

January 26, 2023

The following organizations are grateful for the careful revision of Department of Defense Instruction 6130.03, Volume 1, *Medical Standards for Military Service: Appointment, Enlistment, or Induction* (DoDI 6130.03, Change 4, November 16, 2022) and for the removal of the blanket disqualification for certain disorders/differences of sex development (DSD) and its replacement with a standard that only disqualifies applicants if their DSD is “undiagnosed or untreated” (assuming treatment is medically necessary) at the time of enlistment.

We respectfully concur with the Palm Center’s analysis, as explained in the attached letter, that despite significant improvement in the standard, the revision created inconsistencies in how DoDI 6130.03 evaluates related issues in medical histories involving DSD and gender dysphoria. And we agree that the two minor, redline modifications suggested by the Palm Center (concerning primary amenorrhea and hypogonadism) would eliminate inconsistencies, avoid unintended disqualification, streamline medical evaluation, and ensure that different sections of the regulation do not lead to conflicting results.

Accord Alliance

American Society for Reproductive Medicine

Disorders/Differences of Sex Development – Translational Research Network

Endocrine Society

GLMA: Health Professionals Advancing LGBTQ Equality

InterConnect

North American Society for Pediatric and Adolescent Gynecology

Pediatric Endocrine Society

Societies for Pediatric Urology

# PALM CENTER

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BLUEPRINTS FOR SOUND PUBLIC POLICY

December 16, 2022

Kathleen H. Hicks  
Deputy Secretary of Defense

Dear Secretary Hicks,

We write to request two expedited changes to DoDI 6130.03 to eliminate two inconsistencies between the new disorders of sex development (DSD) standard and standards for related medical histories, and to ensure that different sections of the regulation do not lead to conflicting results.

We are mindful of the careful and thoughtful work that went into updating Department of Defense Instruction 6130.03, Volume 1, *Medical Standards for Military Service: Appointment, Enlistment, or Induction* (DoDI 6130.03, Change 4, November 16, 2022). We commend the revision that removes the blanket disqualification for certain DSD and replaces it with a standard that relies on the expertise of treating providers and only disqualifies applicants if their DSD is “undiagnosed or untreated” (assuming treatment is medically necessary) at the time of enlistment evaluation.

This revision, however, created inconsistencies in how DoDI 6130.03 evaluates related issues in medical histories involving DSD and gender dysphoria, and we write to request an expedited revision to DoDI 6130.03 to eliminate two specific inconsistencies. In both cases, the proposed revisions are simple and specific, and they conform to existing standards and practice under DoDI 6130.03 in general.

With these revisions, the standards will be easier for examiners to apply, and more transparent for applicants to prepare to meet. Elimination of inconsistencies will promote military recruiting and readiness by streamlining medical evaluation, avoiding unintended disqualification for military service, and ensuring that different sections of the regulation do not lead to conflicting results.

*Primary amenorrhea, paragraph 6.13.b:*

Primary amenorrhea may or may not be associated with a history of DSD, but it remains a separate and categorical disqualification. The recent update to DSD accession policy (DoDI 6130.03, paragraphs 6.13.f and 6.14.m) suggests that candidates whose primary amenorrhea is associated with DSD are eligible for service because, in almost all cases, the condition will have been diagnosed and treated prior to enlistment, as medically necessary. The categorical disqualification for primary amenorrhea, however, would appear to disqualify them.

This inconsistency may be unintended, given the history of DoDI 6130.03. Until 2011, the standard was “unexplained primary amenorrhea,” but when a revision put primary and secondary amenorrhea into two separate sections, the adjective “unexplained” went along with one

condition but not the other. The intention behind the disqualification for primary amenorrhea was to flag histories that remained undiagnosed, unexplained, or untreated, presenting an unknown risk. Primary amenorrhea associated with DSD will almost always meet a standard requiring explanation. We respectfully request a redline modification of DoDI 6130.03 such that primary amenorrhea would be evaluated in the same way as DSD history in general, and under the same language that was used until 2011. Primary amenorrhea, like secondary amenorrhea, would not be disqualifying provided it has been diagnosed, explained, and treated as medically necessary. Specifically, we request an immediate one-word modification of DoDI 6130.03, paragraph 6.13.b:

**Unexplained** primary amenorrhea.

*Hypogonadism, paragraph 6.24.q:*

The categorical disqualification for hypogonadism will affect many DSD applicants, but it is inconsistent not only with the standard for DSD histories under paragraphs 6.13.f and 6.14.m, but also with the gender-affirming-hormone standard used for transgender candidates (paragraph 6.24.t, on the same page of the regulation). DSD applicants whose congenital hypogonadism is successfully treated with hormone supplementation will be qualified under the DSD standard because they can demonstrate diagnosis and treatment, but be disqualified under the hypogonadism standard because, inconsistently, the condition *\*has\** been treated. In addition, transgender candidates whose hormone insufficiency is successfully treated with hormone supplementation will qualify for service, leading to inconsistent assessment depending on the reason for the same treatment.

One way to resolve the inconsistency is to recognize that hormone treatment for hypogonadism is equally gender affirming in nature, and therefore to align standards so that all applicants who demonstrate stability on gender-affirming hormones under the standard of paragraph 6.24.t will qualify. This proposed revision has the additional advantage of following numerous other examples within DoDI 6130.03 that permit qualification if applicants can demonstrate by provider affirmation that a condition has been diagnosed, explained, and treated as medically necessary. We respectfully request an immediate redline modification of DoDI 6130.03, paragraph 6.24.q along these lines:

History of hypogonadism that is **unexplained or untreated. Hormone therapy must meet the stability criteria in Paragraphs 6.24.t.(1)-(4).**

Thank you for your consideration.

Sincerely,



Aaron Belkin  
Director