

Conservative Action Project

The Conservative Action Project (CAP), founded in 2008 by many conservative leaders with former **Attorney General Edwin Meese III** serving as the Founding Chairman. CAP is currently chaired by **The Honorable Becky Norton Dunlop** and is designed to facilitate conservative leaders working together on behalf of common goals. Participants include the CEOs of over 100 organizations representing all major elements of the conservative movement-economic, social and national security.

Memo for the Movement

Restoring America's Military Strength: Military Readiness or Transgender Politics

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Conservative leaders strongly support the principle of peace through strength and therefore the need for immediate action to return the priority of the Department of Defense to restoring America's military readiness and ending costly and distracting social engineering.

President Trump has mandated that his Administration restore the strength of our military. We, and most Americans appreciate the steps taken to reinstate the priorities Secretary of Defense (James) Mattis noted during his confirmation hearing: mission readiness, command proficiency, and combat effectiveness.

The process of strengthening our military will not succeed, however, if military service personnel have to contend with problematic military/social policies imposed by the Obama Administration – policies that actually impede mission readiness, command proficiency, and combat effectiveness.

Conservative leaders urgently suggest that the Trump Administration review and rescind the Obama-era policies that hinder military readiness and overall effectiveness.¹ Politically correct policies have been imposed largely through administrative fiat. They can be removed in like manner while further study and congressional guidance is obtained. The most problematic policies in this category are those addressing the presence of transgender individuals in the military.

Transgender issues have become especially prominent since various Obama Administration decisions holding that as of June 30, 2016, transgender service members would no longer be discharged from military service, and as of July 2017, transgender recruits would be accepted into the military. Obama's Secretary of Defense Ashton Carter adopted these policies, even though such personnel are likely to need costly medical, surgical, and psychological care that may undermine readiness by rendering these service members non-deployable.

¹ This document mentions only a few such documents; more examples are available on request.

The policies adopted require our Armed Forces to officially assume the risks of recruiting and retaining persons who are suffering with a condition² requiring long-term medical and perhaps, surgical treatment, with uncertain results often associated with higher rates of depression and suicide.³ The accommodation of such individuals in the military indicates that the U.S. Department of Defense will bear the cost of hormone treatments, surgery, and post-operative care to facilitate “gender transitioning.”

Furthermore, the time taken away from commanders’ combat-related duties while they essentially take on the responsibilities of medical case workers will be significant. It represents a tremendous opportunity cost to take these men and women away from duties that would improve combat readiness and require that they instead master the nuances of a complex psycho-sexual medical sub-specialty, and initiate or approve procedures for which they have no formal training.

It must be difficult to suffer from gender dysphoria and confusion about one's sexual identity, but concerns about these individuals do not justify mandates on military medical doctors and nurses to approve, provide, or participate in life-altering transgender treatment or surgeries. Many object to these experimental treatments on grounds of medical ethics or sincere religious convictions.

With these points in mind, we welcome the Pentagon’s recent nullification of an October 1, 2016 Defense Department directive imposing “open-door” shower and bathroom guidelines on all Department of Defense schools. However, continuing implementation of the Obama transgender policies for service members would ignore the strongly-felt concerns of women particularly, who do not want to be exposed to individuals of the opposite sex in facilities which offer minimal privacy. This grave problem must be taken seriously when the incidence of sexual assaults and rape in the military is so severe.

We reiterate that these sweeping policy changes have been made without any statutory direction from the Congress.

Secretary Mattis should suspend and, upon further careful study, rescind Defense Department and military service directives permitting transgender individuals to serve. Such directives would include the following items, together with the dozen or more associated training manuals, handbooks, and military service implementation plans:

² The American Psychiatric Association describes “gender dysphoria” (ICD-10-CM code F64.0 in the DSM-5) as follows: “Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identify...People with gender dysphoria may often experience significant distress and/or problems functioning associated with this conflict between the way they feel and think of themselves (referred to as experienced or expressed gender) and their physical or assigned gender.” American Psychiatry Association, “What is Gender Dysphoria?” <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>, accessed April 28, 2017.

³ In a May 13, 2016, Wall Street Journal Commentary article titled “Transgender Surgery Isn’t the Solution,” Dr. Paul McHugh, the Distinguished Professor of Psychiatry at John Hopkins University, 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. Brief of Dr. Paul R. McHugh, M.D., Ph.D., Dr. Paul Hruz, M.D., Ph.D., and Dr. Lawrence S. Mayer, Ph.D. as amici curiae in Support of Petitioner, Gloucester County School Board v. GG, No. 16-273 (U.S., October Term 2016).

- Directive-Type Memorandum (DTM-16-005), issued by Defense Secretary Ashton Carter on June 30, 2016, prescribing procedures for accession, retention, in-service transition, and medical coverage for transgender personnel.
- DoD Instruction 1300.28, signed by Defense Secretary Carter on June 30, 2016, setting forth complicated procedures for changing a service members “gender marker” in the Defense Enrollment Eligibility Reporting System (DEERS).⁴

Further, the Trump Administration should discontinue funding and directing personnel resources for special-interest events, including LGBT-Pride Month events in June, which do not strengthen military readiness.

Because people are policy, we encourage President Trump to appoint qualified people who will assign highest priority to military effectiveness, not social transformation, to high-level Defense Department policy positions.⁵

We will support officials and initiatives taken to end politically-correct social agendas, and look forward to more changes that will strengthen the armed forces and restore America's military readiness.

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⁴ There is no rational reason to believe that a bureaucratic “gender marker” is the equivalent of human 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 human chromosomes cannot be changed with outward appearances or radical measures such as surgery on healthy organs. Claims that transgendered people are “trapped” inside a body different from the gender they wish to be are based on what psychiatric specialist Dr. Joseph Berger called “feelings, not science.”

⁵ See pro-defense planks in the Republican National Platform adopted in Cleveland, 2016, pp. 41-44.

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