

Serving Those Who Serve?

Restrictions on abortion access for servicemembers, veterans, and their dependents



Abortion
Access

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Issue Brief

Access to safe, legal abortion services is essential to a person's health and central to their economic and social well-being. Everyone deserves access to, and comprehensive coverage for, safe abortion services in their communities, and that includes members of our military and their families. Yet servicemembers and their dependents, as well as veterans, face unjustified, hardline restrictions on their access to abortion.

Federal law prohibits the Department of Defense from providing abortion services at military treatment facilities, and the TRICARE insurance program from covering such services, except when a pregnancy is the result of rape, incest or when the life of the pregnant person is at risk. The Veterans Health Administration (VHA), which provides health services to veterans, does not provide or cover abortion services under any circumstances.

Bans on abortion care and coverage adversely impact veterans, servicemembers and their families, including the women and transgender men whose service is vital to the national security of the United States. Women comprise more than 17 percent of the Armed Forces and ten percent of veterans.¹ As of 2017, TRICARE covered 1,563,727 women of reproductive age, including female spouses and dependents. Women are also now the fastest growing cohort within the veteran community.² Additionally, an estimated several thousand transgender men who serve on active duty and in the Guard or Reserve Forces,³ as well as thousands of transgender military dependents,⁴ are covered by TRICARE and may be impacted by the military's abortion ban.

Overall, the rate of unintended pregnancy in the Armed Forces is higher than among the general population.⁵ An analysis of the 2011 Survey of Health Related Behaviors found that seven percent of active-duty women of reproductive age reported an unintended pregnancy in the previous year. That same year, 4.5% of women of reproductive age in the general U.S. population reported an unintended pregnancy.⁶

This issue brief — the first in a three-part series — discusses the unique barriers servicemembers, veterans and their dependents face in accessing abortion care. First, we explain the restrictions on abortion for active duty servicemembers and their dependents, and describe the institutional barriers servicemembers face when they are forced to seek care off base, such as restrictions on leave and travel and mandatory disclosure of confidential medical information. Then, we describe the financial and logistical barriers imposed on servicemembers and their dependents due to TRICARE's abortion coverage ban, and the myriad of state abortion restrictions patients may encounter while seeking care off base. Finally, we detail the absolute bans on abortion coverage and provision for veterans in the VHA system.

“Went in for [a] UTI, was brought in and told I had a positive pregnancy test. They had already written me a script for prenatal vitamins as if I had no other choice than to carry forward with the pregnancy. I asked about the abortion pill and they said ‘no, military medicine does not allow it.’ I asked where I could go as an alternative and they had no info. It was horrendous care and I’m a nurse!”

Navy Officer, Veteranⁱ

“I am a member of the armed forces currently serving in Afghanistan. I am here with my husband and was unaware that the pills I take to prevent malaria can counteract my birth control pills. My husband is as shocked as I am. We do not want a child now; we have a job to do here. Due to the military’s no-abortion policy, I am pretty desperate. It isn’t like you can even go off base here, and you can’t just say you need medical leave without saying why.”

Anonymous, Afghanistanⁱⁱ

ACTIVE DUTY SERVICEMEMBERS AND THEIR DEPENDENTS FACE NUMEROUS BARRIERS TO ACCESSING ABORTION

For decades, federal law has prohibited the Department of Defense (DOD) from providing abortion services at military treatment facilities (MTFs) except in cases of rape or incest or to save the life of the pregnant patient. Known as the “facilities ban,” this prohibition forces servicemembers and their dependents at home and abroad to access care off base and outside the military healthcare system. Doing so often comes with substantial risk, logistical barriers and at great cost. Such costs and delays undermine access to safe, legal, and affordable abortion services.

Until recently, the TRICARE insurance program, which provides coverage to servicemembers and their dependents, only covered abortions performed to save the life of the patient. In 2012, Congress passed an amendment to the Defense Bill offered by Sen. Jeanne Shaheen that permits abortion coverage in the case of rape or incest.⁷ While Senator Shaheen’s amendment brings DOD policies in line with most other federal policies on insurance coverage for abortion, the underlying restriction still imposes a substantial hardship on the vast majority of servicemembers and dependents whose abortions are not covered by TRICARE and results in financial hardship and emotional distress for servicemembers and military families.

The facilities ban forces servicemembers to seek care off base, but institutional barriers may prevent them from leaving

Servicemembers cannot simply leave base to travel to far away clinics at will.⁸ For example, their ability to travel outside their base may be severely restricted by rules requiring them to obtain leave or be on an approved pass, granted by a superior. The difficulty of obtaining

care outside the military healthcare system is amplified for servicemembers who are posted onboard a ship.

The process of obtaining leave or an approved pass can be difficult. General leave and pass policies are set by each branch of the armed forces, and their policies may vary from base to base, sometimes even between units within bases.⁹ A request may require providing necessary documentation and explanations for the request, and prior approval from the unit commander, a process that may take days or weeks.¹⁰

Moreover, obtaining medical leave to seek treatment is not guaranteed.¹¹ For example, under Army regulations, the decision to grant a leave request is entirely discretionary.¹² If a servicemember is denied permission to travel for the abortion or any of the multiple visits mandated by some states, they could be left without access to the health care that they need. Conversely, if they leave base to obtain care without obtaining prior approval or miss scheduled duty due to unexpected delays or difficulties in reaching the facility, they risk facing serious disciplinary consequences civilians do not encounter.¹³

Leave requests and other internal regulations can force servicemembers to disclose confidential medical information to their superiors

Because the process of obtaining leave or an approved pass may require servicemembers to disclose the reason for requesting leave to their superiors, the facilities ban often forces servicemembers to reveal private medical information to persons who are under no legal obligation to protect their privacy. This leaves their sensitive personal information vulnerable to abuse or disclosure. Moreover, some military branches require servicemembers to disclose their pregnancies to their superiors

regardless of their pregnancy intentions. For example, Navy guidelines require servicemembers who learn they are pregnant to “promptly confirm[] their pregnancy and inform[] their commanding officer.”¹⁴ The guidelines do not appear to make an exception for servicemembers who do not intend to continue their pregnancy.

Lack of insurance coverage of abortion imposes a substantial barrier to care

TRICARE does not provide insurance coverage for abortions except in the case of rape or incest or to save the life of the patient. But for many people, coverage for abortion care means the difference between getting the health care they need and being denied that care.

For many servicemembers but particularly for junior servicemembers, the cost of an abortion can be prohibitive. For example, the base pay of a Private (E1) with less than two years of experience is less than \$21,000 a year.¹⁵ The costs of the abortion may increase while a servicemember waits for approval for their leave or pass to be granted, because the cost of an abortion rises as a pregnancy proceeds. Costs may also be compounded by additional expenses related to travel and hotel stays when servicemembers are denied care at their military base.

Servicemembers who are already living near the poverty line and are turned away from obtaining an abortion or who are unable to afford abortion services are at great risk of falling into poverty.

Recent reports indicate that many military families, especially lower-ranking enlisted members with children, experience food insecurity.¹⁶ Already, about 23,000 active-duty servicemembers rely on the federal Supplemental Nutrition Assistance Program (“SNAP”).¹⁷ A recent GAO report found that 24% of children in

“Two years ago, as a young single woman in the Air Force, I found out I was pregnant. I knew I couldn’t talk to my immediate supervisor because he was a Catholic priest. You see, my job in the armed services was “Chaplain’s Assistant.” So instead, I went to the next level in my chain of command. In return for requesting time off, I was verbally reprimanded and told that I had sinned in the eyes of God and was going to hell if I didn’t repent immediately.”

Julie,* Japanⁱⁱⁱ

* name changed to protect the storyteller’s privacy

“I found out I was pregnant in the months leading up to my deployment and didn’t feel comfortable telling my doctor or chain of command for fear of retribution. I took a day of liberty after finally talking to my chief about it, he was nice but it was incredibly uncomfortable and later on he told the entire chiefs’ mess about it. [...]”

Active Duty Navy Enlisted^{iv}

DOD schools were eligible for free meals based on their parents’ income, and 21% were eligible for reduced-price meals.¹⁸

The impact of denying abortion care can have long-term, devastating effects on a person and their family’s economic future. Turning away low-earning military servicemembers from abortion care—especially those already struggling to make ends meet—may push them further into poverty.

Recent research shows that a woman who seeks but is denied abortion care is more likely to fall into poverty than a woman who is able to get the care she needs.¹⁹ This may also have a cascading effect on their future retirement from the military, as women veterans are more likely to live in poverty and qualify for food stamps than male veterans.²⁰

“It was very difficult to come up with the \$600 when I was an E-1 living in the barracks. It was an entire month pay at the time. [. . .]”

Enlisted Air Force Veteran^v

“I had just left Korea and then I received orders originally to Iraq. [...] I found out I was pregnant and all I kept thinking was I was letting my team down. [...] I knew I wanted an abortion, but I couldn't go to a military doctor. Preparing for deployment is a very costly endeavor. I ended up spending quite a bit of money just getting new gear. So by the time that I realized I needed this procedure, I was broke. I didn't know what to do, I was at the end of my rope. [...] I remember calling the North Dakota office [of Planned Parenthood]. They referred me to a clinic in Minnesota, so I had to drive four hours, and then I would have to wait three days. I also thought, where am I going to stay? So the only option was my car, and eating crackers and Gatorade. I'm like, we're going cheap. I need to have enough gas to get me back to work after all of this is done. There was the option to be awake or not awake but the not awake version cost \$150 more dollars, and I was like, yeah, that's not going to happen either.”

Holly, Air Force Veteran^{vi}

Forcing patients outside the military healthcare system delays access to time-sensitive care and increases costs

Servicemembers cannot choose where they are based. Because servicemembers are denied abortion services at MTFs, they have no choice but to seek care off base when in the United States. At the same time, an unprecedented number of state-level abortion bans and restrictions are shutting down clinics that provide abortion services and are imposing burdensome obstacles to care. These restrictions on abortion, combined with the insurance coverage ban and problematic military procedures often form insurmountable barriers for service members and dependents.

In the United States, six states—Kentucky, Mississippi, Missouri, North Dakota, South Dakota and West Virginia, nearly all of which have a large military presence—have only one abortion provider.²¹ Eighty-nine percent of counties in the United States do not have a single abortion clinic and some counties that have a clinic only provide abortion services on certain days of the week.²² In addition, many states require multiple, medically unnecessary provider visits or unnecessary medical services. These barriers both delay and prolong the time a patient must take to receive care.²³

Simultaneously, the limited availability of abortion providers across the country and burdensome state restrictions drive up the cost of accessing an abortion. It may be difficult or even impossible for a patient to access care when the nearest abortion provider is hundreds of miles away, has a weeks-long waiting list or they are unable to obtain sufficient leave to travel to and from the clinic. This burden is compounded where a state requires multiple, medically unnecessary clinic visits in advance of providing abortion

services. In addition, many junior servicemembers do not own a car, making it even more difficult to travel to a clinic.²⁴

When patients face delays in obtaining an abortion, the logistical and financial burdens they face multiply. On average, a patient must wait at least a week between when they attempt to make an appointment and when they receive an abortion.²⁵ Delays also have the effect of increasing the cost of an abortion. Abortion in the first trimester is substantially less expensive than in the second trimester: the median price of a surgical abortion at ten weeks is \$508, while the cost rises to \$1,195 at week twenty.²⁶ The rising cost of abortion as gestational age increases poses a profound challenge to the affordability of the procedure for lower-income women. And because fewer clinics offer second-trimester abortions, a patient who has been delayed into the second trimester will typically be required to travel farther to obtain an abortion, thereby incurring additional travel and related costs.²⁷ As a result, indirect referrals that result in a delay in care can significantly drive up the cost for a patient seeking abortion care.

For servicemembers and their dependents living outside the United States in a host country where safe abortion services are unavailable, the only safe option may be to travel long distances to and from the United States or locate a provider in a nearby country where abortion is legal.²⁸ There, patients may additionally face language and cultural barriers in their attempts to access care. The necessary travel would also delay access to care and potentially push the patient into a later stage of pregnancy, where fewer providers may be available and procedures may be more complex. No one should have to travel to another country to access basic health care services.

Minor dependents face additional, unique barriers to care

The facilities ban and ban on insurance coverage for abortion care pose additional challenges for minor dependents of servicemembers. Minors may not have a driver's license or access to a car and may be unable to travel to faraway clinics without an adult present. For minors who must additionally navigate the maze of state restrictions on abortion access or who live in a foreign country hostile to abortion rights, the barriers to care may be insurmountable.

In the United States, twenty-one states require a parent to consent for a minor's abortion. Three of these (Kansas, Mississippi, and North Dakota) require both parents to consent, and eight states require a notarized consent document.²⁹ This process may additionally delay or prevent access to care, and compromises minors' right to privacy.

Most young people choose to involve their parents in decisions regarding abortion. But, as the Supreme Court has recognized, requiring parents to be notified or to consent can sometimes put young people in danger instead of aiding their decision-making process. Minors often have good reason when they avoid involving their parents, such as fears of abuse.³⁰ The U.S. Supreme Court has ruled that states with parental consent laws must provide a "judicial bypass" procedure that allows minors to receive court approval for an abortion without informing their parents. However, this option may be infeasible for minor dependents who live on remote bases with little access to the civilian court system.

"When I arrived at the hospital, I was sent into a cubicle. None of the nurses spoke English, so I had no way of giving them my medical history. I had no Japanese friends to translate, and the Air Force would not provide any assistance. My first doctor did not speak English either, so I had no idea what the doctor did, or what medication he gave me. I was completely alone. I will never forget the humiliation I felt. I couldn't speak the language. I was turned away by my American doctors on base whose hands were tied. The doctors on base weren't even allowed to give me information regarding this medical procedure. Although I served in the military, I was given no translators, no explanation, no transportation, and no help for a legal medical procedure."

Julie, * Japan^{vii}

* name changed to protect the storyteller's privacy

"Although I had been using birth control I found out I was pregnant during my first assignment as a second lieutenant stationed in Germany. I didn't speak German and had no idea how to find a reputable clinic. My military doctor offered no assistance. I was lucky that I was stationed in a country where abortions are legal and safe but even so it was extremely stressful finding care."

Ellen Haring, retired Army colonel

VETERANS AND THEIR DEPENDENTS ARE SUBJECT TO SEVERE BARRIERS TO ACCESS

Veterans also face severe barriers on access to abortion care. Veterans who receive an honorable discharge are eligible for veterans health care benefits through the VHA system.³¹ Accordingly, covered veterans can obtain nearly all essential services at VHA facilities. VHA is the country's largest integrated health care system—with more than 1,200 care locations serving nearly nine million veterans with essential health services each year. However, VA regulations exclude all abortions from the VA's medical benefits package, making abortion unavailable in VHA facilities—even to save the life of the pregnant person.³² Forced outside of the VHA health system, veterans must pay for any abortion services out of pocket.

CHAMPVA, an insurance program for certain eligible veterans' dependents, is similarly oppressive. Regulations governing CHAMPVA make a single exception to the abortion ban to permit life-saving abortions. While all abortion bans are bad policy, these regulations are also contrary to law, which requires CHAMPVA to provide "the same or similar" care as TRICARE. TRICARE bans abortion coverage except in cases of rape, incest and to save the pregnant person's life.³³

Because of these bans, beneficiaries must seek abortion care outside the VA system, pay for their care out of pocket, and navigate the private health care system and maze of state restrictions on abortion on their own. As described in detail above, an unprecedented number of state-level abortion bans and restrictions are forcing clinics to shut their doors,

which can significantly raise the cost of accessing care. For example, veterans may face restrictions that require multiple, medically unnecessary trips to an abortion clinic that are cumbersome, impose costly travel and childcare expenses and delay access to care. Delayed access to care increases the cost of care because the cost of an abortion rises as a pregnancy proceeds. Long waiting lists and far distances to the nearest abortion clinics precipitated by the national abortion provider shortage compound these costs.

Women veterans are more likely to live in poverty than male veterans. Similarly, transgender veterans are more likely to live in poverty than their cisgender counterparts.³⁴ Consequently, the cost of accessing abortion care without insurance coverage is likely to drive access out of reach for a significant number of veterans.

Recommendations

Congress and the administration should take swift action to ensure that all servicemembers and veterans are able to access comprehensive reproductive health care services in the facilities dedicated to their health care. Abortion care is health care and must be made available in a timely and affordable manner. The decision to have, or not to have, an abortion should not depend on whether or not the individual can afford the procedure.

- Congress must repeal the prohibition on the use of military bases for abortion and the ban on use of military funds for abortion care.

Servicemembers should be permitted to access abortion on base, with appropriate privacy protections and without consulting their superiors.

- The administration must rescind regulations prohibiting abortion care within VHA facilities. VHA must provide access to and coverage for abortion services as it does with other pregnancy-related care.

Abortion is a human right. Congress and the administration must fulfill their obligation to make that right a reality for servicemembers, veterans and their dependents.

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Endnotes

- 1 U.S. DEP'T OF DEFENSE, 2017 DEMOGRAPHICS: PROFILE OF THE MILITARY COMMUNITY, (2017) *available at* <http://download.militaryonesource.mil/12038/MOS/Reports/2017-demographics-report.pdf>; Facts and Statistics about Women Veterans, U.S. DEP'T OF VETERAN'S AFFAIRS, *available at* <https://www.womenshealth.va.gov/WOMENSHEALTH/latest-information/facts.asp> (last visited Nov. 6, 2019).
- 2 NAT'L CTR. FOR VETERANS ANALYSIS AND STATISTICS, U.S. DEP'T OF VETERANS AFFAIRS, THE PAST, PRESENT AND FUTURE OF WOMEN VETERANS 10 (2017), *available at* https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf.
- 3 Gary J. Gates & Jody L. Herman, THE WILLIAMS INST. AT UCLA SCHOOL OF LAW, *Transgender Military Service in the United States* 4 (2014) *available at* <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Transgender-Military-Service-May-2014.pdf>.
- 4 Patricia Kime, *More Military Children Seeking Transgender Medical Care, Report Finds*, MILITARY.COM, Mar. 28, 2019, *available at* <https://www.military.com/daily-news/2019/03/28/more-military-children-seeking-transgender-medical-care-report-finds.html>.
- 5 IBIS REPRODUCTIVE HEALTH, SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN IN THE US MILITARY, ISSUE BRIEF 4: THE IMPACT OF UNINTENDED PREGNANCY ON SERVICEWOMEN AND THE MILITARY (2013) *available at* https://www.ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%204%202017-02-21_0.pdf (last updated February 2017).
- 6 *Id.*
- 7 10 U.S.C. § 1093(a), (b).
- 8 Brief for Service Women's Action Network et al. as Amici Curiae Supporting Appellant Whole Woman's Health v. Hellerstedt, 136 S.Ct. 2292 (2016) (No. 15-274), *available at* <https://www.reproductiverights.org/sites/default/files/documents/Service%20Women's%20Action%20Network%20Shearman.pdf> (each service branch has policies which impose travel restrictions for passes and liberty that include limits on how far a service member may travel during a weekday, weekend, or 3- or 4-day weekend).
- 9 *Id.* at 14.
- 10 *Id.* at 15.
- 11 *Id.*
- 12 *Id.*
- 13 *Id.* at 20 ("Even if a service woman is granted leave to travel, she may end up missing scheduled duty due to a change in schedule, unexpected difficulties in reaching the facility, or other delays. A service woman could be subject to punishment as a result of disobeying military orders, rules or regulations. For example, a service woman could potentially face restrictions, extra days of duty, forfeiture of pay, written or oral reprimand and a reduction of grade of their ranking. At a more extreme level, if a service member were court-martialed pursuant to UCMJ Article 92 for "failure to obey a lawful order," she could receive a bad conduct discharge, forfeiture of all allowances and pay and up to six months confinement if found guilty of this offense).
- 14 Dep't of the Navy, Office of the Chief of Naval Operations, Navy Guidelines Concerning Pregnancy and Parenthood, OPNAVINST 6000.1D at 4.b (Mar. 12, 2018), *available at* <https://mccareer.files.wordpress.com/2018/03/opnavinst-6000-1d-navy-guidelines-concerning-pregnancy-and-parenthood.pdf>.
- 15 Monthly Rates of Basic Pay for Enlisted Members (Active) effective Jan. 1, 2019, DEF. FIN. & ACCT. SERV., *available at* <https://www.dfas.mil/militarymembers/payentitlements/Pay-Tables/Basic-Pay/EM.html> (last visited Nov. 5, 2019).
- 16 Dorian Merina, *When Active-Duty Service Members Struggle to Feed Their Families*, NAT'L PUB. RADIO, Apr. 19, 2017, *available at* <https://www.npr.org/sections/thesalt/2017/04/19/524563155/when-active-duty-service-members-struggle-to-feed-their-families>.
- 17 *Id.*
- 18 U.S. GOV'T ACCOUNTABILITY OFF., GAO-16-561, MILITARY PERSONNEL: *DOD Needs More Complete Data on Active-Duty Servicemembers' Use of Food Assistance Programs* (2016) *available at* <https://www.gao.gov/assets/680/678474.pdf>.
- 19 Diana Greene Foster, PhD, Sarah C. M. Roberts, DrPH and Jane Mauldon, PhD, *Socioeconomic consequences of abortion compared to unwanted birth* (Oct. 30, 2012) (abstract from the Am. Pub. Health Ass'n annual meeting) *available at* <https://apha.confex.com/apha/140am/webprogram/Paper263858.html>.
- 20 DISABLED AMERICAN VETERANS, WOMEN VETERANS: THE JOURNEY AHEAD 9 (2018) *available at* https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf.
- 21 Elizabeth Chuck, *Missouri begins hearing over Planned Parenthood clinic, state's lone abortion clinic*, NBC NEWS, Oct. 28, 2019, *available at* <https://www.nbcnews.com/news/us-news/missouri-begins-hearing-over-planned-parenthood-clinic-state-s-lone-n1072736>.
- 22 NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES, BAD MEDICINE: HOW A POLITICAL AGENDA IS UNDERMINING ABORTION CARE AND ACCESS 13 (3rd ed. 2018), *available at* <http://www.nationalpartnership.org/our-work/resources/repro/bad-medicine-third-edition.pdf>.
- 23 *See id.* at 21-22; *See also* VIRGINIA DEPARTMENT OF HEALTH, REGULATIONS FOR LICENSURE OF ABORTION FACILITIES, PROPOSED REGULATION AGENCY BACKGROUND DOCUMENT 10, Jan. 8, 2013, *available at* http://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\58\3563\6315\AgencyStatement_VDH_6315_v2.pdf.
- 24 Brief for Service Women's Action Network, *supra* note 8.
- 25 *See* Lawrence B. Finer et al., *Timing of Steps and Reasons for Delays in Obtaining Abortions in the United States*, 74 CONTRACEPTION 334, 338-43 (2006) (The median is seven days, while the average is 10 days. Moreover, poorer women wait two to three days longer than the typical woman.).
- 26 Rachel K. Jones et al., *Differences in Abortion Service Delivery in Hostile, Middle-Ground and Supportive States in 2014*, 28 WOMEN'S HEALTH ISSUES 215-16 (2018) *available at* [http://www.whijournal.com/article/S1049-3867\(17\)30536-4/abstract](http://www.whijournal.com/article/S1049-3867(17)30536-4/abstract).
- 27 Rachel K. Jones & Jenna Jerman, *How Far Did US Women Travel for Abortion Services in 2008?*, 22 J. WOMEN'S HEALTH 706 (2013).
- 28 Heather D. Boonstra, *Off Base: The U.S. Military's Ban on Privately Funded Abortions*, 13 GUTTMACHER POLICY REVIEW 2, (2010) *available at* https://www.guttmacher.org/sites/default/files/article_files/gpr130302.pdf.
- 29 ADVOCATES FOR YOUTH, FACT SHEET: ABORTION AND PARENTAL INVOLVEMENT LAWS: A THREAT TO YOUNG PEOPLE'S HEALTH AND SAFETY (2019) *available at* <https://advocatesforyouth.org/resources/fact-sheets/abortion-and-parental-involvement-laws/>.
- 30 ACLU OF NEW YORK, LEGISLATIVE MEMO: PARENTAL INVOLVEMENT IN MINORS' ABORTION DECISIONS (2007) *available at* <https://www.nyclu.org/en/legislation/legislative-memo-parental-involvement-minors-abortion-decisions>.
- 31 *Eligibility for VA health care*, U.S. DEP'T OF VETERANS AFFAIRS, *available at* <https://www.va.gov/health-care/eligibility/> (last visited Nov. 6, 2019).
- 32 38 C.F.R. §17.38(c).
- 33 38 USC §1781(b).
- 34 DISABLED AMERICAN VETERANS, *supra* note 20; *See also* Press Release, The Williams Inst. at UCLA Sch. of Law, Transgender veterans as healthy as cisgender veterans, study finds (Jul. 11, 2018) *available at* <https://williamsinstitute.law.ucla.edu/press/trans-vets-health-press-release/>.

Quote Endnotes

- i SERVICE WOMEN'S ACTION NETWORK, ACCESS TO REPRODUCTIVE HEALTH CARE: THE EXPERIENCES OF MILITARY WOMEN 10 (2018) *available at* https://www.servicewomen.org/wp-content/uploads/2018/12/2018ReproReport_SWAN-2.pdf.
- ii National Abortion Federation hotline.
- iii *Id.*
- iv SERVICE WOMEN'S ACTION NETWORK, *supra* note i.
- v *Id.* at 11.
- vi Bill Moyers, *No Choice: Holly Alvarado*, VIMEO (Nov. 13, 2017), *available at* <https://vimeo.com/242627786>.
- vii SERVICE WOMEN'S ACTION NETWORK, *supra* note i.

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