

# EXHIBIT V

**ACTION MEMO**

**FOR:** DARIN S. SELNICK, PERFORMING THE DUTIES OF THE UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS

**FROM:** Tim Dill, Performing the Duties of the Assistant Secretary of Defense for Manpower and Reserve Affairs DILL.TIMOTHY.

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**SUBJECT:** Implementing Guidance for Prioritizing Military Excellence and Readiness Executive Order (EO)

- **Purpose.** Recommend you sign the memorandum at TAB A to implement EO 14183, “Prioritizing Military Excellence and Readiness,” January 27, 2025, consistent with SecDef guidance provided on February 7, 2025 (TAB B).
- **Discussion**
  - On January 27, 2025, President Trump issued Executive Order 14183 (TAB C), stating that “military service must be reserved for those mentally and physically fit for duty,” and that “[t]he 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.
  - The EO states that “[i]t 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.” The EO then instructs SecDef to issue guidance and actions in light of the EO within 30-60 days.
  - The EO further adopts the definitions in EO 14168, “Defending Women from Gender Ideology Extremism and Resorting Biological Truth to the Federal Government,” January 20, 2025 (TAB D), including that “‘sex’ shall refer to an individual’s immutable biological classification as either male or female.” As directed by EO 14168, the Department of Health and Human Services has issued further guidance on the definitions of “male” and “female.”
  - SecDef issued guidance to the Department on February 7, 2025, directing a pause for “all new accessions for individuals with a history of gender dysphoria” and a pause for “all unscheduled, scheduled, or planned medical procedures associated with affirming or facilitating a gender transition for Service members... .”
  - SecDef further authorized and directed you “to provide additional policy and implementation guidance... including guidance regarding service by Service members with a current diagnosis or history of gender dysphoria... .”
  - The memorandum at TAB A, among other actions:

- Cancels the following DoD issuances, policies, and memoranda:
  - DoD Instruction (DoDI) 1300.28, “In-Service Transition for Transgender Service Members,” April 30, 2021, as amended (TAB 1)
  - 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 (TAB 2)
  - 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 (TAB 3)
  - 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 (TAB 4)
- Directs updates to the following DoD issuances, consistent with the memorandum:
  - DoDI 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” May 6, 2018, as amended (TAB 5)
  - DoDI 6130.03, Volume 2, “Medical Standards for Military Service: Retention,” September 4, 2020, as amended (TAB 6)
  - DoDI 1327.06, “Leave and Liberty Policy and Procedures,” June 16, 2009, as amended (TAB 7)
  - DoDI 1322.22, “Military Service Academies,” September 24, 2015, as amended (TAB 8)
  - DoDI 1215.08, “Senior Reserve Officers’ Training Corps (ROTC) Programs,” January 19, 2017, as amended (TAB 9)
  - DoDI 6025.19, “Individual Medical Readiness Program,” July 13, 2022 (TAB 10)
- Establishes as DoD policy that “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” are inconsistent with the “high standards for Service member readiness, lethality, cohesion, honesty, humility, uniformity, and integrity.”
- Determines that “[i]ndividuals who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are no longer eligible for

military service,” directs that “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...” and prohibits their accession, all subject to certain exceptions.

- Establishes that DoD only recognizes two sexes: male and female, and that these sexes are not changeable. It further requires all Service members to serve in accordance with their sex as defined in EO 14168, “Defending Women from Gender Ideology Extremism and Resorting Biological Truth to the Federal Government.”
  - Establishes clear requirements on pronoun usage when referring to Service members.
  - Prohibits the use of DoD funds 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, subject to certain exceptions.
- This policy was informed through consideration of, among other things, the President and Secretary’s written direction, existing and prior DoD policy, and prior DoD studies and reviews of service by individuals with gender dysphoria, including a review of medical literature regarding the medical risks associated with presence and treatment of gender dysphoria. This consideration included:
- SecDef Memorandum, “Military Service by Transgender Individuals,” February 22, 2018, which “conclude[d] that there are substantial risks associated with allowing accession and retention of individuals with a history or diagnosis of gender dysphoria... .” This conclusion was informed by an extensive inquiry conducted by a panel of experts (TAB 11).
  - A 2021 review conducted by DoD’s Psychological Health Center of Excellence and the Accession Medical Standards Analysis and Research Activity which found that “rates of disability evaluation were estimated to be higher among [transgender] service members... .” (TAB 12) Additionally, this review found that nearly 40% of Service members with gender dysphoria in an observed cohort were non-deployable over a 24 month period. This level of non-deployability creates significant readiness risk and places additional burdens on Service members without gender dysphoria to meet requirements.
  - A 2025 medical literature review conducted by the Office of the Assistant Secretary of Defense for Health Affairs that included findings 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,”

“transgender individuals are approximately twice as likely to receive a psychiatric diagnosis compared to cisgender individuals,” and that the strength of evidence on transgender mental health and gender-affirming care is low to moderate (TAB 13).

- A review of cost data by the Office of the Assistant Secretary of Defense for Health Affairs indicated that, between 2015 and 2024, DoD spent \$52,084,407 providing care to active duty Service members to treat gender dysphoria, including \$15,233,158 for psychotherapy; \$3,135,593 for hormone therapy, and \$14,324,739 for surgical care.
- While Service members with gender dysphoria volunteered to serve their country, 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.

**RECOMMENDATION:** Sign the memorandum at TAB A.

**Attachments:**

File Folder:

- TAB A Performing the Duties of the Under Secretary of Defense for Personnel and Readiness, “Additional Guidance on Prioritizing Military Excellence and Readiness,” Memorandum for Signature
- TAB B Secretary of Defense Memorandum, “Prioritizing Military Excellence and Readiness,” February 7, 2025
- TAB C Executive Order 14183, “Prioritizing Military Excellence and Readiness,” January 27, 2025
- TAB D Executive Order 14168, “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government,” January 20, 2025
- TAB E Coord

Binder:

- TAB 1 DoDI 1300.28, “In-Service Transition for Transgender Service Members,” April 30, 2021, as amended
- TAB 2 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
- TAB 3 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
- TAB 4 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
- TAB 5 DoD Instruction (DoDI) 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” May 6, 2018, as amended

- TAB 6 DoDI 6130.03, Volume 2, "Medical Standards for Military Service: Retention," September 4, 2020, as amended
- TAB 7 DoDI 1327.06, "Leave and Liberty Policy and Procedures," June 16, 2009, as amended
- TAB 8 DoDI 1322.22, "Military Service Academies," September 24, 2015, as amended
- TAB 9 DoDI 1215.08, "Senior Reserve Officers' Training Corps (ROTC) Programs," January 19, 2017, as amended
- TAB 10 DoDI 6025.19, "Individual Medical Readiness Program," July 13, 2022
- TAB 11 Secretary of Defense Memorandum, "Military Service by Transgender Individuals," February 22, 2018
- TAB 12 Accession Medical Standards Analysis and Research Activity (AMSARA) Report, "Analysis of Medical Administrative Data on Transgender Service Members," July 14, 2021
- TAB 13 Office of the Assistant Secretary of Defense for Health Affairs Literature Review: Level of Evidence for Gender-Affirming Treatments