

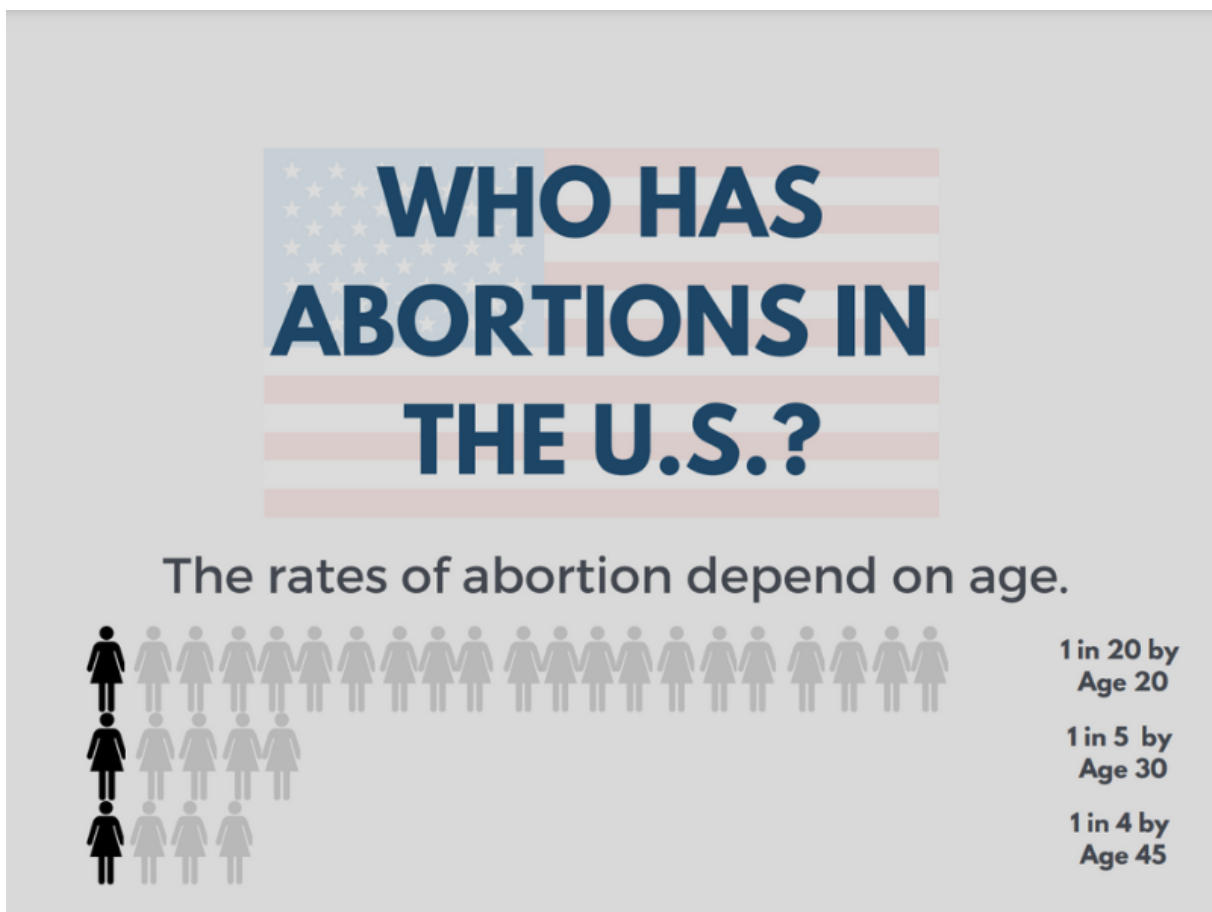
Looking into Restrictions on Reproductive Services and Emergency Contraception - Lift Louisiana

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Janna Mangasep newcomb@tulane.edu

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Hello! I'm Janna Mangasep, and I'm a sophomore majoring in Political Economy with a double minor in Mathematics and SLAMM (School of Liberal Arts Management Minor). I currently work for the nonprofit organization Lift Louisiana, and I'm primarily interested in public policy regarding women's rights. Over the course of this semester, I've worked on a whole host of tasks: compiling a spreadsheet of policymakers' voting behaviors on legislation pertinent to Lift's mission, creating different infographics depicting data found regarding women who obtain abortions in LA, and working on a study on emergency contraception access in emergency rooms. All of these assignments, including many finished ones from earlier in the semester, entail a variety of skills, some of which I didn't have prior to this internship.

One of the most significant aspects of my work at Lift is the new skills I've learned through practice. I hadn't had any graphic design skills before I made the infographics on abortion restrictions in Louisiana. Although I wouldn't call these documents groundbreaking in any way, they demonstrated to me that I can still expand on my preexisting knowledge of data presentation. While I had only created memos and one-pagers at my previous job at the Mayor's Office, I now see new ways for me to convey information that push Lift's goals into the public. This was an extremely refreshing experience for me!

[Who has Abortions in the U.S. \(Final\)](#)

Unfortunately, I'm not fully sure about the career path I'll choose, but I do know that it will most likely be within the government. Therefore, I saw a connection between the rejection I faced in my work for our emergency contraception in emergency rooms (EC in ERs) study. During my work for this particular report, I narrowed down a list of all 200 hospitals across the state of Louisiana to the 100 hospitals that had emergency rooms. From this, I called each one asking them about three yes or no questions regarding EC accessibility for sexual assault survivors in order to collect data on this subject. Surprisingly, no matter the time of day I called and despite the fact I would ensure that the questions would be brief (accounting for the hectic lifestyle of ER staff), I would be either hung up on immediately or given a quick, rude denial. I ended up with only 19 hospitals worth of information. Though I'm sure this is nothing compared to what canvassing volunteers/workers go through, as the door slammed in my face was metaphorical, I felt as though I gained an understanding of the impatience that comes with interactions between those working on policy and

those actually carrying out the responsibilities we try to monitor. There's a difference between abstract concepts of data collection work and very tangible medical professionals' work in hospitals. In order to actually effect change in fast-paced environments, we clearly have to consider these workers outside of our context of policymaking. Furthermore, this involves cooperation with those who may hold knowledge on the people in question. For example, we had connected with a volunteer from the LSU Medical School and only after I finished the study did I realize that we would have to rely on her much more than I initially thought. This kind of teamwork is crucial to any career within the government, and I'm grateful to have learned this even after a multitude of rejections from ER staff!

I'm incredibly excited to say that I'll be continuing my internship into the spring semester of 2019. I look forward to see how this EC in ERs study pans out, the new skills I'll learn, and the people I'll connect with and cooperate with from both the work I do for Lift and the other amazing organizations in NCI's Reproductive Rights and Reproductive Health Internship Program!