



# Center for Military Readiness – Policy Analysis –

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## 2018 Trump/Mattis Transgender Policy Promotes Military Readiness

On the issue of transgenders in the military, President **Donald J. Trump** and former Defense Secretary **James Mattis** did the right thing, for the right reasons. The Administration has seized the high ground and is fighting in the federal courts to keep it.

**On February 22, 2018**, Secretary Mattis submitted recommendations on the eligibility of persons who identify as transgender to serve in uniform. Mattis' 3-page [Memorandum](#) promoted sound priorities: mission readiness and combat lethality. “[P]ersonal characteristics, including age, mental acuity, and physical fitness – among others – matter to field a lethal and ready force.”

Mattis also submitted results of a study done by a Pentagon panel of military and medical experts. Their [44-page report](#) cited **Department of Defense (DoD)** data documenting high health care costs and other issues affecting morale, cohesion, and overall readiness. President Trump [endorsed](#) the new policy on **March 23, 2018**, but litigation has blocked implementation.

The **Trump/Mattis** policy takes 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 following points summarize a CMR Special Report titled [Trump Transgender Policy Promotes Military Readiness...Not Political Correctness](#). The 34-page **CMR Special Report** highlights many reasons why the Trump/Mattis policy deserves support:

- 1. RAND Report Discredited** –The Mattis/DoD report (page numbers noted throughout) took issue with a 2016 **RAND** report that former Defense Secretary **Ashton Carter** used to justify revocation of long-standing policies regarding persons identifying as transgender or diagnosed with gender dysphoria – a psychological condition involving confusion about gender identity.
  - Secretary Mattis criticized "**significant shortcomings**" in the 2016 RAND report, (paid for by the Obama Defense Department) because it relied upon “limited and heavily caveated data that glossed over the impacts of healthcare costs, readiness, and unit cohesion.”
  - The DoD report added, “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, the DoD report faulted RAND 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)

**2. Military Health System Data** – 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 contradicted 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 revealed that **937** active-duty service members had 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 Ashton Carter’s mandates, 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 readiness, 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)

**3. Duty Lost Time** – 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 had been necessary to divert operational and maintenance funds to pay for active-duty transgender servicemembers' extensive travel throughout the United States to obtain specialized medical care. (p. 41)

**4. Transgender Science Is Not Settled** – Findings in the Mattis/DoD report suggest that the high human and operational costs associated with transgender treatments may not be helpful to people diagnosed with gender dysphoria or other psychological conditions.

- 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)

**5. Elevated Mental Health Risks** – As stated in the DoD report, “Transgender persons with gender dysphoria suffer from high rates of mental health conditions such as anxiety, depression, and substance use disorders.” (p. 21)

- “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 warned, “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)

**6. Surgeries, Personal Privacy, & Morale** – Under [Obama-era mandates](#), women objecting to the presence of biological men in their gender-specific private facilities and showers essentially were told to “just get used to it.” The Defense Health Agency warned 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 endorsed 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 DoD report also recommended 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 concluded, “[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)

**7. Lawsuits Challenge Trump/Mattis Policy** – Starting in the fall of 2017, four activist district judges issued nationwide preliminary injunctions to block implementation of the Trump/Mattis policy, even though Article III of the Constitution does not empower judges to run the military. On January 4, 2019, a three-judge panel of the **Court of Appeals for the District of Columbia Circuit** ruled in favor of the Trump Administration in a case titled *Jane Doe v. Trump*. And on January 22, the **U.S. Supreme Court (SCOTUS)** granted a **Department of Justice** request for stays of the district court national injunctions, The Supreme Court stayed preliminary injunctions in **Washington, D.C., Seattle, WA, and Riverside, CA**, pending further litigation, and the fourth (**Baltimore, MD**) likely will follow for the same reasons. The SCOTUS ruling signaled that the Defense Department’s new policy could prevail when cases are heard on the merits.

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*Prepared by the **Center for Military Readiness**, an independent public policy organization that reports on and analyzes military social issues. Articles cited in this summary are available on the CMR website, [www.cmrlink.org](http://www.cmrlink.org), and a PDF of the 34-page April 2018 CMR Special Report can be downloaded at <http://bit.ly/2HJR6ol>.*