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SERVICE MEMBERS' REPRODUCTIVE HEALTH AND READINESS

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BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

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SERVICE MEMBERS' REPRODUCTIVE HEALTH AND READINESS

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
SUBCOMMITTEE ON MILITARY PERSONNEL,
Washington, DC, Friday, July 29, 2022.

The subcommittee met, pursuant to call, at 8:32 a.m., in room 2118, Rayburn House Office Building, Hon. Jackie Speier (chairwoman of the subcommittee) presiding.

OPENING STATEMENT OF HON. JACKIE SPEIER, A REPRESENTATIVE FROM CALIFORNIA, CHAIRWOMAN, SUBCOMMITTEE ON MILITARY PERSONNEL

Ms. SPEIER. Good morning. The Military Personnel Subcommittee of the Armed Services Committee will come to order. I want to welcome everyone to our hearing today to discuss the challenges of service members that are facing accessing reproductive healthcare.

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 service members 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.

There is a map that I want to show you. This map shows the States that restrict abortion in red, along with the number of military installations within those States. As you can see, many bases are in States where abortion is or likely will be restricted. In fact, look at Texas where we have 19 installations and Florida where we have 17 installations. And in both those States right now you can't get an abortion under virtually any circumstance.

[The map referred to can be found in the Appendix on page 93.]

One-quarter of the women will have an abortion before the end of their childbearing years. Of the servicewomen currently serving in the military, we would expect that more than 50,000 of them 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 [U.S. Department of Defense] is prohibited from providing abortions except in cases of rape, incest, or

threat to the life of the mother. These exceptions are so narrow that DOD has confirmed to me that only between 11 and 21 service members have undergone an abortion at a military facility each year over the past 5 years. Think about that.

That means the vast majority of service members are forced to pay out-of-pocket not only for the care they need, but also for other expenses including lodging, gas, or airfare, and childcare. The *Dobbs* decision will no doubt exacerbate these challenges, forcing service members 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 is best for her body. It is wrong to create government-mandated pregnancies. And I feel so strongly that this is going to discourage women to enlist, to serve, and to remain in the military. It will become, if it not—if it hasn't already become both a recruitment and a retention issue.

Access to abortion care is essential to a woman's health and central to their economic and social well-being. The ability to access an abortion should not depend on how much money you have, where you live, or where you are stationed. That is why I have introduced the March for Service Members Act, to enable DOD to provide abortion care once and for all.

My office has been inundated with outreach from former and current service members anxious and despondent about being stationed in States where they can't control their bodies.

One Army psychiatrist said to me, and I quote, "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 this 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," unquote. That is a comment by a physician in the military. At a time when the military is struggling with recruitment and retention, these bans will certainly make matters worse.

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

We don't know how many service members of reproductive age are living in States with abortion bans.

We don't know if service members 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 service members 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 [U.S. Food and Drug Administration]-approved contraceptive methods.

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

DOD must act now to provide the right resources at the right time at the right place so that service members 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.

I want to say to our first panelists how grateful we are that you have come forward, that you have shown the courage that you have, that you are speaking for tens of thousands of women in the military who serve around the world who are finding themselves in the difficult position of having to make these decisions.

The Panel 1 includes two service members stationed at home and abroad who will share their personal experiences. Ms. Sharon Arana and Ms. Theresa Mozillo both will share their deeply compelling stories of how impactful access to timely abortion care has been for them.

Also on Panel 1 is Dr. Jackie Lamme, an OB/GYN [obstetrician/gynecologist] currently stationed in Washington State and working in a military hospital; and Dr. Ghazaleh Moayedi, who will tell us how she is supporting service members 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.

Before hearing from our first panel let me offer Ranking Member Gallagher an opportunity to make an opening statement.

[The prepared statement of Ms. Speier can be found in the Appendix on page 47.]

STATEMENT OF HON. MIKE GALLAGHER, A REPRESENTATIVE FROM WISCONSIN, RANKING MEMBER, SUBCOMMITTEE ON MILITARY PERSONNEL

Mr. GALLAGHER. I thank the chairwoman.

I want to thank all of our witnesses on both panels for being with us today.

The mission of the Department of Defense is to provide the military forces needed to deter war and ensure our Nation's security. This is a critical mission. On that we all agree. It is enabled by the readiness of the Armed Forces, which is the ability of the military forces to fight and meet the demands of assigned missions. And the glue that binds mission and readiness together is good order and discipline. As George Washington once wrote, "Discipline is the soul of an army and makes small numbers formidable, procures success to the weak, and esteem to all."

I start with mission, readiness, and the need for good order and discipline because our military is predicated on men and women following orders. At times that includes going into harm's way if necessary. The Department of Defense and the services therefore should not consider a State's laws when making decisions regarding service member assignments, nor should service members be

empowered to make assignment decisions based on whether they agree with a State's laws.

I personally believe that every human life has innate value, but that shouldn't make any difference in the orders I am given. Similarly, I should not be able to tell my chain of command where to send me based on whether I agree or disagree with States' laws.

With regard to the Supreme Court's decision in *Dobbs* v. *Jackson* and its direct effect on the Department of Defense, my understanding is there was no change to the Federal law that covers medical services available to service members, nor are we suggesting it is necessary. We cannot both maintain a functioning military, however, and allow individuals to choose, as some in Congress have suggested, what installation or assignment they can receive on the basis of a Pentagon bureaucrat's perception of State law.

This very issue was debated during our full committee markup and one of our majority counterparts joined us on that vote. The Senate Armed Services Committee voted 18 to 8, a strong bipartisan vote, to prohibit the Pentagon from using the agreement or disagreement of a member of the Armed Forces with the States' laws and regulations applicable to any duty station when determining the duty assignment of the member. Following the markup Senator Sullivan, the amendment's sponsor, stated, quote, "Allowing our service members to veto the needs of the service because they disagree with State or local laws could lead to a sorting of the military along ideological lines that would devastate readiness, unit cohesion, and the American people's respect for their military."

Senator Tim Kaine, a Democrat from Virginia, who voted for the amendment, said that while family considerations are important in assignment decisions, quote, "ultimately military personnel officials make the decision best for the defense mission." That is as it should be. I agree with Senator Sullivan and I agree with Senator Kaine.

The bottom line here is that allowing State law to become a factor when making personnel assignments is a very dangerous and unworkable proposition. An apolitical professional military is the hallmark of our American democracy.

For our hearing today I would like to understand how the Department of Defense will implement the June 28, 2022, policy memorandum from Secretary Austin on ensuring access to essential women's healthcare services for service members, dependents, beneficiaries, and Department of Defense civilian employees.

Thank you and I yield back.

Ms. SPEIER. I thank the gentleman for his comments.

I want to just state for the record this is not a hearing on whether or not service members should be able to choose where they serve. It is a hearing to determine what we should do to make sure they serve where they are ordered to serve and still can receive reproductive healthcare.

Before we proceed with questions for the witnesses I want to add that several service members approached my office about wanting to share their stories. Several have submitted statements. I now ask unanimous consent to add those statements to the record of this hearing.

Without objection, so ordered.

[The information referred to can be found in the Appendix beginning on page 94.]

Ms. SPEIER. I ask unanimous consent that members from the full committee or other committees who are inclined to participate in this hearing are invited to sit on the dais and participate in the hearing.

Without objection, so ordered.

To the witnesses, we respectfully ask that you summarize your testimony in 5 minutes or less. Your written comments and statements will be made part of the hearing record. Each member will have an opportunity to question the witnesses for 5 minutes.

With that, we welcome Ms. Arana. You may make your opening statement. And you need to push that button to——

STATEMENT OF SHARON ARANA, ACTIVE DUTY SERVICE MEMBER

Ms. ARANA. Good morning, Chairman Speier, Ranking Member Gallagher, and distinguished committee members. Thank you for the opportunity to testify before you today about service members' reproductive health and readiness.

The views expressed in this testimony are my own and do not necessarily reflect the official policy or position of the United States Air Force, the Department of Defense, or the United States Government.

I am Sharon Arana, a major and intelligence officer in the United States Air Force. I'm a prior enlisted—enlisted officer with 24½ years of Active Duty service.

In the summer of 2009, a week before graduating Officer Training School, I discovered that my birth control had failed. At the time I was a single mother of two, recently divorced, and a week from commissioning.

When I realized I had missed my period, I asked my partner to take me to buy a home pregnancy test. I didn't want to go to the base clinic to get tested there because it would prompt a profile and my chain of command would instantly be notified of my pregnancy. I also knew the clinic couldn't help me find access to safe abortion. I didn't feel comfortable testing in the dorms where I was living while I was in training, so I ended up taking the pregnancy test alone in a gas station bathroom.

My then-boyfriend/now-husband and I had agreed that continuing with the pregnancy was not the right decision for us. We were stationed in Alabama and access to abortion was restricted. So the weekend before we graduated training we drove 3½ hours to Atlanta. The morning of my appointment I learned that Georgia had a 3-day cooling-off period, which meant that the first day was only to confirm the pregnancy with both a urine test and an ultrasound that I was forced to watch. I was expected to return to the clinic in 3 days for the abortion. But since I was in training, I needed to return to Alabama to finish my course in order to commission later that week.

By chance, I had already planned a trip to my hometown of Brooklyn, New York, after my graduation. In New York I had the access to the healthcare that I needed and had an abortion. I paid $400 out of pocket and I recovered at home for a few days while

on personal leave before heading for follow-on training in Texas with my two children in tow.

About 3 weeks after arriving in Texas, I sought further medical care after experiencing bleeding. At the clinic on base, I informed the nurse that I had had an abortion a few weeks prior. While my bleeding was a natural part of my healing process and not harmful to me, my nurse said she would keep my abortion a secret and not add it to my medical records just in case.

I was confused and I felt stigmatized for having an abortion, like I was being judged for the decision that my partner and I had carefully made together. I was never offered any support or follow-on care at the clinic. Rather, I was sent on my way back to training without my pregnancy termination ever documented in my medical records.

Choosing to have an abortion was not an easy one and it was the decision my partner and I made together. My husband and I will be celebrating our 11-year anniversary this year and we have never doubted that choosing to wait to start our family was the right decision for us. We went on to have two more children together when it was right for us and our careers. Our four beautiful babies are a testament to the importance of having access to critical healthcare, including abortion.

We are a dual-military family that combined has over 40 years serving in Active Duty, multiple deployments, years stationed apart, missed birthdays and anniversaries, and countless weekends and holidays working missions, and we wouldn't change a thing.

I know that if I didn't have an abortion I would not have been able to continue my training as a single mother and brand new lieutenant going through officer intel school. I also know that it didn't have to be that difficult. I was fortunate enough to come from a State that honors a woman's right to make her own decisions and I wasn't forced to carry through with a pregnancy against my will.

I have put my uniform on for the past 24½ years with pride and I am honored to be able to continue wearing it. My family and I continue to make sacrifices because we believe in what this Nation stands for. I believe that for everyone in this chamber the health and well-being of my fellow service members and their families should be a top priority. My husband and I would not have been able to continue our military careers had we been forced to carry that pregnancy, and as an unwed mother of two geographically separated from my partner and family I would not be where I am today. Our family, the one at home and in uniform, has benefitted because I was able to travel to a State that recognized that family-building decisions were ours alone to make.

I thank you for the opportunity to share my story.

[The prepared statement of Ms. Arana can be found in the Appendix on page 49.]

Ms. SPEIER. Thank you, Ms. Arana. Your testimony is extraordinary and you are precisely who we want to serve in the military. And to have anyone snuff out that opportunity for just a lack of providing services to our service members is repelling to me. So thank you again for your testimony.

Ms. Theresa Mozillo, who is an Active Duty service member, is joining us via Zoom.

STATEMENT OF THERESA A. MOZILLO, ACTIVE DUTY SERVICE MEMBER

Ms. MOZILLO. Good morning, Chairwoman Speier, Ranking Member Gallagher, and distinguished members of the subcommittee. It's an honor to appear before you today to share my personal experience.

My name is Theresa Ann Mozillo and I am a major in the United States Air Force. My comments today are my personal story and do not reflect the views of the Department of Defense, Department of the Air Force, United States Government, or my current assigned unit, United States European Command.

I entered the Air Force as an Active Duty enlisted member in 2002. Two weeks ago I reached 20 years of military service and I was recently selected for promotion to lieutenant colonel. I'm extremely proud of my military service. I am thankful for all the opportunities it has provided me throughout my career.

Growing up in a lower-income family in rural Pennsylvania, the military represented an economic step up and a career path. I joined the United States Air Force to see the world, serve my country, and complete my college education. I'm grateful I have accomplished these goals and so much more.

When I heard the news that *Roe* v. *Wade* had been overturned, my heart sank. It was then I decided to share my abortion story with others for the very first time.

Nineteen years ago I discovered I was pregnant at age 21. I was terrified. At the time, I was newly stationed at Whiteman Air Force Base in Missouri as an airman first class, E–3. I was fresh out of technical training as an aerospace ground equipment mechanic. I was in my work center for approximately 90 days. I had no social support system established yet and as a first-term airman I lived in a dormitory and did not yet have a car. My bimonthly pay was just over $550. As a relatively shy person, I only made one friend so far.

I was a female airman in a male-dominated environment and the idea of discussing this personal information with my leadership was out of the question. I felt devastated, lost, and alone. My dream of a successful military career was falling apart before I even had a chance to get started.

But looking back, I now realize how fortunate I was. At that time I was fortunate. I was fortunate I did not have to travel far to get an abortion. I was lucky that my only friend on base was willing to drive me to an abortion clinic 90 minutes away along the Missouri and Kansas border.

I was lucky the clinic was able to schedule my appointment on Saturday morning so I bypassed the need to request time off. This would have been a critical hurdle.

It was shop policy that airmen in upgrade training were prohibited from taking leave unless it was a compelling reason. I could not imagine having to discuss such a personal matter with my male leadership. After my abortion I had a whole day to recover

in my dorm room before returning to work that following Monday morning at 7:30.

I had access to the reproductive care that I needed, but I had some financial difficulties to overcome. The abortion cost my entire paycheck. I had to wait until my next pay period to repay my friend gas money for driving me to my appointment. I was grateful for having access to the on-base dining facility for meals and I scraped by on a near-empty bank account until my next paycheck arrived.

Without a question, if I had not been able to have an abortion as a junior enlisted member, I would not have had my career and I would not be in front of you today.

At the time of my pregnancy I did not have the financial ability, support, or personal desire to become a single mother serving in the Armed Forces. I know many strong servicewomen who have succeeded as single mothers, but deep down I knew that abortion was the right personal decision for me.

Today I'm speaking in support of women in the military who will now have a much harder time to access an abortion than I did. I'm here today to give Airman First Class Mozillo a chance to tell her story in hopes you consider it when developing policy for women in the Armed Forces. I'm especially concerned for these junior enlisted members like I was on a tight financial budget who's now stationed in a State that has banned abortion. Many will now need to travel hundreds of miles away to find an available clinic in a State that recognizes the legal right to abortion.

Will they be able to afford the transportation and hotel costs along with the cost of an abortion? Will they need to ask their direct supervisors for leave? Will this knowledge compromise their careers or will their privacy be respected or will—or will their situation become work center gossip? But most importantly, what would their future look like if they didn't have an abortion?

In closing, my heart is heavy after the Supreme Court's decision. My story is not unique. I personally know many women who have faced much more difficult circumstances accessing an abortion while serving. It deeply saddens me to know that as I come to the end of my career, my fellow servicewomen must face so many additional barriers and challenges to access the reproductive care they deserve. They might not have the same opportunity to succeed as I did.

Thank you again for this opportunity to testify here today on such a critical issue that involves the health and economic well-being of servicewomen and women in general. I look forward to any questions.

[The prepared statement of Ms. Mozillo can be found in the Appendix on page 59.]

Ms. SPEIER. Thank you, Major Mozillo. And like Major Arana, you show extraordinary courage and leadership and we are very grateful to you for sharing your story.

Now we will hear from Dr. Jackie Lamme, OB/GYN at the naval—who is a naval medical officer.

Dr. Lamme.

STATEMENT OF DR. JACQUELINE LAMME, OB/GYN, NAVAL MEDICAL OFFICER

Dr. LAMME. Oh, yes. Sorry. I was having some issues.

Chairman Speier, Ranking Member Gallagher, and distinguished committee members, thank you for this opportunity to testify.

Before I begin, I would like to specify that I'm here today in my personal capacity as a physician. The views expressed in this statement are those of myself and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or United States Government.

I'm Dr. Jacqueline Lamme. I'm an Active Duty Navy gynecologic surgeon and obstetrician and have fellowship training in complex family planning. I have been on Active Duty for 21 years and prior to specializing I spent 5 years in an operational environment as a flight surgeon including deploying to Afghanistan with the Marines.

Both during my time as a flight surgeon and even more so as an OB/GYN I have seen how abortion restrictions impact our servicewomen and Active Duty families. Active Duty women face unique challenges in obtaining full-scope reproductive healthcare and witnessing this led me both to change my specialty to OB/GYN as well as to pursue additional training in complex family planning.

I'm honored to be here today alongside my fellow panelists as they share their personal stories. Abortion care is a part of the full spectrum of reproductive healthcare and should be available to access no matter one's reason for needing that care.

One of the hardest things I do as a physician is tell a family that there is something wrong with their pregnancy. I've had to explain to patients that while ending their pregnancy early was a medical option, it was not something that I could legally provide as a military physician. And I have cried with families after their baby was born and pronounced dead soon afterwards.

One person who comes to mind is the wife of an enlisted airman, someone who gave me her consent to share her story today. This was their second overseas tour far away from family. I still remember the look on the maternal fetal medicine specialist's face when she walked into my office and asked me to join her in talking with the couple about the anomaly she'd seen and their options.

Their daughter Scarlett had severe malformations that meant she was unlikely to survive until delivery. My patient asked about ending the pregnancy and we talked about the ways this could be done. I then had to tell them that legally, since her life was not at risk, I was unable to offer her that option in a military facility and it would not be covered by her health insurance. If she wanted to end the pregnancy she would have to return to the States and pay for the procedure with no assistance from TRICARE.

Her care would cost thousands of dollars plus the cost of international plane tickets, hotel rooms, and other expenses. There was no way this young enlisted family had the means for that undertaking. Thankfully she had an amazing friend who set up a fundraiser for the family and within a few days they had an overwhelming response and enough money to access the care she needed.

When she returned she told me that everyone in the clinic was wonderful, but she wished that I had been the one that had been there with her throughout this entire process.

While my patient in this case was able to get the care she needed, so many of my patients do not. They should not have to share their stories publicly or ask for financial help from strangers.

Time is also a concern. For Active Duty women, they must request leave from their commanding officer who may deny it or ask for details, forcing them to disclose their personal medical information to someone who is not actually involved in their medical care.

I worry about my patients no longer being able to access the care based on where they're stationed. As Active Duty members we do not get to choose where we live. We have volunteered to protect our country and we move every few years from State to State and often overseas to fulfill that mission. We cannot choose the laws under which we are held depending on our duty station. Our healthcare as military members and dependents should not be based on the current duty station, but on a consistent Federal standard of care for military members and their dependents.

In closing, I want to share how thankful I am for the recent memo from Mr. Cisneros reaffirming that we in military medicine can and will continue to provide reproductive healthcare within the scope of Federal legislation, but more needs to be done. I urge you to provide Federal protection to both patients and physicians who provide these legal and needed services on Federal land.

I would urge you to go even further. While I truly hope to see the Hyde Amendment overturned, at the very least I urge Congress to remove the restrictions that do not allow patients to self-pay for abortion procedures at military treatment facilities as exists for many other procedures covered by TRICARE. Preventing the same option for abortion services is not only discriminatory; it impacts the readiness of our armed services and I fear the impact will worsen with unequal State restrictions that force patients to travel long distances and take leave to obtain the care they deserve and so desperately need. Thank you.

[The prepared statement of Dr. Lamme can be found in the Appendix on page 70.]

Ms. SPEIER. Thank you, Dr. Lamme, for your profound comments.

We now welcome Dr. Ghazaleh Moayedi. She is a Texas-based civilian OB/GYN who services service members.

Welcome.

STATEMENT OF DR. GHAZALEH MOAYEDI, OB/GYN, TEXAS–BASED CIVILIAN

Dr. MOAYEDI. Good morning. My name is Dr. Ghazaleh Moayedi and I use she/her pronouns. I'm a board-certified OB/GYN, a 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, and that includes members of the Armed Forces. As an OB/

GYN I know firsthand that safe birth, healthy families, and thriving communities require access to abortion care.

Abortion bans disproportionately harm structurally oppressed communities and members of the Armed Forces. Service members and their families are often far from their homes, young, and living on low incomes. Few have the resources needed to emergently access time-sensitive abortion care.

While I can talk at length about the impacts of abortion bans on the many communities that I serve, today I will speak about my experiences caring for members of the military.

Before becoming a physician I worked for an abortion provider in Austin near Fort Hood. We routinely cared for service members and I witnessed the countless obstacles they endured to receive abortion care. They struggled to obtain leave for procedures, get rides to Austin from base, pay for their care, and even get a referral on where to go.

Because of the culture created by unjust policies like the Hyde Amendment, the ability to find our clinic often depended on one person on base who was willing to secretly give people our brochure. Essential healthcare for our Armed Forces hinged on a whisper network. For those who did manage to find us, I can't even begin to describe the pain service members expressed when we would explain your TRICARE won't cover this; you'll have to pay out of pocket.

After becoming a physician I spent part of my training in gynecologic surgery on base at Fort Bliss. From previously working near Fort Hood I remembered caring for countless sexual assault survivors at our clinic even though they technically should have been able to receive that care on base.

Once at Fort Bliss, I realized the problem: to actually access abortion care on base everything must line up perfectly for the survivor. I was only able to care for one such person at Fort Bliss. Thankfully, her commanding officer was supportive, so she was able to obtain the necessary authorization for her abortion. As members of this committee know, it can be incredibly daunting for a service member to report an assault committed by another member of the military. I was grateful that everything worked out for this patient to get the care she needed, but this is not how healthcare should work for members of our military.

After residency I did fellowship in Hawaii, a State with a large military population and a critical healthcare destination for service members stationed in Asia. Hawaii has excellent abortion access and many residents can receive financial and transportation coverage for their care. That is, except those members of the military.

I will never forget weeping after sitting with an enlisted service member who needed to count out quarters to afford her care. She asked me what parts of pain management she could forgo so she could afford her abortion. She assured me she was strong enough to not need pain medication. I was changed forever bearing witness to that injustice.

I remember another patient who was raped by a fellow service member while stationed in Asia. Feeling unsafe, she could not report or seek help from her commanding officer. She couldn't find care where she was stationed and it took several weeks to be able

to fly to Hawaii for care. Because of the significant violence she endured, she would have ideally had her abortion under deep sedation, which is not a requirement for safe abortion but might be necessary for trauma survivors.

The access to anesthesia makes the cost of care considerably higher, sometimes over $10,000. Since she was paying out of pocket, she had her abortion with just numbing medicine in our clinic. While I provided skilled and compassionate care, it was devastating to see someone dedicated to serving our country abandoned by it. We wept together after her procedure. 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 an abortion.

I'll end by saying that 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 today. Nobody deserves to suffer the indignity of counting quarters to pay for medical care, forgoing medication to alleviate pain, traveling thousands of miles for basic healthcare, or having whispered conversations about where or how to access care. These things happen every day to our service members and to civilians in every one of your States.

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 say, I will implore each of you to at least make this world a reality for our service members. Thank you for having me today.

[The prepared statement of Dr. Moayedi can be found in the Appendix on page 76.]

Ms. SPEIER. Thank you, doctor. Again, extraordinary testimony. And it pains me, as I am sure it pains many of us, to hear these stories, but they are real stories, paying extraordinary sums of money to travel and get an abortion because they can't access an abortion at a medical treatment facility. And to look at the States again that have basically banned all abortions and have criminalized the providers for giving women abortions is also compelling as well.

Let me start with asking the two physicians this: One of the letters that I received was from an Army psychiatrist and she wrote, "The risk of postpartum depression can be particularly high for unwanted or unplanned pregnancies and for women under significant stress. Military women are known to have higher rates of unintended pregnancy, oftentimes 125 percent of the regular population, and they may face unique stressors related to an unplanned pregnancy including the physical and emotional stress of their work, the effect of pregnancy on one's career, and the difficulties obtaining adequate childcare for long and unpredictable work hours. Military women are therefore understandably concerned about access to reproductive healthcare.

"Even before *Roe* was overturned I worked with female patients distraught about receiving orders to post in Texas after the Texas Heartbeat Act was passed. Some of these women are already in a fragile emotional state and have the self-awareness to realize they are currently unequipped to weather the mental and physical stress of pregnancy, much less motherhood. Others are prescribed

medication contraindicated in pregnancy but essential to their mental stability.

"Female service members may lack the financial means to travel for an abortion, they require permission from their chain of command even for weekend travel if it is beyond a certain radius, and they may not trust the military to protect their privacy should they request such travel to obtain an abortion. 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."

So, Dr. Lamme and Dr. Moayedi, that is a pretty extraordinary statement from a psychiatrist, a behavioral health provider, about the impacts of State restrictions on healthcare for servicewomen. As OB/GYNs what are your assessments of the impact of *Dobbs* decision on the ability of military and civilian healthcare providers to provide care to military personnel?

Dr. LAMME. I can take this one if you want, Dr. Moayedi.

Thank you, Congresswoman. While the recent statement from the Under Secretary makes it clear that we in military medicine can and will continue to provide healthcare under current Federal legislations, there are still many questions that remain both for patients and for providers in various locations. I'm lucky I am currently stationed in Washington State, so nothing changes for me. But for some of my colleagues who are stationed in Texas or Florida or Georgia or overseas, there are—most physicians live out in town, so there are questions on if they provide an abortion procedure that is legally allowed, but then go home, can they be arrested, can they be tried with something, and who's going to help them pay for that because that—the cost of that can be devastating?

The same question exists for many of our patients. If they get a legal abortion procedure on base but live in one of these more restricted areas and have bleeding or concerns and go to the emergency room, are they going to be arrested and prosecuted for something that they legally obtained on base? I think that that is one of the questions that still exists and one of the fears that I have heard both from patients and from my colleagues who are in more restricted areas over the—the last month or so. Thank you.

Ms. SPEIER. Thank you.

Mr. Moayedi.

Dr. MOAYEDI. Thank you. And, you know, I'll—I'll add from what you heard in my testimony and what—from the other witnesses have testified today, the majority of abortion care provided for members of the military does not happen on base. It happens off base. So when we're talking about a State like Texas, that means that no one right now that is stationed here has access to abortion care.

The nearest States, right, what—what are we talking about? Oklahoma doesn't have abortion care anymore. Arkansas doesn't have abortion care anymore. Alabama doesn't have abortion care anymore. And so we're not just talking about going over to the next

city now, which was already a huge hurdle for many, many members of the military, but we're talking about traveling hundreds, thousands of miles to be able to get what is very basic, simple, safe, essential healthcare. A first trimester abortion takes about 3 to 5 minutes to complete, but someone from Texas stationed at Fort Hood might travel for 2 days to be able to access that procedure now.

Ms. SPEIER. Thank you.

Major Arana and Major Mozillo, what are some of the barriers facing servicewomen who seek an abortion and what have you heard from service members about their concerns about being stationed in a State that bans abortion?

Ms. ARANA. Thank you for the question. So, ma'am, for non-TRICARE-covered abortions there is minimal to no support. While recent changes in the Air Force instructions remove the need for commander's approval for the procedure, members are still left with the burden of taking personal time off, paying for travel, out-of-pocket expenses for the procedure as well.

These restrictions also, as mentioned earlier, disproportionately affect training bases where members have less access to resources and experience additional barriers to travel or leave due to their training status.

Ms. SPEIER. Major Mozillo.

Ms. MOZILLO. Thank you, ma'am. I would say the challenges are extremely worse today. The bimonthly base pay of an E–1 with less than 2 years of service is a little over $900. Even if the service member's ultimately able to reach a clinic, they're going to face significantly longer wait times, increased costs due to the travel, the lodging, the childcare, and more expensive procedures. They could require multiple trips to the clinic and this would add more and more costs, not to mention more and more time off.

How many levels of leadership will the leave request need to go through? I'm so concerned about their privacy and mental health. Can our junior members afford these costs?

Ms. SPEIER. Do you think that this is going to discourage women from serving in the military?

Ms. ARANA. Absolutely, yes.

Ms. MOZILLO. Ma'am, just yesterday I shared this hearing with one of my coworkers, a fellow service member, a man. He shared with me that his wife needed an abortion after an ectopic pregnancy. He stated without timely access to this life-saving procedure his wife could have died. To see this strong individual, a friend, stand in a hallway with almost having tears in his eyes while he recounted this story, it was so impactful. He could have been an Active Duty service member with a small child and widow.

This was prior to the reversal of *Roe* v. *Wade.* We further discussed the concerns and what if he was stationed in a State that now bans all abortions? Access to reproductive care matters to the life of fellow military members and our families, both male and female, and this Court's decision affects us all.

Ms. SPEIER. Again. Thank you both for your extraordinary participation today.

I now yield to the ranking member.

Mr. GALLAGHER. Thank you.

I think we all agree that the assignment process—and first of all, thank you, all, for—again for being here and sharing your stories.

The assignment process is the means by which the military makes sure it has people in the right assignments to meet its mission requirements both in the continental United States and abroad. So the services write orders to unit X for a service member to go into a billet or a job because there is a military essential task that requires specific skills and knowledge.

So looking to the future, let's say you were given the choice to be assigned—and I guess I would ask both Ms. Arana and Ms. Mozillo and Dr. Lamme this question. If you are given the choice to be assigned to an installation based on laws that were favorable to your political beliefs, whether it is a pro-life State or a pro-choice State, or something else—let's say a State had a concealed carry law that you didn't agree with or there is another issue out there, or maybe there is an office in DOD that is creating an assignment matrix of red and blue States based on existing policies. I mean, because I have articulated I think the potential ramifications for that and for DOD and the services trying to manage a system like that and for service members that now need to put sort of politics in their service assignment equation gets unworkable pretty quickly.

So I guess my question is whether you think that that personal preference for an assignment should supersede a validated military requirement for your service to assign you where they need you, if that makes sense.

Start with you, Ms. Arana.

Ms. ARANA. Thank you, sir. So again, we're not talking about assignment and the assignment process here. And I do believe at the end of the day it's the needs of the military because that's why I'm here and that's why I serve.

I do believe though that as a serving member I am also owed a standard of care. And we talk about access to healthcare and standardized healthcare. That shouldn't change based on the State that I am stationed.

I have four daughters and I would hesitate to take any of them to a State where I know that their bodily autonomy is not going to be respected.

I don't believe that this is a political issue, as you stated earlier. I believe that a person's healthcare should be a discussion between the member and their medical provider. Health care shouldn't be politicized.

I shouldn't have to be here today telling my private story in this very public forum, but I am here today in the hopes that by telling my story I humanize this issue and—and bring to light, highlight that healthcare is not a political issue and it's not about political leanings. It is about understanding that everyone has the right to comprehensive medical care to include abortion access. And I hope that with this discussion and with this hearing we can redirect this conversation and understand or accept that the welfare, safety of our service members and their families that are also affected by these policies become the priority. Thank you.

Mr. GALLAGHER. Thank you.

Ms. Mozillo.

Ms. MOZILLO. Thank you for your question. This is a question of healthcare, not political views, so I can say without a—without a question if I had not access to an abortion as a junior enlisted service member, I would have—not have served in your military for the last 20 years.

A servicewoman's access to reproductive care should not depend on what State they're stationed to. Texas, Arizona, Florida, Georgia, Ohio, South Dakota, Oklahoma, Missouri, Arkansas, Mississippi, Alabama, and South Carolina—they're all homes of large military installations and now they almost fully or almost ban abortions.

Please think of the story I just told you about that male service coworker. This makes me fear for all my fellow service members. I'm sharing my story because I care about access to safe reproductive care, not political views. And I care about my sisters in the Armed Forces. I believe we all deserve this right no matter what—what State the military sends us to. As service members we defend your freedoms. Please defend mine and my access to reproductive care. Thank you.

Mr. GALLAGHER. Thank you.

I only have 30 seconds left, so I apologize to our other witnesses.

Unfortunately I think, I mean, healthcare, the reality is, is an intensely political issue insomuch as the political process is how we make decisions on how healthcare should be provided. And that is what we are working through right now, very thorny questions about healthcare should be provided.

And the reason I focus on this issue of assignments and whether service member preference should supersede the law of the land is that is what was initially suggested by the Pentagon, and that is what occasioned the debate in this committee and in the Senate. And that is what we are trying to work through in good faith right now.

So I look forward to the day when there is a—I guess a less-politicized discussion on healthcare. But it has been my observation in 6 years of being here that it is a very difficult topic that requires us to talk about it through the political process.

I am out of time. I apologize.

Ms. SPEIER. I thank the gentleman.

I have a question. Do you think that service members should have to take personal leave in order to access the healthcare that is not available to them at their military treatment facility?

Mr. GALLAGHER. That was a question for me?

Ms. SPEIER. Yes.

Mr. GALLAGHER. Do I think that service members should have to take personal leave in order to access—to get—like to go get an abortion in a State where it is legal?

Ms. SPEIER. Correct.

Mr. GALLAGHER. Well, in the current system right now would it be illegal for some—for the command to grant them leave to get that—to get an abortion in a different State?

Ms. SPEIER. Well, we can ask that certainly of the Under Secretary. But I think it is—the fact that we don't offer the healthcare at the military treatment facility where they are, means that they

then have to take their—what leave they have and use it to get healthcare, which seems like it is once again another punitive step.

And I think you and I are on the same page when you talk about there shouldn't be an ability to pick the State in which you serve, but we have 102 installations right now on that map, 102 installations in the United States that will—in which the States ban, totally ban access to abortion care. I mean, that is an extraordinary number. We have another 29 installations where they are about to ban abortions.

So we have got to take a step back and recognize that you can't—on top of forcing these service members to go large distances to get an abortion, that we are then going to penalize them with the costs associated with the travel and lose their vacation time, what little there is. I mean we are creating a real incentive for women not to serve and in some respects it is almost an insidious effort to encourage women to leave the military. And that is the last thing that I want to see.

Mr. GALLAGHER. I think what we are trying to do here today, and obviously we have disagreements on both sides of the aisle on this issue, and I am not sort of—I hope you appreciate the spirit in which I am engaging this debate—is to work through all of these—the issues and understand what the DOD's proposed policy is, understand all of the issues associated with a post-*Dobbs* role.

My understanding in that particular instance, I think—and Glen, you can correct me—but one issue is that it would run into the Hyde Amendment, right? We would then have to fund the actual—potentially. Potentially. But again that is what we are working through here today I think in good faith.

Ms. SPEIER. Okay. All right. I thank you for that interchange.

I now recognize Ms. Houlahan for 5 minutes.

Ms. HOULAHAN. Thank you, Madam Chair, and I really do appreciate the spirit of the conversation. I was that one person who voted on the other side of the aisle that said that we shouldn't be able to pick where we are serving. I served in the military myself. My dad and my grandfather, more than 30-year careers each of them as well. And I remember being a young girl moving around almost every single year and my father would say we don't get to pick where we are going.

And so I really, really appreciate—Ms. Arana, I think you and I share that sort of sense of the needs of the military drive where it is that we need to be.

But I am so enormously compelled and appreciative of your testimony, both of you, because when I served I was a young mother as well and I remember having very limited leave and not being able to travel—I cannot remember, it was such a long time ago—whether it was 90 miles or 90 minutes without having to request leave. And so that would have certainly limited my opportunities had I needed to make those kinds of decisions for my own healthcare.

And I am also wondering back to my own mother who was a military and Navy mom as well as my grandmother, a Navy mom, and they had their children—in my grandmother's case seven children, in mom's case two—what the sorts of decisions and choices

that they may have had to make while they were naval moms as well.

So I thank you very much for your bravery and your enormously compassionate and articulate expression of this personal journey that you have been on.

Would you be able to talk a little bit more about the privacy issues that you—both of you talked about? I remember also struggling with whether or not to share certain issues of mental health while I was Active Duty. Would you be able to talk a little bit more about why you felt as though you needed to hide or not discuss these kinds of things with your chain of command?

Ms. Arana, please.

Ms. ARANA. Thank you, Congresswoman, for the question. I believe that in the military there is still a stigma surrounding this topic. Just, you know, even coming here and before I was able to come here and the statement I have to give and make sure that it was understood that these are not the Air Force's views and these are mine personally, it—it makes it really hard and difficult to talk about this.

While we say that, you know, I talk—I'm a firm believer we shouldn't be politicizing our healthcare issues, when I am at work I can talk about my mental healthcare issues because that is a thing that's encouraged, you know? Let's be open and let's be transparent and—and let's help one another out.

But when we talk about abortion specifically, this is not a topic that is accepted in the office. We don't speak about this. We definitely—it's amongst friends only. You don't advertise it because you don't know who you work for and you don't know what their views are on this. And if you have a supervisor who doesn't support your decisions, it could always come back to you as well and punitively.

But yes, it's a very uncomfortable situation to be in. And the fact that we have this culture where our policies also don't support it, that just enforces that stigma, you know? We're not taught to—we're not educated in the military on what our rights and our accesses are with regards to accessing emergency contraceptives or, you know, whether it's rape, incest, or life to the mother that you can have TRICARE. Most people don't know this information because we're not told either. And unless we go out as service members, both men and women, seeking this information ourselves and doing the homework, it's—it's not advertised to the rest of us.

Ms. HOULAHAN. Thank you. And I am sorry to interrupt because I only have one more minute.

I have one other question for the doctor as well, which is would you speak a little bit to miscarriage and to your experience in this particular very, very common occurrence and how both either Active Duty women or spouses are experiencing that with relationship to abortion access and healthcare?

Dr. MOAYEDI. So I can speak to miscarriage care in my State off of base. Not having—first of all, restricting abortion access always impacts all pregnancy care. And so the fact that abortion is now illegal in the State of Texas makes pregnancy in general more dangerous.

Over the past year we have been seeing that physicians across the State have been delaying life-saving interventions for mis-

carriage care because they are worried about how they intersect with the abortion bans in our State. They've also been delaying life-saving interventions for ectopic pregnancy care, again because they're worried about how abortion bans intersect with the care of pregnancy complications.

So it is—it should be a huge concern for service members, service member spouses that are stationed in States with abortion bans, how they will be treated, and how their lives will be valued throughout their pregnancies.

Ms. HOULAHAN. Thank you.

My time is expired and I yield back.

Ms. SPEIER. The gentlelady yields back.

The gentleman is recognized, Mr. Kim, for 5 minutes.

Mr. KIM. Thank you, chairwoman.

Thank you all for——

Ms. SPEIER. Excuse me. I apologize. Mr. Fallon has joined us, so we will turn to Mr. Fallon for 5 minutes.

Mr. FALLON. Thank you, Madam Chair. I don't have any questions for this panel. Thank you. I yield back.

Ms. SPEIER. The gentleman yields back.

The gentleman from New Jersey is recognized for 5 minutes.

Mr. KIM. Okay. I am back. I just want to say thank you from the outset here for all of you and your testimonies. In the 3½ years or so that I have been here in Congress I have had a lot of hearings here in this committee room and I have to say I believe this one to be just at the top in terms of the most powerful ones that I have been a part of, to be able to hear your stories firsthand. I want to thank you for your willingness to come forward and share that with us. It is important for us to hear this.

For me, I have never served in uniform. I am not woman; I am not a mother. For me to be able to understand your perspective, what you have gone through, your experience, it is invaluable, so I want to say thank you.

When I hear your stories something that really stands out pretty much in every single one is about how some circumstance came about that helped you along this path.

Ms. Arana, you talked about how you just happened to be having a trip back to your hometown in Brooklyn. Is that right?

And I think, Ms. Mozillo mentioned that just happened that there was one friend that could bring her forward.

And I just get really moved by that, that just these circumstances just came about. And it just bothers me because it shouldn't have to hinge on just that kind of—for your circumstance, Ms. Arana, just brute luck that you happened to be scheduled.

I wanted to ask you what do you think would have happened had you not had that trip scheduled back home?

Ms. ARANA. Thank you for the question. I know what would have happened is—would have been one of two things. If I wouldn't have been able—if I would have been forced to carry through with the pregnancy because I was on my way to technical school, to intel officer school in Texas, my training either would have been curtailed or I would have been sent to another station. It would have affected the entire path of my career.

Mr. KIM. And Ms. Mozillo, you told the story about how you didn't know very many people there and there was one person that was able to drive you. What do you think would have happened had you not met that person, had that person not been willing to help you out?

Ms. MOZILLO. Thank you for your question. I thought about that too many times and many times. I joined the Air Force for an economic step up and a career. Where my life would have went if I didn't have that abortion, I have no idea. And I truly, truly value and credit that abortion provider 19 years ago for where I am today. And—and I couldn't tell you where my life would be, but I know one thing, I wouldn't be standing here before you today telling my story and trying to make an impact for my fellow servicewomen. Thank you.

Mr. KIM. Thank you. Just really hits me because we are here on this committee trying to make sure that you have the services that you need, the infrastructure you need to be able to then serve our Nation. And for this, for your own choices to come down to just these circumstances, these happenstance of trips and people to able to help out, it just shows and reinforces to me just how broken of a system—how we failed you in terms of being able to provide you what you needed.

Ms. Arana, you were saying that this was all happening when you were graduating from Officer Training School. Is that right?

Ms. ARANA. [Inaudible.]

Mr. KIM. And I am sure that a part of that Officer Training School program was about your physical well-being and training and exercise. Is that correct?

Ms. ARANA. [Inaudible.]

Mr. KIM. So obviously a big part of that was about your healthcare, about making sure that you are physically fit to be a service member and be able to exercise the duties of that position. Is that correct?

Ms. ARANA. Yes, sir.

Mr. KIM. Would you say that your healthcare when it came to having an abortion, that that was something that would have affected your well-being, your healthcare, your ability to be able to do your duty?

Ms. ARANA. Absolutely. I think that, you know, we—as military members we have a responsibility to remain worldwide deployable. And I think but yet when it comes to abortion specifically, we are completely abandoned by the system and left to the luck of where we are stationed, you know?

I want to also point out that a lot of our bases right now do not have sufficient obstetrics care for its military members, so even Active Duty and dependents—and I want to highlight this—this doesn't just affect me and the women in uniform. It affects the family members as well, the dependents. So we are beholden to civilian services.

Out of my four kids only one was born in a military hospital and the other three were all in civilian hospitals. So it makes this even more prudent, more important to make sure that we are creating an access, a standard of access of care across the board that is completely lacking right now.

Mr. KIM. Well, we should have done better for you and I hope that this committee can do better for many others that are going to experience these types of challenges going forward. Thank you.

Ms. SPEIER. The gentleman yields back.

The gentlewoman from Texas, Ms. Escobar, is recognized for 5 minutes.

Ms. ESCOBAR. Thank you, Madam Chair, for convening this hearing.

And I want to thank all of our witnesses for coming; for attending this hearing, both virtually and in person; for sharing such incredible and powerful stories; for your bravery; for your advocacy; for your selflessness.

Dr. Moayedi, it is so good to see you again. Thank you for your work in our State.

I want to share just very briefly before I ask my questions. I have the incredible privilege of representing Fort Bliss. I represent El Paso, Texas, and Fort Bliss is a critical component of our community, as well as a critical military installation.

The day after the Supreme Court draft was leaked, my office received a number of calls from female service members stationed at Fort Bliss who were concerned and wanted to know what would happen to them if they were to need abortion care while they were in the State of Texas, while they were in the community of El Paso, while they were stationed at Fort Bliss.

And there is so much uncertainty for women around all of this, and there are consequences to these decisions, real-life consequences, that are potentially deadly for women. We heard about the ectopic pregnancy situation and the impact it has on women and families, and the limitations to healthcare for them. But there are also direct economic impacts for women. Both Major Arana and Major Mozillo shared the impact to their future that lack of access to abortion care would create.

And I want to ask both of you, Major Arana and Major Mozillo, ever since the overturning of *Wade,* ever since the Supreme Court decision, starting with you, Major Arana, what have you heard from fellow service members, from women—maybe even men who care about this issue, who care about women and their future, and the future of the military? Have you heard anything from your colleagues?

Ms. ARANA. Thank you, ma'am, for the question.

Yes, I have had friends reach out and say that they are worried, one, about their base stations and what is it that is going to happen when they get there. But I think, really, overall, it is a feeling of understanding that State laws are quickly becoming more restrictive than are DOD regulations. And so, what is that going to mean for the rest of us writ large?

We talk about bounty laws and what these bounty laws, the effect that that is going to have on our service. When we speak about readiness, you know, these bounty laws—the DOD is a unique employer, in that so much of our information is not afforded the same privacy as it is in the civilian sector. And so, if we go to States, for example, like Texas, with these bounty laws, where service members can sue themselves, can sue one another, it kind of sets

us up for this situation that is similar to like "Don't ask, don't tell," you know, where there was harassment.

But I think, overall, it degrades morale. It affects retention, definitely. And I just think that it doesn't create the environment that we are told we are supposed to uphold for supporting our service members.

Thank you.

Ms. ESCOBAR. Thank you, Major Arana.

Major Mozillo, have you heard anything from your colleagues, from fellow service members?

Ms. MOZILLO. Absolutely. And it is just not the concerns that we all have, both male and female. The *Dobbs* decision makes us all scared for the future of the military—the future of the military that I have served in for the last 20 years. I am worried that these barriers to accessing reproductive care are going to discourage new recruits from joining the military. I am also worried that current members would leave the military, depending on what duty station they are, because that would mean that they are going to risk their access to reproductive care.

And I say, you know, it affects the whole family. And it affects all of us, male and female, and it affects the military at large.

Thank you.

Ms. ESCOBAR. Thank you so much.

And I think that is something so critical for us to understand, is the impact on readiness, the impact on the military, the impact on recruitment and retention. We want the best. We want to have a military that is ready, that is lethal, that is focused on what it needs to be focused on. And the situation right now for women does not create those conditions.

Thank you, Madam Chair. I yield back.

Ms. SPEIER. The gentlewoman yields back.

The gentlewoman from California, Ms. Jacobs, is recognized for 5 minutes.

Ms. JACOBS. Well, thank you, Madam Chair, for hosting this incredibly important hearing.

And thank you to our witnesses for sharing your stories. You know, as a young woman myself, reproductive healthcare is also my healthcare. And I am sorry that you have to share the very personal details about your healthcare in order to make a change, and I thank you for doing that. And I also think it is important that we share our stories because we need to de-stigmatize these issues. This is just healthcare, like all other kinds of healthcare.

So, I am very proud to represent San Diego, which is a big military community. And luckily, being in California, my constituents can still get the healthcare that they need. But, you know, they have to transfer between bases, as we have already discussed. And we have a lot of young people from San Diego who join the military as a result. And I have to talk to their parents and their loved ones, and they are asking me constantly if I am doing everything I can to keep them safe, and they don't just mean when they are deployed overseas.

So, I wanted to ask, Ms. Arana and Ms. Mozillo, if you were talking to a young woman right now who was 16 or 17 years old, and

they were asking you if they should join the military right now, if it was a good choice for them, what would you advise them?

Ms. ARANA. Thank you for the question.

I have never regretted my choice of enlisting or commissioning. I mean, I [inaudible] two and a half decades in, and it has always been the exact right decision for me. So, I would never discourage anyone from joining the military.

I will say that I am sitting here, and Major Mozillo and my colleagues, we are all here because we believe that we can be better and do better. And one of the ways that we make better decisions or better policies is by passing, focusing on inclusive policy. I think, right now, what we are working towards is policies that purposefully create barriers and enforce barriers that are already existing. And I think, rather, we should be looking towards policies that identify barriers to access and tear those down. And that includes access to abortion.

I would never discourage anyone from joining the military. This has been an amazing opportunity for me and my family. And again, I believe in what this Nation stands for, which is why I wear my uniform with pride.

Ms. JACOBS. Thank you.

Ms. Mozillo, what would you advise a young woman today?

Ms. MOZILLO. I also don't regret my military service. But I am here today to share my personal and private story because I care about servicewomen and the future servicewomen and young women. I want to make sure that they don't experience difficult challenges and that they have the same opportunities that I did, and I want to make sure they have access to abortion care because it is so essential to their well-being.

Thank you.

Ms. JACOBS. Thank you.

I wanted to follow up on something, Ms. Arana, you talked about earlier, which is that there is not enough OB/GYNs in military facilities. So, Dr. Lamme, I wanted to ask you, in your opinion, does the Department have enough trained gynecologists to meet this moment? What steps could we do to further prioritize on-base OB/GYN care and, potentially, on-base access for abortions that currently would be allowed under law?

Dr. LAMME. Thank you for that question.

I cannot speak to policies of the DOD and staffing issues within the DOD, but I do know that we do not currently have the staffing to on-base see every patient of reproductive age, whether they are Active Duty or dependents. So, we do rely on our local community to help care for those patients, and much of the OB/GYN care in many locations throughout the country does need to be deferred to the network. So, we are reliant on that State and the care that can be provided in that State, and that is the reality of the staffing that we have at many locations right now.

Thank you.

Ms. JACOBS. Dr. Moayedi, do you have anything to add on that from your experiences?

Dr. MOAYEDI. I do. Having worked as a civilian near Fort Bliss and also in Hawaii, providing OB/GYN care, I routinely received transfers from military installations in both areas. So, I know per-

sonally from the transfers that I have received that high-risk obstetric care often cannot be cared for on base. Very pre-term deliveries cannot be cared for on base. And so, many times civilian hospitals are the place where people with complications are sent to for care, because there aren't enough beds; there isn't enough staffing.

So, that is definitely a concern. That this is not just about military installations and the healthcare that they provide, but also about the surrounding healthcare infrastructure that supports the military within our communities.

Ms. JACOBS. Well, thank you.

And can I just say, for many years, my OB/GYN was the only doctor that I went to, much like many young women. And the fact that we can't see every person of reproductive age who should be able to access that care in our military treatment facilities is really problematic, and it is something I hope our committee focuses on.

Madam Chair, I yield back.

Ms. SPEIER. The gentlewoman yields back.

The gentleman from California, Mr. Garamendi, is recognized for 5 minutes.

Mr. GARAMENDI. Thank you, Chairman Speier.

We are fortunate, and women in the military are very fortunate, that you are the chairperson of this committee. While many Members of Congress work on and care deeply about the role of women and the challenges that women have in the military, you are the leader, and we are fortunate that you are there. And I thank you for that.

As chairman of the Readiness Subcommittee, of which you are a member, you and I and the members of that committee are well aware of the extraordinary challenges that the military has to be ready to perform its duties anywhere in the world. We are increasingly relying upon women joining the military to serve in many different positions, three of which we have now seen from the witnesses today.

I am deeply concerned about the long-term—meaning the near-term and long-term—effect that the *Dobbs* decision is going to have on the readiness of the military, because it most directly, as shown by the testimony of the witnesses today, will have a detrimental effect on the women who are serving in the military and families who are going to be affected by the *Dobbs* decision.

A hundred and 31 facilities, installations, are in States that are banning abortions in nearly every circumstance. This is going to roll out in a very negative way for the readiness of our military.

I don't have questions. The members of your committee have asked profoundly important questions. But I am deeply concerned about what's happening and the ability of our military to perform, as a result of the *Dobbs* decision, as a result of States—29, I suppose now—who are restricting abortions.

So, I look forward to continuing to work with you, Chairman Speier. Thank you. Thank you for your leadership on this.

Ms. SPEIER. The gentleman yields back. I thank him for his comments.

The gentleman from Texas, Mr. Veasey, is recognized for 5 minutes.

Mr. VEASEY. Thank you, Madam Chair.

I know that we have talked a lot about reproductive rights today. I wanted to specifically ask a question to Ms. Moayedi about contraception and about what is available out there for people that are in the military, particularly since she is in Texas. I would love to know that on a Texas basis.

I had a really interesting experience at a townhall that I had a few years ago. And there were some people from a local Right to Life chapter that showed up, and they were asking me questions. I said, "Look, we're not going to agree on abortion, but," I said, "can we at least agree on trying to prevent unwanted pregnancies or unplanned pregnancies? That would help reduce abortions, if you could prevent those particular types of pregnancies."

And the guy looked at me and he said, "Are you a part of the hookup culture?" I was really surprised by that response back. I said, "No, I'm not a part of the hookup culture. I'm married." And then, he said, "Well, are you an animal? Because if you can't—the only reason why you would need contraception is because you're an animal and you can't control yourself. That's why people would need contraception."

And so, that was really one of the first times that I realized that there are people that really do believe that contraception should be just as controversial and just as debated over. This guy that was part of this Right to Life chapter in Tarrant County, in Fort Worth, that he really adamantly believed in that.

And I just wanted to ask, what sort of contraception services, particularly in Texas bases, like what is available? Is there division over these particular services? Or do people from all political stripes that serve in the military use these particular services?

Ms. Moayedi.

Dr. MOAYEDI. Thank you, Representative. It is Dr. Moayedi.

So, I have been proud to provide abortion care for many, many, many people in your district. And I thank you for your service to our communities.

I can tell you firsthand that the people of your district have always struggled to access not only abortion care, but contraception care. While I have only worked on one base before—that was Fort Bliss—people on base often had access to contraception, and good access to contraception. But like the other panelists have mentioned, the base is not the only place where people receive healthcare, and specifically, family planning healthcare.

So, even though I have only worked on one base providing contraception care, I have provided contraception or attempted to provide contraception, to many people who are in the Armed Forces, their dependents, their spouses, off base.

And so, it is very true that abortion is not the only thing that anti-abortion extremists are looking to limit; that in our State, our State government here in Texas, every single session we hear anti-abortion extremists also saying that they want to limit or stop access to contraception, that they actually don't understand how contraception works. They often conflate contraception with abortion care. And quite frankly, it is very, very disturbing that many members of our legislature here in Texas also believe these same things.

Yes, I will end there.

Mr. VEASEY. Dr. Moayedi, you know, with that, do you think that there is an opportunity? I mean, one of the Right to Life people that also accompanied to come and initially protest, but I did urge them to sit down and ask me questions as well. I am a strong believer in the First Amendment. And one of the ladies said that she was a nurse, and she was trying to explain to me that IUDs don't actually work.

Do you think that there is an opportunity for people that you have met from different political—you know, whether they are right or left—to start having more substantive conversations around the topic of contraception, that doesn't delve into these sort of black-and-white-style camps?

Dr. MOAYEDI. Well, I will say, Representative, that I take care of people from every political party and every religious belief. And so, this actually, it is not a political issue, in that everyone needs abortion. Republicans need abortion; people who are pro-life need abortion; and I take care of them, too.

And so, while I am happy and proud to serve and take care of anyone, no matter what their beliefs are, I don't engage in arguing with people who fundamentally don't believe in science and who fundamentally believe in White supremacy, right? That I am not going to argue with those people, but I will provide them healthcare when they need it.

Mr. VEASEY. Okay. Thank you very much, Dr. Moayedi.

Thank you. I yield back to the chair.

Ms. SPEIER. The gentleman yields back.

The gentlewoman from Texas, Ms. Garcia, is recognized for 5 minutes.

Ms. GARCIA. Thank you, Madam Chair, and thank you for allowing me and approving my joining your committee. As my compadre over here said, you know, we are not on your committee, but we certainly have marveled at your leadership on many of these issues on this committee. And this issue is one that is very important to me and to so many Texans.

And as the doctor just noted, we are sort of the epicenter for a lot of what has been going on on this issue. So, I thank you for bringing forward such great witnesses for this hearing.

Abortion care is essential to a person's health and is central to their economic and social well-being. A group of extremists across the country have tirelessly fought for the last 50 years to strip women of their rights to have autonomy over their bodies. And with the help of the Supreme Court, they have finally succeeded.

Regretfully, women do deserve better, and particularly those that serve in our military. My district in Houston is about 77 percent Latino. So, it does impact, in my view, minority women, vulnerable populations, poor women, more than any other group.

So, it has been interesting for me to listen this morning, because, obviously, the additional barriers that are placed on women that live on installations, no matter what military branch, is very, very concerning to me.

Statutory bans in different States prohibit the Department of Defense from providing or paying for abortions in most circumstances. I didn't know that. I am learning. This is probably now, Madam Chair, I think maybe my third month on this committee.

But I can tell you that it is really almost frightening to even think, as my colleague from Texas has said, that there may be restrictions on birth control and IUDs, on the morning-after pill, and on many others, because this is what opens the door.

So, my question is really to the doctors. I have a niece that is a pediatrician. She works in Fort Worth at a community health center. She shares with me sometimes the frustration that she has when she can't do something for her patient, whether it is a staffing issue, the lack of a specialist. But, for yours, this is like so different; I mean, because it is military folks telling you that you can't do something. But I am sure both doctors are like my niece; they take their Hippocratic Oath very seriously. And it pains her when she has got to turn a momma away because she doesn't have the shot available that her child needs.

So, I just wanted to hear from the doctors on how they feel when they have to turn someone away because they cannot provide a service that they would want to do, and that their medical profession would dictate that they do.

Either one of the doctors. I want to hear from both, but whoever wants to start first.

Dr. LAMME. Do you want me to take this first? I can take this first.

Thank you, Congresswoman. I actually appreciate the question.

That is, honestly, one of the most difficult things for us, as physicians in the military, is to have legal restrictions to what we can provide.

I would actually like to share another patient story with you, if I may. I was a flight surgeon prior to the passage of the Shaheen Amendment. So, at that time, we could only provide abortion services if the life of the mother was at risk. We could not provide them in cases of rape and incest.

And I remember one particular case where one of the women in my squadron was raped at a squadron party. As her squadron doctor, when she found out she was pregnant, she came to me for care. And I had to be the one to tell her that, legally, we could not provide her abortion at the military hospital that we were at, and she would have to pay for it on her own.

She asked me if I could drive her to the local Planned Parenthood after she made an appointment because she was absolutely positive that she did not want carry this pregnancy to term after a rape. That is not an unusual thing. As a flight surgeon, I would take many of my patients who had medical appointments out in town with specialists to their appointments to help be that liaison. So, it was not an unusual request.

But when I asked for permission to do that, I was told by my legal officer that I could not because I was being paid by the Navy. So, me driving her was, essentially, using military funds to help her get her abortion care. The legal officer's recommendation was that she use the duty driver.

At this time, there were only a few women within the squadron. So, it was most likely that duty driver was going to be a male and very possibly somebody that was at that party that she had been raped at.

I can't even express the relief that I had when the Shaheen Amendment passed and I no longer had to tell patients who came to me with a pregnancy after rape that I could not take care of them. It was an amazing relief to be able to do that.

However, I do realize that many of my patients don't actually know that they have that right, and that I can take care of them within a military treatment facility. It breaks my heart to hear how many women still end up going out in town to get the care that they need after rape procedures.

The patient that Dr. Moayedi discussed who could have used general anesthesia if she had felt comfortable telling her physician that she had been raped and the pregnancy was a result of rape, I or one of my colleagues could have actually provided that anesthesia, so that she wasn't paying out of pocket. But she didn't know that, and the military medical system didn't know that she needed that care. And I think that that is one of the big gaps and challenges that we have right now, and it breaks my heart.

Thank you.

Ms. SPEIER. The gentlewoman's time has expired.

The gentleman from California, Mr. Takano, chair of the Veterans' Affairs Committee, is recognized for 5 minutes.

Mr. TAKANO. I want to thank you, Chairwoman Speier, for allowing me to waive onto this morning's hearing.

And I want to thank the Active Duty service members for your courageous testimony.

Chairwoman Speier, I am just profoundly moved by the testimony at the hearing this morning. Just tragic stories.

As chairman of the House Veterans' Affairs Committee, I am committed to ensuring that our Nation and VA [U.S. Department of Veterans Affairs] continue to support our service members after they no longer are in uniform.

So, I would like to ask Ms. Arana and Ms. Mozillo, are you aware that veterans have even less access to abortion counseling and abortion services through VA healthcare than Active Duty service members do through the Department of Defense?

Ms. ARANA. Thank you, sir, for the question.

I have not researched, honestly, about VA rates or services after I am out of uniform in retirement. I think that, again, it is such a disservice that this is the support, or lack of support, for members who supposedly are celebrated, right, who are thanked for our service, but, yet, it feels very performative when those thank-yous aren't followed up with actual actionable support.

Thank you.

Mr. TAKANO. Thank you, Ms. Arana.

Ms. Mozillo.

Ms. MOZILLO. Hello. Thank you for your question, sir.

Actually, I did know that. I follow the VA healthcare system. As a medical service corps officer, I am familiar with the Military Health System and with the VA as well.

And I am proud of my military service, and it saddens me to know that soon I will end my military career, and that I will have to face these challenges; and the sacrifices that I made during my career, those will go unnoticed because I am a woman and I won't have access to the same care that I did when I was Active Duty.

Thank you.

Mr. TAKANO. Well, it makes me concerned that this is one of the reasons why women veterans do not access healthcare at the VA. They may need the very specialized services in terms of post-traumatic stress and mental health that is very specialized to veterans, but the fact that the VA cannot even counsel women about their healthcare with regard to abortion is very troubling to me.

VA is not bound by the Hyde Amendment exemptions that DOD follows for providing abortions to service members only in the case of rape, incest, or the preservation of the life of the mother. So, VA doesn't do abortions in those cases, either. Nonetheless, VA has made its own policy to avoid providing any abortion counseling or services.

Ms. Arana and Ms. Mozillo, as service members who will one day be veterans yourselves, do you believe VA should, at the very least, align itself with the Department of Defense and use its authority to provide abortion counseling and services in those limited circumstances?

Ms. ARANA. I believe that all veterans are deserving of a standard of care, and standard of care means comprehensive reproductive care as well, to include abortion.

Ms. MOZILLO. Thank you.

I believe reproductive care is healthcare, and that it should make no difference, and it should be included as part of our benefits.

Thank you.

Mr. TAKANO. Well, thank you.

Dr. Lamme, based on your experience as a DOD provider, what guidance should VA provide to its medical staff in the wake of the *Dobbs* decision? And what are the dangers of VA continuing its policy to avoid providing abortion counseling and care, even in cases of rape, incest, and threats to the mother's life?

Dr. LAMME. Thank you, sir.

While I cannot speak directly to policies within the VA, and I have not worked within the VA system, I do believe that reproductive healthcare and full-scope care is primary healthcare, and we should be allowing our constituents to access it in the full measure, whether or not they're at a military treatment facility [MTF] or a VA facility. So, I hope that both the VA and within military medicine we are able to continue to expand the access to that very needed, and often life-saving, reproductive healthcare for women.

Mr. TAKANO. Does it trouble you that, from your ability to counsel women, to just offer them counseling about their options, including women whose lives may be endangered, does that trouble you that VA can't do that counseling?

Dr. LAMME. I find that very troubling because that is something that I do have to do with my patients very frequently. It is heartbreaking to not be able to always provide the care that patients need, if it is not within the Federal regulations allowed for us in MTFs. But to not even be able to counsel them, and to, essentially, have a gag order that doesn't let me tell the patient what the full scope of the healthcare that is available, or should be available to them, is, is very troubling. And I would find that very disturbing, if I was in that situation.

Mr. TAKANO. Thank you.

Madam Chair, I am sorry for going over. I yield back.

Ms. SPEIER. The gentleman yields back.

The gentlewoman from California, Ms. Brownley, the chair of the Health Committee of the Veterans' Committee, is recognized.

Ms. BROWNLEY. Thank you very much, Madam Chair.

And I also want to add my sentiments to Ms. Arana and Ms. Mozillo, thanking them for sharing their stories today. Your bravery is truly twofold, by serving your country in the military, and now, serving our Nation by coming forward to publicly tell your stories. So, we are extraordinarily grateful.

And, Chairwoman Speier, thank you for letting me waive onto the committee this morning. As you mentioned, I am chair of the Veterans' Affairs Health Subcommittee, and I also chair the Women's Veterans' Task Force.

And as the chairman of the VA Committee just said, the VA has the most restrictive policy of any Federal agency on abortion and abortion counseling. There is a ban on both abortion and abortion counseling, and it is the most restrictive. Even the Bureau of Prisons allow abortions, elective abortions. So, prisoners in our Federal prisons are allowed elective abortions. They must pay for it, but it is on a sliding scale in terms of what they can afford.

So, I think I wanted to ask the doctors this question, a little bit different than what the chairman of the VA was asking. And before we go on to the next panel, because I am sure we will ask them the question about what kind of guidance has come so far, I am interested to hear from you, at this point in our post-*Roe* world, what guidance and support have you received from the Department of Defense thus far in terms of, you know, how you can best support your patients?

Dr. LAMME. Thank you, ma'am.

There was, actually, a recent statement on the 28th of June from the Under Secretary of Defense, Mr. Cisneros, who did specify that we in military medicine can and will continue to provide full-scope reproductive healthcare within the scope of Federal legislation.

So, in theory, that does mean that we continue to provide the care we have always provided. And for physicians such as myself who are stationed in Washington or California, or States without restriction, it does not make a difference. It means that we are continuing to provide the care that we have always been able to provide.

I do think that, for many of my colleagues that are in more restrictive States, there is still a concern on whether or not they can be prosecuted from the State, even though they are legally allowed to provide these services on the Federal land. And that is one of the concerns that exists, and I would encourage the committee to make legislation that protects both the physicians and the patients, regardless of where they are stationed.

Thank you.

Dr. MOAYEDI. And I will just add to that, to your point, Representative—and actually, to Representative Kim's point earlier as well—that the laws that are currently being passed across the country are also aiming and targeting at helpers. And we heard today how important just one person can be for a service member to be able to access an abortion.

But, right now, for example, what we are seeing in Texas is that extremists are saying that they want to come after and arrest and prosecute anyone who aids and abets an abortion. So, that means anyone that gives you that gas money, anyone that gives you that ride, anyone that helps you arrange that care. And so, we are not just talking about a cruel and inhumane ban on a human right to healthcare, but also we are talking about systems that are being put into place to keep neighbors and community members from supporting each other. We should all be worried about what that will mean for the future of our country.

Ms. BROWNLEY. Thank you for that.

And to the doctors as well, can you prescribe the abortion pill?

Dr. MOAYEDI. No, you cannot prescribe the abortion pill, technically, yet because there is what is called a risk evaluation and mitigation strategy on mifepristone and misoprostol. And so, the combination drugs that are used in medication abortion must be dispensed through a healthcare facility—you can't go to your local pharmacy—or through certain types of registered pharmacies. But, for example, in Texas, it cannot be accessed through a pharmacy at all.

Ms. BROWNLEY. Thank you for that.

And thank you again, Madam Chair. I yield back.

Ms. SPEIER. The gentlewoman yields back.

This brings to a conclusion our first panel. And I must say, it is truly a great privilege for us to have heard from you, Major Arana, Major Mozillo, Dr. Lamme, Dr. Moayedi.

I have really done a terrible job on your name. Moayedi, is that correct?

Dr. MOAYEDI. Dr. Moayedi.

Ms. SPEIER. Moayedi.

You have provided us with great insights into the fractured system that exists in the military for women, one that is untenable and unacceptable, and one that we must fix.

So, you have provided great information for us, great testimony. Your courage and bravery is to be commended.

And with that, we are going to recess. We are going to recess momentarily to bring the next panel on. And we are going to take the testimony from the Under Secretary, and then, we will recess after that for the two votes and come back.

So, again, thank you very much.

[Recess.]

Ms. SPEIER. We now welcome our second panel. And we welcome back a friend and former colleague, the Honorable Under Secretary in the Department of Defense for Personnel and Readiness, and Ms. Seileen Mullen, the Acting Assistant Secretary of Defense for Health Affairs.

So, Under Secretary Cisneros, the floor is yours.

STATEMENT OF GILBERT R. CISNEROS, JR., UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS, DEPARTMENT OF DEFENSE; AND SEILEEN MULLEN, ACTING ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS, DEPARTMENT OF DEFENSE

Mr. CISNEROS. Chairwoman Speier, Ranking Member Gallagher, and distinguished members of the subcommittee, thank you for the opportunity to discuss the rights and access to reproductive healthcare of our service members, Department of Defense civilians, and DOD families, in light of the June 24, 2022, Supreme Court ruling *Dobbs*. Joining me today is my Acting Assistant Secretary of Defense for Health Affairs, Ms. Seileen Mullen.

Secretary Austin has made clear that nothing is more important than the health and well-being of our service members, civilian workforce, and DOD families. We are committed to taking care of our people and ensuring a ready and resilient force.

I want to start by saying that I was deeply moved by the witness testimonies in the previous panel and appreciate them sharing their experiences and concerns. I want to assure them, and this committee, that the Department takes the concerns of our military community seriously, and we, including the services, are doing all we can to provide the healthcare our service members deserve with focus and compassion.

I was particularly moved by the stories about the servicewomen who became pregnant as a result of sexual assault experiences during their time in the military. No one should go through what these women experienced. This is another demonstration of why the Department is urgently implementing significant organizational and cultural change to eliminate the scourge of sexual assault in our military.

What these stories very clearly highlighted is that we have work to do. We must build a system where our victims feel comfortable coming forward, so that they can access all the services they need and are legally entitled to, and victims of sexual assault do not need to report their assault to the leadership to access the care and services, including abortions.

There are many resources to help navigate their options. We will continue to publicize this information as widely as possible, and continue to professionalize our Sexual Assault Response workforce to ensure victims are receiving the care they need and deserve.

Following the Supreme Court's ruling, I sent out a Department-wide memo reassuring our service members that the Department would continue to provide federally authorized abortions, which we call covered abortions. Service members can receive the same reproductive healthcare after *Dobbs* as they did before the ruling.

Consistent with long-existing Federal law, covered abortions—those cases that involve rape, incest, or where the life of the mother would be endangered—will continue to be authorized to use Federal funds and facilities. There is no interruption to this care.

I also affirm that our existing policies have not changed. For example, our travel policies related to healthcare remain the same. Service members who require travel to obtain a covered abortion may travel in official status and are not charged leave. Regular leave can be taken for cases involving non-covered abortion care.

The Office of Personnel Management released similar guidance for civilians, reiterating that employees may use sick leave and other forms of leave for these purposes.

While our policies have not changed, I did acknowledge that complexities and challenges posed by the Court's decision. *Dobbs* does not affect the care we can provide, but service members are now having to navigate additional challenges to access essential women's healthcare services.

Service members and their families who were previously able to make very personal decisions about when to have a family may now face greater burdens depending on where they are stationed. They may lead to some wanting to leave the military because they don't want to be assigned to a duty station where they cannot access their choice of healthcare.

Other potential impacts include recruitment of women who may have concerns about restrictions to access for reproductive healthcare and victims of sexual assault who may have added fears of maintaining confidentiality, if their only option is to obtain covered abortion through the Military Health System.

These are just some of the complex issues brought on by *Dobbs*. We understand the very personal nature of how the Court's decision impacts families. So, we are being very deliberate in analyzing *Dobbs* with both focus and compassion. We want to make sure we get this right because it impacts access to essential women's healthcare and reproductive care.

Chairwoman Speier, we know that there is still more work to be done, and as we continue to review our policies, I commit to working with you and this committee, just as we have always done. We have a solemn obligation to support all those who volunteer to keep our country secure, including service members, civilian employees, and military families. We pledge to do everything we can to ensure that individuals in our military community are able to access the healthcare they need.

Thank you, and we look forward to your questions.

[The joint prepared statement of Mr. Cisneros and Ms. Mullen can be found in the Appendix on page 85.]

Ms. SPEIER. Thank you, Under Secretary.

Ms. Mullen, do you have a statement as well?

Ms. MULLEN. No, I do not.

Ms. SPEIER. All right. I think, considering we have a vote on right now, but there is still about 374 Members who haven't voted, we will start the questioning.

I am going to reserve my questions to the end. So, I am going to recognize the gentleman from New Jersey, Mr. Kim, for 5 minutes.

Mr. KIM. Thank you so very much.

I know how tough a position we are in right now in terms of how we are trying to figure out to be able to provide care to some of the service members. Some of the stories we heard today are reflective of what service members are going through right now.

I wanted to just ask you, what do you need from us? What is it that we should be thinking about here on the Hill to be able to try to open this up? I want to be as crystal-clear to my colleagues about what is at stake and the role that we play. I know and ap-

preciate what you outlined, the notices that you have given to our service members right now, to the providers. I know that there is probably more that you want to be able to do, but you are going to need to have us and others be able to step up, too. So, I wanted to just kind of give you that opportunity right now from the outset.

Mr. CISNEROS. Thank you, Congressman Kim, for that question.

It is well known *Dobbs* created a lot of complexities. As Mr. Garamendi had said earlier, this is like—it was 26; now it is as many as 29 States that we are having to navigate the different laws in each State and to see how it affects our service members in each State.

We are currently reviewing our policies and procedures, and we are committed to continue to work with the committee after we finish that process. But the complexity of this issue is really—we need to take the time to go out just to see how each State law affects us, and then, as I have stated, we are willing to come and work with the committee to see how you can best support us.

Thank you.

Mr. KIM. Thank you. I hope you take away from this discussion here that there are many of us here eager and willing to help. And we would like to have a continued and robust conversation, not just today, but going forward, just to make sure that we are on the same page in thinking that through.

Another thing that I wanted to ask is, in your statement, you also mentioned that families may experience distress because of these barriers; that it could inflict emotional harm on those seeking care, as well as their families.

So, I just wanted to make sure that we are being mindful about some of the challenges that are being faced in other aspects, especially when it comes to mental health. So, I wanted to ask if you have been thinking that through and if there are any additional resources needed for behavioral health services to try to address some of these types of other order effects that are coming from these challenges that service members are facing.

Mr. CISNEROS. Congressman, you are right, the *Dobbs* decision not only affects our service members, but also their families. You know, a service member could have a spouse that may need to go seek access to care outside of a State where this type of healthcare is not permitted. And so, it does affect our families.

And mental health, behavioral health, is an issue that we are very concerned about. The Secretary has said many times that mental health is health. And we are continuing to work with our service members and their families to ensure that they get the mental healthcare that they need.

If any service member does come and desires and needs help, especially around this issue, our medical staff is trained to kind of work with them and to kind of ensure that they seek that help.

And with that, I can turn it over to Ms. Mullen, who can speak more in detail about that.

Ms. MULLEN. Thank you.

I would first like to acknowledge the first witness panel. Those stories, both from the providers and from the Active Duty servicewomen, were compelling, and we thank you for sharing their stories with us.

First, two parts. Regarding providers, this committee has been very supportive of increasing behavioral health providers in our system. We acknowledge that that is something we are working on, and that we have been allowing both additional pay and recruitment activities to try to get more behavioral health providers into our system, both military and civilian.

Second, any woman going through counseling for either a covered abortion procedure or any contraceptive care is always asked, or should always be asked, [if] they would like some additional mental health counseling.

Thank you.

Mr. KIM. Great. Thank you. Well, look, we will continue to work together on this, but I appreciate it.

With that, I will yield back.

Ms. SPEIER. The gentleman yields back.

The gentlewoman from Texas, Ms. Escobar, is recognized for 5 minutes.

Ms. ESCOBAR. Thank you so much, Madam Chair.

And many thanks to our panelists here today. Mr. Under Secretary, it is wonderful to see you again. So proud to see you on the other side of the dais and so proud of the work that you are doing.

Thank you for coming to my district last week. I was so bummed to not be there with you and to miss the opportunity to visit with you. But, again, thanks to both of you.

And as we heard in the prior panel, the impact is real. The impact of the *Dobbs* decision is profound. And I am not sure if you caught my own opening remarks, but the day that the draft decision was released—and this was before the final decision was released—my office received a number of calls from women service members at Fort Bliss, and the uncertainty that the draft decision brought about was really challenging for us to navigate and it was deeply troubling.

But I think that, now that that uncertainty has sunken in for a lot of women in those dozens of States, it is really going to be critical that we provide as much guidance and information and clarity as possible, because that uncertainty is frightening for women.

So, I would like to ask you all if you can provide specifics on how you will help female service members navigate and understand their rights, understand the information about where they can access care and help. How do we de-stigmatize this, so that women feel like they have the ability to ask these questions, and so that they are not seeking help outside of their military installations—or not help, but, literally, information outside of their military installations. So, really would love to know what you are doing specifically, but what tools—really kind of piggybacking on what my colleague, Mr. Kim, mentioned—what tools do you need from us that could really help you with that, while we, hopefully, seek to create better conditions in the future?

Mr. CISNEROS. Well, thank you for that question, Congresswoman. And it is good to see you again as well, and unfortunately, I did miss you. We did miss you in El Paso, but it was great to go down to Fort Bliss and visit with the soldiers down there that are dedicated to serving our country, as well as to visit with the

people of the great city of El Paso. So, thank you very much for that.

One of the reasons that we put out that message on June 28th was to clarify to our service members across the force that, despite the *Dobbs* decision, that we will continue to perform the covered abortions, as we are legally able to do, which is in the case of incest, rape, or endangers the life of the mother.

And we wanted it to be known that this decision will not affect the healthcare that we provide at our MTFs. We also sent out a second message to our healthcare providers to let them know that they are able, despite this decision, they are able to continue to provide the healthcare that they were able to provide pre-*Dobbs* on our MTFs and it will not affect them. As long as they are doing their job performing it in a Federal status, which they are because they are working for the U.S. military in a Federal installation, that will not affect the job that they can perform. So, we felt it was important to get that out, and we will continue to message with the force.

As I said earlier, this *Dobbs* decision is very complex. Each State is creating their own laws and policies. And so, we are looking how it is affecting each State, is affecting us. And we want to make sure that, when we come—as I said, we are willing and we want to work with the committee—but we want to make sure we are getting it right and taking time to study this before we come to you with asks. So, thank you.

Ms. ESCOBAR. Well, please count on us, especially this committee under the leadership of Chairwoman Speier, for what you need. We want to make sure that we are as helpful to our service members, because we are all very concerned about retention and recruitment and readiness.

Thank you, Madam Chair. I yield back.

Ms. SPEIER. The gentlewoman yields back.

The gentlewoman from California is recognized for 5 minutes.

Ms. JACOBS. Thank you, Madam Chair.

And thank you to our witnesses. Mr. Under Secretary, it is great to see you again.

In our last panel, we heard that there are not currently enough OB/GYNs in the military healthcare system to treat every person of reproductive age who would need that care. We also heard that there was not enough to even do the abortions that are currently covered and allowed under law.

So, I was wondering what you are doing to make sure that our service members are getting their healthcare. I mean, I am a young woman myself, and for many years, my OB/GYN was the only doctor I went to. And if that is not care that is available for our service members in military facilities, that is deeply problematic. So, what are you doing to make sure that we have enough OB/GYNs; that covered abortions at military facilities will continue uninterrupted, even in States where abortion is being criminalized; and to ensure that those OB/GYNs and military personnel are trained, so that we can have the full range of contraceptive methods, including IUDs?

Mr. CISNEROS. Well, thank you, Congresswoman. It is good to see you again as well.

As the Secretary has stated, Secretary Austin has stated many times, taking care of our people is our top priority. And part of that, of taking care of our people, is ensuring that they have access to essential healthcare; that we are able to provide them, and providing it to them, the best quality healthcare out there available.

You know, it is essential that we have our physicians. There are, of course, shortages. There is a shortage of doctors nationwide. That is no different in the military. But we are doing what we can to make sure that we have access; that every service member, when they go out and when they come to an MTF, that they are seeking healthcare, that they will get the best quality healthcare that they can.

With that, I can turn it over to Ms. Mullen, who can go into greater detail.

Ms. MULLEN. Thank you.

Each of our MTFs are staffed by both military and civilian providers who are able to deliver reproductive care to all of our men and women. Oftentimes, that specialty care that they are seeking may not be available at the MTF. But, as you know, the TRICARE network, which is a private sector care integrated network across the United States, they will be able to provide that care in our network. Every woman will have that ability to get the care that they need, either at the MTF or in our network.

But I would also like to say that, this week, under Mr. Cisneros' guidance, we have expanded what we have in military treatment contraceptive clinics, walk-in clinics. We have had that a bit across the United States with 18. We are now expanding that to all of our MTFs. So, a woman or a man could come up, get counseling, and decide what contraceptives they need that day.

Thank you.

Ms. JACOBS. And would they be able to access IUDs and other contraceptives——

Ms. MULLEN. Absolutely.

Ms. JACOBS [continuing]. At those clinics?

Ms. MULLEN. Absolutely, yes. Yes.

Mr. CISNEROS. With that, I will also state, around IUDs, is we are currently updating our policy, so that service members and their families will be able to receive those IUDs through the TRICARE healthcare system without having to pay a copay, which is currently the thing right now. So, we are changing our policy, updating it, so that the copay will be eliminated with that.

And the other thing I will mention, too, around contraceptives is, currently, at our boot camps, when women come into boot camp, they do receive a woman's health exam, where they are asked about contraceptives. Are they currently taking them? Do they like their current contraceptive? Would they prefer an IUD? So, contraceptives is ensuring—that is women's healthcare, and we want to ensure that our service members have access to that healthcare.

Ms. JACOBS. Thank you.

With that, Madam Chair, I yield back.

Ms. SPEIER. The gentlewoman yields back.

The gentleman from California, Mr. Garamendi, is recognized for 5 minutes.

There are 225 Members not voting.

Mr. GARAMENDI. Including us.

Ms. SPEIER. Including us, yes.

Mr. GARAMENDI. Thank you, Madam Chair.

I was about to say, "Gil." That would be improper.

Mr. CISNEROS. Not at all, sir. Not at all.

Mr. GARAMENDI. I am delighted to see you in your position. I am even more delighted to hear your testimony today. You are taking strong steps, not only on this specific issue of abortion, but on women's healthcare. The testimony you have given thus far would indicate that you intend to continue with that.

As chairman of the Readiness Subcommittee, together with Ms. Speier, we are deeply concerned about this entire issue of women in the military and the issues surrounding their safety. And Ms. Speier has led us very adroitly in the years she has been chairman of the committee, Personnel Committee, in dealing with sexual assault and other issues. We note your desire to deal with that issue also, and thank you for that. And now, we have the abortion issue, to even further compound that situation.

My concern here is the overall readiness of our military. We do rely, increasingly and appropriately, on women in the military. I hope that continues. I am concerned that this issue of abortion may cause some women to rethink and to think that they should not be in the military.

So, my question to you is, I would like to hear your view on, do you anticipate the *Dobbs* decision to reduce the readiness of our military? And if so, how might it and what should we do, if that is the case?

Mr. CISNEROS. Well, thank you, Congressman Garamendi. It is a pleasure to see you again. I hope you and your family are doing well.

You know, readiness is a big concern of ours. And, of course, readiness, you know, the individual healthcare of our service members is readiness, as many other things that we take into consideration as the readiness of our force. If they are not healthy, they won't be able to perform their duties.

I don't want to say it is going to affect readiness, but it is a concern that we have. You know, as you heard in the last panel, I think one of the majors had said that, if she wasn't able to get the abortion when she was an E–3, she probably would not have stayed in the military. You know, retention is also a concern that we have.

As Ms. Escobar stated, she has heard numerous calls from servicewomen. We have heard those, too, coming in from service members who are concerned about how this decision is going to affect them.

We are working. It is essential for the survivability of our force that we become more diverse. Women are a big part of that. Having a conversation I recently had with the Secretary of Navy, it is that we need more women to join our Navy, and that is essential. And they will make us more inclusive. They will make us a more lethal and better fighting force. And we need them to join our military. And so, we know that this decision is going to have some type of impact.

As the major—who was it?—Major Arana said, and Major Mozillo, they speak proudly of their military service. They encour-

age young women to join, and I hope they continue to do that. And I know they will because they said they will. But to think that some woman may not think twice before joining the military because of the *Dobbs* decision, it is definitely a concern, sir.

Mr. GARAMENDI. I would ask that you monitor this, provide the statistical analysis, and return to us any information that you might receive and develop on the impact of the *Dobbs* decision and the 131 installations that are in States that are restricting abortions. And with that information, it may provide additional motivation for the Congress, and particularly our committees, to provide the necessary support that women need.

Thank you so very much. I yield back.

Ms. SPEIER. The gentleman yields back.

The gentlewoman from Texas, Ms. Garcia, is recognized for 5 minutes.

Ms. GARCIA. Thank you, Madam Chair.

And welcome, Mr. Secretary. It is really great to see you, and I'll always remember you as part of our freshman class. We had some good times, and now you are on to greener pastures, as they say.

But thank you for your presentation. And I think, for us, it is we know our brave service members have defended our freedoms. And as elected Members of Congress, it is now up to us to defend theirs. And for the women service members, that includes their freedom to decide their own healthcare decisions.

My question is sort of a broader question. I have visited some installations, different branches, especially many Air Force—Air Force since my family is more Air Force than anything else. And it has always struck me that the services that are provided to service members at the different installations aren't always the same. So, when it comes to healthcare, I think it is important that there be as much uniformity and as much access as possible at every installation.

So, what are we doing to make sure that the healthcare access is comprehensive, but also uniform throughout the installations, particularly in the 131 that have been mentioned by others as being in States that have bans on abortion or some abortion restrictions at some level?

Mr. CISNEROS. Ma'am, as stated earlier, taking care of our people in the Department of Defense is our biggest priority. Ensuring that they have access to quality healthcare is something that we think about, I think about, on a daily basis. And we want to ensure that all our service members will have access throughout the MTFs all over the country and the world that we are legally able to provide. And we will continue to do that and ensure that it is granted equally out there.

I mean, there will always be instances where there may be a smaller number of service members in one area compared to like an area such as San Antonio, where there is a large number of service members. So, the access, what is going to be available, is going to be greater in those larger areas than in the smaller ones. But, in those situations where a service member may be serving remotely, they are provided TRICARE access there, to where they can get healthcare through TRICARE to ensure that they are still receiving quality healthcare.

And with that, I will turn it over to Ms. Mullen, if she has anything else to add.

Ms. MULLEN. Thank you.

As you know, we have a statutorily defined benefit which is incredibly very comprehensive. So, one, we are very proud of that.

Second, this week, under Mr. Cisneros' direction, we set up a dedicated women's health page. As we heard from the witnesses ahead of us, clearly, we need to do a better job of disseminating information, communicating, and educating both our beneficiaries, our providers, and everybody in the Military Health System. So, we are really hoping that this women's health page will be a one-stop shop where a lot of women can go to make sure that they can actually know what their benefits are.

Ms. GARCIA. Great.

And, Mr. Secretary, you mentioned in your opening remarks that you were reviewing all your policies, and that one of them was to ensure that if people, women have to travel, if service members have to travel to another State to get any reproductive healthcare, that they would be able to do so on official status. Is that what I heard you say, sir?

Mr. CISNEROS. Ma'am, if a service member is covered during—for covered abortions, a service member, we will provide transportation cost for that service member, if, for whatever reason, they can't get that where they are currently stationed. We will ensure that they get that care and will allow them to travel at cost, as well as provide the procedure for covered abortions.

Ms. GARCIA. But will they have to take their time off of their own personal time?

Ms. SPEIER. Covered abortions is what is critical here. So, only for rape, incest, and life of the mother will they cover the cost.

Ms. GARCIA. Okay.

Mr. CISNEROS. Yes, for covered abortions, no, they will not have to take time off, take leave for that. That will be covered through the Department of Defense.

Ms. GARCIA. Okay. Well, thank you again.

Those are all the questions I have, Madam Chair, and I yield back.

Ms. SPEIER. The gentlewoman yields back.

And there are 97 Members who have not yet voted.

I am going to ask my final questions, and we will then close the hearing because Mr. Gallagher has other commitments as well.

So, I want to thank you again, Under Secretary, for being here. I remember you also fondly when you served on this subcommittee as well.

There are a couple of things that I think we really need to delve into, though. One is a more robust contraception education program within the military. So, will you commit to building up that contraception education, so that military service members know the difference between all the contraceptives that are available and the Plan B, which is often referred to as morning-after pill, which sometimes—and even on this committee—has inappropriately been considered to be an abortifacient, which it truly is not?

Mr. CISNEROS. Yes, ma'am, my time here, serving with you fondly on this committee, I think of that very fondly, too. So, thank you very much for your kind comments.

But, as I said, ma'am, earlier, currently, in the boot camps we are providing that education with the women's wellness exams; talking to them about contraceptives, explaining the different types of contraceptives; you know, seeing if they want to change, if they like their current contraceptive. Would they like to do something different?

As Ms. Mullen has also stated—and I will let her talk more about this in a minute—we are moving to allow free contraceptives at our MTFs. We currently do it and it was being done at 18. We are now expanding that to all our MTFs.

I think it is essential, as we do that, of course, we need to educate our service members as well as to types of contraceptives that we can provide. What is the difference between an implant, such as an IUD, versus pharmaceutical contraceptives, versus emergency contraceptives?

So, with that, yes, I will commit to you that, as we expand, we will also expand our education programs around contraceptives.

And with that, I will turn it over to Ms. Mullen to——

Ms. SPEIER. Ms. Mullen, if you would just pause for a moment? Mr. Garamendi has a question.

Mr. GARAMENDI. Mr. Secretary, in answer to Ms. Garcia's question, you indicated that an officer could authorize an expenditure to travel to another State for authorized abortions. Some of those authorized abortions appear to be illegal in some States. Could the officer be held criminally liable for assisting in the abortion?

Mr. CISNEROS. Congressman, again, the complexities of this *Dobbs* decision have created very many uncertainties. And that is one reason why we are very diligently working with our Office of General Counsel to examine how each State law might affect what we do within the Department of Defense.

But, currently, the way that it works in the leave policy—well, let me take that back. But, you know, the way that we see it, as long as they are performing their legal duties—so, a medical provider performing their legal duties at an MTF, advising a service member to their options for a covered abortion, and that they need to go—is that, currently, the way that we have look at it is, no, because they are performing their duties in a Federal matter, that the State law will not trump over the Federal law, sir.

Mr. GARAMENDI. I will be interested to hear the legal analysis.

Thank you very much, Madam Chair.

Ms. SPEIER. All right. Ms. Mullen, briefly, if you would?

Ms. MULLEN. Thank you.

As you mentioned earlier, we are very much front and center about trying to communicate better with our beneficiaries, in particular our women, about what their choices are.

We are about ready to publish a women's reproductive health survey conducted by RAND. It is the first time that has been done in 30 years, and it has given us quite a bit of information, to include the lack of education about women's options around contraceptives, which are free in our—all Active Duty service members get free contraceptives in the MTFs and in our retail pharmacies.

It is a small copay for our Active Duty family members, but, with your legislation that you are spearheading, we hope to see that change this year. Thank you for that effort.

We also do have an app that is called "Decide and Be Ready," that men and women can use to go through their contraceptive options and decide what is best for them.

We also have those walk-in clinics that are newly being expanded this year as well.

But, as you have mentioned, overall, it is sort of astonishing how our young men and women really don't fully know what their reproductive rights and healthcare consist of, and we need to do a better job.

Ms. SPEIER. And I would also say, Under Secretary, while you are doing that education with women who are in boot camp, we really need it for the men as well, because, truly, we keep losing sight of the fact that there are two in this process. And the burden and responsibilities rest with just one, once she is pregnant. And also, for service members who, as men, have spouses that should be accessing this. So, it is important that we do a much more robust one.

We have to do something about the leave that women cannot access. They TDY [temporary duty travel], I guess is what you would refer to it, where they are allowed to go to another State to get the abortion and not be docked in terms of leave.

We are providing unequal access to women in the military when we have 109 installations in these red States that are banning all abortions—109 installations. And it could be as many as 134 because there are court cases pending.

So, there needs to be a way, one, of not docking them for the time that they have to take away, and we have got to deal with this travel issue at some point.

And finally, I would say that my concerns about retaliation are real—that needs to be nipped in the bud—and the potential for a commanding officer to refuse to grant the leave because of a religious concern, or just because they can refuse.

So, we can continue this conversation. As you point out, it is a complex decision. But I think there is no question that there is a 14th Amendment violation to women serving at these 109 installations where they cannot access the abortion care nearby, and as we heard from our witnesses earlier today, have to spend thousands of dollars, as much as $10,000, because if you need to have anesthesia, even if it is a D&C [dilation and curettage] or a D&E [dilation and evacuation], you are dealing with very expensive costs. And for these enlisted service members, as you know, they are making very small incomes.

So, with that, we will continue this conversation. We thank you both for being here and for your commitment to making sure that we maximize the benefits to service members, all service members, and particularly, women, since the *Dobbs* case.

With that, we stand adjourned.

[Whereupon, at 10:54 a.m., the subcommittee was adjourned.]

A P P E N D I X

JULY 29, 2022

PREPARED STATEMENTS SUBMITTED FOR THE RECORD

JULY 29, 2022

Opening Statement of Chairwoman Jackie Speier
Subcommittee on Military Personnel:
"Service Members' Reproductive Health and Readiness"
July 29, 2022

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.

WITNESS STATEMENT

OF

SHARON ARANA

MAJOR, UNITED STATES AIR FORCE

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE ARMED SERVICES COMMITTEE

SUBJECT:

SERVICE MEMBERS' REPRODUCTIVE HEALTH AND READINESS

JULY 29, 2022

NOT FOR PUBLICATION UNTIL RELEASED BY
THE HOUSE ARMED SERVICES COMMITTEE

Chairwoman Speier, Ranking Member Gallagher, and distinguished committee members, thank you for the opportunity to testify before you today about service members' reproductive health and readiness. The views expressed in this testimony are my own and do not necessarily reflect the official policy or position of the United States Air Force, the Department of Defense, or the United States Government.

I am Sharon Arana, a major and intelligence office in the United States Air Force. I am a prior enlisted officer with 24 and a half years of active-duty service. In the summer of 2009, a week before graduating Officer Training School, I discovered that my birth control pill had failed. At the time, I was a single mother of two, recently divorced, and a week from commissioning.

When I realized I had missed my period, I asked my partner to take me to the store to buy a home pregnancy test. I didn't want to go to the base clinic to get tested because it would prompt a profile and my chain of command would instantly be notified of my pregnancy. I also knew the clinic couldn't help me find access to an abortion. I didn't feel comfortable testing in the dorms where I was living while I was in training, so I took the pregnancy test in a gas station bathroom.

My then-boyfriend/now-husband and I had agreed that continuing with the pregnancy was not the right decision for us. We were stationed in Alabama and access to abortion was restricted. So, the weekend before we graduated training, we drove 3.5 hours to Atlanta. The morning of my appointment, I learned that Georgia had a three-day "cooling off" period, which meant that the first day was only to confirm the pregnancy. The same pregnancy that I had already confirmed in that gas station bathroom. I was expected to return to the clinic in three days for the abortion. But, since I was in training, I needed to return to Alabama to finish my course in order to commission later that week. By chance, I had already planned a trip to my hometown of Brooklyn, New York after my graduation. In New York, I had

access to the healthcare I needed and had an abortion. I paid $400 out of pocket, and I recovered at home for a few days while on leave.

About three weeks after arriving in Texas, I sought further medical care after experiencing bleeding. At the clinic on base, I informed the nurse that I had had an abortion a few weeks prior. While my bleeding was a natural part of my healing process and not harmful to me, my nurse said she would keep my abortion a secret and not add it to my medical records "just in case." I was confused and felt stigmatized for having an abortion. Like I was being judged for the decision that my partner and I had carefully made together. I was never offered any support or follow-on care at the clinic. Instead, I was sent on my way back to training without my pregnancy termination ever documented in my medical records.

Choosing to have an abortion was not an easy one. My husband and I will be celebrating our 11-year anniversary this year, and we have never doubted that choosing to wait to start our family together was the right decision. We went on to have two more children together when it was right for us and our careers. Our four beautiful babies are a testament to the importance of having access to critical healthcare, including abortion. We are a dual-military family that, combined, has over 40 years serving in active duty, multiple deployments, years stationed apart, missed birthdays and anniversaries, and countless weekends and holidays working missions. We wouldn't change a thing.

I know that if I didn't have an abortion, I would not have been able to continue my training as a single mother and brand-new lieutenant going through officer intel school. I also know that it didn't have to be that difficult. I was fortunate enough to come from a state that honors a woman's right to make her own decisions, and I wasn't forced to carry through with a pregnancy against my will

I have put my uniform on for the past 24 and half years with pride, and I am honored to be able to continue wearing it. My family and I continue to make sacrifices because we believe in what this

nation stands for. I believe that, for everyone in this chamber, the health and wellbeing of my fellow servicemembers and their families should be a top priority.

My husband and I would not have been able to continue our military careers had we been forced to carry that pregnancy. As an unwed mother of two, geographically separated from my partner and family, I would not be where I am today. Our family - the one at home and in uniform - has benefited because I was able to travel to a state that recognized that family-building decisions were ours to make alone.

Thank you for the opportunity to share my story.

Ms. Sharon Arana

Major Sharon Arana is an intelligence officer in the United States Air Force. She currently serves as the Branch Chief, Distributed Common Ground System (DCGS) Futures, DCGS and Intelligence Operations Division, Operations Directorate, Air Combat Command (ACC), Joint Base Langley- Eustis, Virginia. She supports both the Operations and Intelligence Directors executing ACC's Lead Command responsibilities for functional and operational support to the AF DCGS weapon system. AF DCGS is the Air Force's primary Intelligence, Surveillance and Reconnaissance planning and direction, collection, processing, exploitation, analysis and dissemination system. It employs a global communication architecture to connect multiple intelligence platforms and sensors to produce intelligence information.

Maj Arana was born and raised in Brooklyn, New York. She enlisted in 1997 as a Macedonian Cryptolinguist and supported Operation ALLIED FORCE as a ground linguist. Maj Arana was commissioned through Officer Training School in 2009. She has a diverse background in targeting, collection management, geospatial intelligence, and AF DCGS. Maj Arana has also supported Operations ODYSSEY DAWN, INHERENT RESOLVE, and ENDURING FREEDOM, and was pivotal to diplomatic support for Colombia's Plan Victoria. As a member of the Language Enabled Airman Program, Maj Arana maintains proficiency in the Spanish and Swahili languages.

EDUCATION
2005 Airman Leadership School, Ft. George G. Meade, Maryland
2005 Bachelor of Arts, Criminal Justice, University of Maryland
2009 Bachelor of Science, International Relations, City College of New York
2009 Officer Training School, Maxwell AFB, Alabama
2009 Air and Space Basic Course, Maxwell AFB, Alabama
2015 Squadron Officer School, in residence, Maxwell AFB, Alabama
2021 Air Command and Staff College, Maxwell AFB, Ala., by correspondence

MAJOR AWARDS AND DECORATIONS
Meritorious Service Medal
Air Force Commendation Medal with four oak leaf clusters
Air Force Achievement Medal
Joint Service Achievement Medal

EFFECTIVE DATES OF PROMOTION
Second Lieutenant September 9, 2009
First Lieutenant September 9, 2011
Captain September 9, 2013
Major July 1, 2019

(Current as of July 2022)

DISCLOSURE FORM FOR WITNESSES
COMMITTEE ON ARMED SERVICES
U.S. HOUSE OF REPRESENTATIVES

INSTRUCTION TO WITNESSES: Rule 11, clause 2(g)(5), of the Rules of the House of Representatives for the 117th Congress requires nongovernmental witnesses appearing before House committees to include in their written statements a curriculum vitae and a disclosure of the amount and source of any federal contracts or grants (including subcontracts and subgrants), and contracts or grants (including subcontracts and subgrants), or payments originating with a foreign government, received during the past 36 months either by the witness or by an entity represented by the witness and related to the subject matter of the hearing. Rule 11, clause 2(g)(5) also requires nongovernmental witnesses to disclose whether they are a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing. As a matter of committee policy, the House Committee on Armed Services further requires nongovernmental witnesses to disclose the amount and source of any contracts or grants (including subcontracts and subgrants), or payments originating with any organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the past 36 months either by the witness or by an entity represented by the witness. Please note that a copy of these statements, with appropriate redactions to protect the witness's personal privacy (including home address and phone number), will be made publicly available in electronic form 24 hours before the witness appears to the extent practicable, but not later than one day after the witness's appearance before the committee. Witnesses may list additional grants, contracts, or payments on additional sheets, if necessary. Please complete this form electronically.

Hearing Date: 29 July 2022

Hearing Subject:

Service Members' Reproductive Health and Readiness

Witness name: Sharon Arana

Position/Title: Major, USAF

Capacity in which appearing: (check one)

● Individual ○ Representative

If appearing in a representative capacity, name of the organization or entity represented:

Federal Contract or Grant Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the past 36 months and related to the subject matter of the hearing, please provide the following information:

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Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

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Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

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WITNESS STATEMENT

OF

THERESA A. MOZZILLO
MAJOR, UNITED STATES AIR FORCE

BEFORE THE

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE ARMED SERVICES COMMITTEE

SUBJECT:

SERVICE MEMBERS' REPRODUCTIVE HEALTH AND READINESS

JULY 29, 2022

NOT FOR PUBLICATION UNTIL RELEASED BY
THE HOUSE ARMED SERVICES COMMITTEE

Good morning Chairwoman Speier, Ranking Member Gallagher, and distinguished Members of the Subcommittee. It is an honor to appear before you today to share my personal experience. My name is Theresa Ann Mozzillo and I am Major in the United States Air Force. My comments today are my personal story and do not reflect the views of the Department of Defense, Department of the Air Force, or my current assigned unit United States European Command.

I entered the Air Force as an active-duty enlisted member in 2002. Two weeks ago, I reached twenty years of military service and I was also recently selected for promotion to Lieutenant Colonel. I am extremely proud of my military service and thankful for the amazing opportunities it has provided me throughout my career. Growing up in a lower income family in rural western Pennsylvania, the military represented a step up and an exciting career path. I joined the United States Air Force to see the world, serve my country, and complete my college education. I am grateful to have accomplished these goals, and so much more, while serving alongside amazing Airmen, Guardians, Soldiers, Sailors, and Marines.

When I heard the news that Roe vs. Wade had been overturned, my heart sank. It was then I decided to share my abortion story with others for the first time. Nineteen years ago, I discovered I was pregnant at age twenty-one. I was terrified. At the time, I was newly stationed at Whiteman Air Force Base in Missouri as an Airman First Class, E-3. I was fresh out of technical training as an aerospace ground equipment mechanic. I was in my work center for approximately ninety days. I had no social support system established yet. As a first term airman, I lived in a dormitory and didn't yet have a car. My bi-monthly pay was just over 550 dollars. As a relatively shy person I had only made one friend so far. I was a female airman in a male-dominated environment—and the idea of discussing this personal information with my

leadership was out of the question. I felt devastated and lost. My dream of a successful military career was falling apart before I even had a chance to get started.

But looking back, I realize how fortunate I was at that time. I was fortunate I did not have to travel far to get an abortion. I was lucky that my only friend on the base was willing to drive me to an abortion clinic ninety minutes away along the Missouri and Kansas border. I was lucky the clinic was able to schedule my appointment on a Saturday morning, so I bypassed the need to request time off, which could have been a critical hurdle. It was a shop policy that airmen in upgrade job training were prohibited from taking leave unless it was for a "compelling reason". I couldn't imagine having to discuss such a personal matter with my male supervisor.

After my abortion, I had a day to recover in my dorm room before returning to work the following Monday. I had access to reproductive care that I needed, but I had some financial difficulties to overcome. The abortion cost my entire paycheck. I had to wait until the next pay period to repay my friend the gas money for driving me to my appointment. I was grateful to have access to the on-base dining facility for meals, and I scraped by on a near-empty bank account until my next paycheck arrived.

Without question, if I had not been able to have an abortion as a junior enlisted service member, I would not have been able to have my career and would not be before you today. At the time of my pregnancy, I did not have the financial ability, support, or the personal desire to become a single mother serving in the Armed Forces. I know many strong service women who have succeeded as single mothers, but deep down, I knew that abortion was the right personal decision for me.

Today I am speaking in support of the women in the military who will now have a much harder time to access an abortion than I did. I'm here today to give Airman First Class Mozzillo

a chance to tell her story in hopes you consider it when developing policy for women in the Armed Forces. I'm especially concerned for these junior enlisted members on tight financial budgets who are stationed in states that have banned abortion. Many will now need to travel thousands of miles to find an available clinic in a state that supports the legal right to abortion. Will they be able to afford the transportation and hotel costs, along with the cost of an abortion? Will they need to ask their direct supervisors for leave? Will this knowledge compromise their careers? Will their privacy be respected or will it become work center gossip? Most importantly, what will their future look like if they cannot receive an abortion?

My heart is heavy after the Supreme Court's decision. My story is not unique, I personally know many women that have faced much more difficult circumstances accessing an abortion while serving. It deeply saddens me to know that as I come to the end of my career my fellow service women must face so many additional challenges and barriers to access reproductive care. They might not have the same opportunity to succeed as I did. Thank you again for the opportunity to testify here today on an issue of such critical importance to the health and economic well-being of service members. I look forward to any questions.

THERESA ANN MOZZILLO

Theresa A. Mozzillo is an active duty Air Force Major. She serves as the Branch Chief of Medical Plans and Operations for United States European Command. In this role, she is the lead joint medical planning advisor to the Command Surgeon on theater Health Service Support, to include medical operational planning, exercise planning, and crisis action planning. Ms. Mozzillo advises on the deployment of United States European Command medical assets, aeromedical evacuation and blood distribution systems to support theater operations. She executes joint and combined medical operations and plans in coordination with Joint Staff, Defense Health Agency, United States Transportation Command, United States Northern Command, United States Central Command, United States Africa Command, and NATO. In addition, she synchronizes United States European Command medical efforts with five service components, Department of State, Department of Health and Human Services, United States Agency for International Development Non-Governmental Organizations and Partner Nations. Finally, she advises on Health Service Support for 165,000 Department of Defense beneficiaries in 51 countries.

Theresa Mozzillo entered the United States Air Force in 2002 as an Aerospace Ground Equipment mechanic. She received a direct commission into the Medical Service Corps in 2009. Ms. Mozzillo deployed in support of INHERENT RESOLVE. During this time, she served as the sole DoD medical planner in Iraq responsible for coordinating all medical operations and leading a nine member Mobile Forward Surgical Team supporting Special Forces' advise and assist missions. Prior to her current assignment she was the Branch Chief of Base Support and Current Operations for the Office of the Command Surgeon United States Air Forces in Europe – Air Forces Africa, Ramstein Air Base, Germany.

EDUCATION

- 2007 Bachelor of Science, Management Information Systems (magna cum laude), Park University, Parkville, Mo.
- 2009 Health Services Administration Course (distinguished graduate), Sheppard Air Force Base, Tex.
- 2011 Master of Business Administration, Webster University, St. Louis, Mo.
- 2015 Squadron Officer School, Maxwell Air Force Base, Ala.
- 2018 Air Command and Staff College (correspondence)
- 2020 Master in Homeland Security Public Health Preparedness, Pennsylvania State University, University Park, Pa.

MILITARY ASSIGNMENTS

1. July 2009 – January 2011, Medical Logistics Flight Commander, 27th Special Operations Medical Support Squadron, Cannon AFB, NMex.
2. January 2011 – February 2012, Group Practice Manager, 27th Special Operations Medical Group, Cannon Air Force Base, NMex.
3. February 2012 – June 2012, Deputy Medical Logistics Flight Commander, 673d Medical Support Squadron, Joint Base Elmendorf-Richardson, Alaska

4. June 2012 – September 2013, Executive Officer, 673d Medical Group, Joint Base Elmendorf-Richardson, Alaska
5. September 2013 – February 2015, Resource Management Deputy Flight Commander, 673d Medical Support Squadron, Joint Base Elmendorf-Richardson, Alaska (March 2014 – October 2014, Medical Operations Officer, Special Operations Command Central Forward Headquarters, Al Udeid Air Base, Qatar)
6. February 2015 – February 2016, Resource Management Deputy Flight Commander, 633d Medical Support Squadron, Joint Base Langley-Eustis, Va.
7. February 2016 – May 2017, Medical Readiness Flight Commander, 633d Medical Support Squadron, Joint Base Langley-Eustis, Va.
8. May 2017 – July 2018, Medical Readiness Fellow, Office of the Command Surgeon, Air Combat Command, Joint Base Langley-Eustis, Va.
9. July 2018 – June 2019, Chief of Medical Plans and Operations – Africa, Office of the Command Surgeon, United States Air Forces in Europe – Air Forces Africa, Ramstein Air Base, Germany
10. June 2019 – May 2021, Branch Chief of Base Support and Current Operations , Office of the Command Surgeon, United States Air Forces in Europe – Air Forces Africa, Ramstein Air Base, Germany
11. May 2021 – Present, Chief of Medical Plans and Operations, Office of the Command Surgeon, United States European Command, Stuttgart, Germany

MAJOR MILITARY AWARDS AND DECORATIONS
- Defense Meritorious Service Medal
- Meritorious Service Medal
- Air and Space Commendation Medal with three oak leaf clusters
- Joint Service Achievement Medal
- Air and Space Achievement Medal with on oak leaf cluster
- Inherent Resolve Campaign Medal with one service star
- Global War on Terrorism Expeditionary Medal
- Armed Forces Service Medal with one service star

(Current as of July 2022)

DISCLOSURE FORM FOR WITNESSES
COMMITTEE ON ARMED SERVICES
U.S. HOUSE OF REPRESENTATIVES

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Hearing Date: 29 July 2022

Hearing Subject:

Subcommittee on Military Personnel Hearing: "Service Members' Reproductive Health and Readiness"

Witness name: Theresa A. Mozzillo

Position/Title: USAF Active Duty Service Member

Capacity in which appearing: (check one)

● Individual ○ Representative

If appearing in a representative capacity, name of the organization or entity represented:

N/A

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STATEMENT OF

DR. JACQUELINE LAMME

BEFORE THE

COMMITTEE ON ARMED SERVICES

UNITED STATES HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON MILITARY PERSONNEL

"SERVICE MEMBERS REPRODUCTIVE HEALTH AND READINESS"

JULY 29, 2022

Chairwoman Speier, Ranking Member Gallagher and distinguished committee members, thank you for this opportunity to testify.

Before I begin, I would like to specify that I am here today in my personal capacity as a physician. The views expressed in this statement are those of myself and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government.

I am Dr. Jacqueline Lamme. I am an Active Duty Navy Gynecologic Surgeon and Obstetrician and have fellowship training in Complex Family Planning. I have been on Active Duty for 21 years, and prior to specializing, I spent five years in an operational environment as a Flight Surgeon, including deploying with the Marines to Afghanistan. Both during my time as a Flight Surgeon and even more so as an OBGYN, I have seen how the restrictions to access for full scope reproductive healthcare impact our Service Women and Active Duty families. My operational experiences helped me to understand the unique challenges and barriers our Active Duty women experience in obtaining full scope reproductive healthcare and led me both change my specialty to Gynecologic Surgery and Obstetrics as well as to pursue additional training in Complex Family planning when the opportunity arose.

I am honored to be here alongside my fellow panelists as they share their stories. Abortion care is a part of the full spectrum of reproductive health care and should be available to access no matter someone's reason for needing that care.

It is critical for Active Duty women to be able to plan their childbearing, both for their personal career progression and to maintain the operational readiness of their unit. An unplanned pregnancy removes a Servicewoman from her operational unit for up to two years. This may also impact her ability to promote or to take the operational tours she would otherwise pursue. It leads many women to opt to leave the military under these circumstances, which may also have further downstream consequences to the fighting force. Even with access to highly effective contraception, unplanned pregnancies may occur and the lack of full scope contraceptive options has negative effects both on the Servicewoman and on overall Force Readiness.

One of the hardest things I do as a physician is telling a family that there was something wrong with their pregnancy. I have had to explain to patients that while ending their pregnancy early was an option medically, it was not something I could legally provide as a military physician and have cried with families after their baby was born and pronounced dead soon afterwards. I have cared for women who survived sexual assault and become pregnant, both before and after the Shaheen Amendment was passed. I'd like to share two stories with you that highlight the challenges our patients face in these circumstances.

The first of my most notable patients is the wife of an enlisted Soldier, someone who gave me her consent to share details of her story with you. This was their second overseas tour, far away from family and they had one young son. The couple had been saving up for years to take a trip back to the US to visit family so he could meet his cousins. When they found out they were again pregnant, this time with a daughter, they were overjoyed and turned the visit into a big family in person event. The timing of the visit meant that she did not have her anatomy ultrasound until almost 22 weeks. I still remember the look on the Maternal Fetal Medicine specialists face when she walked into my office and asked me to join her in talking with the couple about the anomalies she had seen and the options. Their daughter, Scarlett, had severe brain and heart malformations, among others, that meant that she would be

unlikely to survive until delivery or long afterwards. An amniocentesis was done to confirm what we suspected, Trisomy 13, but being overseas meant it would take several weeks to get results back. The couple was devastated.

My patient asked about ending the pregnancy early and we talked about the ways that could be done. I then had to tell them that legally, since her life was not at risk I was unable to offer her that option in a military facility and it would not be covered by her health insurance. I told her I could not help unless Scarlett had already passed away on her own. If she wanted to end the pregnancy now, she would have to return to the States on her own, set up an appointment with an abortion clinic on her own and pay for the procedure with no assistance from Tricare. Her care would cost thousands of dollars plus the cost of plane tickets, hotel rooms, and other expenses for this family of three. There was no way this young enlisted family had the means for this undertaking.

Thankfully, she had an amazing friend who set up a fundraising for the family and within a few days they had an overwhelming response and enough money to access the care she needed. When she got back, she told me that everyone in the clinic was wonderful and kind, but she wished I had been able to be the one there with her throughout this process. While my patient in this case was able to get the care she needed through the generosity of friends, family and strangers, so many of my patients do not. They should not have to share their stories publicly or ask for financial help from strangers. Time is also a concern. For Active Duty women, they have to request leave from their Commanding Officer (CO), who may deny it or ask for details why they are requesting leave forcing them to disclose their personal medical history to someone not involved in their actual medical care. This is a heartbreaking conversation I have had to have with many patients over the years as an Obstetrician. It has always been especially challenging for service women and families stationed overseas. Now however, with the *Dobbs vs. Jackson Women's Health* decision, the added challenges of extensive travel to less restrictive States will exist for innumerable women within our military community.

The second patient story I would like to share with you was a young enlisted sailor in my squadron prior to the passage of the Shaheen Amendment while we were stationed in WA State. She was raped at a Squadron party and became pregnant. As her squadron doctor, she came to me when she found out she was pregnant. She without a doubt did not want to continue this pregnancy that was the result of a rape. At that time, military physicians could not perform therapeutic abortion procedures for rape cases, and I had to be the one to tell her that. I had to explain to her that she would have to contact the local Planned Parenthood and make an appointment with them and pay for the procedure herself if she decided to terminate the pregnancy.

She was able to schedule the appointment, but she was a young enlisted Sailor who lived in the barracks and didn't have a car. The Planned Parenthood was an hour and a half away without traffic. She asked if I could take her to the appointment. As a flight surgeon I would occasionally go with patients when they had specialty appointments with civilian physicians out in town, so this wasn't an unusual request. When I asked permission to do the same for her, I was told by the Judge Advocate General (JAG) that I could not. He said that as it would be during a work day for me and the Navy paid my salary, so driving her myself would be using government funds to help her access abortion care and was thus not allowed due to the restrictive and unfair Hyde Amendment.

His recommendation was that she use the duty driver instead. Given that there were only a few women in the squadron, the odds were that the driver would be one of her male squadron mates, possibly even

someone who had been at that party. Due to this lack of privacy and anonymity she nearly missed being able to access this care. I can't even express the relief I felt with the passage of the Shaheen amendment. To no longer have to turn away rape victims who find out they are pregnant and come to me for help but to instead be able to provide them with a needed medical procedure that I am fully capable of providing was such a relief.

With the recent *Dobbs* decision, I worry about my patients no longer being able to access this care based on where they are stationed. I worry about my colleagues in more restrictive states who continue to provide reproductive health care within the scope we are currently allowed to per federal legislation then being prosecuted by the state they happen to be living in at that time.

As Active Duty members, we do not get to choose where we live. We have volunteered to protect our country and we move every few years, from State to State and often overseas to fulfill that mission. We cannot choose the laws under which we are held depending on our duty station, CONUS or internationally. If my rape patient had been living in Texas right now, she would not have had to find someone willing to drive her a couple of hours away, she would have had to request to take leave and fly to a whole different state. Our healthcare as military members and dependents should not be based on the current duty station, but on a consistent Federal standard of care for military members and their dependents.

In closing, I want to share how thankful I am for the recent memo from Mr. Cisneros reaffirming that we in military medicine can and will continue to provide reproductive healthcare within the scope of federal legislation, but more needs to be done. I urge you to provide federal protection to both patients and physicians who provide these legal and needed services on federal land. I would urge you to go even further. While I truly hope to see the Hyde amendment overturned, at the very least I urge Congress to remove the restrictions that do not allow patients to self-pay for abortion procedures at Military Treatment Facilities. This option exists for many other procedures not covered by Tricare. Preventing the same option for family planning and abortion services is not only discriminatory it impacts the readiness of our Armed Services and I fear the impact will worsen with unequal state restrictions that force patients to travel long distances and take leave to obtain the care they deserve and so desperately need. Thank you.

CDR Jacqueline S. Lamme

CDR Jacqueline S. Lamme attended medical school at the Uniformed Services University of the Health Sciences from 2001-2005. While there, she was the Navy Class Commander from 2003-2005. She began her medical career as a Family Medicine Intern at Naval Hospital Jacksonville, FL. After internship graduation, she attended the Naval Aviation Medical Institute (NAMI) Flight Surgeon program and graduated May 2007.

CDR Lamme served two tours as a Flight Surgeon. Her first tour was with Fleet Air Reconnaissance Squadron 2 at Naval Air Station, Whidbey Island, WA from June 2007-June 2009. Her squadron received the Battle E, in part due to their exceptional medical readiness, during her tour. Committed to the operational mission, CDR Lamme voluntarily attended SERE School in May 2008 to ensure her ability to fly with the squadron and support the mission in every AOR to which they were deployed. CDR Lamme then volunteered for a second flight tour and joined Marine Fighter Attack Squadron 232 at Marine Corps Air Station, Miramar, CA. To optimize her ability to serve the needs of the squadron, she attended the USAF Flight Surgeon High Performance Aircraft Training Course in December of 2009 and the Navy Trauma Training Center in January 2010. She deployed with VMFA-232 to Kandahar, Afghanistan in May of 2010 and supported the squadron as they successfully completed their mission as the first Marine F-18 squadron deployed on the ground in Afghanistan.

CDR Lamme then transitioned to Naval Medical Center San Diego as a Resident in Obstetrics and Gynecology from 2011- 2015. Her residency research on the "Prevalence of Anal HPV and Anal Dysplasia in Women with Cervical Dysplasia" won the Resident Research Award at the NMCSD Academic Research Competition. Later, it was published in the Green Journal and chosen as one of the 2015 Maintenance of Certification articles for ABOG. As an advocate for women's reproductive health and understanding first-hand the impact of unplanned pregnancies on the operational readiness of Navy and Marine Corps units, she served on BUMED's Task Force on Unplanned Pregnancy Prevention during residency.

CDR Lamme was selected as the first military Medical Officer to pursue additional fellowship training in Complex Contraception and Family Planning. She began her full-time, out-service Fellowship training at Oregon Health & Science University in July 2015 and completed her training in June 2017. Her fellowship research focused on increasing contraceptive access for community college students, a population demographic very similar to Naval Enlisted forces. She concurrently completed her Master in Public Health with a Health Systems Management and Policy focus. She was selected by the Fellowship to participate in the American College of Obstetrics & Gynecology Policy Fellowship from March-April 2017, where she was able to form multiple collaborative relationships within ACOG. Remaining committed to Navy Medicine and the reproductive health issues impacting Active Duty women, she continued to participate in the BUMED Unplanned Pregnancy Prevention Task Force, now renamed the Family Planning Working Group, throughout her fellowship. Additionally, she was nominated and attended the 2017 MHS Female Physician Leadership Conference and attended in March 2017.

Upon the completion of her Fellowship in June 2017, CDR Lamme transitioned to Naval Hospital Okinawa in July 2017. Soon after her arrival, CDR Lamme spearheaded the first Walk-In Sexual Health (WiSH), a multi-disciplinary approach to both contraceptive and STI services for male and female patients, improving overall readiness and access for patients island-wide. Additionally, CDR Lamme was competitively selected and served as the Department Head for Obstetrics and Gynecology at Naval Hospital Okinawa from January 2018 to May 2020. She is currently stationed at Naval Hospital Bremerton as a staff Gynecologic Surgeon and Obstetrician and Chair of the Medical Executive Committee.

CDR Lamme's personal decorations include: Two Navy and Marine Corps Achievement medals,

a Navy and Marine Corps Commendation Medal and a Non-Article 5 NATO Medal, and numerous unit/service awards. She has achieved designation as a Flight Surgeon. CDR Lamme is a Fellow and the Vice Chair of the Navy Section of the Armed Forces District of the American College of Obstetricians and Gynecologists.

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 Moayedi, 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.

Dr. Ghazaleh Moayedi is a board certified OB/GYN and complex family planning specialist who has devoted her career to serving the full-spectrum reproductive health needs of people in Texas. Dr. Moayedi is the founder of Pegasus Health Justice Center, a community health resource that creates holistic community wellness through justice-centered, patient-oriented healthcare and advocacy. Dr. Moayedi is also a founding member of CERCL-FP: Centering Equity, Race, and Cultural Literacy in Family Planning. CERCL-FP is a collective that works to name, disrupt, and dismantle the systems of oppression in family planning care. Dr. Moayedi received her undergraduate degree in American Studies and Biology from the University of Texas at Austin and completed her medical training at Texas College of Osteopathic Medicine in Fort Worth. She trained as an OB/GYN resident at Texas Tech Health Sciences Center in El Paso, where she proudly served a bi-national community. Dr. Moayedi completed fellowship training in Complex Family Planning at the University of Hawai'i, where she also received her Master of Public Health degree in Health Policy and Management. Dr. Moayedi not only provides birth care for her community, but prior to SB8 and the overturn of *Roe v Wade*, she was also among the few physicians providing second trimester abortion care in Texas and in Oklahoma. In addition to her clinical work, Dr. Moayedi conducts research aimed at improving access to abortion care and improving abortion experiences for patients. Dr. Moayedi is a fierce advocate for her community and she is involved in local, state, and national reproductive health, rights, and justice advocacy through her service on the board of directors for Texas Equal Access Fund and Physicians For Reproductive Health.

DISCLOSURE FORM FOR WITNESSES
COMMITTEE ON ARMED SERVICES
U.S. HOUSE OF REPRESENTATIVES

INSTRUCTION TO WITNESSES: Rule 11, clause 2(g)(5), of the Rules of the House of Representatives for the 117th Congress requires nongovernmental witnesses appearing before House committees to include in their written statements a curriculum vitae and a disclosure of the amount and source of any federal contracts or grants (including subcontracts and subgrants), and contracts or grants (including subcontracts and subgrants), or payments originating with a foreign government, received during the past 36 months either by the witness or by an entity represented by the witness and related to the subject matter of the hearing. Rule 11, clause 2(g)(5) also requires nongovernmental witnesses to disclose whether they are a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing. As a matter of committee policy, the House Committee on Armed Services further requires nongovernmental witnesses to disclose the amount and source of any contracts or grants (including subcontracts and subgrants), or payments originating with any organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the past 36 months either by the witness or by an entity represented by the witness. Please note that a copy of these statements, with appropriate redactions to protect the witness's personal privacy (including home address and phone number), will be made publicly available in electronic form 24 hours before the witness appears to the extent practicable, but not later than one day after the witness's appearance before the committee. Witnesses may list additional grants, contracts, or payments on additional sheets, if necessary. Please complete this form electronically.

Hearing Date: 7/29/2022

Hearing Subject:

"Service Members' Reproductive Health and Readiness"

Witness name: Ghazaleh Moayedi

Position/Title: OBGYN

Capacity in which appearing: (check one)

● Individual ○ Representative

If appearing in a representative capacity, name of the organization or entity represented:

Federal Contract or Grant Information: If you or the entity you represent before the Committee on Armed Services has contracts (including subcontracts) or grants (including subgrants) with the federal government, received during the past 36 months and related to the subject matter of the hearing, please provide the following information:

2021

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

2020

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

2019

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

2018

Federal grant/ contract	Federal agency	Dollar value	Subject of contract or grant

Foreign Government Contract, Grant, or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts or grants (including subcontracts or subgrants), or payments originating from a foreign government, received during the past 36 months and related to the subject matter of the hearing, please provide the following information:

2021

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

2020

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

2019

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

2018

Foreign contract/ payment	Foreign government	Dollar value	Subject of contract, grant, or payment

Fiduciary Relationships: If you are a fiduciary of any organization or entity that has an interest in the subject matter of the hearing, please provide the following information:

Organization or entity	Brief description of the fiduciary relationship
Physicians for Reproductive Health	Board of Directors
Texas Equal Access Fund	Board of Directors

Organization or Entity Contract, Grant or Payment Information: If you or the entity you represent before the Committee on Armed Services has contracts or grants (including subcontracts or subgrants) or payments originating from an organization or entity, whether public or private, that has a material interest in the subject matter of the hearing, received during the past 36 months, please provide the following information:

2021

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment

2020

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment

2019

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment

2018

Contract/grant/ payment	Entity	Dollar value	Subject of contract, grant, or payment

**NOT FOR PUBLICATION UNTIL RELEASED BY
THE HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON READINESS**

STATEMENT OF

**HONORABLE GILBERT R. CISNEROS
UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS**

**MS SEILEEN MULLEN
ACTING ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS**

BEFORE THE

**HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON PERSONNEL**

ON

WOMEN'S REPRODUCTIVE HEALTH ISSUES

JULY 29, 2022

**NOT FOR PUBLICATION UNTIL RELEASED BY
THE HOUSE ARMED SERVICES COMMITTEE
SUBCOMMITTEE ON PERSONNEL**

Chairwoman Speier, Ranking Member Gallagher, distinguished Members of the Subcommittee, we're honored to represent the Office of the Secretary of Defense today to discuss essential women's health care services for those who serve our country in uniform, the millions of dependents and beneficiaries for whom the Department of Defense provides health care, and the Department's hundreds of thousands of civilian employees.

On June 24, 2022, the Supreme Court ruled in *Dobbs v. Jackson Women's Health Organization* that there is no federal constitutional right to abortion under the Fourteenth Amendment. This decision marked a major shift that will have significant effects on the health, safety, and welfare of our DoD families, as well as the individual medical readiness of our Service members.

Secretary Austin has made clear that the health and well-being of our Service members, our civilian workforce, and our DoD families are a top priority. We remain deeply committed to taking care of all of our people and ensuring that the entire Force remains ready and resilient. These will be our guiding principles as we assess the Department's next steps.

Shortly after the Supreme Court's ruling, the Department provided guidance to our senior leaders and health care providers to clarify that the Department would continue to provide federally authorized abortions, consistent with longstanding federal law that authorizes the use of DoD funds and facilities to perform abortions in cases of rape, incest, or when the life of the mother would be endangered (which we call "covered abortions"). There is no interruption to this care.

The Department also affirmed that our other existing policies have not changed. For example, travel policies related to health care remain the same: Service members who require travel to obtain a covered abortion may travel in an official status; they are not charged leave. For cases involving non-covered abortion care, Service members may take regular leave and travel at their own expense. The Office of Personnel Management released similar guidance for all Federal civilian employees on June 29, 2022, reiterating that such employees may use sick leave and other forms of leave for this purpose. DoD has reaffirmed that there is no change to our policy that health care providers who do not wish to perform abortions as a matter of conscience or moral principle are not required to do so, unless it is necessary to prevent endangering the life of the mother.

Through these messages we have informed the Force that access to the Department's current services will continue but we know our work isn't done. We understand that members of our military community, like many Americans, still have questions about their rights and access to reproductive health care, and the Department is focused on taking concrete steps to support the continued safety and health of all of our Service members, civilian employees, and DoD families.

To ensure our beneficiaries have robust access to information about their reproductive health care rights, we are revamping our Women's Health website. In line with the Administration's guidance, we've linked our Women's Health website, and other relevant DoD sites, to www.reproductiverights.gov, which informs all Americans about their rights and access to reproductive health care, including abortions.

The Office of the Assistant Secretary of Defense for Health Affairs has directed the establishment of walk-in contraceptive services at all military hospitals and clinics so Service members living on or near military installations have easy and reliable access to reproductive health care.

The Defense Health Agency also will soon issue guidance removing copays for some forms of contraception requiring medical appointments, such as medical IUDs, implants, and sterilization. With these changes, we hope that all beneficiaries who want these highly effective forms of contraception will have free access to them.

Chairwoman Speier, the Administration also supports your language in the House version of the pending National Defense Authorization Act to waive *all* copays for contraceptives, including prescription contraceptives. We thank you for championing this issue, and hope to see it enacted quickly. Emergency contraception, like "Plan B," is available at military medical treatment facilities at no charge for all beneficiaries, and it will remain so regardless of any potential state laws restricting its availability or use.

By expanding our education efforts, reducing barriers to obtaining contraceptives, and safeguarding seamless access to reproductive health care as permitted by federal law, we are striving to support our Service members, civilian employees, and DoD families to help them make informed decisions about family planning and get the care they need.

We know the *Dobbs* decision, by restricting individuals' choices on the type of health care they can access based on where they live, will have implications for our community, given the nature of military service and assignment of duty stations. Prior to *Dobbs*, Service members, dependents, and civilian employees could receive such care near their assigned duty stations. After *Dobbs,* many of them will be forced to travel greater distances, take more time away from work, and pay more out of pocket expenses. Beyond the cost of the procedure itself, travel costs and lodging can add up to hundreds of additional dollars. Requiring Service members to travel away from their units to receive non-covered abortion care (or to accompany their spouse or dependent) can significantly impact the Service members' availability for missions and, in many cases, their individual readiness to serve due to the related mental and physical strains.

We have concerns that some Service members may choose to leave the military altogether because they may be stationed in states with restrictive reproductive health laws.

This leads us to our concerns about recruitment. Women make up one-fifth of our force, but women already volunteer at lower rates than men. And in the same way that some women would not take a civilian job in a state that severely restricts their options for reproductive health care, so too could some potential recruits feel deterred from joining the military for fear of being stationed at an installation or base in such states. For Service Members living and working in states with the full range of reproductive health care available to them, being required to move to a state that severely restricts access to reproductive health care might deter them from remaining in or military service because of the risks it may pose to their privacy and health care choices based on a military assignment.

We are particularly concerned about the impact on victims of sexual assault in our ranks and in our community. After *Dobbs*, victims of sexual assault may have increased concerns about maintaining their privacy when seeking abortion care. And while our providers in military medical treatment facilities will continue to perform abortions in the case of rape or incest, consistent with federal law, victims may nonetheless be deterred from seeking care following a sexual assault given state abortion laws that make no exceptions for rape or incest. These restrictions could cause additional stress and emotional harm to victims who have already endured terrible trauma. We also have grave concerns this may undermine the bipartisan progress we have made to strengthen how we prevent and respond to these already severely underreported crimes.

We are mindful that members across our DoD family may experience distress as a result of the additional barriers to accessing reproductive health care in the states with the most restrictions. Those barriers can inflict emotional harm on those seeking care, as well as their families—during an already deeply difficult time.

These are just some of the initial challenges arising out of the changes brought by *Dobbs*. Regardless of whether and where abortion is legal, and under what circumstances, we know from established research that individuals will continue to seek them. This includes the Military Community. And so, the Department is examining how we can best fulfill our duty to take care of our people, consistent with federal law. We will ensure that our Service members are supported, have control over their most private health care decisions, and know their rights for all reproductive health care options, including pregnancy termination.

In all our efforts, we are working closely with the Department of Justice to ensure that our people—and particularly our medical providers—can continue to provide needed reproductive health care in a manner consistent with federal law.

We have a solemn obligation to support all those who volunteer to keep our country secure—including Service members, civilian employees, and military families. We pledge to do everything we can to ensure that individuals in our military community are able to access the health care they need. We are proud to make this commitment to Congress and all those who serve in the Department of Defense.

Thank you for your support of our military community. We look forward to your questions.

Gilbert R. Cisneros Jr.
Under Secretary of Defense for Personnel and Readiness

Mr. Gilbert Cisneros was sworn in as the Under Secretary of Defense for Personnel and Readiness on August 24, 2021. As the Under Secretary, Mr. Cisneros serves as the principal staff assistant and advisor to the Secretary of Defense for force readiness; force management; health affairs; National Guard and Reserve component affairs; education and training; and military and civilian personnel requirements and management, including equal opportunity, morale, welfare, recreation, and quality of life matters.

Gilbert is a former military officer, philanthropist, veterans advocate, and Member of Congress with national security experience. He was born and raised, in Southern California.

Gilbert enlisted in the United States Navy in 1989 after graduating from high school. He was selected for the Broadened Opportunity for Officer Selection and Training Program and was commissioned as an Officer in the United States Navy in 1994. After 10 years of service, he left the Navy and went to work for Frito-Lay. In 2010, with his wife Jacki, he started The Gilbert & Jacki Cisneros Foundation, focused on helping students find a path to higher education with scholarships and college access programs. Along with supporting education initiatives, such as Better Make Room, they have also supported organizations, such as It's On Us, to end sexual harassment and assault on college campuses, and the USO, which supports our active duty troops. He also founded The Cisneros Hispanic Leadership Institute at his alma mater The George Washington University, which not only provides scholarships for Latino students, but is also becoming a leading institute for policy issues that affect the Latino community. Prior to serving in Congress, Gilbert was a member of the President's Advisory Council for the Arts and a member of the DNC Finance Committee.

A strong advocate for our service members and our veterans, Gilbert served on both the Armed Services and Veterans' Affairs Committees when he represented CA-39 in the House of Representatives. He championed language in the National Defense Authorization Act (NDAA) to foster greater diversity in our military officer corps. He fought to address the issue of mental health and suicide amongst both our veterans and service members. After the death of Spc. Venessa Guillén, he was invited to participate in discussions about the status of Latinos in the Army and helped to introduce the I Am Vanessa Guillén Act to make sexual harassment a crime within the Uniform Code of Military Justice. He has been an advocate for military families on issues of housing, child abuse, and exceptional family members. He has been outspoken about the military taking a bigger role in protecting our planet, and secured language in the NDAA to have the military begin to convert all non-tactical vehicles to no-emission vehicles. As a former Naval Officer, he secured language in the NDAA that will evaluate and strengthen the Navy's process to not only make better warriors, but better ship drivers. He is also the co-founder of the Military Transition Assistance Pathway (MTAP) Caucus to support and advocate on behalf of military service members returning to civilian life.

Gilbert attended college on a Naval Reserve Officer Training Corps (NROTC) scholarship and received a B.A. in Political Science, from George Washington University. While in the Navy, he received his M.B.A. from Regis University. At the age of 43, after starting his education foundation, he went back to school using his G.I. Bill and received an A.M. in Urban Education Policy from Brown University.

Gilbert has received numerous awards for his military service, philanthropic work, and as a member of Congress. Most recently he has received an award from the United States Navy Memorial for his years of service to our country and he was recognized by the U.S. Chamber of Commerce with their Abraham Lincoln Award for his bipartisan work in the House of Representatives on behalf of small businesses.

Ms. Seileen Mullen
Acting Assistant Secretary of Defense | Defense Human Resources Activity (DHRA)

Ms. Seileen Mullen is currently serving as the Acting Assistant Secretary of Defense for Health Affairs. In this role, she is the principal advisor to the Secretary of Defense and the Undersecretary of Defense for Personnel and Readiness for all Department of Defense health and force health protection policies, programs, and activities.

Mullen has spent nearly 30 years in or around military health. Prior to being named the Acting Assistant Secretary of Defense for Health Affairs in 2022, she served as the Chief Operating Officer of Martin, Blanck & Associates, a health care policy firm, with a focus in military health. She became Chief Operating Officer in January 2007, and was responsible for day-to-day operations, including management of client relations, and internal communications and external partnerships. At Martin, Blanck & Associates, she worked extensively military health issues, including on matters relating to both the Direct Care Direct care refers to military hospitals and clinics, also known as "military treatment facilities" and "MTFs." direct care and Purchased Care The TRICARE Health Program is often referred to as purchased care. It is the services we "purchase" through the managed care support contracts purchased care systems.

Mullen graduated with a Bachelor of Arts from the University of Virginia in 1984. From 1985 to 1993, she served in the House of Representatives in a variety of roles. She spent three years as a professional staff member on the House Armed Services Committee.

In February 1993, she joined the Department of Defense. From 1994 to 1996, she served as the Special Assistant and Executive Officer to the Assistant Secretary of Defense for Health Affairs, where she provided advice and counsel to the Assistant Secretary of Defense for Health Affairs on health care and operational policy matters. In this role, she also contributed to the publication of the Final Report of the White House Task Force on Persian Gulf War.

From 1996 to 1998, Mullen was the Director of the Department of Defense's TRICARE Management Activity's Aurora Field Office. In this role as the Head of Contracting Activity (HCA), she managed TRICARE's contracting activities, as well as approximately 350 personnel in TRICARE's Colorado and Washington, D.C. contracting offices.

From 1999 to 2001, Mullen served as the Director of Federal Government Relations for the Salt Lake Organizing Committee for the Olympic Winter Games of 2002. She worked daily with the White House Task Force for the Olympics in securing appropriations for the 2002 Olympic Games and all aspects of government relations at the federal and state level. From 2001 to 2004, she provided program consulting services to the TRICARE Management Activity (TMA) in support of the TRICARE Next Generation (T-Nex) contracts for managed care services, which represented $32 billion in federal healthcare contracting.

She served as a member of the Virginia Medical Reserve Corps during the COVID-19 pandemic. She is a recipient of the Department of Defense Outstanding Public Service Award.

DOCUMENTS SUBMITTED FOR THE RECORD

JULY 29, 2022


State Abortion Restrictions and Military Installments
WA
2
MT
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ND
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OR
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MI
4
WI
4
IL
4
IN
8
PA
8
NY
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VT
ME
NH
RI
NJ
DE
MD
DC
FL
17
AK
HI
Map Legend
Legal
Legal for now
Fully or almost completely banned
Currently blocked by a court order
At risk of being banned imminently

SUBJECT: Testimony of Importance for DoD Service members' Access to Abortion Care

1. After 18 years as an Active Duty military service, I discovered after taking a panel of blood tests for a medical condition that I was nearly 5 weeks pregnant. In that moment, I sobbed in a fury of panic. I thought about how this was possible with the use of birth control, about the vasectomy my husband was schedule for 2 weeks from that day, about how annoyed my supervisor and coworkers may be that I would be burdening them with future absences from the work center. I panicked in fear of what this pregnancy would do to further complicate my medical condition. Mostly, I knew how disruptive a pregnancy at that time would be to my ability to serve the Air Force and the Department of Defense in the mission to which I was assigned. The interruption to a member's ability to perform their duties is lengthy and severe, which places increased burdens on an already stressed workforce.

2. During this time, the initial requirement for medical care was disruptive. Though treatment of my condition was provided off-base, the need for a referral required the local military medical treatment facility to confirm the pregnancy through a urine sample. This triggered the Public Health office to place me on a physical fitness profile and an assignment limitation code that pauses the option to change assignment location the next day. I was in a constant state of terror that my immediate supervisor and their rater, who both have access to the database that would display those changes, would see this information and start asking questions. This was during the time of year where those documents need to be reviewed as part of an annual performance assessment, only furthering my level of stress and despair. Pregnancy is the one medical condition that is immediately and widely disseminated across multiple systems of records, making privacy for this issue impossible.

3. As I waited for my appointments at the local woman's reproductive care facility that performs abortion care, my mental health was deteriorated to the point to where I just felt numb. With all the different medical appointments with various people, paired with the constant worry over when someone from my unit was going to start asking questions about my assignment limitation code, I was stressed to the point where I was on the verge of tears on a constant basis. When I was handed the state-mandated packet of information about pregnancy before leaving, I remember a feeling I would describe as blankness washing over me, at which point I robotically grabbed the papers and left without saying anything. Had I been required to return to work that day I would have been useless to the mission.

4. The local woman's reproductive care facility was respectful and helpful even with the crowd of protestors outside screaming that I was a murderer. They accused me of various terrible things, all while I was being protected and having my face covered by the clinic volunteers. While waiting for the procedure I met a 15-year-old teenage there with her grandmother, after this young girl had been raped by her stepfather. I met a woman in her twenties that had two children and couldn't bear bringing a third into her physically and verbally abusive relationship. After the procedure, my spouse

returned to pick me up from clinic and I was able to recover at home. After about few weeks I was able to remove the fitness profile and limitation code from my records, only after providing another urine sample and speaking with a member of the Medical Group to provide information that the pregnancy was ended due to abortion.

5. I was one of the lucky ones. I lived in a city that had a reproductive healthcare clinic that respectfully performed the abortion procedure. I am a career Airman that is financially stable and could afford the fees. It was a time during the year where I was able to secure local leave to attend appointments and recover without having to legitimize to my command team why I needed the time off. I was lucky that the weeks following the procedure when my hormones were imbalanced, and I was trying to emotionally work through the significance of the decision to end the pregnancy that I was able to secure additional leave from work. While this is conjecture, I feel confident in the opinion that earlier times in my career would have made this process much more difficult and I would have felt pressure to provide explanation to many levels of supervision why I needed time away on short notice. I am thankful that when I needed this procedure it was legally available to me in the state in which I was stationed.

6. Just as some female service members advocate for access to fertility treatments and medical interventions that support pregnancy, others require safe access to abortion care for effective continuation of service in the armed forces. With the predominance of military bases in states postured to uphold restrictions and preventions of abortion care, I am confident there are other service members in this situation now. Some of our service members have fought to increase the degree of support to families and those wishing to become pregnant in order to grow their families. These initiatives help retain some of our best talent and support a diverse and inclusive force. I am willing to stand by my support for the service members that want and need abortion care in order to maintain their own mental health, military readiness, and unique health needs. Abortion care is also a form of healthcare that can help retain some of our best talent and supports a diverse and inclusive force. The Women, Peace, and Security Act of 2017 recognized the benefits of empowering women and actively involving women and girls in global efforts for peace, stability and security. Our female DoD members need your help to ensure they are provided this same empowerment to maintain their military readiness through safe access to legal abortion care.

X _____

JENNIFER L. NEGLEY

JENNIFER L. NEGLEY

Representative Jackie Speier
Chair of the Military Personnel Subcommittee

Dear Representative Speier,

I am submitting my written statement regarding the hearing on Service Member's Reproductive Health and Readiness. I deeply believe that access to reproductive health services for our servicemembers improves readiness and morale. This access includes birth control, family planning, sterilization, and abortion. With the overturn of Roe vs. Wade all servicemembers will be affected, with women being the most impacted. Family planning in the military is an important aspect as members must balance their family and the needs of the military. While the military has supportive policies in place to have children there also needs to be supportive policies for members who choose to not continue a pregnancy. This can include Permissive Temporary Duty to travel to a state with abortion access so not to impact a member's leave, education on the process to obtain an abortion in the military and ensuring a patient's privacy from their leadership for such procedures.

Seymour et al. (2019) notes that servicewomen have an unintended pregnancy rate of more than 1 ½ times the rate of women outside the military. They note in their study, "In order to expand access to all methods, the Basic Core Formulary should also be expanded to include additional contraceptive methods. Finally, for servicewomen whose needs are unmet by the military healthcare system, referrals should be readily available from military healthcare staff." Expanding access to contraception and finding ways to ensure members can receive abortion healthcare if they so choose to ensure member's continued readiness and quality of life.

The decision to leave abortion access up to the states deeply impacts servicemembers physical and psychological well-being. Servicemembers rarely get a choice in their duty stations and with many military bases in states that restrict abortion it can cause servicemembers to rethink their career in the military. The ability to choose when to have a family or be able to decide whether to continue the pregnancy should birth control fail or health issues develop is a deeply personal issue that should not be regulated based on what state the servicemember is in. While I cannot change the Supreme Court ruling, I implore the Department of Defense to ensure unfettered reproductive access so servicemembers do not feel trapped by their circumstances due to service for this country. By enacting policies to allow servicemembers healthcare access without fear of reprisal from any state they are stationed in can ensure their reproductive health and readiness within the force.

Sincerely,

KENDRA M. KIRKLAND
Active-duty service member

Megan Klocek, MD
Guam, USA
27 July 2022

Rep. Jackie Speier
Chair of the Military Personnel Subcommittee

Dear Representative Speier,

I am writing to express my personal opinions and concerns regarding access to women's healthcare in the military in light of Dobbs. The opinions expressed in this letter are solely my own. I am not writing as a representative of the Navy or of my command; nor do my opinions expressed herein represent the views or opinions of the Navy or my command.

I am a US Naval Academy graduate and board certified OBGYN physician. I completed my residency training at the University of Pittsburgh Medical Center's Magee Womens Hospital in 2017 prior to coming on active duty. I worked as an attending physician for 3 years a Naval Medical Center Portsmouth, and I am currently serving as one of 4 OBGYNs at Naval Hospital Guam.

I have cared for thousands of pregnant women both in and out of the military.

I am Catholic.

I am a mother.

I am gravely concerned about the health, safety and operational readiness of our female forces who may be stationed in localities where abortion is illegal or access is restricted.

When I was in residency, some of the older attending physicians told us about the sepsis ward. Imagine an entire hospital ward full of women with life threatening infections due to illegal abortions. The data from those times aren't great, but the Guttmacher institute notes that at the University of Southern California there was 1 admission for septic abortion for every 14 deliveries in the pre-Roe era. Back then, women were having illegal surgical abortions without antibiotics or sterile instruments. Times have changed. In my entire career, I have only ever had to care for 1 woman with a septic abortion, and I have been peripherally aware of a handful of others. If patients turn to unsafe surgical abortions again, at the small hospital where I work and we do 30 deliveries per month, I suppose I would expect to admit 2 women every month with this life threatening complication. In reality, there would be more admissions for abortion complications, if you count the hemorrhages.

I hope that most women would know better than to seek an illegal surgical abortion. I hope they would realize the medication abortion is safe early in pregnancy. Can I tell them, if I'm their

doctor? Can I direct them to the safe websites that won't sell counterfeit drugs? Can I tell them what to watch out for, in case they have a complication at home? Can I reassure them that I won't report them to the authorities if I find pills when I do their vaginal exam, so they should come in right away if they are experiencing a complication? Or is giving my patients sound medical advice going to be aiding and abetting a felony in a state where abortion is illegal?

Will my patients come to the hospital when they first spike a fever, or will they stay home because they are terrified? How much blood loss will there be before they call 9-1-1? Will they show up in the ER already in shock or dead?

My patients need protections under the law. There are legal protections that have been extended to me as a provider at a federal facility—specifically that I can provide abortion care in cases of rape, incest, or threat to maternal life. My patients need legal protections even beyond those that are afforded to me. In the civilian world, the criminalization of abortion is a massive public health issue. In the military, it is also an operational readiness and national security issue.

Guam's legislature is debating a heartbeat bill, and so I have additional concerns on a more personal note. Jurisdiction over the military bases here is concurrent. What does that mean for me, as a physician practicing at a federal facility who resides in the local community? If the bill passes and someone reports me to the local police for providing an abortion covered by 10 USC 1093, will I be arrested in my home? I have seen the memo from the Under Secretary of Defense for Personnel and Readiness endorsing that I will have top cover from the Department of Justice. I am grateful to know that some of our nation's best lawyers would be on my side. It is not enough. What assurances can you give me that my family will not be torn apart? How is the question of jurisdiction to be reconciled when NCIS says I haven't committed a crime, but Guam says I have? It is quite the leap of faith, to hope it will all just work out. Who will care for my patients if my partners and I are in jail?

I realize there are more questions than statements in this letter, and I hope that in the near future there will be more clear answers. Please provide the necessary legal protections to preserve the health and safety of our servicewomen.

Sincerely,

Megan Klocek, MD

To: July 19, 2022

President Joe Biden
Secretary of Defense Lloyd Austin
Secretary of Veterans Affairs, Denis McDonough

Senate Majority Leader Charles Schumer
Senate Minority Leader Mitch McConnell
Speaker of the House Nancy Pelosi
House Minority Leader Kevin McCarthy

Senate Armed Services Committee
Chairman Jack Reed
Ranking Member James Inhofe
Senate Veterans Affairs Committee
Chairman Jon Tester
Ranking Member Jerry Moran

House Armed Services Committee
Chairman Adam Smith
Ranking Member Mike Rogers
House Veterans Affairs Committee
Chairman Mark Takano
Ranking Member Mike Bost

Dear President Biden, Secretary Austin, Secretary McDonough, Majority Leader Schumer, Minority Leader McConnell, Speaker Pelosi, Minority Leader McCarthy, Chairman Reed, Ranking Member Inhofe, Chairman Tester, Ranking Member Moran, Chairman Smith, Ranking Member Rogers, Chairman Takano, and Ranking Member Bost,

We are members of the military community - service members, veterans, survivors, advocates, members of military and veteran service organizations, families, and allies. We have served in peacetime and war and write to express our alarm over the Supreme Court decision to overturn the protections guaranteed in *Roe v. Wade* and dismantle the constitutional right to abortion. This decision impedes our human rights and civil liberties, and our national security. We implore you to take immediate action to address the crisis that service members and their families now face as a result of the inability to access comprehensive, evidence-based reproductive health care.

Abortion bans will disproportionately impact the well-being of our military communities, and threaten recruitment, retention, and overall force readiness. The prevalence of sexual assault in the military makes access to reproductive health care, including abortion, vital to the readiness of our Armed Forces. Sexual violence across all services and academies remains pervasive, despite fervent efforts on the part of advocates, families of victims, and changes to military structures. In spite of recent changes to address sexual assault and harassment, the Department of Defense has continued to fail to curb this behavior and address the crisis.

Without the protections affirmed in *Roe v. Wade*, abortion will become increasingly difficult for service members, veterans, survivors, and their families to access and many will be forced to continue a pregnancy against their will. This will disproportionately impact lower enlisted, Black, Indigenous, people of color, and LGBTQ+ service members. It is the duty of the Department of Defense to immediately implement policies to protect service members and their families who are stationed in states that have passed laws that will harm their reproductive freedoms and bodily autonomy. Every person should have access to the care they need - regardless of what they do, where they live, or where they are stationed.

The military faces a growing recruitment and retention problem, the magnitude of which is still unknown. Many Americans are reluctant to join and be stationed in undesirable locations, including states that have restrictive abortion bans. The continued attacks on reproductive health care will cripple operational readiness and calls into question our country's national security that relies on this readiness and an all-volunteer service.

To protect the reproductive rights of service members and their families, we call upon legislators to:

1. **Pass the MARCH for Servicemembers Act** and lift current bans on abortion care at military medical treatment facilities and in TRICARE coverage. We urge you to use every tool at your disposal to support abortion access in this current crisis.
2. **Repeal the Department of Veterans Affairs' abortion bans and provide comprehensive reproductive health care services**. Veterans who serve our country cannot receive abortion care through the Department of Veterans Affairs under any circumstances. For those unable to receive care in their home state, travel expenses, including lodging and transportation, must be provided to the patient.
3. Pass legislation that would **mandate the Department of Defense to provide direct financial support to service members and their family members seeking abortion care off-base.**
4. Pass legislation that would **provide compassionate reassignment for service members who are denied access to sexual and reproductive health care and request relocation**. This policy will be extended regardless of race, gender, or gender identity. These requests must be granted immediately on the presumption that this care is time sensitive. All requests shall be collected and reported to Congress annually by state and installation.

We ask for these human rights protections for those who wear the uniform of our nation, and for the future generations of service members who are watching our actions in this very moment. We will never stop fighting for a future where we all have the freedom to control our own bodies and live with dignity. It is imperative that our lawmakers do the same.

Signed,

[Signatures Enclosed]

Military Connected Individuals

Brittany Parsons, PA, Signed as a Private Citizen
Aaron Chase, CA, Signed as a Private Citizen
Adam Schneider, IL, Veteran, O-3, Navy
Adrienne Sherk, CA, Veteran, O-2, Army
Alan Perry, CA, Retiree, E-7, Navy
Alexander Quintana, FL, Signed as a Private Citizen
Alexandra Snyder, MD,Veteran, E-5, Navy
Alicia Boyer, VA, Signed as a Private Citizen
Allison Churchill, NY, Veteran, E-5, Army
Amanda Murray, VA, Signed as a Private Citizen
Amy Cook, FL, Retiree, E-7, Air Force
Amy McGrath, KY, Retiree, O-5, Marine Corps
Andrea Rowell, TX, Veteran, E-4, Air Force
Angie Picard, PA, Signed as a Private Citizen
Antoinette Izzo, AZ, Veteran, E-8, Marine Corps
April Poquette, AK, Signed as a Private Citizen
Ashlee Batsom, OK, Signed as a Private Citizen
Ashley Dwyer, WY, Retiree, E-7, Army
Ashley Wallis, CO,Veteran, E-4, Army
Ashlie Hill, FL, Retiree, E-7, Air Force
Barbara Arndt, NJ, Veteran, E-4, Marine Corps
Benjamin Kush, GA, Veteran, O-3, Air Force
Brandon Lewis, FL, Signed as a Private Citizen
Brianna Williams, TX, Signed as a Private Citizen
Brigid K., AL, Signed as a Private Citizen
Brittany Morrow, HI, Signed as a Private Citizen
Cailyn Palmer, FL, Signed as a Private Citizen
Cassaundra Truax, WY, Signed as a Private Citizen
Cassie Byard, OH, Veteran, E-3, Navy
Cathy Torres, CA, Veteran, E-4, Marine Corps
Chelsi Johnson, VA, Signed as a Private Citizen
Christian Record-Jackson, DC, Signed as a Private Citizen
Christina Lowry, OK, Signed as a Private Citizen
Christine Magnan, AZ, Veteran, E-4, Air Force
Christopher Berryman, DE, Veteran, E-6, Marine Corps
Christopher Bryant, CA, Veteran, E-6, Navy
Christopher Purdy, GA, Veteran, E-5, Army
Christopher Smorol, CT, Signed as a Private Citizen

Clayton Tennison, NJ, Signed as a Private Citizen
Clint Mitchell, CO, Retiree, E-7, Army
Colleen Galloway, IL, Signed as a Private Citizen
Cynthia Womble, NC, Retiree, O-6, Navy
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Darlene Matthews, CA, Veteran, Army
Dave DeGroot, GA, Signed as a Private Citizen
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David Herring, WA, Signed as a Private Citizen
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Dennis White, NM, Veteran
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Edward Carpenter, NC, Retiree, O-5, Marine Corps
Elsa Kania, DC, Signed as a Private Citizen
Emily Smith. SC, Signed as a Private Citizen
Emily Kubusek, OH, Signed as a Private Citizen
Erik Mason, WA, Veteran, E-5, National Guard
Erin Kirk, NJ, Veteran, E-5, Marine Corps
Gary Tourville, CA, Signed as a Private Citizen
Gina Pollut, NJ, Veteran, E-2, Marine Corps
Greg Kilcommons, ME, Veteran, E-5, Marine Corps
Hila Levy, VA, Signed as a Private Citizen
Jake Osborne, GA, Signed as a Private Citizen
Jason Shelmidine, IL, Signed as a Private Citizen
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Jeff Danovich, GA, Veteran, E-5, Army
Jeffrey Schmidt, HI, Signed as a Private Citizen
Jennifer Lopes, VA, Signed as a Private Citizen
Jennifer Langille, UT, Signed as a Private Citizen
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Joanna Kresge, WA, Veteran, E-4, Air Force
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Joni Spence, NE, Retiree, E-8, Air Force
Joseph Brogen,VA, Signed as a Private Citizen
Josh Stroh, CA, Signed as a Private Citizen
Joyce Gonzalez, NJ, Veteran, E-5, Marine Corps
Julie Howell, DC, Veteran,E-4, Army
Julissa Mondragon, HI, Veteran, E-3, Marine Corp
sKara Stiles, NM, Veteran, O-3, Air Force
Karen Carmichael, Australia, Veteran, O-5, Air Force
Karina Bloom, NJ, Veteran, E-4, Marine Corps
Kathleen Hoffmanm OR, Veteran, E-5, Army
Kathryn Smith, KS, Veteran, O-2, Air Force
Kayley Squire, FL, Signed as a Private Citizen
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Kelly Fautz, CO, Signed as a Private Citizen
Kelsey Schmittling, AL, Signed as a Private Citizen
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Lacey Beaty, OR, Veteran, Army
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Megan Jantos, KS, Signed as a Private Citizen
Meghan Smorol, CT, Signed as a Private Citizen
Melanie King, WA, Veteran, E-6, Air Force
Melissa Santamaria, FL, Signed as a Private Citizen
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Quinzy Johnson, TX, Retiree, E-7, Army
Rebecca Daffon, NE, Signed as a Private Citizen
Renee Douglas, KS, Signed as a Private Citizen
Rich Rudnickm CA, Veteran, E-5, Navy
Ryan Crane, TX, Signed as a Private Citizen

Ryan Logan, NM, Veteran, E-3, Air Force
Ryan Marriott, FL, Signed as a Private Citizen
Sahara Fales, TX, Signed as a Private Citizen
Sarah Chapman, OH, VeteranE-5Navy
Sarah Klimm, CO, Retiree, E-7, MarineCorps
Sarah Shaw, CO, Veteran, O-4, Air Force
Sean Foley, NC, Retiree, E-7, Army
Sergei Garrison, MA, Signed as a Private Citizen
Shannon Green, VA, Veteran, E-3, Navy
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Shelby Kay-Fantozzi, MD, Signed as a Private Citizen
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Stephanie Kalota, FL, Retiree, E-7, Army
Stephanie Merlo, VA, Veteran, E-4, Army
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Sun Veg, VA, Veteran, E-7, Army
Syntia C., FL, Signed as a Private Citizen
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Lindsey Knapp, NC, Veteran, O-2, Army
Ryan McGraw, TX, Signed as a Private Citizen
Jeffrey Blackman, FL, Signed as a Private Citizen
Morgan Jones, FL, Signed as a Private Citizen
Ashleigh Magee, CA, Signed as a Private Citizen
Sabrina Mohammed, NJ, Signed as a Private Citizen
Veronica Lemus, CA, Signed as a Private Citizen
Brittany Minor, WA, Signed as a Private Citizen
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Michael Turner, FL, Veteran, E-5, Marine Corps
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Jewel Coutcher, OH, Veteran, E-5, Navy
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Brenda Gascot, VA, Veteran, E-5, Army
Michael Young, AK, Veteran, E-5, Army
Brian Dalton, MI, Veteran, E-3, Navy
John Ferrari, NY, Veteran, E-4, Marine Corps

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Teri Lenahan, OR
Sherrie Simmons, OR
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Luther Elliott, NY
Amy Braley Franck, TN
Tabitha Burchard, TX
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Amber Fitzwater, MD
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Brian Nicols, KS
Kelsey Olson, KS
Angie Barnes, OR
Patricia M Bugland, NY
Nancy Talley, K

Organizational Supporters

Combat Sexual Assault
Minority Veterans of America
Never Alone Advocacy
Not In My Marine Corps

Protect Our Defenders
Service: Women Who Serve
The Pink Berets
Veteran Legislative Voice
Veterans Cannabis Coalition
Vets for the People
Warrior Intimacy Institute
Women Veterans of NJ

QUESTIONS SUBMITTED BY MEMBERS POST HEARING

JULY 29, 2022

QUESTIONS SUBMITTED BY MS. HOULAHAN

Ms. HOULAHAN. The Fiscal Year 2021 National Defense Authorization Act, Section 555 required the Department of Defense to develop a policy to ensure that the career of a member of the Armed Forces is not unduly affected because the member is pregnant, gives birth, or incurs medical condition related to pregnancy or childbirth. My office has asked the Department for a copy of that policy but has yet to receive it. When can this committee expect to receive a copy of that policy?

Mr. CISNEROS. [No answer was available at the time of printing.]

Ms. HOULAHAN. Pregnancy is a medical condition which deserves the same right to privacy and autonomy over medical decisions as any other medical condition. Reviewing witness testimony, and written statements submitted by Chairwoman Speier, I am horrified at the utter lack of medical privacy servicewomen face when pregnant. In one letter a service member states that the results of a urine test completed at a military treatment facility to confirm a pregnancy immediately "triggered the Public Health office to place me on a physical fitness profile and an assignment limitation code . . . I was in a constant state of terror that my immediate supervisor and their rater, who both have access to the data base that would display those changes, would see this information and start asking questions." Furthermore, in a letter from the Commander of Air Mobility Command, it states that:

"Pregnancy is the only condition widely disseminated across medical, personnel, and readiness systems. We must better safeguard medical information and privacy."

The letter goes on to address specific actions units within the Air Mobility Command must take to ensure that HIPAA protections are provided to service members who are pregnant. Will the Department of Defense consider implementing privacy conditions and information restrictions across its medical, personnel, and readiness systems to ensure the right to medical privacy is applied to pregnancy?

Mr. CISNEROS. [No answer was available at the time of printing.]

Ms. HOULAHAN. Would you agree that servicewomen should be able to secure leave for an abortion without disclosing the reason to their commanding officers, and if so, what steps is the Department taking to ensure privacy and confidentiality for servicewomen?

Mr. CISNEROS. [No answer was available at the time of printing.]

Ms. HOULAHAN. The Blue Star Families' annual 2021 Military Families Lifestyle Survey (aMFLS) found that 64% of active-duty family respondents reported having family building challenges while serving in the military. Over four in 10 active-duty family respondents report that military service created challenges to having children, specifically the desired number and/or spacing of their children. Furthermore, family building challenges due to military service are much higher for female active-duty service members than their male peers (57% vs. 28%), given the requirements to balance career goals, duty locations, partner co-location and biology. As such, can you explain your current understanding of how family building challenges affect military readiness?

Mr. CISNEROS. [No answer was available at the time of printing.]

Ms. HOULAHAN. Does the Office of the Under Secretary of Defense for Personnel and Readiness support a study on the connection between active-duty military service and family building challenges to provide a full accounting for how many military members struggle with family building challenges and how those unsupported burdens could be affecting retention and readiness?

Mr. CISNEROS. [No answer was available at the time of printing.]

QUESTIONS SUBMITTED BY MS. STRICKLAND

Ms. STRICKLAND. TRICARE currently pays for assisted-reproductive procedures if a loss in reproductive ability is a result of a service-connected injury. The services also must be combined with natural conception and the servicemember must have a lawful spouse. Non-coital reproductive procedures are not covered. Otherwise, servicemembers must pay out of pocket.

Does the Department of Defense believe that all service members deserve the right to start a family in a matter commiserate to their medical needs? Does the

Department of Defense believe that all servicemembers and their spouses deserve equitable access to infertility care without discrimination?

Mr. CISNEROS. [No answer was available at the time of printing.]

Ms. STRICKLAND. TRICARE prescribes a diagnosis of infertility as the inability to conceive after 12 months or more of regular unprotected sexual intercourse. This definition of infertility contradicts the operational nature of military service for the majority of the work force and is discriminatory in its exclusion of military members who choose to parent independently or as a parent in a same sex partnership. Moreover, female service members have significantly greater rate of infertility than the general population.

Military life, which requires physical separation by partners, exposure to hazardous materials, inherent risk in training and combat and the prevalence of comorbid conditions—PTSD, Anxiety, Depression, Sexual Dysfunction contributes to the challenges that negatively impact fertility for today's servicemen and women.

Will the Department of Defense consider revising the definition of infertility for active-duty servicemembers and their dependents? Will the Department of Defense also consider making baseline fertility testing available to individuals finding traditional "watch and wait" techniques inadequate?

Mr. CISNEROS. [No answer was available at the time of printing.]