

Papaya Medicine

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Start with about 30 underripe papayas. This part is important, because the boxes of fruit will probably sit in your car for a couple of days before you can use them. If you buy the nice, soft yellow ones, the Texas sun will do its worst, and you'll spend weeks swatting away fruit flies, wishing your car smelled like something other than a rotting tropical paradise.

The next step is easy, especially if you've stopped caring what your classmates think of you. Reserve a room in the library and invite everyone you know. This includes the boy who taught you the cranial nerves in anatomy lab (you haven't spoken since) and the girl who thinks your name is Stacey (it's not).

Slice off the papaya stems and you've created the cervical os. Flip a silver dilator between your fingers, holding it in the middle to maintain the sterility of the ends that will pass through the neck of the papaya. This step is essential to prevent rare, but serious, uterine infections.

Be gentle. If you force the dilator in, you'll make a false passage through the wall of the fruit.

Once you've dilated the opening to the appropriate size, insert the cannula, a thin tube that's used to remove the products of conception, or, in this case, hundreds of small black seeds. Release the valves on either side of the cannula and watch the contents of the fruit aspirate. Repeat as necessary, until the papaya "endometrium" feels gritty, and seeds stop flowing through the barrel of the vacuum syringe.

The procedure is complete—and you've learned how to perform a manual vacuum aspiration, a common procedure used for early abortions and miscarriage management. You feel accomplished and uneasy. Will your education be enough?

When you applied to medical school, you imagined something different than this. You trusted that you would be taught about abortion in the same way that you learned about every other medical procedure—in a classroom. But as the law changed, so did your education.

You learned about abortion from women diagnosed with lethal fetal anomalies, forced to flee their home state to end pregnancies that could never result in a live birth. You learned about abortion from a terrified teenager who showed up alone in the emergency department—she told the resident that she already knew she was pregnant, but walked across town to the hospital because she didn't feel safe asking her family for help. You learned about abortion from a friend with an ectopic pregnancy who almost died after doctors turned her away, only for her fallopian tube to burst and bleed out as she lay in bed that night.

You also learned that, in some ways, you were alone.

When you tell your family about these terrible things—girls as young as nine or ten forced to carry the child of their rapist, a patient whose kidneys failed while carrying an anencephalic baby—they question if you are telling the truth.

A few weeks after your white coat ceremony, a loved one calls you. "Really Sophie, you've just been getting so involved with all of this abortion stuff," he pauses, "that I felt compelled to call you and let you know that if you were raped, we would take care of your baby."

So you hung up the phone and got to work. You learned that papayas make pretty good uterine models. They've been used for decades to train residents in family medicine and obstetrics. Something about this comforts you: the idea that your education is part of an

unbroken tradition, the legacy of so many women and doctors toiling long before you were born to make sure that others in the future would be cared for.

You are buoyed by this. In fact, this is the faith that pushes you to learn papaya medicine—trusting that the future will be a different, brighter one in which you can learn and practice medicine without fear, without unjust laws, and maybe even without phone calls that make your stomach turn. And when that future comes, you'll be there with your hard-won clinical skills and a car full of papayas, ready to meet it.