WHITE PAPER

The Case for a TRICARE Fitness Benefit:

Why National Guard Members Need Paid Gym Membership Coverage

A Policy Proposal for Department of Defense and Congressional Consideration

February 2026

Prepared for the Enlisted Association of the National Guard
and National Guard Advocacy Organizations

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Executive Summary

This white paper presents a compelling policy argument for establishing a gym membership reimbursement clause within TRICARE health coverage specifically for National Guard and Air National Guard members. Currently, TRICARE explicitly excludes coverage for gym memberships and exercise programs, creating a critical gap in preventive health support for the very service members who face the greatest barriers to maintaining the physical fitness standards required to sustain their military careers.

The Department of Defense spends approximately $1.5 billion annually on obesity-related healthcare costs across the military. An estimated 68% of reserve component personnel—including National Guard members—are overweight or have obesity, the highest rate across all military components. Yet these same service members are the least likely to have access to military fitness facilities and are required to meet the same physical fitness standards as their active-duty counterparts. National Guard members are geographically dispersed across thousands of communities, often located far from military installations with fitness centers.

This paper demonstrates that a modest gym membership reimbursement benefit—modeled on programs already offered by major civilian insurers such as UnitedHealthcare, Blue Cross Blue Shield, and Aetna—would cost significantly less than the current burden of fitness-related medical separations, obesity treatment, musculoskeletal injuries, and the lifecycle costs of procuring and maintaining gym equipment at dispersed armory locations. The proposal would enhance readiness, reduce long-term healthcare expenditures, and close a critical equity gap between active-duty and reserve component service members.

Section 1: The Problem — A Fitness Infrastructure Gap

1.1 TRICARE's Current Exclusion of Fitness Benefits

TRICARE, the healthcare program serving uniformed service members, retirees, and their families, explicitly states: "TRICARE doesn't cover gym memberships" and "TRICARE doesn't cover exercise programs." This blanket exclusion applies to all beneficiaries regardless of component—active duty, reserve, or National Guard. TRICARE's own FAQ page acknowledges the gap by suggesting that members who do not live near a military base explore "many low and no cost options…through county, city, and state facilities or local organizations such as the YMCA."

While this suggestion may be adequate for active-duty personnel stationed at major installations with fully equipped fitness centers, it fails to address the unique circumstances of National Guard members. The current policy creates a two-tiered fitness infrastructure that disadvantages the very service members who face the most challenging conditions for maintaining physical readiness.

1.2 The Geographic Dispersion Challenge

The National Guard is, by design, a geographically dispersed force. The Army National Guard operates approximately 3,000 armories and readiness centers across more than 2,600 communities nationwide. In Kentucky alone, the Army National Guard maintains approximately 61 armories across 53 communities. These facilities are primarily designed for training, administration, and equipment storage—not physical fitness. Most armories lack dedicated fitness equipment comparable to what is available on active-duty installations such as Fort Knox, Fort Campbell, Boone National Guard Center, or the 123rd Airlift Wing base.

The typical National Guard member drills one weekend per month and two weeks per year, spending the remaining 325+ days of the year in their civilian communities. During this time, they must maintain the same physical fitness standards as active-duty Soldiers, yet they lack daily access to military fitness facilities. Service members stationed at active-duty installations have free access to state-of-the-art gyms that include strength training equipment, cardiovascular machines, functional fitness areas, swimming pools, and group fitness classes. National Guard members, by contrast, must fund their own fitness programs entirely out of pocket.

Many National Guard members, particularly in states like Kentucky, live in rural areas far from any military installation. According to RAND Corporation research, members of the National Guard and reserves are more likely than active-component personnel to live in rural areas, making them less likely to receive specialized forms of healthcare and, critically, less likely to have affordable commercial gym options nearby. A Soldier in eastern Kentucky may live two or more hours from the nearest military installation with a fitness center, making regular use of those facilities completely impractical.

1.3 Equipment Access Disparities

The fitness disparity between components extends beyond gym access. When the Army introduced the Army Combat Fitness Test (ACFT), now replaced by the Army Fitness Test (AFT), the equipment-heavy nature of the test created immediate challenges for the National Guard. While 15,854 ACFT equipment sets were issued to the Guard—more than the 10,829 sets provided to active-component units—the equipment was often distributed to higher-echelon headquarters such as brigade-level facilities rather than to individual company-level armories where Soldiers actually drill.

Military.com reported that dozens of Guard members across the country described how equipment was often located hours from their homes or unit locations, making it impractical for routine training. This geographic mismatch between where equipment is staged and where Soldiers live illustrates a systemic infrastructure gap that a gym membership benefit would directly address.

1.4 The Secretary of War's Fitness Mandate: Heightened Standards Without Corresponding Support

The urgency of this proposal has been significantly amplified by the Department of War's aggressive new fitness posture under Secretary Pete Hegseth. Since assuming office in January 2025, Secretary Hegseth has made military physical fitness the centerpiece of his reform agenda, issuing a series of policy directives that raise the stakes for every service member—including those in the National Guard and reserve components.

On March 31, 2025, Secretary Hegseth signed a memorandum directing a 60-day review of physical fitness standards for combat arms occupations, ordering that all entry-level and sustained fitness requirements be sex-neutral and based solely on operational demands. This was followed by the Army's June 2025 replacement of the Army Combat Fitness Test (ACFT) with the Army Fitness Test (AFT), a five-event assessment featuring deadlift, hand-release push-ups, plank, two-mile run, and sprint-drag-carry. The new test demands access to deadlift equipment and a track or measured course—resources that are readily available on active-duty installations but largely absent from community armories where Guard Soldiers drill.

On September 30, 2025, Secretary Hegseth delivered a landmark address at Marine Corps Base Quantico to nearly every general and flag officer in the joint force, declaring that physical fitness is the foundation of military culture. He mandated that active-duty service members perform physical fitness training every duty day and take two annual fitness tests. National Guard and reserve component members are required to take at least one annual fitness test aligned to their combat or non-combat designation, with each Military Department directed to submit an execution plan for Guard and Reserve implementation. Critically, the Secretary's accompanying "Military Fitness Standards" memorandum established that failure to meet fitness and body composition standards may be used to withhold favorable personnel actions—including denied promotions—and may result in administrative separation.

Secretary Hegseth further emphasized these priorities when the American Security Project released its "Ready the Reserve" report in April 2025, finding that approximately 68% of reserve component personnel are overweight or obese. Hegseth responded directly on social media,

stating that the findings were “completely unacceptable” and declaring that “REAL fitness and weight standards are here.” At the Army War College the same week, he told students that leaders must be “fit not fat, sharp not shabby.” A new body composition standard using the height-waist circumference method will be assessed twice annually, with non-compliant personnel enrolled in remedial programs and ultimately separated if they fail to make progress.

The policy gap is stark: the Department of War now demands higher fitness standards, more frequent assessments, stricter body composition enforcement, and career-ending consequences for non-compliance—while providing no additional fitness infrastructure or resources to the approximately 440,000 National Guard members who must meet these standards on their own time, with their own resources, and without access to the daily supervised physical training enjoyed by their active-duty counterparts. As the advocacy organization Fitness Warrior Nation observed following the Quantico speech, the gap in resources between full-time forces and the National Guard has grown, with active-duty units receiving expanded support through the Holistic Health and Fitness (H2F) program while reserve units face practical barriers including long commutes and limited access to trainers or fitness staff. A TRICARE gym membership benefit would directly address this resource disparity and provide the Secretary of War’s fitness vision with the implementation mechanism it currently lacks for the reserve component.

Section 2: National Guard Fitness and Body Composition Data

2.1 Obesity Rates: A Crisis of Readiness

The data on obesity within the National Guard paints a troubling picture that directly threatens military readiness. The following statistics, drawn from Department of Defense surveys, RAND Corporation analyses, CDC reports, and the American Security Project, underscore the urgency of the problem:

Metric	Statistic
Reserve component overweight or obese	~68% (2025 estimate)
Army National Guard obesity rate (clinical)	20.6% — highest of any branch
Active-duty overweight or obese	~68% (BMI-based)
Reserve component obesity (2018 HRBS)	18.2%
Young adults (17–24) too heavy to serve	1 in 3 (~33%)
Young adults weight-eligible AND active enough	Only 2 in 5 (~40%)
Weight-related disqualification rate (NG/Reserve)	~26% of applicants (2017)

Source: American Security Project, "Ready the Reserve," April 2025; CDC "Unfit to Serve" Report; RAND 2018 HRBS; A-Mark Foundation Analysis.

A 2025 American Security Project white paper concluded that the Army National Guard had the highest prevalence of clinical obesity at 20.6% of service members—exceeding the active-duty Army, Navy, Air Force, and Marine Corps. When combining overweight and obesity categories, an estimated 68% of all reserve component personnel fall outside healthy weight ranges. This represents a clear and present danger to operational readiness.

2.2 ACFT/AFT Performance: The Reserve Component Gap

Fitness test performance data reveals a persistent gap between active-duty and National Guard/Reserve Soldiers, directly linked to differences in fitness infrastructure access and training opportunities.

Component / Gender	Pass Rate	Score 540+	Failure Rate
Active Duty — Male	97%	29%	3%
Active Duty — Female	95%	18%	5%
National Guard — Male	96%	11%	4%
National Guard — Female	90%	7%	10%
Army Reserve — Male	95%	10%	5%

Army Reserve — Female	90%	6%	10%

Source: Military.com analysis of Army ACFT data, June 2024; RAND Corporation ACFT Independent Review, March 2022.

Several critical patterns emerge from this data. While overall pass rates are reasonably high across components, the quality of scores reveals a significant gap. Only 11% of male Guard Soldiers scored 540 or above compared to 29% of active-duty males. For women, only 7% of Guard Soldiers reached elite scores versus 18% of active-duty women. These high scores matter: they exempt Soldiers from body fat assessments and carry promotion implications.

Earlier RAND data, analyzed during the ACFT's initial rollout, showed even starker disparities. Nearly 60% of enlisted Guard and Reserve women failed the ACFT during the study period, compared to 48% of active-component enlisted women. Among officers, 43% of female Guard officers failed, compared to 28% of active-component female officers. RAND also found that under proposed elevated combat-MOS standards, National Guard and Reserve pass rates dropped below 75%.

The gap in elite performance scores is particularly telling. Active-duty women consistently outperform their Guard counterparts, which Military.com attributed directly to the fact that civilian gyms are not normally equipped for ACFT-specific training. The two-mile run—which can be practiced anywhere without equipment—was the event where all components struggled most equally, further suggesting that equipment access is a primary driver of the component performance gap.

2.3 The New Army Fitness Test: Higher Stakes

As of June 1, 2025, the Army Combat Fitness Test was replaced by the Army Fitness Test (AFT). The AFT introduces a sex-neutral, age-normed combat standard requiring a minimum total score of 350 for 21 combat military occupational specialties, with administrative consequences for failure beginning January 1, 2026, for active-duty and June 1, 2026, for the National Guard and Reserve. Soldiers who fail two consecutive recorded AFTs face potential separation from service.

These elevated standards increase the urgency for National Guard members to have consistent, quality access to fitness training. Guard Soldiers serving in combat MOSs must now meet higher performance thresholds than previously required—yet they continue to lack the fitness infrastructure that active-duty Soldiers use daily to prepare for these same standards.

Section 3: The Cost of Inaction — Financial and Readiness Impacts

3.1 Direct Healthcare Expenditures

The Department of Defense spends approximately $1.5 billion annually on obesity-related healthcare costs for current and former service members and their families, including costs to replace unfit personnel. Additionally, the CDC reports that lost workdays due to overweight and obesity among active-duty military personnel total 658,000 days per year, costing the DoD an additional $103 million annually. Physical inactivity is also directly associated with failure to complete basic training across all service branches.

Peer-reviewed research published in BMC Health Services Research demonstrates that physically active populations have 9% to 26.6% lower healthcare costs compared to inactive groups. If even 10% of currently inactive military personnel became sufficiently active, total healthcare costs could be reduced by approximately 1% within three years. For a system spending $1.5 billion on obesity alone, that represents $15 million in annual savings—from a modest shift in physical activity participation.

A study published by Baptist Health noted that individuals who meet recommended exercise guidelines had annual healthcare expenditures averaging $2,500 less than their inactive counterparts. Among those with established cardiovascular disease, regular exercisers showed significantly lower rates of hospitalization, emergency department visits, and prescription medication use.

3.2 Separation and Retention Costs

When a Soldier fails to meet fitness or body composition standards and is separated, the DoD loses its entire investment in that service member's training, security clearances, and institutional knowledge. The cost to recruit, train, and equip a replacement Guard Soldier can range from $50,000 to over $100,000 depending on MOS. For National Guard Soldiers with years of service, specialized training, and deployment experience, the institutional knowledge loss is incalculable.

The American Security Project's 2025 analysis specifically warned that weight-related health complications "impose an increasing burden on reserve component recruitment, retention, and readiness." The report highlighted that weight issues were the leading disqualifier of National Guard and Reserve applicants, with approximately 26% of potential recruits disqualified due to overweight-related health issues. Every Soldier retained through improved fitness access avoids the substantial costs of separation processing, recruiting a replacement, and retraining.

3.3 Musculoskeletal Injury Burden

Between 2008 and 2017, active-duty Soldiers sustained more than 3.6 million musculoskeletal injuries. Research has shown that Soldiers with obesity are 33% more likely to suffer these types of injuries. Musculoskeletal injuries cause more battlefield evacuations than combat itself, according to the data that prompted development of the ACFT. Regular strength training and

cardiovascular fitness—the type of exercise enabled by gym access—directly reduces injury risk and improves recovery outcomes.

The Army's own Holistic Health and Fitness (H2F) system identifies physical readiness as central to its mission of preventing musculoskeletal injuries, ACFT/AFT failures, height and weight failures, obesity, training injuries, illness, and lost duty days. Yet the H2F system's resources—strength and conditioning coaches, athletic trainers, physical therapists, and dietitians—are concentrated in active-component brigades, leaving National Guard members largely without access to these support structures during their 325+ civilian days per year.

Section 4: Civilian Health Plan Fitness Benefits — A Proven Model

4.1 Major Insurer Programs

Numerous civilian health insurance providers already offer gym membership reimbursements and fitness incentive programs, recognizing that preventive fitness investment reduces long-term healthcare costs. These programs provide a proven operational model for a TRICARE fitness benefit:

Insurer	Program Name	Benefit Type	Value
UnitedHealthcare	Renew Active	Free gym membership	Full coverage (MA plans)
UnitedHealthcare	Sweat Equity	Reimbursement	Up to $400/year
UnitedHealthcare	Rally	Fitness rewards	Up to $20/month
Blue Cross Blue Shield	Fitness Your Way	Gym network access	$29/month flat fee
BCBS	Fitness Reimbursement	Annual reimbursement	Up to $150/year
Aetna	Peerfit / Discounts	Gym access / discounts	Varies by plan
SilverSneakers	Medicare/MA Plans	Free gym membership	Full coverage
Silver&Fit	Medicare Plans	Free gym membership	Full coverage
USFHP (DoD Pilot)	Enhanced Benefits	Gym reimbursement	$125 ind./$250 fam.

These programs are not acts of corporate charity—they are calculated investments in preventive health. As one insurance industry analysis noted, insurers prefer to invest a modest amount now to keep members healthy rather than pay substantially more later for medical care. The same cost-benefit logic applies directly to TRICARE and the DoD.

4.2 Return on Investment Evidence

Research consistently demonstrates that fitness and wellness programs generate positive returns on investment. A systematic review published in PMC found that well-designed employer-based health management programs show healthcare expenditure savings within two to three years of program initiation. A 2025 actuarial analysis by Havarti Risk found that enterprise fitness programs delivered up to a 3.6x return on investment, saving approximately $359 per engaged employee per year in combined healthcare and productivity savings.

All seven community-based physical activity interventions evaluated in a major cost-effectiveness analysis published in the American Journal of Preventive Medicine were found to reduce disease incidence and offer good value for money compared to other well-accepted preventive strategies. The annual cost directly attributable to physical inactivity in the United States is estimated at $24 billion to $76 billion, representing 2.4% to 5.0% of national healthcare expenditures.

4.3 The Existing DoD Precedent

Notably, a DoD precedent already exists. The Uniformed Services Family Health Plan (USFHP), a TRICARE Prime option sponsored by the Department of Defense, offers gym reimbursement as one of its enhanced benefits: $125 annually for individuals and $250 for families, covering gym memberships, yoga, Zumba, Tai Chi, and martial arts. Additionally, a TRICARE pilot program with Kaiser Permanente in the Atlanta area offered special rates on gym memberships as part of its value-based care model. These programs demonstrate that the DoD has already recognized the value of fitness incentives within military healthcare—the benefit simply needs to be expanded to all National Guard members.

Section 5: Cost-Effectiveness Analysis — Gym Memberships vs. Equipment Procurement

5.1 The Lifecycle Cost of Armory Fitness Equipment

One alternative to gym membership benefits is the procurement and distribution of fitness equipment to armories and readiness centers. However, a comprehensive cost analysis reveals that this approach is significantly more expensive and less effective than subsidizing commercial gym access.

Cost Category	Per Armory (Est.)	Notes
Commercial gym equipment purchase	$75,000–$150,000+	Cardio, strength, functional
Annual maintenance (3–5% of purchase)	$4,500–$7,500/yr	Per $150K investment
Facility modification / space	$10,000–$50,000+	HVAC, flooring, electrical
Equipment lifespan (cardio)	7–10 years	Treadmills, ellipticals
Equipment lifespan (strength)	8–12 years	Weight machines, racks
Replacement cycle (full)	Every 8–10 years	Full capital reinvestment
10-year total cost per armory	$130,000–$250,000+	Purchase + maintenance

Consider the Kentucky Army National Guard's approximately 61 armories. Equipping even half of them with basic fitness equipment would require an initial investment of $2.3 million to $4.6 million, plus ongoing annual maintenance of $137,000 to $229,000. Over a 10-year lifecycle, this represents a total expenditure of $4 million to $7.6 million—for equipment that many Soldiers could access only during monthly drill weekends.

5.2 The Comparative Cost of Gym Memberships

A gym membership reimbursement, by contrast, provides 365-day-a-year access to professional facilities with maintained equipment, group fitness classes, and a motivating environment—at a fraction of the armory equipment cost.

Reimbursement Model	Per Soldier/Year	For 6,400 KY ARNG
Modest ($25/month cap)	$300	$1,920,000
Moderate ($40/month cap)	$480	$3,072,000
USFHP model ($125/year)	$125	$800,000
Tiered (visit-based reimbursement)	$200–$400	$1,280,000–$2,560,000

Even the most generous model—$40 per month per Soldier—costs approximately $3.1 million annually for the entire Kentucky Army National Guard. Compare this to the $4–$7.6 million ten-

year cost of equipping only half of Kentucky's armories with fitness equipment that Soldiers can access only 39 days per year. The gym membership provides 365-day access, professional equipment maintenance at no government cost, diverse training options including group classes and specialty equipment, and eliminates facility modification and logistics requirements.

5.3 National Scale Estimates

Scaling to the full Army National Guard force of approximately 330,000 Soldiers, a $25/month reimbursement would cost roughly $99 million per year. Against the DoD's $1.5 billion annual obesity-related expenditure and $103 million in lost-duty-day costs, even a modest reduction in obesity-related medical encounters, separations, and lost productivity would offset the program cost. At the $125/year USFHP-equivalent model, the total cost would be approximately $41.25 million—less than half of the annual lost-duty-day costs attributable to obesity alone.

Section 6: Proposed Policy Framework

6.1 Recommended Benefit Structure

Based on the analysis presented in this paper, the following tiered gym membership reimbursement benefit is proposed for inclusion within TRICARE coverage for National Guard and Air National Guard members:

Tier 1: Basic Reimbursement (All Guard Members)

- Monthly reimbursement of up to $30 for verified gym membership at any accredited commercial fitness facility
- Minimum attendance requirement of 8 visits per month (verified through facility check-in systems)
- Reimbursement processed through existing TRICARE claims infrastructure
- Available to all M-Day (traditional) Guard members in good standing

Tier 2: Enhanced Reimbursement (Performance-Based)

- Monthly reimbursement of up to $50 for Guard members who achieve AFT scores of 400+ or demonstrate measurable improvement between tests
- Includes access to virtual personal training platforms and nutrition counseling aligned with H2F domains
- Aligns with the Army's emphasis on incentivizing physical excellence through the AFT scoring system

Tier 3: Remedial Fitness Support

- Full gym membership coverage (up to $75/month) for Guard members enrolled in the Army Body Composition Program (ABCP) or who fail an AFT
- Mandatory participation in structured fitness programming through the selected facility
- Paired with nutritional counseling and H2F domain resources where available

6.2 Eligibility and Verification

- Eligible: All M-Day (traditional) Army National Guard and Air National Guard members not on active-duty orders exceeding 30 days (AGR/ADOS personnel have installation access)
- Geographic requirement: Member must reside more than 30 miles from a military installation with a fitness center open to Guard members
- Verification: Monthly facility check-in records submitted electronically; model based on UnitedHealthcare's Gym Check-In Program infrastructure
- Annual recertification: Benefit continuation contingent on maintaining satisfactory participation in unit training assemblies and passing the AFT

6.3 Implementation Mechanism

The benefit could be implemented through one or more of the following mechanisms, listed in order of administrative simplicity:

1. TRICARE benefit addition: Amend the TRICARE covered services list to include fitness facility access as a preventive health benefit for qualifying Guard members, similar to existing TRICARE preventive care coverage.
2. Contracted gym network: Establish a national gym network contract (similar to BCBS Fitness Your Way or the SilverSneakers model) providing Guard members access to thousands of facilities nationwide at a negotiated group rate.
3. Direct reimbursement: Members submit receipts and attendance verification for reimbursement through TRICARE or their state's military department.
4. NDAA legislative provision: Include the benefit as a provision in the annual National Defense Authorization Act, directing the Defense Health Agency to establish the program.

Section 7: Supporting Arguments and Counterpoint Analysis

7.1 Fitness Is a Career Requirement, Not a Lifestyle Choice

Unlike civilian employees for whom exercise is optional, National Guard members face mandatory physical fitness testing with career consequences for failure. Beginning in 2026, Soldiers who fail two consecutive AFTs face separation from service. This makes physical fitness not a voluntary wellness activity but a fundamental condition of employment. When an employer mandates a specific standard as a condition of continued employment, it bears a corresponding obligation to provide reasonable access to the tools needed to meet that standard. Active-duty Soldiers receive this access through installation fitness centers; Guard members deserve equivalent support through commercial gym access.

7.2 Equity Across Components

The Total Force Policy requires that reserve component forces be organized, trained, equipped, and resourced as an operational force. National Guard units have deployed extensively in every major conflict since September 11, 2001, and serve as critical first responders during domestic emergencies. In 2024 alone, over 11,000 National Guard personnel responded to hurricanes, while 6,500 Guard members were deployed along the southwest border. These operational demands require the same physical readiness as active-duty missions, yet Guard members lack comparable fitness infrastructure support.

7.3 Healthcare Access Barriers

The American Security Project's 2025 report revealed that fewer than three in four reserve component personnel receive their mandatory annual physical examination, and 8% lack any form of health insurance. Even those with TRICARE Reserve Select face difficulty finding providers who accept TRICARE, and Guard members seeking care through military treatment facilities experience long wait times as priority is given to active-component personnel. A gym membership benefit would represent one of the most accessible, immediately impactful preventive health interventions available—one that does not require a medical appointment, referral, or provider network navigation.

7.4 Alignment with the Secretary of War's Fitness Priorities

A TRICARE gym membership benefit is not only supported by the data and civilian precedent outlined in this paper—it is directly aligned with the Department of War's stated priorities under Secretary Pete Hegseth. During his January 2025 Senate confirmation hearing before the Armed Services Committee, Hegseth testified that his primary mission would be restoring the "warrior ethos" and making the Pentagon "laser-focused on lethality, meritocracy, warfighting, accountability and readiness." He pledged that "the readiness of the troops and their families" would be his "only focus." Physical fitness standards, he told the committee, had been "eroded in certain duty positions, certain schools, certain places, which affects readiness."

Secretary Hegseth has consistently translated these commitments into policy action. His September 30, 2025 Quantico address to the joint force's senior leaders established that fitness is the starting point for all military reform. He mandated daily physical training for active-duty members, twice-annual fitness testing, and new body composition standards with separation consequences for persistent non-compliance. The "Military Fitness Standards" memorandum explicitly applies to the Reserve and National Guard, requiring at least one annual fitness test and directing each Military Department to develop implementation plans for the reserve component. In October 2025, he further directed that every member of the Department of War review the Quantico address and associated policy changes.

The consequences of these standards are already tangible. Following the Quantico speech, the Texas Military Department removed seven National Guard troops from a deployment to Chicago after social media images showed some members appearing overweight. The Texas National Guard publicly stated that the removed personnel "did not meet mission requirements" and echoed the Secretary's message that standards would be "high, uncompromising, and clear." In February 2026, the American Security Project sent a formal letter to Secretary Hegseth urging the Department of War to pair stricter standards with evidence-based prevention and treatment programs—including increased exercise opportunities and enhanced fitness access for all service members.

The policy trajectory is clear: the Department of War is raising the bar for physical fitness across all components while providing no corresponding increase in fitness resources to the Guard and Reserve. A TRICARE gym membership benefit would transform the Secretary's mandate from an unfunded requirement into an achievable standard, aligning policy ends with practical means. It would demonstrate that the Department is willing to invest in the fitness infrastructure that makes compliance possible—not merely enforce consequences when part-time Soldiers cannot overcome structural disadvantages on their own.

7.5 Anticipated Counterarguments

Counterargument: "Guard members can exercise without a gym."

Response: While outdoor exercise is possible, the AFT requires specific strength-based performance including deadlifts, hand-release push-ups, and the sprint-drag-carry event. These events require progressive overload training with weights, resistance equipment, and specialized gear that most Soldiers cannot replicate at home or through bodyweight exercises alone. RAND's analysis specifically noted that civilian gyms are not normally equipped for ACFT/AFT-specific training, contributing to the component performance gap.

Counterargument: "This benefit is too expensive."

Response: At the USFHP-equivalent rate of $125 per Soldier per year, covering all 330,000 Army National Guard members would cost approximately $41.25 million—less than 3% of the DoD's $1.5 billion annual obesity-related healthcare expenditure. The cost is further offset by reduced medical separations, fewer lost duty days, lower injury treatment costs, and avoided equipment procurement and maintenance expenses at armories.

Counterargument: “Soldiers should be self-motivated to maintain fitness.”

Response: Self-motivation does not overcome systemic barriers. The data clearly shows that component-level fitness disparities track with infrastructure access, not motivation. Guard members who deploy alongside active-duty forces demonstrate equal commitment and capability. The issue is not willingness but access. Providing tools does not replace personal responsibility—it enables it.

Section 8: Conclusion and Recommendations

The evidence presented in this white paper demonstrates a clear, data-driven case for establishing a TRICARE gym membership reimbursement benefit for National Guard members. The current policy—which requires Guard members to meet identical fitness standards as their active-duty counterparts while providing none of the fitness infrastructure support—is inequitable, counterproductive, and more expensive in the long run than the proposed solution.

The key findings are compelling:

- An estimated 68% of reserve component personnel are overweight or obese, with the Army National Guard having the highest clinical obesity rate (20.6%) of any military branch.
- National Guard members score significantly lower on elite fitness metrics than active-duty Soldiers, with the gap directly linked to fitness facility access.
- The DoD spends $1.5 billion annually on obesity-related healthcare; a gym benefit costing $41–$99 million would represent 2.7–6.6% of that expenditure while addressing root causes.
- Major civilian insurers have proven the cost-effectiveness of gym benefits, with documented ROIs of up to 3.6x.
- Gym membership reimbursement is more cost-effective than procuring and maintaining fitness equipment at dispersed armory locations.
- DoD precedent already exists through the USFHP enhanced benefits program and the Kaiser Permanente pilot.

Specific Recommendations

- **Recommendation 1:** The Defense Health Agency should conduct a formal cost-benefit analysis of implementing a tiered gym membership reimbursement benefit under TRICARE for National Guard members, using the framework proposed in Section 6.
- **Recommendation 2:** Congress should include a provision in the FY2027 National Defense Authorization Act directing the DoD to establish a pilot program offering gym membership reimbursement to National Guard members in at least five states, with an evaluation period of 24 months.
- **Recommendation 3:** The National Guard Bureau should partner with a national gym network provider (such as the Active&Fit or GlobalFit networks used by civilian insurers) to negotiate group rates that maximize coverage while minimizing per-member costs.
- **Recommendation 4:** State Adjutants General should integrate gym membership tracking with existing AFT and readiness reporting systems to enable real-time assessment of the benefit's impact on unit fitness metrics.
- **Recommendation 5:** The Enlisted Association of the National Guard of the United States (EANGUS) and the National Guard Association of the United States (NGAUS) should adopt this proposal as a legislative priority for the 2027 advocacy cycle.

The men and women of the National Guard stand ready to serve their states and nation at a moment's notice. They deserve a healthcare system that supports not just their medical treatment but their physical readiness—the very foundation upon which their service depends. A TRICARE gym membership benefit is not a luxury; it is a readiness investment that will pay dividends in force health, retention, and capability for decades to come.

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