

Envisioning Reproductive Equity for All

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The usual brilliance of the Florida sun glistened off the asphalt parking lot surrounding our mobile health center. In a converted RV, we saw uninsured patients just north of Miami, in a neighborhood that technically has no name. We'd reached the normal midday lull, which always came somewhere in between the morning rush and the afternoon slew of patients. In our cramped quarters, the team took turns drawing blood on a few stragglers, taking phone calls while pacing outside, and checking in about the rest of the day's schedule.

Our next patient was new, boasting an empty file in the electronic medical record that told us nothing more than her name and age. Dressed in slim-fit jeans and a white T-shirt, Jasmine guided her fiancé up the steep narrow steps of the clinic as he grasped her shoulder in his left hand and his mobility cane in his right. As we quickly learned, Jasmine, a 20-something-year-old Black woman who had been blind since birth, could see shadows and sometimes make out colors or letters, but her partner was completely blind.

Our driver, nervous about a fall down the clinic's stairs, jumped into action. "Let me help! Take my arm!" Jasmine let her hand rest staidly on Yuriy's arm and took a seat next to the check-in computer and blood pressure cuff. We—a doctor and medical student team—kept a watchful eye and chatted with Jasmine as she checked in for her visit. She quickly told us, "I'm so happy to be here and to have found you guys. I haven't seen a doctor since I lived in New York a few years ago. My fiancé and I host a podcast and have barely enough to get by."

We responded in affirming tones but started to stutter as Jasmine was handed our routine intake forms. "Uh, let us read that for you." We continued quickly, laughing to cover our uncertainty.

"Great—thank you! Just tell me what info you need, and you can fill it in for me." Jasmine's pleasant smile felt generous in the moment but provided the team with reassurance. We proceeded to do as she instructed.

A few minutes later, Yuriy helped Jasmine into the front exam room, a partitioned space behind the driver and passenger's seat confined by a large shaded windshield. We described the room to Jasmine, who could see the outlines of the furniture and carefully navigate her way in the tight space.

We ebbed and flowed through the visit, following Jasmine's lead and letting her needs dictate the course of the encounter. Filling out a consent form for a routine Pap smear, required by law in Florida, transformed into a thorough discussion of the words on the paper. Explaining a Pap smear—Jasmine's first—necessitated a tactile exercise, her hands methodically running across every groove and contour of the speculum until she was satisfied that she understood what it was for and how it would work. In that moment, we desperately wished to support her without feeling the need to cautiously inch our way through the encounter. Embracing the inherent value in patient-centered care, we found validation and affirmation in Jasmine's comforting smile.

We asked whether she had any specific needs or concerns we could help with, to which Jasmine replied, "Yes, I want lighter periods, and I heard birth control could help." She wanted to have a child in a few years when life felt more stable, but her priority right now was controlling her heavy, painful periods.

We exhaled a small sigh of relief. Jasmine's request for birth control felt familiar and like something we could easily manage. Oral contraceptive pills were one of the free

medications available in our clinic, and educating patients about birth control was something we'd done plenty of times before. Doing so was made even simpler by the self-explanatory packaging: the blister pack mimicked a monthly calendar, assigning a pill to each day of the week and using pink and white pills to differentiate the hormone-containing and placebo pills.

We grabbed three packets of birth control from the cabinet and handed one to Jasmine. We began to explain how to take each pill, one after the other, closely watching as Jasmine's fingers glided over the rectangular blister pack, her sense of touch confirming the circular shape of each pill. However, our feelings of comfort and familiarity ended as quickly as they came as we realized that the color-coded, user-friendly packaging was of no benefit to Jasmine.

We explored possible solutions as we sat in the exam room; however, our efforts fell short. Messages to other providers in a reproductive health group chat were unrevealing; they, too, had not encountered any resources tailored to Jasmine's needs. Similarly, we conducted a deep Internet dive into accommodative oral contraceptives for visually impaired patients, with no useful results. Jasmine, used to being resourceful for herself, reassured us, again with her smile. "I will figure it out. There are people at home who can help me." But this felt entirely inadequate. *What if there wasn't someone to help? What if the person she entrusted with this task had concerns about her taking birth control?*

Although relieved to have a plan for Jasmine, we were unsatisfied that we were not a part of its crafting. We were reminded of the complex barriers that inhibit access to health care, and to family planning services in particular. Jasmine's barriers to obtaining reproductive care felt deeply personal. As women living and practicing medicine in Florida, we were intimately familiar with restrictions placed on essential reproductive health services. However, Jasmine reminded us that for women living at the complex intersection of race and disability, inaccessible reproductive services go far beyond abortion; they also include essential, basic reproductive care such as birth control.

Soon, Jasmine left the clinic, guiding her partner back down the stairs and into the waiting car. Their image instilled in us a fierce resolve to confront the realities of achieving reproductive equity for all.