

Abortion Policy in the Uniformed Services

by

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for

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Does the military have an obligation to provide abortion services to its qualifying members, regardless of the reason for the procedure?

The Department of Defense (DOD) policy on abortions is that “no cost” procedures provided must be to save the life of the mother, or in the case of a pregnancy resulting from rape or incest. The policy also allows for the individual physician, or medical facility, to make the determination as to whether or not to perform the procedure, based on the provider’s opinion about abortion.

The Army Medical Department Mission Statement (AMEDD):

“Project and Sustain a Healthy and Medically Protected Force. Ensure our Military Forces deploy in a state of optimal health, equipped to protect themselves from disease and injury.

Deploy a Trained and Equipped Medical Force that Supports the Army Transformation.

Ensure our deploying medical units are trained and equipped, and capable of supporting the medical requirements of the deployed forces under any contingency.

Manage the Care of the Soldier and the Military Family. Provide quality, accessible, cost-effective health services.”

“The mission of TRICARE, the Department of Defense regionally managed health care program, is to provide comprehensive health care for active duty personnel, qualified family members, TRICARE-eligible retirees and their family members, and survivors of all uniformed services personnel. The TRICARE Program is designed to offer beneficiaries a choice of health care delivery options to meet their unique situations; compliment health care services provided by the Military Treatment Facilities and Clinics, expand access to care, assure high quality standards of care, control health care costs, and improve the readiness status for military personnel.”

DOD should lift its ban on providing fee based abortion services.

Opponents to this argument would say that the military should deny services for abortions under every circumstance.

In 54 countries (61% of the world population), abortions are legal. Of the approximately 46 million abortions conducted each year, 20 million of them are illegal. The majority of women getting an abortion are young with 52% less than 25 years old and 19% are teenagers. The highest abortion rate is for women aged 18 to 19. Unmarried women are six times more likely to have an abortion with 67% of abortions on women who have never been married. Of teen pregnancies, 40% end in abortion. Only 8% of women having an abortion say they did not use contraception. Nearly half of abortions are on women who have had one, or more, previous abortions. A majority of abortions, 60%, are on women who already have one or more children.

The statistics prove that there is a significant need for abortion services in the armed forces. Most of the women serving in the military fall within the categories with the highest expected tendency for an abortion. Likewise, the number of dependant family members who fall within those same categories is substantial.

The mission statements for both AMEDD and TRICARE state the commitment for comprehensive, quality health care. This should include all areas that may affect their patients without moral stipulations. Failure to provide abortion services under the umbrella of military supervision may lead to patients seeking care with substandard clinics or through illegal providers. For those based overseas, the risk is even higher. Clinics in countries other than the United States that have staffs that speak English and follow the guidelines similar to American clinics are often difficult to find. Furthermore, a woman who is a member of the armed forces may have difficulty with a chain of command that does not support her in obtaining an abortion.

Many women reported that their chain of command made it tough for them, often requiring they take leave to get the care they needed. Some claim that their chain of command delayed the leave process until it was impossible for them to get early treatment. It appears that the personal beliefs of the chain of command regarding abortion were deciding factors in creating this type of situation.

Abortion is optimal before the end of the first trimester of pregnancy. Considering that it takes usually four to six weeks before a woman knows that she is pregnant makes timely consideration to move forward with an abortion critical in obtaining care within this period. What's more, requiring a woman to take leave to get medical care may violate personal privacy rights since usually there must be a reason given for the leave.

Some may argue that the reason to ban abortions procedures is due to the financial liability. This argument holds no merit. The option of a "pre-pay" service is always an alternative solution. However, the fact that cosmetic surgery is available at no cost negates this reasoning. Thus, the only valid argument is the one that considers the moral side of this dilemma. The Army has in times past provided abortion services to meet readiness. During the time of the Woman's Army Corps (WAC), abortions were available to women who became pregnant and wanted to remain in the service (since at that time, pregnancy required a mandatory discharge). The moral issue of abortion was never a consideration about providing this treatment.

The United States military often acts as a moral barometer for society. The current DOD ban on abortion services reflects this inclination. Which side has the right answer, Pro-Choice or Pro-Life, remains undecided by society and a decision about this issue ever being conclusive and final is highly unlikely.

The United States military has a responsibility to provide for the health care of its members and their families that exceeds the moral measure of the civilian population. As long as pregnancies exist, so will abortion. The obligation to care for those who serve and protect should be the defining reasoning for allowing these procedures under the watchful charge of the military medical service.