

Critics are Deficient in Understanding Military Transgender Policy

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By Tony Perkins - Family Research Council

The Pentagon's implementation on Friday of a new policy restricting military service by those who identify as transgender continues to draw criticism. But the reality is most of the critics have made little effort to accurately understand it. This is true even of groups presenting themselves as experts -- like the American Medical Association. The AMA was quoted last week criticizing the [Pentagon document](#) to implement the policy for using the word "deficiencies" in explaining when transgender service members may be separated from the military. AMA president Dr. Barbara L. McAneny [told the Associated Press](#), "The only thing deficient is any medical science behind this decision."

The problem is, the Pentagon did *not* apply the word "deficiencies" to any individual's transgender status, or even to a diagnosis of "gender dysphoria." The word referred quite explicitly to a "failure to adhere to . . . standards" -- namely, "the standards associated with his or her biological sex." In other words, it refers to "deficiencies" in a service member's *conduct*, not their physical or psychological state.

People who simply identify with a gender different from their biological sex are *not* automatically excluded from the military under the Trump policy. However, "gender dysphoria" is a specific medical diagnosis, and it is associated with significant mental health problems, as the AMA should know. The Pentagon's [Report and Recommendations](#) last year found, "Service members with gender dysphoria are eight times more likely to attempt suicide than Service members as a whole . . ." and "nine times more likely to have mental health encounters."

Meanwhile, the medical procedures often associated with a "gender transition" -- hormone treatments and gender reassignment surgery -- threaten military readiness because they limit the deployability of the service member. The Pentagon found that "transitioning Service members in the Army and Air Force have averaged 167 and 159 days of limited duty, respectively, over a one-year period." They also found that "the medical costs for Service members with gender dysphoria have increased nearly three times -- or 300 percent -- compared to Service member without gender dysphoria."

In addition, within the military there are "sex-based standards . . . based on legitimate biological differences between males and females." For example, allowing a biological male who still has male anatomy but identifies as female to use female "berthing, bathroom, and shower facilities" undermines the "reasonable expectations of privacy" of biological females. Allowing a biological male who identifies as female to meet female physical fitness standards and compete in athletics with biological females is unfair both to females *and* males. See [FRC's Issue Analysis](#) for a more detailed summary of the policy's justifications.

As a [recent DoD summary](#) made clear, it was actually the Obama policy that was "discriminatory" -- because it *exempted* transgender persons from standards that apply to others with similar mental

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and physical conditions. President Trump deserves credit for taking a fresh look at this issue and returning to a rational policy based upon what is best for the military, rather than just accepting his predecessor's unilateral, eleventh hour policy that was motivated not by military readiness, but political correctness.

Tony Perkins' Washington Update is written with the aid of FRC senior writers.