



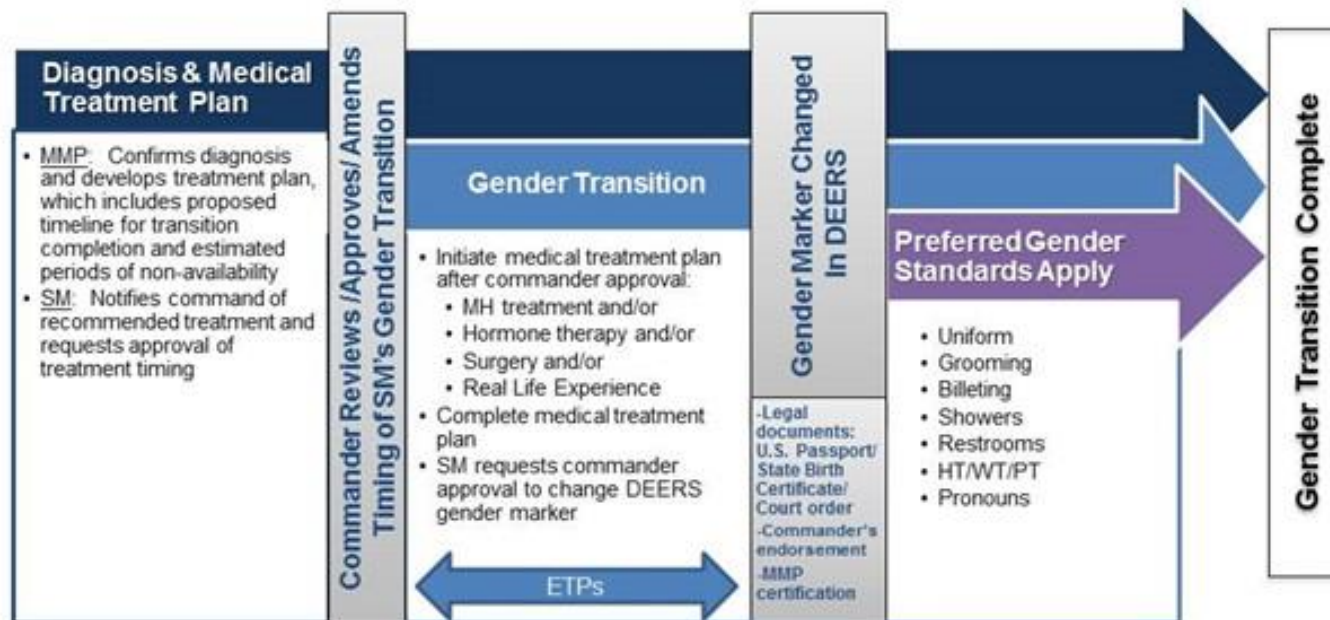
TGCT-NME Transition Health Care Process

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Gender Transition Process



Key Acronyms:

DEERS – Defense Enrollment Eligibility System

HT/WT/PT – Height/Weight/Physical Training

MH – Mental Health

MMP – Military Medical Provider

SM – Service Member

Note: A Treatment Plan is distinct from a Transition Plan as treatment for Gender Dysphoria may not always include transition from one gender to another. The outcome of a treatment plan may or may not lead to a gender change in MILPERS.

Terms

- **Gender identity.** One's internal or personal sense of being male or female
- **Gender dysphoria.** A medical diagnosis that refers to distress that some transgender individuals experience due to a mismatch between their gender and their sex assigned at birth
- **Medically necessary.** Those health care services or supplies necessary to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine
- **Real life experience (RLE).** The phase in the gender transition process when the individual commences living socially in the gender role consistent with their preferred gender. This will generally occur in an off-duty status and away from the Sailor's place of duty prior to the change of the gender marker in DEERS unless member is requesting SRS, which requires continuous RLE.
- **Preferred gender.** The identified gender of Sailor when gender transition is complete and the gender marker in DEERS is changed
- **Gender marker.** Data element in the Defense Enrollment Eligibility Reporting System (DEERS) that identifies a Service member's gender

Terms Cont.

- **Transgender Sailor.** A Sailor who has received a medical diagnosis indicating that gender transition is medically necessary, including any Sailor who intends to begin transition, is undergoing transition, or has completed transition and is stable in the preferred gender
- **Gender transition process.** Gender transition in the Navy begins when a Sailor receives a diagnosis (or confirmation of a civilian diagnosis) from a military medical provider indicating that the Sailor's gender transition is medically necessary, and concludes when the Sailor's gender marker in DEERS is changed and the member is recognized in the preferred gender
- **Stable in preferred gender.** Medical care identified or approved by a military medical provider in a documented medical treatment plan is complete, no functional limitations or complications persist, and the individual is not experiencing clinically significant distress or impairment in social, occupational, or other important areas of functioning. Continuing medical care.

Common Barriers to Healthcare for Transgender Patients

- **Financial barriers**
 - Coverage of costs for ADSMs under TRICARE Prime are anticipated to be a welcome relief for transgender ADSMs seeking treatment. Past costs may have been extensive barriers.
- **Cultural barriers may also exist**
- **Stigmatization**
- **Not knowing the process or who to reach out to for support**

Transitioning Sailor Responsibilities

Initiates process, maintains individual readiness, and meets Navy standards

- Seeks a medical diagnosis (or confirmation of a civilian diagnosis) from a military medical provider (MMP)
- Notifies Commanding Officer (CO)
- Works with military medical treatment team (MTT) to develop a medical treatment plan (MTP)
- Works with the CO and MTT to refine timing of the MTP
- Works with CO to set conditions which support MTP
- After MTP is complete, submits request to CO for gender change in DEERS
- Maintains standards during and after gender transition IAW gender marker.
- Uses the billeting, bathroom, and shower facilities associated with their gender marker in DEERS

Sailors who identify as transgender should seek assistance from their military medical provider

For RC Sailors using a civilian medical provider, diagnosis and treatment plan will be subject to validation by a MMP. Transitioning Sailor Responsibilities: Sailors who identify as transgender should seek assistance from their MMP

Medical Treatment Plan Components

MTP Must address the following:

- Medically Necessary Care:
 - Psychotherapy / Psychopharmacology
 - Real Life Experience
 - Cross-sex Hormone Therapy
 - Surgical Transition
- Impact on Readiness and Deployability- both individual and unit
- Anticipated Treatment Time Line:
 - Stability in Preferred Gender
 - Conversion of gender marker in DEERS
 - Completion of TG Transition Medical Treatment Plan
- If SM will have any other ongoing healthcare needs addressed

LIMDU for GD Patients

Patient with GD do not meet requirements for LIMDU; however; if he/she has a comorbid diagnosis that would warrant LIMDU then they would be recommended based on that diagnosis. - *More guidance to follow*

LIMDU policies are located:

<http://www.public.navy.mil/bupers-npc/career/LIMDU/Pages/default.aspx>

Reassignment/Deployability

- "Recommended duty reassignments based on a medical diagnosis and a treatment plan will be coordinated on a case-by-case basis consistent with other medical conditions that may require transfer for medically indicated reassignment.
- As a general rule, Gender Transitions will only be allowable shipboard if a transitioning Service Member can maintain deployability standards, with exceptions for minor convalescent leave periods, up to and through the legal change (birth gender standards up to legal change and then preferred gender standards will apply after the gender marker is changed in DEERS). Berthing and head reassignment will only occur after this point.
- During a Gender Transition, Service Members may enter periods of non-deployability during a Gender Transition. Each transition will be different. Timing of a Transition Plan should include consideration of a Sailor's planned rotation date (PRD) and planned deployment/operational requirements. Service Members should normally attempt to finalize transition during one tour to avoid interrupting medical treatment and having to coordinate a new Transition Plan at the next command, where operational requirements may be different. It is the Service Member's and their MMP's responsibility to inform leadership regarding an unforeseen medical condition when, as a result of any medical treatment, the Service Member will or has become non-deployable. For Active Duty Service Members, after a diagnosis has been made, while the treatment and Transition Plan are being created with involvement of the Service Member, their CO, and the MMP, part of the process will be discussing timing of treatment and procedures to minimize impact on potential deployments or mission readiness. Communication between the Service Member/CO and the Service Member's community manager/detailer will also be important. The Service Member may need to discuss with their MMP and CO whether they want to transition while in their current unit or upon arrival at a new unit, as there are advantages and disadvantages to both. Transferring during transition is typically not a good idea as it will require a new Transition Plan signed by the new CO in order to account for the new command's operational requirements."

TG Transition Health Care Process

1. SM presents to Primary Care Manager (PCM), either MTF staff or Operational Command Medical Department, seeking TG healthcare.
2. Primary Care Provider refers to Mental Health (MTF or Organic MH staff assigned to operational command) for evaluation for GD
3. MH provider establishes GD diagnosis and confirms the SM's desire to pursue treatment as well as annotates Medical Necessity clearly in EMR
4. Evaluation by an Endocrine provider or other physician comfortable with Cross Sex Hormone treatment (CSHT) is completed.
5. SM's case is referred to TG Care Team (TGCT- NME) for multi-disciplinary evaluation and formulation of recommendations for patient care plan or concurrence of MTP provided to the board.
6. The validated TG Transition Medical Treatment Plan is forwarded back to the SM's PCM for the SM to present to their CO for review and authorization to initiate the medical treatment
7. Once the SM's Mental Health Provider determines SM is stable in the preferred gender, they will refer the SM to the TGCT for validation (*This validation and recommendation from the TGCT-NME is required before the SM can request (via the chain of command) to change his/her gender marker in DEERS*)
8. SM may be considered stable in the preferred gender before the entire TG Transition Medical Treatment Plan is complete (*SM may seek more TG-related treatment after his/her gender marker has been changed*)

Treatment beyond MH therapies MAY NOT PROCEED w/o CO authorization to execute the medical treatment in alignment with BUMEDNOTE 6000, Enclosure (1), paragraph 6

Special Duty Status

- Aviation
- Undersea
- Personnel Reliability Program
- Special Warfare
- Nuclear Field Duty

Will be discussed with UMO/FS

“SM in a special duty status or seeking to pursue training for special duty are to be counseled on the effect of transgender-related medical care on their ability to attain or remain in a special duty status. All cases are considered on an individual basis for waivers. Transgender status is not in itself disqualifying for special duty status.”

Good to Know

Mental health care:

- Gender-affirming psychotherapy is recommended by the American Psychological Association and is primarily composed of the provision of support and specific cognitive behavioral skills to manage social transition
- Co-morbid conditions such as mood disorders, anxiety disorders, or substance use disorders may also be addressed, as appropriate, via evidence based treatment modalities.

Real Life Experience (RLE) RLE is a component of the transition process that involves living and interacting with others in a variety of settings, in the gender role that is congruent with the person's identified gender. RLE is important to psychological adjustment and support from a mental health professional can be useful.

Medical/Surgical interventions:

- It should be noted that some individuals may not engage in any sort of medical intervention and instead opt solely for “social transition” without medical intervention. Hormone therapy is currently the primary medical intervention sought by transgender individuals. Sex reassignment surgery (SRS, also known as gender confirming, gender reassignment, or gender affirming surgery) is a selected intervention for some and is usually done at Centers of Excellence in TG healthcare. Currently, SRS is not offered at military MTFs.

Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline (2017)

Provides evidence-based guidance on hormonal treatment for gender dysphoria in transgender individuals.

- This guideline is helpful to primary care providers and endocrinologists alike for guidance on hormone therapy.
- The guideline also provides guidance on treatment recommendations for children and adolescents.

Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2016)

Provides comprehensive evidence-based clinical guidance on transgender healthcare.

- Synthesizes the latest research, other evidence-based clinical practice guidelines and clinical experience.
- Compliments the Endocrine Society Guideline (2017) for every day use in the Primary Care setting.
- Compiled by University of California, San Francisco Center of Excellence for Transgender Health along with other resources.

Gender Dysphoria/Gender Incongruence Guideline Resources (2017)

The 2017 guideline on endocrine treatment of gender dysphoric/gender incongruent persons:

- Establishes a framework for the appropriate treatment of these individuals
- Standardizes terminology to be used by healthcare professionals
- Reaffirms the role of the endocrinologist
- Emphasizes that a broader healthcare team is needed to provide mental health services and other treatments, such as gender-affirmation surgery

Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015)

Stated purpose of these guidelines is to assist psychologists in the provision of culturally competent, developmentally appropriate and trans-affirmative psychological practice with transgender and gender non-conforming (TGNC) people.

- Outlines sixteen guidelines for psychologists in various areas of work
- Guideline 10. Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person's gender identity and the psychological effects of minority stress.

Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People (2017)

World Professional Association for Transgender Health (WPATH) publishes the Standards of Care and Ethical Guidelines, which articulate a professional consensus about the psychiatric, psychological, medical, and surgical management of gender identity disorders.

- The organization's mission is to promote evidence based care, education, research, advocacy, public policy, and respect in transgender health.
- WPATH is an advocacy group whose vision is to bring together diverse professionals dedicated to developing best practices and supportive policies worldwide that promote health, research, education, respect, dignity, and equality for transgender, transsexual, and gender-variant people in all cultural settings.
- DoD does not refer to WPATH for clinical guidance but rather for general transgender advocacy group info

Mental Health

- Mental health is important to positive physical outcomes and, as for all patients, should be addressed for TG patients in primary care.
- Mental health care in general, may address 3 types of needs in TG individuals:
 - Exploration of gender identity (discernment, self-acceptance and individuation)
 - Coming out and social transition (developing tools to cope with being transgender in sometimes discriminatory environments)
 - General mental health, possibly unrelated to gender identity (e.g. mood disorders, substance abuse, and PTSD).

Useful Diagnostic Codes

- **DSM-5: 302.85**, Gender Dysphoria in Adolescence and Adults
- **ICD-10: F64.1**, Gender Identity Disorder Unspecified
- **Specify if: Posttransition:** The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen—namely, regular cross-sex hormone treatment or gender reassignment surgery.

Considerations Prior to Initiating Hormone Therapy

- Reproductive health and fertility considerations should be discussed. during the informed consent process prior to initiating hormones.
- Patients may wish to preserve their eggs or sperm prior to initiating hormone therapy (although this is not a covered benefit under TRICARE).
- Hormone therapy affects fertility. For those on hormone therapy without gonadectomy, fertility may return 3-6 months after stopping hormones, though some may experience permanent loss of fertility.
- Infertility is not absolute or universal in transgender people undergoing hormone therapy; all transgender people who have gonads and engage in sexual activity that could result in pregnancy should be counseled on the need for contraception.
- Testosterone is a teratogen that is contraindicated in pregnancy.
- Prolonged estrogen exposure of the testes in MtFs has been associated with testicular damage.

Overview of Male To Female (MtF) Hormone Therapy

- Goal of feminizing hormone therapy is the development of female secondary sex characteristics, and suppression/minimization of male secondary sex characteristics.
- General effects include breast development (usually to Tanner stage 2 or 3), redistribution of subcutaneous fat, reduction of muscle mass, reduction of body hair, change in sweat and odor patterns, and arrest or possible reversal of scalp hair loss.
- Sexual and gonadal effects include reduction in erectile function, changes in libido, reduced or absent sperm count and ejaculatory fluid, and reduced testicular size
- Changes in emotional and social functioning (due to feminizing hormone therapy) may also be expected, although these can vary and stereotypes should be avoided
- General approach is combine an estrogen with an androgen blocker, and in some cases progestogen.

Overview of Female To Male (FtM) Hormone Therapy

- Goal of masculinizing hormone therapy is the development of male secondary sex characteristics, and suppression/minimization of female secondary sex characteristics.
- General effects include the development of facial hair, virilizing changes in voice, a redistribution of subcutaneous fat, increased muscle mass, increased body hair, change in sweat and odor patterns, frontal and temporal hairline recession, and possible male pattern baldness.
- Sexual and gonadal effects include an increase in libido, clitoral growth and vaginal dryness. Changes in emotional and social functioning may also occur (due to effects of masculinizing hormone therapy), although these can vary and stereotypes should be avoided.
- General approach involves the use of one of several forms of parenteral testosterone.

Common Treatments and Procedures

Surgical intervention is the least common type of intervention in the civilian community. We do not yet know how common surgical intervention will be among ADSMs.

Surgeries can be grouped into those specific to transgender populations and those not specific to transgender populations.

Surgeries specific to transgender populations include:

- Feminizing vaginoplasty
- Masculinizing phalloplasty/scrotoplasty
- Metaoidioplasty
- Masculinizing chest surgery
- Facial feminization procedures
- Voice surgery

Surgeries not specific to transgender populations include:

- Augmentation mammoplasty
- Hysterectomy/oophorectomy
- Orchiectomy
- Vaginectomy

DoD Surgeries Authorized to be Selected

MtF	CPT Code	Criteria
Vaginoplasty (construction of “new” vagina from skin or intestinal tube)	57335	<ol style="list-style-type: none"> 1. Meet SRS Guidelines in Attachment 1, section 1, REQUIRED 2. 12 months of hormonal therapy REQUIRED 3. 12 months of full time RLE REQUIRED
Clitoroplasty (rearrangement of penile tissues to create “new” clitoris)	56805	
Labiaplasty (rearrangement of scrotum to create “new” labia)	58999	
Orchiectomy (removal of testicles)	54520/54690	
Penectomy (removal of penis)	54125	

DoD Surgeries Authorized to be Selected

<u>FtM</u>	<u>CPT Code</u>	<u>Criteria</u>
Mastectomy (removal of breast)	19301/19303/19304	<ol style="list-style-type: none"> 1. Meet SRS Guidelines in Attachment 1, section 1, REQUIRED 2. 12 months of hormonal therapy RECOMMENDED 3. 12 months of full time RLE RECOMMENDED
Hysterectomy and Salpingo-oophorectomy (removal of uterus and ovaries)	58262/58291	<ol style="list-style-type: none"> 1. Meet SRS Guidelines in Attachment 1, section 1, REQUIRED 2. 12 months of hormonal therapy REQUIRED (unless medically contraindicated) 3. 12 months of full time RLE REQUIRED
Metoidioplasty (enlargement/lengthening of clitoris)	55899	<ol style="list-style-type: none"> 1. Meet SRS Guidelines in Attachment 1, section 1, REQUIRED 2. 12 months of hormonal therapy REQUIRED 3. 12 months of full time RLE REQUIRED
Phalloplasty (construction of “new” phallus 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	

Exception to Policy (ETP) Process

The process for requesting an ETP to depart from the standards of a Sailor's gender marker in DEERS is as follows:

- Approval authority for requests for an ETP to Navy standards associated with gender transition is resides with the Assistant Secretary of Navy for Manpower and Reserve Affairs (ASN/M&RA) for decision.
- COs must forward ETP requests NLT 60 days after receipt through the first flag officer in the chain of command for approval and copy sent to the SCCC
- ETP request requires MMP medical diagnosis and an approved treatment plan timeline with an estimated date for completion
- COs should include in their comments a discussion of other actions considered or used, and why these actions were ineffective or inadequate

Commander's considerations:

- May establish or adjust local policies on the use of billeting, bathroom, and shower facilities subject to regulation by the military
- May accommodate privacy concerns for all Sailors using existing facilities and furnishings where possible and will modify facilities only when other options are ineffective
- Should try other options to provide reasonable accommodations instead of an ETP (e.g., obtaining and adjusting); however, once received, the ETP request must be processed.

Exception to Policy (ETP) Process Cont.

In lieu of prior approval of ETP:

"A letter from the service member's CO attesting to sailors functioning as a female/male at work would be acceptable (i.e. use of associated pronouns, dressing in the identified gender, using the identified gender berthing/bathrooms/shower facilities. Use of unisex facilities is acceptable). Rare exceptions to full-time RLE are acceptable such as using the male head with male observer during urine drug testing. Otherwise, the experience should be continuous. The PFA is administrative in nature and not a component of RLE, and grading standards are applied based on the DEERS gender marker."

Vignette 1: No Gender Dysphoria

Vignette:

Sailor who was assigned male at birth says he identifies as female. Sailor lives as a female in his off-duty hours. He has no medical diagnosis, does not plan to seek medical treatment, and does not experience significant distress relating to his gender identity. Sailor is not requesting to be treated as a female while on duty.

Considerations and Responsibilities:

1. Treat the Sailor with dignity and respect.
2. No further action is required.
3. If Sailor later requests to be identified as a female during duty hours and/or experiences increased distress relating to his gender identity, inform Sailor of the Navy's Transgender policy and recommend that he see a military medical provider. Gender transition in the Navy begins when a Sailor receives a diagnosis from a military medical provider indicating that gender transition is medically necessary.

Vignette 2: No Diagnosis

Vignette:

Sailor is assigned female at birth. She tells her Senior Chief that she identifies as male and would like to be treated as a male. She has not yet seen a military medical provider.

Considerations and Responsibilities:

1. Treat Sailor with dignity and respect.
2. Inform Sailor that the Navy recognizes a Sailor's gender by the Sailor's gender marker in DEERs. Coincident with that gender marker, the Sailor is responsible to meet all standards for uniforms and grooming; body composition assessment; physical readiness testing; Military Personnel Drug Abuse Testing Program participation; and other standards applied with consideration of the Sailor's gender.
3. Advise Sailor to see a military medical provider. Gender transition in the Navy begins when a Sailor receives a diagnosis from a military medical provider indicating that a Sailor's gender transition is medically necessary.

Vignette 3: Inability to meet standards

Male to Female transition

Vignette:

A Sailor is transitioning to become female and has an approved medical treatment plan (MTP). The MTP includes feminizing hormone therapy and is expected to be complete in six months. After five months, however, it becomes increasingly difficult for the Sailor to meet the male body composition and physical readiness standards, although the MTP is not complete.

Considerations and Responsibilities:

1. Commander should work with the Sailor and the military medical provider (MMP) to accommodate the Sailor without conflicting with Navy standards, such as moving the date or authorizing extended leave. Must meet criteria consistent with DoD policies and should be treated as any other medical issue would be treated.
2. The Sailor is responsible to continue to meet all male standards until the gender marker is changed in DEERS in accordance with this policy. However, Sailors may request an ETP to depart from the standards of a Sailor's gender marker in DEERS. The approval authority is the Assistant Secretary of the Navy for Manpower and Reserve Affairs.

The Sailor must notify the commander of any changes to individual medical readiness that may impact the ability to meet standards. The Sailor, commander, and military medical provider must maintain open communication.

Vignette 4: Mission Readiness Male to Female transition

Vignette:

A Sailor assigned male at birth has been diagnosed with gender dysphoria and has an approved medical treatment plan with an estimated completion date in seven months. Three months into the plan, a military medical provider determines gender reassignment surgery is medically necessary for this Sailor, which would extend the completion date of his gender transition plan for an additional six months. His unit is scheduled to deploy two months before the new expected completion date.

Considerations and Responsibilities:

1. The CO is responsible for approving the timing, or adjustments to the timing, of medical treatment associated with gender transition and must consider: the Sailor's individual facts and circumstances, including the Sailor's medical treatment plan; ensuring the military readiness by minimizing impacts to the mission (including deployment, operational, training, and exercise schedules, and critical skills availability), and the morale and welfare, and good order and discipline of the unit.
2. Commanding Officer is required to notify the SCCC when a request for approval is received.
3. After balancing the needs of the Sailor and the needs of the Navy, and consulting the military medical provider and the SCCC, the CO may delay the Sailor's gender reassignment surgery until after the deployment.
4. The CO may also assign the Sailor to home-station duties as he would any other temporarily non-deployable Sailor.

The Sailor must notify the commander of any changes to individual medical readiness that may impact the ability to meet standards. The Sailor, commander, and military medical provider must maintain open communication

Vignette 5: Mission Readiness

Female to Male transition

Vignette:

A Sailor assigned female at birth transitioned to male as is reflected in the gender marker in DEERS. The Sailor has recently undergone medically necessary sex reassignment surgery. Unfortunately, he has developed severe complications related to the recent surgical procedure. These complications will require additional procedures and an extended period of non-deployable time.

Considerations and Responsibilities:

1. Transgender Sailors will be treated the same as any other Sailor with a medical condition and will be provided all medically necessary care, before and after a change in the Sailor's gender marker.
2. If the military medical provider finds that the Sailor's condition may permanently interfere with his ability to serve on active duty, either the unit-level commander or the military medical provider may refer the Sailor for a determination of fitness in the disability evaluation system in accordance with DoD Policies, Physical Evaluation for Retention, Retirement, or Separation. A transgender Sailor whose ability to serve is adversely affected by a medical condition related to his or her gender identity must be treated, for purposes of separation and retention, in a manner consistent with any other Sailor whose ability to serve is similarly affected.

Vignette 6: Pregnancy Transition Complete

Vignette:

A Sailor has completed Navy gender transition from female to male as indicated in DEERS. The Sailor did not have sex-reassignment surgery, and recently stopped taking male hormones in order to try and start a family. Today, the Sailor approached his commanding officer to discuss his newly confirmed pregnancy.

Considerations and Responsibilities:

1. Sailors must always notify the chain of command of any change to individual medical readiness (IMR). A Sailor's IMR requirements may not coincide with what is listed in the personnel data system.
2. Understand that Sailors who have transitioned gender may remain susceptible to medical conditions associated with their birth gender. Transgender Sailors will be treated the same as any other Sailor with a given medical condition.
3. All pregnant Sailors will receive prenatal care and are entitled to all relevant medical care, administrative entitlements, and leave prescribed under Service policies.

Commanders and units will comply with all policies related to pregnant Sailors.

Transgender Sailors with a medical condition, including pregnancy, will be treated the same as any other Sailor with that condition.

Vignette 7: Reserve Component Female to Male Transition

Vignette:

A Sailor is a member of the individual ready reserve (IRR) and does not have access to a military medical provider. She is transitioning to male and has changed her birth certificate and driver's license to male. The Sailor wants to be considered male by the Navy.

Sailors must notify the commander of any changes to their individual readiness, whether a member of the Active or Reserve Component.

For RC Sailors using a civilian medical provider, diagnosis and treatment will be subject to validation by a military medical provider

Considerations and Responsibilities:

1. All IRR Service members have a responsibility to maintain their health and fitness, meet readiness requirements, and report to their chain of command any medical readiness issues.
2. The Sailor must submit medical documentation that supports the diagnosis of gender dysphoria to the Commander, US Navy Human Resources Command (USNHRC), accompanied by a projected schedule for medical treatment with an estimated date for a change in the Sailor's gender marker, and a request that the Commander, USNHRC approve the timing of the medical treatment
3. Sailor must also notify the Commander, USNHRC in the event of any change to the projected schedule for such treatment, or the estimated date for the change in the Sailor's gender marker.
4. After the timing of medical treatment is approved by the Commander, USNHRC, and once the Sailor's medical provider determines the Sailor has completed medical treatment necessary to achieve stability in the preferred gender, the Sailor may request to the Commander, USNHRC approval of a change to the Sailor's gender marker

Vignette 8: Use of Showers

Transition Complete

Vignette 8:

Use of Showers
Transition Complete

Considerations and Responsibilities:

1. Sailors should discuss concerns about privacy with their chain of command.
2. Sailors must accept living and working conditions that are often austere, primitive, and characterized by little or no privacy.
3. All Sailors will use the billeting, bathroom, and shower facilities associated with their gender marker in DEERS.
4. Commanders have discretion to employ reasonable accommodations when a Sailor voices concerns about privacy.

Steps may include:

- Facility modifications, such as installing shower curtains and placing towel and clothing hooks inside individual shower stalls.
- Authorize alternative measures to respect personal privacy, such as adjusting shower schedules or changing facilities.
- Facilities will not be designated, modified, or constructed to make TG only areas. Any modifications made must be available to all Sailors to use. Accommodations cannot isolate or stigmatize the TG Sailor.
- Commanders should contact the SCCC for assistance.

Vignette 9: Urinalysis

Transition Complete

Vignette:

A Sailor transitioned from transman (FtM) as indicated in DEERS. The Sailor did not have sex-reassignment surgery. The transgender Sailor is randomly selected to undergo a urinalysis test at his new command.

Considerations and Responsibilities:

1. The Sailor should discuss circumstances with command leadership during sign-in period to determine options and allow the commander the ability to ensure observers are properly trained.
2. Commanders may consider alternate observation options if a request from a transgender Service member or an observer is made. Options could include observation by a different observer or medical personnel.
3. Consult with the SCCC; if unable to make special accommodation, spend time discussing the situation with both the observer and the Service member.

The commander must adhere to procedures outlined in the Navy policies and Military Personnel Drug Abuse Testing Program (MPDATP).

Vignette 10: Assignment Considerations

Transition Complete

Vignette:

A transfemale (MtF) Sailor arrived in the CENTCOM Area of Responsibility (AOR) to serve as an advise-and-assist mentor to female police officers. The country of assignment specifically requires female trainers for their female police officers. The country has wide-spread anti-LGBT sentiment and criminal penalties for violations of social norms. This female Sailor may or may not have had sex reassignment surgery.

Considerations and Responsibilities:

1. The Sailor must be mindful of challenges presented by beliefs and norms in the AOR and potential dangers unique to transgender status
2. This situation is unique in that close proximity with women and men in foreign countries may be more complicated than in the U.S.
3. Commander should consult with the local SJA and the SCCC to ensure knowledge of host nation laws and customs prior to deploying a transgender person OCONUS

Contact JAG and SCCC to ensure knowledge of host nation laws and customs prior to deploying a transgender person OCONUS

Conclusion

Knowledge of SECNAV and BUMED TG Transition Healthcare interim policy guidance will help promote high quality TG healthcare services

- Knowledge and use of the TG Transition Medical Treatment process promotes patient centered care and seamless support for Commands .



References

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Transgender Service Policy and Guidance

Links/Information:

- [Secretary of Defense Directive Type Memorandum 16-005, "Military Service of Transgender Service Members"](#)
- [Department of Defense Instruction 1300.28, "In-Service Transition for Transgender Service Members"](#)
- [SECNAVINST 1000.11, "Service of Transgender Sailors and Marines"](#)
- [MILPERSMAN 1000-131, "Member Gender Marker Change"](#)
- [Commander Quick Look \(Final, 01 July\)](#)

Considerations Transgender Service Related NAVADMINS/ALNAVS:

- [NAVADMIN 248/16: Interim Guidance for Service of Transgender Navy Personnel](#)
- [Gender Transition Overview](#)
- [Transgender Service Related FAQs](#)
- [Commanding Officer's Toolkit](#)
- [Bureau of Medicine and Surgery Notice 6000, "Medical Treatment of Transgender Service Members - Interim Guidance"](#)
- [Department of Defense Transgender Handbook](#)
- [Gender Dysphoria Fact Sheet](#)
- [Guidance for Treatment of Gender Dysphoria](#)
- [Endocrine Society Standards of Care 2009](#)
- [Selective Service System: Transgender](#)

How Can I Learn More?

- Multiple sources are available to learn more about Transgender and transitioning patients. Here are just a few:
 - <http://www.endocrine.org/>
 - <http://www.transhealth.uscf.edu/>
 - <http://www.wpath.org/>
 - <http://www.patientcare.va.gov/>
 - <https://www.jointcommission.org/lgbt/>
 - <http://www.apa.org/>
 - <http://www.acog.org/>
 - <https://kx.afms.mil/kj/kx6/transgenderscare/pages/home.aspx>
 - DoD Handbook, *Transgender Service in the U.S. Military: An Implementation Handbook*

Contact the Board

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