

2015 ISSUE 1 PROVIDERS REPRODUCTIVE RIGHTS YOUTH

## **Meet the Medical Students for Choice**

BY KATHRYN JOYCE // POSTED JUN 29, 2015

In an era of trap laws, misleading hidden camera campaigns and ongoing vigilante violence against abortion clinics and staff, it's easy to wonder why any young doctor would want to become an abortion provider. The battles only seem to grow—from ever more restrictive state laws to the recent jailing of women on “feticide” charges—and providers perpetually stand on both the figurative and literal front lines. For years, this landscape has led to a bigger, more existential concern: that the generation of abortion providers who were radicalized by the horrors of back alley abortions and the siege mentality of opponents was aging out of their calling, and not enough new doctors were willing to take their place. Who, after all, would want to spend 10 years training in medicine only to graduate to a career filled with workplace protests, harassment of their clients and families and the chilling threat of an assassin's bullet?

As early as 1992, providers and reproductive rights advocacy organizations began to warn about “the graying of the abortion provider.” But in recent years, that trend has begun to turn around, thanks largely to the organization Medical Students for Choice (MSFC), which was founded in 1993 to help support a new generation of abortion providers. Since then, the group has worked with some 10,000 members, supplementing the poor family planning curricula in some medical schools, creating a supportive community to discuss values and steering students towards abortion-friendly residency programs. But each member of MSFC still faces a deeply personal choice in deciding to become a provider—a sort of “Road to Damascus” moment of deciding to sacrifice personal comfort and professional stability for the sake of broader reproductive freedom. We spoke to four young doctors and medical students about their own moment of decision and found in their responses an inspiring glimpse of the generation of providers to come.

**CAIT GOSS, 31, OF ALBUQUERQUE, NEW MEXICO**



Goss brought her training to her hometown and was able to provide IUDs to many young women.

Cait Goss grew up all over Latin America. Both her parents and grandparents were Peace Corps volunteers—it was “a family that really believes in service and giving back,” she says—and by her early teens, she’d already lived in five different countries.

When Goss was 14, the family moved back to the United States to a small town in rural southern New Mexico that, at the time, had one of the highest teen pregnancy rates in the country. Although New Mexico has strong protections for abortion rights, most of the providers and clinics were in Albuquerque, many hours away for most New Mexican women, and family planning services for rural women were few and far between. Goss watched as her high school peers contended with unplanned pregnancies—coping the best they could, but their lives still irrevocably thrown off course for lack of family planning options.

After college, Goss witnessed something similar in Jamaica when she followed in her parents’ footsteps by joining the Peace Corps. She was sent to a poor village on the far west side of the country—a world away from the ports where cruise ships dock. For two years, she worked as a health educator, serving first-time mothers and their young children and guiding them to access government health programs.

Through this work, Goss met a bright, ambitious 14-year-old girl who had been attending the local equivalent of a magnet school when she became pregnant. In the absence of supportive family members, Goss became the young woman's birthing support partner. She was with her in the hospital when the expectant mother talked about her excitement to have a little girl, how she would raise her right and how, at the same time, she desperately wished she didn't have to have the child.

"That was my 'Road to Damascus' moment," says Goss. "Because I was thinking: God, if there had been an abortion clinic available to her, what would her life have been like? In Jamaica, the only way to better your lot from that of your parents is through education. She had been on a university track [at her school], and it just wasn't going to happen for her because of this child. That was her shot, and she missed it."

Goss returned to the US to begin medical school at the University of New Mexico in Albuquerque. She realized that the only way she could personally address the need she'd seen in Jamaica, and in her hometown, was to become an abortion provider herself.

"Having grown up in rural places and in the developing world, I knew that abortion was the place that I could make a change, and I could impact someone's life and family forever with a five-minute procedure. There was this moment that I thought, 'Oh, I could do this. This could be me.'"

Soon after matriculating, Goss joined the local chapter of MSFC, and has since served as its president, a board member and as the president of the board of directors. When her local chapter has attended MSFC's annual membership meeting, they often bring one of the largest delegations of all national groups. Her chapter has hosted a family planning fellow from the university; the fellowship helps instruct the students on topics like IUD insertion. During a rural rotation all students must undergo, Goss brought her training to her hometown and was able to provide IUDs to many of the young women where she used to live. Now, she says, "Those are some women who have other options before them than parenting at a younger age than they wanted."

## **AARON CAMPBELL, 24, FROM JOHNSON CITY, TENNESSEE**

Aaron Campbell grew up deeply aware of the repercussions of becoming an abortion provider. Until his father passed away in 2012, he had been one of the only abortion providers in Knoxville, Tennessee—a physician with a private practice who also served as medical director of a local family planning clinic. Campbell’s dad worked hard to keep a low profile: the family’s phone number was unlisted; they lived around 30 miles away from the clinic; Campbell was instructed early on to just say his father was a doctor, and to not talk about abortion. Still, at one point, Campbell’s father’s picture wound up on a fake “Wanted” poster—the kind of gesture from an antichoice group that judges in some jurisdictions have ruled is tantamount to a death threat.



Campbell is pictured with his late father, Dr. Morris D. Campbell (left).

“I think he was shielding the family from what was going on,” says Campbell. “I wouldn’t say that’s the main contributing factor to where I am today, but it’s a large one.”

Campbell, currently a second-year medical student at East Tennessee State University, knew early on that he wanted to go into medicine. In his last years of college, where he studied both biochemistry and philosophy, he began to think more seriously about following his father’s path. A month into medical school, he was researching information about abortion online when he came across the website for MSFC and thought, “That’s me!” His school didn’t have a chapter at the time, but he got in touch with MSFC’s national leadership, and they helped guide him and two fellow students through establishing a local group. From their initial group of three, Campbell says the school’s chapter has grown to nearly 60 members, representing almost a quarter of

all students. Not everyone who comes to meetings supports the prochoice cause—some are questioning, a few are opposed—but Campbell says they’ve managed to turn the meetings into a fruitful space for civil discussion and “values clarification” workshops.

Although Campbell ultimately hopes to return to the South as an abortion provider, for the near future, he feels that he’ll have to leave the area if he wants to get solid training in providing abortions. After med school, he says he’ll seek a residency through the Kenneth J. Ryan Residency Training Program in Abortion and Family Planning, a group of residencies that prioritize comprehensive family planning services as a regular part of the curriculum. There are few such residencies in the region, and Campbell is wary of training in a state where political realities and changing laws might limit what he’s able to learn. But he hopes to one day return to the South, where the need remains great; in 2012, the same year that his father passed away, a state TRAP law went into effect and closed the only other abortion clinic in Knoxville.

Campbell says he’s seen firsthand the reality of an aging generation of abortion providers through his father’s passing, and that feeds his determination to step into the gap. “In MSFC, I often hear, ‘If not you, then who?’ And that really resonated with me,” he says. “Ultimately, I want to be an abortion provider because it’s needed.”

#### **EVA STUDER, 28, OF DALLAS, TEXAS**

Eva Studer, who is currently finishing her fourth year of med school at the University of Texas Southwestern in Dallas, grew up in a conservative Catholic community, where abortion was seen as “evil” and family planning as generally wrong. She began to change her mind about what she’d been taught as she grew up and realized she’d want the option for herself if she was faced with an unplanned pregnancy. But her new perspective solidified when she spent a year volunteering in rural Honduras after college, where she witnessed the women in the community struggle to obtain contraception and end up with families far larger than it seemed like they wanted.



Studer realized she'd want abortion as an option for herself if she was faced with an unplanned pregnancy.

“I saw how much the lack of family planning impacted women there, and how much they suffered needlessly from having too-closely-spaced pregnancies or pregnancies too early,” Studer says. “That made me see this was a problem, and one that was easily fixed.”

Soon after returning home, Studer began med school and joined MSFC during an early campus organization fair; ultimately, she became her chapter's co-president. With so little support for abortion rights in Texas, the group became a lifeline for the few students interested in pursuing family planning specialties or abortion provision. It wasn't always easy: once a campus chaplain waged a campaign against the group's ability to send emails to other students, and the flood of recent antiabortion legislation made the MSFC students feel unwelcome in their own state.

Like Campbell, Studer plans to attend her residency program in the Northeast, where she can be more confident of obtaining adequate family planning training. That's a message she tries to pass on when she and MSFC talk to Texas legislators about their concerns. They say that the onslaught of antiabortion legislation isn't only restricting women's healthcare, but is also leading to an exodus of trained doctors from Texas,

just at the time when they could be returning on the state's investment in their education.

“I tell them, ‘I’m a Texas medical student, and you guys have poured a lot of funding into my education, but you’re pushing me out of the state.’”

But that’s also part of her inspiration, says Studer. Her hope is to attend a Ryan residency in family planning and later return to Texas to establish a Ryan program there.

“I feel that places like Texas, where there’s a lot of pushback, they sort of bred this group of young doctors like me.” Unlike providers from the older generation, who were compelled by watching women die from unsafe abortions, Studer thinks her generation of future providers is prepared for the political realities they’ll encounter.

“I think that’s a much stronger position to be in. We won’t say, ‘I don’t want to because I’m afraid of them picketing my office.’ If that’s what they want to do, I’m ready to take that on. We feel like we’re being called to be the ones to stand up to that opposition.”

#### **TAYLOR STANTON, 27, ROCKFORD, ILLINOIS**



Stanton read a memoir about abortion provider Dr. Susan Wicklund and thought, “This is exactly what I want to do.”

Growing up in a Quaker family in Virginia and attending a Quaker college in Indiana, Taylor Stanton, now finishing her fourth year of medical school, was accustomed to

people who felt strongly about following a personal calling. Her mother was a nurse active in gay rights and HIV & AIDS education, and at college, Stanton got involved in advocacy around sexuality and protections for rape survivors. She knew that she wanted to help fight for women's rights in one way or another, but wasn't sure of how until after college, when a boyfriend gave her a copy of *This Common Secret*. The book is the memoir of abortion provider Dr. Susan Wicklund, who traveled to clinics around the Midwest and Great Plains states in a lead vest.

"I read that book and thought: this is exactly what I want to do," says Stanton. She began applying to med schools and was accepted to the University of Illinois' rural campus, which is divided between Urbana-Champaign and Rockford, Illinois. The latter is a deeply conservative town that is home to a right-wing "pro-family" organization, as well as the site of repeated arson attempts on a local abortion facility that has since been forced to close.

It was an unexpected challenge for Stanton. "I was getting ready to be an abortion provider and ended up going to one of the most conservative schools I could have found," she says. But she contacted MSFC about starting a local chapter in Rockford during her second year, and found that there was much more support among the students than the surrounding population. Of the 50 students in the medical school, she estimates that half are on the chapter's email list, and 15 are very active members.

At times, the students have felt they had to keep their heads down, since many of the professors at the school—who they would rely on for recommendation letters for residency programs—were strongly antichoice. The professors warned the students against including their work with MSFC on their residency applications and resumes, lest they alienate more conservative programs—something that Stanton sees as not only forcing providers to move to liberal states for their training, but also silencing their allies in other specialties.

But Stanton holds on to the early inspiration she found in Dr. Wicklund's memoir and her work in hotly contested areas. Last October, Stanton did a four-week rotation in the recently reopened clinic in Wichita, Kansas, where Dr. George Tiller worked. She was shocked by what she saw—protesters harassing every patient who arrived;



women driving 20 hours from neighboring states to obtain procedures and finding themselves far short of the necessary funds—but also inspired by the kindness of the staff and the stories of the patients.

“I don’t know quite what I’m capable of or what’s possible yet, but I can’t shake that feeling that I need to bring access to women who don’t have access,” she says. “I do feel like this is a community I’m responsible for, and that this is literally my calling. I have had passions before, but this is something that—if it’s not me doing it, I don’t know what else I’m doing with my life.”

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