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## Faculty Spotlight: Wendy Chavkin, MD, MPH



[Wendy Chavkin](#), MD, MPH is a special lecturer/professor emerita for PopFam and Columbia University's College of Physician and Surgeons. She is also the co-founder of [Global Doctors for Choice \(GDC\)](#), a transnational network of physicians who advocate for access to comprehensive reproductive healthcare, including safe abortion. Dr. Chavkin worked as an OB/GYN and ran the NYC Department of Health's Bureau of Maternity Services before joining the Mailman School of Public Health.

Throughout her academic career, Dr. Chavkin has used research as a tool for advocacy on behalf of public policies that expand access to reproductive health care and rights. Her research has addressed the consequences of welfare reform for the health of women and children, HIV and illegal drug use in pregnancy, policy responses to declining birthrates, and conscientious objection to providing reproductive health care, among other issues. Dr. Chavkin has received numerous awards from public

health organizations for advocacy including the Jean Pakter and Allan Rosenfield awards.

***Your career has integrated medicine, research, advocacy, and teaching. How did you end up with this career path?***

I went to medical school in order to be politically effective. I was fresh out of the second wave of the women's movement and I was persuaded that control of fertility was a precondition for women's full participation (in society). I trained as an OB/GYN but I was much happier when I discovered public health. It was much closer to my political and social analysis of the world.

***What is your role and range of responsibilities at the Mailman school?***

I teach three courses, and they are all for more advanced students: Advocacy for Reproductive Health; Globalized Motherhood; and Beyond Choice: Emerging Complexities in Reproductive Health. I love teaching these courses. My students tend to be extremely thoughtful and smart. I also chair our Committee on Appointments and Promotions and I advise students and supervise independent studies. And, I am part of the coordinating team of Global Doctors (for Choice) which has engaged PopFam students in a variety of ways. We have hired two PopFam graduates and we are open to considering practicum placements at GDC's five action centers.

***Do you find that your MPH students understand the need for advocacy skills for any public health professional?***

The students that come to me are self-selected as they tend to be very interested in advocacy, mission driven, and passionate about using public health as a tool toward a larger social end. I love teaching them and I introduce them to the reproductive health world in New York City by bringing speakers from many of the leading organizations to my class.

***What inspired you to co-found Global Doctors for Choice?***

As a physician [in the United States], I had always been involved in advocacy and I was used to providing testimony [on public health issues]. I didn't know whether such a role would be meaningful for physicians in other countries. It turned out that it was. Doctors told us that they wanted to learn how to do this advocacy work because they didn't have this experience, although they were highly motivated. Many of the folks who expressed interest in collaboration are working in countries where they watch women die every day from unsafe abortions or lack of care. That provides enormous fuel to take action.

***What does GDC aim to accomplish and how does it carry out its work?***

The mission is pretty straightforward. GDC aims to help doctors bring their scientific authority and uniquely powerful experience as front-line providers to policy debates on reproductive health and rights. One of the first things we did was develop an advocacy training manual for physicians that was designed for adaptation for different countries and contexts. We then brought doctors together to teach them how to use these materials for action and activism. We provided advocacy training workshops for doctors in countries around the world, and we ended up establishing five "action centers" in Brazil, Colombia, Ghana, Mexico, and South Africa.



*How do*

***GDC's action center's work?***

Each action center determines its own advocacy agenda and strategies. For example, GDC in Ghana recently helped physicians advocate successfully for the inclusion of family planning services into the country's national health insurance program. In Mexico, GDC has trained OB-GYN residents to advocate for sexual and reproductive health care, including safe abortion, and helped lawyers challenge restrictive laws and the prosecution of women patients. And in Brazil, GDC recently made the case that anencephaly, a devastating abnormality in embryonic development, should be recognized as grounds for legal abortion.

***Do you notice cross cutting themes in the work that is conducted by GDC?***

Yes, definitely. Although the countries have specific advocacy agendas, several themes have emerged as crosscutting: expanding the interpretation of maternal health needs as ground for legal abortion; engaging the next generation of providers as committed clinician-advocates; and tackling reductions in access from those claiming to be conscientious objectors to components of reproductive health care.

***What is next for GDC?***

GDC began to document the issue of conscientious objection and its impact

on the delivery of reproductive health services worldwide. We authored a [White Paper](#) detailing this work in a special issue we published in the *International Journal of Gynecology and Obstetrics*. We drew upon existing medical, public health, legal, ethical, and social science literature to cull what is known (about conscientious objection and access to reproductive health

care). While the paper represents an important first step, we now want to conduct rigorous research to determine the prevalence of this practice in the five countries where we have action centers. We also want to investigate the impact of the few regulations that are in place in some countries and how doctors feel about these policies.

***Finally, how do you assess the current climate when it comes to the state of reproductive health and rights for women around the world?***

In the United States and around the world, there has been political movement in both directions. But GDC rapidly established its presence and visibility because there was a need. There was hunger on all levels for this work that has provided the opportunity to make a difference.