



**DEFENSE HEALTH AGENCY
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MEDCEN Memorandum
No. 40-517

1 February 2023

Medical Services
CARE OF SERVICE MEMBERS WHO IDENTIFY AS TRANSGENDER

1. HISTORY. This revision updates the previous memorandum dated 27 November 2018 following the release of DoDI 1300.28 In-Service Transition for Transgender Service Members, Army Directive 2021-22, and HQDA EXORD 248-21 Implementation of Army Policy on Military Service of Transgender Soldiers.

2. PURPOSE.

a. To establish uniform guidelines regarding the medical and mental health care of service members who identify as transgender.

b. Ensure all service members who identify as transgender are cared for by clinicians who are qualified to deliver safe healthcare that is culturally sensitive within generally accepted standards.

c. To emphasize appropriate communication with unit commanders who are tasked with maintaining unit readiness and good order and discipline.

3. APPLICABILITY.

a. This memorandum outlines the clinical care of service members (SMs) who identify as transgender (TG). It does not apply to family members to include spouses or dependents. It does not apply to retired veterans.

b. This memorandum applies only to SMs who receive their care at Womack Army Medical Center and affiliated health clinics.

c. This memorandum outlines local clinical capabilities and recommendations. These guidelines are intended to be flexible and are not a substitution for good clinical judgment.

4. REFERENCES.

a. DoDI 1300.28 In-Service Transition for Transgender Service Members, current version

b. Army Directive 2021-22 (Army Service by Transgender Persons and Persons with Gender Dysphoria), current version

c. HQDA EXORD 248-21 Implementation of Army Policy on Military Service of Transgender Soldiers, 20 Aug 2021

d. American Psychological Association. Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychologist, Dec 2015, 70(9): 832-864. Available on-line at www.apa.org/practice/guidelines/transgender/pdf

e. World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. 7th Version, 2012

f. Army Regulation 670-1, Wear and Appearance of Army Uniforms and Insignia, HQ Dept of Army, current version

g. Army Regulation 40-501, Standards of Medical Fitness, HQ Dept of Army, current version

h. Army Regulation 600-09, Army Body Composition Program, HQ Dept of Army, current version

i. Chairman of the Joint Chiefs of Staff Memo CM-0179-17, "Transgender Policy," – 27 July 2017

j. DoD Directive- Type Memorandum (DTM) 16-005, "Military Service of Transgender Service Members," 17 March 2019

k. AR 635-200, Active Duty Enlisted Administrative Separation, HQ Dept of Army, current version

l. Hembree WC, Cohen-Kettenis P, Gooren L, et al. "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline". J Clin Endocrinol Metab. 102(11):1-35, 2017

m. Primary Care Protocol for Transgender Patient Care. Center of Excellence for Transgender Health, University of California, San Francisco, Department of Family and Community Medicine, April 2011. Available online at <http://transhealth.ucsf.edu/trans?page=protocol-00-00>

n. Deutsch M, Green J, Keatley J, Mayer G, Hastings J, and Hall A. "Electronic Medical Records and the Transgender Patient: Recommendations from the World Professional Association of Transgender Health EMR Working Group." J Am Med Inform Assoc., 20:700-703, 2013

o. Cicero E, Reisner S, Silva S, Merwin E, and Humphreys J. "Health Care Experiences of Transgender Adults. An Integrated Mixed Research Literature Review" *Advances in Nursing Science*. 42(2): 123-138, Apr/Jun 2019

p. *Advancing Effective Communication, Culture Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Community*. The Joint Commission

5. EXPLANATION OF TERMS AND DEFINITIONS.

a. Transgender (TG): a person whose gender identity and expression are different from the cultural and social expectations of the sex with which they were designated at birth

(1) Males identifying as females: Transgender female

(2) Females identifying as males: Transgender male

b. Service Member (SM): Active-duty male or female currently assigned to and serving with the Army, Navy, Air Force, Marines, Space Force or Coast Guard.

6. RESPONSIBILITIES.

a. The WAMC Director will identify and name the Market Transgender Care Liaison

b. The Chief Medical Officer (CMO) will:

(1) Assist the Market Transgender Care Liaison in the creation of a Transgender Care Team (TGCT)

(2) Identify medical providers from various disciplines with experience and knowledge working with the Transgender Population

(3) Provide oversight in ensure WAMC and TGCT are compliant with DoDI 1300.28 In-Service Transition for Transgender Service Members and Army Directive 2021-22 (Army Service by Transgender Persons and Person with Gender Dysphoria).

(4) Provide oversight to ensure the TGCT is providing evidenced based medical treatment to TG service members as outlined by WPATH SOC 7th Edition and *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*". *J Clin Endocrinol Metab*

c. The Marker Transgender Care Liaison will:

- (1) Ensure compliance to the DoDI 1300.28 In-Service Transition for Transgender Service Members and Army Directive 2021-22 (Army Service by Transgender Persons and Persons with Gender Dysphoria)
- (2) Provide administrative oversight to the TGCT to ensure all duties are completed
- (3) Ensure all necessary referrals are submitted
- (4) Write all necessary medical treatment plans (MTP)
- (5) Communicate with command regarding the MTP's and address any questions/concerns that arise
- (6) Assist the TG service member as needed with administrative paperwork such as the DEERs gender marker change and exception the policy waivers (ETP's)
- (7) When appropriate, will write the medical letter of support for necessary for the ETP's

d. The Nurse Case Manager will:

- (1) Track all referrals regarding the gender affirming medical treatment to ensure they are properly routed and assigned.
- (2) If/when referrals are deferred to the community, will assist the TG service member in scheduling appointments and obtain the medical records from the community provider.

e. Military medical providers will:

- (1) 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.
- (2) 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.

7. GENERAL.

- a. The overarching goal of treatment for Transgender Service Members (TGSMs) is to provide a safe and effective pathway to achieve lasting personal comfort with their

gendered selves to maximize their overall health and promote psychological well-being and self-fulfillment, while allowing them to continue to pursue their military service goals.

b. As of April 2021, the Secretary of Defense stated that no SM would be involuntarily separated or denied reenlistment based on their gender identity, without the personal approval of the Under Secretary of Defense for Personnel and Readiness. TG status (aka “gender dysphoria”) in and of itself is no longer adequate to initiate an administrative separation under AR 635-200, Chapter 5-17.

c. SMs may experience distress while finding a gender role that is comfortable for them, and other co-existing mental health concerns may be present (See Annex B). The point of entry to the WAMC healthcare system for all SMs who request treatment is through the WAMC Health and Support Center (WHSC) Multi-Disciplinary Clinic. See Appendix C

d. Expressions of gender may not necessitate specific psychological, hormonal, or surgical treatments. Care for TGSMs may include aspects of behavioral health (BH) care, real life experience (RLE, consistent with DoDI 1300.28), speech/voice therapy, cross-sex hormone therapy, laser hair removal, voice feminization surgery, facial contouring, body contouring, breast/chest surgery (colloquially referred to as “upper” surgery”), and genital reassignment/confirmation surgery (“lower” surgery”). It should not be assumed that all SMs seeking to transition to the self-identified gender will wish to receive the full range of health services open to them.

e. All psychological, medical, and surgical care for gender transition will be provided by WAMC providers and the local Transgender Care Team (TGCT). If a situation arises in which WAMC is not able to provide the appropriate care, then the TGCT will arrange for the SM to be treated by an off-post provider. SMs are not permitted to seek TG care from off-post providers without the approval of WAMC and the TGCT.

f. Medical providers do not have the authority to waive uniform and grooming standards as directed by AR 670-1. Any requests for exception to gender-specific grooming standards will be submitted to the Army Deputy Chief of Staff, G1. Providers can support a request for waiver with a memo supporting a transition plan. See Appendix B

g. Medical providers do not have the authority to waive fitness or weight standards for TGSMs.

h. In the event a SM who has made a gender transition wishes to transition back to the gender assigned at birth, the SM must submit a written request to the TGCT. The SM will undergo the formal process as any other SM who requests gender transition.

i. While it is understood that many TG individuals identify as ‘gender non-binary’ and/or ‘gender fluid,’ SMs are required to choose a DEERS gender marker of male or

female. This is not meant to misgender or disrespect a SM's gender identity, however, the current medical and Army system views gender as a dichotomous variable.

8. PROCEDURES

a. Documentation - see Appendix A

(1) All TG care that is delivered to SMs will be documented in the electronic medical record.

(2) Once a SM has been diagnosed with Gender Dysphoria it is expected that all medical staff use patient's preferred pronouns when speaking with patient and in their clinical documentation. This is consistent with the practice guides set from WPATH, the American Psychological Association, American Medical Association, and the Joint Commission.

(a) It is the responsibility of the SM to inform medical staff of their preferred pronouns.

(3) Sample language and phrasing the clinical documentation is provided in Annex A.

b. Behavioral Health Evaluation and Care - see Appendices B, C, D.

(1) Per DoDI 1300.28, gender transition begins when a military medical provider diagnoses a SM with gender dysphoria and determines that gender transition is medically necessary.

(2) All SMs who request treatment to transition to the self-identified gender will require psychological assessment.

(a) To determine if gender dysphoria is present.

(b) To ensure mental stability.

(c) To determine if a gender transition is medical necessary.

(3) This psychological assessment will be completed by a BH provider within Service Member Behavioral Health (SMBH) with appropriate training in psychological practice with transgender and gender nonconforming individuals.

(4) The TGSM seeking to initiate gender transitioning will participate in a comprehensive diagnostic interview and BH assessment over the course of approximately two sessions. This evaluation will also involve an extensive Informed Consent and Limits of Confidentiality discussion that includes the potential outcomes of the BH evaluation.

(5) The TGSM must demonstrate evidence of resilience and adaptability in both military training and non-training environments.

(6) A behavioral health member of the Transgender Care Team (TGCT) will monitor the TGSM's mental stability through the gender transition process.

c. Speech/Voice Therapy - see Appendix E.

(1) All transitioning SMs will be offered voice and communication therapy.

(2) Prevention measures are necessary to avoid long-term vocal damage.

(3) Gender Affirming hormone therapy is typically adequate to achieve desired voice changes for the transgender male SM. Transgender female SMs may seek voice feminization surgery.

d. Gender Affirming Therapy - see Appendix F (Transgender Male) or Appendix G (Transgender Female).

(1) Hormone therapy comes with potential health risks and undesired side effects. SMs will sign informed consent prior to initiating cross-sex hormone therapy.

(2) SMs will receive care by the transgender care team endocrinologist/specialist in the outpatient setting at WAMC.

(3) Upon initiation of cross-sex hormone therapy, SMs will have a T3 profile entered into the eProfile system. Most SMs will require up to 300 days to be stabilized on cross-sex hormone therapy, and they will remain in a temporary non-deployable status during that time.

e. Primary Care – See Appendix H.

(1) All SMs wishing to transition to the self-identified gender will be offered and encouraged to accept reassignment to a PCM on the TGCT. Providers identified to serve as PCMs for TG SMs will have received additional training in TG medicine.

(2) Most medical problems that arise in TGSMs are not secondary to cross-sex hormone use, thus the most important principle is to provide care for the anatomy that is present regardless of the SM's self-description.

(3) The transgender male will require routine screening for breast and cervical cancer if this tissue is present.

(a) Other health issues that must be addressed in a sensitive manner include cardiovascular disease risks, dietary needs, tobacco use and other substance use, and sexual health.

(b) The transgender female will require routine screening for testicular and prostate cancer if this tissue is present.

(c) As it can be difficult to negotiate the direct- and purchased-care aspects of TG services, all TGSMs will be offered and encouraged to accept the services of a nurse case manager. A group of nurse case managers with additional training in TG care will be identified.

f. Surgical Services – See Appendix I.

(1) The SM will be referred for surgical care, if desired once he/she has continuously and responsibly used gender-affirming hormones for 12 months and has been confirmed by the TGCT behavioral health care provider to meet criteria for gender-affirming surgery.

(2) WAMC does not have the capability to provide laser hair removal. This is considered cosmetic and is not a covered benefit under TRICARE.

(3) WAMC has the capability to provide facial contouring, “upper” surgery, and body contouring.

(4) For the transgender female, breast tissue may grow to an acceptable size with estrogen stimulation. For this reason, breast augmentation surgery should be delayed until at least 12 months of continuous use of cross-sex hormones.

(5) For the transgender male, breast size only partially regresses with androgen therapy.

(6) WAMC has the capability to perform hysterectomy, oophorectomy, and orchiectomy.

(7) WAMC has the capability to provide counselling for future reproductive options but does not have the capability to freeze ova and sperm.

(8) WAMC does not have the capability to perform voice feminization surgery or genital reassignment/confirmation surgery. These procedures will require referral to the civilian network or another MTF with available services.

g. Managed Care – See Appendix J.

(1) Any SM seeking a referral for care that addresses any aspect of transitioning to the self-identified gender will be referred to the WHSC Multi-Disciplinary Clinic.

(2) TGSMs will not be referred to civilian network for any aspect of care related to TG status, unless specifically ordered by an identified WAMC TGCT provider who has determined the SM's requirements for care have exceeded the MTF capabilities.

h. Army Wellness Center

(1) Hormone therapy comes with potential health risks and undesired side effects.

(2) All transitioning SMs will be offered exercise/nutrition counseling, metabolic testing, and body composition assessments through the Army Wellness Center.

i. **Monitoring Procedures.** The Commander is responsible for ensuring that the institution fulfills all responsibilities within this section.

j. Establishment of the Transgender Care Team (TGCT)

(1) The TGCT will be established to ensure TGSM's medical and mental health care are from providers who have received additional training in TG health care and TG diversity issues.

(2) At minimum the TGCT will consist of the following:

- (a) Behavior Health Provider
- (b) Medical Doctor
- (c) Nurse Case Manager

(3) It is highly encouraged that the TGCT takes an interdisciplinary approach and includes members from other domains such as Speech Pathology, Army Wellness Center, Surgery, Endocrinology, OBGYN and additional Behavior Health Providers

k. Medical Treatment Plan - See Appendix K, L.

(1) The SM and the BH Champion will present the treatment plan to the unit commander for approval. IAW DoDI 1300.28, transition treatment beyond psychotherapy may not proceed until the timeline for medical treatment is approved by the unit commander, with full consideration of impacts to readiness and pending mission requirements. Upon approval of the treatment timeline by the unit commander, medical treatment may commence.

(2) Once the SM has received command approval and has been medically cleared by the TGCT PCM, the behavioral health care provider will refer to the identified TG team endocrinologist/specialist for hormone therapy.

The proponent of this publication is the Chief Medical Officer. Users are invited to send comments and suggested improvements on a DA Form 2028, Recommended Changes to Publications and Blank Forms, directly to the proponent.

OFFICIAL:

DAVID R. ZINNANTE
Colonel, U.S. Army
Director

LIST OF APPENDICES

Appendix A. Gender Affirming Language and Phrasing in Clinical Documentation

Appendix B. Sample Waiver Request for Grooming and Uniform Standards

Appendix C. Behavioral Health Clinical Pathway

Appendix D. Sample Memorandum for DEERS Gender Marker Change

Appendix E. Speech Therapy Clinical Pathway

Appendix F. Cross-sex Hormone Therapy Clinical Pathway for the Transgender Males

Appendix G. Cross-sex Hormone Therapy Clinical Pathway for the Transgender Females

Appendix H. Primary Care Manager Pathway

Appendix I. Surgical Services Pathway

Appendix J. Managed Care Decision Pathway

Appendix K. Sample Medical Treatment Plan (CSHT)

Appendix L. Sample Medical Treatment Plan (Surgery)

Appendix A. Gender Affirming Language and Phrasing in Clinical Documentation

Patient's Name is a ##yo transgender female (male to female transition), who prefers the use of female pronouns (her/she), [... with documentation to follow _____]

Patient's Name is ##yo transgender male (female to male transition), who prefers the use of male pronouns (him/he/his), [... with documentation to follow _____]

Appendix B. Sample Waiver Request for Grooming and Uniform Standards

MCXC-WFMRC

Date

MEMORANDUM FOR RECORD

SUBJECT: Exception to Policy for **Soldier's Rank & Name**

REFERENCES:

- DoDI 1300.28 In-Service Transition for Transgender Service Members
- AR 670-1 Wear and Appearance of Army Uniforms and Insignia

1. I, **Soldier's Rank & Name**, am requesting an exception to policy (ETP) regarding AR 670-1 - Wear and Appearance of Army Uniforms and Insignia.
2. I have been approved to pursue a gender transition by MEDCOM and the Transgender Treatment Team (See attached memo).
3. Per the DoDI 1300.28, a service member who has been approved to initiate a gender transition can request an exception to policy regarding AR 670-01.
4. The Medical Treatment Plan submitted to command by the Transgender Treatment Team encourages service members undergoing a gender transition to request an exception to policy regarding AR 670-01. The purpose is to allow the service member to engage in Real Life Experiences (RLE's) in the work environment.
5. I am designated as (female/male) in DEERS, however, I identify as (female/male). Thus, if my ETP request is approved, I will begin to present myself as (female/male) and will meet the (female/male) standards according to AR 670-1.
6. The Soldier's uniform and appearance will adhere to the following:
 - a) The soldier is authorized to wear (female/male) Army uniforms while on-duty.
 - b) The soldier is authorized to wear (female/male) civilian clothes on days in which on-duty civilian attire is approved.
 - c) The Soldier is authorized to adopt regulation (female/male) hair grooming standards both on and off duty.
 - d) The Soldier is authorized to wear (female/male) undergarments based on regulation, comfort, function, and anatomical modesty.
 - e) The Soldier is authorized to wear (female/male) civilian attire when off duty.
 - f) These authorizations and limitations will in all cases be interpreted to enable and never to prevent or hinder the Soldier from succeeding in their medical treatment under Army policy.

7. This ETP only applies to AR 670-1 Wear and Appearance of Army Uniforms and Insignia. Regarding housing, showers and latrines, the soldier is expected to use facilities which either conform to the gender marker in DEERS and/or are gender neutral.
8. This memorandum will expire upon change of the Soldier's DEERS gender marker to "(female/male)". All regulations and policies relevant to the Soldier's status as (female/male) will at that time effectively apply.
9. The primary point of contact for this memorandum is **Soldier's Rank & Name (list your contact information)**.

Appendix C. Behavioral Health Clinical Pathway

Assessment

1. Gender transition begins when a military BH provider diagnoses a SM with gender dysphoria and determines that gender transition is medically necessary. All SMs seeking medical evaluation and treatment, exceptions to policy (ETPs), or other care for transgender status will be referred to the Womack Health and Support Center (WHSC) Multi-Disciplinary Clinic. These SMs will be evaluated by BH providers who have been specifically trained to recognize and diagnose coexisting BH conditions, and to distinguish those conditions from gender dysphoria. For the purpose of this guidance, “BH providers” are defined as psychiatrists, psychologists, psychiatric nurse practitioners, licensed clinical social workers, or other masters-level clinical BH providers credentialed at WAMC and assigned to the Department of Behavioral Health (DOBH).
2. Consults to initiate evaluation and treatment for gender transition will be initiated by the SM’s PCM after medical fitness for duty is determined IAW AR 40-501, if there is no medically disqualifying condition identified, the PCM should enter a consult to the “Clinical Psychology” clinic. These consults should specifically request a “behavioral health evaluation for gender confirming medical treatment.”
3. The SM will participate in a comprehensive diagnostic interview and assessment over the course of approximately two sessions. This BH evaluation will also involve an extensive discussion of Informed Consent and Limits of Confidentiality that includes the potential occupational outcomes of the evaluation and the methods for notification of unit commanders. In addition, the SM will be informed of the active involvement of all parties in the Bi-Annual Safety Meeting, if the referral results in further medical transition treatment.
 - a. The Informed Consent discussion includes the BH provider’s explanation of possible diagnostic outcomes and the SM’s understanding and willing acceptance of the risks of participating in the evaluation and any subsequent treatment.
 - b. The Limits of Confidentiality discussion includes the limits to which medical information is kept confidential, specifically with regard to the unit commander’s “need to know” and subsequent notification procedures.
4. Evaluating a SM who may have gender dysphoria includes an assessment of gender identity and the duration of dysphoric symptoms associated with gender identity, the history and development of gender dysphoric feelings, the impact of stigma attached to gender nonconformity on behavioral health, and the level of support the SM has from family and/or social networks. The BH provider will conduct and document a complete clinical evaluation, including the following:

- a. The BH provider will seek to fully understand the SM's motivation for gender transition, establish why the SM feels he or she is transgender, and establish how long the SM has wished to proceed with transition.
 - b. The BH provider will specifically assess for the presence of gender dysphoria as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or current edition. BH providers conducting evaluations of transgender SMs will be able to recognize and diagnose coexisting BH conditions and distinguish those conditions from gender dysphoria. The BH provider will also evaluate for other diagnoses of clinical significance, to include depression, anxiety, substance use disorders, autism spectrum conditions, psychotic disorders, paraphilias, body dysmorphic disorders, somatization disorders, and factitious disorders.
 - c. BH providers will also assess and document whether the SM meets psychiatric standards for medical retention IAW AR 40-501.
5. If the BH provider diagnoses the SM with gender dysphoria, the BH provider will assess whether gender transition is medically necessary to address the dysphoria and address the severity of the SM's condition such that it may affect the timeline for the transition plan.
6. Potential Outcomes from the Differential Diagnostic Interview:
- a. If the presence of a medically disqualifying psychiatric condition is identified and the SM is at the Medical Retention Determination Point (MRDP), the SM will be appropriately profiled and referred to the Integrated Disability Evaluation System (IDES).
 - b. If a BH diagnosis that is not suitable for service is identified, then the diagnosis/outcome will be discussed with the SM and unit commander. Documentation in the form of a DA 3822 supporting command's recommendation for an administrative separation will be completed and provided to the unit commander. Of note, a diagnosis of gender dysphoria alone will not be grounds to justify or support a Chapter 5-17.
 - c. If it is determined that other BH conditions are present that may potentially confound the SM's decision-making ability to proceed with gender transition and/or would impair the SM's capacity to engage in the required gender transition medical care, but do not require administrative separation or medical discharge, then the SM will be enrolled in BH treatment. Those BH conditions will be treated to a sufficient degree before proceeding with gender transition medical care. The SM will be expected to demonstrate compliance with BH care over the course of 60 days upon which time the SM will be re-evaluated by the BH

provider to determine if the SM has progressed sufficiently to proceed with transition medical care.

- d. Following completion of BH treatment as recommended, the differential diagnosis may be refined, at which time the SM would again be considered for:
 - i. disposition via IDES/MEB,
 - ii. administrative separation,
 - iii. extension in BH treatment, or
 - iv. referral for medical transition treatment.

Psychological Counseling

7. TGSMs will have access to psychological counseling regarding gender identity issues whether they choose to pursue a medical transition
 - a. Identified BH providers who have the training and experience necessary to provide individual treatment focused on gender identity development.
 - b. There will also be a therapy/support group run by BH provider for TGSM's if there is sufficient clinical demand to support the group (i.e., 5 or more attendees).
8. TGSMs referred for medical treatment will:
 - a. Continue in psychotherapy, if deemed indicated.
 - b. Encourage engagement in psychotherapy

Administrative

9. TGSMs referred for medical treatment will:
 - a. Be assigned an interdisciplinary treatment team consisting of, at a minimum, a physician, nurse case manager, (NCM), and the treating BH provider. Depending on the goals of the SM, the team may also consist of other medical professionals with the appropriate expertise. In consultation with the treatment team members and the SM, the PCM will establish a medical treatment plan for gender transition.
 - b. The BH provider will be responsible for scheduling command team meetings, writing the medical treatment plan, assisting SM with paperwork related to DEERS Gender Marker change and serve as point of contact for the SM and command.
10. The SM, and the BH Champion as required, will present the treatment plan to the unit commander for approval. IAW DoDI 1300.28, transition treatment beyond

psychotherapy may not proceed until the timeline for medical treatment is approved by the unit commander, with full consideration of impacts to readiness and pending mission requirements. Upon approval of the treatment timeline by the unit commander, medical treatment may commence.

11. Once the SM has received command approval and has been medically cleared by the TG team PCM, the designated behavioral health care provider on the TG care team will refer to the identified TG team endocrinologist/specialist for hormone therapy.
12. The interdisciplinary treatment team will ensure the unit commander is informed of any changes to the treatment plan that impact readiness. The interdisciplinary treatment team and the SM will anticipate at which point the SM's gender transition is complete. IAW DODI 1300.28, gender transition is complete when the Service Member has completed the medical care identified or approved by the treatment team in a documented medical treatment plan. At this point the SM will be medically ready for a change to the gender marker in DEERS. See Annex D

Appendix D. Sample Memorandum for DEERS Gender Marker Change

MCXC-WFMRC

Date

MEMORANDUM FOR RECORD

SUBJECT: Recommendation for DEERS Gender Marker Change

1. This memorandum provides the recommendation of the Transgender Care Team (TGCT) to for **Soldier's Rank & Name** to change the DEERS Gender Marker from (male to female, female to male).
2. **Soldier's Rank & Name** has received the diagnosis of Gender Dysphoria and a determination that gender transition is medically necessary from a military Behavioral Health Provider on **Date**.
3. **Soldier's Rank & Name** has initiated a medical transition for treatment of Gender Dysphoria.
4. **Soldier's Rank & Name** has initiated and has completed the following
 - a. Cross-sex Hormone Replacement Therapy (CSHT); ongoing for xx years and continuing for the remainder of the patient's life.
 - b. Psychological counseling for Gender Dysphoria and associated behavioral health concerns; initiated month/year, ongoing since month/year.
 - c. Public, private, and social transition, comprising Real Life Experience (RLE); ongoing since month/year.
 - d. Legal change of name by court order to align with male/female gender identity (**Certificate of Live Birth, US Passport, and Driver's License updated to reflect male/female sex and legal name**)
5. Consistent with the standard of care for transitioning transgender patients to resolve the associated dysphoria with their gender identity, patients are encouraged to seek congruence with their gender roles, expression, and identity. Gender transition is medically necessary in **Soldier's Rank & Name's** case.
6. **Soldier's Rank & Name** is stable in the preferred gender.
7. In accordance with Department of Defense Instruction 1300.28 and the World Professional Association for Transgender Health (WPATH) standards of care the TGCT recommend that **Soldier's Rank & Name** s gender marker in the Defense Enrollment Eligibility Reporting System (DEERS) be changed from Male/Female to MALE/Female and may occur as soon as day/month/year.

8. **Soldier's Rank & Name** is prepared to serve consistent with the preferred gender regarding uniform standards, grooming standards, Army Body Composition Program standards, Army Physical Fitness Test standards, and other standards that apply with regard to gender.

9. Point of contact is the undersigned at email address/telephone number.

Appendix E. Speech Therapy Clinical Pathway

1. The BH Champion of the TGCT will refer all TGSMs to WAMC Speech Therapy following evaluation and documentation of transgender status and prior to initiation of gender affirming hormone therapy.
 - a. Referrals should be made under “Speech Therapy Consult” in MHS Genesis.
2. A WAMC Speech Therapist in ENT Clinic will complete an initial assessment of communication and voice to establish baseline. SM goals and realistic expectations will be discussed.
3. Typical voice therapy clinical course includes one 30-minute visit for 8 visits, with the expectation that the SM will follow a home therapy plan for reinforcement and carryover.
4. Continued follow-up with Speech Therapy is not usually warranted; however, cross-sex hormone therapy may impact the voice, necessitating a clinical follow-up. Transgender male SMs can expect deepening of the voice after 3-12 months on cross-sex hormone therapy.
5. The transgender female SM may wish to undergo voice feminization surgery. This procedure is typically performed by an Ear, Nose, and Throat (ENT) Surgeon with fellowship training in Laryngology. If WAMC does not have the capability to perform this procedure, the SM will be referred to the network. See Annex I and J.

Appendix F. Gender Affirming Hormone Therapy Clinical Pathway for Transgender Males

1. All TGSMs wishing to initiate gender affirming hormone therapy (GAHT) must first be evaluated by WHSC BH. After the TGSM has been medically cleared by his/her primary care provider, the BH provider will enter a consult to the identified TG team Endocrinologist/Specialist. Diagnosis: Transgender Care.
2. The TG team endocrine provider will have a clinic dedicated to transgender care once per month and coordinate with the Family Medicine or Internal Medicine clinic for a neutral location to see these patients.
3. Prior to being seen by the endocrinologist, the PCM will perform a complete history and physical.
 - a. Identify risk factors for cardiovascular disease or venous thromboembolic disease
 - b. Draw baseline labs (CBC, CMP, lipids, serum testosterone free/total (LC/MS), estradiol, LH, FSH, 25OH Vitamin D, TSH, HgbA1C).
 - c. Order baseline dexa for bone density screening.
4. The endocrinologist/specialist will counsel the SM on the risks, anticipated benefits, and possible side effects of GAHT. The endocrinologist/specialist will obtain baseline labs and dexa if not already completed. SM will sign a consent form to receive hormone therapy.
 - a. High risk of adverse outcome with erythrocytosis.
 - b. Moderate risk for liver dysfunction, coronary artery disease, cardiovascular disease, hypertension and breast or uterine cancer.
 - c. Possible increased risk for irreversible infertility, low bone mineral density, increased insulin resistance and diabetes.
 - d. SM will be offered a referral for reproductive counselling.
5. A military T3 profile will be initiated in the eProfile system: Diagnosis: "Hormonal Imbalance, under care of Endocrinology". Length: 90 days.
6. SM will be started on appropriate GAHT regimen with
 - a. Testosterone cypionate or enthalate OR Testosterone 1.6% gel.
 - b. Alternate medication regimens may be indicated.

- c. No patient will be started at the maximum male testosterone dose. The endocrine provider may start below or at the recommended male adult dose and titrate upwards based on clinical presentation, testosterone, and estradiol levels.
7. SM will return to the endocrine provider every 3 months in the first year and then one to two times per year to monitor for appropriate signs of virilization and for development of adverse reactions on GAHT.
 - a. Repeat physical exam
 - i. SM can expect cessation of menses within 2-6 months, though this varies for each individual.
 - ii. SM can expect onset of facial and body hair growth and clitoral enlargement within 3-6 months, though this varies for each individual.
 - b. Repeat labs
 - i. Goal testosterone level: 400-700ng/dl (male range)
 - ii. Goal estradiol level: <50pg/ml (male range)
 - iii. Measure liver function enzymes, and hematocrit every 3 months for the first year and then every 6-12 months
 - iv. Lipids and A1c every 6-12 months
 - c. DEXA annual
 - d. Adjust medications as indicated
8. If clinically stabilized at 300 days (or sooner) temporary profile will be cancelled and SM returns to full duty status and deployable.
9. SM returns every 3 months for the first year, with exam and labs; then every 6 months.
10. SM will continue to receive primary care through PCM with attention to screening based on anatomy that is present (pap, mammogram, etc.)

Appendix G. Gender Affirming Hormone Therapy Clinical Pathway for the Transgender Females

1. All TG SMs wishing to initiate gender affirming hormone therapy (GAHT) must first be evaluated by WHSC BH. After the TGSM has been medically cleared by his/her primary care provider the BH provider will enter a consult to the identified TG team Endocrinologist/Specialist. Diagnosis: Transgender Care.
2. The TG team endocrine provider will have a clinic dedicated to transgender care once per month and coordinate with the Family Medicine or Internal Medicine clinic for a neutral location to see these patients.
3. Prior to being seen by the endocrinologist, the PCM will perform a complete history and physical.
 - a. Identify risk factors for cardiovascular disease or venous thromboembolic disease
 - b. Draw baseline labs (CBC, CMP, lipids, prolactin, serum testosterone free/total (LC/MS), estradiol, LH, FSH, 25OH Vitamin D, TSH, HgbA1C).
 - c. Order baseline dexa for bone density screening.
4. The endocrinologist/specialist will counsel the SM on the risks, anticipated benefits, and possible side effects of GAHT. The endocrinologist/specialist will obtain baseline labs and dexa if not already completed; SM will sign consent form to receive hormone therapy.
 - a. Increased risk of venous thromboembolic disease, gallstones, weight gain, and hypertriglyceridemia.
 - b. Low risk for prolactinoma and hepatotoxicity.
 - c. Possible risk for irreversible infertility, insulin resistance & diabetes, low bone mineral density and cardiovascular disease.
 - d. SM will be offered a referral for reproductive counselling.
5. A military T3 profile will be initiated in the eProfile system: Diagnosis "Hormonal Imbalance, under care of Endocrinology". Length: 90 days.
6. SM will be started on appropriate CSHT regimen
 - a. Estradiol via transdermal patch or parental with Estradiol Valerate injection.
 - b. Anti-Androgen with Spironolactone if desired/indicated.

- c. GnRH agonist with Lupron to decrease endogenous testosterone production (if desired/indicated).
 - d. Alternate medication regimens may be recommended
 - e. No patient will be started at the maximum estrogen dose. The endocrine provider may start below or at the recommended female adult dose and titrate upwards based on clinical presentation, testosterone and estradiol levels.
6. SM will return to the endocrine provider every 3 months in the first year and then one to two times per year to monitor for appropriate signs of feminization and for development of adverse reactions on CSHT.
- a. Repeat physical exam.
 - i. SM can expect onset of body fat redistribution and decrease of muscle mass within 3-6 months
 - ii. SM can expect onset of breast growth within 3-6 months
 - b. Repeat labs.
 - i. Goal testosterone level: <50 ng/dl (female range)
 - ii. Goal estradiol level: 100-200 pg/ml (female range)
 - iii. Prolactin and liver function enzymes every 3 months
 - iv. Electrolytes (if on Spironolactone) every 3 months or dose adjustments.
 - v. Lipids and A1c every 6-12 months
 - c. DEXA annual
 - d. Adjust medications as indicated
7. If clinically stabilized at 300 days (or sooner), temporary profile will be cancelled and SM returns to full duty status and deployable.
8. SM returns every 3 months for the first year, with exam and labs; then every 6 months.

9. SM will continue to receive primary care through PCM with attention to screening based on anatomy that is present.

Appendix H. Primary Care Manager Pathway

1. All TG SMs will be offered and encouraged to accept reassignment to a PCM on the WAMC Transgender Care Team. The identified PCM will be a medical doctor credentialed in Family Medicine or Internal Medicine. SMs may elect to continue enrollment with their previously established primary care provider.
 - a. PCM will maintain communication with unit Commander and/or unit Surgeon only as necessary.
 - b. All routine communication with the unit will be through WHSC BH Provider, IBHC, and/or eProfile system.
2. All TG SMs will be offered and encouraged to accept the services of a nurse case manager in the WAMC Family Medicine Clinic. A select group of case managers with additional training in TG care will be identified. The nurse case manager will be available to assist the TG SM with negotiating various aspects of care related to transition.
3. Following initial evaluation by a BH provider in the WAMC WHSC or FM Integrated Behavioral Health Clinic, the BH provider contacts BHC to assist in scheduling initial appointment and request a PCM assignment through HSS, identifying the specific provider. BHC phone 907-8140

Appendix I. Surgical Services Pathway

1. As of this writing, SM are eligible to receive surgical services without initiating gender affirming hormone therapy (GAHT)
 - a. Per WPATH Standard of Care, if a SM decides to initiate GAHT then the SM must be on 12 months before initiating any surgery.
 - b. However, some surgical procedures do not require 12 months of continuous GAHT.
2. As per WPATH Standard of Care, SM's must receive a letter of endorsement from a BH provider, which would be the BH Champion of the TGCT.
 - a. For upper body surgeries (mastectomy, breast augmentation), the letter of endorsement must be approved by 1 BH provider.
 - b. For lower body surgeries (orchiectomy, hysterectomy, vaginoplasty, metoidioplasty, or phalloplasty), the letter endorsement must be approved by 2 BH providers.
 - c. For facial/body contouring, the letter endorsement must be approved by 2 BH provider.
 - d. In cases where 2 BH providers need to approve the letter endorsement, BH Champion will (1) write the letter of endorsement and (2) arrange for 2nd BH provider to meet with SM, review AHLTA history and review the letter of endorsement.
3. The medical treatment plan must be reviewed by the BH Champion of the transgender care team (TGCT).
4. SMs desiring laser hair removal will need to seek care through civilian providers. This is not a covered benefit.
5. SMs seeking facial/body contouring will be referred to WAMC Plastic Surgery.
 - a. Twelve months of continuous cross-sex hormone therapy may be beneficial but not necessary.
 - b. These procedures are considered cosmetic and are not a covered benefit.
6. Transgender female SMs desiring voice feminization surgery will require referral to civilian provider network
7. Transgender SMs desiring surgery of the breast will be referred to WAMC Plastic Surgery

- a. In the case of breast augmentation, SM must have been on CSHT for 12 months, unless contraindicated. Augmentation is a covered benefit if there is inadequate breast development after one year of continuous cross-sex hormone therapy.
 - b. Transgender male SMs desiring mastectomy who are on testosterone must have been on the medication for 12 months. Mastectomy for TG status is a covered benefit.
8. Transgender female SMs desiring orchiectomy will be referred to WAMC Urology. Orchiectomy is generally offered after 12 months of continuous cross-sex hormone therapy.
 9. Transgender male SMs desiring hysterectomy and/or oophorectomy will be referred to WAMC OB/Gyn/REI. Hysterectomy and/or oophorectomy is generally offered after 12 months of continuous cross-sex hormone therapy.
 10. If the SM is referred from another MTF, the medical treatment plan must be reviewed by the behavioral health care provider or other provider on the transgender care team prior to scheduling surgery.
 11. SMs desiring vaginoplasty, metoidioplasty, or phalloplasty will be referred to civilian provider network. See Annex J. Laser hair removal to penis/scrotum in preparation for vaginoplasty is considered medically necessary as part of lower-body gender reassignment surgery.

Appendix J. Managed Care Decision Pathway

1. As of this writing, there is no civilian “center of excellence” identified for voice feminization surgery. This is not a benefit covered under TRICARE.
2. As of this writing, there is no civilian “center of excellence” identified for genital reassignment surgery. This is not a benefit covered under TRICARE.
3. As of this writing, transgender-related services unavailable at WAMC are not covered benefits [laser hair removal, voice feminization surgery, and gender reassignment surgery (metoidioplasty, phalloplasty, vaginoplasty)].
 - a. Per TPM 4/16.1 paragraph 4.0 under exclusions "All services and supplies directly and indirectly related to intersex surgery for other than ambiguous genitalia documented to be present at birth, are excluded from cost-sharing."
 - b. TPM 4/15.1 paragraph 4.5 "Intersex surgery, except when performed to correct ambiguous genitalia, which is documented to have been present at birth (CPT2 procedure code 55970)." has the same exclusion.
 - c. TPM 7/1.1 paragraph 3.2 states "Services and supplies provided in connection with psychotherapy for sexual dysfunctions, Paraphilias, and gender identify disorders are specifically excluded from cost-sharing. This includes therapy that is wholly or partially related to treating the sexual dysfunctions, paraphilias (e.g., transvestic fetishism) or gender identity disorder, such as sex therapy, sexual advice, sexual counseling, sex behavior modification, psychotherapy, or other similar services."
 - d. TPM 1/2.1 paragraph 1.1.62 specifically excludes all services and supplies (including inpatient institutional costs) related to a non-covered condition or treatment or provided by an unauthorized provider.

Appendix K. Sample Medical Treatment Plan (GAHT)

DATE

ADDENDUM TO MEDICAL TREATMENT PLAN

TO: **Commanding Officer, UNIT**
FROM: Daniel Maurer, PhD, Clinical Psychologist
SUBJ: Medical Treatment Plan for **Soldier's Rank & Name**
REF: DoD INSTRUCTION 1300.28, ARMY DIRECTIVE 2021-22

1. **Purpose:** I am the Market Care Transgender Liaison for Ft. Bragg. This memorandum provides the medical recommendations pertinent to a request by the Service Member (SM) for gender transition. I developed this Medical Treatment Plan (MTP) with the SM, IAW DoD Instruction 1300.28 and Army Directive 2021-22. The Brigade Commander (BDE CDR) may not deny medically necessary care outlined in this MTP, however, the timeline for specific treatments may be adjusted to minimize readiness impact.
2. **Processing:** The BDE CDR is required to consult with the Army Service Central Coordination Cell (SCCC) prior to approval of this plan. (usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@mail.mil). The BDE CDR must provide written approval to the SM and may use the "Commander MTP Approval Memo Template" provided with this MTP. Changes to this document require a written MTP update document, approved by the BDE CDR.
3. **Diagnosis and Necessity:** **Soldier's Rank & Name** has received determination that gender transition is medically necessary from a military Behavioral Health Provider on **Date**.
4. **Medically Necessary Care:**
 - a. The SM will continue to receive all primary medical care at Womack Army Medical Center (WAMC). They will maintain medical readiness and report to their chain of command any medical (including mental health) issues that may affect their readiness to deploy or fitness to continue serving.
 - b. In the opinion of TGCT this SM is ready to begin the medical process of gender transition. The SM will receive ongoing BH Care in support of gender transition or for any clinically significant BH diagnoses.

- c. In the opinion of TGCT this SM has no contraindications to Gender Affirming Hormone Therapy (GAHT). The SM will receive GAHT under the supervision of the Endocrinology Department. Treatment will begin upon approval of this MTP, if no contraindications are identified.
 - d. Gender Transition may include medically necessary surgical procedures. Specific procedures and timelines have not yet been determined. An addendum to this MTP will be provided to the BDE CDR for approval at the time that specific surgical procedures are requested.
- 5. **Exception to Policy:** The SM may request an Exception to Policy (ETP) in order to permit them to begin full-time Real-Life Experience (RLE), to use self-identified-gender standards for uniform, grooming, Army Body Composition Program (ABCP), Army Physical Fitness Testing (APFT), and Military Personnel Drug Abuse Testing Program (MPDATP), as well as self-identified-gender billeting, bathroom, and shower facilities during the process of gender transition. All ETP requests related to gender transition must be approved by the Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA (M&RA)) and be requested in writing by the SM, accompanied by a medical letter of support.
- 6. **Estimated timeline for completion of transition:** The date of completion of Gender Transition depends on the SM's physical and emotional response to treatment and duty related factors, and therefore cannot be defined exactly, but is estimated to be in the range of 9-18 months. IAW DoD Instruction 1300.28, gender transition is complete when the patient has achieved stability in the self-identified-gender and a gender marker change (GMC) in the Defense Enrollment Eligibility Reporting System (DEERS) is completed. We estimate that the SM will be ready to submit a GMC request on **Date**.
- 7. **Likely impact on readiness and deployability:** The patient will be non-deployable during the initial phase of stabilization on GAHT. If no complications arise, stability on hormone therapy will likely take 6-9 months. Additional non-deployability may occur in conjunction with surgical procedures. Likely readiness impact of any surgical procedures requested will be detailed in MTP update documents.
- 8. **RECOMMENDATION:** I recommend approval of all items outlined in this action memorandum and immediate initiation of the proposed treatment plan.
- 9. **POINT OF CONTACT:** Any questions or concerns regarding the content of this MTP may be addressed to the undersigned.

Appendix L. Sample Medical Treatment Plan (Surgery)

DATE

ADDENDUM TO MEDICAL TREATMENT PLAN

TO: **Commanding Officer, UNIT**
FROM: Market Transgender Care Liaison
SUBJ: Medical Treatment Plan for **Soldier's Rank & Name**
REF: DoD INSTRUCTION 1300.28, ARMY DIRECTIVE 2021-22

1. **Purpose:** I am the Market Transgender Care Liaison as Ft. Bragg. This memorandum provides the medical recommendations pertinent to a request by the Service Member (SM) for gender transition. I developed this Addendum to Medical Treatment Plan (MTP) with the SM, IAW DoD Instruction 1300.28 and Army Directive 2021-22. The Brigade Commander (BDE CDR) may not deny medically necessary care outlined in this MTP, however, the timeline for specific treatments may be adjusted to minimize readiness impact.
2. **Processing:** The BDE CDR is required to consult with the Army Service Central Coordination Cell (SCCC) prior to approval of this plan. (usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@mail.mil). The BDE CDR must provide written approval to the SM and may use the "Commander MTP Approval Memo Template" provided with this MTP. Changes to this document require a written MTP update document, approved by the BDE CDR.
3. **Diagnosis and Necessity:** **Soldier's Rank & Name** has received determination that gender transition is medically necessary from a military Behavioral Health Provider on **Date**.
4. **Medically Necessary Care:**
 - a. The SM will continue to receive all primary medical care at Womack Army Medical Center (WAMC). They will maintain medical readiness and report to their chain of command any medical (including mental health) issues that may affect their readiness to deploy or fitness to continue serving.
 - b. In the opinion of the medical team managing the care of **Soldier's Rank & Name**, he/she is ready to initiate a medical transition which includes **(orchiectomy, mastectomy, hysterectomy, genital reconstruction surgery)**.
5. **Likely impact on readiness and deployability:**
 - a. For mastectomy, Command can anticipate 3 weeks of absence from duty, 6 weeks of light duty profile and 3 months non-deployable time following

- surgery if no complications occur. Formal convalescent leave recommendations will be made by the surgeon of record.
- b. For hysterectomy, Command can anticipate 3 weeks of absence form duty, 6 weeks of light duty profile and 3 months non-deployable time following surgery if no complications occur. Formal convalescent leave recommendations will be made by the surgeon of record.
 - c. For orchiectomy, Command can anticipate 3 weeks of absence form duty, 6 weeks of light duty profile and 3 months non-deployable time following surgery if no complications occur. Formal convalescent leave recommendations will be made by the surgeon of record.
 - d. For genital reconstruction surgery, Command can anticipate 2 months of absence form duty, 4 months of light duty profile and 6 months non-deployable time following surgery if no complications occur. Formal convalescent leave recommendations will be made by the surgeon of record.
- 6. RECOMMENDATION:** I recommend approval of all items outlined in this action memorandum and immediate initiation of the proposed treatment plan.
- 7. POINT OF CONTACT:** Any questions or concerns regarding the content of this MTP may be addressed to the undersigned at Daniel.j.maurer22.civ@health.mil or 910-908-5794