



SECRETARY OF THE ARMY
WASHINGTON

22 JUN 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Directive 2021-22 (Army Service by Transgender Persons and Persons With Gender Dysphoria)

1. References. See enclosure 1.
2. Purpose. This directive implements Army and Department of Defense (DoD) policy changes to the standards for retention, separation, in-service transition, and medical care of transgender personnel, as well as the accession of individuals with gender dysphoria. This directive supersedes all previous guidance regarding transgender service, including Army Directive 2016-30.
3. Applicability. The provisions of this directive apply to the Regular Army, Army National Guard/Army National Guard of the United States, and U.S. Army Reserve.
4. Policy. The Army is open to all who can meet the standards for military service and readiness. It remains committed to treating all Soldiers with dignity and respect while ensuring good order and discipline, including allowing transgender Soldiers to serve openly, pursuant to reference 1a. For the definitions of terms used in this directive, see enclosure 2.
 - a. No otherwise qualified Soldier may be involuntarily separated, discharged, or denied reenlistment or continuation of service, or otherwise subjected to adverse action or treatment, solely on the basis of gender identity.
 - b. Military medical providers will diagnose and provide medically necessary care and treatment for transgender Soldiers eligible for military medical care in accordance with guidance for transgender care issued by the Assistant Secretary of Defense for Health Affairs and the Army Surgeon General. Consistent with that guidance, a Soldier eligible for military medical care with a diagnosis from a military medical provider indicating that gender transition is medically necessary will be provided medical care and treatment for the diagnosed medical condition.
 - c. For policies and standards that apply differently to Soldiers according to gender, the Army recognizes a Soldier's gender by the Soldier's gender marker in the Defense Enrollment Eligibility Reporting System (DEERS). Coincident with that gender marker, the Army applies, and Soldiers are expected to meet, all standards for uniforms and grooming, body composition assessment, physical readiness testing, participation in the Military Personnel Drug Abuse Testing Program, and other military standards applied

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with consideration of the Soldier's gender. For facilities subject to regulation by the Army, a Soldier uses those billeting, bathroom, and shower facilities associated with the Soldier's gender marker in DEERS.

d. Where this issuance uses the term "Soldiers," it includes cadets at the United States Military Academy or other Military Service academies and those in a contracted Reserve Officers' Training Corps (ROTC) status. This issuance does not apply to individuals participating in ROTC programs in a non-contracted volunteer status. Contracted ROTC cadets have limited eligibility for medical benefits and care through a military medical treatment facility (MTF), delineated in DoD Instruction 1215.08.

e. The Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA (M&RA)) maintains a Transgender Service Implementation Group (TSIG) to discuss, develop, and recommend policies and procedures for transgender service. The ASA (M&RA) will chair the TSIG. Members of the TSIG will be in the rank/grade of general officer, Civilian Senior Executive Service, or command sergeant major/sergeant major and include representatives from the Office of the ASA (M&RA); Deputy Chief of Staff (DCS), G-1; DCS, G-3/5/7; Office of the General Counsel (OGC); Office of the Judge Advocate General (OTJAG); Office of the Chief of Chaplains; Assistant Chief of Staff for Installation Management; U.S. Army Forces Command; U.S. Army Training and Doctrine Command; U.S. Army Reserve Command; National Guard Bureau; Office of the Inspector General; and Office of the Surgeon General (OTSG).

f. The ASA (M&RA) maintains a Service Central Coordination Cell (SCCC) comprising subject matter experts from OTSG; OGC; OTJAG; and DCS, G-1. This group provides advice and assistance to commanders, addresses their inquiries, reviews medical treatment plans, reviews completed gender marker change requests before commander approval, and processes requests for exceptions to policy (ETPs) in connection with gender transition for decision by the ASA (M&RA). Soldiers who need assistance in understanding and complying with this directive and related policies and regulations can seek assistance from the local installation legal assistance office.

g. Gender Transition. Soldiers diagnosed with gender dysphoria will receive all medically necessary treatment for gender transition, as defined in reference 1a, obtain a gender marker change in DEERS in accordance with this directive, and serve in their self-identified gender. In the Army, gender transition begins when a Soldier receives a diagnosis from a military medical provider (or a civilian medical provider if the Soldier is ineligible for military medical care) indicating that gender transition is medically necessary. Gender transition ends when the Soldier's gender marker in DEERS is changed to show the Soldier's self-identified gender.

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(1) Soldiers with a diagnosis indicating that gender transition is medically necessary must ensure that their chain of command is informed of the diagnosis and projected schedule for medical treatment that is part of the Soldier's medical treatment plan, including an estimated date for a change in the Soldier's gender marker, and must request that the chain of command approve the timing of the medical treatment after consultation with the SCCC. The Soldier must notify the chain of command of any change to the medical treatment plan, the projected schedule for such treatment, or the estimated date for the change in the Soldier's gender marker.

(2) Real Life Experience (RLE). RLE is the phase in the gender transition process during which the individual begins living socially in the gender role consistent with the self-identified gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the medical treatment associated with the individual servicemember or cadet's gender transition.

(a) The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the new gender and using self-identified gender berthing, bathroom, and shower facilities.

(b) Consistent application of military standards will normally require RLE to occur in an off-duty status and away from the Soldier's place of duty before the change of a gender marker in DEERS. A full-time RLE request must be made in accordance with paragraph 4m of this directive.

(3) The procedures that Soldiers, military medical providers, and commanders will follow to support a Soldier's gender transition depend on the Soldier's duty status and eligibility for military medical care. For Soldiers on active duty and eligible for military medical care, see enclosure 3. For Soldiers serving in the Selected Reserve in the U.S. Army Reserve or Army National Guard, including Individual Mobilization Augmentees, see enclosure 4. For Soldiers serving in the Standby Reserve or Individual Ready Reserve, see enclosure 5. For Soldiers serving in the Inactive National Guard, see enclosure 6.

(4) When the Soldier is stable in a self-identified gender, as determined or confirmed by a military medical provider, the Soldier may request approval of a change to the gender marker in DEERS through the procedures identified in enclosures 3–6.

(5) Within 30 days after receiving a request for a change to a Soldier's gender marker and all required documentation (within 60 days for Reserve Component Soldiers), the applicable approval authority identified in enclosures 3–6, after coordination with the SCCC, will approve a change to the Soldier's gender marker in

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DEERS to show the Soldier's self-identified gender. The approval will be in writing and state the effective date of the change to the Soldier's gender marker.

(6) The Soldier's gender marker will be changed on submission of the written approval to the Commander, U.S. Army Human Resources Command. Human Resources Command will make the change in the Army personnel information systems, which in turn will update the gender marker in DEERS.

(7) After the gender marker in DEERS is changed to show a Soldier's self-identified gender, the Soldier will be expected to adhere to Army standards applicable to the self-identified gender.

(8) The change to the gender marker in DEERS does not preclude additional medically necessary care.

h. Accession (Appointment, Enlistment, or Induction into the Army).

(1) Individuals with a history of gender dysphoria will be accessed or commissioned based on and must meet all other medical accession standards of references 1h and 1m. Individuals who do not meet the accession standards may request a waiver.

(2) Students of institutions served by Army ROTC may enroll or participate in ROTC, including those who are transgender. Students may participate in field or other physical training provided they are determined by the Commanding General, U.S. Army Cadet Command (or designee) to have no medical condition or physical impairment that precludes their participation in Army ROTC, a program not more physically strenuous than a typical college physical education program. However, individuals with gender dysphoria will not be eligible to contract using the Department of the Army (DA) Form 597 (Army Senior Reserve Officers' Training Corps (ROTC) Non-scholarship Cadet Contract), DA Form 597-3 (Army Senior Reserve Officers' Training Corps (ROTC) Scholarship Cadet Contract), or Department of Defense Form 4 (Enlistment/Reenlistment Document Armed Forces of the United States) without a waiver unless they meet the requirements of reference 1h.

(3) Medical waivers. Any applicant who does not meet the medical criteria in reference 1h may be considered for a medical waiver. Unless otherwise stated, the waiver authority is the Army Service Medical Waiver Authority. Any waiver requests for this policy will come through the appropriate service medical waiver review authority (SMWRA), through the first general officer in the accession agency chain of command, to the SCCC (at usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@mail.mil), which

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will review and forward the waiver request through the DCS, G-1 to the ASA (M&RA) for decision. The standard for approval of a waiver will be a determination that the waiver is in the best interests of the Army, based on a holistic review of the individual's potential for service as recommended by the first general officer in the accession agency chain of command.

i. Waiver Authority. Unless otherwise stated, the approval authority for medical waivers of applicants or Soldiers with gender dysphoria is the ASA (M&RA). Any waiver requests pursuant to this policy will contain a recommendation from, if an applicant, the SMWRA, or if a Soldier, the Soldier's military medical provider, and will be routed to the first general officer in the Soldier's chain of command for review and recommended disposition. Reserve Component Soldiers will have their waiver requests routed through a military medical provider designated by, as appropriate, the Commander, U.S. Army Reserve Command or the Director, Army National Guard. The waiver request will be forwarded to the SCCC (at usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@mail.mil), which will review and forward the waiver request through the DCS, G-1 to the ASA (M&RA) for decision. The standard for approval of a waiver will be a determination that the waiver is in the best interests of the Army, based on a holistic review of the Soldier's potential for continued service as determined by the first general officer in the accession agency chain of command.

j. Retention. Soldiers may not be separated, discharged, or denied reenlistment or continuation of service solely on the basis of gender identity.

k. Separation.

(1) A Soldier whose fitness for duty or ability to serve is adversely affected by a medical condition or medical treatment related to gender identity or gender transition should be treated, for purposes of separation and retention, just as any other Soldier whose fitness for duty or ability to serve is similarly affected by non-gender identity or gender transition reasons.

(2) A Soldier will 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) in accordance with reference 1c.

(3) Soldiers processed for separation will receive a plan for continued health care after separation consistent with reference 1i.

l. Readiness and Morale. Commanders are responsible and accountable for the overall readiness of their command. Commanders are also responsible for the collective

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morale, welfare, good order, and discipline of their unit; for the command climate; and for ensuring that all members of the command are treated with dignity and respect.

(1) Commanders should approach a Soldier undergoing gender transition in the same way they would approach a Soldier undergoing any medically necessary treatment. Commanders will continue to minimize effects to the mission and ensure continued unit readiness. Commanders will balance the needs of the individual transitioning Soldier and the needs of the command in a manner that is comparable to the actions available to the commander in addressing comparable medical circumstances unrelated to gender transition. Commanders may consider the following actions:

(a) adjusting the date on which the Soldier's gender transition, or any component of the gender transition process, will begin

(b) advising a Soldier of the availability of options for extended leave status or participation in other voluntary absence programs during the gender transition process in accordance with reference 1p

(c) processing requests for ETPs associated with gender transition in accordance with paragraph 4m of this directive

(d) establishing or adjusting local policies on the use of billeting, bathroom, and shower facilities subject to regulation by the military during the gender transition process

(e) referring the Soldier for a determination of fitness in the disability evaluation system in accordance with references 1c and 1m

(f) taking other actions, including the initiation of administrative or other proceedings, comparable to actions that could be initiated for other Soldiers whose ability to serve is similarly affected for reasons unrelated to gender transition

(2) Soldiers must accept living and working conditions that are often austere, primitive, and characterized by little or no privacy. All Soldiers will use the billeting, bathroom, and shower facilities associated with their gender marker in DEERS. However, commanders have discretion to employ reasonable accommodations to respect the modesty or privacy interests of Soldiers, including discretion to alter billeting assignments or adjust local policies on the use of bathroom and shower facilities in accordance with Army policy, in the interest of maintaining morale, good order, and discipline and consistent with performance of the mission. Nevertheless, no commander may order a Soldier on the basis of gender identity or transitioning status to use a

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billeting, bathroom, or shower facility not required of other Soldiers with the same gender marker.

(3) Facilities will not be designated, modified, or constructed to make transgender-only areas. If modifications are made to accommodate the modesty or privacy concerns of a Soldier, they must be made available for all Soldiers to use. Commanders will accommodate privacy concerns using existing facilities and furnishings where possible and will modify facilities only when other options are ineffective.

(4) Commanders should remain mindful of the privacy of personal or health-related information about the Soldiers in their command. Personal information of transgender Soldiers should be safeguarded to the same extent as the personal information of any other Soldier.

m. Exceptions to Policy.

(1) All requests for an ETP must be forwarded to the ASA (M&RA) for action. The ASA (M&RA) has withheld the authority to approve or deny requests for ETPs in relation to a Soldier's gender transition. All decisions made by the ASA (M&RA) are final.

(2) In general, Soldiers are expected to comport with the standards of their gender marker in DEERS. In the event that a Soldier undergoing gender transition is unable to meet a particular Army standard as a result of medical treatment or other aspects of the Soldier's gender transition, the Soldier's chain of command, together with the Soldier and/or the military medical provider, should consider options (for example, adjusting the date of a physical fitness test or extended leave options) other than requesting an ETP to depart from Army standards. If submitted, a request for an ETP to depart from the standards of a Soldier's gender marker in DEERS must be processed according to the procedures outlined in this paragraph and will be evaluated on a case-by-case basis.

(3) An active duty or Selected Reserve Soldier should submit the ETP request through the Soldier's chain of command. An Individual Ready Reserve or Standby Reserve Soldier should submit the ETP request to the Commander, Human Resources Command. An Inactive National Guard Soldier should submit the ETP request to the Director, Army National Guard.

(4) When submitting an ETP request, the Soldier must identify the specific policy for which the Soldier is seeking an exception and explain the reason for the request.

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The request must be accompanied by a medical diagnosis from a military medical provider (or a civilian medical provider if the Soldier is ineligible for military medical care), an approved medical treatment plan identifying medically necessary treatment and a projected schedule for such treatment, and an estimated date for completion of the treatment pursuant to the medical treatment plan.

(5) As soon as practicable, but no later than 60 days after receipt of an ETP request, the recipient of the request must forward the request through the first general officer in the chain of command to the SCCC or, if disestablished, to the relevant policy proponent in Headquarters, Department of the Army. Informed, as appropriate, by advice from a military medical provider, the recipient must provide a recommendation for action on the ETP request and an assessment of the expected effects, if any, the ETP will have on mission readiness and the good order and discipline of the unit. Commanders should include in their assessment a discussion of what other actions not requiring deviation from Army policies they considered or used and why the actions were ineffective or inadequate.

n. Training. Training and education of the force is necessary to sustain readiness.

(1) No later than 60 days from the date of this directive, the Army will develop the necessary training and education for commanders, supervisors (including DA Civilian supervisors of military personnel), and leaders at platoon (or equivalent) level and higher on DoD and Army policy on military service by transgender persons and persons with gender dysphoria. Training and education across the Army will be completed no later than 25 June 2022.

(2) No later than 16 September 2022, the Army will adjust existing blocks of instruction throughout the Army to include training and education about persons with gender dysphoria and DoD and Army policy on transgender Soldier service.

o. Protection of Personally Identifiable Information (PII) and Protected Health Information. The Army will—

(1) Pursuant to references 1f and 1h, protect against unwarranted invasions of personal privacy and the unauthorized disclosure of PII collected, used, maintained, or disseminated in accordance with this directive or other DoD or Army regulations, policies, or guidance.

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

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(3) Ensure that disclosure of protected health information is consistent with reference 1g.

p. Compliance Activities.

(1) No later than 1 April 2023, the Army Inspector General will provide the Secretary of the Army with a report of inspection on the Army's compliance with reference 1a and this directive. This report will be used for assessing and overseeing compliance, identifying compliance deficiencies and initiating timely corrective action, and identifying best practices and lessons learned.

(2) All Army activities will review local regulations and policies and ensure that they incorporate the provisions of this directive and references 1a and 1h.

5. Proponent. The ASA (M&RA) has oversight responsibility for this policy. The Surgeon General will incorporate the relevant provisions of this directive and references 1a, 1c, 1e, and 1h in AR 40-501, and the Deputy Chief of Staff, G-1 will incorporate them in AR 135-178, AR 600-20, AR 600-85, AR 601-270, AR 635-200, AR 638-2, and AR 670-1 within 2 years of the date of this directive.

6. Duration. This directive is rescinded on publication of the revised regulations.



Christine E. Wormuth

Encls

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Principal Officials of Headquarters, Department of the Army
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U.S. Army Human Resources Command
Superintendent, U.S. Military Academy
Director, U.S. Army Acquisition Support Center
Superintendent, Arlington National Cemetery
Commandant, U.S. Army War College
Director, U.S. Army Civilian Human Resources Agency

CF:

Director of Business Transformation
Commander, Eighth Army

REFERENCES

- a. Department of Defense (DoD) Instruction 1300.28 (In-Service Transition for Transgender Service Members), 30 April 2021
- b. DoD Instruction 1332.14 (Enlisted Administrative Separations), 27 January 2014, incorporating Change 5, effective 12 June 2020
- c. DoD Instruction 1332.18 (Disability Evaluation System (DES)), 5 August 2014, incorporating Change 1, effective 17 May 2018
- d. DoD Instruction 1332.30 (Commissioned Officer Administrative Separations), 11 May 2018, incorporating Change 2, effective 22 May 2020
- e. DoD Instruction 1332.45 (Retention Determinations for Non-Deployable Service Members) 30 July 2018
- f. DoD Instruction 5400.11 (DoD Privacy and Civil Liberties Programs), 29 January 2019, incorporating Change 1, effective 8 December 2020
- g. DoD Instruction 6025.18 (Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs), 13 March 2019
- h. DoD Instruction 6130.03, Volume 1 (Medical Standards for Military Service: Appointment, Enlistment, or Induction), 6 May 2018, incorporating Change 2, effective 30 April 2021
- i. DoD Instruction 6490.10 (Continuity of Behavioral Health Care for Transferring and Transitioning Service Members), 26 March 2012, incorporating Change 1, effective 28 October 2015
- j. Army Directive 2016-30 (Army Policy on Military Service of Transgender Soldiers), 1 July 2016 (hereby superseded)
- k. Army Directive 2018-22 (Retention Policy for Non-Deployable Soldiers), 8 November 2018
- l. Army Regulation (AR) 25–22 (The Army Privacy Program), 22 December 2016
- m. AR 40–501 (Standards of Medical Fitness), 27 June 2019
- n. AR 135–175 (Separation of Officers) 30 March 2020
- o. AR 135–178 (Enlisted Administrative Separations), 7 November 2017

- p. AR 600–8–10 (Leaves and Passes), 3 June 2020
- q. AR 600–8–24 (Officer Transfers and Discharges), 8 February 2020
- r. AR 600–20 (Army Command Policy), 24 July 2020
- s. AR 600–85 (The Army Substance Abuse Program), 23 July 2020
- t. AR 601–280 (Army Retention Program), 16 October 2019
- u. AR 635–40 (Disability Evaluation for Retention, Retirement, or Separation), 19 January 2017
- v. AR 635–200 (Active Duty Enlisted Administrative Separations), 19 December 2016
- w. AR 638–2 (Army Mortuary Affairs Program), 28 November 2016
- x. AR 670–1 (Wear and Appearance of Army Uniforms and Insignia), 26 January 2021

DEFINITIONS

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

cross-sex hormone therapy: the use of feminizing hormones in an individual with a biological sex of male or the use of masculinizing hormones in an individual with a biological sex of female.

gender dysphoria: a marked incongruence between one's experienced or expressed gender and assigned gender of at least 6 months' duration, as manifested by conditions specified in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5), page 452, which is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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

gender marker: data element in DEERS that identifies a Soldier's status as male or female.

gender transition: a form of treatment for the medical condition of gender dysphoria that may involve—

- social transition, also known as “real life experience,” to allow the patient to live and work in a self-identified gender without any cross-sex hormone treatment or surgery and that may also include a legal change of gender, including changing gender on a passport, birth certificate, or through a court order
- medical transition to align secondary sex characteristics with the patient's self-identified gender using any combination of cross-sex hormone therapy or surgical and cosmetic procedures
- 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 self-identified gender

PII: information used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, biometric records, home phone numbers, or other demographic, personnel, medical, and financial information. PII includes any information that can be used to distinguish or trace an individual's identity, either alone or when combined with other information that is linked or linkable to a specific individual.

self-identified gender: the gender with which an individual identifies.

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.

GENDER TRANSITION FOR ACTIVE DUTY SOLDIERS

1. The gender transition process for a Soldier serving on active duty and eligible for military medical care begins when the Soldier receives a diagnosis from a military medical provider indicating that gender transition is medically necessary. Soldiers must ensure that their brigade-level commander is informed, through command channels, of the diagnosis and projected schedule for medical treatment that is part of the Soldier's medical treatment plan, including an estimated date for a change in the Soldier's gender marker. The Soldiers must request that the brigade-level commander approve the timing of the medical treatment and must also notify their brigade-level commander of any change to the medical treatment plan, the projected schedule for such treatment, or the estimated date for the change in the Soldier's gender marker.
2. Once a diagnosis establishes that gender transition is necessary, the military medical provider is responsible for developing a medical treatment plan and presenting the plan through command channels to the Soldier's brigade-level commander. The provider must advise the brigade-level commander on the medical diagnosis applicable to the Soldier, including the provider's assessment of medically necessary care and treatment, the urgency of the proposed care and treatment, the likely effect of the care and treatment on the individual's readiness and deployability, and the extent of the human and functional support network needed to support the individual.
3. The Soldier's brigade-level commander is responsible for approving the timing, or adjustments to the timing, of medical treatment associated with gender transition and must—
 - a. Consider the Soldier's individual facts and circumstances, including the Soldier's medical treatment plan.
 - b. Ensure military readiness by minimizing effects to the mission (including deployment, operational, training, and exercise schedules, and critical skills availability).
 - c. Maintain the morale, welfare, good order, and discipline of the unit.
4. On receipt of the Soldier's request, the brigade-level commander will notify the Service Central Coordination Cell (SCCC) and consult the SCCC in responding to the request. The brigade-level commander will approve the timing of the medical treatment in writing. The timing of the treatment may be adjusted, after consulting with the medical provider, based on unscheduled requirements.
5. The medical provider, in consultation with the Soldier, must advise the

brigade-level commander when the Soldier has completed the medical treatment necessary to achieve stability in the self-identified gender and recommend to the brigade-level commander when the Soldier's gender marker should be changed in the Defense Enrollment Eligibility Reporting System (DEERS). The Soldier may then request that the brigade-level commander approve a change to the Soldier's gender marker.

a. In support of the request, the Soldier must ensure the brigade level commander receives:

(1) a medical diagnosis from a military medical provider indicating that gender transition is medically necessary

(2) confirmation from the military medical provider that the Soldier is stable in the self-identified gender with endorsement by the military treatment facility Deputy Commander for Clinical Services/Chief Medical Officer or equivalent

(3) legal documentation supporting a gender change, consisting of a certified copy of a State birth certificate, a certified copy of a court order, or a U.S. passport showing the Soldier's self-identified gender

b. On receipt of the Soldier's request for a change to the gender marker, the brigade-level commander will notify the SCCC and consult the SCCC in responding to the request. The brigade-level commander will return incomplete requests to the Soldier with written notice of the identified deficiencies as soon as practicable, but no later than 30 days after receipt. Within 30 days after receiving all required information from the Soldier, the brigade-level commander will approve the request, including the date when the Soldier's gender marker should be changed in Army personnel information systems, which will initiate the gender marker change in DEERS.

c. A Soldier's gender marker will be changed when the brigade-level commander submits written approval to the Commander, U.S. Army Human Resources Command (HRC-PDF), 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122. HRC will make the change in Army personnel information systems, which will update the gender marker in DEERS.

GENDER TRANSITION FOR U.S. ARMY RESERVE AND ARMY NATIONAL GUARD SELECTED RESERVE SOLDIERS

1. The gender transition process for Soldiers serving in the Selected Reserve in the Army Reserve or Army National Guard (ARNG), including Individual Mobilization Augmentees, who are not eligible for military medical care, begins when the Soldier receives a diagnosis from a civilian or military medical provider indicating that gender transition is medically necessary. Soldiers must ensure that their brigade-level commander is informed, through command channels, of the diagnosis and projected schedule for medical treatment that is part of the Soldier's medical treatment plan, including an estimated date for a change in the Soldier's gender marker. The Soldier must request that the brigade-level commander approve the timing of the medical treatment. The Soldier must also notify the brigade-level commander of any change to the medical treatment plan, the projected schedule for such treatment, or the estimated date for the change in the Soldier's gender marker.
2. The Soldier's brigade-level commander is responsible for approving the timing, or adjustments to the timing, of medical treatment associated with gender transition and must—
 - a. Consider the Soldier's individual facts and circumstances, including the Soldier's medical treatment plan.
 - b. Ensure military readiness by minimizing effects to the mission (including deployment, operational, training, and exercise schedules, as well as critical skills availability).
 - c. Maintain the morale, welfare, good order, and discipline of the unit.
3. On receipt of the Soldier's request, the brigade-level commander will notify the Service Central Coordination Cell (SCCC) and consult the SCCC in responding to the request. Before approving the request, the brigade-level commander will submit the Soldier's request and diagnosis to, as appropriate, U.S. Army Reserve Command's Command Surgeon or the Chief Surgeon, ARNG, who will confirm any civilian medical diagnosis that gender transition is medically necessary. The brigade-level commander will approve the timing of the medical treatment in writing. The timing of the treatment may be adjusted, after consulting with the medical provider, based on unscheduled requirements.
4. Requests by Reserve Officers' Training Corps Cadets route through the Cadet Command. Packets submitted by Simultaneous Membership Program Cadets route through their USAR or ARNG chain of command with a courtesy copy to Cadet Command.
5. The medical provider, in consultation with the Soldier, must advise the brigade-level commander when the Soldier has completed the medical treatment necessary to achieve stability in the self-identified gender and recommend to the brigade-level commander when the Soldier's gender marker should be changed in the Defense Enrollment Eligibility Reporting System (DEERS). The Soldier may then request that the brigade-level

Enclosure 4

commander approve a change to the Soldier's gender marker.

a. In support of the request, the Soldier must ensure the brigade level commander receives:

(1) a medical diagnosis from a military medical provider indicating that gender transition is medically necessary

(2) confirmation from the military medical provider that the Soldier is stable in the self-identified gender with endorsement by the military treatment facility Deputy Commander for Clinical Services/Chief Medical Officer or equivalent

(3) legal documentation supporting a gender change, consisting of a certified copy of a State birth certificate, a certified copy of a court order, or a U.S. passport showing the Soldier's self-identified gender

b. On receipt of the Soldier's request for a change to the gender marker, the brigade-level commander will notify the SCCC and consult the SCCC in responding to the request. Before taking action, the brigade-level commander will submit the Soldier's request to, as appropriate, Reserve Command's Command Surgeon or the Chief Surgeon, ARNG for confirmation of the medical determination that the Soldier has achieved stability in the self-identified gender.

c. The brigade-level commander will return incomplete requests to the Soldier with written notice of the identified deficiencies as soon as practicable, but no later than 60 days after receipt. Within 60 days after receiving all required information from the Soldier, the brigade-level commander will approve the request, including the date when the Soldier's gender marker should be changed in Army personnel information systems, which will initiate the gender marker change in DEERS.

d. An Army Reserve Soldier's gender marker will be changed when the brigade-level commander submits written approval to the Commander, U.S. Army Human Resources Command (HRC-PDF), 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122. HRC will make the change in Army personnel information systems, which will cause the gender marker in DEERS to change as well.

e. An ARNG Soldier's gender marker will be changed when the brigade-level commander submits written approval to ARNG State HR Systems Branch/MILPO, who will make the change in the Integrated Personnel and Pay System-Army. The State will validate the gender marker change transaction code processed through TAPDB-G to DMDC and update the ARNG Soldier's gender marker in DEERS.

GENDER TRANSITION FOR SOLDIERS SERVING IN THE STANDBY RESERVE OR INDIVIDUAL READY RESERVE

1. The gender transition process for a Soldier serving in the Standby Reserve or Individual Ready Reserve begins when the Soldier receives a diagnosis from a civilian or military medical provider indicating that gender transition is medically necessary. The Soldier must submit the diagnosis to the Commander, Human Resources Command (HRC), accompanied by a projected schedule for medical treatment with an estimated date for a change in the Soldier's gender marker, and request that the Commander, HRC approve the timing of the medical treatment. The Soldier must also notify the Commander, HRC in the event of any change to the projected schedule for such treatment or the estimated date for the change in the Soldier's gender marker.

2. On receipt of a request, the Commander, HRC is responsible for approving the timing, or adjustments to the timing, of medical treatment associated with gender transition. Factors the Commander, HRC should consider when reviewing the request include the likelihood of the Soldier's return to active service as well as any military necessity that may warrant the mobilization or activation of the Soldier. On receipt of the Soldier's request, the Commander, HRC will inform the Service Central Coordination Cell (SCCC) and consult the SCCC in responding to the request. Before approving the timing of any medical treatment, the Commander, HRC will also ensure that the HRC Command Surgeon confirms any civilian medical diagnosis that gender transition is medically necessary. The timing of the approval will be noted in a memorandum HRC provides to the Soldier. The Commander, HRC may adjust the timing, after consulting with the medical provider, based on unscheduled requirements.

3. After the Commander, HRC approves the timing of medical treatment and the Soldier's medical provider determines that the Soldier has completed medical treatment necessary to achieve stability in the self-identified gender, the Soldier may ask the commander to approve a change to the Soldier's gender marker.

a. In support of the request, the Soldier must include:

(1) a medical diagnosis from a military medical provider indicating that gender transition is medically necessary

(2) confirmation from the military medical provider that the Soldier is stable in the self-identified gender with endorsement by the military treatment facility Deputy Commander for Clinical Services/Chief Medical Officer or equivalent

(3) legal documentation supporting a gender change, consisting of a certified copy of a State birth certificate, a certified copy of a court order, or a U.S. passport showing the Soldier's self-identified gender

b. On receipt of the Soldier's request for a change to the gender marker, the Commander, HRC will inform the SCCC and consult the SCCC in responding to the request. Before taking action, the Commander, HRC will ensure that the HRC Command Surgeon confirms the medical diagnosis that the Soldier has achieved stability in the self-identified gender.

c. The Commander, HRC will return incomplete requests to the Soldier with written notice of the identified deficiencies as soon as practicable, but no later than 60 days after receipt. Within 60 days after receiving all required information from a Soldier, the Commander, HRC will approve the request, including the effective date of the gender marker change, and change the Soldier's gender marker in Army personnel information systems. This will cause the gender marker in the Defense Enrollment Eligibility Reporting System to change as well.

GENDER TRANSITION FOR SOLDIERS SERVING IN THE INACTIVE NATIONAL GUARD

1. The gender transition process for a Soldier serving in the Inactive National Guard begins when the Soldier receives a diagnosis from a civilian or military medical provider indicating that gender transition is medically necessary. The Soldier must submit the diagnosis to the Director, Army National Guard (ARNG), accompanied by a projected schedule for medical treatment and an estimated date for a change in the Soldier's gender marker, and request that the Director, ARNG approve the timing of the medical treatment. The Soldier must also notify the Director in the event of any change to the projected schedule for the treatment or the estimated date for the change in the Soldier's gender marker.

2. On receipt of a request, the Director, ARNG is responsible for approving the timing, or adjustments to the timing, of medical treatment associated with gender transition. Factors the Director, ARNG should consider when reviewing the request include the likelihood of the Soldier's return to active status or active duty, as well as any military necessity that may warrant the mobilization or activation of the Soldier. On receipt of the Soldier's request, the Director, ARNG will inform the Service Central Coordination Cell (SCCC) and consult the SCCC in responding to the request. Before approving any treatment plan, the Director, ARNG will also ensure that the Chief Surgeon, ARNG confirms any civilian medical diagnosis that gender transition is medically necessary. The Director may adjust the timing of the treatment, after consulting with the medical provider, based on unscheduled requirements.

3. After the Director, ARNG approves the timing of the medical treatment and after the Soldier's medical provider determines that the Soldier has completed medical treatment necessary to achieve stability in the self-identified gender, the Soldier may ask the Director, ARNG to approve a change in the Soldier's gender marker.

a. In support of the request, the Soldier must provide:

(1) a medical diagnosis from a military medical provider indicating that gender transition is medically necessary

(2) confirmation from the military medical provider that the Soldier is stable in the self-identified gender with endorsement by the military treatment facility Deputy Commander for Clinical Services/Chief Medical Officer or equivalent

(3) legal documentation supporting a gender change, consisting of a certified copy of a State birth certificate, a certified copy of a court order, or a U.S. passport showing the Soldier's self-identified gender

b. On receipt of the Soldier's request for a change to the gender marker, the

Director, ARNG will inform the SCCC and consult the SCCC in responding to the request. Before taking action, the Director will ensure that the Chief Surgeon, ARNG confirms the medical diagnosis that the Soldier has achieved stability in the self-identified gender.

c. The Director, ARNG will return incomplete requests to the Soldier with written notice of the identified deficiencies as soon as practicable, but no later than 60 days after receipt. Within 60 days after receiving all required information from a Soldier, the Director, ARNG will approve the request, including the effective date of the gender marker change, and submit the written approval to the Commander, U.S. Army Human Resources Command (HRC-PDF), 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122. HRC will make the change in Army personnel information systems, which will cause the gender marker in the Defense Enrollment Eligibility Reporting System to change as well.