

FACT SHEET: The 2018 Mattis/Department of Defense Report

Trump Transgender Policy Promotes Military Readiness

On the issue of transgenders in the military, **President Donald J. Trump** and Defense Secretary **James Mattis** have done the right thing, for the right reasons. On February 22, 2018, Secretary Mattis submitted [recommendations](#) on the eligibility of persons who identify as transgender to serve in uniform, focusing on sound priorities: mission readiness and combat lethality.

Secretary Mattis also submitted a 44-page [report](#), produced by a panel of military and medical experts, which cited **Department of Defense (DoD)** data documenting high health care costs and other issues affecting morale, cohesion, and readiness to deploy worldwide on short notice. President Trump endorsed the new policy with a [Memo](#) dated March 23, 2018.

The Mattis memo and DoD report proposed a nuanced approach that would a) Allow persons identifying as “transgender” but without **gender dysphoria** to serve in their **biological gender**, if they have been “stable” for **36 months** and meet requirements for deployability; b) Disqualify persons with gender dysphoria from military service; and c) Retain “grandfathered” personnel identifying as transgender and receiving treatment under previous administration policies.

The Mattis/DoD report (page numbers noted throughout) states, *“Fitness for combat must be the metric against which all standards and requirements are judged. To give all Service members the best chance of success and survival in war, the Department must maintain the **highest possible standards of physical and mental health** and readiness across the force.”* (p. 2)

- Secretary Mattis criticized **“significant shortcomings”** in the 2016 **RAND** report, which the Obama Defense Department paid for, because it relied upon **“limited and heavily caveated data that glossed over the impacts of healthcare costs, readiness, and unit cohesion.”**
- The DoD panel of experts noted, *“Because of the RAND report’s macro focus . . . it failed to analyze the impact at the micro level of allowing gender transition by individuals with gender dysphoria . . . [T]he report did not examine the potential impact on unit readiness, perceptions of fairness and equity, personnel safety, and reasonable expectations of privacy at the unit and sub-unit levels, all of which are critical to unit cohesion.”* (p. 14)
- *“Nor did the report meaningfully address the significant mental health problems that accompany gender dysphoria -- from high rates of comorbidities and psychiatric hospitalizations to high rates of suicide ideation and suicidality -- and the scope of the **scientific uncertainty** regarding whether gender transition treatment fully remedies those problems.”* (p. 14)

In addition, RAND is faulted for selective and misleading interpreting the experiences of **Australia, Canada, Israel, and the United Kingdom** with transgenders in their militaries, and for failing to note distinctions between foreign forces and the American military. (p. 38-39)

The DoD Panel of Experts cited data and information from the **Military Health System Data Repository**, based on actual DoD experience between Oct 2015 and July 2017. This data contradicts estimates and projections in the RAND report, which the Obama Administration relied upon in changing the policy in July 2016:

- RAND had estimated that there were between **2,150 to 10,790** transgender personnel and claimed their loss would cause a readiness crisis. The Mattis/DoD report reveals that **937** active-duty service members have been diagnosed with gender dysphoria since June 30, 2016. (p. 7, Footnote #10) (An estimate that there might be **8,980** servicemembers claiming to be transgender is extrapolated from an online survey, not actual numbers.)
- From October 1, 2015, to October 3, 2017, **994** active duty Service members diagnosed with gender dysphoria accounted for **30,000 mental health visits**. (p. 22)
- Since implementation of the Carter policy, the medical costs for Service members with gender dysphoria have increased nearly **three times -- or 300%**. (p. 41)
- *“[C]urrently available in-service data already show that, cumulatively, transitioning Service members in the **Army and Air Force** have averaged **167 and 159 days of limited duty**, respectively, over a **one-year period**.”* (p. 33)
- *“**Endocrine Society** guidelines for cross-sex hormone therapy recommend quarterly blood work and laboratory monitoring of hormone levels during the first year of treatment. Of the **424 approved Service member treatment plans available for study**, almost all of them – **91.5%** – include the prescription of cross-sex hormones.* (p. 33)

RAND claimed that negative effects on readiness would be minimal because of the small number of transgender servicemembers who would seek transition-related treatment. But the Mattis/DoD report, focusing on military effectiveness and combat lethality, found that disqualifying conditions such as bipolar disorder or schizophrenia also involve relatively small numbers. **“And yet, that is no reason to allow persons with those conditions to serve.”** (p. 35)

The Mattis/DoD Report provided even more information about significant losses of time associated with transgender treatments.

- Recovery times for genital surgeries range **between six weeks and three months**. **“When combined with 12 continuous months of hormone therapy . . . prior to genital surgery, the total time necessary for surgical transition can exceed a year.** (p. 23)
- Even RAND admitted that **6% to 20%** of those receiving [male-to-female] genital surgeries experience complications and long-term disability, and as many as **25% (one in four)** of those receiving [female to male] surgeries will have complications. (pp. 23-24)
- *“Transition-related treatment that involves cross-sex hormone therapy or sex reassignment surgery could render Service members with gender dysphoria **non-***

deployable for a significant period of time – perhaps even a year – if the theater of operations cannot support the treatment.” (p. 33)

- Some commanders reported that it has been necessary to divert **operational and maintenance funds** to pay for currently-serving transgender servicemembers' extensive travel throughout the United States to obtain specialized medical care. (p. 41)

The Science Surrounding Transgender Treatments Is Not Settled

Findings in the Mattis/DoD report suggest that the high human and operational costs associated with treatments may not be helpful to people with psychological problems and gender dysphoria. The **Centers for Medicare and Medicaid Services (CMS)** recently conducted a comprehensive review of **over 500 articles, studies, and reports**, to determine if there was *'sufficient evidence to conclude that gender reassignment surgery improves health outcomes for Medicare beneficiaries with gender dysphoria . . .'* “ (p. 24)

- *“Overall,’ according to CMS, ‘the quality and strength of evidence were low due to mostly observational study designs with no comparison groups, subjective endpoints . . . small sample sizes, lack of validated assessment tools, and a considerable [number of study subjects] lost to follow-up.’ . . . CMS concluded that there was ‘not enough high quality evidence to determine whether gender reassignment surgery improves health outcomes for Medicare beneficiaries with gender dysphoria’ “* (p. 24)

One of the few credible longitudinal studies, done in **Sweden**, followed transgender patients who had undergone sex reassignment surgery for more than **ten years**, comparing them to a healthy control group. The Centers for Medicare and Medicaid Services reported: *“The [Sweden study] mortality was primarily due to completed suicides (19.1-fold greater than in the control group) . . . We note, mortality from this patient population did not become apparent until after 10 years.”* (p. 25)

- *“Transgender persons with gender dysphoria suffer from high rates of mental health conditions such as anxiety, depression, and substance use disorders. High rates of suicide ideation, attempts, and completion among people who are transgender are also well documented in the medical literature, with lifetime rates of suicide attempts reported to be as high as 41 % (compared to 4.6% for the general population).”* (p. 21)
- *“A review of the administrative data indicates that Service members with gender dysphoria are eight times more likely to attempt suicide than Service members as a whole (12% versus 1.5%).* (p. 21)
- Furthermore, *“Service members with gender dysphoria are also nine times more likely to have mental health encounters than the Service member population as a whole. (28.1 average encounters versus 2.7 average encounters per Service member)* (p. 22)
- None of the prevailing remedies for gender dysphoria *“account for the added stress of military life, deployments, and combat.”* (p. 24)

- The Mattis/DoD report warns, “Given the **scientific uncertainty** surrounding the efficacy of transition-related treatments for gender dysphoria, **it is imperative that the Department proceed cautiously** in setting accession and retention standards for persons with a diagnosis or history of gender dysphoria.” (p. 27)

Personal Privacy & Morale

Under Obama-era mandates, women objecting to the presence of biological men in their private facilities and showers essentially were told to just “get used to it.” The **Defense Health Agency** warns of the consequences of privacy violations in gender-separate military facilities:

- “[O]f the **424** approved Service member treatment plans available for study, **388** included cross-sex hormone treatment, but only **34** non-genital sex reassignment surgeries and one genital surgery have been completed thus far. Only **22** Service members have requested a waiver for a genital sex reassignment surgery.” (p. 31)
- “Low rates of full sex reassignment surgery and the otherwise wide variation of transition-related treatment . . . weigh in favor of maintaining **a bright line based on biological sex – not gender identity.**” (p. 31)
- “[A] biological male who identifies as female could remain a biological male in every respect and still be governed by female standards. Not only would this result in **perceived unfairness by biological males who identify as male**, it would also result in perceived unfairness by biological females who identify as female.” (p. 36)
- Citing the **International Olympic Committee**, the report endorses separate standards in sports competitions organized around gender-specific standards. “**Biological females who may be required to compete against such transgender females in training and athletic competition would potentially be disadvantaged.**” (p. 29, FN #110, and p. 36)
- The report also endorses uniform and grooming standards that “flow from longstanding societal expectations regarding differences in attire and grooming for men and women.” (p. 30)

The Mattis/DoD report concludes, “[T]he Department’s professional military judgment is that the risks associated with maintaining the [previous] Carter policy – risks that are continuing to be **better understood as new data become available** – counsel in favor of the recommended approach.” (p. 44)

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Prepared by the **Center for Military Readiness**, an independent public policy organization that reports on and analyzes military social issues. More information is available on the CMR website, www.cmrlink.org, and a PDF of the 33-page **April 2018 CMR Special Report** can be downloaded at <http://bit.ly/2HJR6ol>.