

Transgender Policy in the Military: Past, Present, and Future

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The Views of the Speakers represent their own views and do not represent the views of DoD or DAF





- A quick history lesson
- Current Policy
- What is THMEU
- Other Initiatives











Transgender Policy-Then



On June 30, 2016, Secretary of Defense Ash Carter announced that transgender individuals will now be able to openly serve in the U.S. armed forces.



- Directive-type Memorandum (DTM) 16-005, "Military Service of Transgender Service Members," June 30, 2016
- Department of Defense Instruction (DoDI) 1300.28, "In-Service Transition for Transgender Service Members" June 30, 2016
- Assistant Secretary of Defense for Health Affairs (ASD(HA)) Memorandum, "Guidance for Treatment of Gender Dysphoria for Active Duty Service Members," July 29, 2016
- Air Force Surgeon General Memorandum, "In-Service Transition for Transgender Service Members," Aug 3, 2016 (extended Sep 2017)
- DHA Information Memo, 13 Nov 2017 delineates funding of SRS using the Supplemental Health Care Program (SHCP)



Transgender Policy-Obama Era

U.S. AIR FORCE

- Army: Decentralized model
 - "Transgender cell teams (TGCTs)" at each major MTF
 - Lots of variability in care/process
- Navy: Coast versus coast model
 - San Diego and Portsmouth split the globe
 - Multi-D teams but also some variability between them
- Air Force: Single centralized model
 - One MMDT (now THMEU) that oversees all DAF patients
- Coast Guard: ???
 - In some cases, attach to other service TGCTs or figured out at unit level



- Directive-type Memorandum (DTM) 19-004, 'Military Service by Transgender Persons and Persons with Gender Dysphoria'
 - Creates 'Exempt' and 'Non-Exempt' categories
 - Exempt = Diagnosis of Gender dysphoria prior to Apr 12, 2019
 - Essentially business as usual per 2016 guidelines





Executive Order – Biden Era

- "Enabling All Qualified Americans to Serve Their Country in Uniform"
 - Signed by POTUS 25 Jan 2021
- Military Service by Transgender Persons and Persons with Gender Dysphoria"
 - SECDEF memo, 29 Jan 2021
 - > 60 days to develop policy/procedures
 - No adverse actions in interim
- New DODI released Wed 31 Mar 2021





- DODI 1300.28, "In-service Transition for Transgender Service Members"
 - Effective 30 April 2021
- Establishes policy and procedures for:
 - Process by which members may transition gender
 - Changing DEERS gender marker
 - Obtaining medical care for active and reserve transgender members
- Applies to all the military departments, to include Coast Guard





"These policies are based on the conclusion that open service by transgender persons who are subject to the same high standards and procedures as other Service members with regard to medical fitness for duty, physical fitness, uniform and grooming standards, deployability, and retention is consistent with military service and readiness"





- All Service members are to be treated with dignity and respect...no person solely on basis of gender identity will be:
 - Involuntarily separated or discharged
 - Denied reenlistment or continuation of service
 - Subjected to adverse action or mistreatment





Defense Health Agency:

- Provide/coordinate guidance and oversight for provision of medically necessary health care for TG members diagnosed with gender dysphoria/members for whom gender transition is deemed medically necessary by a medical provider
- Develop and use clinical practice guidelines to support the medical treatment plan and projected schedule for treatment
- Requires education and training at MTF
- Supplemental Health Care Program (funding surgery)



Our new DODI

The Military Departments:

- Administer their respective programs
- Maintain a Service Central Coordination Cell ("SCCC") to provide multi-D expert advice and assistance to commanders with regard to TG members and gender transition in military
- Provide oversight regarding implementation of the DODI and any military service regulations related to service by TG persons
- Commanders should not deny medically necessary care to a member





Medical Care:

- Member notifies commander of MTP and identify all medically necessary care/treatment that's part of plan
 - Should include projected schedule for treatment and estimated date for a change in gender marker in DEERs
- Need treatment after DEERs update?→CC/CO must be notified





Medical Care:

- Transition begins with a diagnosis of gender dysphoria from a military medical provider
 - Must indicate transition is medically necessary
- Transition "concludes" when the gender marker in DEERS is changed
- "Real Life Experience" to be determined by each Department (on-duty versus off-duty, ETPs etc)
- Once GMC is done in DEERs → all standards for uniforms, berthing, facilities, fitness, drug demand reduction etc apply



- Requires military medical provider validation:
 - Items in MTP completed and/or
 - Patient demonstrates stability
 - THMEU approach: Has someone counseled/discussed with member all a GMC will entail?
- Requires civilian gender marker change
 - Passport, birth certificate, etc
- Requires command approval

Once above done, DEERs office can update in system!





- Now found on e-pubs site; dated 30 Apr 2021
- "Department of the Air Force Policy Memorandum Accessions and In-Service Transition for Persons Identifying as Transgender"
- Applies to Regular Air Force, United States Space Force, Air Force Reserve, and Air National Guard
- Implements the policy in DODI 1300.28, "In Service Transition for Transgender Service Members"
- "No person, solely based on their gender identity, will be denied accession, involuntarily separated or discharged, denied reenlistment or continuation of service, or subjected to adverse action or treatment in the Air Force or Space Force"



- Discusses entry-level separation
 - May apply during period of initial training (first 180 days) based on a medical condition that impairs the member's ability to complete such training
 - USAFA cadets/contracted AFROTC cadets follow procedures in attachment 2 ("In-service transition")
- Re-emphasizes gender transition start and end
 - Begins with receipt of a diagnosis from a military medical provider (or civilian provider validated by military medical provider) indicating gender transition is medically necessary
 - Concludes with gender marker change (GMC) in DEERS





- Defines role of Transgender Health Medical Evaluation Unit (THMEU):
 - THMEU will confirm the gender dysphoria diagnosis
 - THMEU will validate all Medical Treatment Plans (MTPs) prior to start of transition and whenever an update is required
 - THMEU liaises with base PEBLOs or ARC/SG to make recs regarding profiling and updates ASIMS
 - THMEU formally advises commanders when gender transition is complete/provides recommendation for GMC
- Indicates patients should attend a medical TDY to THMEU, preferably at start of transition!





- Clarifies commander role and timing for decision-making:
 - Commanders are not authorized to *deny* medically necessary care
 - Commanders have 30 days to concur with timing of medical treatment, ETP requests, or GMC requests
- Reworks ETP process
 - Real Life Experience (RLE) defined by an approved ETP or GMC
 - ETPs for dress and appearance, facilities, fitness available
 - Delegated to wing level/installation level for approval
 - ETP for dress and appearance will apply at current and subsequent duty stations



More on ETPs

- ETPs: Dress & Appearance, Facilities, and/or Fitness
- Authority delegated to:
 - Wg/CC for Dress and Appearance and Fitness
 - Installation/CC for Facilities
- Facilities ETPs often aren't a "blanket" use of affirmed gender facilities
 - Often to allow use of separate bathroom with privacy and/or allow time for going home
- Fitness ETPs are an exemption from ANY PT test
- May add ETPs to plan later if needed!





- Clarifies post-transition concerns:
 - Certain treatments may be necessary after GMC (hormones, surgeries) - may require MTP update with review by commander
 - Members completing transition and requiring a return to prior gender marker will be evaluated by THMEU and follow similar procedures for transition





- If media asks questions, direct them to Public Affairs
- Patients often asked to speak on gender transition in military (interviews for articles etc); should be directed to engage with Public Affairs first
- Any commentary on social media should include the caveat that statements are personal opinions and not official Air Force/DoD policy or positions





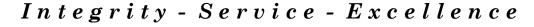
- Goal: "Provide clinical expertise to ensure active duty, Air National Guard, and Air Reserve Component transgender service members receive care consistent with current clinical standards of practice in accordance with DoD and Air Force policy."
- Global clinical resource for all Air Force members who seek to initiate in-service gender transition and a consultative resource for Military Treatment Facility (MTF) providers and Commanders working with transgender service members



THMEU Members

- Flight members:
 - Medical Director
 - Mental Health Provider
 - Primary Care Provider
 - Nurse case managers (2)
 - Licensed vocational nurse
 - Health Care Integrator (RN)









THMEU Members

- Adjunct Team Members:
 - Mental Health
 - Endocrinology
 - Speech and Language Pathology
 - Adolescent Medicine
 - Nutrition
 - Surgical specialists
 - Dermatology
 - Legal
 - Health Benefits

- Leadership/Oversight:
 - **59 MDW**
 - TG Policy Lead
 - Defense Health Agency



THMEU Role

Responsibilities

- Reviews all AD, ANG, AFRC cases
- Confirms provisional diagnoses of gender dysphoria
- Coordinates care with local PCM for treatment options
- Develops/validates medical treatment plan
- Validates all surgical requests
- Validates all gender marker change requests
- Oversee readiness/profiling
- Manage GAHT, Mental Health, Voice therapy

Integrity - Service - Excellence

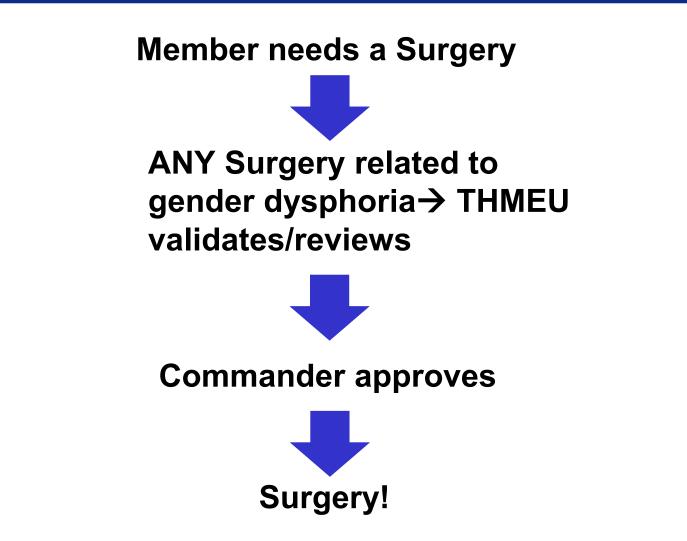




- THMEU must review patient status and provide a validation memo <u>BEFORE</u> ANY gender-affirming surgeries are done!
- Currently, all Services allow surgeries for gender dysphoria in our MTFs where capability exists
- Interim DHA surgical guidance \rightarrow SHCP funds if needed
- Option still remains to have procedures done by paying out-of-pocket in civilian community
 - NOT TRICARE funded!
 - Commander decides convalescent or regular leave
- Elective surgeries require Commander's approval







Integrity - Service - Excellence



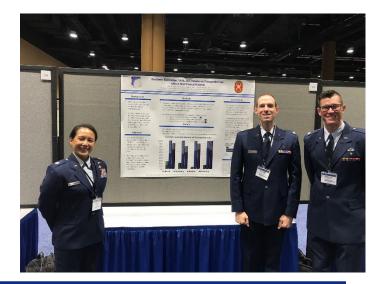
- THMEU continues to review cases and advocate for our patients
 - Continued case review to review those that can be done administratively
 - Encourage TDY to THMEU to expedite process and cover gaps in local provider knowledge
 - Liaise and advise MTFs, HQ AF, AFMRA, DHA, sister services
- Leading healthcare education on this topic across the Military Health System



- Transgender Health Medical Evaluation Unit (THMEU)
 - Expectation for more centralization of care by SG office
 - SG approval for increased staffing
 - THMEU formally stood up in 59th MDW as of 1 May 2020
 - Only DoD formal unit to support transgender patient mission
- Defense Health Agency:
 - THMEU model central to efforts to standardize healthcare delivery across the services



- Research/Quality Improvement
 - 'Residents' Knowledge, Skills, and Attitudes on Transgender Care After a Brief Clinical Rotation'
 - 'Effect of CSHT on athletic performance and body composition among transgender service members in the USAF: a chart review study'
 - Telehealth!
 - Awarded a DHA Grant for hiring of research staff





Questions?

