I interned at Ibis Reproductive Health, located in Cambridge, MA. Ibis is a private non-profit research institute dedicated to conducting rigorous research to improve access to and standards of reproductive health. One main project I worked on was the Oral Contraceptives Over-the-Counter (OCs OTC) project. This project aims to achieve oral contraception having over-the-counter status with insurance coverage. The national campaign for this project is called Free the Pill. This project is a partnership with HRA Pharma and consists of a coalition of various reproductive health, rights, and justice organizations within the Oral Contraceptives Over-the-Counter Working Group. My participation in this project was attending and participating in strategic organizing and planning aimed at creating a multi-year plan for implementation of this policy, as well as meetings aimed at garnering more research from partner organizations around unanswered questions regarding barriers to access as well as concerns over access to oral contraceptives over-the-counter.

In order for oral contraception to be eligible for over-the-counter status, the U.S Food and Drug Administration must give oral contraception that status after review of research that answers questions of interest involving over-the-counter status, such as safety. One interest within this project is to assess impacts of access to birth control not prescribed by a traditional doctor, such as pharmacist provision of it. An umbrella research project under OCs OTC is assessing the impact of California’s recent law that grants pharmacists permission to prescribe hormonal contraception. Specifically, this study’s purpose is to assess the experience of patients who have birth control prescribed by a pharmacist as well
as the pharmacist’s experience prescribing birth control to a patient. My role in this project was to locate pharmacies in seven specific counties in CA and recruit eligible pharmacies for the study. This proved to be harder than initially thought as while this may be a law, only a small number of pharmacies provide this service. In addition, I conducted a literature review over all existing literature on impact of pharmacy provision of hormonal contraception in the U.S and globally that indicated the experiences of pharmacist and patients as well as current models addressing concerns such as insurance coverage, reimbursement, and cost.

Another project I worked on involved rewriting a portion of a white paper on abortion stigma and abortion stigma interventions (ASI). Abortion stigma, in general, is under researched. Specifically, research on interventions to reduce abortion stigma are scarce. Throughout the summer, I wrote literature reviews over the exiting literature since 2013 involving abortion stigma interventions that were conducted globally. The purpose of my research was to indicate what kind of abortion stigma interventions could be implemented to reduce abortion stigma, what specific communities an intervention should target, and what methods should be employed for an intervention to be effective. I wrote separate literature reviews for the specific categories: abortion stigma, ASI in gray literature, ASI in peer-reviewed literature, and stigma reduction intervention in other stigmatized categories, such as HIV/AIDS. Each review consisted of review, analysis, and synthesis of the exiting literature to identify similarities, differences, and trends displayed across various articles in the goal of informing forward steps in implanting efficient and effective abortion stigma interventions. This project tested and refined my public health research skills that I have learned as a Public Health major at UC Berkeley.
My last major project I worked on was the Later Abortion Initiative (LAI) project. This project’s mission is to educate and to depict an accurate telling of who gets later abortion and why. The project includes a website including research, media coverage, an interactive map of restrictions on later abortion, and news articles over the history and current state of later abortion in the United States. My position here was to update the website with recent research and media as well as write news articles. I worked on a study that involved one specific later abortion clinic. Its purpose was to assess the characteristics of those who seek access to later abortion, as well as to tell the story of the need for later abortion in the hopes of informing policy decisions to prevent restrictions on later abortion as well as eliminate the stigma surrounding it. My role in this project was to track patient records and input survey responses into a database.

The highlight of my internship was partaking in OC OTC strategic planning meetings because I appreciated the intersection of how research can directly inform policy change. This project is different from other projects Ibis does because Ibis is normally not directly involved in policy projects. Here, Ibis is directly involved with “action” to enable the FDA to allow oral contraceptives over-the-counter status. Usually, Ibis produces research that is used by a partner organizations to inform and advance policy but this project is unique because of the direct involvement in policy change as well as the collaboration with a pharmaceutical company.

The difficulties I came across this summer was mostly adjusting to east coast and office culture. Ibis is an organization that is highly efficient and productive and prides itself in producing rigorous research while following deadlines. But sometimes that is at the
expense of personal or free time. Lunch with co-workers is not common nor is taking breaks.

Overall, my internship at Ibis proved to be valuable in that the skills and knowledge I've gained as a Public Health major were utilized and refined. Research continues to be an invaluable resource in reproductive health, rights, and justice. Other skills I had the opportunity to develop were leading discussions of recently published articles and trainings in learning how to code R for the purposes of data analysis.

One criticism towards Ibis is because Ibis is so specifically focused on being about “reproductive health” that issues in reproductive justice may not always inform their research questions. While Ibis’ staff had some women of color, the majority of leadership positions are held by white women. When it comes to reproductive health, research shows that low-income women of color face the largest barriers in accessing care, so it is interesting that mostly white women hold leadership positions at Ibis. However, this being said does not negate or undermine the extraordinary and meaningful research and tangible change that Ibis has contributed to. It is solely indicative of the future Ibis should strive for and ask why it is that those who may not have been most impacted by the lack of access to reproductive health are the ones making decisions. However, Ibis has acknowledged this problem and is creating a plan in the form of a working group to advance diversity in their workplace. Thinking of the intersections of reproductive rights and social justice came mostly in the form of conversations among co-workers over the current state of reproductive health and what the future could look like for access in the current administration. In addition, my research on abortion stigma advanced my understanding of the intersections of reproductive justice and other social justice issues, such how other
social justice issues that affect reproductive justice manifest differently depending on the cultural and country context.

Overall, Ibis is an admirable organization that has and will continue to make changes in the status of reproductive health. For future interns, I strongly recommend applying to intern at Ibis because of the invaluable research skills Ibis develops as well as exposure to various research projects and the multitude of reproductive rights, health, and justice organizations Ibis partners with. Ibis showed how high quality research is a necessary condition to advancing access to and the standards of reproductive health as well as how research is a powerful force in combatting the perpetual attacks and restrictions on access to reproductive health, rights, and justice.