Final Report

My RRASC experience was a ten-week process of learning about policy, medicine, social justice, reproductive health, academic research, career choices, and myself. It led me to work on several interesting projects, helped me design my Division III, allowed me to experience clinical and patient interaction, exposed me to a wonderful organization, gave me important skills for future endeavors, forced me to analyze my own standing on policy, and changed my understanding of what being a provider really means.

During my time at Mount Sinai, I had the pleasure of being a part of academic research, clinical experience, patient interaction, and organizational planning. A large part of my research this summer focused on a possible perinatal bereavement study that I wanted to implement in the fall. I read scientific articles on perinatal loss and bereavement support, wrote up a proposal, and worked with one of the family planning doctors on study design. The time and cost of having to be present at Mount Sinai throughout the fall was not feasible in the end, but I ended this project with a significant amount of knowledge about miscarriage, how often it affects women, and what support structures are currently in place.

I also contributed a significant amount of background research for the social work department to continue where I left off. I researched background information on a possible study on tubal ligation barriers. Mount Sinai has a high rate of women who request postpartum tubal ligations but never receive them. Through this work, I learned about the process legally required
for a woman on Medicaid to electively be sterilized during postpartum. I wrote up summaries on
the topic and worked with social work to create a possible study design.

When I was not doing research, a lot of my time was spent gaining as much clinical
experience as possible. Two days a week I shadowed doctors during pre-operative consults,
contraceptive appointments, and post-operative follow-ups. I also spent time working in the
recovery room at the Planned Parenthood. Being in such an environment twice a week had an
extremely significant impact on me. I have realized during my time at Hampshire that you can
never fully learn anything in the classroom unless you experience it. This summer, I talked to so
many women with so many different stories and it really drove home how important access to
reproductive health resources is. It has been incredibly rewarding to be able to sit with women
and make sure they know they have support and that they are not alone.

In addition to clinical consults, I spent Fridays in the OR watching procedures. Initially, it
was a very intense experience for me. However, as I learned more and more about how the
procedures were performed, I became very comfortable and learned an amazing amount.

Throughout my internship, I helped to edit grants and research information for Basic
Health International. Dr. Cremer runs an amazing organization that has dedicated itself to
eradicating cervical cancer in El Salvador and serving as a model for other low resource
countries to implement sustainable, effective, and low cost reproductive health technologies. Not
only did I get medical experience this summer, I got to see how an effective NGO runs. Dr.
Cremer is no nonsense, and her organization is exactly the same. Having the opportunity to work
under a mentor that is both an MD and the director of a social justice organization has strongly
affected my decisions about what I want to do and where I want my career to go.
This internship has given me the perfect opportunity to make a difference with my Division III. For my senior thesis, I will be hopefully continuing my work with Basic Health International through a study I am involved in. The purpose of this study is to assess the cultural acceptability of self-collected vaginal samples for CareHPV screening in Salvadoran women. Basic Health delegations will be traveling to rural areas in the country and offering HPV testing. However, there are cultural clashes with traditional provider examinations, which increases the chance that women will not be tested. As an alternative, it has been proposed that the women collect their own samples. However, cultural norms and implications of the method must be understood in order to run a successful program. My goal is to find out how acceptable self-collection is in the areas where women will be tested. If the method is not acceptable, my goal is to find out how the issue can be resolved.

During my internship, I used my researching abilities, my knowledge of medical information and my ability to listen and connect with someone. I have spent a significant amount of time in college learning how to read and review journal articles. This has been integral this summer, as I was able to quickly find the information I needed and to critically analyze it in the context of the work I was doing. My knowledge of medical information helped me to understand what was going on during clinical visits and procedures and enabled me to continue to learn new information. This internship was also full of patient interaction, and being able to listen and connect to women resulted in a very meaningful daily experience for me.

There were definitely some difficulties during my internship. I have really learned an incredible amount here, and it was very hard that I could not share it with my family. My mother is 100% pro-life and was extremely upset with me when I told her about the work that I would be doing. I struggled to figure out how to reconcile this, because I am extremely proud of
my activism. I decided that abortion access is a very important to me that and I cannot pretend it isn't. I had a series of conversations with my family about the work that I was doing, and although issues were not completely resolved, a lot of understanding came out of this conflict.

Another difficulty I had this summer was trying to cut through the red tape at Mount Sinai. So many of the projects I worked on were overshadowed by the absurd amount of forms and protocols in place in order to even start a study. This definitely hampered my goals of getting a significant amount of work done this summer on the perinatal bereavement project. However, it also forced me to really think about what I wanted to put so much effort into and led me to a project I am very passionate about.

I was also frustrated when I read the RRASC progress reports and saw that everyone’s work was constantly changing, and mine (specifically clinical aspects) was the same every week. I finally realized that the work that I am involved in is dedicated to creating as much access to reproductive healthcare as possible. Although things may not seem to change from one week to the next, every day the family planning service gives different women access to make their own decisions regarding their reproductive health and life. I think the reproductive choice services at Mt. Sinai are so successful partly because they are so consistent. These women have the same providers and trust in their abilities year after year, and that is what makes a difference.

I learned a lot more about the intersections of reproductive rights and social justice issues this summer. Specifically, I learned most about the importance of access and the terms of policy and the abortion debate. Over the summer, I had several discussions with students and doctors that I met about what it means to be a provider or healthcare worker in this field. Perhaps it is because I only worked at the Planned Parenthood during the week and the procedures at Mount Sinai are performed deep in the OR, but at first glance it is not evident that there is any
opposition. However, during a meeting one week, one of the doctors made a remark about an article that had recently been written about him on a prolife website and how upsetting it was. Up until this point I had forgotten how much these providers have to deal with in order to make sure women have access to safe abortions. They come up against both prolife organizations and colleagues that they work with. The two doctors I follow never seem to take a day off. They are tireless and it is very important to them that every single patient is fully informed and has someone to talk to. Aside from the amazing amount of information and experience I received from this internship, one of the most significant impacts of this program was the absolute respect I gained for providers that do what they think is important regardless of others. As someone who wants to become a provider but is unsure whether it is possible or not to maintain such a determination, it is definitely good to know that such a path is possible.

The three most important abilities that I have developed as a result of my internship are the ability to actively search for resources, the ability to organize large-scale projects, and the ability to connect with someone. Mount Sinai is a large institution, and the doctors I worked with gave me a lot of freedom to create my own schedule and priorities. Through my internship, I learned to get over my shyness and really reach out to different contacts in the field. I did not get the best reception every time, but I am definitely not afraid to send an author an email anymore. I think that if I am going to survive in any form of career that involves research and networking, this is a necessary skill. The ability to organize is also vital for this type of work. I learned to approach large projects in the short term and the long term simultaneously. My work taught me what it really takes to comprehensively prepare for a research project. Finally, my internship taught me how to connect. I have met many different types of people this summer, not all of
which were easy to interact with. I think that I really learned how to find ways to find similar ground with colleagues and patients who at first glance have nothing in common with me.

If I could start this internship over again, I would be a lot more active about trying to get research off the ground. I would also have made more of an effort to work with Basic Health International, as I wasn’t really aware of how great an NGO it is until about halfway through the internship (when I was editing one of their grants and actually read what the organization strives for and has accomplished). Halfway through the summer, I also realized that miscarriage was maybe not what I wanted to do. If I had the chance to do the internship over again, I would have used that point to stop and really look at the options I had for changing course rather than trying to stick with it.

My suggestion for potential future interns is to come prepared. This internship is completely based on what you are interested in. You need to know what you enjoy doing and are interested in. Then you need to really make an effort to set that up. Dr. Cremer is amazing, but she is also very busy. It is really up to you whether or not you are going to have an amazing internship filled with incredible opportunities in different areas around the city, or you spend the summer feeling like you are not doing anything at all. Don’t be afraid to speak up, call people you don’t know, or send emails out. It’s worth it.

Overall, this internship radically changed my perspectives of the medical field, my understanding of the importance of access, my awareness of my own personal bias and family conflict, my plans for what I want to work towards, and possibly my entire career. These past ten weeks really showed me that there is absolutely no sense in being a doctor if you are not dedicated to social change and increasing access. This realization may be one of the most important moments in my time at Hampshire, and possibly my life.