

Good morning, Chair Speier, Ranking Member Gallagher, and distinguished Members of the Committee. Thank you for inviting me to speak today about the importance of access to abortion care for servicemembers and their families. My name is Dr. Ghazaleh Moayed, and I use she/her pronouns. I am a board-certified OB-GYN, the child of Iranian immigrants, a mom, a Texan, and a proud abortion provider. I serve on the Board of Directors for Physicians for Reproductive Health and Texas Equal Access Fund.

Abortion is essential healthcare. Every person in our country has the human right to decide for themselves when and if to start a family. No person should ever be forced to remain pregnant and each of us deserves timely access to culturally relevant abortion care in our own communities. Unfortunately, this is not how abortion care works in this country and the reality is that servicemembers and their families have always struggled to access their human right to abortion care in our country.

Before Texas and then Oklahoma banned abortion, I provided abortion care to patients in both states. As an OB/GYN, I'm honored to care for people at every stage of their lives. I know first-hand that to have safe birth, healthy families, and thriving communities, we all must have access to abortion care.

What is happening to my community –where I live and raise my family, is terrifying. For nearly a year, essential abortion care in Texas has been denied or pushed out of reach for countless people. This is devastating. As more and more bans go into effect in surrounding states, we are facing a worsening humanitarian crisis. Abortion bans disproportionately harm Black and Brown communities, queer folks, people with disabilities, young people, immigrants, people who are incarcerated or detained, AND members of the armed forces. Service members and their families, especially enlisted members, are often far from their homes, young, and living on low incomes. Few have the resources or supports needed to emergently access time-sensitive abortion care. I can talk at length about the impacts of abortion bans on many communities, but today I will speak about my experiences caring for members of the military and their families.

I have been working in abortion care for nearly 20 years, both as a clinic staffer and now as a physician – this includes a period that I worked for an abortion provider in Texas, near Fort Hood. We routinely took care of servicemembers and their families. Abortion is very common, and the need for this common care does not change for people in the military. Servicemembers and their spouses regularly sought abortion care at our clinic, and I witnessed the countless obstacles they endured to obtain that care. These barriers included struggling to obtain leave for their procedure or time to take the pills, challenges travelling from the base to Austin for care, costs, stigma, and even barriers to getting a referral for care. Because of the chilling effects of unjust policies like the Hyde Amendment that have been applied to military health insurance, there is a longstanding history of not giving out information about abortion. Often the ability to even find a clinic depended on one person on base who was willing to secretly give people a brochure from our clinic. Essential healthcare for our armed forces hinged on a whisper network. And once they had that information, they still needed to comply with medically harmful state laws like mandatory waiting periods and mandated misinformation. For those who did manage to find us and get permission to come to an appointment, I can't even begin to describe the pain servicemembers expressed when we would have to explain, "your Tricare won't pay for this, you'll have to pay out-of-pocket." Abortion clinics near bases typically offer military discounts to help servicemembers access this essential healthcare.

I completed OB/GYN residency in El Paso, and I spent part of my training working on the base at Fort Bliss. In Austin, I remembered caring for countless sexual assault survivors from Fort Hood in our clinic, even though the policies in place should have allowed them to be cared for on base. Once at Fort Bliss, I realized the problem: everything must line up perfectly for servicemembers who are survivors of rape or incest to be able to access abortion care on base. In my time at Fort Bliss, I was only able to care for one person on base. In this instance, the patient's commanding officer was a woman who was supportive, and she was able to report the sexual assault to obtain the necessary authorization for her abortion. As members of this committee know, it can be incredibly daunting for a servicemember to report an assault that is perpetrated by another member of the military, particularly if they are in the chain of command. I was grateful that everything worked out for this patient to get the care she needed without traveling, but this isn't how health care should work and it is not usually what I see as a civilian caring for members of the military.

After residency I did a fellowship in Hawai'i, a state with a large military population and a critical health care destination for service members stationed in Asia. Hawai'i was the first state to liberalize its abortion laws and has excellent abortion access including Medicaid coverage for abortion. Many residents of Hawai'i can access abortion care without delay, get the care they need, access necessary transportation, and have their health insurance cover care and travel. In Hawai'i, one of the communities with the least access to essential healthcare are members of the military. I will never forget weeping after sitting with an enlisted servicemember who needed to count out quarters to afford her care. She asked me what parts of pain management she could forego so she could afford her abortion, she assured me she was strong enough to not need pain medication. I was changed forever after bearing witness to that injustice.

While in fellowship, I cared for many servicemembers who traveled to Hawai'i for abortion care from East Asia. They were forced to fly to Hawai'i with their own money to get essential healthcare. I remember a patient who was raped by another servicemember while stationed in Asia. She felt unsafe and that she could not report the assault or seek help from her commanding officer. She was unable to find care in the country where she was stationed and by the time she was able to fly to Hawai'i, she was many more weeks into her pregnancy. Because of the significant trauma she experienced from her assault, she would have ideally had her abortion under deep sedation or general anesthesia – which is not a requirement for safe abortion care but might be necessary for trauma survivors. But access to general anesthesia makes the cost of care considerably higher, sometimes over \$10,000. Since she was paying out of pocket for everything, she had her abortion with just local anesthesia in our clinic and while I provided skilled and compassionate care, it was devastating to see someone dedicated to serving our country abandoned by a system that should have supported her. We wept together after her procedure was complete. I was honored to be trusted with her care and she should have never been forced to come all the way to me to access her right to abortion care.

We should all be incredibly angry at the systematic denial of reproductive autonomy that is happening to millions of people in our country as we meet here today. Nobody deserves to suffer the indignity of counting quarters to pay for medical care, foregoing medication to alleviate pain to be able to afford a procedure, traveling thousands of miles to get care in a community where you might not have family or friends, or having whispered conversations about where or how to access care. These things happen every day to our servicemembers and their families; they also happen to civilians in every one of your states.

I want us to work toward a world where everyone's decisions about their health care are affirmed and supported. A world where barriers to care like total abortion bans, waiting periods, insurance bans, mandated misinformation, and other medically dangerous policies are eliminated. I envision a world where everyone has access to culturally relevant abortion care in their own communities. This committee's jurisdiction is the Armed Forces so I will conclude by imploring you to at least make this world a reality for our servicemembers – the people in the military who signed up to defend this country. They have agreed to put everything on the line and our country does them a disservice by denying access to and coverage for essential abortion care.