The Virgin Islands Consortium

War Secretary Orders Mandatory Annual Testosterone Screening for Troops 30 and Older

Defense Secretary Pete Hegseth has ordered mandatory annual testosterone deficiency screening for active-duty and reserve service members age 30 and older, with younger troops able to request testing and any replacement therapy described as voluntary.

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U.S. marines.

U.S. Defense Secretary Pete Hegseth has ordered mandatory annual testosterone deficiency screening for active-duty and reserve component service members age 30 and older, making hormone testing part of their Periodic Health Assessment while

allowing younger troops to request screening.

The July 15 memorandum says the screening requirement is effective immediately and directs the Under Secretary of Defense for Personnel and Readiness to update policy by August 15. It also directs the military departments and the Defense Health Agency to align internal procedures, educate medical personnel and service members, and make testing available across the Military Health System.

The order is not described in the memorandum as a requirement that new recruits “pass” a testosterone test before entering the military. It applies to current active-duty and reserve component personnel. Hegseth separately ordered a review in April 2025 of medical conditions that disqualify people from joining the military, but that enlistment review was distinct from the July testosterone screening directive.

Hegseth said the screenings could lead to troops being offered testosterone replacement therapy aimed at “ensuring you have the right testosterone levels to operate at your absolute best.” The treatment would be voluntary for service members diagnosed with low testosterone levels.

The Defense Department memorandum frames the screening program as part of a broader “Human Performance Optimization” effort and says it is intended to address “Operator Syndrome,” which the memo describes as a set of health challenges first identified among Special Forces in 2020 through research involving the department and academic institutions. The memo says lessons learned from treating that condition, including targeted testosterone therapy, are being applied across the total force to support readiness.

The policy follows a broader performance initiative Hegseth launched in May, when he directed the department to treat warfighter performance as a readiness capability, with greater use of data, tools, technology, cognitive performance measures and fitness standards across the force. That memorandum said the department would “manage Warfighter performance” with the same rigor applied to weapons systems and equipment.

The new testosterone policy has already drawn questions over scope, science and consistency. AP reported that while Hegseth referred broadly to “troops,” the program appeared focused on hormone irregularities among men in uniform, and the Pentagon did not answer whether female troops would be able to receive estrogen-based evaluation as they enter perimenopause. Current medical guidelines generally recommend against blanket testosterone testing, with doctors typically advised to consider therapy for men who have symptoms and documented low hormone levels on two separate blood tests.

The debate is also unfolding against a larger federal shift on testosterone therapy. In June, the U.S. Department of Health and Human Services said the Food and Drug Administration was requesting label updates for testosterone replacement therapy products, including removal of language stating that safety and effectiveness had not been established for men with age-related hypogonadism. HHS said the FDA reviewed new clinical data and existing evidence, including the TRAVERSE trial, which found no meaningful increase in major cardiovascular events among more than 5,200 men

receiving testosterone replacement therapy.

FDA’s current public information states that testosterone products are approved for men who have low testosterone levels in connection with an associated medical condition, and lists approved formulations including gels, patches, buccal systems and injections. The agency’s June 2026 update says it requested prescribing-information changes after reviewing TRAVERSE and other data, including revisions related to prostate cancer and benign prostatic hyperplasia.

The military context has made the issue more sensitive. AP reported that testosterone use among special operations troops, including Navy SEALs, came under scrutiny after the 2022 death of a SEAL recruit led to the discovery of testosterone and other substances and revealed broader drug use in the elite program. The Navy later began a drug-testing program for hormonal substances related to testosterone that promote muscle growth. Hegseth has said the new screening initiative is “not about artificial enhancement.”

The announcement also prompted criticism from Democratic lawmakers who contrasted the testosterone policy with Hegseth’s stance against transgender service members who use hormone therapy. Reuters reported that Rep. Summer Lee responded, “So now y'all support gender-affirming care?” while Sen. Tammy Duckworth wrote, “Sounds like gender-affirming care to me.”

Duckworth and Rep. Chrissy Houlahan, both military veterans, called on Hegseth to make hormone screening available for both men and women. Duckworth, who serves on the Senate Armed Services Committee, also linked the issue to fertility concerns among military families.