

Abortion Coverage for Women in the Military

Women play a vital role in the U.S. military and currently constitute 16 percent of all active-duty and reserve members of the armed forces.¹ Every day, more women enlist to fight for our country as gender barriers in the military are removed.

Yet for years, anti-choice lawmakers have blocked TRICARE, the military health-insurance plan, from covering abortion care in nearly all circumstances. Recent progress has been made in reducing the reach of the ban, thankfully—but while this is important, Congress must go further and lift all the restrictions.

The pro-choice community opposes all bans on insurance coverage of abortion care, and believes that funding restrictions are discriminatory and unfair. The right to choose should not be dependent on one's source of health insurance, and this is especially true for our servicewomen. When a woman signs up to serve her country, she should not be signing away her reproductive rights.

History of the TRICARE Abortion Coverage Ban

- After the 1973 *Roe v. Wade* decision, the Department of Defense (DoD) provided abortion services as part of its health-insurance plan. This policy was not seen as controversial until a vocal minority began electing anti-choice lawmakers.
- In 1978, Congress prohibited the use of federal funds for abortion services at military hospitals except in cases of life endangerment, reported rape, or incest. In 1980, Congress modified the rape and incest exceptions and, in 1981, removed them entirely.
- Congress renewed the ban on TRICARE coverage for abortion services each year in the DoD authorization bill, but in 1984, went further and put the restriction into permanent federal law.²
- In 2012, Sen. Jeanne Shaheen (D-NH) sponsored an amendment to the FY'13 Defense authorization bill to include abortion coverage under TRICARE in cases of rape or incest. The amendment passed 16-10 in the Senate Armed Services Committee and was unchallenged when the full Senate considered the legislation.³ The House-passed bill had no similar language⁴, but in conference, the Shaheen amendment prevailed and President Obama signed it into law.⁵ However, the rest of the ban on abortion coverage for women in the military remains in place.

Funding Bans Are Wrong

Unable to make abortion illegal again, anti-choice legislators have banned abortion coverage in almost every health-care program administered by the government. In doing so, they have put the procedure financially out of reach for tens of millions of women, all without having to overturn the constitutional right at the Supreme Court.

Ninety-seven percent of servicewomen are of reproductive age,⁶ and they experience a much higher rate of unintended pregnancy than the general U.S. population. About 43 percent of civilian unplanned pregnancies end in abortion,⁷ but military women and dependents do not have the same options as their civilian counterparts. In fact, research shows that 55-82 percent of births by military women are unplanned, while the rate is 31 percent for civilian women.⁸ Though their need is greater, servicewomen are blocked from getting the care they so obviously need.

Our servicewomen deserve the best health care our country can provide, including comprehensive reproductive-health care. At the very least, these women deserve the same quality of medical care available to their civilian counterparts. In addition, military leaders have noted that providing comprehensive health care to servicemembers helps ensure troop readiness, unit cohesion, and mission accomplishment.

Congress Can—and Should—Lift the Ban

Congress' ban on abortion coverage for women in the military is just one of two ways servicewomen's access to abortion care has been blocked. Federal law also denies servicewomen and female military dependents the ability to use their own private funds for abortion services at a military hospital. From 1988 to 1993, and again from 1995 to today, Congress has blocked women from getting abortion care at any military treatment facility, except in cases of life, rape, or incest, even if a woman pays with her own money, and this ban should also be lifted. (Please see NARAL Pro-Choice America's fact sheet, *Lift the Ban on Privately Funded Abortion Services for Military Women Overseas* for more information on this ban.)

Conclusion

NARAL Pro-Choice America opposes discriminatory insurance prohibitions, which segregate abortion care from other necessary health-care services, run counter to the purpose of comprehensive insurance coverage, and put women's health in jeopardy. Congress can and should take action to protect the rights of servicewomen who fight for our rights abroad. Leaving women without access to safe, and sometimes critical care, denies them the comprehensive health coverage they need and deserve.

January 1, 2016

Notes:

¹ U.S. Department of Defense: *2012 Demographics: Profile of the Military Community*. http://www.militaryonesource.mil/12038/MOS/Reports/2012_Demographics_Report.pdf. (last visited Dec. 15, 2015).

² 10 U.S.C. § 1093(a) (1984).

³ H.R.4310, 112th Cong. (2012).

⁴ H.R.4310, 112th Cong. (2012); Conf. Rep. No. 112-705: Roll Vote No. 645 (Dec. 20, 2012).

⁵ P.L. No. 112-239, 112th Cong. (2012).

⁶ Grindlay K, et. al.: *Abortion Restrictions in the U.S. Military: Voices from Women Deployed Overseas*. Women Health Issues (2011).

⁷ Ibis Reproductive Health. *Sexual and Reproductive Health of Women in the US Military, Issue brief1: Contraception, unintended pregnancy, and abortion*, (January 2013).

⁸ Ibis Reproductive Health. *Sexual and Reproductive Health of Women in the US Military, Issue brief1: Contraception, unintended pregnancy, and abortion*, (January 2013).