

that is because some of the borrowing during the pandemic was insane. We borrowed \$4.8 trillion, and here are some of the things: the rescue plan, the omnibus, you know.

You start to add in just the growth of spending, and then what is fascinating is we are now finally starting to see some of these charts that have interest. It is one of the reasons I wanted to touch on that.

You do realize our borrowing costs today have almost doubled. Actually, I think they have more than doubled since the day President Biden was sworn in.

There is a model out there that says if you had a 2-point higher interest rate on U.S. sovereign debt over—functionally, I think the model was 25 years, 2 points higher. We are 2-plus points higher right now. But if that were to be sustained for about 25 years, at the end of that 25 years, every dime of tax receipts from this government pays nothing but interest.

Now, back to the slide where I was fixated on productivity and economic growth. Are you getting the pitch? If we would stop the clown show and start to fixate on things that help people—and is helping people really Republican or Democrat, because this place isn't doing it. We subsidize people. We sure hand out a hell of a lot of checks, but almost none of that makes society healthier and more productive.

There is a path. When you start to see things like this and realize when we factor in the new interest rates, the amount of just the financing, just the financing on \$4.8 trillion of additional borrowing we have done in—what?—the last 18 months, when the 2 year today was in—what?—3 and a half, still going up.

Why isn't there a sense of worry around here? I mean, you all walk around with these cell phones. You know, there are calculators on them.

This was just an attempt—and I know the slide is noisy. We were just trying to work in the components of GDPNow. Let's see if I can make this make sense.

If you are crazy enough to have been watching this, there is an app you can go to right now and download it from the Atlanta Federal Reserve. It is called GDPNow.

What they try to do is take datasets as they come out, and it is a formula. It is pure math. This isn't like the New York Fed, which actually does attitudinal things and sort of purchasing attitudes and savings attitudes. GDPNow is just cold, hard math.

This was an attempt to try to show, hey, here are some of the components. GDPNow is a real GDP calculator. It is going on, because as you know, GDP in the first quarter came in negative, but there were genuinely some timing and some energy effects on that one.

But GDPNow in the second quarter came in negative, and that one was—well, it looks like it is structural. As of

about 2 hours ago, the GDPNow web app you can put on your phone—a couple of weeks ago, they thought this quarter was going to be about a 2½ percent growth rate, which would have been nice. It sort of meant, hey, the fall of economic expansion looks like it had bent and was coming back up.

As of a couple of hours ago, now it has fallen all the way down to 0.3 with negative bias, meaning these inputs that the Atlanta Fed is using continue to fall.

I am going to predict we are heading into a third negative GDP quarter.

Now, are we going to have the same argument that we had last quarter? Well, technically, two negative quarters is not a recession. Technically, we have this little committee over here, and they decide if it is a recession. So, we spent a week trying to decide: Should we call it a recession? Should we say we are not in a recession?

My attitude was: Who cares? How about we do something that would be much more compassionate? Let's go talk to the family down the street that is just trying to survive and ask them how they are doing.

I am going to get up here and geek out on the components that actually go into a GDP calculator. My real request is this place functionally start to understand the crappy policies we have made the last 18 months.

We can reverse course. We can do things policy-wise that get economic growth, get productivity, produce hydrocarbons, produce the things that are components for prosperity, or we can continue to functionally export misery, not only throughout our country but throughout the world, because that is what we have done.

Be prepared. In a couple of weeks, you are going to find out we have had another quarter of negative growth. We are going to have the press and the Democrats say: Oh, but that is not a real definition of recession. That is a committee over here. Let's talk about migrants being shipped to, you know.

Instead, we will do everything we can to understand the scale of the economic dislocations that policy around here has done in the last year and a half.

Understand, Republicans: We are going to take the majority of this House this November. My math, from what I can see policy-wise, even if we controlled everything, it is going to take years to fix.

Remember the opening here? I tried to explain something, and that was called the yield curve. When you have an inverted yield curve, what does it mean? It is not that complicated.

My 2-year T bill, I give you money to hold a 2-year Treasury bond, full faith and credit of you, the taxpayers, or a 5 year, a 7 year. All those are paying higher interest rates than if you bought a 10 year.

That lets you know the markets now believe inflation is here for years and years. The data on these boards now

says inflation is here for years and years.

How much policy do you see coming from our brothers and sisters in the majority demonstrating they care enough to actually take on the misery, or are we just going to engage in the political theater, the virtue signaling, to survive the next election cycle?

Madam Speaker pro tempore, I apologize for the discombobulation of not having the boards set up.

Madam Speaker, I yield back the balance of my time.

□ 1600

ABORTION ACCESS IN THE MILITARY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the gentlewoman from California (Ms. SPEIER) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Ms. SPEIER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include any extraneous material during this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. SPEIER. Madam Speaker, I rise this afternoon to hold this Special Order on a very important issue. It is an issue about abortion access in the military. I thank my colleagues for joining me and elevating their voices on the experience of our troops who are terrified that they will be stationed in a State where they cannot control their bodies.

The Supreme Court decision in Dobbs overturned 50 years of precedent recognizing the constitutional right to abortion. The Court stated that their opinion merely returned the issue of abortion rights to the States, and that women can vote for whom they wish to represent their values.

But servicemembers don't have that right. They don't get to choose where they live. This leaves 230,000 service-women who could be ordered to a State that forces them to stay pregnant, even under circumstances where they have been raped, because that is what some of the States in this grand Union have decided is the law of the land in their State.

Let me tell you that this is going to have profound impacts on the issues that really are of great concern to us who oversee the military right now. Recruitment is down. Retention is a problem, and readiness is a problem. That is only going to be exacerbated by having a situation where these service-women who become pregnant are going to have to travel long distances to get an abortion.

Access to abortion has long been a struggle for women in the military, especially those overseas and our junior

enlisted with lower incomes. The Dobbs decision has just made matters worse.

This map right here shows all the States in red that have basically prohibited abortions, for all intents and purposes.

Now, one in four women will have an abortion some time during their reproductive years. We now look at the fact that women in the military have a 22 percent higher incidence of unintended pregnancies than women who are in the civilian world.

So now let's look at this. There are actually 128 military installations in these red States. Of those 128 installations that will prohibit abortion, 80,000 servicewomen are on bases in those States. The vast majority of those women are of childbearing age.

Now, the Rand study that was recently commissioned estimated that there are 4,000 servicewomen every year that are getting abortions. Now, of those 4,000 women who will get abortions, 40 percent of them are in States that have severely restricted or no access to abortion.

Now, look at this. You have a situation, where you are in Louisiana or Mississippi, look how far you are going to have to travel, how many States you are going to have to travel through to get to a blue State where you could access an abortion.

Privates in the military make about \$2,000 a month. Most of the abortions will happen to young servicemembers. A typical cost, not including travel, to get the medication abortion is \$568. To have a first-trimester, procedural abortion it is \$625. And a second-trimester abortion is \$775.

For a servicemember who must travel for an abortion, for example, from the State of Texas to Kansas, let's say, with a two-night stay in a hotel, the expected cost is \$1,100 or more. That is almost half of the monthly salary for a typical junior enlisted servicemember.

In July, we had the very first hearing ever in the House Armed Services Committee on abortion access. Two courageous Active-Duty women who have served in the military, each for over 20 years. So, they have excelled, they are officers in the military, or noncommissioned officers in the military, and they have been so good that they have been retained in the military and promoted.

Let me tell you their stories. Theresa spoke of how her abortion as a junior enlisted servicemember enabled her 20-year career in the Air Force. She used her entire paycheck to cover the cost of the abortion, and her next paycheck to reimburse her friend for the gas money for driving her to the facility.

Another servicemember, whose name is Sharon, spoke of getting an abortion because she wasn't ready to have another child.

Let's remember that 59 percent of the women who get abortions in this country are already mothers. I was one of them.

She and her partner were going to drive to Georgia, but then they learned

it had a mandatory waiting-period law. So then they ended up traveling all the way to New York City; and she credits that abortion for her 24 years of Active Duty in the military.

Now, I have more to say, but I am going to yield now to the gentlewoman from Florida (Ms. LOIS FRANKEL), my great colleague, who is one of the co-chairs of the Democratic Women's Caucus.

Ms. LOIS FRANKEL of Florida. Madam Speaker, I thank Congresswoman SPEIER for yielding, and for her great leadership on this issue and so many that affect our women in the military.

I also want to start with a shout out to Congressman TAKANO and Congresswoman BROWNLEY for their work on getting veterans the healthcare they need.

Madam Speaker, I join Congresswoman SPEIER and millions of Americans who believe that a woman should be able to make her own decision about her reproductive care, her life, and her future. And here is the thing: Abortion is healthcare, and the decision to seek an abortion is deeply personal. It is a decision that should be made by a woman with her doctor, or with people she trusts, not by politicians, not by the Governors, not by a State legislature, people who have no insight into her circumstance.

Today, we are taking the opportunity to focus on the importance of reproductive freedom for members of our military.

I believe, as the gentlewoman pointed out, there are over 200,000 Active-Duty women servicemembers that serve our Nation, 80,000 residing in the over 100 military bases in this country; bases dominated by men. Most of these women are young; they are fresh out of high school or college; they have never been away from home, and they have hopes and dreams, and they are filled with pride and excitement. Sadly, they are entering an environment where sexual assault is rampant.

Just ask Sarah, who was stationed at Fort Hood, Texas. This was just a few years ago. She was raped at a party attended by military personnel. At that point, in those days, she was able to opt for an abortion, and she was able to drive. She had been at Fort Hood, Texas, and she was able to drive to a Planned Parenthood nearby.

But now that the Republican-controlled Supreme Court has made a dastardly—that is sort of a polite way to express it—dastardly decision to restrict access to abortion, what would be the option for Sarah, or any of the women stationed on American bases where the States have either banned or restricted abortion?

I have a similar map to the one Representative SPEIER showed. So the dark color—where there are dark colors on the State, I will call it red. I am going to call it “magna” red, the “magna” red States. And those are States that either have banned, or are restricting,

or severely restricting, or in the process of restricting access to abortion. There are about 27 of those in this country.

Take a look. Those little dots, black dots, they represent the military bases in this country. Just take a look.

I am going to have to, Madam Speaker, move to my map. What if you are in a base—if you were based deep in Texas, Mississippi, Alabama, even in Florida, where do you go? Where do you go? The map tells the story.

So we know that Sarah would have had to drive 9 hours, 9 hours from Fort Hood, just to get to New Mexico.

Make no mistake, Madam Speaker. Make no mistake, that the Republican-appointed Supreme Court, the “magna” Republican State legislatures, have declared a war on women.

So here we are today saying this: Our patriotic women, they leave their homes, their family, and their friends, to serve our country. They signed up to be pilots and engineers and medics, not to have a forced pregnancy forced by “magna” Republicans.

We trust them with Black Hawks, with firearms, logistics. We must trust them to make their own medical decisions about their lives and give them access to the healthcare they deserve.

They are standing up for our freedom, and we must stand up for theirs.

Ms. SPEIER. Madam Speaker, I thank the gentlewoman for her powerful comments.

On top of everything else, we passed one law which was the Hyde amendment, that said you can't use Federal funds for medical abortions, so Medicaid was not made available for that purpose. But many States have decided to cover it anyway.

But that wasn't enough for the Congresses some years ago. They decided that we would ban any abortion at a military treatment facility except for rape, incest, and the life of the mother.

So that means a servicemember can't go to the military treatment facility on their base, get the abortion, and pay for it themselves. We make them jump through hoop after hoop after hoop. And then, we ask ourselves, why do we have a recruitment problem? I think it is pretty obvious.

Madam Speaker, I yield to the gentlewoman from Pennsylvania (Ms. HOULAHAN), my colleague on the House Armed Services Committee, and on the Military Personnel Subcommittee, and a former servicemember, to comment on this issue as well.

Ms. HOULAHAN. Madam Speaker, as a former servicewoman and a veteran myself, I rise today in support of our current and future servicewomen and their fundamental freedoms.

The Dobbs decision has already had a devastating effect on women across this country. According to a recent Rand study, 37 percent of servicewomen who were pregnant within a year of the study had an unintended pregnancy.

Now, nearly half of all Active-Duty servicewomen live in States that have

severely curtailed abortion access, and this is devastating, of course.

□ 1615

Access to abortion care is essential to a woman's health, and it is central to her economic and social well-being. Servicewomen who live in States that have banned or restricted abortion now must incur the expenses that are necessary to travel to receive medical care, and they must now go to their commands to ask for permission to travel.

Their military personnel records are automatically updated in a system showing that they are pregnant. Pregnant servicewomen are afforded no medical privacy, and they face the knowledge that their colleagues and their commanders will know if they have to travel to seek an abortion.

With this vital healthcare out of reach for some and far too difficult to access for others, the consequences are widespread and tangible, not just to women's lives, but to this Nation.

Our military readiness, our retention, and our recruitment are all in jeopardy. Our servicemembers put their lives on the line every day defending our freedoms, and now we must clearly defend theirs.

For many, military service is not only a call to serve a purpose greater than themselves, but it is also, frankly, a path to economic stability and to educational opportunities.

To those who say that this is a theoretical argument, let me tell you the story of a fellow airwoman. Air Force Major Theresa Mozzillo, from our Commonwealth of Pennsylvania, just reached the milestone of 20 years of military service. Her promotion to Lieutenant Colonel is in just a couple of months, and I want to extend my gratitude and congratulations on her reaching this tremendous milestone.

As a result of the Dobbs decision, she bravely came forward and shared this with us. When she was a junior enlisted servicemember, making only \$550 every 2 weeks and living in the dorms, she had an abortion. She was 21 years old and joined the Air Force for the economic and educational opportunities it provided, like many people do.

Safe and legal access to abortion allowed her to continue her military service and training commitments without disruption. This decision to utilize vital reproductive healthcare helped her to establish a dedicated career in our military and to serve this great Nation. A decision that today might no longer be hers to make. A decision that will no longer be available to the 84,000 servicewomen and thousands of spouses and military family members who live in States where safe access to abortion is now illegal or severely restricted.

Today, over 42 percent of the military is comprised of our most junior servicemembers. Today, most junior enlisted servicemembers make a little over \$2,000 a month. Can you imagine

being forced to become a parent when you only make a little over \$2,000 a month, live in a dormitory, with no economic support, no established housing, and likely no family nearby and looming military obligations as well?

As I mentioned, I am a very proud Air Force veteran, in fact, a third-generation member of the military. My military service was pivotal to my own personal and professional growth, and I rely on lessons I learned in Active-Duty service and as a child of an Active-Duty member every single day of my life.

We must ensure that women continue to have opportunities to serve in our military without losing control of their own bodies. We must ensure that every servicewoman is afforded the same privacy and bodily autonomy as her peers are. We must ensure that every servicewoman and military family member has safe and legal access to abortion care, regardless of where they are stationed.

The economic consequences of being forced to become a parent are, for many, insurmountable. Regardless of a woman's reason to end a pregnancy, we cannot simply abide by an environment where a servicewoman is given less bodily autonomy than her male counterparts are.

Women are a vital part of our military. In our renewed strategic environment, and with ongoing recruitment and retention challenges across the military, we simply cannot afford to discourage women from entering military service in service of this Nation.

We must remember that no one has the right to interfere with a person's ability to make decisions about their own health and their own well-being.

I ask my colleagues to stand with me and with many of us here on the dais today on behalf of our Nation's servicewomen.

Ms. SPEIER. Madam Speaker, I thank the gentlewoman for her service then and for her service now. Her comments about young servicewomen just out of high school or college, who find themselves pregnant and seek an abortion, reminds me of a story that I heard at a base here in the United States of a young, single mother, servicewoman, who was struggling to take care of her young daughter in part because the childcare—she was lucky enough to have childcare at that particular base. Many of our bases are impacted with long waiting lists. But she actually had a slot. But the childcare center didn't open until 6 o'clock, and she had to be at physical training and exercises at 5:30, so she was always juggling that situation.

Imagine if you are not even prepared to have a child and you are forced to give birth to that child and have to cope with all of those additional issues as well.

Madam Speaker, I yield to the gentlewoman from California (Ms. JACOBS), another colleague on the Subcommittee on Military Personnel, a

fellow Californian, and a great member of our freshman class.

Ms. JACOBS of California. Madam Speaker, I thank Chairwoman SPEIER for her leadership today and her leadership on this issue. It has been truly incredible to learn and serve under her.

I am so proud to represent San Diego's vibrant and diverse military community in Congress and on the House Committee on Armed Services.

When I go home and talk to my constituents, they ask me what I am doing to make sure their loved ones are taken care of, that they are going to be safe, not just when they are deployed abroad but when they are here at home.

I have to look these families in the eye and tell them that right now, their loved ones who do so much to serve and sacrifice for our country will not necessarily have safe housing, affordable childcare, and quality healthcare, including reproductive healthcare.

We owe our servicemembers so much more, because even though they volunteered to serve in our armed services, they didn't volunteer to give up their reproductive rights. Decisions about if, when, and how to have a family belong to our servicemembers, not the Supreme Court or elected officials. Taking away these fundamental rights doesn't just hurt these individuals. It hurts our military readiness, recruitment, retention, and morale, putting our national security in jeopardy.

With 40 percent of Active-Duty servicewomen having very limited or zero access to abortion services where they are stationed, our military's ability to adapt to evolving conflicts and challenges is severely compromised.

I am proud to be from California where abortion is currently safe and legal. But not everyone is lucky enough to be stationed in California. As of July, about 84,000 servicewomen were stationed at a base located in a State with a trigger law, and with new abortion bans going into effect, that number will only grow.

No matter where you live or are stationed, no matter how much money you make, you should have access to abortion.

The truth is, that none of us can take our existing State laws for granted, because a Republican majority in Congress or a Republican President will push for a national abortion ban. This isn't even a secret. They have literally already introduced it.

We also need to remember that even before the Supreme Court took away our constitutional right to abortion, servicemembers faced huge barriers to accessing necessary reproductive healthcare. The DOD already cannot provide or pay for abortions in most circumstances, and servicemembers looking for care off base were limited by restrictions on travel. After Dobbs, abortion access is even harder for servicemembers. They can't freely take off days from work, and many cannot afford to travel the thousands of miles

and pay out of pocket to receive the care they need and deserve.

This is unacceptable. We have a responsibility to ensure our servicemembers have access to the care they need. That is why I joined my friend, Congresswoman SPEIER, to introduce the MARCH for Servicemembers Act, which would allow military medical treatment facilities to provide abortion services and permit the military to cover the associated costs.

It is why I am proud to be an original cosponsor of the Access to Reproductive Care for Servicemembers Act, introduced this week by Congressman CROW and Congresswoman SPEIER. This crucial legislation would ensure leave requests to seek an abortion are confidential and approved without delay and push to have DOD provide travel reimbursement for those seeking abortion care.

None of these solutions are radical. They are not extreme. All they do is empower and support our servicemembers to make their own healthcare decisions. When we have already asked our servicemembers to put their lives on the line for our freedom, we cannot and should not take away theirs.

Ms. SPEIER. Madam Speaker, I thank the gentlewoman for her outstanding comments and for her great leadership that she has already demonstrated.

Madam Speaker, I yield to the gentleman from Massachusetts (Mr. MOULTON), a great American leader who has served his country a number of ways, in a number of situations, certainly in the military and now as a Member of Congress.

Mr. MOULTON. Madam Speaker, I thank my colleague from California for her incredible leadership on this and so many other issues on the House Committee on Armed Services. She has truly built a legacy which will be hard to repeat.

Signing up for the military is a sacrifice. In return, our servicemembers should never have to worry about their own healthcare being criminalized by the very country they have volunteered to defend.

But for an estimated 5,000 to 7,400 Active-Duty servicemembers and DOD civilians who find themselves in need of an abortion each year, this is exactly what could happen.

Thousands serve in States they did not choose. Many of these places now deem abortion a criminal act.

So what happens next?

Many of my colleagues would just simply suggest: Take leave and travel to a State that provides abortions.

Are we going to force servicemembers to disclose a sexual assault to justify leave? What about those who aren't authorized to travel due to training status? What about women with complications who need emergency services?

Forty percent of Active-Duty servicewomen in the U.S. could now be faced with significant challenges accessing

critical healthcare in the wake of the Dobbs decision—40 percent.

Let me be clear, there will be an operational impact on military recruitment and retention.

The Department of Defense must defend all of its servicemembers. We entrust these brave young Americans with the toughest life-and-death decisions. We ought to trust them to make their own healthcare decisions, too. This is not only a human right, but it is a matter of national security.

Ms. SPEIER. Madam Speaker, I thank the gentleman for those outstanding comments. He is another Member who has shown incredible leadership on the House Committee on Armed Services.

Madam Speaker, I yield to the gentleman from Colorado (Mr. CROW), my good friend and colleague on the House Committee on Armed Services, who again has shown leadership in the military and service in Congress as well, and the author of the recently minted bill to provide greater protections for servicewomen.

Mr. CROW. Madam Speaker, I rise in absolute fury today over what is going on to American women and this horrific decision by the Supreme Court to take away a fundamental right—for the first time in our Nation's history, to take away a fundamental right for millions of American women.

Egregious enough in its own right that this has happened, we compound it with the fact that tens of thousands of women who have stood up to answer our Nation's call, to raise their right hand, to take the oath, to give their life for this country, to defend our freedoms, now don't have the same freedoms themselves.

What is going on in this country?

I served this country as an Army Ranger, three combat tours in Iraq and Afghanistan. I served with my fellow men and women. I now sit in this body. I sit on the Committee on Armed Services with my good friend, JACKIE SPEIER, where we now make policy that impacts the very servicemembers like I used to be.

I remember what it was like being Private Crow, sitting in those boots, having to live with the consequences of the decisions made under this dome. I think about that now. I think about all the young women who want to serve. Maybe they want to follow in the footsteps of their mother or their grandmother. Maybe they are deeply patriotic people, and they want to give back to their country. Maybe they are trying to pursue better opportunities and get some money for college.

□ 1630

Whatever the motivation, they stand up and take the same oath that I took and the same oath that millions of others have taken over our Nation's history. It is an oath that says you are willing to give your life and put it all on the line for your fellow countrymen and -women. Now, we are asking those

women to not just be willing to give their lives in defense of our Nation but to do so in a way that sets aside their own fundamental rights and their own freedoms and gives them second-class citizenship in the process of doing it.

What is going on in this country and in this Capitol? We know that abortion care is a time-sensitive and necessary procedure, and we know that if servicemembers can't access this necessary healthcare, their very own health is in jeopardy.

Let's just take a minute. Let's just set aside the moral arguments. Let's just park those for a minute and just talk about military readiness. Let's talk about the defense of this Nation that people love to talk about here in this Capitol: support the troops, tie a yellow ribbon around the tree. All right, how about we actually do right by the people who are willing to make those sacrifices?

Servicemembers don't have a choice of where they go to serve. That is part of the deal. You raise your right hand, go to boot camp, get trained on your job, and go where the Nation needs you. Are we really going to send thousands of women to places where they don't have rights and can't access healthcare? How is that in the interests of our force? How does that create a healthy, productive, vibrant military? How is that good for recruiting? Well, it is not, obviously.

It is not often where we have an issue that is just so egregiously abusive to people who are trying to do the right thing. It is not often where we are literally in a position of dissuading young men and women from serving this Nation and making it harder for them to do it and making it harder for our military to recruit them.

That is why I have been proud to work with JACKIE SPEIER. We started this effort by co-leading together the MARCH for Servicemembers Act, and then we talked to folks. We held roundtables. We held discussions. We knew that just wasn't going to do it, that that wasn't enough. We had to do more.

That is why we drafted and are pursuing this legislation, the Access to Reproductive Care for Servicemembers Act, which will require commanders to approve leave for abortion care automatically. It will make DOD reimburse servicemembers for the cost of travel to receive care, and it guarantees privacy protections for servicemembers against retaliation from commanding officers and peers.

Imagine that, being retaliated against by your commanding officer. Well, it should be illegal, and we are going to try to make it illegal.

Folks, until we can pass a national law protecting abortion care and abortion rights for women, which we are going to try to do—and we are going to have to get rid of the filibuster to do it in the Senate—until we do that, we are going to do everything possible to protect everybody we can.

Now, today, it is going to continue with us protecting our servicewomen. They are willing to give everything for us. The least we can do is have their backs.

We must pass this bill. I implore my fellow Members to walk the talk. Don't just talk about supporting our servicemembers. Do it. This is the way to do it. We can and must do this. We must have their back. Let's get this done.

Ms. SPEIER. Madam Speaker, I thank the gentleman for really powerful remarks. This issue doesn't have to be that hard, but because of legislation that has been passed previously, it has made it incredibly difficult.

I am going to share with you now the stories of healthcare professionals who have provided care to these military servicewomen. You have heard from my colleagues about some of the servicemembers' stories. I am now going to tell you about two abortion providers, one who is Active Duty and the other one who is a civilian provider but who spends the majority of her career close to military installations and provides services to our servicewomen.

The Active-Duty provider, Dr. Lamme, had to tell a young woman that her child would not live more than a few minutes following birth due to fetal abnormalities, yet there was nothing she could do but hope that the young woman could afford the care she wanted and deserved off base. She could not even provide her abortion counseling. She had to kind of hint about it.

This particular patient had to hold a fundraiser. Now, think about this. This is a servicewoman who has sworn to put her life on the line for her country. She is in a foreign destination, and she is holding a fundraiser to raise the funds to fly back to the United States to get her abortion.

Just imagine having to ask your friends and family for that money because the military you have dedicated your life to has failed you. She should have been able to get that abortion at a military treatment facility. Until we can lift the Hyde amendment—yes, make her pay for it, but don't make her have to develop a GoFundMe page to get the resources to fly to a destination that actually covers abortions.

Another provider, the civilian provider, Dr. Moayed, shared her experience of literally watching her patient count quarters—quarters—to pay for her abortion. Her patient opted to go without sedation to terminate a pregnancy because she couldn't afford any more out-of-pocket costs.

There is nothing humane, nothing respectful, about treating servicewomen like this.

If it is the intention of the military to force women out of the military, to create an all-male force, then maybe this is the way to go. Maybe this is what they had in mind.

But, we do know that we need women in the force. We know that there is a small percentage of men and women

who are eligible to serve in the military because of their abilities or lack thereof. It is a small percentage to begin with, and a smaller percentage yet who choose to serve.

Twenty percent of the military now is made up of female servicemembers. We only see that number growing in order to have a ready service to be able to go to war when necessary. But now we are doing things that are discouraging women to even contemplate becoming a member of the service.

Under current law, the DOD is prohibited from providing or paying for abortions except in cases of rape, incest, or a threat to the mother's life. These exceptions are so very narrow and interpreted so narrowly that the DOD has confirmed to me that the number of abortions that have been done at military treatment facilities in a year is between 11 and 21.

Now, the RAND study purports that there are probably 4,000 women in service in this country in the various services that get an abortion every year. Only 11 to 21 of them are done at military treatment facilities. That means 3,980 women in the service have to pay for and also go elsewhere to seek that service. They have to pay out of pocket not only for the care they need but also for other expenses, including lodging, gas, airfare, and childcare.

The Dobbs decision will no doubt exacerbate these challenges, forcing servicemembers to travel greater distances and shoulder greater financial burdens—that is, if they are granted leave in the first place.

Imagine you are assaulted. You want to go get an abortion. You are in the State of Texas, and you have to go to your commander and seek leave. By the way, if you seek leave and you were raped and have, I guess, a police report, they might let you have that leave without having you being docked for it.

But if you are not one of those women who has been raped or the victim of incest, but did, in fact, get pregnant and want to terminate, you have to go to your commander in Texas. Right now, you have to divulge the service you are asking for, and you are going to get docked in leave, as well.

It is inhumane to force women to remain pregnant against their will. It is just fundamental to freedom to be able to have control over your own body. It is arrogant to think that we know better than a woman and her doctor about what is best for her body. It is wrong to create government-mandated pregnancies, and it is wrong for the military to require its servicewomen to jump through so many hoops and spend so much money out of pocket because we have some antiquated law on the books that says you can't get an abortion at an MTF, a military treatment facility.

Access to abortion care is essential to women's health and central to their economic and social well-being. The ability to access abortion should not depend on how much money you have,

where you live, or where you are stationed.

That is why I, along with my colleagues, have introduced the MARCH for Servicemembers Act, to enable DOD to provide abortion care once and for all.

At the very least, servicewomen should be able to access abortion care within MTFs and pay out of pocket just like they can for other procedures. The military does not cover IVF, but they will perform IVF at a military facility, and you will just pay for the residual cost.

I am proud to co-lead the Access to Reproductive Care for Servicemembers Act that the gentleman from Colorado (Mr. CROW), my good friend, just referenced. It would require DOD to pay any travel expenses associated with an abortion and ensure servicemembers are able to take leave for their care.

There is a part of me that says we have 128 bases and installations in these red States, in these States that ban abortion. Maybe we should just move these bases. Now, that is highly unlikely because we have invested so much, but it just begs the question about what we are really all about if we are going to treat these servicewomen so poorly.

My office has been inundated with outreach from former and current servicemembers who are anxious and despondent about being stationed in what they are referring to as "forced pregnancy States."

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 safe and legal abortion, I would not feel safe attempting to become pregnant in such a State."

Let me repeat that. This is a medical professional in the military who says: "I would not feel safe attempting to become pregnant in such a State."

□ 1645

Again, at a time when the military is struggling with recruitment and retention, these bans make things worse.

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

These men and women who serve are our greatest patriots. Are we really going to treat them as second-class citizens? These members of the military defend our freedoms, and we are going to defend them.

Madam Speaker, I yield back the balance of my time.

Ms. ESHOO. Madam Speaker, I thank Congresswoman SPEIER for organizing this Special Order Hour to highlight how state abortion restrictions impact

our nation's brave servicemembers and their families.

The military is a male-dominated institution where women make up only 20 percent of active-duty forces, and significantly less at senior leadership levels. As a result, women's healthcare needs are cast aside. TRICARE doesn't cover abortion services, except in cases of rape, incest, or to save the mother's life, forcing servicemembers to leave the military base to seek reproductive care.

With the upending of Roe, servicemembers in states that restrict abortion must travel even further on their own dime to seek basic reproductive healthcare, risking their career and standing in the ranks. This is outrageous and wholly unacceptable. It sacrifices the readiness of our troops and perpetuates a discriminatory environment for women in the military.

I am proud to be an original cosponsor of Congresswoman SPEIER's legislation, the MARCH for Servicemembers Act, to remove the statutory ban on military treatment facilities providing abortion services and Department of Defense funds being used to perform abortions.

I believe it is our collective responsibility to ensure that every American who wears a uniform to defend our country has the health services, opportunities, and care they need and deserve. This is a promise we must keep, and I certainly will.

Ms. GARCIA of Texas. Madam Speaker, I rise today to condemn the disturbing Dobbs decision handed down by the Supreme Court recently.

With the Dobbs decision, the Supreme Court overturned two historic rulings—Roe v. Wade and Planned Parenthood of Southeastern Pennsylvania v. Casey.

These two decisions established a constitutional right to obtain the medical procedure known as an abortion.

With the Dobbs decision, for the first time in nearly 50 years, Republicans have succeeded in making sure America's daughters have less freedom than their mothers.

Republicans did this by taking away a woman's right to have an abortion.

It's simple. This decision was made for one reason and one reason only: to control women and female service members, and their reproductive health care.

All women, and especially those who have put their life in harm's way to serve their country, should have the right to choose their own reproductive health care.

Sadly, nearly 80,000 female service members—40 percent of them on active duty—will have no access or very limited access to abortion services in the U.S.

On top of that, women serving in the military experience unintended pregnancy rates 22 percent greater than civilians.

According to a study in 2020, between 2,500 through 4,100 active-duty servicewomen have an abortion annually.

Now, because of the right-wing Supreme Court, servicemembers stationed in states that ban abortion now may need to travel long distances to obtain an abortion.

In my home state of Texas, there are 15 military bases.

Female servicemembers stationed at these bases would virtually need to travel out of state in all cases to get an abortion. As Texas has banned abortions in all cases—even rape or incest.

Shockingly, they need to use their own personal leave to travel out of state. This is absolutely crazy.

You see, only a very small amount of these abortions are done at military facilities as current laws prohibit military health insurance from covering abortions.

The only exceptions are unless the pregnancy is a result of rape or incest, or the mother is at risk of death.

Seriously, everyone, put yourselves in the shoes of a young E-1 in the military. An E-1 is the beginning rank for a military career—their pay is roughly \$22,000 a year.

That is about \$1,833 a month. Trust me, it's not easy to travel out of a large state like Texas on that type of salary.

Many of these servicemembers don't even have cars as they are just beginning their military life and move to different bases constantly.

These are dedicated and strong women who have fundamental rights and should be able to decide for themselves.

They do not need Republican lawmakers telling them what is best for their health.

This is cruel. It's not right. And it must stop.

This is not how servicemembers should be treated. We should be honoring them and their service, but Republicans are only seeking to control them and their bodies.

Even worse, the Supreme Court's decision to overturn Dobbs has served as a catalyst for a wave of anti-women efforts led by Republicans across our country.

Some Republicans even want to ban contraception now. It's ridiculous.

But House Democrats, Rep. SPEIER, we won't let them.

We promise to always stand by women and fight for their rights. That's why House Democrats passed bills like the:

Right to Contraception Act;
Women's Health Protection Act; and
Ensuring Women's Right to Reproductive Freedom Act.

We passed these bills because House Democrats trust women and servicemembers.

We always have and we always will.

ENROLLED BILL SIGNED

Cheryl L. Johnson, Clerk of the House, reported and found truly an enrolled bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 8656. An act to designate the clinic of the Department of Veterans Affairs in Mishawaka, Indiana, as the "Jackie Walorski VA Clinic".

ADJOURNMENT

The SPEAKER pro tempore. Pursuant to section 1 of House Resolution 1230, the House stands adjourned until 10 a.m. tomorrow for morning-hour debate and noon for legislative business.

Thereupon (at 4 o'clock and 47 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, September 21, 2022, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

EC-5255. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Missouri; General Conformity Rescission [EPA-R07-OAR-2022-0482; FRL-9906-02-R7] received August 17, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-5256. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Missouri; Construction Permit Exemptions [EPA-R07-OAR-2022-0422; FRL-9838-02-R7] received August 17, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-5257. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Partial Disapproval and Partial Approval; Pennsylvania; Attainment Plan for the Indiana, Pennsylvania Nonattainment Area for the 2010 Sulfur Dioxide Primary National Ambient Air Quality Standard [EPA-R03-OAR-2017-0615; FRL-9607-02-R3] received August 17, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-5258. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; OR; Oakridge PM10 Redesignation to Attainment and Maintenance Plan [EPA-R10-OAR-2022-0125 FRL-9489-02-R10] received August 17, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-5259. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; OR; Oakridge PM2.5 Redesignation to Attainment and Maintenance Plan [EPA-R10-OAR-2022-0124 FRL-9488-02-R10] received August 17, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-5260. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Thymol; Exemption From the Requirement of a Tolerance [EPA-HQ-OPP-2018-0520; FRL-10188-01-OCSPP] received September 2, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-5261. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final action — Florida: Final Authorization of State Hazardous Waste Management Program Revisions [EPA-R04-RCRA-2022-0259; FRL-10134-02-R4] received September 2, 2022, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-5262. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — IN-11645: Oxirane, 2-(phenoxymethyl)—, polymer with oxirane, monobutyl ether, block. Tolerance Exemption [EPA-HQ-OPP-2022-0390; FRL-10122-01-