

# What It's Like to Be an Abortion Provider in the Midwest

*“Patients regularly tell me I’m saving their lives, and I believe them.”*

<http://www.womenshealthmag.com/life/abortion-provider-interview>

By [Renee Bracey Sherman](#) January 5, 2016

Dr. Cheryl Chastine is charming and unassuming as she meets with her patients in a Midwestern clinic. Her hair is pulled back in a large clip and she’s dressed in sneakers and fitted Grey’s Anatomy-branded scrubs—even though she’s never seen the show. As evidenced by the recent Planned Parenthood [shooting](#) in Colorado Springs and the [arsons at abortion clinics](#) across the country, abortion providers take great risks to their personal safety to ensure that the [1 in 3 women](#) choosing abortion are able to receive safe care. That is why there is no photo of Dr. Chastine in this story (though we did ask for one).

Seated in a small counseling room, Dr. Chastine begins every session by asking her patients how they are doing, not just in the moment, but in the totality of their lives. Most patients talk about their children and their futures, which is unsurprising because [two-thirds of women](#) having an abortion are already parents, and women who are able to receive the abortion they want are six times likelier to have positive aspirations. Dr. Chastine’s [tone](#) is calm and reassuring as she explains the abortion process in-depth so her patients know what to expect. She is thoughtful about her word choice so her patients feel safe and understand the confusing (and often [medically inaccurate](#) information she legally must tell them).

During the procedure, Dr. Chastine plays the Spotify ‘spa station’ throughout the clinic’s speaker to help patients relax, and chooses to use a manual aspirator for abortions rather than a machine, which can be loud and distracting. Afterwards, some patients experience cramping as their uterus contracts to its pre-pregnant size. Dr. Chastine gently massages just above the pubic bone to make the [pain](#) subside, showing she cares about her patients’ abortion experience.

In December, I joined Dr. Chastine for a day to learn more about why she became an abortion provider, how politics impacts her ability to offer care, and how she cares for her patients.

## **Women’s Health: What motivated you to become an abortion provider?**

**Dr. Cheryl Chastine:** I originally went to medical school because I knew so many people who were afraid to see a gynecologist. I wanted to have a practice with a reputation for being warm and comfortable, so people would get contraception, exams, and cancer screenings when they wouldn’t have otherwise. Going through college as a progressive in a conservative state, I got used to speaking up and representing neglected causes. Since we didn’t have a Medical Students for Choice (MSFC) chapter at my med school, I decided we needed to fix that. MSFC isn’t simply an advocacy organization, though. We have a real shortage of abortion providers in this country, which I hadn’t known; I think most people don’t. MSFC confronted me with the fact that there could be future patients who would need abortion care, and if I didn’t step up, they might not have access to safe, legal abortions at all. Once I thought about that, I realized I was ethically and morally compelled to meet that need.

We all go to medical school to help people. By enabling my patients to safely end a pregnancy they can’t continue, I can help people more than virtually any other way I can think of. Patients regularly tell me I’m saving their lives, and I believe them.

## **WH: What are some of the challenges you face in providing abortions?**

**CC:** In any area of medicine other than abortion care, doctors treat based on their best medical judgment: their assessment of the patient's needs and the treatments that work best, according to studies and standards. When you work in abortion care, though, you have politicians who think abortion should be completely illegal, and they get to tell you what you can do. So I can't go ahead and provide an abortion for a patient who tells me they know it's [the decision they need to make](#); instead, I have to send them away and force them to make a separate trip back 24 hours later, because a politician thinks that might change their mind. I'm required to say things I don't believe in and things that insult my patients' intelligence. This is all frustrating and harmful to the person who's there for the abortion.

When you provide abortion care, you don't necessarily have the support of the medical community in ways you could expect to with other fields. When I started providing abortions part-time, anti-abortion picketers showed up at my private family medicine practice. Many building owners and potential employers don't want to deal with being picketed, and anti-abortion activists know that. They were hoping the harassment would make me decide abortion care wasn't worth the trouble. Instead, I decided I absolutely was not going to be bullied out of doing what I knew was right.

**WH: You live in Chicago, but don't provide abortions there. Why is that?**

**CC:** As abortion opposition and regulation gets more and more [burdensome](#), supportive [training](#) and work environments for abortion providers are concentrated more and more in large, urban, liberal cities. I live in Chicago, but Chicago doesn't have a shortage of abortion providers [[Eighty-seven percent of counties](#) in the United States don't have an abortion provider]. I went into this field to meet unmet needs. I work in places where the politicians and/or the community have harassed local doctors so much that no one in the community is willing to go through that. Patients there still need abortions, and I provide them.

**WH: What's the most common thing you hear from your patients about their abortions?**

**CC:** The most common thing I hear from patients is profound relief. [[Over 95 percent of women say they don't regret their abortions](#).] Most of my surgical abortion patients are pleasantly surprised by how quick and simple the procedure itself is. There's this beatific smile I see regularly, the look of someone who's just had an enormous weight lifted from their shoulders. I call it the "not-pregnant smile." The thank yous from my patients are some of the most heartfelt things I've ever heard.

**WH: What do you envision for the future of abortion care?**

**CC:** The future of abortion access in the United States is really dependent on two things coming up in 2016: the [Whole Woman's Health v. Cole case](#), which the Supreme Court will decide by June, and the presidential election. In a best-case scenario, the Court gives us a sweeping reaffirmation of the primacy of dignity and privacy. That could reestablish my right to care for patients in the way I see fit, without fear of my clinic being closed under the flimsiest rationales, and without the specter of bad anti-abortion "science" forcing me to provide substandard care. Then a Democrat winning the presidency could solidify that prochoice Court majority. In a worst case, the Court could approve all of these bogus clinic-closure laws, and a Republican president could pick justices that would overturn *Roe v. Wade* outright and let states ban abortion if their politicians choose.

Abortion is needed and performed in every society. It always has been. People will always need to end pregnancies. Anti-abortion activists talk about an "abortion-free society," but there's no such thing. Where abortions are illegal, they still happen. So the question we need to be asking isn't "Is abortion good or bad?" It's "When someone decides they need an abortion, should they have to break the law and risk their lives? Or should they be able to end their pregnancy safely and legally?"

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Want to support abortion providers in your community? Dr. Chastine suggests breaking the stigma surrounding abortion – talk about abortion openly as part of healthcare, [share your own abortion story](#) if you feel safe enough, and ask your gynecologist, family medicine provider, or hospital if they provide abortion care. Sometimes it's a standard policy or they may refuse to have work with abortion providers; if so, you don't have to spend your money at that hospital or be seen by an anti-abortion provider. Lastly, donate to your [local abortion fund](#) or [volunteer as a clinic escort](#) to ensure patients can afford and safely arrive at their abortion appointments to see caring providers like Dr. Chastine.