

Biden Pentagon Quietly Expands Woke Transgender Policies in the Military

The **Biden Administration** has quietly expanded policies regarding **transgenders in the military** to new woke extremes, without public debate or congressional action. This CMR Policy Analysis provides a comprehensive overview of previous and current Biden Pentagon transgender policies:

- **CMR: [Biden Pentagon Quietly Expands Woke Transgender Policies in the Military](#)**

The **Center for Military Readiness** has examined [DoD Instruction 1300.28: Inservice Transition for Transgender Service Members](#), revised on **December 20, 2022**, and compared it to the **June 30, 2016**, version of [DoD Instruction 1300.28](#), which **President Barack Obama's** Defense Secretary **Ash Carter** issued to revoke previous military transgender policies.

CMR's comparison reveals **six** significant "advances" in the wrong direction. In summary, the Biden policy: 1) Changes official DoD **vocabulary** to reflect transgender ideology; 2) Specifically involves the **military service academies** and **ROTC** (contract) programs; 3) Holds commanders directly responsible for all alleged "**biases against transgender individuals**;" 4) Allows **cross-dressing** and other "transitioning" behaviors **on-base** as well as off-base; 5) Allows "**de-transition**" procedures if costly treatments do not resolve **gender dysphoria**; and 6) Restricts collection and disclosure of data on "**incidents of harmful behaviors**" involving **sexual orientation** and **transgender** persons.

These mandates are prime examples of **woke policies** in the military, which impose progressive ideologies and take them to extremes with enforced compliance, even if it hurts the institution.

1. New Words Have Woke Meanings

The Pentagon has embraced woke pseudo-science – the idea that individuals can change the gender role associated with their "**sex assigned at birth to a different gender role.**" (p. 21)

- Left unexplained: Who or what is responsible for the "assigning" of sex at birth, and why are DoD officials denying the science of human **DNA**, which determines sex even before birth?
- The phrase "**self-identified gender**" replaces "**preferred gender**," throughout. The nuance suggests that if a person "self-identifies" as a person of the opposite sex, and if the **Defense Enrollment Eligibility Reporting System (DEERS)** changes a person's "**gender marker**," a man claiming to be a woman must be treated as a woman, and vice versa, even though changes in appearance cannot change biological sex. (p. 17)
- Commanders, doctors and nurses, chaplains, and military men and women at all levels must comply with this ideology or suffer career penalties if they do not. (p. 5)

DoDI 1330.28 also directs commanders to: "c. Establish a **Service Central Coordination Cell (SCCC)** to provide multi-disciplinary "expert" advice to commanders regarding transgender Service members and gender transition in the military." (pp. 5, 10, 12, 16, 18, 21)

- SCCC members advise commanders on privacy and medical matters even though they have no responsibilities for military operations or obligation to put the needs of the patient first.
- Individuals who are confused about gender identity deserve compassionate counseling, competent medical care, and complete information about serious risks and irreversible consequences of "gender affirming" treatments that do not change biological sex.

- A self-diagnosis of **gender dysphoria**, however, permits only one course of treatment, [moving toward life-changing “transition”](#) without an independent “second opinion.” (p. 8)

2. Military Service Academies and ROTC Programs

DoDI 1300.28 specifically extends transgender policies to contract cadets in the **Reserve Officer Training Corps (ROTC)**, and cadets or midshipmen at the **Military Service Academies**. (p. 3)

- To date there have been no reports of male cadets or midshipmen being assigned to live in female living quarters, or [signing up to compete on women’s athletic teams](#), but Biden policies are likely to repeat [controversies](#) similar to those occurring in civilian settings.
- Divisive controversies such as this would harm morale and discipline, while doing nothing to improve [declining](#) application rates at the military service academies.

3. Commanders Responsible for All Alleged “Biases Against Transgender Individuals”

With the approval of a military doctor, transgender transition can be deemed “complete” without surgical alteration of healthy body parts. The Instruction also states without a clear definition that “a commander **will not accommodate biases** against transgender individuals.” (pp. 6, 21)

- A man with sex organs intact can still have his DEERS gender marker changed to “female.” The DoDI also states several times for emphasis: “For facilities subject to regulation by the military, **service members will use those berthing, bathroom, and shower facilities associated with their gender marker in DEERS.**” (pp. 6, 8, 11, 19, 21)
- These mandates deny human biological realities and violate minimal expectations of personal privacy and modesty between men and women. Female transitioners also are allowed access to male private facilities and must meet male physical standards.
- The 2022 DoDI does not mention or protect rights of **religious liberty** for **chaplains** and people of faith. Nor does it provide options for **doctors, nurses**, and other **medical personnel** who object to transgender ideology on moral or ethical grounds.

As in 2016, Army transgender training programs use PowerPoint “scenarios” to promote discussion of reality-denying situations for both commanders and military personnel.

- [Army Tier One Training Vignette 6](#), for example, describes a “female to male” soldier who becomes pregnant and informs the commander of the pregnancy. (p. 32)
- **Vignette 8** centers on “privacy concerns” and “discomfort” caused when a soldier transitioned from male to female, as indicated in DEERS, has not had “**sex-reassignment surgery.**” The soldier wants to use female-designated open-bay showers, but modifications to protect personal privacy “cannot isolate or stigmatize the transgender soldier.” (p. 36)
- Training **Vignette 12** describes the disruption caused when a “transgender female” is assigned to room with a female soldier, who requests assignment to another room. This is a lose-lose situation, since the female soldier and the commander, seeking advice from the SCCC, are likely to be accused of “biases against transgender individuals.” (p. 40)

Indeed, all commanders will be held accountable if anyone in their chain of command uses the “wrong” pronouns. Why should a tank company commander at **Fort Hood** have to concentrate on transgender pronoun etiquette instead of training his company to fight an enemy force?

4. Cross-dressing and Other “Real Life Experience” (RLE) Behaviors Allowed On-Base

The 2022 DoDI 1300.28 specifically authorizes **on-duty, on-base “real life experience” (RLE)** options, including cross-dressing, for persons who are preparing to transition. (pp. 8, 20-21)

- During RLE, a person “begins living socially in the gender role consistent with their self-identified gender. . . **RLE generally encompasses dressing in the new gender, as well as using self-identified gender berthing, bathroom, and shower facilities.**” (p. 21)
- This policy is more radical than the 2016 DoDI 1330.28, which clearly stated that RLE would occur **off-duty** and **away from the base**, often for long periods of time. (p. 8)

Whether intended or not, this significant change also could increase cross-dressing performers (drag queens, who are not necessarily transgender). **LGBT Pride** celebrations have featured hyper-sexual drag queens [performing “family friendly” story hours](#) on military bases worldwide.

5. “De-transition” Procedures if Treatments Do Not “Resolve” Gender Dysphoria

As stated in the 2022 DoDI 1300.28: “e. A Service member who has completed a gender transition but **has not resolved the gender dysphoria** should consult with their military medical provider and commander. **If a return to their previous gender is medically required**, the Service member is to use the procedures outlined in Paragraph 3.4. of this issuance.” (pp. 12-13)

- Cost estimates for transgender de-transitioning are not available, but former Secretary of Defense **James Mattis** established a **panel of experts** that collected and reported data on costs associated with the Obama-era transition policies between October 1, 2015, and October 3, 2017.
- The [data showed](#) that **994** active-duty Service members diagnosed with gender dysphoria accounted for **30,000 mental health visits**, which increased their medical costs nearly **300%**.
- More importantly, service members diagnosed with gender dysphoria were **eight times** more likely to attempt **suicide** than service members as a whole. (**12% vs. 1.5%**)

[Activists meeting with Pentagon officials](#) want to expand transgender treatments and surgeries to minor children of military parents, and to military veterans, for life. Military-approved practitioners could include [Planned Parenthood](#), a prominent source of transgender treatments.

6. Restricted Disclosure of Data Involving Sexual Orientation and Transgender Persons

In 2018, Secretary of Defense James Mattis testified that previously established [regulations precluded reporting of any problems with transgender policies](#) up the chain of command.

The August 2021 DoDI 1330.28 put in writing the non-disclosure policy that Mattis testified about: “d. Gender identity is a **personal and private matter**. DoD Components . . . **require written approval from the Under Secretary of Defense for Personnel & Readiness to collect transgender and transgender related data or to publicly release such data.**” (p. 17)

- The December 20, 2022, DoDI extended the policy with references to several more DoD Instructions, including [DoDI 6400.11](#), issued on the same day. DoDI 6400.11 restricts release of information about “**sexual orientation,**” “**gender identity,**” “**transgender-related information,**” and “**incidents of harmful behaviors.**” (pp. 4, 39, 44)
- “Harmful behaviors” are defined as: “Self-directed harm and prohibited abuse and harm, including sexual assault, harassment, retaliation, suicide, domestic abuse, and child abuse.” (p. 44)
- DoDI 6400.11 further states that non-personal information about these issues may not be used for purposes of research in any Federal, State, or local civil, criminal, administrative, **legislative**, or other proceeding,” without permission of the USD (P&R) (pp. 38-40)

The DoD Sexual Assault Prevention & Response Office (SAPRO) releases annual statistics and bi-annual surveys on [sexual assaults](#), in excruciating detail. Why are Pentagon officials restricting access to information on “incidents of harmful behaviors” caused by transgender policies?”

Challenge to Congress

A recent independent [survey on politicization of the military](#) done by the **Heritage Foundation** found that among **active-duty respondents**, **80%** said the “changing of policy to allow **unrestricted service by transgender individuals**” **decreased their trust** in the military.

Sixty-eight percent reported seeing a “**growing politicization**” of the military, and **68%** said that it would impact their decision to encourage their children to join the armed forces.

The **118th Congress** should renew [previous demands](#) for information on military transgender policies. Congress also should consider mandating that all Defense Department agencies and educational institutions return to recognizing scientific realities of biological sex, not “self-identified gender.” These should include DEERS, the SCCCs, **DoD Education Activity (DoDEA)** schools for military children, war colleges, military service academies, and ROTC programs.

President Donald Trump’s 2018 [policy](#) was not a ban on transgenders; it was a nuanced policy affecting persons diagnosed with gender dysphoria. Servicemen and women still deserve reality-based health care programs, with protection of the rights of doctors and nurses whose medical ethics and religious convictions differ from transgender ideology. Women also deserve separate-sex athletic teams and reasonable privacy in female-only living facilities.

Americans are awake and aware of woke-ism in the military, even if officials try to [deny](#), [dissemble](#), or [withhold information](#) on the existence or results of woke policies. Military men and women should not be used in social experiments that harm them and our military, the only one we have.

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