Voices of Choice: An Oral History of Reproductive Health Providers in Rhode Island

Gopika Krishna, BSc

The Warren Alpert Medical School of Brown University

Scholarly Concentration in Medical Humanities and Ethics

Introduction

For decades, medical providers have been integral to the fight for reproductive justice. Nevertheless, their voices have not always been captured, or fairly represented. While historians, such as David Cline and Carole Joffe, have chronicled the advocacy work of pro-choice providers in large states such as Massachusetts and California, there is less information on the pro-choice physician advocacy in smaller communities, such as Rhode Island. This collection of oral histories adds the firsthand voices of abortion providers to the conversation on reproductive justice.

Methods

A list of potential narrators was created through a sociological sampling technique whereby subjects are recruited through referrals and word-of-mouth or so-called “snowball sampling”. Seven providers were initially contacted with a total of 6 agreeing to interviews; four interviews were completed and 2 interviews are pending. Interviews took place in the narrator’s home or office. Interviews lasted approximately 2 hours each and were recorded on a *Zoom H2N* audio recorder. Questions were open-ended and focused on the narrator’s life and path to reproductive healthcare. Narrators were given consent forms and protocol information. Photographs were taken of available memorabilia. Audio was then transcribed and indexed, and transcripts were analyzed for common themes.

Results

The completed interviews capture experiences from both practicing and retired physicians, in specialties including obstetrics/gynecology, family medicine, and pediatrics, and chronicle how abortion care in Rhode Island has changed from the pre-Roe v. Wade era to today. The histories explore themes of the "physician-advocate," and look more closely at how physicians working at this confluence of healthcare and politics engage with the role of "activist" while providing patient care. The interviews expose a wide range of physicians' relationships to "advocacy," with some embracing the role and others more hesitant to call themselves activists. Regardless of their personal views on the term "advocacy", all of the narrators appeared passionate about providing comprehensive reproductive medicine for their patients.

Conclusion

Capturing these voices not only documents the history of pro-choice physician work, but also provides lessons for today about the various ways in which members of the reproductive healthcare community can deal with perceived injustices and enact social change. These interviews show that abortion providers constitute a diverse group, in background, training, motivation for their work, and ways in which they relate their work to the broader movement of reproductive rights. One of the limitations for this project was sample size, especially given the small number of these providers in Rhode Island. Additionally, concerns for physician safety and the often taboo nature of abortion could preclude providers from being completely open with their stories and identities. In order to better assess and document a larger and more diverse range of physicians, future studies that include multiple states and geographic areas would be necessary. Additionally, these histories could also include non-physician providers such as midwives and nurse practitioners.