



POSITION PAPER

ON

DOD FUNDING FOR ABORTIONS

Issue: On October 20, 2022, the DoD issued a [memorandum](#) with the subject “Ensuring Access to Reproductive Health Care” authorizing funds and time off for pregnant service members to travel to a facility that offers abortions. The Under Secretary of Defense issued an [implementing memorandum](#), “Administrative Absence for Non-Covered Reproductive Health Care” on February 16, 2023. On the same day [Headquarters Defense Human Resources Activity issued a memo](#) authorizing service members and their dependents to be provided travel and transportation allowances for the non-covered care.

Background: The memorandum claims that the *Dobbs v. Jackson Women’s Health Organization* ruling has “readiness, recruiting and retention implications,” and states that the ruling “may create legal and financial risk for our health care providers as they carry out their lawful federal duties.” The memo fails to explain the basis and evidence for these claims. The memorandum discusses accessing “non-covered reproductive health care.”

Among other things, the memorandum directs the DoD to: not require women to inform their command of their pregnancy until 20 weeks after conception; allow administrative absence for up to 21 days ([no loss of pay](#),

[nor leave charged](#)) “to receive, or to accompany a dual-military spouse or a dependent who receives non-covered reproductive health care;” grant follow-on convalescent leave as recommended by a health care provider; and provide “travel and transportation allowances” to obtain this non-covered care.

The Feb 2023 memo defines ‘non-covered reproductive health care’ as Assisted Reproductive Technology (ART) (fertility related procedures listed in memo) and non-covered abortion. The memo further defines “covered abortion” as when “the life of the mother would be endangered if the fetus were carried to term” or in a case of rape or incest.

Travel and [transportation allowances](#) for service members include transportation costs, per diem and lodging.

STARRS Does Not Support the DoD Policy

BLUF:

- American taxpayers should not be forced to pay to enable the termination the innocent, defenseless human life.
- The policy will adversely affect unit readiness by expending unit funds allocated for training and other mission related expenditures, and by taking service members off the duty roles for extended periods of time.
- The policy will increase the frequency of abortions resulting in a percentage of those women suffering long-term devastating physical and mental consequences.
- Delayed notification to the chain of command could result in duty assignments that could be harmful to both the mother and the fetus, potentially resulting in lost duty time and chronic medical issues.
- The push for easy access to abortion is an integral part of the international Marxist movement.

Expending funds allocated for national defense should not be used to facilitate and enable voluntary, elective, non-covered medical procedures, especially those that are culturally controversial.

- The DoD does not allow administrative absence, nor travel and transportation allowances for any other non-covered medical procedure.
- The vast majority pregnancies stem from voluntary choice to engage in sexual activity. Abortion is also a choice, not a medical necessity. Only about one percent of abortions come from rape cases¹.
- The DoD provides pregnant service members and eligible dependents pregnancy care through the military health care systems, along with all other medical care necessary to keep women healthy and fit for duty.
- 10 U.S.C. 1093(a) states that “funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term or in a case in which the pregnancy is the result of an act of rape or incest.”
 - “Reproductive healthcare” is a euphemism for “abortion,” the deliberate killing of the baby in a mother’s womb. Health care cures and heals, it does not kill.
 - Medical science has clearly established that human life begins at conception. Below are a sample of available scientific articles on the topic:

<https://acpeds.org/position-statements/when-human-life-begins>

<https://www.princeton.edu/~prolife/articles/embryoquotes2.html>

<https://www.justthefacts.org/get-the-facts/when-life-begins/>

<https://lozierinstitute.org/a-scientific-view-of-when-life-begins/>

- Life is protected by the 14th Amendment to the constitution. The [amendment states in part](#): “nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.”

Conclusion 1: American tax payers who believe the scientific community and support the 14th Amendment’s protection of human life, should not be forced to pay to enable the voluntary choice to terminate the life of an innocent, defenseless human. Therefore, if a service member or a dependent chooses to seek an abortion, the financial burden must rest upon the individual; not DoD, hence the taxpayer.

DoD support and funding to enable abortions will adversely affect military readiness

- Delaying notification of pregnancy to the chain of command to as late as 20 weeks could result in the service member being assigned duties that could be harmful to both the mother and the fetus, resulting in lost duty time and potentially long-term medical care and duty limitations.
- Funding travel and providing administrative absences will likely encourage a substantial increase in the number of service members and their dependents seeking abortions.
- Funding the travel will put a strain on a unit’s travel budget, adversely impacting the ability of units to send service members to training and mission-related TDYs.
- Service members seeking abortions or accompanying dependents for abortion procedures could be away from their duty station for up to 21 days on top of their 30 days of authorized annual leave, an

increase of 70% for the year in question. These absences would be with short notice due to legal limitations concerning the age of the fetus. Additionally, the older the fetus, the higher the risk to the health of the mother.

- If there are abortion complications women service members could require an indefinite amount of convalescent leave, not to mention costly, on-going medical costs and duty limitations.
 - Ten percent of women experience immediate physical complications, 20 percent of which are life threatening. Complications include perforation of the uterus, cervical laceration, uterine rupture, infection, hemorrhage, pulmonary or amniotic fluid embolism, cardiac arrest, and need for a hysterectomy. There is also a potential for and serious, and even life threatening complications with future pregnancies such as infertility, ectopic pregnancy, stillbirth, miscarriage and premature birth.^{2 and 3}
 - Post-abortive women face a 81 percent increased risk of mental health problems, experiencing depression, guilt, anger/rage, anxiety, difficulty with relationships, substance abuse and patterns of repeat crisis pregnancies leading to additional abortions.^{3 and 4} Symptoms are similar to those faced by anyone with post traumatic stress disorder (PTSD). Adult women are six times more likely and teens are ten times more likely to commit suicide than their peers who have not had an abortion.³

Conclusion 2: Facilitating and enabling abortions for service members and their dependents will adversely affect unit readiness by expending unit funds allocated for mission requirements and taking service members off the duty roles for extended periods of time, thus interfering with training requirements and deployments with relatively short notice.

Conclusion 3: Facilitating and enabling abortions for service members will increase the frequency of abortions in the ranks resulting in a percentage of those women suffering long-term devastating physical and mental

consequences which will result in increased risk of suicide, duty limitations, long-term medical treatment and, for some, the potential for medical discharges. Chronic conditions will result in life-long medical treatment and service connected disability compensation paid by the Veterans Administration.

Conclusion 4: Delaying notification of pregnancy to the chain of command to as late as 20 weeks could be harmful to both the mother and the fetus, resulting in lost duty time and potentially long-term medical care and duty limitations.

Abortion is part of the Marxist infiltration of cultures around the world

- Dehumanizes a large segment of the population
- Deceptive propaganda/ disinformation used to convince people that abortion is a good thing.
 - Clump of cells/part of the mother/not alive until birth or other arbitrary point are statements not based on science vs. living human being with unique DNA from conception
 - Abortion is women's/reproductive healthcare - healthcare cures and heals; abortion kills a unique living human being, harms women and stops reproduction
 - Abortion is safe and won't effect them emotionally vs. consequences above
- Propaganda asserts abortion liberates women to follow their dreams, babies are a burden to be avoided.
- Undermines the value of the human family and religious faith (Marxism aims to degrade the human family and religion and replace them with the State).
- Used to control population growth (for example China's one-child policy, Planned Parenthood's founder's intent to reduce minority

populations, international organizations and the US pushing abortions in third world countries).

- Encourages/enables irresponsible sex without concern of consequences, ruins true loving relationships and increases the spread of sexually transmitted diseases.
- Enables men to take advantage of women without concern of consequences.

Conclusion 5: The push for easy access to abortion is an integral part of the international Marxist movement.

1. Shawn D. Carney and Steve Karlen, *What To Say When, The Complete New Guide to Discussing Abortion*, Kolbe & Anthony Publishing, 2021, pg 58.
2. Elizabeth Shadigian, MD, “Reviewing the Medical Evidence: Short and Long-Term Physical Consequences of Induced Abortion,” testimony before the South Dakota Task Force to Study Abortion, September 21, 2005; <http://docplayer.net/17189476-South-dakota-task-force-to-study-abortion-pierre-south-dakota-september-21-2005.html>.
3. This is Not Your Only Choice, information pamphlet published and distributed by Human Life Alliance, <https://humanlife.org/product/PUB020/4-this-is-not-your-only-choice-street-magazine-2022>.
4. Shawn D. Carney and Steve Karlen, *What To Say When, The Complete New Guide to Discussing Abortion*, Kolbe & Anthony Publishing, 2021, pg 53.