytimes.com/story/military/benefits/health-care/2015/08/07/advocates-transgender-care-costs-not-barrier-service/31285327/>

Lewis, Tanya. "Bruce Jenner's Transition: How Many Americans Are Transgender?" Live Science Website. Apr 27, 2015

<http://www.livescience.com/50635-bruce-jenner-transgender-prevalence.html>

Monash University of Medicine, Nursing, and Health Sciences Website

<http://www.med.monash.edu.au/gendermed/identity.html>



Resources and References

DoD Instructions

Department of Defense Directive-type Memorandum (DTM) 16-005, “Military Service of Transgender Service Members”

Department of Defense Instruction (DoDI) 1300.28, In-Service Transition for Transgender Service Members, October 1, 2016

Department of Defense Instruction (DoDI) 1322.22, Service Academies, September 24, 2015

DoDI 6130.03 Incorporating Change 1, Effective September 13, 2011, “Medical Standards for Appointment, Enlistment, or Induction in the Military Services”

MILPERSMAN Instructions

MILPERSMAN 1000-130, Name Change of Member

MILPERSMAN 1000-131, Member Gender Marker Change

SECNAV Instructions

Secretary of the Navy Instruction (SECNAV) 1000.11 Service of Transgender Sailors and Marines

Secretary of the Navy Instruction (SECNAV) M-5510.30 Secretary of the Navy Security regulations

OPNAV Instructions

OPNAV Instruction 3120.32E, “Standard Organization and Regulations of the U.S. Navy”

OPNAV Instruction 5354.1 Series, “Navy Equal Opportunity Policy”

OPNAV Instruction 5350.4D4E, “Navy Alcohol and Drug Abuse Prevention and Control”

BUMED Instructions

BUMED Note 6000, Medical Treatment of Transgender Service Members – Interim Guidance

Exhibit 4

Declaration of Courtney D. Enlow,

dated June 15, 2018

IN THE UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF MARYLAND

BROCK STONE, *et al.*,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as
President of the United States, *et al.*,

Defendants.

Case 1:17-cv-02459-MJG

Hon. Marvin J. Garbis

**DECLARATION OF COURTNEY ENLOW IN SUPPORT OF
DEFENDANTS' REPLY MEMORANDUM IN FURTHER SUPPORT OF THEIR
MOTION TO DISMISS PLAINTIFFS' SECOND AMENDED COMPLAINT, OR, IN
THE ALTERNATIVE, FOR SUMMARY JUDGMENT, AND OPPOSITION TO
PLAINTIFFS' CROSS-MOTION FOR SUMMARY JUDGMENT**

I, Courtney D. Enlow, declare under penalty of perjury under the laws of the United States to the following:

1. I am a Trial Attorney at the United States Department of Justice and counsel of record for Defendants in this action. I submit this declaration In Support Of Defendants' Reply Memorandum In Further Support Of Their Motion To Dismiss Plaintiffs' Second Amended Complaint, Or, In The Alternative, For Summary Judgment, And Opposition To Plaintiffs' Cross-Motion For Summary Judgment.

2. On January 3, 2018, Plaintiffs served their first sets of interrogatories and requests for production on Defendants President Donald J. Trump, Secretary of Defense James Mattis, Secretary of the Army Mark Esper, Secretary of the Navy Richard Spencer, and Secretary of the Air Force Heather Wilson. These discovery requests sought documents and information concerning: (1) the Carter policy and the RAND report; (2) the decision by Secretary Mattis to defer the start of accessions by transgender individuals under the Carter policy; (3) the President's statements on

Twitter in July 2017 and the August 2017 Presidential Memorandum; (4) the work by the Panel of Experts that was convened to develop policy proposals in fall 2017; (5) Secretary Mattis's February 2018 decision memorandum and the accompanying Report regarding the new policy; and (6) the March 2018 Presidential Memorandum that revoked the 2017 Memorandum. *See* Kies Decl. Exh. A, B (Pls.' First Set of Interrogatories and Requests for Production, Jan. 3, 2018), Dkt. 163-17, 163-18.

3. On February 9, 2018, Defendants served objections and responses to Plaintiffs' requests for production and interrogatories. Because Plaintiffs specifically sought information and documents protected by the presidential communications privilege and the deliberative process privilege (among others), Defendants objected to certain discovery requests and withheld information and documents that are protected by those privileges (among others). In response to certain interrogatories, Defendants stated that, pursuant to Federal Rule of Civil Procedure 33(d), non-privileged responsive information could be derived from a review of documents to be provided to Plaintiffs and further stated their intent to supplement the interrogatory responses as needed following the completion of document production. *See* Kies Decl. Exh. C–L (Defs.' Resp. and Obj. to Pls.' First Set of Interrogatories and Requests for Production, Feb. 9, 2018), Dkt. 163-18–163-28.

4. On February 9, 2018, Defendants made their first production of documents to Plaintiffs. Owing to the similarity of their document requests, the production contained the same documents as the production made in the related case *Doe v. Trump*, No. 17-1597 (D.D.C.), except for documents relating only to the individual *Doe* plaintiffs.

5. On February 13, 2018, Defendants produced twelve privilege logs to Plaintiffs from the President, the Department of Defense, each of the military services, the Chairman of the Joint Chiefs of Staff, and the Defense Health Agency. Owing to Plaintiffs' broad document requests that specifically sought deliberative material from the President, the Department of Defense, the Services, the Chairman of the Joint Chiefs of Staff, and the Defense Health Agency, the privilege

logs identified thousands of documents that were withheld on the basis of the presidential communications privilege and the deliberative process privilege (among others).

6. In a letter dated February 21, 2018, Plaintiffs argued that “neither the deliberative process privilege nor the presidential communications privilege appear to be applicable in this litigation” and requested that Defendants “withdraw these privilege claims.” *See* Kies Decl. Exh. N (letter from Marianne Kies to Ryan Parker, Feb. 21, 2018), Dkt. 163-30.

7. On March 1, 2018, I participated in a call with opposing counsel regarding Defendants’ assertions of the deliberative process privilege. Ryan Parker, counsel for Defendants, stated Defendants’ disagreement with Plaintiffs’ argument that the deliberative process privilege is inapplicable in this case and requested that Plaintiffs identify specific documents or discovery responses to which Plaintiffs contest Defendants’ deliberative process privilege assertions. Mr. Parker explained that if Plaintiffs identified specific documents, Defendants could review the documents to determine whether to perfect the deliberative process privilege over those documents or whether to withdraw the assertion of privilege over the documents with the goal of narrowing the dispute. Mr. Parker further explained that this procedure is occurring in the related case, *Doe v. Trump*, No. 17-cv-1597 (D.D.C.). Mr. Parker reiterated this request when the parties met in person on March 13, 2018. I participated in that meeting. Also during that meeting, Mr. Parker stated that with regard to documents and information withheld pursuant to the deliberative process privilege, any discovery of the President in this litigation was inappropriate because the President is not a proper party.

8. On March 9, 2018, Defendants made a supplemental production of documents.

9. In light of the rolling production of documents, Defendants supplemented their privilege logs on March 20, 2018 and submitted six supplemental logs from the Department of Defense and the Navy. Owing to Plaintiffs’ broad document requests that specifically sought

deliberative material, the privilege logs identify documents that were withheld on the basis of the deliberative process privilege (among others).

10. On April 11, 2018, counsel for Plaintiffs informed Mr. Parker that Plaintiffs would not participate in the deposition of Anthony Kurta, the Deputy Assistant Secretary of Defense for Military Personnel Policy, which had been scheduled for April 20, 2018, in the related *Doe* case. *See* Exh. A (email from Marianne Kies to Ryan Parker, Apr. 11, 2018). Although Plaintiffs may have participated in depositions taken by plaintiffs in the related *Doe* case, Plaintiffs have not taken any depositions in this case.

11. On April 23, 2018, Plaintiffs served on Defendants a motion to compel documents and information withheld pursuant to the deliberative process privilege. Plaintiffs' motion seeks a ruling from the Court that the deliberative process privilege categorically does not apply, as a matter of law, to documents or discovery responses withheld on the basis of that privilege. Plaintiffs seek the disclosure of every document and discovery response withheld on the basis of the deliberative process privilege regarding: (1) the President's statements on Twitter in July 2017 and the August 2017 Presidential Memorandum; (2) the activities of the Department's Panel of Experts and its working groups; and (3) the February 2018 Memorandum issued by Secretary Mattis and the March 2018 Presidential Memorandum. Pls.' Mot. 2. Plaintiffs request that the Court "order Defendants . . . to supplement their interrogatory responses and document production to include deliberative information and documents relating to these decisions that they have improperly withheld based on the deliberative process privilege." *Id.* at 26. Plaintiffs also argue that Defendants' interrogatory responses were not in compliance with Rule 33(d) of the Federal Rules of Civil Procedure.

12. On May 14, 2018, Defendants provided supplemental initial disclosures to Plaintiffs which identified individuals who may possess relevant information that may be relied upon by Defendants in support of their defenses.

13. On May 21, 2018, Plaintiffs served a second set of interrogatories and requests for production. Pursuant to the Federal Rules of Civil Procedure, Defendants' objections and responses are not due until June 20, 2018.

14. On May 22, 2018, Defendants made a supplemental production of documents. Defendants believe that all non-privileged documents that are responsive to Plaintiffs' first set of requests for production have been produced, but Defendants will supplement the production if additional documents are discovered.

15. On May 23, 2018, Plaintiffs served a first set of interrogatories and requests for production on Defendants Secretary of Homeland Security Kirstjen Nielsen and Commandant of the U.S. Coast Guard Paul F. Zukunft. Pursuant to the Federal Rules of Civil Procedure, Defendants' objections and responses are due on June 22, 2018.

16. Shortly after completion of document production, on May 29, 2018, Defendants supplemented their interrogatory responses from Secretary Mattis, Secretary Esper, Secretary Spencer, and Secretary Wilson. These supplemental responses provide, among other things, lists of dates of meetings where military service by transgender individuals was discussed and participants in those meetings. During a June 13, 2018 call, Plaintiffs' counsel stated that Plaintiffs no longer contend that Defendants' interrogatory responses are not in compliance with Rule 33(d) of the Federal Rules of Civil Procedure.

17. On May 29, 2018, Defendants served Plaintiffs with Defendants' response to Plaintiffs' motion to compel. Defendants argue that Plaintiffs' motion is premature, given the pendency of numerous dispositive motions, the resolution of which could resolve or narrow the discovery dispute. Defendants also argue that the Fourth Circuit has not held that the deliberative process privilege does not apply as a matter of law, and that application of the appropriate balancing test applied by courts in this Circuit demonstrates that the Government's interest in non-disclosure

of deliberative information concerning the development of a military policy outweighs Plaintiffs' generalized need for thousands of deliberative documents.

18. In light of the rolling production of documents, Defendants supplemented their privilege logs on June 1, 2018 and provided three supplemental logs from the Department of Defense and the Army.

19. On June 12, 2018, Plaintiffs served Defendants with their reply in support of their motion to compel.

20. On June 13, 2018, the parties met and conferred regarding Plaintiffs' motion to compel, as well as Defendants' forthcoming motion for a protective order to preclude discovery of the President. Defendants' counsel explained to Plaintiffs' counsel that a protective order was being sought because Plaintiffs argue in their cross-motion for summary judgment that summary judgment for Defendants should be denied because Plaintiffs seek information and documents protected by the presidential communications privilege. *See* Pls.' Mot. 50, Dkt. 163-2.

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

EXECUTED this 15th day of June, 2018.

/s/ Courtney D. Enlow

COURTNEY D. ENLOW
Trial Attorney
United States Department of Justice
Civil Division, Federal Programs Branch
Telephone: (202) 616-8467
Email: courtney.d.enlow@usdoj.gov

Counsel for Defendants

Exhibit A

Email from Marianne Kies to Ryan Parker,

dated April 11, 2018

From: Kies, Marianne
To: [Parker, Ryan \(CIV\)](#)
Cc: [Kamin, Mitchell A](#); [Corwin, Carolyn](#); [Skurnik, Matthew \(CIV\)](#); [Enlow, Courtney D. \(CIV\)](#)
Subject: RE: Briefing in re Defendants' Motion for Protective Order (Stone v. Trump, D. Md.)
Date: Wednesday, April 11, 2018 2:50:34 PM

Ryan:

After further discussions with the *Doe* team, the *Stone* plaintiffs will not participate in the Kurta deposition on April 20 in light of Defendants' pending motions in *Stone*, and the parties' many disputes regarding Defendants' privilege assertions and failure to produce documents. It is our understanding that the *Doe* team still wishes to proceed on that date.

Plaintiffs reserve all rights, including scheduling a further deposition of Mr. Kurta following resolution of the pending motions and any forthcoming motions to compel.

Sincerely,
Marianne

Marianne Kies

Covington & Burling LLP
One CityCenter, 850 Tenth Street, NW
Washington, DC 20001-4956
T +1 202 662 5005 | mkies@cov.com
www.cov.com

COVINGTON

From: Kies, Marianne
Sent: Tuesday, April 10, 2018 5:44 PM
To: 'Parker, Ryan (CIV)' <Ryan.Parker@usdoj.gov>
Cc: Kamin, Mitchell A <MKamin@cov.com>; Corwin, Carolyn <ccorwin@cov.com>; 'Skurnik, Matthew (CIV)' <Matthew.Skurnik@usdoj.gov>; 'Enlow, Courtney D. (CIV)' <Courtney.D.Enlow@usdoj.gov>
Subject: Briefing in re Defendants' Motion for Protective Order (Stone v. Trump, D. Md.)

Ryan,

Following up on our conversations this afternoon and my voicemail of a few minutes ago. We are working with the *Doe* team to answer your question about the Kurta deposition timing. As you know, however, the *Stone* Plaintiffs' deadline for the opposition to Defendants' motion for protective order is looming. As the Court will soon be closed, can we please agree to the amended briefing schedule you proposed (April 13 for Opposition; April 25 for Reply)? We will circle back with you on the separate Kurta issue as soon as we're able.

Please respond as soon as possible, so we can inform the Court.

Sincerely,
Marianne

Marianne Kies

Covington & Burling LLP
One CityCenter, 850 Tenth Street, NW
Washington, DC 20001-4956
T +1 202 662 5005 | mkies@cov.com
www.cov.com

COVINGTON

This message is from a law firm and may contain information that is confidential or legally privileged. If you are not the intended recipient, please immediately advise the sender by reply e-mail that this message has been inadvertently transmitted to you and delete this e-mail from your system. Thank you for your cooperation.

Exhibit 5

Email from Marianne Kies to Ryan Parker,
dated April 11, 2018

From: Kies, Marianne
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Cc: [Kamin, Mitchell A](#); [Corwin, Carolyn](#); [Skurnik, Matthew \(CIV\)](#); [Enlow, Courtney D. \(CIV\)](#)
Subject: RE: Briefing in re Defendants' Motion for Protective Order (Stone v. Trump, D. Md.)
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Plaintiffs reserve all rights, including scheduling a further deposition of Mr. Kurta following resolution of the pending motions and any forthcoming motions to compel.

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Marianne

Marianne Kies

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Please respond as soon as possible, so we can inform the Court.

Sincerely,
Marianne

Marianne Kies

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COVINGTON

This message is from a law firm and may contain information that is confidential or legally privileged. If you are not the intended recipient, please immediately advise the sender by reply e-mail that this message has been inadvertently transmitted to you and delete this e-mail from your system. Thank you for your cooperation.

Exhibit 6

Supplemental Declaration of Major Ricardo S. Flores,
dated June 13, 2018.

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

BROCK STONE *et al.*,

Plaintiffs,

v.

DONALD J. TRUMP *et al.*,

Defendants.

Civil Action No. 1:17-cv-02459


SUPPLEMENTAL DECLARATION OF MAJOR RICARDO S. FLORES
(Relating to Ryan Wood)

I, RICARDO S. FLORES, UNITED STATES MARINE CORPS, do hereby state and declare as follows:

1. I make this declaration based on my personal knowledge and on information provided to me in the course of my official duties.
2. On May 11, 2018, I submitted a declaration in support of Defendants' motion to dismiss Plaintiffs' second amended complaint, or, in the alternative, Defendants' motion for summary judgement.
3. In that declaration, I asserted that plaintiff Mr. Ryan Wood was receiving cross-sex hormone therapy and that he underwent a transition-related surgery in November 2017.
4. Mr. Wood underwent a transition-related surgery in 2012, not 2017. The 2017 date was a typographical error. I have verified that the date recorded in Mr. Wood's recruiting records is 2012.

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

Executed this 13th day of June 2018, Seattle, Washington.



RICARDO S. FLORES
Major, U.S. Marine Corps