

**Congress of the United States**  
**Washington, DC 20515**

April 10, 2025

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

Mr. Gary A. Ashworth  
Acting Secretary of the Air Force  
Department of the Air Force  
1670 Air Force Pentagon  
Washington, D.C. 20330

Dear Secretary Hegseth,

We write to express our deep concern regarding the reversal in the Department of the Air Force Flying-While-Pregnant (FWP) policy which restricts aircrew members from flying early in their pregnancy and adds higher scrutiny to pregnant pilots seeking waivers to continue flying. In addition, a change was made regarding high performance and specialized aircrafts (i.e., ejection seat aircrafts) which are no longer eligible for a waiver under this newly published policy. This results in restricting aviators from flying bomber and fighter aircrafts. We ask the Air Force to explain the rationale for these changes and to provide any updated medical data that informed this reversal.

Reversing the FWP policy would reinstate the penalties that Air Force aircrew and aviators faced before the policy's 2019 revisions. In 2018, over 400 Air Force aircrew members were pregnant, and as a result, grounded from flying aircraft. Aircrew members grounded for the duration or part of their pregnancy faced the loss of long-term landing, instrument, and other currency. Moreover, they faced the possibility of being ineligible to fly for at least twelve (12) months, including postpartum. To requalify postpartum, these servicewomen had to return to a formal training course at the unit's expense or undergo in-unit training, diverting resources from operational requirements. **The result was a loss of combat capability and readiness due to reduced aircrew capacity, avoidable costs from multi-million-dollar requalification training, and negative effects on the retention and morale of servicewomen aviators.**

The Air Force purports the change would align its new FWP policy with the other services, but this rationale lacks any empirical support, as the other services have never relied on anything other than broad generalizations and no data to back up their existing policies. The Air Force, which has the highest number of servicewomen aviators, should be leading the modernization of policies rooted in outdated, 1960s-era mindsets, not reverting to them. It is crucial for the Air Force to set the standard for progress in this area, particularly as it remains at the forefront of gender integration in aviation.

In 2019, the Air Force Director of Staff directed a policy review on performing flying duties while pregnant. The U.S. Air Force School of Aerospace Medicine (USAFSAM) conducted an assessment of the human health risks from USAF flying operations to the pregnant aviator and fetus. Forty-nine specific exposures were assessed across 21 hazard categories. **For each exposure, maternal risk, fetal risk, and mission risk were assessed based on Air Force Risk Management principles.**

This USAFSAM assessment provided the foundations for the 2022 transformative policy changes allowing pregnant aviators to fly in all trimesters with medical concurrence. No waiver would be required in the second trimester for uncomplicated pregnancies (this was the initial change made in

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2019) but required in the first and third trimester.<sup>1</sup> Moreover, the 2022 policy allowed ejection seat aircrew members to apply for a waiver provided they were restricted to 3 Gs (x3 gravity)—a threshold consistent with most mobility aircraft, which pregnant servicemembers have safely flown for decades. We have not seen any new medical data or research that would change this assessment and do not understand why elements of the 2022 policy have been rolled back.

Our nation's military should not follow guidelines that even the Federal Aviation Administration (FAA) does not recognize. The FAA does not place restrictions on the piloting activities of civilian pilots based on pregnancy. FAA policy provides that, "pregnancy under normal circumstances is not disqualifying" for medical certification to fly.<sup>2</sup> Commercial pilots at most major U.S. airlines are allowed to fly most of their pregnancy with periodic assessments from their doctor. A significant portion of the Air Force's aircraft are, indeed, used for non-combat roles such as training, transport, reconnaissance, or logistical support. While these missions are essential for maintaining readiness and supporting national defense, they often involve aircraft similar to civilian aircraft in terms of type or function.

As the U.S. Secretary of Defense, you have consistently emphasized the importance of combat readiness and military lethality in ensuring national security. More recently, during a Pentagon town hall, you highlighted the urgency of maintaining military readiness in the face of global threats. Additionally, you have insisted that the military be merit-based institution, free from special carve outs and rules. As members of the House of Armed Services Committee, **we believe that this change in policy critically hinders our nation's combat readiness and that a purely political bias jeopardizes both military readiness and women's health.**

Additionally, we request answers to the following questions to ensure Congress can effectively evaluate the impacts of the newly published FWP policy on our military personnel and strength of our force:

1. Has the Department of the Air Force directed any new medical scientific data since the USAFSAM 2019 study? If so, please provide Congress a copy of that report.
2. The Air Force reasons that part of the change is due to the risk of miscarriage being highest in the first trimester. It is correct that miscarriages are more likely to occur in the first trimester of pregnancy; however, flying in an aircraft does not increase that risk. Is there new scientific evidence or data regarding the risk of miscarriage increases when flying an aircraft? If so, please provide Congress a copy of that report.
3. There has been an assumption that ejection seat aircraft are unable to safely fly with a pregnant aviator; however, this assumption is not evidence-based. The act of sitting in an ejection seat does not cause risk to the pregnant aviator/aircrew or fetus, it is the actual act of ejection that is the hazard. In 2019, the chances of dying in an Air Force aircraft was 0.52 per 100,000 flying hours.<sup>3</sup> According to the United States Department of Transportation, there

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<sup>1</sup> [Air Force clarifies policies for pregnant aircrew > Air Force > Article Display](#)

<sup>2</sup> [Guide for Aviation Medical Examiners | Federal Aviation Administration](#)

<sup>3</sup> [Department of the Air Force Aviation Class A Mishap Summary](#)

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were 11.0 deaths per 100,000 driving hours in 2019.<sup>4</sup> Considering driving to work poses a greater risk than flying, why doesn't the Air Force restrict Airmen from driving during pregnancy or under other conditions associated with accidental injuries that could lead to a miscarriage?

4. The Air Force reasons that restrictions to first trimester flying are based on risk assessment, including potential exposures like radiation and chemical, which could negatively impact the development of the fetus during organ system formation. Pregnant service members or pregnant family members use Space-Available flights, flying in the back of a C-17 or KC-135, to travel around the country and the world. Is there a difference between civilian pregnant bodies and active-duty pregnant bodies? Further, has any study been conducted concerning exposure for men who are working to conceive children?
5. How many waivers were approved for the second trimester after the policy change in 2019?
6. How many waivers were approved for the first and third trimester after the policy change in 2022?
7. The new policy raises the waiver level from the local/installation command to Major Command, reintroducing the bureaucratic delays pilots faced before 2019. Is there any additional expertise, such as an OB/GYN, approving these waivers at MAJCOM SG offices given the process was already reviewed by the aviator's flight surgeon and OB/GYN?
8. The Air Force provides that expedited disposition requests are not uncommon.
  - a. Are expedited disposition common for a FWP policy waiver?
  - b. How many expedited waivers were provided between 2019 and today under this policy?
  - c. Given the time sensitive nature of waiver requests under this policy, are waivers under this policy processed ahead of other waivers in the system outside of the policy?

We ask that you provide written responses to the above questions no later than May 9, 2025. Additionally, we request that you provide a briefing for our Members no later than May 12, 2025. Should you have any questions about this request, you may contact Ms. Emma Zafran, of the Office of Representative Chrissy Houlahan, at [emma.zafran@mail.house.gov](mailto:emma.zafran@mail.house.gov).

We look forward to your response.

Sincerely,

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<sup>4</sup> [FARS Encyclopedia](#)

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Chrissy Houlahan  
Member of Congress



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Tammy Duckworth  
U.S. Senator



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Maggie Goodlander  
Member of Congress



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Mikie Sherrill  
Member of Congress