



DoD INSTRUCTION 1300.28

MILITARY SERVICE BY TRANSGENDER PERSONS AND PERSONS WITH GENDER DYSPHORIA

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

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Approved by: Matthew P. Donovan, Under Secretary of Defense for Personnel and Readiness

Purpose: In accordance with the authority in DoD Directive 5124.02, this issuance establishes policy, assigns responsibilities, and prescribes procedures regarding the standards for military service accession, retention, separation, in-service transition, and medical care for Service members and applicants for accession to the Military Services with gender dysphoria or who are transgender, as applicable.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY.

This issuance:

- a. Applies to OSD, the Military Departments (including the United States Coast Guard (USCG) at all times, including when it is a Service in the Department of Homeland Security, by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.
- b. The requirement in Paragraph 2.3.d. of this issuance does not apply to the USCG.

1.2. POLICY.

- a. Service in the Military Services is open to all persons who can meet the high standards for military service and readiness without special accommodations.
- b. All Service members and applicants for accession to the Military Services must be treated with dignity and respect. No person, solely on the basis of his or her gender identity, will be:
 - (1) Denied accession into the Military Services;
 - (2) Involuntarily separated or discharged from the Military Services;
 - (3) Denied reenlistment or continuation of service in the Military Services; or
 - (4) Subjected to adverse action or mistreatment.
- c. Service members who accessed in their preferred gender or received a diagnosis of gender dysphoria from, or had such diagnosis confirmed by, a military medical provider before April 12, 2019, are allowed to continue serving in the military pursuant to the policies and procedures in Section 4 of this issuance.
- d. Except where a provision of policy has granted an exception, transgender Service members or applicants for accession to the Military Services must be subject to the same standards as all other persons.
 - (1) When a standard, requirement, or policy depends on whether the individual is a male or a female (e.g., medical fitness for duty, physical fitness and body fat standards; berthing, bathroom, and shower facilities; and uniform and grooming standards), all persons will be subject to the standard, requirement, or policy associated with their biological sex.

(2) Transgender persons may seek waivers or exceptions to these or any other standards, requirements, or policies on the same terms as any other person; additional policy guidance on such waivers or exceptions is in Paragraph 5.1. of this issuance.

e. Accession and retention standards for gender dysphoria and the treatment of gender dysphoria, including stability periods and surgical procedures, will be aligned with analogous conditions and treatments.

SECTION 2: RESPONSIBILITIES

2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).

The USD(P&R):

- a. Updates existing DoD issuances, or publishes new issuances, as necessary, related to military service by transgender persons and persons with gender dysphoria in accordance with the provisions of this issuance.
- b. Ensures that any proposed new Military Department and Military Service regulations, policies, and guidance related to military service by transgender persons and persons with gender dysphoria, or revisions to existing such regulations, policies and guidance, are consistent with this issuance.

2.2. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS.

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Manpower and Reserve Affairs coordinates with the Assistant Secretary of Defense for Health Affairs (ASD(HA)) in the review of the accession standards in Paragraph 3.b. of this issuance. Such review will be initiated no later than 24 months from the effective date of this policy, and conducted subsequently every 24 months thereafter. The accession standards may be maintained or changed, as appropriate to ensure:

- a. Consistency with applicable medical standards and clinical practices.
- b. The readiness and combat effectiveness of the Military Services.

2.3. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMMANDANT, USCG.

The Secretaries of the Military Departments and the Commandant, USCG:

- a. Adhere to all provisions of this issuance.
- b. Administer their respective Military Department's, or in the case of the USCG, their Service's programs and update its regulations, policies, and guidance related to military service by transgender persons and persons with gender dysphoria, and publish such new regulations, policies, and guidance, as necessary, to implement the provisions of this issuance.
- c. Maintain a Service Central Coordination Cell (SCCC) to provide multi-disciplinary (e.g., medical, legal, military personnel management) expert advice and assistance to commanders with regard to military service by transgender Service members and Service members with

gender dysphoria, and to assist commanders in the execution of DoD, Military Department, and Military Service policies and procedures.

d. Submit to the USD(P&R) any proposed revision to existing Military Department and Military Service regulations, policies, and guidance related to military service by transgender persons and persons with gender dysphoria, and any new such regulations, policies, and guidance, no less than 15 calendar days in advance of the proposed publication date. In accordance with Paragraph 1.1.b. of this issuance, this requirement does not apply to the USCG.

e. Ensure in the implementation of this issuance and any Military Department and Military Service regulations, policies, and guidance related to military service by transgender persons and persons with gender dysphoria, the protection of personally identifiable information (PII), protected health information, and personal privacy considerations, consistent with current DoD guidance and in accordance with Paragraphs 5.4. and 5.5. of this issuance.

f. Implement processes for the assessment and oversight of compliance with DoD, Military Department, and Military Service regulations, policies, and guidance applicable to military service by transgender persons and persons with gender dysphoria, in accordance with Paragraph 5.6. of this issuance.

g. May grant waivers in accordance with Paragraph 5.1. of this issuance, in whole or in part, in individual cases. Waiver authority permitting an applicant for accession to the Military Services or a Service member, who is not exempt pursuant to Section 4 of this issuance, to serve in their preferred gender may be delegated, in writing, no lower than the Military Service Personnel Chiefs or the Assistant Commandant for Human Resources in the case of the USCG. All other waiver authority remains with the Military Service-designated waiver authority.

SECTION 3: PROCEDURES FOR SERVICE MEMBERS AND PROSPECTIVE APPLICANTS FOR MILITARY SERVICE

Transgender Service members and applicants for Military Service to whom the criteria of Paragraph 3.a. of this issuance apply, like all other Service members and applicants for Military Service, must adhere to the standards associated with their biological sex. Transgender Service members may consult with a military medical provider, receive a diagnosis of gender dysphoria, and receive mental health counseling, but may not obtain a gender marker change or serve in their preferred gender. A Service member may be retained without a waiver provided that a military medical provider determined that gender transition is not medically necessary to protect the health of the individual. Continued service is contingent on the Service member not seeking gender transition, the Service member being willing and able to serve in his or her biological sex, and the Service member being able to meet applicable deployability requirements.

a. Applicability.

The policies and procedures identified in this section are applicable to those Service members who on or after April 12, 2019:

(1) Entered into a contract for enlistment into the Military Services using DD Form 4, “Enlistment/Reenlistment Document Armed Forces of the United States,” available on the DoD Forms Management Program website at <https://www.esd.whs.mil/Directives/forms/>, or an equivalent, or were selected for entrance into an officer commissioning program through a selection board or similar process; or

(2) As a Service member, received a diagnosis of gender dysphoria from, or had such diagnosis confirmed by, a military medical provider.

b. Appointment, Enlistment, or Induction into the Military Services.

Individuals to whom the criteria of Paragraph 3.a.(1) of this issuance apply will be accessed or commissioned based on the following medical standards, provided they are medically qualified in all other respects in accordance with Volume 1 of DoD Instruction (DoDI) 6130.03.

(1) A history or diagnosis of gender dysphoria is disqualifying unless all of the following apply:

(a) As certified by a licensed mental health provider, the applicant demonstrates 36 consecutive months of stability in their biological sex immediately preceding submission of the application without clinically significant distress or impairment in social, occupational, or other important areas of functioning; and

(b) The applicant demonstrates that they have not transitioned to their preferred gender and a licensed medical provider has determined that gender transition is not medically necessary to protect the health of the individual; and

(c) The applicant is willing and able to adhere to all applicable standards, including the standards associated with the applicant's biological sex.

(2) A history of cross-sex hormone therapy or a history of sex reassignment or genital reconstruction surgery is disqualifying.

c. Medical Care.

(1) In accordance with DoDIs 6025.19 and 1215.13, Service members have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report medical and health (including mental health) issues that may affect their readiness to deploy or fitness to continue serving in an active status.

(2) For Service members who have been diagnosed with gender dysphoria and meet the applicability criteria in Paragraph 3.a. of this issuance, the Military Departments and the USCG:

(a) Will provide medically necessary care consistent with Section 1074 of Title 10, United States Code and the March 12, 2019 Assistant Secretary of Defense for Health Affairs Memorandum for as long as the individual remains a Service member as set forth in a medical treatment plan developed with the military medical provider and provided to the commander.

(b) Will take appropriate action to facilitate the continuity of health care consistent with DoDI 6490.10 if the Service member is to be separated from military service.

(c) In any case in which the military medical provider determines the retention circumstances described in Paragraph 3.e of this issuance are applicable, the provider will, consistent with DoDI 6490.08, follow a presumption not to notify a member's commander of the diagnosis of gender dysphoria unless one of the specific notification standards in that DoDI is met.

d. In-Service Transition.

Individuals to whom the criteria of Paragraph 3.a. of this issuance apply, must adhere, like all other Service members, to the standards associated with their biological sex. These Service members may consult with a military mental health provider, receive a diagnosis of gender dysphoria, and receive mental health counseling, but may not, unless a waiver is granted, obtain a gender marker change in the Defense Enrollment Eligibility Reporting System (DEERS) or serve in their preferred gender.

e. Retention.

Service members may be retained without a waiver if they receive a diagnosis of gender dysphoria on or after April 12, 2019, provided that:

(1) A military medical provider has determined that gender transition is not medically necessary to protect the health of the individual; and

(2) The Service member is willing and able to adhere to all applicable standards, including the standards associated with his or her biological sex.

f. Separation.

Service members to whom the criteria of Paragraph 3.a. of this issuance apply:

(1) May not be separated, discharged, or denied reenlistment or continuation of service solely based on gender identity.

(2) May not be separated solely based on a diagnosis of gender dysphoria without first being medically evaluated for possible referral to the Disability Evaluation System (DES) pursuant to DoDI 1332.18 or the USCG Physical Disability Evaluation System (PDES), pursuant to Commandant Instruction (COMDTINST) M1850.2 (series).

(3) May be subject to processing for administrative separation in accordance with DoDIs 1332.14 and 1332.30, as appropriate, if referral to the DES or USCG PDES is not appropriate in accordance with DoDI 1332.18 or COMDTINST M1850.2 (series), respectively. In such cases the following guidance applies:

(a) The Secretary of the Military Department concerned or the Commandant, USCG, may authorize separation based on conditions and circumstances not constituting a physical disability that interfere with assignment to or performance of duty in accordance with DoDIs 1332.14 and 1332.30 or COMDTINST M1000.4 (series), as applicable.

1. Service members are ineligible for referral to the DES or USCG PDES when they have a condition not constituting a physical disability as described in DoDI 1332.18 or COMDTINST M1850.2 (series).

2. Service members may be referred to the DES or USCG PDES if they have a diagnosis of gender dysphoria and of co-morbidities that are appropriate for disability evaluation processing in accordance with DoDI 1332.18 or COMDTINST M1850.2 (series), before processing for administrative separation.

(b) Service members with a diagnosis of gender dysphoria may be subject to the initiation of administrative separation processing in accordance with DoDIs 1332.14 and 1332.30 or COMDTINST M1000.4 (series), if they are unable or unwilling to adhere to all applicable standards, including the standards associated with their biological sex.

(c) Nothing in this guidance precludes appropriate administrative or disciplinary action for Service members who refuse orders from lawful authority to comply with applicable standards or otherwise do not meet standards for performance and conduct.

SECTION 4: PROCEDURES FOR SERVICE MEMBERS AND PROSPECTIVE APPLICANTS IN THE EXEMPT POPULATION

4.1. CONSIDERATIONS.

Service members and applicants for military service to whom the criteria in Paragraph 4.1.a. of this issuance apply, are exempt from Section 3 of this issuance. A Service member's exempt status cannot be revoked and the member cannot be separated, discharged, or denied reenlistment or continuation of service solely on the basis of his or her gender identity. However, a Service member whose ability to serve is adversely affected by a medical condition or medical treatment related to his or her gender identity or gender transition should be treated, for purposes of separation and retention, in a manner consistent with a Service member whose ability to serve is similarly affected by medical conditions or treatments unrelated to gender identity or gender transition.

a. Applicability.

The policies and procedures identified in this section are applicable to those Service members who before April 12, 2019:

(1) Entered into a contract for enlistment into the Military Services using DD Form 4 or an equivalent, or were selected for entrance into an officer commissioning program through a selection board or similar process; and

(2) Either:

(a) Were medically qualified for military service or selected for entrance into an officer commissioning program in their preferred gender in accordance with Paragraph 4.1.b. of this issuance; or

(b) As a Service member, received a diagnosis of gender dysphoria from, or had such diagnosis confirmed by, a military medical provider.

b. Appointment, Enlistment, or Induction into the Military Services.

Individuals to whom the criteria of Paragraph 4.1.a. of this issuance apply, will be accessed or commissioned based on the following medical standards, provided they are medically qualified in all other respects in accordance with Volume 1 of DoDI 6130.03:

(1) A history of gender dysphoria is disqualifying, unless, as certified by a licensed mental health provider, the applicant has been stable without clinically significant distress or impairment in social, occupational, or other important areas of functioning for 18 months.

(2) A history of medical treatment associated with gender transition is disqualifying, unless, as certified by a licensed medical provider:

(a) The applicant has completed all medical treatment associated with the applicant's gender transition; and

(b) The applicant has been stable in the preferred gender for 18 months; and

(c) If the applicant is presently receiving cross-sex hormone therapy post-gender transition, the individual has been stable on such hormones for 18 months.

(3) A history of sex reassignment or genital reconstruction surgery is disqualifying, unless, as certified by a licensed medical provider:

(a) A period of 18 months has elapsed since the date of the most recent of any such surgery; and

(b) No functional limitations or complications persist and any additional surgery is not required.

c. Medical Care.

The Military Departments and Military Services will address requests for medical care and treatment in accordance with this issuance and the July 29, 2016 Assistant Secretary of Defense for Health Affairs Memorandum. Exempt Service members may continue to receive all medical treatment authorized in the July 29, 2016 Assistant Secretary of Defense for Health Affairs Memorandum to protect the health of the individual, obtain a gender marker change in DEERS in accordance with this issuance, and serve in their preferred gender.

(1) In accordance with DoDIs 6025.19 and 1215.13, all Service 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. Each Service member in the Active Component or in the Selected Reserve will, as a condition of continued participation in military service, report significant health information to their chain of command. Service 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 and proposed treatment, and must notify their commanders.

(2) As in the case of other health issues, when an exempt Service member receives a diagnosis of gender dysphoria from a military medical provider and obtains a medical treatment plan for gender transition, the member's notification to the commander must identify all medically necessary care and treatment that is part of the Service member's medical treatment plan.

(a) If applicable, the member's notification to the commander must identify a projected schedule for such treatment and an estimated date for a change in the member's gender marker in DEERS.

(b) If additional care and treatment are planned after a gender marker change that was not part of an original treatment plan, the Service member must provide notification to the commander identifying the additional care, treatment, and projected schedule for such treatment.

(c) Recommendations of a military health care provider will address the severity of the Service member's medical condition and the urgency of any proposed medical treatment.

d. Living in Preferred Gender.

Real life experience (RLE) is the phase in the gender transition process during which the individual commences living socially in the gender role consistent with their preferred gender. Consistent application of military standards will normally require that RLE occur in an off-duty status and away from the Service member's place of duty, before the change of a gender marker in DEERS.

(1) If a Service member's medical treatment plan identifies the requirement for full-time continuous RLE, an exception to policy (ETP), in accordance with Paragraph 4.3.d. of this issuance, is required for the duration of the full-time continuous RLE.

(2) To maximize individual and unit military readiness, the decision for the implementation, timing and approval of RLE must be in accordance with mission requirements. The Commander plays a key role in providing recommendations on, or approving the timing of, RLE, as well as the approval of requested ETPs associated with RLE.

e. In-Service Transition.

Gender transition for a member of the exempt population begins when an exempt Service member receives a diagnosis from a military medical provider indicating that gender transition is medically necessary and then subsequently completes the medical care identified or approved by a military medical provider in a documented treatment plan as necessary to achieve stability in the preferred gender, and concludes when the Service member's gender marker in DEERS is changed and the member is recognized in his or her preferred gender. Care and treatment may still be received after the gender marker is changed in DEERS as described in Paragraph 4.1.c.(4) of this issuance, but at that point, the exempt Service member will be responsible for meeting all applicable military standards in the preferred gender. With regard to facilities subject to regulation by the military, such a Service member whose gender marker has been changed in DEERS, will use those berthing, bathroom, and shower facilities associated with his or her preferred gender.

f. Retention and Separation.

Service members who are exempt:

(1) May not be separated, discharged, or denied reenlistment or continuation of service solely on the basis of gender identity.

(2) May be retained without a waiver pursuant to this policy. A Service member whose ability to serve is adversely affected by a medical condition or medical treatment related to his or

her gender identity or gender transition should be treated, for purposes of separation and retention, in a manner consistent with a Service member whose ability to serve is similarly affected by medical conditions or treatments unrelated to gender identity or gender transition.

4.2. GENDER TRANSITION APPROVAL PROCESS.

a. An exempt Service member who receives a diagnosis from a military medical provider for which gender transition is medically necessary, or has such a diagnosis confirmed by a military medical provider, may, in consultation with the military medical provider and at the appropriate time, request that the commander approve:

(1) The timing of medical treatment associated with gender transition.

(2) An exception to policy (ETP associated with gender transition, consistent with Paragraph 4.3.d.(1) of this issuance; and

(3) A change to the Service member's gender marker in DEERS.

b. The commander, informed by the recommendations of the military medical provider, the SCCC, and others as appropriate, will respond to the request within a framework that ensures readiness by minimizing impacts to the mission (including deployment, operational, training, exercise schedules, and critical skills availability), as well as to the morale, welfare, good order, and discipline of the command.

c. Consistent with applicable law, regulation, and policy, the commander will:

(1) Comply with the applicable provisions of this issuance, and with Military Department and Military Service regulations, policies, and guidance, and as necessary, consult with the SCCC.

(2) Promptly respond to any request for medical care, as identified by the military medical provider, and ensure that such care is provided consistent with applicable regulations.

(3) Respond to any request for medical treatment or an ETP associated with gender transition as soon as practicable, but no later than 90 calendar days after receiving the request, provided the request is determined to be complete in accordance with the provisions of this issuance and any applicable Military Department and Military Service regulations, policies, and guidance. The response will be in writing; include notice of any actions taken by the commander in accordance with applicable regulations, policies, and guidance and the provisions of this issuance; and, will be provided to both the Service member and his or her military medical provider. A request that, upon review by the commander, is determined to be incomplete, will be returned to the Service member, with written notice of the deficiencies identified, as soon as practicable, but no later than 30 calendar days after receipt.

(4) At any time before the change of the Service member's gender marker in DEERS, the commander may modify a previously approved approach to, or an ETP associated with, the Service member's gender transition. A determination that modification is necessary and

appropriate will be made in accordance with Paragraph 4.3.c. of this issuance. Notice of such modification will be provided to the Service member under procedures established by the Secretary of the Military Department concerned, and may include options set forth in Paragraph 4.3.d. of this issuance.

(5) The commander will approve, in writing, the change of an exempt Service member's gender marker in DEERS upon receipt of the recommendation of the military medical provider that the member's gender marker be changed and the requisite documentation from the Service member. Upon submission of the commander's written approval to the appropriate personnel servicing activity, the change in the Service member's gender marker will be entered in the database and transmitted to and updated in DEERS, under the authority, direction, and control of the Defense Manpower Data Center.

d. As authorized by Military Department and Military Service regulations, policies, and guidance implementing this issuance, a Service member may request review by a senior officer in the chain of command of a subordinate commander's decision with regard to any request under this issuance and any subsequent modifications to that decision.

4.3. ROLES AND RESPONSIBILITIES.

For Service members who have been diagnosed with gender dysphoria and are exempt, the Military Departments and Military Services will handle requests for medical care and treatment in accordance with this issuance and the July 29, 2016 Assistant Secretary of Defense for Health Affairs Memorandum. The individual exempt Service member, the military medical provider, the commander, and each of the Military Departments have crucial roles and responsibilities in the process of exempt Service member gender transition.

a. Exempt Service Member.

The exempt Service member will:

(1) Notify the commander of a diagnosis indicating that gender transition is medically necessary, and identify all medically necessary treatment that is part of the member's medical treatment plan and a projected schedule for such treatment, including an estimated date for a change in the member's gender marker in DEERS, as set forth in Paragraph 4.1.c of this issuance.

(2) Notify the commander of any change to the medical treatment plan, the projected schedule for such treatment, or the estimated date on which the member's gender marker would be changed in DEERS.

(3) Notify the commander of any new care determined to be medically necessary after a gender marker change in DEERS that was not previously approved in the medical treatment plan, in accordance with Section 4.1.c.(2)(b) of this issuance, as such care or treatment may affect readiness to deploy or fitness to continue serving.

b. Military Medical Provider.

The military medical provider will:

(1) Recommend medically necessary care and treatment, and, in consultation with the Service member, develop a medical treatment plan associated with the Service member's gender transition, as set forth in Paragraph 4.1.c. of this issuance, for submission to the commander.

(2) In accordance with established military medical practices, advise the commander on the medical diagnosis applicable to the exempt Service 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.

(3) In consultation with the Service member, formally advise the commander when the exempt Service member's gender transition is complete, and recommend to the commander a time at which the member's gender marker may be changed in DEERS.

(4) Provide the exempt Service member with medically necessary care and treatment after the member's gender marker has been changed in DEERS.

c. Commander.

The Commander will:

(1) Review an exempt Service member's request to transition gender. Ensure, as appropriate, a transition process that:

(a) Complies with DoD, Military Department, and Military Service regulations, policies, and guidance.

(b) Considers the individual facts and circumstances presented by the exempt Service member.

(c) Ensures military readiness by minimizing impacts to the mission (including deployment, operational, training, and exercise schedules, and critical skills availability), as well as to the morale and welfare, and good order and discipline of the unit.

(d) Is consistent with the medical treatment plan.

(e) Incorporates consideration of other factors, as appropriate.

(2) Coordinate with the military medical provider regarding any medical care or treatment provided to the exempt Service member, and any medical issues that arise in the course of a Service member's gender transition.

(3) Consult with the SCCC, as necessary, with regard to service by exempt Service members and gender transition in the military, the execution of DoD, Military Department, and Military Service policies and procedures, and assessment of the means and timing of any proposed medical care or treatment.

d. The Military Departments and the USCG.

The Military Departments and USCG will:

(1) Establish policies and procedures outlining the actions a commander may take to minimize the impact to the mission and ensure continued unit readiness in the event that a transitioning individual is unable to meet standards or requires an ETP during a period of gender transition. Such policies and procedures may address the means and timing of transition, procedures for responding to a request for an ETP prior to the change of an exempt Service member's gender marker in DEERS, appropriate duty statuses, and tools for addressing any inability to serve throughout the gender transition process. Any such actions available to the commander will consider and balance the needs of the individual and the needs of the command in a manner comparable to the actions available to the commander in addressing comparable Service member circumstances unrelated to gender transition. Such actions may include:

(a) Adjustments to the date on which the exempt Service member's gender transition, or any component of the transition process, will commence.

(b) Advising the exempt Service member of the availability of options for extended leave status or participation in other voluntary absence programs during the transition process.

(c) Arrangements for the transfer of the exempt Service member to another organization, command, location, or duty status (e.g., Individual Ready Reserve), as appropriate, during the transition process.

(d) ETPs associated with changes in the exempt Service member's physical appearance and body composition during gender transition, such as accommodations in the application of standards for uniforms and grooming, body composition assessment, physical readiness testing, and military personnel drug abuse testing program participation.

(e) Establishment of, or adjustment to, local policies on the use of berthing, bathroom, and shower facilities subject to regulation by the military, during the transition process.

(f) Referral for a determination of fitness in the DES in accordance with DoDI 1332.18 or the USCG PDES, pursuant to COMDTINST M1850.2 (series).

(g) Other actions, including the initiation of administrative or other proceedings, comparable to actions that could be initiated with regard to others whose ability to serve is similarly affected for reasons unrelated to gender transition.

(2) Establish policies and procedures, consistent with this issuance, whereby an exempt Service member's gender marker will be changed in DEERS based on: a determination by the

military medical provider that the exempt Service member's gender transition is complete; receipt of written approval from the commander, issued in consultation with the Service member; and production by the Service member of documentation indicating gender change. Such documentation is limited to:

(a) A certified true copy of a State birth certificate reflecting the Service member's preferred gender;

(b) A certified true copy of a court order reflecting the Service member's preferred gender; or

(c) A United States passport reflecting the member's preferred gender.

(3) When the exempt Service member's gender marker in DEERS is changed:

(a) Apply uniform standards, grooming standards, body composition assessment standards, physical readiness testing standards, military personnel drug abuse testing program standards, and other standards applied with consideration of the member's gender, applicable to the Service member's gender as reflected in DEERS.

(b) As to facilities that are subject to regulation by the military, direct the use of berthing, bathroom, and shower facilities according to the Service member's gender marker as reflected in DEERS.

4.4. CONSIDERATIONS ASSOCIATED WITH RESERVE COMPONENT PERSONNEL.

Excepting only the considerations set forth in Paragraphs 4.4.a.-e. of this issuance, Reserve Component personnel are subject to all policies and procedures applicable to Active Component Service members as set forth in this issuance and in Military Department and Military Service regulations, policies, and guidance implementing this issuance.

a. Gender Transition Approach.

As in the case of other health issues, an exempt RC Service member (except Active Guard and Reserve personnel as defined in DoDI 1205.18) who receives a diagnosis of gender dysphoria, or has such a diagnosis confirmed by a military medical provider, will submit to, and coordinate with, their chain of command evidence of a medical evaluation that includes a medical treatment plan. Selected Reserve full-time support personnel will follow the gender transition approval process set forth in Paragraph 4.2. of this issuance.

b. Medical Treatment Plans.

A medical treatment plan established by a civilian medical provider will be subject to review and approval by a military medical provider pursuant to Military Department and Military Service regulations, policies, and guidance.

c. Selected Reserve Drilling Member Participation.

To the greatest extent possible, commanders and exempt Service members will address periods of non-availability for any period of military duty, paid or unpaid, during the member's gender transition with a view to mitigating unsatisfactory participation. In accordance with DoDI 1215.13, such mitigation strategies may include:

- (1) Rescheduled training.
- (2) Authorized absences.
- (3) Alternate training.

d. Delayed Training Program.

Delayed Training Program personnel must be advised by recruiters and commanders of limitations resulting from being non-duty qualified. As appropriate, Service members in the Delayed Training Program may be subject to the provisions of Paragraph 4.6. of this issuance.

e. Split Option Training.

When authorized by the Military Department concerned, exempt Service members who elect to complete basic and specialty training over two non-consecutive periods may be subject to the provisions of Paragraph 4.6. of this issuance.

4.5. CONSIDERATIONS ASSOCIATED WITH PRIOR SERVICE RE-ACCESSIONS.

The following policies and procedures apply to prior-Service applicants for re-accession into the Regular and Reserve Components:

a. Service members determined exempt pursuant to Section 4 and then subsequently separated from military service, regardless of period of separation, will be considered exempt and re-accessed pursuant to the medical standards in Paragraph 4.1.b. of this issuance, provided they are otherwise medically qualified in accordance with DoDI 6130.03.

b. The Military Departments and USCG may not waive or revoke a prior-Service applicant's exempt status.

4.6. CONSIDERATIONS ASSOCIATED WITH THE FIRST TERM OF SERVICE.

The following policies and procedures apply to exempt Service members during the first term of service and will be applied to exempt Service members with a diagnosis indicating that gender transition is medically necessary in the same manner, and to the same extent, as to Service members with other medical conditions that have a comparable impact on the member's ability to serve:

a. An enlisted Service member is subject to separation in an entry-level status during the period of initial training in accordance with DoDI 1332.14, based on a medical condition that impairs the Service member's ability to complete such training.

b. An individual participant is subject to separation from the Reserve Officers' Training Corps in accordance with DoDI 1215.08, or from a Military Service Academy in accordance with DoDI 1322.22, based on a medical condition that impairs the individual's ability to complete such training or to access into the Military Services, under the same terms and conditions applicable to participants in comparable circumstances not related to transgender persons or gender transition. As with all cadets or midshipmen who experience a medical condition while in the Reserve Officers' Training Corps Program or at a Military Service Academy, each situation is unique and will be evaluated based on its individual circumstances; however, the individual will be required to meet medical accession standards in accordance with Volume 1 of DoDI 6130.03 as a prerequisite to appointment in the Military Services.

SECTION 5: ADDITIONAL POLICY GUIDANCE

5.1 WAIVERS.

a. The Military Departments and the USCG may grant waivers, in whole or in part, to the requirements in Section 3 of this issuance in individual cases.

b. There are two types of accession waivers:

(1) Medical Waivers.

Any applicant who does not meet the medical criteria listed in Section 3 of this issuance and Volume 1 of DoDI 6130.03 may be considered for a medical waiver(s). Consistent with other medical accession standards, medical waiver requests will be routed to appropriate Military Service medical waiver review authorities.

(2) Exemption Waivers.

Any applicant who desires to serve in his or her preferred gender and is not otherwise exempt under Section 4 of this issuance may be considered for a waiver designating the applicant as a member of the exempt population. Exemption waiver requests will be routed through appropriate Service-designated waiver channels to the Secretaries of the Military Departments or the Commandant, USCG, unless delegated, in writing, to a level no lower than the Military Personnel Service Chiefs or the USCG Assistant Commandant for Human Resources.

(a) If an exemption waiver is granted, the applicant will be considered from that point forward to be exempt in accordance with Section 4 of this issuance and will be accessed under the standards of Section 4 of Volume 1 of DoDI 6130.03.

(b) If an exemption waiver is granted and the applicant successfully accesses, the Service member will be subject to the standards associated with his or her preferred gender, as reflected in DEERS (e.g., medical fitness for duty; physical fitness and body fat standards; berthing, bathroom, and shower facilities; and uniform and grooming standards).

c. A Service member who desires to serve in his or her preferred gender and is not otherwise exempt under Section 4 of this issuance may be considered for a waiver designating him or her as a member of the exempt population. Exemption waiver requests will be routed through appropriate Service-designated waiver channels to the Secretaries of the Military Departments or the Commandant, USCG unless delegated, in writing, to a level no lower than the Military Personnel Service Chiefs or the USCG Assistant Commandant for Human Resources.

d. The provisions concerning qualification as exempt under Paragraph 4.1.a. of this issuance, may not be waived; a person who is exempt under Paragraph 4.1.a. of this issuance, or receives an exemption waiver, may not have his or her exempt status revoked.

5.2 DEERS.

The Military Departments and Military Services recognize a Service member's status as male or female by the member's gender marker in DEERS.

a. The Military Services apply all standards that involve consideration of the Service member's status as male or female on the basis of the member's gender marker in DEERS such as:

- (1) Uniforms and grooming.
- (2) Body composition assessment.
- (3) Physical readiness testing.
- (4) Military personnel drug abuse testing program participation.

b. As to facilities subject to regulation by the Military Departments and the USCG, the Service member will use the berthing, bathroom, and shower facilities associated with the member's gender marker in DEERS.

5.3 EQUAL OPPORTUNITY.

The DoD and the USCG provide equal opportunity to all Service members in an environment free from harassment and discrimination on the basis of race, color, national origin, religion, sex, gender identity, or sexual orientation.

5.4 PROTECTION OF PII AND PROTECTED HEALTH INFORMATION.

a. The Military Departments and the USCG will:

(1) In cases where there is a need to collect, use, maintain, or disseminate PII in accordance with this issuance or Military Department and Military Service regulations, policies, or guidance, protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII in accordance with DoDI 5400.11.

(2) Maintain such PII so as to protect the individual's rights, consistent with federal law and policy.

b. Disclosure of protected health information will be consistent with DoD Manual 6025.18.

5.5 PERSONAL PRIVACY.

A commander may employ reasonable accommodations to respect the privacy interests of all Service members.

5.6 ASSESSMENT AND OVERSIGHT OF COMPLIANCE.

a. The Secretaries of the Military Departments and the Commandant, USCG, will implement processes for the assessment and oversight of compliance with DoD, Military Department, and Military Service policies and procedures applicable to service by transgender persons and persons with gender dysphoria.

b. Beginning in fiscal year 2021 and no less frequently than biennially thereafter, the Secretaries of the Military Departments and the Commandant, USCG, will direct an inspector general special inspection of compliance with this issuance and implementing Military Department or USCG regulations, policies, and guidance. Such reports will be endorsed by the Secretary concerned and provided to USD(P&R) within 3 months of completion. The directing official will 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.

GLOSSARY

G.1. ACRONYMS.

ACRONYM	MEANING
COMDTINST	Commandant instruction
DEERS	Defense Enrollment Eligibility Reporting System
DES	Disability Evaluation System
DoDI	DoD instruction
ETP	exception to policy
PDES	Physical Disability Evaluation System
PII	personally identifiable information
RLE	real life experience
SCCC	Service Central Coordination Cell
USCG	United States Coast Guard
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

G.2. DEFINITIONS.

These terms and their definitions are for the purpose of this issuance.

TERM	DEFINITION
biological sex	A person's biological status as male or female based on chromosomes, gonads, hormones, and genitals.
cross-sex hormone therapy	the use of feminizing hormones in an individual with a biological sex of male or the use of masculinizing hormones in an individual with a biological sex of female.
gender dysphoria	A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by conditions specified in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5), page 452, which is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

TERM	DEFINITION
gender identity	An individual's internal or personal sense of gender, which may or may not match the individual's biological sex.
gender marker	Data element in DEERS that identifies a Service member's status as male or female.
gender transition	<p>A form of treatment for the medical condition of gender dysphoria that may involve:</p> <ul style="list-style-type: none">• Social transition, also known as RLE, to allow the patient to live and work in their preferred gender without any cross-sex hormone treatment or surgery and may also include a legal change of gender, including changing gender on a passport, birth certificate, or through a court order;• Medical transition to align secondary sex characteristics with the patient's preferred gender using any combination of cross sex hormone therapy or surgical and cosmetic procedures; or• Surgical transition, also known as sex reassignment surgery, to make the physical body, both primary and secondary sex characteristics, resemble as closely as possible the patient's preferred gender.
gender transition is complete	A Service Member has completed the medical care identified or approved by a military medical provider in a documented treatment plan as necessary to achieve stability in the preferred gender.
human and functional support network	Support network for a Service member that may be informal (e.g., friends, family, co-workers, social media.) or formal (e.g., medical professionals, counselors, clergy).
medically necessary	Those health-care services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medical care.
preferred gender	The gender with which an individual identifies.
RLE	The phase in the gender transition process during which the individual begins living socially in the gender role consistent with their preferred gender. RLE may or may not be preceded by the beginning of cross-sex hormone therapy, depending on the medical treatment associated with the individual Service member's gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the preferred gender, as well as using preferred gender berthing, bathroom, and shower facilities.

TERM	DEFINITION
SCCC	Service-level cell of experts created to provide multi-disciplinary (e.g., medical, legal, military personnel management) advice and assistance to commanders with regard to service by Service members with gender dysphoria.
stable or stability	The absence of clinically significant distress or impairment in social, occupational, or other important areas of functioning associated with a marked incongruence between an individual's experienced or expressed gender and the individual's biological sex.
transgender	Individuals who identify with a gender that differs from their biological sex.

REFERENCES

- American Psychiatric Association, “Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5),” 2013
- Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members,” July 29, 2016
- Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members,” March 12, 2019
- Commandant Instruction M1000.4 (series), “Military Separations,” August 21, 2018
- Commandant Instruction M1850.2 (series), “Physical Disability Evaluation System,” May 19, 2006
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Instruction 1205.18, “Full-Time Support (FTS) to the Reserve Components,” May 12, 2014, as amended
- DoD Instruction 1215.08, “Senior Reserve Officers’ Training Corps (ROTC) Programs,” January 19, 2017, as amended
- DoD Instruction 1215.13, “Reserve Component (RC) Member Participation Policy,” May 5, 2015
- DoD Instruction 1322.22, “Service Academies,” September 24, 2015
- DoD Instruction 1332.14, “Enlisted Administrative Separations,” January 27, 2014, as amended
- DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014, as amended
- DoD Instruction 1332.30, “Commissioned Officer Administrative Separations,” May 11, 2018, as amended
- DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019
- DoD Instruction 6025.19, “Individual Medical Readiness (IMR),” June 9, 2014
- DoD Instruction 6130.03, “Medical Standards For Military Service,” September 4, 2020
- DoD Instruction 6490.08, “Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members,” March 26, 2012
- DoD Instruction 6490.10, “Continuity of Behavioral Health Care for Transferring and Transitioning Service Members,” March 26, 2012, as amended
- DoD Manual 6025.18, “DoD Health Information Privacy Regulation,” March 13, 2019
- United States Code, Title 10, Section 1074