



The President, Defense Department & Military Services Should Revoke Problematic Transgender Policy Directives and Instructions



CMR Special Report

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NOTE: This **CMR Special Report**, in its entirety, is accessible in PDF format by pasting or keying the following URL into your web browser address bar:
https://cmrlink.org/data/sites/85/CMRDocuments/CMR_TransgenderPolAnalysis.pdf.
The PDF provides hyperlinks to highlighted documents, including additional sources referenced in all endnotes.

*Prepared by the **Center for Military Readiness**, an independent public policy organization that reports on and analyzes military/social issues. More information is available at www.cmrlink.org.*

Executive Summary

The Trump Administration has a mandate to restore the strength of our military and to put an end to political correctness in the Pentagon. This will not be possible if problematic policies, issued and implemented during the Obama Administration, are retained. This CMR Special Report lists specific directives, memoranda, instructions, handbooks, and documents related to one of the military/social issues of concern to CMR. Each item explains why the directives are problematic, and includes recommendations for possible administrative actions to remedy or avoid further damage. Summary numbers below correspond with items in the full report.

Presidential Memoranda & Proclamations

Mandates to enforce demographic diversity -- a concept that departs from non-discrimination and recognition of individual merit -- are at the root of political correctness in the military.

1. President Obama's October 2016 Memorandum promoting "Diversity and Inclusion in the National Security Workforce" established skewed priorities and government-mandated discrimination to the detriment of national security.
2. Annual proclamations of June as LGBT Pride Month invite more special interest demands that run contrary to the best interests of the military.

Department of Defense Memoranda & Directives

3. In June 2015, the DoD reversed its own previous position, adding "sexual orientation" to Military Equal Opportunity (MEO) categories. This decision was the first step in changing the culture of the military to just another EO employer.
4. One year later, as CMR predicted, Secretary of Defense Ashton Carter issued the initial Memorandum ordering acceptance of transgenders in the military. Carter's Directive reflected doctrinaire LGBT ideology that is based on delusion, not biological realities.
5. Also in June 2016, Secretary Carter issued an Instruction prescribing medically-questionable procedures for treatment of gender dysphoria, culminating in "transition" from one gender to the other by changing one's "gender marker" in Defense Department records.
6. The September 2016 DoD Transgender Handbook includes a set of scenarios describing bizarre situations that commanding officers are expected to handle. The document ignores warnings from medical experts who have questioned underlying assumptions and results of irreversible hormone or surgical treatments.
7. This October 2016 memo imposed on all DoD schools worldwide a controversial "open-door" bathroom and shower policy in line with "guidance" issued by the Departments of Justice and Education in May 2016. Since that guidance has been rescinded, the DoD memo also should be dropped before military families leave in protest.

8. This Fact Sheet, issued in June 2016, mentions minimal restrictions on the availability of transgender health care. Estimates of long-term costs of potentially-harmful treatments, primarily from LGBT activist groups, should be reconsidered objectively and measured against more pressing needs.
9. In this July 2016 memo, DoD Health officials order medical professionals to authorize or participate in long-term transgender treatments that violate individual beliefs or medical ethics, even though major studies have shown no long-term benefits for patients or reductions in suicide rates.

Various Military Services

10. Holdover Navy/Marine Corps officials issued this controversial “Roadmap” on January 23, 2017, after the Trump Inauguration. Declaring that “*diversity is a strategic imperative,*” the document substitutes percentage-based demographic quotas for principles of non-discrimination and recognition of individual merit.
11. This Navy Briefing Guide forces all personnel, including military doctors and nurses, to choose between their careers and their own professional ethics and personal beliefs. The mandate disregards credible studies documenting higher rates of psychological problems and suicides associated with gender-altering treatments and surgeries.
12. The Navy Toolkit discusses persons living a double life, called “real-life experience,” which allows them to appear as one gender on-base and their “preferred” gender off-base. Sources cited include gay activist groups like the Human Rights Campaign and the Michael D. Palm Center.
13. The Army Directive orders all personnel to accept transsexuals having a new “gender marker” in bathrooms, showers, and other private areas, showing zero concern for the feelings of women exposed to “gender pretenders” taking advantage of the situation.
14. This Army Training Briefing requires that commanders approve complex, high-risk procedures, overseen by distant Army Service Central Coordination Cells (SCCCs) and a Pentagon political appointee. Sample “Vignettes” make no sense, except to LGBT activists who helped write them.
15. The Air Force Memorandum instructs commanding officers to consult with remote “experts” called Service Central Coordination Cells – a policy that would deprive gender-confused personnel of non-political, objective medical advice before making irreversible decisions affecting their physical and psychological well-being. ■

Department of Defense & Military Services Should Revoke Problematic Transgender Policy Directives and Instructions

Background & Overview

In recent years, **President Barack Obama** and the **Department of Defense** ordered implementation of many controversial changes in policies affecting uniformed women, men, and the unique culture of the military. Benefits of transgender policies are negligible in terms of readiness, but unresolved problems resulting from flawed policies are likely to be many.

All mandates listed below were administrative. **President Donald J. Trump** and **Secretary of Defense General James Mattis** are not obligated to retain them. Rebuilding our military will not be possible if Obama Administration military/social policies are allowed to remain in place.

The mission of the military is to defend America; it is not just another “equal opportunity” employer. The military defends individual rights, but it must be governed by different rules. Keeping these principles in mind, the Trump administration should pursue paramount goals that Secretary Mattis has stated: **mission readiness and lethality in battle**.

After a full, objective review of experimental policies imposed by the previous administration, officials should consider repealing these administrative orders, or revising some to strengthen the **All-Volunteer Force**. During this process, officials should be careful not to adversely affect individuals participating in experimental policies in previous years.

In excerpts of the following documents, which require careful review and repeal, emphasis is added throughout.

PRESIDENTIAL MEMORANDA & PROCLAMATIONS

1. Office of the President: [Presidential Memorandum Promoting Diversity and Inclusion in the National Security Work Force](#), signed by President Obama, Oct, 5, 2016, 7 pages ¹

Purpose: To provide guidance to the national security workforce, and to strengthen the talent and diversity of their respective organizations. In addition to the Department of Defense, this memorandum affects other government departments, agencies, offices, and entities that are primarily engaged in diplomacy, development, defense, intelligence, law enforcement, and homeland security.

Problem: The October 2016 memorandum imposes skewed priorities, maintaining that our “*greatest asset in protecting the homeland and advancing our interests abroad is the talent and diversity of our national workforce.*” (p. 1)

Historically, the word “diversity” has been a positive one. And it is true that diversity resulting from equal opportunity and non-discrimination benefits any organization. But there is no research or data to support the politically-correct notion that demographic diversity is the paramount factor in an organization’s achievement of success.

This is because ideologues have changed the definition of the word “diversity.” It used to mean fair treatment, non-discrimination, and recognition of individual merit. Now “diversity” has been redefined to mean **demographic group rights** measured in numbers and percentages.

The memo drops all pretense of true equal opportunity by mandating a “**data driven approach**” to prove demographic “**diversity metrics**,” another name for **quotas**. In recent years uniformed and civilian military leaders have denied the existence of quotas while simultaneously calling for female percentages of **25%** or more. ² Demographic quotas for favored groups, which diversity advocates admit are not designed to treat everyone the same, are inherently discriminatory and divisive. ³

The memorandum states, “...*these data do not necessarily indicate the existence of barriers to equal employment opportunity.*” It nevertheless mandates annual reports to determine “*metrics such as the **New Inclusion Quotient (New IQ) Index score.***” Demographic data is supposed to be compared to comparable civilian labor forces and “*barrier analyses*” related to diversity and inclusion. (p. 3)

The document adds, “*Further, agencies may also collect additional demographic data, such as information regarding **sexual orientation or gender identity.***” (p. 4) Adding sexual orientation or gender identity to long-standing non-discrimination categories such as race, color, religion, and national origin should raise questions.

The criminal behavior of **Pfc. Bradley Manning**, who later announced his desire to be a woman called **Chelsea Manning**, is an egregious example of what can happen when the Defense Department assumes the risk of recruiting or retaining persons suffering from psychological disorders of any kind. ⁴ Confusion about gender identity requires family compassion and competent psychological treatment, not special civil rights status and extraordinary accommodations that are not offered when other physical or mental conditions affecting personal readiness are involved.

The document’s sweeping mandates for constant reports to measure demographic numbers, enforced with implied career penalties for non-compliance, amount to government-sponsored discrimination to promote group rights to the detriment of national security. Individual rights would apply only to members of favored groups.

Mandatory compliance affects every personnel policy area, including training standards for military women and men. ⁵ With diversity metrics as the paramount goal, standards will be redefined and lowered without notice, in order to meet demographic goals.

Recommendation: Revoke the Memorandum and its discriminatory bureaucratic mandates. Instead of gender-based discrimination, it would be better to reinforce principles that **President Harry S. Truman** stood for when he signed **Executive Order 9981** in 1948: “*There shall be equality of treatment and opportunity for all persons in the armed services without regard to race, color, religion or national origin...*”

2. Annual Proclamation of June as [LGBT Pride Month](#), the President and Secretary of Defense

Purpose: In recent years the Department of Defense has joined the White House in proclaiming June as **LGBT Pride** month. ⁶ These events celebrate sexual minorities; i.e., **lesbians, gays, bisexuals**, and **transgenderers**, as a special group.

Problem: LGBT Pride events at the Pentagon and many military bases nationwide have been and will continue to be used to promote special interest demands of LGBT groups. In 2015 and 2016, LGBT activists used various events as a platform to demand major agenda goals, including medical benefits for transgenderers in the military. ⁷

In June 2017, President Trump showed good judgment in not issuing a pride month proclamation—a position consistent commitments made in the **2016 Republican National Platform**, ⁸ Defense Department Secretary for Personnel & Readiness Anthony Kurta, an Obama holdover, nevertheless issued a proclamation. If continued, events pushing LGBT demands that can never be satisfied will become increasingly radical and politically problematic. For example, activists who are never satisfied might want to celebrate the upcoming release of Chelsea (*nee* Bradley) Manning from prison in May, or use highly-publicized events as a platform to lobby for extension of transgender surgeries to military dependents, including children.

They could even demand that the Pentagon be lit up with rainbow stripes as the **White House** was in June 2015. In the same way that our military does not allow labor unions or political demonstrations, activist events promoting LGBT causes and benefits should not be permitted.

Recommendation: Discontinue LGBT Pride events. Note: Opposition to violence against LGBT people, women, Christians, Jews, Muslims, and other targets of jihadists does not justify special treatment for sexual minorities.

DEPARTMENT OF DEFENSE MEMORANDA & DIRECTIVES

3. [Changes to MEO Policy Briefing Card](#), LCDR Nate Christensen, Jun 9, 2015, and Cheryl Pellerin, DoD News, [DoD Updates Anti-Discrimination Policy to Include Sexual Orientation](#), Jun 9, 2015.⁹

Purpose: The referenced June 2015 memorandum announced that “**sexual orientation**” would be added to **Military Equal Opportunity (MEO)** non-discrimination categories.

Problem: The memo led directly to transgender policies announced in June 2016. The policy change disregarded recommendations of the 2010 **Comprehensive Review Working Group (CRWG)**, an advisory panel co-chaired by then-Defense Department General Counsel **Jeh Johnson** and Army **General Carter Ham**.

- The CRWG report warned it would be unwise to add sexual orientation to categories eligible for “*various diversity programs, tracking initiatives, and complaint resolution processes under the Military Equal Opportunity Program.*”
- The report added, “*We believe that doing so could produce a sense, rightly or wrongly, that gay men and lesbians are being elevated to a ‘protected class’ and will receive special treatment.*” ([CRWG Report](#), Nov. 30, 2010, pp. 13-14 and p. 71) The “special treatment” that the Working Group predicted has indeed played out as predicted.

Recommendation: Repeal this memorandum and all mandates resulting from it.

4. DoD: [DTM 16-005 Directive-Type Memorandum](#), signed by Defense Secretary Ashton Carter and released Jun 30, 2016, 3 pages

Purpose: Establishes policy, assigns responsibilities, and prescribes procedures for retention standards, accession, separation, in-service transition, and medical coverage for **transgender personnel** serving in the military.

Problem: With this Directive and others following it, the Department of Defense abandoned the principle that the armed forces are fundamentally different from the civilian world.

- Under previous law and regulations, the DoD recognized 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.*” Standards of conduct applied 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.**”¹⁰
- The statement that “*open service by transgender Service members . . . is consistent with military readiness*” constitutes a reversal of priorities. Instead of putting the needs of the military first, officials are promoting recruitment and retention of a cohort of persons suffering from **gender dysphoria**, one of several psychological conditions that affect personal readiness.
- It is counter-productive and potentially dangerous for the Defense Department to assume the risks of recruiting and retaining persons who suffer from a psychological condition that requires costly long-term medical treatment with uncertain results, often causing higher rates of depression and suicide.

- Subsequent implementation documents also permit different standards of behavior for persons “conducting real life experience” (RLE) while on or off-base.

Recommendation: Repeal this directive and all mandates resulting from it, and restore DoD personnel eligibility regulations in effect prior to its issuance. (See [AR 40-501](#) (Standards of Medical Fitness), 14 December, 2007, cited under Army item #15 below.)

5. [DoD Instruction 1300.28](#), signed by Defense Secretary Ashton Carter on June 30, 2016; effective date October 1, 2016, 18 pages

Purpose: Implements the policies and procedures in Directive-type Memorandum 16-005 (above), and establishes a construct by which transgender service members may transition gender while serving. Establishes procedures for changing a Service member’s “gender marker” in the **Defense Enrollment Eligibility Reporting System (DEERS)**, and specifies medical treatment provisions for active-duty and reserve transgender service members, including irreversible surgeries.

Problem: This DoD Instruction is based on deeply flawed premises and theories that ignore biological and psychological realities. Because the Defense Department decided in 2015 to treat confusion about one’s sexual identity as a “civil rights” issue governed by military equal opportunity (MEO) mandates (see #5 above), sexual minorities now enjoy special status that reflects questionable LGBT ideology, not objective reality.

The DoD Instruction employs LGBT language to describe the transgender process, which “concludes” with a bureaucratic change in the Defense DEERS system: *“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 — including long-term hormone therapy and sometimes surgery on healthy reproductive organs — are supposed to change the sex of persons who are dissatisfied with the male or female status “assigned” to them at birth. (Documents such as this never explain who did the “assigning.”)
- Civilian and military medical providers are directed and pressured to treat gender dysphoria by initiating and validating life-changing medical treatments, including powerful, irreversible hormone therapies and surgeries.
- There is no rational reason to believe that a bureaucratic “gender marker” is the equivalent of human deoxyribonucleic acid, known as **DNA**. True DNA gender markers exist in pairs of human chromosomes - **XX** in females and **XY** in males. Gender is *identified* at birth, not “assigned,” and every person’s distinctive DNA exists in every cell of his or her body.

If a military medical provider decides that transgender treatment is “medically necessary,” the service member’s commander is expected to authorize transgender treatment, regardless of their own values, religious beliefs, or medical ethics: **“Nothing in this issuance will be construed to authorize a commander to deny medically necessary treatment”** to a service member. (p. 3)

Local commanders and sometimes higher-level officials will have the additional responsibility to request approval of a new gender marker in DEERS for service members who have undergone treatment to change their gender.

- The DoD Instruction recommends consultation with a **Service Central Coordination Cell (SCCC)**, a group of “experts” of unknown qualifications, who are likely to recommend only courses of action consistent with LGBT ideology. (p. 5) Commanders will be required to *“Comply with regulations and SCCC recommendations,”* even if the commander disagrees for reasons of personal values, beliefs, or medical ethics. (p. 11) ¹¹
- The Instruction says nothing about competent psychiatric counseling and treatment for persons who are confused about their sexuality, even though noted medical experts have written about the consequences of radical measures to change gender identity, which often leave psychiatric problems unresolved or worse. ¹²
- **Dr. Paul McHugh**, the Distinguished Professor of Psychiatry at **Johns Hopkins University**, has explained that in the 1960s, Johns Hopkins 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.
- In his *Wall Street Journal* article, Dr. McHugh added, “ ‘Sex change’ is biologically impossible. People who undergo sex-reassignment surgery do not change from men to women or vice versa. Rather, they **become feminized men or masculinized women**. Claiming that this is civil-rights matter and encouraging surgical intervention is in reality **to collaborate with and promote a mental disorder.**”
- Medical ethics forbid doctors to perform surgeries that will not improve the patient’s condition, or might worsen their psychological situation, including risk of suicide.

Recommendation: Revoke this Instruction and all mandates resulting from it, along with documents #5, and #6, above.

6. DoD: [Transgender Service in the Military Implementation Handbook](#), Sept. 30, 2016, 71 pages

Purpose: To assist transgender service members in their transition, and to help commanders and service members to understand their duties and responsibilities under transgender policies.

Problem: Full implementation of the **Transgender Implementation Handbook**, which primarily focuses on the transgender minority and not mission requirements, will require mandatory indoctrination in unscientific theories about gender in all Department of Defense schools and academies.¹³

It will also lead to 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.

The vocabulary and ideology of doctrinaire LGBT activists who were invited to consult with Pentagon officials appear throughout the Implementation Handbook. The Handbook states, for example, *“Gender is the socially-defined roles and characteristics of being male and female associated with that sex.”* The assertion is not backed by any evidence to contradict realities of human biology. The Department of Defense nevertheless is treating 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) The statement, in effect, asks others to endorse and act upon psychological delusions and feelings that have no basis in fact or medical science.

The Handbook endorses the unscientific notion that *“Sex is the assignment made at birth as male or female,”* and in a transgender person, *“gender identity and/or expression differs from their sex assigned at birth.”* (p. 13) It must be very difficult to suffer from gender dysphoria and confusion, but gender is *identified* at birth, not assigned, and human chromosomes cannot be changed with outward appearances or radical measures such as surgery on healthy organs.

- **Dr. Joseph Berger**, certified as a specialist in Psychiatry by the **Royal College of Physicians and Surgeons of Canada**, has explained that terms such as *“gender expression”* and *“gender identity,”* are at the very least ambiguous and more an emotional appeal than a statement of scientific fact. Claims that transgendered people are *“trapped”* inside a body different from the gender they wish to be, said Dr. Berger, are based on *“feelings, not science.”*¹⁴
- Dr. Berger added that superficial changes in appearance, hormone therapy, and even surgeries cannot change the chromosomes of a human being. There is *“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.”*

The new policy clearly states that a service member will use berthing, bathroom, and shower facilities associated with their DEERS-assigned gender marker, with suggestions about personal privacy addressed to transgendered personnel, not to others sharing the same spaces. (p. 22)

The Implementation Handbook mentions the need for respect of others, but there is little concern shown for the feelings of other service members using those same gender-specific facilities in various stages of undress. Nor are there assurances that women will not face adverse personnel actions if they object to situations that violate normal expectations of personal modesty at home base or in the field.

The Handbook also 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) This will occur during what is called “real-life experience” (RLE). During transition and before their gender marker is changed – a period that may last for 3-12 months -- individuals may appear in their birth gender while on-duty, but assume their “preferred” gender identity while off-duty.

This and similar directives acknowledge that the optics of RLE could create problems, but since “diversity” is the paramount goal, non-transgender members who are negatively affected will simply have to get used to it.

The Handbook discusses options for “*periods of authorized absence*” that should not count against convalescent leave. (p. 21) Because hormone treatments require close monitoring for long periods of time, this open-ended accommodation for transgenders as a group more special than others would complicate readiness, increase tensions, and weaken morale.

Annex C – Scenarios The Handbook concludes with 19 scenarios illustrating ways to handle expected problems. (None would be necessary if problems were avoided in the first place.) Some of the scenarios are simply bizarre, reflecting transgender ideology and unrealistic expectations.¹⁵ Pat “solutions” that are offered essentially pass the buck, recommending consultation with a Service Center Coordination Cell (SCCC) to receive “expert” guidance.

The document and vignets reflect little concern about the impact on unit cohesion if commanding officers or NCOs are known to be living a double life as a person of the opposite sex. Nor does the Handbook consider the impact on morale if transgender personnel are granted extended leave so that they can “*live in their preferred gender and conduct RLE.*” (p. 67)

None of the scenarios acknowledge situations that many civilian and military women are concerned about - biologically male “**gender pretenders**” who take advantage of open doors in female-designated bathroom facilities and showers. It is unrealistic and unfair for policy-makers to expect women to accept heightened risks of personal discomfort or worse.

The Handbook mentions but dismisses problems that individuals and units will face when powerful hormones wreak havoc with physiology. Feminizing hormone therapies weaken

muscle strength in men, and masculinizing hormones increase androgens in women who still will not be as strong as men, especially in combat arms occupations. Disregarding biological realities will increase injuries, resentments, career setbacks, and mission failures under fire.

- All scenarios recommend discussion of problems with local commanders. Given the complexity of each scenario and many more beyond the imagination, it is difficult to understand how commanding officers with one or more transitioning persons in their unit would have sufficient time to concentrate on other matters, such as training and readiness for combat missions.
- Pentagon officials have not responded to inquiries about the military/civilian status or affiliations of SCCC members. The Department of Defense should disclose non-personal information about the qualifications and backgrounds of SCCC members, including any affiliation with LGBT groups and like-minded contractors such as **RAND Corporation**.
- Involving members of the distant SCCC creates a risk of treatment errors with individuals suffering from serious psychological disorders. Passing the buck to persons outside the chain of command may blur responsibility for inadequate or harmful solutions, including side-effects of masculinizing or feminizing drugs. Persons suffering from psychological disorders deserve competent care, not politicized treatments overseen by distant people who are involved with or influenced by LGBT activist groups.

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 are the problem. Unwise, politically-correct policies that create unnecessary issues, complications, confusions, and more will not benefit or strengthen the armed forces in any way.

Recommendation: Revoke this and similar training handbooks and presentations, in accordance with cancellation of documents #5, #6, and #7 above.

7. [Memorandum Re: Transgender Students in Department of Defense Education Activity Schools and Youth Programs](#), signed by **Todd A. Weiler**, Assistant Secretary of Defense (Manpower & Reserve Affairs), Oct. 26, 2016, 2 pages

Purpose: To affirm that transgender non-discrimination policies apply in all schools run by the Department of Defense, the largest school system in the world.

Problem: This memorandum, overruling a DoD school district superintendent in Germany, was hastily signed after several media reports centering on an 11-year old transitioning boy-to-girl child named **Blue**.¹⁶ Instead of finding a way to allow Blue to conveniently use a single-person restroom, the Department of Defense rushed to impose on all schools worldwide an “open-door” policy that has been the source of intense controversy in civilian schools in several states.

Contrary to the belief that transgender policies affect only a few people, implementation of education requirements will trigger universal LGBT training programs from kindergarten and grammar schools all the way up to military service academies and war colleges. ¹⁷

It's one thing to impose transgender policies on adults, but involving vulnerable children and impressionable classmates exposes the Department of Defense to legal consequences and possible loss of military families. ¹⁸ Because open dissent could trigger career penalties, military parents whose children attend DoD-sponsored schools in many states and around the world may have no option but to leave.

The Defense Department justified its mandate by citing a controversial joint memorandum issued by the **Departments of Education and Justice** in May 2016. That document provided "significant guidance" advising school districts of their obligations under **Title IX** to allow transgender students to have access to restrooms, lockers, and other facilities, consistent with their proclaimed gender identify. Since several states are challenging the DoE/DoJ guidance in court, the Department of Defense should not have rushed to impose a controversial policy that will affect all students and families.

Recommendation: Revoke this and similar education guidelines, in accordance with cancellation of documents #5, #6, and #7 above. **Note:** The Trump Administration revoked the joint guidance in February, 2017, and the Department of Defense did the same for all Defense Department schools.

8. DoD: [Transgender Service Member Policy Implementation Fact Sheet](#), released June 30, 2016, 2 pages

Purpose: This memorandum states that any discrimination against a Service member based on their gender identity is sex discrimination that should be addressed through the Department's equal opportunity channels.

Problem: Among other things, the Fact Sheet states, "*The Military Health System will be required to provide transgender Service members with all medically-necessary care related to gender transition.*" The Fact Sheet mentions minimal restrictions on new recruits whose doctors must certify that they are "*stable in their preferred gender for at least 18 months.*" After **180 days** in uniform, however, recruits will have access to all "medically necessary" transgender health care.

The time limits appear to be an attempt to avoid incentivizing gender-confused persons who may want to undergo treatment and transition at government expense. Estimates of costs for transgender therapies and surgeries are largely based on speculation and information from LGBT academic/activist groups and RAND corporation, a Defense Department contractor that often produces polemic reports advocating for feminist and LGBT causes in the military.

According to **Dr. Hugh Scott**, a retired Rear Admiral and expert in military medicine, there are no objective diagnostic tests for transgenderism. Gender dysphoria is a psychological condition that cannot be verified through lab results, a brain scan, or DNA analysis.

Cost estimates should be re-evaluated independently, with estimates measured against more pressing needs; e.g., family health care, aviation flight hours, equipment maintenance, etc.

Recommendation: Revoke this and similar Implementation Fact Sheets, in accordance with cancellation of documents #5, #6, and #7 above.

9. [Memorandum](#) from Acting Asst. Defense Secretary for Health Affairs, signed by Karen S. Guice, M.D., M.P.P., July 29, 2016, 5 pages

Purpose: Directs the **Military Health System (MHS)** to provide or arrange consultation for “medically necessary” care for persons suffering from gender dysphoria, “reinforcing at all times the transgender service member’s right to receive all medical care with dignity and respect.” (p. 2) The memo also establishes a Service Central Coordination Cell in the Department of Health Affairs to provide central consulting services. (p. 3)

Problem: In this and other directives regarding medical treatments there are no **conscience clauses** or protections for military medical professionals who object to transgender therapy and surgeries on personal religious or ethical grounds. Forcing medical personnel to choose between their careers and deeply-held convictions is unfair and potentially devastating to medical readiness if doctors and nurses leave the service for reasons of conscience.

Under the new policy, field commanders and medical personnel will be expected to deal with complicated, still-unresolved issues that will distract attention from military readiness. Civilian and military providers are authorized and pressured to initiate and validate life-changing medical treatments, including powerful hormone therapy and irreversible surgeries, to treat gender dysphoria on the same basis as any other medical care.

For active-duty members, “a diagnosis of gender dysphoria must be established by a privileged behavioral health provider (or similarly qualified civilian provider. . .)” (p. 2) If a civilian medical provider recommends “medically necessary” transgender treatment, a **military medical provider (MMP)** will be expected to approve transgender treatments and apply for coverage of treatments under the Military Health System. Local commanders and sometimes higher-level officials will have the additional responsibility to request approval of a new gender marker in the DEERS enrollment system.

A recent article in **Military Medicine** quoted research concluding that of transgender patients studied, “**39%** fulfilled the criteria for mental disorders, **71%** for current and/or lifetime-associated mental disorders, and **42%** of the patients were diagnosed with one or more personality disorders.” An 18-year study in a university gender clinic showed that suicides were one of the chief causes of mortality in male-to-female patients, increasing six-fold.”¹⁹

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.”* (emphasis added)

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

Recommendation: Revoke this and similar memoranda, in accordance with cancellation of documents #5, #6, and #7 above, and reinstate DoD Instruction 6130.03, Subject: Medical Standards for Appointment, Enlistment, or Induction in the Military Services, Apr. 28, 2010, updated Sept. 13, 2011. ²⁰ (See Enclosure 4, p. 48)

VARIOUS MILITARY SERVICES

Starting in October 2016, the military services issued documents, directives, memos, and manuals setting forth plans to implement Defense Department orders regarding women in combat and transgenders in the military. Military Service Implementation Plans affecting women, resulting from Defense Secretary Carter’s December 3, 2015 order, are complicated and addressed elsewhere.

There are many similarities in Pentagon directives regarding transgenders and those issued by the military services, but also notable differences that deserve attention. For example:

Department of the Navy & Marine Corps

10. [Diversity & Inclusion Roadmap](#), signed by Asst. Navy Secretary (Manpower & Reserve Affairs) Franklin R. Parker on January 23, 2017, and issued with Navy [News Release NNS170127-21](#), Jan. 27, 2017.

Problem: An Obama-era official issued this controversial mandate after the Inauguration of President Donald Trump. It is an audacious attempt to extend extreme political correctness in the military into the Trump Administration, as if former Navy Secretary **Ray Mabus** were still in command of the Navy and Marine Corps.

Demographic “diversity” mandates, which are not the same as non-discrimination and recognition of individual merit, are at the root of political correctness in the military. ²¹ The

Obama Administration's elevation of "**Diversity and Inclusion**" in the Navy Roadmap would enforce government-sponsored discrimination and promotion of demographic group rights to the detriment of national security.

Inverted priorities assign special civil rights status to favored demographic groups in the military, including sexual minorities and transgenders who require treatment for a psychological condition, gender dysphoria. Non-discrimination mandates apply only to individuals in the listed favored demographic groups.

In addition, **Strategic Imperative #3** of the Navy Roadmap establishes new enforcement mechanisms, such as "**formal assessment structures,**" "**governance mechanisms,**" and "**department-wide standards for measuring progress.**" All of these terms are euphemisms for "**gender diversity metrics**" and "**quotas,**" tracked with numbers and percentage goals that promotable officers must meet (under threat of career penalties if they don't).

The deceptive language is typical of Ray Mabus, the most controversial Secretary of the Navy in history, who routinely denied the existence of quotas even as he and then-Vice Chief of Naval Operations **Admiral Michelle Howard** demanded that **25%** of sailors be women. ²²

None of these mandates will improve mission readiness, since they essentially redefine the very purpose of the Navy and Marine Corps. Instead of defending the country, these institutions are being changed to civilian-like equal opportunity employers. The agenda of Ray Mabus is still driving the Navy/Marine Corps ship, directly into rough waters.

The Roadmap states that the **Asst. Secretary of the Navy (Manpower & Reserve Affairs)**, will serve as a **Chief Diversity Officer (CDO)**. An organization chart in **Appendix A** shows this political officer reporting directly to the Secretary of the Navy, supported by **five** different **Diversity Councils, Working Groups, and Boards**, plus **two** more for the Marine Corps. (p. 9)

These power bases within the Pentagon, which might be called a **Military Diversity Complex**, will put pressure on officers at all levels to meet demographic diversity goals, measured in numbers and percentages and enforced with implied career penalties for non-compliance.

The Roadmap blurs distinctions between civilian equal opportunity mandates (EO), and military Equal Opportunity (MEO) regulations, which are different for uniformed personnel because the military is not just another equal opportunity employer. ²³ Bean-counted demographic quotas are inconsistent with true non-discrimination and recognition of individual merit.

The Trump Administration should beware the Military Diversity Complex, which is pursuing goals that have little to do with current priorities: mission readiness and combat lethality.

Recommendation: Revoke this and similar directives, and discontinue the associated structure of seven enforcement committees outlined on the organizational chart (pp. 9-10). DoD and Navy holdover officials who approved and issued this post-Inauguration mandate should be

held accountable. Instead of government-sponsored discrimination, it would be better to reinforce principles that President Harry S. Truman initiated with his 1948 Executive Order mandating “*equality of treatment and opportunity for all persons in the armed services without regard to race, color, religion or national origin...*”

11. [Navy Transgender Service Members Policy Briefing Guide, October 2016, REV1](#), 35 pages.

Purpose: This training guide was issued in compliance with Defense Department and Secretary of the Navy mandates, to prepare senior leadership to inform sailors about the Navy Department’s **Transgender Service Members Policy**. Several sections inform commanders of their obligations to present the guide information slides and pre-recorded scripts to Navy personnel at all levels. ²⁴

Problem: In a confidential email to CMR, a naval officer with medical background said she feared having to disobey and end her career if ordered to present to subordinates the Policy Briefing Guide above. The officer sent to CMR the unclassified Briefing Guide in question, which the Navy did not provide to CMR in response to previous written requests.

Among other things, the officer objected to false “facts” stated in the training materials, particularly claims that since sex is “assigned” at birth, some people suffer an alleged “mismatch” between their birth gender and “desired” gender. She added, “*The statement on p. 13 that ‘CO's may not disapprove medically necessary care . . .’ compels a CO like myself to approve the hormonal alteration or surgical mutilation of healthy reproductive organs. Such treatment is never ‘medically necessary’ . . . ‘I was formerly a licensed medical professional, and I am horrified by the lack of science and medical ethics supporting this policy.*” ²⁵

On page 3, the document states: “*The **Command Triad** [CO, XO, and command master chief] is expected to knowledgeably lead this brief, be prepared to respond accurately to questions, and provide correct unit-level guidance based on predetermined scenarios. **This is an informative brief that is NOT intended to be a facilitated discussion.**” (Capitals in original)*

- The word “politically” does not appear before “correct,” but it is implied. Officers ordered to present the briefing are given the disingenuous assurance that the program is not intended to change anyone’s views, but all personnel are forbidden to discuss their personal opinions and feelings.
- Presenters also are expected to “correct” all statements that reflect “*misperceptions*” about transgenders in the military. (pp. 5-6) The document characterizes individual decisions for anyone undergoing transition to be “*very personal and private,*” forgetting the fact that all personnel decisions should assign priority to mission readiness, not personal desires. (p. 13)
- The Navy presentation calls for a “**Regional Transgender Care Team,**” which will approve treatment plans initially received from civilian medical providers.

Subsequently, such cases will be brought into the military health system. (p. 23) In effect, civilians of unknown qualifications who specialize in transgender treatments and surgeries will determine what is “medically necessary” and the Defense Department will pay for expensive hormone treatments that often are needed for life.

- The *Military Medicine* article cited above reported, “*Since cross-sex hormone treatments can induce **irreversible physical effects, such as infertility and skeletal changes**, it is recommended that RLE is accomplished before starting hormone therapy.*”²⁶ This suggests that persons seeking experience as a member of the opposite sex essentially will be cross-dressing while remaining in their “natal-gender.” There is nothing “real-life” about this.
- The section on RLE authorizes transitioning personnel to dress differently while in off-duty status. (p. 26) It stipulates, however, that RLE will not be permitted at command functions or on Navy ships. This distinction, which could be seen as hypocritical, insulates commanding officers from having to deal with the optics of RLE.
- Both Navy and Marine notices call for mandatory transgender training, including **mobile training teams** and **webinars** to ensure acceptance of the Defense Department-endorsed LGBT agenda. At the **U.S., Naval Academy** last December, “**Transgender 101**” training was conducted by two Google “diversity consultants” as part of the Academy’s ongoing **Center for Teaching and Learning “safe space”** training series.²⁷
- The Navy has not released details of the man-hour costs and curriculum content involved in these indoctrination sessions, which will be open to equal opportunity advisors, ombudsmen and other command-designated “experts.” The main beneficiaries will be outside contractors and consultants paid to conduct the programs.
- Documents also refer to State Department travel warnings regarding foreign countries where RLE is likely to be problematic and dangerous. (pp. 26-27) This is one of many “real world” consequences of the policy that should have been given more consideration, since it suggests that transgender personnel will not be deployable to large areas of the world. Missing personnel make the job harder for everyone else, contributing nothing to mission readiness and combat lethality.

The Department of Defense and Secretary of the Navy should not be forcing Navy and Marine Corps men and women to choose between political correctness and career-ending penalties for adhering to their own medical ethics, personal beliefs, and professional experience.

Recommendation: Revoke this and similar “Briefing Guides” in all the services, in accordance with cancellation of documents #5, #6, and #7 above.

12. [U.S. Navy Transgender & Gender Transition Commanding Officer’s Toolkit](#), 2017, 30 pages, and [NAVADMIN 248/16](#), Nov. 2016, signed by Navy Secretary Ray Mabus

Purpose: This guide is intended a supplement to the DoD Transgender Service Implementation Handbook, analyzed in #8, above. It describes what commanding officers “must” do to “prevent discrimination” and “provide guidance to command personnel.”

Problem: This Toolkit, like the Navy Roadmap and other documents analyzed above, explicitly states, “A CO **may not disapprove** of medically-necessary Gender Transition care . . .” (p. 4) This mandate forces commanders as well as medical personnel to violate their own religious values or medical ethics. There are no conscience clauses in military transition mandates, even though many medical professionals maintain that long-term physical and psychological damage associated with transition is potentially harmful to the patient and never medically necessary.

The Toolkit acknowledges, “There is no ability to conduct RLE shipboard/underway,” but states that “COs may allow for embarkation and debarkation from the ship for Sailors going on liberty to commence after-hours RLE.” (p. 4) This exception appears hypocritical at best and unworkable in practice.

The document is replete with bureaucratic protocols creating a morass of politicized medical practices, overseen by distant “experts.” Resulting long-term personnel absences would affect the readiness and morale of every person in the commander’s unit, especially when deployments occur on short notice.

On page 13, the Toolkit refers to the “**Personnel Reliability Program (PRP)**, which monitors whether individuals undergoing medical or surgical treatment should be restricted from flight duty or diving operations. The document mentions that after hormone treatments are started, it might take six months to evaluate medical side effects and the stability of patients. These realities should raise questions about the suitability of personnel suffering from psychological disorders and the side effects of powerful drugs, but commanders may not ask.

Finally, the Navy CO Toolkit openly references LGBT activist groups such as the **Human Rights Campaign** and the **Michael D. Palm Center**, plus the pro-LGBT **American Psychological Association**, an **Australian** university, and an article about the transition of former Olympic champion **Bruce Jenner**. (p. 29) These references betray the likely bias of “experts” in the Chief of Naval Personnel’s **Transgender Service Central Coordination Cell**. (p. 28)

Recommendation: Revoke this and similar “toolkits,” in accordance with cancellation of documents #5, #6, and #7 above, plus the referenced NAVADMIN and similar notices.

Department of the Army

13. [Army Directive 2016-35, Policy on Military Service of Transgender Soldiers](#), signed by Army Secretary Eric K. Fanning, 7 pages plus 6 Enclosures, October 7, 2016, and [AR 40-501 \(Standards of Medical Fitness\)](#), Dec. 14, 2007, 3 pages edited

Purpose: To establish policies and procedures for gender transition in the Army.

Problem: This memo repeats many of the instructions in other directives, but with unusual additions. On page 4, for example, the directive repeats a sentence that used to be part of the 1993 law regarding gays in the military, which Congress repealed in 2010: *“Soldiers must accept living and working conditions that are often austere, primitive, and characterized by little or no privacy.”* (Sec. 654, Title 10)

The sentence remains true, but the next one contradicts it: *“All Soldiers will use the billeting, bathroom, and shower facilities associated with their gender marker in DEERS.”* In addition, *“[N]o commander may order a Soldier on the basis of his or her gender identify or transitioning status to use a billeting, bathroom, or shower facility not required of other Soldiers with the same gender marker.”* (p. 4)

This and similar directives rest on unscientific theories regarding gender, and reflect zero concern for women who do not wish to share private facilities with biological males who are confused about their sexuality, or with “gender pretenders” who might take advantage of the situation.

Enclosure 6 with the document shows excerpts of regulations regarding medical fitness, edited with red lines striking all references to transsexualism. Remaining psychosexual conditions that would make a person ineligible for military service include: *“Personality, psychosexual conditions, exhibitionism, transvestism, voyeurism, other paraphilias, or factitious disorders, [and] disorders of impulse control.”*

Additional remaining passages list medical terms for various physical abnormalities related to gender, and physical or mental conditions that might interfere with military duties, such as *“chronic airsickness or seasickness, enuresis, sleepwalking, dyslexia, severe nightmares, claustrophobia, personality disorder, transvestism, and . . . other disorders manifesting disturbances or perception, thinking, emotional control or behavior sufficiently severe that the Soldier’s ability to perform military duties effectively is significantly impaired.”*

The only explanation for removing transgenderism from these lists is LGBT special interest politics and pressures to be politically correct.

Recommendation: Revoke this and similar directives, in accordance with cancellation of documents #5, #6, and #7 above, and reinstate the original Army Regulation (AR 40-51), with stricken references restored.

14. Army Briefing, [Policy on the Military Service of Transgender Soldiers Training Module Tier 2: Commanders and Leaders](#), 16 September 2016, 25 slides.

Purpose: This briefing for commanders includes ten “vignettes” describing problems that could and should have been avoided.

Problem: This mandatory presentation, like others ordered by the Defense Department, begins with the false premise that all persons should be accommodated, as if the military were just another equal opportunity employer. It also threatens “disciplinary actions under the UCMJ” for failure to enforce “EO policies.” (p. 6) This statement precludes candid discussion of problems.

The “Roles and Responsibilities” and “Medical Treatment Team Responsibilities” pages allow no options for dissent for any reason, including sincerely-held personal or religious convictions or concerns about medical ethics. (pp. 9, 11, 12)

In all cases described in most vignettes, commanders are instructed to consult with Army Service Central Coordination Cells (SCCCs) and the **Assistant Secretary of the Army for Manpower & Reserve Affairs**, a political appointee. (p. 14) Commanders are ordered to consult with the SCCCs, but remote LGBT “experts” influencing these “cells” will not be held accountable for serious mistakes that harm individuals or mission readiness. There is no reason to believe that a political appointee is qualified to make often-irreversible decisions for persons suffering from gender dysphoria.

Vignette #4 states that a brigade-level commander may exempt transgenders from deployments. (p. 19) This is a recipe for demoralization and resentment among heterosexual non-minorities.

Vignette #6, which describes a “female-to-male” non-surgical soldier who becomes pregnant, implies double medical risks, involving both male and female medical conditions. (p. 21) Concerns about personal privacy described in Vignette #8 primarily center on sexual minorities’ concerns, not the majority. (p. 23)

Vignette #9 takes questions about drug tests to extremes (p. 24), and Vignette #10 suggests that remote SCCCs should decide what to do with transgendered females in host-nation foreign countries that penalize LGBT culture. Elevated risks likely will render such individuals nondeployable, discrediting claims that transgender “diversity” does not hurt readiness.

Department of the Air Force

15. [Air Force Policy Memorandum for In-Service Transition for Airmen Identifying as Transgender](#), signed by AF Secretary Deborah Lee James and Air Force Chief of Staff General Dave Goldfein, USAF, Oct. 6, 2016, 16 pages

Purpose: This memorandum provides policy and guidance for all personnel serving in the United States Air Force, including those serving in the **Reserve** and **Guard** components.

Problem: The memorandum calls for an additional layer of bureaucracy, stating that a centrally-located **Air Force Medical Multidisciplinary Team (MMDT)** will be “*comprised of a case manager, a mental health provider, an endocrinologist and/or a surgeon “knowledgeable in transgender medical care.”*” (p. 15)

- The memo does not specify military status or qualifications for MMDT members, but it is reasonable to assume that all will subscribe to LGBT-approved remedies for gender-related psychological problems. Instead of safeguarding the interests of patients, who are entitled to competent and objective personal care, such a system would inject political ideology into a long-distance patient/doctor relationship.
- If the only medical personnel available to treat gender-confused people are those who are well-versed in “feminizing” or “masculinizing” hormone treatments and sometimes body-altering surgeries, patients will not receive the full range of medical care needed before they make irreversible medical decisions. Lack of a second opinion on transgender treatments is like pressuring a patient with heart problems to undergo major heart surgery as the only acceptable treatment, without seeking an *independent* second opinion or considering less radical options.

The memo includes complicated discussions of appropriate dress while a person is transitioning through real life experience in the “preferred gender,” and discusses “**exceptions to policy**” (**ETP**) when hormone therapy or surgeries affect physical strength. These complicated details will distract attention from military units’ primary missions.

This memo also is unique in its stated intent to consult with the **Veterans Health Administration** and academic medical centers to support specialty training programs and consultations. In November 2016, the **Veterans Administration** dropped plans to allow controversial sex-change surgeries, primarily due to budget constraints.²⁸

Recommendation: Revoke this and similar memoranda, in accordance with cancellation of documents #5, #6, and #7 above.

Conclusion

President Donald J. Trump and Secretary of Defense James Mattis can and should act to repeal, revoke, or change problematic military/social policies that the Obama Administration tried to take to extremes. All the directives, memoranda, handbooks, and instructions listed above, which are purely administrative and revocable in the same way, reflect unsound priorities.

These issues are not about the people; they are about policies that assign higher priority to political and ideological goals, not military readiness. Demographic quotas measured in numbers and percentages are inherently discriminatory and divisive. Enforcement will inspire resentment and suspicions of the individuals the quotas were supposed to help.

The Trump Administration has what may be the last chance to change direction. After a full review of the consequences of social policies that weaken military readiness and lethality in battle, the administration should restore sound policies that will *strengthen* the best qualities and core values underlying military culture. Diversity and equal opportunity are important, but if there is a conflict between equal opportunity and the needs of the military, the needs of the military must come first.

* * * * *

*This **CMR Special Report** was prepared by the **Center for Military Readiness**, an independent public policy organization that reports on and analyzes military/social issues. More information is available at www.cmrlink.org.*

Endnotes:

¹ These include **Departments of State, Civil Service and Foreign Service, United States Agency for International Development (USAID), Civil Service and Foreign Service, Department of Defense (DOD)** commissioned officers, enlisted personnel, and civilian personnel, the 17 members of the **Intelligence Community, Department of the Treasury, Office of International Affairs and Office of Critical Infrastructure Protection, Department of Justice, National Security Division and Federal Bureau of Investigation, and Department of Homeland Security.**

² Air Force Secretary Deborah James, for example, issued a memo mandating gender diversity metrics of **25%** or more. Navy Secretary Ray Mabus [repeatedly called](#) for **25%** women, even as he denied the existence of quotas, and then-Vice Chief of Naval Operations **Adm. Michelle Howard** [called for](#) 25% women on every Navy ship, regardless of the negative impact of higher non-deployability and pregnancy rates.

³ In 2011 the **Military Leadership Diversity Commission** issued a report titled [From Representation to Inclusion: Diversity Leadership for the 21st Century](#). The Pentagon-endorsed report noted that the new “*diversity management*” is “*not about treating everyone the same. This can be a difficult concept to grasp, especially for leaders who grew up with the EO-inspired mandate to be both color and gender blind.*” (p. 18, 97)

⁴ Investigations of criminal conduct by Army Pfc. Bradley Manning, now known as Chelsea, are not clear on the question of whether his irresponsible and dangerous behavior were related to psychological problems, including confusion about sexual identity. His story suggests, however, that persons suffering from psychological disorders such as gender dysphoria could pose unique risks to themselves and others. Had Manning not been in the Army, his crimes endangering others would not have occurred.

⁵ During a January 24, 2013, news conference, **Army Gen. Martin Dempsey**, Chairman of the Joint Chiefs of Staff, said, if “*a standard is so high that a woman couldn’t make it, the burden is now on the service to come back and explain ... why is it that high? Does it really have to be that high?*” General Dempsey’s statement suggests that over time, standards will become “gender-neutral” but lower than before.

⁶ See 2016 [Presidential Declaration](#) and Defense Department [LGBT Pride Month](#) proclamation.

⁷ Ben Finley, AP: [Hope, Relief for Transgender Military Families in New Policy](#), Oct. 2, 2016. This story reporting on new transgender policies centered on a human-interest story of **Jenn Brewer** a male-to-female child of an Army staff sergeant at Fort Belvoir. Jenn was not eligible for transgender treatments prior to the change in policy, unless a doctor diagnosed her with early onset puberty and prescribed hormone blocker treatments costing \$15,000. Military dependents, and veterans are now eligible for hormone treatments, but not surgeries. The **National Center for Transgender Equality** says the policy doesn’t go far enough.

⁸ CMR: [2016 Republican National Convention Opposes Social Experimentation and Political Correctness in the Military](#)

⁹ The DoD link to the listed document is not operative. Instead, it re-directs to the original [DoD Directive 13502](#), Aug. 18, 1995, which stated, “Unlawful discrimination against persons or groups based on race, color, religion, sex, or national origin is contrary to good order and discipline and is counterproductive to combat readiness and mission accomplishment.”

¹⁰ See [Section 654, Title X](#), which codified previous DoD regulations. This law passed with veto-proof majorities in 1993 and was repealed by Congress in 2010. The statute essentially codified previous DoD regulations stating that homosexual persons were not eligible to serve in the military. Congress did not vote for “**Don’t Ask, Don’t Tell**,” a flawed policy that **President Bill Clinton** imposed administratively.

¹¹ See **Peter Sprigg, Family Research Council**, [Should Individuals Who Identify as Transgender Be Permitted to Serve in the Military?](#) Issue Brief IF16B04, Aug. 2016. Sprigg reported that most LGBT “experts” come from activist backgrounds, not psychological or medical disciplines. He also references many experts from the fields of psychology and psychiatry.

¹² In a May 13, 2016, *Wall Street Journal* Commentary article 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.”

¹³ As far back as 2008, transgender activists have been visiting and speaking at West Point and the other military service academies. See David Krayden, *The Daily Caller*, [Speakers at West Point Transgender Day of Remembrance](#), Dec. 13, 2016, and Peter Sprigg, *Family Research Council, The Stream*, [Navy Begins Transgender Indoctrination](#), Dec. 19, 2016. Sprigg reported that the U.S. Naval Academy has conducted one-way “Transgender 101” classes, together with outside LGBT consultants.

¹⁴ Dr. Berger continued, “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.”

¹⁵ For example: **Scenario #3** describes a military commander having to deal with a transgendered man named “Marty” who announces he is “pregnant.” Other than maternity medical care and communication with medical authorities, the scenario recommends that Marty think about when he wants to reveal his pregnancy to his colleagues and the chain of command. (pp. 50-51)

- **Scenario #7** describes “Reserve Sergeant Rich,” who wants to live as a female while off-duty, to be addressed with a female name, to use the female bathroom, and to be held to female physical uniform standards before having his “gender marker” changed. This scenario, like all others, views the situation primarily from the viewpoint of the transgender person, with LGBT training for everyone else. (pp. 55-56)
- **Scenario #14** recommends a solution for a female swimmer transitioning to male status, who wants to wear a male swimsuit. Among other things, recommendations suggest that all swimmers should consider wearing t-shirts, in order to preserve good order and discipline. (p. 63) The impact on swimming speed in competition with other teams is not even considered.

- **Scenario #15** describes “Petty Officer Kelleher,” a pre-operative male turned female, who experiences resistance from women sharing private spaces on a Coast Guard cutter. Recommendations include pre-arrival training to inform the women that “*Kelleher’s assignment to female berthing is required regardless of her physical appearance and that their lack of comfort is not reason to prevent Petty Officer Kelleher from residing in female berthing. . .*” It also recommends consultation with local commanders and the distant SCCC, and avoidance of anything that might “stigmatize” Petty Office Kelleher. (pp. 64-65)

¹⁶ Oriana Pawlyk, Military.com, [DoD School to let Transgender Student Use Girls’ Restroom](#), Oct. 23, 2016.

¹⁷ Karen Jowers, *Navy Times*, [DoD Officials Review School System’s Transgender Policy](#), May 30, 2016, p. 40. The article reports that more than **74,000** children in the military and DoD civilian families attend **DoD Education Activity (DoDEA)** schools.

¹⁸ Paul W. Hruz, Lawrence S. Mayer, Paul W. McHugh, The New Atlantis, [Growing Pains – Problems With Puberty Suppression in Treating Gender Dysphoria](#), Spring, 2017. [Executive Summary Excerpt](#): “Compared to the general population, adults who have undergone sex-reassignment surgery continue to have a higher risk of experiencing poor mental health outcomes. One study found that, compared to controls, sex-reassigned individuals were about 5 times more likely to attempt suicide and about 19 times more likely to die by suicide. Children are a special case when addressing transgender issues. Only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood. There is little scientific evidence for the therapeutic value of interventions that delay puberty or modify the secondary sex characteristics of adolescents . . .”

¹⁹ **Lt. Col. Irene Folaron, USAF MC** and **Lt. Col. Monica Lovasz, USAF MC**, *Military Medicine*, [Military Considerations in Transsexual Care of the Active Duty Member](#), Vol. 181, Oct. 2016, p. 1183. Relevant research sources cited are hyperlinked [here](#) and [here](#).

²⁰ Previously, transgenderism had been on the administrative list of psychological conditions, including mood or eating disorders, which make a person ineligible for military service. See [DoD Instruction 6130.3](#), Sept. 13, 2011, p.76

²¹ Military Leadership Diversity Commission report, [From Representation to Inclusion: Diversity Leadership for the 21st Century](#), 2011. Excerpt: “[A]lthough good diversity management rests on a foundation of fair treatment, **it is not about treating everyone the same**. This can be a difficult concept to grasp, especially for leaders who grew up with the EO-inspired mandate to be both color and gender blind.” (p. 18, *emph. added*)

²² Derrick Perkins, *Marine Corps Times*, [Mabus: 1 in 4 Marine Recruits Should Be Women](#), May 26, 2015 and Wyatt Olson, *Stars & Stripes*, [Admiral Says Navy’s Goal is 25% Women in Each Ship, Squadron](#), May 15, 2015

²³ Two of the three Strategic Imperatives in the Navy Roadmap restate civilian EO non-discrimination categories such as “*race, age, religion, gender, ethnicity, disability, or sexual orientation.*” (p. 3) The definition of **Demographic Diversity** on p. 10 shows an even wider definition: “*Inherent or socially defined personal characteristics, including age, race/ethnicity, religion, gender, [and] sexual orientation,*” adding “. . . *Inherent or socially defined personal characteristics, including . . . socioeconomic status, family status . . . and geographic origin.*” The expanded definition of **Equal Employment Opportunity**, also on page 10, adds even more special categories to the list: “*sex (including pregnancy), sex stereotyping, gender identity, transgender status, genetic information (including family medical history,) parental status, marital status, political affiliation, military service, or any other non-merit based factor.*” Current Military Equal Opportunity (MEO) regulations bar discrimination on the basis of “*race, color, national origin, religion, sex (including gender identity), or sexual orientation.*” (p. 11)

²⁴ See [ALNAV 203/16, Guidance for Transgender Military Service - Message 1](#), signed by Vice Adm. R. P. Burke, September, 2016; [NAVADMIN 248/16](#), signed by Vice Adm. R. P. Burke, Nov. 16, 2016; and [Marine Corps Bulletin 1121](#), MPO, signed by Deputy Commandant for Manpower & Reserve Affairs M. A. Brilakis, 22 Nov. 22, 2016.

²⁵ The officer also objected to the claim that the only treatments for gender dysphoria listed are hormone therapy, living in the preferred gender, and in some cases, surgery. (p. 12) *“How about psychiatric care to resolve their subjective gender dissonance?” . . . I'd point out that in the analogous case of young men seeking a vasectomy, it is standard practice to disapprove requests for men under a certain age (25) and those who do not already have children and the consent of their spouse. The transgender policy is clearly inconsistent with the spirit of sound medical judgment.” She added, “. . . There is a further aspect of the policy specific to the Reserve Component that is extremely problematic. Many Reservists are given lodging in hotels during their monthly training, typically two to a room. The new policy could require lodging a biological male and a female in the same room, or a transitioning service member parading in their preferred gender (i.e. RLE) with a biologically same-sex roommate (thus giving the impression of opposite sexes rooming together). How are Commanding Officers supposed to maintain good order and discipline in this situation?”*

²⁶ Lt. Col. Irene Folaron, USAF MC and Lt. Col. Monica Lovasz, USAF MC, *Military Medicine*, [Military Considerations in Transsexual Care of the Active Duty Member](#), Vol. 181, Oct. 2016, p. 1183. Relevant research sources cited are hyperlinked [here](#) and [here](#).

²⁷ Elizabeth Harrington, *Washington Free Beacon*, [Naval Academy Hosting 'Transgender 101' Training for Midshipmen](#), Dec. 7, 2016.

²⁸ Leo Shane III, *Military Times*, [“VA Drops Plans to Allow Sex Change Surgeries](#), Nov. 14, 2016.