



NARAL
Pro-Choice America Foundation

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 overruled the decision without explanation, so the change never went into effect.²

Thankfully, in February 2010, the DoD Pharmacy and Therapeutics Committee again approved the policy to stock EC on military bases, and this time, under the leadership of pro-choice President Obama's appointees, politics did not stand in the way of promoting public health.³ Finally, servicewomen have guaranteed access to this vital medication that can prevent unintended pregnancy.

Before the DoD successfully enacted the new policy requiring military treatment facilities (MTFs) to stock EC, lawmakers on both sides of the abortion issue recognized the need to improve servicewomen's access to EC. In the 110th Congress, Rep. Mike Michaud (D-ME) and then-Sen. Hillary Clinton (D-NY) introduced the Compassionate Care for Servicewomen Act. In the 111th Congress, Sen. Al Franken (D-MN) joined then-Rep. Michaud in sponsoring the bill.⁴

NARAL Pro-Choice America commends DoD for making a sound public-health decision that is in the best interest of servicewomen and their dependents who rely on the military for their health insurance.

Now, pro-choice lawmakers have introduced legislation to codify the policy into permanent law. Sen. Jeanne Shaheen (D-NH) and Rep. Jackie Speier (D-CA) have authored the Access to Contraception for Women Servicemembers and Dependents Act, S.358 and H.R.742.⁵ It improves servicewomen's access to contraception in a number of ways, including codifying the EC policy in order to protect it from future anti-choice presidents who might reverse it. The bill also improves the military's response to sexual assault by requiring MTFs to offer a sexual-assault survivor EC upon her request (a policy known as EC in the ER).

Servicewomen deserve the same standard of care as civilian women

- Ninety-seven percent of servicewomen are of reproductive age⁶ and in 2011, nearly 10 percent of active-duty servicewomen were unable to deploy as a result of pregnancy.⁷

- 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.⁸
- A study published in the *Journal of Law, Medicine & Ethics* revealed not only the level of inadequate access that servicewomen receive from military treatment facilities, but it also stresses the need for improved services. 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.”⁹
- EC can substantially reduce a woman’s chance of becoming pregnant when taken soon after sex, thereby reducing the need for abortion—a goal on which both pro-choice and anti-choice lawmakers should agree.
- Meeting the needs of servicewomen’s reproductive-health care is not only the right thing to do, but critical to ensure troop readiness and mission accomplishment.

Sexual assault in the military remains a cause for concern, and EC is especially important for rape survivors

- According to the Pentagon, the number of reported sexual assaults in all military services has increased by 50 percent between FY’12 and FY’13, an unprecedented increase signifying that sexual assault in the military remains a persistent problem and more confidence in the reporting process.¹⁰
- In light of the alarming rates of sexual assault in the military, improved access to EC will help the DoD better assist servicewomen 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 servicewomen from obtaining abortion care at their base hospitals in almost all cases, *even when a woman pays for the service herself*.¹¹ Because politicians have blocked servicewomen from abortion services, they bear an added responsibility of ensuring women in the military have ready access to *every* FDA-approved method of contraception.

No matter one’s opinion on the issue of legal abortion, we should 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 *Department of Defense Pharmacy and Therapeutics Committee Recommendations* (Feb. 12, 2002), Meeting Minutes; *Department of Defense Pharmacy and Therapeutics Recommendations* (May 7, 2002), Meeting Minutes.

³ Middleton, A. (Feb. 17-18, 2010), *Department of Defense Pharmacy and Therapeutics Committee Recommendations February 2010, Meeting Minutes*; Ellzy, J. (Nov. 5-6, 2009), *Department of Defense Pharmacy and Therapeutics Committee Recommendations November 2009, Meeting Minutes*.

⁴ H.R.4386, 111th Cong. (2009); S.2904, 111th Cong. (2009).

⁵ S.358, 114th Cong. (2015); H.R.742, 114th Cong. (2015).

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

⁷ U.S. Department of Defense: 2011 *Health Related Behaviors Survey of Active Duty Military Personnel* (February, 2013) at <http://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/TRICARE-Patient-Satisfaction-Surveys/Survey-of-Health-Related-Behaviors/2011-Health-Related-Behavior-Survey-Active-Duty> (last visited Dec. 4, 2015).

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

⁹ Kathryn L. Ponder and Melissa Nothrange, *Damage Control: Unintended Pregnancy in the United States Military*, JOURNAL OF LAW, MEDICINE, & ETHICS, Summer 2010, at 386.

¹⁰ Department of Defense, *Sexual Assault Prevention and Response FY13 Report on Sexual Assault in the Military* (May, 2014) at http://www.sapr.mil/public/docs/reports/FY13_DoD_SAPRO_Annual_Report_on_Sexual_Assault.pdf (last visited Dec. 4, 2015).

¹¹ Congressional Research Service, *Abortion Services and Military Medical Facilities* (Apr. 24, 2002).