

Scope of the Impact of the Dobbs v. Jackson Supreme Court Decision on Active-Duty Service Women and Areas for Future Research

Kyleanne Hunter, PhD, and Sarah Meadows, PhD¹
RAND Corporation

Recent work published by the RAND National Defense Research Institute sheds some light on topics related to the reproductive health of active-duty service women (ADSW)² and their access to reproductive health services.³ This research highlights the potential effects of the Supreme Court’s *Dobbs v. Jackson Women’s Health Organization* decision on national security and areas for future research. The *Dobbs* decision left thousands of ADSW without access to community-based abortion care.⁴ Using publicly available data on the duty location of ADSW and state laws on abortion (as of July 2022), we estimate that roughly 80,000 ADSW—representing approximately 40 percent of all ADSW—have no or severely restricted access to abortion services where they are stationed. Coupling this with data from the DoD Women’s Reproductive Health Survey (WRHS)⁵ and the Health Related Behaviors Survey (HRBS),⁶ we estimate the size and scope of the potential effects of the *Dobbs* decision on national security and identify key policy recommendations and areas for future research.

Size of the Impact

Because there is no existing official estimate of the number of ADSW who seek abortion services outside the Military Health System, we use two methods of approximation to identify this number. First, we use data from the WRHS to estimate the number of ADSW who had a pregnancy that ended in something other than a live birth or miscarriage. This method suggests that between 2,573 and 4,136 ADSW have an abortion annually.⁷

Second, we use data from the WRHS and HRBS on the number of women who experience an unintended pregnancy to estimate the number of ADSW who may seek abortion services outside the MHS. Although unintended pregnancies are not the only reason a woman may seek abortion services,⁸ and not all unintended pregnancies result in an abortion, the rate of unintended pregnancies is of unique interest because it can be addressed through policy-driven behavior change. We estimate that between 11,000 and 11,900 unintended pregnancies (using data from the HRBS and WRHS, respectively) occur annually among ADSW. As noted previously, 40 percent of ADSW are stationed in a state where their ability to seek an abortion is completely or severely restricted.

¹ The opinions and conclusions expressed in this statement are the authors’ alone and should not be interpreted as representing those of the RAND Corporation or any of the sponsors of its research.

² The RAND National Defense Research Institute is a federally funded research and development center.

³ Kyleanne M. Hunter, Sarah O. Meadows, Rebecca L. Collins, and Isabelle González, *How the Dobbs Decision Could Affect U.S. National Security*, RAND Corporation, PE-A227-1, 2022.

⁴ While the Department of Defense (DoD) does cover some abortions under its health plan, the intent of this RAND research was to address abortion care that falls outside the scope of Covered Abortions as defined by 10 U.S.C. §1093.

⁵ RAND Corporation, “The Women’s Reproductive Health Survey of Active-Duty Service Members,” webpage, undated.

⁶ Meadows, Sarah O., Charles C. Engel, Rebecca L. Collins, Robin L. Beckman, Joshua Breslau, Erika Litvin Bloom, Michael Stephen Dunbar, Marylou Gilbert, David Grant, Jennifer Hawes-Dawson et al., *2018 Department of Defense Health Related Behaviors Survey (HBBS): Results for the Active Component*, RAND Corporation, RR-4222-OSD, 2021.

⁷ Hunter et al., *How the Dobbs Decision Could Affect U.S. National Security*.

⁸ An *unintended pregnancy* is defined as one that occurs when a woman wanted to become pregnant in the future but not at the time when she became pregnant (i.e., the pregnancy occurred too soon), or a pregnancy that occurs when the woman did not want to become pregnant at any time (i.e., the pregnancy was unwanted).

Scope of the Effects

There are five areas of potential impact that may be of particular interest to the Defense Advisory Committee on Women in the Services. First, if ADSW who may have had abortions prior to *Dobbs* now carry pregnancies to term, DoD will incur additional costs related to medical care for both mothers and children, as well as child care and education costs for the additional dependents as long as ADSW remain in the military.

Second, and perhaps more importantly, if more ADSW carry their pregnancies to term, there may be operational effects on the on overall force readiness because there are duty limitations associated with pregnancy. For example, pregnant ADSW cannot serve on ships past a certain point in pregnancy or deploy.

Third, if more ADSW carry their pregnancies to term, career progression concerns related to being pregnant in the military could be exacerbated.

Fourth, the financial burden on those who choose to seek an abortion can be significant. Our estimates show that junior enlisted ADSW stationed at Fort Hood, for example, would have to spend more than half their monthly pre-tax basic pay to obtain an abortion from the nearest legal provider.⁹

Finally, it would not be unreasonable to assume that both recruiting and retention of women would be hindered following the *Dobbs* decision. While, in theory, *Dobbs* affects only women serving in states where abortions are banned or severely restricted, women who serve in the military have little or no say about where they are stationed. In the post-*Dobbs* era, some women might opt out of military service because of this.

Initial Recommendations and Areas for Future Research

Unintended pregnancies are one reason that ADWS may seek abortion services. These potentially can be reduced through comprehensive and meaningful contraception counseling and availability. The HRBS found that over 63 percent of ADSW who experienced an unintended pregnancy were not using any form of contraception just before the pregnancy occurred. Additionally, more than 32 percent were using a form of contraception that is not considered to be highly effective.¹⁰ Previous work by the Defense Advisory Committee on Women in the Services found that nearly one-fifth of ADSW reported that they did not feel comfortable obtaining contraception from a military healthcare provider,¹¹ and the WRHS found that a similar number reported feeling pressured to use a particular type of contraceptive by their military healthcare provider.¹²

Although we can hypothesize as to the impact of the *Dobbs* decision on recruitment and retention, additional research is needed to both quantify the size and scope of the *Dobbs* decision on national security. Many questions remain unanswered:

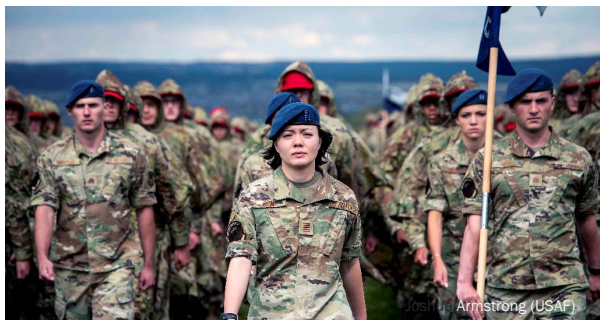
- How many ADSW have uncovered abortions outside the Military Health System?
- How have the *Dobbs* decision and DoD policy on abortion care affected recruiting and how prospective recruits and their influencers view military service?
- How have the *Dobbs* decision and DoD policy on abortion care affected retention among ADSW?
- Which aspects of the *Dobbs* decision—e.g., financial cost, stigma around pregnancy, concerns about post-pregnancy life—have the biggest effects on an individual’s propensity to serve and remain in service?
- How can DoD improve the use of highly effective contraceptive methods by ADSW to prevent unintended pregnancies?

⁹ Hunter et al., *How the Dobbs Decision Could Affect U.S. National Security*.

¹⁰ Meadows et al., *2018 Department of Defense Health Related Behaviors Survey (HBBS): Results for the Active Component*.

¹¹ Rachel Gaddes, Zoe Jacobson, Sidra Montgomery, Courtney Moore, Jordan Stangle, and Ayanna Williams, *2019 Focus Group Report: Defense Advisory Committee on Women in the Services*, August 2019.

¹² RAND Corporation, “The Women’s Reproductive Health Survey of Active-Duty Service Members.”



Joshua Armstrong (USAF)



William Reckley (USMC)



Danielle Baker (US Navy)



Gabriel Wisdom (USCG)



Henry Villarama (US Army)



Michelle Gigante (USAF)

How the Dobbs Decision Could Affect U.S. National Security

Kyleanne Hunter, PhD
Sarah O. Meadows, PhD

December 7, 2022



NATIONAL SECURITY RESEARCH DIVISION

The *Dobbs* decision
has left thousands of
service women and
DoD employees
without access to
community-based
abortion care

- DoD has long been prohibited from paying for abortions except when the life of the mother is in danger or in cases of rape or incest
- Service members and DoD employees who seek an abortion for any noncovered reasons must rely on their own funds and community providers
- As of July 2022, 21 states had total bans or severely restricted access to abortion care

Understanding **the size and scope of *Dobbs*' impact** is essential to understanding the effect on military readiness and national security

Size of the impact:

Numbers of women in states with restricted access

Active Duty

Of 201,000 active-duty service women stationed in the continental U.S., approximately **80,000 women**—or **40 percent**—will have no or severely restricted access to abortion services where they are stationed

DoD Civilians

Of 250,000 DoD-employed civilian women in the continental U.S., approximately **81,000 women**—or **43 percent**—will have no or severely restricted access to abortion services where they live

Size of the impact:

Number of abortions and unintended pregnancies

5,000 to 7,400

Estimated number of active-duty service women and DoD-employed civilian women who **have an abortion** in any given year

17,600 to 17,900

Estimated number of **unintended pregnancies each year** among active-duty service women and DoD-employed civilian women

40 to 43 percent of these women live in states where the ability to seek an abortion is completely or severely restricted

Estimate based on number of pregnancies ending in something other than live birth or miscarriage (DoD Women's Reproductive Health Survey [WRHS] used for active-duty; CDC state-level abortion rates used for civilian employees). Estimates do not include the Guard and Reserve.

Estimate based on percentage of women who have unintended pregnancies per year (Active-duty data from WRHS and 2018 DoD Health Related Behaviors Survey (HRBS); data for civilian employees from Finer and Zolna, 2016). Estimates do not include the Guard and Reserve.

Scope of the effects: Five areas of impact

For women

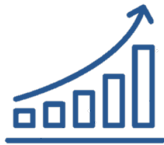


Career-progression concerns
related to pregnancy



Financial burden on
women seeking abortions

For DoD



Additional DoD costs related to
medical care, childcare, education
for service women and dependents



Operational impacts on force
readiness due to duty
restrictions related to pregnancy



Overall recruiting and retention
of women possibly hindered

How could DoD respond?

- ❑ **Continue efforts to ensure that the privacy of service members is protected**
- ❑ **Train commanders to provide information about available reproductive health care services and leave policies to their service members**
- ❑ **Lower rates of unintended pregnancies**
 - Increase access to and uptake of comprehensive contraceptive counseling
 - Expand access to military treatment facilities for civilian employees for purpose of reproductive health



NATIONAL DEFENSE RESEARCH INSTITUTE