

United States Senate

WASHINGTON, DC 20510

September 23, 2016

The Honorable Ashton Carter
Secretary of Defense
1000 Defense Pentagon
Washington, DC 20301-1000

Dear Secretary Carter,

We write today to request that the Department of Defense (DoD) bolster contraception education and access for servicemembers and their families. A provision in the National Defense Authorization Act for Fiscal Year 2016, led by Senator Jeanne Shaheen, took an important step to increase contraception education and counseling. Implementation of this work has begun, and we applaud both the Navy and the Army for their progress. Despite this, we are concerned that women, who represent an increasingly large percentage of the U.S. military, may not have access to the most effective or preferred methods of contraception, which is especially concerning leading up to and during deployment.¹ Access to family planning services is an integral component of primary health care and a necessary preventive health option for all women.

According to a recent study, 97 percent of active duty service personnel in the United States are of reproductive age.² Despite the significance of women's reproductive health needs in this population, the extent of contraceptive use is poorly understood by DoD, with estimates of use ranging from as low as 39 percent up to 77 percent during deployment. Unintended pregnancy is higher in the military, including during deployment (72/1000), compared to the general U.S. population (52/1000 women). In fact, approximately 10 percent of active duty female servicemembers experience unintended pregnancies during deployment each year.³ In contrast, elsewhere in the United States, fewer than 5 percent of women of reproductive-age have an unintended pregnancy each year.⁴ These statistics are compounded by the current risks associated with the emerging Zika virus, a public health crisis with disproportionate effects on pregnant women and their developing fetuses. Family planning services are a primary tool for combatting the effects of Zika and are critical to allow women to time their pregnancies.

One barrier to contraceptive access is a lack of consistent pre-deployment counseling on contraception across all four services. Current pre-deployment health assessments are not uniform across DoD. Additionally, while TRICARE covers a full range of contraception, including long acting reversible contraceptives (LARCs), actual availability is dependent on a military treatment facility's (MTF) decision to stock it. Deployment further limits options, as the basic core formulary includes only certain oral and emergency formulations. Accordingly, one third of female servicemembers feel they do not have access to their preferred method of birth control surrounding deployment.

Other documented impediments to female servicemembers' contraceptive access include difficulties obtaining refills during deployment, confidentiality concerns for healthcare privacy, stigma, shortages of providers overseas, and difficulty taking daily oral contraceptives under austere deployment conditions. In addition to the burdens imposed on female servicemembers, these factors have a negative impact on the servicemember's readiness and creates additional challenges for units which should be focused on accomplishing their missions. Each of these issues could be mitigated by expanding access to, and information about, LARCs. The Centers for Disease Control and Prevention (CDC) recommends LARCs as highly effective and long-lasting forms of contraception. Intrauterine devices, for example, are 99.8 percent effective and can be used for up to 12 years,

¹ Ruth Manski, *Reproductive Health Access Among Deployed U.S. Servicewomen: A Qualitative Study*, 179 *MILITARY MEDICINE* 645 (2014).

² Kate Grindlay & Daniel Grossman, *Unintended Pregnancy Among Active-Duty Women in the United States Military*, 92 *CONTRACEPTION* 589 (2015), <http://www.ncbi.nlm.nih.gov/pubmed/26345183>.

³ *Id.*

⁴ <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.

while implantable options are 99.5 percent effective and protect against pregnancy for three years. The American Congress of Obstetricians and Gynecologists actively encourages LARCs, as they lower unintended pregnancy rates resulting from gaps in use and discontinuation of shorter acting methods.⁵

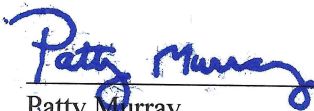
From 2014-2016, the Navy has proactively expanded LARC access by sponsoring one-day provider training events at 11 MTFs.⁶ As a result, use of LARCs in the Navy and the Marines has increased from 14 percent in 2009, to 32 percent in 2015.⁷ We support extension of these models and applaud the progress made to expand access to care for female servicemembers.

In the interest of better understanding barriers to accessing effective contraception and ensuring that female servicemembers in all branches of the military have access to the contraceptive care that is best for their health needs, we request that you:

- include uniform, appropriate, and timely screenings for servicemember contraceptive needs in mandatory annual periodic and pre-deployment health assessments;
- ensure that every MTF has a sufficient stock of a broad range of FDA-approved methods of contraception to dispense to any female servicemember of the Armed Forces and female covered beneficiaries.
- collect and report comprehensive and updated information surrounding women's access to contraception and barriers to obtaining contraception during deployment across all branches of the Armed Forces;
- encourage accurate information dissemination regarding LARC safety via DOD clinical guidelines and support tools with input from the United States Preventive Services Task Force, the CDC, the Office of Population Affairs of the Department of Health and Human Services, the American Congress of Obstetricians and Gynecologists, the Association of Reproductive Health Professionals, and the Agency for Healthcare Research and Quality; and
- support LARC one-day training programs for DOD healthcare provider teams.

Our nation's servicemembers deserve a commitment to protect their health and wellbeing that is worthy of their commitment to protect our country. Failure to provide adequate preventive health care, such as contraception, leaves female servicemembers vulnerable to unintended pregnancies and compromises the preparedness of our troops. This is an opportunity for the DoD to continue the advancement of women who serve. We urge you to take immediate action.

Sincerely,



Patty Murray
United States Senator



Richard Blumenthal
United States Senator

Jeanne Shaheen
United States Senator

⁵ <http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices>

⁶ <http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/navylarctraining2014.aspx>

⁷ Kate Grindlay & Daniel Grossman, *Unintended Pregnancy Among Active-Duty Women in the United States Military*, 92 *CONTRACEPTION* 589 (2015), <http://www.ncbi.nlm.nih.gov/pubmed/26345183>; see also

http://www.huffingtonpost.com/entry/military-women-face-special-challenges-when-it-comes-to-birth-control_us_5722c672e4b01a5ebde53a0d