Defense Department Orders Acceptance of Gender Identity Delusions

A. Background and Overview

The Obama Administration has announced final plans to impose on the military the President's most extreme social experiment yet: a policy regarding transgenders in the military that orders all personnel to deny scientific facts regarding human biology. Pentagon officials appear to have no idea what they are doing, and unrealistic guidelines for implementation will be of little help to local commanders trying to make sense out of nonsense.

On October 1, 2016, the **Department of Defense (DoD)** released a 71-page Transgender Service in the Military Implementation Handbook that expands upon a DoD Instruction (1300.28) and an Transgender Service Member Policy Implementation Fact Sheet that Secretary of Defense **Ashton Carter** released on June 30. All of these documents take **LGBT law** and regulations regarding lesbian, gay, bisexual, transgender personnel to unprecedented extremes, with little regard for the impact on mission readiness.

The vocabulary and ideology of doctrinaire LGBT activists who were invited to consult with Pentagon officials appear throughout the Implementation Handbook. For example:

> *"Sex and gender are different. Sex is whether a person is male or female through their biology. Gender is the socially-defined roles and characteristics of being male and female associated with that sex. There are a number of people for whom these associations do not match. This feeling may arise in childhood, adolescence or adulthood and may result in gender dysphoria."* (p. 9)

None of these assertions are backed by empirical evidence, but the Department of Defense nevertheless plans to treat as a special class anyone who feels *"distress"* because their *"gender identity does not match their sex at birth."* (p. 9)

The Handbook further defines a transgender service member as one *"who has received a medical diagnosis indicating that gender transition is medically necessary, including any Service member who intends to begin transition, is undergoing transition, or has completed transition and is stable in the preferred gender."* (p. 12)

This definition assumes as fact what amounts to junk science. No matter how sincerely held, unsupported beliefs and emotional delusions about gender identity are not consistent with reality.

It must be extremely difficult to live with gender dysphoria, a psychological condition that requires compassion and competent treatment. Retired **Rear Admiral Hugh Scott**, an expert in military medicine, notes that the psychological disorder known as gender dysphoria cannot be verified through diagnostic tests, brain scans, or DNA analysis.

The Defense Department nevertheless has decided to treat confusion about one's sexual identity as a "civil rights" issue. Henceforth, sexual minorities will enjoy special rights that reflect LGBT fantasies and ideology, not tangible reality.

Indications of just how far the Pentagon intends to go with this appear in a section of the Handbook presenting nineteen "scenarios" that are supposed to demonstrate how the new transgender policies should be implemented. Some of these stories are simply bizarre.

For example, a military commander may have to deal with a transgendered man who announces that he is "pregnant." Another commander deals with a person undergoing transition who wants to live a double life – a uniformed man during the day on base but a woman gaining **"real-life experience" (RLE)** while off-base in the evening.

Another scenario suggests that military women who don't want to shower with biological males should simply rely on a curtain to protect their privacy. None of these scenarios acknowledge situations that many civilian and military women are concerned about - "gender pretenders" demanding entry and acceptance in private female quarters and shower rooms.

The tiny minority of people who are confused about their sexual identity are not the real problem. Political leaders and appointees who indulge LGBT activists, including single-minded contractors and consultants like the RAND Corporation, are the real source of controversies and social tensions that hurt morale and readiness.

Full implementation will require mandatory indoctrination in unscientific theories about gender in all Department of Defense schools and academies, infringements on personal privacy in conditions of forced intimacy, demoralizing pressures to violate personal values or medical ethics, erosion of trust in leadership, and diversion of scarce time and resources in pursuit of social agendas that are not consistent with core values in the military.

Unnecessary policies that create all these problems and more will not benefit or strengthen the armed forces in any way.

How Did This Happen?

This social experiment is the result of Congress' misguided vote to repeal the 1993 law regarding gays in the military, known as **Section 654, Title X**, during the 2010 lame-duck session. Congress repealed that statute, which was usually mislabeled **"Don't Ask, Don't Tell,"** on the third try - mainly because the Obama Administration made promises to Congress that were meant to be broken.

Many commitments appeared in the November 2010 report of the **Comprehensive Review Working Group (CRWG)**, co-chaired by then-DoD Defense Counsel **Jeh Johnson** and **Army General Carter Ham**. The CRWG, which was the subject of a DoD Inspector General investigation for improper activities, denied that repeal of the 1993 law would mean that LGBT personnel, including transgenders, would be included in official **Military Equal Opportunity (MEO)** non-discrimination categories. Shortly after repeal, however, the administration moved quickly to impose LGBT law and regulations on military personnel.

Contrary to recent claims that repeal has been harmless, serious consequences have played out as predicted, particularly in policy matters involving religious liberty, marriage and benefits, sexual misconduct, and special MEO status for sexual minorities.

For years, LGBT activist groups pressured **President Barack Obama** to implement their full agenda by Executive Order. On June 30, 2016, the final day of the Pentagon's last LGBT Pride Month "celebration" under President Obama, Secretary of Defense Ashton Carter delivered on the president's campaign promises.

"Gender identity" and **"transgender status"** are now considered "sex discrimination" under MEO non-discrimination categories: **race**, **religion**, **color**, **sex, sexual orientation**, **age**, and **national origin.** To accommodate a few individuals with serious psychological problems, the finest military in the world will have to test social theories that are not reality-based.

Priorities and Principles Turned Upside Down

To learn more about details of the administration's plans announced in June, the **Center for Military Readiness** submitted thirty specific questions to the Defense Secretary's Public Affairs Office. The general statement received in response did not respond to most questions, but the recently-released Handbook signals a fundamental paradigm shift with consequences far beyond the few individuals affected directly.

The Department of Defense has casually abandoned time-tested core values and principles, starting with recognition that the armed forces are fundamentally different from the civilian world:

- Fifteen findings in the now-repealed 1993 law clearly stated that the military is a ***"specialized society"*** with unique requirements that are: *"characterized by its own laws, rules, customs, and traditions, including numerous **restrictions on personal behavior**, which would not be acceptable in civilian society."*

- The statute (Section 654, Title X) also recognized that there is **no constitutional right to serve** in the armed forces. This is because our military is the only institution that has the duty **to deploy worldwide on short notice** and **to prevail in combat** should the need arise.

- Members of the armed forces must accept living conditions and working conditions that are often characterized by **forced intimacy** with **little or no privacy**.

- Findings further stated that success in combat requires military units that are characterized by ***"high morale, good order and discipline, and unit cohesion."*** Standards of conduct apply to a member of the armed forces at ***"all** times that the member has a military status, whether the member is **on base or off base**, and whether the member is **on duty or off duty**."*

A Defense Department official admitted in 2010 congressional testimony that these principles are still valid. Since Congress voted to repeal them, however, the military's unique legal code has been replaced by LGBT law and regulations that the administration has been imposing without restraint.

Retired Army **Colonel William J. Gregor**, who has written extensively on the subject, notes that LGBT directives turn sound priorities upside down. Instead of putting the needs of the military first, officials are promoting recruitment and retention of a small cohort of persons suffering from gender dysphoria.

Under LGBT law, it doesn't matter that the condition requires major, long-term medical treatment with uncertain results, often resulting in higher rates of depression and suicide. No one has explained how the recruitment of psychologically troubled individuals will improve military readiness.

The new transgender policy has turned the military into just another "equal opportunity employer." Policies that put political correctness and individual desires above the needs of the military are a radical change that will weaken the selfless culture of the All-Volunteer Force.

B. LGBT Logistics

Gender Identity "Markers"

The DoD Handbook says nothing about competent psychiatric counseling and treatment for persons who are confused about their sexuality. Instead, it uses LGBT language to describe the transgender process, which "concludes" with a bureaucratic change in the **Defense Enrollment Eligibility Reporting System (DEERS)**.

> "*Gender transition in the military begins when a service member receives a diagnosis from a* ***military medical provider (MMP)*** *indicating that the member's gender transition is medically necessary and concludes when the Service member's gender marker in DEERS is changed and the member is recognized in the preferred gender."* (p.11)

Transgender treatments are supposed to change the sex of persons who are dissatisfied with the male or female status *"assigned"* to them at birth. (p. 11) Activists never explain who did the "assigning," and how gender can be "re-assigned."

The Defense Department bought into the politically correct mindset anyway. Civilian and military "providers" will be authorized (actually, required) to initiate and validate life-changing medical treatments, including powerful hormone therapy and irreversible surgeries, to treat gender dysphoria.

If a civilian medical provider with undefined qualifications decides that transgender treatment is "medically necessary," a military medical provider (MMP) will be expected to approve transgender treatments and apply for coverage of treatments under the **Military Health System (MHS)**. Local commanders, sometimes with higher-level officials, will have the additional responsibility to request approval of a new gender marker in DEERS.

On October 6, 2016, Air Force Secretary **Deborah Lee James** signed a memorandum calling for an additional layer of bureaucracy that is not mentioned in the Defense Department Handbook or in any other services directives. The James memo states that a centrally-located Air Force **Medical Multidisciplinary Team (MMDT)** will be *"comprised of a case manager, a mental health provider, an endocronologist and/or a surgeon "knowledgeable in transgender medical care."* (p. 15)

The James memo does not specify military status or qualifications for MMDT members, but it is very likely that this panel and others like it will include only members who subscribe to LGBT-approved remedies for gender-related psychological problems. This is like pressuring a patient with heart problems to undergo major surgery, without seeking an independent second opinion.

Instead of safeguarding the interests of the patient, such a system would introduce political ideology into the patient/doctor relationship. The only medical personnel available to treat gender-confused people will be those who are well-versed in *"feminizing"* or *"masculinizing"* hormone treatments and sometimes surgeries that attempt to change a person's appearance by altering or removing healthy organs.

C. Sex-Change Therapy, Psychology, and Reality

Denying DNA

There is no rational reason to believe that a bureaucratic "marker" is the equivalent of human **deoxyribonucleic acid**, known as **DNA**. True DNA markers exist in pairs of human chromosomes – **XX** in females and **XY** in males. Gender is *identified* at birth, not *"assigned,"* and a person's distinctive DNA exists in every cell of his or her body.

Dr. Paul McHugh, the Distinguished Service Professor of Psychiatry at **Johns Hopkins University**, has studied transgenderism and sex-change surgery for more than 40 years. Among other things, Dr. McHugh has challenged the notion that gender identity can be "assigned." As he wrote in a chapter of his book titled *Surgical Sex,"[H]uman sexual identity is mostly built into our constitution by the genes we inherit and the embryogenesis we undergo."* (First Things, 2004)

In a *Wall Street Journal* op-ed titled Transgender Surgery Isn't the Solution, Dr. McHugh explained that transgendered persons suffer from a *"disordered assumption"* about their own maleness or femaleness:

> *"The transgendered suffer a disorder of 'assumption' like those in other disorders familiar to psychiatrists . . . [e.g.] persons suffering from anorexia or bulimia nervosa, where the assumption that departs from physical reality is the belief by the dangerously thin that they are overweight. . . With the transgendered, the disordered assumption is that the individual differs from what seems given in nature – namely one's maleness or femaleness."*

Dr. McHugh explained that in the 1960s, Johns Hopkins University pioneered "sex-reassignment" surgery for persons who did not identify with their biological sex. The hospital discontinued the practice when follow-up studies in the 1970s found that operations on healthy tissue did not improve psycho-social adjustments. Medical ethics forbid surgery that will not improve the patient's condition.

Anyone whose beliefs about their body do not match reality should be treated with compassion and competent psychological care – not reinforcement of their mental disorder.

Politicizing Medical Care

If a civilian doctor, an Air Force Multidisciplinary Team, or higher-level promotable officers concur in a diagnosis of gender dysphoria and prescriptions for long-term hormone and/or surgical treatments, local commanders will be pressured to go along with politically-correct plans of action that Dr. McHugh has described as "*collaborating with mental illness."*

Dr. McHugh highlighted ways that transgender hormone or surgical treatments can harm patients, especially children, adding, *"We have wasted scientific and technical resources and damaged our professional credibility by collaborating with madness rather than trying to study, cure, and ultimately prevent it."* (First Things)

Dr. Joseph Berger, certified as a specialist in Psychiatry by the **Royal College of Physicians and Surgeons of Canada** and by the **American Board of Psychiatry and Neurology**, challenged LGBT orthodoxy during a political debate in **Canada**. Having read legal arguments from advocates for legislation establishing special transgender rights, Dr. Berger said in a statement, from a medical and scientific perspective, *"there is no such thing as a 'transgendered' person."* (LifeSite News, Ottawa,11 January 2013)

Terms such as *"gender expression"* and *"gender identity,"* said Dr. Berger, were at the very least ambiguous and more an emotional appeal than a statement of scientific fact. Dr. Berger described claims that transgendered people are "trapped" inside a body different from the gender they wish to be are based on *"feelings, not science."*

"The medical treatment of delusions, psychosis or emotional happiness is not surgery . . .[*W]hat we are talking about, scientifically, is just unhappiness, and that unhappiness is being accompanied by a wish – that leads some people into taking hormones that predominate in the other sex, and even having cosmetic surgery designed to make them 'appear' as if they are a person of the opposite sex."*

Dr. Berger added that cosmetic surgery will not change the chromosomes of a human being, in that it will not make a man become a woman, capable of [female reproductive functions]; nor will it make a woman into a man, capable of [male reproductive functions]. *"These are the scientific facts. There seems to me to be no medical or scientific reason to grant any special rights or considerations to people who are unhappy with the sex they were born into, or to people who wish to dress in the clothes of the opposite sex."*

Moreover, Dr. Berger stated that the arguments put forward by those advocating for special rights for gender confused people have no scientific value and are subjective and emotional appeals with no objective scientific basis.

The Department of Defense has failed to question the notion that politically-correct, LGBT-prescribed treatments solve psychological problems. In April 2016, the **National Endocrine Society** reported that among transgendered military vets studied at a single veterans' hospital, **90%** had at least one mental health diagnosis, and nearly **50%** had been hospitalized after a suicidal attempt or suicidal thoughts. (Science Daily, April 1, 2016)

The **Centers for Medicare & Medicaid Services (CMS)** recently declined to provide a National Coverage Determination for gender reassignment surgery, citing an insufficiency of evidence regarding any positive health outcomes from gender reassignment surgery.

Gender cannot be "re-assigned" with changes in clothing and hairstyles, hormone therapy, surgical alterations in appearance, or removal of healthy body parts. The DoD Implementation Handbook nevertheless suggests that as soon as a person obtains an official change in their bureaucratic gender marker, everyone else will have to act as if a sexually-confused person really has changed their biological gender identity. These recommendations could have far-reaching negative consequences far beyond the few people they intend to help.

Destroying the Purpose of Military Medicine

Campbell School of Law **Professor William A. Woodruff**, a retired Army Colonel and Judge Advocate General, has noted that implementation mandates will destroy the very principles on which military medicine is based:

> *"Generally speaking, medical readiness seeks to enhance force readiness by providing the commander with healthy and fit individuals capable of accomplishing the mission. In other words, military medicine exists as a* ***combat multiplier****; it seeks to keep the troops healthy so they can fight or patch them up and get them back in the fight."*

Now the Pentagon is turning this principle upside down, forcing the military and its medical system to recruit and retain individuals with mental health problems and long-term treatment requirements that detract from personal readiness and combat effectiveness.

Thanks to this paradigm shift, the military and overburdened Veterans Health System will be obligated to pay for continuing treatments of dubious value, without adding anything to the strength and effectiveness of the All-Volunteer Force.

Infringements on Religious Liberty and Medical Ethics

The DoD Instruction released in June states that commanders may not deny *"medically-necessary treatment"* to a service member or *"accommodate biases against transgender individuals."* (DoDI 1300.28, Oct. 1, 2016, pp. 10-12) Implementation directives do not include any "conscience" protections for persons who object on grounds of religion or medical ethics.

This means that anyone who denies hormone or surgical treatments to accomplish gender transition could be perceived as *"biased"* against transgendered persons as a protected MEO class. Anyone facing career-ending charges of discrimination will have no recourse but to leave (or avoid joining) the military.

In his *Wall Street Journal* op-ed, Dr. Paul McHugh of Johns Hopkins explained the importance of medical ethics. His university was among the first to perform sex-reassignment surgery in the 1960s. In the 1970s, the university launched a study comparing the outcomes for transgendered people who had undergone surgery with the outcomes of those who did not.

The data showed that the psycho-social adjustments of most surgically-treated patients were no better than those who didn't have the surgery. Johns Hopkins, therefore, stopped doing sex-reassignment surgeries, and several other institutions did the same. Wrote Dr. McHugh, *"[P]roducing a 'satisfied' but still troubled patient seemed an inadequate reason for surgically amputating normal organs."*

The administration has nevertheless taken the side of LGBT ideologues who want to intimidate medical professionals with charges of "discrimination." Defense Department officials soon will start pressuring health care professionals and their commanders to declare hormone and surgical treatments "medically necessary," even without evidence that extreme measures will reduce psychological problems or strengthen mission readiness in any way.

Over time, the military and veterans' medical systems will lose good doctors and nurses, reducing the availability of health care for everyone. Short- and long-term costs of losing valuable medical personnel are not included in current cost estimates, and they may never be known.

As with the initial stages of LGBT law, implemented in 2011, Pentagon officials do not ask why people leave the military prematurely and there is no opportunity to tell.

D. Costs and Unintended Consequences

Military Medical Providers

The DoD Instruction stipulates there must be a medical diagnosis of transgender status from a "military medical provider" (MMP). It does not specify qualifications of the MMP, or encourage examination by an independent specialist. (p. 8) Such a doctor would have to be sought outside of the Military Health System, because under the new rules, the MHS will not support medical personnel who do not prescribe approved transgender treatments.

The Instruction also states that a request for transgender medical treatment must be honored within 90 days. (p. 11) The Defense Department has not provided information on any other category of health care having a

similar time-limit mandate. Transgenders are eligible for transportation and leave time for treatment from civilian or military medical providers at other locations. Estimates of these costs are not available.

It appears that there was no effort to calculate the cumulative cost of lost time or absence from deployments during recovery from sex-change treatments and surgeries. Transgender numbers will be small, but generous medical benefits with less operational commitments might become an attractive incentive for some sexually-confused individuals who cannot afford transition treatments on their own.

Questionable Estimates

The Defense Department cites cost estimates produced by **RAND Corporation**, a DoD-subsidized, largely academic source of reports that have promoted liberal social agendas for decades. The 2016 Rand report titled Assessing the Implications of Allowing Transgender Personnel to Serve Openly is almost entirely focused on the desires of a military transgender population of unknown size.

RAND estimates that there are somewhere between **1,320** and **6,630** transgender service members on active duty. These imprecise numbers are based on various LGBT activist sources, such as **Michael D. Palm Center** (formerly the **Center for the Study of Sexual Minorities**), the **World Professional Association for Transgender Health (WPATH)**, and the **Williams Institute.**

These organizations, and more, produce LGBT advocacy polemics dressed up in academic language, but their predictions often are proven wrong. According to the AP, as of October 2016 only ten Army soldiers have applied for gender identity change.

The DoD and RAND reports also cite the experiences of several foreign militaries, such as the **Netherlands**, **New Zealand**, and **Australia**. None of these allies are comparable to the American armed forces or adversaries our troops might face. The **Israeli Defense Forces** conscript able-bodied citizens, but the **IDF** operates within a compact geographic area, not vast regions of the world where America's expeditionary combat forces are deployed.

According to the Associated Press, transgender hormone therapy costs approximately **$15,000**, and male-to-female surgery costs **$36,000**. The RAND report doesn't use these numbers to calculate costs, however, explaining that they do not expect all transgenders to seek or undergo surgery. This expectation results in a ridiculously imprecise estimate -- from **$2.4 million** to **$8.4 million –** which RAND calculates as an **0.13%** increase in active-component health costs.

RAND's report includes a cringe-inducing list of medical terms describing surgical amputations or augmentations of male or female body parts. The report also repeats LGBT activist claims that these procedures are no different from cancer-related mastectomies and reconstructive surgeries for soldiers suffering genital injuries in combat. (p. 8)

These comparisons are absurd, since operations on healthy organs are not the same as medical procedures to cure disease or repair combat injuries –- especially when surgery does not relieve psychological problems and may make them worse.

Wild-guess cost estimates do not include lifetime costs when medical benefits are eventually extended to family dependents and retirees. The only thing known for sure is that none of the expenses involved will improve military readiness in any way.

Family Dependents and DoD Schools

On October 21, *Military Times* reported the story of "Blue," a service member's 11 year-old child who was born a boy but wants to be a girl. Initially, the school principal at a **DoD Education Activity (DoDEA)** school in **Ramstein, Germany,** allowed Blue to use the girls' restrooms.

The district superintendent overruled that policy, however, citing pending litigation that several states filed in response to a "Joint Guidance" memorandum that the **Departments of Education and Justice** issued on May 13, 2016. The controversial memo ordered civilian schools to open restrooms to all children based on their preferred gender.

The Department of Defense had been accommodating transgender students on a case-by-case basis, with few problems. The district superintendent suggested that Blue use single-person bathroom facilities already available on a different floor, but that option was not acceptable to the **American Military Partner Association**, an LGBT activist group.

The **AMPA** accused the superintendent of violating the child's civil rights. When a transgender reporter posted the story on NBC Out, the Defense Department changed their policy overnight.

On October 26, **Todd A. Weiler**, Assistant Secretary of Defense for Manpower & Reserve Affairs, issued a memorandum directing all military services to apply the DoJ/DoE Joint Guidance regarding transgenders in schools to all DoD Educational Activity Schools and Youth Programs.

This policy will apply in all DoDEA schools around the globe – the largest system in the world. This was done even though military dependents currently are not covered by LGBT mandates applied to active-duty and reserve personnel. If parents who send their children to the DoDEA schools are uncomfortable with these arrangements, they will not be free to say so if they want to stay in the military.

Before long, the administration's policies likely will be imposed on military service academies and colleges worldwide, with serious impact on gender-separate dorm and athletic facilities for male and female cadets and midshipmen. It is not clear whether male-to-female transgenders will be eligible to participate in military women's sports teams.

Nor is it clear whether female to male transgendered personnel will have to meet PFT/CFT (Physical Fitness Test/Combat Fitness Test) and MOS (military Occupational Specialty) standards for men, particularly in the combat arms.

As reported earlier, plans are being made for LGBT sensitivity training in all DoD schools, from kindergarten to the war colleges. None of the estimates of cost include lost hours devoted to such politically-correct LGBT-approved training, which will earnestly try to convince intelligent human beings that the science of human biology may not be believed.

E. Best-Case and Real-World Scenarios

Will Male/Female Body Privacy Be Respected?

Campbell University Professor of Law **E. Gregory Wallace** has noticed peculiar contradictions in the Obama Administration's enforcement of transgender policies in civilian schools and the military.
Writing in a *Hill* article titled Barack Obama's Upside-Down Transgender Policy, Professor Wallace described the administration's harsh criticism of HB2 - legislation passed in North Carolina in reaction to

federal mandating access to showers and bathrooms, dorms, and locker rooms for self-proclaimed transgendered students identifying with the opposite sex.

HB2 simply states that persons with male anatomy will use male-designated private facilities, and vice versa, but public criticism was over the top. Attorney General **Loretta Lynch** compared North Carolina's common sense legislation with *"Jim Crow-era laws that segregated bathrooms on the basis of race."* The Department of Justice sued North Carolina in federal court, claiming that HB2 violates federal civil rights statutes.

If civilian parents don't want their daughters undressing and showering next to persons with male body parts, well, that's too bad. Prof. Wallace notes, *"Obama's 'guidance' to schools places the burden for avoiding such awkward and embarrassing situations squarely on non-transgender students. They must seek alternative arrangements or facilities."*

In contrast, the DoD Transgender Implementation Handbook temporarily restrains transgender access to gender-separate multi-occupancy facilities until requirements to change DEERS gender markers are met. Prior to that legal designation, commanders are directed to respect personal privacy to the greatest extent possible. As stated in an email to CMR from the Office of the Secretary of Defense on August 10, 2016,

> *"The [DoD] policy recognizes that commanders may implement reasonable accommodations to respect the privacy interests of service members, both transgender and non-transgender. We are confident that commanders can address these issues with minimal, common sense measures."*

The DoD Implementation Handbook mentions the need for respect of others' privacy, and allows for minimal adjustments such as curtains or adjusted times for individuals to use shower facilities. These options don't eliminate concerns about "gender pretenders" in private facilities, but they are quite different from administration policies that equate gender identity with race.

The Instruction states that a service member will use berthing, bathroom, and shower facilities associated with their DEERS-assigned gender marker. (p. 8) This omits any mention of the feelings of other service members occupying those same private places in various stages of undress.

When CMR asked whether servicewomen would be subject to adverse personnel actions if they object to the presence of people with administrative "markers" different from their biological DNA, the Defense Department refused to answer.

Secretary Carter's swift decision to open the bathroom doors of all Department of Defense schools clearly indicates where officials are going with this. Common sense soon will take a back seat to ideology. Assurances to the contrary will have no meaning when pro-LGBT litigants persuade federal courts to impose the administration's radical views on everyone in the name of "civil rights."

Benefits for Retirees and Dependents

Presently, DoD Transgender Implementation plans do not include retirees and family dependents. Advocates will not be satisfied, however, until transgender therapies, surgeries, and treatments are covered for retirees and dependents on the same basis as other medical benefits.

Before Congress voted to repeal Section 654, Title X in 2010, the administration denied many of the consequences that have been playing out ever since. The same "bait and switch" tactics are being used now, but they are likely to collapse if a future administration decides to present yet another "gift" to activists during LGBT Pride Month in June.

An AP report about a 13-year-old transgender student named Jenn has started the campaign already. Jenn wants hormone treatments to sustain her preferred female gender, but her father's employer, the U.S. military, is painted as the villain for denying those treatments.

The article quotes the **National Center for Transgender Equality**, complaining that the new rules don't go far enough. Dependents like Jenn are not covered for hormone treatments or surgeries that active-duty personnel can receive at Defense Department expense. The activists demand that the administration extend benefits to all by Executive Order, regardless of the cost.

Such a change would raise serious ethical considerations. Should the Department of Defense be politicizing medical decisions affecting young children, which could result in irreversible psychological problems and regret for the rest of their lives? In view of disproportionately high rates of suicide among transgender patients, with or without surgery, this is a question that deserves serious consideration.

A separate decision to allow retirees and dependents to change their gender ID on official documents, in order to receive military benefits, makes it clear that the Department of Defense intends to extend special status to retirees and dependents who are transgendered or related to a service member who is, on an incremental basis. **Incrementalism + Consistency = Radical Change.**

A Failure of Leadership

In the waning days of the Obama Administration, Pentagon officials have shifted to local commanders the responsibility to resolve highly-emotional, complicated psychological issues, under threat of career penalties if they make decisions that might be considered "discriminatory."

Due to the Administration's myopic focus on the minority at the expense of the majority, mid-level commanders will have to engage in social work and cultural change that will increase inter-personal tensions while decreasing morale and readiness.

This "pass-the-buck" strategy creates ethical conflicts for all concerned, but Pentagon officials and compliant military leaders are unlikely to be held accountable for their failures of leadership.

The Handbook stipulates that if a transitioning service member seeks Military Health System coverage for outside treatment, a military doctor and the transitioning person's commander must approve MHS coverage. The same officials will have to certify when transition is "complete," justifying change in the person's DEERS gender marker.

This process will require countless hours and untold resources trying to manage psychological issues and problems that contribute nothing to successful accomplishment of military missions.

Rose-Colored Scenarios & "Real-Life Experience" (RLE)

Annex C of the Handbook includes 19 scenarios illustrating ways to handle expected problems. All of the scenarios recommend variations of *"open lines of communication between the Service member and the commander,"* followed by *"ongoing communications."* (Handbook, pp. 48-69)

Given the complexity of each scenario, and many more that are beyond imagination, it is difficult to understand how military commanders with one or more transgenders in their unit would have sufficient time to concentrate on other matters, including mission readiness.

Readers of the *Wall Street Journal* on October 5 may have been startled to read how Department of Defense expects transgender scenarios to play out. For example:

> *"Lt. Marty changed his gender marker in the Service personnel data system from female to male after completing an approved transition plan. Lt. Marty has not had sex reassignment surgery as part of the transition plan and is working with his military medical provider (MMP) on a plan to start a family. Lt. Marty approached his commanding officer a few weeks ago and mentioned he was pregnant."* (Scenario #3, p. 50)

The scenario above demonstrates what happens when biological reality intrudes on fantasy. And this one raises questions about male/female physical attributes that will not change with a mark on a piece of paper:

> *"A senior officer, Tony, is transitioning to become Tanya. The officer is about halfway through the gender transition timeline agreed upon with his MMP and commander and is taking feminizing hormone therapy. The officer is aware that male standards (berthing, uniform, BCA, PRT, etc.) will still apply until his transition is complete. However, midway through hormone treatment, it becomes increasingly difficult for Tony to meet the male body composition and physical readiness standards. Tony's Commander is supportive, but several key unit training events have been scheduled over the next several months, making immediate accommodation difficult."* (Scenario #1, p. 48)

If senior officer Tony is the commander of an **Army** or **Marine Corps infantry**, **armor**, **artillery**, or **Special Operations Forces** battalion, superiors will have to replace him as the fighting team leader, perhaps at the worst possible time just before or during a deployment. This would be a clear loss for unit cohesion and combat effectiveness, but scenario responses focus only on the desires of Tony transitioning to Tanya.

Left unaddressed are problems that individuals and units will face when powerful hormones wreak havoc with physiology. Feminizing hormones weaken muscle strength, and masculinizing hormones increase androgens in women who still will not be as strong as men, especially in the combat arms. This is a recipe for increased injuries, resentments, and mission failures under fire.

The Transgender Implementation Handbook states that before transition occurs, with or without the commencement of cross-sex hormone therapy or surgery, the transgendered person may live a double life. (p. 12) During what is called "real-life experience" (RLE) during transition, individuals may appear in their birth gender while on duty, but assume their "preferred" gender identity while off duty.

Two of the 19 Handbook scenarios illustrate real-life experiences in a transgendered double life that would be particularly problematic:

> *"A Service member has been undergoing transition for the last three months, from male to female, and his gender marker has not been changed in the Service's personnel data system. Only the immediate chain of command is aware of this transition. The Service member desires to attend an off-post unit event dressed as a female."* (Scenario #16, pp. 65-66)

> *"A Service member has been undergoing transition for the last three months, from male to female, and has not yet changed his gender marker in the Service's personnel system. The unit is aware of his transition. He is preparing to begin his RLE after duty hours (i.e., wearing make-up, wigs, and female clothing) and he would like to so in his barracks room, unit day room, and on the military installation. He is still using the male facilities."* (Scenario #17, p. 66)

Responses to both scenarios stress *"communication"* and *"proper training"* of unit members as the primary solution to most problems. The second case, however, veers into full-scale PC pandering.

Scenario #17 suggests that the service member request *"extended leave, transfer to IRR (Individual Ready Reserve), ING, (Inactive National Guard), or Career Intermission Program/Temporary Separation in accordance with Service policy, to allow the Service member to live in their preferred gender and conduct RLE. Care should be taken to not apply any undue pressure on the Service member to avail himself of these voluntary options."*

Perhaps the scenario suggestion was offered as a way to avoid awkward situations, such as junior personnel visiting a nightclub and seeing their male CO dressed as a woman. The solution fails to mention the impact on morale when a transgendered person takes generous time off to enjoy RLE – real-life experience dressed as a person of the opposite sex.

This and other examples of behavioral dissonance demonstrate the consequences of scrapping the former statute stating that standards of personal conduct apply to a member of the armed forces at *"all times that the member has a military status, whether the member is on base or off base, and whether the member is on duty or off duty."*

Resulting disciplinary problems will be only one side-effect of denying scientific fact and fundamental values of military culture.

SCCC Advisors

In various places, the Implementation Handbook mentions that local commanders should consult with a **Service Central Coordination Cell (SCCC)** to receive expert guidance.

The Fact Sheet released with Secretary Carter's announcement on June 30 mentioned "advocacy groups" as participants in the policy-making process, so it is not surprising that all documents incorporate the vocabulary and agenda of LGBT activist groups and think tanks; i.e., the **National Center for Transgender Equality**, the **Human Rights Campaign**, and RAND Corporation.

CMR asked for but more information about the make-up of SCCC advisors. For example:

- Will SCCC members be military or civilian, and what will their qualifications be?
- Will experts in the field of psychology or psychiatry who object to sex-change surgeries on ethical grounds, or who question the definition of "transsexualism," be included on the SCCC?
- Will representatives of advocacy groups mentioned in the Transgender Service Member Policy Implementation Fact Sheet, be consulted by or included on the SCCC?
- Since the Instruction states on page 11 that commanders must "comply with the provisions of this issuance . . . and consult with the SCCC," does this mean that the SCCC members will have authority to criticize or overrule the judgment of the commander, thereby triggering adverse personnel actions?

As of October 2016, the Defense Department has not responded to these questions.

F. Conclusion

On June 30 Secretary of Defense Ashton Carter made the ridiculous claim that the greatest military in the world cannot succeed without transgendered personnel. His statement revealed a fundamental misunderstanding of the purpose of the military, and monumental naivete about the long-term consequences of his irresponsible action.

This issue does not center on the few people who suffer from gender dysphoria, a psychological condition that makes them vulnerable to emotional harm. All transgenders deserve compassion and competent medical care, not substandard care in a politicized military health system.

Issues such as this distract attention from what must be done to strengthen our military and its readiness to defend the country. In the next administration, the Department of Defense must conduct a full, objective review of the consequences of social engineering in the military, issuing new orders that put military readiness first.

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