



Policy on the Military Service of Transgender Persons and Persons with Gender Dysphoria Training Module

Tier 2: Commanders at all levels and Leaders



On January 25, 2021, the President signed an Executive Order entitled, "Enabling All Qualified Americans to Serve Their Country in Uniform," establishing as the policy of the United States that all Americans who are qualified to serve in the Armed Forces of the United States should be eligible to serve and that all transgender individuals who wish to serve in the U.S. military and can meet the appropriate standards shall be able to do so openly and free from discrimination.

— Secretary of Defense Lloyd Austin, January 29, 2021



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.



Training

- Initial Training
 - Initial Education Package published in HQDA EXORD 248-21, AUG 21
 - All chain teaching must be complete NLT 30 SEP 22
 - ✓ Tier One (Legal, Medical, Chaplain, IG, DCS, G-1)
AC = 22 DEC 21 / RC = 22 DEC 21
 - ✓ Tier Two (Commanders/Leaders at all levels)
AC = 22 MAR 22 / RC = 22 MAR 22
 - ✓ Tier Three (Units/Soldiers)
AC = 30 SEP 22 / RC = 30 SEP 22
- Sustainment Training conducted through leader development schools as necessary



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.

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 self-identified 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 and discrimination based on race, color, national origin, religion, sex, gender identity or sexual orientation.

The chain of command is the primary and self-identified 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).



Terms

Gender identity. An individual's internal or personal sense of gender, which may or may not match the individual's biological sex.

Gender dysphoria. A marked incongruence between one's experienced or 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.

Medically necessary. 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 during which the individual begins living socially in the gender role consistent with their self-identified gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the medical treatment associated with the individual Service member, cadet, or midshipman's gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the new gender, as well as using self-identified gender berthing, bathroom, and shower facilities.

Self-identified gender. The gender with which an individual identifies.

Gender marker. Data element in DEERS that identifies a Service member's gender. Service members are expected to adhere to all military standards associated with their gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.



Terms Cont.

Transgender Soldier (TG). 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 self-identified 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 self-identified gender.

Stable in self-identified gender. 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. Continuing medical care including, but not limited to, cross-sex hormone therapy may be required to maintain a state of stability.



Roles and Responsibilities

- **Applicant**: *Initiate application, meet accession standards*
- **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*

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



Roles and Responsibilities

- **Chaplain**: *Provide professional advice and counsel to Commanders on religious, moral, and ethical issues. Perform or provide spiritual support to all Soldiers within ecclesiastical distinctives.*
- **Inspector General**: *Provide impartial, objective, and unbiased advice and oversight to Commanders through relevant, timely, and thorough assistance and investigations as needed. Provide regulatory guidance and oversight over all inquiries or investigations.*
- **Legal Advisor**: *Advises Commanders on Privacy/Modesty Accommodations, Military Equal Opportunity Program, Safety Analysis, and Exceptions to Policy and Operational Concerns.*
- **Legal Assistance**: *Advises Soldiers by fielding questions and assisting with legal aspects of this policy in a legal assistance function.*

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



Roles and Responsibilities

➤ Army Service Central Coordination Cell (SCCC)

- Serves as a resource for commanders
- Comprised of medical, legal, and military personnel experts
- Processes requests for Exception to Policy (ETP) and medical waivers

SCCC Contact Information

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➤ Assistant Secretary of Army for Manpower & Reserve Affairs (ASA(M&RA))

- Approval authority for ETP and medical waiver requests regarding self-identified gender



Medical Accession Standards

- Service members are permitted to serve in their self-identified gender provided they meet the medical standards and have proof of legal identity of that self-identified gender.
- Individuals with a history of gender dysphoria will be accessed or commissioned based on, and must meet all other medical accession standards of, DoDI 6130.03, Volume 1 and AR 40-501. Individuals who do not meet the accession standards may request a waiver through the ASA(M&RA).
- Key Medical Standards for transgender applicants:
 - History of sex reassignment or genital reconstruction surgery is disqualifying unless all of the following conditions are met, 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.
 - (b) No functional limitations or complications persist, and any additional surgery is not required.
 - History of cross-sex hormone therapy associated with gender transition is disqualifying unless the individual has been stable on such hormones for 18 months or no longer requires such hormones, as certified by a licensed medical provider.
 - 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.



In-Service Gender Transition - Medical

- Commander approves timing of medical treatment in writing
 - AC, Selected Reserve in USAR or ARNG: Brigade-level Commander
 - Standby Reserve or Individual Ready Reserve: Commander, HRC
 - Inactive National Guard: Director, ARNG
- Soldier must have a diagnosis by military medical provider (or confirmation of civilian diagnosis) that gender transition is necessary. Confirmation by:
 - Selected Reserve in USAR or ARNG: USARC's Command Surgeon/ARNG's Chief Surgeon
 - Standby Reserve or Individual Ready Reserve: HRC's Command Surgeon
 - Inactive National Guard: ARNG's Chief Surgeon
- Commander consults SCCC upon receipt of request for approval of timing

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.



In-Service Gender Transition - GMC

- Commander approves gender marker change (GMC) in writing
 - AC, Selected Reserve in USAR or ARNG: Brigade-level Commander
 - Standby Reserve or Individual Ready Reserve: Commander, HRC
 - Inactive National Guard: Director, ARNG
- Soldier's request for gender marker change must be supported by:
 - a medical diagnosis indicating that gender transition is medically necessary
 - confirmation from a military medical provider (USARC's Command Surgeon, ARNG's Chief Surgeon, or HRC's Command Surgeon) that the Soldier is stable in the preferred gender; and
 - legal documentation supporting a gender change
- Commander consults SCCC upon receipt of gender marker change request
- Incomplete requests must be returned NLT 30 days; Completed requests must be approved within 30 days (60 days for RC)
- Submit written approval to HRC

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



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 gender marker.
- **Uses the billeting, bathroom, and shower facilities associated with their gender marker in DEERS**

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.



Medical Treatment Team Responsibilities

Diagnosis, treatment plan, and confirmation treatment is complete:

- Assesses Soldier to determine if gender transition is medically necessary
- Develops a treatment plan with recommended timeline in coordination with commander and Soldier
- Advises the commander and Soldier on how treatment will impact readiness
- Informs the commander and Soldier when treatment is complete

Military Medical Providers will provide a diagnosis, develop a treatment plan, and confirm treatment plan is complete.



Commander Roles and Responsibilities

➤ **Maintain unit readiness, support the Soldier, approve timing of medical treatment plan, and approve gender marker change:**

- Maintain overall readiness of the command, to include morale, welfare, good order and discipline
- Ensure all Soldiers are treated with dignity and respect
- Approve timing, or adjustment to the timing, of the medical treatment plan (MTP); Consult Service Central Coordination Cell (SCCC) upon receipt of the request to approve timing, or adjustments to timing of MTP
- Upon receipt of request to change the Soldier's gender marker, confirm the package supporting the request is complete and notify the Soldier of any deficiencies
- Approve completed request to change Soldier's gender marker within 30 days of receipt (60 for RC) of a completed request; Consult SCCC upon receipt of request, forward approval through chain of command to CG, HRC
- If a transgender Soldier is pending OCONUS travel for deployment, assignment, TDY, leave or pass, consult with the servicing SJA regarding host nation laws and customs

Commanders will approve the timing of medical treatment based on individual Soldier welfare and unit readiness requirements.



Guidance for Commanders

Unique to military service, commanders are responsible and accountable for the overall readiness of their commands. 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.

Commanders at all levels will balance individual Soldier welfare with unit readiness. Commanders may not deny the Soldier medically necessary treatment, but brigade-level commanders approve the timing of the medical treatment plan.



Exception to Policy (ETP) Process

The process for requesting an ETP to depart from the standards of a Soldier's gender marker in DEERS is as follows:

- Approval authority for requests for an ETP to Army standards associated with gender transition is withheld to the Assistant Secretary of Army for Manpower and Reserve Affairs (ASA/M&RA) for decision
- Commanders must forward ETP requests (NLT 60 days after receipt) through the first general officer in the chain of command to the SCCC
- ETP request requires MMP medical diagnosis and an approved treatment plan timeline with an estimated date for completion
- Commanders should include in their comments a discussion of other actions considered or used, and why these actions were ineffective or inadequate

Commander's considerations:

- May establish or adjust local policies on the use of billeting, bathroom, and shower facilities subject to regulation by the military
- May accommodate privacy concerns for all Soldiers using existing facilities and furnishings where possible and will modify facilities only when other options are ineffective
- Should try other options to provide reasonable accommodations instead of an ETP (e.g., obtaining a medical profile, adjusting APFT date); however, once received, the ETP request must be processed. Medical profiles must be carefully considered and consistent with AR 600-9 and AR 40-501.



Vignette 1: No Gender Dysphoria

Vignette:

Soldier who was assigned male at birth says he identifies as female. Soldier lives as a female in his off-duty hours. He has no medical diagnosis, does not plan to seek medical treatment, and does not experience significant distress relating to his gender identity. Soldier is not requesting to be treated as a female while on duty.

Considerations and Responsibilities:

1. Treat the Soldier with dignity and respect.
2. No further action is required.
3. If Soldier later requests to be identified as a female during duty hours and/or experiences increased distress relating to his gender identity, inform Soldier of the Army's Transgender policy and recommend that he see a military medical provider. Gender transition in the Army begins when a Soldier receives a diagnosis from a military medical provider indicating that gender transition is medically necessary.



Vignette 2: No Diagnosis

Vignette:

Soldier is assigned female at birth. She tells her first sergeant that she identifies as male and would like to be treated as a male. She has not yet seen a military medical provider.

Considerations and Responsibilities:

1. Treat Soldier with dignity and respect.
2. Inform Soldier that the Army recognizes a Soldier's gender by the Soldier's gender marker in DEERs. Coincident with that gender marker, the Soldier is responsible to meet all standards for uniforms and grooming; body composition assessment; physical readiness testing; Military Personnel Drug Abuse Testing Program participation; and other standards applied with consideration of the Soldier's gender.
3. Advise Soldier to see a military medical provider. Gender transition in the Army begins when a Soldier receives a diagnosis from a military medical provider indicating that a Soldier's gender transition is medically necessary.



Vignette 3: Inability to meet standards

Male to Female transition

Vignette:

A Soldier is transitioning to become female and has an approved medical treatment plan (MTP). The MTP includes feminizing hormone therapy and is expected to be complete in six months. After five months, however, it becomes increasingly difficult for the Soldier to meet the male body composition and physical readiness standards, although the MTP is not complete.

Considerations and Responsibilities:

1. Commander should work with the Soldier and the military medical provider (MMP) to accommodate the Soldier without conflicting with Army standards, such as moving the physical fitness test date or authorizing extended leave. Any medical profile must meet criteria consistent with AR 600-9 and should be treated as any other medical issue would be treated.
2. The Soldier is responsible to continue to meet all male standards until the gender marker is changed in DEERS in accordance with this policy. However, Soldiers may request an ETP to depart from the standards of a Soldier's gender marker in DEERS. The approval and disapproval authority is the Assistant Secretary of the Army for Manpower and Reserve Affairs.

The Soldier must notify the commander of any changes to individual medical readiness that may impact the ability to meet standards. The Soldier, commander, and military medical provider must maintain open communication.



Vignette 4: Mission Readiness

Male to Female transition

Vignette:

A Soldier assigned male at birth has been diagnosed with gender dysphoria and has an approved medical treatment plan with an estimated completion date in seven months. Three months into the plan, a military medical provider determines gender reassignment surgery is medically necessary for this Soldier, which would extend the completion date of his gender transition plan for an additional six months. His unit is scheduled to deploy two months before the new expected completion date.

Considerations and Responsibilities:

1. The brigade-level commander is responsible for approving the timing, or adjustments to the timing, of medical treatment associated with gender transition and must consider: the Soldier's individual facts and circumstances, including the Soldier's medical treatment plan; ensuring the military readiness by minimizing impacts to the mission (including deployment, operational, training, and exercise schedules, and critical skills availability), and the morale and welfare, and good order and discipline of the unit.
2. Brigade-level commander is required to consult with the SCCC when a request for approval is received.
3. After balancing the needs of the Soldier and the needs of the Army, and consulting the military medical provider and the SCCC, the brigade-level commander may delay the Soldier's gender reassignment surgery until after the deployment.
4. The brigade level commander may also assign the Soldier to home-station duties as he would any other temporarily non-deployable Soldier.

The Soldier must notify the commander of any changes to individual medical readiness that may impact the ability to meet standards. The Soldier, commander, and military medical provider must maintain open communication



Vignette 5: Mission Readiness

Female to Male transition

Vignette:

A Soldier assigned female at birth transitioned to male as is reflected in the gender marker in DEERS. The Soldier has recently undergone medically necessary sex reassignment surgery. Unfortunately, he has developed severe complications related to the recent surgical procedure. These complications will require additional procedures and an extended period of non-deployable time.

Considerations and Responsibilities:

1. Transgender Soldiers will be treated the same as any other Soldier with a medical condition and will be provided all medically necessary care, before and after a change in the Soldier's gender marker.
2. If the military medical provider finds the Soldier's condition may permanently interfere with continued service, either the brigade-level commander or the military medical provider may refer the Soldier for a determination of fitness in the disability evaluation system in accordance with AR 635-40, Physical Evaluation for Retention, Retirement, or Separation. A transgender Soldier whose ability to serve is adversely affected by a medical condition related to his or her gender identity must be treated, for purposes of separation and retention, in a manner consistent with any other Soldier whose ability to serve is similarly affected.

Transgender Soldiers whose ability to serve is adversely affected by a medical condition must be treated, for purposes of separation and retention, in a manner consistent with any other Soldier whose ability to serve is similarly affected.



Vignette 6: Pregnancy Transition Complete

Vignette:

A Soldier has completed Army gender transition from female to male as indicated in DEERS.

The Soldier did not have sex-reassignment surgery, and recently stopped taking male hormones in order to try and start a family.

Today, the Soldier approached his commanding officer to discuss his newly confirmed pregnancy.

Considerations and Responsibilities:

1. Soldiers must always notify the chain of command of any change to individual medical readiness (IMR). A Soldier's IMR requirements may not coincide with what is listed in the personnel data system.
2. Understand that Soldiers who have transitioned gender may remain susceptible to medical conditions associated with their birth gender. Transgender Soldiers will be treated the same as any other Soldier with a given medical condition.
3. All pregnant Soldiers will receive prenatal care and are entitled to all relevant medical care, administrative entitlements, and leave prescribed under Service policies. Commanders and units will comply with all policies related to pregnant Soldiers.

Transgender Soldiers with a medical condition, including pregnancy, will be treated the same as any other Soldier with that condition.



Vignette 7: Individual Ready Reserve Female to Male Transition

Vignette:

A Soldier is a member of the individual ready reserve (IRR) and does not have access to a military medical provider. She is transitioning to male and has changed her birth certificate and driver's license to male. The Soldier wants to be considered male by the Army.

Considerations and Responsibilities:

1. All IRR Service members have a responsibility to maintain their health and fitness, meet readiness requirements, and report to their chain of command any medical readiness issues.
2. The Soldier must submit medical documentation that supports the diagnosis of gender dysphoria to the Commander, US Army Human Resources Command (USAHRC), accompanied by a projected schedule for medical treatment with an estimated date for a change in the Soldier's gender marker, and a request that the Commander, USAHRC approve the timing of the medical treatment.
3. Soldier must also notify the Commander, USAHRC in the event of any change to the projected schedule for such treatment, or the estimated date for the change in the Soldier's gender marker.
4. After the timing of medical treatment is approved by the Commander, USAHRC, and once the Soldier's medical provider determines the Soldier has completed medical treatment necessary to achieve stability in the self-identified gender, the Soldier may request to the Commander, USAHRC approval of a change to the Soldier's gender marker.

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



Vignette 7a: Reserve Component Female to Male Transition

Vignette:

A Soldier is a member of the Reserve Component and does not have access to a military medical provider. She is transitioning to male and has changed her birth certificate and driver's license to male. The Soldier wants to be considered male by the Army.

Considerations and Responsibilities:

1. All Reserve Component Service members have a responsibility to maintain their health and fitness, meet readiness requirements, and report to their chain of command any medical readiness issues.
2. The Soldier must submit civilian medical documentation that supports the diagnosis of gender dysphoria, accompanied by a projected schedule for medical treatment with an estimated date for a change in the Soldier's gender marker, and a request that the Commander approve the timing of the medical treatment. The Commander will validate any civilian diagnosis with the appropriate military provider and consult the SCCC prior to approval.
3. Soldier must also notify the Commander in the event of any change to the projected schedule for such treatment, or the estimated date for the change in the Soldier's gender marker.
4. After the timing of medical treatment is approved by the Commander and once the Soldier's medical provider determines the Soldier has completed medical treatment necessary to achieve stability in the self-identified gender, the Soldier may request to the Commander, approval of a change to the Soldier's gender marker.

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



Vignette 8: Use of Showers

Transition Complete

Vignette:

A Soldier transitioned from male to female as indicated in DEERS. The Soldier did not have sex-reassignment surgery. The transgender Service member is using the female showers and has expressed privacy concerns regarding the open bay shower configuration. Similarly, other Soldiers have expressed discomfort showering with a female who has male genitalia.

Considerations and Responsibilities:

1. Soldiers should discuss concerns about privacy with their chain of command.
2. Soldiers must accept living and working conditions that are often austere, primitive, and characterized by little or no privacy.
3. All Soldiers will use the billeting, bathroom, and shower facilities associated with their gender marker in DEERS.
4. Commanders have discretion to employ reasonable accommodations when a Soldier voices concerns about privacy. Steps may include:
 - Facility modifications, such as installing shower curtains and placing towel and clothing hooks inside individual shower stalls.
 - Authorize alternative measures to respect personal privacy, such as adjusting shower schedules or changing facilities.
 - Facilities will not be designated, modified, or constructed to make TG only areas. Any modifications made must be available to all Soldiers to use. Accommodations cannot isolate or stigmatize the TG Soldier.
 - Commanders should contact the SCCC for assistance.

Soldiers should discuss concerns about privacy with their chain of command.



Vignette 9: Urinalysis Transition Complete

Vignette:

A Soldier transitioned from female to male as indicated in DEERS. The Soldier did not have sex-reassignment surgery. The transgender Soldier is randomly selected to undergo a urinalysis test at his new command.

- OR -

An observer states they are uncomfortable observing a transgender Soldier providing a urine specimen. The observer prefers to only observe Soldiers who are the same biological gender as the observer.

Considerations and Responsibilities:

1. The Soldier should discuss circumstances with command leadership during sign-in period to determine options and allow the commander the ability to ensure observers are properly trained.
2. Commanders may consider alternate observation options if a request from a transgender Soldier or an observer is made. Options could include observation by a different observer or medical personnel of the same gender as the Soldier.
3. Consult with the SCCC; if unable to make special accommodation, spend time discussing the situation with both the observer and the Service member.
4. Ensure the integrity of the MPDATP is maintained.

The commander must adhere to procedures outlined in the Military Personnel Drug Abuse Testing Program (MPDATP) and Army policy.



Vignette 10: Assignment Considerations

Transition Complete

Vignette:

A transgender female Soldier arrived in the CENTCOM Area of Responsibility (AOR) to serve as an advise-and-assist mentor to female police officers. The country of assignment specifically requires female trainers for their female police officers. The country has wide-spread anti-LGBT sentiment and criminal penalties for violations of social norms. This female Soldier may or may not have had sex reassignment surgery.

Considerations and Responsibilities:

1. The Soldier must be mindful of challenges presented by beliefs and norms in the AOR and potential dangers unique to transgender status.
2. This situation is unique in that close proximity with women and men in foreign countries may be more complicated than in the U.S.
3. Commander should consult with the local SJA and the SCCC to ensure knowledge of host nation laws and customs prior to deploying a transgender person OCONUS.

Contact Local SJA and SCCC to ensure knowledge of host nation laws and customs prior to deploying a transgender person OCONUS.



Vignette 11: Pronoun Usage

Vignette:

A Soldier approaches their Commander and requests the Commander direct all Soldiers in the unit address them and use the pronouns common to their self-identified gender without completing the gender marker change in DEERS.

Considerations and Responsibilities:

1. Treat Soldier with dignity and respect.
2. Inform the Soldier that the Army recognizes a Soldier's gender by the Soldier's gender marker in DEERS. Coincident with that gender marker, the Soldier must use the proper pronoun, when appropriate, when addressing other Soldiers and should expect to be addressed by the pronoun appropriate for their gender marker in DEERS.
3. Another option for the organization is to address all Soldiers by their rank and last name.



Vignette 12: Living Quarters

Vignette:

A Soldier in your formation approaches you and states she can no longer tolerate her roommate, who is a transgender female. She puts in a request to be re-assigned to another room. You also learn the Soldier and her roommate are making derogatory comments to other Soldiers about each other. The behavior has become disruptive to the entire unit and others are starting to complain.

Considerations and Responsibilities:

1. Commanders are responsible for the collective morale, welfare, good order, and discipline of their unit; for the command climate; and for ensuring **all members** of the command are treated with **dignity** and **respect**.
2. Attempt positive reinforcement, counseling, and mentorship.
3. Focus on conflict resolution and maintaining high standards of conduct.
4. Counsel the Soldiers encouraging them to resolve their personal differences. Make clear to both that respecting each other's rights within a closed space is critical to maintaining good order and discipline.
5. If the issue cannot be resolved consider alternate living arrangements.



Vignette 13: 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 self-identified 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 14: Recruiting Applicant (Diagnosed with Gender Dysphoria)

Vignette: (USAREC)

An applicant notifies their recruiter that the applicant has a diagnosis of gender dysphoria from a qualified civilian medical provider. However, the applicant has not reached stability in their self-identified gender.

Considerations and Responsibilities:

- A recruiter should process the applicant the same as any other prospective recruit.
- Service in the Army is open to all persons who can meet the standards for military service.
- All applicants must meet medical accession standards.
- 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.
- Recruiters can assist the applicant in applying for a medical waiver through the ASA(M&RA).

DODI 6130.03 para 5.28.t states that gender dysphoria is disqualifying unless a licensed mental health provider certifies the applicant has been stable for 18 months.



Vignette 15: ROTC Cadet Applicant (Diagnosed with Gender Dysphoria)

Vignette: (USACC)

- A transgender female participating in ROTC requests to contract as a scholarship cadet. The applicant was diagnosed with Gender Dysphoria, but has not begun medical treatment. Applicant also requests to wear female uniform and be addressed with female pronouns while participating in the program.

Considerations and Responsibilities:

- Service in the Army is open to all persons who can meet the standards for military service.
- All ROTC applicants must meet medical accession standards at the time of appointment (contract as scholarship cadet) and at the time of commission.
- 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.
- Note DoDI 1300.28 and AD 2021-22 limit applicability to contracted cadets. School policies will apply for non-contracted cadets.



Vignette 16: New Soldier (No Diagnosis)

Vignette: (IMT)

A Soldier enlists as a male and carries a male gender marker in DEERS. During Basic Combat Training, the Soldier notifies the Drill Sergeant that he identifies as a female and would like to see a medical provider to seek a diagnosis of gender dysphoria and begin transition. The Soldier also requested to be billeted in the female barracks.

Considerations and Responsibilities:

- Treat Soldier with dignity and respect.
- Inform Soldier the Army recognizes a Soldier's gender by the Soldier's gender marker in DEERS and the Soldier will be billeted according to gender marker in DEERS.
- Advise Soldier to see a military medical provider. Gender transition in the Army begins when a Soldier receives a diagnosis from a military medical provider indicating that a Soldier's gender transition is medically necessary.
- Pursuant to DoDI 1300.28, para 3.6, a blanket prohibition on gender transition during a Soldier's first term of service is not allowed. The All-Volunteer Force readiness model may be taken into consideration by a commander in evaluating a request for medical care or treatment, or an ETP associated with gender transition, during a Service member's first term of service. If a Soldier requests non-urgent medical treatment associated with gender transition during the first term of service, including periods of IET in excess of 180 days, the commander may weigh factors of the All-Volunteer readiness model when considering and balancing the individual's need associated with the request, and the needs of the command in approving the timing of such treatment.