

Unafraid healthcare providers are still listening: Abortion Care Post-Roe



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I am a family nurse practitioner who takes pride in having worked at a clinic that provided access to safe and dignified abortion care. My colleagues and I worked behind a front desk shielded with bullet-proof glass. We were escorted to work across protest lines by courageous volunteers, many of whom were men, to whom I remain grateful. We are nurses, medical assistants, physicians, and front-desk staff who have listened to hundreds and thousands of stories told by people who can become pregnant.

The stories about unwanted pregnancies are manifold: some painful, some about relief, others ambivalent, and many sad. I worked with couples who came in together, mothers who accompanied their daughters, women in shackles brought in by prison guards, and many people who were alone. We sat with people in their grief, fear, anxiety, and anger as often as we accompanied them in their feelings of hope and liberation from an unwanted fate. The decision to have an abortion is rarely easy or joyful, but it was a choice we had the freedom to struggle with and make. It was a choice that was ours.

On June 24th, six Supreme Court judges, five of whom are men, took that choice away¹ from millions of people who can become pregnant. While we are left watching states scramble in the aftermath to either preserve or dismantle access to abortion, I am grieving the loss of our Constitutional right. My life span marks the entire existence of *Roe v. Wade*² – I know nothing other than freedom of choice. The children in my life will not be able to say the same. They will grow up knowing which states they can and cannot safely live in, in these very divided states of America.

I used to work in reproductive health in rural Guatemala with midwives who had been jailed for the very same work I did in the U.S. I lamented the country's arcane and radically conservative laws which punished healthcare workers for providing information, counselling, and access to requested abortion care. Pregnant women who had been

sexually assaulted and impoverished people who didn't want more children were relegated to unsafe measures, many died. At the time, I thought I would have been too scared to be as courageous as the midwives with whom I worked. Today, I know that if I am not actively fighting for a person's right to choose what happens to their own body, that same desperation I saw in Guatemala will increasingly drive people in the U.S. toward harm, trauma, and further impoverishment as they are forced to carry unwanted or unsafe pregnancies.

I am now a primary care provider at a community health centre in Massachusetts serving immigrants and people experiencing homelessness. Having an abortion while homeless was already a fraught and complicated experience. Where can you safely go during the process of a medication abortion or to recover after a surgical abortion? There are very few refuges for a private process amid the experience of homelessness. For unhoused individuals across the country, there will be a rapid dwindling of support and resources for abortion care services.

If you are in a state where abortion services remain lawful, volunteer as a medical escort. If you are a healthcare provider, make abortion care more easily accessible within your practice. If you have expertise in providing abortion care, train future clinicians. If you are able to donate, help fund abortion care services.³ As healthcare workers, we are unafraid, organizing across states, marching in protest, still training and educating future abortion care providers, and we will continue to listen.

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