Chapter 67

GENDER INCONGRUENCE

Amy L. Jackson, PA-C, MPAS; Diane Bruessow, PA-C, MPAS; Amelia M. Duran-Stanton, PA-C, PhD, DSc, MPAS; and Matthew H. Kemm, MD

Introduction

The Army physician assistant (PA) must be familiar with policy, regulation, and essential resources for clinical practice regarding gender-diverse patients. Awareness of gender incongruence will impact the PA's clinical practice both inside and outside military medical treatment facilities (MTFs). This chapter provides PAs with the tools and resources needed to treat gender-diverse, transgender, and nonbinary patients effectively and compassionately. This chapter will also help provide a historical perspective of the genesis of transgender policy in the civilian and military environments.

Topic Importance for Army Physician Assistants

Gender incongruence is a topic that Army PAs and military providers need to understand because PAs must be equipped with the tools and resources to take care of all patients: military, military dependents, joint, or international service members who seek care from US Army providers, as well as in the civilian sector. Most importantly, a soldier in an all-volunteer Army deserves the best health care services the Army can provide, along with dignity and respect. PAs must be subject matter experts on gender transition policies and regulations that govern a soldier's ability to comply with medical and administrative readiness, and to educate and advise their command. Additionally, PAs are central to the process whereby soldiers may separate from the military. In these

cases, the PA must assess the appropriate criteria and requirements to ensure they are communicating the case details with legal advisors and the command.

To effectively address a patient's health issues and optimize health outcomes, PAs need to be aware of a patient's gender identity and assigned sex at birth (ASAB). In military policy and regulations, "biological sex" refers to ASAB. Best practices include using a two-question approach, collecting ASAB and gender identity within demographic data (often collected during intake).[1] When the Centers for Disease Control and Prevention shifted to this method, they saw a 64% increase in the number of gender-diverse patients identified.[1] Documentation of gender identity and ASAB is appropriate in the clinical note and oral case presentations. For example, proper documentation may state, "this is a 24-year-old male, assigned female at birth (AFAB)," noting the patient's gender identity and ASAB.

PAs should be knowledgeable about how ASAB, gender identity, and gender expression affect health outcomes and become proficient at considering a patient's gender history within the clinical encounter.[2] If the goal is to treat the entire person, PAs must begin by taking a complete history. The first step is gaining knowledge about critical scientific terminology used in transgender medicine.

Gender Diversity Defined

Gender identities and gender expressions that are not typically associated with one's ASAB are a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative.[3] For context, other common and nonpathological human phenomena are left-handedness and homosexuality. The number of transgender adults in the United States is estimated at 1.4 million, or 0.6% of the population.[4] There are an estimated 149,750 transgender 13- to 17-year-olds in the United States.

While most transgender patients identify in binary terms as "male or female," "boy or girl," and "man or woman," it is essential to note that nearly one-third (31%) of gender-diverse adults' gender identities fall in between or outside these categories, and referred to as "nonbinary."[5] Awareness of one's gender identity can occur at any age, although most individuals' gender identity is formed before puberty.[4] Among gender-diverse children, early cognitive assertions (eg, "I am a girl") are often

seen, rather than affective assertions (eg, "I feel like a girl").[6] Among adolescents, gender incongruence reliably becomes more debilitating as secondary sex characteristics develop during puberty, and suicides and suicide attempts spike.[4]

How an individual presents their gender expression can depend on whether the patient's environment is restrictive or permissive, and on the patient's developmental stage. In other words, a gender-diverse child with affirming parents will present their gender expression differently than a gender-diverse child in a restrictive household, and a gender-diverse child, adolescent, and adult will present differently based on their developmental capacity. In practice, service members and dependents from restrictive households may not necessarily present as or report they are experiencing gender incongruence, but may present with symptoms of depression, anxiety, or behavioral changes.

Understanding Gender Dysphoria and Incongruence

The two most crucial classification and diagnostic manuals are the *Diagnostic and Statistical Manual of Mental Disorders* (DSM),[7] published by the American Psychiatric Association (APA), and the *International Classification of Diseases* (ICD),[8] published by the World Health Organization (WHO). Both have been dynamic in their approach to gender diversity as new data has emerged and provided new insights. In 2013, the APA stated, "It is important to note that gender nonconformity is not in itself a mental disorder," removing gender dysphoria from its list of mental health conditions.[9] Shortly thereafter, the WHO took a similar approach, adding a classification for gender incongruence outside of the mental health section in an attempt to depathologize gender transitions, akin to how pregnancy is not considered an illness or pathology.[8]

Efforts to change a person's gender identity and expression are no longer considered ethical.[10,11] It is the patient's gender incongruence that providers seek to resolve with medical, surgical, social, or legal interventions.

Definitions

Assigned sex at birth (ASAB), assigned female at birth (AFAB), assigned male at birth (AMAB): determined based on the phenotype,

by visual inspection of newborn. ASAB may be reassigned. Military policy and regulations currently use the term "biological sex."

Cisgender: a descriptive term used to express congruence between gender identity and ASAB.

Cross-sex hormone therapy (CSHT): this term is no longer used in civilian context, because it does not adequately describe care of nonbinary gender identities. The term has been replaced by "masculinizing/feminizing hormone therapy," a medically necessary and effective therapeutic intervention utilizing exogenous sex steroids, resulting in the development of secondary sex characteristics congruent with a patient's gender identity; also called gender-affirming hormone therapy.

Gender-affirming surgery: a medically necessary and effective therapeutic surgical intervention to improve a patient's physical congruence with gender identity; formerly referred to as sex-reassignment surgery. These terms are used less frequently, replaced by the specific procedure (eg, vaginoplasty, zero-depth vaginoplasty, metoidioplasty [free-up], metoidioplasty with urethral lengthening, phalloplasty, tracheal shave, facial feminization surgery).

Gender identity: innate sense of one's gender.

Gender expression: the social expression of gender. In restrictive environments, gender-diverse individuals may resort to performing a gender that may not be consistent with gender identity.

Gender identity disorder: a scientifically outdated term, associated with a pathologizing view of gender and diagnostic criteria that lacked specificity.

Gender dysphoria: term coined by the APA in the DSM-5 to describe distress associated with unaffirmed gender identity. See DSM-5 for specific diagnostic criteria.

Gender incongruence: a classification used by the WHO in the ICD-10 for individuals whose gender identity is different than their ASAB.

Nonbinary: a descriptive term used to describe gender identities that are neither exclusively male nor female. Thirty-one percent of transgender adults experience a nonbinary gender identity.[12]

Transgender: a descriptive term used to express incongruence between gender identity and ASAB.

Transmasculine: a descriptive term used for an individual AFAB with a gender identity on the masculine spectrum.

Transfeminine: a descriptive term used for an individual AMAB with a gender identity on the feminine spectrum.

Historical Perspective

Some of the first references to gender diversity within the medical literature were misrepresented as issues of sexuality. In 1966 Dr Harry Benjamin published *The Transsexual Phenomenon*, and transsexual became a more widely used term.[5] The APA first added "transsexualism" to the DSM in 1980 (DSM-3),[13] to be replaced by gender identity disorder (GID) in the DSM-4.[14] GID's diagnostic criteria had low specificity, inadvertently capturing individuals whose gender expression was incongruent with their ASAB, most of whom were homosexual and not transgender. In 1990, the ICD-10[15] redefined the diagnostic classification "gender identity disorder" as a new and separate category. "Gender dysphoria" was introduced in the DSM-5.[7] Each successive edition of the DSM moved closer to the current understanding that "gender non-conformity is not in itself a mental disorder," while maintaining a diagnostic presence to retain individuals' access to medically necessary and effective care. DSM-5 removed gender dysphoria from the mental health section.[7] The ICD-11[8] introduced the most current classification of "gender incongruence."

History of Military Policy

A 2016 study conducted by RAND Corporation estimated there are 1,320 to 6,630 transgender active duty service members, representing 0.1% to 0.5% of the active component, with an additional 830 to 4,160 in the Selected Reserve.[16] The RAND study also estimated that 40 to 190 service members would seek transition in a given year, with 30 to 140 seeking CSHT and 25 to 130 seeking surgical treatment.[16]

Before 2016, service members and recruits were generally disqualified from service if they had a diagnosis of transsexualism,

gender identity disorder, or gender dysphoria, or if they were transgender.[17] Additionally, if recruits had received any gender-affirming medical care, they were not allowed to enter the service.[17] Beginning in 2016, policy and regulatory guidance regarding the operating procedures changed, and transgender individuals were allowed to serve in the gender expression associated with their ASAB.[17] From 2016 to 2018, current transgender service members who had a diagnosis of gender dysphoria were permitted to serve in the gender expression associated with their gender identity if they had completed a gender transition.[17]

In 2018, policy and regulatory guidance on transgender service members shifted again: if transgender service members were unable or unwilling to serve in the gender expression associated with their ASAB, they could separate from the service, unless exempt.[18]

Current Military Policy

As of this writing, per Department of Defense (DoD) Directive-type Memorandum (DTM)-19-004, *Military Service by Transgender Persons and Persons with Gender Dysphoria*, dated March 17, 2020, active duty service members who were diagnosed with gender dysphoria by a military behavioral health provider prior to April 12, 2019, may continue to transition per the 2016 policy, including medical and surgical therapy.[19] Those diagnosed with gender dysphoria on or after April 12, 2019, may be retained without a waiver, provided that it is not medically necessary to transition. If it is deemed medically necessary for a service member to transition (with CSHT, surgery, and gender marker change), then a waiver must be submitted and approved by military service personnel chiefs or higher ranking officers.[19]

If a service member had a diagnosis of gender dysphoria on or after April 12, 2019, and who (*a*) requires medically necessary therapy or surgery, (*b*) is unable or unwilling to adhere to all applicable standards, including the standards associated with their ASAB, and (*c*) is unable to obtain a waiver, they may be subject to administrative separation. Service members may be referred to the Disability Evaluation System only if they have a diagnosis of gender dysphoria and comorbidities that are appropriate for disability evaluation processing in accordance with DoD Instruction 1332.1.[19]

Global Recognition of Gender Diversity

It is important to note that in deployed environments, PAs may need to provide health care services to international transgender service members. From a global perspective, the military services that allow gender-diverse adults to serve in their affirmed gender are Australia, Austria, Belgium, Bolivia, Canada, Czech Republic, Denmark, Estonia, Finland, France, Germany, Israel, Netherlands, New Zealand, Norway, Spain, Sweden, and the United Kingdom.[16] In addition, many of these countries also allow for a gender marker on official identity documents other than "M" and "F," which US Army PAs may encounter. The criteria vary from country to country, although all represent a difference of sexual development or gender diversity. Within the United States, there has been state-level legalization of allowing the nonbinary gender marker "X" on official documents instead of choosing between "M" and "F. "[20] However, nonbinary gender markers are not yet recognized by the US Department of State, and nonbinary Americans report difficulty obtaining a passport. The only gender markers currently available for a US passport are male and female.[21]

The Role of the Military Medical Provider

All Army PAs and other military medical providers must take a minimum of four actions to implement current DoD policy:

1. Recognition and referral to a behavioral health provider is the most critical initial step in treatment. Military behavioral health must ensure the following prior to initiation of CSHT:
   (*a*) The diagnosis of gender dysphoria is appropriate. This may involve distinguishing gender incongruence from body dysmorphic disorder, psychosis, or a thought disorder.
   (b) Any other mental health concerns, if present, are reasonably well controlled.
   (c) The service member is mentally fit to initiate gender transition therapies if needed. Evaluating readiness for transition involves assessment of family and peer support, financial stability, and the patient's understanding of gender diversity.
2. Initiate a temporary profile if needed for medical readiness.

3. Advise the command on the status of the service member's transition and recommend the date of adjustment for the gender marker change in Defense Enrollment Eligibility Reporting System (DEERS).[17]
4. If a nonmilitary provider has considered a service member's transition complete, verify and document it in the electronic medical record.

Gender-diverse patients who meet the criteria associated with readiness for transition should return to the referring medical provider with documentation from the behavioral health provider stating the patient meets the criteria for gender dysphoria; the patient would benefit from masculinizing or feminizing hormone therapy, and the patient meets the criteria for readiness to begin masculinizing or feminizing hormone therapy.

For dependents at Tanner Stage 2, which marks the beginning of pubertal development, referral to pediatric endocrinology is appropriate for pubertal suppression. Adolescents in later pubertal stages but who are still minors may also be referred. Adults (at least 18 years of age) can be managed by the primary care manager, or referred to adult endocrinology for initiation of CSHT.

Service members will need additional documentation from the treating medical provider and approval by their command (see treatment plan example in Attachment 67-1) before the start of CSHT. Because this area of military policy is associated with a significant amount of turmoil, all service members should discuss the implications of treatment with an MTF judge advocate general officer before commencing therapy. The treatment plan shows the steps to be taken by each provider and the unit.

Medical Profile and Waivers

At the start of therapy, all service members may need to be on a 3-month temporary profile. These service members can and should perform self or unit physical training and continue current job duties without restriction. However, Army soldiers should be exempted from a record Army physical fitness test (if still utilized), and they are nondeployable during the extent of the profile period. The temporary profile should continue until the service member has reached therapeutic hormone levels.

Waivers can be highly beneficial to the transitioning service member in their attempt to live the real-life experience associated with their gender identity. This may minimize psychological trauma and stigma from not appearing as their ASAB. Waivers mostly take the form of exceptions to policy for uniform standards as outlined in Army Regulation 670-1.[22] For example, a transmasculine service member may desire to have a mustache or wear the male dress uniform (see Attachment 67-2). These waivers must be signed by the command.

Surgical Care

Many gender-diverse individuals benefit from some form of surgical transition, and various options exist to help patients reach their desired outcome. See additional sources on surgical options for patients listed at the end of this chapter. At the time of writing, TRICARE does not cover surgical transition-related care; however, service members may request a waiver through their command if their medical provider deems surgery medically necessary.[23] Documenting potential surgical therapies in the service member's initial treatment plan can increase the likelihood of a waiver being approved.[24,25]

The Defense Health Agency (DHA) will consider requests for a supplemental health care program waiver to allow coverage of transition-related surgical procedures. Where surgical skills already exist at the MTF (eg, mastectomy, orchiectomy), service members may be able to receive some surgical care free of charge. Dependents will be required to pay a fee for service set by DHA's uniform business office (located at the MTF). In most cases, 12 months of masculinizing or feminizing hormone therapy (unless medically contraindicated) and real-life experience is recommended before genital surgery.

Gender Marker Change

A service member's gender marker in DEERS can be changed only after a gender transition plan has been completed and memoranda from the treating provider and command have been issued in support of the change (see Attachments 67-3 and 67-4). For transmasculine service members, this should happen no sooner than 12 to 18 months after initiation of masculinizing hormone therapy; for transfeminine

service members, no sooner than 18 to 24 months. It is important to note that even though a transition plan may include gender-affirming surgical procedures, the treatment plan can be considered complete if all reasonable medical and surgical treatment modalities have been reached; that is, while service members may desire transition-related genital surgery, it is not covered by TRICARE, and termination of a treatment plan should not be delayed due to failure of the service member to pay for or obtain a waiver for surgery.[24]

Gender Diversity within the Health Care Setting

There are four critical opportunities when knowing a patient's gender identity and ASAB matters most: during patient intake, within the clinical interaction, when requesting completion of a patient satisfaction questionnaire, and tracking of health outcomes.[25] To set the provider up for success with gender-diverse patients during the intake process, four foundational questions should be asked:

1. What is the patient's ASAB? (Assigned female at birth [AFAB] or assigned male at birth [AMAB].)
2. What is the patient's gender identity?
3. What name does the patient use?
4. What pronouns does the patient use?

Misgendering and dead-naming (using a name associated with one's ASAB rather than the name associated with one's gender identity) are not conducive to health and wellness; it can exacerbate gender dysphoria and trigger reactive depression. Civilian electronic health records that meet federal meaningful use criteria now include gender identity and ASAB in the demographics section. The Patient Protection and Affordable Care Act currently prohibits discrimination based on gender identity by health care providers as well as third-party payers, with one of a few exceptions being self-insured plans.

Conclusion

The Army PA must be familiar with policy, regulation, and basic resources for clinical practice regarding gender incongruence. This chapter and the references provided should equip PAs with the tools

and resources they need to perform the administrative and clinical roles associated with the transitioning of gender-incongruent patients.

References

1. Institute of Medicine. *Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Workshop Summary*. National Academies Press; 2013. Accessed August 25, 2020. https://pubmed.ncbi.nlm.nih.gov/23967501/
2. Reisner SL, Poteat T, Keatley J, et al. Global health burden and needs of transgender populations: a review. *Lancet*. 2016;388(10042):412–436.
3. Hidalgo MA, Ehrensaft D, Tishelman AC, Clark LF, Garofalo R, Rosenthal SM. The gender affirmative model: What we know and what we aim to learn. *Hum Dev*. 2013;56:285–290.
4. Herman JL, Flores AR, Brown TNT, Wilson BDM, Conron KJ. *Age of Individuals Who Identify as Transgender in the United States.* The Williams Institute; 2017.
5. James SE, Herman, JL, Rankin S, Kesiling M, Mottel L, Anafi M. *The Report of the 2015 US Transgender Survey.* National Center for Transgender Equality; 2016.
6. Ehrensaft D. *Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children*. Experiment Publishing; 2011.
7. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. APA; 2013.
8. World Health Organization. *International Statistical Classification of Diseases and Related Health Problems*. 11th ed. WHO; 2018.
9. American Psychiatric Association. Gender dysphoria. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Gender-Dysphoria.pdf. Published 2013. Accessed August 25, 2020.

10. Substance Abuse and Mental Health Services Administration. *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*. US Department of Health and Human Services; October 2015. HHS Publication No. (SMA) 15-4928.

11. Deutsch MB. *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*. 2nd ed. University of California, San Francisco; 2016. Accessed August 25, 2020. http://www. transhealth.ucsf.edu/guidelines

12. Coleman E, Bockting W, Botzer M, et al. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *Int J Transgend*. 2012;13(4):165–232.

13. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed. APA; 1980.

14. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. APA; 1994.

15. Soll BM, Robles-García R, Brandelli-Costa A, et al. Gender incongruence: a comparative study using ICD-10 and DSM-5 diagnostic criteria. *Braz J Psychiatry*. 2018;40(2):174–180. doi:10.1590/1516-4446-2016-2224

16. Schaefer AG, Plumb RI, Kadiyala S, et al. *Assessing the Implications of Allowing Transgender Personnel to Serve Openly*. new ze; 2016. Accessed August 27, 2020. www.rand.org/t/RR1530

17. US Department of Defense. *In-Service Transition for Transgender Service Members*. DOD; June 30, 2016. DOD Instruction 1300.28. Accessed August 27, 2020. https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130028p.pdf

18. US Department of Defense. *Military Service by Transgender Persons and Persons with Gender Dysphoria*. DoD; March 12, 2019. Directive-type Memorandum (DTM)-19-004.

19. US Department of Defense. *Military Service by Transgender Persons and Persons with Gender Dysphoria.* DoD; March 12, 2019. Incorporating Change 1, March 17, 2020. Directive-type Memorandum (DTM)-19-004. Accessed August 27, 2020. https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dtm/DTM%2019-004.PDF?ver=2020-03-17-140438

20. Ettachfini L. Seven non-binary people on what it's like to have an "X" gender marker. *Vice*. Published September 4, 2019. Accessed August 25, 2020. https://www.vice.com/en_us/article/j5ypkg/what-its-like-to-have-gender-marker-x-non-binary

21. US Department of State. Change of sex marker. Bureau of Consular Affairs, US Passports website. Accessed August 27, 2020. https://travel.state.gov/content/travel/en/passports/need-passport/change-of-sex-marker.html

22. US Department of the Army. *Wear and Appearance of Army Uniforms and Insignia*. HQDA; May 25, 2017. Army Regulation 670–1. Accessed August 27, 2020. https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN6173_AR670-1_Web_FINAL.pdf

23. TRICARE. Covered services. Gender dysphoria services. Updated June 18, 2020. Accessed August 27, 2020. https://tricare.mil/CoveredServices/IsItCovered/GenderDysphoriaServices

24. Defense Health Agency. *Interim Defense Health Agency Procedures for Reviewing Requests for Waivers to Allow Supplemental Health Care Program Coverage of Sex Reassignment Surgical Procedures*. DHA; November 13, 2017. Information memorandum. Accessed August 27, 2020. https://www.health.mil/Military-Health-Topics/Conditions-and-Treatments/Mental-Health/Transgender-Education-References-and-Training-Resources

25. Bruessow D. Keeping up with LGBT health: why it matters to your patients. *JAAPA*. 2011;24(3):14.

Additional Sources

- American Psychological Association. Guidelines for psychological practice with transgender and gender nonconforming people. *Am Psychol*. 2015;70(9):832–864. Accessed August 27, 2020. http://www.apa.org/practice/guidelines/transgender.pdf
- Cahill SR, Baker K, Deutsch MB, Keatley J, Makadon HJ. Inclusion of sexual orientation and gender identity in stage 3 meaningful use guidelines: a huge step forward for LGBT health. *LGBT Health*. 2016;3(2):100–102.
- Colebunders B, Brondeel S, D'Arpa S, Hoebeke P, Monstrey S. An update on the surgical treatment for transgender patients. *Sex Med Rev*. 2017;5(1):103–109.
- Department of Health and Human Services. 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications. Accessed August 27, 2020. https://www.federalregister.gov/documents/2015/12/11/2015-31255/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base
- Ewton TA, Lingas EO. Pilot survey of physician assistants regarding lesbian, gay, bisexual, and transgender providers suggests role for workplace nondiscrimination policies. *LGBT Health*. 2015;2(4):357–361.
- Flores AR, Herman JL, Gates GJ, Brown TNT. *How Many Adults Identify as Transgender in the United States?* The Williams Institute; 2016. Accessed August 27, 2020. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Adults-US-Aug-2016.pdf
- Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender incongruent persons: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102:3869–3903.

- Lombardo J, Simone N, Adeleye A, et al. Care of the transgender patient. *N Engl J Med*. 2020;382(15):1481–1482. doi: 10.1056/NEJMc2000825
- Military Health System. Transgender education references and training resources. Accessed August 27, 2020. https://www.health.mil/Military-Health-Topics/Conditions-and-Treatments/Mental-Health/Transgender-Education-References-and-Training-Resources
- New York State Academy of Physician Assistants. Focus: LGBTQ health. *Family Doctor*. 2019;7. Accessed June 21, 2020. http://www.nysafp.org/NYSAFP/media/PDFs/Family%20Doctor/Family-Doctor-Winter2019.pdf
- Seaborne LA, Prince RJ, Kushner DM. Sexual health education in US physician assistant programs. *J Sex Med*. 2015;12(5):1158–1164.
- Streed CG Jr, Harfouch O, Marvel F, Blumenthal RS, Martin SS, Mukherjee M. Cardiovascular disease among transgender adults receiving hormone therapy. *Ann Intern Med*. 2017;167(4):256–267.
- US Department of the Army. *Interim AMEDD Guidance for Transgender Medical Care*. AMEDD; 2016. OTSG/MEDCOM Policy Memo 16-060.
- US Department of the Army. *Army Policy on Military Service of Transgender Soldiers*. DA; June 1, 2016. Army Directive 2016-30.
- US Department of Defense. Five things to know about DOD's new policy on military service by transgender persons and persons with gender dysphoria. Published March 13, 2019. Accessed August 27, 2020. https://www.defense.gov/Explore/News/Article/Article/1783822/5-things-to-know-about-dods-new-policy-on-military-service-by-transgender-perso/
- US Department of Defense. *Transgender Service in the US Military An Implementation Handbook*. Washington, September 30, 2016.Accessed August 27, 2020. https://dod.defense.gov/News/Special-Reports/0616_transgender-policy-archive/

Attachment 67-1. Proposed Medical Treatment for Gender Transition

DEPARTMENT OF _____
_____ ARMY MEDICAL CENTER
ADDRESS
FORT _____, STATE ZIP CODE

OFFICE SYMBOL DATE

MEMORANDUM FOR RECORD

FOR: Patient's Service Unit Commander

FROM: NAME, RANK, POSITION.

SUBJECT: Proposed Medical Treatment for Gender Transition in Case of RANK NAME

REF: (a) DODI 1300.28, "In-Service Transition For Transgender Service Members," Oct-2016.
(b) DOD DTM 19-004, "Military Service by Transgender Persons and Persons with Gender Dysphoria," Mar-2019.

1. A military behavioral health provider diagnosed RANK NAME with Gender Dysphoria on Day Month Year. Consistent with currently accepted standards of care, medical transition for Gender Dysphoria, is clinically appropriate and medically necessary.

2. While medically necessary care for the treatment of gender dysphoria is not emergent and considered to be elective, delays in care can negatively impact the overall mental health of the soldier. Soldiers experiencing mental health emergencies should be evaluated by a qualified behavioral health provider or taken to the nearest emergency department.

3. This transition treatment plan includes behavioral health services, cross sex hormone therapy and surgeries. Projected schedule of treatment:

a. Behavioral Health – Service member (SM) received education on available mental health services in order to support medical transition, including individual and group psychotherapy and supportive services. Projected duration of treatment is lifelong and will involve periodic appointments.

b. Real Life Experience – On-going dress and attire worn in civilian setting consistent with desired gender.

c. Hormone Therapy – Referral, assessment, and initiation of hormone therapy to begin upon approval of transition treatment plan, with informed consent. Periodic blood serum level checks will be necessary every 2-3 months for the first year and every 6-12 months after stabilization. Projected duration of medical treatment is lifelong.

d. Surgical Therapy – This is currently not a Tricare covered benefit but service members may access available surgical resources through military treatment facilities (MTF). The patient's plan includes:

OFFICE SYMBOL
SUBJECT: Proposed Medical Treatment for Gender Transition in Case of RANK NAME

a. Mastectomy (on or after Month Year).
b. Total hysterectomy (on or after Month Year).
c. Phalloplasty (on or after Month Year).

a. Voice feminization surgery (on or after Month Year).
b. Orchiectomy (on or after Month Year).
c. Breast augmentation (on or after Month Year).
d. Vaginoplasty (on or after Month Year).

f. Civilian Documentation - Updated birth certificate, passport, driver's license, and name as supporting civilian identification to reflect name and gender change (on or after Month Year).

g. Impact of Treatment on Readiness and Deployability - Upon initiation of hormone therapy and until a period of stabilization, SM will be on a T-3 profile and become non-deployable for a projected period of 3-9 months. SM can participate in field training operations that last less than 3 months. SM will maintain physical fitness and body standards throughout treatment.

h. Anticipated Date of Treatment Completion – IAW DODI 1300.28, 3.1.b, gender transition will be complete when the gender marker in DEERS changes to FEMALE, which is anticipated to be in 12 to 24 months. Unless a waiver or exception to policy has been granted, the service member will abide by the standards in accordance with their gender marker in DEERS with regard to uniform and grooming standards IAW AR 670-1, Army Body Composition Program Standards IAW AR 600-9, Army Physical Readiness Testing Standards IAW FM 7-22, and Military Personnel Drug Abuse Testing Program standards IAW 600-85, in addition to the billeting, bathroom, shower, and other gender segregated facilities, subject to Army Regulation. Medically necessary care will continue beyond the anticipated completion date.

4. Command will be notified of any updates to this official transition timeline and medical treatment plan by undersigned or other military medical providers on THRU line.

5. RANK NAME understands and intends to submit any leave requests necessary for gender related procedures well in advance to minimize impact to command and mission readiness.

6. The point of contact for this memorandum is MAJ Kemm, Matthew H. at (210) 916-8574 or matthew.h.kemm.mil@mail.mil.

NAME OF PROVIDER
RANK
TITLE
LOCATION

OFFICE SYMBOL
SUBJECT: Proposed Medical Treatment for Gender Transition in Case of RANK NAME

I, XX, Brigade Commander of NAME RANK have read and DO / DO NOT approve the above timeline for the transition treatment plan.

XX
XX
Commanding

3

Attachment 67-2. Medical Provider Letter of Support for Exception to Army Regulation 670-1

DEPARTMENT OF _____
_____ ARMY MEDICAL CENTER
ADDRESS
FORT ____, STATE ZIP CODE

Office Symbol 24 September 2020

MEMORANDUM FOR RECORD

FOR: Patient's Service Unit Commander

FROM: NAME, RANK, POSITION.

SUBJECT: Medical Provider Letter of Support for Exception to AR 670-1 in Case of NAME RANK

1. NAME RANK is under my care for the treatment of gender incongruence (previously termed gender identity disorder or gender dysphoria). The service member has been adherent and compliant with cross sex hormone therapy and is living the real-life experience as laid out in the SMs medical treatment for gender transition plan. I support the service member's request for an exception to the uniform standards as outlined in AR 670-1. This request is part of the "real-life experience" in the desired gender, which is an integral part of the treatment plan.

2. The point of contact for this memorandum is RANK NAME at PHONE or .mil@mail.mil.

NAME OF PROVIDER
RANK
POSITION
LOCATION

Attachment 67-3. Statement of Completion of Gender Transition Care

DEPARTMENT OF _____
BROOKE ARMY MEDICAL CENTER
3551 ROGER BROOKE DRIVE
JBSA FORT SAM HOUSTON, TX 78234-4504

Office Symbol Date

MEMORANDUM FOR RECORD

FOR: Patient's Service Unit Commander

FROM: NAME, RANK, POSITION.

SUBJECT: Statement of Completion of Gender Transition Care in Case of NAME RANK

REF: DOD DTM 19-004, "Military Service by Transgender Persons and Persons with Gender Dysphoria," Mar-2019.

1. This memorandum provides notification that all planned treatment for NAME RANK diagnosis of gender dysphoria has been completed and is medically stable.

2. Service member's gender transition plan was approved on DATE. The Service member completed gender transition on DATE.

3. Service member has now met the medical requirements of DoD Instruction 1300.28 to initiate a change of his/her gender marker in DEERS.

4. The point of contact for this memorandum is NAME RANK at PHONE or .mil@mail.mil.

NAME OF PROVIDER
RANK
POSITION
LOCATION

Attachment 67-4. Request to Change Gender Marker in the Military Personnel Data System

DEPARTMENT OF _____
_____ARMY MEDICAL CENTER
ADDRESS
FORT _____, STATE ZIP CODE

Office Symbol Date

MEMORANDUM FOR RECORD

FOR: Defense Enrollment Eligibility Reporting System (DEERS) Office

FROM: NAME, RANK, POSITION.

SUBJECT: Request to Change Gender Marker in MilPDS in Case of NAME RANK

1. This memorandum provides endorsement for NAME RANK (DOD # …) request to change the gender maker in the military personnel data system (MilPDS).

2. Request: Approved.

3. The point of contact for this memorandum is NAME RANK at PHONE or .mil@mail.mil.

NAME OF PROVIDER
RANK
POSITION
LOCATION