BARRIERS TO ABORTION ACCESS FOR ACTIVE-DUTY SERVICEWOMEN STATIONED DOMESTICALLY AND ABROAD

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INTRODUCTION

Once barred entirely from military service, women now make up 15.2 percent of active-duty personnel and 18.2 percent of Reserve and National Guard forces.[1] Thousands of women had served as nurses during World War I and were eventually allowed to volunteer for non-combat roles in 1942 through the Women's Auxiliary Army Corps (WAAC).[2] The number of active-duty women in the military has grown from 42,000 in 1973[3] to 204,628 in 2016.[4] Since 2016, women are now able to undertake all occupational specialties,[5] apply for combat positions[6], and made up 17.3 percent (39,603) of active-duty officers in that year.

Despite these achievements, women in all branches of the military continue to face hurdles in accessing a vital component of reproductive healthcare – abortion care. The lack of coverage through the military's insurance program, TRICARE, and the federal ban on abortion services within military treatment facilities (MTFs) conspire to create financial and logistical burdens that delay abortion care for active-duty servicewomen and military dependents. Stigma and confidentiality concerns further complicate servicewomen's ability to navigate the complex process of obtaining abortion care while serving their country. Servicewomen stationed abroad face additional obstacles, depending on the abortion restrictions in the host country and their ability to travel to another country to access this care. This paper delves deeper into how lack of insurance coverage, the MTF ban, stigma, and confidentiality concerns work in tandem to prevent servicewomen from obtaining access to necessary reproductive healthcare.

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[1] Braun, Lisa A., Kennedy, Holly P., Womack, Julie A. and Wilson, Candy. (2016, January). Integrative Literature Review: U.S. Military Women's Genitourinary and Reproductive Health. *Military Medicine, 181*(1). 35-49. Retrieved April 6, 2018 from: http://vg5ly4ql7e.scholar.serialssolutions.com/?sid=google&auinit=LA&aulast=Braun&atitle=Integrative+Literature+Review:+US+Military+Women%27s+Genitourinary+and+Reproductive+Health&id=doi:10.7205/MILMED-D-15-00242&title=Military+medicine&volume=181&issue=1&date=2016&spage=35&issn=0026-4075

[2] Spring, Kelly A. (2017). In the Military: During World War II. *National Women's History Museum.* Retrieved March 12, 2019 from: https://www.womenshistory.org/resources/general/military

[3] Patten, Eileen, and Parker, Kim. (2011). Women in the U.S. Military: Growing Share, Distinctive Profile. *Pew Social & Demographic Trends.* Retrieved on April 27, 2018 from http://assets.pewresearch.org/wp-content/uploads/sites/3/2011/12/women-in-the-military.pdf

[4] Department of Defense. (2016). *2016 Demographics: Profile of the Military Community.* Retrieved on April 27, 2018 from http://download.militaryonesource.mil/12038/MOS/Reports/2016-Demographics-Report.pdf

[5] McGraw, K., Koehlmoos, Tracey P. and Ritchie, Elspeth C. (2016, January). Women in Combat: Framing the Issues of Health and Health Research for America's Servicewomen. *Military Medicine, Supplement, 181*(1S). 7-11. Retrieved April 6, 2018 from: http://vg5ly4ql7e.scholar.serialssolutions.com/?sid=google&auinit=K&aulast=McGraw&atitle=Women+in+combat:+Framing+the+issues+of+health+and+health+research+for+America%27s+servicewomen&id=doi:10.7205/MILMED-D-15-00223&title=Military+medicine&volume=181&issue=suppl_1&date=2016&spage=7&issn=0026-4075

[6] Silva, Jennifer. (2017, March 15). Women in the Military: Through the Decades. *The Huffington Post.* Retrieved April 6, 2018 from: https://www.huffingtonpost.com/entry/women-in-the-military-through-the-decades_us_58c9630fe4b05675ee9c5c55

BACKGROUND

Until recently, TRICARE only covered abortion procedures if a woman's life was at stake. In 2013, Congress included the Shaheen Amendment in the annual National Defense Authorization Act, which expanded TRICARE coverage to include abortion care in cases of rape and incest.[7] In all other cases, any aspect of abortion care is not covered, including services, counseling, and referrals. This includes cases of pregnancy terminations due to severe fetal abnormalities and psychological reasons.[8] The limited coverage of reproductive healthcare under TRICARE reflects the long-held practices that block federal funds from being used to pay for abortion care, as echoed in the Hyde Amendment and other federal insurance programs.[9]

While the TRICARE funding ban directly impacts active-duty servicewomen, it also affects servicemembers' dependents, who may rely on TRICARE for health insurance. As of 2017, TRICARE provides insurance for nearly 9.4 million individuals, around 5.5 million of whom are either family members of active-duty service members, survivors of deceased active-duty members, National Guard and Reserve family members, or family members of retired service members.[10] In 2015, there were 1.4 million women of reproductive age who received their insurance coverage through TRICARE, including both servicewomen and military dependents. For 64.28 percent of these women, TRICARE was their only form of insurance.[11] Millions of dependents and servicewomen seeking abortion care are left to finance *every aspect of their procedure* due to the TRICARE funding ban, which could lead to delays in care as they get the necessary funds together.[12]

For women who lack insurance coverage, the struggle to find resources to pay for abortion care can force delayed procedures, which may increase the costs and potential

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[7] Grindlay, K., Seymour, Jane W., Fix, L., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). 245-252. Retrieved April 6, 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/abs/10.1363/psrh.12044

[8] TRICARE. (2014, October 9). Abortions. *Department of Defense.* Retrieved April 6, 2018 from: https://tricare.mil/CoveredServices/IsItCovered/Abortions

[9] Salganicoff, A., Rosenzweig, C. and Sobel, L. (2017, October 16). The Hyde Amendment and Coverage for Abortion Services. *Kaiser Family Foundation.* Retrieved April 9 2018 from: https://www.kff.org/womens-health-policy/perspective/the-hyde-amendment-and-coverage-for-abortion-services/

[10] Military Health System. Beneficiary Population Statistics: Patients by Beneficiary Category. *Department of Defense.* Retrieved on April 9 2018 from: https://health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patients-by-Beneficiary-Category

[11] Donovan, Megan K. (2017, January 5). In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact. *Guttmacher Policy Review, 20.* Retrieved April 9 2018 from: https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact

[12] Ibis Reproductive Health. (2016, September). *Research brief: The impact of out-of-pocket costs on abortion care access.* Retrieved on April 23, 2018 from https://ibisreproductivehealth.org/publications/research-brief-impact-out-pocket-costs-abortion-care-access

health risks of a later abortion.[13] Though abortion is one of the safest medical procedures in the US,[14] the risk of complications increases later in pregnancy,[15] as does cost. In 2014, the average costs for a first trimester aspiration procedure and a medication abortion were $506 and $461, respectively. The procedure costs increase with gestational age, with an average cost of $860 at 14 to <20 weeks, and $1,874 at or after 20 weeks.[16] Studies have shown that in addition to using insurance, women seeking abortions frequently use organizations like abortion funds[17] to finance their procedures, indicating that the out-of-pocket cost is substantial for a significant proportion of women. Similar to other types of healthcare, findings suggest that access to insurance may reduce the delays in access to abortion care.[18]

Because of its limitations, servicewomen and military dependents covered by TRICARE must foot the bill for their abortion procedures, which creates a substantial financial barrier for some. In the only study of US servicewomen's experience with abortion, Grindlay et.al observed that almost a quarter of participants "noted the financial burden of paying for an abortion out of pocket," with some servicewomen spending an entire paycheck on their care. Junior enlisted women in particular may find financing their abortion procedures difficult, due to their lower pay grade.[19] Junior enlisted servicemembers usually enter service at the lowest pay grades (E1-E2)[20], making between $1,514.70 and $1,836.30 monthly in basic pay,[21] while commissioned officers make substantially more. It is not unreasonable, therefore, to assume that junior enlisted servicewomen may face difficulties in trying to finance their abortion procedures.

The out-of-pocket costs servicewomen incur for abortion procedures are considerable. Due to lack of data, it is difficult to pinpoint the exact out-of-pocket cost active-duty servicewomen shoulder or the population's abortion rate. Because

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[13] Roberts, Sarah C.M., Gould, H., Kimport, K. Weitz, Tracy A. and Greene Foster, D. (2014). Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States. *Women's Health Issues, 24*(2). Retrieved on April 9 2018 from: https://ac-els-cdn-com.proxyau.wrlc.org/S1049386714000048/1-s2.0-S1049386714000048-main.pdf?_tid=b2c33d2b-e0f3-4722-8671-80edc629b763&acdnat=1523286703_c8a7402e313d07544fd9505de01d07e4

[14] Guttmacher Institute. (2018, January). *Fact Sheet: Induced Abortion in the United States.* Retrieved on April 9 2018 from: https://www.guttmacher.org/fact-sheet/induced-abortion-united-states

[15] Guttmacher Institute. (2018, February). *Targeted Regulation of Abortion Providers (TRAP) Laws.* Retrieved on April 9, 2018 from: https://www.guttmacher.org/evidence-you-can-use/targeted-regulation-abortion-providers-trap-laws

[16] Roberts, Sarah C.M., Gould, H., Kimport, K. Weitz, Tracy A. and Greene Foster, D. (2014). Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States. *Women's Health Issues, 24*(2). Retrieved on April 9 2018 from: https://ac-els-cdn-com.proxyau.wrlc.org/S1049386714000048/1-s2.0-S1049386714000048-main.pdf?_tid=b2c33d2b-e0f3-4722-8671-80edc629b763&acdnat=1523286703_c8a7402e313d07544fd9505de01d07e4

[17] National Network of Abortion Funds. *All Funds.* Retrieved on April 23, 2018 from https://abortionfunds.org/need-abortion/

[18] Roberts, Sarah C.M., Gould, Heather, Kimport, Katrina, Weitz, Tracy A., and Greene Foster, Diana. (2014). Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States. *Women's Health Issues, 24*(2). Retrieved on April 23, 2018 from http://vg5ly4ql7e.scholar.serialssolutions.com/?sid=google&auinit=SCM&aulast=Roberts&atitle=Out-of-pocket+costs+and+insurance+coverage+for+abortion+in+the+United+States&id=pmid:24630423

[19] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9, 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044

[20] Military Rates. (2018). *Military Pay Charts.* Retrieved on April 27, 2018 from https://www.militaryrates.com/military-pay-charts

[21] Defense Finance and Accounting Services. (2018, March 31). *Military Pay Chart 2018.* Retrieved online on April 27, 2018 from https://www.dfas.mil/militarymembers/payentitlements/military-pay-charts.html

servicewomen, particularly those stationed abroad, face increased obstacles when accessing abortion care, it is likely that the rate at which they seek abortion care is lower than the overall national rate. On the other hand, due to the high rates of sexual assault within the military[22] and documented gaps in contraception availability for deployed servicewomen,[23] their incidence of abortion could be higher than the national rate. The scarcity of data on this issue make a BOTEC calculation appropriate to give a rough estimate of the rate and average cost of unintended pregnancies resulting in abortion for servicewomen.

How Much Do Servicewomen Spend on Abortion Procedures?

This calculation assumes that TRICARE failed to pay for any abortion procedures. If TRICARE were to fund abortion procedures in cases of rape, incest, or threat to the mother's life, this number would be lower. This calculation also does not include the number of *intended* pregnancies that ended in abortion, in which case the estimate would be higher.

In 2011, the unintended pregnancy rate of 18-44-year-old active duty servicewomen was 72 per 1,000, or 7.2%.[24] This means there were an estimated 14,739 *unintended* pregnancies among the 204,714 active-duty servicewomen in 2011.[25] While there is national data on the amount of unintended pregnancies that result in abortion for the general population, there is no study as of yet that calculates this rate for servicewomen. Using the national rate of unintended pregnancies ending in abortion (42%)[26] to calculate the estimated rate for servicewomen, around 6,190 unintended pregnancies of active-duty servicewomen ended in abortion in 2011.

To calculate the cost of these procedures, the average costs of abortion procedures at different gestational periods was used to create a range of potential costs. Using the 2014 average costs of abortion care, I estimate that abortions due to unintended pregnancy for active-duty servicewomen cost the group as a whole between $2,853,590 and $5,323,400 in 2014 alone.

The first figure ($2,853,590) represents the cost if each of the 6,190 procedures were medication abortions (the least expensive option, available up to 10 weeks

[22] Rico, Antonieta. (2017, December 12). Why Military Women Are Missing from the #MeToo Moment. *TIME*. Retrieved April 9 2018 from: http://time.com/5060570/military-women-sexual-assault/

[23] Grindlay, K. and Grossman, D. (2013). Contraception access and use among US servicewomen during deployment. *Contraception, 87*. Retrieved April 9 2018 from: https://ac-els-cdn-com.proxyau.wrlc.org/S0010782412008293/1-s2.0-S0010782412008293-main.pdf?_tid=4c34e64c-8839-41eb-904d-18ad43bb122d&acdnat=1523287624_c7470df23809fc9f663669a2c0cc9f60

[24] Grindlay, K. and Grossman, D. (2015, December). Unintended pregnancy among active-duty women in the United States military, 2011. *Contraception, 92*(6). Retreived on April 9 2018 from: http://vg5ly4ql7e.scholar.serialssolutions.com/?sid=google&auinit=K&aulast=Grindlay&atitle=Unintended+pregnancy+among+active-duty+women+in+the+United+States+military,+2011&id=pmid:26345183

[25] Department of Defense. (2012, November). *Profile of the Military Community: Demographics 2011*. Retrieved on April 13, 2018 from: http://download.militaryonesource.mil/12038/MOS/Reports/2011_Demographics_Report.pdf

[26] Guttmacher Institute. (2016, September). *Unintended Pregnancy in the United States*. Retrieved on April 9 2018 from: https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states

gestation)[27] and the latter ($5,323,400) represents the cost if each procedure were performed at 19 weeks.

This estimate is so broad mainly because there is no data available on the timing of servicewomen's abortion procedures. Were this data available, it would be possible to assess costs more precisely. On a national level, 89 percent of abortions in the US occur within the first 12 weeks of gestation (the first trimester), 6.2 percent occur between 13-15 weeks, 3.8 percent between 16-20 weeks, and 1.3 percent at or after 21 weeks.[28] Because active-duty servicewomen stationed internationally and domestically face delays in care, it is difficult to determine whether their abortion timeframe mirrors this national trend, though it is likely most are not procuring care at or after 19 weeks. This estimate assumes that the number of abortions procured by active-duty servicewomen remained constant through 2014 and that no servicewoman had an abortion performed at or after 20 weeks gestation.

Whether active-duty servicewomen shouldered the entire cost of their procedures or used abortion funds is also unknown. Regardless, the TRICARE funding ban clearly imposes significant financial costs on the 1.4 million women of reproductive age who receive TRICARE insurance.[29]

The Ban on Abortion Procedures in Military Treatment Facilities (MTFs) and Other Domestic Barriers

In addition to the funding ban, active-duty servicewomen are burdened by the federal law's ban of abortion care in military treatment facilities (MTFs), except for cases of rape, incest, or life endangerment. In these instances alone may a servicewoman receive abortion care in an MTF. An estimated average of 3.8 abortions per year were performed in MTFs between 1996 and 2009, though it is unclear how the extended coverage of procedures allowed under the Shaheen Amendment has impacted that rate.[30] The MTF ban extends to abortion procedures that are privately funded by servicewomen, who cannot access TRICARE funding due to the restrictions. This ban forces most servicewomen seeking abortion care to leave their military bases, even those stationed overseas or in combat zones.[31] Pushed off base in search of abortion care, domestically-based active-duty servicewomen must contend with the abortion restrictions of the states where they are stationed.

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[27] Planned Parenthood. *The Abortion Pill.* Retrieved April 23, 2018 from https://www.plannedparenthood.org/learn/abortion/the-abortion-pill

[28] Guttmacher Institute. (2018, January). *Induced Abortion in the United States.* Retrieved on April 13, 2018 from: https://www.guttmacher.org/fact-sheet/induced-abortion-united-states

[29] Donovan, Megan K. (2017, January 5). In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact. *Guttmacher Policy Review, 20*. Retrieved April 9 2018 from: https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact

[30] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9, 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044

[31] National Abortion Federation. (2016, April 26). *Facilities Ban Coalition Letter.* Retrieved on April 9 2018 from: http://prochoice.org/wp-content/uploads/Facilities-Ban-Coalition-Letter-Final.pdf

State-level abortion restrictions such as ultrasound requirements, mandatory delays, and TRAP Laws (Targeted Regulation of Abortion Providers) make access to timely abortion care more difficult. Servicewomen are particularly affected by these abortion restrictions. Active-duty servicewomen face logistical barriers to abortion access, such as organizing transportation, requesting leave from their duties, and maintaining confidentiality throughout the process, in addition to navigating state restrictions. These logistical concerns compound the problems created by ultrasound requirements, mandatory delays, and TRAP Laws, and make accessing off-base abortion care more challenging for servicewomen.

Domestic active-duty servicewomen face unequal abortion access, with a large portion of them stationed in states that are hostile to abortion rights. The Guttmacher Institute, a research and policy organization focused on sexual and reproductive health and rights, studies abortion restrictions and determines whether states can be considered extremely hostile, hostile, middle-ground, or supportive of abortion rights.[32] Of the ten states with the largest numbers of active-duty military personnel (CA, TX, NC, VA, GA, FL, WA, SC, HI, CO),[33] five are considered extremely hostile to abortion rights (TX, VA, NC, FL, SC), one is considered hostile (GA), two are considered middle-ground (CO and HI), and two are considered supportive (CA and WA).[34] Of the ten aforementioned states, six have at least two types of ultrasound requirements (TX, VA, NC, FL, SC, GA), six impose mandatory delays before a woman can have an abortion (TX, VA, NC, FL, SC, GA), and eight currently enforce at least one form of TRAP Law (TX, VA, NC, FL, SC, GA, WA, HI).[35] Large numbers of active-duty service women are burdened by these abortion restrictions, on top of the TRICARE funding and MTF restrictions imposed by the military. These restrictions create delays and logistical issues that are particularly burdensome for active-duty servicewomen, who must fund their own care, arrange transportation off-base, and request leave from their duties to receive time-sensitive reproductive healthcare. I will briefly describe each of these restrictions and their impacts on servicewomen's abortion access.

Ultrasound Requirements

There are many uses for ultrasounds in reproductive healthcare, but states that are hostile to abortion rights often impose ultrasound requirements without considering the best interest of the patient. Often times, these procedures are neither medically necessary

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[32] Nash, Elizabeth, Benson Gold, Rachel, Mohammed, Lizamarie, Ansari-Thomas, Zohra, and Cappello, Olivia. (2018, January 2018). Policy Trends in the States, 2017. *The Guttmacher Institute.* Retrieved online on April 27, 2018 from https://www.guttmacher.org/article/2018/01/policy-trends-states-2017

[33] Governing. (2017, September 31). Military Active-Duty Personnel, Civilians by State. *e.Republic.* Retrieved on April 9, 2018 from: http://www.governing.com/gov-data/military-civilian-active-duty-employee-workforce-numbers-by-state.html

[34] Guttmacher Institute. (2018, January 2). *States Hostile to Abortion Rights, 2017.* Retrieved on April 9 2018 from: https://www.guttmacher.org/infographic/2018/states-hostile-abortion-rights-2017

[35] National Partnership for Women & Families. (2018, March). *Bad Medicine: How a Political Agenda Is Undermining Abortion Care and Access*. Retrieved on April 9, 2018 from: http://www.nationalpartnership.org/research-library/repro/bad-medicine-third-edition.pdf

nor desired by the patient, flouting medical ethics. Some states impose additional requirements, such as mandatory delays after the ultrasound or that the ultrasound and abortion be performed by the same provider. By mandating additional procedures, which require multiple doctor visits, states with ultrasound requirements create unnecessary delays and additional logistical hurdles for women seeking abortion care.[36] Not only must women schedule additional transportation for these mandated ultrasounds, but they may be required to pay for them as well. This is certainly true for servicewomen, as no portion of their abortion procedure is covered by TRICARE. The many active-duty servicewomen stationed in states with ultrasound requirements face rising costs of care and increasing delays in accessing care.

Mandatory Delays

Mandatory delay laws require patients to wait a specified number of days after their first doctor's visit before being able to obtain abortion care. Mandatory delays not only delay time-sensitive care but require additional logistical planning and unnecessary trips to a clinic, increasing the cost of transportation and time away from work. In a qualitative study of military womens' experiences seeking abortion care, most servicewomen travelled about an hour each way to the clinic, with three women in Louisiana and Texas having to make two trips to the clinic due to their state's abortion restrictions.[37] Accessing abortion care is already difficult for active-duty servicewomen, and mandatory delays further complicate the process.

TRAP Laws

Targeted Regulation of Abortion Providers (TRAP Laws) require abortion clinics and providers to adhere to onerous, medically unnecessary requirements. TRAP Laws include requiring providers to have admitting privileges or alternative agreements with a nearby hospital, the facility to have a transfer agreement with a nearby hospital, clinics to satisfy specific facility requirements or fetal tissue to be buried or cremated, as well as stipulations that only physicians may provide abortions. TRAP Laws often force clinics that cannot afford to meet these unreasonable requirements to close, raising the cost of care and increasing the distance women must travel to obtain abortion care.[38]

A recent analysis of Texas' law HB-2 (struck down by the Supreme Court in *Whole Women's Health v. Hellerstedt*) revealed that clinic closures as a result of HB-2 substantially increased the distances most women had to travel to procure care and

[36] National Partnership for Women & Families. (2018, March). *Bad Medicine: How a Political Agenda Is Undermining Abortion Care and Access.* Retrieved on April 9, 2018 from: http://www.nationalpartnership.org/research-library/repro/bad-medicine-third-edition.pdf

[37] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044

[38] National Partnership for Women & Families. (2018, March). *Bad Medicine: How a Political Agenda Is Undermining Abortion Care and Access*. Retrieved on April 9, 2018 from: http://www.nationalpartnership.org/research-library/repro/bad-medicine-third-edition.pdf

decreased the number of clinics available to the same population of women.[39] As a result, abortion rates declined across the state, and the researchers estimate that there would have been almost 15,000 more abortions performed in Texas in 2014-2015 had access to abortion care remained at the rate before HB-2 was signed into law.[40] Though there is no research to document what happened to these "missing" abortions, Cunningham et al. hypothesize that while some women decreased their risky sexual behaviors, others may have resorted to self-induced abortions, by procuring over-the-counter abortifacients in Mexican pharmacies.[41] The data collected in Texas shows how similar TRAP Laws in other states can impede timely access to care.

TRAP Laws make care more expensive and harder to procure. In 2014, almost 60% of women who experienced a delay in obtaining abortion care cited that the time it took to arrange the procedure and raise funds were reasons for the delay.[42] One servicewoman noted that, "You have enough to go through. And then you also have to think about the cost of it and… the extra steps, instead of it just being taken care of like [other health services] normally would." An officer in the Army said, "In the evenings, I didn't have any freedom. I was on training in Georgia, and so I didn't have a car. And so that's why I had to wait all the way until the weekend to go get a pregnancy test, and then I had to wait until the following weekend [for the abortion]."[43] After being forced off-base and outside of their regular healthcare facilities (MTFs) to access abortion care, active-duty servicewomen must contend with TRAP Laws that single out abortion care with medically unnecessary restrictions.

Stigma Surrounding Abortion and Confidentiality Concerns

In addition to these state-specific barriers, active-duty servicewomen seeking abortion care off-base must request time off. Though higher ranking servicewomen may be able to obtain leave without request, servicewomen of lower ranks will have to submit a request to their commanding officer. This process may require them to divulge personal health information they would otherwise not share with fellow service members or superiors.[44]

In the latest qualitative study on the topic, the fear of a lack of confidentiality was frequently cited by servicewomen who sought abortion care while on active duty. Many of these servicewomen discussed the stigma surrounding abortion in the military and the

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[39] Cunningham, Scott, Lindo, Jason M., Myers, Caitlin, and Schlosser, Andrea. (2018, January). How Far is Too Far? New Evidence on Abortion Clinic Closures, Access, and Abortions. *National Bureau of Economic Research.*
[40] Ibid.
[41] Ibid.
[42] Jones RK and Jerman J, *Time to Appointment and Delays in Accessing Care Among U.S. Abortion Patients,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/report/delays-in-accessing-care-among-us-abortion-patients.
[43] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044
[44] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044

potential negative impact disclosing their pregnancy or abortion decision would have on their careers. Three participants reported that their commanding officers learned of their pregnancy without their disclosing the information, highlighting the very real fear of some servicewomen that their pregnancy status may not be kept confidential. The fear of disclosing personal healthcare information led some servicewomen to schedule their appointments during non-work hours, which adds to the logistical burden in accessing care. Others postponed their appointments until their next scheduled leave, delaying time-sensitive healthcare.[45]

Concerns of a lack of confidentiality also influence some servicewomen's choice of abortion method and how they follow their post-care instructions. One study participant noted that the rule requiring service members to report all prescription medications to their Commanding Officers influenced her decision about her abortion method – she opted for a surgical abortion without anesthesia to better protect her privacy. In fact, of the 17 servicewomen participants who opted for surgical abortions, five did so because of the quicker recovery or minimal follow-up, which required fewer visits off-base and would better protect their privacy. One participant reported that because she did not disclose her abortion decision, she could not follow proper post-abortion care and ended up using tampons after her procedure, although tampon use is not recommended, due to her infrequent access to a restroom. A total of five respondents noted that the military's abortion policy had specifically negative health consequences for servicewomen, while almost all participants reported that the policy had overall negative effects on servicewomen.[46] Active-duty servicewomen not only face myriad state abortion restrictions, but fears of stigma and lack of confidentiality within their organizations. The combination of these factors leads to logistical hurdles, delays in care, and healthcare decisions that may not be in the best interests of the patient.

Problems Add Up for Servicewomen Stationed Abroad: The MTF Ban and No Good Options

Difficulties in procuring abortion care are particularly severe for active-duty servicewomen who are stationed abroad. The federal law prohibiting abortion procedures in MTFs forces active-duty servicewomen stationed abroad to seek abortion care off-base, similar to their domestically-stationed counterparts. But while US-stationed servicewomen have their right to an abortion reaffirmed by the Supreme Court, servicewomen stationed abroad are subject to the abortion regulations of their host country. As such, servicewomen deployed overseas face varied levels of off-base abortion access. For example, servicewomen stationed in Japan can legally obtain

[45] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044

[46] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044

abortions on socioeconomic grounds, to save their health or life, and in the case of rape.[47] Servicewomen stationed in Afghanistan, however, may only obtain an abortion to save their lives, while those in Iraq will find no legal abortion access, even in the case of rape or life endangerment.[48]

Servicewomen stationed in countries with significant abortion restrictions may choose to travel to a different country with less restrictive laws, such as Germany, Italy, or Turkey, where abortions are available without restriction as to the reason.[49] Like their US-stationed counterparts, active-duty servicewomen abroad must request time off in order to leave their bases to seek abortion care, and face similar issues of seeking care while maintaining confidentiality and avoiding stigma. Deployed and overseas servicewomen have a number of reasons to not disclose their pregnancy to anyone in their organizations. One significant reason is the standard protocol to remove pregnant servicewomen from their deployment. Many surveyed servicewomen feared that disclosing their status could result in loss of income, formal reprimands, and negative treatment from peers or supervisors.[50] For example, one servicewoman revealed that after she sought abortion care in the US following an unintended pregnancy during deployment, she received a formal letter of reprimand from her brigade commander, who attempted to use her pregnancy as a reason to bar her re-enlistment.[51]

Therefore, it is unsurprising that deployed and overseas servicewomen face pregnancy and abortion stigma in their organizations just as their domestically-stationed peers do. A former military officer reported that it is a commonly held view among service members that active-duty servicewomen intentionally become pregnant to avoid deployment, avoid physical labor and training requirements, or to leave the barracks and move into off-base housing.[52] In an effort to maintain their privacy and reduce costs, some servicewomen overseas choose to wait until their next scheduled leave to procure an abortion in the US, delaying time-sensitive care. One servicewoman enlisted in the Navy explained, "I did not tell my chain of command at all. Part of that was because I'm one of the very few females that works within my department…There's a lot of like

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[47] Center for Reproductive Rights. (2018). *The World's Abortion Laws Map.* Retrieved on April 13, 2018 from http://www.worldabortionlaws.com/map/

[48] Center for Reproductive Rights. (2018). *The World's Abortion Laws Map*. Retrieved on April 13, 2018 from http://www.worldabortionlaws.com/map/

[49] Center for Reproductive Rights. (2018). *The World's Abortion Laws Map*. Retrieved on April 13, 2018 from http://www.worldabortionlaws.com/map/

[50] Ibis Reproductive Health. (2017, February). *Sexual and reproductive health of women in the US military. Issue brief 4: The impact of unintended pregnancy on servicewomen and the military*. Retrieved on April 13, 2018 from: https://ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%204%202017-02-21_0.pdf

[51] Manski, R., Grindlay, K., Burns, B., Holt, K., and Grossman, D. (2014, June). Reproductive Health Access Among Deployed U.S. Servicewomen: A Qualitative Study. *Military Medicine, 179 (*6). Retrieved April 16, 2018 from http://vg5ly4ql7e.scholar.serialssolutions.com/?sid=google&auinit=R&aulast=Manski&atitle=Reproductive+health+access+among+deployed+US+servicewomen:+a+qualitative+study&id=doi:10.7205/MILMED-D-13-00302&title=Military+medicine&volume=179&issue=6&date=2014&spage=645&issn=0026-4075

[52] Ibis Reproductive Health. (2017, February). *Sexual and reproductive health of women in the US military. Issue brief 5: Former and retired military officers' perspective on military reproductive health access and policy*. Retrieved on April 13, 2018 from: https://ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%201%202017-02-10.pdf

negative stigma that goes along with that…I was recently promoted…and this was right before my promotion."[53] Others may seek unsafe or illegal abortions in their assigned country, potentially risking their health and lives.

The recent study of Texas' TRAP Law, HB-2, by Cunningham et al. shows how policies that curtail abortion access may inadvertently create back channels whereby women seek to self-induce their abortions or seek illegal abortion care.[54] In fact, interviews conducted with former and retired military officers indicate that the possibility of deployed servicewomen seeking unsafe abortions is a very real concern.[55] One servicewoman who was interviewed about the military's abortion policy commented that, "We can be stationed all over the world, and… for other places that aren't up to par with their health care standards,… you're putting women in a really dangerous situation where they're probably not getting the safest health care, they probably don't have access to the most modern technology, and it's just putting them in a really bad situation overall."[56]

Abortion Care in the Context of Military Sexual Assault

The difficulty active-duty and deployed servicewomen face when obtaining abortion care is especially troubling when one considers the high rate of sexual trauma servicewomen experience. It is estimated that between one-fourth and one-third of servicewomen experience sexual assault while enlisted,[57] though experts hypothesize that only around 32% of victims (both men and women) report their assaults.[58] The prevalence of sexual assault coupled with the fear of stigma and lack of confidentiality on pregnancy and abortion decisions put servicewomen in difficult positions.

Although servicewomen are entitled to an MTF abortion procedure and TRICARE coverage in the case of rape, they may not seek care. It is important to note that not every sexual assault results in pregnancy and not every survivor will choose to terminate their pregnancy. However, the low reporting rates of military sexual assault could indicate that servicewomen experiencing pregnancy as a result of sexual assault choose not to report their assaults, even though it would help them access abortion funding or care at their MTFs. A survey of servicewomen in 2010 who experienced unintended pregnancy revealed that 4% of their pregnancies stemmed from sexual assault

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[53] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044

[54] Cunningham et al.

[55] Ibis Reproductive Health. (2017, February). *Sexual and reproductive health of women in the US military. Issue brief 5: Former and retired military officers' perspective on military reproductive health access and policy.* Retrieved on April 13, 2018 from: https://ibisreproductivehealth.org/sites/default/files/files/publications/Military%20Brief%205%202017-02-21.pdf

[56] Grindlay, K., Seymour, Jane W., Reiger, S., Keefe-Oates, B. and Grossman, D. (2017, December). Abortion Knowledge and Experiences Among U.S. Servicewomen: A Qualitative Study. *Perspectives on Sexual and Reproductive Health, 49*(4). Retrieved on April 9 2018 from: https://onlinelibrary-wiley-com.proxyau.wrlc.org/doi/epdf/10.1363/psrh.12044

[57] Suris, A., and Lind, L. (2008, October). Military Sexual Trauma: A Review of Prevalence and Associated Health Consequences in Veterans. *Trauma, Violence, & Abuse, 9*(4). Retrieved on April 16, 2018 from http://journals.sagepub.com.proxyau.wrlc.org/doi/pdf/10.1177/1524838008324419

[58] Department of Defense. (2016). *FY16 Annual Report Statistics Highlights.* Retrieved on April 16, 2018 from http://www.sapr.mil/public/images/FY16_Annual/SAPRO_2016_AR_Report_Statistical_Highlights_Info_Graphic.jpg

(18% did not report a reason for their pregnancy). Some of these respondents explained that they did not seek abortion care at their MTF due to concerns that they would be blamed for their assault, or not believed, potentially risking their careers.[59] Unable or unwilling to report their sexual assaults or pregnancies, servicewomen in need of timely healthcare are left to their own devices, putting their health at risk.

CONCLUSION

For active-duty servicewomen stationed domestically and those deployed abroad, accessing abortion care is logistically challenging, and may result in delays that increase costs and chances of complications.[60] Servicewomen seeking abortion care shoulder a serious financial burden due to the TRICARE funding ban, and those stationed in abortion-hostile states must contend with a slew of abortion restrictions designed to impede their access to care. Servicewomen stationed overseas and those deployed face additional distance, costs, and delays in accessing care, as well as the potential of being removed from duty upon disclosing their pregnancy status. For servicewomen who have experienced sexual assault, the negative consequences of reporting their experience may serve as a deterrent from accessing the care they are entitled to. The process of seeking abortion care costs servicewomen considerable time, resources, and energy, in addition to fears of disclosure, stigma, and negative impacts on their careers. The TRICARE funding ban and the MTF procedural ban deny servicewomen timely access to the comprehensive reproductive health services they are entitled to as Americans.

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[59] Ibis Reproductive Health. (2012, February). *Sexual and reproductive health of women in the US military. Issue brief 1: Contraception, unintended pregnancy, and abortion*. Retrieved April 16, 2018 from https://ibisreproductivehealth.org/publications/sexual-and-reproductive-health-women-us-military-issue-brief-1-contraception-unintended

[60] Ibis Reproductive Health. (2017, February). *Sexual and reproductive health of women in the US military. Issue brief 4: The impact of unintended pregnancy on servicewomen and the military.* Retrieved April 16, 2018 from https://ibisreproductivehealth.org/publications/sexual-and-reproductive-health-women-us-military-issue-brief-4-impact-unintended