



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

FEB 13 1996

MEMORANDUM FOR THE SECRETARIES OF THE MILITARY DEPARTMENTS

SUBJECT: Statutory Revision to DoD Policy Regarding Prepaid Abortions in Military Hospitals

On February 4, 1993, Secretary Aspin, implementing instructions from President Clinton, directed the Secretaries of the Military Departments to reinstate the pre-1988 policy of allowing abortions in military facilities overseas on a prepaid basis. On May 9, 1994, I established series of policies and procedures further implementing this direction ([Attachment](#)).

The Department of Defense Appropriations Act for FY 1996 and the Department of Defense Authorization Act for FY 1996 revise the DoD policy. Prepaid abortions are no longer allowed, except in cases in which the pregnancy is the result of an act of rape or incest. Please assure compliance with the new law. Authority to provide prepaid abortions in overseas facilities is limited to cases in which the pregnancy is the result of an act of rape or incest.

The new statutory provision does not affect the current law or policy regarding abortions in cases in which the life of the mother would be endangered if the fetus were carried to term. In such cases, abortions may be provided using appropriated funds.

Other policies and procedures of the May 9, 1994, memorandum remain in effect.

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Stephen C. Joseph, M.D., M.P.H.

HA POLICY 96-030

Attachment:
As stated



THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY 09 1994

MEMORANDUM FOR THE SECRETARIES OF THE MILITARY DEPARTMENTS

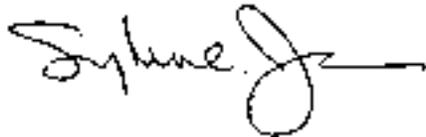
SUBJECT: Implementation of Policy Regarding Pre-Paid Abortions in Military Treatment Facilities

On February 4, 1993, Secretary Aspin directed the Secretaries of the Military Departments to reinstate the pre-1988 policy of allowing abortions in military facilities overseas on a prepaid basis. Since that time, it has become apparent that implementation procedures among the Departments are not entirely consistent. The following policies and procedures relating to the Secretary's February 4 memorandum are established:

1. As a matter of DoD health care policy, to the extent feasible and consistent with legal obligations, Service women stationed outside the United States and women dependents of members so stationed should have access to abortion services comparable to that of women in the United States.

2. With respect to abortions for minors, valid consent may be obtained in either of the following two methods: (a) the consent of at least one parent or guardian is provided; or (b) the commanding officer of the medical treatment facility (or, if the commanding officer is not a physician, a senior physician designated by the commanding officer) makes a judgment, upon the recommendation of the attending physician, that the minor is mature enough and well enough informed to give valid consent, or, if she is not sufficiently mature and informed, that the desired abortion would be in her best interest.
3. Health care providers who, as a matter of conscience or moral principle, do not wish to perform elective abortions shall not be required to do so. This shall apply only to providers directly involved in performing the abortion procedure itself, such as physicians, nurses, and anesthesia and operating room personnel. Health care providers may be required to perform abortion procedures to save the life of the mother.
4. As under the pre-1988 policy, DoD will respect host nation laws regarding abortion. Consent procedures set forth in paragraph 2 apply in the absence of controlling host nation laws or legal requirements.
5. In circumstances in which it is not feasible to provide pre-paid abortion services in a particular military facility, the Military Health Services System (MHSS) shall develop other means to assure access for U.S. personnel and dependents, such as supplementing facility staff with local contract personnel, referrals to another military facility or to qualified local civilian providers, consideration of travel to nearby locations, and other appropriate steps. Any complication resulting from an elective abortion procedure will be treated as would any other medical problem/complication.

Please provide your implementation plan to this office within 30 days.

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Stephen C. Joseph, M.D., M.P.H.