

No. 24A1030

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In the  
**Supreme Court of the United States**

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UNITED STATES OF AMERICA; *et al.*,

*Applicants,*

v.

COMMANDER EMILY SHILLING; COMMANDER BLAKE DREMAN; LIEUTENANT  
COMMANDER GEIRID MORGAN; SERGEANT FIRST CLASS CATHRINE SCHMID; SERGEANT  
FIRST CLASS JANE DOE; SERGEANT FIRST CLASS SIERRA MORAN; STAFF SERGEANT  
VIDEL LEINS; MATTHEW MEDINA; GENDER JUSTICE LEAGUE,

*Respondents.*

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On Application for a Stay of the Preliminary Injunction Issued by the  
United States District Court for the Western District of Washington

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VOLUME 1 OF 2  
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The Honorable Benjamin H. Settle

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,*Defendants.*

Case No. 2:25-cv-241

**DECLARATION OF EMILY  
SHILLING IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Emily Shilling, declare as follows:

1. My name is Emily Shilling. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I am a 42-year-old woman, and I live in Maryland with my partner and three children.

3. I am a Commander 05 officer in the U.S. Navy and am currently stationed at Patuxent River Naval Air Station.

4. I commissioned in the U.S. Navy in 2005. I have been serving for more than 19 years.

5. I grew up around aviation as my father served in the United States Navy for 23

## 2a

1 years. After earning a degree in Aerospace Engineering from the University of Colorado I  
2 decided to join the Navy out of a deep love of country, drive to serve, sense of adventure, and a  
3 deep desire to push myself to the limit and become a test pilot.

4 6. I currently serve as an Aerospace Engineering Duty Officer (AEDO), charged  
5 with leading large Naval acquisition programs. My work directly impacts the future of naval  
6 aviation, ensuring that the fleet remains operationally effective, technologically advanced, and  
7 mission-ready.

8 7. Before my current role, I was a United States Navy Test Pilot, where I conducted  
9 high-risk flight tests to advance aviation technology and improve aircraft capabilities. Prior to  
10 that, I was a combat aviator who supported both Operation Iraqi Freedom and Operation New  
11 Dawn in Afghanistan, accumulating over 350 combat flight hours and executing 60 combat  
12 missions in high-threat environments. In recognition of this I was awarded three air medals.  
13 With over 19 years of service and over 1750 flight hours in high performance jet aircraft the US  
14 Navy has invested over \$20 million (Based on average flight hour cost of \$10-20k/hour plus Test  
15 Pilot School and aviation training leading to the earning of Naval Aviator Wings).

16 8. Although my core identity is that of a Naval Officer and Pilot, I am also  
17 transgender. I have known this for as long as I can remember but only found the words and the  
18 courage to accept it when I was 36 (in 2019).

19 9. I transitioned within the Navy in 2021, legally changing my name and updating  
20 my gender marker in all required federal and military systems. I hold an updated and valid  
21 passport, driver's license, Social Security card, Department of Defense Common Access Card  
22 (CAC), birth certificate, and court orders reflecting these changes.

23 10. In 2019, when I initially came out, transitioning in the military was not possible  
24 due to the Trump Administration's ban on open transgender service. I transitioned socially

## 3a

1 outside of work, presenting and living as female while still adhering to uniform and grooming  
2 standards as male. When the Biden Administration lifted this ban in early 2021 the DoD  
3 provided clear guidance on legal, administrative, and medical transition procedures that would  
4 allow me to continue serving indefinitely. With this assurance, I finally felt confident that I could  
5 continue my career to at least 20 years, and beyond. This knowledge provided me the  
6 intellectual and emotion safety to continue focusing on my career without fear of reprisal, of  
7 losing my retirement, of losing the job that has supported my family for nearly two decades, or  
8 having to give up the career I have loved. Recent changes in the administrations policies have  
9 shattered this sense of safety.

10 11. I transitioned both socially and medically in the military with the support of my  
11 chain of command. During transition I followed the policies and guidance set forth by the US  
12 Navy and my command. I received a medical treatment plan through Navy Medical and obtained  
13 an approved gender transition plan from my Commanding Officer. After executing this  
14 faithfully, I was determined transition complete in the fall of 2021. At every step my command  
15 has been supportive, and helped me in planning my continued career in the military as an openly  
16 transgender woman.

17 12. My Defense Enrollment Eligibility Reporting System (DEERS) gender marker  
18 was updated in the fall of 2021, which is the primary way a service member's gender is  
19 recognized by the military. My medical transition began in the spring of 2021 with Hormone  
20 Replacement Therapy (HRT), followed by surgical interventions in late 2021 and early 2022  
21 through both civilian and military medical facilities. I use female pronouns and female facilities  
22 in the workplace without any incident or disruption to my duties or the duties of any other  
23 service member.

24 13. In spring 2023, I became the first transgender Naval Aviator to regain my flight

## 4a

1 clearance to fly high-performance jets like the F/A-18 Super Hornet, with the Naval Aerospace  
2 Medical Institute determining there was no medical reason to keep me out of the cockpit. This  
3 clearance was granted after extensive physical and psychological evaluations conducted by  
4 multiple doctors and specialists. It set precedence for at least a dozen other aviators to remain in  
5 the cockpit and the fight during and post transition.

6 14. Being able to serve openly as a transgender individual has made me a stronger  
7 asset to the military. I am able to function as a productive, healthy member of my command, and  
8 my ability to lead with authenticity and integrity has only strengthened my relationships with  
9 fellow service members. I am trusted with high-level acquisition decisions that shape the future  
10 of Naval aviation, and I mentor junior officers and enlisted personnel, ensuring that the next  
11 generation of warfighters is ready to meet the challenges ahead. Members of my command, those  
12 I lead, and those I follow, have all reported sustained superior performance in my roles,  
13 capabilities, knowledge, and leadership.

14 15. Since the Executive Order banning my service was released, I have felt deeply  
15 unsettled, betrayed, and fearful for my future in the military. I have dedicated my entire adult life  
16 to the Navy and have served honorably for nearly two decades, yet my ability to continue serving  
17 is now in jeopardy—not because of my performance, qualifications, or dedication, but solely  
18 because of my identity as a transgender woman.

19 16. This uncertainty has impacted not only my career but my family. My partner and I  
20 have built our lives around military service, and we have three children who depend on my  
21 continued employment. If I am forcibly discharged, we will face immediate financial and  
22 personal instability, as well as the loss of essential benefits like healthcare, housing allowances,  
23 and retirement security.

24 17. The military is facing a recruitment and retention crisis, and I know that I—along


5a

1 with thousands of other transgender service members—am a highly trained, mission-ready asset.  
 2 Removing us weakens the force, damages morale, and undermines our military's values of  
 3 service, sacrifice, and honor.

4 18. I have engaged in speech and conduct disclosing my transgender status and  
 5 expressing my gender identity in numerous ways. I came out to my chain of command and  
 6 fellow service members, taking all necessary legal and administrative steps to transition within  
 7 military regulations. I have lived openly as a woman in military life and have publicly advocated  
 8 for transgender service members, including through my work as President of SPARTA, a non-  
 9 profit supporting over 2,300 transgender troops across all branches of the military. I want to  
 10 continue to engage in speech and conduct disclosing my transgender status and expressing my  
 11 gender identity without fear of retaliation or discharge. I have worked too hard and sacrificed too  
 12 much to be forced out of the Navy—not because I am unfit to serve, but because of a false  
 13 narrative that disregards my skills, my record, and my service to this nation.

14  
 15 I declare under the penalty of perjury that the foregoing is true and correct.

16  
 17 DATED: February 12, 2025

  
 Emily Shilling (Feb 12, 2025 18:25 EST)

6a

The Honorable Benjamin H. Settle

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

Case No. 2:25-cv-241

*Plaintiffs,*

v.

**DECLARATION OF BLAKE  
DREMANN IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,*Defendants.*

I, Blake M. Dremann, declare as follows:

1. My name is Blake Mordecai Dremann. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I am a 43-year-old man, and I live in Ordot-Chalan Pago, Guam

3. I am a Commander in the U.S. Navy and am currently stationed onboard USS Frank Cable (AS-40); a forward deployed submarine tender in Agana, Guam.

4. I entered in the U.S. Navy in December 2005 and received a commission in March 2006. I have been serving for more than 19 years.

5. I joined the Navy with intention of eventually becoming a chaplain. But I needed to serve to earn the GI Bill to go to seminary. I was so adamant about that path, I was taking



## 7a

1 seminary classes online while onboard my first ship to include two semesters of Biblical  
 2 Hebrew. I was also influenced by my grandmother who was in the Women's Army Air Corps  
 3 during WWII as a truck driver, and my grandfather who was a Yeoman during WWII.

4 6. My Navy Designator is 3100 Supply Corps Officer. We are the Navy's  
 5 accountants, material managers, and contracting officers. In my current role, I am the Supply  
 6 Officer onboard USS Frank Cable (AS-40) a submarine tender in Agana, Guam. I supervise  
 7 over 35 enlisted Sailors and 5 Junior Officers in the second largest department onboard. This is a  
 8 milestone job. Administration board and selection from June 2023 and is considered equivalent  
 9 to O5 command.

10 7. Before my current role I was the Supply Officer at Fleet Readiness Center East on  
 11 Marine Corps Air Station Cherry Point, North Carolina; the largest heavy depot operation in the  
 12 U.S. Navy. I led a department of over 280 civilian employees in all facets of logistics and  
 13 material management, production and tool control, and acquisition activities.

14 8. I am transgender. I was assigned female at birth I have known since I was five  
 15 years old. I have lived openly as man separate from the Navy since 2011 and openly in the Navy  
 16 since 2015 after Secretary Carter announced a moratorium on transgender discharges in June  
 17 2015.

18 9. I have taken legal steps to transition. I changed my first and middle name in  
 19 August 2015 in Virginia. I changed my passport and social security gender marker in July 2016.  
 20 In close consultation with the Joint Staff Directorate, I submitted all documentation required to  
 21 update my gender marker in the military in November 2016. My birth certificate is still original  
 22 due to the complexity of updating it in Missouri.

23 10. I came out in the military as transgender in 2015. I was stationed at the Pentagon  
 24 as an intern on the Joint Staff Logistics Directorate J4. My Air Force Colonel and my Navy



## 8a

Captain were supportive. All military and civilian staff I encountered on the Joint Staff were supportive and began using my chosen name as a “call sign” until it was changed legally. I experienced no overt discrimination or purposeful misgendering. It is important to note, I never announced anything to anyone. LT Dremann stayed LT Dremann and most people had already assumed I was male, but it was also not a secret and I had many open discussion with many General Officers and Flag Officers and my co-workers. I have also expressed my gender identity by coming out to my chain of command and my fellow service members, taking steps to transition, and living openly as a male in military life. I want to continue to be able engage in speech and conduct disclosing my transgender status and expressing my gender identity.

11. Being able to serve openly as a transgender individual has made me a stronger asset to the military. I am able to function as a more productive, healthy member of the military, and I am able to forge stronger relationships with others in my command. Being transgender has not affected my ability to do my job in any way. Prior to my transition, I completed 5 patrols on USS Denver (LPD 9), a deployment to Afghanistan with the 101<sup>st</sup> Airborne, and 5 Strategic Deterrent Patrols onboard USS Maine (SSBN 741). Since taking steps for medical transition, I have remained deployable and am currently forward deployed, preparing for a summer deployment (my 12<sup>th</sup> deployment). My personal awards include 2 Defense Meritorious Service Medals, 2 Meritorious Medals, Joint Service Commendation Medal, Navy and Marine Corps Commendation Medal, Joint Service Achievement Medal, 4 Navy and Marine Corps Achievement Medals. I am Submarine, Aviation, and Surface Supply Warfare Qualified and a member of the Defense Acquisition Corps. In 2015, for my work on submarines, I was awarded the Vice Admiral Robert F. Batchelder Award, the Navy League’s award for junior officers who gave significant contributions to the operational readiness of the fleet. I have a high probability of being selected for Navy Captain in 2026.

9a

12. Since the Executive Order banning my service was released, I have felt worried about my future in the Navy. I am stressed about my retirement eligibility. I am stressed about being pulled prior to going on deployment, leaving my department with a hole at the top of it. While being able to openly transition has made me a better person, make no mistake, sustained superior performance and merit is exactly why I am still in the Navy. This is no different than under Don't Ask Don't Tell, forcing people to live a lie for other people's comfort is no way to get the best and the brightest and it stifles GREAT talent.

I declare under the penalty of perjury that the foregoing is true and correct.

DATED: February 12, 2025



Blake M. Dremann

The Honorable Benjamin H. Settle

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-241

**DECLARATION OF GEIRID  
MORGAN IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

1. I, Geirid Morgan, declare as follows:

2. My name is Geirid Morgan. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

3. I am a 45-year-old woman, and I live in Silver Spring, MD with my wife and two children.

4. I am a Lieutenant Commander in the U.S. Navy and am currently stationed at the Office of Naval Research in Arlington, VA.

5. I enlisted in the U.S. Navy in 1998 before separating to attend college in 2002. After earning my PhD from the University of Utah, I was commissioned as an Officer and re-entered active-duty service with the Navy in 2015. I have been serving for more than 14 years on active

## 11a

1 duty.

2 6. I chose the military as a career path because I wanted to be a part of something bigger  
3 than myself and have a measurable impact on the world. I was very drawn to being a member of  
4 a close-knit team with a clear mission focus. I also come from a military family and so was  
5 always attracted to a life in uniform as well as a career in undersea Naval warfare.

6 7. My first military occupational specialty was as an enlisted Navy Diver. I spent over three  
7 years forward deployed in support of 6<sup>th</sup> Fleet undersea mission priorities, including direct  
8 support of mission critical security operations immediately following the 9/11 attacks. As an  
9 Officer, I serve as a Medical Service Corps Research Physiologist. The Research Physiologist  
10 specialty is a highly selective community of fifteen active duty PhD-level scientists. We serve as  
11 subject matter experts for human performance/biomedical research efforts with Naval  
12 operational relevance. We lead these research efforts; manage research departments and  
13 commands that conduct such efforts; and manage and execute research funding for such efforts. I  
14 currently work as a Program Officer with the Office of Naval Research where I manage a science  
15 and technology funding portfolio that invests in fundamental and applied human physiology and  
16 human factors research efforts that aim to fill current and projected U.S. Navy and U.S. Marine  
17 Corps operational capability gaps.

18 8. Before my current role, I served as a Company Commander for the School of Medicine  
19 within the Uniformed Services University of the Health Sciences (USU) and as a Deputy Dept  
20 Head for the Armed Forces Radiobiology Research Institute. Prior to that, I served as a principal  
21 investigator at the Navy Experimental Diving Unit where I led several complex human research  
22 studies aimed at addressing capability gaps of dive operations in extreme undersea conditions. I  
23 further served as military faculty within the Military & Emergency Medicine Department while  
24 stationed at USU, and currently maintain an adjunct Assistant Professorship within the USU

## 12a

Preventative Medicine and Biostatistics Department.

9. I am transgender. I have known since I was five or six years old that I wanted to live as a woman and routinely engaged in cross-gender play and ideations from that age. As a child growing up in Stone Mountain, GA in the 1980's, I never expressed these thoughts and feelings to the adults in my life for fear of the physical and emotional consequences of doing so. The distress around my gender identity became particularly acute during my adolescent years once my body began to change with puberty. Around this time, I became very disturbed by my inability to quell feelings that I was a girl. I grew very fearful that I would never lead a normal life and be accepted by my family and community. This led to feelings of self-hatred and deep anxiety around my growing interest in the pursuit of gender transition. I coped with this distress by living in the closet for decades, fighting my feelings, and hoping they would disappear over time. I lived like this until the age of forty when I began my social transition under the care and guidance of a behavioral health provider. I started my medical transition in early 2023.

10. I have taken legal steps to transition, including changing my legal name and gender in the state of MD; changing my name and gender marker on my MD state driver's license, social security card, passport, and military ID; changing my name on financial accounts; and changing my name and gender marker in the Defense Enrollment Eligibility Reporting System.

11. When I came out to my military leadership as transgender in 2023, my commander was very supportive and provided a comfortable affirming work environment for me to begin my gender transition. My unit level supervisors and colleagues were equally supportive and made every effort to make me feel welcome and safe at work. I relied upon that support and the support of military healthcare providers as part of my decision to come out and to transition openly, as this was an incredibly vulnerable time period for me. I now have successfully completed nearly all medical interventions outlined in my Navy-approved gender transition

## 13a

1 Medical Treatment Plan.

2 12. I have engaged in speech and conduct disclosing my transgender status and expressing  
3 my gender identity, including by coming out to my chain of command and my fellow service  
4 members, taking steps to transition, and living openly as a woman in military life. I want to  
5 continue to be able to engage in speech and conduct disclosing my transgender status and  
6 expressing my gender identity.

7 13. Being able to serve openly as a transgender individual has made me a stronger asset to  
8 the military. I am able to function as a more productive, healthy member of the military, and I  
9 am able to forge stronger relationships with others in my unit as a direct consequence of my  
10 engagements with them as my authentic self. Further, since socially transitioning at work, I have  
11 been able to trust and depend on those around me in a way that I never could before, and this has  
12 resulted in two of my most productive years as a working professional in the military.

13 14. Since the Executive Order banning my service was released, I have felt deeply  
14 dehumanized and devalued. As someone who has served my country so well for so long, and  
15 whose family relies on my service for their well being, it was particularly difficult to absorb  
16 language labeling my identity as not “honorable, truthful” or “disciplined.”

17 15. Involuntary separation from the Navy would cause measurable and immediate harm to  
18 my family. My son has a complex metabolic disease that requires specialty treatment. His  
19 healthcare is completely covered by TRICARE, which means rapidly losing this benefit of my  
20 military service without time to establish continuity of coverage and care would be financially  
21 catastrophic for our family and any lapse in care would be detrimental to his health. Likewise, I  
22 have been notified by my surgical team at Walter Reed that the final planned procedure from my  
23 approved Medical Treatment Plan was cancelled in response to the Executive Order and  
24 SECDEF’s memo directing the cessation of all gender-affirming surgeries. This procedure was



## 14a

1 deemed medically necessary by my healthcare providers. Depriving me of this care puts my  
2 health at risk.

3 16. Further, I have made a substantial personal investment in my military career, which has  
4 included a tremendous amount of military-specific professional development that does not  
5 translate to civilian career fields.

6 17. My professional military experience demonstrates, contrary to assertions within the  
7 Executive Order, that transgender service members can be highly capable of performing military  
8 jobs. Successful completion of a military career as an Officer, defined here as completion of  
9 enough active duty service time to earn military retirement pay, is highly competitive and  
10 dependent on an Officer's ability to perform at a high level and attain promotion through the  
11 ranks. If an Officer fails to be promoted to a given rank two times in a row, they are involuntarily  
12 separated from the military unless retained under a special program or directive. I have a record  
13 of performance at a very high level and was successfully promoted to Lieutenant Commander in  
14 2023, which is the last promotion I would need to ensure my ability to stay on active duty for  
15 twenty years of service and the entitlement to retirement pay.

16 18. My most recent promotion was a major career milestone for me and something for which  
17 my family and I have made personal sacrifices. One of the most impactful sacrifices has been  
18 geographic stability due to the cross-country moves between duty stations. This has been  
19 disruptive to our home life but has also prevented my spouse from establishing her own career,  
20 growing her earning potential, and contributing to her own retirement plan or account. We have  
21 structured our lives around my military career because we deeply valued our life of service and  
22 the mission of my job specialty. We further committed to this career with the hope that I would  
23 perform well enough to successfully complete my career and earn retirement pay. The rapid  
24 unexpected loss of my military career and entrance to the civilian job market would immediately

## 15a

1 put me at a competitive disadvantage by forcing me to undergo a considerable amount of re-  
2 training; absorb a subsequent loss of job-entry level and salary potential; and start private  
3 retirement investments from scratch mid-career. These factors alone increase my risk of  
4 spending the remainder of my life far below our current standard of living and having to work  
5 well beyond the age of normal retirement in the US.

6 19. In addition to the distress caused by the pending upheaval to my and my family's lives, I  
7 am deeply concerned about the conditions of military discharge that are called for in the  
8 Executive Order. Its language appears to call for separations from service in other than honorable  
9 conditions, which would not only be disastrous for my life, my career, and my family, but also  
10 be deeply unfair after I have dedicated fourteen years of loyal service to the US Navy and this  
11 Nation.

12 20. These concerns have taken a clear toll on my mental health. I have shifted throughout the  
13 day between high anxiety and extreme hopelessness since the release of the Executive Order. I  
14 have had severe trouble falling asleep and staying asleep within that time frame, and my mind  
15 has been racing with all of the explicit and potential consequences of this Executive Action. I am  
16 fearful that my family is rapidly running out of options to maintain a healthy stable lifestyle in  
17 the future.

18  
19 I declare under the penalty of perjury that the foregoing is true and correct.

20  
21 DATED: February 12, 2025

Geirid Morgan  
Geirid Morgan (Feb 12, 2025 18:45 EST)

Geirid Morgan



The Honorable Benjamin H. Settle

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-241

**DECLARATION OF CATHRINE  
SCHMID IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Cathrine Schmid, declare as follows:

1. My name is Cathrine Joy Schmid, and I also use the nickname "Katie." I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I am a 40-year-old woman, and I live in Baltimore, Maryland with my wife.

3. I am a member of Gender Justice League.

4. I am a Sergeant First Class in the U.S. Army, and am currently stationed at Fort George G. Meade, Maryland.

5. I enlisted in the U.S. Army in 2005. I have been serving for more than twenty

## 17a

1 years.

2 6. I was exposed to military life at an early age. My father served in the military  
3 when I was a child. I have always been a patriotic American with a desire to serve others, and  
4 was drawn to opportunities presented by serving in the Army. As my career matured, I became  
5 only more devoted to these ideals, to the Army, to my unit, to my mission, and to my fellow  
6 Soldiers. I am proud to put on my uniform each day and serve my country.

7 7. My military occupational specialty is 35N (Signals Intelligence Analyst) within  
8 the Army, and I bear the Special Qualification Identifier of Q (Equal Opportunity Advisor), and  
9 the Additional Skill Indicators of 1B (Sexual Harassment/Assault Response & Prevention Level  
10 I) and 3Y (Army Space Cadre). I currently perform duties as Brigade Equal Opportunity Advisor  
11 for the 704th Military Intelligence Brigade.

12 8. Before my current role, I performed duties as a Multi-Domain Intelligence Non-  
13 Commissioned Officer In Charge, Senior Technical Intelligence Sergeant, Platoon Sergeant,  
14 Signals Intelligence Sergeant, Squad Leader, Multifunction Team Leader, Brigade Land and  
15 Ammunition NCO, Brigade Current Operations NCO, Signals Intelligence Analyst, All-Source  
16 Analysis System Master Analyst, Human Intelligence Collector, and Counterintelligence Agent.

17 9. I am transgender. I was assigned the sex of male at birth. I knew from the age of  
18 five or six that I am female.

19 10. I began to come to terms with my gender identity approximately eleven years ago.  
20 In 2013, in between missions while deployed to Baghdad, Iraq, I came to terms with my own  
21 identity. Following my return to my home station in the US, I started to see a mental health  
22 professional who diagnosed me with gender dysphoria.

23 11. I began living openly as a woman in 2014.

24 12. In consultation with health care professionals, I have taken clinically appropriate

## 18a

1 steps to transition, in accordance with accepted standards of care and Army policy. I completed  
 2 my medical transition plan in August of 2018, and the Army considered my diagnosis of Gender  
 3 Dysphoria resolved in October of 2018. I require minimal ongoing medical care related to my  
 4 transition, involving only commonly accessible oral estrogen tablets.

5 13. I have taken legal steps to transition. In June 2015, I legally changed my legal  
 6 first and middle name to Cathrine Joy. At that time, I also changed my gender marker to female  
 7 on my driver's license, passport, and social security records. In October 2016, I received Army  
 8 approval to change my DEERS marker to Female in DOD records.

9 14. I have worked with my chain of command throughout and since my transition,  
 10 and I have relied upon their approvals in deciding how to proceed with my transition in the  
 11 workplace. Both my chain of command and my fellow enlisted personnel have expressed their  
 12 support to me throughout that process.

13 15. For the past eight years, I have been addressed by female pronouns and have used  
 14 female facilities while at work, without any incident or disruption to my duties or the duties of  
 15 any other service member.

16 16. I have engaged in speech and conduct disclosing my transgender status and  
 17 expressing my gender identity, including by coming out to my chain of command and my fellow  
 18 service members, taking steps to transition, and living openly as a woman in military life. I want  
 19 to continue to be able to engage in speech and conduct disclosing my transgender status and  
 20 expressing my womanhood.

21 17. The fact that I am transgender has not prevented me from performing my duties,  
 22 nor has my transgender status prevented others from performing theirs. I provide expert,  
 23 professional, and valuable services for the Army in the field of military intelligence and as a  
 24 trusted leader of US Army Soldiers. My performance of those duties strengthen our nation's

## 19a

1 military readiness.

2 18. In fact, being able to serve openly as a transgender individual has made me a  
3 stronger asset to the military. I am able to function as a productive, healthy member of the  
4 military, and I am able to forge stronger relationships with others in my unit. Comradery is an  
5 absolute necessity in any unit, and mutual trust is the single most important factor in  
6 cohesiveness. By being open and transparent about my own experiences and background, I am  
7 able to foster mutual understanding with my fellow Soldiers, helping to build an environment  
8 where every Soldier can focus on the mission rather than spending mental energy concealing  
9 aspects of themselves. My journey has equipped me with unique insights into building resiliency,  
10 which is a skill I teach Junior Soldiers as part of my primary duties, and my visible commitment  
11 to the Army values of Integrity and Personal Courage has become an immutable characteristic of  
12 my leadership philosophy.

13 19. I have received numerous awards and decorations for my service, including the  
14 prestigious Sergeant Audie Murphy Award, an honor given only to those who have contributed  
15 significantly to the development of a professional Non-Commissioned Officer Corps and combat  
16 ready Army. My other awards and decorations include a Meritorious Service Medal, a Joint  
17 Service Commendation Medal, five Army Commendation Medals, two Joint Service  
18 Achievement Medals, six Army Achievement Medals, and the Basic Army Space Cadre badge. I  
19 earned the majority of those awards and decorations since coming out as transgender and  
20 commencing my transition. I have also been promoted since coming out as transgender to my  
21 chain of command.

22 20. Since the Executive Order banning my service was released, I have felt extreme  
23 distress and tremendous anguish. This order, and the associated orders regarding transgender  
24 individuals, are an abrupt change in Department of Defense policy, contain untrue and harmful

## 20a

1 statements about my medical requirements and my ability to meet Army standards, and demean  
2 the value of my past 20 years of dedicated service to the military.

3 21. The executive orders also contain explicit statements that by virtue of being  
4 transgender I am living a falsehood, at conflict with “a Soldier’s commitment to an honorable,  
5 truthful, and disciplined lifestyle” and that simply by interacting with my fellow Soldiers I am  
6 behaving in a way that is “not consistent with the humility and selflessness required of a service  
7 member.” These accusations are false and are an affront to the dignity and respect due to a U.S.  
8 Army Soldier.

9 22. As I experience the direct harm of the policies that would ban me from service, I  
10 am also suffering the disheartening effects of seeing my own chain of command and fellow  
11 Soldiers, for whom I would lay down my life, being told that I—by my very existence—am a  
12 threat to them.

13 23. This Order also causes me great fear and anxiety as to my wife’s health and  
14 wellbeing. As a disabled adult, she relies on care and treatment provided under the Army’s  
15 Exceptional Family Member Program, and this threat to my career also threatens the continuity  
16 of her care.

17 24. Nevertheless, since this Order was issued I have remained steadfast in my duties.  
18 I still conduct physical training, I still provide advice and guidance to my Commander on the  
19 issues affecting the Soldiers in my unit, and I provide leadership and professional development  
20 to those junior to me. I continue to fulfill my duties because I stand firm in my responsibility to  
21 train, mentor, and lead the Soldiers of my unit, and ensure that our mission is accomplished.

22 25. A ban against open service would affect my ability to fulfill my remaining service  
23 requirements, or to maintain employment in the military at all, and has potentially threatened my  
24 future retirement benefits. Serving in the Army is my calling. I have served for more than twenty

21a

years, and currently have a mandatory Service Remaining Requirement in my current duty position until 30 June 2026. My intent has long been, and remains, to finish my term of service in my current role as Equal Opportunity Advisor, and thereafter to apply for a two-year position as a First Sergeant within my current unit—a position which aligns with my dedication to leading Soldiers. Although I am eligible for retirement at the end of my current position, I do not plan to retire. This ban throws my future and livelihood into jeopardy.

I declare under the penalty of perjury that the foregoing is true and correct.

DATED: February 12, 2025

  
Cathrine Joy Schmid (Feb 12, 2025 18:20 EST)

CATHRINE SCHMID



**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-241

**DECLARATION OF JANE DOE IN  
SUPPORT OF PLAINTIFFS' MOTION  
FOR PRELIMINARY INJUNCTION**

I, Jane Doe,<sup>1</sup> declare as follows:

1. I am a 37-year-old woman, and I live in Olympia, WA.

2. I am a Sergeant First Class in the U.S. Army and am currently stationed at Joint Base Lewis McChord, WA.

3. I enlisted in the U.S. Army in 2007. I have been serving for more than 17 years.

4. I chose the military as a career path for the opportunities. The military was a path toward a better life and out of an economically depressed State. I stayed in and advanced up the ranks because of the people standing next to me, the Soldiers I serve with are a constant inspiration and I am forever honored to serve with them. The Army has always been a diverse melting pot of cultures and personalities, a distillation of the American people. I have met some

<sup>1</sup> Jane Doe is a pseudonym. I am submitting this declaration under a pseudonym to protect my privacy and to protect my family and me from harassment and violence.

## 23a

1 of my closest friends and continue to keep in touch long after moving duty stations. I am proud  
 2 to serve my nation and wear the uniform. I am especially proud to be an example as a senior  
 3 Non-Commissioned Officer, it is a privilege to mentor junior Soldiers and to watch them reach  
 4 their highest potential.

5 5. I began my military career as an Automated Test Systems Operator/Maintainer at  
 6 Fort Cavazos, TX where I deployed twice to Iraq; in 2009 and 2011. My primary role during  
 7 both deployments was Convoy Security engaging in frequent missions outside the safety of our  
 8 Forward Operating Bases and into Iraq.

9 6. My current military occupation specialty is Satellite Communications Operator-  
 10 Maintainer with an Additional Skill Identifier 1C, Satellite Controller. I'm currently serving in  
 11 the role of Platoon Sergeant. Before my current role, I served as an Information Technology  
 12 Supervisor in Camp Arifjan, Kuwait. My positions have required a Top Secret clearance, which I  
 13 have maintained since 2014.

14 7. I am transgender. I have always known that something felt different, but growing  
 15 up in a small farming town, I was not exposed to anything queer beyond slurs and hate. In 2020 I  
 16 finally started to find the words to express my identity, but with the last ban I kept it inside. It  
 17 slowly ate at my mental health until I came out to my wife in September 2021. Shortly after, I  
 18 received my gender dysphoria diagnosis and started living authentically. The difference has been  
 19 immensely positive, I am a vastly more present and productive person, spouse, parent, and  
 20 Soldier.

21 8. In consultation with health care professionals, I have taken clinically appropriate  
 22 steps to transition. I also have ongoing transition-related health care needs. All medical plans  
 23 have been signed off by my Brigade Commander, who can, if mission requires, deny one's  
 24 medical transition steps until circumstances are conducive and time is available.

25 9. I have taken legal steps to transition. in April 2023 I applied for my passport with  
 26 a Female gender marker. I have changed my gender marker with the Social Security  
 27 Administration and have a Washington license reflecting female.

28 10. I submitted for my gender marker change in the Defense Enrollment Eligibility



1 Reporting System, which was accepted by the military in February 2024, and since then I have  
 2 been living and working fully according to female standards in dress, grooming, and physical  
 3 fitness.

4 11. At the time I came out in the military as transgender in 2021, my command team  
 5 was immediately supportive of my transition and I have never once had an issue with superiors,  
 6 peers, or subordinates. Since coming out, I have been selected for positions of increased  
 7 responsibility and trust, completed a nine-month assignment to Kuwait, and have been promoted  
 8 into senior leadership. I am currently preparing for two international missions this year, where I  
 9 will assume key leadership positions.

10 12. I have received awards and decorations for my service including three Army  
 11 Commendation medals, eight Army Achievement Medals, Army Good Conduct Medal five  
 12 times, a National Defense Service Medal, Iraqi Campaign Medals with two campaign stars, a  
 13 Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Armed  
 14 Forces Service Medal, Humanitarian Service Medal, three Army NCO Professional  
 15 Development Ribbons, The Army Service Ribbon, The Army Overseas Service Ribbon, The  
 16 Army Senior Space Badge, The Combat Action Badge, A Marksmanship Qualification Badge-  
 17 Expert with Carbine.

18 13. Being able to serve openly as a transgender individual has made me a stronger  
 19 asset to the military. I function as a productive, healthy member of the military, and I am able to  
 20 forge stronger relationships with others in my unit. I feel I am more able to execute mission  
 21 requirements than I would be able to, without medical interventions and living as my most  
 22 authentic self. Honesty is the single biggest piece in building a cohesive team and if you are  
 23 unable to be honest with yourself, how can you do so with anyone else? I have noticed an  
 24 increase in honest and productive conversations between myself and others in my current and  
 25 previous units, bringing cohesion and morale up, and fostering stronger ties.

26 14. I have engaged in speech and conduct disclosing my transgender status, including  
 27 by coming out to my chain of command and my fellow service members as needed. I have also  
 28 expressed my gender identity by taking steps to transition and living openly as a woman in

## 25a

1 military life. I want to continue to be able to engage in speech and conduct disclosing my  
2 transgender status, as needed, and expressing my gender identity.

3 15. Since Executive Order No. 14183 (the Executive Order) was signed, I have felt  
4 terrified for my, and my family's future and safety. The prejudicial language of the Executive  
5 Order paints me and my transgender siblings in arms as dishonest, dishonorable, bad for unit  
6 morale and cohesion, and a host of other things not conducive to service.

7 16. I am the primary provider for my household. My family and I were recently  
8 relocated by the military to a high cost-of-living area, my salary is about 2/3 of my household  
9 income. My family's medical benefits are provided by tri-care and tied to my service. If I were to  
10 get separated, it would be disastrous to our financial stability. I plan to pass my GI Bill benefits  
11 to my child, to set them up for the greatest chance at success by drastically reducing his  
12 education costs. I would lose that ability if I were to be separated. My necessary medical care  
13 would be interrupted. I am also on the high-3 retirement plan, if I am separated before 20 years  
14 of service I could very well likely lose all pension related and post retirement medical benefits  
15 that would be afforded to me.

16 17. The Executive Order puts my career directly at risk. In addition to the directions  
17 to change medical standards for military service, the specifically hostile wording may already be  
18 eroding unit cohesion and increasing the likelihood of violence against the transgender military  
19 community.

20 18. Further, the hostile language leads me to fear that they may attempt to separate  
21 under dishonorable/other-than-honorable conditions, which would further endanger my future by  
22 stripping me of all benefits afforded to a veteran and greatly compromising future employment  
23 prospects. Comparison of gender dysphoria to other service exclusive conditions leads me to  
24 believe that my security clearance may be in jeopardy, loss of which would compromise further  
25 mission readiness and future employment prospects.

26a

1 I declare under the penalty of perjury that the foregoing is true and correct.

2  
3 DATED: February 15, 2025

*Jane Doe*

Jane Doe (Feb 16, 2025 16:21 PST)

Jane Doe

The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

COMMANDER EMILY SHILLING; *et al.*,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States; *et al.*,

*Defendants.*

No. 2:25-cv-00241 BHS

**DECLARATION OF SIERRA  
MORAN IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

**I, Sierra Moran, hereby declare as follows:**

1. My name is Sierra Moran. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I am a 31-year-old transgender woman, and I live in Tacoma, Washington.

3. I am a member of the Gender Justice League.

4. I am Sergeant First Class in the United States Army and am currently stationed at Joint Base Lewis McChord.

5. I enlisted in the U.S. Army in 2015. I have been serving for almost 10 years.

6. I chose the Army as a career path because I wanted to serve my country and provide for my family. The Army gave us the opportunity to access necessary healthcare for my wife, pay for my daughter's education, and allowed me to give back to the country I love.

7. My military occupational specialty (MOS) is 25S, which is a Satellite Communications Systems Operator and Maintainer.

8. I currently serve as the Non-commissioned Officer-in-Charge (NCOIC) for my Battalion's S3 section, where I manage and plan the Battalion's operations and training. In this

28a

1 capacity, I help run a Battalion of over 450 soldiers.

2 9. My most recent prior role was as a Crew Chief in the Korea Department of  
3 Defense Information Networks Operations Center (KDOC), where I monitored all U.S. military  
4 networks for the entire Korean peninsula. Before that, I was an Advisor with the 5th Security  
5 Forces Assistance Brigade (SFAB), where I helped advise, support, liaise, and support foreign  
6 military partners in the Indo-Pacific Area of Responsibility (AOR).

7 10. After my current assignment, I am slated to take over as a Platoon Sergeant in an  
8 experimental unit tasked with testing the Army's next generation of communications and  
9 intelligence, surveillance, and reconnaissance (ISR) equipment.

10 11. In my nearly ten years of service, I have earned: three Army Commendation  
11 Medals (ARCOM), three Army Good Conduct Medals (AGCM), and two Army Achievement  
12 Medals (AAM), one of which was in support of a joint air defense artillery mission in Korea.

13 12. I am transgender. I have known for years, even before my transition. I came out to  
14 my wife in 2019, and then to my peers and leadership in 2020.

15 13. Since 2021, when policies changed to allow open service of transgender service  
16 members, I have taken legal and administrative steps to transition, including changing my legal  
17 name and having my gender marker changed to female in DEERS. For all things military and  
18 personal, I am a woman.

19 14. At the time I came out in the Army as transgender, my Company Commander was  
20 extremely supportive. I would have been lost in a sea of red tape if not for her guiding me  
21 through the process of getting my records updated and my medical care plan situated.

22 15. Being transgender, to me, is no more an indicator of my ability to do my job and  
23 fight and win our nation's wars than the color of my skin, my personal faith, or which hockey  
24 team I support. Not once since coming out has being transgender prevented me from honorably  
25 performing my duties as a senior Non-commissioned Officer. Not once has it caused any  
26 personal friction between my peers and me. Not once has it gotten in the way of me leading my  
27 Soldiers. Not once has it negatively affected the overall mission.

28 16. I had recently applied for Officer Candidate School (OCS) in order to become a

## 29a

Commissioned Officer but was informed by Army Human Resources Command on March 18, 2025, that my application was returned without action (in effect, a denial), due to the Office of the Under Secretary of Defense policy dated February 26, 2025. A true and correct redacted copy of the March 18, 2025 email I received with the subject “OCS Application Return Without Action” is attached hereto as Exhibit A.

17. This denial for OCS felt like a punch in the gut. I have always wanted to be a commissioned officer. The notice made me feel that I was being judged not based on merit but rather solely on the fact that I am transgender.

18. Not being able to attend OCS limits my career opportunities and my future pay, as officers generally make more than their enlisted counterparts.

19. In addition, the Ban has arbitrarily classified me as non-deployable, which has blocked me from fulfilling my role as a key leader in an upcoming mission overseas.

20. Since the Executive Order banning my service was released, my family and I have felt constant fear, confusion and anger. Fear at the uncertainty of whether I would be allowed to continue serving. Confusion at the allegations made in the policy. Anger at the loss of my career and all I have worked for over the last ten years.

21. I have engaged in speech and conduct disclosing my transgender status and expressing my gender identity, including by coming out to my chain of command and my fellow service members, taking steps to transition, and living openly as a woman in military life. I want to continue to be able engage in speech and conduct disclosing my transgender status and expressing my gender identity.

I declare under the penalty of perjury that the foregoing is true and correct.

DATED: March 19, 2025

Sierra Moran  
Sierra Moran (Mar 19, 2025 11:24 PDT)

Sierra Moran

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-241

**DECLARATION OF VIDEL LEINS IN  
SUPPORT OF PLAINTIFFS' MOTION  
FOR PRELIMINARY INJUNCTION**

I, Videl Leins, declare as follows:

1. My name is Videl Leins. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I am a 34-year-old woman, and I live in Las Vegas, NV.

3. I am Staff Sergeant in the U.S. Air Force and am currently stationed at Nellis AFB.

4. I am a member of Gender Justice League.

5. I enlisted in the U.S. Air Force in November 2008. I have been serving for more than 16 Years.

6. I chose the military as a career path for my grandfather. He held a special place in my heart. His stories in the Air Force encouraged me to follow.



## 31a

1           7.       My military occupation specialty is Electrical Systems within the Air Force. I'm  
2 currently the only Electrical Sub-AMP manager at Nellis AFB. With in this role I am responsible  
3 for an asset lifecycle management portfolio containing all Air Force-owned electrical power  
4 production and electrical systems on the installation.

5           8.       Before my current role I held various leadership roles as the Electrical NCOIC of  
6 interior, NCOIC of FCAT and Electrical facility manager for the 694<sup>th</sup> IS Sq.

7           9.       Throughout my career, I have held key roles in electrical infrastructure  
8 management across multiple U.S. and overseas assignments, including deployments to Iraq,  
9 Kuwait, and South Korea. My contributions have earned me multiple Air and Space  
10 Commendation medals, an Achievement Medal, and an Iraq Campaign Medal, underscoring my  
11 commitment to excellence in military engineering.

12          10.      I am transgender. I have known for over 20 years that I am female.

13          11.      I have taken legal steps to transition by changing my name and updating my  
14 gender marker on my Driver's license, and I am in the process of amending my birth certificate.

15          12.      Since I came out in the military as transgender in 2023, my commander has  
16 worked with me and been supportive of my transition throughout my transition. My commander  
17 signed off on my medical transition plan, which I have started and must complete before  
18 updating my gender marker in the Defense Enrollment Eligibility Reporting System.

19          13.      Being able to serve openly as a transgender individual has made me a stronger  
20 asset to the military. I am able to function as a productive, healthy member of the military, and I  
21 am able to forge stronger relationships with others in my unit.

22          14.      Since the Executive Order banning my service was released, I have felt betrayed,  
23 not just by the government, but by the very institution I have dedicated my life to. Serving in the  
24 military has been more than just a career; it has been a core part of my identity, a commitment to  
25 protecting the values of this country. To be told that my service is no longer wanted, not because  
26 of my performance or dedication, but because of who I am, feels like a deep personal rejection of  
27 my character.



32a

1           15. I have engaged in speech and conduct disclosing my transgender status and  
2 expressing my gender identity, including by coming out to my chain of command and my fellow  
3 service members, taking steps to transition, and living openly as female in military life. I want to  
4 continue to be able engage in speech and conduct disclosing my transgender status and  
5 expressing my gender identity.

6  
7           I declare under the penalty of perjury that the foregoing is true and correct.

8  
9 DATED: February 15, 2025

Videl Leins  
Videl Leins (Feb 15, 2025 12:11 PST)

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Videl Leins

33a

The Honorable Benjamin H. Settle

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,*Defendants.*

Case No. 2:25-cv-241

**DECLARATION OF MATTHEW  
MEDINA IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Matthew Medina, declare as follows:

1. My name is Matthew Medina. I am a plaintiff in the above-captioned action. I have actual knowledge of the matters stated in this declaration.

2. I am a 23-year-old transgender man, and I live in Kearny, New Jersey. I live with my mother and my 12-year-old sister.

3. I am a member of the Gender Justice League.

4. Right now, I work at Chipotle as a cook. I am the oldest child in my family, and I joined the work force when I was 15 years old to help my mother out.

5. I want to join the military because I want to be able to take care of my family with a stable income. I was raised by a single mother, and I have watched her struggle to provide for

## 34a

us. I want to be able to help my mother, and I want to invest in my little sister's childhood.

6. Joining the military would also allow me to pursue further education. I want to be able to get a Bachelor's degree to have further opportunities. No one in my family has ever been to college before; if I was able to get my degree, I would be the first one. Without enlisting, I would not be able to afford higher education.

7. I also hope to build a family with my partner, and I believe the military would help me launch my family.

8. I have been preparing to join the military for the past year. I have been speaking with a recruiter for the U.S. Marine Corps and have my documents ready for enlistment. I also started the process for tattoo removal so I will be eligible to enlist. Money is tight for my family, but I made the decision to sacrifice my current financial stability to invest in tattoo removal in order to receive the future stability the military can give me. I have been working hard to get in shape to meet the physical requirements for the Marines.

9. Since I was young, I have felt like I've been on the losing side of everything – life, school, money. I want to feel like a winner for once, and the Marines are the best and bravest. I haven't had many role models in my life, and I want what the Marines offer – a brotherhood to share in, to support me and impart wisdom.

10. When I heard about the Executive Order, I felt crushed. It was disheartening to say the least. I felt like I was in high school again – picked on, bullied, put down – all because of how I identify.

11. Since then, I've been feeling disconnected. I've been going to work mindlessly, spending a lot of time in bed, feeling very apathetic. I feel like all of my hard work to get my documents ready and get in shape was for nothing. I've been spending a lot of time trying to keep up to date on how the order is being enforced. The uncertainty on top of the fear I feel

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1 makes this even more difficult. I'm trying to keep myself in shape and keep my mind busy but  
2 it's been really tough. I thought I had found a way to create stability for myself and my family.  
3 With the chance to join the military being taken from me, I feel like I've lost hope that I will  
4 improve my situation.

5 12. If I wait four more years to enlist, I will be at risk of never making it in. The  
6 Marines have an age cap of 28-years-old. Even if the next administration reversed this policy, it  
7 might not be in time for me to enlist before I age out.

8 13. I am transgender. I was assigned the sex of female at birth. However, I have  
9 known since I was about 6 or 8 years old. I didn't know what being transgender was at the time,  
10 but I vividly remember being uncomfortable in my body while I underwent puberty, and  
11 knowing what was happening to my body did not align with how I felt about myself. I came out  
12 to my mother when I was 13 years old and while she struggled at first, we sought counseling, and  
13 in the end she finally understood me for who I was and continues to love me unconditionally.

14 14. In consultation with health care professionals, I have taken clinically appropriate  
15 steps as part of my medical transition. I have been taking testosterone since I was 16 years old. I  
16 am very grateful for the changes it has created in my body, that are better aligned with my  
17 gender identity. I feel happy and have more energy. I also underwent top surgery in December  
18 2023. I was excited to stop binding and recovered well with no complications.

19 15. I have taken legal steps to transition. A judge granted my name change in July of  
20 last year. I also changed my first name and gender marker on my birth certificate, driver's  
21 license, and social security card.

22 16. Because I have wanted to enlist in the military for many years, I have followed  
23 the policies about service by transgender people closely. During President Trump's last term, I  
24 remember being shocked to hear that there was a movement to ban transgender people from

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1 serving. The military is about service, and no one should be prevented from serving their country  
 2 the best way they can. If I am able to meet the requirements for enlistment, I should be allowed  
 3 to serve just like anyone else.

4 17. I also felt – and feel – like there is no reason the military shouldn't allow  
 5 everyone access to the opportunities the military offers if they are willing and able to serve.  
 6 Financial instability affects everyone, it doesn't feel fair to have transgender people be robbed of  
 7 the change to build a foundation for themselves and their families.

8 18. If permitted to do so, I would seek commission into the military. My career plan  
 9 is to enlist into the Marines as an aircraft maintenance specialist and pursue my bachelor's degree  
 10 for career advancement in my selected field, preferably somewhere in aerospace engineering. I  
 11 would like to serve for at least 10 years and hope to put an end to the generational poverty that  
 12 affects me and my family to this very day.

13 19. The Executive Order's policy suggests that I am not a real man. I am a man, and I  
 14 am fit to serve as a man. The policy feels like a charade to drive us even further, putting in danger  
 15 existing unit cohesion and requiring military service members to live inauthentically if they want  
 16 to continue or begin their service to our country.

17 20. Based on my male identity and appearance, there is no way I could use female facilities in a  
 18 military environment. It would make me deeply uncomfortable. If I am forced to use female  
 19 facilities, I will not be able to join the military.

20 21. By implementing this discriminatory ban, the President of the United States, the Secretary of  
 21 Defense, and the Department of Defense have sought to mark me as inferior, marginalize me,  
 22 declare that my very identity is dishonorable, and stigmatize me. In doing so, they have caused  
 23 me great distress, discomfort, and pain. It feels like I am being bullied in high school again, for  
 24 no legitimate reason.

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22. All that I want is to live openly as the man I am and to be treated with respect and dignity by the military.

I declare under the penalty of perjury that the foregoing is true and correct.

DATED: February 12, 2025

  
Matthew Medina (Feb 13, 2025 15:47 EST)  
MATTHEW MEDINA

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The Honorable Benjamin H. Settle

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,*Defendants.*

Case No. 2:25-cv-241

**DECLARATION OF REGAN  
MORGAN IN SUPPORT OF  
PLAINTIFFS' SUPPLEMENTAL  
RELIEF**

I, Staff Sergeant (SSG) Regan A. Morgan, declare as follows:

1. I am a thirty-one-year-old Staff Sergeant in the United States Army. I have served in the U.S. Army for nearly 14 years.

2. In May 2021, I assumed my current role in the 5th Special Forces Group (Airborne) at Fort Campbell.

3. I am a Special Forces Medical Sergeant with the military occupational specialty (MOS) 18D.

4. I currently serve in Alpha Company, 2nd Battalion, 5th Special Forces Group. I was promoted to Staff Sergeant in November 2020, shortly before joining the 5th Special Forces Group.

5. I am presently deployed outside the United States in an active combat zone. I was



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1 scheduled to remain in the active combat one until approximately August 2025.

2 6. In 2019, I completed the Special Operations Combat Medics Course at Fort  
3 Bragg, North Carolina. I subsequently graduated from the Special Forces Qualification Course  
4 (also called “ ” course) in 2020, also at Fort Bragg, earning my Green Beret.

5 7. I have continued to enhance my skills by completing the Military Freefall  
6 Parachutist Course (2021), Special Forces Advanced Urban Combat Course (2021), and the  
7 Special Operations Target Interdiction Course Level 2 (2022).

8 8. Over the course of my career, I have held several leadership roles, including:  
9 Team Leader in the National Guard (2015–2016); State Trainer for the Military Funeral Program  
(2016–2017); and, for the past two years, Company Senior Medical Sergeant.

10 9. To the best of my recollection I’m currently without access to my service record  
11 as I am at a remote location with no computer access. I have received multiple awards, ribbons,  
12 and commendations, including the Army Commendation Medal, Army Achievement Medal,  
13 Army Overseas Service Ribbon, Global War on Terrorism (GWOT) Expeditionary Medal,  
14 Global War on Terrorism (GWOT) Service Medal, NCO Professional Development Ribbon (2  
15 awards), The Army Good Conduct Medal (2 awards), and Operation Inherent Resolve Campaign  
Star, among other awards.

16 10. I am transgender and have been diagnosed with gender dysphoria.

17 11. I recognized I was transgender around 2018.

18 12. In 2019, I first sought guidance for gender dysphoria from behavioral health  
19 professionals at Fort Campbell, and I was diagnosed with gender dysphoria by a behavioral  
20 health provider in 2020.

21 13. During 2020 and through 2022, I attended a support group for soldiers with  
22 gender dysphoria on Fort Campbell, and through that experience, I was able to create a  
23 community of other trans service members that allowed me to grow more confident as a leader  
and soldier.

24 14. In Summer 2022, I submitted a packet requesting command approval for my

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1 gender-affirming care at Fort Campbell. By Fall 2022, I began medically transitioning as  
2 approved by Col. Lindeman.

3 15. Throughout treatment for gender dysphoria, I have successfully maintained my  
4 operational readiness and deployability as a Special Forces Medical Sergeant, and my gender  
5 dysphoria has neither impacted my ability to serve in a combat role nor interfered with my  
6 deployments.

7 16. Since starting hormone therapy, I have had no issues performing my duties in  
8 combat ones.

9 17. In the combat one where I currently serve, I am still able to receive gender  
10 affirming care. I am able to transport and store my medication and administer a weekly injection,  
11 which takes less than ten minutes a week.

12 18. Ongoing access to gender affirming care has improved my mental health,  
13 bolstered my self-confidence, enhanced my effectiveness as a leader on my team, and has not  
14 impacted my ability to perform my duties.

15 19. My current combat one deployment was scheduled to continue through August  
16 2025, but I discovered on or about the morning of March 2, 2025, that a flight had been booked  
17 in my name for emergency leave which I did not request.

18 20. After learning about the flight booking, I spoke to my leadership and was  
19 informed by Sergeant Major Klein, my senior enlisted leader in 2nd Battalion, 5th Special Forces  
20 Group, that I would be placed on emergency leave for five days from March 5, 2025 to March  
21 10, 2025 and then begin “out-processing” out of the Army no later than March 26, 2025. I was  
22 told my separation date the date I would be forced out of the Army would be no later than  
23 April 26, 2025.

24 21. I was asked to sign a counseling form to this effect, which I have included as  
25 E HIBIT A.

26 22. I have since been removed from my forward operating base in a combat one and  
routed through different locations in the Central Command area of operations and am awaiting

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1 transport to Baltimore, Maryland, and then to Fort Campbell for out-processing from the Army.

2 23. I did not request to be discharged from the Army, and I did not initiate the process  
3 of discharge. I did not request to be removed from my combat one deployment. Being  
4 discharged in this manner would profoundly disrupt my life. I have not completed my civilian  
5 degree and have focused primarily on my Army career. I rely on my military income and  
6 healthcare, and losing both would cause severe financial and personal hardship.

7 24. My unit also stands to lose a highly qualified Special Forces Medic, leaving them  
8 with only one medic on the team. Such a reduction severely impacts the readiness and mission  
9 capability of our Special Forces unit, which is meant to operate with two medics. It would be  
10 extremely difficult to replace me without impacting other soldiers' deployment rotations and the  
11 overall effectiveness of the team.

12 25. I have about six to nine years remaining before reaching retirement eligibility,  
13 depending on how my National Guard service is counted. If not for this policy-based action, I  
14 would continue to proudly serve in the United States Armed Forces for the rest of my career. I  
15 find the work immensely rewarding and have built a community among my fellow soldiers.

16 26. The ban on transgender service has forced an abrupt and involuntary end to a  
17 career I love, tarnishing my record of honorable service and jeopardizing my future. My wish is  
18 simply to remain in the Army, continue deploying with my unit, and fulfill my responsibilities to  
19 my country and fellow soldiers.

20 I declare under the penalty of perjury that the foregoing is true and correct.

21 DATED: March 4, 2025

  
Regan A. Morgan (Mar 4, 2025 21:21 GMT+3)  
Staff Sergeant (SSG) Regan A. Morgan

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA**

COMMANDER EMILY SHILLING, *et al.*,  
*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, *et al.*,  
*Defendants.*

Case No. 2:25-cv-241 (BHS)

**SUPPLEMENTAL DECLARATION  
OF EMILY SHILLING**

I, Emily Shilling, declare as follows:

1. I write this declaration to supplement the declaration I signed on February 12, 2025, and submitted in support of the Motion for Preliminary Injunction in this matter on February 19, 2025. *See* ECF No. 24.

2. I have served nineteen years and seven months, placing myself in the more than eighteen years but less than twenty years of total active duty in the United States Navy group for separation and retirement consideration. I maintain great pride in my service, country, and the founding principles for which I volunteered to serve. Serving in the U.S. Navy is core to who I am, its not just a career but a lifelong calling.

3. Prior to November 2024, my intent was to continue to serve with the expectation of promotion to Captain (O6) and subsequent major command tour. In December of 2024, in consultation with my command and trusted senior mentors and leaders I submitted retirement for 1 Feb 2026, with the intent of cancelling this request if service remained open to me. The rhetoric around and promises made against transgender individuals and our continued service made it clear my continued service was in jeopardy. Further escalation led to my resubmission of

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1 request for retirement at twenty years of service, 1 September 2025. This was well within the  
2 typically requested 12 to 18 months lead time for retirement requests and presented a tight  
3 timeline to perform all duties required. I proceeded with preparing for life outside the service on  
4 these timelines while still maintaining hope I could cancel these retirement orders once  
5 permissive and open service was ensured. This timeline would also put me in terminal leave  
6 starting 1 July 2025 while meeting the requirements for typical twenty year retirement.

7 4. According to the Navy's "FAQ: Prioritizing Military Excellence and Readiness,"  
8 updated March 14, 2025, regarding NAVADMIN 055/25 (ECF No. 79-1), which pertains to the  
9 Navy's implementation of the Department of Defense ("DoD") February 26, 2025 guidance  
10 (ECF No. 58-7) and Executive Order 14183, "Sailors with over 18 years but less than 20 years of  
11 total Active-Duty service by the deadline are eligible for early retirement under Temporary Early  
12 Retirement Authority (TERA)."

13 5. The Navy's FAQ guidance further clarifies that the deadline to "request voluntary  
14 separation or retirement [is] no later than 2359Y (UTC-12:00), Friday, 28 March 2025" and that  
15 a service member who "does not request voluntary separation by March 28, 2025, ... will be  
16 subject to involuntary separation and no longer be eligible for voluntary separation benefits and  
17 may be required to pay back any bonus or incentive pays received where the required obligation  
18 has not been met." As written, Navy policy does not guarantee the extension of the offer of  
19 TERA for those involuntarily separated.

20 6. It is not my desire to separate or retire from the United States Navy at this time.

21 7. Aside from causing me to lose the career of military service I have dedicated my  
22 life to, involuntary separation from the Navy pursuant to Executive Order 14183 and its  
23 implementing guidance would have dire financial repercussions for me and my family, as not  
24 only would I lose my livelihood but would lose benefits and remuneration to which I would be  
25 entitled to under TERA according to the guidance. If I am truly required to separate prior to 1  
26 June 2025, which is one month prior to my previously planned terminal leave and just three  
27  
28

1 months prior to my twenty year mark, TERA is the only option that avoids dire consequences  
2 over the matter of a few months.

3 8. Thus, because Executive Order 14183 and its implementing guidance remain in  
4 effect, the impending deadline of March 28, 2025 is fast approaching. Therefore, I formally  
5 submitted my request for early retirement under TERA pursuant to NAVADMIN 055/25 and  
6 section 4.4(a)(8) of the DOD February 26, 2025 Guidance. *See* ECF Nos. 58-7 and 79-1.

7 9. I am opting for early retirement under TERA solely because not doing so would  
8 result in my involuntary separation as well as the potential loss of benefits and discharge status  
9 available through so-called “voluntary separation.” The loss of these benefits would result in  
10 extensive additional harm to my family and me.

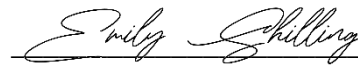
11 10. Under NAVADMIN 055/25, “[t]he latest date available for ... retirement under  
12 this policy is no later than 1 June 2025.” Given my responsibilities and desire to continue to  
13 serve my country as part of the U.S. Navy, I have requested the latest possible date of June 1,  
14 2025 for my early retirement.

15 11. It is my hope and desire that a preliminary injunction in this case would toll such  
16 separation date and that should the courts ultimately find in our favor that I am able to withdraw  
17 the application for early retirement under TERA.

18 12. The only reason I am proceeding with my early retirement request is to preserve  
19 my benefits under TERA. I feel that I have been forced and coerced into opting for so-called  
20 “voluntary separation” under Executive Order 14183 and its related guidance. I do not wish to  
21 retire or separate from the United States Navy currently.

22 I declare under the penalty of perjury that the foregoing is true and correct.  
23

24  
25 DATED: March 24, 2025

  
26 Emily Shilling

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The Honorable Benjamin H. Settle

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WASHINGTON  
AT TACOMA**

COMMANDER EMILY SHILLING, *et al.*,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, *et al.*,

*Defendants.*

Case No. 2:25-cv-241 (BHS)

**SUPPLEMENTAL DECLARATION  
OF BLAKE DREMANN**

I, Blake Dremann, declare as follows:

1. I write this declaration to supplement the declaration I signed on February 12, 2025, and submitted in support of the Motion for Preliminary Injunction in this matter on February 19, 2025. *see* ECF No. 25.

2. I have served more than eighteen years but less than twenty years of total active duty in the United States Navy. Serving in the U.S. Navy has been not only a career for me, but it is also my calling.

3. According to the Navy's "Favoring Military Excellence and Readiness" regarding NAVADMIN 055 25 (ECF No. 79-1), which pertains to the Navy's implementation of the Department of Defense ("DoD") February 26, 2025 guidance (ECF No. 58-7) and Executive Order 14183, "Sailors with over 18 years but less than 20 years of total Active-Duty service by the deadline are eligible for early retirement under Temporary Early Retirement Authority



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1 (TERA).” A true and accurate copy of the Navy’s “FA : Prioriti ing Military Excellence and  
2 Readiness,” updated March 14, 2025, is attached as **E hibit A** to this supplemental declaration.

3 4. The Navy’s FA guidance further clarifies that the deadline to “request voluntary  
4 separation or retirement [is] no later than 2359Y (UTC-12:00), Friday, 28 March 2025” and that  
5 a service member who “does not request voluntary separation by March 28, 2025, will be  
6 subject to involuntary separation and no longer be eligible for voluntary separation benefits and  
7 may be required to pay back any bonus or incentive pays received where the required obligation  
8 has not been met.” This includes early retirement benefits.

9 5. It is not my desire to separate or retire from the United States Navy at this time.

10 6. Aside from causing me to lose the career of military service I have dedicated my  
11 life to, involuntary separation from the Navy pursuant to Executive Order 14183 and its  
12 implementing guidance would have dire financial repercussions for me and my family, as not  
13 only would I lose my livelihood but would lose benefits and remuneration to which I would be  
14 entitled to under TERA according to the guidance.

15 7. Thus, because Executive Order 14183 and its implementing guidance remain in  
16 effect, the impending deadline of March 28, 2025 is fast approaching, and I am currently forward  
17 deployed in the USS Frank Cable, a submarine tender, in Guam, on March 20, 2025, I formally  
18 submitted my request for early retirement under TERA pursuant to NAVADMIN 055 25 and  
19 section 4.4(a)(8) of the DOD February 26, 2025 Guidance. *see* ECF Nos. 58-7 and 79-1.

20 8. I am opting for early retirement under TERA solely because not doing so would  
21 result in my involuntary separation as well as the potential loss of benefits and discharge status  
22 available through so-called “voluntary separation.” The loss of these benefits would result in  
23 additional harm to my family and me.

24 9. Under NAVADMIN 055 25, “[t]he latest date available for retirement under  
25 this policy is no later than 1 June 2025.” Given my responsibilities and desire to continue to  
26 serve my country as part of the U.S. Navy, I have requested the latest possible date of June 1,  
27 2025 for my early retirement.

47a

1           10.     It is my hope and desire that a preliminary injunction in this case would toll such  
2 separation date and that should the courts ultimately find in our favor that I am able to withdraw  
3 the application for early retirement under TERA.

4           11.     The only reason I am proceeding with my early retirement request is to preserve  
5 my benefits under TERA. I feel that I have been forced and coerced into opting for so-called  
6 “voluntary separation” under Executive Order 14183 and its related guidance. I do not wish to  
7 retire or separate from the United States Navy currently.

8           12.

9           I declare under the penalty of perjury that the foregoing is true and correct.

10  
11 DATED: March 24, 2025

  
Blake Dremann (Mar 25, 2025 05:52 GMT-10)  
\_\_\_\_\_  
Blake Dremann

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-241

**DECLARATION OF GEIRID  
MORGAN IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

1. I, Geirid Morgan, declare as follows:

2. I declare under the penalty of perjury that the foregoing is true and correct.

3. On February 25, 2025, I received orders to change my permanent duty station to the Armed Forces Radiobiology Research Institute (AFRRI) in Bethesda, Maryland.

4. My duty at AFRRI would have been to serve as in a department-level leadership role, which represented a major career milestone for me. Such a role is viewed as a requirement for an eventual promotion to Navy Commander, and holding it would have significantly elevated my chances of promotion to Navy Commander at my next eligible promotion board.

5. Navy Officer promotion boards are highly competitive zero-sum events where, based on needs of the Navy, only a fraction of the Officers that are considered for promotion to each rank each year are selected. Furthermore, there are only 15 Officers in my Navy specialty community,

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1 making our group one of the smallest and most selective specialties in the Medical Service  
2 Corps. This also means we have the fewest options for duty stations and the most competition for  
3 job roles at duty stations.

4 6. There are currently no other opportunities available within my community billet pool for  
5 a department-level leadership role that I could fill in place of the AFFRI billet, effectively  
6 making this an irreplaceable opportunity.

7 7. On March 11, 2025, I was informed that due to the pending separation from service  
8 because I am transgender, my orders to the AFFRI were being canceled.

9 8. I was told I would instead be assigned back to my previous role at the Office of Naval  
10 Research. However, I would not have a defined Navy rank-appropriate job role to occupy  
11 because my replacement is currently performing my previous role. This will negatively impact  
12 my annual performance metrics and evaluations, which in turn will adversely impact future  
13 consideration for promotions in rank.

14 9. Thus, the decision to cancel my orders to AFRRRI as a result of the DOD ban on  
15 transgender service has in effect ended my promotion prospects and Navy career progression.

16  
17 DATED: March 18, 2025

Geirid Morgan  
Geirid Morgan (Mar 18, 2025 15:04 EDT)

Geirid Morgan

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-241

**SUPPLEMENTAL DECLARATION  
OF VIDEL LEINS**

I, Videl Leins, declare as follows:

1. I write this declaration to supplement the declaration I signed on February 15, 2025, and submitted in support of the Motion for Preliminary Injunction in this matter on February 19, 2025. See ECF No. 31-28.

2. On March 12, 2025, I was placed on involuntary administrative absence by my command (Exh. A) who informed me that my Exception to Policy (FTP) memos have been rescinded and that I am required to attend the Transition Assistance Program (TAP) course, which is designed to prepare service members for civilian life.

3. I am currently eligible to test for promotion on March 20, 2025 but in order to take the Weighted Airman Promotion System (WAPs) test, I am required to dress in uniform. Service members placed on administrative absence are not allowed to wear uniform, so I am

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1 uncertain if I will be able to test as planned.

2 4. Being placed on administrative absence has significantly impacted my career  
3 progression by stripping away crucial opportunities for professional growth and advancement.

4 5. As a result, I'm unable to submit my package for the Airman Leadership School  
5 (ALS) instructor position, a role that would have strengthened my leadership experience and  
6 broadened my career prospects.

7 6. I have also been removed from USAF Rapid Damage Repair (RDR) training, also  
8 known as Rapid Airfield Damage Recovery (RADR) that I was scheduled to attend at the end of  
9 this month. In recent years, this training has been a key priority, emphasizing the importance of  
10 highly skilled Airmen who can effectively repair, restore, and secure airfields.

11 7. Additionally, the administrative absence has made me ineligible for award  
12 packages that would have highlighted my contributions and set me apart among my peers.

13 8. Perhaps most damaging, it will have lasting effects on my Enlisted Performance  
14 Brief (EPB), which directly influences my future promotion cycles.

15 9. Without these key accomplishments reflected in my records, my ability to  
16 compete for advancement has been unfairly diminished.

17 10. I am required to comply with all standards applicable to service members  
18 identified "M" gender marker in the Defense Enrollment Eligibility Reporting System (DEERS).  
19 I have been on hormone replacement therapy (HRT) for nearly a year (11 months), and without  
20 an Exception to Policy (ETP), I now have a sudden disadvantage in the requirement to meet male  
21 fitness standards and am under undue stress because of the expectation to follow male grooming  
22 standards.

23  
24  
25 I declare under the penalty of perjury that the foregoing is true and correct.

26  
27 DATED: March 18, 2025

Videl Leins

Videl Leins (Mar 19, 2025 00:22 PDT)

Videl Leins

28  
DECLARATION OF VIDEL LEINS IN  
SUPPORT OF PLAINTIFFS' MOTION  
FOR PRELIMINARY INJUNCTION - 2  
[2:25-cv-00241-BHS]

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

52a

The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

COMMANDER EMILY SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-00241-BHS

**DECLARATION OF SHAWN G.  
SKELLY IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Shawn G. Skelly, declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to the matters stated herein.
3. I performed the duties of the Deputy Under Secretary of Defense for Personnel and Readiness from September 11, 2023 – January 20, 2025. In this role, I oversaw U.S. force readiness and management, health affairs, and military and civilian personnel requirements related to equal opportunity, welfare, and quality of life matters. As a Department of Defense official and United States Navy veteran, I can attest to the importance of rigorous, merit-based

DECLARATION OF SHAWN G.  
SKELLY IN SUPPORT OF PLAINTIFFS'  
MOTION FOR PRELIMINARY  
INJUNCTION

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669



1 policies in bolstering military preparedness and to the harms to the military and to national  
 2 security caused by banning qualified transgender individuals who meet rigorous standards from  
 3 military service.

#### 4 **PROFESSIONAL BACKGROUND**

5 4. I attended the University of South Carolina and obtained an undergraduate degree  
 6 in history in 1988. After college, I attended the U.S. Naval War College and earned a master's  
 7 degree in national security and strategic studies in 2002.

8 5. I began my military career in the United States Navy as a Naval Flight Officer,  
 9 working in various combat and management positions, with a focus on global counter-terrorism  
 10 operations, Southeast and Oceania policy, and training Naval Flight Officers. From 2003 to  
 11 2006, I was the U.S. Pacific Command's Deputy Division Chief for South Asia, Southeast Asia,  
 12 and Oceania Policy. After twenty years, I retired with the rank of Commander.

13 6. After a period in industry with defense contractor ITT Exelis, I joined the Obama  
 14 Administration in 2013. During the Obama Administration, I served first as Special Assistant to  
 15 the Under Secretary of Defense for Acquisition, Technology, and Logistics at the U.S.  
 16 Department of Defense, and ultimately as the Director of the Office of the Executive Secretariat  
 17 at the U.S. Department of Transportation.

18 7. In 2017, President Obama appointed me to serve as a Commissioner on the  
 19 National Commission on Military, National, and Public Service, which delivered its final report  
 20 to Congress, Inspired to Serve, in March 2020. This Commission undertook a review of the  
 21 military selective service process and recommended methods to increase military participation.

22 8. On July 22, 2021, I was confirmed by the Senate to be the Assistant Secretary of  
 23 Defense for Readiness where I served as the principal advisor to the Secretary of Defense and the  
 24 Under Secretary of Defense for Personnel and Readiness on all matters related to the readiness of  
 25 the Total Force. In this role, I developed policies and plans, provided advice, and made  
 26  
 27

1 recommendations for Total Force Readiness programs, reporting, and assessments of readiness  
2 to execute the National Defense Strategy.

3 9. From September 11, 2023, through January 20, 2025, I performed the Duties of  
4 the Deputy Under Secretary of Defense for Personnel and Readiness. In this role, I served as the  
5 primary assistant to the Under Secretary of Defense for Personnel and Readiness in formulating  
6 and directing policy for force readiness; force management; health affairs; National Guard and  
7 Reserve Component affairs; education and training; and military and civilian personnel  
8 requirements and management to include equal opportunity, morale, welfare, recreation, and  
9 quality of life matters.

#### 10 **THE BIDEN ADMINISTRATION TRANSGENDER SERVICE POLICY**

11 10. In 2021, President Biden overturned the prior administration's policy barring  
12 military service by transgender individuals, as announced in 2017 and implemented in 2019.  
13 Through DoD Instruction ("DoDI") 1300.28, entitled *In-Service Transition for Transgender*  
14 *Service Members* (the "Austin Policy"), which applies to all military departments, guidance was  
15 set forth to allow military service by qualifying transgender service members. As Assistant  
16 Secretary of Defense for Readiness, I observed the benefits of rigorous, merit-based policies for  
17 America's military capabilities.

18 11. The transgender service policy fosters openness and trust among team members,  
19 thereby enhancing unit cohesion. Ensuring a strong, cohesive team is a selling point of military  
20 service and is especially important given the need to recruit individuals who can perform the  
21 broad range of roles and capabilities required for our military to operate effectively. Everyone  
22 deserves a fair opportunity to be able to serve their country based on their own merit.

23 12. The transgender service policy further enables our military to retain highly trained  
24 and experienced service members by applying the same standards to transgender service  
25 members that are applied to others, including standards relating to medical care.

26  
27  
28 DECLARATION OF SHAWN G.  
SKELLY IN SUPPORT OF PLAINTIFFS'  
MOTION FOR PRELIMINARY  
INJUNCTION

Perkins Coie LLP  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

Lambda Legal Defense and  
Education Fund, Inc.  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

Human Rights  
Campaign Foundation  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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13. The transgender service policy has not negatively impacted readiness. The RAND Corporation's 2016 report, entitled *Assessing the Implications of Allowing Transgender Personnel to Serve Openly* (the "RAND Report"), accurately predicted that allowing transgender individuals to serve would not undermine military readiness. The RAND Report predicted that less than 0.0015 percent of total labor-years would likely be affected by permitting transgender individuals to serve, and that the total proportion of the force that would seek treatment would be less than 0.1 percent. Importantly, those seeking transgender health care are required to go through a formal process that includes seeking a referral from their medical provider and undergoing review by command. An individual who seeks transgender health care does not abruptly disappear from the ranks, but rather must adhere to timelines and reporting procedures that ensure readiness is not adversely impacted.

14. As part of my role, I managed and oversaw the provision of health services to the Total Force, which includes 3.4 million active duty, reserve, and National Guard service members and civilian employees and contractors. To address the health care needs of this large population, the DoD health care system provides access to medical providers across a comprehensive array of specialties, as well as a wide variety of medical services. Transgender health care is not unique and is provided by specialists—like endocrinologists—already embedded in the DoD health care system using medications and procedures that are the same as or substantially similar to those already provided to non-transgender service members. Providing transgender health care therefore did not require any significant changes to the DoD health care system, and any additional costs related to providing transgender health care have been negligible. The real-world increase in health care spending is thus consistent with the RAND Report's predictions.

15. The RAND Report also predicted that allowing transgender individuals to serve would have little or no effect on unit cohesion. Consistent with the military's experience integrating other disadvantaged groups into the ranks, an individual's ability to do the job in

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**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
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New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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front of them has proven to be more important to unit cohesion than any concerns regarding identity. Transgender service members have proven themselves able to perform and are serving ably throughout the military. I am not aware of any complaints regarding unit cohesion resulting from the Austin policy. To the extent the Austin policy has had any appreciable impact on unit cohesion, it has improved unit cohesion by fostering increased trust among team members.

16. Personnel policies that allow transgender service members to be evaluated based on skill and merit, rather than transgender status, do not jeopardize the military's mission of protecting the United States, but strengthen it.

### RECENT REVERSAL OF POLICY

17. On January 27, 2025, President Trump issued an executive order reversing the Biden Administration's policy that allows transgender people to serve. In contrast to the 2017 ban, the policy mandated by this new executive order requires the exclusion both of transgender service members who are currently serving as well those seeking to accede.

18. Such an abrupt reversal of established military personnel policy is highly unusual. Typically, military policies are developed through a systematic and evidence-based process that involves multiple steps and input from various sectors and that addresses a documented issue, problem, or need within the military context. This may arise from operational experiences, strategic assessments, or evolving threats. Once the issue is recognized, a thorough analysis is conducted, gathering relevant data and evidence to understand the scope and implications of the problem. This evidence-based approach ensures that decisions are grounded in factual information and best practices. Input from diverse stakeholders is typically integral to the policy development process and often includes military personnel at various levels, subject matter experts, government officials, and sometimes civilian advisors. Engaging different sectors helps to ensure that a wide range of perspectives and expertise are considered, fostering a more comprehensive and effective policy outcome. The development process is typically orderly and structured, often involving several phases such as drafting, reviewing, and revising the policy

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**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
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**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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1 proposals. This may also include public consultations or discussions with key stakeholders to  
 2 refine the proposed policies. Finally, once the policy is finalized, it undergoes full coordination  
 3 through the appropriate military and Office of the Secretary of Defense approval authorities  
 4 before implementation. This collaborative and comprehensive approach aims to create military  
 5 policies that are responsive, effective, and aligned with broader national security objectives.

6 19. The abrupt policy reversal mandated by the new executive order bears none of  
 7 these hallmarks. It was not prompted by any problem or issue with the service of transgender  
 8 troops. It was not developed through a systematic or evidence-based process, did not include  
 9 input from stakeholders, and was not based on a structured or iterative process. In my  
 10 experience, this is not only unusual, but (apart from the similarly abrupt imposition of a ban in  
 11 2017) unprecedented.

12 20. The executive order claims that transgender people are inherently dishonest and  
 13 unfit to serve and that permitting them to serve hinders military effectiveness and lethality and  
 14 disrupts unit cohesion. This purported rationale is unfounded and refuted by more than three  
 15 years of experience under the Austin policy.

16 21. Transgender service members have served honorably and met the same standards  
 17 and expectations as other service members. I am unaware of any evidence that transgender  
 18 individuals are dishonest or morally unfit.

19 22. Prohibiting transgender individuals from serving in the military is harmful to the  
 20 military and to our national security for several reasons.

21 23. First, a prohibition on service by transgender individuals would degrade military  
 22 readiness and capabilities. Many military units include transgender service members who are  
 23 highly trained and skilled and who perform outstanding work. Separating these service members  
 24 will deprive our military and our country of their skills and talents.

25 24. Second, banning military service by transgender persons would impose significant  
 26 costs that far outweigh the minimal cost of permitting them to serve.

27  
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Perkins Coie LLP  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

Lambda Legal Defense and  
 Education Fund, Inc.  
 120 Wall Street, 19th Floor  
 New York, NY. 10005-3919  
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 Campaign Foundation  
 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
 Phone: 202.527.3669

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25. Third, the sudden and arbitrary reversal of the Austin Policy allowing transgender personnel to serve will cause significant disruption and thereby undermine military readiness and lethality. This policy bait-and-switch, after many transgender service members relied on statements from the highest levels of the chain of command, conveys to service members that command cannot be relied upon to follow its own rules or maintain consistent standards.

26. Fourth, in addition to the breach of transgender service members' trust resulting in the deprivation of their careers and livelihood, President Trump's policy reversal will cause other historically disadvantaged groups in the military, including religious minorities, women, gay and lesbian people, and people belonging to diverse racial and ethnic communities, to question whether their careers and ability to serve as equal members of the military may also be sacrificed for reasons unrelated to their ability to serve.

27. Fifth, those serving in our military are expected to perform difficult and dangerous work. The reversal of policy puts tremendous additional and unnecessary stress on transgender service members, their command leaders, and those with whom they serve.

28. President Trump's reversal of the policy permitting military service by transgender individuals will have a deleterious effect on readiness, force morale, and trust in the chain of command in the military.

### CONCLUSION

29. The President's statements and reversal of the Biden Administration is not only extremely painful to thousands of transgender service members, but also risks public safety and military preparedness at a time of heightened international turmoil.

I declare under the penalty of perjury that the foregoing is true and correct.

DATED: February 11, 2025

Shawn G. Skelly



DECLARATION OF SHAWN G.  
SKELLY IN SUPPORT OF PLAINTIFFS'  
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INJUNCTION

Perkins Coie LLP  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

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The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

COMMANDER EMILY SHILLING; *et al.*,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States; *et al.*,

*Defendants.*

No. 2:25-cv-00241 BHS

**SUPPLEMENTAL DECLARATION  
OF SHAWN G. SKELLY IN  
SUPPORT OF PLAINTIFFS'  
MOTION FOR PRELIMINARY  
INJUNCTION**

I, Shawn G. Skelly, hereby declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.

2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to the matters stated herein.

3. I have reviewed the February 26, 2025, memorandum titled "Additional Guidance on Prioritizing Military Excellence and Readiness" issued by the Office of the Under Secretary of Defense for Personnel and Readiness. I have significant concerns about the immediate and long-term harms this guidance will cause to transgender service members and the ways in which it conflicts with established military policy and practices.

4. This categorical approach to administratively separate an entire class of people who demonstrate their ability to serve and meet military standards represents a significant departure from standard military practice. There are no other circumstances where service members with a



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1 treatable condition that allows them to deploy and meet all readiness standards are nevertheless  
2 deemed categorically incapable of service.

3 5. The policy makes transgender service members ineligible for the Disability  
4 Evaluation System (DES), which is both punitive and based on animus. This approach effectively  
5 declares that transgender service members are useless and cannot serve despite their demonstrated  
6 ability to do so successfully. The guidance separates these service members not based on any  
7 independent evaluation of their ability to meet service obligations, which is standard military  
8 policy, but solely based on their transgender status.

9 6. I am aware of many transgender and non-transgender service members who have  
10 successfully deployed while on hormone therapy, and I know of no problems that arose because  
11 of these circumstances. Transgender and non-transgender service members have proven their  
12 ability to meet all deployment and readiness standards while receiving hormone therapy in austere  
13 conditions.

14 7. The administrative separation procedures will severely disrupt the chain of  
15 command and erode unit cohesion and trust. This guidance will interfere with appointments,  
16 promotions, and assignments as commanders will be unwilling and unable to assign  
17 responsibilities to transgender service members they perceive will be subject to imminent  
18 separation.

19 8. The damage to transgender service members began immediately upon the issuance  
20 of this guidance. Their career progression is already being negatively affected as their future  
21 viability within the military is foreclosed. This will undoubtedly interfere with deployments,  
22 assignments, leadership opportunities, and unit cohesion.

23 9. Service members are currently losing educational and professional development  
24 opportunities as their commands anticipate separation.

25 10. The waiver provisions in sections 4.1(c) and 4.3(c) of the implementing guidance  
26 are designed to exclude transgender service members both from accessions and retention rather

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1 than provide genuine pathways for continued service. The requirements for waivers in both  
2 contexts bar transgender service members from receiving them.

3 11. This guidance goes beyond mere exclusion; it actively inflicts harm. No medical  
4 professional with expertise in this field could reasonably find this policy to be anything but harmful  
5 to transgender service members.

6 12. By disqualifying transgender service members from treatments for gender  
7 transition and ongoing care for gender dysphoria, the guidance cuts off access to medically  
8 necessary care. Based on my observations and experience throughout my military career, it is  
9 harmful for individuals with gender dysphoria not to obtain appropriate medical treatment.

10 13. The guidance's approach is cruel in its implementation, particularly in immediately  
11 cancelling "all unscheduled, scheduled, or planned surgical procedures associated with facilitating  
12 sex reassignment for Service members diagnosed with gender dysphoria."

13 14. I am aware of no other medical condition for which service members are prohibited  
14 from receiving the only known and established means of treatment.

15 15. The implementing guidance includes financial incentives designed to pressure  
16 transgender service members to leave voluntarily, despite the trust and reliance service members  
17 have placed in the military's commitment to allow them to serve following gender transition. While  
18 financial incentives have previously been used during reductions in force or for elimination of  
19 military programs, to my knowledge, they have not been used for separation due to a group-based  
20 characteristic or due to a medical condition.

21 16. Medical costs cannot justify this policy. During my time as Deputy Undersecretary,  
22 I was briefed by the Assistant Secretary for Health Affairs and Defense Health Agency staff  
23 regarding provision of medical care for transgender service members. In that context, I would have  
24 heard of problems, if there were any, including any concerns about costs. In those briefings, no  
25 one reported that there were cost issues associated with medical treatment for transgender service  
26 members. It was never brought to my attention, nor did I hear anything that suggested this

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1 particular course of care was impactful on the military health system or involved any costs that  
2 weren't lost in the wash.

3 17. The rollout of this policy is unprecedented in the chaos and confusion associated  
4 with it. For one, Section 3.4(e) of the February 26 implementing guidance instructs that  
5 transgender service members are to be identified within 30 days of the memorandum. Then, two  
6 days later on February 28, a clarification was sent out stating that DoD personnel are not to identify  
7 affected service members. And an FAQ posted on the DoD website answers a question about how  
8 to identify affected personnel by saying that instructions are forthcoming. It is highly unusual to  
9 direct the Department to identify service members within 30 days for administrative separation  
10 and provide no guidance about how to do that. At the same time, directives have issued halting  
11 deployments, halting medical treatments, and directing service members to return from combat  
12 posts, all alongside directions not to identify affected service members. Such a process is chaotic  
13 and harmful and unprecedented in its lack of clarity and manifestation of confusion.

14 18. Based on my professional experience in military personnel and readiness, I  
15 conclude that this guidance will cause immediate and lasting harm to transgender service members  
16 currently serving in the military. The policy disrupts ongoing medical treatment, creates  
17 unjustifiable barriers to continued service, and damages the careers and well-being of capable  
18 service members who have demonstrated their ability to serve effectively.

19 19. Rather than enhancing military readiness, this guidance undermines it by removing  
20 qualified personnel from service based solely on their transgender status, regardless of their  
21 demonstrated ability to meet all service requirements.

22 20. I have also reviewed Secretary Hegseth's February 7, 2025, Memorandum for  
23 Senior Pentagon Leadership entitled, "Prioritizing Military Excellence and Readiness." In that  
24 Memorandum, Secretary Hegseth states: "The Under Secretary of Defense for Personnel  
25 Readiness is authorized and delegated the authority to provide additional policy implementation  
26 guidance outside of the normal DoD issuance process[.]" In the three-and-one-half (3.5) years I

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1 served in the DoD, I never saw an authorization of this sort. It is ahistorical, in terms of doing  
2 away with the normal issuance of policy. The reason the DoD has its standard issuance process is  
3 to ensure that the potential impacts are considered, including potential harms, costs, and  
4 implementation considerations and are as fully understood as could possibly be determined. As a  
5 part of this review, the DoD gets comments from all the various stakeholders including uniformed  
6 services, military departments, military health, joint staff with respect to impact on combat  
7 readiness. General Counsel in DoD, and others would all have a chance to review as well. Then  
8 we would submit a document that listed both our recommendations for improving implementation  
9 of proposed policy, as well as things we would change based on what we learned from the review.  
10 A policy change as significant as the one currently being undertaken by the Administration, would  
11 take over a year and should involve a review of the longitudinal data that DoD has from the ten  
12 years in which transgender service members have been serving, as well as three-and-a-half years  
13 of data related to service members who transitioned under existing policy. Rather than consult with  
14 stakeholders and review and consider the data, what Secretary Hegseth authorized allows someone  
15 to act by fiat, without any review or consultation whatsoever.

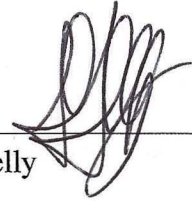
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1 I declare under penalty of perjury under the laws of the United States that the foregoing is  
2 true and correct.

3 Dated: March 16, 2025.

4  
5 Shawn G. Skelly



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The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

COMMANDER EMILY SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-00241-BHS

**DECLARATION OF GILBERT R.  
CISNEROS, JR. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Gilbert R. Cisneros, Jr., declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to the matters stated herein.
3. I served as the Under Secretary of Defense for Personnel and Readiness from August 24, 2021 – September 8, 2023. In this role, I served as the principal staff assistant and advisor to the Secretary of Defense for force readiness; force management; health affairs; National Guard and Reserve component affairs; education and training; and military and civilian personnel requirements and management, including equal opportunity, morale, welfare, recreation, and quality of life matters. It was my responsibility to be aware of unit cohesion,

1 military readiness, medical readiness, deployability, and lethality. As a Department of Defense  
 2 official and naval veteran, I can attest to the importance of non-discriminatory policies in  
 3 bolstering military preparedness and to the adverse impact of excluding qualified individuals  
 4 from military service because they are transgender.

### 5 **PROFESSIONAL BACKGROUND**

6 4. I attended the George Washington University on a Navy Reserve Officer Training  
 7 Corps scholarship and obtained an undergraduate degree in political science in 1994. I later  
 8 attended Regis University, earning a Master of Business Administration in 2002, and Brown  
 9 University, earning a master's degree in urban education policy in 2015.

10 5. After college, I was commissioned as an officer in the United States Navy in 1994  
 11 and served as a Supply Officer until 2004. After I left the Navy, I worked as a logistics manager  
 12 for Frito-Lay. In 2010, I co-founded the Gilbert & Jacki Cisneros Foundation, focused on  
 13 helping students find a path to higher education with scholarships and college access programs.  
 14 In 2015, I founded the Cisneros Hispanic Leadership Institute at my alma mater, the George  
 15 Washington University, which provides scholarships for Latino students and is becoming a  
 16 leading institute for policy issues that affect the Latino community.

17 6. In 2018, I ran for California's 39th Congressional District and was elected to the  
 18 U.S. House of Representatives. I served on both the Armed Services and Veterans' Affairs  
 19 Committees. I championed language in the National Defense Authorization Act to foster greater  
 20 diversity in our military officer corps, while also supporting military families on issues of  
 21 housing, child abuse, and exceptional family members. As the co-founder of the Military  
 22 Transition Assistance Pathway (MTAP) Caucus, I supported and advocated on behalf of military  
 23 service members returning to civilian life.

24 7. On August 24, 2021, I was confirmed by the Senate to be the Under Secretary of  
 25 Defense for Personnel and Readiness. In this role, I served as the principal staff assistant and  
 26 advisor to the Secretary of Defense for force readiness; force management; health affairs;  
 27 National Guard and Reserve component affairs; education and training; and military and civilian



1 personnel requirements and management, including equal opportunity, morale, welfare,  
2 recreation, and quality of life matters.

3 8. In September 2023, I resigned from my position as Under Secretary of Defense  
4 for Personnel and Readiness to run for California's 31st Congressional District. I was elected to  
5 the U.S. House of Representatives in 2024.

### 6 THE NON-DISCRIMINATORY POLICY

7 9. On January 25, 2021, President Joseph R. Biden overturned the first Trump  
8 Administration's restrictive ban with Executive Order (EO) 14004, entitled *Enabling All*  
9 *Qualified Americans To Serve Their Country in Uniform*. The EO directed the Secretary of  
10 Defense and Secretary of Homeland Security to take all necessary steps "to ensure that all  
11 transgender individuals who wish to serve in the United States military and can meet the  
12 appropriate standards shall be able to do so openly and free from discrimination." In setting this  
13 policy, President Biden relied on "substantial evidence that allowing transgender individuals to  
14 serve in the military does not have any meaningful negative impact on the Armed Forces,"  
15 including "a meticulous, comprehensive study requested by the Department of Defense," 2018  
16 testimony by "the then- serving Chief of Staff of the Army, Chief of Naval Operations,  
17 Commandant of the Marine Corps, and Chief of Staff of the Air Force [who] all testified publicly  
18 to the Congress that they were not aware of any issues of unit cohesion, disciplinary problems, or  
19 issues of morale resulting from open transgender service," and a statement by a "group of former  
20 United States Surgeons General . . . that 'transgender troops are as medically fit as their non-  
21 transgender peers and that there is no medically valid reason—including a diagnosis of gender  
22 dysphoria—to exclude them from military service or to limit their access to medically necessary  
23 care."

24 10. On April 30, 2021, the DoD implemented the non-discriminatory policy through  
25 the issuance of DoD Instruction 1300.28, entitled *In-Service Transition for Transgender Service*  
26 *Members* ("DoDI 1300.28"). DoDI 1300.28 applies to all military departments and sets forth  
27 guidance to ensure service by transgender service members, including details regarding medical

1 treatment provisions. This guidance is “based on the conclusion that open service by transgender  
 2 persons who are subject to the same high standards and procedures as other Service members  
 3 with regard to medical fitness for duty, physical fitness, uniform and grooming standards,  
 4 deployability, and retention is consistent with military service and readiness.”

5 11. DoDI 1300.28 provides guidance on the in-service transition process for  
 6 transgender service members: “Gender transition begins when a Service member receives a  
 7 diagnosis from a military medical provider indicating that gender transition is medically  
 8 necessary, and then completes the medical care identified or approved by a military mental  
 9 health or medical provider in a documented treatment plan as necessary to achieve stability in the  
 10 self-identified gender. It concludes when the Service member’s gender marker in [the Defense  
 11 Enrollment Eligibility Reporting System (“DEERS”)] is changed and the Service member is  
 12 recognized in his or her self- identified gender. Care and treatment may still be received after the  
 13 gender marker is changed in DEERS as described in Paragraph 3.2.c. of this issuance, but at that  
 14 point, the Service member must meet all applicable military standards in the self-identified  
 15 gender.”

16 12. DoDI 1300.28 explicitly addresses military readiness considerations with respect  
 17 to in- service transitions: “Unique to military service, the commander is responsible and  
 18 accountable for the overall readiness of his or her command. The commander is also responsible  
 19 for the collective morale, welfare, good order, and discipline of the unit, and establishing a  
 20 command climate that creates an environment where all members of the command are treated  
 21 with dignity and respect. When a commander receives any request from a Service member that  
 22 entails a period of nonavailability for duty (e.g., necessary medical treatment, ordinary leave,  
 23 emergency leave, temporary duty, other approved absence), the commander must consider the  
 24 individual need associated with the request and the needs of the command in making a decision  
 25 on that request.”

26 13. DoD Instruction 6130.03 (“DoDI 6130.03”) outlines the medical standards for  
 27 appointment, enlistment, or induction. Individuals with a history of gender dysphoria are eligible

1 for accession if they have been stable in their gender for at least 18 months, and individuals who  
 2 have received transition-related health care are likewise eligible for accession if they meet  
 3 certain medical stability criteria.

4 14. As Under Secretary of Defense for Personnel and Readiness, my responsibilities  
 5 included implementing the policy permitting service by transgender troops, including evaluating  
 6 any proposed new Military Department and Military Service regulations, policies, and guidance  
 7 related to military service by transgender persons and persons with gender dysphoria, and  
 8 revisions to such existing regulations, policies, and guidance, to ensure consistency with policy.  
 9 In implementing this policy, I observed the benefits of non-discriminatory policies for America's  
 10 military capabilities.

11 15. The non-discriminatory policy fosters openness and trust among team members,  
 12 thereby enhancing unit cohesion. This unit cohesion is vital in protecting America's national  
 13 security interests around the world. Unit cohesion is especially important given the ongoing  
 14 challenge of recruitment and the need to recruit individuals who can perform the broad range of  
 15 roles and capabilities required for our military to operate effectively. Everyone deserves a fair  
 16 opportunity to be able to serve their country based on their own merit and without regard to their  
 17 racial, ethnic, sexual orientation, or transgender status.

18 16. The non-discriminatory policy further enables our military to retain highly trained  
 19 and experienced service members by enabling transgender service members to serve and to  
 20 obtain needed medical care on the same terms as other service members rather than discharging  
 21 them simply because they are transgender. There are no special rules or considerations for a  
 22 person who is diagnosed with gender dysphoria, including those who may require surgery. I had  
 23 hernia surgery while I was in the military and had three weeks off to recover for this. My  
 24 experience is no different from a transgender servicemember taking time off related to gender  
 25 transition surgery. There are no special circumstances or other considerations outside the  
 26 ordinary time off given for all other surgeries.

27  
 28  
 DECLARATION OF GILBERT R.  
 CISNEROS, JR. IN SUPPORT OF  
 PLAINTIFFS' MOTION FOR PRELIMINARY  
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**Perkins Coie LLP**  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

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1           17.     The RAND Corporation's 2016 report, entitled *Assessing the Implications of*  
 2     *Allowing Transgender Personnel to Serve Openly* (the "RAND Report"), predicted that allowing  
 3     transgender individuals to serve would have no significant impact on healthcare costs. As part of  
 4     my role as Under Secretary of Defense for Personnel and Readiness, I oversaw provision of  
 5     health services to the Joint Force, which includes 2.1 million active duty, reserve, and National  
 6     Guard service members as well as their dependents, and retired military members and their  
 7     dependents, a total of approximately 9.6 million Americans. Transgender service members make  
 8     up a very small proportion of the Joint Force, such that the cost of providing transgender health  
 9     care is trivial when compared with the cost of providing other health care. Providing transgender  
 10    health care did not require any significant changes to the DoD health care system, and any  
 11    additional costs related to providing transgender health care have been insignificant, as the  
 12    RAND Report predicted.

13           18.     The RAND Report was also correct in predicting that allowing transgender  
 14    individuals to serve would not have a negative impact on readiness or unit cohesion. The military  
 15    has successfully integrated individuals from a very wide array of different backgrounds, and our  
 16    ability to do so is a central foundation of our strength and effectiveness. The military is an  
 17    intensely meritocratic institution: what counts is a person's ability to do the job and to lead; their  
 18    identity is irrelevant. Transgender service members have more than proven themselves and are  
 19    serving honorably, ably, and, in many cases, with distinction throughout the military. I am not  
 20    aware of any complaints regarding unit cohesion or anything else resulting from the service of  
 21    transgender individuals.

22           19.     If there were complaints or problems about transgender service members, I would  
 23    have known of them through my role as Under Secretary of Defense for Personnel and  
 24    Readiness. This is true even though in my role I would not necessarily be apprised of the daily  
 25    goings on of individual units with respect to morale or discipline problems. In that role, I did  
 26    hear complaints about some other issues, but I never received or heard about a single complaint  
 27    relating to transgender service members.

28    DECLARATION OF GILBERT R.  
 CISNEROS, JR. IN SUPPORT OF  
 PLAINTIFFS' MOTION FOR PRELIMINARY  
 INJUNCTION - 6

**Perkins Coie LLP**  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

**Lambda Legal Defense and  
 Education Fund, Inc.**  
 120 Wall Street, 19th Floor  
 New York, NY. 10005-3919  
 Telephone: 212.809.8585

**Human Rights  
 Campaign Foundation**  
 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
 Phone: 202.527.3669

20. Personnel policies that allow transgender service members to be evaluated based on skill and merit, rather than transgender status, do not jeopardize the military's mission of protecting the United States, but strengthen it.

#### RECENT REVERSAL OF POLICY

21. On January 20, 2025, President Trump issued an executive order reversing the non-discriminatory policy and banning transgender individuals from joining or continuing to serve in our nation's Armed Forces.

22. This mode of making military policy is highly atypical. As a general rule, military policies are developed carefully, based on a structured process that involves a comprehensive gathering and review of relevant facts and data, input from multiple stakeholders and sectors, and multiple drafts and iterations based on input and review.

23. The abrupt reversal of an existing policy that was adopted after just such a thorough and comprehensive review, and that has been working extremely well, is unprecedented in my experience. This is an extreme departure from how military policy is typically made.

24. The executive order claims that transgender people are inherently unfit to serve and that they undermine readiness and lethality. There is absolutely no factual basis for these claims, which are refuted by more than three years of experience under the non-discriminatory policy. They are also refuted by the nearly ten years of performance of those transgender service members who transitioned under the original Obama Administration policy, serving successfully, earning multiple promotions and performing in roles of increasing importance and responsibility. The U.S. military is a merit-based organization, and individuals move through the ranks based on fitness and aptitude; there are no diversity-based promotions in the U.S. military. Transgender service members must meet the same standards as other service members. The success of transgender service members under the non-discriminatory policy is a testament to their skill and fitness for service.

DECLARATION OF GILBERT R.  
CISNEROS, JR. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR PRELIMINARY  
INJUNCTION - 7

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

1           25. Prohibiting transgender individuals from serving in the military is harmful to the  
2 military and to the public interest for several reasons.

3           26. First, banning qualified individuals simply because they are transgender would  
4 undermine military readiness and capabilities. Many transgender service members have  
5 undergone extensive training and education, have specialized skills, are in critical positions, or  
6 are performing at high levels. Separating these service members will deprive our military and our  
7 country of their skills and talents which took years of training and experience—and significant  
8 investment from the military—to acquire. The military makes an investment in each individual;  
9 when you remove an individual, it is not plug and play. It takes time to fill positions, and this  
10 negatively impacts readiness. It is senseless to discharge service members who are meeting  
11 standards because they are transgender; the only impact of such a policy is to exclude qualified  
12 personnel.

13           27. Second, baselessly excluding transgender persons from service would needlessly  
14 narrow the pool of applicants from which the military could recruit service members. There is no  
15 credible reason to exclude transgender persons from opportunities within the military, especially  
16 given the military's acute need to recruit qualified individuals with specialized skills.

17           28. Third, the sudden and arbitrary reversal of the DoD policy allowing transgender  
18 personnel to serve is disruptive and erodes trust in leadership. Transgender service members  
19 relied on statements from their commanders that they are permitted to serve based on the same  
20 rules and standards applied to others. Breaking that commitment sends a message that leadership  
21 cannot be trusted and that the military as an institution will not honor its own rules. Furthermore,  
22 removing transgender personnel for reasons unrelated to their performance will undermine the  
23 military's merit-based culture, which will negatively impact morale, as I have seen firsthand. I  
24 served in the Navy during Don't Ask, Don't Tell. Early in my service, a sailor was removed from  
25 the ship after his sexual orientation was discovered. He was a valued member of the crew, and  
26 his abrupt removal dampened morale.

27  
28  
DECLARATION OF GILBERT R.  
CISNEROS, JR. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR PRELIMINARY  
INJUNCTION - 8

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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29. Fourth, in addition to the breach of transgender service members' trust resulting in the deprivation of their careers and livelihood, President Trump's policy reversal will cause service members who belong to other groups to question whether they may be subjected to the same type of arbitrary discrimination based on who they are rather than their ability to do the job.

30. Fifth, military service already demands challenging and hazardous duties from personnel. By changing the existing policy, transgender service members, their commanding officers, and their fellow service members all face unnecessary additional pressure and burden in carrying out their responsibilities.

31. President Trump's reversal of the policy permitting military service by transgender individuals will have a deleterious effect on readiness, force morale, and trust in the chain of command in the military.

I declare under the penalty of perjury that the foregoing is true and correct.

DATED: February 16, 2025



Gilbert R. Cisneros, Jr.

DECLARATION OF GILBERT R.  
CISNEROS, JR. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR PRELIMINARY  
INJUNCTION - 9

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669



The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

COMMANDER EMILY SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,*Defendants.*

Case No. 2:25-cv-00241-BHS

**DECLARATION OF CARLOS DEL  
TORO IN SUPPORT OF PLAINTIFFS'  
MOTION FOR PRELIMINARY  
INJUNCTION**

I, Carlos Del Toro, declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to the matters stated herein.
3. I served as the 78th Secretary of the Navy, a position I held from August 9, 2021 to January 20, 2025. As Secretary of the Navy, I was responsible for all Title 10 affairs of the Department of the Navy, including recruiting, organizing, supplying, equipping, training, mobilizing, and demobilizing. I was in charge of over 900,000 Sailors, Marines, reservists, and civilian personnel. I also oversaw the construction, outfitting, and repair of naval ships, aircraft,

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1 equipment, and facilities.

2 4. The Department of the Navy oversees two military services: The United States  
3 Navy and the United States Marine Corps.

#### 4 **PROFESSIONAL BACKGROUND**

5 5. I am a graduate of the United States Naval Academy. I hold a Masters in National  
6 Security Studies from the Naval War College, a Masters in Space Systems Engineering from the  
7 Naval Postgraduate School, and a Masters in Legislative Affairs from George Washington  
8 University.

9 6. I served as an active-duty officer in the United States Navy for 22 years that  
10 included numerous tours of duty at sea and ashore. During my naval career, I served in various  
11 roles including First Commanding Officer of the USS Bulkeley (DDG-84), Senior Executive  
12 Assistant to the Director for Program Analysis and Evaluation in the Office of the Secretary of  
13 Defense, and Special Assistant to the Director and Deputy Director of the Office of Management  
14 and Budget in the Executive Office of the President of the United States.

15 7. Following retirement from my military service, I founded and served as CEO of  
16 an engineering services company supporting government programs, giving me additional  
17 perspective on military readiness and personnel requirements from both public and private sector  
18 viewpoints.

#### 19 **EXPERIENCE WITH TRANSGENDER SERVICE POLICY**

20 8. During my tenure as Secretary of the Navy, I had oversight responsibilities over  
21 all personnel matters affecting the Navy and Marine Corps, including implementation of  
22 Department of Defense personnel policies regarding service by transgender personnel. This has  
23 given me direct insight into how these policies affect military readiness, unit cohesion, and good  
24 order and discipline.

25 9. Based on my direct experience and observation, transgender service members  
26 who meet the standards required for their positions serve effectively and contribute positively to

1 unit readiness. The determining factor for military service should be, and has been, whether an  
 2 individual can meet the standards for their specific role, whether serving on a ship, submarine,  
 3 aircraft, or shore installation.

4 10. In my three and a half years as Secretary, I reviewed thousands of disciplinary  
 5 cases and personnel matters at the highest levels of the Department, including retirement grade  
 6 determinations and various judicial punishments. Notably, throughout this entire period, I  
 7 cannot recollect a single disciplinary case or performance issue related directly to a service  
 8 member's transgender status.

### 9 **MILITARY STANDARDS AND READINESS**

10 11. Military standards exist and are set to meet the minimum requirements of each  
 11 professional warfare specialty within our military services. These standards vary appropriately  
 12 by role: the requirements for serving on a submarine are necessarily different from those  
 13 required of personnel serving in naval special-forces units. These standards are constantly  
 14 evaluated and updated based on military necessity.

15 12. In my experience, being transgender does not inherently affect a service  
 16 member's ability to meet these standards or to deploy worldwide. Any suggestion to the  
 17 contrary contradicts the actual documented performance of transgender service members in our  
 18 forces.

19 13. The Department regularly accommodates various medical and personal  
 20 circumstances when service members otherwise meet standards. For example, I have personal  
 21 knowledge of cases where the Department of Defense has made appropriate accommodations for  
 22 service members with Type 1 diabetes to serve in roles where they can perform effectively. The  
 23 Department of Defense also sometimes accommodates religious practices, such as allowing Sikh  
 24 service members to maintain religiously-required beards throughout boot camp and follow-on  
 25 service commitments with appropriate restrictions on a case-by-case basis.

26 14. The military often provides accommodations when doing so enhances readiness

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1 and allows qualified individuals to serve effectively. In the case of transgender service members,  
2 no such accommodations are even necessary. Because they must meet the same rigorous  
3 standards required of all service members without modification, they have consistently  
4 demonstrated their importance and value to the services.

5 15. Current military policy appropriately requires transgender service members to  
6 meet the same high standards as their peers. There is no evidence-based justification for  
7 excluding from service someone who meets all applicable standards merely because they are  
8 transgender. Such exclusion would harm military readiness by depriving our force of qualified  
9 personnel who have proven their ability to serve.

10 16. At a time when fewer Americans are volunteering to serve in uniform, excluding  
11 those that wish to serve who meet rigorous requirements is simply not prudent and runs counter  
12 to a “common sense” approach to allowing all willing Americans to serve their country in  
13 military service.

#### 14 OBSERVATIONS ON UNIT COHESION

15 17. Contrary to speculative concerns, I have observed that allowing transgender  
16 individuals to serve strengthens unit cohesion by fostering honesty and mutual trust. When  
17 service members can be honest about who they are, they can focus more fully on their duties and  
18 build stronger bonds with their fellow service members that contribute directly to combat  
19 readiness.

20 18. The statement that transgender service members negatively influence unit  
21 cohesion is contradicted by both the absence of such problems in the actual disciplinary and  
22 command climate records I have reviewed and my observations throughout my entire time  
23 serving as an active-duty naval officer and Secretary of the Navy. In my experience, unit  
24 cohesion is strengthened, not weakened, when all individuals who meet the military’s rigorous  
25 standards are permitted to serve.

**IMPACT ON GOOD ORDER AND DISCIPLINE**

19. Based on my direct observation and experience, excluding transgender individuals from military service is destabilizing to good order and discipline. When the military excludes groups based on bias rather than their ability to meet standards, it undermines the fundamental military principle of merit-based service.

20. Military readiness requires that service members be honest about their circumstances and lives. This is true in all areas of a Sailor or Marine's life. We have learned this lesson repeatedly. For example, in the mental health context, we now understand that when service members feel forced to hide aspects of their experiences or struggles, it damages both individual and unit readiness. The same principle applies broadly. When we create conditions where any service member must suppress aspects of who they are, it detracts from their ability to focus on the mission and undermines unit cohesion.

21. Military values like honor, integrity, truth, and discipline, are reflected in a service member's conduct and performance. In my experience reviewing thousands of cases, what determines whether a Sailor or Marine serves honorably is their actions and adherence to our standards, not their membership in a particular social group or identity-based group. Any claims about honesty or integrity must be based on a Sailor's or Marine's actual conduct, not on biases about a particular group. Military values command that service members be judged on what they do, not on who they are.

22. I have observed transgender service members who demonstrate integrity by being truthful about who they are while maintaining their commitment to serve and to be combat ready. This conviction aligns with our core value of honesty and our focus on conduct and performance as the true measures of military fitness.

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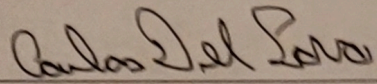
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I declare under the penalty of perjury that the foregoing is true and correct.

Dated: February 17, 2025

  
\_\_\_\_\_  
Carlos Del Toro

DECLARATION OF CARLOS DEL TORO  
IN SUPPORT OF PLAINTIFFS' MOTION  
FOR PRELIMINARY INJUNCTION - 6  
[2:25-cv-00241-BHS]

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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The Honorable Benjamin H. Settle

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE**

COMMANDER EMILY SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,*Defendants.*

Case No. 2:25-cv-00241-BHS

**DECLARATION OF ASHISH S.  
VAZIRANI IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Ashish S. Vazirani, declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.

2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to my knowledge and experience and as to the matters stated herein.

3. I performed the duties of and served as the Acting Under Secretary of Defense for Personnel and Readiness from September 8, 2023 to January 20, 2025. In this role, I served as the principal staff assistant and advisor to the Secretary of Defense for force readiness, force management, health affairs, National Guard and Reserve component affairs, education and training, and military and civilian personnel requirements and management, which includes



1 equal opportunity, morale, welfare, recreation, and quality of life matters. Prior to assuming this  
 2 position and beginning on July 18, 2022, I served as the Deputy Under Secretary of Defense for  
 3 Personnel and Readiness, meaning I was the primary assistant of the then-serving Under  
 4 Secretary. As a Department of Defense official and United States Navy veteran, I can attest to  
 5 the importance of non-discriminatory policies in bolstering military preparedness and to the  
 6 positive impacts of including qualified individuals in military service with different backgrounds.

### 7 **PROFESSIONAL BACKGROUND**

8 4. I attended Vanderbilt University on a Navy Reserve Officer Training Corps  
 9 scholarship and obtained a Bachelor of Engineering in Mechanical Engineering in 1986. I later  
 10 obtained a Master of Engineering from the McCormick School of Engineering at Northwestern  
 11 University in 1995 and a Master of Business Administration from the Kellogg School of  
 12 Management at Northwestern University in 1995.

13 5. After completing my bachelor's degree, I was commissioned as an officer in the  
 14 United States Navy and served on active duty in the Submarine Force from 1986 to 1993.  
 15 Following graduate school, I worked as a management consultant focused on sales and  
 16 marketing issues in the health care and technology industries.

17 6. In 2017, I joined the Armed Services YMCA ("ASYMCA"), where I led  
 18 development and programming and ensured implementation and measurement of programs to  
 19 support junior enlisted families. In 2019, I went on to serve as the Executive Director and CEO  
 20 of the National Military Family Association ("NMFA") where I provided direction and strategic  
 21 and operational oversight for all aspects of NMFA's advocacy and programing to support  
 22 military families.

23 7. From 2018 to 2021, I also served as a Member of the National Academies of  
 24 Sciences, Engineering, and Medicine's Committee on the Well-Being of Military Families.

25 8. From March 2022 to July 2022, prior to my positions within the Office of the  
 26 Secretary of Defense, I served in the Department of the Navy as the principal advisor on issues  
 27 pertaining to sexual assault, sexual harassment, and suicide prevention and response within the

Office of the Assistant Secretary of the Navy for Manpower and Reserve Affairs.

9. On July 12, 2022, I was confirmed by the U.S. Senate to be the Deputy Under Secretary of Defense for Personnel and Readiness and was sworn in on July 18, 2022. I resigned from this role on January 20, 2025.

### IMPACT OF THE AUSTIN POLICY

10. On January 25, 2021, President Joseph R. Biden overturned the first Trump administration's restrictive ban with Executive Order No. 14004 ("EO 14004"), entitled *Enabling All Qualified Americans To Serve Their Country in Uniform*. Around four months later, on April 30, 2021, the Department of Defense ("DoD") implemented EO 14004 through DoD Instruction 1300.28, entitled *In-Service Transition for Transgender Service Members* ("DoDI 1300.28") (the "Austin Policy").

11. As Deputy Under Secretary, and then Acting Under Secretary of Defense for Personnel and Readiness, my responsibilities included implementation and oversight of the Austin Policy permitting service by transgender troops, including evaluating any proposed new Military Department and Military Service regulations, policies, and guidance related to military service by transgender persons and persons with gender dysphoria, and revisions to such existing regulations, policies, and guidance, to ensure consistency with the Austin Policy. In implementing the Austin Policy, I observed the benefits of merit-based policies for America's military capabilities.

12. **Investment in Highly Trained Service Members.** The Austin Policy enables our military to retain highly trained service members with specialized skills that have taken significant investment and time to develop, all the while applying the same standards to transgender service members that are applied to others, including standards relating to medical care. The military invests significant money and time (months to years, depending on occupational specialty) to develop a service member in a military specialty. For example, an aviation mechanic in the Army will spend 10 weeks in basic training followed by 24 weeks of advanced individual training. A military pilot will spend two to three years in pilot training

1 before reporting to their first operational unit. Investments in professional development continue  
 2 throughout a service member's career. Applying the same standards to all service members  
 3 ensures that the military services can realize the benefit of these investments over the long-term.

4 13. **Readiness.** I am aware of no evidence to suggest that the Austin Policy has  
 5 negatively impacted readiness. This is consistent with the predictions of the RAND  
 6 Corporation's 2016 report, entitled *Assessing the Implications of Allowing Transgender*  
 7 *Personnel to Serve Openly* (the "RAND Report"). In my role, I had responsibility for the  
 8 Military Health System ("MHS") and the provision of health services to the Joint Force, which  
 9 includes 2.1 million active duty, reserve, and National Guard service members as well as their  
 10 dependents, and retired military members and their dependents—a total of approximately 9.6  
 11 million Americans. Service members seeking transgender health care are required to go through  
 12 a formal process that includes seeking a referral from their medical provider and undergoing  
 13 review by command. A service member seeking transgender health care follows the same  
 14 process as any other service member seeking health care including adhering to timelines and  
 15 reporting procedures to ensure that readiness is not negatively impacted. Since the  
 16 implementation of the Austin Policy, providing transgender health care did not require any  
 17 significant changes to the DoD health care system, and any additional costs related to providing  
 18 transgender health care have been negligible.

19 14. **Unit Cohesion.** Unit cohesion is crucial for military effectiveness, and the Austin  
 20 Policy improves this by generating trust among unit members. The RAND Report also predicted  
 21 that allowing transgender individuals to serve would not have a negative impact on unit  
 22 cohesion. Cohesive teams are a significant component of the value proposition of military  
 23 service as the military needs to recruit and retain individuals with an array of skills and  
 24 capabilities necessary for mission execution. Everyone who wishes to serve and meets the  
 25 eligibility requirements should have an equal opportunity to serve their country based on merit.

26 15. The military has successfully integrated individuals from a very wide array of  
 27 backgrounds, and our ability to do so is a central foundation of our strength and effectiveness.

1 The military is an intensely meritocratic institution: what counts is a person's ability to meet  
 2 standards and execute the mission. Transgender service members continue to prove that they  
 3 meet standards, are serving honorably, ably, and, in many cases, with distinction throughout the  
 4 military. I have not been made aware of any cases of reduced unit cohesion or readiness based on  
 5 the service of a transgender service member.

6 16. **Merit-based Standards.** Personnel policies that allow transgender service  
 7 members to be evaluated based on skill and merit, rather than transgender status, do not  
 8 jeopardize the military's mission of protecting the United States, but strengthen it.

9 17. Since World War II, the United States has worked to recruit different people into  
 10 our military so that it is a greater reflection of the people the military serves. This started with the  
 11 desegregation of the military in 1948 under President Truman's Executive Order 9981 that  
 12 officially ended racial segregation of the military. This effort continued with greater integration  
 13 of women, including allowing women to serve in combat roles.

14 18. The DoD has recognized the significance of having merit-based standards applied  
 15 on equal terms of service within its organization as an important aspect of its ability to  
 16 successfully meet its mission. For example, the National Defense Strategy ("NDS") is produced  
 17 by the Office of the Secretary of Defense and serves as the DoD's key strategic guidance. It lays  
 18 out the DoD's vision and path forward into the next decade and describes how it will focus its  
 19 efforts and manage the various threats in our swiftly changing world. An important pillar of the  
 20 2022 NDS is our effort to build an enduring advantage for our current and future Joint Force  
 21 (defined as the Army, Marine Corps, Navy, Air Force, and Space Force) by, among other efforts,  
 22 making investments in the extraordinary people who work for the DoD, including its military  
 23 personnel. That pillar includes broadening our recruitment pool to attract individuals with  
 24 different backgrounds and skill sets to drive innovative solutions across the DoD. Department of  
 25 Defense, *2022 National Defense Strategy of the United States of America*, (Oct. 27, 2022).

26 19. **A Military Reflective of the Skilled American Population.** A military that  
 27 reflects our society is important for operational and strategic reasons. At the operational level,



1 people with varying skills and aptitude lead to unit cohesion, as well as improved ability to  
 2 assess and mitigate risk. Policies that allow service members to serve equally based on merit as  
 3 part of a representative force and, importantly, see themselves as potential future leaders of that  
 4 force, engenders a shared commitment, greater cohesion, trust, and confidence that enhances  
 5 military effectiveness through increased job satisfaction and performance. Bringing together  
 6 people with different experiences and perspectives into a common mission can increase the  
 7 effectiveness, adaptiveness, and capability of the entire group to assess and mitigate risk.

8 20. To succeed in its mission to prevent and win wars, the DoD must problem solve  
 9 and formulate solutions to the complex situations that we face today. This too requires a military  
 10 with different backgrounds and environments, which provides a broader range of perspectives,  
 11 experience, and knowledge that amplifies thought and drives solutions to the complex issues the  
 12 armed forces encounter in warfighting and defending our national security.

13 21. It is critical that the DoD, and the military in particular, maintain public trust and  
 14 its belief that the military institution serves the nation and its population. A military that is  
 15 reflective of the population of the United States and operates based on merit and equal standards  
 16 instills trust in the American public that the armed forces will faithfully execute their duty to  
 17 protect all Americans.

### 18 **RECENT REVERSAL OF POLICY**

19 22. On January 20, 2025, President Trump issued an executive order reversing the  
 20 Austin Policy and prohibiting transgender individuals from enlisting or continuing their service  
 21 in the United States Armed Forces.

22 23. The executive order suggests that transgender service members are unfit for  
 23 service solely because they are transgender and that their service is harmful to unit cohesion and  
 24 reduces military readiness. The suggestion that a person's transgender status alone renders them  
 25 dishonest or unfit for service is cruel and is unsupported by evidence. In fact, the past three years  
 26 of experience under the Austin Policy indicates that transgender service members serve  
 27 honorably, often with distinction, and meet the same standards as other service members.

24. Given the absence of evidence that a problem exists requiring a policy change, the abrupt reversal of a policy that has been in place for over three years is highly unusual and contrary to the DoD's deliberative policy making process. DoD policies are typically formulated through a meticulous and structured process involving an extensive collection and analysis of pertinent facts and data, contributions from a variety of stakeholders and experts, and several drafts and revisions based on review and feedback.

25. Prohibiting transgender individuals from serving in the military degrades military readiness and is harmful to our national security for several reasons.

26. Prohibiting currently serving transgender service members who are meeting standards and succeeding on their merits from continuing in service can result in a reduction in military capability based on the loss of highly skilled service members trained and developed at significant cost to the American taxpayer. These skills take time and additional investment to replace, thereby reducing investment in other critical areas and resulting in a corresponding reduction in readiness in the near and longer term.

27. Removing currently serving transgender service members who are contributing to the mission and are meeting standards will cause a disruption to units by creating capability and capacity gaps. These gaps will create additional stress on the unit, reduce morale, and degrade unit cohesion and readiness.

28. The abrupt and arbitrary reversal of the Austin Policy sends a message that equal opportunity is not afforded to all who are qualified and meet standards and thus undermines the military's merit-based culture.

29. Excluding transgender individuals from accessing into the military can further reduce the pool of qualified candidates. Further, the abrupt reversal of the Austin Policy can negatively impact recruiting if the military is perceived to be discriminatory. Discriminatory practices can have a negative effect on individuals who may have an interest in serving in the military, as well as key influencers (e.g., parents, teachers, counselors, etc.) who may be guiding a candidate's decision.

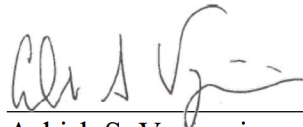
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30. Reversing policy in an abrupt and arbitrary manner can erode service members' trust in military leadership's ability to make sound policy and uphold consistent standards since the reversal was not based in fact, nor developed through a deliberate and thoughtful process.

31. The reversal of the Austin Policy risks reducing readiness, negatively impacting recruiting, and eroding trust in leadership.

I declare under the penalty of perjury that the foregoing is true and correct.

DATED: February 12, 2025

  
\_\_\_\_\_  
Ashish S. Vazirani



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The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

COMMANDER EMILY SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-00241-BHS

**DECLARATION OF ALEX WAGNER  
IN SUPPORT OF PLAINTIFFS'  
MOTION FOR PRELIMINARY  
INJUNCTION**

I, Alex Wagner, declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to the matters stated herein.
3. From June 10, 2022, through January 20, 2025, I served as Assistant Secretary of the Air Force for Manpower and Reserve Affairs. In this role, I provided overall supervision for matters related to manpower, military and civilian personnel, reserve and component affairs, and readiness support for all service members within both the United States Air Force and United States Space Force.

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**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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**PROFESSIONAL BACKGROUND**

4. I attended Brown University and obtained undergraduate degrees in Political Science and History in 1999. After college, I worked as a research analyst and reporter in Washington, D.C. for three years prior to enrolling at Georgetown University Law Center, graduating with a law degree in 2005.

5. After I graduated law school, I practiced as an attorney at the law firm Preston Gates & Ellis, now K&L Gates. I have since worked in multiple positions within the Department of Defense (“DoD”). From 2009 to 2011, I was the Special Assistant to the Assistant Secretary of Defense (Global Strategic Affairs). I then served as the Senior Advisor to the Deputy Assistant Secretary of Defense (Rule of Law and Detainee Policy) from 2011 to 2014.

6. From 2015 to 2017, I served as Chief of Staff to the Secretary of the Army. In that capacity, I was deeply involved in shaping the development and implementation of policies that, among other things, enabled transgender Americans to serve in the military.

7. On June 7th, 2022, I was confirmed by the U.S. Senate and sworn in as Assistant Secretary of the Air Force for Manpower and Reserve Affairs on June 10, 2022. In this role, I provided overall supervision for matters related to manpower, military and civilian personnel, reserve and component affairs, and readiness support for all service members within both the United States Air Force and United States Space Force.

8. For my work in the DoD, I was awarded the Office of the Secretary of Defense Exceptional Public Service Medal in 2015, the Army’s Distinguished Public Service Medal in 2017, and the Department of the Air Force’s Decoration for Exceptional Public Service in 2025 (the latter two are the highest awards a civilian can earn).

**THE DEPARTMENT OF THE AIR FORCE**

9. The Department of the Air Force (“DAF”) is responsible for organizing, training, and equipping two military services: the United States Air Force and the United States Space Force (“USSF”), the forces, respectively, that defend America’s air and space domains. It is one

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1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
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**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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1 of three military departments within the DoD. The DAF, with an annual budget of more than  
 2 \$217.5 billion, employs nearly 700,000 Airmen, Guardians, and civilian employees. The Air  
 3 Force, including the Air Force Reserve and Air National Guard, operates over 300 flying  
 4 squadrons, consisting of 8 to 24 aircraft each, worldwide. Air and Space Force bases are located  
 5 across the United States and span the globe.

6 10. The DAF is one of the world's most technologically sophisticated organizations,  
 7 in many respects dwarfing the technological capabilities of individual companies in the private  
 8 sector. Air Force and Space Force personnel train for years to function effectively and develop  
 9 the leadership skills necessary to advance the critical missions our Nation requires. Recruitment  
 10 and retention of capable and qualified Airmen and Guardians is of critical importance to the  
 11 readiness of the DAF.

**PRIOR DEVELOPMENT OF DOD POLICY**

12  
 13 11. On July 28, 2015, then-Secretary of Defense Ashton B. Carter ordered Brad  
 14 Carson, in his capacity performing the duties of Under Secretary of Defense for Personnel and  
 15 Readiness ("USD P&R"), to convene a working group to formulate policy options for DoD  
 16 regarding transgender service members (the "Working Group"). Secretary Carter ordered the  
 17 Working Group to present its recommendations within 180 days. In the interim, transgender  
 18 service members were not to be discharged or denied reenlistment or continuation of service for  
 19 being transgender.

20 12. The Working Group formulated its recommendations by collecting and  
 21 considering evidence from a variety of sources, including a careful review of all available  
 22 scholarly evidence and consultations with medical experts, personnel experts, readiness experts,  
 23 health insurance companies, civilian employers, and commanders whose units included  
 24 transgender service members.

25 13. The Working Group concluded that banning service by transgender persons  
 26 would require the discharge of highly trained and experienced service members, leaving

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 Seattle, Washington 98101-3099  
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 Fax: 206.359.9000

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 New York, NY. 10005-3919  
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 Washington, D.C. 20036  
 Phone: 202.527.3669

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1 unexpected vacancies in operational units and requiring the expensive and time-consuming  
2 recruitment and training of replacement personnel.

3 14. The Working Group also concluded that banning service by transgender persons  
4 would harm the military by excluding qualified individuals based on a characteristic with no  
5 relevance to a person's fitness to serve.

6 15. In 2016, the RAND Corporation, a federally funded, independent research  
7 organization, presented the results of an exhaustive study requested by Mr. Carson. That report  
8 was entitled *Assessing the Implications of Allowing Transgender Personnel to Serve Openly*  
9 ("RAND Report"). The RAND Report found no evidence that allowing transgender people to  
10 serve would negatively impact unit cohesion, operational effectiveness, or readiness. RAND  
11 Report at 69–70.

12 16. On June 30, 2016, Secretary of Defense Ashton Carter issued Directive-type  
13 Memorandum (DTM) 16-005, entitled "Military Service of Transgender Service Members"  
14 ("DTM 16-005"), a true and correct copy of which is attached as **Exhibit A**.

15 17. The purpose of DTM 16-005 was to "[e]stablish[ ] policy, assign[ ]  
16 responsibilities, and prescribe [ ] procedures for the standards for retention, accession,  
17 separation, in-service transition, and medical coverage for transgender personnel serving in the  
18 Military Services." Notably, DTM 16-005 set forth the policy that allowed transgender  
19 individuals to serve in the military.

20 18. Through DTM 16-005, the Secretary of Defense ordered the Secretaries of the  
21 Military Departments, including the Army, to identify all DoD, Military Department, and Service  
22 issuances in need of revision in light of the DoD change in policy, and to submit proposed  
23 revisions to USD P&R. USD P&R was tasked with drafting revisions to all necessary issuances  
24 consistent with DTM 16-005.

25 19. To begin implementing DTM 16-005 as applied to the Army, on July 1, 2016, I  
26 assisted then-Secretary of the Army Eric K. Fanning in the development and issuance of Army

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Seattle, Washington 98101-3099  
Phone: 206.359.8000  
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Washington, D.C. 20036  
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1 Directive 2016-30, entitled *Army Policy on Military Service of Transgender Soldiers*, a true and  
 2 correct copy of which is attached as **Exhibit B**.

3 20. Army Directive 2016-30 was effective immediately and applied to all personnel  
 4 in the Active Army, U.S. Army Reserve, and Army National Guard. It stated that “it is Army  
 5 policy to allow open service by transgender soldiers. The Army is open to all who can meet the  
 6 standards for military service and remains committed to treating all Soldiers with dignity and  
 7 respect while ensuring good order and discipline. Transgender Soldiers will be subject to the  
 8 same standards as any other Soldier of the same gender. An otherwise qualified Soldier will not  
 9 be involuntarily separated, discharged, or denied reenlistment or continuation of service solely  
 10 on the basis of gender identity.” The Directive required the Assistant Secretary of the Army for  
 11 Manpower and Reserve Affairs (the “ASA (M&RA)”) to establish, no later than July 5, 2016, a  
 12 Transgender Service Implementation Group to develop policies and procedures for transgender  
 13 service, as well as a Service Central Coordination Cell (“SCCC”), composed of medical, legal,  
 14 and military personnel experts, to serve as a resource for commanders’ inquiries and requests. By  
 15 October 1, 2016, the ASA (M&RA) was directed to recommend a policy addressing service of  
 16 transgender soldiers, including “a process by which transgender soldiers may transition gender  
 17 while serving consistent with mission, training, operational, and readiness needs and a procedure  
 18 whereby a Soldier’s gender marker will be changed in [the Defense Enrollment Eligibility  
 19 Reporting System (“DEERS”)].” In the meantime, the Directive established a process whereby  
 20 gender marker changes would be handled via Exceptions to Policy (“ETPs”) processed by the  
 21 SCCC and ASA (MR&A), with weekly reports summarizing the ETPs to be provided to the  
 22 Secretary of the Army, as well as the Chief of Staff of the Army, then General Mark Milley.

23 21. On October 7, 2016, I also assisted in Secretary Fanning’s issuance of a further  
 24 directive, Army Directive 2016-35, which “establishe[d] policies and procedures for gender  
 25 transition in the Army.” A true and correct copy of Army Directive 2016-35 is attached as  
 26 **Exhibit C**.

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Perkins Coie LLP  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

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 120 Wall Street, 19th Floor  
 New York, NY. 10005-3919  
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 Washington, D.C. 20036  
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22. Army Directive 2016-35 provided that “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.” The Directive provided that gender transition in the Army begins with a diagnosis that gender transition is medically necessary and ends when the Soldier’s gender marker in DEERS is changed to show the Soldier’s preferred gender. The Directive further stated that for policies and standards that differ according to gender, the Army will recognize a Soldier’s gender based on the gender marker that appears in DEERS. It stated that “the Army applies, and Soldiers are expected to meet, all standards for uniforms and grooming, body composition assessment, physical readiness testing, participation in the Military Personnel Drug Abuse Testing Program, and other military standards” according to the gender marker in DEERS.

### THE AUSTIN POLICY

23. On January 25, 2021, President Joseph R. Biden rescinded the first Trump Administration’s restrictive ban with Executive Order (“EO”) 14004, entitled *Enabling All Qualified Americans To Serve Their Country in Uniform*. The EO directed the Secretary of Defense and Secretary of Homeland Security to take all necessary steps “to ensure that all transgender individuals who wish to serve in the United States military and can meet the appropriate standards shall be able to do so openly and free from discrimination.” In setting this policy, President Biden relied on “substantial evidence that allowing transgender individuals to serve in the military does not have any meaningful negative impact on the Armed Forces,” including “a meticulous, comprehensive study requested by the Department of Defense,” 2018 testimony by “the then-serving Chief of Staff of the Army, Chief of Naval Operations, Commandant of the Marine Corps, and Chief of Staff of the Air Force all testified publicly to the Congress that they were not aware of any issues of unit cohesion, disciplinary problems, or issues of morale resulting from open transgender service,” and a statement by a “group of former United States Surgeons General . . . that ‘transgender troops are as medically fit as their non-

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**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
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New York, NY. 10005-3919  
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Washington, D.C. 20036  
Phone: 202.527.3669

transgender peers and that there is no medically valid reason—including a diagnosis of gender dysphoria—to exclude them from military service or to limit their access to medically necessary care.”

24. On April 30, 2021, the DoD implemented the EO through the issuance of DoD Instruction (“DoDI”) 1300.28, entitled *In-Service Transition for Transgender Service Members* (the “Austin Policy”). The Austin Policy applies to all military departments and sets forth guidance to allow service by qualifying transgender service members, including details regarding medical treatment provisions. This guidance is “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.” A true and correct copy of DoDI 1300.28 is attached as **Exhibit D**.

25. To implement the Austin Policy, the then-Acting Secretary of the Air Force issued Department of the Air Force Policy Memorandum 2021-36-01 (the “DAF Policy Memorandum”). As Assistant Secretary of the Air Force for Manpower and Reserve Affairs, my responsibilities included overseeing implementation of the DAF’s policy permitting service by qualified transgender Airmen and Guardians. A true and correct copy of the DAF Policy Memorandum is attached as **Exhibit E**.

26. The DAF Policy Memorandum states that “[s]ervice in the Air Force and Space Force should be open to all persons who can meet the high standards for military service and readiness” and that “transgender Service members or applicants for accession must be subject to the same standards as all other persons.” For any standard, requirement, or policy that “depends on whether an individual is male or female . . . all persons will be subject to the standard, requirement, or policy associated with their gender marker in [DEERS].”

27. The DAF Policy Memorandum specifies that personnel will either be accessed or commissioned in accordance with medical standards issued by the DAF and the DoD.



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28. The DAF Policy Memorandum also confirms that “[n]o person, sole[ly] 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.” Additionally, for service members “whose ability to serve is adversely affected by a medical condition or medical treatment related to their gender identity or gender transition,” the DAF Policy Memorandum states that they “should be treated, for purposes of separation and retention, in a manner consistent with a Service member whose ability to serve is similarly affected for reasons unrelated to gender identity or gender transition.”

29. In overseeing the implementation of the Austin Policy and the DAF Policy Memorandum, I was not aware of any negative impact that service by transgender Airmen or Guardians had on the Air Force, the Space Force, or our overall military readiness.

30. The Austin Policy fosters openness and trust among team members, enabling all members of our total force to bring their full selves to their high stakes mission, and thereby engenders stronger unit cohesion. This unit cohesion forms the basis of our military’s ethos and is vital to successfully advancing America’s national security interests around the world. To ensure America’s Air and Space Forces are effective in deterring, denying, and—if necessary—defeating our adversaries, the DAF needs to recruit and retain the best talent the American people have available. As a result, we must be seen as an employer of choice in a highly competitive talent marketplace.

31. An organization that is perceived by America’s youth as discriminatory will be at a competitive disadvantage in this race for talent. In 2024, PRRI found that an overwhelming majority of Gen Z adults, ranging in age from 18 to 26, support nondiscrimination protections for LGBT people. (<https://www.prr.org/spotlight/young-americans-views-on-lgbtq-rights/>). In addition, the great majority of young adults know LGBT people as classmates, as teammates, as brothers and sisters, and as cousins. The Austin Policy not only sends a message to LGBT youth and their families that the military is open to everyone who can meet its high standards; it also

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**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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1 sends a message to all other youth that it is not an organization that discriminates. A true and  
 2 correct copy of the PRRI analysis is attached as **Exhibit F**.

3 32. Further, the Austin Policy enables our military to retain highly trained and  
 4 specialized service members that the American taxpayers have invested in financially by  
 5 providing an opportunity to advance professionally and develop their leadership skills to support  
 6 our readiness.

7 33. The military also has an obligation to provide health care to all service members.  
 8 Gender transition-related health care is medically necessary health care. The Austin Policy  
 9 fulfills the duty owed to service members to provide necessary care in a non-discriminatory  
 10 manner to promote a ready force. An individual who seeks transgender health care does not  
 11 abruptly disappear from the ranks, but rather works with a military medical practitioner to ensure  
 12 readiness, both personal and unit readiness. This is consistent with the military's general medical  
 13 policies for any other medically necessary treatment. It is also consistent with new parental leave  
 14 policies enacted in 2022 which enable the military to retain key talent despite brief interruptions  
 15 in service.

16 34. What is patently clear to me is that the Austin Policy has not negatively impacted  
 17 readiness. During my time as Assistant Secretary, I did not attend a single meeting where  
 18 concerns about the service of transgender Airmen or Guardians were raised.

19 35. It is also clear to me that allowing transgender service has had little or no effect  
 20 on unit cohesion. I am not aware of any complaints regarding unit cohesion resulting from the  
 21 non-discriminatory policy. To the contrary, in my experience, inclusion of transgender service  
 22 members into units has been a non-issue. In a 2022 visit to Air Force Basic Military Training  
 23 (BMT) at Lackland Air Force Base, I discussed the inclusion of transgender trainees with the  
 24 command team of the 37th Training Wing, responsible for, among other things, providing  
 25 foundational training for those entering the Air Force, Space Force, Air Force Reserve and Air  
 26 National Guard—generating 93% of the enlisted corps. The command team reported to me that

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Perkins Coie LLP  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

Lambda Legal Defense and  
 Education Fund, Inc.  
 120 Wall Street, 19th Floor  
 New York, NY. 10005-3919  
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Human Rights  
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 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
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1 during their time in command, there had been four transgender trainees and there had been no  
 2 issues for other trainees or for leadership. To the extent the Austin Policy has had any  
 3 appreciable impact on unit cohesion, I would assess its impact was either negligible or positive,  
 4 in that not worrying about hiding one's authentic self improves focus on mission and as a result  
 5 enables greater trust among team members.

6 36. Personnel policies that allow transgender service members to be evaluated based  
 7 on merit rather than transgender status strengthen the military's mission of protecting the United  
 8 States; they do not jeopardize it. The true power of an All-Volunteer Force that reflects the  
 9 diversity of the American people is in that it enables those that don't serve to understand it as an  
 10 extension of their interests. Anyone with a propensity to serve who meets our high entry and  
 11 retention standards and is courageous enough to pledge that they will support and defend the  
 12 Constitution, should be able to do so.

### 13 IMPACT OF REVERSING THE AUSTIN POLICY

14 37. On January 27, 2025, President Trump issued an executive order reversing the  
 15 Biden Administration's EO and mandating that all transgender people be barred from military  
 16 service, including those already serving.

17 38. Such an abrupt reversal of established military personnel policy is both highly  
 18 unusual and incredibly disruptive.

19 39. Absent any evidence, the Trump EO claims that the Austin Policy that has been in  
 20 place since 2021 has had a negative impact on military effectiveness, lethality, and unit cohesion.  
 21 The Trump EO also claims, without evidence, that transgender people are inherently  
 22 dishonorable, deceitful, and unfit for military service. These claims are wholly unfounded and  
 23 refuted by the reality that transgender people are serving honorably, effectively, and often with  
 24 distinction in our Nation's military while meeting the same performance and medical standards  
 25 as others. The notion that being transgender reflects negatively on a person's honesty, character, or  
 26 fitness has no basis in reality, is contradicted every day by the actual contributions of transgender

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**Perkins Coie LLP**  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

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 120 Wall Street, 19th Floor  
 New York, NY. 10005-3919  
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 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
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1 service members, is cruel, and frankly beneath the dignity of the Commander-in-Chief of the  
2 United States Armed Forces.

3 40. Prohibiting transgender individuals from serving in the military is harmful to the  
4 military, degrades our recruiting enterprise, undermines unit readiness, and thus is inimical to our  
5 national security and the public interest for several reasons.

6 41. **Loss of Qualified Personnel.** Prohibiting current transgender service members  
7 from accessing or serving in the military will result in the loss of opportunity for otherwise  
8 qualified Americans to consider military service, not only for transgender Americans, but for the  
9 rest of American youth (and their influencers) who would view the military as an institution that  
10 discriminates on bases unrelated to those qualifications to serve. Indeed, perhaps the greatest  
11 value of the law rescinding “Don’t Ask, Don’t Tell” in 2010, was in realigning in the eyes of the  
12 American people the military’s practice with its essential ethos: that ability and merit—rather  
13 than unjust discrimination—best enable good order and discipline, unit cohesion, and mission  
14 accomplishment.

15 42. For those currently serving, excising transgender service members from their  
16 units would undermine readiness and operational effectiveness. Transgender service members,  
17 both officers and enlisted, hold key positions throughout units and well as leadership positions.

18 43. The loss of qualified personnel as a result of separating transgender service  
19 members could be particularly acute at a time of decreased familiarity with military service.  
20 Although the DAF has achieved its 2024 enlisted recruiting goals and is well on its way to meet  
21 its increased 2025 goals, the DAF like the other services, is currently facing a reduced pool of  
22 American who meet military physical and health standards. This reality is further compounded by  
23 decreased familiarity with military service and especially strong private-sector economic  
24 conditions. Unlike many private-sector companies, which can fill vacancies by simply tapping an  
25 experienced and flexible labor pool, the DAF builds and grows its own skilled specialists and  
26 leaders organically, and this typically requires years or decades.

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44. **Worldwide Deployability.** Allowing transgender service members to serve does not create any unique issues relating to deployability. The DAF relies on force management models, reserve component mobilization, and, in some cases, civilian support to meet mission requirements. Civilians are particularly well integrated into USSF operations, as approximately half the manpower of the USSF is civilian. Responding to any deployability issues to the extent that they may arise for some individual transgender service member creates no greater challenges than those recently addressed by, for example, recent expansion of parental leave policies to 12 weeks for both female and male service members, or for the myriad other medical issues that result in short-term periods of non-deployability. There is nothing about the healthcare needs of transgender individuals that in any way presents any unique issues relating to deployment.

45. **Erosion of Trust in Command.** The abrupt reversal of policy is also harmful to military readiness because it erodes service members' trust in their command structure and its professionalism. The military's effectiveness depends on a relationship of mutual trust between leaders and followers. That trust, and the prompt following of commands, is essential to good order and discipline, unit cohesion, and the ensuing rapid response required to address unexpected crises or challenges. Following the adoption of the Austin Policy permitting service by transgender persons in 2021, military leaders instructed service members that they should not discriminate against their transgender colleagues. For that policy to be abruptly reversed will inevitably erode trust in the reliability and integrity of military decision making.

46. This sudden reversal is harmful both to transgender service members and to other formerly disfavored groups that have been recently integrated into the military and into combat roles. In 2011, the policy prohibiting gay, lesbian, and bisexual people from openly serving in the military was formally repealed. More recently, DoD also removed remaining barriers for women serving in certain combat specialties. The sudden reversal of the DoD's recently adopted policy of inclusion sends a message that politics is driving the changes and other policies promoting readiness and equal opportunity may similarly be arbitrarily reversed.

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1           47.     **Readiness and Morale.** The sudden reversal of a policy adopted after substantial  
2 deliberation and rigorous data assessment will also have a deleterious effect on morale, as it  
3 undermines the confidence of service members that important military policy decisions will be  
4 based on rational, deliberate, and merit-based assessments. Airmen, Guardians, and other service  
5 members must believe that the orders and policies they are required to follow are based on the  
6 best interests of the force and the Nation, not impulse or a partisan political agenda to punish  
7 disfavored groups. This trust in the rationality and professionalism of our military leadership is  
8 also a key factor in recruiting and retaining talented personnel. The sudden reversal of the Austin  
9 Policy is not supported by data nor by lived experience, and as a result, it undermines confidence  
10 in the chain of command.

11           48.     The impact to readiness, morale, good order and discipline, unit cohesion, and  
12 mission effectiveness engendered by the abrupt reversal of the Austin Policy permitting service  
13 by transgender people will have a negative impact not only on transgender service members, but  
14 on the joint force as a whole. Any suggestion that those serving to protect and defend our country  
15 will not have the full support of their entire chain of command will also undermine the DAF's  
16 ability to attract and retain highly qualified candidates who can perform at the highest levels  
17 necessary to complete the incredibly complex and critical national security missions asked of  
18 them, particularly in this new era of great power competition.

19           I declare under the penalty of perjury that the foregoing is true and correct.

20  
21 DATED: February 12, 2025

22  
23 

24  
25 \_\_\_\_\_  
Alex Wagner

26  
27  
28 DECLARATION OF ALEX WAGNER  
IN SUPPORT OF PLAINTIFFS' MOTION  
FOR PRELIMINARY INJUNCTION

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

COMMANDER EMILY SHILLING; *et al.*,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States; *et al.*,

*Defendants.*

No. 2:25-cv-00241 BHS

**SUPPLEMENTAL DECLARATION  
OF ALEX WAGNER IN SUPPORT  
OF PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Alex Wagner, hereby declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.

2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to the matters stated herein.

**Accession and Retention Standards**

3. The military maintains different medical standards for accession (entry into service) versus retention (continued service). For accessions, the standards are deliberately and appropriately stringent because the military makes a substantial long-term commitment to each service member it accepts, including comprehensive medical care that may extend throughout their lifetime.

4. The military must ensure that newly accessed service members can fulfill their initial contract term and potentially serve for many years beyond. Given the significant financial



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1 and resource investment the military makes in training and developing each recruit, it can only  
2 accept individuals whose potential service value will equal or exceed the resources invested in  
3 them. This creates a necessarily high bar for medical qualification at accession.

4 5. The 18-month stability requirement for transgender individuals seeking to enter  
5 military service, as set forth in Volume 1 of DOD Instruction 6130.03, *Medical Standards for*  
6 *Military Service: Appointment, Enlistment, or Induction* (May 28, 2024) (“DoDI 6130.03 Vol. 1”) (a copy of which is filed as ECF No. 31-12), is based on the same considerations applied to other  
7 treatable medical conditions at accession, reflecting standard military medical policy rather than  
8 any unique restriction on transgender service.

10 6. In contrast, retention medical standards, as set forth in Volume 2 of DOD  
11 Instruction 6130.03, *Medical Standards for Military Service: Retention* (Jun. 6, 2022) (“DoDI  
12 6130.03 Vol. 2”) (a copy of which is filed as ECF No. 73-5), focus on a service member’s ability  
13 to perform their duties, deploy when required, and contribute effectively to the military mission.  
14 (See DoDI 6130.03 Vol. 2 at 1.2.) The military recognizes that there are numerous roles and  
15 positions within its ranks, and importantly, it has made a commitment to those who have already  
16 chosen to serve.

17 7. This is why DoDI 6130.03 Vol. 2 explicitly requires that every medical condition  
18 be evaluated on a case-by-case basis to determine if continued service is appropriate. (See DoDI  
19 6130.03 Vol. 2 at 1.2.b(1), 3.2, 3.3.a(1).) The instruction specifically mandates consideration of  
20 each service member’s ability to safely complete common military tasks at their grade level, their  
21 specific duty requirements, and whether they can serve in deployed or garrison conditions. (See  
22 DoDI 6130.03 Vol. 2 at 3.2.a.)

23 8. I can’t think of any medical condition that bars continued service—rather, the  
24 impact of the condition on the individual service member’s ability to perform their duties must be  
25 evaluated. In my experience, it would be highly unusual, and I cannot think of another example,  
26

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1 where a medical condition would result in a categorical bar to retention without such  
2 individualized assessment.

3 9. For transgender service members, service in the military means serving in a sex  
4 different from their sex assigned at birth. The process for gender transition is detailed in DOD  
5 Instruction 1300.28, *In-Service Transition for Transgender Service Members* (Dec. 20, 2022)  
6 (“DoDI 1300.28”) (Exhibit D to my initial declaration, filed as ECF No. 33-4), which establishes  
7 a protocol for transgender service members. This includes notifying their command, obtaining a  
8 medical diagnosis from a military medical provider, developing and completing an approved  
9 medical treatment plan for gender transition, and changing their sex designation in the Defense  
10 Enrollment Eligibility Reporting System (DEERS). (*See* DoDI 1300.28 at 3.3.)

11 10. Once a transgender service member has changed their sex marker in DEERS, they  
12 live and serve fully in the sex designated on the DEERS marker. This means they are referred to  
13 by the pronouns associated with their DEERS marker, use facilities consistent with their DEERS  
14 marker, are assigned berthing consistent with their DEERS marker, and have to meet all of the  
15 military standards consistent with their DEERS marker.

16 11. If a transgender service member were prevented from serving in accordance with  
17 their DEERS marker, that individual could not serve in the military as a transgender person.

18 12. Based on my knowledge, many of the medications that transgender service  
19 members may take as part of their medical care are also prescribed to numerous non-transgender  
20 service members for various medical conditions, demonstrating that these medications are  
21 compatible with military service.

22 13. As is generally true, there are different criteria for accessions than for retention for  
23 transgender service members. For accession into the military, a transgender person must be stable  
24 for 18 months following completion of gender transition before they can enter service. (*See* DoDI  
25 6130.03 Vol. 1 at 6.13.g(1), 6.14.b, 6.14.n(1), 6.28.t(1).)

1           14.     However, for retention of currently serving transgender service members, there is  
 2 no set time period during which a person must be stable following gender transition. Instead,  
 3 consistent with the case-by-case assessment required by DoDI 6130.03 Vol. 2, the determination  
 4 of stability and readiness for duty is individualized and based on each service member's specific  
 5 medical circumstances and needs.

6           15.     In fact, for most transgender service members, there is often no period of non-  
 7 deployability associated with their gender transition. This reflects the military's recognition that  
 8 medical needs vary among individuals and that blanket time requirements are neither necessary  
 9 nor appropriate for retention determinations.

#### 10                                   **The February 26, 2025 Memorandum**

11           16.     According to the February 26, 2025, policy providing additional guidance on  
 12 implementing the transgender military ban announced by President Trump, transgender service  
 13 members will face dismissal though administrative separation.

14           17.     Consistent with the purpose and policy of the Order, which is to bar transgender  
 15 people from military service, the "waiver" in Section 4.3(c) of the Implementing Guidance creates  
 16 barriers that make it impossible for a transgender person to qualify by excluding anyone who has  
 17 transitioned or who cannot demonstrate three years of serving in their birth sex without clinically  
 18 significant distress.

19           18.     The "waiver" for accession in 4.1(c) also fails to provide transgender applicants  
 20 with any avenue for service because it similarly requires that an individual must serve in their birth  
 21 sex—i.e., must suppress or deny their transgender identity.

22           19.     In my experience, dismissal through administrative separation is typically used for  
 23 misconduct or failing to meet standards, not for treatable medical conditions where the service  
 24 member meets the requirements for service, including both job performance and fitness standards.

25           20.     I am not aware of administrative separation ever being used to separate service  
 26 members with a medical condition which can be successfully managed via treatment, and

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1 moreover where, when treated, the medical condition does not interfere with a member's ability  
2 to deploy and meet standards.

3 21. Normally, when a service member has a medical condition that would limit their  
4 ability to serve or deploy, they go through a medical review, not administrative separation.

5 22. My understanding is that administrative separation is most often used as  
6 disciplinary procedure to effect eventual military discharge. The ordinary path for evaluating  
7 impacts from medical conditions is the Disability Evaluation Service (DES) with administrative  
8 separation largely reserved for misconduct (including drug abuse) or repeated failure to meet  
9 standards, given the significant financial investment the military has already made in the member.

10 23. In addition, based on my experience, individual or aggregated costs associated with  
11 medication or medical procedures is not a justification for administrative separation. Transgender  
12 service members constitute a small fraction of military personnel, and their health care costs  
13 represent a de minimis amount of overall health care spending. In fact, non-transgender service  
14 members may be prescribed the same medications transgender service members need for gender  
15 transition. There is no reason for this group to bear the burden of cost cutting measures when other  
16 service members have similar medical needs.

17 24. I am aware of congressional testimony that coverage for Viagra for service  
18 members in 2023 accounted for \$41M of the Department of Defense's budget. These expenditures  
19 are important investments and just one of many examples of the full spectrum health care that  
20 represents a benefit of service necessary to maintaining an all-volunteer force. I raise this only to  
21 note that the relative costs associated with providing essential health care for transgender troops  
22 represents a miniscule part of the defense budget for the years they have been permitted to serve.

23 25. The rushed and haphazard manner in which this policy has been issued and  
24 implemented is highly unusual. Ordinarily, the reversal of an existing policy—especially one  
25 adopted after careful study and review—would take place only in response to significant,  
26 documented problems with existing policy, after careful consideration and review including an

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1 explanation of what led to the problematic outcomes, and would be rolled out in a careful, orderly  
2 fashion that provided commanders and members clear guidance.

3 26. The process leading to the Order and Implementing Guidance has taken a very  
4 different and, in my experience, highly unusual course. The decision to target and purge  
5 transgender troops was not based on any documented problem. It was not based on a careful study  
6 and review. It has been rolled out on an extremely expedited timeline that puts the affected service  
7 members under enormous pressure to make life-altering decisions without adequate time to seek  
8 counsel or reflect. It comes with no guidance on how units should adapt, reconfigure, or adjust to  
9 the loss of a teammate performing an important role.

10 27. The issuance of a series of vague and in some cases conflicting directives  
11 undermines confidence in civilian leadership.

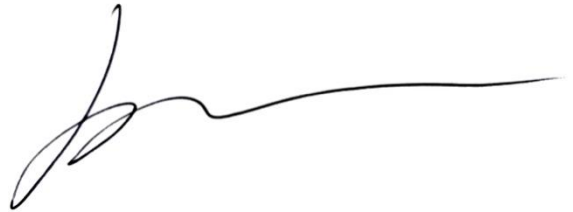
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1 I declare under penalty of perjury under the laws of the United States that the foregoing is  
2 true and correct.

3 Dated: March \_18\_, 2025.

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Alex Wagner



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The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

COMMANDER EMILY SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-00241-BHS

**DECLARATION OF YVETTE  
BOURCICOT IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Yvette Bourcicot, declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to the matters stated herein.
3. I served as the Acting Assistant Secretary of the Army for Manpower and Reserve Affairs from January 18, 2022, to December 23, 2022, and as Principal Deputy Assistant Secretary of the Army for Manpower and Reserve Affairs from December 23, 2022 to January 20, 2025. In those roles, I managed manpower, personnel, and Reserve Component affairs for the Department of the Army and advised the Secretary of the Army on matters of policy and

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1 performance oversight. As a former Department of Defense official, Department of the Army  
 2 official, and Air Force veteran, I can attest that personnel policies must be based on merit and  
 3 objective criteria to promote readiness and unit cohesion.

**PROFESSIONAL BACKGROUND**

4  
 5 4. I attended Princeton University on an Air Force Reserve Officer Training Corps  
 6 scholarship and obtained an undergraduate degree in English literature in 2000. I later attended  
 7 Georgetown University Law Center on an Air Force scholarship, earning a Juris Doctor degree  
 8 in 2008, having focused on public international law and national security law.

9 5. From May of 2000 to December of 2010, I served as an officer in the U.S. Air  
 10 Force in various positions, culminating in my service as a Judge Advocate (military attorney). I  
 11 later ran my own law practice from March of 2011 to September of 2012, specializing in family  
 12 law, criminal law, military justice, and administrative law.

13 6. From September of 2012 to July of 2014, I served as Special Assistant to the  
 14 General Counsel of the Army, providing legal advice to the General Counsel, the Secretary of  
 15 the Army, and Army staff on issues including the Army's response to the Washington Navy  
 16 Yard shooting, accommodating transgender prisoner populations, updating background check  
 17 procedures for Army Child Development Center workers, compliance with e-discovery  
 18 requirements, coordinating an enterprise-wide review of Army Medicine, and reforming the  
 19 Army Behavioral Health system.

20 7. Following this work, I was asked to join a working group in 2015 studying  
 21 whether and how transgender individuals could serve in the military (the "Working Group") as a  
 22 subject matter expert. The Working Group brought together representatives from all branches of  
 23 the military, including the Surgeons General from each branch. The Working Group also  
 24

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1 received extensive input from subject matter experts and members of the transgender  
2 community.

3 8. From July of 2014 to December of 2016, I served as Senior Advisor for  
4 International Humanitarian Policy in the Office of the Under Secretary of Defense (Policy) at the  
5 Department of Defense. In December of 2016, I became an Associate Deputy General Counsel in  
6 the Office of Legal Counsel, Department of Defense, advising on foreign and international  
7 litigation, matters pending before the U.S. Supreme Court, and litigation risk associated with  
8 personnel policies.

9 9. From February of 2018 to January of 2022, I worked in the private sector, filling a  
10 number of policy and communications roles at technology firms, including Facebook, Airbnb,  
11 and Match Group.

12 10. In January of 2022, I returned to the Department of the Army where I served as  
13 Acting Assistant Secretary for Manpower and Reserve Affairs and Principal Deputy Assistant  
14 Secretary for Manpower and Reserve Affairs. I advised the Secretary of the Army on matters  
15 including human capital, training, readiness, mobilization, military health policies, force  
16 structure, manpower management, equal opportunity, recruiting, marketing, and other critical  
17 matters.

**THE ARMY**

18  
19 11. The United States Army is the largest of the service branches of the United States  
20 Armed Forces and performs land-based military operations. The Department of the Army is one  
21 of the three military departments of the DoD. The Army has an annual budget of more than  
22 \$185.9 billion. For fiscal year 2025, the projected end strength for the Active Army is 442,300  
23 soldiers, with an additional 325,000 soldiers in the Army National Guard, and 175,800 in the  
24 United States Army Reserve, for a total of 943,100. The Army's command structure includes

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four Army Commands, nine Army Service Component Commands, and thirteen Direct Reporting Units, operating across the United States and around the world.

12. The Army's core mission is to fight and win our Nation's wars by providing prompt, sustained land dominance across the full range of military operations and spectrum of conflict in support of combatant commanders. It does this by executing statutory directives, including organizing, equipping, and training forces for the conduct of prompt and sustained combat operations on land, and by accomplishing missions assigned by the President, Secretary of Defense, and combatant commanders.

13. The Army is the most formidable ground combat force on earth and one of the largest employers in the United States. The Army's continued excellence in executing its many missions is largely due to deliberate investments in soldier training, equipping, and leader development. Soldiers receive training at the highest level, not only in the classroom, but also through rigorous instruction under intense pressure and realistic battlefield conditions. Many Army personnel are employed in highly technical roles that require lengthy and expensive specialized training. Particularly in light of these investments in personnel, recruitment and retention of capable and qualified soldiers is crucial to Army readiness.

#### **THE WORKING GROUP AND DEVELOPMENT OF DOD EQUAL SERVICE POLICY**

14. On July 28, 2015, after consultations with the secretaries of the military departments, Secretary of Defense Ashton Carter directed Brad Carson, Acting Undersecretary of Defense for Personnel and Readiness, to convene a Working Group to study the policy and readiness implications of allowing transgender persons to serve in the armed forces. Shortly after Brad Carson's directive, I joined the Working Group as a subject matter expert. Initially, the Working Group was asked to begin with the presumption that transgender individuals could

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1 serve unless objective, practical impediments were identified, and to develop an implementation  
2 plan that addressed those issues with the goal of maximizing military readiness.

3 15. The Working Group's process was extremely rigorous. We considered  
4 information and presentations from a variety of sources, including medical and other experts,  
5 drawn from both within and outside of the Department of Defense; senior uniformed officers and  
6 senior civilian officers from each military department; senior military personnel who supervised  
7 transgender service members; and transgender people on active duty. We also drew specific  
8 medical input from Surgeons General from each of the Armed Service branches.

9 16. One of the many sources that the Working Group relied upon was the RAND  
10 Report, *Assessing the Implications of Allowing Transgender Personnel to Serve Openly*, which  
11 the DoD commissioned in 2016. RAND is a non-profit institution, which seeks to make its  
12 research freely and readily available to the public. The research provided in RAND's  
13 publications is held to high-quality peer-review standards for objective analysis. The RAND  
14 Report reviewed the relevant scholarly literature and empirical data, including the extensive  
15 medical literature, actuarial data, and research and reports from the then-eighteen other countries  
16 that permitted service by transgender personnel. The RAND report found that the military's  
17 costs, readiness, and unit cohesion would not be impacted by allowing transgender  
18 servicemembers to serve equally in the Armed Forces. A true and correct copy of the RAND  
19 Report is attached as **Exhibit A**.

20 17. In consideration of the RAND Report's empirical findings, along with the  
21 multitude of opinions from military and civilian personnel, the Working Group concluded that  
22 transgender individuals who meet the standards for military service should be permitted to serve.  
23 Accordingly, Secretary of Defense Carter issued Directive-type Memorandum (DTM) 16-005,  
24 entitled "Military Service of Transgender Service Members" ("DTM 16-005"), which required

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the Secretaries of the Military Departments, including the Army, to implement the Working Group's equal service policy. The Army implemented two Directives: 2016-30 and 2016-35, which applied to all personnel in the Active Army, U.S. Army Reserve, Army National Guard, and Army National Guard of the United States. Directive 2016-30 disallowed discrimination based on gender identity and stated, "The Army is open to all who can meet the standards for military service and remains committed to treating all Soldiers with dignity and respect." Meanwhile, Directive 2016-35 provided policies and standards for transgender soldiers to obtain transition-related medical care.

**THE 2021 AUSTIN POLICY**

18. On January 25, 2021, President Joseph R. Biden replaced the first Trump Administration's restrictive ban with Executive Order ("EO") 14004, entitled *Enabling All Qualified Americans To Serve Their Country in Uniform*. The EO directed the Secretary of Defense and Secretary of Homeland Security "to ensure that all transgender individuals who wish to serve in the United States military and can meet the appropriate standards shall be able to do so openly and free from discrimination." The EO relied on "substantial evidence that allowing transgender individuals to serve in the military does not have any meaningful negative impact on the Armed Forces," including "a meticulous, comprehensive study requested by the Department of Defense," 2018 testimony by "the then-serving Chief of Staff of the Army, Chief of Naval Operations, Commandant of the Marine Corps, and Chief of Staff of the Air Force [who] all testified publicly to the Congress that they were not aware of any issues of unit cohesion, disciplinary problems, or issues of morale resulting from open transgender service," and a statement by a "group of former United States Surgeons General . . . that 'transgender troops are as medically fit as their non- transgender peers and that there is no medically valid reason—



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1 including a diagnosis of gender dysphoria—to exclude them from military service or to limit  
2 their access to medically necessary care.”

3 19. On April 30, 2021, the DoD implemented this policy through the issuance of DoD  
4 Instruction 1300.28, entitled *In-Service Transition for Transgender Service Members* (“DoDI  
5 1300.28” or “the Austin Policy”), which applies to all military departments. This guidance  
6 authorizes “service by transgender persons who are subject to the same high standards and  
7 procedures as other Service members with regard to medical fitness for duty, physical fitness,  
8 uniform and grooming standards, deployability, and retention is consistent with military service  
9 and readiness.”

10 20. To implement DoDI 1300.28, the Secretary of the Army issued Army Directive  
11 2021-22 (Army Service by Transgender Persons and Persons With Gender Dysphoria) (the  
12 “Policy Memorandum”).

13 21. Under the policy, a transgender service member who wished to transition during  
14 service was required to first make a request to their brigade commander. Those requests were  
15 routed through several offices within the Army before coming to Manpower and Reserve Affairs  
16 for final review. As Acting Assistant Secretary for Manpower and Reserve Affairs, I reviewed  
17 each request and made a recommendation on whether to grant the service member’s request.  
18 Subsequently, as Principal Deputy Assistant Secretary for Manpower and Reserve Affairs, I was  
19 notified of each request. Because the transgender population makes up a very small fraction of  
20 total Army military personnel, I only reviewed one or two such requests per quarter. To my best  
21 recollection, every request I received met the requirements of the policy, and every requesting  
22 service member met the necessary standards for serving, so I never had cause to recommend that  
23 a request be denied.

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22. The Policy Memorandum states that “[t]he Army is open to all who can meet the standards for military service and readiness. It remains committed to treating all Soldiers with dignity and respect while ensuring good order and discipline, including allowing transgender Soldiers to serve openly . . . .” For any standard, requirement, or policy that “appl[ies] differently to Soldiers according to gender, the Army recognizes a Soldier’s gender by the Soldier’s gender marker in the Defense Enrollment Eligibility Reporting System (DEERS).”

23. The Policy Memorandum specifies that personnel will either be accessed or commissioned in accordance with medical standards issued by the Department of the Army and the DoD.

24. The Policy Memorandum also confirms that “[n]o otherwise qualified Soldier may be involuntarily separated, discharged, or denied reenlistment or continuation of service, or otherwise subjected to adverse action or treatment, solely on the basis of gender identity.” Additionally, for any “whose fitness for duty or ability to serve is adversely affected by a medical condition or medical treatment related to gender identity or gender transition,” the Policy Memorandum states that they “should be treated, for purposes of separation and retention, just as any other Soldier whose fitness for duty or ability to serve is similarly affected by non-gender identity or gender transition reasons.”

25. In implementing the Policy Memorandum, I observed no negative impact from permitting transgender service in the Army or on our military capabilities.

26. The Austin Policy fosters trust among team members and advances unit cohesion. This unit cohesion is vital in protecting America’s national security interests around the world. In order to ensure America’s Army is effective, we need to be able to be seen as a top-choice employer in a highly competitive market for talent. Any organization that American youth perceive as discriminatory will be at a competitive disadvantage in this contest. The Austin

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1 Policy further enables our military to retain highly trained and specialized service members by  
2 providing an opportunity to progress and develop leadership and other skills within the military.

3 27. In my positions as Acting Assistant Secretary of the Army for Manpower and  
4 Reserve Affairs and Principal Deputy Assistant Secretary of the Army for Manpower and  
5 Reserve Affairs, I would have been aware of any issues arising from the Austin Policy, and  
6 responsible for resolving them. However, in all of my time serving in these roles I heard no  
7 complaints from the field about how the inclusion of transgender service members caused  
8 problems for unit readiness or individual deployability. Although some transgender service  
9 members required medical procedures to treat their gender dysphoria that temporarily affected  
10 their deployability, this is no different than the myriad medical reasons that any service member  
11 might become temporarily non-deployable.

12 28. I am also unaware of any complaints regarding unit cohesion resulting from  
13 permitting transgender people to serve. Consistent with the military's experience integrating  
14 other previously excluded groups into the ranks, unit cohesion hangs on an individual's ability to  
15 do the job in front of them, rather than any concerns regarding identity. Transgender service  
16 members have proven themselves able to serve and indeed are serving capably throughout the  
17 military. To the extent their service has had any appreciable impact on unit cohesion, it has  
18 improved unit cohesion by fostering greater openness and trust among team members.

**RECENT REVERSAL OF POLICY**

19  
20 29. On January 20, 2025, President Trump signed an executive order revoking the  
21 January 25, 2021, executive order permitting equal service by transgender individuals. On  
22 January 27, 2025, President Trump issued an executive order revoking "all policies, directives,  
23 and guidance issued pursuant to" the order establishing that equal service policy and directing  
24

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1 the Department of Defense “to take all necessary steps to implement the revocations” in order to  
 2 exclude transgender people from military service.

3 30. Such an abrupt reversal of established military policy is highly unusual, especially  
 4 without a significant change in the analysis supporting the policy. As part of the 2015 Working  
 5 Group, I can attest to the DOD’s lengthy review in deciding whether to adopt an equal service  
 6 policy. The Working Group’s conclusion that transgender individuals should be allowed to serve  
 7 on equal terms was the result of a rigorous process involving consultation with experts and  
 8 military personnel. President Trump’s executive order reverses this carefully considered policy  
 9 without any evidence that allowing transgender individuals to serve over the past four years  
 10 resulted in any negative impact whatsoever. The executive order claims that permitting  
 11 transgender individuals to serve harms military effectiveness and lethality and disrupts unit  
 12 cohesion; however, as the actual experience of transgender service shows, these claims have no  
 13 evidentiary basis.

14 31. Prohibiting transgender individuals from serving in the military is harmful to the  
 15 military and to the public interest for several reasons.

16 32. **Erosion of Merit-Based Accession and Retention.** The 2021 policy required the  
 17 Army to make accession and retention decisions based upon merit, not based upon a soldier’s  
 18 transgender status. This policy upheld an important tenet of military service: that anyone who  
 19 meets the necessary qualifications and raises their hand to serve should be allowed to serve. The  
 20 policy required transgender soldiers to meet the same high standards as all other soldiers. Under  
 21 the policy, transgender soldiers served with distinction. The rescission of the policy and  
 22 implementation of the ban on transgender servicemembers means that an individual’s ability to  
 23 serve is not based on standards and merit but solely based on the outcome of a presidential  
 24 election.

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33. Uniformed service entails dedication and sacrifice—long hours, time away from home, and risk of injury or death are all part of that service. In return, the Nation promises those service members that we will honor their service and respect them. Summarily dismissing transgender service members without cause breaks the faith they placed in their leaders and the military as an institution. More broadly, it signals to all service members that their service could also end if they are determined to be members of a politically unpopular group. This sows division and undermines the unit cohesion that is absolutely essential for fighting forces to be effective.

34. **Detriment to Recruitment.** The military is competing for, and successfully attracting talent in today's robust job market. This success is due in large part to policies such as the 2021 Austin Policy. Research shows that the vast majority of young people in our recruit demographic (17-24 years old) do not want to be associated with institutions that are perceived as discriminatory on the basis of race, sex, sexual orientation, religion, or gender identity. This sudden reversal of policy will damage the reputation of the military and diminish its attractiveness as a career path among the young people we most need to persuade to join our ranks.

35. **Detriment to the Military.** The Austin Policy was implemented following years of thoughtful and careful planning by experts and stakeholders across the military. It takes into account the medical needs of transgender service members and any associated impacts on their ability to serve. Because of this careful planning, I am confident that allowing transgender individuals to serve in the military and accommodating their medical needs is no greater a burden on the military than the accommodation of all other service members' medical needs. The transgender population is so small that the impact of their medical needs on unit readiness is virtually nonexistent. Moreover, many transgender individuals do not require extensive medical

1 interventions, particularly those who have accessed after an 18-month medical assessment of  
2 stability. Those few transgender service members who require more extensive medical  
3 interventions, such as surgeries, are only temporarily unavailable for deployment, similar to any  
4 other service member requiring surgery.

### 5 CONCLUSION

6 36. The Austin Policy was based on years of thoughtful policymaking supported by  
7 peer-reviewed scientific research. It has resulted in a stronger, not a weaker military. The  
8 sudden reversal of that policy is backed by no research and can be attributable only to animus. It  
9 disrespects the transgender service members who have served honorably in the military and  
10 threatens to undermine the military's culture, cohesion, and lethality.

11  
12 I declare under the penalty of perjury that the foregoing is true and correct.

13  
14 DATED: February 12, 2025

15   
Yvette Bourcicot



**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

NICOLAS TALBOTT <i>et al.</i> ,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	Civil Action No. 1:25-cv-00240 (ACR)
	)	
UNITED STATES OF AMERICA <i>et al.</i> ,	)	
	)	
Defendants.	)	
	)	

---

**DECLARATION OF MARTHA SOPER**

I, Martha Soper, declare as follows:

1. I served as Assistant Deputy, Health Policy in the Office of the Deputy Assistant Secretary of the Air Force, Reserve Affairs & Airman Readiness from October 2014 to September 2020. In this role, I served as the principal advisor in all matters pertaining to the development and management of Air Force-wide and DoD-wide health policy. This included the development and oversight of total force strategic plans and policies pertaining to a full range of direct and indirect health care programs. I also served as the principal advisor to senior leaders in all matters pertaining to reorganizing and integration of programs for support and care of wounded Service members and their families. I also oversaw the medical incentive programs to include retention and special bonus pays and appraised senior leaders of the effectiveness of the programs in maintaining, retaining and providing a quality force in the medical fields. From September 2020 to November 2022, I served as Deputy Director of the Discharge Appeal Review Board (“DARB”), which is an administrative board constituted by the Secretary of Defense and vested with the authority to conduct a final review of a request for an upgrade in the characterization of a discharge or dismissal. In this role, I was responsible for managing the DARB's day-to-day

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operations. As a former Department of Defense official and a former Department of the Air Force official, I can attest that subjecting service members to administrative separation due to treatable medical conditions is a departure from standard practices and will result in immediate and severe career harm regardless of the outcome of the proceedings.

**PROFESSIONAL BACKGROUND**

2. I attended Touro University and obtained a Bachelor of Science in Health Sciences in 2005 and a Master of Science in Health Sciences in 2007.

3. From February 2007 to April 2021, I served as an officer in the U.S. Air Force in various positions, culminating in my service as Commander of the Aeromedical Evacuation Formal Training Unit.

4. From May 2012 to October 2014, I served as Director, Reserve Medical Programs in the Office of the Secretary of Defense, Reserve Affairs developing and reviewing policy guidance pertaining to National Guard and Reserve medical personnel, force structure equipment and training to include analysis of medical defense planning guidance and POM instructions, analysis of service POME and budgets, analysis of manpower requirements, and development of proposals for Reserve Corps medical incentives for accession and retention programs.

5. From October 2014 to September 2020, I served as Assistant Deputy, Health Policy in the Office of the Deputy Assistant Secretary of the Air Force, Reserve Affairs & Airman Readiness. In this role, I served as the principal advisor in all matters pertaining to the development and management of Air Force-wide and DoD-wide health policy. This included the development and oversight of total force strategic plans and policies pertaining to a full range of direct and indirect health care programs. I also served as the principal advisor to senior leaders in all matters pertaining to reorganizing and integration of programs for support and care of wounded

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Service members and their families. I also oversaw the medical incentive programs to include retention and special bonus pays and appraised senior leaders of the effectiveness of the programs in maintaining, retaining and providing a quality force in the medical fields.

6. From September 2020 to November 2022, I served as Deputy Director of the Discharge Appeal Review Board (“DARB”), which is an administrative board constituted by the Secretary of Defense and vested with the authority to conduct a final review of a request for an upgrade in the characterization of a discharge or dismissal. In this role, I was responsible for managing the DARB's day-to-day operations.

**THE FEBRUARY 26, 2025 MEMORANDUM**

7. Under the February 26, 2025, memorandum, transgender service members who cannot secure a waiver will be directed for administrative separation.

8. These administrative separation proceedings (or “Administrative Board”) are governed by DoDI 1332.14 for enlisted personnel and DoDI 1332.30 for officers, along with Service-specific implementing policies. A true and correct copy of DoDI 1332.14 is attached as **Exhibit A** and a true and correct copy of DoDI 1332.30 is attached as **Exhibit B**.

9. The Administrative Board is ordered to follow Department of Defense (DoD) and Service branch instructions. While the outcome is not predetermined, it is rare for a board to disregard DoD policy directives in arriving at its recommendation.

10. Once the Administrative Board makes a recommendation to the separation authority, the only options available are to follow the recommendation of the Administrative Board or to refer the case to the member’s Service secretary. Only the Secretary of the relevant Service has authority to overturn the Administrative Board’s decision.

11. Administrative separation is typically based on misconduct or failure to meet standards. It is unusual for administrative separation to be used for medical conditions, particularly

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for a treatable medical condition where the service member was able to meet all military standards.

12. To my knowledge, there is no precedent for using administrative separation to remove service members with a medical condition that was previously authorized for service, then prohibited, and then authorized again, as is the case with continued service for transgender service members with gender dysphoria or a history of gender dysphoria.

13. In the typical circumstance, when a service member presents with a medical condition, they go through the Medical Evaluation Board (MEB) process at the wing level. From there, they would be referred to the Disability Evaluation System (DES), which allows the military to consider how a person's medical condition impacts their service and potential deployability. A true and correct copy of DoDI 1332.18 is attached as **Exhibit C**.

14. Being placed in administrative separation proceedings can cause immediate and severe career harm. Service members in administrative separation proceedings are designated as non-deployable and cannot be promoted.

15. Moreover, because the entire premise of the February 26 memorandum is that having gender dysphoria is “incompatible with military service,” I do not believe that any service member subjected to this process will be able to continue in service.

16. Administrative separation is normally reserved for misconduct or failure to meet standards. This sends a message to service members that those with gender dysphoria are unable to standards. The harm to a service member’s ability to continue to serve from initiating this process alone, regardless of outcome, is harmful to a military career.

17. Under generally applicable accessions criteria, all prospective military service members must undergo a rigorous examination to identify any preexisting physical or mental health diagnoses that would preclude accessions.

18. Any individual with a history of suicidality is screened as part of this standard

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process. This screening applies to everyone who seeks to access, regardless of gender identity or transgender status.

19. There is no rational basis to single out transgender people for categorical exclusion based on claims of elevated suicide risk. The military's existing screening procedures are designed to identify individuals who may pose a risk, regardless of demographic group.

20. Anyone with a history of anxiety or depression—whether transgender or not—is barred from accessing unless they meet generally applicable criteria to demonstrate those conditions will not limit their ability to serve.

21. The irrationality of excluding otherwise fit applicants based solely on demographic characteristics is why the military does not adopt a categorical approach to other demographic groups who have or may have disproportionate rates of depression, suicidality, anxiety, or other mental health conditions.

22. The policy at issue irrationally excludes transgender people from universal deployment standards that already mandate the discharge of service members who are nondeployable for extended periods of time.

23. Subjecting people with a current or past diagnosis of gender dysphoria, or with symptoms of gender dysphoria to administrative separation proceedings represents a significant departure from the current process for evaluating a person's fitness for continued service when they experience a health condition.

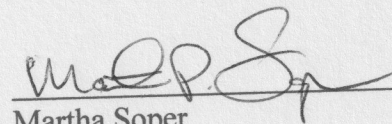
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I declare under penalty of perjury that the foregoing is true and correct.

Dated: March 3, 2025

  
Martha Soper



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The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

COMMANDER EMILY SHILLING, et al.,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, et al.,

*Defendants.*

Case No. 2:25-cv-00241-BHS

**DECLARATION OF DR. RANDI C.  
ETTNER, Ph.D. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION**

I, Randi C. Ettner, Ph.D., declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.
3. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently based on my expert opinion.

DECLARATION OF RANDI C.  
ETTNER, Ph.D. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

## BACKGROUND AND QUALIFICATIONS

### Qualifications and Experience

4. I am a licensed clinical and forensic psychologist with extensive experience working with transgender people and a specialization in the diagnosis, treatment, and management of individuals with gender dysphoria.

5. I received my doctorate in psychology from Northwestern University in 1979. I am a Fellow and Diplomate in Clinical Evaluation of the American Board of Psychological Specialties, and a Fellow and Diplomate in Trauma/Posttraumatic Stress Disorder (PTSD).

6. I have been working with transgender people and been involved in the treatment of patients with gender dysphoria since 1977. From 2005 to 2016, I was the chief psychologist at the Chicago Gender Center, which specializes in the treatment of individuals with gender dysphoria. Since that time, I have been a member of the medical staff at the Center for Gender Confirmation Surgery at Weiss Memorial Hospital.

7. During the course of my career, I have evaluated, diagnosed, and treated over 3,000 individuals with gender dysphoria and mental health issues related to gender variance.

8. I have published four books related to the treatment of individuals with gender dysphoria, including the medical text entitled *Principles of Transgender Medicine and Surgery* (Ettner, Monstrey & Eyler, 2007) and the second edition (Ettner, Monstrey & Coleman, 2016). I am currently under contract to publish the Third Edition of this text. In addition, I have authored numerous articles in peer-reviewed journals regarding the provision of health care to the transgender population.

9. I serve as a member of the editorial boards for the *International Journal of Transgenderism* and *Transgender Health*.

10. I am a co-author of *Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People, Version 7* ("SOC-7"), published by the World Professional Association for Transgender Health ("WPATH") (formerly the Harry Benjamin Gender Dysphoria

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Perkins Coie LLP  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

Lambda Legal Defense and  
Education Fund, Inc.  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

Human Rights  
Campaign Foundation  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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1 Association) in 2012, and the *Standards of Care for the Health of Transgender and Gender*  
 2 *Diverse People, Version 8* (“SOC-8”), published in 2022. For SOC-8, I was the co-lead for the  
 3 chapter on “Applicability of the Standards of Care to People Living in Institutional Environments.”  
 4 The WPATH promulgated *Standards of Care* (“*Standards of Care*”) are the internationally  
 5 recognized guidelines for the treatment of persons with gender dysphoria and serve to inform  
 6 medical treatment in the United States and throughout the world.

7 11. I have lectured throughout North America, South America, Europe, and Asia on  
 8 topics related to gender dysphoria, and on numerous occasions I have presented grand rounds on  
 9 gender dysphoria at medical hospitals.

10 12. I am the honoree of the externally funded *Randi and Fred Ettner Fellowship in*  
 11 *Transgender Health* at the University of Minnesota. I have been an invited guest at the National  
 12 Institute of Health to participate in developing a strategic research plan to advance the health of  
 13 sexual and gender minorities, and in November 2017 was invited to address the Director of the  
 14 Office of Civil Rights of the United States Department of Health and Human Services regarding  
 15 the medical treatment of gender dysphoria. I received a commendation from the United States  
 16 House of Representatives on February 5, 2019, recognizing my work for WPATH and on the  
 17 treatment of gender dysphoria in Illinois.

18 13. The information provided regarding my professional background, experiences,  
 19 publications, and presentations are detailed in my curriculum vitae. A true and correct copy of my  
 20 most up-to-date curriculum vitae is attached as **Exhibit A**.

### 21 Compensation

22 14. I am being compensated at the hourly rate of \$400.00 for my time spent preparing  
 23 this report. I will be compensated \$550.00 per hour for deposition testimony or trial testimony. I  
 24 will receive a flat fee of \$2,500.00 for out-of-town travel and will be reimbursed for reasonable  
 25 expenses incurred. My compensation does not depend on the outcome of this litigation, the opinions  
 26 I express, or the testimony I may provide.

27  
 28 DECLARATION OF RANDI C.  
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Perkins Coie LLP  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

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 New York, NY. 10005-3919  
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Human Rights  
 Campaign Foundation  
 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
 Phone: 202.527.3669

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**Prior Testimony**

15. Over the past four years, and prior, I have given expert testimony at trial or by deposition in the following cases: *Cordellioné v. Comm’r, Indiana Dep’t of Corr.*, No. 3:23-cv-135-RLY-CSW (S.D. Ind.); *Levy v. Green*, No. 18-1291-TDC (D. Md.); *Zayre-Brown v. North Carolina Dep’t of Public Safety*, No. 3:22-cv-00191 (W.D.N.C.); *Roe v. Herrington*, No. 4:20-cv-00484-JAS (D. Ariz.); *Diamond v. Ward*, No. 5:20-cv-00453 (M.D. Ga.); *Stillwell v. Dwenger*, No. 1:21-cv-1452-JRS-MPB (S.D. Ind.); *Letray v. City of Watertown*, No. 5:20-CV-1194 (N.D.N.Y.); *C.P. v. Blue Cross Blue Shield of Illinois*, No. 3:20-cv-06145-RJB (W.D. Wash.); *Gilbert v. Dell Technologies*, No. 1:19-cv-01938 (JGH) (S.D.N.Y.); *Kadel v. Folwell*, No. 1:19-cv-00272 (M.D.N.C.); *D.T. v. Christ*, No. CV-20-00484-TUC-JAS (D. Ariz.); *Iglesias v. Connor*, No. 19-cv-0415-RJN (S.D. Ill.); *Monroe v. Jeffreys*, No. 18-15-156-NJR (S.D. Ill.); *Singer v. Univ. of Tennessee Health Sciences Ctr.*, No. 2:19-cv-02431-JPM-cgc (W.D. Tenn.); *Morrow v. Tyson Fresh Meats, Inc.*, No. 6:20-cv-02033 (N.D. Iowa); *Claire v. Fla. Dep’t of Mgmt. Servs.*, No. 4:20-cv-00020-MW-MAF (N.D. Fla.); *Williams v. Allegheny Cty.*, No. 2:17-cv-01556-MJH (W.D. Pa.); *Gore v. Lee*, No. 3:19-CV-00328 (M.D. Tenn.); *Eller v. Prince George’s Cnty. Public Sch.*, No. 8:18-cv-03649-TDC (D. Md.); *Monroe v. Baldwin*, No. 18-CV-00156-NJR-MAB (S.D. Ill.); *Ray v. Acton*, No. 2:18-cv-00272 (S.D. Ohio 2019); *Soneeya v. Turco*, No. 07-12325-DPW (D. Mass.); *Edmo v. Idaho Dep’t of Correction*, No. 1:17-CV-00151-BLW (D. Idaho).

**Bases for Opinions**

16. My opinions are based on my education and training, my years of clinical and research experience, including my experiences diagnosing and treating individuals with gender dysphoria, the medical and research literature on transgender health and medical care, and my communications and interactions with other clinicians and leading experts on transgender health and medical care.

17. A bibliography of the materials reviewed in connection with this declaration is attached hereto as **Exhibit B**. The sources cited therein are authoritative, scientific peer-reviewed

DECLARATION OF RANDI C.  
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**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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1 publications. I generally rely on these materials when I provide expert testimony, and they include  
 2 the documents specifically cited as supportive examples in particular sections of this declaration.  
 3 The materials I have relied on in preparing this declaration are the same type of materials that  
 4 experts in my field of study regularly rely upon when forming opinions on the subject.

**EXPERT OPINIONS****Sex and Gender Identity**

7 18. At birth, infants are assigned a sex, typically male or female, based solely on the  
 8 appearance of their external genitalia. For most people, that assignment turns out to be accurate,  
 9 and their birth-assigned sex matches that person's actual sex. However, for transgender people,  
 10 the sex assigned at birth does not align with the individual's genuine, experienced sex, which  
 11 sometimes results in the condition of gender dysphoria.

12 19. External genitalia alone—the critical criterion for assigning sex at birth—is not an  
 13 accurate proxy for a person's sex.

14 20. A person's sex is comprised of a number of components including, *inter alia*:  
 15 chromosomal composition (detectable through karyotyping); gonads and internal reproductive  
 16 organs (detectable by ultrasound, and occasionally by a physical pelvic exam); external genitalia  
 17 (which are visible at birth); sexual differentiations in brain development and structure (detectable  
 18 by functional magnetic resonance imaging studies and autopsy); and gender identity.

19 21. The term “gender identity” is a well-established concept in medicine, referring to  
 20 one's internal sense of their own gender.

21 22. Gender identity is a deeply felt and core component of human identity. All human  
 22 beings develop the conviction of belonging to a particular gender, such as male or female, early in  
 23 life. It is detectable by self-disclosure in adolescents and adults.

24 23. When there is divergence between anatomy and identity, one's gender identity is  
 25 paramount and an important determinant of an individual's sex designation. Developmentally,  
 26 identity is the overarching determinant of the self-system, influencing personality, a sense of

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**Perkins Coie LLP**  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
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 Fax: 206.359.9000

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 New York, NY. 10005-3919  
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**Human Rights  
 Campaign Foundation**  
 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
 Phone: 202.527.3669

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1 mastery, relatedness, and emotional reactivity, across the life span. It is also the foremost predictor  
 2 of satisfaction and quality of life. Psychologist Eric Erickson defined identity as “the single  
 3 motivating force in life.”

4 24. Like non-transgender people (also known as cisgender people), transgender people  
 5 do not simply have a “preference” to act or behave consistently with each’s gender identity. Every  
 6 person has a gender identity. It is a firmly established elemental component of the self-system of  
 7 every human being.

8 25. The only difference between transgender people and cisgender people is that the  
 9 latter have gender identities that are consistent with their birth-assigned sex whereas the former do  
 10 not. A transgender man cannot simply turn off his gender identity like a switch, any more than  
 11 anyone else could.

12 26. The WPATH’s Standards of Care, Version 8 state: “The expression of gender  
 13 characteristics, including identities, that are not stereotypically associated with one’s sex assigned  
 14 at birth is a common and a culturally diverse human phenomenon that should not be seen as  
 15 inherently negative or pathological. ... It should be recognized gender diversity is common to all  
 16 human beings and is not pathological.” (Coleman, et al., 2022).

17 27. The American Psychological Association similarly states: “Whereas diversity in  
 18 gender identity and expression is part of the human experience and transgender and gender  
 19 nonbinary identities and expressions are healthy, incongruence between one’s sex and gender is  
 20 neither pathological nor a mental health disorder.” (American Psychological Association, 2021).

21 28. A growing assemblage of research documents that gender identity has a biological  
 22 basis and cannot be voluntarily altered. The scientific and medical literature document how gender  
 23 identity has a strong biological basis and a physiological and biological etiology.

24 29. It has been demonstrated that transgender women, transgender men, non-  
 25 transgender women, and non-transgender men have different brain composition, with respect to  
 26 the white matter of the brain, the cortex (central to behavior), and subcortical structures. (Rametti,

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 1201 Third Avenue, Suite 4900  
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 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
 Phone: 202.527.3669

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1 et al., 2011a; Rametti, et al., 2011b; Luders, et al., 2006; Krujiver, et al., 2000). Interestingly,  
 2 differences between transgender and non-transgender individuals primarily involve the right  
 3 hemisphere of the brain. The significance of the right hemisphere is important because that is the  
 4 area that relates to attitudes about bodies in general, one's own body, and the link between the  
 5 physical body and the psychological self. Attached as **Exhibit C** is a table depicting the brain  
 6 areas that differ.

7 30. It is now believed that gender incongruence evolves as a result of the interaction of  
 8 the developing brain and sex hormones. For example, one peer-reviewed paper noted that "[s]ex  
 9 differences in ... gender identity ... are programmed into our brain during early development" and  
 10 that "[t]here is no evidence that one's postnatal social environment plays a crucial role in gender  
 11 identity or sexual orientation." (García-Falgueras and Swaab, 2010; *see also* Hare, et al., 2009).

12 31. Because gender identity has a biological basis, efforts to change an individual's  
 13 gender identity are therefore both futile and unethical. Past attempts to "cure" transgender  
 14 individuals by means of psychotherapy, aversion treatments, or electroshock therapy in order to  
 15 change their gender identity to match their birth-assigned sex have proven ineffective and caused  
 16 extreme psychological damage. Accordingly, all major associations of medical and mental health  
 17 providers, such as the American Medical Association, the American Psychiatric Association, the  
 18 American Psychological Association, and WPATH, consider such efforts unethical.

19 32. For some individuals, the incongruence between gender identity and birth-assigned  
 20 sex does not create clinically significant distress. However, for others, the incongruence results in  
 21 gender dysphoria.

22 33. The ability to live in a manner consistent with one's gender identity is critical to  
 23 any person's health and wellbeing; this is the case for transgender people and is also a key aspect  
 24 in the treatment of gender dysphoria. The process by which transgender people come to live in a  
 25 manner consistent with their gender identity, rather than the sex they were assigned at birth, is  
 26 known as transition. The steps that each transgender person takes to transition are not identical.

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Perkins Coie LLP  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

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 Education Fund, Inc.  
 120 Wall Street, 19th Floor  
 New York, NY. 10005-3919  
 Telephone: 212.809.8585

Human Rights  
 Campaign Foundation  
 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
 Phone: 202.527.3669



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**Gender Dysphoria**

34. Gender dysphoria is a medical condition associated with the distress that results from the incongruity between various aspects of one's sex. Because gender dysphoria results from an incongruence between gender identity and birth sex, a person with a diagnosis of gender dysphoria is transgender.

35. Gender dysphoria is highly treatable and can be ameliorated or cured through medical treatment.

36. Gender dysphoria is codified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), published in 2013 and later revised in 2022 ("DSM-5-TR"). It is also codified as "gender incongruence" within the chapter "Conditions related to sexual health" of the *International Classification of Diseases, 11th Revision* ("ICD-11"), the diagnostic and coding compendia for mental health and medical professionals published by the World Health Organization.

37. The adoption in the DSM-5 of "gender dysphoria" as the diagnosis, which replaced the prior diagnosis of "gender identity disorder" contained in the DSM-III and DSM-IV, was based on significant changes in the understanding of the condition of individuals whose birth-assigned sex differs from their gender identity and was intended to acknowledge that gender incongruence, in and of itself, does not constitute a mental disorder. Nor is an individual's identity disordered. As the American Psychiatric Association explained, "[i]t is important to note that gender nonconformity is not in itself a mental disorder." Rather the focus is "on dysphoria as the clinical problem, not identity per se."<sup>1</sup>

38. Similarly, the classification of "gender incongruence" within the ICD-11 "reflects current knowledge that trans-related and gender diverse identities are not conditions of mental ill-health."

<sup>1</sup> The DSM-5 also recognizes the genetic and hormonal contributions to gender incongruence. (DSM-5, at 457).

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39. The medically accepted standards of care for treatment of gender dysphoria are set forth in the WPATH Standards of Care, first published in 1979. (Coleman, et al., 2022). The Endocrine Society has published clinical practice guidelines that are consistent with the WPATH Standards of Care. (Hembree, et al., 2017).

40. These clinical guidelines have been cited and are considered authoritative by all major medical organizations in the United States, including American Medical Association, the Endocrine Society, the American Psychological Association, the American Psychiatric Association, the American Academy of Family Physicians, the American Public Health Association, the National Association of Social Workers, the American College of Obstetrics and Gynecology, among others.

41. These well-established and widely accepted guidelines recommend an individualized approach to gender transition, consisting of one or more of the following protocol components of evidence-based care for gender dysphoria:

- Changes in gender expression and role, also known as social transition (which involves living in the gender role consistent with one's gender identity)
- Hormone therapy to feminize or masculinize the body;
- Surgery to change primary and/or secondary sex characteristics (e.g. breasts/chest, external and/or internal genitalia, facial features, body contouring); and
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support improving body image; or promoting resilience.

42. Gender dysphoria is highly amenable to treatment. With appropriate treatment, individuals with a gender dysphoria diagnosis can be fully cured of all symptoms related to the gender dysphoria diagnosis.

### The Process of Gender Transition

43. Gender transition is the process through which a person begins bringing their outer appearance and lived experience into alignment with their core gender. Transition may or may not include medical or legal aspects such as taking hormones, having surgeries, or correcting the

DECLARATION OF RANDI C.  
ETTNER, PH.D. IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION

**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
Phone: 206.359.8000  
Fax: 206.359.9000

**Lambda Legal Defense and  
Education Fund, Inc.**  
120 Wall Street, 19th Floor  
New York, NY. 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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1 sex designation on identity documents. Social transition—which often includes correcting one’s  
 2 identity documents to accurately reflect one’s sex—is the most important, and sometimes the only,  
 3 aspect of transition that transgender people undertake. Changes often associated with a social  
 4 transition include changes in clothing, name, pronouns, and hairstyle.

5 44. A complete transition is one in which a person attains a sense of lasting personal  
 6 comfort with their gendered self, thus maximizing overall health, well-being, and personal safety.  
 7 Social role transition has an enormous impact in the treatment of gender dysphoria.

8 45. Hormones are often medically indicated for patients with gender dysphoria and are  
 9 extremely therapeutic. In addition to inducing a sense of wellbeing, owing to the influence of sex  
 10 steroids on the brain, hormones induce physical changes which attenuate the dysphoria. One or  
 11 more surgical procedures are medically indicated for some, but by no means all, transgender  
 12 individuals.

13 46. The process of gender transition does not “change a woman into a man” or vice  
 14 versa. Rather, it affirms the authentic gender that an individual person *is*.

### 15 CONCLUSION

16 47. Based on my extensive clinical and research experience, as well as my knowledge  
 17 of the relevant scientific literature, there is no basis for the premise underlying Executive Order  
 18 14183 that having a gender incongruent from one’s birth-assigned sex is a “falsehood” that “is not  
 19 consistent with the humility and selflessness required of a service member.” To the contrary,  
 20 gender identity has a biological basis and gender incongruence is a normal aspect of the human  
 21 experience.

22 48. What is more, gender dysphoria is a highly treatable condition that in and of itself  
 23 should not preclude transgender people from serving in the military.

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 28 DECLARATION OF RANDI C.  
 ETTNER, PH.D. IN SUPPORT OF  
 PLAINTIFFS’ MOTION FOR  
 PRELIMINARY INJUNCTION

**Perkins Coie LLP**  
 1201 Third Avenue, Suite 4900  
 Seattle, Washington 98101-3099  
 Phone: 206.359.8000  
 Fax: 206.359.9000

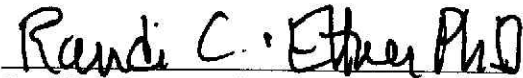
**Lambda Legal Defense and  
 Education Fund, Inc.**  
 120 Wall Street, 19th Floor  
 New York, NY. 10005-3919  
 Telephone: 212.809.8585

**Human Rights  
 Campaign Foundation**  
 1640 Rhode Island Ave NW  
 Washington, D.C. 20036  
 Phone: 202.527.3669

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1 I declare under the penalty of perjury that the foregoing is true and correct.

2  
3 Dated this 11 day of February 2025.

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6 Randi C. Ettner, Ph.D.

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DECLARATION OF RANDI C.  
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**Perkins Coie LLP**  
1201 Third Avenue, Suite 4900  
Seattle, Washington 98101-3099  
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Fax: 206.359.9000

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New York, NY 10005-3919  
Telephone: 212.809.8585

**Human Rights  
Campaign Foundation**  
1640 Rhode Island Ave NW  
Washington, D.C. 20036  
Phone: 202.527.3669

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The Honorable Benjamin H. Settle

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

COMMANDER EMILY SHILLING; *et al.*,

*Plaintiffs,*

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States; *et al.*,

*Defendants.*

No. 2:25-cv-00241 BHS

**SUPPLEMENTAL DECLARATION  
OF DR. RANDI C. ETTNER, PH.D.  
IN SUPPORT OF PLAINTIFFS'  
MOTION FOR PRELIMINARY  
INJUNCTION**

I, Randi C. Ettner, hereby declare as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.

2. I have been retained by counsel for Plaintiffs as an expert in connection with the  
above-captioned litigation.

3. I have actual knowledge of the matters stated herein. If called to testify in this  
matter, I would testify truthfully and competently as to the matters stated herein.

4. My background, qualifications, and the bases for my opinions are set forth my  
initial declaration.

5. I provide this supplemental declaration in response to some arguments made and  
documents issued by Defendants in connection with this litigation and as part of their  
implementation of Executive Order 14183.

6. Since my initial declaration I have provided expert testimony via deposition in *Wagoner v. Dahlstrom*, No. 3:18-cv-00211-MMS (D. Alaska).

7. In preparing this supplemental declaration, I have relied on my education, training, and years of experience, as set out in my curriculum vitae attached to my initial declaration as **Exhibit A** (ECF No. 37-1), and on the materials listed therein; the materials referenced in my initial declaration and listed in the bibliography attached thereto as **Exhibit B** (ECF No. 37-2); and the materials referenced herein and listed in the supplemental bibliography attached hereto as **Exhibit D**. The sources cited in each of these are the same types of materials that experts in my field regularly rely upon when forming opinions on the subject, which include authoritative, scientific peer-reviewed publications.

8. I have also reviewed the following documents:

- a. The memorandum titled “Additional Guidance on Prioritizing Military Excellence and Readiness” from the Office of the Under Secretary of Defense for Personnel and Readiness, dated February 26, 2025 (ECF No. 58-7) (hereafter the “February 26 Guidance”);
- b. The Action Memo titled “Implementing Guidance for Prioritizing Military Excellence and Readiness Executive Order (EO)” from the Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs to Office of the Under Secretary of Defense for Personnel and Readiness, dated February 26, 2025 (ECF No. 71-1) (hereafter the “February 26 Action Memo”);
- c. The memorandum titled “Clarifying Guidance on Prioritizing Military Excellence and Readiness: Retention and Accession Waivers” from the Office of the Under Secretary of Defense for Personnel and Readiness, dated March 4, 2025 (ECF No. 64-1) (hereafter the “March 4 Clarifying Guidance”);
- d. The February 22, 2018 Memorandum “Military Service by Transgender Individuals” by Secretary of Defense John Mattis and the accompanying

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February 2018 Department of Defense Report and Recommendations on Military Service by Transgender Persons (ECF No. 71-2) (hereafter the “2018 Mattis Report”);

e. The report titled “Analysis of Medical Administrative Data on Transgender Service Members” by Accession Medical Standards Analysis and Research Activity (AMSARA), dated July 14, 2021 (contained in ECF No. 71-3) (hereafter the “2021 AMSARA Analysis”); and

f. The report titled “Literature Review: Level of Evidence for Gender-Affirming Treatments” by the Office of the Assistant Secretary of Defense for Health Affairs (ECF No. 71-3) (hereafter the “February 2025 Literature Review”).

9. I reserve the right to revise and supplement the opinions expressed in this declaration or the bases for them if any new information becomes available in the future, including as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

## OPINIONS

### A. The EO and Implementing Guidance Bar Military Service by Transgender Persons.

10. The February 26 Guidance and the Action Memo effectively bar any transgender person from joining or remaining in the military. It prohibits military service by all transgender individuals under the pretense of targeting only those who display “symptoms” of gender dysphoria, undertake steps toward gender transition, or have a diagnosis of gender dysphoria. However, this distinction is meaningless in practice. The mere acknowledgment of being transgender inherently reveals a disconnect between one’s gender identity and assigned birth sex, which would be considered a “symptom” of gender dysphoria and implies the potential for transition. Even if an individual continues to serve in their birth-assigned sex without outward signs of transition, their transgender identity alone signals this incongruity.



11. This approach overlooks the fundamental reality that transgender identity is not just about visible transition—it is about an internal sense of self that, when suppressed, can cause significant distress. Requiring transgender individuals to serve in accordance with their birth-assigned sex is not a neutral policy; it is a demand for self-denial that imposes psychological harm. This parallels the well-documented damage caused by efforts to suppress sexual orientation, which I noted on my initial declaration. Just as forcing someone to suppress their sexual identity is recognized as harmful, compelling transgender individuals to suppress their gender identity is equally damaging.

12. By purporting to allow only those individuals who never acknowledge or act upon their identity incongruent with their birth-assigned sex to remain in service, the policy ensures that any openly transgender individual will ultimately be pushed out from or be unable to join the military. This is not a meaningful distinction—it is simply an indirect way of achieving the same result.

13. The guidance purports to have a “waiver” process for some transgender individuals to access or remain in the military. However, all transgender persons are ineligible for this purported “waiver.” By its terms, no person who has *ever* “attempted to transition to any sex other than their sex” is eligible for the waiver. February 26 Guidance § 4.3(c)(2); *see also* March 4 Clarifying Guidance, at 1. But acknowledgement and disclosure of one’s identity, which is a definitional aspect of being transgender, is a critical step in any person’s gender transition, which is ultimately individualized.

14. In addition, to be eligible for the waiver, an individual must “demonstrates 36 consecutive months of stability in the individual’s [birth-assigned] sex without clinically significant distress or impairment in social, occupational, or other important areas of functioning” and “must be willing and able to adhere to all applicable standards, including the standards associated with his or her [birth-assigned] sex.” March 4 Clarifying Guidance, at 1-2; *see also* February 26 Guidance §§ 4.1(c), 4.3(c)(2). A transgender person is defined by their having an

identity that is incongruent with their birth-assigned sex and literature documents that being unable to live in manner inconsistent with one's identity leads to significant psychological harm and distress (Cooper, et al., 2020; Turban, et al., 2020; Drydakis, 2019; Bauer, et al., 2015; Budge, et al., 2013). While not every transgender person may suffer distress to a degree that it meets the diagnostic criteria for a gender dysphoria diagnosis under the DSM-5, they nonetheless suffer distress when forced to live in accordance to their birth-assigned sex as opposed to their identity. Thus, by requiring a person to live and serve incongruent with their identity in all aspects of their life in order to serve in the military effectively renders any transgender person ineligible for the purported "waiver" and bars all transgender people from serving in the military.

#### **B. Responses to the February 26 Guidance and Action Memo**

15. The February 26 Action Memo specifically cites to the 2018 Mattis Report, the 2021 AMSARA Analysis, and the February 2025 Literature Review as support for the February 26 Guidance prohibiting military service by "individuals with gender dysphoria or who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria."

##### **(1) Response to concerns about the mental health utilization patterns and mental health co-morbidities.**

16. The Action Memo cites the February 2025 Literature Review for the proposition that transgender individuals are purportedly "approximately twice as likely to receive a psychiatric diagnosis compared to cisgender individuals." But in the matter of evaluating the mental health utilization patterns of transgender individuals, it is necessary to distinguish between administrative healthcare requirements and genuine mental health treatment. As a clinician with experience treating more than 3,000 transgender individuals, I submit that the elevated engagement of transgender persons with mental health providers does not inherently correlate with increased rates of mental illness or suicidality.

17. A substantial portion of mental health interactions among transgender individuals is attributable to institutional and regulatory requirements. Many transgender individuals seeking

gender-affirming care are required to obtain psychological evaluations, document gender dysphoria, and maintain ongoing provider engagement as a prerequisite for accessing hormone therapy and related medical interventions. In military and other institutional settings, such administrative mandates significantly increase recorded mental health visits, thereby creating a misrepresentation of mental health co-morbidities within the transgender population.

18. The February 26 Action Memo, citing the February 2025 Literature Review, exemplifies this misrepresentation by citing findings that transgender individuals experience disproportionately high rates of suicidal ideation and psychiatric diagnoses. However, this is not necessarily attributable to a higher presence of mental health co-morbidities in the transgender population, but rather to the higher frequency of interactions with mental health and medical providers. The Action Memo fails to account for the fact that mental health visits for transgender service members are often necessary, even required, to medically transition. In other words, many of these visits occur not for the treatment of mental health disorders but as a prerequisite for obtaining gender-affirming medical care. The omission of this distinction leads to a misleading portrayal of transgender mental health and inflates the perception of psychiatric morbidity within this population.

19. While data indicate that transgender individuals receive psychiatric diagnoses at higher rates than their cisgender counterparts, this does not inherently reflect a greater prevalence of mental illness (Pinna et al., 2022). Increased engagement with medical and mental health providers inherently increases the likelihood of receiving a diagnosis, regardless of whether the individual is experiencing substantial psychological distress. Without delineating between administrative visits and clinically necessary mental health treatment, conclusions drawn regarding transgender mental health remain methodologically unsound.

20. The Action Memo also misleadingly cites the February 2025 Literature Review for the proposition that “55% of transgender individuals experienced suicidal ideation and 29% attempted suicide in their lifetime, ... [and] the suicide attempt rate is estimated to be 13 times

higher among transgender individuals compared to their cisgender counterparts.” But these mental health disparities are not inherent to transgender individuals, rather, as the February 2025 Literature Review explicitly states: “***Mental Health Disparities are Driven by Discrimination and Minority Stress.***” (emphasis added). Indeed, the February 2025 Literature Review forthrightly acknowledges that this is “largely driven by minority stress, discrimination, social rejection, lack of access to gender-affirming care, and increased exposure to violence and victimization.” And contrary to the misleading picture portrayed by the Action Memo, the February 2025 Literature Review documents that “[r]esearch demonstrates that suicide risk among transgender and gender-diverse (TGD) individuals is ***mitigated by access to gender-affirming care***, strong social and family support, ***legal and social recognition***, affirming mental health services, community connectedness, and ***protections against discrimination.***” (emphasis added).

21. Indeed, peer-reviewed research consistently demonstrates that disparities in mental health outcomes among transgender individuals are primarily driven by external sociocultural and institutional factors rather than inherent psychological conditions. Systematic reviews confirm that discrimination, social rejection, barriers to gender-affirming care, and exposure to violence and victimization contribute to heightened incidences of anxiety, depression, and suicidal ideation (Pinna, et al., 2022; Drabish & Theeke, 2022; Gosling, et al., 2022). The minority stress model provides a well-substantiated framework that explains how these external stressors adversely affect mental health.

22. It is also critical to differentiate between suicidal ideation and suicide attempts. The February 2025 review cites data suggesting that transgender service members are at significantly higher risk of suicide attempts; however, the underlying studies often fail to distinguish between ideation and attempts, leading to erroneous conclusions. Suicidal ideation, defined as thoughts of self-harm, does not equate to actual suicide attempts or completed suicides. Moreover, many studies fail to specify whether reports of suicidal ideation predate or postdate the receipt of gender-affirming care. Notably, as the February 2025 Literature Review acknowledges, the extant

evidence indicates that access to appropriate medical and psychological care is associated with a significant reduction in suicide risk (Pellicane & Ciesla, 2022; Expósito-Campos, et al., 2023).

23. The pathologization of transgender identities through misrepresented statistical analyses serves to obscure the systemic and institutional barriers that shape transgender mental health outcomes. As a clinician with extensive direct experience treating transgender individuals, I can attest that mental health outcomes improve markedly when gender-affirming care is accessible and when systemic barriers are mitigated. Future assessments of transgender mental health must accurately contextualize utilization rates and recognize the pivotal role of societal and institutional factors rather than perpetuating misleading interpretations of healthcare engagement data.

**(2) Response to concerns about the quality of evidence for gender-affirming medical interventions.**

24. The Action Memo raises concerns about the quality of evidence for the medical treatment of gender dysphoria (also known as a gender-affirming care) because the February 2025 Literature Review found that the studies pertaining to gender-affirming treatment are predominantly of low to moderate certainty. The emphasis on the limitations of current evidence must be considered in the broader context of medical decision-making.

25. The consensus within the medical community affirms that gender-affirming medical care is safe, effective, and essential for the well-being of transgender individuals. Indeed, the February 2025 Literature Review recognized that research findings consistently support the benefits of gender-affirming care. For example, the February 2025 Literature Review found that the *“literature on [gender-affirming hormone therapy] GAHT consistently demonstrates improvements in mental health, gender dysphoria, and body composition”* and *“highlight[ed] that [gender-affirming surgery] GAS is associated with high patient satisfaction, reduced gender dysphoria, and improvements in mental health, including decreased anxiety, depression, and*

1 *suicidality*.” (emphasis added). This is consistent with the well-established body of medical and  
 2 scientific literature documenting the efficacy of these treatments.

3 26. Additionally, the Action Memo misapprehends what quality of evidence means,  
 4 and its characterization of evidence as “low to moderate” is misleading when interpreted outside  
 5 the methodological framework of evidence grading systems like GRADE. Many widely accepted  
 6 and routinely performed medical interventions do not meet the threshold for “high-quality”  
 7 evidence, which is typically defined by randomized controlled trials (RCTs), yet they remain the  
 8 standard of care. The evidence base supporting gender-affirming medical and surgical  
 9 interventions is robust and dates back over decades. It is in fact as robust as many other common  
 10 medical interventions. Evidence of high quality is uncommon (less than 1 in 10) for medical and  
 11 health-related interventions assessed with GRADE criteria within the Cochrane Database of  
 12 Systematic Reviews.<sup>1</sup>

13 27. In fact, based on national guidelines and clinical recommendations, but absent high-  
 14 quality evidence to support them, many orthopedic surgeries such as rotator cuff repair and  
 15 arthroscopic knee repair are routinely performed. Tonsillectomy, despite being one of the most  
 16 common surgical procedures for children, lacks high-quality, double-blind RCTs (Baugh, et al.,  
 17 2011). Similarly, studies comparing appendectomy to antibiotic treatment have been inconclusive,  
 18 yet surgical removal remains the primary intervention (Doleman, et al., 2024). Even  
 19 recommendations to take vitamin D lacks high quality evidence.

20 28. Given this context, requiring an exceptionally high level of evidence for gender-  
 21 affirming care—when such a standard is not applied to other medical treatments—is inconsistent  
 22 with standard medical practice.

23 <sup>1</sup> Howick, J., Koletsi, D., Ioannidis, J. P. A., Madigan, C., Pandis, N., Loeff, M.,  
 24 Walach, H., Sauer, S., Kleijnen, J., Seehra, J., Johnson, T., & Schmidt, S. (2022). Most healthcare  
 25 interventions tested in Cochrane Reviews are not effective according to high quality evidence: a  
 26 systematic review and meta-analysis. *Journal of clinical epidemiology*, 148, 160–169; Fleming, P.  
 S., Koletsi, D., Ioannidis, J. P., & Pandis, N. (2016). High quality of the evidence for medical and  
 other health-related interventions was uncommon in Cochrane systematic reviews. *Journal of  
 clinical epidemiology*, 78, 34–42.



29. Furthermore, it is important to note that RCTs, which are typically considered the gold standard for medical research, are not always feasible or ethical for certain interventions.<sup>2</sup> This is particularly true in cases where:

- Withholding treatment would cause harm, making a placebo-controlled trial unethical;
- The nature of the intervention makes blinding impossible, as is the case with gender-affirming hormone therapy and surgeries; and
- The study population is limited, making it difficult to conduct large-scale RCTs.

30. The February 2025 Literature Review acknowledges this, stating “there are little to no randomized controls trials for transgender health due to ethical concerns and methodological challenges.”

31. For these reasons, much of the research on gender-affirming care relies on observational studies, longitudinal cohort studies, and systematic reviews. However, these methodologies do not equate to an absence of reliable evidence. On the contrary, studies consistently show that gender-affirming hormone therapy and surgeries significantly improve mental health outcomes, reducing rates of depression, anxiety, and suicidality.<sup>3</sup>

<sup>2</sup> For example, practice guidelines published in 2013 by the Royal College of Psychiatrists indicated that a randomized controlled study to evaluate feminizing vaginoplasty would be “impossible to carry out.” *Good Practice Guidelines for Assessment and Treatment of Adults with Gender Dysphoria*, pp.1-59.

<sup>3</sup> See, e.g., What We Know Project, Cornell University, (2018). “What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well-Being?” (online literature review), <https://whatwewknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>; van de Grift, T. C., Elaut, E., Cerwenka, S. C., Cohen-Kettenis, P. T., De Cuypere, G., Richter-Appelt, H., & Kreukels, B. P. C. (2017). Effects of Medical Interventions on Gender Dysphoria and Body Image: A Follow-Up Study. *Psychosomatic medicine*, 79(7), 815–823.

For gender-affirming hormone therapy, see for example: Doyle, D.M., Lewis, T.O.G. & Barreto, M. (2023). A systematic review of psychosocial functioning changes after gender-affirming hormone therapy among transgender people. *Nat Hum Behav* 7, 1320–1331; Baker, K. E., Wilson, L. M., Sharma, R., Dukhanin, V., McArthur, K., & Robinson, K. A. (2021). Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review. *Journal of the Endocrine Society*, 5(4), bvab011; Colizzi, M., Costa, R., & Todarello, O.

32. The demand for “high-quality” RCT evidence for gender-affirming care contradicts standard medical practice, where many interventions proceed despite similar evidence limitations.

### (3) Misrepresentations about the AMSARA Analysis.

33. I have reviewed the 2021 AMSARA Analysis, which the Action Memo misleadingly cites in support of the ban on service by transgender individuals. Upon careful examination, the document fails to provide a reliable basis for the implications drawn regarding transgender service members.

34. The Action Memo cites the AMSARA Analysis for the proposition that nearly 40% of transgender service members were non-deployable over a 24-month period. However, AMSARA Analysis only “estimate[d] that *fewer than* 40% of the transgender service members identified as part of this study would have been deemed non-deployable due to mental health reasons *at some time* during the 24 months following initial diagnosis.” (emphasis added). In other words, the data actually indicates that fewer than 40% were estimated to be non-deployable at any

(2014). Transsexual patients’ psychiatric comorbidity and positive effect of cross-sex hormonal treatment on mental health: results from a longitudinal study. *Psychoneuroendocrinology*, 39, 65–73; Gorin-Lazard, A., Baumstarck, K., Boyer, L., Maquigneau, A., Penochet, J. C., Pringuey, D., Albarel, F., Morange, I., Bonierbale, M., Lançon, C., & Auquier, P. (2013). Hormonal therapy is associated with better self-esteem, mood, and quality of life in transsexuals. *The Journal of nervous and mental disease*, 201(11), 996–1000; and Gorin-Lazard, A., Baumstarck, K., Boyer, L., Maquigneau, A., Gebleux, S., Penochet, J. C., Pringuey, D., Albarel, F., Morange, I., Loundou, A., Berbis, J., Auquier, P., Lançon, C., & Bonierbale, M. (2012). Is hormonal therapy associated with better quality of life in transsexuals? A cross-sectional study. *The journal of sexual medicine*, 9(2), 531–541.

For gender-affirming surgery, see for example: Swan, J., Phillips, T. M., Sanders, T., Mullens, A. B., Debattista, J., & Brömdal, A. (2022). Mental health and quality of life outcomes of gender-affirming surgery: A systematic literature review. *Journal of Gay & Lesbian Mental Health*, 27(1), 2–45; Jarolím, L., Šedý, J., Schmidt, M., Naňka, O., Foltán, R., & Kawaciuk, I. (2009). Gender reassignment surgery in male-to-female transsexualism: A retrospective 3-month follow-up study with anatomical remarks. *The journal of sexual medicine*, 6(6), 1635–1644.; Smith, Y. L., Van Goozen, S. H., Kuiper, A. J., & Cohen-Kettenis, P. T. (2005). Sex reassignment: outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychological medicine*, 35(1), 89–99; Pfäfflin, Friedemann & Junge,. (1998). Sex Reassignment. Thirty Years of International Follow-up Studies after Sex Reassignment Surgery. A Comprehensive Review, 1961-1991.

point during that timeframe, not that they remained non-deployable for the full duration. This distinction is critical, as the misstatement significantly overstates the impact on military readiness.

35. The AMSARA Analysis also does not include a valid comparison to non-transgender service members, making it impossible to assess whether transgender personnel experience disproportionately higher rates of non-deployability or attrition. Without such comparative data, any conclusions regarding the relative impact of gender dysphoria on military service remain speculative and unsupported. Indeed, the AMSARA Analysis explicitly acknowledges this by stating: “Importantly, data were not available from non-transgender service members that could serve as a basis for comparison to indicate if supposed non-deployability rates amongst the transgender cohort differed from the overall non-deployability rate.”

36. Notably, the AMSARA Analysis did compare retention and deployability for the limited cohort of transgender service members it looked at to a cohort of service members, who presumably were not transgender given the comparison, who had been diagnosed with depression. Based on this comparison, the AMSARA Analysis found that “the transgender cohort stayed in service longer, on average, than did the depression cohort” and “also had a greater proportion of members available for deployment than the depression cohort.” In other words, the analysis found that “*members of the transgender cohort are more deployable than members of the matched cohort of service members with depressive disorders.*” (emphasis added).

37. While the AMSARA Analysis notes a higher rate of disability evaluation among transgender service members, it simultaneously indicates that they **remain in service for longer durations than individuals with other medical conditions, including common psychiatric diagnoses**. This directly undermines any claim that gender dysphoria or related medical treatment is inherently incompatible with military service.

38. The AMSARA Analysis does not establish that gender-affirming medical treatments, including hormone therapy, adversely affect deployability. In fact, the findings suggest no meaningful difference in deployability rates between transgender service members

1 undergoing hormone therapy and those who are not, stating: “*Transgender service members with*  
2 *hormone therapy did not appear to differ meaningfully in their deployability from those without*  
3 *hormone therapy.*” (emphasis added).

4 39. Based on the foregoing, not only does the Action Memo misleadingly cite the 2021  
5 AMSARA Analysis, but the AMSARA Analysis fails to substantiate its conclusions. The Action  
6 Memo relies on misleading interpretations of data, fails to account for the lack of appropriate  
7 comparative benchmarks, and omits findings that contradict its implied policy concerns.

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1 I declare under penalty of perjury under the laws of the United States that the foregoing is  
2 true and correct.

3 Dated: March 18, 2025.

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5 Randi C. Ettner  
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## Presidential Documents

Executive Order 14168 of January 20, 2025

### Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 7301 of title 5, United States Code, it is hereby ordered:

**Section 1. Purpose.** Across the country, ideologues who deny the biological reality of sex have increasingly used legal and other socially coercive means to permit men to self-identify as women and gain access to intimate single-sex spaces and activities designed for women, from women's domestic abuse shelters to women's workplace showers. This is wrong. Efforts to eradicate the biological reality of sex fundamentally attack women by depriving them of their dignity, safety, and well-being. The erasure of sex in language and policy has a corrosive impact not just on women but on the validity of the entire American system. Basing Federal policy on truth is critical to scientific inquiry, public safety, morale, and trust in government itself.

This unhealthy road is paved by an ongoing and purposeful attack against the ordinary and longstanding use and understanding of biological and scientific terms, replacing the immutable biological reality of sex with an internal, fluid, and subjective sense of self unmoored from biological facts. Invalidating the true and biological category of "woman" improperly transforms laws and policies designed to protect sex-based opportunities into laws and policies that undermine them, replacing longstanding, cherished legal rights and values with an identity-based, inchoate social concept.

Accordingly, my Administration will defend women's rights and protect freedom of conscience by using clear and accurate language and policies that recognize women are biologically female, and men are biologically male.

**Sec. 2. Policy and Definitions.** It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality. Under my direction, the Executive Branch will enforce all sex-protective laws to promote this reality, and the following definitions shall govern all Executive interpretation of and application of Federal law and administration policy:

(a) "Sex" shall refer to an individual's immutable biological classification as either male or female. "Sex" is not a synonym for and does not include the concept of "gender identity."

(b) "Women" or "woman" and "girls" or "girl" shall mean adult and juvenile human females, respectively.

(c) "Men" or "man" and "boys" or "boy" shall mean adult and juvenile human males, respectively.

(d) "Female" means a person belonging, at conception, to the sex that produces the large reproductive cell.

(e) "Male" means a person belonging, at conception, to the sex that produces the small reproductive cell.

(f) "Gender ideology" replaces the biological category of sex with an ever-shifting concept of self-assessed gender identity, permitting the false claim that males can identify as and thus become women and vice versa, and requiring all institutions of society to regard this false claim as true.



Gender ideology includes the idea that there is a vast spectrum of genders that are disconnected from one's sex. Gender ideology is internally inconsistent, in that it diminishes sex as an identifiable or useful category but nevertheless maintains that it is possible for a person to be born in the wrong sexed body.

(g) "Gender identity" reflects a fully internal and subjective sense of self, disconnected from biological reality and sex and existing on an infinite continuum, that does not provide a meaningful basis for identification and cannot be recognized as a replacement for sex.

**Sec. 3. Recognizing Women Are Biologically Distinct From Men.** (a) Within 30 days of the date of this order, the Secretary of Health and Human Services shall provide to the U.S. Government, external partners, and the public clear guidance expanding on the sex-based definitions set forth in this order.

(b) Each agency and all Federal employees shall enforce laws governing sex-based rights, protections, opportunities, and accommodations to protect men and women as biologically distinct sexes. Each agency should therefore give the terms "sex", "male", "female", "men", "women", "boys" and "girls" the meanings set forth in section 2 of this order when interpreting or applying statutes, regulations, or guidance and in all other official agency business, documents, and communications.

(c) When administering or enforcing sex-based distinctions, every agency and all Federal employees acting in an official capacity on behalf of their agency shall use the term "sex" and not "gender" in all applicable Federal policies and documents.

(d) The Secretaries of State and Homeland Security, and the Director of the Office of Personnel Management, shall implement changes to require that government-issued identification documents, including passports, visas, and Global Entry cards, accurately reflect the holder's sex, as defined under section 2 of this order; and the Director of the Office of Personnel Management shall ensure that applicable personnel records accurately report Federal employees' sex, as defined by section 2 of this order.

(e) Agencies shall remove all statements, policies, regulations, forms, communications, or other internal and external messages that promote or otherwise inculcate gender ideology, and shall cease issuing such statements, policies, regulations, forms, communications or other messages. Agency forms that require an individual's sex shall list male or female, and shall not request gender identity. Agencies shall take all necessary steps, as permitted by law, to end the Federal funding of gender ideology.

(f) The prior Administration argued that the Supreme Court's decision in *Bostock v. Clayton County* (2020), which addressed Title VII of the Civil Rights Act of 1964, requires gender identity-based access to single-sex spaces under, for example, Title IX of the Educational Amendments Act. This position is legally untenable and has harmed women. The Attorney General shall therefore immediately issue guidance to agencies to correct the misapplication of the Supreme Court's decision in *Bostock v. Clayton County* (2020) to sex-based distinctions in agency activities. In addition, the Attorney General shall issue guidance and assist agencies in protecting sex-based distinctions, which are explicitly permitted under Constitutional and statutory precedent.

(g) Federal funds shall not be used to promote gender ideology. Each agency shall assess grant conditions and grantee preferences and ensure grant funds do not promote gender ideology.

**Sec. 4. Privacy in Intimate Spaces.** (a) The Attorney General and Secretary of Homeland Security shall ensure that males are not detained in women's prisons or housed in women's detention centers, including through amendment, as necessary, of Part 115.41 of title 28, Code of Federal Regulations and interpretation guidance regarding the Americans with Disabilities Act.

(b) The Secretary of Housing and Urban Development shall prepare and submit for notice and comment rulemaking a policy to rescind the final rule entitled “Equal Access in Accordance with an Individual’s Gender Identity in Community Planning and Development Programs” of September 21, 2016, 81 FR 64763, and shall submit for public comment a policy protecting women seeking single-sex rape shelters.

(c) The Attorney General shall ensure that the Bureau of Prisons revises its policies concerning medical care to be consistent with this order, and shall ensure that no Federal funds are expended for any medical procedure, treatment, or drug for the purpose of conforming an inmate’s appearance to that of the opposite sex.

(d) Agencies shall effectuate this policy by taking appropriate action to ensure that intimate spaces designated for women, girls, or females (or for men, boys, or males) are designated by sex and not identity.

**Sec. 5. *Protecting Rights.*** The Attorney General shall issue guidance to ensure the freedom to express the binary nature of sex and the right to single-sex spaces in workplaces and federally funded entities covered by the Civil Rights Act of 1964. In accordance with that guidance, the Attorney General, the Secretary of Labor, the General Counsel and Chair of the Equal Employment Opportunity Commission, and each other agency head with enforcement responsibilities under the Civil Rights Act shall prioritize investigations and litigation to enforce the rights and freedoms identified.

**Sec. 6. *Bill Text.*** Within 30 days of the date of this order, the Assistant to the President for Legislative Affairs shall present to the President proposed bill text to codify the definitions in this order.

**Sec. 7. *Agency Implementation and Reporting.*** (a) Within 120 days of the date of this order, each agency head shall submit an update on implementation of this order to the President, through the Director of the Office of Management and Budget. That update shall address:

- (i) changes to agency documents, including regulations, guidance, forms, and communications, made to comply with this order; and
- (ii) agency-imposed requirements on federally funded entities, including contractors, to achieve the policy of this order.

(b) The requirements of this order supersede conflicting provisions in any previous Executive Orders or Presidential Memoranda, including but not limited to Executive Orders 13988 of January 20, 2021, 14004 of January 25, 2021, 14020 and 14021 of March 8, 2021, and 14075 of June 15, 2022. These Executive Orders are hereby rescinded, and the White House Gender Policy Council established by Executive Order 14020 is dissolved.

(c) Each agency head shall promptly rescind all guidance documents inconsistent with the requirements of this order or the Attorney General’s guidance issued pursuant to this order, or rescind such parts of such documents that are inconsistent in such manner. Such documents include, but are not limited to:

- (i) “The White House Toolkit on Transgender Equality”;
- (ii) the Department of Education’s guidance documents including:
  - (A) “2024 Title IX Regulations: Pointers for Implementation” (July 2024);
  - (B) “U.S. Department of Education Toolkit: Creating Inclusive and Non-discriminatory School Environments for LGBTQI+ Students”;
  - (C) “U.S. Department of Education Supporting LGBTQI+ Youth and Families in School” (June 21, 2023);
  - (D) “Departamento de Educación de EE.UU. Apoyar a los jóvenes y familias LGBTQI+ en la escuela” (June 21, 2023);
  - (E) “Supporting Intersex Students: A Resource for Students, Families, and Educators” (October 2021);
  - (F) “Supporting Transgender Youth in School” (June 2021);

(G) “Letter to Educators on Title IX’s 49th Anniversary” (June 23, 2021);

(H) “Confronting Anti-LGBTQI+ Harassment in Schools: A Resource for Students and Families” (June 2021);

(I) “Enforcement of Title IX of the Education Amendments of 1972 With Respect to Discrimination Based on Sexual Orientation and Gender Identity in Light of *Bostock v. Clayton County*” (June 22, 2021);

(J) “Education in a Pandemic: The Disparate Impacts of COVID–19 on America’s Students” (June 9, 2021); and

(K) “Back-to-School Message for Transgender Students from the U.S. Depts of Justice, Education, and HHS” (Aug. 17, 2021);

(iii) the Attorney General’s Memorandum of March 26, 2021 entitled “Application of *Bostock v. Clayton County* to Title IX of the Education Amendments of 1972”; and

(iv) the Equal Employment Opportunity Commission’s “Enforcement Guidance on Harassment in the Workplace” (April 29, 2024).

**Sec. 8. General Provisions.** (a) Nothing in this order shall be construed to impair or otherwise affect:

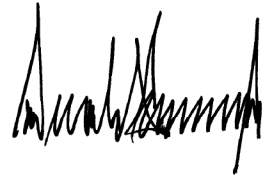
(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

(d) If any provision of this order, or the application of any provision to any person or circumstance, is held to be invalid, the remainder of this order and the application of its provisions to any other persons or circumstances shall not be affected thereby.



THE WHITE HOUSE,  
January 20, 2025.

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DEPARTMENT OF THE NAVY  
NAVY RECRUITING COMMAND  
5722 INTEGRITY DR.  
MILLINGTON, TN 38054-5057

28 Jan 25

DECISION GUIDANCE MEMORANDUM #N00-30

Subj: Processing of Applicants Identifying as Transgender

1. Purpose. This memorandum provides guidance on the processing of applicants who identify as transgender, in light of the Executive Order titled "Prioritizing Military Excellence and Readiness," signed by the President on January 27, 2025.

2. Background

a. The recent Executive Order mandates a revision of Department of Defense (DoD) policies concerning the enlistment and service of transgender individuals. As we await detailed guidance from the DoD, it is imperative to align our recruiting practices with this current directive.

3. Guidance

a. Delayed Entry Program (DEP): Effective immediately, any Future Sailors currently in the DEP who are identified as transgender will have their ship dates postponed pending further DoD guidance. Recruiters should ensure that the chain of command is aware of any transgender Future Sailors currently in DEP.

b. New Applicants: Applicants who self-identify as transgender are not eligible to process for enlistment at this time.

c. For new applicants, handle all inquiries from transgender individuals with professionalism and respect. Use the following statement when addressing their interest in enlisting:

*"Thank you for your interest in serving in the United States Navy. Due to recent policy changes, we are unable to process your application at this time. We appreciate your understanding and encourage you to stay connected with your local recruiting office for future updates."*

d. If there is doubt as to a candidate's status based on their statements, processing should continue such that the issue is resolved at Military Entrance Processing Station rather than risking a potential conflict between a Recruiter and an applicant.

e. For further clarification or questions regarding this guidance, please contact your chain of command.

f. Additional information and updates will be disseminated upon further guidance from the Department of Defense and Department of the Navy.

A handwritten signature in black ink, appearing to read "J. P. Waters".

J. P. WATERS



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[REDACTED]

**From:** [REDACTED]  
**Sent:** Thursday, January 30, 2025 3:07 PM  
**To:** OSD North Chicago USMEPCOM ES List All Medical  
**Cc:** [REDACTED]  
**Subject:** FW: OPS MSG (M) - Immediate Change to Transgender Applicant Processing

FYSA

Respectfully submitted,

Martinez, Juan  
 Medical Programs Analyst (MPA)  
 HQ, Eastern Sector, USMEPCOM  
 [REDACTED]  
 [REDACTED]

**Approved By:** Mr. William Reinhart, J-3 Director  
**Released By:** Ms. Danielle Debano, J-3 Support Services

**BLUF:** Immediate changes to transgender applicant processing.

**Background:** Pursuant to Executive Orders "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," "Prioritizing Military Excellence and Readiness," and "Restoring America's Fighting Force," MEPS will immediately implement the following changes for transgender applicant processing.

**Process:**

- Effective **immediately**, each transgender applicant or applicant who expresses gender dysphoria who are currently undergoing an accession medical evaluation will be left in an "open" status.
- The applicant will not be medically qualified or disqualified for Service.
- Further guidance on transgender applicant processing will be forthcoming.
- Every applicant for Military Service will continue to be treated with dignity and respect.
- MEPS will continue to follow all other processes as outlined in reference (d) below until instructed otherwise.

**Deliverable:** MEPS Operations Officer will ensure full dissemination of this message; specifically to the MEPS Medical Department personnel.

**POCs:**

- Sectors:
  - Eastern Sector Medical: [REDACTED]
  - Western Sector Medical: [REDACTED]
- J-3 Operations:

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SECRETARY OF DEFENSE  
1000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1000

JAN 31 2025

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF THE COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government

Biological sex is an immutable characteristic. It is not fluid, and it cannot transform. Gender ideology denies this fundamental reality, and places women at risk by allowing biological males to gain access to intimate, single-sex spaces.

President Trump has given us our marching orders in his Executive Order 14168, "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," January 20, 2025. Effective immediately, the Department of Defense will remove all traces of gender ideology.

I direct the DoD Components to do the following:

- Review all programs, contracts, and grants, and take appropriate steps to address any contract requirements that promote or inculcate gender ideology.
- Review all position descriptions and send a notification to all employees whose position description involves inculcating or promoting gender ideology that they are being placed on paid administrative leave effective immediately as the Agency takes steps to close/end all initiatives, offices, and programs that inculcate or promote gender ideology.
- Remove all outward facing media (websites, social media accounts, etc.) that inculcate or promote gender ideology.
- Review email systems, such as Outlook, and turn off features that prompt users for their pronouns.
- Withdraw any final or pending documents, directives, orders, regulations, materials, forms, communications, statements, and plans that inculcate or promote gender ideology.
- Cancel any trainings that inculcate or promote gender ideology or have done so in the past.
- Disband or cancel any employee resource groups or special emphasis programs that inculcate or promote gender ideology or have done so in the past.



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- Review all forms that require entry of an individual's sex and ensure that all list male or female only, and not gender identity. Remove requests for "gender" and substitute requests for "sex."
- Ensure that all applicable policies and documents, including forms, use the term "sex" and not "gender."
- Ensure that intimate spaces for women, girls, or females (or for men, boys, or males) are designated by biological sex and not gender identity.

The Office of the Under Secretary of Defense for Personnel and Readiness (OUSD(P&R)) will formally send a task and oversee the implementation of these actions. DoD Components will provide a list of the actions taken in response to this guidance and their plans to ensure ongoing compliance to OUSD(P&R) by February 7, 2025.

The rights of the men and women who serve our Nation must be protected as we forge the most lethal force the world has ever known.

A handwritten signature in black ink, appearing to be "PBJ" followed by a stylized flourish.



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SECRETARY OF DEFENSE  
1000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1000

FEB - 7 2025

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF THE COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Prioritizing Military Excellence and Readiness

The Department of Defense's (DoD) mission requires Service members to abide by strict mental and physical standards. The lethality, readiness, and warfighting capability of our Force depends on Service members meeting those standards.

The Department must ensure it is building "One Force" without subgroups defined by anything other than ability or mission adherence. Efforts to split our troops along lines of identity weaken our Force and make us vulnerable. Such efforts must not be tolerated or accommodated.

As the President clearly stated in Executive Order 14183, "Prioritizing Military Excellence and Readiness," January 27, 2025: "Expressing a false 'gender identity' divergent from an individual's sex cannot satisfy the rigorous standards necessary for Military Service."

Effective immediately, all new accessions for individuals with a history of gender dysphoria are paused, and all unscheduled, scheduled, or planned medical procedures associated with affirming or facilitating a gender transition for Service members are paused.<sup>1</sup>

Individuals with gender dysphoria have volunteered to serve our country and will be treated with dignity and respect. The Under Secretary of Defense for Personnel and Readiness is authorized and delegated the authority to provide additional policy and implementation guidance outside of the normal DoD issuance process, including guidance regarding service by Service members with a current diagnosis or history of gender dysphoria, to implement this direction.

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<sup>1</sup> For the purposes of this guidance, these procedures include unscheduled, scheduled, or planned genital reconstruction surgery associated with gender transition, gender affirming surgery, sex reassignment surgery, or newly initiated gender-affirming hormone therapy.



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**\*\*CORRECTED COPY 2\*\*** HQDA EXORD 150-25 IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO TRANSGENDER MILITARY SERVICE

Originator: DA WASHINGTON DC

DTG: **DRAFT** Precedence: Priority

To: ARLINGTON NATIONAL CEMETERY ARLINGTON VA, ARNG NGB COMOPS ARLINGTON VA, ARNG NGB J3 JOC WASHINGTON DC, ARNGRC ARLINGTON VA, ARNGRC WATCH ARLINGTON VA, CDR 5 ARMY NORTH AOC FT SAM HOUSTON TX, CDR ARMY FUTURES COMMAND AUSTIN TX, CDR ATEC ABERDEEN PROVING GROUND MD, CDR FORSCOM DCS G3 CENTRAL TASKING DIV FT LIBERTY NC, CDR FORSCOM DCS G3 CURRENT OPS FT LIBERTY NC, CDR FORSCOM DCS G3 WATCH OFFICER FT LIBERTY NC, CDR MDW J3 FT MCNAIR DC, CDR MDW JFHQ-NCR FT MCNAIR DC, CDR NETCOM 9THSC FT HUACHUCA AZ, CDR TRADOC CG FT EUSTIS VA, CDR TRADOC DCS G-3-5-7 OPNS CTR FT EUSTIS VA, CDR USAR NORTH FT SAM HOUSTON TX, CDR USARCENT SHAW AFB SC, CDR USASOC COMMAND CENTER FT LIBERTY NC, CDR USASOC FT LIBERTY NC, CDR3RD ARMY USARCENT WATCH OFFICER SHAW AFB SC, CDRAMC REDSTONE ARSENAL AL, CDRAMC REDSTONE ARSENAL AL, CDRFORSCOM FT LIBERTY NC, CDRHRC G3 DCSOPS FT KNOX KY, CDRINSCOM FT BELVOIR VA, CDRINSCOMIOC FT BELVOIR VA, CDRMDW WASHINGTON DC, CDRUSACE WASHINGTON DC, CDRUSACIDC FT BELVOIR VA, CDRUSACYBER FT EISENHOWER GA, CDRUSACYBER G3 FT EISENHOWER GA, CDRUSACYBER G33 FT EISENHOWER GA, CDRUSAEIGHT G3 CUOPS SEOUL KOR, CDRUSAEIGHT SEOUL KOR, CDRUSAFRICA VICENZA IT, CDRUSAMEDCOM FT SAM HOUSTON TX, CDRUSARC G33 READ FT LIBERTY NC, CDRUSARCYBER WATCH OFFICER FT EISENHOWER GA, CDRUSARPAC CG FT SHAFTER HI, CDRUSARPAC FT SHAFTER HI, COMDT USAWC CARLISLE BARRACKS PA, HQ IMCOM FT SAM HOUSTON TX, HQ INSCOM IOC FT BELVOIR VA, HQ SDDC CMD GROUP SCOTT AFB IL, HQ SDDC OPS MSG CNTR SCOTT AFB IL, HQ USARSO FT SAM HOUSTON TX, HQ USARSO G3 FT SAM HOUSTON TX, HQDA AOC DAMO ODO OPS AND CONT PLANS WASHINGTON DC, HQDA AOC G3 DAMO CAT OPSWATCH WASHINGTON DC, HQDA AOC G3 DAMO OD DIR OPS READ AND MOB WASHINGTON DC, HQDA ARMY STAFF WASHINGTON DC, HQDA ASAALT ASC HQ WASHINGTON DC, HQDA EXEC OFFICE WASHINGTON DC, HQDA IMCOM OPS DIV WASHINGTON DC, HQDA SEC ARMY WASHINGTON DC, HQDA SURG GEN WASHINGTON DC, MEDCOM HQ EOC FT SAM HOUSTON TX, NETCOM G3 CURRENT OPS FT HUACHUCA AZ, NETCOM G3 CURRENT OPS FT HUACHUCA AZ, NGB WASHINGTON DC, SMDC ARSTRAT CG ARLINGTON VA, SMDC ARSTRAT G3 ARLINGTON VA, SUPERINTENDENT USMA WEST POINT NY, SURGEON GEN FALLS CHURCH VA, USAR AROC FT LIBERTY NC, USAR CMD GRP FT LIBERTY NC, USAR DCS G33 OPERATIONS FT LIBERTY NC, USARCENT G3 FWD, USARPAC COMMAND CENTER FT SHAFTER HI, CDR USAREUR WIESBADEN GE

CC: HQDA AOC DAMO ODO OPS AND CONT PLANS WASHINGTON DC, HQDA AOC G3 DAMO CAT OPSWATCH WASHINGTON DC, HQDA AOC G3 DAMO OD DIR OPS READ AND MOB WASHINGTON DC

UNCLASSIFIED//

SUBJECT: (U) **\*\*CORRECTED COPY 2\*\*** HQDA EXORD 150-25  
IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO TRANSGENDER  
MILITARY SERVICE//

(U) REFERENCES. NONE.

NARR// (U) THIS IS **\*\*CORRECTED COPY 2\*\*** HQDA EXORD 150-25  
IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO TRANSGENDER  
MILITARY SERVICE. THIS CORRECTED COPY PROVIDES A CORRECTED  
CLASSIFICATION OF THIS MESSAGE//

1. (U) SITUATION. IN ANTICIPATION OF UPDATED DOD POLICY, THIS MESSAGE PRESCRIBES INITIAL GUIDANCE ON IMPLEMENTATION OF RELEVANT EXECUTIVE ORDER REQUIREMENTS RELATED TO TRANSGENDER MILITARY SERVICE.

2. (U) MISSION. EFFECTIVE IMMEDIATELY, ALL ARMY ORGANIZATIONS WILL IMPLEMENT INITIAL GUIDANCE OF RELEVANT EXECUTIVE ORDER REQUIREMENTS RELATED TO TRANSGENDER MILITARY SERVICE.

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3. (U) EXECUTION.

3.A. (U) INTENT. NOT USED.

3.B. (U) CONCEPT OF OPERATIONS. NOT USED.

3.C. (U) TASKS TO ARMY STAFF, SUBORDINATE UNITS AND REQUESTS FOR SUPPORT.

3.C.1. (U) ARMY SECRETARIAT, ARMY STAFF, SUBORDINATE HQDA OFFICES/ORGANIZATIONS, COMMANDERS, ARMY COMMANDS (ACOM), ARMY SERVICE COMPONENT COMMANDS (ASCC), DIRECT REPORTING UNITS (DRU), AND DIRECTOR, ARMY NATIONAL GUARD (ARNG).

3.C.1.A. (U) ENSURE IMPLEMENTATION OF INITIAL GUIDANCE AS FOLLOWS:

3.C.1.A.1. (U) ALL SERVICEMEMBERS, WILL BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES. COMMANDERS MUST MAINTAIN GOOD ORDER AND DISCIPLINE AND THE SAFETY, DIGNITY, AND RESPECT OF ALL OF THEIR ASSIGNED PERSONNEL.

3.C.1.A.2. (U) ENSURE THAT INTIMATE SPACES, INCLUDING BUT NOT LIMITED TO LATRINES, CHANGING FACILITIES, SLEEPING QUARTERS, AND BATHING FACILITIES DESIGNATED FOR WOMEN, GIRLS, OR FEMALES (OR FOR MEN, BOYS, OR MALES) ARE DESIGNATED BY BIOLOGICAL SEX AND NOT GENDER IDENTITY. BIOLOGICAL SEX IS DEFINED AS A BIOLOGICAL TRAIT DETERMINED BY CHROMOSOMAL PATTERN.

3.C.1.A.3. (U) MAINTAIN CURRENT LIVING CONDITIONS, PENDING IMPLEMENTATION GUIDANCE. IAW WITH CURRENT EXECUTIVE ORDERS AND EXISTING POLICIES, REGULATIONS, AND DIRECTIVES, COMMANDERS MUST BPT MODIFY SLEEPING, CHANGING, AND BATHING AREAS UPON RECEIPT OF IMPLEMENTATION GUIDANCE.

3.C.1.A.4. (U) AT THIS TIME, DO NOT INITIATE ANY MEDICAL BOARD OR ADVERSE PERSONNEL ACTION SOLELY RELATED TO TRANSGENDER STATUS. POLICY AND IMPLEMENTATION GUIDANCE RELATED TO CURRENT EXECUTIVE ORDERS WILL BE PUBLISHED WHEN AVAILABLE.

3.C.1.A.5. (U) UNTIL FURTHER GUIDANCE IS ISSUED AND CONSISTENT WITH THE PROTECTIONS OF HIPPA AND THE PRIVACY ACT, DO NOT ACCESS OR UTILIZE MEDICAL AND PERSONNEL SYSTEMS OF RECORD SPECIFICALLY TO IDENTIFY TRANSGENDER SOLDIERS.

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3.C.1.A.6. (U) ANY SOLDIER CURRENTLY UNDER MEDICAL CARE FOR GENDER DYSPHORIA OR TRANSITION WILL CONTINUE TO RECEIVED MEDICAL TREATMENT CONSISTENT WITH THE STANDARD OF CARE.

3.D. (U) COORDINATING INSTRUCTIONS. NOT USED.

4. (U) SUSTAINMENT. NOT USED.

5. (U) COMMAND AND SIGNAL.

5.A. (U) HQDA POC THIS MESSAGE, SERVICE CENTRAL COORDINATION CELL (SCCC), AVAILABLE AT: usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@army.mil

6. (U) THE EXPIRATION DATE OF THIS MESSAGE IS 30 SEPTEMBER 2025, UNLESS FORMALLY RESCINDED, SUPERSEDED OR MODIFIED.

ATTACHMENTS: NONE.

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UNCLAS

PAGE 1 OF 4

## FRAGO 1 TO HQDA EXORD 150-25 IMPLEMENTATION OF EXECUTIVE ORDERS

**Originator:** DA WASHINGTON DC

**TOR:** 02/14/2025 21:32:41

**DTG:** 142129Z Feb 25

**Prec:** Priority

**DAC:** General

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 RELATED TO TRANSGENDER MILITARY SERVICE  
 UNCLASSIFIED//

SUBJECT: (U) FRAGO 1 TO HQDA EXORD 150-25 IMPLEMENTATION OF EXECUTIVE  
 ORDERS RELATED TO TRANSGENDER MILITARY SERVICE//

(U) REFERENCES.  
 REF//A/ (U) \*\*CORRECTED COPY 2\*\* HQDA EXORD 150-25 IMPLEMENTATION OF  
 EXECUTIVE ORDERS RELATED TO TRANSGENDER MILITARY SERVICE (U), DTG:  
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NARR// (U) THIS IS FRAGO 1 TO HQDA EXORD 150-25 IMPLEMENTATION OF  
 EXECUTIVE ORDERS RELATED TO TRANSGENDER MILITARY SERVICE. FRAGO 1

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PROVIDES CLARIFICATION AND ADDITIONAL GUIDANCE TO HQDA EXORD 150-25//

1. (U) SITUATION. [RESTATED] IN ANTICIPATION OF UPDATED DOD POLICY, THIS MESSAGE PRESCRIBES INITIAL GUIDANCE ON IMPLEMENTATION OF RELEVANT EXECUTIVE ORDER REQUIREMENTS RELATED TO TRANSGENDER MILITARY SERVICE.

2. (U) MISSION. [RESTATED] EFFECTIVE IMMEDIATELY, ALL ARMY ORGANIZATIONS WILL IMPLEMENT INITIAL GUIDANCE OF RELEVANT EXECUTIVE ORDER REQUIREMENTS RELATED TO TRANSGENDER MILITARY SERVICE.

3. (U) EXECUTION.

3.A. (U) INTENT. NOT USED.

3.B. (U) CONCEPT OF OPERATIONS. NOT USED.

3.C. (U) TASKS TO ARMY STAFF, SUBORDINATE UNITS AND REQUESTS FOR SUPPORT.

3.C.1. (U) ARMY SECRETARIAT, ARMY STAFF, SUBORDINATE HQDA OFFICES/ORGANIZATIONS, COMMANDERS, ARMY COMMANDS (ACOM), ARMY SERVICE COMPONENT COMMANDS (ASCC), DIRECT REPORTING UNITS (DRU), AND DIRECTOR, ARMY NATIONAL GUARD (ARNG).

3.C.1.A. (U) [RESTATED] ENSURE IMPLEMENTATION OF INITIAL GUIDANCE AS FOLLOWS:

3.C.1.A.1. (U) [RESTATED] ALL SERVICEMEMBERS, WILL BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES. COMMANDERS MUST MAINTAIN GOOD ORDER AND DISCIPLINE AND THE SAFETY, DIGNITY, AND RESPECT OF ALL OF THEIR ASSIGNED PERSONNEL.

3.C.1.A.2. (U) [RESTATED] ENSURE THAT INTIMATE SPACES, INCLUDING BUT NOT LIMITED TO LATRINES, CHANGING FACILITIES, SLEEPING QUARTERS, AND BATHING FACILITIES DESIGNATED FOR WOMEN, GIRLS, OR FEMALES (OR FOR MEN, BOYS, OR MALES) ARE DESIGNATED BY BIOLOGICAL SEX AND NOT GENDER IDENTITY. BIOLOGICAL SEX IS DEFINED AS A BIOLOGICAL TRAIT DETERMINED BY CHROMOSOMAL PATTERN.

3.C.1.A.3. (U) [RESTATED] MAINTAIN CURRENT LIVING CONDITIONS, PENDING IMPLEMENTATION GUIDANCE. IAW WITH CURRENT EXECUTIVE ORDERS AND EXISTING POLICIES, REGULATIONS, AND DIRECTIVES, COMMANDERS MUST BPT MODIFY SLEEPING, CHANGING, AND BATHING AREAS UPON RECEIPT OF IMPLEMENTATION GUIDANCE.

3.C.1.A.4. (U) [RESTATED] AT THIS TIME, DO NOT INITIATE ANY MEDICAL BOARD OR ADVERSE PERSONNEL ACTION SOLELY RELATED TO TRANSGENDER STATUS. POLICY AND IMPLEMENTATION GUIDANCE RELATED TO CURRENT EXECUTIVE ORDERS WILL BE PUBLISHED WHEN AVAILABLE.

3.C.1.A.5. [DELETED].

3.C.1.A.6. (U) [CHANGE TO READ] PAUSE ON MEDICAL CARE. AS DIRECTED BY PRESIDENTIAL EXECUTIVE ORDER AND SECRETARY OF DEFENSE MEMORANDUM, ALL UNSCHEDULED, SCHEDULED, OR PLANNED MEDICAL PROCEDURES ASSOCIATED WITH AFFIRMING OR FACILITATING A GENDER TRANSITION FOR SERVICE MEMBERS ARE PAUSED. THIS INCLUDES UNSCHEDULED, SCHEDULED, OR PLANNED GENITAL

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RECONSTRUCTION SURGERY ASSOCIATED WITH GENDER TRANSITION, GENDER AFFIRMING SURGERY, SEX REASSIGNMENT SURGERY, OR NEWLY INITIATED GENDER-AFFIRMING HORMONE THERAPY.

3.C.1.A.7. (U) [ADD] THE ARMY WILL CONTINUE TO PROVIDE FURTHER CLARIFICATION AND UPDATE ITS POLICIES AS ADDITIONAL IMPLEMENTATION GUIDANCE IS RECEIVED.

3.D. (U) COORDINATING INSTRUCTIONS. NOT USED.

4. (U) SUSTAINMENT. NOT USED.

5. (U) COMMAND AND SIGNAL.

5.A. (U) [RESTATED] HQDA POC THIS MESSAGE, SERVICE CENTRAL COORDINATION CELL (SCCC), AVAILABLE AT: usarmy.pentagon.hqda-dcs-g-1.mbx.sccc@army.mil

6. (U) THE EXPIRATION DATE OF THIS FRAGO COINCIDES WITH THE EXPIRATION DATE OF HQDA EXORD 150-25 ON IS 30 SEPTEMBER 2025, UNLESS FORMALLY RESCINDED, SUPERSEDED OR MODIFIED.

ATTACHMENTS: NONE.

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# PUBLIC AFFAIRS GUIDANCE:

## DEPARTMENT OF DEFENSE IMPLEMENTATION OF EXECUTIVE ORDER PRIORITIZING MILITARY EXCELLENCE AND READINESS

### Background:

On January 27, 2025, the President signed Executive Order 14183, *Prioritizing Military Excellence and Readiness*. The executive order states that “expressing a false ‘gender identity’ divergent from an individual’s sex cannot satisfy the rigorous standards necessary for Military Service.” On February 7, 2025, the Secretary of Defense signed a memorandum that paused all new accessions and medical procedures for individuals with a current diagnosis or history of gender dysphoria and directed the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) to provide additional policy guidance to senior Department of Defense (DoD) leadership on implementation. That guidance was signed on February 26, 2025.

On February 26, 2025, USD(P&R) signed a memorandum that provides supplemental policy guidance and establishes a reporting mechanism to ensure Department compliance. The policy guidance in this memorandum is effective immediately upon signature and supersedes any conflicting policy guidance in Department issuances or other policy guidance and memoranda.

- Accessions: Applicants for military service are disqualified if they have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria or have a history of cross-sex hormone therapy or sex reassignment or genital reconstruction surgery as a treatment for gender dysphoria or in pursuit of a sex transition.
  - Applicants for military service may be considered for a waiver on a case-by-case basis, provided there is a compelling government interest in accessing the applicant that directly supports warfighting capabilities.
  - The applicant must be willing and able to adhere to all applicable standards, including the standards associated with the applicant’s sex.
- Retention: Service members are disqualified from military service if they have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria or have a history of cross-sex hormone therapy or sex reassignment or genital reconstruction surgery as a treatment for gender dysphoria or in pursuit of a sex transition.
  - Service members may be retained and considered for a waiver on a case-by-case basis, provided there is a compelling government interest in retaining the Service member that directly supports warfighting capabilities and the Service member concerned meets the following criteria:

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- The Service member demonstrates 36 consecutive months of stability in the Service member's sex without clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
  - The Service member demonstrates that he or she has never attempted to transition to any sex other than their sex; and
  - The Service member is willing and able to adhere to all applicable standards, including the standards associated with the Service member's sex.
- Service members being processed for separation in accordance with this policy will be afforded all statutorily required rights and benefits.
  - Service members who elect to separate voluntarily in the 30 days following signature of this guidance may be eligible for voluntary separation pay in accordance with applicable law and Department policy. Those eligible for voluntary separation pay will be paid at a rate that is twice the amount the Service member would have been eligible for in involuntary separation pay.
  - Service members separated involuntarily may be provided full involuntary separation pay in accordance with applicable law and Department policy.
  - All unscheduled, scheduled, or planned surgical procedures associated with facilitating sex reassignment for Service members diagnosed with gender dysphoria are cancelled.
  - Cross-sex hormone therapy for Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria that began prior to the date of this memorandum may, if recommended by a DoD health care provider in order to prevent further complications, be continued until separation is complete.

**Public Affairs Posture:** Active.

**Key Audiences:**

- Service members and their families
- Potential recruits and their families
- DoD health care providers
- Congress
- Military and Veteran Support Organizations
- Advocacy Groups

**Topline Messages:**

- Joining the military is open to all persons who can meet the high standards for military service and readiness without special accommodation.

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- Individuals wanting to join the military service, who express a false “gender identity” divergent from an individual’s sex distracts from the mission and is inconsistent with the humility and selflessness required of a Service member.
- Service members and applicants for military service who have a current diagnosis or history of, or exhibit symptom consistent with, gender dysphoria is incompatible with military service and are no longer eligible for military service.
- Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria will be processed for separation from military service.
- Separated Service members will receive an honorable characterization of service except where the Service member’s record otherwise warrants a lower characterization.

**Talking Points:**

- No funds from the Department of Defense will be used to pay for Service members’ unscheduled, scheduled, or planned medical procedures associated with facilitating sex reassignment surgery, genital reconstruction surgery as treatment for gender dysphoria, or newly initiated cross-sex hormone therapy.
- All unscheduled, scheduled, or planned surgical procedures associated with facilitating sex reassignment for Service members diagnosed with gender dysphoria are cancelled.
- Where a standard, requirement, or policy depends on whether the individual is a male or female, such as medical fitness for duty, physical fitness and body fat standards; berthing, bathroom, and shower facilities; and uniform and grooming standards, all persons will be subject to the standard, requirement, or policy associated with their sex.
- Pronoun usage when referring to Service members must reflect a Service member’s sex. In keeping with good order and discipline, salutations, such as addressing a senior officer as “Sir” or “Ma’am”, must also reflect an individual’s sex.
- Service members being processed for separation in accordance with this policy will be afforded all statutorily required rights and benefits.

**Approved Questions and Answers for Media and Congressional Requests:****SECDEF and USD(P&R) Memoranda****Q: What did the Secretary of Defense’s February 7, 2025 memorandum do?****A:** The Secretary of Defense memorandum paused all new accessions and most medical procedures for individuals with a current diagnosis or history of gender dysphoria and directed the USD(P&R) to provide additional policy guidance to the Military Departments on implementation.

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**Q: What did the USD(P&R) February 26, 2025 memorandum do?**

**A:** The USD(P&R) memorandum provides policy guidance addressing issues such as accession, retention, and separation of Service members and applicants for military service who have been diagnosed with gender dysphoria, as well as provides guidance on the implementation of adhering to the standards associated with one's sex.

The policy guidance directs that Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and any Service member or applicant for military service who has a history of cross-sex hormone therapy or sex reassignment or genital reconstruction surgery as treatment for gender dysphoria, in pursuit of a sex transition, will be processed for administrative separation. It also directs that similarly situated applicants are ineligible for military service.

The memorandum also directs the update of applicable policies addressing accession and retention standards as well as the cancellation of policies and memoranda that addressed Service members serving with a diagnosis of gender dysphoria.

**Definitions****Q: How does the Department define gender dysphoria?**

**A:** Gender dysphoria refers to a marked incongruence between one's experienced or expressed gender and assigned gender of at least six months' duration, as manifested by conditions associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Q: How does the Department define "gender identity?"**

**A:** Consistent with Executive Order 14168, *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, the Department defines 'gender identity' as "a fully internal and subjective sense of self, disconnected from biological reality and sex and existing on an infinite continuum, that does not provide a meaningful basis for identification and cannot be recognized as a replacement for sex."

**Q: How does the Department define sex?**

**A:** Consistent with Executive Order 14168, *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, the Department defines 'sex' as "an individual's immutable biological classification as either male or female."

**Applicability****Q: Who exactly is impacted by this policy?**

**A:** Any Service member or applicant for military service who has a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and any Service

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member or applicant for military service who has a history of cross-sex hormone therapy or sex reassignment or genital reconstruction surgery as treatment for gender dysphoria, in pursuit of a sex transition.

**Q: How many Service members are impacted by this policy?**

**A:** We do not have an exact number of active-duty Service members diagnosed with gender dysphoria.

**Q: Is there a breakdown of individuals by service, gender, race, and occupation (MOS)?**

**A:** We do not have that data readily available.

**Q: How will the Department identify Service members who are impacted by this policy?**

**A:** The Department will provide supplemental guidance which will address the identification of Service members diagnosed with gender dysphoria.

#### **Accessions**

**Q: If an individual was diagnosed with gender dysphoria as a child, are they disqualified from military service?**

**A:** Yes. However, applicants may be considered for a waiver on a case-by-case basis, provided there is a compelling government interest in accessing the applicant that directly supports warfighting capabilities. The applicant must be willing and able to adhere to all applicable standards, including the standards associated with the applicant's sex.

**Q: Will offers of admission to Military Service Academies or ROTC programs be rescinded?**

**A:** Yes, offers of admission to a Military Service Academy or the Reserve Officers' Training Corps to individuals disqualified under these policies will be rescinded. Waivers will be considered on a case-by-case basis, provided there is a compelling government interest in accessing the applicant that directly supports warfighting capabilities. The applicant must be willing and able to adhere to all applicable standards, including the standards associated with the applicant's sex.

**Q: Will cadets or midshipmen be required to reimburse the government for their education?**

**A:** No. Absent any other basis for separation or disenrollment, such individuals will not be subject to monetary repayment of educational benefits (i.e., recoupment) nor subject to completion of a military service obligation.

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**Retention****Q: Will Service members currently serving with a diagnosis of gender dysphoria be allowed to continue to serve?****A:** No. Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and any Service members who have a history of cross-sex hormone therapy or sex reassignment or genital reconstruction surgery as treatment for gender dysphoria, in pursuit of a sex transition, will be processed for administrative separation.**Q: Will any waivers be permitted?****A:** Service members may be considered for a waiver on a case-by-case basis, provided there is a compelling government interest in retaining the Service member that directly supports warfighting capabilities and the Service member concerned meets the following criteria: (1) the Service member demonstrates 36 consecutive months of stability in the Service member's sex without clinically significant distress or impairment in social, occupational, or other important areas of functioning; (2) the Service member demonstrates that he or she has never attempted to transition to any sex other than their sex; and (3) the Service member is willing and able to adhere to all applicable standards, including the standards associated with the Service member's sex.**Separations****Q: Will Service members diagnosed with gender dysphoria be honorably discharged?****A:** Yes. Characterization of service will be honorable except where the Service member's record otherwise warrants a lower characterization.**Q: Are Service members separated under this policy eligible for separation pay?****A:** Yes. Service members who elect to voluntarily separate within 30 days following the signature of this guidance may be eligible for voluntary separation pay in accordance with applicable law and Department policy. Service members eligible for voluntary separation pay will be paid at a rate that is twice the amount the Service member would have been eligible for in involuntary separation pay.

Service members who choose to be involuntarily separated may be provided full involuntary separation pay in accordance with applicable law and Department policy.

Common Example	Involuntary Sep. Pay	Voluntary Sep. Pay
E-5 w/10 YOS	\$50,814	\$101,628
O-3 w/7 YOS	\$62,612	\$125,224

**Q: Will Service members being separated under this policy be afforded a separation board?**

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**A:** All enlisted Service members who are involuntarily separated pursuant to this policy will, if desired by the Service member, be afforded an administrative separation board. All officers who are involuntarily separated pursuant to this policy will be afforded a Board of Inquiry, if desired by the officer, in accordance with applicable law.

**Q: Will Service members being separated under this policy be eligible for the Temporary Early Retirement Authority?**

**A:** Yes. Service members with over 18 but less than 20 years of total active-duty service are eligible for early retirement under the Temporary Early Retirement Authority in accordance with Department policy.

**Q: Will Service member being separated under this policy remain eligible for TRICARE benefits?**

**A:** Yes. Eligible Service members (including active-duty Service members and Reserve or National Guard members when on active duty orders for 30 or more consecutive days) who are processed for separation pursuant to this policy, and their covered dependents, remain eligible for TRICARE for 180 days in accordance with applicable law.

**Q: Are Service members separated under this policy eligible to participate in the Transition Assistance Program?**

**A:** Yes. Service members, whether separated voluntarily or involuntarily are eligible for the Transition Assistance Program.

**Q: Will Service members separated under this policy have to repay any bonuses received prior to their separation?**

**A:** Service members choosing to voluntarily separate will not have to repay any bonuses received prior to the date of this memorandum, even if they have a remaining service obligation, pursuant to applicable law.

The Military Departments may recoup any bonuses received prior to the date of this memorandum for Service members choosing to be involuntarily separated.

**Q: Will the Secretaries of the Military Departments waive any remaining military service obligations?**

**A:** Yes. The Secretaries of the Military Departments will waive any remaining military service obligation for Service members who are separated pursuant to this policy.

**Q: If Service members are required to serve in their sex, will Service members diagnosed with gender dysphoria who have already had sex reassignment surgery be required to serve in their sex?**

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**A:** The Secretaries of the Military Departments may place a Service member being separated under this policy in an administrative absence status until their separation is complete. Service members in this status will be designated as non-deployable.

**Q: Will the records for Service members being separated under this policy be updated to reflect their sex?**

**A:** Yes. All military records, regardless of whether a Service member is being separated under this policy, will reflect the Service member's sex.

**Q: Will the records for Service members being separated under this policy be updated to reflect their name at birth?**

**A:** All military records will reflect the Service member's legal name.

### **Medical Providers**

**Q: Will Service members being separated under this policy be allowed to continue hormone therapy?**

**A:** Cross-sex hormone therapy for Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria that began prior to the date of this guidance may, if recommended by a DoD health care provider to prevent further complications, be continued until separation is complete.

### **Decision-Making**

**Q: The Secretary of Defense has said that the focus needs to be on "lethality, meritocracy, accountability, standards, and readiness." Specifically focusing on 'meritocracy,' will consideration be given to high performing transgender Service members?**

**A:** While these individuals have volunteered to serve our country and will be treated with dignity and respect, expressing a false "gender identity" divergent from an individual's sex cannot satisfy the rigorous standards necessary for military service.

**Q: Transgender Service members have been serving without exception since 2021 and were previously 'grandfathered' under the previous Trump administration policies. Why are all transgender Service members being targeted for separation now?**

**A:** While these individuals have volunteered to serve our country and will be treated with dignity and respect, express a false "gender identity" divergent from an individual's sex cannot satisfy the rigorous standards necessary for military service. Further, the costs associated with their health care, coupled with the medical and readiness risks associated with their diagnosis and associated treatment that can limit their deployability, make continued service by such individuals incompatible with the Department's rigorous standards and national security imperative to deliver a ready, deployable force.

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**Q: Did the Department consider reinstating the Mattis policy regarding a Service member diagnosed with gender dysphoria and allow them to be grandfathered?**

**A:** While these individuals have volunteered to serve our country and will be treated with dignity and respect, expressing a false “gender identity” divergent from an individual’s sex cannot satisfy the rigorous standards necessary for military service.

**Q: Does this policy establish a de facto “Don’t Ask, Don’t Tell” for Service members diagnosed with gender dysphoria?**

**A:** No. This policy applies to Service members with a current diagnosis or history of or exhibit symptoms consistent with gender dysphoria. A history of cross-sex hormone therapy, sex reassignment, or genital reconstruction surgery as treatment for gender dysphoria in pursuit of a sex transition is disqualifying.

**Q: Will this policy have a negative impact on readiness, recruiting, and retention?**

**A:**

*Readiness:* This policy will remove Service members who are unable to satisfy the rigorous standards required for military service.

*Recruiting:* There is no direct evidence to suggest that recruiting will be impacted by this policy.

*Retention:* There is no direct evidence to suggest that this policy will have an impact on retention beyond the impacted individuals.

**Q: How is this legal? Do these actions violate Service members human rights?**

**A:** These actions are fully consistent with federal law.

**Q: Can you comment on the ongoing litigation?**

**A:** The Department does not comment on ongoing litigation. We respectfully refer you to the Department of Justice.

**References:**

For more information on the Departments actions:

<https://www.dcpas.osd.mil/hottopics/executive-orders-and-presidential-memorandums>

<https://www.defense.gov/Spotlights/Guidance-for-Federal-Personnel-and-Readiness-Policies/>

**Resources:**

<https://www.whitehouse.gov/presidential-actions/>

<https://www.whitehouse.gov/fact-sheets/>

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Reply



**DOD Rapid Response**    
@DODResponse



Transgender troops are disqualified from service without an exemption.



**CBS News**  @CBSNews · 3h

The U.S. will begin removing transgender troops from the military within 30 days unless they obtain a waiver on a case-by-case basis, the Pentagon said in a Wednesday memo. [cbsn.ws/4id6UNQ](https://www.cbsn.ws/4id6UNQ)

12:08 PM · Feb 27, 2025 · 200.8K Views



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DEPARTMENT OF THE AIR FORCE  
WASHINGTON DC

OFFICE OF THE ASSISTANT SECRETARY

March 1, 2025

MEMORANDUM FOR ALMAJCOM-ALFLDCOM-FOA-DRU/CC DISTRIBUTION C

FROM: SAF/MR

1660 Air Force Pentagon  
Washington, DC 20330-1660

SUBJECT: Additional Guidance for Executive Order 14183, "Prioritizing Military Excellence and Readiness"

References: (a) Executive Order 14183, "Prioritizing Military Excellence and Readiness," 27 January 2025  
(b) Secretary of Defense Memorandum, "Prioritizing Military Excellence and Readiness Memo," 7 February 2025  
(c) OUSD (P&R) Memorandum, "Additional Guidance on Prioritizing Military Excellence and Readiness," 26 February 2025  
(d) OUSD (M&RA) Memorandum, "Clarifying Guidance on Prioritizing Military Excellence and Readiness," 28 February 2025

On 26 February 2025, the Office of the Under Secretary of Defense Personnel & Readiness (USD P&R) (reference (c)) directed that the medical, surgical and mental health constraints on individuals who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are incompatible with the high mental and physical standards necessary for military service. Policy and procedures will be updated as necessary to reflect this new guidance as soon as possible.

Service members subject to the requirements in reference (c) are encouraged to elect to separate voluntarily no later than 26 March 2025. Such service members may be eligible for voluntary separation pay in accordance with 10 U.S.C. § 1175a and DoDI 1332.43, *Voluntary Separation Pay (VSP) Program for Service Members*. Service members eligible for voluntary separation pay will be paid at a rate that is twice the amount for which the service member would have been eligible under involuntary separation pay, in accordance with DoDI 1332.29, *Involuntary Separation Pay (Non-Disability)*.

Service members choosing voluntary separation will not have to repay any bonuses received prior to the date of this memorandum, even if they have a remaining service obligation, pursuant to 37 U.S.C. § 373(b)(1). Characterization of service under these procedures will be honorable, except where the service member's record otherwise warrants a lower characterization. Further guidance and processes for voluntary and involuntary separation and retirement will be forthcoming.

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Service members who wish to voluntarily separate should be instructed to submit their “intent” via myFSS. They will go to “Ask a Question”, choose “Personnel Question” and fill out the requested information, selecting “Separation” or “Retirement” as the program. For the subject line, the member should use “Gender Dysphoria Separation.” In the remarks section, the member must include the following comment: “This is for the gender dysphoria voluntary separation category and I wish to voluntarily separate (or retire if eligible)”. A verification memorandum from the unit Commander (template attached) must be uploaded and then the request submitted. After the requested intent is received, further guidance, including instructions regarding medical verification of the member’s diagnosis, will be forthcoming to the member. Note that the system does not accept PII/PHI, however you may use the terms Gender Dysphoria in the subject line and in the comment section.

Cross-sex hormone therapy for Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria that began prior to issuance of the USD (P&R) 26 February 2025 memorandum, may be continued until separation is complete, if recommended by a DoD health care provider (HCP) in order to prevent further complications. Service members may consult with a DoD HCP concerning a diagnosis of gender dysphoria and receive mental health counseling for a diagnosis of gender dysphoria.

Reference (c) directs that access to intimate spaces, such as showers, bathrooms, and lodging facilities, and applicable dress and appearance and physical fitness standards, will be determined by a member's biological sex. The memorandum also rescinds the authority for the DAF to grant Exceptions to Policy (ETPs) for a member to use facilities, dress and appearance, or fitness standards other than those associated with their biological sex. Accordingly, effective immediately, all ETPs granted pursuant to DAFPM 2021-36-01, *Accessions and In-service Transition for Persons Identifying as Transgender*, are rescinded. In the interim, reference (c) provides commanders the latitude to place members on administrative absence to promote good order and discipline while they are being processed for separation. For those members on administrative absence pending separation, the requirements to adhere to the standards associated with their biological sex (including uniform, grooming, fitness, and access to intimate facilities) is temporarily waived. Members will receive full pay and benefits until their separation is completed.

We recognize the dedication and service of all our members and aim to ensure our military remains focused on its core mission with the highest standards of readiness and cohesion. Questions and inquiries may be directed to [SAF.mreo.readinessTigerTeam@us.af.mil](mailto:SAF.mreo.readinessTigerTeam@us.af.mil).

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 Date: 2025.03.01 21:06:29 -05'00'

GWENDOLYN R. DEFILIPPI, SES, DAF  
 Acting Assistant Secretary of the Air Force for  
 Manpower and Reserve Affairs

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Attachments

1. Commanders Verification Memorandum template
2. OUSD (M&RA) Memorandum, “Clarifying Guidance on Prioritizing Military Excellence and Readiness”
3. OUSD (P&R) Memorandum, “Additional Guidance on Prioritizing Military Excellence and Readiness,” dated 26 February 25
4. Prioritizing Military Excellence and Readiness Frequently Asked Questions
5. Executive Order 14183 “Prioritizing Military Excellence and Readiness,” 27 January 2025
6. Secretary of Defense Memorandum “Prioritizing Military Excellence and Readiness Memo,” 7 February 25

cc:

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**SECRETARY OF THE ARMY**  
**WASHINGTON**

**06 MAR 2025**

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Prioritizing Military Excellence and Readiness Implementation Guidance

1. References.

a. Office of the Secretary of Defense Memorandum, "Prioritizing Military Excellence and Readiness," 7 February 2025

b. Office of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) Memorandum, "Additional Guidance on Prioritizing Military Excellence and Readiness," 26 February 2025

c. Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs Memorandum, "Clarifying Guidance on Prioritizing Military Excellence and Readiness," 28 February 2025

2. Purpose. To prescribe guidance for Army implementation of requirements directed by Executive Order 14183, "Prioritizing Military Excellence and Readiness," and accompanying Department of Defense policy and guidance.

3. Applicability. The provisions of this guidance apply to the Regular Army, Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

4. Guidance.

a. Service in the Army is open to all persons who can meet the high standards for military service and readiness without special accommodations.

b. It is the policy of the United States Army to establish high standards for Soldier readiness, lethality, cohesion, honesty, humility, uniformity, and integrity. The medical, surgical, and mental health constraints on individuals with gender dysphoria or who have a current diagnosis or history of, or exhibit symptoms consistent with gender dysphoria, is inconsistent with Army policy.

c. Soldiers and applicants for service in the Army who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are incompatible with military service. Service by these individuals is not in the best interests of the Army and is not clearly consistent with the interests of national security.

d. Soldiers who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are no longer eligible for military service, except as set forth in paragraph 5.

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e. Soldiers who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria will be processed for separation from the Army as set forth in the policy below. Characterization of service under these procedures will be honorable except where the Soldiers' record otherwise warrants a lower characterization.

f. The Army only recognizes two sexes: male and female. An individual's sex is immutable, unchanging during a person's life. All Soldiers will only serve in accordance with their sex, defined in Executive Order 14168, "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," as "an individual's immutable biological classification as either male or female."

g. Where a standard, requirement, or policy depends on whether the individual is a male or female (e.g., medical fitness for duty, physical fitness, and body fat standards; berthing, bathroom, and shower facilities; and uniform and grooming standards), all persons will be subject to the standard, requirement, or policy associated with their sex.

h. Pronoun usage when referring to Soldiers must reflect a Soldier's sex. In keeping with good order and discipline, salutations (e.g., addressing a senior officer as "Sir" or "Ma'am") must also reflect an individual's sex.

i. Absent extraordinary operational necessity, the Army will not allow male Soldiers to use or share sleeping, changing, or bathing facilities designated for females, nor allow female Soldiers to use or share sleeping, changing, or bathing facilities designated for males.

j. No DoD funds will be used to pay for Soldiers' unscheduled, scheduled, or planned medical procedures associated with facilitating sex reassignment surgery, genital reconstruction surgery as treatment for gender dysphoria, or newly initiated cross-sex hormone therapy.

k. Consistent with existing law, DoD, and Army policy, commanders shall protect the privacy of protected health information they receive under this policy in the same manner as they would with any other protected health information. Such health information shall be restricted to personnel with a specific need to know; that is, access to information must be necessary for the conduct of official duties. Personnel shall also be accountable for safeguarding this health information consistent with existing law, DoD, and Army policy.

## 5. Procedures.

### a. Appointment. Enlistment, or Induction into the Army.

(1) Applicants for Army service and individuals in the Delayed Training/Entry Program who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are disqualified from accession.



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(2) A history of cross-sex hormone therapy or sex reassignment or genital reconstruction surgery as treatment for gender dysphoria or in pursuit of a sex transition, is disqualifying.

(3) This office will consider waivers on a case-by-case basis, provided there is a compelling Government interest in accessing the applicant that directly supports warfighting capabilities. The applicant must be willing and able to adhere to all applicable standards, including the standards associated with the applicant's sex. Waivers will be routed through the Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA M&RA).

(4) Applicants disqualified pursuant to this policy and not granted a waiver shall not ship to Initial Entry Training.

(5) Offers of admission to the United States Military Academy or Army Senior Reserve Officers' Training Corps programs to individuals disqualified pursuant to paragraphs 5a(1) and 5a(2) of this guidance shall be rescinded except where the individual is granted a waiver pursuant to paragraph 5a(3) of this guidance. Senior Reserve Officers' Training Corps students otherwise disqualified pursuant to sections 5a(1) and 5a(2) of this guidance may still participate in classes taught or coordinated by the Senior Reserve Officers' Training Corps that are open to all students at the college or university concerned. All individuals enrolled or participating in the Senior Reserve Officers' Training Corps, whether under contract or not contracted, will follow standards for uniform wear consistent with the individual's sex in accordance with this guidance.

(6) Individuals disqualified pursuant to paragraphs 5a(1) and 5a(2) of this guidance are subject to separation or disenrollment from the United States Military Academy pursuant to AR 150-1, or from the Senior Reserve Officers' Training Corps pursuant to AR 145-1, unless the individual is granted a waiver. Absent any other basis for separation or disenrollment, such individuals will not be subject to monetary repayment of educational benefits (i.e., recoupment) nor subject to completion of a military service obligation.

#### b. Retention

(1) Soldiers who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are disqualified from Army service.

(2) Soldiers who have a history of cross-sex hormone therapy or a history of sex reassignment or genital reconstruction surgery as treatment for gender dysphoria or in pursuit of a sex transition, are disqualified from Army service.

(3) Soldiers disqualified pursuant to paragraphs 5a(1) and 5b(2) of this guidance may be considered for a waiver on a case-by-case basis, provided there is a compelling Government interest in retaining the Soldier that directly supports warfighting capabilities and the Soldier concerned meets the following criteria:

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(a) The Soldier demonstrates 36 consecutive months of stability in the Soldier's sex without clinically significant distress or impairment in social, occupational, or other important areas of functioning; and

(b) The Soldier demonstrates that he or she has never attempted to transition to any sex other than their sex; and

(c) The Soldier is willing and able to adhere to all applicable standards, including the standards associated with the Soldier's sex.

(4) Waivers will be routed through ASA M&RA to this office for consideration.

c. Separation

(1) Soldiers who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and are not granted a waiver will be processed for administrative separation in accordance with, and afforded all applicable administrative processing protections outlined in, existing Army policy found in AR 600-8-24, AR 635-200, AR 135-175, and AR 135-178. Enlisted Soldiers subject to separation pursuant to this guidance will be separated prior to their expiration of term of service following a determination that doing so is in the best interest of the Army. Officers subject to separation pursuant to this guidance will be separated if their retention is not clearly consistent with the interests of national security.

(2) Soldiers are ineligible for referral to the Disability Evaluation System (DES) solely for a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria as it does not constitute a physical disability pursuant to DoDI 1332.18.

(3) Soldiers may be referred to the DES if they have a co-morbidity, or other qualifying condition, that is appropriate for disability evaluation processing in accordance with AR 635-40, prior to completion of their separation physical.

(4) Soldiers who are processed for separation pursuant to this policy will be designated as non-deployable until their separation is complete.

(5) Soldiers who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria may elect to separate voluntarily until 26 March 2025. Such Soldiers may be eligible for voluntary separation pay in accordance with 10 U.S.C. § 1175a and DoDI 1332.43. Soldiers eligible for voluntary separation pay will be paid at a rate that is twice the amount the Soldier would have been eligible for from involuntary separation pay, in accordance with DoDI 1332.29 and AR 637-2.

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(6) Soldiers separated involuntarily pursuant to this policy may be provided full involuntary separation pay in accordance with 10 U.S.C. § 1174, DoDI 1332.29, and AR 637-2.

(7) All enlisted Soldiers who are initiated for involuntary separation pursuant to this policy will, if desired by the Soldier, be afforded an administrative separation board in accordance with AR 635-200 and AR 135-178.

(8) All officers who are initiated for elimination or separation pursuant to this policy will be afforded a Board of Inquiry or Board of Officers, if desired by the officer, in accordance with 10 U.S.C. § 1182, AR 600-8-24, and AR 135-175.

(9) Soldiers who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria with over 18 but less than 20 years of total active-duty service are eligible for early retirement under the Temporary Early Retirement Authority in accordance with DoDI 1332.46.

(10) Eligible Soldiers (including active-duty Soldiers and Reserve or National Guard members when on active-duty orders for 30 or more consecutive days) who are processed for separation pursuant to this policy, and their covered dependents, remain eligible for TRICARE for 180 days in accordance with 10 U.S.C. § 1145.

(11) Soldiers choosing voluntary separation will not have to repay any bonuses received prior to the date of this memorandum, even if they have a remaining service obligation, pursuant to 37 U.S.C. § 373(b)(1). The Army may recoup any bonuses received prior to the date of this memorandum for Soldiers choosing to be involuntarily separated.

(12) All military service obligations for Soldiers separated pursuant to this policy are waived.

(13) To maintain good order and discipline all Soldiers being processed for separation pursuant to the guidance will be placed in an administrative absence status, with full pay and benefits, until their separation is complete. Soldiers undergoing concurrent DES processing must attend their medical appointments as stated in existing Army policy. Soldiers in an administrative absence status will complete the Transition Assistance Program in accordance with AR 600-81.

(14) Nothing in this guidance precludes investigation of or appropriate administrative or disciplinary action for Soldiers who refuse orders from lawful authority to comply with applicable standards or otherwise do not meet standards for performance and conduct.

d. Additional Guidance.

(1) ASA M&RA is directed to establish procedures to identify Soldiers who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria prior to

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26 March 2025 consistent with the requirements of the USD(P&R) guidance. Further, the ASA(M&RA) will ensure all reporting requirements in the USD(P&R) guidance are met.

(2) Army personnel and employees will take no action to identify Soldiers subject to this guidance until 26 March 2025, to include the use of medical records, periodic health assessments, ad hoc physical assessments, or any other diagnostic mechanism, unless otherwise directed by the proponent of this guidance. Further guidance will be provided by the proponent on actions to take regarding identification of Soldiers subject to this guidance on or prior to 26 March 2025.

(3) Army personnel and employees will not direct or request Soldiers to self-identify as having a current diagnosis or history of, or exhibiting symptoms consistent with, gender dysphoria, unless otherwise directed by the proponent of this guidance.

(4) Paragraphs 5a(1) and 5b(2) of this guidance do not apply to medical qualification determinations for applicants for military service, including eligibility determinations for individuals preparing to ship to initial entry training.

(5) Soldiers subject to this guidance are encouraged to elect to separate voluntarily by 26 March 2025.

6. Proponent. The ASA(M&RA) is the proponent of this guidance and authorized to provide additional clarifying guidance as necessary and rescind existing policy that conflicts with this memorandum. The Deputy Chief of Staff, G-1, will incorporate the provisions of this guidance into regulation.



Daniel Driscoll

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## HQDA EXORD 175-25 IMPLEMENTATION GUIDANCE FOR EXECUTIVE ORDER

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**CC:** HQDA AOC DAMO ODO OPS AND CONT PLANS WASHINGTON DC, HQDA AOC G3 DAMO CAT OPSWATCH WASHINGTON DC, HQDA AOC G3 DAMO OD DIR OPS READ AND MOB WASHINGTON DC

**Attachments:** HQDA EXORD 175-25 Annex A - Soldiers Memo (Final).docx

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 (EO) 14183: "PRIORITIZING MILITARY EXCELLENCE AND READINESS"  
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(U) SUBJECT: HQDA EXORD 175-25 IMPLEMENTATION GUIDANCE FOR EXECUTIVE  
 ORDER (EO) 14183: "PRIORITIZING MILITARY EXCELLENCE AND READINESS"//

(U) REFERENCES:  
 REF//A/ (U) \*\*CORRECTED COPY 2\*\* HQDA EXORD 150-25 IMPLEMENTATION OF  
 EXECUTIVE ORDERS RELATED TO TRANSGENDER MILITARY SERVICE, DTG:

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FEB 25 (SUPERSEDED)//

REF//B/ (U) FRAGO 1 TO HQDA EXORD 150-25 IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO TRANSGENDER MILITARY SERVICE, DTG: 142129Z FEB 25 (SUPERSEDED)//

REF//C/ (U) SECRETARY OF DEFENSE MEMO, "PRIORITIZING MILITARY EXCELLENCE AND READINESS", DATED: 07 FEBRUARY 2025.

REF//D/ (U) UNDER SECRETARY OF DEFENSE, PERSONNEL AND READINESS MEMO,

"ADDITIONAL GUIDANCE ON PRIORITIZING MILITARY EXCELLENCE AND READINESS, DATED: 26 FEBRUARY 2025.

REF//E// (U) UNDER SECRETARY OF DEFENSE, MANPOWER AND RESERVE AFFAIRS,

"CLARIFYING GUIDANCE ON PRIORITIZING MILITARY EXCELLENCE AND READINESS", DATED: 28 FEBRUARY 2025//

REF//F// (U) UNDER SECRETARY OF DEFENSE, MANPOWER AND RESERVE AFFAIRS,

"CLARIFYING GUIDANCE ON PRIORITIZING MILITARY EXCELLENCE AND READINESS: RETENTION AND ACCESSION WAIVERS", DATED: 04 MARCH 2025

REF//G/ (U) SECRETARY OF THE ARMY, "PRIORITIZING MILITARY EXCELLENCE AND READINESS IMPLEMENTATION GUIDANCE," DATED: 06 MARCH 2025.

REF//H// (U) ARMY REGULATIONS FOR SEPARATION AUTHORITIES//

#### 1. (U) SITUATION.

1.A. (U) PUBLICATION OF THIS EXORD SUPERSEDES \*\*CORRECTED COPY 2\*\* HQDA EXORD 150-25 IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO TRANSGENDER MILITARY SERVICE AND FRAGO 1 TO HQDA EXORD 150-25 IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO TRANSGENDER MILITARY SERVICE, REFERENCES A AND B.

1.B. (U) FURTHER CLARIFYING GUIDANCE WILL BE PUBLISHED IN A SUBSEQUENT FRAGO.

1.C. (U) DOD POLICY PRESCRIBES GUIDANCE ON IMPLEMENTATION OF REQUIREMENTS RELATED TO EXECUTIVE ORDER (EO) 14183: "PRIORITIZING MILITARY EXCELLENCE AND READINESS."

2. (U) MISSION. EFFECTIVE IMMEDIATELY, ALL ARMY ORGANIZATIONS WILL IMPLEMENT GUIDANCE RELATED TO THE OFFICE OF SECRETARY OF DEFENSE GUIDANCE, "PRIORITIZING MILITARY EXCELLENCE AND READINESS." WITH COMMANDERS USING THE UTMOST PROFESSIONALISM, AND TREAT ALL SOLDIERS, CADETS, AND APPLICANTS WITH DIGNITY AND RESPECT WHILE REMAINING COMPLIANT TO GUIDANCE WHILE IMPLEMENTING THIS POLICY.

#### 3. (U) EXECUTION.

##### 3.A. (U) INTENT.

3.A.1. (U) IMPLEMENTATION OF THIS GUIDANCE WILL BE PHASED.

3.A.1.A. (U) PHASE 1 IS EFFECTIVE ON 26 FEBRUARY 2025 AND WILL END ON 26 MARCH 2025. PHASE 1 IS THE VOLUNTARY SEPARATION PHASE.

3.A.1.B. (U) PHASE 2 WILL BE EFFECTIVE ON 27 MARCH 2025 WITH THE START OF INVOLUNTARY SEPARATIONS. FURTHER GUIDANCE WILL BE ISSUED PRIOR TO THE EXECUTION OF PHASE 2.

3.A.1.C. (U) ARMY PERSONNEL AND EMPLOYEES WILL TAKE NO ACTION TO IDENTIFY SOLDIERS SUBJECT TO THIS GUIDANCE, TO INCLUDE THE USE OF

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MEDICAL RECORDS, PERIODIC HEALTH ASSESSMENTS, AD HOC PHYSICAL ASSESSMENTS, OR ANY OTHER DIAGNOSTIC MECHANISM, UNLESS OTHERWISE DIRECTED BY THE ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE

AFFAIRS) (ASA M&RA). FURTHER GUIDANCE WILL BE PROVIDED ON ACTIONS WITH REGARD TO IDENTIFICATION OF SOLDIERS SUBJECT TO THIS GUIDANCE ON OR PRIOR TO PHASE 2.

3.A.1.D. (U) WAIVER AUTHORITY RESIDES WITH THE SECRETARY OF THE ARMY (SECARMY).

3.A.1.E. (U) SEPARATION AUTHORITY FOR REGULAR ARMY (RA) AND UNITED STATES ARMY RESERVES (USAR) FOR ALL PHASES RESIDES WITH THE ASA(M&RA).

3.A.1.F. (U) SEPARATION AUTHORITY FOR THE ARMY NATIONAL GUARD (ARNG) FOR PHASE 1 RESIDES WITH THE ASA(M&RA) FOR ENLISTED SOLDIERS. THE CHIEF, NATIONAL GUARD BUREAU (NGB) WILL PROVIDE GUIDANCE FOR OFFICER ELIMINATION.

3.A.2. (U) PHASE 1 VOLUNTARY SEPARATION: INTENT.

3.A.2.A. (U) SERVICE IN THE ARMY IS OPEN TO ALL PERSONS WHO CAN MEET THE HIGH STANDARDS FOR MILITARY SERVICE AND READINESS WITHOUT SPECIAL ACCOMMODATIONS.

3.A.2.B. (U) IT IS THE POLICY OF THE UNITED STATES ARMY TO ESTABLISH HIGH STANDARDS FOR SOLDIER READINESS, LETHALITY, COHESION, HONESTY, HUMILITY, UNIFORMITY, AND INTEGRITY. THIS POLICY IS INCONSISTENT WITH THE MEDICAL, SURGICAL, AND MENTAL HEALTH CONSTRAINTS ON INDIVIDUALS WITH GENDER DYSPHORIA OR WHO HAVE A CURRENT DIAGNOSIS OR HISTORY OF, OR EXHIBIT SYMPTOMS CONSISTENT WITH, GENDER DYSPHORIA.

3.A.2.C. (U) SOLDIERS, CADETS, AND APPLICANTS WHO HAVE A CURRENT DIAGNOSIS OR HISTORY OF, OR EXHIBIT SYMPTOMS CONSISTENT WITH, GENDER DYSPHORIA ARE DISQUALIFIED FROM MILITARY SERVICE IN THE ARMY.

3.A.2.D. (U) SOLDIERS, CADETS, AND APPLICANTS WHO HAVE A HISTORY OF CROSS-SEX HORMONE THERAPY OR A HISTORY OF SEX REASSIGNMENT OR GENITAL RECONSTRUCTION SURGERY AS TREATMENT FOR GENDER DYSPHORIA OR IN PURSUIT OF A SEX TRANSITION, ARE DISQUALIFIED FROM MILITARY SERVICE IN THE ARMY.

3.A.2.E. (U) SOLDIERS PURSUANT TO 3.A.2.C. AND 3.A.2.D. WILL BE PROCESSED FOR SEPARATION FROM THE ARMY. CHARACTERIZATION OF SERVICE UNDER THESE PROCEDURES WILL BE HONORABLE EXCEPT WHERE THE SOLDIERS' RECORD OTHERWISE WARRANTS A LOWER CHARACTERIZATION.

3.A.2.F. (U) AT NO SUCH TIME WILL A COMMANDER, EMPLOYEE, OR STAFF, DIRECT OR REQUEST SOLDIERS OR CADETS TO SELF IDENTIFY AS HAVING A CURRENT DIAGNOSIS OR HISTORY OF, OR EXHIBITING SYMPTOMS CONSISTENT WITH, GENDER DYSPHORIA.

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3.A.2.G. (U) THE ARMY ONLY RECOGNIZES TWO SEXES: MALE AND FEMALE.  
AN  
INDIVIDUAL'S SEX IS IMMUTABLE, UNCHANGING DURING A PERSON'S LIFE. ALL

SOLDIERS WILL ONLY SERVE IN ACCORDANCE WITH THEIR SEX, DEFINED IN  
EXECUTIVE ORDER 14168, "DEFENDING WOMEN FROM GENDER IDEOLOGY  
EXTREMISM  
AND RESTORING BIOLOGICAL TRUTH TO THE FEDERAL GOVERNMENT," AS "AN  
INDIVIDUAL'S IMMUTABLE BIOLOGICAL CLASSIFICATION AS EITHER MALE OR  
FEMALE."

3.A.2.H. (U) WHERE A STANDARD, REQUIREMENT, OR POLICY DEPENDS ON  
WHETHER THE INDIVIDUAL IS A MALE OR FEMALE (E.G., MEDICAL FITNESS FOR  
DUTY, PHYSICAL FITNESS, AND BODY FAT STANDARDS; BERTHING, BATHROOM,  
AND SHOWER FACILITIES; AND UNIFORM AND GROOMING STANDARDS), ALL  
PERSONS WILL BE SUBJECT TO THE STANDARD, REQUIREMENT, OR POLICY  
ASSOCIATED WITH THEIR BIOLOGICAL SEX.

3.A.2.I. (U) PRONOUN USAGE WHEN REFERRING TO SOLDIERS MUST REFLECT A  
SOLDIER'S BIOLOGICAL SEX. IN KEEPING WITH GOOD ORDER AND DISCIPLINE,  
SALUTATIONS (E.G., ADDRESSING A SENIOR OFFICER AS "SIR" OR "MA'AM")  
MUST ALSO REFLECT AN INDIVIDUAL'S BIOLOGICAL SEX.

3.A.2.J. (U) CONSISTENT WITH EXISTING LAW, DOD, AND ARMY POLICY,  
COMMANDERS SHALL PROTECT THE PRIVACY OF PROTECTED HEALTH INFORMATION  
THEY RECEIVE UNDER THIS POLICY IN THE SAME MANNER AS THEY WOULD WITH  
ANY OTHER PROTECTED HEALTH INFORMATION. SUCH HEALTH INFORMATION SHALL  
BE RESTRICTED TO PERSONNEL WITH A SPECIFIC NEED TO KNOW; THAT IS,  
ACCESS TO INFORMATION MUST BE NECESSARY FOR THE CONDUCT OF OFFICIAL  
DUTIES. PERSONNEL SHALL ALSO BE ACCOUNTABLE FOR SAFEGUARDING THIS  
HEALTH INFORMATION CONSISTENT WITH EXISTING LAW, DOD, AND ARMY  
POLICY.

3.A.2.K. (U) WAIVERS WILL BE PROCESSED FOR APPLICANTS REQUESTING  
MILITARY SERVICE DURING PHASE 1. CLARIFYING GUIDANCE WILL BE ISSUED  
FOR THE WAIVER PROCESS DURING PHASE 2 IN A SUBSEQUENT FRAGO.

3.A.2.L. (U) DISQUALIFIED INDIVIDUALS PURSUANT TO PARAGRAPH 3.A.2.K.  
MAY BE CONSIDERED FOR A WAIVER IF THERE IS A COMPELLING GOVERNMENT  
INTEREST THAT DIRECTLY SUPPORTS WARFIGHTING CAPABILITIES TO INCLUDE  
SPECIAL EXPERIENCE, SPECIAL TRAINING, AND ADVANCED EDUCATION IN A  
HIGHLY TECHNICAL CAREER FIELD DESIGNATED AS MISSION CRITICAL AND HARD  
TO FILL BY THE SECRETARY OF THE ARMY, IF SUCH EXPERIENCE, TRAINING,  
AND EDUCATION IS DIRECTLY RELATED TO THE OPERATIONAL NEEDS OF THE  
ARMY. THE SOLDIER CONCERNED MUST MEET ALL THE FOLLOWING CRITERIA:

3.A.2.L.1. (U) THE SOLDIER, CADET, OR APPLICANT DEMONSTRATES 36  
CONSECUTIVE MONTHS OF STABILITY IN THE SOLDIER'S BIOLOGICAL SEX  
WITHOUT CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT IN SOCIAL,  
OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING.

3.A.2.L.2. (U) THE SOLDIER, CADET, OR APPLICANT DEMONSTRATES THAT HE  
OR SHE HAS NEVER ATTEMPTED TO TRANSITION TO ANY SEX OTHER THAN THEIR  
SEX.

3.A.2.L.3. (U) THE SOLDIER, CADET, OR APPLICANT IS WILLING AND ABLE

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TO ADHERE TO ALL APPLICABLE STANDARDS ASSOCIATED WITH THE SOLDIER'S BIOLOGICAL SEX.

3.A.2.L.4. (U) DISQUALIFIED APPLICANTS REQUESTING ENTRY INTO MILITARY SERVICE MAY SUBMIT A WRITTEN WAIVER REQUEST FOR ACCESSION THROUGH THEIR RECRUITER TO SECARMY FOR CONSIDERATION.

3.B. (U) CONCEPT OF OPERATIONS

3.B.1. (U) PHASE 1: VOLUNTARY SEPARATION.

3.B.1.A. (U) ACCESSIONS

3.B.1.A.1. (U) APPLICANTS FOR ARMY SERVICE AND INDIVIDUALS IN THE DELAYED TRAINING/ENTRY PROGRAM WHO HAVE A CURRENT DIAGNOSIS OR HISTORY OF, OR EXHIBIT SYMPTOMS CONSISTENT WITH, GENDER DYSPHORIA ARE DISQUALIFIED.

3.B.1.A.2. (U) APPLICANTS FOR ARMY SERVICE AND INDIVIDUALS IN THE DELAYED TRAINING/ENTRY PROGRAM WHO HAVE A HISTORY OF CROSS-SEX HORMONE THERAPY OR SEX REASSIGNMENT OR RECONSTRUCTIVE SURGERY IN PURSUIT OF A SEX TRANSITION, ARE DISQUALIFIED.

3.B.1.A.3. (U) APPLICANTS DISQUALIFIED PURSUANT TO PARAGRAPH

3.A.2.C.

AND 3.A.2.D. WILL NOT SHIP TO INITIAL ENTRY TRAINING.

3.B.1.A.4. (U) OFFERS OF ADMISSION TO THE UNITED STATES MILITARY ACADEMY (USMA) OR ARMY SENIOR RESERVE OFFICERS' TRAINING CORPS (SROTC) PROGRAMS TO INDIVIDUALS DISQUALIFIED PURSUANT TO PARAGRAPHS 3.A.2.C. AND 3.A.2.D. WILL BE RESCINDED EXCEPT WHERE THE INDIVIDUAL IS GRANTED

A WAIVER PURSUANT TO PARAGRAPH 3.A.2.K.

3.B.1.A.5. (U) CADETS DISQUALIFIED PURSUANT TO PARAGRAPHS 3.A.2.C. AND 3.A.2.D. ARE ENCOURAGED TO ELECT VOLUNTARY SEPARATION BEGINNING 26 FEBRUARY 2025 UNTIL 26 MARCH 2025. DISQUALIFIED CADETS WILL BE SEPARATED OR DISENROLLED FROM THE USMA PURSUANT TO AR 150-1, OR FROM THE SROTC PURSUANT TO AR 145-1, UNLESS GRANTED A WAIVER.

3.B.1.A.6. (U) SROTC CADETS OTHERWISE DISQUALIFIED PURSUANT TO PARAGRAPH 3.A.2.C. AND 3.A.2.D. OF THIS GUIDANCE MAY STILL PARTICIPATE IN CLASSES THAT ARE OPEN TO ALL STUDENTS AT THE COLLEGE OR UNIVERSITY

CONCERNED UNTIL SEPARATED OR DISENROLLED. USMA CADETS OTHERWISE DISQUALIFIED PURSUANT TO PARAGRAPHS 3.A.2.C. AND 3.A.2.D. OF THIS GUIDANCE MAY STILL PARTICIPATE IN CLASSES UNTIL SEPARATED.

3.B.1.A.7. (U) ALL INDIVIDUALS ENROLLED OR PARTICIPATING IN THE SROTC, WHETHER UNDER CONTRACT OR NOT CONTRACTED, WILL FOLLOW STANDARDS FOR UNIFORM WEAR CONSISTENT WITH THE INDIVIDUAL'S BIOLOGICAL SEX IN ACCORDANCE WITH ARMY REGULATION (AR) 670-1.

3.B.1.A.8. (U) SROTC PARTICIPATING STUDENTS WILL NOT CONTRACT OR

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BECOME DESIGNATED APPLICANTS WHERE A STANDARD OR REQUIREMENT REQUIRES

ADHERENCE TO PARAGRAPH 3.A.2.C. AND 3.A.2.D. UNLESS GRANTED A WAIVER PURSUANT TO PARAGRAPH 3.A.2.K.

3.B.1.A.9. (U) ABSENT ANY OTHER BASIS FOR SEPARATION OR DISENROLLMENT, USMA AND SROTC CADETS WILL NOT BE SUBJECT TO MONETARY REPAYMENT OF EDUCATIONAL BENEFITS (I.E., RECOUPMENT) NOR SUBJECT TO COMPLETION OF A MILITARY SERVICE OBLIGATION.

3.B.1.A.10. (U) CADETS ENROLLED IN THE GREEN TO GOLD ACTIVE DUTY OPTION DISQUALIFIED PURSUANT TO 3.A.2.C. AND 3.A.2.D. WILL BE RELEASED FROM THE PROGRAM AND BE SEPARATED IAW ENLISTED SEPARATIONS.

3.B.1.A.11. (U) CADETS ENROLLED IN A SENIOR MILITARY COLLEGE MAY CONTINUE TO PARTICIPATE IN THE ADVANCED COURSE IF ATTENDANCE IN MILITARY SCIENCE COURSES IS A REQUIREMENT FOR GRADUATION AT THAT SCHOOL. UPON COMPLETION OF COURSEWORK AND SROTC PARTICIPATION, STUDENTS WILL BE PRESENTED A DA FORM 134 (MILITARY TRAINING CERTIFICATE - RESERVE OFFICERS' TRAINING CORPS) FOR ANY SROTC TRAINING SUCCESSFULLY COMPLETED. THE FORM WILL BE ANNOTATED TO REFLECT THAT THE CERTIFICATE DOES NOT ENTITLE THE STUDENT TO A COMMISSION.

3.B.2. (U) REGULAR ARMY (RA), UNITED STATES ARMY RESERVES (USAR) AND

THE ARMY NATIONAL GUARD (ARNG).

3.B.2.A. (U) REGULAR ARMY (RA), UNITED STATES ARMY RESERVES (USAR), AND THE ARMY NATIONAL GUARD SOLDIERS (ARNG) DISQUALIFIED FROM MILITARY SERVICE PURSUANT TO PARAGRAPH 3.A.2.C. AND 3.A.2.D. ARE ENCOURAGED TO

ELECT VOLUNTARY SEPARATION FROM MILITARY SERVICE BEGINNING 26 FEBRUARY 2025 UNTIL 26 MARCH 2025. COMMANDERS WILL NOT ASK FOR VERIFICATION OF DIAGNOSIS. SOLDIERS AND CADETS WHO ELECT TO VOLUNTARILY SEPARATE WILL PROVIDE A STATEMENT VERIFYING ELECTION OF VOLUNTARY SEPARATION PURSUANT TO 3.A.2.C. AND 3.A.2.D. (ANNEX A).

3.B.2.B. (U) ACTIVE COMPONENT AND ACTIVE GUARD RESERVE (USAR AND ARNG) (AGR) SOLDIERS IDENTIFIED FOR SEPARATION WITH OVER 18 BUT LESS THAN 20 YEARS OF TOTAL ACTIVE-DUTY SERVICE ARE ELIGIBLE FOR EARLY RETIREMENT UNDER TERA IAW DODI 1332.46. TERA AUTHORITY IS WITHHELD TO THE ASA (M&RA).

3.B.2.C. (U) ELECTION OF VOLUNTARY SEPARATION OR EARLY RETIREMENT UNDER THE TEMPORARY EARLY RETIREMENT AUTHORITY (TERA) WILL BE MADE BY

THE SOLDIER TO THE FIRST COMMANDER IN THE CHAIN OF COMMAND BY SUBMITTING A PERSONNEL ACTION REQUEST (PAR) IN THE INTEGRATED PERSONNEL AND PAY SYSTEM-ARMY (IPPS-A). THOSE SOLDIERS AND COMMANDS THAT ARE NOT INTEGRATED TO IPPS-A, WILL SUBMIT THE SOLDIERS MEMORANDUM ENCLOSED IN ANNEX A. NO PERSONAL HEALTH INFORMATION (PHI) OR PERSONAL IDENTIFYING INFORMATION (PII) WILL BE UPLOADED TO IPPS-A.

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3.B.2.D. (U) SUCH SOLDIERS MAY BE ELIGIBLE FOR VOLUNTARY SEPARATION PAY IAW 10 U.S.C. 1175A AND DODI 1332.43 AT A RATE THAT IS TWICE THE AMOUNT THE SOLDIER WOULD HAVE BEEN ELIGIBLE FOR INVOLUNTARY SEPARATION PAY.

3.B.2.E. (U) SOLDIERS WHO ELECT TO VOLUNTARILY SEPARATE WILL NOT HAVE TO REPAY ANY BONUSES RECEIVED PRIOR TO 26 FEBRUARY 2025, EVEN IF THEY HAVE A REMAINING SERVICE OBLIGATION. ALL REMAINING MILITARY SERVICE OBLIGATIONS PURSUANT TO 10 U.S.C. 651 OR OTHER AUTHORITIES FOR SOLDIERS WHO ARE SEPARATED WILL BE WAIVED. THE ARMY MAY RECOUP ANY BONUS RECEIVED PRIOR TO 26 FEBRUARY 2025 WHO DO NOT ELECT VOLUNTARY SEPARATION.

3.B.2.F. (U) COMMANDERS WILL INITIATE VOLUNTARY SEPARATION IMMEDIATELY UPON NOTIFICATION BY THE SOLDIER IN ACCORDANCE WITH (IAW)

THE FOLLOWING GUIDANCE:

3.B.2.F.1. (U) REGULAR ARMY (RA) AND ACTIVE GUARD RESERVE (AGR) OFFICERS WILL BE SEPARATED IAW AR 600-8-24, PARAGRAPH 3-5.

3.B.2.F.2. (U) ARNG AND USAR OFFICERS WILL BE SEPARATED IAW AR 135-175, PARAGRAPH 6-8.

3.B.2.F.3. (U) RA ENLISTED SOLDIERS WILL BE SEPARATED IAW AR 635-200, CHAPTER 15.

3.B.2.F.4. (U) ARNG AND USAR ENLISTED SOLDIERS WILL BE SEPARATED IAW AR 135-178, CHAPTER 13.

3.B.2.G. (U) SOLDIERS WILL BE SEPARATED NO LATER THAN THE 1ST DAY OF THE 7TH MONTH AFTER NOTIFICATION TO THEIR COMMANDER. TRAINING AND DOCTRINE COMMAND (TRADOC) TRAINEES ARE EXEMPT FROM THIS REQUIREMENTS.

3.B.2.H. (U) SOLDIERS ARE INELIGIBLE FOR REFERRAL TO THE DISABILITY EVALUATION SYSTEM (DES) WHEN THEY HAVE A CURRENT DIAGNOSIS OR HISTORY OF, OR EXHIBIT SYMPTOMS CONSISTENT WITH, GENDER DYSPHORIA, NOT CONSTITUTING A PHYSICAL DISABILITY PURSUANT TO DODI 1332.18.

3.B.2.I. (U) SOLDIERS MAY BE REFERRED TO THE DES IF THEY HAVE A CO-MORBIDITY, OR OTHER QUALIFYING CONDITION, THAT IS APPROPRIATE FOR DISABILITY EVALUATION PROCESSING IN ACCORDANCE WITH AR 635.40, PRIOR TO THE COMPLETION OF THEIR SEPARATION PHYSICAL.

3.B.2.J. (U) ALL SOLDIERS WHO ARE PROCESSED FOR SEPARATION WILL BE DESIGNATED NON-DEPLOYABLE UNTIL THEIR SEPARATION IS COMPLETE. FURTHER GUIDANCE IS FORTHCOMING.

3.B.2.K. (U) ELIGIBLE SOLDIERS (INCLUDING ACTIVE-DUTY SOLDIERS AND RESERVE OR NATIONAL GUARD MEMBERS WHEN IN A TITLE 10 STATUS OR ON ACTIVE-DUTY ORDERS FOR 30 OR MORE CONSECUTIVE DAYS) WHO ARE PROCESSED FOR SEPARATION ALONG WITH THEIR COVERED DEPENDENTS, MAY REMAIN ELIGIBLE FOR TRICARE FOR 180 DAYS POST SEPARATION IAW 10 U.S.C. 1145.

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3.B.2.L. (U) TO MAINTAIN GOOD ORDER AND DISCIPLINE ALL SOLDIERS BEING PROCESSED FOR SEPARATION PURSUANT TO THE GUIDANCE WILL BE PLACED IN AN ADMINISTRATIVE ABSENCE STATUS, WITH FULL PAY AND BENEFITS, UNTIL THEIR SEPARATION IS COMPLETE. COMMANDERS WILL MAINTAIN ACCOUNTABILITY AND ENSURE THE HEALTH AND WELFARE OF THEIR SOLDIERS AND CADETS THROUGHOUT

THE SEPARATION PROCESS. TRAINING AND DOCTRINE COMMAND (TRADOC) TRAINEES ARE EXEMPT FROM THE ADMINISTRATIVE ABSENCE REQUIREMENTS.

3.B.2.M. (U) ALL SOLDIERS WILL COMPLETE THE TRANSITION ASSISTANCE PROGRAM (TAP) IAW 600-81. COMMANDERS WILL AUTHORIZE SOLDIERS WEAR OF

APPROPRIATE BUSINESS CASUAL CIVILIAN ATTIRE DURING TAP, INSTALLATION OUT PROCESSING ACTIVITIES, AND WHILE ON ADMINISTRATIVE ABSENCE. IF FEASIBLE, COMMANDERS WILL ALLOW SOLDIERS TO PARTICIPATE IN A HYBRID OR VIRTUAL TAP.

3.B.2.M.1. (U) CIVILIAN ATTIRE WILL BE WORN IAW DA PAM 670-1, APPENDIX B, TABLE B-2 (SERVICE EQUIVALENT UNIFORMS).

3.B.2.M.2. (U) THIS GUIDANCE DOES NOT PRECLUDE APPROPRIATE ADMINISTRATIVE OR DISCIPLINARY ACTION FOR SOLDIERS WHO REFUSE LAWFUL ORDERS TO COMPLY WITH APPLICABLE STANDARDS OR OTHERWISE DO NOT MEET STANDARDS FOR PERFORMANCE AND CONDUCT. THIS GUIDANCE DOES NOT LIMIT A COMMANDER'S AUTHORITY TO FLAG, INVESTIGATE, OR PROCESS ANY ACTION UNDER THE UNIFORM CODE OF MILITARY JUSTICE OR ADVERSE ADMINISTRATIVE ACTION.

3.B.2.N. (U) EFFECTIVE IMMEDIATELY, PURSUANT TO PARAGRAPH 3.A.2.C. AND 3.A.2.D., SOLDIERS WHO ARE ASSIGNED TO THE OFFICE OF THE SECRETARY OF DEFENSE, DEFENSE AGENCIES, DOD FIELD ACTIVITIES, COMBATANT COMMANDS, AND OTHER JOINT ASSIGNMENTS WILL BE REASSIGNED TO THEIR RESPECTIVE ARMY COMMAND FOR THE PURPOSE OF INITIATING ADMINISTRATIVE SEPARATION PROCESSES.

3.B.2.N. (U) PURSUANT TO PARAGRAPH 3.B.2.N. SOLDIERS WILL BE UNDER ADMINISTRATIVE CONTROL (ADCON) OF THE ARMY COMMAND, ARMY SERVICE COMMAND, OR DIRECT REPORTING UNIT NEAR THEIR GEOGRAPHIC LOCATION.

3.B.2.O. (U) FOR SOLDIERS WHO ARE CURRENTLY DEPLOYED AND VOLUNTARILY ELECT SEPARATION, COMMANDERS WILL INITIATE RETURN BACK TO HOME STATION WITHIN 30 DAYS OF BEING NOTIFIED, OR AS PRACTICABLE.

3.B.3. (U) MEDICAL

3.B.3.A. (U) NO DOD FUNDS WILL BE USED TO PAY FOR SOLDIERS' UNSCHEDULED, SCHEDULED, OR PLANNED MEDICAL PROCEDURES ASSOCIATED WITH FACILITATING SEX REASSIGNMENT SURGERY, GENITAL RECONSTRUCTION SURGERY AS TREATMENT FOR GENDER DYSPHORIA, OR NEWLY INITIATED CROSS-SEX HORMONE THERAPY.

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3.B.3.B. (U) CROSS-SEX HORMONE THERAPY FOR SOLDIERS WHO HAVE A CURRENT DIAGNOSIS OR HISTORY OF, OR EXHIBIT SYMPTOMS CONSISTENT WITH,

GENDER DYSPHORIA THAT BEGAN PRIOR TO 26 FEBRUARY 2025, MAY, IF RECOMMENDED BY A HEALTH CARE PROVIDER (HCP) IN ORDER TO PREVENT FURTHER COMPLICATIONS, MAY BE CONTINUED UNTIL SEPARATION IS COMPLETE.

3.B.3.C. (U) NO COMMANDER WILL ACCESS PROTECTED HEALTH INFORMATION FOR PURPOSES OF IDENTIFYING SOLDIERS OR CADETS WITH A CURRENT DIAGNOSIS OR HISTORY OF GENDER DYSPHORIA.

3.B.4. (U) INTIMATE SPACES

3.B.4.A. (U) ACCESS TO INTIMATE SPACES WILL BE DETERMINED BY SOLDIERS, CADETS, OR APPLICANTS' BIOLOGICAL SEX. COMMANDERS WILL APPLY ALL STANDARDS THAT INVOLVE CONSIDERATION OF THE SOLDIERS' SEX, TO INCLUDE, BUT NOT LIMITED TO UNIFORMS AND GROOMING, BODY COMPOSITION ASSESSMENT, MEDICAL FITNESS FOR DUTY, PHYSICAL FITNESS AND BODY FAT STANDARDS, BATHROOM, AND SHOWER FACILITIES AND MILITARY PERSONNEL DRUG ABUSE TESTING PROGRAM PARTICIPATION.

3.B.4.B. (U) COMMANDERS WILL ENSURE ALL SUCH SHARED INTIMATE SPACES WILL BE CLEARLY DESIGNATED FOR EITHER MALE, FEMALE, OR FAMILY USE.

3.B.4.C. (U) COMMANDERS MAY APPROVE EXCEPTIONS TO SHARED INTIMATE SPACES ONLY IN CASES OF EXTRAORDINARY OPERATIONAL NECESSITY. DURING DEPLOYMENTS, OR IN AUSTERE ENVIRONMENTS WHERE SPACE IS LIMITED, COMMANDERS WILL PRIORITIZE UNIT COHESION AND READINESS WHILE ADHERING TO THIS POLICY.

3.C. (U) TASKS ARMY STAFF, SUBORDINATE UNITS AND REQUESTS FOR SUPPORT.

3.C.1. (U) ALL ARMY ORGANIZATIONS.

3.C.1.A. (U) EFFECTIVE IMMEDIATELY, ALL ARMY ORGANIZATIONS WILL IMPLEMENT GUIDANCE WITHIN THIS EXORD RELATED TO THE OFFICE OF SECRETARY OF DEFENSE GUIDANCE, "PRIORITIZING MILITARY EXCELLENCE AND READINESS." (SEE REFERENCE C).

3.D. (U) COORDINATING INSTRUCTIONS.

3.D.1. (U) ARMY COMMANDS, ARMY SERVICE COMMANDS, AND DIRECT REPORTING UNITS WILL PROVIDE REPORTS TO HQDA. FORMAT AND DEADLINES WILL BE PROVIDED IN FORTHCOMING GUIDANCE.

4. (U) SUSTAINMENT. NOT USED

5. (U) COMMAND AND SIGNAL.

5.A. (U) HQDA POC THIS MESSAGE, SERVICE CENTRAL COORDINATION CELL (SCCC), AVAILABLE AT: USARMY.PENTAGON.HQDA-DCS-G1.MBX.SCCC@ARMY.MIL

6. (U) THE EXPIRATION DATE OF THIS EXORD IS 30 SEPTEMBER 2025, UNLESS FORMALLY RESCINDED, SUPERSEDED OR MODIFIED.

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ATTACHMENTS:  
ANNEX A - SOLDIERS MEMO.  
BT  
#0600

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Received from AUTODIN 071824Z Mar 25

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CLASSIFICATION: UNCLASSIFIED//

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SUBJ/INITIAL DIRECTION ON PRIORITIZING MILITARY EXCELLENCE AND  
READINESS//

REF/A/EXECUTIVE ORDER 14168/20JAN25//

REF/B/EXECUTIVE ORDER 14183/27JAN25//

REF/C/SECDEF MEMORANDUM/7FEB25//

REF/D/PTDO USD-PR MEMORANDUM/26FEB25//

REF/E/SECNAVINST 1000.11A/27JUN23

REF/F/PTDO ASD-MRA MEMORANDUM/28FEB25//

REF/G/PTDO ASD-MRA MEMORANDUM/4MAR25//

REF/H/10 USC 1175A//

REF/I/DODI 1332.43/28NOV17//

REF/J/DODI 1332.29/3MAR17//

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REF/K/DODI 1332.46/21DEC18//

REF/L/DODI 1332.35/26SEP19//

NARR/REF A IS EXECUTIVE ORDER 14168 "DEFENDING WOMEN FROM GENDER IDEOLOGY EXTREMISM AND RESTORING BIOLOGICAL TRUTH TO THE FEDERAL GOVERNMENT."

REF B IS EXECUTIVE ORDER 14183 "PRIORITIZING MILITARY EXCELLENCE AND READINESS."

REF C IS SECRETARY OF DEFENSE MEMORANDUM "PRIORITIZING MILITARY EXCELLENCE AND READINESS."

REF D IS PERFORMING THE DUTIES OF UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS MEMORANDUM "ADDITIONAL GUIDANCE ON PRIORITIZING MILITARY EXCELLENCE AND READINESS."

REF E IS SECRETARY OF THE NAVY INSTRUCTION 1000.11A "SERVICE OF TRANSGENDER SAILORS AND MARINES."

REF F IS PERFORMING THE DUTIES OF ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS MEMORANDUM "CLARIFYING GUIDANCE ON PRIORITIZING MILITARY EXCELLENCE AND READINESS."

REF G IS PERFORMING THE DUTIES OF ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS MEMORANDUM "CLARIFYING GUIDANCE ON PRIORITIZING MILITARY EXCELLENCE AND READINESS: RETENTION AND ACCESSION WAIVERS."

REF H IS SECTION 1175A OF TITLE 10, UNITED STATES CODE "VOLUNTARY SEPARATION PAY AND BENEFITS."

REF I IS DEPARTMENT OF DEFENSE INSTRUCTION 1332.43 "VOLUNTARY SEPARATION PAY (VSP) PROGRAM FOR SERVICE MEMBERS."

REF J IS DEPARTMENT OF DEFENSE INSTRUCTION 1332.29 "INVOLUNTARY SEPARATION PAY (NON-DISABILITY)."

REF K IS DEPARTMENT OF DEFENSE INSTRUCTION 1332.46 "TEMPORARY EARLY RETIREMENT AUTHORITY (TERA) FOR SERVICE MEMBERS."

REF L IS DEPARTMENT OF DEFENSE INSTRUCTION 1332.35 "TRANSITION ASSISTANCE PROGRAM (TAP) FOR MILITARY PERSONNEL."//



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RMKS/1. Pursuant to reference (a), the Department of the Navy (DON) recognizes two sexes: male and female. An individual's sex is immutable, unchanging during a person's life. References (b), (c), and (d) establish that individuals who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are no longer eligible for military service, except as described in reference (d). After 28 March 2025, the DON will initiate involuntary administrative separation for these personnel and others who are disqualified for military service per references (c) and (d). This message provides procedures for voluntary separation of impacted personnel.

2. Pursuant to reference (d), reference (e) is cancelled. Navy and Marine Corps policies based in reference (e) must be rescinded or updated, as appropriate, as soon as practicable, with the first report on progress due 24 March 2025 to the Assistant Secretary of the Navy (Manpower and Reserve Affairs) (ASN(M&RA)).

a. Effective immediately, all exceptions to policy allowing a member to conform to standards associated with a sex different from their identification in the Defense Enrollment Eligibility Reporting System (DEERS) approved in accordance with reference (e) are revoked and no further exceptions will be approved.

b. The Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) will maximize the use of all available command authorities to ensure impacted personnel are afforded dignity and respect.

c. Navy and Marine Corps personnel will take no action to identify Service Members, pursuant to references (d) and (f), to include the use of medical records, periodic health assessments, ad hoc physical assessments, or any other diagnostic mechanism, unless otherwise directed by an appropriate official in the Office of the Under

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Secretary of Defense for Personnel and Readiness. Nothing in this paragraph prevents commanders from taking appropriate action in support of Service Members who request to voluntarily separate in accordance with paragraph 5 below.

3. Appointment, enlistment, or induction into the Navy and Marine Corps.

a. Per reference (d), applicants for military service and individuals currently in the Delayed Entry Program who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are disqualified from military service. Individuals with offers of admission to the United States Naval Academy (USNA) or the Naval Reserve Officers' Training Corps (NROTC) who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are disqualified from military service and offers of admission will be rescinded except as outlined in paragraph 4.

b. A history of cross-sex hormone therapy or sex reassignment or genital reconstruction surgery as treatment for gender dysphoria or in pursuit of a sex transition is disqualifying for applicants for military service, and incompatible with military service for military personnel.

4. Waivers. Per reference (g), military personnel who are no longer eligible for military service, as well as applicants for military service who are disqualified, may be considered for retention or accession waiver on a case-by-case basis, provided there is a compelling government interest in retaining or accessing such individuals that directly supports warfighting capabilities. Only the Secretary of the Navy has authority to grant a waiver. Further guidance on submission of waivers will be provided; however, submission of a waiver will not change the deadline to request voluntary

separation in paragraph 5, below. To be eligible for a waiver,<sup>202a</sup>  
military personnel or applicants for military service must meet the  
following criteria:

a. The individual demonstrates 36 consecutive months of stability  
in the individual's sex without clinically significant distress or  
impairment in social, occupational, or other important areas of  
functioning; and

b. The individual demonstrates that he or she has never attempted  
to transition to any sex other than his or her sex; and

c. The individual is willing and able to adhere to all applicable  
standards, including the standards associated with his or her sex.

5. Voluntary Separation. Per reference (d), military personnel,  
including USNA and NROTC midshipmen, who have a current diagnosis or  
history of, or exhibit symptoms consistent with, gender dysphoria may  
request voluntary separation by 28 March 2025, subject to the  
following:

a. At this time and per reference (f), commanders will not direct  
or request any information described in paragraph 2c, above, be  
provided by the requesting member or any other Department of Defense  
(DoD) personnel as part of a request for separation in accordance with  
this ALNAV. As appropriate, further guidance for potential medical  
verification of applicable diagnoses will be provided.

b. Any remaining military service obligation will be waived for  
members requesting voluntary separation; any bonus received prior to 26  
February 2025 and subject to a service obligation will not be recouped.  
Absent any other basis for separation or disenrollment, USNA and NROTC  
midshipmen will not be subject to monetary repayment of education

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benefits.

c. No later than 14 March 2025, the CNO and CMC will each designate a single flag or general officer responsible for receiving requests for voluntary separation and publish via widest distribution the method by which members may submit these requests. Further guidance will be provided on adjudication and execution of voluntary separation requests.

d. Characterization of service will be honorable except where the member's record otherwise warrants a different characterization. The applicable separation program designator codes and associated narrative reasons for separation will be provided at a later date by an appropriate official of the Office of the ASN(M&RA) in coordination with the Office of the Under Secretary of Defense for Personnel and Readiness.

e. For military personnel requesting voluntary separation and eligible for voluntary separation pay in accordance with references (h) and (i), CNO and CMC will authorize voluntary separation pay at a rate that is twice the amount of involuntary separation pay for which the member would have been eligible in accordance with reference (j). Voluntary separation pay is not payable to those with less than six years or more than 20 years of service. No member receiving Voluntary Separation Pay in accordance with this ALNAV will be required to serve in the Ready Reserve.

f. CNO and CMC are authorized Temporary Early Retirement Authority for members with over 18 but less than 20 years of total active-duty service eligible per reference (k) and separated in accordance with this ALNAV.

g. CNO and CMC will reassign to their respective military service,

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members who request voluntary separation in accordance with this ALNAV and are currently assigned to the Office of the Secretary of Defense, Defense Agencies, DoD Field Activities, Combatant Commands, or other joint assignments.

#### 6. Administrative Absence

a. Members with an approved exception to policy that is revoked pursuant to paragraph 2a above will be offered administrative absence status pending action on the member's separation. CNO and CMC should place members who request voluntary separation in accordance with this ALNAV in an administrative absence status. Members placed in an administrative absence status in accordance with this ALNAV will be entitled to full pay and benefits and they will be designated as non-deployable until separation is complete.

b. Members in an administrative absence status will complete any pre-separation requirements, including the Transition Assistance Program per reference (l), and be afforded maximum flexibility to complete such requirements remotely or in civilian attire.

7. Consistent with existing law and policy, commanders will protect the privacy of protected health information they may receive under this policy in the same manner as they would any other protected health information. Such health information will be restricted to personnel with a specific need to know in order to conduct official duties. Personnel will be accountable for safeguarding health information consistent with law and policy.

8. CNO and CMC will prepare and maintain status updates in accordance with the reporting requirements of reference (d) and deliver to ASN(M&RA) beginning 24 March 2025 and continuing every 30 days thereafter.

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9. Additional direction will be provided concerning adjudication and execution of voluntary separation requests and procedures for involuntary separation of personnel outlined in references (c) and (d).

10. Released by Mr. Terence G. Emmert, Acting Secretary of the Navy.//

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CLASSIFICATION: UNCLASSIFIED//



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CLASSIFICATION: UNCLASSIFIED//  
ROUTINE  
R 132108Z MAR 25 MID120001789513U  
FM CNO WASHINGTON DC  
TO NAVADMIN  
INFO CNO WASHINGTON DC  
BT  
UNCLAS

NAVADMIN 055/25

PASS TO OFFICE CODES:  
FM CNO WASHINGTON DC//N1//  
INFO CNO WASHINGTON DC//N1//  
MSGID/GENADMIN/CNO WASHINGTON DC/N1/MAR//

SUBJ/INITIAL EXECUTION RELATED TO PRIORITIZING MILITARY EXCELLENCE AND  
READINESS//

REF/A/MEMO/OUUSD(PR)/26FEB25//  
REF/B/MEMO/OUUSD(PR)/28FEB25//  
REF/C/ALNAV/SECNAV WASHINGTON DC/131511ZMAR25  
REF/D/NAVADMIN/OPNAV/031311ZJUN21//  
REF/E/DOC/COMNAVPERSCOM/07NOV16//  
REF/F/MEMO/OSD/07FEB25//  
REF/G/DOC/SECDEF/DODI 1332.43/28NOV17//  
REF/H/DOC/SECDEF/DODI 1332.29/03MAR17//  
REF/I/DOC/SECDEF/DODI 1332.46/21DEC18//  
REF/J/DOC/BUPERS/1001.39, CHANGE 1/03MAY13//  
REF/K/DOC/COMNAVPERSCOM/11NOV21//  
REF/L/DOC/COMNAVPERSCOM/12AUG24//  
REF/M/DOC/OPNAV/1300.20A/03OCT23//  
REF/N/DOC/COMNAVPERSCOM/10MAY17//  
REF/O/DOC/COMNAVPERSCOM/01JUN16//

NARR/REF A IS UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS  
MEMORANDUM, ADDITIONAL GUIDANCE ON PRIORITIZING MILITARY EXCELLENCE AND  
READINESS.

REF B IS CLARIFYING GUIDANCE ON UNDERSECRETARY OF DEFENSE FOR PERSONNEL AND  
READINESS MEMORANDUM, ADDITIONAL GUIDANCE ON PRIORITIZING MILITARY EXCELLENCE  
AND READINESS.

REF C IS ALNAV 023/25, INITIAL DIRECTION PRIORITIZING MILITARY EXCELLENCE AND  
READINESS.

REF D IS NAVADMIN 112/21, INTERIM GUIDANCE FOR SERVICE OF TRANSGENDER NAVY  
PERSONNEL.

REF E IS MILPERSMAN 1000-131, MEMBER GENDER MARKER CHANGE.

REF F IS SECRETARY OF DEFENSE MEMORANDUM FOR PRIORITIZING MILITARY EXCELLENCE  
AND READINESS.

REF G IS DODI 1332.43, VOLUNTARY SEPARATION PAY (VSP) PROGRAM FOR SERVICE  
MEMBERS.

REF H IS DODI 1332.29, INVOLUNTARY SEPARATION PAY (NON-DISABILITY).

REF I DODI 1332.46, TEMPORARY EARLY RETIREMENT AUTHORITY (TERA) FOR SERVICE  
MEMBERS.

REF J IS BUPERSINST 1001.39 CHANGE 1,  
ADMINISTRATIVE PROCEDURES FOR NAVY RESERVE PERSONNEL.

REF K IS MILPERSMAN 1920-190, TYPES OF RESIGNATIONS BY OFFICERS.

REF L IS MILPERSMAN 1920-200, OFFICER RESIGNATION TYPES AND PROCEDURES.

REF M IS OPNAVINST 1300.20A, DEPLOYABILITY ASSESSMENT AND ASSIGNMENT PROGRAM.

REF N IS MILPERSMAN 1050-270, ADMINISTRATIVE ABSENCES.

REF O, IS MILPERSMAN 1320-314, TEMPORARY DUTY (TDY) TRAVEL ORDERS. //

RMKS/1. Pursuant to references (a) through (c), this NAVADMIN cancels  
references (d) and (e), and establishes voluntary separation procedures for  
Service Members who have a current diagnosis or history of, or exhibit

symptoms consistent with, gender dysphoria in line with references (a) through (c).

a. Effective immediately, all exceptions to policy allowing a member to conform to standards associated with a sex different from their identification in the Defense Enrollment Eligibility Reporting System (DEERS) approved in accordance with reference (d) are revoked and no further exceptions will be approved. Gender marker change requests previously submitted under references (d) and (e), will no longer be accepted or processed by MyNavy Career Center (MNCC).

b. Navy and Marine Corps personnel will take no action to identify Service Members, pursuant to references (a) and (b), to include the use of medical records, periodic health assessments, ad hoc physical assessments, or any other diagnostic mechanism, unless otherwise directed by an appropriate official in the Office of the Under Secretary of Defense for Personnel and Readiness. Nothing in this paragraph prevents commanders from taking appropriate action in support of Service Members who request to voluntarily separate in accordance with paragraph 3 below.

c. Cross-sex hormone therapy that began prior to the issuance of reference (f) will be continued for the duration of the Service Member's time in service if recommended by a DoD health care provider.

d. Service Members may consult with a Department of Defense health care provider concerning a diagnosis of gender dysphoria and receive mental health counseling for a diagnosis of gender dysphoria.

2. Voluntary Separation Request Deadline. Active-Duty and Reserve Service Members that meet the criteria outlined in reference (a) may request voluntary separation or, for those eligible, retirement no later than (NLT) 2359Y (UTC-12:00), Friday, 28 March 2025.

a. Service Members that meet the eligibility requirements for Voluntary Separation Pay (VSP) in line with reference (g) may receive VSP at a rate that is twice the amount of involuntary separation pay for which the Service Member would have been eligible in line with reference (h).

(1) VSP is not payable to Service Members with less than 6 Years of Service (YOS) or immediately eligible for retired pay upon separation.

(2) VSP is not payable to the Reserve Component.

(3) In line with reference (c), Service Members who receive VSP will not be required to serve in the Ready Reserve.

b. Service Members requesting voluntary separation in line with reference (c) are not required to pay back any bonus or incentive pays received where the required obligation has not been met.

c. Service Members identified after 2359Y, 28 March 2025 who meet the criteria outlined in section 4.4 of reference (a) and who have not submitted a voluntary separation or retirement request will be subject to involuntary separation and will no longer be eligible for the benefits outlined in paragraphs 2.a and 2.b and may be required to pay back any bonus or incentive pays received where the required obligation has not been met. Procedures for involuntary separation will be promulgated via future guidance.

3. Voluntary Separation Process. The process for requesting voluntary separation or retirement differs depending on rank, time in service, and active or reserve status. Requests for voluntary separation or retirement will be submitted to the Deputy Chief of Naval Personnel (DCNP) via the applicable process as outlined below.

For all submissions via Navy Standard Integrated Personnel System (NSIPS), Service Members who receive system notifications that they are ineligible for the type of retirement or separation they are requesting, but are eligible in line with this NAVADMIN, should disregard the notifications and request waivers for all constraining conditions (e.g. Time in Grade (TIG)).

a. The Service Member's Commanding Officer (CO) for Active Duty or, for Selected Reservists (SELRES), the Service Member's Navy Reserve Activity (NRA) CO, is required to expeditiously forward the request to DCNP with an endorsement.

b. All requests must include an affidavit in the form of a permanent NAVPERS 1070/613 signed by the Service Member and witnessed by a command representative with the statement: "In line with OSD memos "Additional

Guidance on Prioritizing Military Excellence and Readiness" of 26 February 2025, and "Clarifying Guidance on Military Excellence and Readiness" of 28 February 2025, and ALNAV 023/25, I seek to voluntarily separate [or retire, as appropriate] from Naval Service. I certify that I meet the criteria for this program as described in ALNAV 023/25 and understand this is an official statement under the meaning of Article 107 of the Uniform Code of Military Justice. I understand that my eligibility for this program may be verified via medical records, service records, and/or diagnosis by a medical provider, as determined by future guidance." The signed NAVPERS 1070/613 shall be uploaded in each of the requisite systems outlined below for each separation or retirement request.

c. Service Members that have issues accessing or submitting their separation or retirement request via NSIPS may contact the NSIPS helpdesk using the contact information in section 9.b of this NAVADMIN.

d. After submitting the separation or retirement request, Service Members will email the NPC Point of Contact (POC) at molly.bergeron-conway7.mil@us.navy.mil and the Service Central Coordination Cell (SCCC) at usn\_navy\_sccc@navy.mil NLT 2359Y, 28 March 2025 with their name and notification that the request for voluntary separation or retirement was submitted in line with ALNAV 023/25.

#### 4. Active-Duty Voluntary Separation Process.

a. Officer and enlisted Service Members with 20 years or more of total Active-Duty service who are regular retirement eligible:

(1) Service Members with 20 years or more of total Active- Duty service who wish to voluntarily retire under this policy must submit their request for transfer to the Fleet Reserve/Retired List via NSIPS.

(2) Service Members will complete the following steps:

(a) Log into NSIPS (<https://www.nsips.cloud.navy.mil/>).

(b) Navigate to the "Employee Self-Service" tab.

(c) From the drop-down menu, select "Request Retirement/Separation".

(d) Select "Regular Retirement" or "Fleet Reserve" as the request type as applicable.

(e) Choose a requested date NLT 1 June 2025.

(f) Request waivers for all constraining conditions as applicable. In the waiver tab of the request, add the following comment as applicable: "Waiver request submitted in line with ALNAV 023/25."

(g) Add the following comment to the Attach/Comment/Recommend tab: "Request submitted in line with ALNAV 023/25."

(h) Upload the signed affidavit under the Attach/Comment/Recommendation tab.

(i) Fill out and edit all remaining sections of the request tab, the Attach/Comment/Recommendation tab, and the contact information tab as applicable.

(j) Route the request for approval using the button at the bottom of the page. Route to either the command separation specialist or command reviewer, as appropriate.

(k) Notify the NPC POC and the SCCC of the retirement request submitted in line with ALNAV 023/25.

(3) Once in receipt, the command reporting senior will expeditiously review the request and provide comments and recommendations. The comments will include the following: "Request submitted in line with ALNAV 023/25". COs must also state in their comments or endorsement whether the Service Member has any pending misconduct, including but not limited to: undergoing/pending investigation, Non-Judicial Punishment (NJP), Administrative Separation (ADSEP), possible court-martial, or civilian trial.

(4) Submit the request electronically to NPC.

(5) COs will verify that the Service Member has emailed the NPC POC and the SCCC as outlined in paragraph 3. of this NAVADMIN.

b. Officer and enlisted Service Members eligible for early retirement:

(1) Service Members with over 18 years, but less than 20 years of total Active-Duty service by 28 March 2025 are eligible for early retirement under Temporary Early Retirement Authority (TERA), in line with references

(i) and (c). Service Members must submit their early retirement request via

NSIPS Retirement and Separations (RnS).

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(2) Service Members will complete the following steps:

- (a) Log into NSIPS (<https://www.nsips.cloud.navy.mil/>).
- (b) Navigate to the "Employee Self-Service" tab.
- (c) From the drop-down menu, select "Request

Retirement/Separation".

(d) Under the request "Request details" section, select "Regular TERA (Early Retirement)".

(e) Choose a requested date NLT 1 June 2025.

(f) Request waivers for all constraining conditions as applicable. In the waiver tab of the request add the following comment as applicable: "Request submitted in line with ALNAV 023/25".

(g) Upload the signed affidavit under the Attach/Comment/Recommendation tab.

(h) Fill out and edit all remaining sections of the request tab, the Attach/Comment/Recommendation tab, and the contact information tab as applicable.

(i) Route the request for approval using the button at the bottom of the page. Route to either the command separation specialist or command reviewer as appropriate.

(j) Notify the NPC POC and the SCCC of the retirement request submitted in line with ALNAV 023/25.

(3) Once in receipt, the command reporting senior will expeditiously review the request and provide comments and recommendations. The comments will include the following: "Request submitted in line with ALNAV 023/25". COs must also state in their comments or endorsement whether the Service Member has any pending misconduct, including but not limited to: undergoing/pending investigation, NJP, ADSEP processing, possible court-martial, or civilian trial.

(4) Submit the request electronically to NPC.

(5) COs will verify that the Service Member has emailed the NPC POC and the SCCC as outlined in paragraph 3.d of this NAVADMIN.

c. Enlisted Service Members not eligible for retirement:

(1) Requests for voluntary separation from enlisted Service Members with less than 18 YOS on 28 March 2025 will be submitted to NPC Career Progression Division (PERS-8) for Active Duty Service Members via their CO.

(2) Service Members may initiate this process by filling out and submitting NAVPERS 1306/7, electronic Personnel Action Request (ePAR). To initiate this request, log into MyNavy Portal (MNP) at <https://www.my.navy.mil/> and complete the following steps:

(a) Select "Career and Life Events" at the top right of the webpage.

(b) Select "Career Planning".

(c) Select "Submit/Manage an ePAR".

(d) Select "Sailor Submit".

(e) Under the section labeled "electronic Personnel Action Request", select "CONTINUE".

(f) Fill in the required information on the electronic form.

(g) Under the "Requested Action, Reason for Submission" section, write the following: "Request submitted in line with ALNAV 023/25". Add any additional information in this section as applicable.

(h) Under the "Requested Action, Date Available" section, the latest date available will be NLT 1 June 2025.

(i) When ready to submit to the Command Career Counselor (CCC), click "Send" at the bottom right of the page.

(j) After clicking "Send", a pop-up window will appear.

Attach the signed affidavit and any other supporting documents to the ePAR by clicking "choose file" and following the prompt to attach a file.

(k) Click "Continue" to submit.

(l) Notify the NPC POC and the SCCC of the voluntary separation request submitted in line with ALNAV 023/25.

(3) CCCs will expeditiously route the NAVPERS 1306/7 (ePAR) through the Chain of Command to obtain command endorsement.

(4) COs should endorse the Service Member's request and must add the following statement to their endorsement: "Request submitted in line with

ALNAV 023/25". COs must also state in their comments or endorsement whether the Service Member has any pending misconduct, including but not limited to: undergoing/pending investigation, NJP, ADSEP processing, possible court-martial, or civilian trial.

(5) Commands will submit requests via MNP or via email to MNCC at askmncc@navy.mil.

(6) COs will verify that the Service Member has emailed the NPC POC and the SCCC as outlined in paragraph 3.d of this NAVADMIN.

d. Officers not eligible for retirement:

(1) Officers with less than 18 years of total Active-Duty service on 28 March 2025 who wish to voluntarily separate under this policy will submit their resignation request via NSIPS RnS.

(2) To initiate the resignation request, complete the following steps:

(a) Log into NSIPS (<https://www.nsips.cloud.navy.mil/>).

(b) Navigate to the "Employee Self-Service" tab.

(c) From the drop-down menu, select "Request Retirement/Separation".

(d) Select "Regular Officer Resignation" as the request type.

(e) Choose a requested date NLT 1 June 2025.

(f) Reason for Separation will be "Other".

(g) Add the following comment to the Attach/Comment/Recommend tab: "Request submitted in line with ALNAV 023/25."

(h) Request waivers for all constraining conditions as applicable. In the waiver tab of the request add the following comment: "Request submitted in line with ALNAV 023/25."

(i) Upload the signed affidavit under the Attach/Comment/Recommendation tab.

(j) Fill out and edit all remaining sections of the request tab, Attach/Comment/Recommendation, and the contact information tab as applicable.

(k) Route the request for approval using the button at the bottom of the page. Route to either the command separation specialist or command reviewer as appropriate.

(l) Notify the NPC POC and the SCCC of the resignation request submitted in line with ALNAV 023/25.

(3) The command reporting senior will expeditiously review the request and provide comments and recommendations. The comments will include the following: "Request submitted in line with ALNAV 023/25".

(4) COs will verify that the Service Member has emailed the NPC POC and the SCCC as outlined in paragraph 3.d of this NAVADMIN.

## 5. Reserve Voluntary Separation Process.

a. Reservists with 20 or more years of qualifying service (YQS) who wish to request non-regular retirement in line with reference (j) will use the process outlined in section 4.a.(2)-(5) of this NAVADMIN. NRA COs will provide the endorsement.

b. Reserve Service Members who request voluntary separation are not eligible for TERA.

c. Reserve Service Members with fewer than 20 YQS who request separation from the service will use the following process:

(1) Enlisted SELRES will submit a NAVPERS 1306/7 (ePAR) to Reserve Personnel Management Department (PERS-9) via their NRA CO using the process outlined in section 4.c. (2)-(6) of this NAVADMIN.

(2) Officer SELRES will submit a resignation request via NSIPS using the procedure outlined in section 4.d. (2)-(4) of this NAVADMIN.

d. For Reservists in the Individual Ready Reserve (IRR), S1 or S2, all requests for retirement or separation should be submitted using the process outlined in section 5.a or 5.c of this NAVADMIN as applicable and if able. No command endorsement is required as these Service Members are directly assigned to IRR Administration (PERS- 93).

e. In alignment with the guidance provided in section 8 of this NAVADMIN, NRAs may submit authorized absences for Service Members being processed for resignation or retirement.

f. Further guidance for the Reserve Component will be forthcoming in ALNAVRESFORS.



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6. Service Members, Active Duty and Reserve, unable to submit a voluntary separation or retirement request electronically.

a. If unable to complete a voluntary separation or retirement request electronically as outlined in sections 4 and 5 of this NAVADMIN, Service Members may submit a paper request to their CO or NRA CO NLT 28 March 2025 indicating their desire and intention to voluntarily separate or retire from the Service.

b. The process and required paperwork will mirror the processes outlined in section 4 and 5 of this NAVADMIN.

(1) Officer and enlisted Service Members eligible for retirement:

(a) Service Members will submit requests via the Officer Personnel Information System (OPINS) or the NSIPS Career Information Management System (CIMS) as applicable and if able.

(b) Reservists submitting applications for voluntary retirement or transfer to Retired Reserve status will submit their request in the format shown in figure 20-4 of reference (j).

Applications may be faxed to the Reserve Retirement Branch (PERS-912) at (901) 874-7044 or mailed to:

Commander Navy Personnel Command (PERS-912)  
5720 Integrity Drive  
Millington, TN 38055

Upon submission of the request, Service Members will email the NPC POC and the SCCC of their retirement request submitted in line with ALNAV 023/25.

(c) Enlisted Service Members may submit a TIG waiver request to their Enlisted Community Manager via a NAVPERS 1306/7 (ePAR) form.

(2) Enlisted Service Members not eligible for retirement:

(a) Service Members will print out NAVPERS Form 1306/7 (ePAR) and fill out the form as directed in steps 6 through 9 of section 4.c. (2) of this NAVADMIN. Route the request, with the signed affidavit as an enclosure to the CCC for processing. The CCC will expeditiously review and route to the CO for endorsement.

Commanders must endorse the Service Member's request and must add the following statement: "Request submitted in line with ALNAV 023/25".

(b) Upon submission of the request, Service Members will email the NPC POC and the SCCC of their voluntary separation request submitted in line with ALNAV 023/25.

(3) Officers not eligible for retirement:

(a) Active Duty and Reserve officers will submit an Unqualified Resignation request using the appropriate format provided in reference (k) to PERS-8 for Active Duty or PERS-9 for reservists, via their CO or NRA CO and as directed by reference (l).

(b) Upon submission of the request, Service Members will email the NPC POC and the SCCC of their voluntary resignation request submitted in line with ALNAV 023/25, NLT 2359Y, 28 March 2025.

7. Command Actions on Voluntary Separation Request.

a. In addition to forwarding the separation or retirement request to DCNP via NPC, commands will verify that notification of the Service Member's voluntary separation, retirement, and/or placement on administrative absence or temporary duty is sent to the NPC POC at molly.bergeron-conway7.mil@us.navy.mil and the SCCC at usn\_navy\_sccc@navy.mil.

b. Service Members who request separation will be placed in an administrative non-deployable status. They will be assigned a "Category 3" Deployability Category code, identifying them as temporarily non-deployable, as described in reference (m).

8. Administrative Absences. In line with reference (a) and in line with reference (c), administrative absence is authorized for Active Duty and Reserve Service Members who elect voluntary separation when in the best interest of the unit and well-being of the Service Member. Additionally, where rescission of an exception to policy will impact good order and discipline, the CO may consider placing the Service Member on administrative absence. Administrative absence or temporary duty is not required but should be considered based on the criteria below. In either case, commands will



follow the procedures outlined in reference (n) ~~211a~~ as applicable.

a. Pursuant to reference (c), all Service Members with an approved exception to policy that is revoked pursuant to paragraph 1a above will be offered administrative absence status pending action on the member's separation request.

b. COs should consider the impact to good order and discipline within their unit, the well-being of the Service Member, and their ability to maintain effective oversight and support for the Service Member during the process.

c. COs will proactively communicate with the impacted Service Member, ensure they have accurate and up to date contact information, monitor their well-being, and keep the Service Member apprised of their status.

d. Service Members will receive full pay and benefits until their separation is complete.

9. Points of Contact:

a. Command triads may contact the SCCC at (703) 604-5084/DSN 664 or via e-mail at usn\_navy\_sccc@navy.mil, the NPC POC at molly.bergeron-conway7.mil@us.navy.mil, or MNCC at (833) 330-6622 or via e-mail at askmncc@navy.mil with questions, concerns, notification of a member's voluntary separation or retirement, or notification of a member's placement on administrative absence or temporary duty.

b. Service Members that face issues using NSIPS may contact the NSIPS helpdesk at nesd@nesd-mail.onbmc.mil or 1-833-637-3669 (1-833- NESDNOW).

10. This NAVADMIN will remain in effect until superseded or canceled, whichever occurs first.

11. Released by Vice Admiral Richard J. Cheeseman, Jr., N1.//

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CLASSIFICATION: UNCLASSIFIED//

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Document	Classification based on transgender status
<p>Dep't of the Navy, Navy Recruiting Command, <i>Decision Guidance Memorandum #N00-30: Processing of Applicants Identifying as Transgender</i> (Jan. 28, 2025), ECF No. 58-1.</p>	<p>“Processing of Applicants Identifying as <b>Transgender</b>”</p> <p>“This memorandum provides guidance on the processing of applicants who identify as <b>transgender</b> in light of the executive order titled “Prioritizing Military Excellence and Readiness,” signed by the President on January 27, 2025.”</p> <p>“The recent Executive Order mandates a revision of Department of Defense (DoD) policies concerning the enlistment and service of <b>transgender</b> individuals.”</p> <p>“Effective immediately, any Future Sailors currently in the DEP who are identified as <b>transgender</b> will have their ship dates postponed pending further DoD guidance.”</p> <p>“Applicants who self-identify as <b>transgender</b> are not eligible to process for enlistment at this time.”</p>
<p>Email: OPS MSG (M) – Immediate Change to Transgender Applicant Processing (Jan. 30, 2025), ECF No. 73-1.</p>	<p>“BLUF: Immediate changes to <b>transgender</b> applicant processing.”</p> <p>“Process: [...] Effective immediately, each <b>transgender</b> applicant or applicant who expresses gender dysphoria who are currently undergoing an accession medical evaluation will be left in an ‘open’ status.”</p>
<p>Secretary of Defense, <i>Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government</i> (Jan. 31, 2025), ECF No. 58-2.</p>	<p>“<b>Biological sex is an immutable characteristic.</b> It is not fluid, and it cannot transform.”</p> <p>“Review all email systems, such as Outlook, and turn off features that prompt users for their pronouns.”</p> <p>“Review all forms that require entry of an individual’s sex and ensure that all list male or female only, <b>and not gender identity.</b> ....”</p> <p>“Ensure that intimate spaces ... are designated by <b>biological sex and not gender identity.</b>”</p>
<p>Secretary of Defense, <i>Prioritizing Military Excellence and Readiness</i> (Feb. 7, 2025), ECF No. 58-4.</p>	<p>“<b>Expressing a false ‘gender identity’ divergent from an individual’s sex</b> cannot satisfy the rigorous standards necessary for military service.”</p>

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<p>Dep't of the Army, <i>Implementation of Executive Orders related to Transgender Military Service</i> (EXORD 150-25) (Feb. 7, 2025), ECF No. 58-5.</p>	<p>“SUBJECT: [...] IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO <b>TRANSGENDER</b> MILITARY SERVICE.”</p> <p>“SITUATION. IN ANTICIPATEION OF UPDATED DOD POLICY, THIS MESSAGE PRESCRIBES INITIAL GUIDANCE ON IMPLEMENTATION OF RELEVANT EXECUTIVE ORDER REQUIREMENTS RELATED TO <b>TRANSGENDER</b> MILITARY SERVICE.”</p> <p>“MISSION. EFFECTIVE IMMEDIATELY, ALL ARMY ORGANIZATIONS WILL IMPLEMENT INITIAL GUIDANCE OF RELEVANT EXECUTIVE ORDER REQUIREMENTS RELATED TO <b>TRANSGENDER</b> MILITARY SERVICE.”</p> <p>“3.C.1.A.5. [...] SPECIFICALLY TO <b>IDENTIFY TRANSGENDER</b> SOLDIERS.”</p>
<p>Dep't of the Army, Fragmentary Order (“FRAGORD”) 1 amending EXORD 150-25 (Feb. 14, 2025), ECF No. 58-6.</p>	<p>“SITUATION. [RESTATED] IN ANTICIPATION OF UPDATED DOD POLICY, THI SMESSAGE PRESCRIBES INITIAL GUIDANCE ON IMPLEMENTATION OF RELEVANT EXECUTIVE ORDER REQUIREMENTS RELATED TO <b>TRANSGENDER</b> MILITARY SERVICE.”</p> <p>“MISSION. [RESTATED] EFFECTIVE IMMEDIATELY, ALL ARMY ORGANIZATIONS WILL IMPLEMENT INITIAL GUIDANCE OF RELEVANT EXECUTIVE ORDER REQUIREMENTS RELATED TO <b>TRANSGENDER</b> MILITARY SERVICE.”</p> <p>“3.C.1.A.4. (U) [RESTATED] AT THIS TIME, DO NOT INITIATE ANY MEDICAL BOARD OR ADVERSE PERSONNEL ACTION SOLELY RELATED TO <b>TRANSGENDER STATUS</b>. POLICY AND IMPLEMENTATION GUIDANCE RELATED TO CURRENT EXECUTIVE ORDERS WILL BE PUBLISHED WHEN AVAILABLE.”</p> <p>“3.C.1.A.6. (U) [CHANGE TO READ] PAUSE ON MEDICAL CARE. AS DIRECTED BY PRESIDENTIAL EXECUTIVE ORDER AND SECRETARY OF DEFENSE MEMORANDUM, ALL UNSCHEDULED, SCHEDULED, OR PLANNED MEDICAL PROCEDURES ASSOCIATED WITH AFFIRMING OR FACILITATING A <b>GENDER TRANSITION</b> FOR SERVICE MEMBERS ARE PAUSED. ....”</p>

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Office of the Under Sec’y of Defense, <i>Additional Guidance on Prioritizing Military Excellence and Readiness</i> (Feb. 26, 2025), ECF No. 58-7.	<p>Page 2: “Effective immediately, the following issuances, policies, and memoranda are cancelled: [...] DoDI 1300.28 ‘In-Service Transition for <b>Transgender</b> Service Members,’ April 30, 2021, as amended.”</p> <p>Page 3: “The Department only recognizes two sexes: male and female. <b>An individual’s sex is immutable</b>, unchanging during a person’s life. <b>All Service members will only serve in accordance with their sex.</b> . . .”</p>
Dep’t of Defense, <i>Public Affairs Guidance: Department of Defense Implementation of Executive Order Prioritizing Military Excellence and Readiness</i> (Feb. 26, 2025), ECF No. 73-10.	<p>Page 8: “Q. ... Specifically focusing on ‘meritocracy,’ will consideration be given to high performing <b>transgender</b> Service members? A: While these individuals have volunteered to serve our country and will be treated with dignity and respect, <b>expressing a false ‘gender identity’ divergent from an individual’s sex</b> cannot satisfy the rigorous standards necessary for military service.”</p> <p>Page 8: “Q: <b>Transgender</b> Service members have been serving without exception since 2021 and were previously ‘grandfathered’ under the previous Trump administration policies. Why are all <b>transgender</b> Service members being targeted for separation now? A: While these individuals have volunteered to serve our country and will be treated with dignity and respect, <b>express a false ‘gender identity’ divergent from an individual’s sex</b> cannot satisfy the rigorous standards necessary for military service. ....”</p>
Dep’t of the Air Force, Acting Assistant Sec’y for Manpower & Readiness, <i>Additional Guidance for Executive Order 14183, “Prioritizing Military Excellence and Readiness”</i> (Mar. 1, 2025), ECF No. 58-9.	Page 2: Accordingly, effective immediately, all ETPs granted pursuant to DAFPM 2021-36-01, <i>Accessions and In-service Transition for Persons Identifying as Transgender</i> , are rescinded.”
Sec’y of the Army, <i>Prioritizing Military Excellence and Readiness Implementation Guidance</i> (Mar. 6,	Page 2: “The Army only recognizes two sexes: male and female. <b>An individual’s sex is immutable</b> , unchanging during a person’s life. All Soldiers will <b>only serve in accordance with their sex.</b> ”

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2025), ECF No. 68-1.	<p>Page 3: “The applicant must be willing and able to adhere to all applicable standards, including the standards <b>associated with the applicant’s sex.</b>”</p> <p>Page 4: “The Soldier demonstrates that he or she has <b>never attempted to transition to any sex other than their sex</b>; and</p> <p>Page 4: “The Soldier is willing and able to adhere to all applicable standards, including the standards <b>associated with the Soldier’s sex.</b>”</p>
<p>Dep’t of the Army, <i>Implementing Guidance for Executive Order</i> (EXORD175-25) (superseding EXORD 150-25) (Mar. 7, 2025), ECF No. 68-2.</p>	<p>“1. (U) SITUATION. 1.A. (U) PUBLICATION OF THIS EXORD SUPERSEDES <b>**CORRECTED COPY 2**</b> HQDA EXORD 150-25 IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO <b>TRANSGENDER</b> MILITARY SERVICE AND FRAGO 1 TO HQDA EXORD 150-25 IMPLEMENTATION OF EXECUTIVE ORDERS RELATED TO <b>TRANSGENDER</b> MILITARY SERVICE, REFERENCES A AND B.”</p> <p>“3.A.2.G. (U) THE ARMY ONLY RECOGNIZES TWO SEXES: MALE AND FEMALE. <b>AN INDIVIDUAL’S SEX IS IMMUTABLE</b>, UNCHANGING DURING A PERSON’S LIFE. ALL <b>SOLDIERS WILL ONLY SERVE IN ACCORDANCE WITH THEIR SEX</b>, DEFINED IN EXECUTIVE ORDER 14168, [...].”</p> <p>“3.A.2.H. (U) WHERE A STANDARD, REQUIREMENT, OR POLICY DEPENDS ON WHETHER THE INDIVIDUAL IS A MALE OR FEMALE [...], ALL PERSONS WILL BE SUBJECT TO THE STANDARD, REQUIREMENT, OR POLICY <b>ASSOCIATED WITH THEIR BIOLOGICAL SEX.</b>”</p> <p>“3.A.2.I. (U) <b>PRONOUN USAGE</b> WHEN REFERRING TO SOLDIERS <b>MUST REFLECT A SOLDIER’S BIOLOGICAL SEX.</b>”</p> <p>“3.A.2.L.2. (U) THE SOLDIER, CADET, OR APPLICANT DEMONSTRATES THAT HE OR SHE HAS <b>NEVER ATTEMPTED TO TRANSITION TO ANY SEX OTHER THAN THEIR SEX.</b>”</p>

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<p>Sec'y of the Navy, <i>Initial Direction on Prioritizing Military Excellence and Readiness</i> (ALNAV 023/25) (Mar. 13, 2025), ECF No. 75-1.</p>	<p>Page 2: "REF E IS SECRETARY OF THE NAVY INSTRUCTION 1000.11A 'SERVICE OF <b>TRANSGENDER</b> SAILORS AND MARINES.'"</p> <p>Page 3: "Department of the Navy (DON) recognizes two sexes: male and female. <b>An individual's sex is immutable, unchanging during a person's life.</b>"</p> <p>Page 3: "2. Pursuant to reference (d), reference (e) [Secretary of the Navy Instruction 1000.11A 'Service of <b>Transgender</b> Sailors and Marines'] is cancelled."</p> <p>Page 5: "The individual demonstrates that he or she has <b>never attempted to transition to any sex other than his or her sex.</b>"</p>
<p>Chief of Naval Operations, <i>Initial Execution Related to Prioritizing Military Excellence and Readiness</i> (NAVADMIN 055/25) (Mar. 13, 2025), ECF No. 79-1.</p>	<p>Page 1: "REF D IS NAVADMIN 112/21, INTERIM GUIDANCE FOR SERVICE OF <b>TRANSGENDER</b> NAVY PERSONNEL."</p> <p>Page 2: "Effective immediately, all exceptions to policy allowing a <b>member to conform to standards associated with a sex different from their identification in the Defense Enrollment Eligibility Reporting System (DEERS)</b> approved in accordance with reference (d) are revoked and no further exceptions will be approved. Gender marker change requests previously submitted under references (d) and (e), will no longer be accepted or processed by MyNavy Career Center (MNCC)."</p>

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## DoD INSTRUCTION 1300.28

### IN-SERVICE TRANSITION FOR TRANSGENDER SERVICE MEMBERS

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<b>Originating Component:</b>	Office of the Under Secretary of Defense for Personnel and Readiness
<b>Effective:</b>	April 30, 2021 (This issuance supersedes any previously published contradictory guidance).
<b>Change 1 Effective:</b>	December 20, 2022
<b>Releasability:</b>	Cleared for public release. Available on the Directives Division Website at <a href="https://www.esd.whs.mil/DD/">https://www.esd.whs.mil/DD/</a> .
<b>Reissues and Cancels:</b>	DoD Instruction 1300.28, "Military Service by Transgender Persons and Persons with Gender Dysphoria," September 4, 2020
<b>Approved by:</b>	Virginia S. Penrod, Acting Under Secretary of Defense for Personnel and Readiness
<b>Change 1 Approved by:</b>	Gilbert R. Cisneros, Jr., Under Secretary of Defense for Personnel and Readiness

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**Purpose:** In accordance with the authority in DoD Directive 5124.02, this issuance establishes policy, assigns responsibilities, and prescribes procedures:

- Regarding the process by which Service members may transition gender while serving.
- For changing a Service member's gender marker in the Defense Enrollment Eligibility Reporting System (DEERS).
- For medical care for Active Component (AC) and Reserve Component (RC) transgender Service members.

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## SECTION 1: GENERAL ISSUANCE INFORMATION

### 1.1. APPLICABILITY.

a. This issuance applies to OSD, the Military Departments (including the United States Coast Guard (USCG) at all times, including when it is a Service in the Department of Homeland Security, by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

b. The requirement in Paragraph 2.5.e. of this issuance does not apply to the USCG.

c. For the purpose of this issuance, the term “Service member” includes cadets and midshipmen in a contracted Reserve Officer Training Corps (ROTC) status and those at the Military Service Academies. This issuance does not apply to individuals participating in ROTC programs in a non-contracted volunteer status. Contracted ROTC midshipmen and cadets have limited eligibility for medical benefits and care through a military medical treatment facility (MTF), delineated in DoD Instruction (DoDI) 1215.08.

### 1.2. POLICY.

a. DoD and the Military Departments will institute policies to provide Service members a process by which they may transition gender while serving. 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.

b. All Service members must be treated with dignity and respect. No person, solely on the basis of his or her gender identity, will be:

- (1) Involuntarily separated or discharged from the Military Services;
- (2) Denied reenlistment or continuation of service in the Military Services; or
- (3) Subjected to adverse action or mistreatment.

### 1.3. SUMMARY OF CHANGE 1.

The change to this issuance:

- a. Adds transgender data related guidance pursuant to DoDI 6400.11.
- b. Updates references for accuracy.

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## **SECTION 2: RESPONSIBILITIES**

### **2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).**

The USD(P&R):

- a. Evaluates any proposed new Military Department and Military Service regulations, policies, and guidance related to military service by transgender persons and persons with gender dysphoria, and revisions to such existing regulations, policies, and guidance, to ensure consistency with this issuance.
- b. Issues guidance to the Military Departments, establishing the prerequisites and procedures for changing a Service member's gender marker in DEERS.

### **2.2. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS.**

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Manpower and Reserve Affairs coordinates with the Assistant Secretary of Defense for Health Affairs in the management and implementation of this policy, and issues clarifying guidance, as appropriate.

### **2.3. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS.**

Under the authority, direction, and control of the USD(P&R), the Assistant Secretary of Defense for Health Affairs coordinates with the Assistant Secretary of Defense for Manpower and Reserve Affairs in the management and implementation of health care matters associated with this policy, and issues clarifying guidance, as appropriate.

### **2.4. DIRECTOR, DEFENSE HEALTH AGENCY (DHA).**

Under the authority, direction, and control of the USD(P&R), through the Assistant Secretary of Defense for Health Affairs, the Director, DHA:

- a. Provides or coordinates guidance and oversight, as appropriate, to standardize the provision of medically necessary health care for transgender Service members diagnosed with gender dysphoria, including members for whom gender transition is determined to be medically necessary by a medical provider.
- b. Oversees the development and use of clinical practice guidelines to support the medical treatment plan and projected schedule for treatment of Service members diagnosed with gender dysphoria.

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c. Oversees the development and use of clinical practice guidelines to support the continuity of care for Service members diagnosed with gender dysphoria.

d. Establishes procedures to require that education and training on transgender health care are conducted in MTFs.

e. Ensures appropriate standards and procedures under the Supplemental Health Care Program for transgender health care services.

## **2.5. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMMANDANT, USCG.**

The Secretaries of the Military Departments and the Commandant, USCG:

- a. Adhere to all provisions of this issuance.
- b. Administer their respective programs, and update existing Military Department regulations, policies, and guidance, or issue new issuances, as appropriate, in accordance with the provisions of this issuance.
- c. Maintain a Service central coordination cell (SCCC) to provide multi-disciplinary (e.g., medical, mental health, legal, military personnel management) expert advice and assistance to commanders with regard to service by transgender Service members and gender transition in the military, and to assist commanders in the execution of DoD, Military Department, and Service policies and procedures.
- d. Educate their respective AC and RC forces to ensure an adequate understanding within those forces of policies and procedures pertaining to gender transition in the military.
- e. Submit to the USD(P&R) the text of any proposed revision to existing Military Department and Service regulations, policies, and guidance, and of any proposed new issuance, at least 15 business days in advance of the proposed publication date. In accordance with Paragraph 1.1.b. of this issuance, this requirement does not apply to the USCG.
- f. Provide oversight regarding the implementation of this issuance and any Military Department and Military Service regulations, policies, and guidance related to military service by transgender persons and persons with gender dysphoria, the protection of personally identifiable information (PII), protected health information (PHI), and personal privacy considerations, consistent with current DoD guidance and in accordance with Paragraphs 4.2. and 4.3. of this issuance.
- g. Implement processes for the assessment and oversight of compliance with DoD, Military Department, and Service policies and procedures applicable to service by transgender persons, and persons with gender dysphoria, in accordance with Paragraph 4.4. of this issuance.

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## SECTION 3: GENDER TRANSITION

### 3.1. GENERAL.

a. Except where an exception to policy (ETP) has been granted transgender Service members will be subject to the same standards as all other Service members. When a standard, requirement, or policy depends on whether the individual is male or female (e.g., medical fitness for duty; physical fitness and body fat standards; berthing, bathroom, and shower facilities; and uniform and grooming standards), all Service members will be subject to the standard, requirement, or policy associated with their gender marker in DEERS.

b. The Military Departments and Services recognize a Service member's gender by the Service member's gender marker in DEERS. Consistent with that gender marker, the Services apply, and the Service member must meet, all standards for uniforms and grooming; body composition assessment (BCA); physical readiness testing (PRT); Military Personnel Drug Abuse Testing Program (MPDATP) participation; and other military standards applied with consideration of the Service member's gender. For facilities subject to regulation by the military, Service members will use those berthing, bathroom, and shower facilities associated with their gender marker in DEERS.

c. Service members with a diagnosis that gender transition is medically necessary will receive associated medical care and treatment from a medical provider. The recommendations from a military medical provider will address the severity of the Service member's medical condition and the urgency of any proposed medical treatment. Medical providers will provide advice to commanders in a manner consistent with processes used for other medical conditions that may limit the Service member's performance of official duties.

d. Any medical care and treatment provided to an individual Service member in the process of gender transition will be provided in the same manner as other medical care and treatment. Nothing in this issuance will be construed to authorize a commander to deny medically necessary treatment to a Service member.

e. Any determination that a transgender Service member is non-deployable at any time will be consistent with established Military Department and Service standards, as applied to other Service members whose deployability is similarly affected in comparable circumstances unrelated to gender transition.

f. Commanders will assess expected impacts on mission and readiness after consideration of the advice of military medical providers and will address such impacts in accordance with this issuance. In applying the tools described in this issuance, a commander will not accommodate biases against transgender individuals. If a Service member is unable to meet standards or requires an ETP during a period of gender transition, all applicable tools, including the tools described in this issuance, will be available to commanders to minimize impacts to the mission and unit readiness.



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g. When a cognizant military medical provider determines that a Service member's gender transition is complete, and at a time approved by the commander in consultation with the Service member concerned, the Service member's gender marker will be changed in DEERS and the Service member will be recognized in the self-identified gender.

### **3.2. SPECIAL MILITARY CONSIDERATIONS.**

Gender transition while serving in the military presents unique challenges associated with addressing the needs of the Service member in a manner consistent with military mission and readiness. Where possible, gender transition should be conducted such that a Service member would meet all applicable standards and be available for duty in the birth gender before a change in the Service member's gender marker in DEERS and would meet all applicable standards and be available for duty in the self-identified gender after the change in gender marker. However, since every transition is unique, the policies and procedures set forth herein provide flexibility to the Military Departments, Services, and commanders, in addressing transitions that may or may not follow this construct. These policies and procedures are applicable, in whole or in relevant part, to Service members who intend to begin transition, are beginning transition, who already may have started transition, and who have completed gender transition and are stable in their self-identified gender.

#### **a. Medical.**

(1) In accordance with DoDIs 6025.19 and 1215.13, all Service members must maintain their health and fitness, meet individual medical readiness requirements, and report to their chains of command any medical (including mental health) and health issue that may affect their readiness to deploy or fitness to continue serving.

(2) Each Service member in the AC or in the Selected Reserve will, as a condition of continued participation in military service, report significant health information to their chain of command. Service members who have or have had a medical condition that may limit their performance of official duties must consult with a military medical provider concerning their diagnosis and proposed treatment, and must notify their commanders.

(3) When a Service member receives a diagnosis of gender dysphoria from a military medical provider and obtains a medical treatment plan for gender transition, the Service member's notification to the commander must identify all medically necessary care and treatment that is part of the Service member's medical treatment plan.

(a) If applicable, the Service member's notification to the commander must identify a projected schedule for such treatment and an estimated date for a change in the Service member's gender marker in DEERS.

(b) If additional care and treatment are required after a gender marker change that was not part of an original treatment plan, the Service member must provide notification to the commander identifying the additional care, treatment, and projected schedule for such treatment.

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(c) Recommendations of a military health care provider will address the severity of the Service member's medical condition and the urgency of any proposed medical treatment.

**b. In-Service Transition.**

Gender transition begins when a Service member receives a diagnosis from a military medical provider indicating that gender transition is medically necessary, and then completes the medical care identified or approved by a military mental health or medical provider in a documented treatment plan as necessary to achieve stability in the self-identified gender. It concludes when the Service member's gender marker in DEERS is changed and the Service member is recognized in his or her self-identified gender. Care and treatment may still be received after the gender marker is changed in DEERS as described in Paragraph 3.2.c. of this issuance, but at that point, the Service member must meet all applicable military standards in the self-identified gender. With regard to facilities subject to regulation by the military, a Service member whose gender marker has been changed in DEERS will use those berthing, bathroom, and shower facilities associated with his or her gender marker in DEERS.

**c. Continuity of Medical Care.**

A military medical provider may determine certain medical care and treatment (e.g., cross-sex hormone therapy) to be medically necessary even after a Service member's gender marker is changed in DEERS. A gender marker change does not preclude such care and treatment. If additional care and treatment are required after a gender marker change that was not part of an original treatment plan, and that change may impact the Service member's fitness for duty the Service member must provide, medical documentation to the commander identifying the additional care, treatment, and projected schedule for such treatment.

**d. Living in Self-Identified Gender.**

Each Military Department and Service may issue policy regarding the application of real life experience (RLE), including RLE in an on-duty status before gender marker change in DEERS.

**e. DEERS.**

Except when an exception has been granted in accordance with Paragraph 3.2.d. or 3.2.f. of this issuance, a Service member's gender is recognized by the Service member's gender marker in DEERS. Coincident with that gender marker, the Services apply, and the Service member must meet, all standards for uniforms and grooming; BCA; PRT; MPDATP participation; and other military standards applied with consideration of the Service member's gender.

**f. Military Readiness.**

Unique to military service, the commander is responsible and accountable for the overall readiness of his or her command. The commander is also responsible for the collective morale, welfare, good order, and discipline of the unit, and establishing a command climate that creates an environment where all members of the command are treated with dignity and respect. When a commander receives any request from a Service member that entails a period of non-availability for duty (e.g., necessary medical treatment, ordinary leave, emergency leave,

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temporary duty, other approved absence), the commander must consider the individual need associated with the request and the needs of the command in making a decision on that request.

### **3.3. ROLES AND RESPONSIBILITIES.**

#### **a. Service Member's Role.**

The Service member will:

- (1) Secure a medical diagnosis from a military medical provider.
- (2) Notify the commander of a diagnosis indicating gender transition is medically necessary. This notification will identify all medically necessary treatment in their medical treatment plan and a projected schedule for such treatment, including an estimated date for a change in the Service member's gender marker in DEERS, pursuant to Paragraph 3.2.a. of this issuance.
- (3) Notify the commander of any change to the medical treatment plan, the projected schedule for such treatment, or the estimated date on which the Service member's gender marker will be changed in DEERS.
- (4) Notify the commander of any new care determined to be medically necessary after a gender marker change in DEERS that was not previously approved in the medical treatment plan, in accordance with Paragraph 3.2.a.(3) of this issuance, as such care or treatment may affect readiness to deploy or fitness to continue serving.

#### **b. Military Medical Provider's Role.**

The military medical provider will:

- (1) Establish the Service member's medical diagnosis, recommend medically necessary care and treatment, and, in consultation with the Service member, develop a medical treatment plan associated with the Service member's gender transition, pursuant to Paragraph 3.1.a. of this issuance, for submission to the commander.
- (2) In accordance with established military medical practices, advise the commander on the medical diagnosis applicable to the Service member, including the provider's assessment of the medically necessary care and treatment, the urgency of the proposed care and treatment, the likely impact of the care and treatment on the individual's readiness and deployability, and the scope of the human and functional support network needed to support the individual.
- (3) In consultation with the Service member, formally advise the commander when the Service member's gender transition is complete and recommend to the commander a time at which the Service member's gender marker may be changed in DEERS.
- (4) Provide the Service member with medically necessary care and treatment after the Service member's gender marker has been changed in DEERS.

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The Service member's commander will:

(1) Review the Service member's request to transition gender. Approves the timing and oversees, as appropriate, a transition process that:

(a) Complies with DoD, Military Department, and Service regulations, policies, and guidance.

(b) Considers the individual facts and circumstances presented by the Service member.

(c) Maintains military readiness by minimizing impacts to the mission (including deployment, operational, training and exercise schedules, and critical skills availability), as well as to the morale, welfare, good order, and discipline of the unit.

(d) Is consistent with the medical treatment plan.

(e) Incorporates consideration of other factors, as appropriate.

(2) Coordinate with the military medical provider regarding any medical care or treatment provided to the Service member and any medical issues that arise in the course of a Service member's gender transition.

(3) Consult, as necessary, with the SCCC about service by transgender Service members and gender transition in the military; the execution of DoD, Military Department, and Military Service policies and procedures; and assessment of the means and timing of any proposed medical care or treatment.

**d. Role of the Military Department and the USCG.**

The Military Departments and USCG will:

(1) Establish policies and procedures in accordance with this issuance, outlining the actions a commander may take to minimize impacts to the mission and ensure continued unit readiness in the event a transitioning individual is unable to meet standards or requires an ETP during a period of gender transition. Such policies and procedures may address the means and timing of transition, procedures for responding to a request for an ETP before the change of a Service member's gender marker in DEERS, appropriate duty statuses, and tools for addressing any inability to serve throughout the gender transition process. Any such actions available to the commander will consider and balance the needs of the individual and the needs of the command in a manner comparable to the actions available to the commander in addressing comparable Service members' circumstances unrelated to gender transition. Such actions may include:

(a) Adjustments to the date the Service member's gender transition, or any component of the transition process, will begin.

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(b) Advising the Service member of the availability of options for extended leave status or participation in other voluntary absence programs during the transition process.

(c) Arrangements for the transfer of the Service member to another organization, command, location, or duty status (e.g., Individual Ready Reserve), as appropriate, during the transition process.

(d) ETPs associated with changes in the Service member's physical appearance and body composition during gender transition, such as accommodations in the application of standards for uniforms and grooming, BCA, PRT, and MPDAMP participation.

(e) Establishment of, or adjustment to, local policies on the use of berthing, bathroom, and shower facilities subject to regulation by the military during the transition process.

(f) Referral, as appropriate, for a determination of fitness in the Integrated Disability Evaluation System in accordance with DoDI 1332.18 or the USCG Physical Disability Evaluation System, pursuant to Commandant Instruction M1850.2 (series).

(2) Establish policies and procedures, consistent with this issuance, whereby a Service member's gender marker will be changed in DEERS based on a determination by the military medical provider that the Service member's gender transition is complete; receipt of written approval from the commander, issued in consultation with the Service member; and documentation indicating gender change provided by the Service member. Such documentation is limited to:

(a) A certified true copy of a State birth certificate reflecting the Service member's self-identified gender;

(b) A certified true copy of a court order reflecting the Service member's self-identified gender; or

(c) A United States passport reflecting the Service member's self-identified gender.

(3) When the Service member's gender marker in DEERS is changed:

(a) Apply uniform standards, grooming standards, BCA standards, PRT standards, MPDAMP standards, and other standards applied with consideration of the Service member's gender, applicable to the Service member's gender as reflected in DEERS.

(b) As to facilities subject to regulation by the military, direct the use of berthing, bathroom, and shower facilities according to the Service member's gender marker as reflected in DEERS.

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### **3.4. GENDER TRANSITION APPROVAL PROCESS.**

a. A Service member on active duty who receives a diagnosis from a military medical provider for which gender transition is medically necessary may, in consultation with the military medical provider, request that the commander approve:

- (1) The timing of medical treatment associated with gender transition;
- (2) An ETP associated with gender transition, pursuant to Paragraphs 3.2.d., 3.2.f., or 3.3.d. of this issuance; or
- (3) A change to the Service member's gender marker in DEERS.

b. The commander, informed by the recommendations of the military medical provider, the SCCC, and others, as appropriate, will respond to the request within a framework that ensures readiness by minimizing impacts to the mission (including deployment, operational, training, exercise schedules, and critical skills availability), as well as to the morale, welfare, good order, and discipline of the command.

c. Consistent with applicable law, regulation, and policy, the commander will:

- (1) Comply with the provisions of this issuance and with Military Department and Service regulations, policies, and guidance, and consult with the SCCC.
- (2) Promptly respond to any request for medical care, as identified by the military medical provider, and require such care is provided consistent with applicable regulations.
- (3) Respond to any request for medical treatment or an ETP associated with gender transition as soon as practicable, but not later than 90 calendar days after receiving a request determined to be complete in accordance with the provisions of this issuance and applicable Military Department and Service regulations, policies, and guidance. The response will be in writing; will include notice of any actions taken by the commander in accordance with applicable regulations, policies, and guidance and the provisions of this issuance; and will be provided to both the Service member and their military medical provider. The commander will return any request that is determined to be incomplete to the Service member with written notice of the deficiencies identified as soon as practicable, but not later than 30 calendar days after receipt.
- (4) At any time before the change of the Service member's gender marker in DEERS, the commander, in consultation with the Service member and a military health care provider, may modify a previously approved approach to, or an ETP associated with, gender transition. A determination that modification is necessary and appropriate will be made in accordance with and upon review and consideration of the procedures and factors set forth in Paragraph 3.3.c. of this issuance. Written notice of such modification will be provided to the Service member pursuant to procedures established by the Military Department or Military Service, and may include options as set forth in Paragraph 3.3.d. of this issuance.
- (5) The commander will approve, in writing, the change of a Service member's gender marker in DEERS, after receipt of the recommendation of the military medical provider that the



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Service member's gender marker be changed and receipt of the requisite documentation from the Service member. Upon submission of the commander's written approval to the appropriate personnel servicing activity, the change in the Service member's gender marker will be entered in the appropriate Service database, transmitted to the Defense Manpower Data Center, and updated in DEERS.

d. As authorized by applicable Military Department and Service regulations, policies, and guidance implementing this issuance, a Service member may request review by a senior officer in the chain of command of a subordinate commander's decision with regard to any request pursuant to this issuance and any later modifications to that decision.

e. A Service member who has completed a gender transition but has not resolved the gender dysphoria should consult with their military medical provider and commander. If a return to their previous gender is medically required, the Service member is to use the procedures outlined in Paragraph 3.4. of this issuance.

### **3.5. CONSIDERATIONS ASSOCIATED WITH RC PERSONNEL.**

Excepting only those special considerations set forth in Paragraph 3.5. of this issuance, RC personnel are subject to all policies and procedures applicable to AC Service members as set forth in this issuance and in applicable Military Department and Military Service regulations, policies, and guidance implementing this issuance.

#### **a. Gender Transition Approach.**

All RC Service members (except Selected Reserve full-time support personnel) identifying as transgender individuals will submit to and coordinate with their chain of command evidence of a medical evaluation that includes a medical treatment plan. Selected Reserve full-time support personnel will follow the gender transition approval process set forth in Paragraph 3.4. of this issuance.

#### **b. Diagnosis and Medical Treatment Plans.**

A diagnosis established by a civilian medical provider will be subject to review and validation by a military medical provider pursuant to applicable Military Department and Military Service regulations, policies, and guidance. A treatment plan established by a civilian medical provider will be subject to review by a military medical provider and the military medical provider will validate any associated duty limitations pursuant to applicable Military Department and Military Service regulations, policies, and guidance.

#### **c. Selected Reserve Drilling Member Participation.**

To the greatest extent possible, commanders and Service members will address periods of non-availability for any period of military duty, paid or unpaid, during the Service member's gender transition with a view to mitigating unsatisfactory participation. In accordance with DoDI 1215.13, such mitigation strategies may include:

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- (1) Rescheduled training;
- (2) Authorized absences; or
- (3) Alternate training.

#### **d. Delayed Training Program (DTP).**

Recruiters and commanders must advise DTP personnel of limitations resulting from being non-duty qualified. As appropriate, Service members in the DTP may be subject to the provisions of Paragraph 3.6. of this issuance.

#### **e. Split Option Training.**

When authorized by the Military Department or Military Service concerned, Service members who elect to complete basic and specialty training over two non-consecutive periods may be subject to the provisions of Paragraph 3.6. of this issuance.

### **3.6. CONSIDERATIONS ASSOCIATED WITH THE FIRST TERM OF SERVICE.**

a. A blanket prohibition on gender transition during a Service member's first term of service is not permissible. However, the All-Volunteer Force readiness model may be taken into consideration by a commander in evaluating a request for medical care or treatment or an ETP associated with gender transition during a Service member's first term of service. Any other facts and circumstances related to an individual Service member that impact that model will be considered by the commander as set forth in this issuance and implementing Military Department and Service regulations, policies, and guidance.

b. The following policies and procedures apply to Service members during the first term of service and will be applied to Service members with a diagnosis indicating that gender transition is medically necessary in the same manner, and to the same extent, as to Service members with other medical conditions that have a comparable impact on the Service member's ability to serve:

(1) A Service member is subject to separation in an entry-level status during the period of initial training in accordance with DoDI 1332.14, based on a medical condition that impairs the Service member's ability to complete such training.

(2) An individual participant is subject to placement on medical leave of absence or medical disenrollment from the Reserve Officers' Training Corps in accordance with DoDI 1215.08 or from a Military Service Academy in accordance with DoDI 1322.22, based on a medical condition that impairs the individual's ability to complete such training or to access into the Military Services.

(3) A Service member is subject to administrative separation for a fraudulent or erroneous enlistment or induction when warranted and in accordance with DoDI 1332.14, based on any deliberate material misrepresentation, omission, or concealment of a fact, including a

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medical condition, that if known at the time of enlistment, induction, or entry into a period of military service, might have resulted in rejection.

(4) If a Service member requests non-urgent medical treatment or an ETP associated with gender transition during the first term of service, including during periods of initial entry training in excess of 180 calendar days, the commander may give the factors set forth in Paragraph 3.6.a. of this issuance significant weight in considering and balancing the individual need associated with the request and the needs of the command, in determining when such treatment, or whether such ETP may commence in accordance with Paragraphs 3.2.d, 3.2.f., and 3.3.d. of this issuance.

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## **SECTION 4: ADDITIONAL POLICY GUIDANCE**

### **4.1. EQUAL OPPORTUNITY.**

The DoD and the USCG provide equal opportunity to all Service members in an environment free from harassment and discrimination on the basis of race, color, national origin, religion, sex, gender identity, or sexual orientation, pursuant to DoDI 1350.02.

### **4.2. PROTECTION OF PII AND PHI.**

a. The Military Departments and the USCG will:

(1) In cases in which there is a need to collect, use, maintain, or disseminate PII in furtherance of this issuance or Military Department and Military Service regulations, policies, or guidance, protect against unwarranted invasions of personal privacy and the unauthorized disclosure of such PII in accordance with Section 552a of Title 5, United States Code, also known as the Privacy Act of 1974, as amended; DoDI 5400.11; and DoD 5400.11-R.

(2) Maintain such PII so as to protect individuals' rights, consistent with Federal law, regulation, and policy.

b. Disclosure of PHI will be consistent with DoDI 6025.18 and DoDI 6490.08.

### **4.3. PERSONAL PRIVACY CONSIDERATIONS.**

A commander may employ reasonable measures to respect the privacy interests of Service members. Commanders are encouraged to consult with the Service member and SCCC when employing such measures.

### **4.4. ASSESSMENT AND OVERSIGHT OF COMPLIANCE.**

a. The Secretaries of the Military Departments and the Commandant, USCG will implement processes for the assessment and oversight of compliance with DoD, Military Department, and Military Service policies and procedures applicable to service by transgender persons.

b. Beginning in fiscal year 2022 and at least every 3 years thereafter, the Secretaries of the Military Departments and the Commandant, USCG will direct a special inspection by the Service Inspector General or another appropriate auditing agency to ensure compliance with this issuance and implementing Military Department, Military Service or USCG regulations, policies, and guidance. Such reports will be endorsed and provided by the Secretary concerned to the USD(P&R) within 3 months of completion. The directing official will review the report of inspection for purposes of assessing and overseeing compliance; identifying compliance deficiencies, if any; timely initiating corrective action, as appropriate; and deriving best practices and lessons learned.

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c. Any questions on gender identity in DoD cross-component assessment of Service members (e.g., surveys, focus groups interviews) must be approved by the USD(P&R) via the Department of Defense Human Resources Activity. The Secretaries of the Military Departments and the Commandant, USCG will implement processes for the approval of these questions for assessments containing these items administrated solely within their components. USD(P&R) approval is not required when transgender-related data:

(1) Is being collected for the limited purpose of survey-based prevention research to inform primary prevention as defined in DoDI 6400.09.

(2) Collection conforms with DoDI 6400.11, Paragraph 5.3(c)(1)-(5).

(3) Uses DoD-approved item language in accordance with Paragraph 5.3.d. of DoDI 6400.11.

(4) Follows policies outlined in DoDIs 8910.01, 1100.13, and 3216.02.

d. Gender identity is a personal and private matter. DoD Components, including the Military Departments and Services, require written approval from the USD(P&R) to collect transgender and transgender related data or publicly release such data. USD(P&R) approval is not required when transgender-related data meets the conditions in Paragraph 4.4.c. Applicable privacy and human subject procedures should be followed to ensure appropriate safeguards are in place when conducting prevention research.

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<b>ACRONYM</b>	<b>MEANING</b>
AC	Active Component
BCA	body composition assessment
DEERS	Defense Enrollment Eligibility Reporting System
DHA	Defense Health Agency
DoDI	DoD instruction
DSM-5	American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition
DTP	Delayed Training Program
ETP	exception to policy
HIPAA	Health Insurance Portability and Accountability Act
MPDATP	Military Personnel Drug Abuse Testing Program
MTF	military medical treatment facility
PHI	protected health information
PII	personally identifiable information
PRT	physical readiness testing
RC	Reserve Component
RLE	real life experience
ROTC	Reserve Officer Training Corps
SCCC	Service Central Coordination Cell
TRICARE	Military Health Care
USCG	United States Coast Guard
USD(P&R)	Under Secretary of Defense for Personnel and Readiness



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These terms and their definitions are for the purpose of this issuance.

<b>TERM</b>	<b>DEFINITION</b>
<b>cross-sex hormone therapy</b>	The use of feminizing hormones in an individual assigned male at birth based on traditional biological indicators or the use of masculinizing hormones in an individual assigned female at birth. A common medical treatment associated with gender transition.
<b>DTP</b>	A program established by the Secretary of the Army to provide a personnel accounting category for members of the Army Selected Reserve to be used for categorizing members of the Selected Reserve who have not completed the minimum training required for deployment or who are otherwise not available for deployment.
<b>gender dysphoria</b>	A marked incongruence between one's experienced or expressed gender and assigned gender of at least 6 months' duration, as manifested by conditions specified in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5), page 452, which is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
<b>gender identity</b>	An individual's internal or personal sense of gender, which may or may not match the individual's biological sex.
<b>gender marker</b>	Data element in DEERS that identifies a Service member's gender. Service members are expected to adhere to all military standards associated with their gender marker in DEERS and use military berthing, bathroom, and shower facilities in accordance with the DEERS gender marker.
<b>gender transition is complete</b>	A Service member has completed the medical care identified or approved by a military medical provider in a documented medical treatment plan as necessary to achieve stability in the self-identified gender.
<b>gender transition process</b>	Gender transition in the military begins when a Service member receives a diagnosis from a military medical provider indicating the Service member's gender transition is medically necessary, and concludes when the Service member's gender marker in DEERS is changed and the Service member is recognized in the self-identified gender.

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<b>TERM</b>	<b>DEFINITION</b>
<b>human and functional support network</b>	Support network for a Service member that may be informal (e.g., friends, family, co-workers, social media.) or formal (e.g., medical professionals, counselors, clergy).
<b>medically necessary</b>	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.
<b>mental health provider</b>	A medical provider who is licensed, credentialed, and experienced in the diagnosis and treatment of mental health conditions and is privileged at a Military MTF (in the direct care system). Private care sector civilian TRICARE authorized mental health providers may be involved in a specific Active Duty Service member's care. These providers are credentialed through the managed care support contractors.
<b>military medical provider</b>	Any military, government service, or contract civilian health care professional who, in accordance with regulations of a Military Department or DHA, is credentialed and granted clinical practice privileges to provide health care services within the provider's scope of practice in a Military MTF.
<b>non-urgent medical treatment</b>	The care required to diagnose and treat problems that are not life or limb threatening or that do not require immediate attention.
<b>PHI</b>	Individually identifiable health information (as defined in the HIPAA Privacy Rule) that, except as provided in this issuance, is transmitted or maintained by electronic or any other form or medium. PHI excludes individually identifiable health information in employment records held by a DoD covered entity in its role as employer. Information that has been de-identified in accordance with the HIPAA Privacy Rule is not PHI.
<b>PII</b>	Information that can be used to distinguish or trace an individual's identity, either alone or when combined with other information that is linked or linkable to a specific individual. Defined in OMB Circular No. A-130.

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<b>TERM</b>	<b>DEFINITION</b>
<b>RLE</b>	The phase in the gender transition process during which the individual begins living socially in the gender role consistent with their self-identified gender. RLE may or may not be preceded by the commencement of cross-sex hormone therapy, depending on the medical treatment associated with the individual Service member, cadet, or midshipman's gender transition. The RLE phase is also a necessary precursor to certain medical procedures, including gender transition surgery. RLE generally encompasses dressing in the new gender, as well as using self-identified gender berthing, bathroom, and shower facilities.
<b>SCCC</b>	Service-level cell of experts created to provide multi-disciplinary (e.g., medical, legal) advice and assistance to commanders regarding service by transgender Service members, cadets, or midshipmen and gender transition in the military.
<b>self-identified gender</b>	The gender with which an individual identifies.
<b>stable in the self-identified gender</b>	The absence of clinically significant distress or impairment in social, occupational, or other important areas of functioning associated with a marked incongruence between an individual's experienced or expressed gender and the individual's biological sex. Continuing medical care including, but not limited to, cross-sex hormone therapy may be required to maintain a state of stability.
<b>transgender Service member</b>	Service member who has received a medical diagnosis indicating that gender transition is medically necessary, including any Service member who intends to begin transition, is undergoing transition, or has completed transition and is stable in the self-identified gender.
<b>transition</b>	Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in another gender role. For others, this means finding a gender role and expression that are most comfortable for them. Transition may or may not include feminization or masculinization of the body through cross-sex hormone therapy or other medical procedures. The nature and duration of transition are variable and individualized.

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## REFERENCES

- American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition, May 18, 2013
- Commandant Instruction M1850.2D, "Physical Disability Evaluation System," May 19, 2006
- DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007
- DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- DoD Instruction 1100.13, "DoD Surveys," January 15, 2015, as amended
- DoD Instruction 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," January 19, 2017, as amended
- DoD Instruction 1215.13, "Ready Reserve Member Participation Policy," May 5, 2015
- DoD Instruction 1322.22, "Service Academies," September 24, 2015
- DoD Instruction 1332.14, "Enlisted Administrative Separations," January 27, 2014, as amended
- DoD Instruction 1332.18, "Disability Evaluation System," November 10, 2022
- DoD Instruction 1350.02, "DoD Military Equal Opportunity Program," September 4, 2020, as amended
- DoD Instruction 3216.02, "Protection of Human Subjects and Adherence to Ethical Standards in DoD-Conducted and -Supported Research," April 15, 2020, as amended
- DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019, as amended
- DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs," March 13, 2019
- DoD Instruction 6025.19, "Individual Medical Readiness Program," July 13, 2022
- DoD Instruction 6400.11, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Military Leaders," December 20, 2022
- DoD Instruction 6400.09, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm," September 11, 2020
- DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011
- DoD Instruction 8910.01, "DoD Implementation of the Paperwork Reduction Act," December 5, 2022
- Office of Management and Budget Circular No. A-130, "Managing Information as a Strategic Resource," July 28, 2016
- United States Code, Title 5, Section 552a (also known as the "Privacy Act of 1974,"), as amended



## DoD INSTRUCTION 6130.03, VOLUME 2

### MEDICAL STANDARDS FOR MILITARY SERVICE: RETENTION

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**Originating Component:** Office of the Under Secretary of Defense for Personnel and Readiness

**Effective:** September 4, 2020  
**Change 1 Effective:** June 6, 2022

**Releasability:** Cleared for public release. Available on the Directives Division Website at <https://www.esd.whs.mil/DD/>.

**Approved by:** Matthew P. Donovan, Under Secretary of Defense for Personnel and Readiness  
**Change 1 Approved by:** Lloyd J. Austin III, Secretary of Defense

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**Purpose:** This instruction is composed of two volumes, each containing its own purpose. In accordance with the authority in DoD Directive 5124.02:

- This instruction establishes policy, assigns responsibilities, and prescribes procedures for medical standards for the Military Services.
- This volume establishes medical retention standards and the Retention Medical Standards Working Group (RMSWG), under the Medical and Personnel Executive Steering Committee (MEDPERS), to provide policy recommendations related to this instruction.

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## SECTION 1: GENERAL ISSUANCE INFORMATION

### 1.1. APPLICABILITY.

a. This volume applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this volume as the “DoD Components”).

b. Gender dysphoria-related standards in this volume do not apply to Service members considered exempt pursuant to DoDI 1300.28.

### 1.2. POLICY.

It is DoD policy that:

a. Service members meet DoD medical standards established in this volume to be retained in the Military Services.

b. Service members who are unable to successfully complete their assigned duties while deployed, stationed with only operational healthcare unit support, or while in garrison conditions, be referred to:

(1) The Disability Evaluation System (DES), on a case-by-case basis, in accordance with DoD Instruction (DoDI) 1332.18 and DoDI 1332.45; or

(2) For conditions not constituting a disability, the responsible Military Department for possible administrative action, in accordance with DoDI 1332.14 or DoDI 1332.30.

c. DoD medical standards for military retention are consistent with:

(1) The criteria for DES referral, in accordance with DoDI 1332.18 and other military requirements, as further defined in Paragraph 3.2 of this volume.

(2) Deployment requirements, as defined in DoDI 6490.07, and a broader definition of deployability, as defined in DoDI 1332.18.

(3) Retention determinations for certain non-deployable Service members in accordance with DoDI 1332.45.

(4) Military Health System (MHS) efforts to improve performance, economy, and efficiency.

d. Additional, more selective medical standards for military retention may be established by the Secretaries of the Military Departments based on the Service member's office, grade, rank, or rating, as long as such standards are objectively applied and are not inconsistent with applicable laws or DoD policies.

### 1.3. SUMMARY OF CHANGE 1.

In accordance with the June 6, 2022 Secretary of Defense memorandum, the changes to this issuance update DoD policy with respect to individuals who have been identified as HIV-positive. Individuals who have been identified as HIV-positive, are asymptomatic, and who have a clinically confirmed undetectable viral load will have no restrictions applied to their deployability or to their ability to commission while a Service member solely on the basis of their HIV-positive status. Nor will such individuals be discharged or separated solely on the basis of their HIV-positive status.

## SECTION 2: RESPONSIBILITIES

### 2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).

The USD(P&R):

- a. Eliminates inconsistencies and inequities based on race, sex, or duty location in DoD Component application of these standards.
- b. Maintains and convenes the chartered MEDPERS, in accordance with Volume 1 of this instruction.

### 2.2. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the USD(P&R), the ASD(HA):

- a. Reviews, approves, and issues technical modifications to the standards in Section 5 to the DoD Components.
- b. Reviews implementation of medical standards for military retention throughout the MHS and provides guidance to the Director, Defense Health Agency (DHA) and the Secretaries of the Military Departments.

### 2.3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH SERVICES POLICY AND OVERSIGHT (DASD(HSP&O)).

Under the authority, direction, and control of the ASD(HA), the DASD(HSP&O):

- a. Reviews the standards in Section 5, associated Service-specific regulations, and Service-specific medical standards for retention, in terms of performance, economy, and efficiency throughout the MHS, and provides appropriate policy recommendations to the ASD(HA).
- b. Coordinates revisions to policies related to this volume with relevant DoD Components.
- c. Selects a co-chair for the RMSWG and requires records of the RMSWG be maintained and retained, in accordance with all legal requirements.

### 2.4. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY PERSONNEL POLICY (DASD(MPP)).

Under the authority, direction, and control of the ASD(M&RA), the DASD(MPP):

- a. Coordinates revisions to policies related to this volume with relevant DoD Components.

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- b. Selects a co-chair for the RMSWG.

## **2.5. DIRECTOR, DHA.**

Under the authority, direction, and control of the USD(P&R), through the ASD(HA), the Director, DHA:

- a. Publishes DHA procedural instructions necessary to implement this volume.
- b. Uses the planning, programing, budgeting, and execution process to allocate resources necessary for the evaluation of medical conditions, in accordance with this volume and Service-specific medical standards for military retention.
- c. Supports MHS efforts to monitor and improve medical standards for military retention.
- d. Selects a representative for the RMSWG.

## **2.6. SECRETARIES OF THE MILITARY DEPARTMENTS AND COMMANDANT, UNITED STATES COAST GUARD (USCG).**

The Secretaries of the Military Departments and the Commandant, USCG:

- a. Provide guidance necessary to implement this volume and Service-specific retention medical standards, as required, to refer Service members to the:
  - (1) DES, in accordance with DoDI 1332.18, DoDI 1332.45, and this volume; or
  - (2) For members of the USCG, the USCG Physical DES, pursuant to the Commandant Instruction M1850.2 series.
- b. Select a representative for the RMSWG.

## **SECTION 3: PROCEDURES FOR APPLYING MEDICAL STANDARDS**

### **3.1. APPLICABILITY OF RETENTION MEDICAL STANDARDS.**

The medical standards in Section 5 apply to:

a. All current Service members, including those:

(1) Accessed with a medical waiver in accordance with Volume 1 of this instruction and DoDI 1332.18.

(2) Previously found fit by the DES, in accordance with DoDI 1332.18, when the condition progresses and has become potentially unfitting.

b. Former Service members being medically evaluated for return to military service when the applicability criteria in Paragraph 4.1 of Volume 1 of this instruction does not apply.

### **3.2. APPLICATION OF CRITERIA USED TO DEVELOP STANDARDS.**

The standards in Section 5 will be applied on a case-by-case basis considering the following criteria:

a. The affected Service member's ability to safely complete common military tasks at a general duty level. Tasks may include, but are not limited to:

(1) Climbing and going down structures such as stairs, a ladder, ladderwells, or a cargo net.

(2) Wearing personal protective gear.

(3) Running 100 yards.

(4) Standing in formation.

(5) Carrying personal equipment.

(6) Operating a vehicle.

(7) Operating an assigned weapons system, to include safe operation of an individual firearm.

(8) Subsisting on field rations.

(9) Working in extreme environments or confined spaces.

(10) Operating for extended work periods.



(11) Communicating effectively.

b. Limitations or requirements due to medical condition(s) or objections to recommended medical interventions that:

(1) Impose unreasonable medical requirements on the Military Services to maintain or protect the Service member.

(2) Require diagnostic(s), treatment(s), or surveillance for longer than 12 months that is not anticipated to be routinely available in operational locations, unless approved by the Service member's unit commander in accordance with DoDI 1332.45.

(3) Present an obvious risk to the health or safety of the member, other Service members, or other personnel serving with or accompanying an armed force in the field.

(4) Are of such a nature or duration that progressive worsening or effects of external stressors are reasonably expected to result in a grave medical outcome or an unacceptable negative impact on mission execution.

(5) Are incompatible with the physical and psychological demands required for deployment and the Service member's office, grade, rank, or rating.

### 3.3. IMPLEMENTATION.

a. The Military Department(s) concerned will:

(1) Apply the standards in Section 5 on a case-by-case basis.

(2) Consider which criteria in Paragraph 3.2. apply to the Service member's office, grade, rank, or rating.

(3) Determine if the Service member should be referred to the DES.

(4) Perform these evaluations in accordance with Service-specific regulations before or during the medical evaluation board component of the DES process.

b. Service members will be referred to the DES in accordance with DoDI 1332.18. The standards listed in Section 5 do not include all of the conditions that may be referred to the DES or that are compensable in accordance with Part 4 of Title 38, Code of Federal Regulations also known as "the Department of Veterans Affairs Schedule for Rating Disabilities (VASRD)". In the event of conflicting guidance or lack of a defined standard in this volume, DoDI 1332.18 will take precedence.

c. Military Departments may authorize administrative separation processing of Service members with medical conditions and circumstances not constituting a physical disability, in accordance with DoDI 1332.14 or DoDI 1332.30, that interfere with assignment or performance

of duty, if the Service member is ineligible for referral to the DES, pursuant to DoDI 1332.18, or the USCG Physical DES, pursuant to the Commandant Instruction M1850.2 series.

d. Military Department regulations regarding presumption of fitness are considered by medical and administrative personnel when applying the standards in Section 5.

e. Medical diagnoses and duty limitations will be made in conjunction with referrals or information provided by the appropriate medical specialty, in accordance with this volume and Military Service-specific regulations.

f. Military Departments will coordinate requirements for clinical evaluations, information technology, and access to medical records with the Director, DHA.

g. If a Service member fails to consent to medically appropriate treatment for a potentially disqualifying condition, the condition is considered refractory to treatment and may result in the Service member not being eligible for retention. The Military Department concerned will take appropriate administrative action in accordance with Military Department-specific policies.

## SECTION 4: ACTIVITIES OF THE RMSWG

### 4.1. PURPOSE OF THE RMSWG.

The RMSWG—a chartered working group under the MEDPERS—convenes at least twice a year, under the joint guidance of the DASD(HSP&O) and the DASD(MPP), to review and develop policy relevant to this volume.

### 4.2. OVERALL GOALS OF THE RMSWG.

The RMSWG will:

- a. Review and develop proposed changes to this volume in accordance with DoDI 5025.01.
- b. Draft DoD medical standards for military retention based on DoD mission requirements, available scientific evidence, and expert opinion.
- c. Evaluate DoD Component implementation of the standards in Section 5 of this volume.
- d. Respond to requests from the MEDPERS.
- e. Periodically reassess the goals of the RMSWG.

### 4.3. CO-CHAIRS OF THE RMSWG.

The DASD(HSP&O) and the DASD(MPP) will each select one representative to co-chair the RMSWG. The RMSWG co-chairs will:

- a. Draft the RMSWG charter for MEDPERS approval.
- b. Record and retain meeting minutes and other committee records.
- c. Schedule meetings as required.

### 4.4. MEMBERSHIP OF THE RMSWG.

The RMSWG membership will include medical and personnel representatives from:

- a. Each Military Service.
- b. The Joint Staff.
- c. Other organizations as required in accordance with the RMSWG charter.

## SECTION 5: DISQUALIFYING CONDITIONS

### 5.1. GENERAL.

The medical standards for military retention are classified into general systems in this section. Unless otherwise stipulated, these are the conditions that do not meet the retention standard. These conditions must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

### 5.2. HEAD.

Defects of the skull, face, or mandible to a degree that prevents the member from properly wearing required protective equipment (e.g., military headgear) are not compatible with retention. The condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

### 5.3. EYES.

a. When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

b. Any chronic disease process or condition of the eye, lids, or visual system that is resistant to treatment and does not meet the vision standards in Paragraph 5.4.

c. Corneal degeneration, when contact lenses or other special corrective devices (e.g., telescopic lenses, electronic magnifiers) are required to prevent progression or to meet the standards in Paragraph 5.4.

d. Aphakia, bilateral if not a surgical candidate. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.3.a does not apply.

e. Binocular diplopia, not correctable by surgery, that is severe, constant, and in a zone less than 20 degrees from the primary position.

f. Bilateral concentric constriction to less than 40 degrees interfering with the ability to safely perform duty.

g. Absence of an eye or enucleation. This condition is not compatible with retention and the Services should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.3.a. does not apply.

h. Night blindness requiring assistance to travel at night or resulting in duty limitations due to an inability to perform night missions.

i. Any chronic eye diseases requiring treatment with systemic immunosuppressant medication.

#### 5.4. VISION.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating. Vision standards must be met with the unaided eye or clear glasses without specialized optical aids including, but not limited to, telescopic, magnifying, or tinted lenses (excluding sunglasses for routine wear). Color vision standards will be set by the individual DoD Components.

- a. With both eyes open, best corrected for both distant and near vision of at least 20/40.
- b. Any condition that specifically requires contact lenses for correction of vision.
- c. Anisometropia worse than 3.5 diopters (spherical equivalent difference).
- d. Any scotoma large enough to impair duty performance including, but not limited to, permanent hemianopsia.

#### 5.5. EARS.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

- a. Persistent defect that prevents the proper wearing of required military equipment (e.g., hearing protection).
- b. Ménière's disease and other disorders of balance or sensorium with frequent and severe attacks that interfere with satisfactory performance of duty.
- c. Any conditions of the ear that persist despite appropriate treatment and necessitate frequent and prolonged medical care or hospitalization (e.g., cholesteatoma, chronic otitis infections, and associated secondary changes).

#### 5.6. HEARING.

Hearing loss that prohibits safe performance of duty, with or without hearing aids or other assistive devices is not compatible with retention. The condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

## 5.7. NOSE, SINUSES, MOUTH, AND LARYNX.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

- a. Vocal cord dysfunction characterized by bilateral vocal cord paralysis or dysfunction significant enough to interfere with speech or cause respiratory compromise upon exertion.
- b. Any persistent condition of the sinuses or nasal cavity that requires ongoing medical care beyond operationally available maintenance medications to maintain sinonasal function.
- c. Conditions or defects of the mouth, tongue, palate, throat, pharynx, larynx, and nose that interfere with chewing, swallowing, speech, or breathing.

## 5.8. DENTAL.

Diseases and abnormalities of the jaw or associated tissues that prevent normal mastication, speech, or proper wear of required protective equipment are not compatible with retention. The condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

## 5.9. NECK.

Limited range of motion of the neck that impairs normal function is not compatible with retention. The condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

## 5.10. LUNGS, CHEST WALL, PLEURA, AND MEDIASTINUM.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating. Conditions in this paragraph do not meet the standards if the Service member cannot meet Service-specific pulmonary functional assessment (e.g., trial of duty or established standard) or if medical clearance cannot be given for safe participation in Service-specific physical fitness testing.

- a. Asthma or airway hyper responsiveness with:
  - (1) Persistent symptoms;
  - (2) Forced expiratory volume in one second (FEV1) persistently below 70 percent despite treatment with inhaled corticosteroids; or



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(3) More than once required oral steroid or emergent asthma treatment in the previous 12 months.

b. Chronic obstructive pulmonary disease with:

(1) Persistent symptoms;

(2) FEV1 between 50 percent and 79 percent of predicted FEV1 that cannot pass Service-determined functional assessments;

(3) FEV1 of less than 50 percent of predicted FEV1, despite treatment with inhaled corticosteroids; or

(4) More than one required hospitalization in the previous 12 months.

c. Bronchiectasis, if severe or symptomatic.

d. Thoracic cavity malformation or dysfunction, including pectus excavatum, pectus carinatum, or diaphragmatic defect, if it is symptomatic or interferes with the wearing of military equipment or the performance of military duty.

e. Chronic or recurrent pulmonary disease or symptoms including, but not limited to:

(1) Pulmonary fibrosis;

(2) Emphysema;

(3) Interstitial lung disease;

(4) Pulmonary sarcoidosis;

(5) Pleurisy; or

(6) Residuals of surgery that prevent satisfactory performance of duty.

f. Recurrent spontaneous pneumothorax, when the underlying defect is not correctable by surgery.

g. Tuberculosis, pulmonary or extra pulmonary, with clinically significant sequelae following treatment, if resistant to treatment or if the condition is of such severity that the individual is not expected to return to full duty despite appropriate treatment.

h. Pulmonary embolism, recurrent or a single episode, if anticoagulation medications, other than aspirin, are clinically indicated for longer than 12 months.

i. Cystic fibrosis.

j. Any condition for which chronic use of supplemental oxygen is indicated.

**5.11. HEART.**

a. When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating. Conditions in this paragraph do not meet the standards if the Service member cannot meet Service-specific cardiac functional assessment (e.g., a Service-defined trial of duty period) or if medical clearance cannot be given for safe participation in Service-specific physical fitness testing due to risk of disease progression or adverse cardiac event.

b. Heart valve disease; including:

(1) Any valve replacement. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions after post-operative recovery (or a period of Limited Duty). Paragraph 5.11.a does not apply.

(2) Moderate or worse valvular insufficiency or regurgitation if a cardiologist determines that the Service member has physical activity or duty restrictions to reduce the risk of disease progression or an adverse cardiac event.

(3) Mild or worse valvular stenosis if a cardiologist determines the Service member has physical activity or duty restrictions to reduce the risk of disease progression or adverse cardiac event.

c. Cardiomyopathy or heart failure; including:

(1) Persistent cardiomyopathy or heart failure related to a potentially reversible condition when a cardiologist determines that the underlying etiology is uncorrectable.

(2) Cardiomyopathy or heart failure, upon diagnosis, when secondary to an underlying permanent condition including, but not limited to: hypertrophic cardiomyopathy, amyloidosis, sarcoidosis, ventricular non-compaction syndrome, and arrhythmogenic right ventricular cardiomyopathy. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.11.a does not apply.

d. Clinical indication or presence of pacemaker or implantable cardioverter-defibrillator. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.11.a does not apply.

e. Atrial and ventricular arrhythmias, other than isolated Premature Ventricular Contractions and Premature Atrial Contractions, unless successfully ablated (if indicated) and cleared by a cardiologist for unrestricted exercise.

f. Channelopathies reliably diagnosed by a cardiologist that predisposes to sudden cardiac death and syncope including, but not limited to:

(1) Brugada pattern;

(2) Acquired or Congenital Long QT syndrome; or

(3) Catecholiminergic Polymorphic Ventricular Tachycardia. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.11.a does not apply.

g. Pre-excitation pattern (e.g., Wolff-Parkinson-White pattern) unless it is asymptomatic and associated with low-risk accessory pathway by appropriate diagnostic testing, or successfully treated with ablation.

h. Conduction disorders associated with potentially fatal or severely symptomatic events including, but not limited to:

- (1) Disorders of sinus arrest;
- (2) Asystole;
- (3) Mobitz type II second-degree atrioventricular block;
- (4) Third-degree atrioventricular block; or

(5) Sudden cardiac death unless associated with recognizable temporary precipitating conditions (e.g., perioperative period, hypoxia, electrolyte disturbance, drug toxicity, infection, or acute illness). This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.11.a does not apply.

i. Coronary artery disease; including:

(1) Acute Coronary Syndrome (ST-elevation myocardial infarction or Non-ST elevation myocardial infarction):

(a) That required intervention including, but not limited to:

- 1. Percutaneous coronary intervention;
- 2. Coronary artery bypass grafting; or
- 3. Thrombolytic medication.

(b) For which anti-platelet therapy, other than aspirin, occurs for longer than 12 months.

(2) Stable coronary disease, unless there is no evidence of ischemia and the Service member can achieve 10 metabolic equivalents while on optimal medical therapy.

j. Chronic pericardial disease, reliably diagnosed by a cardiologist.

k. Complex congenital heart disease including, but not limited to: tetralogy of Fallot, coarctation of the aorta, and Ebstein's anomaly, unless successfully treated by surgical or percutaneous correction.

l. Symptomatic or hemodynamically significant anatomic intracardiac shunts including, but not limited to: patent foramen ovale, atrial septal defect, and ventricular septal defect, if persistent despite surgical or percutaneous correction (as indicated).

m. Recurrent syncope or near syncope (including postural orthostatic tachycardia syndrome) that interferes with duty, if no treatable cause is identified or it persists despite conservative therapy.

n. Rheumatic heart disease, if sequelae present.

o. History of spontaneous coronary artery dissection.

p. Surgery of the heart or pericardium with persistent duty limitations.

## 5.12. ABDOMINAL ORGANS AND GASTROINTESTINAL SYSTEM.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating. Conditions in this paragraph do not meet retention standards if associated with the inability to maintain normal weight or nutrition, require repeated procedures or surgery, or if the condition requires immunomodulating or immunosuppressant medications.

a. Esophageal stricture, including manifestations of eosinophilic esophagitis, that requires a restricted diet or frequent dilatation.

b. Persistent esophageal disease (e.g., dysmotility disorders, achalasia, esophagitis, esophageal spasm) that is severe, or results in dysphagia.

c. Gastritis, if severe, with recurring symptoms not relieved by medication, surgery, or endoscopic intervention.

d. Non-ulcerative or functional dyspepsia not controlled by medications.

e. Recurrent gastric or duodenal ulcer, with or without obstruction or perforation confirmed by laboratory, imaging, or endoscopy.

f. Inflammatory bowel disease including, but not limited to:

(1) Crohn's disease;

(2) Ulcerative colitis;

(3) Ulcerative proctitis;

- (4) Regional enteritis;
  - (5) Granulomatous enteritis;
  - (6) Chronic or recurrent indeterminate colitis; or
  - (7) Microscopic colitis that requires treatment with immune modulator or biologic medications.
- g. Chronic proctitis with moderate to severe symptoms of bleeding, painful defecation, tenesmus, or diarrhea.
- h. Malabsorption syndromes including those related to:
- (1) Celiac sprue;
  - (2) Pancreatic insufficiency; or
  - (3) Sequelae of surgery including, but not limited to:
    - (a) Bariatric surgery;
    - (b) Colectomy; or
    - (c) Gastrectomy.
- i. Functional gastrointestinal disorders, including but not limited to irritable bowel syndrome.
- j. Familial adenomatous polyposis syndrome (e.g., classic or attenuated) or hereditary non-polyposis colon cancer (i.e., Lynch syndrome).
- k. Chronic hepatitis with impairment of liver function.
- l. Cirrhosis of the liver, portal hypertension, esophageal varices, esophageal bleeding, or other complications of chronic liver disease, resulting from conditions including, but not limited to:
- (1) Hemochromatosis.
  - (2) Alpha-1 anti-trypsin deficiency.
  - (3) Wilson's disease.
  - (4) Alcoholic and non-alcoholic fatty liver disease.
- m. Chronic gallbladder disease or biliary dyskinesia with frequent abdominal pain or recurrent jaundice.

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- n. Chronic liver disease because of trauma or infection, to include amoebic abscess or liver transplant recipient(s).
- o. Chronic or recurrent pancreatitis.
- p. Pancreatectomy or pancreas (whole organ or islet cell) transplant recipient(s).
- q. Pancreaticoduodenostomy, pancreaticgastrostomy, or pancreaticojejunostomy, with chronic digestive system dysfunction.
- r. Acquired fecal incontinence or obstruction characterized by intractable constipation or pain on defecation.
- s. Severe symptomatic hernia, including abdominal wall or hiatal.
- t. Total colectomy or any partial colectomy with residual limitations.
- u. Total gastrectomy, or any partial gastroectomy or gastrojejunostomy with residual limitations.
- v. Colostomy, jejunostomy, ileostomy, or gastrostomy, if permanent.

### 5.13. FEMALE GENITAL SYSTEM.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

- a. Genital trauma or abnormalities that result in urinary incontinence or the need for catheterization.
- b. Chronic pelvic pain, with or without an identifiable diagnosis, such as dysmenorrhea, endometriosis, or ovarian cysts.
- c. Premenstrual dysphoric disorder.
- d. Abnormal uterine bleeding resulting in anemia.
- e. Chronic breast pain, so as to prevent satisfactory wearing of military equipment.

### 5.14. MALE GENITAL SYSTEM.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

- a. Absence of both testicles with medically required injectable hormone therapy.



- b. Epispadias or hypospadias when accompanied by persistent urinary complications.
- c. Chronic pelvic pain, with or without an identifiable diagnosis, to include chronic prostatitis, epididymitis, scrotal pain, or orchitis.
- d. Genital trauma or abnormalities that result in urinary incontinence or the need for catheterization.

#### 5.15. URINARY SYSTEM.

- a. When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.
- b. Chronic or interstitial cystitis.
- c. Chronic incontinence, dysfunction, or urinary retention requiring catheterization.
- d. Cystoplasty, if reconstruction is unsatisfactory or if refractory symptomatic infections persist.
- e. Ureterointestinal or direct cutaneous urinary diversion.
- f. Urethral abnormalities, if they:
  - (1) Result in chronic incontinence;
  - (2) Result in the persistent need for catheterization; or
  - (3) Require a urethrostomy, if a satisfactory urethra cannot be restored.
- g. Ureteral abnormalities, including ureterocystostomy, if both ureters are markedly dilated with irreversible changes, or if they result in:
  - (1) Recurrent obstruction;
  - (2) Kidney infection; or
  - (3) Other chronic kidney dysfunction.
- h. Kidney transplant recipient(s). This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.15.a. does not apply.
- i. Chronic or recurrent pyelonephritis with secondary hypertension or hypertensive end-organ damage.
- j. Kidney abnormalities, including:

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- (1) Polycystic kidney disease;
- (2) Horseshoe kidney;
- (3) Hypoplasia of the kidney; or
- (4) Residuals of perirenal abscess when renal function is:
  - (a) Impaired;
  - (b) Associated with secondary hypertension or hypertensive end-organ damage; or
  - (c) The focus of frequent infection.
- k. Hydronephrosis associated with significant systemic effects, renal impairment, secondary hypertension, hypertensive end-organ damage, or frequent infections.
- l. Chronic kidney disease, stage 3A or worse, according to the Kidney Disease Improving Global Outcomes Guidelines Standard, as reliably diagnosed by a nephrologist. Any level of chronic kidney disease for which chronic immunosuppressant medications (e.g., medication for steroid relapsing glomerulonephritis) are required. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.15.a does not apply.
- m. Chronic nephritis or nephrotic syndrome. Service-specific criteria for proteinuria may apply.
- n. Recurrent calculi that:
  - (1) Result in recurring infections;
  - (2) Result in obstructive uropathy unresponsive to medical or surgical treatment; or
  - (3) Are symptomatic and occur with a frequency that prevents satisfactory performance of duty.

#### **5.16. SPINE AND SACROILIAC JOINT CONDITIONS.**

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating. Conditions in this paragraph do not meet retention standards if medical clearance cannot be given for safe participation in Service-specific physical fitness testing.

- a. Spondyloarthritis. Chronic or recurring episodes of axial or peripheral arthritis that may include extra-articular involvement that:

- (1) Causes functional impairment interfering with successful performance of duty supported by objective, subjective, and radiographic findings; or
- (2) Requires medication for control that needs frequent monitoring by a physician due to debilitating or serious side effects including, but not limited to:
  - (a) Ankylosing spondylitis;
  - (b) Reactive arthritis;
  - (c) Psoriatic arthritis; or
  - (d) Arthritis associated with inflammatory bowel disease.
- b. Radicular or non-radicular pain involving the cervical, thoracic, lumbosacral, or coccygeal spine, whether idiopathic or secondary to degenerative disc or joint disease.
- c. Kyphosis:
  - (1) Resulting in greater than 50 degrees of curvature, if symptomatic, so as to limit the wearing of military equipment; or
  - (2) If recurrently symptomatic, regardless of the degree of curvature.
- d. Scoliosis:
  - (1) Resulting in severe deformity—greater than 30 degrees of curvature—if symptomatic, so as to limit the wearing of military equipment; or
  - (2) If recurrently symptomatic, regardless of the degree of curvature.
- e. Congenital or surgical fusion or disc replacement.
- f. Vertebral fractures after radiographic evidence of complete healing and experiencing moderate or severe symptoms that result in repeated acute medical visits.
- g. Spina bifida with demonstrable signs and moderate symptoms of root or cord involvement.
- h. Spondylolysis or spondylolisthesis with moderate or severe symptoms resulting in repeated acute medical visits.

#### **5.17. UPPER EXTREMITY CONDITIONS.**

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating. Conditions in this

paragraph do not meet retention standards if medical clearance cannot be given for safe participation in Service-specific physical fitness testing.

- a. Limitation of joint motion.
- b. Amputation of any part of hand and fingers.
- c. Intrinsic paralysis or weakness of upper limbs when symptoms are severe and persistent.

#### **5.18. LOWER EXTREMITY CONDITIONS.**

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating. Conditions in this paragraph do not meet retention standards if medical clearance cannot be given for safe participation in Service-specific physical fitness testing.

- a. Limitation of joint motion.
- b. Foot and ankle conditions that include:
  - (1) Amputation of any part of the foot or toes.
  - (2) Conditions of the foot or toes that prevent the satisfactory performance of required military duty or the wearing of required military footwear, such as:
    - (a) Deformity of the toes;
    - (b) Clubfoot;
    - (c) Rigid pes planus;
    - (d) Recurrent plantar fasciitis; or
    - (e) Symptomatic neuroma.
- c. Chronic foot, leg, knee, thigh, and hip conditions, such as:
  - (1) Chronic anterior knee pain;
  - (2) Instability after knee ligament reconstruction; or
  - (3) Recurrent stress fracture.
- d. Coxa vara to such a degree that it results in chronic pain.

### 5.19. GENERALIZED CONDITIONS OF THE MUSCULOSKELETAL SYSTEM.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating. Conditions in this paragraph do not meet retention standards if medical clearance cannot be given for safe participation in Service-specific physical fitness testing.

- a. Persistent symptoms after any dislocation, subluxation, or instability of the hip, knee, ankle, subtalar joint, foot, shoulder, hand, wrist, or elbow.
- b. Osteoarthritis or infectious arthritis with severe symptoms or traumatic arthritis.
- c. Malunion, non-union, or hypertrophic ossification with persistent severe deformity or loss of function.
- d. Prosthetic replacement of any joints, if there is resultant loss of function or persistent pain.
- e. History of neuromuscular paralysis, weakness, contracture, or atrophy that is not completely resolved.
- f. Osteopenia, osteoporosis, or osteomalacia resulting in fracture with residual symptoms after therapy.
- g. Recurrent episodes of chronic osteomyelitis that:
  - (1) Are not responsive to treatment; or
  - (2) Involve the bone to a degree that interferes with stability and function.
- h. Osteonecrosis, to include avascular necrosis of bone.
- i. Chronic tendonitis, tenosynovitis, or tendinopathy.
- j. Osteitis deformans (i.e., Paget's disease) that involve single or multiple bones and result in deformities or symptoms that severely interfere with function.
- k. Chronic mechanical low back pain.

### 5.20. VASCULAR SYSTEM.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating.

- a. Abnormalities of the arteries including, but not limited to, aneurysms, arteriovenous malformations, or arteritis.

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- b. Peripheral artery disease including claudication and renal artery stenosis.
- c. Hypertensive cardiovascular disease and hypertensive vascular disease.
  - (1) Essential hypertension that:
    - (a) Is not controlled despite an adequate period of therapy in an ambulatory status;
    - (b) Is associated with end organ damage; or
    - (c) Requires a treatment regimen that is not compatible with an operational environment.
  - (2) Secondary hypertension, unless the underlying cause has been treated with subsequent control of blood pressure.
- d. Persistent peripheral vascular disease.
- e. Venous disease that, despite appropriate treatment, results in:
  - (1) Persistent duty limitations.
  - (2) Limitations in the wearing of the military uniform.
- f. Deep vein thrombosis (recurrent or a single episode), if anticoagulation medications, other than aspirin, are clinically indicated for longer than 12 months.
- g. Surgery of the vascular system with persistent duty limitations.
- h. Thoracic Outlet Syndrome including:
  - (1) Thoracic Outlet Syndrome—either neurogenic, arterial, or venous:
    - (a) With symptoms that are not controlled, despite an adequate period of therapy and surgery;
    - (b) That is associated with end organ damage, or
    - (c) That requires anticoagulation medication other than aspirin.
  - (2) Venous Thoracic Outlet Syndrome that required venous reconstruction with a stent or open surgery.
  - (3) Arterial Thoracic Outlet Syndrome that required arterial reconstruction with a bypass or interposition graft.
- i. Popliteal Entrapment Syndrome:



(1) With symptoms that are not controlled despite an adequate period of therapy and surgery, is associated with end organ damage, or requires anticoagulation medication other than aspirin.

(2) That required arterial reconstruction with a bypass or interposition graft.

## **5.21. SKIN AND SOFT TISSUE CONDITIONS.**

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating. Conditions in this paragraph do not meet standard if the Service member cannot properly wear the required military uniform or equipment.

a. Skin or soft tissue conditions, such as:

- (1) Severe nodulocystic acne;
- (2) Hidradenitis suppurativa;
- (3) Inflammatory or scarring scalp disorders;
- (4) Bullous dermatoses (including, but not limited to, dermatitis herpetiformis, emphygus, and epidermolysis bullosa);
- (5) Lichen planus; or
- (6) Panniculitis that prevents the proper wearing required military uniform or equipment.

b. Severe atopic dermatitis that prevents the proper wearing of required military uniform or equipment.

c. Any dermatitis, including eczematous or exfoliative, that prevents the proper wearing of required military uniform or equipment.

d. Persistent or recurrent symptomatic cysts, including pilonidal cysts or furunculosis, that prevent the proper wearing of required military uniform or equipment.

e. Chronic or current lymphedema.

f. Severe hyperhidrosis.

g. Scars or keloids that:

- (1) Prevent the proper wearing of required military uniform or equipment; or
- (2) Interfere with the function of an extremity or body area, including by limiting range of motion or causing chronic pain.

- h. Neurofibromatosis, other than cutaneous neurofibromas.
- i. Psoriasis or parapsoriasis that is uncontrolled or requires:
  - (1) Systemic immunomodulating;
  - (2) Immunosuppressant medications; or
  - (3) Ultraviolet light therapy.
- j. Scleroderma that seriously interferes with the function of an extremity or body area.
- k. Chronic urticaria or angioedema that is not responsive to treatment or requires duty limitations despite appropriate treatment.
- l. Intractable symptomatic plantar keratosis.
- m. Intractable superficial or deep fungal infections.
- n. Malignant neoplasms (refer to Paragraph 5.29 for malignancies):
  - (1) Including melanoma, melanoma in situ, and cutaneous lymphoma (mycosis fungoides).
  - (2) Not including basal cell and squamous cell carcinomas.
- o. Any photosensitive dermatosis, including, but not limited to:
  - (1) Cutaneous lupus erythematosus;
  - (2) Dermatomyositis;
  - (3) Polymorphous light eruption; or
  - (4) Solar urticaria.
- p. Severe or chronic erythema multiforme.
- q. Chronic, non-healing ulcers of the skin.

## **5.22. BLOOD AND BLOOD FORMING CONDITIONS.**

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating.

- a. Anemia, hereditary or acquired, when:

- (1) Response to therapy is unsatisfactory; or
- (2) Therapy requires prolonged, intensive, medical supervision or intervention.
- b. Hypercoagulable disease associated with vascular thrombosis when anticoagulation medication of any type (except aspirin) is clinically indicated for longer than 12 months.
- c. Bleeding disorders including, but not limited to:
  - (1) Hemophilia or other clinically significant factor deficiencies;
  - (2) Thrombocytopenia with persistent platelet count less than 50,000;
  - (3) Clinically significant Von Willebrand disease; or
  - (4) Platelet function disorders.
- d. Chronic leukopenia:
  - (1) If therapy is clinically indicated due to a malignant process; or
  - (2) Where therapy is indicated for longer than 12 months.
- e. Primary Polycythemia Vera, Essential Thrombocytosis, or Chronic Myelogenous Leukemia, if therapy beyond aspirin is clinically indicated.
- f. Chronic and clinically significant splenomegaly.
- g. Chronic or recurrent symptomatic hemolytic crisis.

### **5.23. SYSTEMIC CONDITIONS.**

- a. When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating. Conditions listed in this paragraph do not meet medical retention standards if they require medication for control with frequent monitoring by a medical provider due to potential debilitating or serious side effects.
- b. Disorders involving the immune system, including immunodeficiencies with progressive clinical illness.
  - (1) A Service member with laboratory evidence of Human Immunodeficiency Virus infection will be referred for appropriate treatment and a medical evaluation of fitness for continued service in the same manner as a Service member with other chronic or progressive illnesses, including evaluation on a case-by-case basis. Covered personnel will not be discharged or separated solely on the basis of their HIV-positive status.

(2) Primary immunodeficiencies—including, but not limited to, hypogammaglobulinemia, common variable immune deficiency, or complement deficiency—with objective evidence of function deficiency and severe symptoms that are not controlled with treatment, or when injectable medications are clinically indicated.

c. Tuberculosis (pulmonary or extra pulmonary) with clinically significant sequelae following treatment, if:

(1) Resistant to treatment; or

(2) The condition is of such severity that the individual is not expected to return to full duty despite appropriate treatment.

d. Severe chronic complications of sexually transmitted diseases including neurosyphilis.

e. Recurrent anaphylaxis, if:

(1) Immunotherapy is not sufficient in reducing the risk;

(2) Avoidance of the trigger results in long-term duty limitations; or

(3) The individual is not expected to return to duty.

f. Chronic, severe, urticarial, or histaminergic angioedema.

g. Hereditary angioedema. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.23.a does not apply.

h. Recurrent rhabdomyolysis, a single episode of idiopathic rhabdomyolysis, or a single episode of rhabdomyolysis that is associated with underlying metabolic or endocrine abnormalities.

i. Severe motion sickness. If due to an underlying disorder, process via the relevant standard. Otherwise, it may require processing through Service specific separation guidance.

j. Sarcoidosis, eosinophilic granuloma, or amyloidosis progressive with severe or multiple organ involvement.

k. Infections (superficial, local, or systemic) that are not responsive to appropriate treatment.

#### **5.24. ENDOCRINE AND METABOLIC CONDITIONS.**

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating.

a. Adrenal dysfunction, including Addison's disease or Cushing's disease.

b. Diabetes mellitus, unless hemoglobin A1c can be maintained at less than eight percent using only lifestyle modifications (e.g., diet and exercise) or with the following medications (alone or in combination):

- (1) Metformin;
- (2) Dipeptidyl peptidase 4 inhibitors; or
- (3) Glucagon-like peptide-1 receptor agonists.

c. Pituitary dysfunction or mass effect from pituitary tumor.

d. Diabetes insipidus, after treatment and resolution of an underlying etiology.

e. Hyperparathyroidism, when residuals or complications are present.

f. Hypoparathyroidism, when severe, persistent, and difficult to manage.

g. Goiter, if mass effect.

h. Persistent, symptomatic, hypothyroidism or hyperthyroidism that is not responsive to therapy.

i. Persistent metabolic bone disease—including, but not limited to, osteoporosis, Paget's disease, and osteomalacia—if:

- (1) Associated with pathological fractures; or
- (2) The condition prevents the wearing of military equipment.

j. Osteogenesis imperfecta.

k. Hypogonadism with medically required injectable hormone replacement.

l. Hypoglycemia when caused by an insulinoma or other hypoglycemia-inducing tumor.

m. Gout with frequent acute exacerbations or severe bone, joint, or kidney damage.

n. Endocrine hyperfunctioning syndromes including, but not limited to:

- (1) Multiple endocrine neoplasia;
- (2) Pheochromocytoma;
- (3) Salt-wasting congenital adrenal hyperplasia;
- (4) Carcinoid syndrome; or
- (5) Endocrine tumors of the gastrointestinal tract.

## 5.25. RHEUMATOLOGIC CONDITIONS.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating. Conditions listed in this paragraph do not meet medical retention standards if the condition requires geographic limitations to protect the individual from infectious disease risk or due to limited monitoring capabilities, is associated with adverse effects from medication, or if medical clearance cannot be given for safe participation in Service-specific physical fitness testing.

- a. Systemic lupus erythematosus.
- b. Mixed connective tissue disease.
- c. Progressive systemic sclerosis, including:
  - (1) Calcinosis;
  - (2) Raynaud's phenomenon;
  - (3) Esophageal dysmotility;
  - (4) Scleroderma; or
  - (5) Telangiectasia syndrome.
- d. Rheumatoid arthritis.
- e. Sjögren's syndrome.
- f. Chronic autoimmune vasculitides or autoimmune diseases including, but not limited to:
  - (1) Polyarteritis nodosa.
  - (2) Behçet's disease.
  - (3) Takayasu's arteritis.
  - (4) Giant cell arteritis.
  - (5) Anti-neutrophil cytoplasmic antibody associated vasculitis.
  - (6) IgG-4 disease.
  - (7) Henoch-Schonlein Purpura.
- g. Myopathy or polymyositis.
- h. Fibromyalgia or myofascial pain syndrome.



i. Connective tissue disorders if associated with cardiac manifestations or limitations from recurrent musculoskeletal dysfunction.

## 5.26. NEUROLOGIC CONDITIONS.

a. When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating.

b. Cerebrovascular conditions including, but not limited to:

(1) Subarachnoid or intracerebral hemorrhage;

(2) Vascular stenosis;

(3) Stroke;

(4) Aneurysm;

(5) Arteriovenous malformation; or

(6) Recurrent transient ischemic attack unless underlying etiology is identified and definitively treated.

c. Anomalies of the central nervous system or meninges with persistent sequelae including, but not limited to:

(1) Pain.

(2) Significant sensory or motor impairment.

(3) Severe headaches.

(4) Seizures.

(5) Alteration of consciousness, personality, or mental function.

d. Permanent or progressive cognitive impairment due to Alzheimer's disease or other dementias. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.26.a does not apply.

e. Neuromuscular disorders and muscular dystrophy including, but not limited to:

(1) Facioscapulohumeral muscular dystrophy.

(2) Limb girdle dystrophy.

(3) Myotonic dystrophy.

- f. Chronic or recurrent demyelinating processes (e.g., multiple sclerosis, transverse myelitis, or recurrent optic myelitis).
- g. Migraine, tension, or cluster headaches, when manifested by frequent incapacitating attacks.
- h. Traumatic brain injury associated with persistent sequelae including, but not limited to:
  - (1) Pain.
  - (2) Significant sensory, cognitive, or motor impairment.
  - (3) Severe headaches.
  - (4) Seizures.
  - (5) Alteration of consciousness, personality, or mental function.
- i. Peripheral neuropathy or paralytic disorders resulting in permanent functional impairment.
- j. Provoked seizures, if recurrent more than 6 months after the Service member begins treatment and the effects of medication:
  - (1) Prohibit satisfactory performance of duty;
  - (2) Require significant follow-up; or
  - (3) Require modifications to reduce psychological stressors or enhance safety.
- k. Epilepsy. This condition is not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis. Paragraph 5.26.a does not apply.
- l. Myasthenia gravis, unless only involving extraocular muscles.
- m. Tremor, tic disorders, or dystonia (e.g., Tourette's Syndrome) with significant functional impairment.
- n. Recurrent, neurogenic, or unexplained syncope or near syncope that interferes with duty.

## 5.27. SLEEP DISORDERS.

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating.

- a. Clinical sleep disorders—including circadian rhythm disorders, insomnia, narcolepsy, cataplexy, or other hypersomnia disorders—that cause sleep disruption resulting in excessive daytime somnolence or other impacts on duty such as:

- (1) Mood disturbance;
  - (2) Irritability; or
  - (3) Chronic use of prescription medication to promote sleep or maintain daytime wakefulness.
- b. Obstructive sleep apnea, of any severity:
- (1) With continued symptoms despite treatment with positive airway pressure machines or oral positional devices; or
  - (2) That requires supplemental oxygen or any chronic medication to maintain wakefulness.
- c. Sleep-related movement disorder that causes sleep disruption resulting in excessive daytime somnolence or other impacts on duty, such as:
- (1) Mood disturbance;
  - (2) Irritability; or
  - (3) Chronic use of prescription medication to promote sleep or maintain daytime wakefulness.

## **5.28. BEHAVIORAL HEALTH.**

The following conditions, defined using the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, unless otherwise stated, are not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis.

- a. Schizophrenia, delusional disorder, schizophreniform disorder, schizoaffective disorder, and brief psychotic disorder. Substance- or medication-induced psychotic disorder and psychotic disorder(s) due to another medical condition should be considered on a case-by-case basis.
- b. Bipolar I disorder.
- c. Other bipolar spectrum disorders—including bipolar II disorder, cyclothymic disorder, substance- or medication-induced bipolar disorder—will be considered on a case-by-case basis if, despite appropriate treatment, they:
  - (1) Require persistent duty modifications to reduce psychological stressors or enhance safety; or
  - (2) Impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating.

d. Other behavioral health conditions, defined using the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders—including, but not limited to, anxiety disorders, depressive disorders, or eating or feeding disorders—will be considered on a case-by-case basis if, despite appropriate treatment, they:

(1) Require persistent duty modifications to reduce psychological stressors or enhance safety; or

(2) Impair function so as to preclude satisfactory performance of required military duties of the member's office, grade, rank, or rating.

e. Per Paragraph 3.3, disqualifying behavioral health conditions should either be referred to the DES or processed for administrative separation, based on whichever is appropriate for that condition.

## **5.29. TUMORS AND MALIGNANCIES.**

When considering the conditions listed in this paragraph, the condition must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member's office, grade, rank, or rating.

a. All malignancies will be evaluated for potential recurrence and need for medical surveillance that could require permanent duty limitations, in accordance with Military Department regulations.

b. Malignant neoplasms that are not responsive to therapy or have residuals of treatment that limit satisfactory performance of duty.

c. Benign tumors with mass effect or that interfere with the wearing of military equipment.

## **5.30. MISCELLANEOUS CONDITIONS.**

Conditions listed in this paragraph do not meet medical retention standards if they require medication for control with frequent monitoring by a medical provider due to potential debilitating or serious side effects or geographic limitations to protect the individual from infectious disease risk.

a. Porphyria.

b. Cold-related disorders or injuries with sequelae.

c. Organ or tissue transplantation for which long-term immunosuppressant therapy is clinically indicated.

d. History of heatstroke or heat injury.

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(1) Three or more episodes of heat exhaustion or heat injury within 24 months. A single episode of heat injury with severe complications (e.g., compartment syndrome) that affects successful performance of duty or persistent end organ effects.

(2) Heat stroke, when symptoms fail to resolve or when sequelae pose significant risks for future operations.

e. Any chronic condition that requires immunomodulating or immunosuppressant medications.

f. Any chronic pain condition that requires chronic controlled medications listed under Controlled Substance Schedules 2-4, pursuant to Title 21, United States Code.

g. Chronic complications or effects of surgery that:

(1) Present a significant risk of infection;

(2) Result in duty limitations; or

(3) Require frequent specialty care resulting in an unreasonable requirement on mission execution.

h. Any persistent condition that requires geographic limitations to the member for assignment, temporary duty, or deployment to protect the individual from infectious disease risk, due to limited monitoring capabilities or other reasons.

## GLOSSARY

### G.1. ACRONYMS.

ACRONYM	MEANING
ASD(HA)	Assistant Secretary of Defense for Health Affairs
DASD(HSP&O)	Deputy Assistant Secretary of Defense for Health Services Policy and Oversight
DASD(MPP)	Deputy Assistant Secretary of Defense for Military Personnel Policy
DES	Disability Evaluation System
DHA	Defense Health Agency
DoDI	DoD instruction
FEV1	forced expiratory volume in one second
MEDPERS	Medical and Personnel Executive Steering Committee
MHS	Military Health System
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USCG	United States Coast Guard
RMSWG	Retention Medical Standards Working Group

### G.2. DEFINITIONS.

Unless otherwise noted, these terms and their definitions are for the purpose of this volume.

TERM	DEFINITION
<b>covered personnel</b>	Individuals who have been identified as HIV-positive, are asymptomatic, and who have a clinically confirmed undetectable viral load.
<b>garrison conditions</b>	Defined in DoDI 6465.03
<b>heat exhaustion</b>	A syndrome of hyperthermia (core temperature at time of event usually $\leq 40^{\circ}\text{C}$ or $104^{\circ}\text{F}$ ) with physical collapse or debilitation occurring during or immediately following exertion in the heat, with no more than minor central nervous system dysfunction (e.g., headache or dizziness).

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<b>TERM</b>	<b>DEFINITION</b>
<b>heat injury</b>	Heat exhaustion with clinical evidence of organ or muscle damage without sufficient neurological symptoms to be diagnosed as heat stroke.
<b>heat stroke</b>	A syndrome of hyperthermia (core temperature at time of event usually $\geq 40^{\circ}\text{C}$ or $104^{\circ}\text{F}$ ), physical collapse or debilitation, and encephalopathy as evidenced by delirium, stupor, or coma, occurring during or immediately following exertion or significant heat exposure. It can be complicated by organ or tissue damage, systemic inflammatory activation, and disseminated intravascular coagulation.
<b>medical condition</b>	Any disease or residual of an injury that results in a lessening or weakening of the capacity of the body or its parts to perform normally, according to accepted medical principles.
<b>medically required</b>	A medically necessary health care treatment or supply for which there is no medically appropriate substitute that can meet operational requirements.
<b>office, grade, rank, or rating</b>	Defined in DoDI 1332.18.
<b>operational healthcare unit</b>	Defined in DoD Manual 6025.13.
<b>persistent</b>	Twelve months, or less if reasonably anticipated to exceed 12 months.
<b>trial of duty</b>	Service-defined assessment of a Service member's ability to perform the duties of their office, grade, rank, or rating, considering their physical and psychological demands and tasks, medical history, and prognosis.



## REFERENCES

- Code of Federal Regulations, Title 38, Part 4 (also known as “the Department of Veterans Affairs Schedule for Rating Disabilities (VASRD)”)
- Commandant Instruction M1 850.2 (series), “Physical Disability Evaluation System,” May 19, 2006
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Instruction 1300.28, “Military Service By Transgender Persons And Persons With Gender Dysphoria”, September, 4, 2020
- DoD Instruction 1332.14, “Enlisted Administrative Separations,” January 27, 2014, as amended
- DoD Instruction 1332.18, “Disability Evaluation System (DES),” August 5, 2014, as amended
- DoD Instruction 1332.30, “Commissioned Officer Administrative Separations,” May 11, 2018, as amended
- DoD Instruction 1332.45, “Retention Determinations For Non-Deployable Service Members,” July 30, 2018
- DoD Instruction 5025.01, “DoD Issuances Program,” August 1, 2016, as amended
- DoD Instruction 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction” May 5, 2018, as amended
- DoD Instruction 6465.03, “Anatomic Gifts and Tissue Donation,” June 8, 2016
- DoD Instruction 6490.07. “Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees,” February 5, 2010
- DoD Manual 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” October 29, 2013
- Kidney Disease: Improving Global Outcomes, “Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease (CKD),” 2012 or current version<sup>1</sup>
- Secretary of Defense Memorandum, “Policy Regarding Human Immunodeficiency Virus-Positive Personnel within the Armed Forces,” June 6, 2022
- United States Code, Title 21

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<sup>1</sup> Accessible at <https://kdigo.org/guidelines/ckd-evaluation-and-management>