My Last Semester as a Repro Intern

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The Reproductive Rights and Reproductive Health program has been an integral part of my Tulane journey; I started my internship at the Institute of Women and Ethnic Studies' Maternal and Child Health Division my first semester of sophomore year and transitioned with my internship supervisor Meshawn Siddiq to the New Orleans Health Department at the start of last semester.

My final semester at the New Orleans Health Department has emphasized to me the complexity of healthcare issues when considering the social, economic, and political

factors that come into play. In addition to continuing the progress reports for several NOHD programs, I also evaluated the Family Recovery Collaborative, a program aimed to support birthing individuals with substance use disorders or at risk for substance use disorders. After multiple lawsuits concerning the opioid crisis brought forth by several state Attorney Generals, pharmaceutical distribution companies AmerisourceBergen, Cardinal Health, and Mckesson and pharmaceutical manufacturer Johnson & Johnson have agreed to a $26 billion settlement. Louisiana is set to receive $325 million, and the New Orleans Health Department has received funds to continue and improve programming to help birthing individuals using or at risk for using opioids during and after pregnancy. My main task this semester was to determine whether those funds should be used for the Family Recovery Collaborative as is, or if there are changes that need to be made to the program in order to increase effectiveness.

I soon found that providing treatment and support to birthing individuals at risk for substance use disorders is more complicated than connecting individuals and families to resources. Substance use disorders have been highly stigmatized in society, and pregnant or parenting individuals are often afraid of reaching out for help in fear that Child Protective Services (CPS) or child welfare services will remove their children from their custody. These individuals typically already face barriers to accessing healthcare and are usually from populations with historically negative experiences with CPS. With little to no education on the effects of substance use on a person’s body, not to mention fetal development, and a hesitancy to discuss substance use-related issues with a healthcare provider, these individuals are stripped of their rights to equitable and accessible healthcare. Although the analysis of Family Recovery Collaborative will continue through the summer after I leave this position, my initial recommendations stressed the importance of keeping families together and treating individuals with or at risk of substance use disorders as patients rather than criminals. I’m eager to take this understanding of healthcare into my career, and as I start medical school next fall, I will continue to think critically about how social, economic, and political factors affect individuals rather than treat their health issues as an isolated phenomenon.

I want to thank Meshwan for an amazing experience over these last few years, and I want to thank Dr. Clare Daniel and the other student interns with Newcomb Institute’s Reproductive Rights and Reproductive Health internship helping me learn more about this space and what I can do within it to improve access to reproductive care at a local, state, and national level.