

[UNIT LETTERHEAD/CC]

[DATE]

MEMORANDUM FOR AFPC

FROM: [Commander/Unit]

SUBJECT: Voluntary Separation Related to OUSD (P&R) Memorandum, “Additional Guidance on Prioritizing Military Excellence and Readiness”, dated 26 February 25

References: (a) OUSD memorandum, “Additional Guidance on Prioritizing Military Excellence and Readiness”, dated 26 February 25  
(b) Executive Order 14183, “Prioritizing Military Excellence and Readiness,” dated 27 January 2025  
(c) OSD memorandum, “Prioritizing Military Excellence and Readiness Memo” dated 7 February 25

I have verified that [member’s name] is eligible to apply for voluntary separation IAW Reference (a). Further medical verification of [member’s name] confirming the member’s diagnosis of gender dysphoria is forthcoming.

My point of contact is [name, rank, phone number and email]

[Commander Signature Block]



MANPOWER AND  
RESERVE AFFAIRS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

1500 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-1500

FEB 28 2025

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF THE COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Clarifying Guidance on Prioritizing Military Excellence and Readiness

This memorandum provides clarifying guidance to implement the requirements of the attached Performing the Duties of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Additional Guidance on Prioritizing Military Excellence and Readiness," February 26, 2025.

While the Secretaries of the Military Departments establish procedures and implement steps to identify Service members as required in the attachment, DoD personnel shall take no action to identify Service members pursuant to the attachment until March 26, 2025, 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 Secretary of Defense for Personnel and Readiness.

Principal Staff Assistants, DoD Component Heads, and their subordinates shall not direct or request that Service members self-identify as having a current diagnosis or history of, or exhibiting symptoms consistent with, gender dysphoria.

Service members subject to the requirements in the attachment are encouraged to elect to separate voluntarily by March 26, 2025.

This clarifying guidance does not apply to medical qualification determinations for applicants for military service, including eligibility determinations for individuals preparing to ship to initial entry training.

This office will provide additional guidance prior to March 26, 2025, concerning identification processes and procedures.

Tim Dill  
Performing the Duties of the Assistant  
Secretary of Defense for Manpower and  
Reserve Affairs

Attachments:

As stated

cc:

Director, Defense Health Agency

Deputy Assistant Secretary of Defense for Health Services Policy & Oversight (HSP&O)

Deputy Assistant Secretary of Defense for Military Personnel Policy

Deputy Chief of Staff, G-1, U.S. Army

Deputy Commandant for Manpower and Reserve Affairs, U.S. Marine Corps

Chief of Naval Personnel, U.S. Navy

Deputy Chief of Staff for Personnel, U.S. Air Force

Deputy Chief of Space Operations, Personnel

Director for Manpower and Personnel, J1

Surgeon General of the Army

Surgeon General of the Navy Surgeon General of the Air Force



PERSONNEL AND  
READINESS

**OFFICE OF THE UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

**FEB 26 2025**

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF THE COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Additional Guidance on Prioritizing Military Excellence and Readiness

As directed by the Secretary of Defense in his February 7, 2025, memorandum, "Prioritizing Military Excellence and Readiness," it is Department policy that, pursuant to Executive Order 14183, "Prioritizing Military Excellence and Readiness," 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.

The attachment to this memorandum provides supplemental policy guidance and establishes a reporting mechanism to ensure Department compliance. The policy guidance in the attachment: (1) supersedes any conflicting policy guidance in Department of Defense issuances and other policy guidance and memoranda; and (2) is effective immediately and will be incorporated into respective Department issuances, as appropriate.

The following DoD issuances will be updated to reflect guidance in this attachment, as appropriate:

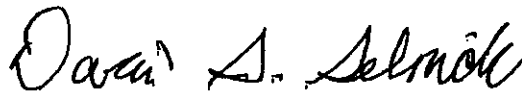
- Department of Defense Instruction (DoDI) 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended
- DoDI 6130.03, Volume 2, "Medical Standards for Military Service: Retention," September 4, 2020, as amended
- DoDI 1327.06, "Leave and Liberty Policy and Procedures," June 16, 2009, as amended
- DoDI 1322.22, "Military Service Academies," September 24, 2015, as amended
- DoDI 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," January 19, 2017, as amended
- DoDI 6025.19, "Individual Medical Readiness Program," July 13, 2022

Effective immediately, the following issuances, policies, and memoranda are cancelled:

- DoDI 1300.28, "In-Service Transition for Transgender Service Members," April 30, 2021, as amended
- Defense Health Agency Procedural Instruction 6025.21, "Guidance for Gender-Affirming Health Care of Transgender and Gender-Diverse Active and Reserve Component Service Members," May 12, 2023
- Acting Assistant Secretary of Defense for Health Affairs Memorandum, "Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Member," July 29, 2016
- Principal Deputy Assistant Secretary of Defense for Health Affairs Memorandum, "Guidance for Medical Care in Military Treatment Facilities for Service Members Diagnosed with Gender Dysphoria," March 18, 2019

The Assistant Secretary of Defense for Manpower and Reserve Affairs will be responsible for all data collection and reporting. The first report is due March 26, 2025. All Department of Defense and Military Service policy recissions and updates must be completed no later than June 25, 2025.

Service members being processed for separation in accordance with this policy will be afforded all statutorily required rights and benefits.



Darin S. Selnick  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Attachments:  
As stated

cc:

Commandant of the Coast Guard  
Assistant Secretary of Defense for Health Affairs  
Assistant Secretary of Defense for Manpower and Reserve Affairs  
Director, Defense Health Agency  
Deputy Chief of Staff, G-1, U.S. Army  
Deputy Commandant for Manpower and Reserve Affairs, U.S. Marine Corps  
Chief of Naval Personnel, U.S. Navy  
Deputy Chief of Staff for Personnel, U.S. Air Force  
Deputy Chief of Space Operations, Personnel  
Director for Manpower and Personnel, J1  
Surgeon General, Public Health Service  
Administrator, National Oceanic and Atmospheric Administration

**ATTACHMENT**  
**Service Members and Applicants for Military Service**  
**who Have a Current Diagnosis or History of, or**  
**Exhibit Symptoms Consistent with, Gender Dysphoria**

1. **Policy.** It is DoD policy that:

a. Service in the Military Services 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 Government to establish high standards for Service member 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.

c. Military service by Service members and applicants for military service who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria is incompatible with military service. Service by these individuals is not in the best interests of the Military Services and is not clearly consistent with the interests of national security.

d. 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 set forth in sections 4.1.c. and 4.3.c. of this attachment.

e. 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 in accordance with section 4.4. of this attachment. Characterization of service under these procedures will be honorable except where the Service member's record otherwise warrants a lower characterization.

f. The Department only recognizes two sexes: male and female. An individual's sex is immutable, unchanging during a person's life. All Service members 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 Service members must reflect a Service member'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 Military Services will not allow male Service members to use or share sleeping, changing, or bathing facilities designated for females, nor allow female Service members to use or share sleeping, changing, or bathing facilities designated for males.

j. 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.

k. Consistent with existing law and Department 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 and Departmental policy.

**2. Applicability.** This policy guidance applies to the Office of the Secretary of Defense, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff, 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.

### **3. Responsibilities.**

#### **3.1. Under Secretary of Defense for Personnel and Readiness (USD(P&R)).**

The USD(P&R) will:

a. Update or rescind existing DoD issuances, or publish new issuances, as necessary pursuant to this guidance.

b. Ensure all Military Department and Military Service regulations, policies, and guidance are consistent with this attachment.

#### **3.2. Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)).**

Under the authority, direction, and control of the USD(P&R), the ASD(M&RA) will:

a. Coordinate with the Assistant Secretary of Defense for Health Affairs (ASD(HA)) in the management and implementation of this guidance, and issue clarifying guidance, as appropriate.

b. Serve as the primary point of contact, through the Deputy Assistant Secretary of Defense for Military Personnel Policy (DASD(MPP)), for those responsibilities assigned in sections 3.3. through 3.6. of this attachment and provide reports in accordance with section 7 of this attachment, until a determination is made and notification provided to the Secretaries of the Military Departments that the reports may be cancelled.

c. Oversee the rescission and updates to applicable DoD issuances, policy memoranda, and other guidance documents in accordance with this guidance.

### 3.3. ASD(HA).

Under the authority, direction, and control of the USD(P&R), the ASD(HA) will:

a. Coordinate with the ASD(M&RA) in the management and implementation of health care matters associated with this guidance, and issue clarifying guidance, as appropriate.

b. Oversee the rescission of, and updates to, applicable DoD issuances, Defense Health Agency issuances, and other policy memoranda or guidance documents in accordance with this guidance.

c. Consider requests submitted by the Secretaries of the Military Departments, on a case-by-case basis, for an exception to section 1.j.. The ASD(HA) may authorize an exception to section 1.j. of this attachment for non-surgical care if required to protect the health of Service members. This authority may not be further delegated.

d. Submit to the DASD(MPP) a report in accordance with section 7 of this attachment.

### 3.4. Secretaries of the Military Departments.

The Secretaries of the Military Departments will:

a. Adhere to all provisions of this guidance.

b. Update or publish new regulations, policies, and guidance to implement the provisions of this attachment.

c. Ensure the protection of personally identifiable information, protected health information, and personal privacy considerations, consistent with existing law and DoD policy.

d. Implement processes for the assessment and oversight of compliance with DoD, Military Department, and Military Service regulations, policies, and guidance applicable to Service members and applicants for military service who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria.

e. Establish procedures and implement steps to identify Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria within 30 days of this memorandum.

f. Within 30 days of identification pursuant to section 3.4.e. of this attachment, begin separation actions, in accordance with section 4.4. of this attachment, for Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and are not granted a waiver pursuant to section 4.3.c. of this attachment.



g. Ensure all Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and are assigned to the Office of the Secretary of Defense, Defense Agencies, DoD Field Activities, Combatant Commands, and other Joint assignments are reassigned to their respective Military Services for the purpose of initiating administrative separation processes.

h. Ensure all personnel systems accurately reflect each Service member's sex.

i. Submit to the DASD(MPP) a report in accordance with section 7 of this attachment.

### 3.5. Chairman of the Joint Chiefs of Staff.

The Chairman of the Joint Chiefs of Staff will:

a. Adhere to all provisions of this guidance.

b. Ensure the Commanders of the Combatant Commands adhere to all provisions of this guidance.

c. Consolidate and submit to the DASD(MPP) a report on Combatant Command compliance with section 5 of this attachment, in accordance with section 7 of this attachment.

d. Submit to the DASD(MPP) a report in accordance with section 7 of this attachment.

### 3.6. Defense Agency and DoD Field Activity Directors.

The Defense Agency and DoD Field Activity Directors will:

a. Ensure compliance with section 5 of this attachment.

b. Submit to the DASD(MPP) a report in accordance with section 7 of this attachment.

## 4. Procedures.

### 4.1. Appointment, Enlistment, or Induction into the Military Services.

a. Applicants for military 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 for military service.

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.

c. Applicants disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment 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.

d. Applicants disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment and not granted a waiver pursuant to section 4.1.c. of this attachment shall not ship to Initial Entry Training.

e. Offers of admission to a Military Service Academy or the Senior Reserve Officers' Training Corps to individuals disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment shall be rescinded except where the individual is granted a waiver pursuant to section 4.1.c. of this attachment. Senior Reserve Officers' Training Corps students otherwise disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment may still participate in classes taught or coordinated by the Senior Reserve Officer's 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 section 5 of this attachment.

f. Individuals disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment are subject to separation from a Military Service Academy in accordance with DoDI 1322.22, or from the Senior Reserve Officers' Training Corps in accordance with DoDI 1215.08, unless the individual is granted a waiver consistent with section 4.1.c. of this attachment. 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.

#### 4.2. Medical Care.

a. In accordance with DoDI 6025.19 and DoDI 1215.13, Service members have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report any medical and health (including mental health) issues that may affect their readiness to deploy or fitness to continue serving in an active status.

b. All unscheduled, scheduled, or planned surgical procedures associated with facilitating sex reassignment for Service members diagnosed with gender dysphoria are cancelled.

c. 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 (HCP) in order to prevent further complications, be continued until separation is complete.

d. 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. The retention or processing for separation of such Service members will follow procedures in section 4.3. or section 4.4. of this attachment, as appropriate.

#### 4.3. Retention.

a. Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are disqualified from military service.

b. Service members 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.

c. Service members disqualified pursuant to sections 4.3.a. and 4.3.b. of this attachment 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; and

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.

#### 4.4. Separation.

a. Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and are not granted a waiver pursuant to section 4.3. of this attachment will be processed for administrative separation in accordance with, and afforded all applicable administrative processing protections in, DoDI 1332.14 and DoDI 1332.30. The Secretaries of the Military Departments will direct the administrative separation of (1) any enlisted Service member prior to the expiration of the member's term of service following a determination that doing so is in the best interest of the relevant Military Service; or (2) any officer whose retention is not clearly consistent with the interests of national security.

1. Service members 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.

2. Service members 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 DoDI 1332.18, prior to processing for administrative separation.

3. Service members who are processed for separation pursuant to this policy will be designated as non-deployable until their separation is complete.

4. Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria may elect to separate voluntarily in the 30 days following signature of this guidance. Such Service members may be eligible for voluntary separation pay in accordance with 10 U.S.C. § 1175a and DoDI 1332.43. 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 involuntary separation pay, in accordance with DoDI 1332.29.

5. Service members separated involuntarily pursuant to this policy may be provided full involuntary separation pay in accordance with 10 U.S.C. § 1174 and DoDI 1332.29.

6. 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.

7. 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 10 U.S.C. § 1182.

8. Service members identified pursuant to section 3.4.e. of this attachment 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.

9. 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 10 U.S.C. § 1145.

10. 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). The Military Departments may recoup any bonuses received prior to the date of this memorandum for Service members choosing to be involuntarily separated.

11. The Secretaries of the Military Departments shall waive any remaining military service obligation for Service members who are separated pursuant to this policy.

b. Separation proceedings for individuals identified pursuant to section 3.4.e. of this attachment will be initiated after the Secretaries of Military Departments complete the requirements in section 3.4.e. of this attachment.

c. Nothing in this attachment precludes appropriate administrative or disciplinary action for Service members who refuse orders from lawful authority to comply with applicable standards or otherwise do not meet standards for performance and conduct.

## 5. Sex.

5.1. Military Records. All military records will reflect the Service member's sex.

### 5.2. Military Standards.

a. Access to intimate spaces will be determined by Service members' or applicants for military service's sex. The Military Services will apply all standards that involve consideration of the Service members' sex, to include, but not limited to:

1. Uniforms and grooming.
2. Body composition assessment.
3. Medical fitness for duty.
4. Physical fitness and body fat standards.
5. Berthing, bathroom, and shower facilities.
6. Military personnel drug abuse testing program participation.

b. All such shared intimate spaces will be clearly designated for either male, female, or family use.

c. Exceptions to this requirement may be made 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.

## **6. Administrative Absence for Service Members with a Current History or Diagnosis of, or Symptoms Consistent with, Gender Dysphoria.**

### 6.1. Administrative Absence.

a. In order to maintain good order and discipline in accordance with section 5 of this attachment, the Secretary of the Military Department concerned may place Service members being processed for separation under the criteria in section 4.4.a. of this attachment in an administrative absence status, with full pay and benefits, until their separation is complete.

b. Service members in an administrative absence status in accordance with this section will be designated as non-deployable until their separation is complete.

c. Service members in an administrative absence status in accordance with this section will complete the Transition Assistance Program in accordance with DoDI 1332.35.

## **7. Reporting.**

### **7.1. Report Requirements.**

a. No later than March 26, 2025, and every 30 days thereafter, submit via a Correspondence and Task Management System (CATMS) tasker a memorandum to the DASD(MPP) providing the following:

1. Identification of all DoD, Military Department, and Military Service issuances, regulations, policy memoranda, and other guidance where the content of which relate to, or may be affected by, guidance provided in this attachment.

2. Status of updates to the aforementioned DoD, Military Department, and Military Service issuances, regulations, policy memoranda, and other guidance.

3. Draft revisions to the aforementioned DoD, Military Department, and Military Service issuances, regulations, policy memoranda, and other guidance.

4. Status of system of records updates.

5. Status of, and progress on, separations of Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria in accordance with section 4.4. of this attachment.

6. Status of, and progress on, compliance with section 5 of this attachment.

## GLOSSARY

### G.1. Acronyms

| <b>Acronym</b> | <b>Meaning</b>  |
|----------------|---|
| ASD(HA)        | Assistant Secretary of Defense for Health Affairs                   |
| ASD(M&RA)      | Assistant Secretary of Defense for Manpower and Reserve Affairs     |
| CATMS          | Correspondence and Task Management System                           |
| DASD(MPP)      | Deputy Assistant Secretary of Defense for Military Personnel Policy |
| DES            | Disability Evaluation System  |
| DoDI           | DoD Instruction   |
| U.S.C.         | United States Code  |
| USD(P&R)       | Under Secretary of Defense for Personnel and Readiness              |

### G.2. Definitions

Unless otherwise noted, these terms and their definitions are for the purposes of this attachment.

| <b>Term</b>                      | <b>Definition</b>  |
|----------------------------------|--|
| <b>cross-sex hormone therapy</b> | The use of feminizing hormones by a male or the use of masculinizing hormones by a female.   |
| <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, page 452, which is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning. |
| <b>gender identity</b>           | Defined in Executive Order 14168 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.  |
| <b>sex</b>                       | Defined in Executive Order 14168 as an individual's immutable biological classification as either male or female.  |

## REFERENCES

- Executive Order 14168, "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," January 20, 2025
- Executive Order 14183, "Prioritizing Military Excellence and Readiness," January 27, 2025
- DoDI 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," January 19, 2017, as amended
- DoDI 1215.13, "Ready Reserve Member Participation Policy," May 5, 2015
- DoDI 1322.22, "Military Service Academies," September 24, 2015, as amended
- DoDI 1327.06, "Leave and Liberty Policy and Procedures," June 16, 2009, as amended
- DoDI 1332.14, "Enlisted Administrative Separations," August 1, 2024
- DoDI 1332.18, "Disability Evaluation System," November 10, 2022
- DoDI 1332.29, "Involuntary Separation Pay (Non-Disability)," March 3, 2017
- DoDI 1332.30, "Commissioned Officer Administrative Separations," May 11, 2018, as amended
- DoDI 1332.35, "Transition Assistance Program (TAP) for Military Personnel," September 26, 2019
- DoDI 1332.43, "Voluntary Separation Pay (VSP) Program for Service Members," November 28, 2017
- DoDI 1332.46, "Temporary Early Retirement Authority (TERA) for Service Members," December 21, 2018
- DoDI 6025.19, "Individual Medical Readiness Program," July 13, 2022
- DoDI 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended
- DoDI 6130.03, Volume 2, "Medical Standards for Military Service: Retention," September 4, 2020, as amended
- American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition, May 18, 2013
- Title 10, United States Code
- Title 37, United States Code





PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

FEB 26 2025

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF THE COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Additional Guidance on Prioritizing Military Excellence and Readiness

As directed by the Secretary of Defense in his February 7, 2025, memorandum, "Prioritizing Military Excellence and Readiness," it is Department policy that, pursuant to Executive Order 14183, "Prioritizing Military Excellence and Readiness," 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.

The attachment to this memorandum provides supplemental policy guidance and establishes a reporting mechanism to ensure Department compliance. The policy guidance in the attachment: (1) supersedes any conflicting policy guidance in Department of Defense issuances and other policy guidance and memoranda; and (2) is effective immediately and will be incorporated into respective Department issuances, as appropriate.

The following DoD issuances will be updated to reflect guidance in this attachment, as appropriate:

- Department of Defense Instruction (DoDI) 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended
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- DoDI 1327.06, "Leave and Liberty Policy and Procedures," June 16, 2009, as amended
- DoDI 1322.22, "Military Service Academies," September 24, 2015, as amended
- DoDI 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," January 19, 2017, as amended
- DoDI 6025.19, "Individual Medical Readiness Program," July 13, 2022

Effective immediately, the following issuances, policies, and memoranda are cancelled:

- DoDI 1300.28, “In-Service Transition for Transgender Service Members,” April 30, 2021, as amended
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- Acting Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for Treatment of Gender Dysphoria for Active and Reserve Component Service Member,” July 29, 2016
- Principal Deputy Assistant Secretary of Defense for Health Affairs Memorandum, “Guidance for Medical Care in Military Treatment Facilities for Service Members Diagnosed with Gender Dysphoria,” March 18, 2019

The Assistant Secretary of Defense for Manpower and Reserve Affairs will be responsible for all data collection and reporting. The first report is due March 26, 2025. All Department of Defense and Military Service policy recissions and updates must be completed no later than June 25, 2025.

Service members being processed for separation in accordance with this policy will be afforded all statutorily required rights and benefits.



Darin S. Selnick  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Attachments:  
As stated

cc:  
Commandant of the Coast Guard  
Assistant Secretary of Defense for Health Affairs  
Assistant Secretary of Defense for Manpower and Reserve Affairs  
Director, Defense Health Agency  
Deputy Chief of Staff, G-1, U.S. Army  
Deputy Commandant for Manpower and Reserve Affairs, U.S. Marine Corps  
Chief of Naval Personnel, U.S. Navy  
Deputy Chief of Staff for Personnel, U.S. Air Force  
Deputy Chief of Space Operations, Personnel  
Director for Manpower and Personnel, J1  
Surgeon General, Public Health Service  
Administrator, National Oceanic and Atmospheric Administration

**ATTACHMENT**  
**Service Members and Applicants for Military Service**  
**who Have a Current Diagnosis or History of, or**  
**Exhibit Symptoms Consistent with, Gender Dysphoria**

1. **Policy.** It is DoD policy that:

a. Service in the Military Services 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 Government to establish high standards for Service member 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.

c. Military service by Service members and applicants for military service who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria is incompatible with military service. Service by these individuals is not in the best interests of the Military Services and is not clearly consistent with the interests of national security.

d. 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 set forth in sections 4.1.c. and 4.3.c. of this attachment.

e. 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 in accordance with section 4.4. of this attachment. Characterization of service under these procedures will be honorable except where the Service member's record otherwise warrants a lower characterization.

f. The Department only recognizes two sexes: male and female. An individual's sex is immutable, unchanging during a person's life. All Service members 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 Service members must reflect a Service member'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 Military Services will not allow male Service members to use or share sleeping, changing, or bathing facilities designated for females, nor allow female Service members to use or share sleeping, changing, or bathing facilities designated for males.

j. 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.

k. Consistent with existing law and Department 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 and Departmental policy.

**2. Applicability.** This policy guidance applies to the Office of the Secretary of Defense, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff, 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.

### **3. Responsibilities.**

#### **3.1. Under Secretary of Defense for Personnel and Readiness (USD(P&R)).**

The USD(P&R) will:

a. Update or rescind existing DoD issuances, or publish new issuances, as necessary pursuant to this guidance.

b. Ensure all Military Department and Military Service regulations, policies, and guidance are consistent with this attachment.

#### **3.2. Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)).**

Under the authority, direction, and control of the USD(P&R), the ASD(M&RA) will:

a. Coordinate with the Assistant Secretary of Defense for Health Affairs (ASD(HA)) in the management and implementation of this guidance, and issue clarifying guidance, as appropriate.

b. Serve as the primary point of contact, through the Deputy Assistant Secretary of Defense for Military Personnel Policy (DASD(MPP)), for those responsibilities assigned in sections 3.3. through 3.6. of this attachment and provide reports in accordance with section 7 of this attachment, until a determination is made and notification provided to the Secretaries of the Military Departments that the reports may be cancelled.

c. Oversee the rescission and updates to applicable DoD issuances, policy memoranda, and other guidance documents in accordance with this guidance.

### 3.3. ASD(HA).

Under the authority, direction, and control of the USD(P&R), the ASD(HA) will:

a. Coordinate with the ASD(M&RA) in the management and implementation of health care matters associated with this guidance, and issue clarifying guidance, as appropriate.

b. Oversee the rescission of, and updates to, applicable DoD issuances, Defense Health Agency issuances, and other policy memoranda or guidance documents in accordance with this guidance.

c. Consider requests submitted by the Secretaries of the Military Departments, on a case-by-case basis, for an exception to section 1.j. The ASD(HA) may authorize an exception to section 1.j. of this attachment for non-surgical care if required to protect the health of Service members. This authority may not be further delegated.

d. Submit to the DASD(MPP) a report in accordance with section 7 of this attachment.

### 3.4. Secretaries of the Military Departments.

The Secretaries of the Military Departments will:

a. Adhere to all provisions of this guidance.

b. Update or publish new regulations, policies, and guidance to implement the provisions of this attachment.

c. Ensure the protection of personally identifiable information, protected health information, and personal privacy considerations, consistent with existing law and DoD policy.

d. Implement processes for the assessment and oversight of compliance with DoD, Military Department, and Military Service regulations, policies, and guidance applicable to Service members and applicants for military service who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria.

e. Establish procedures and implement steps to identify Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria within 30 days of this memorandum.

f. Within 30 days of identification pursuant to section 3.4.e. of this attachment, begin separation actions, in accordance with section 4.4. of this attachment, for Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and are not granted a waiver pursuant to section 4.3.c. of this attachment.

g. Ensure all Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and are assigned to the Office of the Secretary of Defense, Defense Agencies, DoD Field Activities, Combatant Commands, and other Joint assignments are reassigned to their respective Military Services for the purpose of initiating administrative separation processes.

h. Ensure all personnel systems accurately reflect each Service member's sex.

i. Submit to the DASD(MPP) a report in accordance with section 7 of this attachment.

### 3.5. Chairman of the Joint Chiefs of Staff.

The Chairman of the Joint Chiefs of Staff will:

a. Adhere to all provisions of this guidance.

b. Ensure the Commanders of the Combatant Commands adhere to all provisions of this guidance.

c. Consolidate and submit to the DASD(MPP) a report on Combatant Command compliance with section 5 of this attachment, in accordance with section 7 of this attachment.

d. Submit to the DASD(MPP) a report in accordance with section 7 of this attachment.

### 3.6. Defense Agency and DoD Field Activity Directors.

The Defense Agency and DoD Field Activity Directors will:

a. Ensure compliance with section 5 of this attachment.

b. Submit to the DASD(MPP) a report in accordance with section 7 of this attachment.

## 4. Procedures.

### 4.1. Appointment, Enlistment, or Induction into the Military Services.

a. Applicants for military 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 for military service.

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.

c. Applicants disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment 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.

d. Applicants disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment and not granted a waiver pursuant to section 4.1.c. of this attachment shall not ship to Initial Entry Training.

e. Offers of admission to a Military Service Academy or the Senior Reserve Officers' Training Corps to individuals disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment shall be rescinded except where the individual is granted a waiver pursuant to section 4.1.c. of this attachment. Senior Reserve Officers' Training Corps students otherwise disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment may still participate in classes taught or coordinated by the Senior Reserve Officer's 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 section 5 of this attachment.

f. Individuals disqualified pursuant to sections 4.1.a. and 4.1.b. of this attachment are subject to separation from a Military Service Academy in accordance with DoDI 1322.22, or from the Senior Reserve Officers' Training Corps in accordance with DoDI 1215.08, unless the individual is granted a waiver consistent with section 4.1.c. of this attachment. 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.

#### 4.2. Medical Care.

a. In accordance with DoDI 6025.19 and DoDI 1215.13, Service members have a responsibility to maintain their health and fitness, meet individual medical readiness requirements, and report any medical and health (including mental health) issues that may affect their readiness to deploy or fitness to continue serving in an active status.

b. All unscheduled, scheduled, or planned surgical procedures associated with facilitating sex reassignment for Service members diagnosed with gender dysphoria are cancelled.

c. 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 (HCP) in order to prevent further complications, be continued until separation is complete.

d. 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. The retention or processing for separation of such Service members will follow procedures in section 4.3. or section 4.4. of this attachment, as appropriate.

#### 4.3. Retention.

a. Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are disqualified from military service.

b. Service members 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.

c. Service members disqualified pursuant to sections 4.3.a. and 4.3.b. of this attachment 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; and

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.

#### 4.4. Separation.

a. Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria and are not granted a waiver pursuant to section 4.3. of this attachment will be processed for administrative separation in accordance with, and afforded all applicable administrative processing protections in, DoDI 1332.14 and DoDI 1332.30. The Secretaries of the Military Departments will direct the administrative separation of (1) any enlisted Service member prior to the expiration of the member's term of service following a determination that doing so is in the best interest of the relevant Military Service; or (2) any officer whose retention is not clearly consistent with the interests of national security.

1. Service members 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.

2. Service members 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 DoDI 1332.18, prior to processing for administrative separation.

3. Service members who are processed for separation pursuant to this policy will be designated as non-deployable until their separation is complete.



4. Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria may elect to separate voluntarily in the 30 days following signature of this guidance. Such Service members may be eligible for voluntary separation pay in accordance with 10 U.S.C. § 1175a and DoDI 1332.43. 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 involuntary separation pay, in accordance with DoDI 1332.29.

5. Service members separated involuntarily pursuant to this policy may be provided full involuntary separation pay in accordance with 10 U.S.C. § 1174 and DoDI 1332.29.

6. 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.

7. 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 10 U.S.C. § 1182.

8. Service members identified pursuant to section 3.4.e. of this attachment 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.

9. 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 10 U.S.C. § 1145.

10. 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). The Military Departments may recoup any bonuses received prior to the date of this memorandum for Service members choosing to be involuntarily separated.

11. The Secretaries of the Military Departments shall waive any remaining military service obligation for Service members who are separated pursuant to this policy.

b. Separation proceedings for individuals identified pursuant to section 3.4.e. of this attachment will be initiated after the Secretaries of Military Departments complete the requirements in section 3.4.e. of this attachment.

c. Nothing in this attachment precludes appropriate administrative or disciplinary action for Service members who refuse orders from lawful authority to comply with applicable standards or otherwise do not meet standards for performance and conduct.

## 5. Sex.

5.1. Military Records. All military records will reflect the Service member's sex.

5.2. Military Standards.

a. Access to intimate spaces will be determined by Service members' or applicants for military service's sex. The Military Services will apply all standards that involve consideration of the Service members' sex, to include, but not limited to:

1. Uniforms and grooming.
2. Body composition assessment.
3. Medical fitness for duty.
4. Physical fitness and body fat standards.
5. Berthing, bathroom, and shower facilities.
6. Military personnel drug abuse testing program participation.

b. All such shared intimate spaces will be clearly designated for either male, female, or family use.

c. Exceptions to this requirement may be made 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.

## 6. Administrative Absence for Service Members with a Current History or Diagnosis of, or Symptoms Consistent with, Gender Dysphoria.

6.1. Administrative Absence.

a. In order to maintain good order and discipline in accordance with section 5 of this attachment, the Secretary of the Military Department concerned may place Service members being processed for separation under the criteria in section 4.4.a. of this attachment in an administrative absence status, with full pay and benefits, until their separation is complete.

b. Service members in an administrative absence status in accordance with this section will be designated as non-deployable until their separation is complete.

c. Service members in an administrative absence status in accordance with this section will complete the Transition Assistance Program in accordance with DoDI 1332.35.

## **7. Reporting.**

### **7.1. Report Requirements.**

a. No later than March 26, 2025, and every 30 days thereafter, submit via a Correspondence and Task Management System (CATMS) tasker a memorandum to the DASD(MPP) providing the following:

1. Identification of all DoD, Military Department, and Military Service issuances, regulations, policy memoranda, and other guidance where the content of which relate to, or may be affected by, guidance provided in this attachment.

2. Status of updates to the aforementioned DoD, Military Department, and Military Service issuances, regulations, policy memoranda, and other guidance.

3. Draft revisions to the aforementioned DoD, Military Department, and Military Service issuances, regulations, policy memoranda, and other guidance.

4. Status of system of records updates.

5. Status of, and progress on, separations of Service members who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria in accordance with section 4.4. of this attachment.

6. Status of, and progress on, compliance with section 5 of this attachment.

## GLOSSARY

### G.1. Acronyms

| <b>Acronym</b> | <b>Meaning</b>  |
|----------------|---|
| ASD(HA)        | Assistant Secretary of Defense for Health Affairs                   |
| ASD(M&RA)      | Assistant Secretary of Defense for Manpower and Reserve Affairs     |
| CATMS          | Correspondence and Task Management System                           |
| DASD(MPP)      | Deputy Assistant Secretary of Defense for Military Personnel Policy |
| DES            | Disability Evaluation System  |
| DoDI           | DoD Instruction   |
| U.S.C.         | United States Code  |
| USD(P&R)       | Under Secretary of Defense for Personnel and Readiness              |

### G.2. Definitions

Unless otherwise noted, these terms and their definitions are for the purposes of this attachment.

| <b>Term</b>                      | <b>Definition</b>  |
|----------------------------------|--|
| <b>cross-sex hormone therapy</b> | The use of feminizing hormones by a male or the use of masculinizing hormones by a female.   |
| <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, page 452, which is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning. |
| <b>gender identity</b>           | Defined in Executive Order 14168 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.  |
| <b>sex</b>                       | Defined in Executive Order 14168 as an individual's immutable biological classification as either male or female.  |

## REFERENCES

- Executive Order 14168, "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," January 20, 2025
- Executive Order 14183, "Prioritizing Military Excellence and Readiness," January 27, 2025
- DoDI 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," January 19, 2017, as amended
- DoDI 1215.13, "Ready Reserve Member Participation Policy," May 5, 2015
- DoDI 1322.22, "Military Service Academies," September 24, 2015, as amended
- DoDI 1327.06, "Leave and Liberty Policy and Procedures," June 16, 2009, as amended
- DoDI 1332.14, "Enlisted Administrative Separations," August 1, 2024
- DoDI 1332.18, "Disability Evaluation System," November 10, 2022
- DoDI 1332.29, "Involuntary Separation Pay (Non-Disability)," March 3, 2017
- DoDI 1332.30, "Commissioned Officer Administrative Separations," May 11, 2018, as amended
- DoDI 1332.35, "Transition Assistance Program (TAP) for Military Personnel," September 26, 2019
- DoDI 1332.43, "Voluntary Separation Pay (VSP) Program for Service Members," November 28, 2017
- DoDI 1332.46, "Temporary Early Retirement Authority (TERA) for Service Members," December 21, 2018
- DoDI 6025.19, "Individual Medical Readiness Program," July 13, 2022
- DoDI 6130.03, Volume 1, "Medical Standards for Military Service: Appointment, Enlistment, or Induction," May 6, 2018, as amended
- DoDI 6130.03, Volume 2, "Medical Standards for Military Service: Retention," September 4, 2020, as amended
- American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition, May 18, 2013
- Title 10, United States Code
- Title 37, United States Code



## **Prioritizing Military Excellence and Readiness**

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 to provide additional policy guidance to senior DoD leadership on implementation. That guidance was signed on February 26, 2025.

This document provides answers to some commonly asked questions. The answers here are intended to provide a general overview of departmental policies and are not intended to alter or amend those policies. The answers in this document are intended to apply broadly to the Force as a whole and the term “Service member” is used with that intent. When there is a meaningful distinction between the Active and Reserve component, more specific terms are used to highlight and clarify the distinction.

The answers contained in this document do not constitute legal advice. Please refer to the policy documents and direct any specific questions through your chain of command or supervisory chain or to the appropriate medical, legal, or personnel policy experts.

## **FREQUENTLY ASKED QUESTIONS**

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### ***DEFINITIONS***

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#### **How does the Department define gender dysphoria?**

Gender dysphoria refers to a marked incongruence between one’s experienced or expressed gender and assigned gender of at least 6 months’ duration, as manifested by conditions associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

#### **How does the Department define gender identity?**

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.”

#### **How does the Department define sex?**

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.”



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## ***APPLICABILITY***

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### **Who exactly is impacted by this policy?**

Any Service member or applicant for military service who has a current diagnosis or history of, or exhibits 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.

### **How many Service members are impacted by this policy?**

We do not have an exact number of active duty Service members diagnosed with gender dysphoria.

### **How will the Department identify Service members who are impacted by this policy?**

The Department will provide supplemental guidance which will address the identification of Service members diagnosed with gender dysphoria.

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## ***ACCESSIONS***

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### **If an individual was diagnosed with gender dysphoria as a child, are they disqualified from military service?**

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.

### **Will offers of admission to Military Service Academies or ROTC programs be rescinded?**

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.

### **Will cadets or midshipmen be required to reimburse the government for their education?**

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**

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**Will Service members currently serving with a diagnosis of gender dysphoria be allowed to continue to serve?**

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.

**Will any waivers be permitted?**

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.

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## **SEPARATION**

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**Will Service members diagnosed with gender dysphoria be honorably discharged?**

Yes. Characterization of service will be honorable except where the Service member’s record otherwise warrants a lower characterization.

**Are Service members separated under this policy eligible for separation pay?**

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          |





**Will Service members being separated under this policy be afforded a separation board?**

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.

**Will Service members being separated under this policy be eligible for the Temporary Early Retirement Authority?**

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.

**Will Service member being separated under this policy remain eligible for TRICARE benefits?**

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.

**Are Service members separated under this policy eligible to participate in the Transition Assistance Program?**

Yes. Service members, whether separated voluntarily or involuntarily are eligible for the Transition Assistance Program.

**Will Service members separated under this policy have to repay any bonuses received prior to their separation?**

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.

**Will the Secretaries of the Military Departments waive any remaining military service obligations?**

Yes. The Secretaries of the Military Departments will waive any remaining military service obligation for Service members who are separated pursuant to this policy.

**If Service members are required to serve in their sex, will Service members separated with gender dysphoria who have already had sex reassignment surgery be required to serve in their sex?**

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.

**Will the records for Service members being separated under this policy be updated to reflect their sex?**

Yes. All military records, regardless of whether a Service member is being separated under this policy, will reflect the Service member's sex.



**Will the records for Service members being separated under this policy be updated to reflect their name at birth?**

All military records will reflect the Service member's legal name.

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## ***MEDICAL PROVIDERS***

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**Will Service members being separated under this policy be allowed to continue hormone therapy?**

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.

## **REFERENCES**

Executive Order 14168, [Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government](#), January 20, 2025

Executive Order 14183, [Prioritizing Military Excellence and Readiness](#), January 27, 2025

Secretary of Defense Memorandum, "[Prioritizing Military Excellence and Readiness](#)," February 7, 2025

Under Secretary of Defense for Personnel and Readiness Memorandum, "[Additional Guidance on Prioritizing Military Excellence and Readiness](#)," February 26, 2025

## **RESOURCES**

[Executive Orders: Guidance for Federal Personnel & Readiness Policies](#)

[Military OneSource: Suicide Prevention Information](#)

[VA Programs: Employment Resource](#)

PRESIDENTIAL ACTIONS

# PRIORITIZING MILITARY EXCELLENCE AND READINESS

EXECUTIVE ORDER

January 27, 2025

By the authority vested in me as President by the Constitution and the laws of the United States of America, and as Commander in Chief of the Armed Forces of the United States, and to ensure the readiness and effectiveness of our Armed Forces, it is hereby ordered:

Section 1. Purpose. The United States military has a clear mission: to protect the American people and our homeland as the world's most lethal and effective fighting force. Success in this existential mission requires a singular focus on developing the requisite warrior ethos, and the pursuit of military excellence

cannot be diluted to accommodate political agendas or other ideologies harmful to unit cohesion.

Recently, however, the Armed Forces have been afflicted with radical gender ideology to appease activists unconcerned with the requirements of military service like physical and mental health, selflessness, and unit cohesion.

Longstanding Department of Defense (DoD) policy (DoD Instruction (DoDI) 6130.03) provides that it is the policy of the DoD to ensure that service members are “[f]ree of medical conditions or physical defects that may reasonably be expected to require excessive time lost from duty for necessary treatment or hospitalization.” As a result, many mental and physical health conditions are incompatible with active duty, from conditions that require substantial medication or medical treatment to bipolar and related disorders, eating disorders, suicidality, and prior psychiatric hospitalization.

Consistent with the military mission and longstanding DoD policy, expressing a false “gender identity” divergent from an individual’s sex cannot satisfy the rigorous standards necessary for military service. Beyond the hormonal and surgical medical interventions involved, adoption of a gender identity inconsistent with an individual’s sex conflicts with a soldier’s commitment to an honorable, truthful, and disciplined lifestyle, even in one’s personal life. A man’s assertion that he is a woman, and his requirement that others honor this falsehood, is not consistent with the humility and selflessness required of a service member.

For the sake of our Nation and the patriotic Americans who volunteer to serve it, military service must be reserved for those mentally and physically fit for duty.

The Armed Forces must adhere to high mental and physical health standards to ensure our military can deploy, fight, and win, including in austere conditions and without the benefit of routine medical treatment or special provisions.

Sec. 2. Policy. It is the policy of the United States Government to establish high standards for troop 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. This policy is also inconsistent with shifting pronoun usage or use of pronouns that inaccurately reflect an individual's sex.

Sec. 3. Definitions. The definitions in the Executive Order of January 20, 2025 (Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government) shall apply to this order.

Sec. 4. Implementation. (a) Within 60 days of the date of this order, the Secretary of Defense (Secretary) shall update DoDI 6130.03 Volume 1 (Medical Standards for Military Service: Appointment, Enlistment, or Induction (May 6, 2018), Incorporating Change 5 of May 28, 2024) and DoDI 6130.03 Volume 2 (Medical Standards for Military Service: Retention (September 4, 2020), Incorporating Change 1 of June 6, 2022) to reflect the purpose and policy of this Order.

(b) The Secretary shall promptly issue directives for DoD to end invented and identification-based pronoun usage to best achieve the policy outlined in section 2 of this order.

(c) Within 30 days of the date of this order, the Secretary shall:

(i) identify all additional steps and issue guidance necessary to fully implement this order; and

(ii) submit to the President through the Assistant to the President for National Security Affairs a report that summarizes these steps.

(d) Absent extraordinary operational necessity, the Armed Forces shall neither allow males to use or share sleeping, changing, or bathing facilities designated for females, nor allow females to use or share sleeping, changing, or bathing facilities designated for males.

(e) Within 30 days of the issuance of the respective updates, directives, and guidance under subsections (a), (b), and (c) of this section, the Secretary of Homeland Security shall, with respect to the Coast Guard, issue updates, directives, and guidance consistent with the updates, directives, and guidance issued under subsections (a), (b), and (c) of this section.

Sec. 5. Implementing the Revocation of Executive Order 14004. (a) Pursuant to the Executive Order of January 20, 2025 (Initial Rescissions of Harmful Executive Orders and Actions), Executive Order 14004 of January 25, 2021 (Enabling All Qualified Americans To Serve Their Country in Uniform), has been revoked. Accordingly, all policies, directives, and guidance issued pursuant to Executive Order 14004 shall be rescinded to the extent inconsistent with the provisions of this order.

(b) The Secretary and, with respect to the Coast Guard, the Secretary of

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described in subsection (a) of this section and ensure that all military departments and services fully comply with the provisions of this order.

Sec. 6. Severability. 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.

Sec. 7. 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.

THE WHITE HOUSE,  
January 27, 2025.

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DEPUTY SECRETARY OF DEFENSE  
1010 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1010

JAN 31 2025

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP  
COMMANDERS OF THE COMBATANT COMMANDS  
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Implementing Presidential Executive Orders

Beginning on January 20, 2025, the President of the United States of America issued Executive Orders (EOs) and Presidential memoranda that call on the Department to take immediate action, ensure consistent follow through, and deliver meaningful results in defense of the Nation. The Department will move quickly to implement the President's direction.

To enable rapid implementation and action, I have designated OSD Principal Staff Assistants or DoD Component heads as Offices of Primary Responsibility (OPR) and Offices of Coordinating Responsibility (OCR) for each EO and Presidential memorandum published since January 20, 2025 with associated actions for the Department. The designations for each EO and Presidential memorandum published as of the date of this memorandum are attached. As additional EO and Presidential memoranda are issued, I will designate OPRs and OCRs.

To ensure the Secretary is informed, I will lead the Department's efforts in tasking and managing execution and implementation of EO requirements. The Performance Improvement Officer and Director of Administration and Management will assist me in managing and tracking all EOs to ensure consistent and integrated progress, while leveraging existing Departmental processes and the Correspondence and Task Management System. All OSD Principal Staff Assistants and DoD Component heads are required to meet established deadlines.

The Department will take decisive action to implement the President's orders. I look forward to setting the standard for accountability and timely results.

Robert G. Salesses  
Performing the Duties of the  
Deputy Secretary of Defense

Attachment:  
As stated



OSD000698-25/CMD001079-25



## Attachment

### **Implementing Presidential Executive Orders, as of January 31, 2025**

The following designates the Office of Primary Responsibility (OPR) and Offices of Coordinating Responsibility (OCR) for Executive Orders (EOs) and Presidential Memoranda (PM) signed by President Donald J. Trump. The DoD Office of General Counsel (OGC) will serve as OCR on all matters.

#### **Personnel Policy**

- Return to In-Person Work: OPR: Office of the Under Secretary of Defense (OUSD) for Personnel and Readiness (P&R). OCR: PSAs and DoD Component heads.
- Hiring Freeze: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- Restoring Accountability for Career Senior Executives within the Federal Workforce: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- EO 14151: Ending Radical and Wasteful Government DEI Programs and Preferencing: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- EO 14170: Reforming the Federal Hiring Process and Restoring Merit to Government Service: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- Restoring Accountability to Policy-Influencing Positions within the Federal Workforce: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- Ending Illegal Discrimination and Restoring Merit-Based Opportunity: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- EO 14168: Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- Presidential Memorandum for the Secretary of State, the Secretary of Defense, the Secretary of Health and Human Service, the Administrator of the United States for International Development, "The Mexico City Policy," January 24, 2025: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- Reinstating Service Members Discharged Under the Military's COVID-19 Vaccination Mandate: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- Prioritizing Military Excellence and Readiness: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.
- Restoring America's Fighting Force: OPR: OUSD(P&R). OCR: PSAs and DoD Component heads.

## Missile Defense

- The Iron Dome for America: OPR: OUSD for Policy (P), in coordination with OUSD for Acquisition & Sustainment (A&S), and OUSD for Research & Engineering (R&E). OCR: Office of General Counsel (OGC), Joint Staff, and the Military Departments.

## Border and National Security

- Declaring a National Emergency at the Southern Border of the United States: OPR: OUSD(P) and the Joint Staff. OCR: OGC and National Guard Bureau.
- EO 14167: Clarifying the Military's Role in Protecting the Territorial Integrity of the United States: OPR: OUSD(P) and the Joint Staff. OCR: PSAs and DoD Component heads.
- EO 14165: Securing Our Borders: OPR: OUSD(P) and the Joint Staff. OCR: OGC.

## Energy

- EO 14156: Declaring a National Energy Emergency: OPR: OUSD(A&S). OCR: PSAs and DoD Component heads.
- EO 14154: Unleashing American Energy: OPR: OUSD(A&S). OCR: PSAs and DoD Component heads.

## Disaster Response and Recovery

- Emergency Measures to Provide Water Resources in California and Improve Disaster Response in Certain Areas: OPR: SA (United States Army Corps of Engineers). OCR: Joint Staff.

## Governance

- EO 14149: Restoring Freedom of Speech and Ending Federal Censorship: OPR: Assistant to the Secretary of Defense for Privacy, Civil Liberties, and Transparency (ASD(PCLT)). OCR: OGC.
- EO 14147: Ending Weaponization of the Federal Government: OPR: OUSD Intelligence and Security (I&S). OCR: None.
- Regulatory Freeze Pending Review: OPR: ASD(PCLT). OCR: PSAs and DoD Component heads.
- Council to Assess the Federal Emergency Management Agency: OPR: OUSD (P). OCR: Joint Staff.

**Alaska**

- EO 14153: Unleashing Alaska's Extraordinary Resource Potential: OPR: OUSD(A&S).  
OCR: PSAs and DoD Component heads.

**Rescinded**

- EO 14148: Initial Rescissions of Harmful Executive Orders and Actions: OPR: Performance Improvement Office and Director of Administration and Management (PIO & DA&M).  
OCR: PSAs and DoD Component heads with functionary responsibility for rescinded orders and actions are responsible for ensuring legal sufficiency reviews.