

EXHIBIT 8 TO CARMICHAEL DECLARATION

Headquarters U.S. Air Force

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AFMS Transgender Training



**AIR
FORCE
MEDICINE**

POC: AFMOA/SGNE



DoD Transgender Policy

U.S. AIR FORCE

- **Directive-type Memorandum (DTM) 16-005, Military Service of Transgender Service Members, dated Jun 30, 2016, established policy, assigned responsibilities and prescribed procedures for retention, accession, separation, in-service transition, and medical coverage for transgender personnel serving in the Military Services.**
- **Department of Defense Instruction (DoDI) 1300.28, In-service Transition for Transgender Service Members, dated June 30, 2016, established a construct for transgender Service Members (SMs) to transition while serving and implemented policies in DTM 16-005.**

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AF Policy and Procedures

U.S. AIR FORCE

Policies and procedures conclude that service in the United States Air Force should be open to all who can meet the rigorous standards for military service and readiness. Transgender Airmen shall be allowed to serve in the Air Force and are subject to the same standards and procedures with regard to fitness for duty, physical fitness, dress and appearance standards, deployability and retention.

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AF Policy and Procedures

U.S. AIR FORCE

- **Medical care and treatment provided to transgender Airmen in the process of gender transition will be provided in the same manner as other medical care and treatment.**
- **Any determination that a transgender Airman is non-deployable will be consistent with established AF standards.**
- **Commanders will not accommodate bias against transgender Airmen, nor will they deny medically necessary treatment**
 - **Commanders will consider the impact on readiness in consultation with medical providers.**
- **Transgender Airmen whose ability to serve is adversely affected by a medical condition or medical treatment should be treated in a manner consistent with that of other Airmen for purposes of separation and retention.**

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AF Policy and Procedures

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- **For purposes of this training, beneficiaries will be referred to as Airmen. Beneficiaries of other Services, Guard and Reserve component may have additional requirements regarding transitioning and transitioned members with a diagnosis of gender dysphoria. Refer to the appropriate Department of Defense and Service specific policies and the Medical Multi-Disciplinary Team (MMDT) for guidance.**
- **This module is intended to provide a broad overview of both AF and AFMS policies and guidelines. AFMS members should complete this module after reviewing and testing on the assigned Defense Health Agency (DHA) Transgender training modules.**

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AF Medical Guidance

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- **In general, Airmen may request gender transition upon being fully qualified in their AFSC and assigned to a UTC.**
 - **There are two phases to the Clinical Pathway for the evaluation and treatment of Gender Dysphoria: the Entry Phase and the Medical Multidisciplinary Team (MMDT) Phase**
 - **The Entry Phase starts when the Airman presents to a Primary Care Manager (PCM) or to Mental Health (MH) at the local Military Treatment Facility (MTF) and expresses concerns consistent with or related to Gender Dysphoria.**
 - **If presenting to the PCM, the PCM initiates a referral to Mental Health.**
 - **The Airman undergoes an evaluation by mental health provider (MHP). Psychiatric conditions may include a diagnosis of Gender Dysphoria, a provisional diagnosis of Gender Dysphoria and/or other co-morbid conditions.**
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Referral Process

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- The MHP will submit a referral to the MMDT. The MHP will also notify the PCM of the MMDT referral.
- The referring provider will send an encrypted e-mail to the MMDT at: <usaf.jbsa.afmoa.mbx.mmdt-transgender@mail.mil> informing them of the referral. The message should include the Airman's age, birth gender and DoD ID number. The remaining information is provided in a narrative summary included in the patient's EHR. The template is located on the Transgender Care Sharepoint Site on the Kx at:
<<https://kx.afms.mil/kj/kx6/TransgenderCare/Documents/Forms/ShowFolders.aspx>>

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MMDT Referral Template

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INITIAL MMDT REFERRAL SUMMARY

IDENTIFYING DATA:

Name:	MOBIL:	Birth Gender:
Age:	Medical Status:	Desired Gender:
Military Status/Unit:	Unit:	Departmental Band:

CC Name and contact information

Has CC been notified? YES

Current Preferred Name & Gender (different from DESIG)?

Male (M) Female (F) or Female & Male (F&M) Transfused?

Does member intend to pursue treatment? YES

Does member intend to pursue transition (i.e., change in DESIG)? YES

MILITARY DUTY INFORMATION:

- Special duty status (e.g., TDY, TDY, SF, etc.)

HISTORY OF PRESENT ILLNESS:

- Include date of diagnosis of gender dysphoria and history of gender issues.
- Was diagnosis made by military medical provider or civilian provider? Please provide name.

PSYCHIATRIC HISTORY:

- Current or recent psychiatric conditions

PSYCHOSOCIAL HISTORY:

CURRENT & REQUESTED GENDER TRANSITION TREATMENT: Include current type of treatment, medication, provider name and status, dosage, medical monitoring related to transition, as well as current social treatments (e.g., cross-sex hair removal, waxing, reassignment)

CONSULTATIONS: Related to transition. Please include name, contact information and reason for consultation.

LABORATORY DATA:

Testosterone panel
Lipid panel
Creatinine B2 (panel incl. LFTs)
Lupus
CBC
TSH
Vitamin D

If Able to Female, add:
Proctitis

ADDITIONAL INFO:

- Transition to Policy (TTP) the member is considering, to include dress and appearance standards/real life experience (RLE), facility accommodations, fitness for duty standards, etc.

- include anticipated date for potential change in DD Form 134 if established

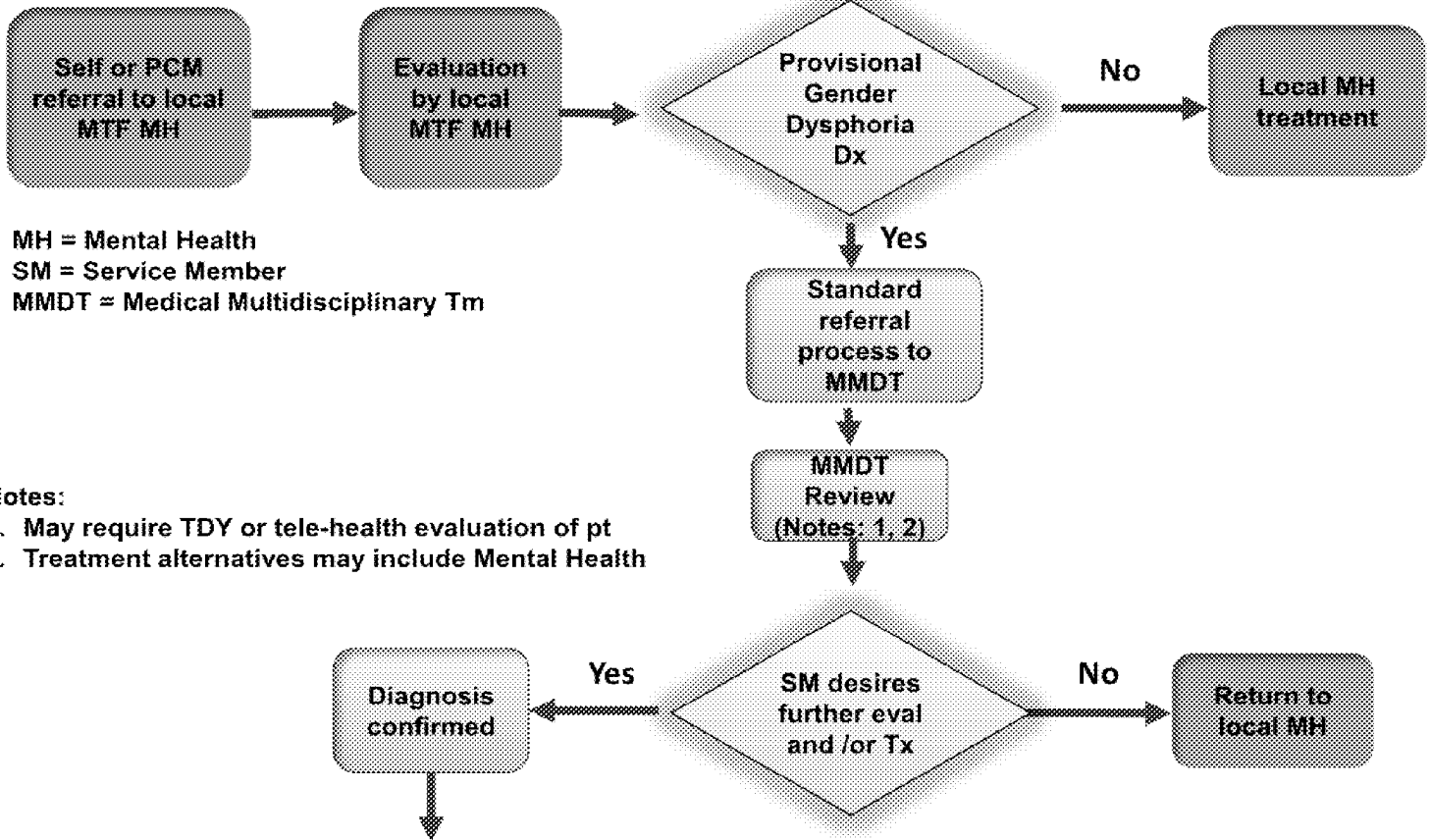
[SIGNATURE BLOCK OF REFERRING PROVIDER]

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Clinical Pathway - Entry Phase

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MH = Mental Health
 SM = Service Member
 MMDT = Medical Multidisciplinary Tm

- Notes:
1. May require TDY or tele-health evaluation of pt
 2. Treatment alternatives may include Mental Health

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Medical Multi-Disciplinary Team (MMDT)

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- **The MMDT consists of subject matter experts trained in the diagnosis and treatment of gender dysphoria.**
- **Team Composition**
 - **Nurse Case Manager**
 - **Mental Health Provider**
 - **Primary Care Provider**
 - **Endocrinologist**
 - **Surgeon**
 - **LVN**
- **Role**
 - **Reviews all AD cases**
 - **Confirms provisional diagnosis of gender dysphoria (if needed)**
 - **Develops treatment/transition plan as needed/coords with local PCM**
 - **Validates transition plans for Guard & Reserve Airmen**

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MMDT Functions

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- The MMDT Phase begins when the MMDT receives a referral from the MTF MHP.
- The MMDT communicates as needed with the local MTF. The MMDT coordinates with the local MTF and Airman to arrange for further mental health evaluation as necessary. The evaluation can be conducted via Tele-Health or TDY.
- If a TDY is necessary, the timing must be approved by the Airman's commander (CC). The reason for the TDY will be characterized as "further medical evaluation."
- The MMDT may provide detailed education to the Airman on such topics as treatment options, expected outcomes, timelines, and potential complications in order for the Airman to make informed decisions regarding his/her healthcare.

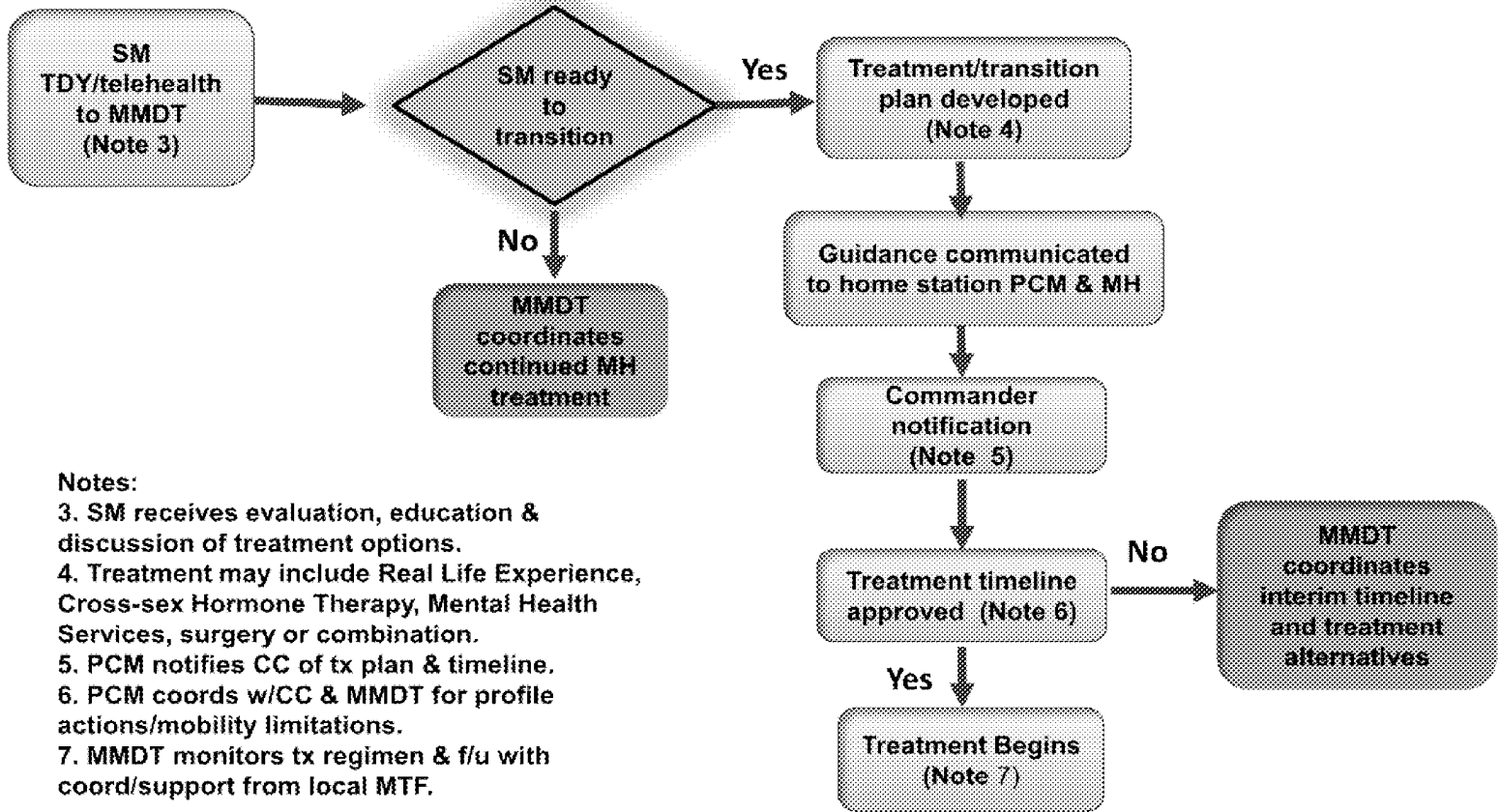
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Clinical Pathway - MMDT Phase

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Notes:

- 3. SM receives evaluation, education & discussion of treatment options.
- 4. Treatment may include Real Life Experience, Cross-sex Hormone Therapy, Mental Health Services, surgery or combination.
- 5. PCM notifies CC of tx plan & timeline.
- 6. PCM coords w/CC & MMDT for profile actions/mobility limitations.
- 7. MMDT monitors tx regimen & f/u with coord/support from local MTF.

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MMDT Location

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- The MMDT is located at Wilford Hall Ambulatory Surgical Center on Joint Base San Antonio-Lackland.
- Direct questions regarding gender dysphoria, transition, referral process to <usaf.jbsa.afmoa.mbx.mmdt-transgender@mail.mil>
- Phone: DSN 554-3257 Comm: 210-292-3257

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Treatment Planning

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- **With a confirmed diagnosis of Gender Dysphoria, the MMDT meets to review or develop a Treatment Plan which may include a Transition Plan.**
- **The MMDT will coordinate the transition plan and timeline with the member's local MTF and commander for approval.**
- **A gender change in MiIPDS can be recommended by the local MTF providers at any point in the Transition Plan with concurrence of the MMDT. The commander makes the final determination.**
- **Note: A Treatment Plan is distinct from a Transition Plan as treatment for Gender Dysphoria may not always include transition from one gender to another. The outcome of a treatment plan may or may not lead to a gender change in MiIPDS.**

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Mental Health

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- The MMDT will provide input on the mental health component of the treatment plan.
- All components of the treatment plan for Gender Dysphoria may include ongoing mental health (MH) services. These MH services will be provided at the local MTF, through Tele-Mental Health (TMH), or through a network provider with identified competence in treating Gender Dysphoria and related psychiatric conditions.

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Endocrinology

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- **The MMDT Endocrinologist will develop and supervise the cross-sex hormone therapy plan as necessary.**
- **Informed consent will be obtained prior to initiating therapy.**
- **Local MTF PCMs may monitor laboratory and medication regimens in consultation with Endocrinology.**
 - **The treatment plan may not follow usual dosing and laboratory values may be outside of expected values.**
- **Cross-sex hormone therapy follows recommendations in the 2009 Endocrine Society's Clinical Practice Guidelines for the Treatment of Transgender Persons.**

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Surgical Treatment

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- **Surgical interventions are based on medical necessity.**
 - **Procedures vary from cosmetic to gender reassignment**
- **Surgical components of the Transition Plan, if any, are conducted IAW Endocrine Society Clinical Practice Guidelines (2009 or most recent version). The current recommendation is a minimum of 12 months compliance with the transition plan to include Mental Health services, Real Life Experience and Cross-sex Hormone Therapy before surgery is performed.**
- **Prior to engaging in surgery as part of the Transition Plan, the Airman is re-evaluated by the MMDT.**

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Surgical Treatment

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- The Airman's CC is notified of the surgical recommendations, as well as the anticipated impact to medical readiness and deployability. Approval of treatment timing requires approval by the Commander.
- Surgical interventions for Active Duty may be performed within the local MTF, within another MTF (AFMS or other Service) or through referral to the network which requires approval for use of Supplemental Health Care Program (SHCP) funds.
- Effective 3 Oct 2016, the TRICARE Policy Manual 6010.57-M updated covered and excluded benefits for Gender Dysphoria.

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Real Life Experience

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- The Transition Plan may include Real Life Experience (RLE), which currently requires an Exception to Policy (ETP), and Cross-sex Hormone Therapy.
- ETPs may be requested by transgender Airmen for fitness, dress and appearance and facilities use consistent with their preferred gender (prior to gender marker change in DEERS). All require a confirmed diagnosis of gender dysphoria and will be coordinated by the military medical provider with the MMDT for submission through the Airman's chain of command.
- The Air Force Service Central Coordination Cell (SCCC) will assist with answering questions and facilitating ETPs as needed.
 - **SCCC:** usaf.pentagon.saf-mr.mbx.af-central-coordination-cell@mail.mil

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MTF Primary Care Manager

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- **The MTF PCM is integral in providing continuity for Airman seeking treatment and/or transition.**
- **Coordination between the MMDT and the MTF PCM will help ensure care is flexible, meets the individualized needs of the Airman and embodies the Trusted Care principle of zero harm.**
- **The PCM will provide the CC with a memo in accordance with (IAW) DoDI 1300.28, 3.2 a (2) and DoDI 6490.08, Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members, prior to engaging in any treatment or transition plan which may impact medical readiness or deployability.**
 - **Approval to initiate medical treatment associated with gender transition requires approval from the Commander.**

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Commander Notification Memo

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- The MMDT will provide guidance to the PCM by:
 - Providing a template for the memo
 - Assisting the PCM with individualizing the memo outlining the treatment plan and timeline

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Protection of Personally Identifiable Information

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In accordance with DoDD 5400.11, DoD Privacy Program, in cases in which there is a need to collect, use, maintain, or disseminate PII in furtherance of this memorandum or Air Force regulations, policies, or guidance, the Air Force will protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII. The Air Force will maintain PII so as to protect individual's rights, consistent with federal law, regulation, and policy. Disclosure of protected health information will be consistent with DoD 6024.18-R, DoD Health Information Privacy Regulation. A commander may employ reasonable accommodations to respect the privacy interest of Airmen.

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Possible Scenarios

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- The execution of new policies regarding the military service of openly transgender Airman may present unfamiliar situations. In these cases, it is paramount to maintain mutual dignity and respect among all personnel so they can carry out their duties and responsibilities in an effective and professional manner. The three scenarios that follow demonstrate how particular situations could be addressed.

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Scenario 1: Deployment

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- **SSgt Jones receives a diagnosis that gender transition is medically necessary and wants to pursue transition. His transition plan includes cross-sex hormone therapy and minor medical procedures.**
 - **SSgt Jones discussed treatment and a transition plan with his provider (PCM). His CC reviews the plan and determines it is in conflict with a planned deployment for SSgt Jones. SSgt Jones possesses critical skills necessary for the deployment and starting cross-sex hormone therapy will render SSgt Jones non-deployable for a period of approximately 6-9 months. The CC discusses the situation with SSgt Jones and the PCM. The PCM advises the CC that medical necessity is not impacted by a delay in starting transition. There are no other impacts on morale/welfare/good order and discipline of the unit, and the CC approves the transition plan to start after the deployment.**
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Scenario 2: Transition Timing

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- **A1C Smith receives a diagnosis that gender transition is medically necessary and wants to pursue transition. His transition plan includes cross-sex hormone therapy and minor medical procedures.**
- **A1C Smith discusses treatment with his provider (PCM) and transition plan options. He creates a draft transition plan with his PCM.**
- **A1C Smith provides his CC a proposed transition plan. The CC reviews the plan and determines that it does not conflict with the unit accomplishing its mission requirements. The CC discusses the plan with A1C Smith and then approves transition.**

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Scenario 3: Deployed Room Assignments

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- **Capt Williams, a transgender female member who has completed the gender transition process and changed her gender to female in MilPDS, approaches her supervisor and states she can no longer tolerate her roommate at her deployed installation. The supervisor attempts to resolve the issue between the two members. However, the supervisor notices Capt Williams' 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. Capt Williams submits a request to be reassigned to another room.**
- **The CC counsels the individuals and encourages them to resolve their personal differences making clear to both that respecting each other's rights within a closed space is critical to maintaining good order and discipline. Since the issue cannot be resolved, the CC considers alternative rooming arrangements which can be made within command policy and without degrading good order and discipline of the unit.**

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How Can I Learn More?

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- **Multiple sources are available to learn more about Transgender and transitioning patients. Here are just a few:**
 - <http://www.endocrine.org/>
 - <http://www.transhealth.uscf.edu/>
 - <http://www.wpath.org/>
 - <http://www.patientcare.va.gov/>
 - <https://www.jointcommission.org/lgbt/>
 - <http://www.apa.org/>
 - <http://www.acog.org/>
 - <https://kx.afms.mil/kj/kx6/transgendercare/pages/home.aspx>
 - **DoD Handbook, *Transgender Service in the U.S. Military: An Implementation Handbook***

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References and Support Information

U.S. AIR FORCE

DTM 16-005, Military Service of Transgender Service Members, 30 June 2016

DoD 6025.18-R, DoD Health Information Privacy Regulation, 24 January 2003

DoDD 5400.11, DoD Privacy Program, 29 October 2014

DoDI 1300.28, In-Service Transition for Transgender Service Members, 1 July 2016

DoDI 1332.14, Enlisted Administrative Separations, 27 January 2014

DoDI 1215.13 Ready Reserve Member Participation Policy, 5 May 2015

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

DoDI 6490.08, Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members, 17 August 2011

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In Conclusion

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The Transgender Airman’s journey through treatment and/or transition does not end with a change of gender marker in MilPDS. For some there may be lifelong hormone therapy while others may require continued Mental Health treatment. Each Transgender Airman progresses through the process at an individualized pace—it may take years for him/her to feel ready to take the next step. Our job as healthcare providers is to be sensitive to the unique needs of our Transgender Airmen and provide care consistent with inclusion and Trusted Care principles.

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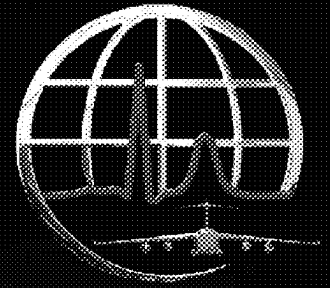


EXHIBIT 9 TO CARMICHAEL DECLARATION



Policy on the Military Service of Transgender Soldiers

Interim Education Module

As of 18 August 2016



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.

— Secretary of Defense Ash Carter, June 30, 2016



Guidance for Commanders

Unique to military service, commanders are responsible and accountable for the overall readiness of their command. They 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 the command are treated with dignity and respect.

"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."

-Secretary of Defense Ash Carter



Purpose

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Currently, DoD has not developed the means for a Soldier to obtain a change to the gender marker in DEERS. The ETP process is an interim solution until the DEERS process is codified.

This module provides **Interim chain teaching** products covering units with Soldiers whose gender transition is otherwise complete and are awaiting an administrative change to their gender marker, or an Exception to Policy (ETP).

These ETPs allow the application of standards to be applied to uniforms, grooming, body composition assessment (BCA), physical readiness testing (PRT) and Military Personnel Drug Abuse Testing Program (MPDATP) participation relative to Soldier's preferred gender.

An updated force-wide training and education plan will be released approximately 1 November 2016.

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Key Roles and Responsibilities (1 of 2)

➤ **Transgender Soldier: Initiate process and maintain individual readiness**

- Seeks a medical diagnosis from a military medical provider (MMP)
- Works with MMP to develop a *treatment plan*
- Works with the commander and MMP to refine timing of a *treatment plan*
- Maintains standards during and after the transition
- ❖ After MMP treatment is complete, submit request for gender change in DEERS (Currently ETP) through commander

RC Soldiers using a civilian medical provider will be subject to review and approval by a military medical provider

➤ **Military Medical Provider: Provide a diagnosis and develop a treatment plan**

- Provides medical diagnosis that gender transition is medically necessary
- Develops a treatment plan and timeline
- Advises the commander and Soldier on how treatment will impact readiness
- ❖ Advises the commander and Soldier when the treatment plan is complete and the Soldier is stable in the preferred gender

➤ **Commander: Support the Soldier and maintain unit readiness**

- Comply with published DOD & Army Policies and guidance (DODI 1300.28 & AD2016-30)
- Maintain overall readiness of the command, to include morale, welfare, good order and discipline
- Ensure all Soldiers are treated with dignity and respect
- If a transgender Soldier is pending an OCONUS assignment, consult with the servicing SJA and ensure SCCC notification
- ❖ Forward Soldier's ETP request (Until DEERS process is finalized) through the first General Officer in the chain of command to the Service Central Coordination Cell (SCCC) no later than 15 days for AC & 30 days for RC after receipt
- Return incomplete requests to Soldiers, with written notice of the deficiencies identified, as soon as practicable

Key

- ❖ Applies only to people who need an ETP and whose gender transition is otherwise complete
- Applies to all transitioning Soldiers
- Applies to Soldiers whose transition is not complete

ETP Requests must include

- ❖ Soldier's memorandum requesting ETP
- ❖ MMP confirmation of treatment complete
- ❖ Birth certificate, passport or court order reflecting preferred gender

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Key Roles and Responsibilities (2 of 2)

➤ Army Service Central Coordination Cell (SCCC)

- Processes requests for Exception to Policy (ETP) from the first General Officer in the Chain of Command to Headquarters Department of the Army (HQDA) – ASA (M&RA)
- Processes complete ETP of Soldier requesting to comport to the standards of their preferred gender within 10 days of receipt
- Serves as a resource for commanders advising Soldiers

SCCC POC info

- usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@mail.mil
- Mr Paul Aswell at DSN (312) 225-7693 or COM (703) 695-7693, paul.i.aswell.civ@mail.mil
- COL Susie J. Granger at (312) 225-7726 or COM (703) 695-7726, Susie.j.granger.mil@mail.mil

➤ ASA M&RA

- Approval authority for Exception to Policy requests regarding preferred gender



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Key Terms

There is no relationship between sexual orientation or gender identity

Sex and Gender

- **Sex** is defined/assigned at birth based on physical characteristics
- **Gender** is one's internal sense of being male or female

Transgender: People whose sense of being male or female is different from their sex as determined at birth

- **Transgender Male:** Person who was designated female at birth, but identifies as male
 - Also referred to as Trans Male . Pronouns: He, him, his
- **Transgender Female:** Person who designated male at birth, but identifies as female
 - Also referred to as Trans Female. Pronouns: She, her, hers

Gender Dysphoria: A medical diagnosis referring to the distress some people experience due to a mismatch between their gender and their sex



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Reinforcing points

- It is Army policy to allow open service by transgender Soldiers
- The Army is open to all who can meet the standards for military service and remains committed to treating all Soldiers with dignity and respect while ensuring good order and discipline
- Transgender Soldiers will be subject to the same standards as any other Soldier with the same DEERS gender marker
- An otherwise qualified Soldier shall not be involuntarily separated, discharged, or denied reenlistment or continuation of service on the basis of gender identity
- All Soldiers must maintain Army standards, good order and discipline at all times

Ensure all Soldiers are treated with dignity and respect at all times

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Prohibition of Harassment and Bullying

Accountability

- Every Soldier is responsible to stop harassment, bullying, threats, or physical abuse

Good order

- Harassment negatively affects Soldiers physically and professionally
- Inappropriate jokes, attitudes, or comments that marginalizes any Soldier damages the command climate

Discipline

- Maintaining a professional demeanor and military bearing includes discipline in treating others with dignity, and interacting with others in a respectful manner

UCMJ

- Soldiers must conduct themselves in accordance with the Uniformed Code of Military Justice, Army Directives, Instructions, and policy

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EXHIBIT 10 TO CARMICHAEL DECLARATION



Policy on the Military Service of Transgender Soldiers Training Module Tier 3: Units and Soldiers

As of 16 September 2016

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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.

– Secretary of Defense Ash Carter, June 30, 2016



Purpose

This module provides training on Department of Defense and Army policy allowing open service of transgender Soldiers, and an overview of roles, responsibilities and associated processes.

Unit training is mandatory for all NLT **22 June 2017**

During Training no personal views will be expressed, just emphasis on compliance with policies and treating everyone with dignity and respect.

Three definitions to cover:

- Discrimination- an unjust or prejudicial treatment from one person/group to another person/group.
- Prejudice- a preconceived opinion that is not based upon facts or supported by evidence.
- Values- a persons principles or standards of behavior.

Prejudice + Action (a joke, comment, destroying property, ect) = **Discrimination** Note: Can be subject to UCMJ if you participated in or knew of discrimination.

Transgender Service Policy



- The Army allows transgender Soldiers to serve openly
- The Army is open to all who can meet the standards for military service and remains committed to treating all Soldiers with dignity and respect while ensuring good order and discipline
- All Soldiers must maintain Army standards, good order and discipline at all times
- Transgender Soldiers are subject to the same standards as any other Soldier with the same DEERS gender marker
- An otherwise qualified Soldier shall not be involuntarily separated, discharged, or denied reenlistment or continuation of service on the basis of gender identity
- This subjects is not classified as EO/SHARP, but depending on the complaint, it can be touched on under both.

Ensure all Soldiers are treated with dignity and respect at all times

Gender Transition in the Army



- **Gender Transition Complete**: an administrative status indicating that a Soldier has completed the medical care necessary to achieve stability in the preferred gender.
 - The medical care is the medical process identified or approved by a military medical provider in a documented medical treatment plan.
 - The care required to transition is individualized and often does not include surgical treatment.
 - Transition complete is an administrative status and does not preclude future medically necessary treatment.

- **Gender Marker Change**: Once gender transition is complete and the Soldier's gender marker in DEERS is changed, the Soldier is expected to adhere to all military standards associated with the Soldier's gender marker in DEERS and use billeting, bathroom, and shower facilities in accordance with the DEERS gender marker

Soldiers will comport to the standards associated with their gender marker in DEERS.



Prohibition of Harassment and Discrimination

All Soldiers are entitled to equal opportunity in an environment free from harassment, including sexual harassment and unlawful discrimination based on sex (gender identity)

The chain of command is the primary and preferred channel to identify and correct discriminatory practices with the assistance of the Equal Opportunity Advisor. The chain of command will process and resolve complaints and ensure that EO matters are taken seriously and acted on

Commanders and all Soldiers must maintain good order and discipline within the ranks. Violations of EO policies may result in disciplinary actions under the UCMJ

EO policies apply to working, living, and recreational environment (on and off-post, during duty and non-duty hours)

Speaker Notes for Slide 6

IAW the Secretary of Defense Directive-type Memorandum (DTM) 16-005, "Military Service of Transgender Service Members", dated 30 June 2016.

All Service members are entitled to equal opportunity in an environment free from harassment, including sexual harassment and unlawful discrimination based on basis of race, color, national origin, religion, sex, or sexual orientation. It is the Department of Defense and all Services position, consistent with the U.S. Attorney General's opinion, that discrimination based on gender identity is a form of sex discrimination.

The chain of command is used as the primary and preferred channel to:

- Identify and correct unlawful discriminatory practices
- Process and resolve complaints through the EO complaint process of harassment and unlawful discrimination, to include sexual harassment
- Ensure EO matters are taken seriously and acted on as necessary

Commanders and Service members must foster and maintain a positive command climate. A positive command climate is an environment free from personal, social, or institutional barriers that prevent Soldiers from rising to the highest level of responsibility possible.

Good Order

Harassment and discrimination negatively affects Soldiers physically and professionally
Inappropriate jokes, attitudes, or comments that marginalizes any Soldier damages the command climate

Discipline

Maintaining a professional demeanor and military bearing includes discipline in treating others with dignity, and interacting with others in a respectful manner

UCMJ

Members of the Army will not condone nor tolerate harassment or discrimination. Soldiers must conduct themselves in accordance with the Uniformed Code of Military Justice, Army Directives, Instructions, and policy.

In summary, the Army is continuing their efforts to update Army policies IAW Department of Defense guidance and policy. AR 600-20, dated Nov 14 is currently replacing all references to discrimination based on sex or gender with "sex (including gender identity)."



Terms

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

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

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 medicine

Real life experience. The phase in the gender transition process when the individual commences living socially in the gender role consistent with their preferred gender. This will generally occur in an off-duty status and away from the Soldier's place of duty prior to the change of the gender marker in DEERS

Preferred gender. The gender of Soldier when gender transition is complete and the gender marker in DEERS is changed

Gender marker. Data element in the Defense Enrollment Eligibility Reporting System (DEERS) that identifies a Service member's gender

Speaker Notes for Slide 7

IAW draft DoD Transgender Handbook vs19.



Terms Cont.

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

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

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

Note: Soldier is held to current gender standards until the process is complete (APFT standards, using current gender restrooms, grooming standards, ect).

Speaker Notes for Slide 8

IAW draft DoD Transgender Handbook vs19.

Roles and Responsibilities



- **Transgender Soldier**: *Initiate process, maintain individual readiness and meets Army standards throughout the transition process*
- **Military Medical Providers**: *Provide diagnosis, develop treatment plan, confirm medical treatment plan complete and provide medical treatment*
- **Commander**: *Maintain unit readiness, support the Soldier, and approve timing of medical treatment plan, and approve gender marker change upon submission of completed request*
- **Army Service Central Coordination Cell (SCCC)**: *HQDA organization comprised of medical, legal, and military personnel experts, to serve as a resource for commanders and process requests for exceptions to Army standards*

Policy, guidance, and sample memos are available on milSuite at: <https://www.milsuite.mil/book/groups/army-transgender-service-information/overview>

Source: Army Directive 2016-35, Enclosure 1, (7 October 2016)

Transitioning Soldier Responsibilities



Initiates process, maintains individual readiness, and meets Army standards

- ***Seeks a medical diagnosis (or confirmation of a civilian diagnosis) from a military medical provider (MMP)***
- Notifies immediate commander (CDR)
- Works with military medical treatment team (MTT) to develop a medical treatment plan (MTP)
- Works with the commander and MTT to refine timing of the treatment plan
- Works with commander to set conditions which support MTP
- After medical treatment plan is complete, submits request through brigade level commander for gender change in DEERS
- Maintains standards during and after gender transition IAW current gender marker.
- **Uses the billeting, bathroom, and shower facilities associated with**

Soldiers who identify as transgender should seek assistance from their military medical provider

For RC Soldiers using a civilian medical provider, diagnosis and treatment plan will be subject to validation by a military medical provider



Vignette 1: No Diagnosis of Gender Dysphoria

Vignette:

A Soldier in your unit tells everyone that although he was born male, he identifies as a female. He explains that he is beginning the process of transitioning from male to female.

Considerations and Responsibilities:

1. Treat Soldier with dignity and respect.
 2. Soldier chose to discuss the transition with his colleagues and will likely be open to sincere and respectful questions about the process. Use good judgment in asking personal questions, as you would with any other Soldier.
 3. Understand that DoD and Army policy allow transgender Soldiers to serve openly and provides a process for Soldiers to transition while serving in the military.
- Gender transition in the Army begins when a Soldier receives a diagnosis from a military medical provider indicating that the Soldier's gender transition is medically necessary, and concludes when the Soldier's gender marker in DEERS is changed and the member is recognized in the preferred gender.



Vignette 2: Real Life Experience Off Duty

Vignette:

A Soldier in your unit is transitioning from male to female. As part of the medical treatment plan, the Soldier dresses as a female (real life experience) off-duty. You were not aware that the Soldier is transitioning to a female. You see the Soldier in a bar wearing a dress and make-up.

Considerations and Responsibilities:

1. Treat Soldier with dignity and respect.
2. Understand that gender transition may include social, medical, and legal components. Social transition, in the military context, will generally encompass living in the preferred gender after duty hours.
3. Some individuals prefer that no one knows they are transitioning, while others may want to discuss it openly.
4. Respect your colleague's privacy. If the Soldier does not want anyone to know that he is transitioning, do not "out" the Soldier to other members in the unit.
5. Treat the Soldier as you would like to be treated.



Vignette 3: Soldier Transitioning to Preferred Gender

Vignette:

A Soldier in your unit is transitioning from male to female. As part of the medical treatment plan, the Soldier is taking cross-hormone therapy and voice therapy. About four months into the medical treatment, the Soldier's body and voice begin to visibly change.

Considerations and Responsibilities:

1. Treat Soldier with dignity and respect.
2. Understand that gender transition may include social, medical, and legal components. Medical treatment may include behavioral health care, use of hormones (which may change physical appearance), and/or surgery.
3. Intervene if you witness other Soldiers harassing or bullying the transgender Soldier.
4. Treat the Soldier as you would like to be treated.



Vignette 4: Soldier/Unit Training Barracks, Bathrooms, and Showers

Vignette:

Following her transition from male to female (which did not include sex reassignment surgery) and gender marker change in DEERS, a transgender Soldier begins using female barracks, bathroom, and shower facilities. Because she did not undergo a surgical change, the Soldier still has male genitalia.

Considerations and Responsibilities:

1. Treat all Soldiers with dignity and respect.
2. Soldiers must accept living and working conditions that are often austere, primitive, and characterized by little or no privacy.
3. All Soldiers must use the barracks, bathroom, and shower facilities associated with their gender marker in DEERS.
4. Understand that you may encounter individuals in barracks, bathrooms, or shower facilities with physical characteristics of the opposite sex despite having the same gender marker in DEERS.
5. All Soldiers should be respectful of the privacy and modesty concerns of others. However, transgender Soldiers are not required or expected to modify or adjust their behavior based on the fact that they do not “match” other Soldiers.
6. Soldiers should discuss any questions or concerns with their chain of command.

Soldiers must use the barracks, bathroom, and shower facilities associated with their gender marker in DEERS.



Additional Notes

- **Military Personnel Drug Abuse Testing Program:** It is DoD and Army Policy that a urinalysis sample must be collected by direct observation and that, absent an exception to policy, the observer will be the same gender as the Soldier being observed (as reflected by the gender marker in DEERS).
- Inappropriate and disparaging comments will violate EO policies. Everyone is protected under the EO program 24/7. One can file a complaint from a comment such as “SGT Joe wants to be a girl now”.
- The Army hasn’t completely figured out the process yet and some Command Team actions will be situationally based. If during training your Soldiers have serious questions that are not answered in the material given, pass the questions up to your BN rep and they will be sent to HQDA.
- The DOD handbook gives guidance on bathroom and barracks dealings.
- Commander Teams know policies, laws, and utilize jag, G1, qualified physician, and resources

(Transitioning Soldiers can submit an exception to Army policies given good reason. All will be situationally based)



QUESTIONS?

EXHIBIT 11 TO CARMICHAEL DECLARATION

Transgender Policy Training

Background

- ❖ July 2015: DOD directed to (1) identify issues related to active duty transgender service members and (2) develop an implementation plan
- ❖ Aug 2016: ALNAV announces transgender service members will be allowed to serve openly
- ❖ Nov 2016: NAVADMIN interim guidance provided
- ❖ Jan 2017: Active Duty training will be completed
- ❖ Jul 2017: Transgender applicants may be accessed

Key Terms

- ❖ Sex versus Gender
- ❖ Gender Dysphoria
- ❖ Transition Plan
- ❖ Real Life Experience (RLE)
- ❖ Medical Treatment Plan

Process & Timeline

- ❖ Gender Dysphoria diagnosed
- ❖ Treatment Plan established
- ❖ Service member notifies command, requesting approval of transition plan with CO
- ❖ CO reviews/approves/amends plan
- ❖ Transition Plan can take up to 18 months
 - ❖ Must complete medical treatment plan
 - ❖ Sex Assigned at Birth remains in effect
- ❖ Upon completion, change in gender in DEERS can be requested
- ❖ With CO's approval, gender marker is changed in DEERS
 - ❖ Preferred gender standards take effect

Urinalysis

- ❖ Integrity of program maintained
- ❖ Dignity and Respect maintained for service members and observer
- ❖ Communication: It is critical to ensure the observer is comfortable observing an individual who may be anatomically different
 - ❖ Medical personnel can be requested
- ❖ DEERS gender marker determines urinalysis procedures

Commissioning & Service Assignment

- ❖ Midshipmen:
 - ❖ Must continue to meet medical accession standards
 - ❖ Or may be disenrolled
 - ❖ Must be stable in new gender for 18 months prior to commissioning (after approved gender marker change)
 - ❖ 1 year Medical Leave of Absence may be necessary

- ❖ Service Assignment restrictions: BUMED is studying the effects of medical treatments
 - ❖ Flying and Diving restrictions in place

- ❖ Each situation is unique and will be evaluated based on individual circumstances

Expectations

- ❖ Personal and/or Religious Beliefs
- ❖ Dignity and respect for all
- ❖ Expectation of privacy
- ❖ Harassment NOT tolerated -- Subject to punitive and administrative sanctions
 - ❑ Including: rumors, comments, jokes, nicknames, negative social media posts, not affording proper courtesies and customs, etc.

Expectations

- ❖ Transitioning Service member is required to be in standards consistent with the gender marker in DEERS
 - ❖ Includes: Pronoun usage, head, locker room, uniform, grooming, urinalysis, rooming, PRT standards
 - ❖ Unless an exception to policy (ETP) is in place
- ❖ Mistakes understandable
 - ❖ Inappropriate or intentional “mistakes” unacceptable
- ❖ Patience, Respect, & Communication

Question One

If my roommate is transitioning, and I do not feel comfortable or disagree for personal beliefs, can I request to change rooms?

Answer: The policy is to remain in the same room.

- * Expectation of privacy standards, dignity, and respect
- * Transitioning service member may request a change of rooms
(granted by the Commandant on a case by case basis)
- * Transitioning service member rooms with same sex as their assigned sex at birth until change of gender marker in DEERS

Question Two

How do I address someone on liberty who is wearing opposite gender clothing?

- **Answer:** Be respectful. “Midshipman” is an appropriate title on or off the Yard. You may ask the individual their preferred title. (This is a social setting, away from USNA)

Question Three

What about negative posts on Facebook, Snapchat, Twitter, etc. ?

Answer: The Navy's social media policy remains the same. Your presence on social media shall be treated as if it were an in-person interaction.

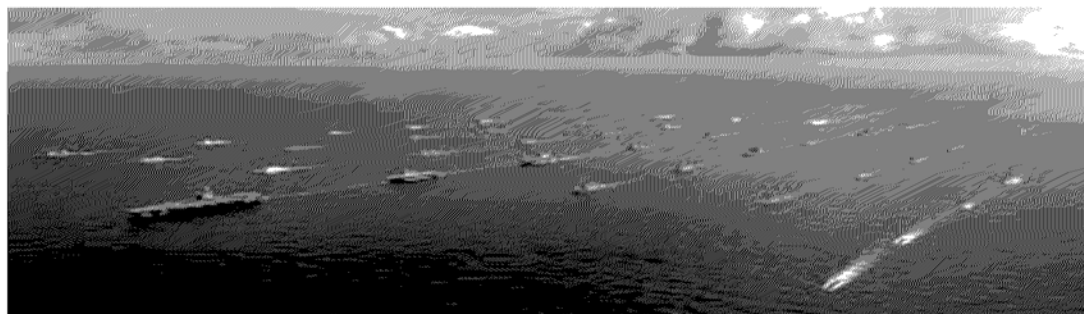
- * Harassment NOT tolerated
- * Will be subject to administrative and punitive sanctions

Resources (USNA)

- Commandant's CMEO
 - LT Jensen, Jensen@usna.edu, Commandant Spaces, 3112
- Commandant's JAG
 - LCDR Pitterson, pitterso@usna.edu, Commandant Spaces, 3102B
- Command Climate Specialist
 - Senior Chief Brown, mbrown@usna.edu, Larson Hall
- Brigade Medical Officer
 - CDR Bryant, BMU
- Utilize your SEL/CO/BATTO Chain of Command
- Midshipmen Development Center

Navy Resources

- Navy's Transgender Service Central Coordination Cell
 - usn_navy_sccc@navy.mil
- Navy LGBT Resources:
 - http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/lgbt/Pages/default.aspx
 - Contains training, NAVADMINS, FAQs, and guidance



Questions??

Contact Information

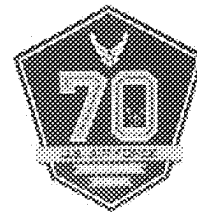
Naval Health Clinic Annapolis
Behavioral Health Unit
250 Wood Road
Annapolis, Maryland 21402
443-293-3208

Dr. Steven J. Porter- steven.j.porter4@mail.mil

EXHIBIT 12 TO CARMICHAEL DECLARATION



DEPARTMENT OF THE AIR FORCE
AIR FORCE MEDICAL OPERATIONS AGENCY
JOINT BASE SAN ANTONIO LACKLAND TEXAS



MAR 7 2017

MEMORANDUM FOR ALMAJCOM/SG
ALMTF/CC

FROM: AFMOA/CC
2361 Hughes Ave, Suite 153
JBSA Lackland, TX 78236

SUBJECT: AFMS Transgender Training Modules

New policies for inclusion of Transgender Service Members were released this past year. All Total Force members will be required to complete Transgender Training. Additional training for AFMS staff was directed to include specific requirements for privileged and non-privileged medical personnel. In an effort to eliminate duplication of training, AFMOA, in conjunction with DHA, developed a set of training modules for AFMS members. This will eliminate the need for AFMS members to complete the upcoming face to face AF Total Force training in addition to the AFMS training. AFRC and ANG medical personnel will have separate training requirements which are forthcoming through their respective commands. AFMS members assigned to cSMSs/Joint Service facilities may be required to complete host Service specific training as determined by local leadership.

The DHA modules and AFMS modules are loaded on to SWANK for your convenience. Training completion will be tracked and reported. The MTF/MAJCOM Education and Training staff will receive further instructions on tracking completion rates once Total Force tracking requirements are finalized. The assigned modules must be completed NLT 31 March 2017. Instructions are attached to aid members/facilities in locating and assigning the appropriate modules in SWANK. AFMS personnel will complete the following modules:

All AFMS personnel:

Transgender Module 1: Introduction to Policy Guidance and Concepts
Transgender Air Force Medicine: AF Module 3

Non-Privileged personnel (anyone who may have patient contact) will also complete:

Transgender Module 2a: Evidenced Based Practice Guidelines and Standards of care

Privileged personnel (and registered nurses) will also complete:

Transgender Module 2b: Evidenced Based Practice Guidelines and Standards of Care for Primary Care

The AFMOA/CC point of contact is Col Elizabeth Shaw, (210) 395-9323, DSN 969 or via email at elizabeth.e.shaw2.mil@mail.mil.


ROBERT L. MILLER
Brigadier General, USAF, MC, SFS
Commander

Attachment:
AFMS Transgender Training in SWANK

BREAKING BARRIERS...SINCE 1947

AF_00005420

USDOE00008139

Attachment

AFMS Transgender Training in the Swank/Relias Learning Management System (LMS)

The Transgender courses are available in the LMS. The courses may be found by searching with a keyword (e.g. Transgender) or by browsing the Course List. On the Course List tab, the system is titled **"Shared Service Education & Training"**. If you do not see this course system, please contact your Swank/Relias Learning Account Manager.

If an MTF/clinic wants to assign the courses in the LMS, you must have Site Coordinator or Site Delegate access. On the Site Coordinator or Site Delegate tab, select "Assign courses to participants" or "Assign courses to groups" under Curriculum:

Site Coordinator

Click on the links below to manage participants, add courses, generate reports, and more.

<p>Participants</p> <ul style="list-style-type: none"> Search, add and edit participants Move a participant to your site Access a participant's record Manage Custom Licenses Manage Help Desk Members Manage instructors Clear login lock outs <p>Groups</p> <ul style="list-style-type: none"> Create and manage a group <p>Curriculum</p> <ul style="list-style-type: none"> Assign courses to participants Assign courses to groups 	<p>Reports</p> <ul style="list-style-type: none"> Generate Reports <p>AFMOA Courses</p> <ul style="list-style-type: none"> Create or Modify a Course Add and edit course modules Track in-services/Events Clear test/retest lock outs Request a manual reset Review Certificate Uploads <p>Site Information</p> <ul style="list-style-type: none"> Manage Site Profile <p>Site Coordinator References</p> <ul style="list-style-type: none"> Site Coordinator Guide Manage Your Lessons
--	---

Each MTF/clinic may decide if the assignment should be made to certain groups (i.e. AFSC, custom group, etc.). The following screenshot (*group type and group are examples only*) shows the fields required to create an assignment including the shared system and available courses:

Group Type:
Custom Group

Group:
ALL PHYSICIANS Select Group

System:
Shared Service Education & Training

Active Courses:

- Auricular Acupuncture – Basic: Navy Comprehensive Pain Program - 2016-0442
- Auricular Acupuncture Level 2: Auriculotherapy - 2016-0527
- Department of Defense (DoD) Periodic Health Assessment (PHA) Health Care Personnel Training - DHA-US066
- HIV Awareness in the Military - NMETC-17-HIV Awareness-1.0
- Transgender AIR FORCE MEDICINE: AF Module 3 - TGHC3
- Transgender ARMY MEDCOM: Medical Transgender Policy Training (HQDA EXCRD 029-17A) - TGHC5
- Transgender Module 1: Introduction to Policy Guidance and Concepts - TGHC1
- Transgender Module 2a: Evidence Based Practice Guidelines and Standards of Care - TGHC2
- Transgender Module 2b: Evidence Based Practice Guidelines and Standards of Care Primary Care - TGHC3
- Transgender NAVY MEDICINE: Healthcare Policies and Transition Health Care Process - TGHC4

The Usage by Course or Assignment Report may be generated to pull completion history.

Detailed instructions for creating groups and assignments may be found on the Site Coordinator or Site Delegate tab in the LMS under Site Coordinator/Site Delegate References (shown above). Or, you may call Swank/Relias at 800-950-4248.

BREAKING BARRIERS...SINCE 1947

EXHIBIT 13 TO CARMICHAEL DECLARATION



Department of the Navy Transgender Training Plan – Information Brief

31 Oct 2016

UNCLASSIFIED

As of: 0900L 30 Oct 16
OPR: N1Z

United States Fleet Forces

1



(U) Executive Overview

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security

Purpose of Brief

- USFF was designated as Executive Agent (EA) for training delivery to Commanders, Commanding Officers, Officers-in-Charge, and Medical Personnel
- The purpose is to update the training plan for MMTT Trainers
- This briefing is Informational

FDEV

FGEN

FEMP

S/C/Fam

S&S

Problem Statement and Background

- On 30 Jun 2016, SECDEF announced DoD lifted the ban preventing Transgender service in the military
- ALNAV 053/16 provided interim guidance until policies and procedures are released
- Nov 16 - Jul 17, DoN will conduct general familiarity training for all hands and specialized training for Commanders, COs and Medical Personnel

Recommendation

- N/A Information only

Assessment

- Training Tasks
- NLT 4 Nov: Master Mobile Training Teams (MMTT)
- NLT 16 Dec: Command Triads, Medical
- NLT 31 Jan: Active Navy Personnel
- NLT 30 Apr: Reserve Forces

As of: 0900L 30 Oct 16
OPR: N1Z

UNCLASSIFIED



(U) Commanders Intent

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security

• Background

- SECDEF Memo of 30 Jun 16: Services are directed to provide transgender training not later than 1 July 2017
- NAVADMIN 203/16: Outlined Navy training requirement and designated USFF as Executive Agent (EA) for Training Delivery

• Purpose

- Provide general familiarity training to All Hands and specialized training to Commanders, Commanding Officers, Medical personnel, and civilians who supervise military personnel

• Tasking

- Deliver training in sequential lines of effort through face-to-face (F2F) and online Webinar sessions

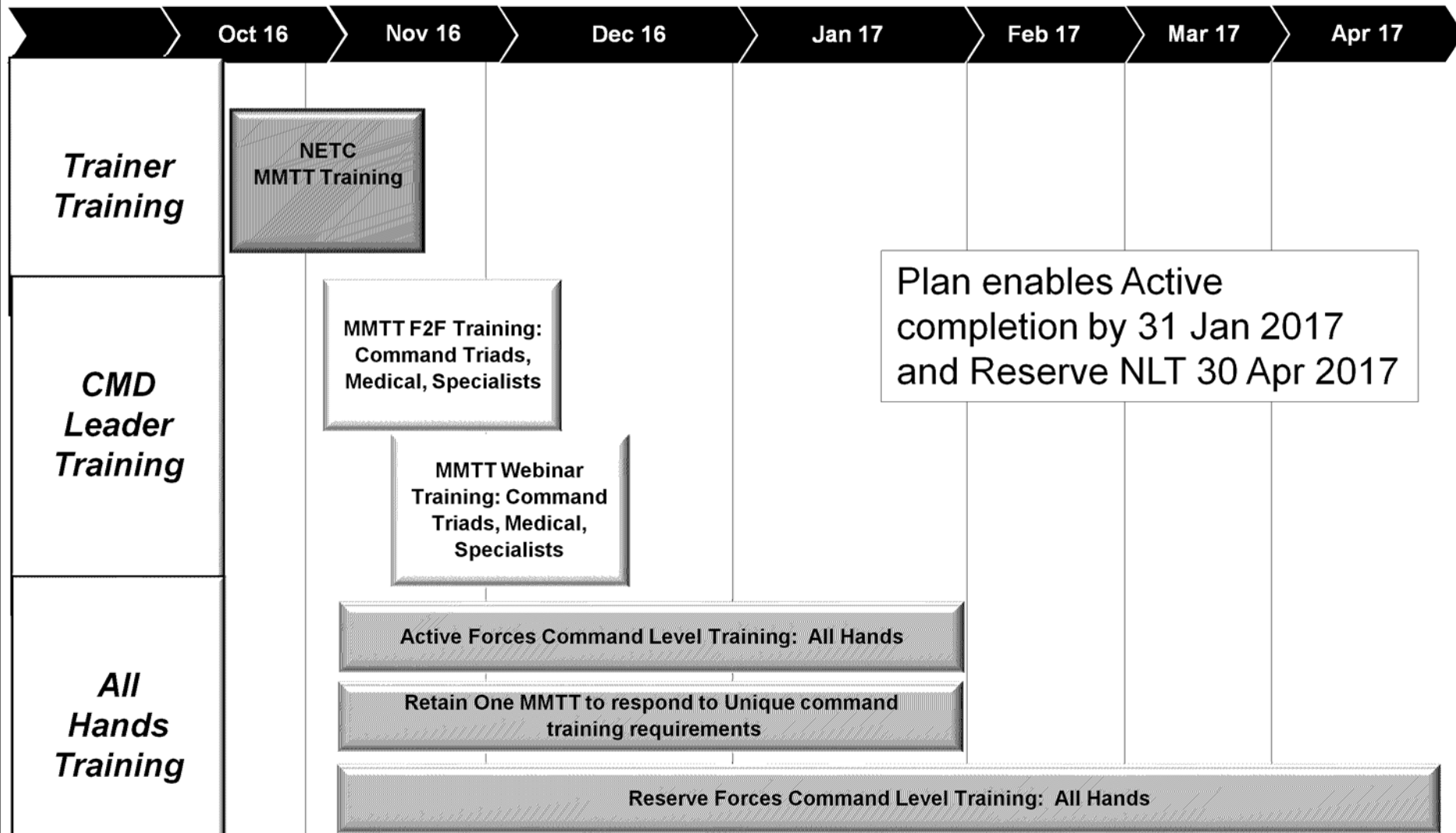
Dates	Events	Status
31 Oct - 4 Nov	NETC Trains MMTTs	
7 Nov - 6 Dec	MMTTs training leaders in F2F sessions	
16 Nov -16 Dec	MMTTs conduct Webinar leader training to reach Triads unable to make F2F sessions	
Nov – 30 Apr	Command Leaders train All Hands - Active complete NLT 31 Jan 2017 - Reserve complete NLT 30 Apr 2017 - Retain one MMTT to respond to Unique commands for training (e.g. TRANSCOM)	

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Training Execution

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security



Plan enables Active completion by 31 Jan 2017 and Reserve NLT 30 Apr 2017

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(U) Trainer Training: MMTT Sourcing, Training and Funding

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security

- **Master Mobile Training Teams (MMTT) Sourcing**
 - Eight (8) teams / Three (3) personnel each (1-06, 1-05, 1-CMC)
 - Mixed communities (e.g., SWO O6, Aviation 05, CMC)

Team	1	2	3	4	5	6	7	8
Source	OPNAV	USFF	USFF	MPT&E	CPF	CPF	CPF	RESFOR

- **MMTT Training**
 - 31 Oct: Indoctrination, Mission Overview, Logistics Plan (USFF Lead)
 - 1 Nov: MMTT Introductions, Transgender Service Member Policy (TSMP) Review, Policy overview, Medical presentation, Teach Back preps (NETC Lead)
 - 2 Nov: MMTT Teach Back (by group) (NETC Lead)
 - 3 Nov: MMTT Teach Back (by group), Feedback, Q & A (NETC Lead)
 - 4 Nov: MMTT Webinar Execution (NETC Lead)
- **Estimated Funding Requirements (OPNAV N1 Supported)**
 - \$150K Reserve support for Logistics Cell (All travel and location coordination)
 - \$150K MMTT travel, venue reservations, printing, mailing, misc. expenses
 - \$ 25K NETC Requirement for DVD duplication, Printing, Mailing, etc.

Status
Complete
Working
Complete
Complete
Working

UNCLASSIFIED



(U) Command Leader Training: MMTT F2F Training Delivery (CONUS)

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security

Location	Start	Finish	Target Audience (CO/OIC)	Target Audience (Total Triads)	Status
Washington, DC	11/7/16	11/10/16	90	270	
Great Lakes, IL	11/14/16	11/14/16	18	54	
Millington, TN	11/16/16	11/16/16	12	36	
Gulfport, MS	11/18/16	11/18/16	40	120	
Pensacola, FL	11/21/16	11/21/16	22	66	
Norfolk, VA	11/7/16 11/14/16	11/8/16 11/15/16	313	939	
Groton, CT	11/10/16	11/10/16	48	144	
Jacksonville, FL	11/14/16	11/15/16	138	414	
San Diego, CA	11/7/16	11/9/16	287	861	
Port Hueneme, CA	11/10/16	11/10/16	24	72	
Lemoore, CA	11/14/16	11/15/16	33	99	
Whidbey Island, WA	11/17/16	11/18/16	13	39	
Kitsap/Bangor, WA	11/21/16	11/22/16	56	168	

CONUS

- Target is CO/XO/CMC or OIC/AOIC/SEA or Command Training Team reps
- Navy has 1,607 CONUS (AC/RC) CO/OICs
- ~ 1,094 CO/OICs (AC/RC) for targeted geographic locations)
- 3 personnel per command – Triad total = ~ 3,282
- Each MMTT can train up to 4 sessions per day w/90 minutes for each session
- Capacity for each location will depend on venue size
- Optimal size is no more than 50 per session

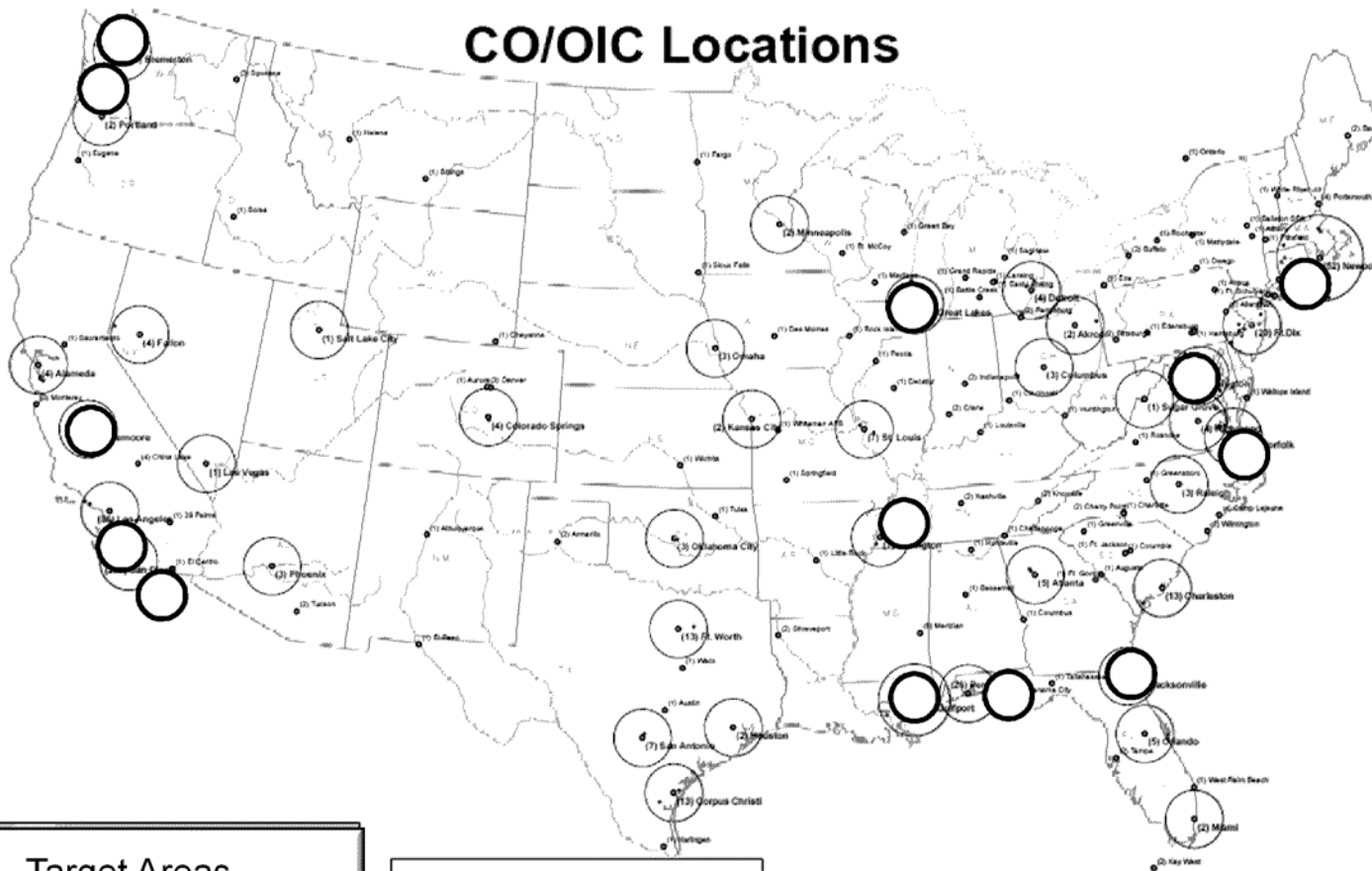
United States Fleet Forces

6



(U) Command Leader Training: MMTT F2F Training Coverage (CONUS)

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security



- 2016/2017 Transgender training locations
- Previous Don't Ask, Don't Tell (DADT) training locations

- Locations**
- Washington, DC
 - Great Lakes, IL
 - Millington, TN
 - Gulfport, MS
 - Pensacola, FL
 - Norfolk, VA
 - Groton, CT
 - Jacksonville, FL
 - San Diego, CA
 - Port Hueneme, CA
 - Lemoore, CA
 - Whidbey Island, WA
 - Kitsap/Bangor, WA

Target Areas reach **68%** of all Navy (AC/RC) CONUS Triads



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(U) Command Leader Training: MMTT F2F Training Delivery (OCONUS)

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security

Location	Start	Finish	Target Audience (CO/OIC)	Target Audience (Total Triads)	Status
Manama Bahrain	11/7/16	11/9/16	46	138	
5 th Fleet AOR Deployers	11/7/16	11/10/16	TBD	TBD	
Rota, Spain	11/7/16	11/8/16	18	54	
Sigonella, Sicily	11/10/16	11/10/16	13	39	
Naples, Italy	11/14/16	11/15/16	25	75	
Chinhae, Korea	11/7/16	11/8/16	9	27	
Yokosuka, Atsugi, Japan (1)	11/10/16	11/10/16	67	201	
Okinawa, Japan	11/21/16	11/22/16	16	48	
7 th Fleet AO Deployers	11/10/16	11/29/16	TBD	TBD	
Sasebo, Japan	11/28/16	11/29/16	22	66	
Yokosuka, Atsugi, Japan (2)	12/5/16	12/6/16	TBD	TBD	
Pearl Harbor, HI	11/7/16	11/8/16	105	315	
GUAM	11/15/16	11/16/16	28	84	

OCONUS

- Target is CO/XO/CMC or OIC/AOIC/SEA or Command Training Team reps
- Navy has 422 OCONUS CO/OICs (AC/RC)
- ~ 349 CO/OICs (for targeted geographic locations)
- 3 personnel per command – Triad total = ~ 1,047
- Each MMTT can train up to 4 sessions per day w/90 minutes for each session
- Capacity for each location will depend on venue size
- Optimal size is no more than 50 per session

United States Fleet Forces

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8



(U) Command Leader Training: MMTT F2F Training Coverage (OCONUS)

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security

Global Coverage



- 2016/2017 Transgender training locations
- Previous Don't Ask, Don't Tell (DADT) training locations

Locations

- Manama Bahrain
- Rota, Spain
- Sigonella, Sicily
- Naples, Italy
- Chinhae, Korea
- Yokosuka, Japan
- Okinawa, Japan
- Sasebo, Japan
- Atsugi, Japan
- Guam
- Pearl Harbor, HI
- 5th & 7th Fleet Deployed units Where practical

Target Areas reach **84%** of all Navy (AC/RC) OCONUS Triads

Source:

UNCLASSIFIED



(U) Command Leader Training: MMTT Webinars

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security

Day	Team 2	Team 3	RESFOR	Total Sessions Complete	Total Participants	
Mon-Fri	0800-0930		TBD			
	1000-1130					
	1300-1430	1300-1430				
	1500-1630	1500-1630				
			1800-1930			
			2000-2130			
Sat			TBD			

- Each MMTT can train 4 sessions per day w/90 minutes for each session
 - 16 Nov – 16 Dec: Two MMTTs conducts Webinar sessions
 - 8 Nov – TBD: RESFOR MMTT conducts Webinar sessions
- DCS webinar sessions
 - 8 sessions per day at various hours to meet global time differences
 - Registration will be online
- Completion documentation will be in FLTMPs Course Number: TG-Triad

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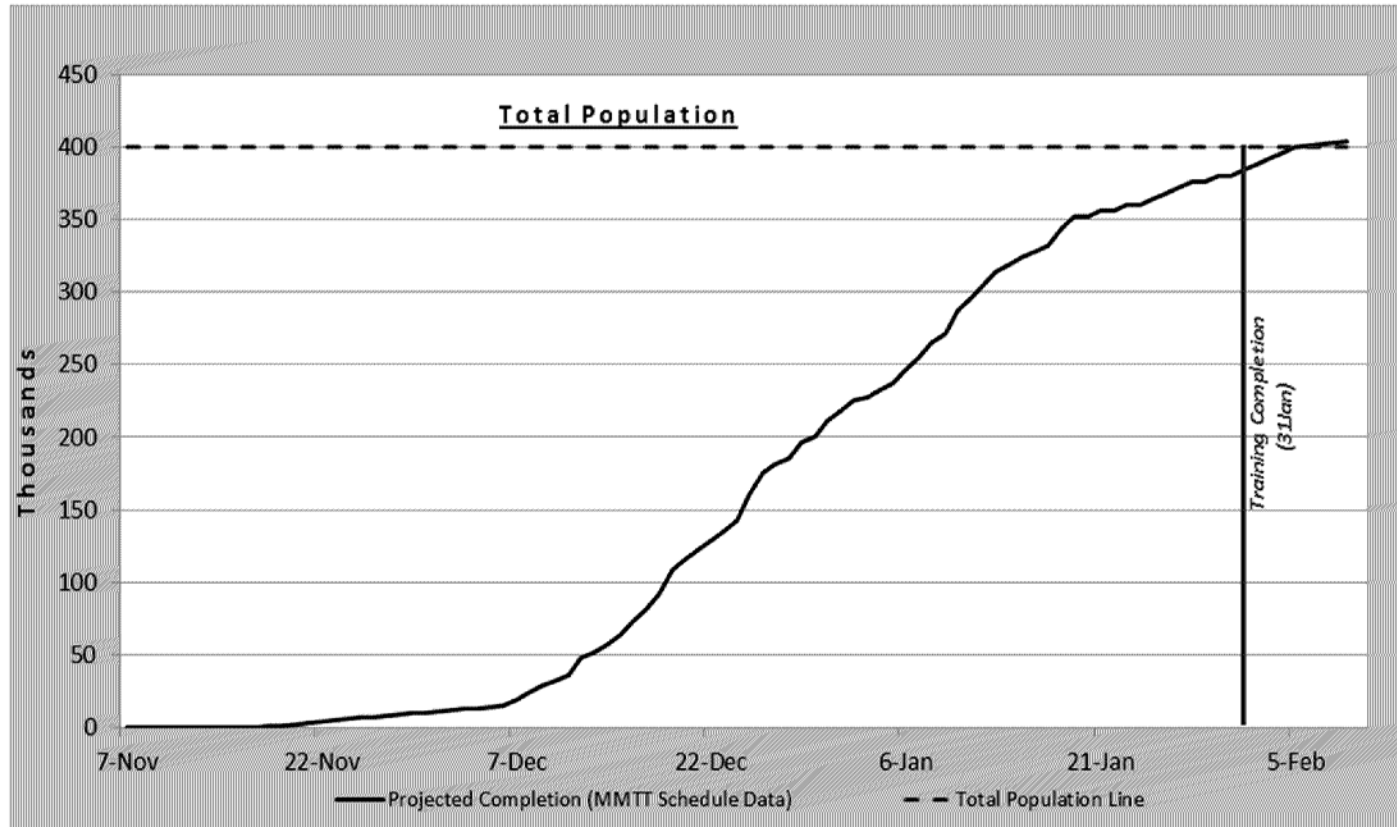
United States Fleet Forces

10



Command Leaders: Training Completion

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security



- Command Leaders**
- MMTTs train leaders
 - Commands enter completion in FLTMPs using Course Number: TG-TRIAD
 - ECH II / ECH IIIs Monitor/enforce completion
 - USFF tracks in FLTMPs

Component

Component	Population	# Complete	% Complete
Active:	0	0	0.0%

Delivery Method

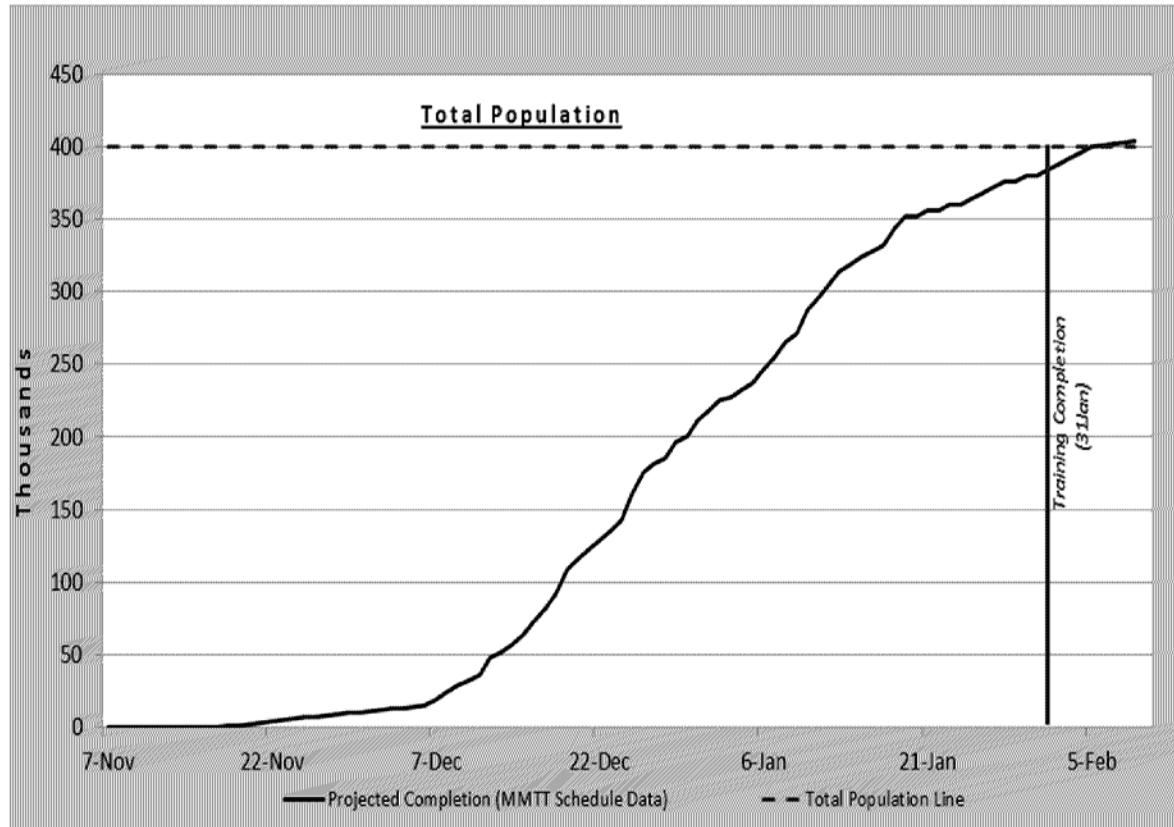
Delivery Method	Population	# Complete	% Complete
F2F:	0	0	0.0%
Webinar:	0	0	0.0%

0600 EDT
24 Oct 16



All Hands: Training Completion

- Force Development
- Force Generation
- Force Employment
- Sailors/Civ/Fam
- Safety & Security



Echelon II Current Status

COA	CNO	SECNAV
0.0%	0.0%	0.00%
ONR	ONI	BUMED
0.0%	0.0%	0.0%
NAVAIR	DFAS	PERS
0.0%	0.0%	0.0%
NAVSUP	NAVSEA	NAVFAC
0.0%	0.0%	0.0%
CMC	JCS	OSD
0.0%	0.0%	0.0%
SSP	MSC	MDA
0.0%	0.0%	0.0%
DARPA	SPAWAR	DCMA
0.0%	0.0%	0.0%
DTRA	DISA	DIA
0.0%	0.0%	0.0%
NSA	DIG	DLA
0.0%	0.0%	0.0%
CNIC	USFF	PACFLT
0.0%	0.0%	0.0%
RESFOR	TRANSCO	NETC
0.0%	0.0%	0.0%
PECWAR	OTHER	
0.0%	0.0%	

All Hands

- MMTTs train leaders
- Leaders train All Hands
- Commands enter completion in FLTMPS using Course Number: TG-CREW
- ECH II / ECH IIIs Monitor/enforce completion
- USFF tracks in FLTMPS

0600 EDT
24 Oct 16

Component

Delivery Method

Component	Population	# Complete	% Complete
Active:	0	0	0.0%
Reserve:	0	0	0.0%
Civilian:	0	0	0.0%
Total:	0	0	0.0%

Delivery Method	Population	# Complete	% Complete
F2F:	0	0	0.0%
Webinar:	0	0	0.0%

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EXHIBIT 14 TO CARMICHAEL DECLARATION

U.S. Department of
Homeland Security
United States
Coast Guard



Military Transgender Service

COMDTINST M1000.13
December 2016

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United States Coast Guard

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COMDTINST M1000.13
22 DEC 2016

COMMANDANT INSTRUCTION M1000.13

Subj: MILITARY TRANSGENDER SERVICE

- Ref: (a) Secretary of Defense Directive-type Memorandum (DTM) 16-005, "Military Service of Transgender Service Members"
 (b) DoD Instruction 1300.28, "In-Service Transition For Transgender Service Members"
 (c) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
 (d) Military Separations, COMDTINST M1000.4 (series)
 (e) Uniform Regulations, COMDTINST M1020.6 (series)
 (f) Reserve Policy Manual, COMDTINST M1001.28 (series)

1. PURPOSE. This Manual promulgates policies and standards for Coast Guard military transgender members.
2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements must comply with the provisions of this Manual. Internet release is authorized.
3. DIRECTIVE(S) AFFECTED. None.
4. BACKGROUND. On June 30, 2016, the Secretary of Defense announced the immediate repeal of policies prohibiting service by transgender members in the DoD, and by agreement, the Coast Guard. Coast Guard specific policies and standards have been modified to ensure transgender members are able to serve on active duty or in the Reserve in accordance with References (a) and (b). Qualified transgender applicants will be able to enter the Coast Guard and Coast Guard Reserve once the DoD updates DoD Instruction 6130.03, "Medical Standards for Appointment, Enlistment, or Induction in the Military Services," which sets medical accession policy for all the military services, and is referenced by Reference (c) and Coast Guard Recruiting Manual, COMDTINST M1100.2 (series).
5. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a

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B	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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H	X	X	X	X	X	X	X	X		X	X																

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rule. It is intended to provide operational guidance for Coast Guard personnel and is not intended to nor does it impose legally-binding requirements on any party outside the Coast Guard.

6. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.

a. The development of this Manual and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, and are categorically excluded (CE) under current USCG CE # 33 from further environmental analysis, in accordance with Section 2.B.2. and Figure 2-1 of the National Environmental Policy Act Implementing Procedures and Policy for Considering Environmental Impacts, COMDTINST M16475.1 (series).

b. This Directive will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the environment. All future specific actions resulting from the general policies in this Manual must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), DHS and Coast Guard NEPA policy, and compliance with all other environmental mandates.

7. DISTRIBUTION. No paper distribution will be made of this Manual. An electronic version will be located on the following Commandant (CG-612) web sites. Internet: <http://www.uscg.mil/directives/> and CGPortal: <https://cgportal2.uscg.mil/library/directives/SitePages/Home.aspx>.

8. RECORDS MANAGEMENT CONSIDERATIONS. This Manual has been evaluated for potential records management impacts. The development of this Manual has been thoroughly reviewed during the directives clearance process, and it has been determined there are no further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., National Archives and Records Administration (NARA) requirements, and the Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not create significant or substantial change to existing records management requirements.

9. FORMS/REPORTS. The forms referenced in this Manual are available in U.S.C.G. Electronic Forms on the Standard Workstation or on the Internet: <http://www.uscg.mil/forms/> and CG Portal <https://cgportal2.uscg.mil/library/forms/SitePages/Home.aspx>.

10. REQUESTS FOR CHANGES. Recommendations for changes or improvements to this Manual are welcome and should be submitted via the chain of command to the Office of Military Personnel, Policy and Standards Division, Commandant (CG-1331), at HQS-PolicyandStandards@uscg.mil.

W. G. KELLY /s/
Rear Admiral, U.S. Coast Guard
Assistant Commandant for Human Resources

CHANGE NUMBER	DATE OF CHANGE	BY WHOM ENTERED

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CHAPTER 1 Overview

- A. Overview. This Chapter states this Manual's authority, applicability, and relationships to other Coast Guard policies.
- B. Authority. The authorities for this Manual are References (a) and (b), which established the policy that transgender members are able to serve as military members in the Department of Defense. Both policies apply to the Coast Guard at all times by agreement with the Department of Homeland Security.
- C. Applicability.
1. This Manual applies to:
 - a. Active duty members,
 - b. Coast Guard Academy cadets,
 - c. All members of the Ready Reserve and Standby Reserve,
 - d. Retired members recalled to active duty, and
 - e. Members of other U.S. uniformed services assigned to the Coast Guard, as amended by any appropriate agreement.
 2. Unless specifically mentioned, all policies and standards in subsequent Chapters apply equally to Active and Reserve component members, including cadets.
 3. This Manual does not apply to:
 - a. Dependents of Coast Guard personnel,
 - b. Civilians employed by the Coast Guard,
 - c. Coast Guard Auxiliarists,
 - d. Civilians employed as contractors by the Coast Guard,
 - e. Visitors to Coast Guard facilities, and
 - f. Any person not explicitly listed in Article 1.C.1. of this Manual.
- D. Other Coast Guard Policies and Procedures. A broad range of Coast Guard military personnel, medical, and operational policies reference a member's gender. This Manual has no impact on any other Coast Guard Directive, except to determine the standards applicable to a transgender member at any particular time. The non-exclusive list below contains those directives that are most relevant to transgender members.

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1. Reference (c) states policies and standards for medical care and treatment for all members.
2. Coast Guard Recruiting Manual, COMDTINST M1100.2 (series) states policies and standards for applicants to the Coast Guard and Coast Guard Reserve.
3. Officer Accessions, Evaluations, and Promotions, COMDTINST M1000.3 (series) states policies and standards for appointment of Commissioned Officers.
4. Reference (d) establishes that a member is subject to separation in an entry-level status during the period of initial training, defined as 180 days based on a medical condition that impairs the Service member's ability to complete such training, and
5. Reference (d) affirms that transgender members who are not in the period of initial training must not be administratively separated based solely on a medical diagnosis of gender dysphoria indicating that gender transition is medically necessary.
6. Physical Disability Evaluation System, COMDTINST M1850.2 (series), states that as with other medical conditions, transgender members meeting referral standards must be referred to the Physical Disability Evaluation System (PDES).
7. Identification Cards for Members of The Uniformed Services, their Eligible Family Members, and other Eligible Personnel, COMDTINST M5512.1 (series) orders members to update their identification card once their appearance is significantly altered.
8. Reference (e) and Tattoo, Body Marking, Body Piercing, and Mutilation Policy, COMDTINST 1000.1 (series) states policies and standards for military uniforms, civilian attire, hair, grooming, cosmetics, permanent makeup, and piercings.
9. Coast Guard Pay Manual, COMDTINST M7220.29 (series), prescribes a transgender enlisted member's uniform allowance based on that member's gender.
10. Members and commands must follow procedures in Multi-Service Tactics, Techniques, and Procedures (TTP) for Transgender Service in the Military, CGTTP 1-16.11. Any conflict must be resolved in favor of this Manual.
11. Personnel and Pay Procedures Manual (PPPM), PPCINST M1000.2 (series) states policy, standards, and procedures for name changes.
12. In accordance with Coast Guard Civil Rights Manual, COMDTINST M5350.4 (series), transgender members have the right to initiate an Equal Opportunity (EO) complaint if they believe that they have been subjected to unlawful discrimination (including harassment).

CHAPTER 2 Roles and Responsibilities

- A. Overview. This Chapter states general responsibilities. Additional roles and responsibilities are stated in subsequent chapters in this Manual.
- B. Commandant (CG-1). The Assistant Commandant for Human Resources must:
1. Implement processes for the assessment and oversight of compliance with DoD and Coast Guard policies and procedures applicable to service by transgender members.
 2. Beginning in 2018, and no less frequently than triennially thereafter, direct an inspection of compliance with Reference (b), this Directive and other implementing USCG regulations, policies, and guidance, and review the Report of Inspection for purposes of assessing and overseeing compliance; identifying compliance deficiencies, if any; timely initiating corrective action, as appropriate; and deriving best practices and lessons learned.
- C. Commandant (CG-11). Director of Health, Safety, and Work-Life must promulgate additional policies and standards for medical diagnosis of gender dysphoria and care of transgender members and those members who have completed transition.
- D. Commandant (CG-13). The Director of Reserve and Military Personnel serves as the appeal authority for all requests in this Manual.
- E. Commander, Coast Guard Personnel Service Center (CG PSC).
1. Serves as the approving authority for Gender Transition Requests (GTR) in Chapter 4 of this Manual.
 2. Serves as senior executive tasked with immediate oversight of the Service Central Coordination Cell (SCCC).
 3. Serves as the approving authority for exception to policy (ETP) in accordance with Chapter 7 of this Manual.
 4. Make adjustments, as needed, to the date on which the member's gender transition, or any component of the transition process, will commence.
 5. Serves as the approving authority to change the gender marker in Defense Enrollment Eligibility Reporting System (DEERS) in accordance with Chapter 8 of this Manual.

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6. Executes an approved gender marker change in DEERS and Coast Guard data systems.
 7. Submits reports in accordance with Chapter 10 of this Manual.
- F. Commander, Coast Guard Force Readiness Command (FORCECOM). Assists Commander (CG PSC) in educating all military and civilian members to ensure appropriate understanding of the policies and procedures pertaining to transgender service in the military.
- G. Commanding Officer, Coast Guard Health Safety Work Life Service Center (HSWL SC).
1. Provides military medical provider training and oversight in the establishment of the medical diagnosis of gender dysphoria, determining medical necessity of gender transition, medical referrals, creation of medical treatment plans, and delivery of subsequent medical care.
 2. Determines if providers are qualified to provide a diagnosis of gender dysphoria in accordance with Chapter 4 of this Manual.
 3. Determines if providers are qualified to endorse the medical treatment plan in accordance with Chapter 5 of this Manual.
- H. Commanding Officers and Officers in Charge (CO/OIC).
1. Reviews a member's Gender Transition Request (GTR) to ensure it:
 - a. Complies with this Manual,
 - b. Considers the individual facts and circumstances presented by the member,
 - c. Preserves military readiness by minimizing impacts to the mission (including deployment, operational, training, exercise schedules, and critical skills availability), as well as impacts to the morale and welfare, and good order and discipline of the unit,
 - d. Is consistent with the medical treatment plan,
 - e. Is consistent with the transition plan, and
 - f. Incorporates consideration of other factors, as appropriate.
 2. Consults with the Service Central Coordination Cell (SCCC).
 3. Coordinates with the military medical provider regarding any medical care or treatment provided to the member.

4. Assesses expected impacts on mission and readiness after consideration of the advice of military medical providers and addresses such impacts to the morale, welfare, and good order and discipline of units in accordance with this Directive.
 5. Provides recommendations based on operational requirements.
 6. Promptly responds to any request for medical care, as identified by the military medical provider, and ensure that such care is provided consistent with applicable regulations.
- I. Military Medical Providers. Establish the member's medical diagnosis of gender dysphoria, recommend medically necessary care and treatment, and, in consultation with the member, develop a medical treatment plan, as set forth in Chapter 5 of this Manual, for submission to the CO/OIC.
1. In accordance with established military medical practices, advise the CO/OIC on the medical diagnosis of gender dysphoria applicable to the member, including the provider's assessment of the medically necessary care and treatment, the urgency of the proposed care and treatment, the likely impact of the care and treatment on the individual's readiness and deployability, and the scope of the human and functional support network needed to support the individual.
 2. Collaborate with a military Medical Multidisciplinary Team (MMDT) to ensure efficacy in diagnosis of gender dysphoria and validation when the member is stable in gender. MMDT composition shall be commensurate with the level of treatment complexity and include a mental health provider, an endocrinologist (for cross-sex hormone therapy), and a surgeon (if surgery is deemed medically necessary). MMDT members shall be knowledgeable in medical care for gender dysphoria.
 3. Formally advise the CO/OIC when the member is stable in gender, and recommend to the CO/OIC a time at which the member's gender marker may be changed in DEERS.
 4. Provision of care may involve multiple facilities and require appropriate care coordination between providers. In no circumstance will a provider be required to deliver care that he or she feels unprepared to provide either by lack of clinical skill or due to ethical, moral or religious beliefs. However, referral to an appropriate provider or level of care is required under such circumstances.

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J. Service Central Coordination Cell (SCCC). The SCCC provides multi-disciplinary (e.g., policy, medical, legal, military personnel management) expert advice and assistance to CO/OICs with regard to service by transgender members and to assist CO/OICs in the execution of Coast Guard policies and procedures. The SCCC is a tool that helps COs/OICs understand the generalities and nuances of transgender member service and medical treatment, reaffirms that no two individuals are identical, helps commands navigate through the treatment process (regardless of complexity), and ensures a methodical approach to transgender member care across the Coast Guard.

1. Membership. The SCCC is made up of representatives from the following organizations:

- a. Commandant (CG-00H) – Civil Rights Directorate
- b. Commandant (CG-092) – Governmental and Public Affairs
- c. Commandant (CG-133) – Office of Military Personnel
- d. Commandant (CG-112) – Office of Health Services
- e. Commandant (CG-12B) – Office of Diversity and Inclusion
- f. Commandant (CG-LGL) – General Law
- g. Commander (CG PSC)
- h. Commanding Officer (HSWL SC)
- i. Any additional members required by Commandant (CG-1)

2. Authority. The SCCC acts as a guidance and recommendatory body to CO/OIC and stakeholders, and only Commander (CG PSC) may issue an ETP, in accordance with Chapter 7 of this Manual.

3. Senior Executive Tasking. Commander (CG PSC), per Article 2.F.2. of this Manual, is the senior executive tasked with immediate oversight of the SCCC. This includes, but is not limited to:

- a. Maintenance and responses of the SCCC@uscg.mil e-mail, and
- b. Maintenance of any websites or related transgender information sites for Coast Guard commands and members.

4. SCCC Response. The SCCC must contact the CO/OIC within five business days to assess a request and begin giving advice and assistance to the CO/OIC.

K. Transgender Members.

1. In accordance with Individual Medical Readiness (IMR), DoDI 6025.19 and Ready Reserve Member Participation Policy, DoDI 1215.13, all members have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report to their chains of command any medical (including mental health) and health issue that may affect their readiness to deploy or fitness to continue serving in an active status.
2. Each member in the Active Component or in an active status, Selected Reserve (SELRES), Individual Ready Reserve (IRR), or Active Status List (ASL) will, as a condition of continued military service, report significant health information to their chain of command. Members who have or have had a medical condition that may limit their performance of official duties, must consult with a military medical provider concerning their diagnosis of gender dysphoria and proposed treatment, and must notify their CO/OIC.
3. As in the case of other health issues, when a member receives a diagnosis of gender dysphoria from a military medical provider indicating that gender transition is medically necessary and the member desires gender transition, the member submits a Gender Transition Request (GTR) to their CO/OIC that must comply with Chapter 4 of this Manual.

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CHAPTER 3 General Policies and Standards

- A. Overview. This Chapter states general policies and standards for all transgender members.
- B. Presumptions.
1. Transgender members are subject to the same standards and procedures as other members with regard to their medical fitness for duty, physical fitness, uniform and grooming standards, deployability, and retention.
 2. Open service by transgender members is consistent with military service and readiness.
 3. If a member with a medical treatment plan is unable to meet standards or requires an exception to policy (ETP), all reasonable efforts will be made to minimize impacts to the mission and unit readiness.
- C. Determination of Gender and Changing Gender. For the purposes of this instruction, a member's gender (male or female) is only that recognized by the Coast Guard and reflected in the data element in DEERS and Coast Guard data systems. A change in gender only occurs when the member's gender marker in DEERS is changed. Members must be considered and treated as the gender recorded in DEERS in all respects, unless the member has an approved exception to policy (ETP) granted by Commander (CG PSC) in accordance with Chapter 7 of this Manual.
1. Coincident with the member's gender, the Coast Guard applies, and the member is responsible to meet, all standards for uniforms and grooming; body fat standards; physical readiness testing; drug testing participation (including serving as an observer and being observed); and other military standards for the member's gender.
 2. All members will use those berthing, bathroom, and shower facilities, which are subject to regulation by the Coast Guard, associated with the member's gender.
 3. Respect is one of the Coast Guard's core values. Given that, modesty, regardless of a member's gender, sexual orientation, etc., is expected and paramount especially in close quarters.
- D. Medical.
1. Members, with a diagnosis of gender dysphoria from a military medical provider indicating that gender transition is medically necessary, will be provided medical care and treatment for the diagnosed medical condition in accordance with Reference (c). Recommendations of a military medical provider will address the severity of the member's medical condition and the urgency of any proposed medical treatment. Medical advice to CO/OIC will be provided in a manner consistent with processes used for other medical conditions that may affect the member's performance of official duties.

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2. Commander (CG PSC) must approve the GTR and medical treatment plan before a transgender member may begin medical treatment, other than behavioral health screening and treatment.
3. Any medical care and treatment provided to an individual member for gender dysphoria will be provided in the same manner as other medical care and treatment. Nothing in this Directive will be construed to authorize a CO/OIC to deny medically necessary treatment to a member.
4. Any determination that a transgender member is non-deployable at any time will be made in accordance with established Coast Guard standards.
5. To the extent practicable, training plans and requirements, and additional procedural guidance for care and services will be consistent across the Military Health System (MHS), in accordance with Defense Health Agency (DHA) procedural guidance.

E. U.S. Coast Guard Academy Cadets.

1. Any cadet may request to change their gender marker in DEERS, in accordance with this Manual.
2. A cadet who is a transgender member may be disenrolled based on a medical condition that impairs their ability to complete required training.
3. A cadet who is a transgender member must meet all medical commissioning and appointment standards as a prerequisite to graduation and appointment in the Armed Forces.

F. Protection of personally identifiable information (PII).

1. In accordance with DoD Privacy Program, DoDD 5400.11, in cases in which there is a need to collect, use, maintain, or disseminate personally identifiable information (PII) in furtherance of Reference (b), this Directive, and other Coast Guard regulations, policies, or guidance, the Coast Guard will protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII. The Coast Guard will maintain such PII so as to protect an individual's rights, consistent with federal law, regulation, and policy.
2. All entities must ensure the protection of personally identifiable information (PII) and personal privacy considerations in the implementation of this Directive and Coast Guard regulations, policies, and guidance.

G. Personal Privacy Considerations.

1. A CO/OIC may employ reasonable measures to balance respect and the privacy interests of all members.
2. New or renovated bathrooms, showers, and berthing are not required by this Manual.
3. Unisex bathrooms, showers, and berthing are not required by this Manual.
4. In executing any accommodation, the CO/OIC will take into account the physical construction of the facilities as well as the privacy of other members using the facilities in question. The unit commander should consider and balance the needs of the transgender member and the needs of the command.
5. The installation should explore no-cost facility options. No-cost options may include, but are not limited to, allowing the transgender member to use any family style restroom/shower area or providing additional time for the member to use the privacy of their domicile. No-cost options should not include special accommodations not available to other members of the unit, such as use of command cadre's facilities, or facilities otherwise not available to others of the same pay-grade.
6. Coast Guard Housing Manual, COMDTINST M11101.13 (series) states policies and standards for unaccompanied personnel housing assignment. Currently, members are assigned to quarters based on the gender reflected in the DEERS, consistent with policy in Reference (a). Until an ETP is approved or gender is changed in DEERS, the transgender member will use the facilities associated with their gender marker in DEERS, taking into account paragraph 1 above.

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CHAPTER 4 Gender Transition Requests (GTR)

- A. Overview. This Chapter states policies and standards for members to request a gender marker change in DEERS.
- B. Diagnosis of Gender Dysphoria.
1. For members seeking initial treatment, a diagnosis of gender dysphoria must be established by a privileged behavioral health provider at a military facility (or similarly qualified and approved [by Coast Guard Health, Safety, & Work-Life Service Center] civilian provider if unavailable in a military facility), with appropriate referral to other types of providers as indicated or required.
 2. The medical assessment must be comprehensive in nature, including exclusion of other causes for dysphoria, comorbid (simultaneous presence of two conditions in a patient) behavioral health conditions, and lead to formulation of an initial treatment plan.
- C. Treatment Plans for Gender Dysphoria. In accordance with Reference (b), treatment plans that specify change of gender begins when a member receives a diagnosis of gender dysphoria from a military medical provider indicating that gender transition is medically necessary and the member desires to request a change in gender.
- D. Member Requested Change of Gender. No member is required to request a change of gender for any reason, even if they have a qualifying diagnosis of gender dysphoria from a military medical provider indicating that gender transition is medically necessary. However, transgender members remain subject to the same standards and procedures as other members with regard to their medical fitness for duty, physical fitness, uniform and grooming standards, deployability, and retention. In order for a member to request a change of gender, the member must obtain a diagnosis of gender dysphoria from a military medical provider indicating that gender transition is medically necessary. After receiving such a diagnosis and the member desires to request a change in gender, the process begins by notification to the CO/OIC of the diagnosis of gender dysphoria, and providing the following:
1. A treatment plan in accordance with Chapter 5 of this Manual, and
 2. A transition plan in accordance with Chapter 6 of this Manual.
- E. Commanding Officers and Officers in Charge. The CO/OIC must:
1. Contact the SCCC within five business days of receiving a request to change gender. The SCCC must be contacted via e-mail at SCCC@uscg.mil.

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2. Review the request within 30 days of receipt.
3. Assist the member in completing the request, if needed.
4. Endorse and forward the request to Commander (CG PSC), via the first flag officer in the chain of command.
5. Ensure the appropriate members of their chain of command are aware of the request and comply with privacy requirements listed in Article 3.G. of this Manual.

F. Gender Transition Request Approval.

1. Commander (CG PSC) must receive the request within 60 days of CO/OIC receipt.
2. Commander (CG PSC) must approve, deny, or modify the GTR within 30 days of receipt.

G. Modifications to the Approved GTR.

1. A member may submit a request to modify a previously approved GTR at any time.
2. Requests to modify a previously approved GTR must be routed in the same manner as the original request, as prescribed by Articles 4.E. and 4.F. of this Manual.
3. When the needs of the Coast Guard outweigh the needs of the member, Commander (CG PSC) may modify a previously approved transition plan without a modification request from the member, after consultation with the first flag officer in the member's chain of command.

H. Appeal.

1. A member may appeal any decision with regard to any part of any request under this Directive and any subsequent modifications to that decision.
2. Commandant (CG-13) serves as the final appeal authority.

CHAPTER 5 Treatment Plans

A. Overview. This Chapter describes the policies and standards for treatment plans for transgender members of the Coast Guard.

B. Treatment Plan.

1. A treatment plan is a medical plan that is prepared and endorsed by a military medical provider in consultation with a military Medical Multidisciplinary Team (MMDT). The medical provider must be approved by Commanding Officer (CG HSWL SC).
2. A treatment plan must account for the potential stress for a member diagnosed with gender dysphoria, and the member's mental health and well-being must be periodically evaluated.
3. All treatment plans are individualized and there is no minimum required level of medical treatment.
4. The plan must be routed as part of the GTR.

C. Elements of the Treatment Plan.

1. The treatment plan includes all medically necessary behavioral health, mental health, medical treatment, projected timing of treatment, and anticipated duty limitations.
2. All treatment plans must identify:
 - a. Expected duty limitations and Not Fit for Duty (NFFD) timeframes,
 - b. Urgency of the proposed care and treatment,
 - c. All medically necessary treatment that is part of the member's medical treatment plan and a projected schedule for such treatment, and
 - d. A post-gender marker change behavioral health follow-up schedule to ensure the member maintains mental health stability.

D. Endorsement.

1. Treatment plans must be created by or positively endorsed by a military medical provider.
2. Commanding Officer (CG HSWL SC) determines if the military medical provider is qualified to create or endorse a treatment plan.

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3. Commanding Officer (CG HSWL SC) may require additional validation of the diagnosis of gender dysphoria and the development and validation of medical treatment plans by military medical providers who have competence in transgender care.

CHAPTER 6 Transition Plans

- A. Overview. This Chapter states policies and standards for transition plans.
- B. Transition Plan.
1. The transition plan is separate from, but complementary to, the treatment plan and addresses non-medical items.
 2. The plan must be routed as part of the GTR.
- C. Elements of the Transition Plan. The transition plan must consist of:
1. Any request, including timing, for ETPs in accordance with Chapter 7 of this Manual,
 2. Any request to alter the member's assignment. The CO/OIC or member may request or comment on arrangements for the transfer of the member to another organization, command, location, or duty status (e.g., Individual Ready Reserve), as appropriate, during the transition process,
 3. An expected date to change the gender marker in DEERS as reflected in the treatment plan, and
 4. Any other accommodations being requested by the member.
- D. Endorsements. Non-medical endorsements are covered in Articles 4.E. and 4.F. of this Manual.

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CHAPTER 7 Exceptions to Policy (ETP)

- A. Overview. This Chapter provides an overview of policies and standards for granting exceptions to policy (ETP) for transgender members prior to a member changing his or her gender marker in DEERS if and when such exemptions are determined to be medically necessary and specifically approved by Commander (CG PSC).
- B. Authority to Issue, Modify, and Cancel ETP. Commander (CG PSC) is the sole approval authority for ETP.
- C. Limitations of ETP.
1. ETP must be a component of a medical treatment plan as determined by the member's military medical provider.
 2. ETP are cancelled and shall not be granted or renewed after the gender marker in DEERS is changed.
- D. Requesting ETP.
1. Requests for ETP must be submitted with a gender transition request (GTR) in accordance with Chapter 4 of this Manual.
 2. Additional requests for ETP may be initiated any time between approval of the GTR and changing the gender marker in DEERS. Additional requests must be submitted in accordance with Chapter 4 of this Manual.
 3. Requests for each ETP must have supporting justification, assessment by the CO/OIC, and further recommendations by the first flag in the chain of command.
- E. Examples of ETP. Members may request ETP from any gender-based Coast Guard policy. Examples include, but are not limited to:
1. Grooming and uniform standards in Reference (e).
 2. Use of berthing, bathroom, and shower facilities.
 3. For officers, manner of being addressed by junior personnel, in Officer Accessions, Evaluations, and Promotions, COMDTINST M1000.3 (series).
- F. Notifications. Commander (CG PSC) must notify the member and the chain of command of its decision via Coast Guard memorandum.

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G. Duration of ETP.

1. No ETP may last over two years. Members may request to extend the ETP in two year increments. Managing extensions of ETP is the sole responsibility of the member. Commander (CG PSC) is not required to notify the member or the chain of command of an upcoming expiration of ETP.
2. All ETP shall be cancelled upon changing the member's gender marker in DEERS.

CHAPTER 8 Determination of Gender and Changing a Member's Gender Marker in DEERS

- A. Overview. This Chapter states policies and standards for determining a member's gender and for changing a member's gender marker in DEERS.
- B. Determination of Gender and Changing Gender. For the purposes of this instruction, a member's gender (male or female) is only that recognized by the Coast Guard and reflected in the data element in DEERS and Coast Guard data systems. A change in gender only occurs when the member's gender marker in DEERS is changed.
- C. Requesting Gender Marker Change. To change the gender marker in DEERS, the member must provide to Commander (CG PSC), routed in the same manner as the GTR in Chapter 4 of this Manual, both:
1. A determination by the military medical provider that the member is stable in gender, and
 2. Production by the member of documentation indicating gender change. Such documentation is limited to any of the following:
 - a. A certified true copy of a State birth certificate reflecting the member's gender;
 - b. A certified true copy of a court order reflecting the member's gender; or
 - c. A United States passport reflecting the member's gender.
- D. Actions after completion.
1. Upon review and approval of the documents required in Article 9.C. of this Manual, Commander (CG PSC) will notify the member and the chain of command via Coast Guard memorandum.
 2. Commander (CG PSC) will initiate the gender marker update in DEERS and Coast Guard data systems.
- E. Post-gender change policies.
1. Once the gender marker is changed in DEERS, the member will be responsible for meeting all applicable military standards in their gender, and as to facilities subject to regulation by the military, will use those berthing, bathroom, and shower facilities associated with that gender.
 2. Records indicating a person's previous gender are not required to be updated. Members may submit a request to update any part of their record in accordance with existing policies and procedures.

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3. A military medical provider may determine certain medical care and treatment to be medically necessary, even after a member's gender marker is changed in DEERS. A gender marker change does not preclude such care and treatment. Any such additional medical care, such as behavioral health, cross-sex hormone therapy, and surgical treatment, must follow policies and standards in Reference (c) and is not subject to the requirements of this Manual.

CHAPTER 9 Reserve Specific Standards

- A. Overview. Excepting only those special considerations set forth below, Reserve personnel are subject to all policies and procedures applicable to active duty members as set forth in this Manual.
- B. Selected Reserve Drilling Member Participation. To the greatest extent possible, CO/OICs and members will address periods of non-availability for any period of military duty, paid or unpaid, during the member's medical treatment plan with a view to mitigating unsatisfactory participation. In accordance with Reference (f), such mitigation strategies may include:
1. Rescheduled training,
 2. Authorized absences,
 3. Alternate training, or
 4. Waiver of annual training requirements.
- C. Delayed Training Program. Delayed Training Program personnel must be advised by recruiters and CO/OICs of limitations resulting from being non-duty qualified.
- D. Release from Active Duty.
1. Members being released from active duty, with an approved GTR, must be separated in the same manner as members without an approved GTR.
 2. An approved GTR is not a valid reason to extend a Reserve member on active duty.
- E. Dual Status Employees. When a civilian employee of the Coast Guard is also a Reservist of any U.S. uniformed service, the member must follow administrative military standards for the gender marker in DEERS only when in a military duty status. This allowance is not a waiver from reporting medical treatment or any other medical requirement in References (c) and (f).

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CHAPTER 10 Reporting Requirements

- A. Overview. This Chapter states policies and standards for reporting and record keeping requirements. These requirements ensure the Coast Guard is meeting the intent of References (a), (b), and this Manual.
- B. Submission Schedule. Commander (CG PSC) must submit a report to Commandant (CG-1) through Commandant (CG-13) and Commandant (CG-11) covering activity occurring within each fiscal year by December 1 of each year.
- C. Required Reporting Elements. The following elements must be included in the report:
1. Number of personnel submitting a GTR.
 2. Number of and reason personnel denied a GTR.
 3. Number and description of ETP granted.
 4. Number of personnel approved for a gender marker change in DEERS.

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CHAPTER 11 **Glossary**

A. Overview. These definitions apply to the entire Manual, but may or may not apply to other Coast Guard policies.

B. Acronyms.

1. CO/OIC Commanding Officer and Officer in Charge
2. DEERS Defense Enrollment Eligibility Reporting System
3. DoDD DoD Directive
4. DoDI DoD Instruction
5. ETP Exception to Policy
6. GTR Gender Transition Request
7. MMDT Medical Multidisciplinary Team
8. PII Personally Identifiable Information
9. SCCC Service Central Coordination Cell

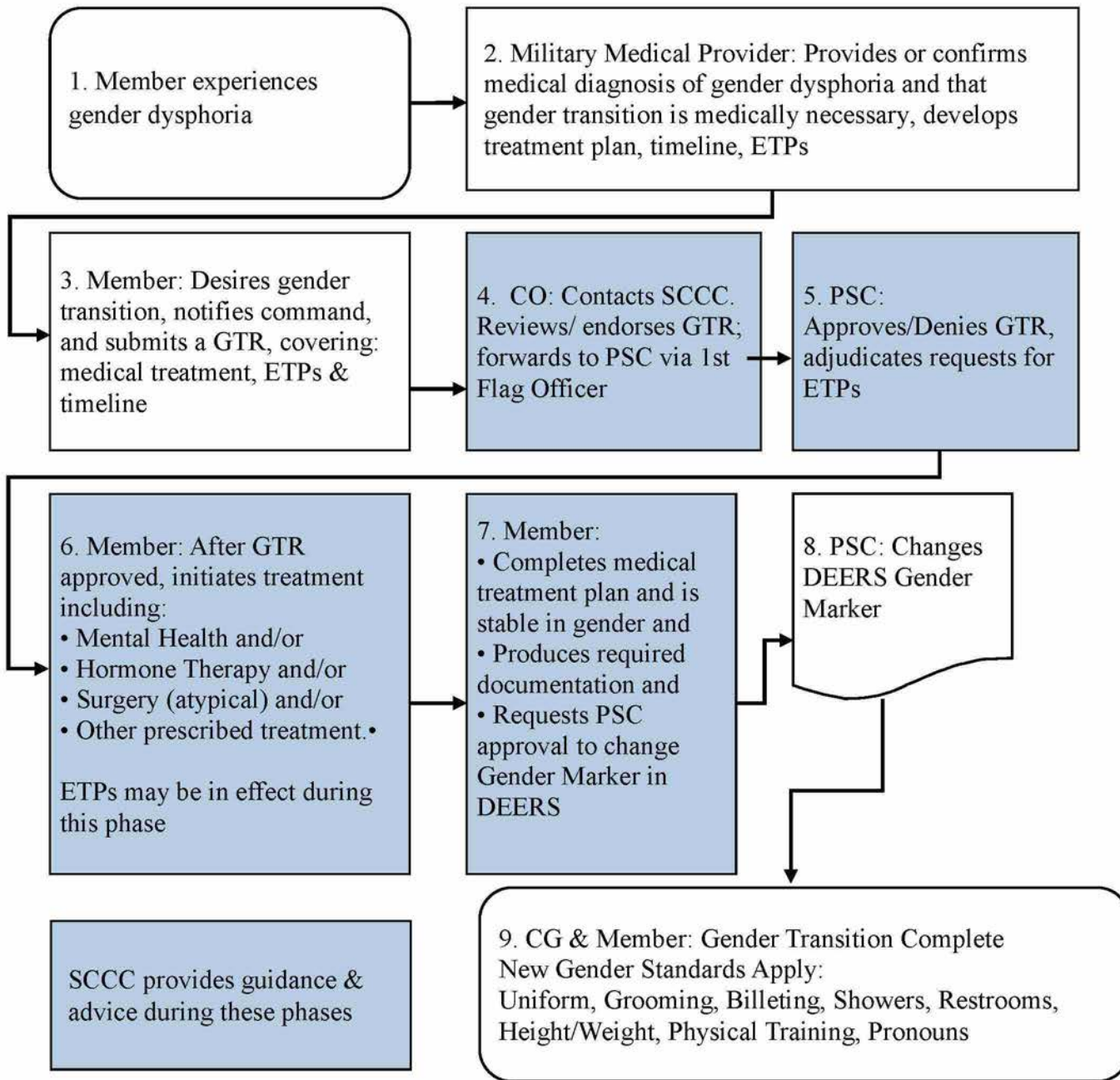
C. Definitions.

1. Accessed Gender. The gender recognized by the Coast Guard at accession (male or female) and reflected in the data element in DEERS and Coast Guard data systems.
2. Gender. The gender (male or female) recognized by the Coast Guard and reflected in the data element in DEERS (gender marker) and Coast Guard data systems.
3. Gender Dysphoria. A diagnosed medical condition where a member experiences dysphoria (distress) as a result of their gender.
4. Gender Marker. Data element in DEERS and Coast Guard data systems that determines a member's gender.
5. Military Medical Multidisciplinary Team. A medical team comprised of experts knowledgeable in transgender medical care and typically include a medical health provider, an endocrinologist, and a surgeon.
6. 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 medicine.

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7. Member. A military member of the Coast Guard, including members and officers on active duty or in the Reserve, and cadets. The term “service member” and “member” are interchangeable.
8. Stable in 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.
9. Transgender Member. A member who has received a medical diagnosis of gender dysphoria indicating that gender transition is medically necessary, including any member who intends to begin or not begin transition, is or is not undergoing transition, or has completed transition and is stable in gender but has not yet had their gender marker changed.
10. Transition. Execution of a treatment plan to treat gender dysphoria through changing gender.
11. Transition Plan. A transition plan complements a treatment plan and addresses non-medical concerns.
12. Treatment Plan. A treatment plan is a medical plan that is prepared and endorsed by a military medical provider in consultation with a Medical Multidisciplinary Team (MMDT) describing medical care specific to treating a member’s gender dysphoria. A medical treatment plan established by a civilian medical provider will be subject to review and approval by a military medical provider.
13. Urgent Medical Care. The care needed to diagnose and treat serious or acute medical conditions that pose no immediate threat to life and health, but require medical attention within 24 hours.

Changing a Gender Marker in DEERS



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Scenarios

- A. Overview. The following scenarios are intended to provide a general discussion of illustrative issues.
1. The scenarios are not all inclusive, nor are they directive in nature. Personnel are reminded to consult with their Chain of Command, the SCCC, and this Manual before determining the best course(s) of action. Commanders are reminded of their responsibility to ensure good order and discipline throughout their entire unit.
 2. Additional scenarios can be found in Multi-Service Tactics, Techniques, and Procedures (TTP) for Transgender Service in the Military, CGTTP 1-16.11 (also known as *Transgender Service in the U.S. Military: An Implementation Handbook*).
- B. Attending a Unit Social Event. A male Coast Guardsman, assigned to a Sector, has been undergoing a medical treatment plan that includes gender transition for the last three months from male to female. His gender marker has not been changed in DEERS. Only the immediate chain of command is aware of this transition. The Service member desires to attend an off-Sector unit event dressed as a female.

Key takeaway. This scenario illustrates the importance of open lines of communication between the Service member and the commander. It also highlights the importance of developing the transition plan.

1. Command responsibilities.
 - a. Maintain good order and discipline.
 - b. During transition planning, discuss and document expected conduct to include whether ETPs may be included in a medical treatment plan, including those that may be requested at a later time.
 - c. If an approved ETP exists, discuss with the transgender member an appropriate method to inform the unit. If an ETP has not been approved, inform the Service member not to attend such activities dressed as a female.
2. Service member responsibilities.
 - a. Members shall conduct themselves in accordance with the approved transition plan. If this specific situation is not addressed, members must attend dressed as their birth gender, or simply not attend.
 - b. If an ETP is approved, discuss with the command an appropriate method to inform the unit of the ETP prior to attending unit events.

Enclosure (2) to COMDTINST M1000.13

- C. Use of Shower Facilities. A female Service member who recently transitioned gender and had her gender marker in DEERS changed from male to female but still retains male genitalia. She is participating in a multi-week law enforcement training course and has expressed privacy concerns regarding the open bay shower configuration. Similarly, several other female Service members have expressed discomfort when showering in these facilities with individuals who have different genitalia.

Key takeaway. This scenario illustrates the importance of open lines of communication between the Service member and the command. It also depicts steps a command may take to permit privacy and underscores the importance of modesty for all members, regardless of gender, type of genitalia, or sexual orientation, when working and living in close quarters.

1. Command responsibilities.

- a. Where feasible, perform minor and inexpensive facility modifications, such as installing shower curtains and placing towel and clothing hooks inside individual shower stalls. If configuration changes not within command authority are necessary, contact the SCCC for guidance.
- b. 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 or the approval of alternative shower locations. Note: contact the SCCC for matters involving separate accommodations (e.g., unisex changing facility).
- c. Take proactive steps through the chain of command to ensure that expressions of discomfort don't escalate into harassment or hazing, regardless of who might initiate such negative behavior. This aligns with the Coast Guard Civil Rights Manual, COMDTINST M5350.4 (series), which dictates, "The Coast Guard mandates that all members of the Coast Guard...be treated fairly and with respect." Additionally, the Manual clearly articulates the unequivocal order to "respect personal privacy."
- d. Consult the SCCC for guidance on a variety of possible options, how to institute measures, and acknowledged best practices.

2. Service member responsibilities.

- a. If you have concerns about privacy in a shower, locker room, or berthing setting, you should discuss this with your chain of command.
- b. Consider altering your shower hours or alternative shower facilities.