



Support U.S. Servicewomen's Access to Emergency Contraception

Emergency contraception (EC) is a safe, effective, and FDA-approved medication that prevents pregnancy if taken soon after sex.¹ EC may be used when other contraceptive methods fail or are not used, such as when women are sexually assaulted. Although EC is not a substitute for ongoing contraceptive use and does not protect against sexually transmitted diseases, it can reduce unintended pregnancy and the need for abortion.

In 2002, the Department of Defense (DoD) approved a policy to stock EC on every overseas military base, but then-President Bush's political appointees reversed the decision without explanation, so the change never went into effect. Thankfully, in February 2010, the DoD again approved the policy to stock EC on military bases, finally guaranteeing servicewomen access to a vital medication that can prevent unintended pregnancy – a positive step for servicewomen's health.

Before the DoD successfully enacted the new policy, lawmakers on both sides of the abortion issue recognized the need to improve servicewomen's access to EC. They introduced the Compassionate Care for Servicewomen Act, introduced in the 111th Congress by Sen. Al Franken (S.2904) and Rep. Mike Michaud (H.R.4386).² This legislation would codify the DoD's decision and add EC to the military's basic core formulary – the list of medications stocked at every military health-care facility.

NARAL Pro-Choice America commends DoD for making a sound public-health decision that is in the best interest of women in the military serving overseas.

➤ *Military women deserve the same standard of care as women living stateside.*

- Approximately 10 percent of active duty servicewomen become pregnant each year.³ Increased use of EC could reduce unintended-pregnancy rates, thereby reducing the need for abortion.
- The Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, and virtually the entire medical and public-health establishment agrees that women at risk of unintended pregnancy, such as survivors of sexual assault, should have access to EC.⁴
- A recent article in *Stars and Stripes* found a lag in the military's procedures for accommodating access even to routine reproductive-health services. Since servicewomen need to get their commanders' permission even to schedule their annual pap smears, they often forgo preventive gynecological care altogether.⁵

- A recent study published in the Journal of Law, Medicine & Ethics, reviewed this issue. It reveals not only the level of inadequate access that servicewomen receive from military treatment facilities, but it also stresses the need for improved services. One of several recommendations the study makes is to lift legislative restrictions on access to safe abortion. The article states, “Female military personnel have the same right to basic health-care services as their male counterparts, and reproductive-health care is a fundamental component of health care for women.”⁶
- *Sexual assault in the military continues to be a cause for concern, and EC is especially important for rape survivors.*
 - According to the Pentagon, the number of reported sexual assaults in the military has increased significantly over the past few years. The most recent data indicate that only between 10 and 20 percent of sexual-assault crimes are reported.⁷ Sexual assault in the military remains a major cause for concern.⁸
 - In light of these alarming rates, improved access to this time-sensitive medication will help military women already coping with the aftermath of sexual trauma.
- *For many servicewomen, abortion is not an option; that makes pregnancy prevention all the more important.*
 - Congress has barred women in the military from obtaining abortion care at their base hospitals in almost all cases, *even when a woman pays for the service herself.*⁹
 - Because politicians have blocked servicewomen from accessing abortion services, they bear a responsibility to ensure that women in the military have ready access to *every* approved method of contraception.
- *The Department of Defense has long supported this policy*
 - Prior to its decision in 2010, in February 2002, the DoD committee charged with determining which medications should be added to the basic core formulary decided, based on sound science and public-health policy, that EC should be stocked at all military pharmacies.¹⁰
 - During its deliberations, the committee found:
 - A servicewoman could experience “economic hardship as well as significant psychological and social costs from an unintended pregnancy.”
 - “Ob/Gyn consultants for the three services support the addition of Plan B® to the” basic core formulary.

- “Ethics consultants for the three services concluded that there are no apparent reasons to preclude the use of Plan B® at” military health-care facilities.
- “The need for timely administration [of the medication] supports the argument that the emergency contraceptive should be on the [military treatment facility] formulary in order to preclude delays that might occur if the medication had to be obtained through a non-formulary or special order request.”
- For these reasons, the committee concluded that “emergency contraceptives should be uniformly and immediately available in order to maximize their effectiveness in preventing unintended pregnancies.” However, three months later, without discussion or explanation, the move was quietly reversed by political appointees at the Defense Department.

Whether one is pro-choice or pro-life, we can all agree that more should be done to help couples and women *prevent* unintended pregnancy in the first place. The Pentagon’s decision to stock EC on all military bases is an important step toward that goal. Lawmakers who claim to oppose abortion cannot also credibly refuse to support policies such as this, which have the potential to make abortion less *necessary*.

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Notes:

¹ Press Release, U.S. Food and Drug Administration, *FDA Approves Over-the-Counter Access for Plan B for Women 18 and Older; Prescription Remains Required for Those 17 and Under*, (Aug. 24, 2006).

² H.R.4386, 111th Cong. (2009); S.2904, 111th Cong. (2009).

³ Kathryn L. Ponder and Melissa Nothrange, *Damage Control: Unintended Pregnancy in the United States Military*, JOURNAL OF LAW, MEDICINE, & ETHICS, Summer 2010, at 386.

⁴ Press Release, The American College of Obstetricians and Gynecologists, *ACOG Steps Up Efforts to Get Emergency Contraception to Women* (May 8, 2006).

⁵ Seth Robbins, *VA, military facing Challenges of Women’s Health Care*, STARS AND STRIPES, Jul. 31, 2010.

⁶ Kathryn L. Ponder and Melissa Nothrange, *Damage Control: Unintended Pregnancy in the United States Military*, JOURNAL OF LAW, MEDICINE, & ETHICS, Summer 2010, at 386.

⁷ Department of Defense, *FY’10 Report on Sexual Assault in the Military* (Mar. 2011) at 93; Mike Mount, *Reports of sexual assault in military rise in 2008*, CNN, March 17, 2009 at <http://www.cnn.com/2009/POLITICS/03/17/military.assaults/index.html> (last visited Oct. 31, 2011).

⁸ Department of Defense, *FY’10 Report on Sexual Assault in the Military* (Mar. 2011) at http://www.sapr.mil/media/pdf/reports/DoD_Fiscal_Year_2010_Annual_Report_on_Sexual_Assault_in_the_Military.pdf (last visited Oct. 31, 2011).

⁹ Congressional Research Service, *Abortion Services and Military Medical Facilities* (Apr. 24, 2002).

¹⁰ Department of Defense Pharmacoeconomic Center, *Minutes of the Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Executive Council Meeting* (Feb. 12, 2002); Department of Defense Pharmacoeconomic Center, *Minutes of the Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Executive Council Meeting* (May 7, 2002).