



Original article found online at: <https://prh.org/physicians-story/wendy-chavkin-md-mph-2/>

August 14, 2008

Wendy Chavkin, MD, MPH

Wendy Chavkin, MD, MPH, is a founding member and former board chair of PRCH. She is a professor of clinical public health and obstetrics and gynecology at Columbia University's Mailman School of Public Health. She served as editor-in-chief of the Journal of the American Medical Women's Association, director of the Soros Reproductive Rights and Health Fellowship, and director of the New York City Health Department's Bureau of Maternity Services and Family Planning. As an undergraduate in Chicago, Dr. Chavkin was supportive of the Jane Collective, an underground abortion group.

I went to the University of Chicago at the very end of the sixties. It was a time of great political activity and great political despair. I mean, it was the Vietnam War.

The Jane Collective was a group of women who became trained by a physician to provide abortions themselves. I was not part of the Jane Collective, but I was involved in the next tier out, the people who would lend their apartments to Jane. Somebody would appear at your door and say, "Jane would like to see you next Thursday. She'll be here at 7:30 in the morning." And that meant you should leave. And so you would leave your apartment at 7:30 in the morning and you would only know the one person who approached you. And at the time of your departure, the person would say something like, "Jane will be here until 7:30 tonight. So that meant don't come back until after that time.

They had this really extraordinary safety record and people didn't get into trouble. I've read that the Chicago police decided pretty much to leave them alone. Part of the way in which my experience with Jane pushed me towards becoming a doctor was that even though Jane's reputation was exemplary—their reputation was one of providing very sensitive, thoughtful and good care for people—I did come home sometimes after Jane visited and find blood spatters. And even in my unsophisticated state, I thought, "Nobody should be subjected to having an abortion in my apartment and have blood spatters on the wall, and nobody should be in the position of trying to provide an urgently needed service without all the right equipment and training." It was very important personally in helping me decide to go to medical school and be in a position to provide those services properly myself.

I guess it must be about 15 years ago, I was the director of New York City's Bureau of Maternity Services and Family Planning. I knew all the chiefs of ob/gyn departments around town. And I remember having conversations with two in particular, each of whom was an older, very religiously conservative man, neither of whom were themselves abortion providers. Both came from orthodox religious traditions that didn't approve of abortion. And they both said to me, "Wendy, if you've seen a 13-year-old dying of gas gangrene, you can never really be opposed to abortion after that."

People who are learning to become doctors now are growing up in an era where they are not seeing the direct suffering caused by illegal abortion or by forced childbearing from the lack of options. People who are training to become doctors now are in a world where women are working and pursuing options they want, and so they are not directly conversant with how recently women's lives were really, really limited by the fear of unwanted childbearing. They're also working in the United States where abortion is legal and available, even though we're very concerned about the fact that if you live outside of the major urban areas, it's more difficult, and if you're a teenager, it's more difficult. But they're not living in developing countries where women are still dying from illegal abortions. They're not facing that and we don't want them to face that ever again. We want them to learn from the past and to understand how important this is.

You know, when I trained in obstetrics and gynecology in a New York City hospital, just half a dozen years after *Roe*, I was working in the emergency room one night and some woman came in claiming to be having a miscarriage. She had a very high fever and I was starting to take care of her as a person who had a miscarriage and had a very high fever. And the aide who had worked in that emergency room for 20 years said, "Wendy, can I see you for a minute?" And she pulled me out of the little room where I was seeing the patient, and she said, "That's an illegal, self-induced abortion." Just in the six years since *Roe*, I had never seen such a thing, but she'd been there for 20 years and she had seen many of them. And this case was a young woman who had recently come to New York from the Caribbean and had an unwanted pregnancy and put a stick into her uterus and was whoppingly infected. Now, once I understood what I was dealing with, I could give her the serious, major antibiotics and check to make sure she hadn't made a hole in her uterus and all the things you can do to repair disaster. But just in those six years, I wasn't even aware of self-induced, illegal abortions. So these folks, 30 years later, are really not aware of it, and I don't want them to have to see that patient. I want them to be able to learn from *Voices of Choice* instead.

—Edited transcript from *Voices of Choice*