

United States Senate
WASHINGTON, DC 20510-1104

July 29, 2022

The Honorable Lloyd J. Austin III
Secretary of Defense
1000 Defense Pentagon
Washington, D.C.
20301-1000

cc:

General Mark A. Milley, Chairman of the Joint Chiefs of Staff
General James C. McConville, Chief of Staff of the Army
General David H. Berger, Commandant of the Marine Corps
Admiral Michael M. Gilday, Chief of Naval Operations
General Charles Q. Brown Jr., Chief of Staff of the Air Force
General John W. Raymond, Chief of Space Operations

Dear Secretary Austin,

The Department of Defense has identified a number of factors that have led to significant recruitment and retention challenges. One of the top reasons service members, particularly women, choose not to join, remain, or leave the Armed Forces is the impact military service has on family planning. I urge the Department of Defense (DOD) to consider how providing family planning options would impact servicemembers.

Pregnancy and childbirth present particular challenges for women serving in the military. Multiple studies—including a 2018 RAND and a 2020 GAO study—found that issues related to pregnancy affect a woman's decision to stay or leave the military, especially the difficulty of timing pregnancies to fit within rigid career timelines.¹ There are many career field-specific medical restrictions while pregnant—such as the inability for pilots to be in a flight status or troops to move under weight of their equipment—that can impact a female servicemember's decision on whether or when to become pregnant. These medical restrictions present particular challenges to career advancement as a pregnancy can impact deployability and duty assignment and force women of childbearing age to decide between starting a family or advancing their military career.

While the military must do more to address pregnancy discrimination from within the ranks and better support women who have children while serving, providing servicemembers with family planning options, including cryopreservation, a process of preserving biological material by cooling the sample to low temperatures, could serve as a valuable recruitment and retention tool.

This issue does not just impact women as both male and female servicemembers risk infertility due to combat-related injuries and toxic exposure, which often influences decisions to preemptively preserve the ability to have children post deployments.

¹ GAO, "Female Active-Duty Personnel: Guidance and Plans Needed for Recruitment and Retention Efforts," May 19, 2020, <https://www.gao.gov/assets/gao-20-61.pdf>; RAND, "Addressing Barriers to Female Officer Retention in the Air Force," 2018, https://www.rand.org/pubs/research_reports/RR2073.html

Across the U.S. and around the world, egg freezing and in vitro fertilization are starting to become more common as employer provided benefits in the civilian sector.² Furthermore, foreign military services, like the British Armed Forces, are increasingly offering cryopreservation for their servicemembers as a component of basic healthcare. While U.S. servicemembers can currently access cryopreservation by paying out of pocket, many cannot afford the procedure.

A TRICARE cryopreservation program would give servicemembers, particularly women, significant flexibility in deciding when to start a family. This could keep our military competitive with the civilian sector and serve as a retention tool among servicemembers who feel they must choose between their military career and having a family. We need to understand how providing family planning options, including cryopreservation, would impact servicemembers.

I call on DOD to study the demand for cryopreservation among servicemembers, whether offering cryopreservation to servicemembers will lead to greater retention, and the cost of cryopreservation if offered to active-duty servicemembers.

I urge DOD to conduct a study to: Evaluate multiple details concerning the desire for and feasibility of a program which would allow service members to freeze their eggs or sperm as a means to bolster force retention. Specifically, DOD should:

- Determine the number of servicemembers of different ages, genders, and military professions who elect to leave active duty primarily for family planning reasons, and whether or not the option to freeze their egg or sperm cells could lead to greater retention.
- Investigate methods and costs to offer cryopreservation to servicemembers, as well as any other matters the Department deems relevant.

The people who join the military already sacrifice an incredible amount in order to serve their country. No one should have to sacrifice their career in the military for starting a family. We owe it to these servicemembers to ensure they have the tools and command support to begin a family when they choose, while continuing to serve our country. Additionally, increasing the number of the female recruits will be critical to not only reaching DOD's diversity goals, but their recruitment goals as well. Providing family planning options could be a critical tool in making that happen. We urge you study the offering and funding of cryopreservation services to our military personnel.

Sincerely,



Mazie K. Hirono
U.S. Senator

² Johnston et al., "A major increase in oocyte cryopreservation cycles in the USA, Australia and New Zealand since 2010 is highlighted by younger women but a need for standardized data collection," February 18, 2021, <https://pubmed.ncbi.nlm.nih.gov/33367704/>; Cardozo et al., "Employee benefit or occupational hazard? How employer coverage of egg freezing impacts reproductive decisions of graduate students," September 18, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8244361/>.

Prof. K. A. ...