

STATEMENT OF
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BEFORE THE
COMMITTEE ON ARMED SERVICES
UNITED STATES HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON MILITARY PERSONNEL

“SERVICE MEMBERS REPRODUCTIVE HEALTH AND READINESS”

JULY 29, 2022

Chairwoman Speier, Ranking Member Gallagher and distinguished committee members, thank you for this opportunity to testify.

Before I begin, I would like to specify that I am here today in my personal capacity as a physician. The views expressed in this statement are those of myself and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government.

I am Dr. Jacqueline Lamme. I am an Active Duty Navy Gynecologic Surgeon and Obstetrician and have fellowship training in Complex Family Planning. I have been on Active Duty for 21 years, and prior to specializing, I spent five years in an operational environment as a Flight Surgeon, including deploying with the Marines to Afghanistan. Both during my time as a Flight Surgeon and even more so as an OBGYN, I have seen how the restrictions to access for full scope reproductive healthcare impact our Service Women and Active Duty families. My operational experiences helped me to understand the unique challenges and barriers our Active Duty women experience in obtaining full scope reproductive healthcare and led me both change my specialty to Gynecologic Surgery and Obstetrics as well as to pursue additional training in Complex Family planning when the opportunity arose.

I am honored to be here alongside my fellow panelists as they share their stories. Abortion care is a part of the full spectrum of reproductive health care and should be available to access no matter someone's reason for needing that care.

It is critical for Active Duty women to be able to plan their childbearing, both for their personal career progression and to maintain the operational readiness of their unit. An unplanned pregnancy removes a Servicewoman from her operational unit for up to two years. This may also impact her ability to promote or to take the operational tours she would otherwise pursue. It leads many women to opt to leave the military under these circumstances, which may also have further downstream consequences to the fighting force. Even with access to highly effective contraception, unplanned pregnancies may occur and the lack of full scope contraceptive options has negative effects both on the Servicewoman and on overall Force Readiness.

One of the hardest things I do as a physician is telling a family that there was something wrong with their pregnancy. I have had to explain to patients that while ending their pregnancy early was an option medically, it was not something I could legally provide as a military physician and have cried with families after their baby was born and pronounced dead soon afterwards. I have cared for women who survived sexual assault and become pregnant, both before and after the Shaheen Amendment was passed. I'd like to share two stories with you that highlight the challenges our patients face in these circumstances.

The first of my most notable patients is the wife of an enlisted Soldier, someone who gave me her consent to share details of her story with you. This was their second overseas tour, far away from family and they had one young son. The couple had been saving up for years to take a trip back to the US to visit family so he could meet his cousins. When they found out they were again pregnant, this time with a daughter, they were overjoyed and turned the visit into a big family in person event. The timing of the visit meant that she did not have her anatomy ultrasound until almost 22 weeks. I still remember the look on the Maternal Fetal Medicine specialists face when she walked into my office and asked me to join her in talking with the couple about the anomalies she had seen and the options. Their daughter, Scarlett, had severe brain and heart malformations, among others, that meant that she would be

unlikely to survive until delivery or long afterwards. An amniocentesis was done to confirm what we suspected, Trisomy 13, but being overseas meant it would take several weeks to get results back. The couple was devastated.

My patient asked about ending the pregnancy early and we talked about the ways that could be done. I then had to tell them that legally, since her life was not at risk I was unable to offer her that option in a military facility and it would not be covered by her health insurance. I told her I could not help unless Scarlett had already passed away on her own. If she wanted to end the pregnancy now, she would have to return to the States on her own, set up an appointment with an abortion clinic on her own and pay for the procedure with no assistance from Tricare. Her care would cost thousands of dollars plus the cost of plane tickets, hotel rooms, and other expenses for this family of three. There was no way this young enlisted family had the means for this undertaking.

Thankfully, she had an amazing friend who set up a fundraising for the family and within a few days they had an overwhelming response and enough money to access the care she needed. When she got back, she told me that everyone in the clinic was wonderful and kind, but she wished I had been able to be the one there with her throughout this process. While my patient in this case was able to get the care she needed through the generosity of friends, family and strangers, so many of my patients do not. They should not have to share their stories publicly or ask for financial help from strangers. Time is also a concern. For Active Duty women, they have to request leave from their Commanding Officer (CO), who may deny it or ask for details why they are requesting leave forcing them to disclose their personal medical history to someone not involved in their actual medical care. This is a heartbreaking conversation I have had to have with many patients over the years as an Obstetrician. It has always been especially challenging for service women and families stationed overseas. Now however, with the *Dobbs vs. Jackson Women's Health* decision, the added challenges of extensive travel to less restrictive States will exist for innumerable women within our military community.

The second patient story I would like to share with you was a young enlisted sailor in my squadron prior to the passage of the Shaheen Amendment while we were stationed in WA State. She was raped at a Squadron party and became pregnant. As her squadron doctor, she came to me when she found out she was pregnant. She without a doubt did not want to continue this pregnancy that was the result of a rape. At that time, military physicians could not perform therapeutic abortion procedures for rape cases, and I had to be the one to tell her that. I had to explain to her that she would have to contact the local Planned Parenthood and make an appointment with them and pay for the procedure herself if she decided to terminate the pregnancy.

She was able to schedule the appointment, but she was a young enlisted Sailor who lived in the barracks and didn't have a car. The Planned Parenthood was an hour and a half away without traffic. She asked if I could take her to the appointment. As a flight surgeon I would occasionally go with patients when they had specialty appointments with civilian physicians out in town, so this wasn't an unusual request. When I asked permission to do the same for her, I was told by the Judge Advocate General (JAG) that I could not. He said that as it would be during a work day for me and the Navy paid my salary, so driving her myself would be using government funds to help her access abortion care and was thus not allowed due to the restrictive and unfair Hyde Amendment.

His recommendation was that she use the duty driver instead. Given that there were only a few women in the squadron, the odds were that the driver would be one of her male squadron mates, possibly even

someone who had been at that party. Due to this lack of privacy and anonymity she nearly missed being able to access this care. I can't even express the relief I felt with the passage of the Shaheen amendment. To no longer have to turn away rape victims who find out they are pregnant and come to me for help but to instead be able to provide them with a needed medical procedure that I am fully capable of providing was such a relief.

With the recent *Dobbs* decision, I worry about my patients no longer being able to access this care based on where they are stationed. I worry about my colleagues in more restrictive states who continue to provide reproductive health care within the scope we are currently allowed to per federal legislation then being prosecuted by the state they happen to be living in at that time.

As Active Duty members, we do not get to choose where we live. We have volunteered to protect our country and we move every few years, from State to State and often overseas to fulfill that mission. We cannot choose the laws under which we are held depending on our duty station, CONUS or internationally. If my rape patient had been living in Texas right now, she would not have had to find someone willing to drive her a couple of hours away, she would have had to request to take leave and fly to a whole different state. Our healthcare as military members and dependents should not be based on the current duty station, but on a consistent Federal standard of care for military members and their dependents.

In closing, I want to share how thankful I am for the recent memo from Mr. Cisneros reaffirming that we in military medicine can and will continue to provide reproductive healthcare within the scope of federal legislation, but more needs to be done. I urge you to provide federal protection to both patients and physicians who provide these legal and needed services on federal land. I would urge you to go even further. While I truly hope to see the Hyde amendment overturned, at the very least I urge Congress to remove the restrictions that do not allow patients to self-pay for abortion procedures at Military Treatment Facilities. This option exists for many other procedures not covered by Tricare. Preventing the same option for family planning and abortion services is not only discriminatory it impacts the readiness of our Armed Services and I fear the impact will worsen with unequal state restrictions that force patients to travel long distances and take leave to obtain the care they deserve and so desperately need. Thank you.