



April 26, 2016

Dear Representative:

As organizations that represent health care providers who care or have cared for members of our military and their families, we write to request your support of the Speier Veasey Amendment to the FY17 National Defense Authorization Act, which would strike 10 U.S.C. §1093(b) (1996), and repeal the ban on the use of military facilities for abortion.

All women need access to comprehensive reproductive health care. The brave soldiers of our Armed Forces and their families deserve the best medical care our country can provide. Women who serve in our military, and in many cases risk their lives and safety to preserve our national freedoms, should have access to their full range of constitutionally protected rights, including access to safe, legal abortion care. Therefore, we believe that the current ban on abortion care at military medical facilities should be removed.

We know that the facilities ban can have devastating implications for service women and simultaneously reduce the readiness and effectiveness of their units. Many women stationed overseas who need medically necessary abortion care are forced to exhaust their private savings to return to the United States and obtain the procedure at civilian medical facilities. Many other military women become pregnant after being raped by civilians, fellow soldiers, or individuals who are senior in rank and occupy positions of responsibility in their chain of supervision or command. These survivors often do not report the assault out of fear that they will damage their careers and/ or reputations. Without other options, some attempt self-abortion, placing themselves at risk of severe complications that may endanger their lives, health, and future fertility. In many cases, units lose the skills and contributions of these well-trained professionals. Our government should not allow this to continue.

The following experiences have been shared with the American Congress of Obstetricians and Gynecologists, Physicians for Reproductive Health, and the National Abortion Federation by providers who care for service women and their dependents.

My name is Janet Jacobson and I am an obstetrician-gynecologist providing abortion care in California and a former Lt. Commander in the US Navy. On Thursday, my staff asked me to talk with one of our new patients. This patient was at my clinic in order to obtain a surgical abortion. Her name was Larhonda\* and she was crying. Many patients are nervous about the abortion procedure and have already had to face protesters to access our clinic. As I listened to Larhonda's story, it became clear why she was so upset. Not only was she facing

the emotional challenges of ending a pregnancy, fighting through the protesters, and being nervous about the procedure, she was also very concerned she would be fired from her job. As an active duty member of the military, Larhonda had faced multiple additional obstacles to get an abortion. Since the military health services on her remote desert base are not able to provide abortions, she had traveled over 300 miles to reach our clinic because the military hospital on her base would not perform her abortion. In addition, she didn't have a car and had to arrange a ride; as a young member of the US military living very close to the poverty line, the abortion would not be covered by her military insurance and she had to come up with the money for the procedure. Making matters worse, she had to risk being caught away from her base without permission. In the military, personnel are not allowed to travel beyond a certain distance from their home base without permission and our clinic was outside of those distance limits. Larhonda faced multiple additional obstacles to obtain her abortion by being a member of the US military. I was struck by the irony of her situation: Larhonda had lost some of the freedoms she had volunteered to defend.

*Janet Jacobson, MD, MS. Former LT Commander, United States Navy  
Dr. Jacobson is part of Physicians for Reproductive Health's Leadership  
Training Academy.*

*\*Patient name changed to protect patient privacy.*

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My name is Antonella Lavelanet and I am an obstetrician-gynecologist practicing in Boston, MA. My clinical work is focused on helping women navigate the family planning process, in particular access to abortion. I applaud your efforts to improve the National Defense Authorization Act.

As an abortion provider, who sometimes cares for military women and their dependents, I see the direct impact that removing the facilities ban and expanding coverage can have on women and their families. Let us imagine a woman who has been seeking care from her obstetrician-gynecologist for many years. She has delivered 2 beautiful children with this same provider. Now she presents with a lethal fetal anomaly. Her husband is a military officer, stationed abroad, leaving her to face this challenging time with only her provider. After careful consideration and much counseling she opts to terminate. Unfortunately, her medical coverage is the same as that of her husband – TRICARE – and fetal anomalies, even lethal ones, are not accepted grounds for termination under this insurance plan.

I wish I could tell you that this person is completely imagined, but I have seen her and many like her in the last year. Unfortunately, with limitations on her access, this particular woman spent weeks attempting to obtain the full spectrum of reproductive health care services. Doing so meant that she not only had to spend a great deal of time arranging coverage for her own job and childcare services in an

effort to obtain the abortion, but it also meant an unnecessary delay in her care and an increase in her pregnancy associated morbidity.<sup>1</sup>

I feel privileged that I was able to care for this woman, at such a vulnerable period in her life, but I am saddened by the additional obstacles she had to face. No woman should feel that we as providers, and as a country, have abandoned her in this time of great need. I am asking you to help me, as an experienced abortion practitioner, and others like me, to provide the full spectrum of care to all of my patients, not just the ones lucky enough to have the right kind of insurance.

*Antonella Lavelanet, DO, JD, MPH*

*Dr. Lavelanet is part of Physicians for Reproductive Health's Leadership Training Academy.*

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As an active duty physician stationed in an overseas military treatment facility, I am often confronted with the inability to provide comprehensive medical care due to the facilities ban.

While several examples come to mind, I would like to share Mary's\* story. Mary, the spouse of an active duty military member, became my patient when she was approximately 21 weeks pregnant. Her water had broken – a condition known as preterm premature rupture of membranes (PPROM) - but at only 21 weeks her fetus was not viable. Because her water had broken, Mary was at increased risk of a uterine infection. After discussing all of their options, Mary and her husband decided to terminate their pregnancy. This decision was hard enough for Mary and her family but the terrible circumstances were only exacerbated by current DOD policy.

If I had met Mary while practicing at a civilian facility, I could have immediately arranged for her termination. However, the facilities ban bars me from providing this legal medical procedure unless the pregnancy is a result of rape, incest, or places the mother's life in immediate danger.

Mary, her husband, and I talked about whether she should leave the hospital to try to find a local provider who could terminate her pregnancy. I told her I could not stop her from leaving, but in my best medical judgement, it was probably safer for her to stay under observation given the risk of her becoming very sick.

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<sup>1</sup> Morbidities associated with pregnancy, including anemia, hypertensive disorders, hemorrhage and even death are seen at lower rates in women who have abortions, partly because abortion in effect reduces the time a woman is pregnant, and many of these conditions occur later in pregnancy.  
*Raymond EG, Grimes DA. The Comparative Safety of Legal Induced Abortion and Childbirth in the United States, Obstet Gynecol 2012;119:215-19.*

She asked me, “So, I just have to wait until I get sick before you can do anything?” I had to tell Mary, “Yes, until you have clinical signs of infection, I’m not legally allowed to intervene.” It was incredibly difficult to have a patient in front of me who I was not allowed to help.

Mary’s fever eventually spiked, and we were allowed terminate this pregnancy in less than ideal circumstances.

As military doctors, we care for those who are in harm’s way. Military members and their families make daily sacrifices on behalf of our country. There is something particularly cruel about politicians sending service women and their families overseas and then denying them access to the health care that they need and deserve.

On behalf of Mary and all of the service women and their dependents who are harmed by this law, I implore you to lift the Facilities Ban. Doctors and their patients, not politicians and JAG officers, must be allowed to determine if and when abortion care is necessary.

*Anonymous military provider stationed overseas*  
*\*Patient name changed to protect patient privacy.*

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We urge you to support the Speier Veasey Amendment to ensure that *all* of our service men and women, including our women in uniform, have safe access to the health care they need and deserve.

American Congress of Obstetrics and Gynecologists  
Physicians for Reproductive Health  
National Abortion Federation