FRAN MORELAND JOHNS

WRITINGS ON LIFE, DEATH & IN BETWEEN

Tag: Medical Students for Choice

<u>ABORTION</u>, <u>GENERAL INTEREST</u>, <u>HEALTH</u>, <u>POLITICS & CAUSES</u>, <u>REPRODUCTIVE RIGHTS</u>, <u>WOMEN</u>

Introducing a new abortion provider

APRIL 21, 2014 BY FRAN JOHNS 5 COMMENTS

I've gotten to know the author of the following essay in recent months, and was delighted to have seen him honored with a 2014 Unsung Hero Award from the National Abortion Federation. With re-publication of his blog (from sherights.com/2014/04/21/why-im-becoming-an-abortion-provider/?
utm_source=nar.al&utm_medium=urlshortener&utm_campaign=FBhttp://)) it's my pleasure to introduce Boomers & Beyond readers to a future physician — who represents the future hope of women's rights and women's health.

WHY I'M BECOMING AN ABORTION PROVIDER — by Sarp Aksel

Growing up, I was quickly labeled an ana kuzusu – Turkish for "mamma's boy."

This came from a love for my parents' holiday parties. Each year, the gatherings brought promises of leftover turkey, *börek*, and *Rus salatasi* – a delightfully creamy potato salad I was only allowed to indulge during the peri-holiday period. They were also occasions for storytelling. While my dad would entertain the men with the latest happenings in Turkish *futbol* – a constant stream of scandalous player trades, colorful diatribes of overly glorified coaches against crooked referees, and frequently contested league rankings – I often found myself cozying up to my mother and her friends. Their tales had power and emotion, and they meant so much more to me.

Even at that young age, I recognized that it was a privilege to be allowed into their space. Those evenings weren't to be taken for granted and I was grateful to be included. Still, I wasn't always sure if I was welcome.

As a feminist man and future obstetrician-gynecologist, I recognize that I am not, and nor will I ever be, in a position to fully understand the myriad factors that women must consider when tackling certain challenges. This does not mean I cannot be present and supportive. It would be arrogant at best and offensively misogynistic at worst to be anything other than an observer, a supporter and a witness to the

uniquely difficult decisions that women face. This means that I believe whole-heartedly in the principle of autonomy as it pertains to healthcare and women's dominion over their bodies and healthcare decisions. It requires having a profound respect for female autonomy, particularly of bodily integrity.

The slogan <u>"Trust Women" (http://itrustwomen.org/)</u> is well known in the reproductive rights movement. While I am an ardent supporter of Dr. George Tiller's dictum, I have recently found myself questioning its relevance. As a pioneer and hero to #FeministMen, Dr. Tiller was steadfast in his commitment to woman-centered care. His clinic in Wichita for decades served as a beacon of hope for women who had no other options – <u>and continues to do so to this day</u>

(http://www.motherjones.com/mojo/2013/04/wichita-has-abortion-clinic-again). And yet, I can't help but wonder – why do we still need to be told to trust women? Why are we still suspicious of a women's ability to govern her own healthcare decisions?

Unfortunately, across our country we see politicians legislating abortion care from <u>mandating ultrasounds (http://www.huffingtonpost.com/2012/03/07/bob-mcdonnell-virginia-mandatory-ultrasound-bill n 1327707.html)</u> to <u>waiting periods and counseling requirements (http://www.guttmacher.org/statecenter/spibs/spib MWPA.pdf)</u> that often contain scientifically inaccurate information. They find themselves compelled to make decisions on behalf of women about matters that they deem women incapable of resolving on their own.

But really I'd prefer to keep legislators out of the conversation entirely. For me, identifying as a feminist provider means actively rejecting the notion that anyone other than the woman is the expert of her life-defining circumstances.

This means asking a woman how she feels about an unexpected positive pregnancy test without making assumptions about what that test result means to her.

It means being there for her as an objective source of medical information regardless of what birth control method she chooses, if she chooses one at all.

And it means advocating for women on a public policy level to ensure that women have unfettered access to comprehensive reproductive healthcare, including abortion and contraception.

My interest in women's health sprang from years of working as a teenager at a specialty-maternity hospital in upstate New York – with women, for women. On my first day, an energetic young woman was orienting me to the facilities, my responsibilities, and my colleagues. A couple hours into the day, my supervisor noticed me trailing uncomfortably behind her through the hospital's hallways. After several attempts to get at the cause of my odd behavior, she finally stopped to ask me what was wrong. With much hesitation I answered:

"I need to use a restroom, but this is a women's hospital."

She gave me a reassuring grin, placed her hand on my shoulder, and pointed me down the hall.

"Of course we have a men's restroom."

And just as there was room for men in a women's hospital, there is room for men in the feminist movement. After all, feminism is synonymous with humanism.

(<u>http://sherights.files.wordpress.com/2014/04/aksel_headshot.jpg</u>). About the author: Sarp Aksel is a member of the M.D. Class of 2015 at the Albert Einstein College of Medicine, and is currently applying for residency



training in obstetrics and gynecology. As an advocate for comprehensive medical education, he has developed tools to help students raise awareness and fill curricular gaps in sexual and reproductive health training, including abortion and contraception. He is also the immediate past president of Medical Students for Choice (http://sherights.com/2014/04/21/why-im-becoming-an-abortion-provider/www.msfc.org), where he served as chair of the international nonprofit's board of directors,

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Ahead for women: good news & bad

APRIL 15, 2014 BY FRAN JOHNS 2 COMMENTS

The years ahead could be not good times to be a woman.

Childcare support? Abortion access? Equal pay? Contraception coverage?

How we will fare in the years ahead — those of us who are females of the species — is an open question; and some of the answers being bandied about are not pretty.

<u>Paul Ryan's budget (http://www.washingtonpost.com/blogs/plum-line/wp/2014/04/10/dems-broaden-attack-on-paul-ryan-budget/)</u> would repeal benefits and protections currently enjoyed by millions of women, forcing us to pay out-of-pocket for potentially life-saving things like mammograms and cervical cancer screenings. Cuts in food stamps would hit women disproportionately, cuts in Medicaid would have a similar impact: women make up 70 percent of Medicaid's adult beneficiaries. Prescription drug costs? Up, thanks to the re-opened Medicare drug coverage gap, the late and un-lamented donut hole. The list goes on, almost as glaringly as the list of benefits to the super-rich goes up. There are not a lot of women, especially single head-of-household wage earners, among the super-rich.

At a recent <u>Planned Parenthood Shasta Pacific (http://www.plannedparenthood.org/shasta-pacific/)</u> (CA) gala, former Michigan Governor and Current TV host <u>Jennifer Granholm (http://jennifergranholm.com/)</u> ticked off these and other ways GOP policies take from women and give to the super-rich. But Granholm, in a conversation with CA Attorney General <u>Kamala Harris (http://kamalaharris.org/)</u> moderated by San Francisco Chronicle columnist <u>Carla Marinucci,</u> (http://www.sfchronicle.com/author/carla-marinucci/) framed the opposing political policies as overall good news. With the GOP's social and economic attacks on women in such sharp focus, she said, they can be seen for what they are — and defeated.

One can hope.

There are plenty of smart, honorable registered <u>women Republicans (http://www.nfrw.org/)</u>. Whether they will worry about senior women having to pay more for drugs, or low-income women losing health benefits, or all women continuing to have to work three months more per year just to make what men

make, that's one of the questions still open. Reproductive justice? All women lose when reproductive rights diminish.

But at another meeting last week the focus was on distaff good news. The National Abortion Federation (http://www.prochoice.org/) held its annual meeting, complete with continuing medical education for physicians, nurses and all those who will enable the progress and preservation of reproductive rights in the years ahead. This writer was fortunate to be invited to the Membership and Awards Luncheon, surrounded by extraordinary men and women including several award winners I am privileged to call friends. NAF President and CEO Vicki Saporta (http://rhrealitycheck.org/author/vicki-saporta/) was among the speakers, and her report was one of optimism. My own optimism about the future for women in the US.is centered in three of the award winners whom I quite fortunately happen to know. They include:

<u>Maggie Crosby (https://www.aclu.org/blog/author/maggie-crosby)</u>, Senior Staff Attorney with the ACLU of Northern California, honored for her decades-long fight for reproductive justice — or, more accurately, her repeatedly successful fights for reproductive justice wherever it was about to be compromised.

<u>Beverly Whipple (http://www.fwhc.org/welcome.htm)</u>, an extraordinary woman whose story — at least some small snippet of it — is included in Perilous Times. Whipple was leaving immediately after the NAF meeting for an extended motorcycle trip around Europe with her partner, but they slowed down long enough for a table-full of us to celebrate at the awards luncheon. More on Beverly Whipple in a few days.

Sarp Aksel, Past president of Medical Students for Choice (http://www.msfc.org/) and current Executive Clinic Chair of the ECHO Free Clinic (http://www.einstein.yu.edu/students/clubs/echo/) at Albert Einstein College of Medicine in New York City. For those of us in despair about the future of abortion rights, Sarp Aksel is the face of hope. Bright, highly skilled and highly trained, and totally committed to women's health and autonomy, Aksel is representative of the men and women determined to protect women's reproductive rights.

Those who would take away women's right to choose or ability to earn might well make gains for the super-rich in the near future. But they will have to contend with people like Saporta, Granholm, Crosby, Aksel and a host of other fighters for justice... including most of the women of America.

ABORTION, COURTS, DEATH AND DYING, END OF LIFE, GENERAL INTEREST, HEALTH, REPRODUCTIVE RIGHTS, WOMEN

Faces of hope for women's rights

JANUARY 10, 2014JANUARY 16, 2014 BY <u>FRAN JOHNS</u> 1 <u>COMMENT</u> The universe may, after all, be unfolding as it should (apologies to Max Ehrmann's <u>Desiderata</u>. (http://en.wikipedia.org/wiki/Desiderata))

This could be encouraging.

Within the past several days I've been to a number of events concerning our rapidly disappearing reproductive rights; I've discussed end-of-life options with a friend newly diagnosed with ALS; and — this one puts things into a new perspective — listened to the remarkable nuclear arms experts Eric Schlosser (*Command and Control: Nuclear Weapons, the Damascus Accident and the Illusion of Safety.* (<a href="http://www.amazon.com/s/ref=nb_sb_ss_i_1_14?url=search-alias%3Dstripbooks&field-keywords=eric+schlosser+command+and+control&sprefix=eric+schlosser%2Cstripbooks%2C234&rh=n%3A283155%2Ck%3Aeric+schlosser+command+and+control)) and Joseph Cirincione (http://en.wikipedia.org/wiki/Joseph_Cirincione) (http://en.wiki

(https://franjohns.files.wordpress.com/2014/01/stethoscope7.png)
More on compassionate dying and nuclear weaponry later. I just finished talking with about 40 young medical students and healthcare professionals about reproductive rights. Many are students, and members of an excellent organization, Medical Students for Choice (http://www.msfc.org/). They are committed to protecting women's health, educating other healthcare providers and the general public about women's health needs, and making sure that women everywhere have access to safe, legal abortion.



These young people can make believers of you. Belief, that is, that women's rights will indeed be protected and that lack of access will not lead again to women dying from botched abortion. The articulate president of MSFC (who bought a copy of *Perilous Times* and said everyone should know these stories; no wonder I'd follow him anywhere) told me he was certain that each and every member of MSFC would continue to provide safe procedures even if abortion becomes illegal again; but he also said, "I don't believe that will ever happen."

I wish. But even though I am a hopeless optimist I'm not optimistic about Roe v Wade staying in place once it's challenged at the Supreme Court level, which is likely to happen soon. Many of the young healthcare professionals were also upbeat with the belief that women don't stand to be harmed as severely as pre-Roe "because medical abortion is so simple now, and misoprostol (http://en.wikipedia.org/wiki/Misoprostol) (the abortifacient pill) so readily available." I wish again. Many, many women today are already facing harm because they take misoprostol without proper supervision, in improper dosages or too late. But these women are — as obvious in the statements of the young professionals at this seminar — essentially invisible. They are poor, disempowered and living in remote (even not so remote any more) areas where they have no access to safe abortions. They're not dying in droves — one of the things that prompted passage of Roe v Wade — but they are often harming themselves... or having more unwanted babies.

I'm siding with the students. Their dedication and commitment are an inspiration and their hope for the future admirable. My hope is just that they are right... and the universe will continue unfolding, with justice, as it should.

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