



Pentagon Abolishes Trump's "Transgender Ban"

On March 31, the International Transgender Day of Visibility, the Pentagon has announced new policies to abolish the Trump administration's ban on transgender troops serving in the U.S. military, following a 60-day review initiated after President Biden signed an [executive order](#) repealing the ban shortly after he took office in January.

At a signing ceremony, Biden [said](#) the order reinstates "a position that the previous commanders and, as well, as the secretaries have supported.... What I'm doing is enabling all qualified Americans to serve their country in uniform and essentially restoring the situation that used to be before, where transgender personnel — if qualified in every other way — can serve their government in the United States military."



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On Wednesday, the department announced it has updated two internal policies to make it easier for transgender individuals to join up and access medical treatment while serving. The policies, which go into effect April 30, also protect transgender individuals from discrimination within the services. The revised policies also "provide a path of service for medical treatment, gender transition and recognition in one's self-identified gender," [according](#) to Pentagon Press Secretary John Kirby.

It is unclear how many transgender people serve in the military, though some advocacy groups [assume](#) it could be as high as 15,000 individuals. Stephanie Miller, the Pentagon's military accession policy director, [believes](#) that the number of service members who self-identify as transgender could range from 1,000 to 8,000. She also notes that there are about 2,200 service members diagnosed with gender dysphoria and who are seeking gender-transition medical procedures. The Pentagon would fund and facilitate the procedures for each individual on a case-by-case basis. According to the Pentagon, the department [spent](#) about \$8 million on transgender care from 2016 to 2019.

Normal or Ill?

The U.S. Department of Defense has a [directive](#) that provides a detailed list of the mental-health conditions that prevent a person from being in the armed services. According to the Department of Defense, you're disqualified from serving in the U.S. military if you have a current diagnosis or a history of most mental disorders. Undoubtedly, military service is highly demanding on a person's physical, mental, and psychological state. If the nation entrusts someone with the crucial goal of providing security and defense, that person needs to be exceptionally fit. Thus, the strict requirements for the recruits. Are transgender people mentally fit to serve?



Written by [Veronika Kyrylenko](#) on April 1, 2021

For a long time, the American Psychiatric Association (APA) defined being transgender — that is, experiencing “an incongruence between assigned sex (i.e., the sex recorded on one’s birth certificate) and gender identity”— as a “gender identity disorder.” In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, released in 2013), the APA did away with the term “gender identity disorder,” and declared that such “incongruence” was not a “disorder.” However, “the distress that may accompany the incongruence” could be classified as a disorder, now renamed “gender dysphoria.” The new term was still unsatisfactory to trans activists, since “dysphoria,” as a profound sense of unease or dissatisfaction, still suggested a mental illness. Psychologists [say](#) that while dysphoria isn’t a mental health diagnosis on its own, it’s a symptom associated with a variety of mental illnesses, including anxiety, depression, schizophrenia, bipolar disorder, personal disorder, etc. Indeed, it’s been [found](#) that people with so-called gender dysphoria have higher rates of other mental-health conditions. Some estimates say that 71 percent of people with gender dysphoria will have some other mental-health diagnosis in their lifetime.

In 2019, following the APA and under pressure from the trans lobby, the World Health Organization (WHO) approved [an update](#) to the International Statistical Classification of Diseases and Related Health Problems, which is known as the ICD-11 and is widely used in the United States. The WHO also dropped the term “gender identity disorder.” However, the new category that replaced it was “gender incongruence” — the very thing that was declared *not* to be a disorder in the DSM-5.

Those confusing manipulations with medical terms, definitions, and redefinitions allowed for the benefit of having a diagnosis without the “stigma” of having a “mental disorder.” New York psychiatrist Jack Drescher, who was involved in drafting both the DSM-5 and ICD-11 revisions, [reveals](#) the incentive behind the changes:

WHO, a United Nations agency, has a human rights mission, and there is substantial evidence that the stigma associated with the intersection of transgender status and mental disorders contributes to precarious legal status, human rights violations, and barriers to appropriate health care for this population.

It’s hard not to notice that Dr. Drescher sounds more like a politician than a psychiatrist, using terms such as “human rights,” “stigma,” and “legal status” that have nothing to do with accurate diagnosis of a specific health condition.

Society certainly should have compassion for people who genuinely feel discomfort with their biological sex and who may be going through a painful struggle. However, the direction in which society is moving raises concerns as to its sanity. We are eager to compromise our national defense; eager to mutilate confused people and even children who need psychiatric help, not the life-altering hormonal treatments and surgeries; willing to sacrifice their lives due to the [high risk](#) of suicide among trans people; and willing to change the language and scientific dialogue around the issue to the point of that burying any real solutions to the problem; all in the name of kindness, tolerance, and inclusivity.



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