

SHOULD THE CLINICS COME TO DAVENPORT?

The language of the abortion debate is usually the language of villainy. Even those of the participants who have learned to temper their tone for the television cameras still speak privately of their opponents in distant, disparaging terms: "They're evil." "They're unfeeling monsters." "It's like they're possessed." It is the language of segregation, of moral certitude, of Us versus Them.

Eighteen months ago, the national argument about abortion arrived in force in Davenport, Iowa—just as it had previously descended on Wichita; Milwaukee; Pensacola, Florida; and Brookline, Massachusetts—and threatened to bring with it the familiar bitterness and vitriol. But in Davenport, a community of neighbors formed themselves into a group called Common Ground and tried a different approach. For the last year they have been meeting once or twice a month, in small numbers, evenly matched between pro-life and pro-choice activists. Coffee and soft drinks are poured, photos and anecdotes of children and grandchildren are compared. And then, for a few hours, they talk, politely but passionately, about one of the nation's most divisive issues. Last spring, *Harper's Magazine* asked to listen in on the conversation.

DAVENPORT, ABORTION, AND COMMON GROUND

In January 1995 two women's health organizations—Planned Parenthood of Greater Iowa and the Emma Goldman Clinic for Women—announced that they were each planning to open a clinic in Davenport, Iowa, that would provide women with abortions. It was a particularly tense moment in the history of the nation's abortion politics: Just three weeks earlier, John Salvi had walked into two abortion clinics in Brookline, Massachusetts, and opened fire, killing two workers and injuring five others. And over the previous few years, Operation Rescue had succeeded in turning a number of other Midwestern cities into battlegrounds. Early indications were that the dispute in Davenport would be just as contentious. Pro-life groups encouraged realtors and landlords not to sell or rent to Planned Parenthood or Emma Goldman. Hundreds of pro-life activists attended a public meeting of the Davenport City Council, and the council, over the objections of its own attorney, passed a local ordinance stating that any clinic opening in Davenport would be subject to parental-notification requirements. The language of the debate, predictably, began to heat up: the President of Quad-City Right to Life said at a rally that Planned Parenthood was "anti-God, anti-child, anti-woman, anti-marriage, and anti-humanism."

That May a number of pro-life and pro-choice activists—local ministers, representatives from the two clinics, abortion opponents—began meeting to discuss ways to temper the debate. Many who found themselves on opposing sides of the abortion issue had worked together in the past on other community projects, including providing for the city's homeless and improving local neighborhoods, and they worried that this new conflict would sever those ties. They contacted an organization in Washington, D.C., called the Common Ground Network for Life and Choice and formed a local chapter. With the help of Diane Kyser, a trained facilitator from Davenport's Community Mediation Center, a group of eight members began meeting on a regular basis to hold structured dialogues on the clinics, the community, and abortion.

Although for most of the members the conversations were a positive, even transformative experience, Common Ground met with considerable criticism

from both sides. Reverend Timothy Sauppe, the chaplain at a local high school, told the *Quad-City Times* that for abortion opponents, having a dialogue with clinic staff was "like discussing the pattern of wallpaper in abortion clinics." Reverend Don Johnson of Destiny Baptist Church was even harsher. On the issue of abortion, he said, "there is no common ground." Common Ground's attrition rate has been high—almost a third of the group's members have dropped out.

Beyond the walls of the mediation center, the city's pro-life activists—including many in Common Ground—have enjoyed a surprising degree of success in delaying the clinics' arrival. After persistent lobbying by the Catholic Diocese of Davenport, the Iowa Department of Public Health announced last April that the clinics would be subject to a rarely imposed public-review process called the certificate of need: Planned Parenthood and Emma Goldman would now have to prove that there was a need for their services in the community, and discuss at public hearings the details of their planned clinics. That process begins this summer and is expected to take several months. Meanwhile, the clinics are stalled.

For pro-choice organizations, the campaign against the clinics in Davenport is indicative of a new national pro-life strategy. Since the passage of the Freedom of Access to Clinic Entrances Act in 1994, penalties for Operation Rescue-style blockades have effectively deterred the large-scale campaigns of civil disobedience and clinic-worker harassment that became so common in the early Nineties. Opposition to clinics has become more political and more local. The great arguments over abortion are made now not to the justices of the Supreme Court but to city councils, county commissions, and local zoning boards. For the time being, at least, they are debates in which the pro-life side is often successful. Abortion, especially in the Midwest, continues to become less accessible. In 1981, there were twenty-six abortion providers in Iowa; in 1988, there were sixteen; and in 1992, there were eleven. If Planned Parenthood and the Emma Goldman Clinic are successful, there will soon be a twelfth and a thirteenth. But eighteen months after their announcement, neither organization has even signed a lease.



ARCHITECT'S DRAWING OF PLANNED PARENTHOOD'S PROPOSED DAVENPORT CLINIC

The following forum is based on a discussion among six members of Common Ground, a group of pro-life and pro-choice activists in Davenport, Iowa, that formed in 1995 to hold regular dialogues about abortion. The discussion was held at the home of Sylvia Roba, one of the group's members. Paul Tough served as moderator.

PAUL TOUGH

is a senior editor of Harper's Magazine.

MARILYN COHEN

is the executive director of the Emma Goldman Clinic for Women in Iowa City. She will oversee the operation of the clinic that Emma Goldman plans to open in Davenport.

CONNIE COOK

is the eastern regional director of Planned Parenthood of Greater Iowa. She is leading the organization's efforts to open a clinic in Davenport.

DAN EBENER

is the social action director for the Catholic Diocese of Davenport.

LOXI HOPKINS

is a social justice activist in the Quad Cities area (Davenport and Bettendorf, Iowa, and Rock Island and Moline, Illinois). She has volunteered as a pro-life counselor for pregnant women for the last twenty years.

SYLVIA ROBA

is the organizational development specialist at Genesis Medical Center in Davenport and a member of the Quad Cities Coalition for Choice.

JEANNE WONIO

is a volunteer with Quad-City Right to Life and the chairman of the Respect Life Committee at St. Paul's Catholic Church in Davenport.

PAUL TOUGH: Connie, your organization, Planned Parenthood, along with the Emma Goldman Clinic for Women, announced back in January 1995 that you were each planning to open an abortion clinic here in the Quad Cities. Why here?

CONNIE COOK: For many years there have been no abortion providers at all here in the Quad Cities—the closest one is fifty miles away, in Iowa City—and this is, in fact, one of the largest metropolitan areas in the country without an abortion provider. This county has the highest teenage pregnancy rate in the state of Iowa, so we felt there was a medical need for our services. And we knew that there was support here for a clinic, because a number of individuals from the Quad Cities had traveled to our headquarters in Des Moines asking us to come.

PAUL: The announcement was made about a year and a half ago, but the clinics aren't open yet. Why not?

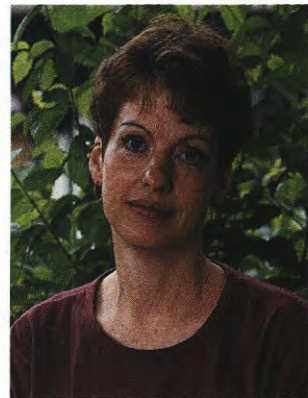
SYLVIA ROBA: I think we on the pro-choice side underestimated the response that the announcement would provoke. I thought there would be opposition to it, absolutely, but I have been surprised by the depth, the breadth, and the intensity of the organization of the opposition. It's been very sophisticated and very intense.

LOXI HOPKINS: The announcement that the clinics were coming drew in people who had really been pretty apathetic about the issue. People who were not active at all before are now very active, because they see what they perceive as a real threat to their family life and to our community.

JEANNE WONIO: I think that's right. I think it kind of mobilized the

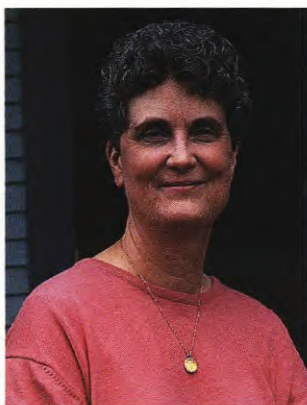
pro-life groups in the community to get people out and to become more vocal and more organized. I got a call to picket one of the very first meetings that Planned Parenthood held. It was the middle of winter, and it was really cold that night, but we still had a pretty good turnout.

DAN EBENER: The sense here in the pro-life community is that there are these outside forces called Emma Goldman and Planned Parenthood that are moving in to hurt our community. That was my gut reaction back in January 1995: here is a threat to human life that is coming to my local community. It hit me in a very local way. A lot of



CONNIE COOK

Abortion providers eye Q-C
2 groups mull locating here



MARILYN COHEN

times when you're working on this issue, like the ban on partial-birth abortions, you get legislative alerts saying, Please write President Clinton and ask him not to veto the partial-birth-abortion ban. And we can write to President Clinton, and we will, but that's a pretty tough political arena in which to have a major impact. This is our local community. We can have a major impact here.

PAUL: Marilyn, could you tell me a bit about the tactics that the pro-life community here has used to prevent you from opening?

MARILYN COHEN: At first they concentrated on landlords and realtors. They wanted to restrict the number of properties available to us. Personal visits were made to realty companies and to individual realtors urging them not to rent to

ed a good parking lot: all businesses need parking, but the positioning of parking around clinics establishes private land that protesters can't go on. So not every single property would have been appropriate. And then to have the pool of properties available to us further restricted because of the pro-life strategy—it has been effective in keeping us from finding a location.

Then in the spring of 1995 we learned that pro-life people were trying to get the Davenport City Council to pass a number of ordinances that would make it harder for us to operate. There were four: a requirement that before providing a teenage girl with an abortion we notify her parents; restrictions on the disposal of fetal tissue; a requirement that we provide what's known as "informed consent," which means a waiting period for a woman seeking an abortion; and statistical reporting.

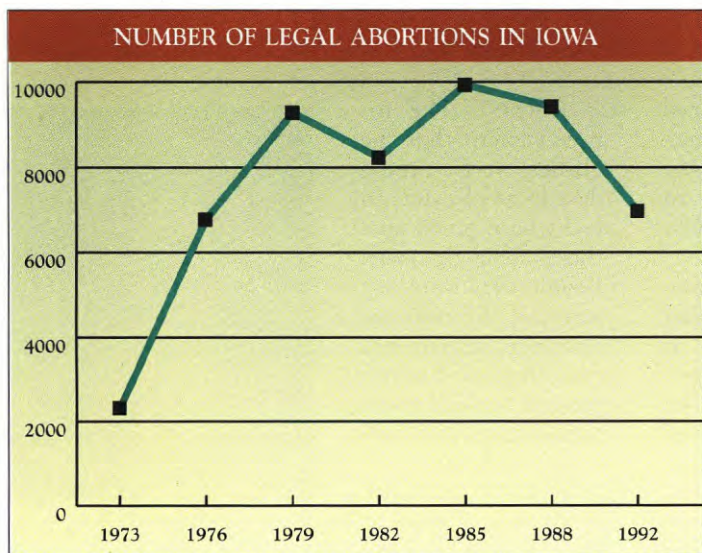
The basic idea was to use the city government to slow us down. The ordinances were clearly supposed to be seen as an insurmountable barrier for us. They hoped that we wouldn't want to deal with those hassles, and so wouldn't locate here. It

was expressed very differently, of course. What was said was, "We know we can't dismiss Roe, but we do feel we have the right to have regulations, to set standards in our own city." That was how it was spoken of. But the reality was that they hoped the clinics would just give up and go away—that on top of the real estate stuff, it would be too much for us.

DAN: One of the reasons we wanted the city council to take action on the ordinances was because we wanted to send a clear message to the clinics that this community has such a high regard for human life that we find abortion services objectionable. We wanted that message to be loud and clear. So really, which ordinance was passed was not as important as the message behind it, that we as a community are standing up to say no to abortion. It's a matter of resisting evil, and I think the gospel calls us to resist evil in whatever ways we can.

CONNIE: Some pro-life people have been very forthright in admitting that they probably cannot stop abortion services from being provided here. However, they do want to put as many obstacles in the way as they can, to delay it as much as possible. That means not only delaying the clinics but making it as difficult as possible for women to access services, including making them travel a great distance, including waiting periods, including what pro-life individuals would call informed consent.

LOXI: I think it's good for there to be some delay. The young women I have counseled who have



the clinics and kind of conveying subtle, or not-so-subtle, pressure about the displeasure of the pro-life constituency if they did.

Both Planned Parenthood and Emma Goldman, where I work, had a clear picture in mind of what we wanted. It had to do with accessibility and geographic location and size—all the factors that any business would look for in finding a new site. We wanted to be in Davenport, because it has the largest population of the Quad Cities and the most public transportation. We wanted a site that was not far from the bus route, to make it accessible to women who needed to use public transportation. We had security concerns, and that meant we need-

Hundreds in Q-C link up to oppose abortion

then gone ahead and had an abortion, they generally, when they have come back to us at the counseling center, are in great turmoil and have felt like they wished they hadn't done it. And we see many of them who are actively trying to get pregnant again—fifteen-year-olds, actively trying to get pregnant again. That's what we call "replacement pregnancy." It's because of the guilt that stems from the abortions that they've had. They think that they can change everything if they replace it with another baby. And I've seen a lot of women who have been suicidal. It's a very traumatic thing.

I think for the majority of women who've had an abortion that sometime in their life—it can even be years later—they're going to face a traumatic time in response to their abortion. And so, for me, Emma Goldman and Planned Parenthood coming into the community is a real threat. From my experience, I think that if women at least have to go to Iowa City, it gives them a little bit of time to think, to be counseled, to deal with it. But if it's right here, I

worry that these women won't have an opportunity to reach out to organizations where they can sit down and be counseled, that they'll go straight to the clinic.

PAUL: What's wrong with the counseling that women would get at a Planned Parenthood clinic?

LOXI: Well, I think that in some cases the counselors at their clinics prejudice women and say, she's fifteen or sixteen, she isn't old enough to make that decision; her financial situation is such that she shouldn't have children; she's not in a stable home situation; she's not ready to have children.

CONNIE: Loxi, I know, has counseled women for twenty years at a pro-life center. I've worked at Planned Parenthood for fifteen, and I see many women who come back and say they feel that abortion was the right decision for them. It was very hard, it was painful, they're sad that that was the experience they found themselves in, and yet they feel that for them it was the right decision at the time. That's a different story than Loxi has, and Loxi, I'm not saying your experi-

DAVENPORT'S COMMUNITY MEDIATION CENTER, SITE OF COMMON GROUND MEETINGS



ence is false. I'm saying it's a different one.

For me, under the surface of the pro-life argument is an inability to trust women to make the decision that's right for them. A delay of a fifty-mile drive, or a forty-eight-hour waiting period, or the barriers that we've talked about, including the ordinances—underneath all of that is a sense that women can't be trusted to decide whether an abortion is a good decision for them.

LOXI: See, I don't think it's a matter of not trusting women. I think it's a matter of women faced with an unplanned pregnancy, who are sometimes in a panic situation, not being allowed enough time to really evaluate their situation. Sometimes it's as simple as asking them, "Why do you want an abortion?" Some people come up with financial reasons, or they're in school—any number of reasons. When we simply say, "If we could help you with what you see as your immediate problem right now, would you still want to have an abortion?" I think probably 90 percent of the women I've talked to have said no, they don't want to have an abortion. But they don't see a way out. And when we've been able to offer housing, a support system, medical care, and financial assistance, the thought of abortion goes right away. I've seen women who come in one day and want to have an abortion, and by the next week they've changed their minds and have had very happy pregnancies and are very happy when their children are born.

MARILYN: Dan and I had this discussion a long time ago. He cannot understand how a woman with enough time and enough help and enough money still might choose to have an abortion.

Davenport approves regulations on abortion

■ Fetus disposal, notification get action

With just a little more time, just a little better counseling, just a little more support, surely she would decide not to have an abortion. Whereas I credit her with the ability to choose for herself the right course of action.

I think the pro-life side deserves the chance to make their argument against abortion as compelling as they can. But since they can't make their argument morally compelling enough for enough people—since women are still choosing to get abortions—they then seek to make it coercive, in terms of barriers and outright restrictions. I absolutely concede to them that they should try to make their argument as compelling as they possibly can, but when people who don't choose to respond to their logic, to their emotion, to their argument on whatever level, choose to make a different decision, they should not interfere with that choice.

DAN: The core issue really is: How do we reduce the abortion rate in the Quad Cities? By making abortion services more accessible, making them easier to obtain, we are going to increase the abortion rate. That's the bottom line. Having a clinic that provides abortions located fifty miles away—I don't think that provides a real barrier to abortion, but it slows down the process. It makes it less easy, and I don't think abortion should be easy. I don't think that a woman seeking an abortion should have it too easy. The more we can do to slow the process down so that she has to take her time and think about it, the more likely it will be that people who would be willing to support her in her decision to keep the baby can reach out to her.

PAUL: But aren't there women for whom the decision to have an abortion is not necessarily a crisis, for whom the decision is clear?

DAN: If a woman is not considering the abortion as a serious decision in her life, then she ought to. I have talked to a lot of women after they've had abortions, and my experience is that it is a very life-changing experience for them, and something that many women regret for the rest of their lives. I think that if the woman is making a



flippant decision, she really ought to reconsider it. A lot of times my experience is that the decision comes back to haunt her.

PAUL: What if she considers carefully and seriously, and still decides that she wants an abortion?

DAN: I still don't want to make it easy. If you make it easy for one, you're making it easy for all. You can't really say, we'll have a clinic in Davenport, but it's only for the people who have really made up their mind. Once the door is open, it's open to anyone.

SYLVIA: I have never known any woman who's had an abortion who felt casual about it. Not a single woman. It's always a difficult decision, even though it may be a clear one.

CONNIE: Dan, I think this idea that if you just delay a woman long enough that somehow she'll come to her senses—I think that's a false belief; it's a naive point of view in my opinion. And what may be just a brief slowdown process, a small hurdle, for one woman may absolutely stop another woman. To say, well, all women can still manage to climb over this particular obstacle—I don't think that's true. It's somewhat arrogant to say, I can adequately assess for all women what will slow them down but not stop them.

PAUL: Why is the fifty-mile drive to Iowa City too big an obstacle?

CONNIE: Fifty miles may not seem that insurmountable. But it can be. Recently there was a woman who had been to our clinic in Iowa City, and she was having some bleeding problems—it was not abortion-related—and she could not get back to Iowa City. And she went to three health-care providers in the Quad Cities, all of whom refused to treat her, one because she was on Medicaid and two others because she'd had an abortion a month earlier. We ended up having a volunteer pick her up, transport her to Iowa City, wait there for her, and then take her back home again, because she did not have the resources to get there herself. She is a real individual, and this was a real barrier for her. Fifty miles may not be a problem for everyone, but it may be for some. And even if it's only one or two miles, that's enough for me. Waiting periods, lectures from doctors, repeat visits—there are a number of things that on the surface may not look to be insurmountable, but compound them and they are.

LOXI: I would be curious to know, if the issue was put to a vote in the city of Davenport—do we want clinics here or don't we?—and by a large majority the city said, No, we don't want these clinics here, if the clinics would say, Okay, we're going to respond to what the community says and not come.

CONNIE: We would still come—not to be defiant but because we are convinced that enough

women and families want and need our services, and because what's right isn't always determined by majority vote. But in the end I think the majority of people in Davenport do want these clinics here.

LOXI: I'm not positive that there's not some financial motive in there as well. Abortion is big business. It's a moneymaking business.

And I think that for some providers—and I'm not saying all providers—but for some providers I think there's a financial motivation.

CONNIE: I think that with the polarization in the debate about abortion, those who are opposed to it desire to make us look as horrible as possible, and to make it look as if we're making big dol-



DAN EBENER



lars off of abortion, that somehow this is a positive thing for us. But in fact, we would prefer to see the need for abortion reduced. I mean, that is the truth, that is our philosophy. That may not be what you hear said about us, so it may be hard for you to accept, but we wish to reduce the need. I don't think the need will ever go away completely, but we wish that it was much less. Health-care providers who provide abortion services do counsel women to consider delaying and to visit with others and to seek additional personal support if it appears to us that they're

not clear about this decision and ready to pursue the surgery. Many pro-life individuals might imagine, and falsely so, that you come in, get a pregnancy test, you get it done that day, and you're out of there. That's not the way it works. Some of them might be very surprised to know



LOXI HOPKINS

that we do caution some women to spend more time thinking about it, to reconsider. We work with the patient to help her come to what she believes is the best decision, still trusting that what she decides is going to be right for her.

Providing abortion services is very difficult for all kinds of reasons. It's rewarding in the sense that women are so appreciative of the services we provide.

But especially when we have a woman come back for a repeat abortion, people on staff always ask themselves, How could we have helped her to prevent this? Sometimes we can't. Sometimes individuals make bad choices. Repeat abortions happen. We do what we can do.

PAUL: Given the fact that abortion is legal, that it's available down the road in Iowa City, why is the specific issue of whether or not the clinics open here in the Quad Cities so important? Women who live here are having abortions now. Why is it important that there be clinics here? Or, on the other side, given that same fact, why is it so important that the clinics not

exist right here, that women be compelled to go to another city for it? Obviously all of you would like things to change on a lot of different levels, from the Supreme Court to Congress to the Davenport City Council to individual women having different opportunities and making different decisions. So why is it that these specific clinics are so important to you?

DAN: The clinics would change things here. They would become a visible part of the community, they would begin advertising their services, and their very presence would make the decision to have an abortion more routine. It's more easily accessible, it's right here, a part of our community—it's not a big deal.

LOXI: For me it would be a personal reason, first and foremost. It would be the same as any other group or business coming here that I personally oppose. I'm thinking of this collage my daughter-in-law made. It's of my grandson, Riley, who's going to be three next month. She had a real problem pregnancy with Riley, so she had numerous ultrasounds throughout her pregnancy. On her collage it has an ultrasound starting at eight weeks, and then about every two months there's another ultrasound, and then next in the collage is the day he was born, and his year-old picture, and his two-year-old picture, and now his three-year-old picture, and it's all the same collage. And I was just thinking about what it would feel like for me if the clinics were to come to Davenport and I were driving down the street to go shopping or something, and I drove by one of those clinics, knowing what was happening inside, and thinking of that collage, and thinking of all the babies that there could never be a collage for. I would find that really heartbreaking and difficult.

DAN: Any community needs to ask itself, What is it about our city that makes it great? What's going to make it feel like home? How can we make our local community attractive for families, how can we make it the kind of community where people want to live? To me, there are a lot of things that can make a community great: good housing, good jobs, civil rights. But abortion services don't fit in that picture. I just don't see how adding abortion services is going to make this community great.

CONNIE: One of the things I think helps make a city great is the availability of health care and education. If it is available, accessible, and affordable, it helps people plan their families and raise their children, and it helps women make the



choices that are best for them. And those good choices then benefit their families and the community as a whole. We see abortion services as a small but vital component of reproductive health care, one that is critical for women's freedom and dignity, and for their families. Dan sees that in a very different way, in a very narrow way. We see it as part of a complete picture.

MARILYN: In an environment where there are no abortion providers, it sends a message: You will accept the services that others deem acceptable for you. You do not get to choose them. Others will set the standards. Others will make those decisions. If the clinics open, they will send a different message: that diversity is valued here, that there's room for more than one opinion, there's room for more than one definition of a good life and a good community. On that level, this question is very personal for me too: I want a community that values diversity. The clinics being open would add to that diversity for me. I would like Davenport better, and feel better about Davenport, and feel better to be a citizen of Davenport. And I know that places me in direct contradiction with Loxi and Dan and Jeanne.

DAN: I would support most of the forms of diversity that Marilyn, Connie, and Sylvia would support. But including abortion within that



Rally protests abortion clinics

range of services is crossing a line for me. It goes into an area that's morally objectionable to me. Health care, social services, child care, job opportunities—I'd like to see a diverse range of choices in those areas for women and families in the Quad Cities. I'm all for that. I just think that we have to be conscious of when we've crossed the line.

PAUL: How is this debate framed for you by your sense of what Iowa is and what Davenport is?

MARILYN: Well, in Iowa, we pride ourselves on our level of education and literacy—we're always the top state in the SAT scores—and I think there's a pretty strongly documented correlation between education and tolerance. And the opposition we've faced has shown me another face of Iowa.

PAUL: Is it new, or has it always been there?

MARILYN: I don't know. I guess I'm personally more attuned to it now, so it might just be my own

awareness. But part of it might be a function of the way our economy has changed. We used to be so prosperous in Iowa, particularly in the Quad Cities. Here it was mostly farm-implement manufacturing—John Deere was here, and Caterpillar, and a lot of big factories. Those were really good jobs, well-paying, with good benefits. And there was a culture in which fathers worked at a factory and then sons started working there as soon as they stepped out of the door at high school. They could step out with the expectation that they would get a good job. When those

manufacturing jobs were greatly reduced in the early to middle Eighties, we went through some really hard times in the Quad Cities. Since then we have rebounded somewhat, and we've made great efforts to bring in other industries, but for many people it is clearly not the same environment in terms of quality of life and a good future for their children. The city is less affluent. I don't mean affluence in the Rockefeller sense but a kind of good, middle-class, raise-your-kids kind of life. And I think affluence combined with education creates tolerance.

LOXI: My personal opinion is that ever since abortion was legalized, the value of life, both here and in the rest of the country, has declined. I think that as birth control becomes much more readily available, and with sex education in schools, we're telling our young people that we expect them to be sexually active. Years ago, when I started pro-life counseling, if we saw a sixteen-year-old girl come in, we were really stunned. Now we see fourteen-year-old girls come in on a regular basis. We're a lot busier. It just seems like teenage pregnancy is more acceptable now.

Pro-life rally turns political

2,500 abortion opponents cheer string of Republican candidates



JEANNE WONIO

I think kids generally live up or down to what you expect of them. I see so many kids now kind of floating around, like they don't have the goals that you used to see. Years ago, people's self-expectations were higher than they are now. Maybe it's because kids now go all the way through college and can't even find a job when they get out, whereas before it was just natural—you get done with college and you

step right into a good-paying job. That isn't true anymore.

PAUL: Does it look like the clinics are eventually going to open?

JEANNE: Well, they might not. Miracles do happen, and they might not. But they're trying so hard to get in here, I'm sure they'll succeed.

PAUL: And how will things change around here when they do?

CONNIE: Once the clinic is operational and people can see that, yes, we can coexist in the community, then I think some of the fear and maybe the concern about retaliation will diminish. The fact that there isn't a clinic here now escalates the fear about the potential for what is going to happen. I think it will be therapeutic for it to actually get going.

SYLVIA: You know, I'm not so sure that things will be any easier when the clinics open. I think there are a number of people who will make it their life's work to picket the clinics. We're going to live with this disagreement in our midst for a long time.

DAN: I think those sorts of actions are counterproductive. I would rather try to create alternatives and advertise those in schools, so that young women with crisis pregnancies would know what's available. I wouldn't track them down on the sidewalks in front of the clinics, because by then it would be too late. I'm not going to oppose pro-life people who do that, but I'm not going to join in those activities myself. I think there's very little chance among local people that pro-life groups will get involved in what I'd call acts of terrorism. There will be demonstrations in front of the clinics, but I don't anticipate, you know, people taking down license

numbers of staff members so that they can terrorize them at home.

MARILYN: I think I'll be more wary when the clinics open. There will be wariness about what pro-life people are going to do around the clinics, wariness about what they're going to do on the city council level. I think there could be large protests. I think if that does happen, it will be from outside groups coming in, but I don't think we're impervious to it. I'm pretty confident that what will happen at a Davenport or Quad Cities clinic will be more civil than what's happened in other places. But do both clinics expect protests when they open? Yeah.

PAUL: Jeanne, you've actively protested clinics elsewhere in the state. If a clinic opened here, how would you decide what to do to counter it?

JEANNE: I'd probably get more involved in the groups that are already established here. I'll hand out leaflets, and I'll talk to people going into the clinic. I've been invited to go to Chicago, to get Operation Rescue training, and I've turned it down. But I do know people who've gone up there, and I would imagine if we did get the clinics here, someone might invite them down here to give training. Or I might go there. I'm not going to rule that out as a possibility, to go and see what they have to say.

PAUL: What's included in the training you would get there?

JEANNE: I don't know; I'd have to go. But I know they do have actual rescue techniques—locking arms, blockading clinics—they do teach that, and they do it. And if you go to Chicago to be taught this, you don't go for one day, you spend a few days up there, and you actually go to a clinic and practice what they teach.

PAUL: What do you think is the most effective method of protest?

JEANNE: In the short term, it's probably the sort of things that Operation Rescue does. The presence of Operation Rescue kind of confuses everybody. It stops people in their tracks. If a woman comes to a clinic for an abortion and she sees the police there and she sees ten or twelve people causing a ruckus, there's a good chance that she'll turn around and walk away. That's good for the short term. Otherwise there's the method where you go every Tuesday morning and pray or just be a presence in front of the clinic, holding a sign or speaking to people. That might not turn them away that day, but over the long term I think it will turn people away.

As I've gotten older I've kind of become more

subdued. When I go to picket a clinic these days, sometimes one of my kids will come along. There was one time when we had our signs and somebody called my fourteen-year-old son a name, and he dropped his sign and he wanted to fight. That was his reaction. I think that's what younger people want to do. But as we get older we realize it's not really a physical fight that we want. You know, I don't even want to get into name-calling. I'd rather just pass flyers out and talk to women outside clinics.

PAUL: Would you feel any differently doing that in your own community?

JEANNE: I'd be more inclined to do it here than anywhere else. It's funny, too, because I'd probably recognize my kids' friends.

SYLVIA: As you were talking, though, Jeanne, I just thought, Okay, well then we're going to have to do the escort thing, and we'll organize for that, and we'll train for that. My kids have been through that training, and that's what we'll have to do. But I guess my question to you, Jeanne, is that if I come to the clinic and you're there, outside, what are you going to do? I have a hard time thinking that, woman to woman, you would prevent me from going in. And that's because I know you and I care about you and I know you're a thoughtful person.

JEANNE: That's the thing. I know I'll run into people I know. Right now, the most I could do is hand you a pamphlet and try to say something to you. That's where I am right now. If I had training that taught me a different technique, I might do something different.

SYLVIA: You know, if we in this community really become divided when the clinics come, to me that would be more tragic than them not coming at all. Maybe if I lived in a big urban center, like Chicago or Minneapolis or New York, I wouldn't feel that way. But you're my neighbors and friends. I mean, Loxi and I just discovered that our daughters were friends in grade school. We have some history here.

PAUL: This fight—on both sides—is often compared with the civil-rights movement, or the fight against the Vietnam War. But both of those efforts had a sense of momentum, of movement in a certain direction. With this debate, there

doesn't ever seem to be a resolution. Does that back-and-forth sometimes make the issue feel too intractable to bother with? I think that's the attitude of most Americans—we just wish this debate would end. Do you see a resolution somewhere in the future?

LOXI: No, it's never going to end. It's going to go on forever. And sometimes it's really tiring. You start looking at your calendar, and every night you're at one city council meeting or another. But every time we go down there it makes me more determined to keep fighting. I'll never give up.

SYLVIA: You know, as long as there have been women getting pregnant, there have been abortions. And as long as women have abortions, there will be people opposed to it. I believe both of those things are true and that they will remain true. You can make abortion difficult and expensive and illegal, whatever the hell you want to, and women are still going to have abortions. And there are always going to be people who aren't going to want them to. So how do we put those two things together in a community? That is really what frames the question for me. Because those are two things that are eternal. ■



SYLVIA ROBA

