Gender Incongruence: What Military PAs Need To Know About Current Policies and Procedures

AMY JACKSON, DMSc, MPAS, PA-C, Commander, Keller Army Community Hospital, West Point, NY

AMELIA DURAN-STANTON, PhD, DSc, MPAS, PA-C, Commander, ANSBACH Health Clinic, Ansbach, Germany

Special acknowledgment to Diane Bruessow, PA-C, DFAAPA and MAJ Alivia Stehlik, DPT, who provided guidance and expertise in gender incongruence. Diane is an Assistant Professor Adjunct at the PA Online Program of Yale School of Medicine. MAJ Alivia Stehlik is a Physical Therapist assigned to a Security Force Assistance Brigade at Ft Hood, Texas.

Disclaimer

- The authors have no personal disclosures
- The opinions or assertions contained herein are the private views of the author(s) and are not to be construed as official or as reflecting the views of the Department of the Army or the Department of Defense
- The ultimate judgment concerning the propriety of any course of conduct must be made by the clinician after consideration of each individual patient situation.
- Data within this presentation may not be relevant to clinical situations that differ from the citation from which the data was drawn

Agenda

- Learning Objectives
- Introduction
- Statistics and Conditions
- Definitions
- ICD-11 diagnoses
- The historical perspective of military policy on LGBTQ
- The DoD's new gender diverse policy
- A multidisciplinary approach
- SM role in gender transition process
- PA roles in gender diverse care
- Commander role
- Medical accession standards
- Gender marker change process
- Key points for clinical management
- Surgical interventions
- Tips and tools to enhance gender diverse patient management
- Tips for patient-centered care
- MAJ Alivia Stehlik video
- Conclusion
- Resources

Conclusion

- PAs across the DOD will be instrumental in facilitating care for gender diverse SMs.
- DoD PAs must be aware of new policy, procedures, and protocols to not only care for their patients, but to advise their commanders appropriately and understand the resources available to them.
- DoD PAs must educate themselves and their colleagues on ethical, clinically competent, and compassionate care.

Learning Objectives

1. Define the DoD's new gender diverse policy

2.Identify the role of PAs in complying with policy as they serve as providers and advisors to their command

3.Provide tips and tools to provide evidence based medicine and standard of care to patients with gender incongruence that comply with military policy

"…it is the policy of the DoD to pursue an end to violence and discrimination on the basis of sexual orientation, gender identity or expression, or sex characteristics, and DoD will lead by example in the cause of advancing the human rights of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex persons around the world."

—Statement by Secretary of Lloyd J. Austin[8]

https://www.youtube.com/watch?v=Mk29DOlse1w

Why is gender identity important to understand?

Why is gender identity important to understand?

- PAs must be equipped with the tools and resources to take care of all patients: military, military dependents, joint, or international service members who seek care from military providers, as well as in the civilian sector.
- Part of being equipped includes asking the right questions in the right way to build rapport as well as using respectful phrases and terms associated with gender diversity.

Why must PAs understand the military process for gender transition for SMs?

Why must PAs understand the military process for gender transition for SMs?

- Be knowledgeable on policies and regulations in order to assist SMs on the following:
  - Ability to comply with medical and administrative readiness
  - Understand what are the approved healthcare services and help SM's receive care
  - To educate and advise their command on policies and their role in the transition process

Statistics and Conditions

- 1.4 million gender diverse adults (0.6%) in the US
- 25 million globally
- Barriers to care may exist
- Permissiveness of the environment matters
- Evolution of terminology in the DSM

Adults: Transsexualism

Children: Gender identity D/O Gender Dysphoria

Definitions

- World Health Organization's ICD-11 has redefined gender transition related health, replacing ICD-10s diagnostic categories like "transsexualism" and "gender identity disorder of children" with "gender incongruence of adolescence and adulthood" and "gender incongruence of childhood", respectively.
- Gender incongruence has thus broadly been moved out of the "Mental, Behavioral or Neurodevelopmental Disorders" chapter to a new chapter on "Conditions Related to Sexual Health".
- Gender Incongruence in the ICD-11 does not require the presence of distress and/or dysfunction and should be present for "several months"
- Gender Dysphoria as defined in the DSM-5 require a presence of distress and/or dysfunction and must be present for a 6 month duration.

Definitions

Assigned Sex: The sex assigned at birth (ASAB) due to hormones, chromosomes, and genitals; a factual record

Cisgender: one whose self-identity conforms to the gender consistent with their biological sex

Transgender: one whose gender identity differs from ASAB

Gender Identity: deeply held internal sense of being male, female, neither or both (non-binary)

Gender expression: the external representation of a gender through first name, pronoun choice, clothing, hairstyle, behavior, voice, or body image. Does not have to be male vs female and may not conform to traditional stereotypes.

Gender-affirming hormone treatment and/or surgery:
Medical and surgical interventions done to align a person's appearance with their gender identity. (preferred term for gender transition or sex reassignment surgery)

HA60 Gender incongruence of adolescence or adulthood- WHO ICD-11

- Gender Incongruence of Adolescence and Adulthood is characterized by a marked and persistent incongruence between an individual´s experienced gender and the assigned sex, which often leads to a desire to ‘transition’, in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual´s body align, as much as desired and to the extent possible, with the experienced gender.
- The diagnosis cannot be assigned prior to the onset of puberty. Gender variant behavior and preferences alone are not a basis for assigning the diagnosis.

HA61 Gender incongruence of childhood- WHO ICD-11

- Gender incongruence of childhood is characterized by a marked incongruence between an individual's experienced/expressed gender and the assigned sex in pre-pubertal children.
- It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child's part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex.
- The incongruence must have persisted for approximately 2 years.
- Gender variant behavior and preferences alone are not a basis for assigning the diagnosis.

HA6Z Gender Incongruence unspecified

- “unspecified” residual category

Historical Perspective for LGBTQ in the military

- "Don't Ask, Don't Tell" passed by Congress in September 1993
- "Don't Ask, Don't Tell" repealed on September 20, 2011
- 2016: The ban on trans service was repealed for the first time by then-secretary Ash Carter
- January 22, 2019: Trump-Pence administration instituted a trans military ban
- January 25, 2021 President Joe Biden signs Executive Order titled "Enabling All Qualified Americans to Serve Their Country in Uniform"

https://www.hrc.org/our-work/stories/repeal-of-dont-ask-dont-tell

DoD's new gender diverse policy

- DOD gender diverse Service members (SM) may serve openly
- Gender diverse SM will be subject to the same standards as all other Service members (unless ETP)
- SM will comply with policy, requirements, and standards consistent with their gender marker in DEERS
- A diagnosis of gender dysphoria generates a requirement for medical care and treatment from a military medical provider (MMP)

DoDI 1300.28

DoD's new gender diverse policy

- Deployable status is based on Military Department and Service standards
- Commanders will assess impact to mission and unit readiness
- Commanders approve the timing of an SM's transition plan and the change of their gender marker in DEERS
- MMP determines with SM that the SM's gender transition is complete and documents such
- Once Commander approves, the SM gender marker will be changed in DEERS to the self-identified gender
- Now SM is subject to the standards as any SM with the same DEERS gender marker
- A SM may not be involuntarily separated, discharged, or denied reenlistment or continuation of service based on gender identity

Multi-disciplinary Approach

- Service Member
- Medical Military Provider
- Unit Commander
- Chaplain
- Legal Advisors and Assistance
- Equal Opportunity Advisors
- Inspector General
- Service Central Coordination Cell

SM role in gender transition

- IAW DoDIs 6025.29 and 1215.13, SM's will meet individual medical readiness requirements, maintain their health and fitness, and report medical issues that impact their readiness to their chain of command
- Once a diagnosis of gender dysphoria is given, the SM must develop and provide to the commander:
  - a treatment plan
  - proposed timeline of care
  - date of gender marker change in DEERS
- Any additional care needed post gender marker change must be relayed to the commander

Military PA roles in gender transition

- Refer a patient to behavioral health for gender dysphoria diagnosis
- Initiate a treatment plan; refer to experts
- Confirm when the treatment plan is complete and certify in writing
- Provide continued medical care

Commander is responsible for/to:

- Unit readiness; risk to mission, risk to force
- Support SM's; treat them with dignity and respect
- Approve medical treatment plan and transition plan timing (or propose adjustment of timing)
- Approve SM's request to change gender marker within 30 days of receipt
- Consult with SCCC upon receipt of a MTP and forward through chain of command
- Verify with legal advisor if SM is pending travel or transfer overseas to verify host nation laws and customs

Medical accession standards

Individuals with gender dysphoria history must meet accession standards IAW DoDI 6130.03 and AR 40-501. A waiver can be requested through M&RA, however *gender dysphoria history is disqualifying* **unless** a medical provider certifies that for *18 months*:

1. Individual is stable (no clinically significant distress)
2. Individual has no impairment in social, occupational, or other functioning

Medical accession standards

A history of *gender affirming hormone therapy* for the purpose of gender transition *is disqualifying* unless certain conditions can be met and certified by a medical provider:

1. Stable for 18 months on hormone therapy
2. No further hormone therapy is needed and stable for 18 months

Medical accession standards

A history of sex reassignment or genital reconstruction surgery is disqualifying unless certain conditions can be met and certified by a medical provider:

1) 18 months has passed since last surgery
2) No functional limitations or surgical complications exist
3) No further surgery required

Gender marker change process

- SM completes the medical treatment plan which is verified by the MMP
- SM submits request for GMC through brigade level commander to HRC (or service equivalent) and provides supporting documentation that includes:
  - A MMP confirming a gender dysphoria diagnosis and that gender transition is medically necessary
  - The commander must approve the gender marker change in writing if complete, within 30 days of receipt. If requests are incomplete, they must be returned to SM within 30 days.
  - Confirmation from a MMP that the SM is stable in their preferred gender
  - Legal documentation accompanies the request (Court Order, Passport, or Birth Certificate)

Key points for clinical management

- Medical interventions may occur **after** puberty begins. Gonadotropin-releasing hormone agonist can **reversibly** delay puberty to allow time for a treatment plan to be established.
- Masculinizing HT includes testosterone administered to reach male range testosterone levels.
- Feminizing HT includes estrogen which will lower testosterone levels through central suppression of the reproductive axis while inducing feminization and bone health protection.

Surgical interventions

The surgical route should be consistent with patient goals, with consideration of associated risks and the intent regarding fertility.

- Gender affirming genital surgery (colloquial phrase is “bottom surgery”)
- Breast augmentation (colloquial phrase is “top surgery”)
- Chest Masculinization (colloquial phrase is “top surgery”)
- Facial feminization surgery
- Facial masculinization surgery
- Metoidioplasty
- Phalloplasty
- Vaginoplasty

Direct Care system surgical interventions

Masculinizing PROCEDURE	Current Procedural Terminology (CPT) Codes	CRITERIA
Hysterectomy and salpingo-oophorectomy (removal of uterus and ovaries)	58262/58291	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 2. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 3. 12 months of full time RLE Required per Reference (i).
Chest surgery and reconstruction (Mastectomy (removal of breast) with chest reconstruction)	19301/19303/19304	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 2. 12 months of consistent and adherent gender-affirming hormone treatment recommended (unless medically contraindicated), per Reference (i). 3. 12 months of full time RLE Recommended per Reference (i).

Feminizing PROCEDURE	CPT Codes	CRITERIA
Orchiectomy (removal of testicles)	54520/54690	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 2. 12 months of consistent and compliantgender affirming hormone treatment required (unless medically contraindicated). 3. 12 months of full time RLE Required per Reference (i).

Defense Health Agency. Procedural Instruction.(Draft)
Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members

Private Sector Care system surgical interventions

Masculinizing PROCEDURE	CPT Codes	CRITERIA
Hysterectomy and salpingo-oophorectomy (removal of uterus and ovaries)	58262/58291	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time RLE Required per Reference (i).
Chest surgery and reconstruction (Mastectomy (removal of breast))	19301/19303/19304	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment recommended (unless medically contraindicated). 1. 12 months of full time RLE Recommended per Reference (i).
Metoidioplasty (enlargement/ lengthening of clitoris)	55899	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time continuous RLE Required per Reference (i).
Phalloplasty (construction of "new" penis from skin or muscle grafts)	55899	
Placement of testicular prostheses	54660	
Scrotoplasty (re-arrangement of labia to create scrotum)	55175	
Urethroplasty (creation of longer urethra from skin to enable standing voiding)	53430	
Vaginectomy (removal of vagina)	57106	

Feminizing PROCEDURE	CPT Codes	CRITERIA
Orchiectomy (removal of testicles)	54520/54690	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time RLE Required per Reference (i).
Penectomy (removal of penis)	54125	1. Meet Gender-Affirming Surgical Procedure Guidelines in Enclosure 4, paragraph 1. 1. 12 months of consistent and adherent gender-affirming hormone treatment required (unless medically contraindicated). 1. 12 months of full time continuous RLE Required per Reference (i).
Vaginoplasty (construction of "new" vagina from skin or intestinal tube)	57335	
Clitoroplasty (rearrangement of penile tissues to create "new" clitoris)	56805	
Labiaplasty (rearrangement of scrotum to create "new" labia)	58999	

Defense Health Agency. Procedural Instruction.(Draft)
Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members

Tips and Tools to enhance gender diverse patient management

- Collaborate with military providers who are championing gender diverse care (mental, social, spiritual)
- Acknowledging personal biases and counteracting those beliefs to provide culturally sensitive care with dignity and respect
- Become knowledgeable about transition related care for gender diverse patients and resources
- Advocacy for gender diverse patients includes appropriate referrals, ethically and culturally competent care, and understanding the desires of each individual
- Seek training on working with gender diverse patients

Tips for patient-centered care

- Put patient in charge of the discussion
- Ask chosen name, pronoun, gender
- Before an exam assess level of comfort and obtain consent
- Be mindful of confidentiality and privacy
- Autonomy: each gender diverse patient is unique in how they may pursue their transition

MAJ Alivia Stehlik

Perspective on Gender Diverse Healthcare

https://youtu.be/fzZK7eD55dg

Concepts pending approval

The future goal is to have TGCT (transgender care teams) located at regional Transgender Healthcare Centers of Excellence to:

1. Evaluate
2. Develop medical treatment plans (MTP)
3. Manage care with local MTF providers
4. Validate the GD diagnosis made by a non-TGCT provider

What qualifies as a GD trained provider?

A mental health professional and/or physician who meet the following:

(1) competence in using the Diagnostic and Statistical Manual and/or the International Classification of Diseases for diagnostic purposes

(2) the ability to diagnose GD/gender incongruence and make a distinction between GD/gender incongruence and conditions that have similar features (e.g., body dysmorphic disorder)

(3) training in diagnosing related psychiatric conditions

(4) the ability to undertake or refer for appropriate treatment

(5) the ability to psychosocially assess the person's understanding, mental health, and social conditions that can impact gender-affirming hormone therapy

(6) a practice of regularly attending relevant professional meetings (Reference (i)). It is only those providers who meet these criteria that should diagnose GD/gender incongruence in adults.

Defense Health Agency. Procedural Instruction.(Draft)
Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members

Conclusion

- PAs across the DOD will be instrumental in facilitating care for gender diverse SMs.
- DoD PAs must be aware of new policy, procedures, and protocols to not only care for their patients, but to advise their commanders appropriately and understand the resources available to them.
- DoD PAs must educate themselves and their colleagues on ethical, clinically competent, and compassionate care.

Resources

- Center for Disease Control: https://www.cdc.gov/lgbthealth/gender diverse.htm
- World Professional Association For gender diverse Health: https://www.wpath.org/
- https://transline.zendesk.com/hc/en-us (medical consult information and a great example of a patient intake form)
- https://transcare.ucsf.edu/primary-care (transgender care source)
- https://www.transhub.org.au/diagnosis
- Army policy, guidance, and sample memos: https://www.milsuite.mil/book/groups/army-gender diverse-service-information/overview

HRT handout

Table 2. Hormone-Treatment Regimens for Transgender Persons.

Medication	Dosage	Potential Adverse Events	Comments
Transfeminine persons			
Estrogens		Increased risk of thromboembolism in some patients	Although supporting data are inconsistent, some favor monitoring triglyceride levels; ethinyl estradiol is not recommended owing to possible increased risk of thrombosis.
Oral			
Estradiol (17β-estradiol)	Initial, 1–2 mg/day; adjust to 2–6 mg/day		Is most commonly used because of its low cost and availability and fact that serum levels can be monitored.
Conjugated estrogens	Initial, 1.25–2.5 mg/day; adjust to 5.0–7.5 mg/day		Blood levels cannot be measured with conventional assays, which may lead to supraphysiologic dosing; conjugated estrogens are generally not recommended when estradiol is readily available.
Transdermal			
Estradiol patch	Initial, 0.025–0.050 mg/day (new patch placed every 3–5 days); adjust to 0.1–0.2 mg/day	Skin reactions in some patients	May be associated with fewer adverse events than oral estrogen.
Parenteral			
Estradiol valerate	Initial, 5–10 mg intramuscularly every 2 wk; adjust to 10–20 mg every 2 wk		Can result in wide fluctuations in estradiol levels. An alternative preparation, estradiol cypionate, is less concentrated.
Androgen-lowering or inhibiting agents			
Spironolactone	Initial, 50 mg/day orally; adjust to 100–300 mg/day	Hyperkalemia, dehydration	Potassium level should be monitored when initiating therapy, when dose is changed, and annually thereafter.
Cyproterone acetate	Initial, 25 mg/day orally; adjust to 50 mg/day	Hyperprolactinemia and meningiomas in some patients	Not available in United States.
GnRH agonists (e.g., leuprolide)*	3.75–7.50 mg intramuscularly or subcutaneously every mo or 11.25–22.50 mg every 3 mo		Use may be limited by cost.
Transmasculine persons			
Testosterone		Erythrocytosis; acne may develop or be exacerbated	Erythrocytosis may be associated with polycythemia, in which case patients should be screened for tobacco use and sleep apnea.
Parenteral			
Testosterone enanthate or cypionate	Initial, 50 mg intramuscularly or subcutaneously weekly or 100 mg every 2 wk; adjust to 100 weekly or 200 mg every 2 wk		Subcutaneous and intramuscular injections have been shown to be equally effective; target levels are more easily achieved than with transdermal products; weekly administration diminishes periodicity. Levels should be monitored at peaks (at 24–48 hr after dosing) and troughs (immediately before next dose) or at the midpoint between doses.
Testosterone undecanoate	1000 mg intramuscularly every 12 wk	Oil embolism rare adverse event that requires REMS†	
Transdermal or transbuccal			
Testosterone gel	Initial, 50 mg daily; adjust to 100 mg/day	Risk of transfer to others	Uniform levels‡; target levels may be difficult to achieve, especially in larger persons.
Testosterone patch	Initial, 2 mg/day; adjust to 4–8 mg/day	Skin reactions in some patients	Uniform levels‡; target levels may be more difficult to achieve, especially in larger persons.
Testosterone buccal patch	30 mg applied to gums every 12 hr		Inconvenience of buccal preparation may limit use.

* GnRH denotes gonadotropin-releasing hormone.
† Concerns regarding related risks of pulmonary oil microembolism and anaphylaxis have prompted the requirement for use of a Risk Evaluation and Mitigation Strategy (REMS) in the United States.
‡ Day-to-day levels of testosterone are more uniform with gels and patches than with injectable formulations, which have peaks and troughs.

Annex B – Sample Medical Recommendation for Gender Transition Otherwise Complete

Office Symbol DATE

MEMORANDUM FOR RECORD

SUBJECT: Medical Statement re: *Soldier's Rank, Name*

1. This memorandum provides the medical recommendations pertinent to the request by *RANK NAME* [an Exception to Policy (ETP) to comport with all standards applicable to the preferred gender pending Army policy to approve gender marker change in DEERS]. Based on review of this the Service Member's and the Service Member's medical record, I DO/DO NOT recommend that the command support this request.

2. *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 or about *DATE*.

3. *RANK NAME* initiated a medical transition plan on *DATE*. In the opinion of the medical treatment team managing the care of *RANK NAME*, the Service Member's gender transition [is complete and the Service Member is stable in the preferred gender] [will be complete on or about *DATE]*.

4. The medical treatment team managing the care of *RANK NAME* recommends that the request [is medically advisable] [not medically advisable] for the following reasons: *(fully describe the medical considerations relevant to this request)*.

5. The medical treatment team recommends that the requested [gender marker change] [ETP] may occur as soon as *DATE*.

6. POC for this memorandum is XXXXX at *CONTACT INFORMATION*.

NAME
RANK, BRANCH
TITLE

NAME
RANK, MC
Deputy Commander for Clinical Services
(or equivalent)

Annex C – Sample Medical Recommendation for ETPs when Gender Transition is Not Complete

Office Symbol DATE

MEMORANDUM FOR RECORD

SUBJECT: Medical Statement re: *Soldier's Rank, Name*

1. This memorandum provides the medical recommendations pertinent to the request by *RANK NAME* an Exception to Policy (ETP) to [list all requested ETPs]. Based on review of this the Service Member's and the Service Member's medical record, I DO/DO NOT recommend that the command support this request.

2. *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 or about *DATE*.

3. *RANK NAMEs* gender transition plan was approved on *DATE*. Enclosed is a copy of the approved gender transition plan, including all medically necessary treatment and a projected schedule for such treatment. In the opinion of the medical treatment team managing the care of *RANK NAME*, the Service Member's gender transition is estimated to be complete on or about *DATE*.

4. The medical treatment team managing the care of *RANK NAME* recommends the following with regard to the medical advisability for the ETP request(s): *(fully describe the medical considerations relevant to each ETP request)*.

5. POC for this memorandum is *XXXXX, at CONTACT INFORMATION*.

NAME
RANK, BRANCH
TITLE

NAME
RANK, MC
Deputy Commander for Clinical Services
(or equivalent)

DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

(Office Symbol) (Date)

MEMORANDUM FOR [Insert name & rank of Soldier requesting approval]

SUBJECT: Approval of Medical Transition Plan

1. In accordance with Army Directive 2021-22, *Army Service by Transgender Persons and Persons With Gender Dysphoria*, 22 June 2021, I approve the timing of your medical treatment plan, submitted on [insert date].

2. I informed and consulted with the Army Service Central Coordination cell (SCCC) on [insert date].

3. In accordance with the attached medical treatment plan, the estimated date for the change of your gender marker in the Defense Enrollment Eligibility Reporting System (DEERS) is [insert date]. You must notify me, through your chain of command, of any recommended changes to: (1) your medical treatment plan, (2) the projected schedule for such treatment, and (3) the estimated date for the change of your gender marker. Once you are stable in your self-identified gender, as determined or confirmed by a military medical provider, you may request approval of a change to your gender in DEERS, consistent with AD 2021-22. The timing of your medical treatment plan may be adjusted based on readiness.

4. Until your gender marker is changed in DEERS, you are required to continue adhering to all uniform and grooming standards (Army Regulation (AR) 670-1), meet physical readiness testing standards (Field Manual 7-22), meet body composition standards (AR 600-9), and comply with Military Personnel Drug Abuse Testing program standards (AR 600-85) for the [insert gender] gender. As to facilities subject to regulation by the Army, you will continue to use those billeting, bathroom, and shower facilities associated with the [insert gender] gender.

5. The point of contact for this action is XXXX, (XXX) XXX-XXXX, XXX.mil@mail.mil.

[Brigade-Level Commander]
Signature Block]

CF:
Army Service Central Coordination Cell

References

1. Institute of Medicine. Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Workshop Summary. National Academies Press; 2013. Accessed August 25, 2020. https://pubmed.ncbi.nlm.nih.gov/23967501/

2. Reisner SL, Poteat T, Keatley J, et al. Global health burden and needs of gender diverse populations: a review. Lancet. 2016;388(10042):412–436.

3. Hidalgo MA, Ehrensaft D, Tishelman AC, Clark LF, Garofalo R, Rosenthal SM. The gender affirmative model: What we know and what we aim to learn. Hum Dev. 2013;56:285–290.

4. Herman JL, Flores AR, Brown TNT, Wilson BDM, Conron KJ. Age of Individuals Who Identify as gender diverse in the United States. The Williams Institute; 2017.

5. James SE, Herman, JL, Rankin S, Kesiling M, Mottel L, Anafi M. The Report of the 2015 US gender diverse Survey. National Center for gender diverse Equality; 2016.

6. Ehrensaft D. Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children. Experiment Publishing; 2011.

7. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. APA; 2013.

8. World Health Organization. International Statistical Classification of Diseases and Related Health Problems. 11th ed. WHO; 2018.

9. American Psychiatric Association. Gender dysphoria. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Gender-Dysphoria.pdf. Published 2013. Accessed August 25, 2020.

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

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

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

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

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

References

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

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

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

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

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

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

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

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

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

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

References

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

26. Department of Defense. Secretary of the Army. Army Directive 2021-22 (Army Service by gender diverse Persons and Persons With Gender Dysphoria). Published June 22, 2021. Accessed July 17, 2021. https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN32878-ARMY_DIR_2021-22-000-WEB-1.pdf

27. Headquarters, Department of the Army, Deputy Chief of Staff, G-1. Army Policy on gender diverse Military Service. Published June 25, 2021. Accessed July 17, 2021.https://www.army.mil/standto/archive/2021/06/25/

28. Jackson, A, Kemm, M, Bruessow, D, Duran-Stanton, A.M (2020). Chapter 67 Gender Incongruence, US Army Physician Assistant Handbook, 2nd edition. Borden Institute, JBSA-Fort Sam Houston, TX

29. Office of the Under Secretary of Defense for Personnel and Readiness. DoD Instruction 1300.28 In-Service Transition For gender diverse Service Members. Published April 30, 2021 https://www.esd.whs.mil/DD/

30. Safer JD, Tangripcha V, Care of gender diverse Persons. Engl J Med 2019; 381:2451-2460. DOI: 10.1056/NEJMcp1903650.

31. Human Rights Campaign. Repeal of “Don’t Ask, Don’t Tell”. Accessed January 14, 2022. https://www.hrc.org/our-work/stories/repeal-of-dont-ask-dont-tell

32. Sundus A, Shahzad S, Younas A. Ethical and culturally competent care of gender diverse patients: A scoping review. *Nursing Ethics*. 2021;28(6):1041-1060. doi:10.1177/0969733020988307

33. World Health Organization. (2019). *ICD-11: International classification of diseases* (11th revision). Retrieved from https://icd.who.int

34. Beek TF, Cohen-Kettenis PT, Kreukels BP. Gender incongruence/gender dysphoria and its classification history. *Int Rev Psychiatry*. 2016;28(1):5-12. doi:10.3109/09540261.2015.1091293

35. Robles R, Keeley JW, Vega-Ramírez H, et al. Validity of Categories Related to Gender Identity in ICD-11 and DSM-5 Among Transgender Individuals who Seek Gender-Affirming Medical Procedures. *Int J Clin Health Psychol*. 2022;22(1):100281. doi:10.1016/j.ijchp.2021.100281

Point of Contact

- COL Amy Jackson: amy.l.jackson22.mil@mail.mil
- MAJ Alivia Stehlik: alivia.k.stehlik.mil@army.mil
  (405) 562-0510