

## ***Restore Military Strength and Pre-Obama Transgender Mandates***

On August 25, **President Donald Trump** supported the troops by formally directing the **Secretary of Defense** to reinstate policies regarding transgenders in the military that were in effect before June 2016. The [Presidential Memorandum](#) continued Secretary Mattis' suspension of Obama orders to recruit transgenders, and halted the use of DoD funds for related surgical procedures. All policies, said the Memo, should improve military effectiveness, lethality, and unit cohesion, and not put unnecessary burdens on military resources.

- President Trump's initiative recognized that [three of four military service chiefs](#) initially asked for a two-year delay before implementing orders to recruit transgenders. The Vice Chairman of the Joint Chiefs of Staff also [expressed doubt](#) about the science of hormone treatments and surgeries for persons confused about gender identity.
- **Gender dysphoria** is one of several psychological conditions, such as anorexia and claustrophobia, which affect readiness to deploy. Individuals who suffer from this condition deserve compassion, but they do not meet qualifications for military service.
- A 2016 *Military Times* and **Institute for Veterans and Military Families** [survey](#) found that **57%** of active-duty military personnel opposed the decision to allow transgender troops to serve openly, and more than half of that group said the policy change had a very negative effect on military morale.

**DoD Directives Impede Readiness:** At least fifteen DoD and military service directives, instructions, and training manuals, which CMR analyzed in a 27-page [Special Report](#), would seriously undermine readiness while offering **no benefits in terms of combat effectiveness:**

- All directives, which were not “studied” independently, endorsed the reality-denying, unscientific LGBT delusion that gender is “assigned” at birth and can be altered by changing a person's appearance and “gender marker.” According to leading experts, “sex change” is [biologically impossible](#). Gender is *identified* at birth, not assigned, and every person's gender-determining DNA chromosomes exist in every cell of his or her body.
- A 2016 DoD [Instruction](#) explicitly stated that military commanders, doctors, and nurses must approve, participate in, or perform body-altering surgeries. **Johns Hopkins University** discontinued “reassignment” surgeries because [long-term studies](#) found they did not solve psychological problems, including high suicide risks. DoD policies do not protect medical professionals who consider such treatments to be unethical or wrong.
- A Navy [Gender Transition Toolkit](#) called for a “**Personal Reliability Program**” to monitor transgender hormone treatment side-effects that might degrade personal readiness for flight duty or diving operations, and a Navy [Briefing Guide](#) mentioned State Department warnings about dangers for cross-dressing personnel in some countries.
- A 2016 [Transgender Implementation Handbook](#) stated that before transition occurs, a person may live a double life called “**Real Life Experience.**” **RLE** may involve 3-12-month leaves of absence, during which personnel may act as a person of the opposite sex.
- The Handbook also included 19 model scenarios describing bizarre situations that commanding officers are expected to handle; e.g., a “male” soldier announcing he is pregnant, and controversies arising from the use of gender-specific pronouns.

Over, please . . .

- Mandatory transgender acceptance programs produced in consultation with named LGBT groups have diverted untold manhours from military training. None of the “educational” programs respect women’s concerns about biological male “gender pretenders” taking advantage of open doors in female-designated showers and private areas. It is not fair to force uniformed women to accept heightened risks of personal discomfort or worse.
- A [DoD Health Memo](#) ordered commanding officers to consult with remote LGBT-trained “**Service Center Coordination Cells**” (SCCCs) on health decisions - a policy that politicizes the **Military Health System** and deprives gender-confused personnel and even dependent children of objective medical advice before making irreversible decisions.
- Months of counseling and planning for complex transition plans, plus time off for RLE and hormone treatment side-effects, involve considerable lost time robbed from military preparedness. An estimated **210-238 days** for recovery from major body-mutilating surgeries would seriously erode readiness while placing heavier burdens on others.

**Estimates of Costs & Consequences:** In 2016, the **RAND** Corporation consulted with LGBT groups to produce what the Obama Administration wanted: a report (not a study) on ways to accommodate and recruit transgenders in the military. The RAND Report lacks credibility:

- RAND’s elastic estimates of the number of current transgenders in the military range between **1,320-6,630** (active-duty), and **830-4,160** (Selected Reserve). AP [reported](#) only about **250** proclaimed transgenders. Transitional accommodations for these few should be narrow, principled, and temporary. There is no constitutional right to serve in the military.
- RAND based cost estimates on private insurance premiums, not actual surgical costs. and **Aaron Belkin**, director of the LGBT activist **Palm Center**, low-balled surgical costs at [\\$30,000](#). However, the **Philadelphia Center for Transgender Surgery** lists the price of male-to-female operations to be **\$140,450**, and **\$124,400** for female-to-male.
- RAND claimed that only **5%** of transgender troops would seek body-altering surgeries, but **Rep. Vicky Hartzler** (R-MO), cited the **National Transgender Discrimination Survey** in estimating that **30%** of gender dysphoria sufferers would seek government-funded surgeries. Rep. Hartzler’s estimate of costs for all military communities, with **3%** inflation, is [\\$1.3 billion](#) over 10 years, which she [compared](#) to RAND’s questionable 1-year estimate of **\$2.4 - \$8.4 million**, active-duty only. (**\$24 - \$84 million** over 10 years)
- Estimates do not include open-ended hormone treatments to maintain gender-change illusions, mental health services, costs for personnel to fill in for missing transgenders experiencing RLE or recovering from hormone or surgical treatments, plus long-term [human costs](#) when Obama-era policies are extended to [dependents](#) and veterans.

Official mandates set forth in 2016 require pervasive indoctrination, infringements on personal privacy, pressures on military doctors and nurses to violate medical ethics or religious convictions, negative impacts on morale and cohesion when transgender treatments and surgeries negatively affect combat deployability and readiness, erosion of trust in leadership, and diversion of scarce time and resources in pursuit of delusion-based social agendas.

**None of these Obama-era directives, which Congress failed to examine in hearings, would improve readiness in any way. President Trump’s initiative deserves full support. –CMR**

*NOTE: A PDF of this CMR Summary, which provides hyperlinks to highlighted documents, is available at: <http://cmrlink.org/data/sites/85/CMRDocuments/TransgenderInsert092017.pdf>.*