



Repeal the Ban on Abortion for Women in the Military

For the last fifteen years, the United States government has banned almost all abortion services at United States military hospitals and medical facilities overseas.ⁱ These facilities are barred from providing any abortion “except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest,” even if the servicewoman pays for the procedure with her own money.ⁱⁱ

The policy forces American women abroad to navigate the complicated and substandard healthcare systems of other countries, to seek out travel leave from military commanders, potentially jeopardizing their careers, and sometimes to forego needed care altogether.

American servicewomen, spouses of American servicemen and their families deserve to be able to access the same essential reproductive health services as civilians do in the United States. Congress should repeal this unjust statutory ban immediately.

- **The Ban Compromises the Health of American Servicewomen.**

Abortion is an essential part of reproductive healthcare and is one of the most common medical services sought by women; one in three women in the United States will have an abortion before the age of forty-five.ⁱⁱⁱ But as a result of the current ban, women stationed overseas confront serious barriers to accessing this time-sensitive reproductive health service.

American servicewomen and spouses and dependants of service personnel are forced either to attempt to obtain abortion services in a local medical facility in the country in which they are stationed, or to travel to another country to seek care.

However, local facilities may be inadequate, unsafe, below the standards of U.S. medical facilities, or lack trained medical personnel,^{iv} and servicewomen face significant language barriers, at times making it almost impossible for them to communicate with local nurses and doctors.^v Furthermore, servicewomen stationed in remote areas may simply not have access to any care at all and instead must rely on the discretion of their supervising officer to allow them leave to travel.

And all of these options necessarily entail delay as each woman must find a healthcare provider, get permission to leave the base and set up transportation to the facility, pushing her abortion further into her pregnancy. This delay may itself harm women; although abortion is a very safe procedure, the risks associated with it increase over the course of pregnancy.^{vi}

- **The ban forces servicewomen to reveal private medical decisions.**

Attempting to leave the base to seek healthcare elsewhere can pose serious problems for servicewomen in their professional lives. In order to get leave to obtain an abortion, servicewomen must disclose information about private medical decisions and their personal lives to people with whom they would otherwise not discuss these issues.^{vii}

The superior may delay or refuse to grant a woman leave to obtain an abortion, thus increasing the risks to her health or denying her this right altogether. Indeed, the Government Accountability Office found that “command personnel” sometimes “do not understand women’s health care needs” and “may be reluctant to allow active duty members . . . time away from their stations to obtain health care services.”^{viii}

Further, because the superior is responsible for future decisions concerning the servicewoman’s promotions and career, the woman’s inability to obtain confidential medical care could have significant repercussions for her career.

- **The ban prevents some servicewomen from exercising their constitutional right to choose.**

While American servicewomen sacrifice to protect and defend the United States and the fundamental rights and freedoms embodied in the United States Constitution, they simultaneously face the possibility that they will be unable to exercise their constitutional right to choose an abortion if they need one.

200,000 women are on active duty in the U.S. military;^{ix} between 2000 and 2008, more than one hundred and ninety thousand active duty servicewomen have been deployed overseas.^x Tens of thousands more women live on military bases as spouses or dependants. By preventing women from obtaining an abortion at U.S. military medical facilities overseas with their own funds, this ban threatens the health of hundreds of thousands of American women in uniform and their families.

The Center for Reproductive Rights strongly urges a repeal of the ban on private funding for abortion at U.S. military medical facilities.

ⁱ 10 U.S.C. § 1093 (b) (2009).

ⁱⁱ *Id.*

ⁱⁱⁱ HEATHER D. BOONSTRA ET AL., ABORTION IN WOMEN'S LIVES 6 (2006), available at <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf>.

^{iv} The United States Government Accountability Office (GAO) has documented a number of obstacles facing servicewomen and attempting access to healthcare services while overseas. For example, servicewomen stationed in parts of Europe, the Middle East and Africa confront healthcare systems that often “lack competent clinical nursing staff” and “do not always use the most stringent sterilization and quality control techniques.” United States General Accounting Office, Report to Congressional Committees, *DEFENSE HEALTH CARE: Resource, Patient Access and Challenges in Europe and the Pacific* 21 (2000), available at <http://www.gao.gov/archive/2000/he00172.pdf>.

^v United States General Accounting Office, Report to Congressional Committees, *DEFENSE HEALTH CARE: Health Care Benefit for Women Comparable to Other Plans* 11 (2002), available at <http://www.gao.gov/new.items/d02602.pdf>.

^{vi} Compared to an abortion at 8 weeks' gestation or earlier, the relative risk increases exponentially at higher gestations. Larry B. Finer et al., *Timing of steps and reasons for delays in obtaining abortions in the United States*, 74 *Contraception* 334, 334 (2006).

^{vii} The GAO found that “[f]or active duty women, explaining their specific ailment to their commanding officer (usually male) or appearing like they need special treatment may make them reluctant to seek the care they need.” United States General Accounting Office, Report to Congressional Committees, *DEFENSE HEALTH CARE: Health Care Benefit for Women Comparable to Other Plans* 15 (2002), available at <http://www.gao.gov/new.items/d02602.pdf>.

^{viii} United States General Accounting Office, Report to Congressional Committees, *DEFENSE HEALTH CARE: Health Care Benefit for Women Comparable to Other Plans* 15 (2002), available at <http://www.gao.gov/new.items/d02602.pdf>.

^{ix} Heather D. Boonstra, *Off Base: The U.S. Military's Ban on Privately Funded Abortions*, 13 *Guttmacher Policy Review* 2, 4 (2010), available at <http://www.guttmacher.org/pubs/gpr/13/3/gpr130302.pdf>.

^x *Press Release*, Armed Forces Press Service, President Nominates Woman Army General for Fourth Star (June 23, 2008), available at <http://www.defenselink.mil/news/newsarticle.aspx?id=50288>.