United States Senate
WASHINGTON, DC 20510

July 17, 2026

The Honorable Pete Hegseth
Secretary
U.S. Department of Defense
1000 Defense Pentagon
Washington, D.C. 20301

Secretary Hegseth,

We write to express serious concerns regarding the Department of Defense's announcement that it will begin annual testosterone screening for millions of servicemembers despite longstanding medical guidance recommending against routine population-wide screening. The Department has provided no evidence that this sweeping new policy will improve force readiness or health, nor has it explained the scientific basis, costs, or risks associated with implementing it across the force.

Routine population-wide screening for testosterone deficiency is not recommended by many major medical organizations because the benefits of screening asymptomatic individuals have not been established.[1] Currently, less than six percent of men between 30 and 79 have testosterone deficiency.[2] While testosterone replacement therapy is appropriate for certain patients with clinically confirmed hypogonadism, treatment carries known risks and requires careful diagnosis and long-term medical monitoring.[3]

Coupled with the Department's recent repeated efforts to redefine military culture around an exaggerated conception of masculinity, this initiative risks undermining years of work to ensure that women servicemembers are evaluated and valued based solely on their ability to perform the mission. While the Department rushes to institute automatic testosterone testing for men, the Military Health System remains inadequately prepared to meet the needs of servicewomen experiencing perimenopause and menopause, and Congress has had to press DoD merely to study persistent gaps in their care. This stark disparity suggests that the Department's priorities are being shaped less by an equitable assessment of force health than by the Secretary's preferred cultural narrative.

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[1] Endocrine Society, "Testosterone Therapy in Men with Hypogonadism: An Endocrine Society Clinical Practice Guideline," accessed July 15, 2026, Testosterone Therapy for Hypogonadism Guideline Resources | Endocrine Society

[2] Shehzad Basaria, "Androgen Abuse in Athletes: Detection and Consequences," *The Journal of Clinical Endocrinology & Metabolism* 92, no. 11 (2007): 4120–4126, https://pubmed.ncbi.nlm.nih.gov/17698901/

[3] Vigen, Rebecca, et al. "Association of Testosterone Therapy with Mortality, Myocardial Infarction, and Stroke in Men with Low Testosterone Levels." *JAMA* 310, no. 17 (2013): 1829–1836. https://jamanetwork.com/journals/jama/fullarticle/1764051.

We recognize that testosterone deficiency may be a legitimate medical concern for some servicemembers, particularly those serving in high-stress operational environments. Indeed, the Department has spent years studying this issue and, as recently as 2025, reaffirmed that routine screening is not recommended and that evaluation should be based on symptoms and established clinical guidelines. Against that backdrop, the Department's decision to implement annual screening for a much broader population represents a significant departure from its previous approach and warrants a clear explanation of the evidence supporting that change.

To better understand the rationale for these decisions and their consequences, I request responses to the following questions no later than August 5, 2026:

1. Please describe in detail the process by which the Department of Defense developed this policy to screen service members for testosterone deficiency. What specific data, analysis, or expert medical guidance informed your decision to screen and for and recommend testosterone for servicemembers?
2. What evidence does the Department have that testosterone screening or treatment improves military readiness, performance, or lethality?
3. Did the Department conduct a cost analysis of its proposed testosterone deficiency screening program? Provide a comprehensive breakdown of the new program budget and associated expenses (including screening, treatment, and program administration).
4. Following investigations into the 2022 death of a Navy SEAL candidate, the Department increased its focus on detecting unauthorized use of testosterone and other performance-enhancing substances within portions of the force. How does this initiative align with those efforts, and what safeguards will the Department implement to ensure it does not inadvertently encourage misuse of testosterone or other performance-enhancing drugs?
5. Given the Department's previous concerns regarding the use of anabolic steroids and other performance-enhancing substances, how does the Department intend to ensure that this initiative does not inadvertently encourage servicemembers to seek testosterone or other hormone supplements outside appropriate medical supervision?
6. What specific testing protocols will be used (e.g., timing of tests, number of confirmatory tests, diagnostic thresholds)? Will the Department screen all servicemembers for testosterone levels?
7. What quality control measures will the Department implement to prevent overdiagnosis, inappropriate treatment, or non-medically indicated requests for testosterone therapy, particularly among servicemembers under age 30 who may be influenced by social media or other messaging promoting testosterone as a means to improve physical performance or masculinity?
8. Will service members who decline testosterone therapy face any adverse administrative, medical readiness, or career consequences?
    a. How will the Department ensure that participation in testing or treatment does not become coercive in practice, particularly in operational units where readiness pressures are high?

9. Is the Department currently considering the approval or administration of other performance-enhancing substances?
10. Evidence suggests that testosterone replacement therapy may affect mood and behavior in some patients and requires ongoing clinical monitoring. Does the Department have sufficient medical and behavioral health resources to safely support servicemembers receiving testosterone replacement therapy, including access to appropriate follow-up care, behavioral health services, and specialist consultation?[4]
11. Will the Department implement this program by procuring or engaging with external contractors or vendors? How will the Department ensure servicemembers' private medical information will not be misused or accessed by unauthorized third-parties, especially from foreign adversaries?

The health and readiness of our armed forces depend on clear, consistent, and science-driven leadership. Thank you for your earnest attention to this matter, we look forward to your response.

Sincerely,

Richard Blumenthal
United States Senator

Mazie K. Hirono
United States Senator

Gary C. Peters
United States Senator

Elizabeth Warren
United States Senator

Ruben Gallego
United States Senator

[4] Corona, Giovanni, et al. "Testosterone Replacement Therapy and Cardiovascular Risk: A Review." *The Journal of Sexual Medicine* (2022). https://www.natap.org/2022/HIV/PIIS1743609522012449V2.pdf