

**MILITARY SERVICE BY
TRANSGENDER PERSONS AND
PERSONS WITH GENDER DYSPHORIA:
AN IMPLEMENTATION HANDBOOK**



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DEPARTMENT OF DEFENSE

This handbook updates and replaces the Department of Defense, "Transgender Service in the U.S. Military Implementation Handbook," September 30, 2016.

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Introduction

The 2018 policy¹ titled "Military Service by Transgender Persons and Persons with Gender Dysphoria" allows for continued open service of all individuals regardless of gender identity. It maintains the 2016 policy for those Service members who entered the military in their preferred gender or received a diagnosis of gender dysphoria prior to implementation of the updated policy. The 2018 policy establishes guidelines for transgender Service members and Service members with gender dysphoria from April 12, 2019, forward.

There are transgender Service members serving today with honor and distinction who are meeting the military's standards, including those associated with their biological sex. The Department of Defense values the contributions of all Service members and understands the critical necessity of attracting America's most talented individuals to field a ready and lethal force. Military service is open to all those who meet the stringent physical, mental, and behavioral standards—standards that are unparalleled in civilian life because war is unforgiving. Individual readiness is key to Total Force readiness.

Essential to understanding the 2018 policy are the distinctions among many of the terms applicable to gender identity. Broadly, the term "transgender person" refers to individuals whose internal sense of gender (gender identity) is different from their biological sex. Gender dysphoria, by contrast, is a recognized medical condition that refers to the significant distress that some individuals may experience due to a marked incongruence between their gender identity and their biological sex. Not all transgender individuals have gender dysphoria. Treatment for gender dysphoria may involve aligning one's external appearance with one's gender identity and can range from counseling only to surgical transition to the preferred gender.

¹ *The 2018 policy is set forth in Department of Defense Instruction 1300.28, "Military Service by Transgender Persons and Persons with Gender Dysphoria," June XX, 2020.*

THE 2018 POLICY

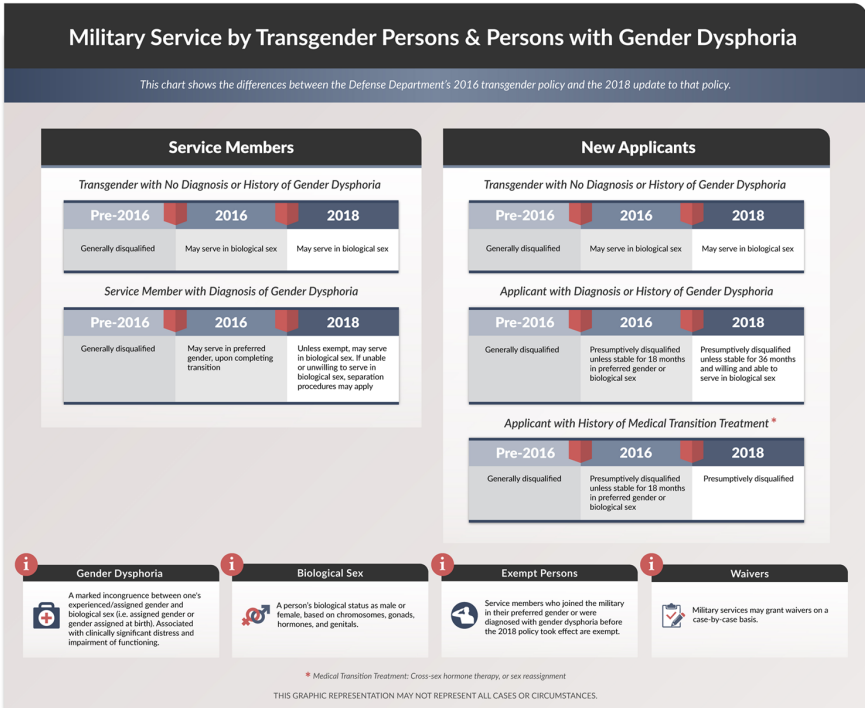
Just like the 2016 policy, the 2018 policy allows transgender persons without a diagnosis or history of gender dysphoria or history of medical transition treatment to serve so long as they meet and adhere to all standards associated with their biological sex, including medical fitness, physical fitness, body fat, uniform and grooming, and berthing, bathroom, and shower standards. Specifically, it:

- Stipulates that military service is open to all persons who can meet the high standards for military service and readiness without special accommodations.
- States that no one can be discharged or denied enlistment, or subjected to adverse action or mistreatment, solely on the basis of gender identity.
- Ends the policy of categorically providing special accommodations for individuals with a diagnosis or history of gender dysphoria, to include in-service gender transition. The only categorical exemption is for Service members who either entered service under the medical standards of the 2016 policy, or are currently serving and were diagnosed with gender dysphoria by a military medical provider (MMP), or had that diagnosis confirmed by a military medical provider, prior to April 12, 2019.
- States that those persons granted a waiver by the Military Department waiver authority will be considered exempt from that point forward.

This policy ensures equal application of military standards to all persons regardless of gender identity. The policy allows persons with a diagnosis or history of gender dysphoria, who do not have a history of cross-sex hormone therapy or any medical treatment associated with gender transition, to join the military once they demonstrate a 36-month period of stability in their biological sex immediately preceding submission of the application. Absent an exception or waiver, non-exempt individuals with a diagnosis or history of gender dysphoria must be willing and able to adhere to all applicable standards associated with their biological sex.

As with all Service members who have a medical condition that renders them unable to adhere to military standards without special accommodations, gender transition for the treatment of gender dysphoria generally requires accommodations to meet military standards and is a basis for separation from the military unless a waiver is granted.

COMPARING THE 2018 AND 2016 POLICIES



As shown in the chart, the two policies share much in common. For instance:

- Both policies presumptively disqualify individuals who have a diagnosis or history of gender dysphoria or who have a history of medical treatment for gender transition, such as cross-sex hormone therapy or sex-reassignment surgery.
- Both policies require transgender individuals without gender dysphoria, like all Service members, to meet the standards associated with their biological sex. By requiring adherence to all applicable standards associated with their biological sex (as opposed to their gender identity), both policies avoid discriminating on the basis of gender identity.

The fundamental difference between the 2016 and 2018 policies is that the 2016 policy provided special accommodations to certain persons with a diagnosis or history of gender dysphoria or with a history of medical treatment for gender dysphoria, whereas the 2018 policy does not. The 2016 policy provided accommodations primarily in two respects. First, under the 2016 policy, persons who had received cross-sex hormone therapy or sex-reassignment surgery to treat gender dysphoria were permitted to enter the military without a waiver (provided they could demonstrate an 18-month period of stability in their preferred gender post-transition), but persons who received similar medical treatments for conditions unrelated to gender dysphoria could not enter the military without a waiver. Second, persons with a diagnosis or history of gender dysphoria who completed transition, to include a gender marker change, were required to adhere to the standards of their preferred gender.

THE 2018 POLICY EXEMPTION CLAUSE

Service members who received a diagnosis of gender dysphoria from, or had such diagnosis confirmed by, a military medical provider prior to April 12, 2019, or were subsequently granted a waiver, are considered exempt under the 2018 policy and are allowed to continue their transition or continue serving in their preferred gender according to the 2016 policy. This includes all medically-necessary treatment and gender marker change in the Defense Enrollment Eligibility Reporting System (DEERS).

Those Service members who are considered exempt from the 2018 policy should continue to refer to DoDI 1300.28, “Military Service by Transgender Persons and Persons with Gender Dysphoria,” for full guidance. Annex B of this handbook provides additional information.

FOR THE SERVICE MEMBER DIAGNOSED WITH GENDER DYSPHORIA

The timing of gender dysphoria diagnosis determines which DoD policy applies:

- Service members who received a diagnosis of gender dysphoria from, or had such diagnosis confirmed by, a military medical provider prior to April 12, 2019, or subsequently granted a waiver, are allowed to continue their transition or continue serving in their preferred gender according to the 2016 policy. DoDI 1300.28 contains the full guidance on gender transition and should be considered the definitive source for information on this topic. Annex B provides some basic information on the transition process for those authorized to do so.
- Service members who are diagnosed with gender dysphoria from, or had such diagnosis confirmed by, a military medical provider on or after April 12, 2019, are allowed to continue serving in their biological sex. Like all Service members, they must adhere to all the standards associated with their biological sex. These Service members may consult with a military medical provider and receive mental health counseling, but they may not obtain a gender marker change in DEERS or serve in their preferred gender. If a MMP determines that gender transition is medically necessary to protect a Service member's health, the Service member will be evaluated for potential discharge in accordance with Section 3.f. of DoDI 1300.28. Service members who require gender transition may, in the discretion of the Service, obtain a waiver to serve in their preferred gender. At all times, Service members who are diagnosed with gender dysphoria will receive appropriate medical care.

IN-SERVICE TRANSITION FOR THOSE EXEMPT UNDER THE 2018 POLICY

Gender transition is the process of changing one's gender presentation or sex characteristics to accord with one's internal sense of gender identity. Mental health counseling, social transition (or real-life experience), cross-sex hormone therapy or sex-reassignment surgery is the medical component of gender transition. For those Service members who were diagnosed with gender dysphoria, or had such a diagnosis confirmed, by a MMP prior to April 12, 2019, or subsequently granted a waiver, medical transition treatment may be provided within the military health system.

Gender transition in the military may present challenges associated with addressing the needs of the Service member while preserving military readiness. The oversight and management of the gender transition process is a team effort with the commander, the Service member, and the MMP (who may be a member of an interdisciplinary medical treatment team as determined by each Military Department).

Gender transition is highly individualized. Generally, the process involves a personalized medical treatment plan, a period of stability, and a gender marker change in DEERS.

The commander, informed by the recommendations of the MMP, the Service Central Coordination Cell (SCCC), and others, as appropriate, will respond to the request to transition gender while ensuring readiness by minimizing impacts to the mission (including deployment, operations, training, exercise schedules, and critical skills availability), as well as to the morale and welfare and good order and discipline of the command.

To maximize individual and unit military readiness, the commander plays a key role in providing recommendations or approval of:

- The timing of medical treatment associated with gender transition;
- Timing of real-life experience;
- Requested Exceptions to Policy (ETP) associated with gender transition; and
- Timing of gender marker change in their Service's personnel data system.

CONSIDERATIONS

Gender transition may have an impact on several different aspects of your career, including deployability, assignment considerations, medical classification, and aspects of individual readiness (e.g., physical fitness, body composition assessment, and professional military education attendance). It is vital that you are open and honest with your leadership when discussing the gender transition process. This will enable you to convey your needs as well as address any questions or concerns from your leadership.

Communication with colleagues is equally important as they may not be familiar or comfortable with gender transition. There are many ways to respectfully disclose your gender identity to your colleagues. How and when you wish to tell your coworkers is something you should discuss with your commander or MMP.

The following pages have some career considerations that you may wish to take into account.

Individual Medical Readiness

Medical care for gender dysphoria, including medical and surgical transition, is managed in the same way as medical care for other medical conditions. You may be non-deployable for some periods during your gender transition process. It is your responsibility to inform your leadership regarding your medical condition when, as a result of any medical treatment, you will be or have become non-deployable² according to your Service's deployability policies.

Period of Adjustment

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

For many aspects of your transition, absence may not be necessary; however, you may require some time to recover from certain medical or surgical treatments, resulting in a limited duty status or convalescent leave. Accordingly, when convalescent leave is recommended, ensure you have coordinated with your unit leadership, administrative personnel, and medical personnel.

Assignments

You should discuss with your MMP and commander whether you want to transition while in your current unit or upon arrival at a new unit. Completing transition within a normal Permanent Change of Station cycle of 3-4 years is possible, but may or may not be desirable depending on your circumstances. Below are some issues to consider:

- Specialized medical care may not be available at all duty locations or if you are assigned to a deployable unit. Assignments near installations with such care or to non-deployable units may need to be considered;
- Moving locations means potentially moving away from a stable environment, including medical specialists and social support. However, making a fresh start may be easier for some transitioning Service members;
- Your duty locations may impact decisions about when to begin real-life experience in your preferred gender; and
- Not all duty assignments will be able to support a gender transition.

² DoDI 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014.

Physical Fitness Testing

Physical fitness is a fundamental requirement of your service. You are required to meet the physical fitness testing standards based upon your gender marker in your Service's personnel data system and in accordance with Service regulations. If temporarily unable to meet the standards, it may be necessary to request an ETP or medical waiver.

Privacy

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

Military Records

Your records (e.g., awards, performance evaluations) are historical and will not be automatically changed after completion of your gender transition. Your Service has a board process that may consider changes to military records.³ All records generated after your Service's personnel data system gender marker is changed will reflect your preferred gender.

³ See Annex D for a list of Service links to Boards for Correction of Military Records.

FOR THE COMMANDER

While in a command position, you are responsible and accountable for the overall readiness of your command. You are also responsible for the collective morale, welfare, good order, and discipline of the unit and for fostering a command climate where all members of your command are treated with dignity and respect. It is important you are aware of your obligations and responsibilities with regard to military service by transgender persons and persons with gender dysphoria.

COMMANDER'S ROLES AND RESPONSIBILITIES

Commanders have the responsibility to protect the ability of Service members to serve according to the provisions in the 2018 policy. It is important to emphasize that no one may be separated, discharged, denied reenlistment or continuation of service, or subjected to adverse actions solely on the basis of gender identity.

To uphold this fundamental tenet of the policy, you should understand the various aspects. Central to this policy continues to be the diagnosis of gender dysphoria. In determining if a Service member is exempt and will be authorized to transition to their preferred gender, the timing of the diagnosis is critical.

Service members must notify the commander if they are both 1. diagnosed with gender dysphoria, *AND* 2. gender transition is deemed medically necessary by a MMP.

If the diagnosis was made, or confirmed, by a MMP prior to April 12, 2019, then gender transition is authorized, even if gender transition was not originally deemed medically necessary, but is later included in the medical treatment plan. Guidance on in-service transition is provided in Annex B of this handbook, but commanders and Service members should consult DoDI 1300.28 for full details of that process.

If a MMP determines, or confirms, gender transition is medically necessary to treat gender dysphoria diagnosed on or after April 12, 2019, necessary care will be provided to the Service member. Service members may be subject to separation processing, if they are unable or unwilling to adhere to all applicable standards, including standards associated with their biological sex.

WHAT YOU SHOULD EXPECT FROM THE MILITARY MEDICAL PROVIDER

Just like other behavioral health conditions treatable by mental health counseling, you may not be notified of a Service member's diagnosis of gender dysphoria.

If gender transition becomes medically necessary, however, MMP will:

- Provide the medical diagnosis applicable to the Service member; list the medically necessary treatments, including the timing of the proposed treatment and the likely impact of the treatment on the individual's readiness, and deployability; and
- For Service members exempt under the 2018 policy, formally advise you when the Service member's medical treatment plan for gender transition is complete and recommend a time at which the gender marker may be changed in your Service's personnel data system.

POLICY IMPLICATIONS

There are no separate standards for transgender Service members. All Service members must be able to meet the standards associated with their gender marker in DEERS.

ETPs may permit exceptions to these standards according to DoD and your Service's policies. Some policy areas that may impact transgender Service members are highlighted below.

Military Personnel Uniform and Grooming Standards

Service members must abide by the uniform and grooming standards per Service policy based upon the Service member's gender marker in DEERS. For transitioning Service members, ETPs may permit exceptions for uniform and grooming standards prior to gender marker change.

Deployability

Medical care for gender dysphoria and gender transition are managed in the same way as other medical conditions. Service members will deploy if they are medically qualified to do so. Service members in your unit may be non-deployable for some periods during their gender transition process. If, as a result of any medical treatment, a Service member will be non-deployable per the Department of Defense's deployability policy,⁴ that Service member will be treated, for purposes of separation and retention, as would any Service member whose ability to deploy is limited.

⁴ DoDI 1332.45 "Retention Determinations For Non-Deployable Service Members," July 30, 2018.

Physical Fitness

Physical fitness testing is a fundamental requirement of military service. Service members are required to meet the physical fitness standards based upon their gender marker in DEERS and in accordance with Service regulations. If a member of your unit is unable to meet the standards, consult with the individual and the MMP as you would for any other Service member with a medical condition affecting their ability to meet physical standards.

Privacy Accommodations

If Service members raise concerns about their privacy in showers, bathrooms, or other shared spaces, reasonable measures to respect the privacy interests of Service members can be employed, if practical. You are encouraged to consult with your SCCC for guidance on such measures.

Military Personnel Drug Abuse Testing Program (MPDATP)

The MPDATP requires urinalysis specimens to be collected under the direct supervision of a designated individual of the same sex (as indicated by gender marker in DEERS) as the Service member providing the specimen. You have discretion to take additional steps to promote privacy, provided those steps do not undermine the integrity of the program. All collections, however, will be directly observed. You are encouraged to consult with your SCCC for specific situations.

FOR ALL SERVICE MEMBERS

The cornerstone of DoD values is treating every Service member with dignity and respect. Military service is open to anyone who wants to serve their country, upholds our values, and can meet our high standards. Transgender Service members have long served in the military. Identifying as transgender, in and of itself, does not affect Service members' abilities to perform their job or serve in the military.

Some individuals prefer that very few people know they are transgender. Other transgender individuals are committed to educating the public about gender identity, are eager to answer questions, and talk openly about being a transgender Service member.

It is important to respect the privacy of all Service members (e.g., do not talk about someone else's gender identity or status unless they are comfortable with it). The bottom line is to treat others how you would want to be treated.

HARASSMENT AND BULLYING

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

The impact harassment can have on Service members should not be underestimated; it has the potential to affect the member both personally and professionally. Inappropriate jokes, attitudes, or comments that marginalize anyone are damaging to command climate and are impermissible.

TERMS AND CONDITIONS

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

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 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/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.

Gender marker: Data element in DEERS that identifies a Service member's status as male or female.

Gender transition: A form of treatment for the medical condition of gender dysphoria may involve:

- Social transition, also known as real-life experience, to allow the patient to live and work in his or her 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; or
- 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.

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.

Service Central Coordination Cell (SCCC): Service-level cell of experts created to provide multi-disciplinary (e.g., medical, administrative, etc) advice and assistance to commanders with regard to service by transgender Service members and gender transition in the military. A complete listing with SCCC contact information can be found at Annex D.

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.

ACRONYMS

| | |
|--------|-------------------------------------------------|
| DEERS | Defense Enrollment Eligibility Reporting System |
| DES | Disability Evaluation System |
| DoD | Department of Defense |
| DoDI | Department of Defense Instruction |
| DTM | Directive-type Memorandum |
| ETP | Exception to Policy |
| IMR | Individual Medical Readiness |
| IR | Individual Readiness |
| IRR | Individual Ready Reserve |
| MHS | Military Health System |
| MMP | Military Medical Provider |
| MPDATP | Military Personnel Drug Abuse Testing Program |
| MSA | Military Service Academy |
| MTF | Medical Treatment Facility |
| PDES | Physical Disability Evaluation System |
| ROTC | Reserve Officers' Training Corps |
| SCCC | Service Central Coordination Cell |
| SELRES | Selected Reserve |
| USCG | United States Coast Guard |

ANNEX A: QUESTIONS AND ANSWERS

Listed below are responses to frequently asked questions (FAQs) organized by topic.

2018 POLICY FAQs:

1. What is the reasoning behind the change in policy?

A: A culmination of many different factors led the Department to update this policy. The updated policy represents the Department's best military judgment based on a thorough and extensive review of all available data, having weighed the risks associated with maintaining the previous policy against the costs of adopting a new policy that is more risk averse. A detailed explanation of the basis for the new policy is set forth in the Department of Defense Report and Recommendations on Military Service by Transgender Persons (February 2018).

2. Is this like "Don't Ask, Don't Tell" in which Service members must hide their identity in order to continue serving?

A: No. "Don't Ask, Don't Tell" was not based on a medical condition. It barred people from military service solely because of their sexual orientation. Sexual orientation is not associated with a medical condition and does not require medical treatment or accommodation. The 2018 policy, by contrast, is based on a recognized medical condition – gender dysphoria – and the medical treatment associated with such condition.

The 2018 policy, like the 2016 policy, prohibits denying entry to the military or involuntary discharge from the military solely on account of gender identity. So long as transgender persons, like all other persons, are willing and able to adhere to all military standards, including the sex-based standards associated with their biological sex, and have met all applicable medical requirements, they may serve. Under both the 2016 and 2018 policies, no one is required to conceal his or her gender identity or penalized for revealing his or her gender identity.

3. I've been openly serving under the previous policy--does this apply to me?

A: Service members who joined the military in their preferred gender or who received a diagnosis of gender dysphoria from, or had such diagnosis confirmed by, a MMP prior to April 12, 2019 or subsequently granted a waiver, are exempt under the 2018 policy. Exempt Service members may continue to receive all medically necessary treatment, obtain a gender marker change in DEERS, and serve in their preferred gender in accordance with DoDI 1300.28.

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 gender identity.

4. What if I am diagnosed with gender dysphoria after this policy takes effect?

A: Service members who are diagnosed with gender dysphoria on or after April 12, 2019 will be permitted to continue serving and to receive mental health counseling, provided that gender transition is not necessary to protect their health and that they are willing and able to meet all standards, including the standards associated with their biological sex. Should transition be required to protect their health, the Service member would be subject to the same administrative or medical separation procedures that guide all similar disqualifying medical conditions.

5. Who decides whether a Service member is exempt under the 2018 policy?

A: The Service member's MMP verifies the timing of the diagnosis of gender dysphoria. If the diagnosis was made or confirmed prior to April 12, 2019, the Service member is exempt. As with any disqualifying condition, Service members who are not exempt may request a waiver permitting them to serve in their preferred gender. Individual Service members who receive a waiver to the new policy will be considered from that point forward exempt under the 2018 policy, and may not have their exempt status revoked.

6. Does the 2018 policy mean the Services will stop recruiting transgender applicants?

A: No. Anyone who can meet the military's demanding standards for military service and readiness without special accommodations can and should be able to serve. Under both the 2016 policy and the 2018 policy, transgender persons are not disqualified from service solely on account of their gender identity.

The Services will continue to recruit and access transgender applicants who meet all applicable standards, holding them to the same physical and mental fitness standards associated with their biological sex as everyone else who wants to join the military.

7. Is a transgender individual who met the requirements under the 2016 policy and is now in the Delayed Entry Program disqualified under the 2018 policy?

A: Applicants who signed a contract (such as a DD Form 4, Enlistment/Reenlistment Document) prior to April 12, 2019 and were medically qualified for service in their preferred gender according to the 2016 policy when they entered into the Delayed Entry Program are considered exempt under the 2018 policy, as are officer candidates who were selected for a commissioning program prior to April 12, 2019.

8. Do the accession standards in the 2018 policy apply to the Service Academies, the Reserve Officers' Training Corps (ROTC), or other officer commissioning programs?

A: The gender identity of otherwise qualified individuals will not bar them from admission to the Military Service Academies (MSA) or from participating in ROTC or any other accession program. However, unless they are exempt under the 2018 policy, they must adhere to the accession standards and be willing and able to meet all applicable standards associated with their biological sex prior to being accepted into a MSA, contracted into a ROTC program, or commissioned into a Military Service.

9. Would a cadet or midshipman be able to undergo gender transition while at one of the MSAs or enrolled in ROTC and still meet the commissioning standards?

A: Individuals who prior to April 12, 2019, were either contracted for enlistment or selected for entrance into an officer commissioning program through a selection board or similar process and were medically qualified for military service in their preferred gender are considered exempt from the new policy and may undergo gender transition.

Currently contracted ROTC and Military Service Academy cadets/midshipmen with a diagnosis of gender dysphoria, confirmed by a military medical provider prior to April 12, 2019, are considered exempt and may undergo gender transition.

Additionally, any cadet or midshipman who desires to serve in his or her preferred gender and not otherwise exempt may be considered for a waiver designating the individual as a member of the exempt population. If an exemption waiver is granted, the individual will be considered from that point forward to be exempt.

10. Will a Service member exempt under the 2018 policy be prohibited from seeking a commission later because they don't meet the updated accession standards?

A: No. Service members who are currently serving and are exempt under the 2018 policy, but seek to commission, shall be subject to the accession standards under the 2016 policy.

11. What if a Service member transitioned prior to entering the military and has been serving in their preferred gender this whole time?

A: Service members who met accession standards for entering service in their preferred gender under the 2016 policy will be treated like any other Service member with the same gender marker in DEERS. They must continue serving in their preferred gender, meet all standards associated with their preferred gender, and otherwise adhere to the requirements set forth in DoDI 1300.28. They will be treated as exempt under the 2018 policy.

DEPLOYABILITY AND SEPARATION FAQs:

12. Can transgender Service members deploy if called upon?

A: Transgender Service members serving in their biological sex may deploy if, like all Service members, they meet deployability criteria.

If a Service member is exempt under the 2018 policy and undergoing gender transition, he/she may have periods of non-deployability based on the care needed. Availability for deployment and any anticipated duty limitations would be part of the conversation Service members have with their commanders and medical providers as part of a medical treatment plan. Medical recommendations concerning unanticipated calls for deployment would be made in the same way as other medical conditions and as part of the pre-deployment process.

If a Service member is not exempt under the 2018 policy, but gender transition is medically necessary, the Service member will be evaluated for separation and possible referral to the Disability Evaluation System (DES) or the U.S. Coast Guard Physical Disability Evaluation System (PDES).

13. Will transgender Service members who are no longer serving in their biological sex now be separated?

A: No. The 2018 policy exempts all Service members who entered the military in their preferred gender or were diagnosed with gender dysphoria by a MMP (or whose diagnosis was confirmed by a MMP) prior to April 12, 2019. These exempt Service members who transitioned gender may continue to serve in their preferred gender.

14. What if a Service member with gender dysphoria is considered exempt under the 2018 policy and is undergoing transition but does not meet retention standards (e.g., more than 12 consecutive months non-deployable)? Will he or she be subject to separation?

A: Any Service member not meeting retention standards in accordance with DoDI 1332.45 "Retention Determinations For Non-Deployable Service Members," for any reason, may be subject to separation.

15. For non-exempt Service members diagnosed with gender dysphoria and unable or unwilling to serve in their biological sex, how will they be separated from service?

A: This depends on the individual Service member's circumstances. Service members 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) or the USCG Physical Disability Evaluation System (PDES). If referral to the DES or PDES is not appropriate in accordance with applicable Instructions, a Service member may be subject to processing for administrative separation for a condition not constituting a disability that interferes with assignment to or performance of duty.

MEDICAL TREATMENT FOR GENDER DYSPHORIA FAQs:

16. What if a Service member is not exempt under the 2018 policy and is diagnosed with gender dysphoria? Will health care still be provided?

A: Yes, for Service members entitled to health care provided by MTFs. Service members diagnosed with gender dysphoria and not exempt under the 2018 policy may consult with a MMP and receive mental health counseling. Non-exempt Service members diagnosed with gender dysphoria who require gender transition treatment, such as cross-sex hormone therapy or sex reassignment surgery, will be provided medically necessary care consistent with laws and regulations⁵ for as long as the individual remains a Service member. If the Service member is to be separated from military service, appropriate action will be taken to facilitate the continuity of health care consistent with DoDI 6490.10 "Continuity of Behavioral Health Care for Transferring and Transitioning Service Members."

17. Will Service members diagnosed with gender dysphoria who are considered exempt under the 2018 policy still be eligible for sex reassignment surgery?

A: Yes. Service members considered exempt under the 2018 policy are eligible for all necessary medical care and treatment in accordance with DoDI 1300.28 and the July 29, 2016 Assistant Secretary of Defense for Health Affairs Memorandum. These Service members would be eligible for all care offered in Military Treatment Facilities (MTFs), as well as eligible for surgeries provided through the Supplemental Health Care Program (SHCP) process outlined in the Director of the Defense Health Agency (DHA) memorandum issued November 13, 2017.

⁵ Section 1074 of Title 10, United States Code, and the July 29, 2016 Assistant Secretary of Defense for Health Affairs Memorandum; DoDI 1300.28

18. If I am diagnosed with gender dysphoria after April 12, 2019, is my medical or mental health provider obligated to report me to my command?

A: Service members are generally entitled to confidential mental health assessment and treatment. Only under certain circumstances is a medical or mental health provider obligated to report a mental health condition to a Service member's command. For example, a medical or mental health provider must provide command notification if the member presents a risk of harm to self or others. As long as the Service member is willing and able to adhere to the standards associated with his or her biological sex and has no other serious mental health condition, there would be no need for a medical or mental health provider to notify the Service member's command.

If the Service member needs to undergo gender transition medical care to protect his or her health, then in accordance with DoDI 1300.28, the Service member must provide his or her transition care plan to his or her commander in consultation with the MMP.

Non-exempt Service members with a diagnosis of gender dysphoria may be subject to the initiation of administrative separation processing if they are unable or unwilling to adhere to all applicable standards, including the standards associated with their biological sex. However, a non-exempt Service member may not be separated solely on a diagnosis of gender dysphoria without first being medically evaluated for possible referral to the Disability Evaluation System (DES) or the USCG Physical Disability Evaluation System (PDES).

Non-exempt Service members diagnosed with gender dysphoria who require gender transition treatment, such as cross-sex hormone therapy or sex reassignment surgery, will be provided medically necessary care consistent with laws and regulations⁶ for as long as the individual remains a Service member. If the Service member is to be separated from military service, appropriate action will be taken to facilitate the continuity of health care consistent with DoDI 6490.10 "Continuity of Behavioral Health Care for Transferring and Transitioning Service Members."

19. If gender transition will alleviate gender dysphoria, why isn't transition allowed under the 2018 policy?

A: Gender dysphoria often requires significant medical treatment ranging from cross-sex hormone therapy to sex reassignment surgery. The range of treatment options, the indefinite length of treatment, other associated conditions, and the success of the treatment options are highly individualistic. The military is focused on worldwide deployability, combat readiness, and lethality. Special accommodations for medical conditions requiring sustained medical intervention impair deployability, unit readiness, and combat effectiveness.

⁶ Section 1074 of Title 10, United States Code, and the July 29, 2016 Assistant Secretary of Defense for Health Affairs Memorandum; DoDI 1300.28

It is important to note that similarly situated persons without a diagnosis or history of gender dysphoria, but who have had or need similar medical treatment (e.g., certain hormone therapies or certain genital surgeries) for a different condition, are also presumptively disqualified from entering military service, absent a waiver.

SERVICE BY TRANSGENDER PERSONS FAQs

20. What happens when federal and state laws or policies appear to conflict regarding gender expression (e.g., restroom use)?

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

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

21. What about Service members who are uncomfortable with open military service by transgender persons?

A: In today's military, people of different values work, live, and fight together. This is possible because they treat each other with dignity and respect. This will not change. To the extent feasible, a commander may employ reasonable measures to protect the privacy interests of Service members, while avoiding a stigmatizing impact to any Service member.

22. What does it mean for a transgender individual to serve in their biological sex?A:

Biological sex is defined as a person's biological status as male or female based on chromosomes, gonads, hormones, and genitals.

Service members who identify with a gender other than their biological sex must, like all other Service members, adhere to the standards, requirements, or policies associated with their biological sex (e.g., medical fitness, physical fitness, body fat, uniform and grooming, and berthing, bathroom, and shower standards).

23. When/how can I present myself in my preferred gender?

A. Service policies and regulations govern standards for Service members in the areas of dress and appearance, on- and off-duty status, and conduct. Understanding Service-specific policies regarding gender expression is important for transgender Service members and those in their chains of command.

ANNEX B: GENDER TRANSITION ROADMAP FOR EXEMPT U.S. MILITARY PERSONNEL

Below is a summary of the gender transition process for a Service member who is exempt under the 2018 Policy for Military Service by Transgender Persons and Persons with Gender Dysphoria. The roles, responsibilities, and courses of action available to these exempt Service members and their commanders are described below.

SERVICE MEMBER RESPONSIBILITIES

Before initiating gender transition

Collaborate with and assist the MMP in developing a medical treatment plan for submission to the commander. This plan should include a projected timeline for completion of gender transition, and estimated periods of non-deployability and absence.

- Notify the commander of the recommended treatment and request approval of the timing of the treatment plan. The written request must include the following:
 - Medical treatment plan outlining all medically necessary care and a projected schedule for such treatment; and
 - An estimated date for the completion of gender transition and a gender marker change in the appropriate Service personnel data system.

Reserve Considerations

All exempt Reserve Component Service members (except Full-Time Support personnel who fall under Active Component rules/requirements) will submit treatment plans established by a civilian medical provider to their chain of command and the unit's Reserve or National Guard medical unit for review and approval.

To the greatest extent possible, commanders and exempt Service members should address periods of non-availability for any period of military duty, paid or unpaid, during the member's gender transition with a view to mitigate unsatisfactory participation through the use of rescheduled training or authorized absences.

During gender transition

- Initiate gender transition after obtaining the commander's approval.
- Inform the commander of any medical issues that come up in the course of gender transition.
- Request approval from the commander for any changes to the approved timeline of the medical treatment plan.
- Submit any necessary ETP requests to the commander.

When gender transition is complete

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

After gender marker change in the Service personnel data system

- Meet applicable Service standards of the preferred gender, including medical, physical fitness, uniform and grooming, deployability, and retention standards.
- Use military berthing, bathroom, and shower facilities associated with the preferred gender.
- Request ETPs, as required, from the commander.

COMMANDER RESPONSIBILITIES

Before the exempt Service member initiates gender transition

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

- Review Service member's request to ensure that it contains the required documentation in accordance with DoD and Service policies, to include a medical treatment plan with a projected timeline for completion of gender transition, estimated periods of non-deployability/absence, and estimated date of gender marker change;
- Coordinate with MMP. If request to transition gender is from a Reserve Component Service member, he or she will likely provide a diagnosis and medical treatment plan from a non-MMP. In this instance, it still must be reviewed and approved by an

MMP;

- Consult with the SCCC as necessary; and
- If the Service member's request is incomplete, return it with a written notice of additional required documentation.

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

- Provide a written response to Service member's request for gender transition or an ETP, with a copy to the MMP; and
- In reviewing the Service member's gender transition request, ensure the decision:
 - Complies with DoD, Service policies, and guidance;
 - Considers the individual facts and circumstances presented by the Service member;
 - Considers the needs of the command (including deployment, operations, training, exercise schedules, critical skills availability, morale and welfare, and good order and discipline of the unit);
 - Minimizes impacts to the mission and readiness by balancing the needs of the individual with the needs of the command;
 - Is consistent with the medical treatment plan; and
 - Incorporates input provided by the MMP.

During gender transition

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

- Adjust the date on which the Service member's gender transition, or any component of the transition process, will commence;
- Advise the Service member regarding options for extended leave status or

participation in other voluntary absence programs during the transition process;

- Arrange for the transfer of the Service member to another organization, command, location, or duty status (e.g., Individual Ready Reserve (IRR)), as appropriate, during the transition process;
- Review and forward ETP requests for application of standards for uniforms and grooming, body composition assessment, physical fitness testing, and MPDATP participation;
- Establish or adjust command policies on the use of berthing, bathroom, and shower facilities as necessary;
- Refer for a determination of fitness in the Disability Evaluation System in accordance with DoDI 1332.18 “Disability Evaluation System (DES),” or the Physical Disability Evaluation System in accordance with Command Instruction M1850.2D for USCG members;
- Initiate administrative proceedings, comparable to actions that could be initiated with regard to others whose ability to serve is limited by medical conditions unrelated to gender transition; and
- Consult the SCCC as necessary, with regard to:
 - Service by transgender Service members and gender transition in the military;
 - Implementing DoD, Military Department, and Service policies and procedures; and
 - Assessing the means and timing of any proposed medical care or treatment.
- Coordinate with the MMP regarding any medical issues that arise in the course of a Service member’s gender transition;
- Ensure that requests for ETPs are processed within 90 days and provide a written response to both the Service member and the MMP; and
- Modify a previously approved timeline for gender transition or an ETP at any time prior to the change in a Service member’s gender marker in the Service personnel data system.
- Ensure familiarity and compliance with DoDI 1332.45, "Retention Determinations For Non-Deployable Service Members," July 30, 2018.

When gender transition is complete

- Review Service member's request to change gender marker in the Service personnel data system to ensure that it complies with Service requirements, to include at a minimum:
 - A recommendation from the MMP stating that gender transition according to the medical treatment plan is complete and that the Service member is stable in the preferred gender; and
 - One of the following legal documents to effect gender change:
 - A certified true copy of a State birth certificate reflecting the Service member's preferred gender;
 - A certified true copy of a court order reflecting the Service member's preferred gender; or
 - A United States passport reflecting the member's preferred gender.
- If Service member's request is complete, provide written approval to Service member authorizing gender marker change in the Service personnel data system.

After gender marker change in the Service personnel data system

- Apply uniform standards, grooming standards, body composition assessment standards, physical fitness testing standards, MPDATP standards, and other standards according to the Service member's gender listed in the Service personnel data system.
- Direct the use of military berthing, bathroom, and shower facilities according to the Service member's preferred gender listed in the Service personnel data system.
- Review ETPs, as appropriate.

ANNEX C: SCENARIOS

The following fictional cases illustrate scenarios that may be encountered. The delineation of responsibilities is intended only to provide a general discussion of illustrative issues that may arise. The lists are not all inclusive, nor are they directive in nature. All personnel are reminded to consult with their chain of command, SCCC, and Service and DoD guidelines before determining the best course(s) of action.

EXEMPT POPULATION

Scenario 1: Am I Exempt or Not?

A Service member completed entry level training on May 3, 2019. The Service member reports to his first duty station, and upon checking in at the military treatment facility, mentions that he is feeling depressed. After a few minutes of discussion, the MMP determines the Service member should make an appointment with a behavioral health provider. The Service member makes the appointment and receives a diagnosis of gender dysphoria.

Key takeaways:

This scenario illustrates the importance of the timing of the gender dysphoria diagnosis. Since the diagnosis was after April 12, 2019, the Service member is not exempt under the 2018 policy and may be processed for separation if gender transition is medically necessary. The Service member may also seek a waiver from their Military Department waiver authority which if granted, allows the Service member to continue serving in the military in accordance with Section 4 of DoDI 1300.28.

Service member responsibilities:

- Continue with behavioral health counseling and work with MMP to determine if gender transition is medically necessary.
- If gender transition is not medically necessary and you are willing and able to serve in your biological sex, you may continue to serve. As with all Service members, you must adhere to all standards associated with your biological sex.
- If gender transition is medically necessary, you should develop a medical treatment plan with the MMP, and provide the treatment plan to your commander.

Commander responsibilities:

- If gender transition is not medically necessary, and the Service member is willing and able to serve in their biological sex, you may not be aware of the diagnosis. If you are notified of the diagnosis, however, continue to treat the member with dignity and respect and ensure all others in the command continue to do the same.

- Because the Service member is not exempt under the 2018 policy, if gender transition is medically necessary and therefore, the Service member is unable and unwilling to adhere to all applicable standards associated with their biological sex in accordance with DoD and Service policy, you may initiate the process for administrative separation. However, before processing for administrative separation, the Service member must be medically evaluated for possible referral 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. Commanders also have the authority, if circumstances warrant, to recommend the Service member for a waiver under the 2018 policy.

DEPLOYABILITY

Scenario 2: I'm Undergoing Transition; Will I Automatically be Non-Deployable?

A Service member who is considered exempt under the 2018 policy is about to begin gender transition. She is concerned about the Department of Defense's non-deployability policy (as outlined in DoDI 1332.45, "Retention Determinations For Non-Deployable Service Members"). She asks her commander if she will be automatically non-deployable and could possibly be separated because of her transition.

Key takeaways:

A Service member's period of non-availability will vary by individual based on the care needed during transition; and the member may be non-deployable for some periods during the gender transition process. Ongoing communication among Service member, commander, and MMP with regard to Individual Medical Readiness (IMR) is important.

If, as a result of any medical treatment, Service members will be non-deployable per the Department of Defense's deployability policy, they will be treated, for purposes of separation and retention, as would any Service member whose ability to deploy is similarly limited.

Service member responsibilities:

- It is your responsibility to inform your leadership regarding your medical condition when, as a result of any medical treatment, you will be or have become non-deployable according to your Service's deployability policies.
- Maintain open lines of communication with your commander about readiness requirements and follow your prescribed medical transition plan.

Commander responsibilities:

- Closely monitor your Service member's transition plan and adhere to the Service's readiness requirements.
- Inform your transitioning Service member that if the Service member is not meeting retention standards and is non-deployable for more than 12 consecutive months (for any reason, not just because of her transition), the Service member may be subject to referral into the Disability Evaluation System (DES) in accordance with DoDI 1332.18 or the USCG Physical Disability Evaluation System (PDES), pursuant to Commandant Instruction (COMDTINST) M1850.2 (series), or initiation of processing for administrative separation in accordance with DoDI 1332.14, "Enlisted Administrative Separations," or DoDI 1332.30, "Separation of Regular and Reserve Commissioned Officers" as applicable.

MEDICAL COMPLIANCE AND IMR

Scenario 3: What if I Need to Change My Medical Treatment Plan?

A Reserve Service member has an approved transition plan with a civilian health care provider validated by an MMP prior to April 12, 2019. Due to a possible transfer next year with the Service member's civilian job, the Service member would like to move up a previously-scheduled surgery to align with the new timeline. This new surgery date has not been approved by the commander and will cause the Service member to miss upcoming scheduled drills.

Key takeaways:

Changes to the timing of treatment in a previously-approved medical treatment plan must be made in coordination with the MMP and approved by the commander. It is important to notify your command of anything that will affect Individual Medical Readiness (IMR), whether a member of the Active or Reserve Component.

Service member responsibilities:

- You must make timely notification of any medical treatment occurring outside of the military health system if it has the potential to affect IMR.
- Discuss with your commander any potential adjustments or changes to your transition plan and any readiness implications.
- Be aware of participation requirements for a satisfactory year.

Commander responsibilities:

- Consider potential adjustments to the Service member's transition plan while balancing the needs of the individual and the unit in terms of readiness.
- Work with the Service member to prepare for any potential periods of non-availability and mitigate absences. Options available to you include: (1) rescheduled training; (2) authorized absences; or (3) alternate training. Individual Service policies will detail processes and procedures required to use any of these mitigation tools.

NON-MILITARY MEDICAL CARE

Scenario 4: Do I Have To Tell Them?

On May 7, 2019, a Service member received a gender dysphoria diagnosis from a civilian medical provider and has decided to start cross-sex hormone therapy. She wants to continue treatment outside of the military health system and is reluctant to report her health care treatment to her command.

Key takeaways:

This service member is not exempt. As with any condition(s) that may affect individual medical readiness, timely notification within the military health system and chain of command is mandatory.

Service member responsibilities:

- You must make timely notification of any medical treatment occurring outside of the military health system if it has the potential to affect IMR.
- Prior to beginning any gender transition, a medical treatment plan must be validated by a MMP and provided to your commander.

Commander responsibilities:

- Ensure all Service members understand their responsibility to make timely notification of any medical treatment occurring outside the military health system if IMR will be affected.
- Should you learn of medically-necessary gender transition without a validated medical treatment plan, refer Service member to MMP for evaluation and for separation processing in accordance with DoD and Service policies.

PRIVACY AND COHABITATION

Scenario 5: Can We Talk?

A Service member is considered exempt under the 2018 policy and has completed her transition (which did not include sex reassignment surgery). She is on her first deployment since her gender marker was changed, and is assigned to female open bay living quarters. Shortly after her arrival, several females in the same living area complained to the Senior NCO about being uncomfortable around this Service member because she still has male genitalia. The Senior NCO approached the commander with these complaints hoping to achieve a resolution.

Key takeaways:

This scenario illustrates the importance of open lines of communication between Service members and their chain of command, as well as standards of conduct. Service members are responsible for meeting all applicable military standards and will use berthing, bathroom, and shower facilities associated with their gender marker in DEERS, regardless of physical appearance.

Service member responsibilities:

- Respecting each other's rights within a closed space is critical to maintaining good order and discipline. The preservation of personal privacy, dignity, and respect is a responsibility shared by all.
- Adhering to standards of conduct, and all relevant Service regulations commensurate with the individual's gender marker in DEERS, applies equally to all Service members.
- Transgender Service members are not required to modify or adjust behavior based solely on the fact they do not "match" the physical appearance of their cohabitants.
- Service members should reach out to an appropriate member of their command and note any concerns with living arrangements.

Commander responsibilities:

- Take an active and positive leadership approach with a focus on conflict resolution and professional obligations to maintain high standards of conduct.
- You are responsible for the collective morale and welfare and good order and discipline of the unit and for fostering a command climate where all members of your command are treated with dignity and respect.

- An initial approach to the complaints may entail meeting with the Senior NCO as well as the complaining Service members to determine the exact nature of their complaints. You should inform them that the transgender Service member's assignment to female lodging is required regardless of her physical appearance and that their lack of comfort is not reason to prevent her from residing in the female living quarters or make her subject to treatment different from others.
- Similarly, as with any other issue taking place in a living area that affects the morale and welfare and good order and discipline, you (or the senior enlisted advisor) may also want to speak with the transgender Service member to raise awareness of the perceived problem regarding her physical appearance and its effect on the other Service members in the living area. Such a conversation should be handled very carefully; coordination with the SCCC is advisable to gain assistance on strategies to successfully engage in such communication.
- In every case, you may employ reasonable accommodations to respect the privacy interests of Service members. Avoid stigmatizing actions that may single out transgender Service members in an attempt to resolve the complaints.

SERVING OVERSEAS

Scenario 6: Should I Stay or Should I Go?

A transgender Service member receives PCS orders to a country of assignment with well-known anti-LGBT sentiment and criminal penalties for violations of social norms. The Service member is concerned about interacting with host nation personnel and participating in off-base activities in his/her preferred gender and approaches the commander about the selection for this assignment.

Key takeaways:

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

Service member responsibilities:

- You must always remember the laws, beliefs, and what is considered socially normal in the host country may be vastly different than in the United States. Some nations view transgender people as culturally unacceptable and will not recognize the individual's preferred gender.

- If assignment to a foreign country is under consideration, you may need to adjust your expectations in the event that you are asked to shift to a different billet in support of the mission. It is important to maintain a flexible mentality when working with foreign nations to better meet the needs of the overall mission.
- Pay attention to any travel warnings given at your command as a pre-arrival brief, if applicable. You should also consult the “Same Sex Spouse and Lesbian, Gay, Bisexual, Transgender & Intersex (LGBTI) Information” section of the DoD Foreign Clearance Guide as well as the Department of State’s LGBTI Travel Information page and Human Rights Report for that country before visiting or being assigned to the country.
- As with all Service members, you should ensure that when you visit the country that you are always accompanied by some of your colleagues and avoid areas that are listed as dangerous. Be cautious of potential risky situations and don’t do anything you would not do at home.

Commander responsibilities:

- While having a transgender Service member might be unique to your unit, the specific issues and concerns are analyzed similarly to any other safety issues that may be encountered by any Service member of your unit.
- Conduct a thorough analysis of the country concerned according to Service policies. At a minimum, you should review the U.S. State Department’s country specific website and DoD Foreign Clearance Guide. Specifically, you should consult the “Same Sex Spouse and LGBTI Information” section of the DoD Foreign Clearance Guide as well as the Department of State’s LGBTI Travel Information page and Human Rights Report for the foreign country.
- Consider the safety of the Service member and the possible host country response when determining if the assignment is appropriate.

ANNEX D: ADDITIONAL RESOURCES AND LINKS

Foreign Clearance Guide:

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

Passport:

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

<https://travel.state.gov/content/travel/en/passports/apply-renew-passport/change-of-sex-marker.html>

Service Boards for Correction of Military Records:

Air Force: <https://www.afpc.af.mil/career-management/Military-Personnel-Records/>

Army: <https://arba.army.pentagon.mil/abcmr-overview.html>

Coast Guard: <https://www.uscg.mil/Resources/legal/BCMR/>

Navy and Marine Corps: <https://www.secnav.navy.mil/mra/bcncr/Pages/default.aspx>

Service Central Coordination Cells (SCCCs):

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

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

Coast Guard: HQS-SMB-SCCC@uscg.mil

Marine Corps: USMC.SCCC@usmc.mil

Navy: usn_navy_sccc@navy.mil

