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Opening Statement (As Prepared) Chair Jackie Speier

Subcommittee on Military Personnel:
"Service Members' Reproductive Health and Readiness"
July 29, 2022

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The hearing will now come to order. I want to welcome everyone to this hearing of the Military Personnel subcommittee to discuss the challenges servicemembers are facing accessing reproductive health care.

The Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* overturned 50 years of precedent and took away the established constitutional right to an abortion. The Court stated that their opinion merely returned the issue of abortion to the States, and that women can vote for whom they wish to represent their values. But servicemembers do not get to choose where they live. This leaves 230,000 servicewomen who could be ordered to a State that restricts bodily autonomy, jeopardizing our recruitment and retention efforts. The map behind me shows the states that restrict abortions in red, along with the number of military installations within those states. As you can see, many military bases are in states where abortion is or likely will be restricted. One-quarter of women will have an abortion before the end of their child-bearing years. Of the servicewomen currently serving in the military, we'd expect that more than 50,000 would have an abortion during their lifetime, and for many of them it will be during their years of military service.

Even before the *Dobbs* decision, abortion access has long been a struggle in the military, especially for those overseas and junior enlisted with lower incomes. Under current law, DoD is prohibited from providing abortions except in cases of rape, incest, or threat to the mother's life. These exceptions are so narrow that DoD has confirmed to me that only between 11 and 21 servicemembers have undergone an abortion at a military medical facility each year over the past five years.

That means the vast majority of servicemembers are forced to pay out of pocket not only for the care they need, but also for other expenses including lodging, gas or air fare, and child care. The *Dobbs* decision will no doubt exacerbate these challenges, forcing servicemembers to travel longer distances and shoulder greater financial burdens – that is, if they are granted leave in the first place.

Let me be clear: it is inhumane to force women to remain pregnant against their will. It is arrogant to think that we know better than a woman or her doctor about what's best for her body. It is wrong to create government-mandated pregnancies.

Access to abortion care is essential to a woman's health and central to their economic and social wellbeing. The ability to access an abortion should not depend on how much money you have, where you live, or where you are stationed. That's why I've introduced the MARCH for Servicemembers Act, to enable DoD to provide abortion care once and for all.

My office has been inundated with outreach from former and current servicemembers anxious and despondent about being stationed in states where they can't control their bodies. One Army psychiatrist said to me, "Even I and some of my female physician peers in the military, with the relative privilege of being officers and physicians, fear someday receiving orders to a state which has banned abortion. Because of the increased maternal mortality in areas without access to safe and legal abortion, I would not feel safe attempting to become pregnant in such a state." At a time when the military is struggling with recruitment and retention, these bans will make matters worse.

In the aftermath of the *Dobbs* ruling, I am asking the Department of Defense how they are going to ensure servicemembers and their dependents can access the medical care they need and deserve.

We don't know how many servicemembers of reproductive age are living in states with abortion bans.

We don't know if servicemembers can be denied leave or retaliated against for needing an abortion.

We don't know what guidance medical providers are getting so they can continue performing permissible abortions.

We don't know what updated guidance leaders and commanders are being provided when approached by servicemembers seeking leave for medical procedures not covered by TRICARE or offered in their state.

We don't know if military treatment facilities will continue carrying all safe and FDA-approved contraceptive methods.

With so many unanswered questions, it is no surprise we needed to have this hearing and give servicemembers and medical providers an opportunity to be heard.

DoD must act now to provide the right resources, at the right time and right place so that servicemembers and their families—who have no choice about where they live—continue to have access to the reproductive care they need, want, and deserve.

As our military members defend our freedoms, we must defend theirs.

Today we will hear from a panel of servicemembers stationed at home and abroad who will share their personal experiences. Ms. Arana and Ms. Mozzillo both will share their deeply compelling stories of how impactful access to timely abortion care has been for them. Dr. Lamme is currently an OB/GYN stationed in Washington state and working in a military hospital. She will give us her perspective, while Dr. Moyaedi will tell us how she's supporting servicemembers stationed in Texas seeking reproductive medical care.

The second panel will include The Honorable Gil Cisneros, the Under Secretary for Personnel and Readiness, as well as Ms. Seileen Mullen, Acting Assistant Secretary of Defense for Health Affairs. Secretary Cisneros and Secretary Mullen serve as the lead policymakers supporting the health care and readiness needs of our servicemembers.

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House Armed Services Committee Democrats

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