



Original article found online at: <https://prh.org/physicians-story/wendy-chavkin-md-mph/>

August 21, 2008

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Medicine as Science and Advocacy

I have felt very lucky being the chair of Physicians for Reproductive Choice and Health for the past six years, as it has provided an opportunity to fuse my political and professional selves—and to do so in the very good company of PRCH’s board and staff.

Since PRCH started 15 years ago, it’s been clear in my mind that we had a specific role to play. There are obviously other key health, legal, and women’s groups who have advocated long and mightily for reproductive rights. PRCH complements their work in a defined way—by contributing medical and scientific expertise to the public conversation, and by working on many fronts to maintain reproductive health within the world of medicine.



When this organization was founded in 1992, physical threats to abortion providers and clinics were on the rise. Several abortion providers had been shot, and anti-choice protestors were bombing and barricading clinics. Residency programs had largely retreated from providing abortion training. We felt an urgency to push the medical community to assert that patient well-being, the health of the public, scientific evidence, and physician integrity all demanded that the full range of reproductive healthcare be considered a necessary part of medicine. We also felt strongly that physicians should speak out on behalf of their obligation to science and to patients, and intended PRCH to provide such a vehicle.

I decided to go into medicine in order to do reproductive healthcare. When I was a resident in obstetrics and gynecology, I was working in the emergency room one night when a woman came in with a very high fever, claiming to be having a miscarriage. I was starting to treat her when one of the aides who had worked in the emergency room for 20 years pulled me aside and said, “That’s an illegal self-induced abortion.”

In the seven short years since *Roe* had passed, I had never seen a woman suffering from a self-induced abortion. Young doctors today—and the American public—are far removed from the days when women risked so much to have abortions. Yet those who did see this were altered profoundly. I remember talking 20 years ago to two senior obstetricians, both chiefs of departments, who were highly religious and conservative men. They both said that anyone who had seen a 13-year-old die of gas gangrene peritonitis could never deny the necessity of legal abortion.

We at PRCH have to figure out how to convert the sense of crisis doctors felt in those terrible times into a strategy for defending abortion in today's terms. I don't think further restrictions on legal abortion in the United States will necessarily lead to coat hanger deaths. Instead, we're likely to see heightened "reproductive tourism" for those with means, further exclusion from medical care and self-administration of medications for those already marginalized, and thus a widening of health disparities. A key part of our task is to determine how to assert the need for reproductive care in data-driven, thoughtful fashion.

Indeed, this approach is one aspect of PRCH that I value enormously—the effort to figure out what's coming down the pike, marshal the evidence and the experts, and thus to be ready. We've grappled with tough issues in reproductive healthcare, like the status of the fetus and the implications of moving medications to over-the-counter status. It's exhilarating to participate in a good idea that takes off, as PRCH has done over the past 15 years.

In that time, the organization has grown from one part-time director with a budget of \$60,000 to a staff of 22 in two cities and a budget of \$2.2 million. The result of this growth in size and in programs has been more members, more media coverage, greater respect from other medical and advocacy groups, and increased influence with policymakers—all evidence that PRCH has, indeed, taken off.

I am constantly impressed and exhilarated by the breadth of activities PRCH engages in, and see this as reflecting the vision of the board, the creative energy of the staff, and the eagerness of physicians across the country to participate. This confirms the PRCH board's recent decision to concentrate on supporting physicians in their own locales and to be strategically poised as policies are decided on the state level.

Last year's work responding to the referenda in South Dakota, Oregon, and California exemplified this approach as PRCH provided media training for scores of physicians and worked collaboratively with a host of other medical and advocacy organizations. In South Dakota, PRCH helped organize more than 40 pro-choice physicians for a photo that ran in the *Rapid City Journal*—a visual representation of a pro-choice physician movement that hadn't coalesced in the state before the referendum.

Yet even as we celebrate all these accomplishments, we have sustained major blows in the recent court decisions on contraceptive equity and the federal abortion ban. These are serious and terrible rulings, and threaten exhausting battles on the state level. Two things give me hope and determination: the upcoming elections, and the belief that women in the United States will not put up with losing options that have transformed and widened their worlds for 35 years.

Moreover, the tide is moving forward in many places—countries in Latin America, Africa, and Europe are broadening access to abortion—which bolsters my hopes for this country. So, while I'm certainly worried about the suffering that may result from these recent court decisions, I know that we're in it for the long haul and I take heart from the recent advances and from all of your energy and work.

I will, of course, continue to be involved in PRCH activities while turning some of my energy to an international collaborative effort of doctors on behalf of reproductive health and abortion. It has been great working with PRCH members around the country from the board chair's seat, and I look forward to working alongside you now as a fellow member of PRCH.

So, onwards.

Immediate past board chair Dr. Wendy Chavkin is professor of clinical public health and obstetrics and gynecology at Columbia University's Mailman School of Public Health in New York City. Dr. Chavkin is a founding member of PRCH, and has served on the board of directors since 1995. She stepped down as PRCH Board Chair in July and is succeeded by Suzanne T. Poppema, MD.