



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR 1 2019

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Guidance for Medical Care in Military Treatment Facilities for Service Members
Diagnosed with Gender Dysphoria

References:

- (a) Directive-type Memorandum, 19-004, "*Military Service by Transgender Persons and Persons with Gender Dysphoria*" March 12, 2019
- (b) Health Affairs Memorandum, "Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Members," July 29, 2016 (Attachment 1)
- (c) Section 1074 of title 10, U.S. Code
- (d) DoD Instruction 6490.10, "Continuity of Behavioral Health Care for Transferring and Transitioning Service Members," March 26, 2002.
- (e) DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," March 26, 2012
- (f) Defense Health Agency Memorandum, "Information Memorandum: Interim Defense Health Agency Procedures for Reviewing Requests for Waivers to Allow Supplemental Health Care Program Coverage of Sex Reassignment Surgical Procedures," November 13, 2017 (Attachment 2)

Reference (a) directed implementation of a new policy on military service by transgender individuals. It continues, in effect, medical policy that the Military Health System (MHS) will provide all medical care to protect the health of the individual to all Service members with a diagnosis of gender dysphoria. It also tasked the Assistant Secretary of Defense for Health Affairs to issue further medical guidance as appropriate.

Reference (b) remains in effect, except that the updated 2017 version of the Endocrine Society Clinical Practice Guidelines are now the primary guidelines for consistent, evidence-based care for transitioning members. The guidance for treatment of gender dysphoria is the same for both groups addressed in Reference (a) – the "exempt" group (i.e., those "grandfathered" based on actions initiated under the Department's 2016 personnel policy on military service by transgender individuals) and the non-exempt group.

For the non-exempt group, the MHS will provide all medical care to protect the health of the individual consistent with References (b) and (c) for as long as the individual remains a Service member. MHS providers will ensure that members are fully informed of the medical and personnel policies applicable to gender transition. If the member is to be separated from military service, the MHS and the Military Department concerned will take appropriate action to facilitate the continuity of health care consistent with Reference (d).

Reference (e) continues to apply to all mental health care services to military personnel. Reference (f) continues to apply to potential Supplemental Health Care Program coverage of sex reassignment surgical procedures.

My point of contact for this guidance is Dr. Terry Adirim, who may be reached at terry.a.adirim.civ@mail.mil, or (703) 681-1708.

A handwritten signature in black ink, appearing to read 'Tom McCaffery', with a stylized flourish at the end.

Tom McCaffery
Principal Deputy Assistant Secretary of
Defense for Health Affairs

Attachments:
As Stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Director of Health, Safety, & Work-life, U.S. Coast Guard