

Department of Defense Data on Abortions Performed in Military Medical Treatment Facilities

**Office of the Assistant Secretary of
Defense for Health Affairs
May 2022**



PERSONNEL AND READINESS

Heritage Foundation v DoD, No. 23-cv-1817 001



Background

- In accordance with Title 10, United States Code, Section 1093 the Department does not perform abortions except when:
 - The life of the mother is at risk should the fetus be brought to term
 - The pregnancy is a result of rape or incest
- The Department has reported annual data on authorized abortions, as requested annually by our congressional oversight committees, since 2000.
- Prior to October 25, 2019, data for authorized abortions was provided by the Military Departments and submitted by OSD.
- On and after October 25, 2019, the Defense Health Agency provided the relevant data and analysis, in accordance with the transfer of management functions from the Military Departments to the Defense Health Agency.



Introduction

- The Department is committed to the fidelity and transparency of data reporting and promotes continuous improvement of data entry and analysis.
- Women's health subject matter experts reviewing previously submitted data methodology to ensure procedure codes incorporated all abortion codes, identified potential gaps in reporting.
- As a result, a year-long effort, involving data analysts and women's health subject matter experts, began in early 2021 to review and update the methodology for collection of data related to performance of abortions in military medical treatment facilities (MTFs).
- The updated methodology identified, and corrected, inadvertent underreporting of authorized abortions.
- The updated methodology was utilized for both the calendar year 2021 report and to update prior reports from 2016 through 2020 to ensure accuracy.



Findings

- Using the updated methodology, the Department identified a total of 77 procedures performed within MTFs between calendar years 2016 and 2020.
- The new methodology resulted in 17 additional procedures being identified.

Previously Reported Data v. Updated Data

Sponsor/ Patient Affiliation	2016	Updated 2016	2017	Updated 2017	2018	Updated 2018	2019	Updated 2019	2020	Updated 2020	Total	Updated Total
Air Force	2	3	2	2	6	6	3	4	1	3	14	18
Army	7	6	2	3	7	7	6	6	3	6	25	28
Marines	0	1	0	1	0	1	0	0	0	1	0	4
Navy	3	4	1	5	5	7	5	5	7	6	21	27
Totals	12	14	5	11	18	21	14	15	11	16	60	77



Calendar Year 2021 Data

Abortions Performed Military Medical Treatment Facilities, 2021	
Sponsor/Patient Affiliation	Number
Air Force	2
Army	7
Marine Corps	2
Navy	3
Totals	14



Updated Table

Calendar Years 2016-2021

Abortions Performed in Military Medical Treatment Facilities							
Sponsor/Patient Affiliation	2016	2017	2018	2019	2020	2021	Totals
Air Force	3	2	6	4	3	2	20
Army	6	3	7	6	6	7	35
Marine Corps	1	1	1	0	1	2	6
Navy	4	5	7	5	6	3	30
Totals	14	11	21	15	16	14	91



Methodology Updates

- Developed a clear definition of abortion:
 - Includes terminations that would otherwise result in a live birth.
 - Excludes terminations of nonviable pregnancies such as ectopic or molar pregnancies.
 - Excludes procedures for incomplete spontaneous abortions, commonly known as miscarriages.
- The audit revealed that not all codes associated with pregnancy termination were included in the previous analysis, thereby excluding some patients.
- Included duplicative records more than three months apart, which excludes follow-up care appointments, but ensures inclusion of subsequent procedures.



Methodology Updates, Continued

- Included all beneficiaries, both Active Duty and dependents, who received an abortion at an MTF.
 - Previous year data appears to have primarily included Active Duty service women who received an abortion at an MTF.
- Included records with a procedure code, but no diagnosis code.
 - Only those with a procedure and diagnosis code were included in previously submitted data.
 - Those records validated to be incorrectly associated with an abortion code were excluded.



Way Ahead

- The methodology utilized for this updated report will be the standard for future reports, in order to ensure consistent methodology and understanding, and will be annually reviewed for new medical or coding updates for processes or procedures.
- Additional actions will be identified as necessary to ensure accurate reporting consistent with this methodology.