

**NOT FOR PUBLICATION UNTIL RELEASED BY  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**

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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](http://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.