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**Sally Burgess-Griffin Oral History Interview**

Scarlett Kitchens, Interviewer

Studio Gaia, Edwardsville, Illinois

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**Scarlett Kitchens (SK):** Scarlett Kitchens interviewing Sally Burgess, the executive director of the Hope Clinic, in October of 2016. So, to start, I do want to know about your background, your education, where you're from, stuff like that.

**Sally Burgess (SB):** Ok. The correct pronunciation of my name is Burgess.

**SK:** Ok. That's a good start.

**SB:** It's fine. [laughter] So, Sally Burgess. I got my B.S. in occupational guidance from Mesa State University in Grand Junction, Colorado and I got my M.B.A. Fontbonne University in St. Louis, and took a couple of semesters of masters of public health in P.h. at SLU but ran out of steam so I didn't finish the M.Ph. And my background prior to getting into abortion care, I actually, out of college, got into the media, so I was in TV and radio news for almost a decade, and then I was hired to be the director of the Hope Clinic for Wom- um, sorry we're talking about that. Uh, the Utah Women's Health Center in Salt Lake City, Utah. So, I moved from Grand Junction, Colorado to Salt Lake to take over that job and I was only there for about a year and I was contacted by the owner of Hope Clinic and asked if I would be interested in applying for the job of Director of Hope Clinic and I had no intention of moving to the Midwest, but it sounded like exactly the job I was hoping for. So, I thought I'd come out here for a few years and see what that was like. Um, accepted the job and took over as director in April of 1990. So, 26 years ago.

**SK:** Ok, wow. Um, what made you interested in the Hope Clinic? You said it was what you were looking for.

**SB:** Well, my first job in this field was actually as a part-time counselor at the Grand Junction Women's Clinic, which was owned by the same people who owned the Utah Women's Health Center. So, when I was in the media, I made really poor money and I needed to make some additional money and I found a job as a part-time counselor at the local clinic. Loved the work. Absolutely loved working with the patients in that particular environment, we did a little bit of everything. So, you would counsel your patient, you would likely do their lab work, you would be with them in the operating room, then you would be with them in recovery, and so that's an amazing relationship to develop with people who are in this situation. So, I absolutely fell in love with the work and was disenfranchised--or disillusioned--with a lot of what happens in the media. There was some things that I loved about the media and other things that didn't suit me at all. So, when the Utah Women's Health Center needed to replace their director, their director at the time knew me, and they contacted me to see if I would want to interview for that job and I did. At that particular point, I got the job, I moved to Salt Lake, loved the experience except that there were some internal politics that made it difficult for

me to really make an impact so I used that job. I just learned a ton. I just went through the files and I saw how things were organized and learned as much as I could about the field and how my predecessor had put things together because she was an amazing, amazing director. So, when Hope Clinic called, it was almost like I'd done the on-the-job training at the Utah Women's Health Center and I was ready to hit the ground running when I got out here.

**SK:** Ok. So, at the Hope Clinic then, since you've been there, have you been held as...I think you said were held as the director the whole time, right? That's what you got hired for?

**SB:** Yeah. I was hired as director and one of the co-owners was still alive at that point. She was the executive director when she died of cancer and after that happened, I got the promotion to executive director, so I was in the top Physician and I held that position until 2013. I stepped away from the day-to-day responsibilities of Hope Clinic in December 2013.

**SK:** Ok. Um, so, I'm trying to process all of this now. So, what has your job then been? Like, what do you have to do, whether it was closer to then or now?

**SB:** So, at the Hope Clinic?

**SK:** Mhm.

**SB:** When I first got there, they had a lot of things in place, in terms of their policies and protocols and it wasn't as heavily…um... as heavily weighted in terms of...um...medical regulations. That's not exactly the way I want to say it, but we had our physicians on board and we complied with state regulations and we were part of the national abortion federation that also had some policies and protocols in place, so we needed to comply with all of those things. There wasn't as much of the medical bureaucracy around abortion care that there was other health care at that point in time. So I was well-qualified for the position since it had a ton to do with finding out the strengths that the various staff members brought to the table and making the most of that, leading the team, ensuring excellent patient care, making sure the staff was happy and the patients were well taken care of, making sure we were in compliance with state and any national regs, you know any regulations that apply to us, dealing with the media, dealing with law enforcement because when you're in that field, you're going to have relationships with the FBI and the local police department and the federal marshals and all of that, working directly with the owner to make sure that the way they wanted things to roll out was the way we were doing it, and then ultimately, the building that we were in when I got there was a small building that we were outgrowing and it wasn't serving us well, and so a huge part of my job became doing the work needed to determine that we needed to build a new building, working with the owner to set a budget and then hiring the architect and getting all that put into place and then overseeing the project. And so, I don't know if you've ever been to Hope Clinic but it's in a big, lovely building and that was kind of my baby when I was there. I got to see that through from start to finish.

**SK:** So, is the Hope Clinic solely based on going there for abortions or is it just women's health? What do they offer?

**SB:** The owner of Hope Clinic was a physician who lived in Peru for the first many years of his life and he knew that in the hospitals in Peru, women were dying of botched abortions and in Peru, there

would be like 2 or 3 women in one hospital bed. So what he was was deplorable. When he came to the United States to do his residency, he just felt a huge commitment to making sure that, if in fact, it became legal in this country, because it was not when he first got here, if in fact abortion care became legal in this country, he was going to provide safe abortion care because he knew what it looked like when it wasn't safe. And so, Hope Clinic has always been proud of and focused on providing top-notch abortion care and they started doing the earlier procedures and then worked with the state to get permission to do later procedures. There is a need, at time, for the later procedures, so they just kept pushing the envelope. How do we make the care better? How do we make sure we're extending the care to the patients who need it? So Hope Clinic has always been laser focused on providing abortion care.

**SK:** Ok and this is where my history is off. I remember hearing the date or the year. When did abortion become legal in the United States?

**SB:** 1973.

**SK:** And then when did the Hope Clinic come out?

**SB:** 1974

**SK:** So, he really was on it right away. He really cared.

**SB:** Mhm

**SK:** Ok. That was fast, wow. And then, later on, after doing research, I did find that there were certain issues across the United States, beyond just the Hope Clinic of dangers being posed to people who worked or went abortion clinics. I found stuff on bombings. I think one was in 1982 and there was something you had said about that about raising security around the Hope Clinic in Granite City. Did anything, like can you talk about that a little bit?

**SB:** Before I arrived and I believe 1982 is the correct year, it was a really rough year at Hope Clinic. Um, the early--I think it was early in the year that the clinic was bombed and about thirty percent of the building was pretty well destroyed, and so they had to figure out how to very quickly get that taken care of so they could resume seeing patients. The phones never stopped ringing, they just um--they were put out of commission for a while. Later that year, I believe it was in the summer, the owner of the clinic and his wife at that time were kidnapped from their home and they were held at gunpoint by anti-abortion zealots for about a week and then they were released unharmed. Eventually, I think, there were three men who were the perpetrators and eventually all three of them went to prison and I believe they have all three gotten out of prison by now.

**SK:** And that was the doctor from the Hope Clinic?

**SB:** Yes.

**SK:** Ok. What did you say, that he was the lead physician at the time? Or..?

**SB:** He was the owner...

**SK:** The owner.

**SB:** ...and lead physician. Yes.

**SK:** Ok and, so did security go up after that or was it...

**SB:** Yes.

**SK**: How?

**SB:** Um, they made sure that there were no windows you had to be--we had a security guard sitting at the--armed security guard sitting at the front door so nobody, including the patients could come in without being on the patient list and getting passed the security guard and then there was bullet-resistant material in the inner-door, so that if somebody happened to get into the lobby, they couldn't come in the rest of the way without being buzzed in. Um, in that building, it was challenging to make it as safe as they would want it to be--just given the structure of the building; but they did everything they could to ramp up security right away.

**SK:** Did that doctor come back to work?

**SB:** He did. He was released by the kidnappers--I'm not sure what the day was--and I think it was two or three days and he was back to work.

**SK:** Wow.

**SB:** Yeah.

**SK:** I feel like if it were me, I would probably be a little scared to go back for a while.

**SB:** He was terrified to go back because at that point the people who did the kidnapping had not been brought into custody and so he didn't know what to expect, but he was just so determined.

**SK:** Ok. So, then, beyond that, was that at the old building then?

**SB:** Yeah, that was the old building.

**SK:** Has security been the same way with the new building or..?

**SB:** The new building we got to design with security in mind and so we met with the architects--we actually had the architects come to the clinic on a Saturday when we were surrounded by protesters and took them outside and said, "this is what we deal with on a regular basis. This is what you need to protect us from." And, so in the new building, we were able to, first of all, have windows, which was really wonderful after years of having zero windows. All the windows are on the second level. They're all bullet-resistant glass. Um, there's a little attached…um… security room and that--you have to get into the attached security area to be able to access the roof because one of the things anti-abortion zealots

were doing back then was getting on the roofs of clinics and pouring butyric acid or other chemicals and things in the heating and air conditioning units. They were doing anything they could to knock the clinics out of commission and so you had to go through that to get to the ladder to even get up to the access, to access the roof. Um, we have doors that lock in two or three different ways, like we don't have the same kind of lock on every door, and we have doors that separate one area from the next area so if anybody was able to get in to the clinic, they couldn't get very far. So, yeah, we designed the clinic specifically to provide maximum level of security for the physicians, also for the staff and then as much as we could for the patients as well.

**SK:** Yeah, sounds like it would be better for the patients because, like if I were in that position, I would feel kind of more off-set by going into a place with no windows, already like feeling dark about it and then doing that, so I mean, I bet the windows make them feel a little bit better.

**SB:** Yeah, they made a very nice difference.

**SK:** Yeah. Uh, so then with the...so, I was reading, because you were saying the protesters being outside. I don't know if it was this clinic, but it was something about a van that's normally outside and it's there on a regular basis, if it's not every day. I don't know if it was in the past. Is it the Hope Clinic, that it's there?

**SB:** That would be Angela and Daniel Michael from Highland. They made it their lives' work to come to the clinic. They were there when we were at the old building and the old building, on Saturday mornings we have, like a six-foot or higher fence that we would close off wherever we could to give the patients some barrier between the parking lot and the protesters, but the protesters would do things like, you know, get right in the patients face or get right in the face of the person bringing the patient and typically partners, parents and partners do not do well with somebody getting in their face when they're there to take care of their patient. And so there would be altercations and the protesters would call the police on the patients and it was just crazy. So, yeah, they have their van and as far as I know, they still bring their van to the clinic-- I'm not there on a daily basis now. And they actually at one point--I'm not sure if they're still doing it--but at one point, got a hold of an old ultrasound machine and if they could, they would lure patients into their van to get an ultrasound and then they would, you know talk to them about, "you don't want to go in there," blah blah blah. But, yes, that uh--I know exactly who you're talking about.

**SK:** Yeah, I remember reading that--yeah that--I forgot about the ultrasound thing, but they would bring them in, they do that and give a whole spiel on, from what people said, that "oh, well this is a life. Do you really want to do this? You can have this option." And I also read that they would hand out pamphlets...

**SB:** Yes.

**SK:** ...even to people just kind of walking around the area, not so much going into it, which I found really interesting. Um, but I didn't know they were actually going up and screaming in peoples' faces at all, like I didn't...

**SB:** Oh my goodness, yes.

**SK:** I mean I could imagine, but, I mean, I never really thought that.

**SB:** So, there is a program that has been offered through Missouri NARAL. I forget what NARAL stands for these days, they changed it a few years ago. National Abortion Rights Action League was the name a few years ago, but Missouri NARAL trains people to be patient escorts and when the escorts show up at the clinic, typically on Saturday morning, or other times during the week if there's expected to be higher level of protesting. The escorts put on a very brightly colored vest and it says "escort" on it and the patients know that when they pull up, people wearing these bright vests are going to approach their cars so that the escorts can surround the patients and provide a buffer between the patients and the protesters.

**SK:** Mhm.

**SB:** Because the protesters, if they can get right up on the patient, they would absolutely do that.

**SK:** Have the protests been large? Like, how many people normally show up? Is it just like the few people, like the husband and wife, I assume that's what they are? Or is it up to twenty or thirty people that are surrounding the place?

**SB:** I can't tell you what is going on currently, I can tell you that during most of my tenure at the clinic, on Saturdays we would have a minimum of twenty or thirty people. And often, buses would show up and a bus load full of people would join the regular protesters. Angela and Daniel were typically there with their kids, so they would have five or six kids there. They would also advise the kids to run up and try to come into contact with the patients. Um, we would literally be surrounded by protesters and it happened on a regular basis, typically once or twice a year, there would be some sort of national effort from the anti-abortion folks to surround certain clinics and ours was certainly a target of that. So, um, boy I'm forgetting the names of some of these people, but protesting was a huge issue for us.

**SK:** So back to the security with the protests, another thing that I had read was uh-- after the bombings and stuff, it was requested to just have more of a police presence beyond the security of the building. They said that it wasn't even that they had to do it, it's that a lot of them chose to do it and that they would just drive by. Has that made a difference or have they come in to make sure everything is ok and does that make a difference?

**SB:** Um, the police, at the time I was at the clinic, knew that Saturdays were going to be hot and typically did make their presence known on a regular basis and I think that was very helpful. The protesters didn't hesitate to harass the police if the police were called to the clinic. We made every effort to be a good neighbor and not call the police unless we felt it was absolutely necessary and we had armed security guards.

**SK:** Yeah. So, I want to go more into the history of the clinic itself again. Um, or more in depth. So, I have the mission statement and I was reading into more and the last sentence of it says, "Hope Clinic is committed to providing the highest quality medical and emotional care with dignity and compassion." How so, with the emotional care? Because if they come--like do you provide anything else besides them coming in and doing the procedure and leaving or what do you do on an emotional stance?

**SB:** I am very proud to say that a patient can come to Hope Clinic and leave without having a procedure, but she very likely is not going to leave without having one-on-one counseling session. Hope Clinic is actually nationally and somewhat internationally known for our counseling program. A previous staff member, by the name of Anne Baker, wrote one of the first books on counseling. It was actually a book that we used at the Grand Junction Women's Clinic when I first got into the field. That was my training manual that was written by Anne Baker from Hope Clinic and she, I think she updated that book a couple of times. So, she was a regular speaker at national conferences, training people how to do counseling; and at the Hope Clinic, if you visit our building, the new bigger building that we have now, there's an entire wing that has counseling offices, specifically so patients can talk to someone who will be completely be nonjudgmental and no bias and find out what is going on with them, make sure that it is their decision/that they're not being coerced in anyway. Um, I mentioned that I started as counselor, a part-time counselor, at Grand Junction Women's Clinic and I was working with a patient one day, only to learn that she had been told that she and her partner really wanted to continue her pregnancy, but she had been told by another provider, that due to some pre-existing conditions, she probably couldn't carry the pregnancy to term. So, I asked her if she would like to have a second opinion from our physicians, our physicians are are OBGYN doctors, and our physician met with this patient and said, "here are the risks, but very likely, you have a higher percentage of being able to carry to term than there being problems. If there are problems, here's what they're going to be," and that woman left and contacted us some months later after she had a healthy baby and that is what happens in counseling at abortion clinics. We find out if the patient is really care about her decision and if there's any, any information she needs to make the decision and feel really comfortable with it, and if it's not the decision she wants to make, we see if we can help her go in the direction that she really wants to go.

**SK:** Ok. So it's not just go in, get it done and leave, which is good. Um, has that-- has your counseling or that process changed over the years, like when you first started? Or when it first opened, which would have been before you got there, did they still have a high counseling protocol or did that get more influenced and used later on?

**SB:** Um, my understanding is that counseling was the key component of Hope Clinic very early on and once Anne Baker arrived on the scene, she really fully-developed that program. Frankly, counseling is very much iatrical part of what Hope Clinic offers now, but the sessions aren't necessarily as intense as they once were simply because we know more about abortion care, we know more about um where women are at in their lives and women are in a very different place. Women of child-bearing age today are in a very different place in their lives than fifteen, twenty, thirty years ago.

**SK:** Yeah.

**SB:** Does that make sense?

**SK:** Yeah. So, then, going into the straight abortion, and this would be for anyone listening, beyond just the historical part. I mean, I'm not too familiar with it, but I know there are certain ways that it can be done. Do you offer every way that it can be done or are there certain...certain ways you do it for certain points in the term of the pregnancy?

**SB:** Yes. Um, the options have expanded in the past several years and that would include a medical

abortion for earlier pregnancies, which means a woman takes a series of different pills and typically can have the abortion or spontaneous miscarriage or induced miscarriage in the privacy of her own home. So, that's a medical abortion, that's available these days that didn't used to be. There are various medications that allow procedures to happen with less instrumentation that we did for a number of years. The main procedure that any clinic has ever done would be the first trimester procedure. That's the majority of our patients and the typical method would be dilating the cervix manually with a series of smooth metal rods and so it would be a small one, a large one, and the large one would get the cervix dilated to the extent it needed to be and the evacuation of the pregnancy would happen. There are medications available now that soften the cervix and it is more prepared for the procedure so there's less instrumentation in many cases. And then there are the second trimester procedures that require typically more than one day. There is a medical…uh… don't even know how to name this, it's a product that is called luminaria. It is very thin and you can take a few luminaria and insert them into the cervix and it's gonna absorb the moisture of the woman's body and expand, and that gets the dilation procedure started for the later abortions. That might happen over two days and the procedure might happen on the third day. It really depends on the woman, how many pregnancies she's had, the condition her cervix is in and the physician is able to access all that. Additionally, early on, abortions were not provided under the guidance of ultrasound, and I think these days, virtually all procedures are guided by ultrasound.

**SK:** Ok, so has...over the years then, have you offered as many ways as you possibly could and then just adding them as they come along with medical advances or did you just...do they kind of pick and choose with the doctors there or directors there approve of? I guess you'd say.

**SB:** Yeah, typically the directors would only weigh in if they gathered information from a colleague that a colleague was trying a new way and then it would be the physician who make (?) decision about that. And when you think about it, when abortion care first became legal, there had only been illegal abortions, there had been very few legal abortions, right?

**SK:** Mhm.

**SB:** And so, it wasn't a very well-developed medical procedure. Most abortion providers learned by doing and took that experience and figured out themselves how to advance the field and there have been, all along, there have been those medical providers who just were so committed to providing safe abortion care that they were constantly figuring out what medications can we use, what instrumentation can we use, what can we take out of the picture. So, the medical advances happened amongst the providers themselves. They were the ones who were pushing the envelope because they knew it needed to happen: self-educating. And as one provider would discover a new way of doing the procedure or a way of doing the procedure a little farther in the pregnancy, then typically that information would be shared with other providers. That's how the options grew.

**SK:** Ok. So, then, it would be like a "yeah" to the Hope Clinic trying to have as many options as possible. Do the women choose their options? Obviously based on what term they're in, it seems like they have a few options for each one. Do they choose or do they, do the doctors choose based on what they think is best for their pregnancy?

**SB:** There are certain qualifications that would make a woman a good candidate for medical abortion and there are certain things that would make her not a good candidate for a medical abortion, so there is going to be some medical history that is going to come into play. Anytime the woman has the ability to make the decision, we want it to go that way, so if she could just as easily have a medical abortion or surgical abortion, we really want to make sure she's making the choice that she feels most comfortable with. When it comes to the later pregnancies, typically that's going to be the medical provider. Typically they have fewer options at that point and the risks are greater and so, typically we're going to--I think abortion providers have done the best job over the years of informed consent and letting the woman know "here's what we're gonna do, here's how its gonna go, step by step by step, here are the specific medications, here are the specific risks, etc. and, you know, here's the outcome that we're looking for." So, typically when you get to the later cases, the physician is gonna need to make that decision.

[Interview interrupted by phone call and customers from 32:23 to 34:10]

**SK:** Ok, so back to what we were talking about...um, after the abortion, like I've known people who have done it, and even after, they have a big emotional toll on them, do you offer counseling even continuing after they do it?

**SB:** Um, typically we make sure a woman has resources before she leaves the clinic. So, the clinic isn't really set up to do counts--at this particular point in time, the clinic isn't set up to do counseling post-abortion, but there are people in the community and certainly in the country who do offer that specifically and so, we're always looking to make sure that the woman has those resources when she leaves the clinic.

**SK:** Ok, so instead of doing it for them, you just prepare it then? ...Like you prepare them for it with someone else instead of...so they have someone.

**SB:** They have someone to go to and if they call us and say, "I'm really struggling, can you help," we're going to do what we can to link them up with someone, have a phone conversation with them trying to get a better sense of what's going on and then make sure we are able to hook them up with someone.

**SK:** Ok. Um, I'm trying to think about everything you've said, and one of the things that really still sticks out to me is security aspects. So, has anything--besides the doctor getting abducted or worries about something about a bomb like the one in Atlanta--has anything worried you even since security, has anything caught you off-guard, maybe a little bit before you could fix the security system or anything like that? Like, do you ever still have concerns, or even, say if somebody recognizes your name in public, do you ever think about that, by chance?

**SB:** Well there are so many different kinds of threats that providers have dealt with. For instance many of us, myself included were at one point, I don't know if it's still out there, but there was a website called the Nuremburg Files and protesters would put up the names of providers or people who worked at abortion clinics and claimed that, at some point, abortion would be made illegal and we would all be put on trial for murder. And so, there was the Nuremburg Files. If a physician was, we've had physicians murdered. You're aware of that. A dear friend of mine, George Tiller from Wichita, was murdered in his church. Um, and there were other threats. There was the butyric acid. On Saturdays--there were a couple of Saturdays--where protesters released some sort of scent, it smelled strongly of skunk, that I guess was used for hunting or something, I'm not sure, but they would do that outside the clinic doors just to try to, you know, disrupt things. Bomb threats, so that you would need to contact the police and have them come search the facility. Um, at one point in time, there was a gentleman by the name of Neil Horsely who was--he actually was arrested for some action--I don't remember what he was arrested for--he escaped from jail and he went on a spree around the country terrorizing providers and he was saying that he was going to be outside of clinics. His plan was to be outside of clinics around the country and murder whoever happened to be in his path. If you were an employee, if you were physician, if you were a patient, it didn't matter, he was just going to come after us.

**SK:** Talk about pro-life. [laughs]

**SB:** Exactly. And there was also the powder. At one point in time, there was a particular, like, politicians were receiving envelopes that had a powder in it that is very toxic and Neil Horsely was sending those kinds of things also to clinics. He didn't have the actual powder. We can find out what

this powder is, I'm not remembering at this time. But he would send envelopes with a powdery substance to the clinics and if you opened that, then you had to call the authorities, everything had to be shut down because it was so toxic. It was like an environmental disaster, right. So, that was terrifying. Those were terrifying days. If you thought Neil Horsely was in your community, you just didn't know what to expect. There have been countless things that they have done over the years.

**SK:** And did he end up getting caught?

**SB:** He finally got caught, yes, and is back in prison.

**SK:** Ok. And then you said you knew somebody that had gotten murdered and know of someone getting kidnapped. Do you know anybody else that had been harmed or came across someone's path, where maybe nothing happened to them necessarily, but they were put into that type of danger?

**SB:** Well, another friend, although I haven't seen him for many years, Gary Romalis, was a physician in Canada who was, one year, shot through the kitchen of his window and he was critically wounded, but he survived. And then, a few years later, he was stabbed and also

survived that. Uh…Let's see, I've had friends who have been followed home, have been protested

at their home, I've had protesters show up their kids--the abortion providers children's--school and trying to, you know, make problems for the kids.

**SK:** Wow.

**SB:** Yeah.

**SK:** That's a lot to take in. That people get that angry about it and will harm other people, but their idea is to try to not do that--try to keep life going. Um, that's just awful. Um, I'm trying to think more on that. Then, looking forward, for your company, the clinic--the company

as in the clinic, not here--and then yourself and the women, do you have any specific goals in

moving forward or, especially for the clinic, because it's still and probably always going to be trying to make abortion illegal again, do you have any goals moving forward for any of those?

**SB:** I'm thrilled to say that the clinic is now under the leadership of Dr. Erin King, she is the executive director at this point in time. She and Hope Clinic have recently been featured in a documentary that debuted a couple of months ago, *The Stories Abortion Patients Tell* or something like that. Abortion Stories…you can find it out there and portrayed in a really positive light. She is a lovely human being. There's just this new group of physicians who have been committed for this practice for the longest time and they take it so seriously as mainstream medicine and from their perspective, that's what they're doing. It's not political to them. They know there's a political piece to it and they know they are at risk because of the protesters but from a professional perspective, it is a medical procedure that they take pride in and they are doing what they can to make it the best experience it can be for the patients. So, I think that is hugely positive. In terms of what to do in the future, I suspect that abortion will always be needed. There are fewer abortions provided in the country now than there were ten-fifteen years ago. It appears that women have more options in terms of protecting themselves against

pregnancy, it seems that younger women are delaying sexual activity longer than they were at one point and they're making sure they're protected when they're getting into relations and so that's really positive. If women didn't have to have abortions that would be awesome and so a lot of effort continues to be made in that education. Then, just also, making sure women understand if they need a procedure, It's a medical procedure, it's mainstream, we've got the providers who can take care of you, hopefully helping them get--there may be an emotional component, there's not always, some women are just so very clear with what they need to do, but for some there will be an emotional component they don't need additional stigma on top of that. One of the claims that you'll often hear is that women need 24-48-or 72 hour waiting periods to think about whether or not to have a procedure. You've got seventy-two hours in Missouri now. That is such crazy stuff. Women think about nothing else the minute they find out they're pregnant. If they think they can't carry the pregnancy forward, they think about nothing else. They start talking to friends, they start talking to advisors, they start figuring out what they need to do for their lives. They do not need anyone imposing on them: laws, or attitudes or harassment.

**SK:** Mhm. I completely agree with that. So, then with the clinic, moving forward as well, has there ever been any talk of making more? Yeah of course there's abortion clinics all over the country still, but do you ever, or has anyone ever considered just building another Hope Clinic and doing things just the same as they do there with the counseling? Whether it's just in the area or somewhere else in the state or anything?

**SB:** No, at this particular point there are fewer clinics in the country than there were probably ten years ago because the number of patients seeking abortion care has continued to go down. So, at this particular point in time, Hope Clinic continues to focus on our one facility and caring for the patients that need our care there and we don't have any plans of doing any expansion at this point.

**SK:** Ok. Fair enough. Since it's just Hope Clinic--not a Hope Clinic, an abortion clinic--it's not like you're looking for more patients as if you were a doctor's office or anything. In the research, I think I found some stuff on court stuff and whether its--like I was trying to read through it and I don't know if something went wrong or maybe someone sued because they didn't want it done if it was their kid, like it was their husband, I don't really know. I was really confused by it all. Have there been any court cases that you've been involved in? In those type of situations. And obviously if you have, would that be something you'd look forward to in the future? To try to be less involved in that or have less of those?

**SB:** There haven't been any court cases for many years, I am very happy to say that. At one point in time, one of the things that protesters would do would be to get into contact with patients and encourage them to file lawsuits against us and, in some cases, they would find people who would--they would provide them with an attorney-- and we would find ourselves in a lawsuit. Occasionally, there has been the case where a woman did experience a complication of the procedure and then would wind up hiring an attorney and filing a lawsuit. So, we've dealt with that as well. Most of the lawsuits that I was involved in when I was involved with the clinic were frivolous lawsuits, typically perpetuated the protesters. Every once in a while there was a lawsuit was like, "Ok. There's legitimate concern here, so we need to follow through." There haven't been any court cases in many years, so I am delighted to be able to say that.

**SK:** Okay that's good. I just want to know overall, throughout all the time that you spent there, what

were your biggest advantages or disadvantages or awards in your opinion, emotionally or any other sort of way. Do you have any of those?

**SB:** At Hope Clinic, the thing I loved most was working with the staff. The staff was doing the hands-on work with the patients and then I was doing the hands-on work with the staff and I loved that. I loved it when we would be in a staff meeting or we'd be in a leadership team meeting and when you get that synergy going, one person suggests an idea and the next person builds on it and then pretty soon there's just this excitement about the progress we see happening. I absolutely loved that. That really lit me up, and I am proud to say, on a couple of occasions, given a plaque by the staff for my leadership. I really appreciated that, that was very valuable. The other thing that I found deeply satisfying was serving on the board of the National Abortion Federation and serving as chair of the board of the National Abortion Federation. That was a very gratifying thing as well.

[Interrupted 49:48-5:00 from door opening]

**SK:** As for any disadvantages, did you find any of those in working there?

**SB:** The thing that caused me to feel the need to step back was the growing bureaucracy, having to do with being a medical provider, not specifically abortion, but it seemed like at a federal and state level, there were more and more surveys that we had to fill out and documents that had to be completed and paperwork that had to be done, that didn't do anything to actually improve the quality of care we were providing our patients, and it drove me crazy. So, I would say it wasn't fun dealing with the protesters, but it was important to do that. So, between the protesters and the bureaucracy, and just the medical environment, and again, not just having to do with abortion care, but just the direction the medical environment has taken. Those were the things that caused me to think I wasn't the best candidate for the position anymore.

**SK:** Okay. Because you said it like that, I know you said you're not as involved anymore, but then you are still considered an executive director then, right?

**SB:** I am the person that the executive director reports to and I report to the owner.

**SK:** Oh, okay, so you're above an executive director?

**SB:** Yeah, so like I am an advisory capacity at this point.

**SK:** Okay, and that's why you spend less time there?

**SB:** Yes.

**SK:** Ok. That makes more sense then because all of the paperwork I had said that you were an executive director and didn't say anything further. And then for the women, lastly, looking forward, to wrap up, do you want to see--what do you want to see moving forward? Do you just want to see more options for women? As in whether it's medication that they may take or like the medical options to abort or just--like what, overall, for the women who come in, do you have any hopes for them, future ones or ones that have already come in?

**SB:** I do. I hope that our country can get back on track so that girls and women have all of the

education and employment options that they should have available to them. I feel like a lot of women who wind up seeking abortion services these days are economically disadvantaged in many ways and need to seek help in pain for their procedure. They're in a situation where they may have kids that they're struggling with or know that they can't have a child because it would be so difficult for them financially and one of the ways lowering unwanted pregnancy rates is advanced education.

**SK:** Mhm.

**SB:** Not advanced as education around sexuality but women having more opportunities and so, on the larger scale, that's what I would really love to see. There aren't as many--education is not as solid as I think it needs to be at the earlier levels and the opportunities for girls and women, I think, are less than they used to be, so I would love to see that change. I would love to see more employment opportunities so that girls and women can look forward to maximizing their potential in every possible way. Those would be the things that would make me so happy.

**SK:** Okay. And then for the women that go, do they normally bring someone with them? If they go into a counseling room, do they go with them? Say, it would be the father of the baby or the mom? Do you allow them into the counseling rooms?

**SB:** Most patients, virtually every patient, is going to have somebody with them. We really want them to have a driver. Sometimes its friends, sometimes it's a parent. Typically, if it's a teenager, it's a parent. That's another misnomer that teenagers are sneaking around and their parents don't know about it. Most of the time, the parents are involved.

**SK:** Yeah. Isn't that a law too, in Illinois? I know there's some in some states.

**SB:** There's parental notification in Illinois. That doesn't mean that the parent has to be there.

**SK:** Oh, okay.

**SB:** So, just means that the parent has to be notified. But I think those laws are difficult for a lot of reasons. Also, the boyfriends or the husbands, aunts, uncles, grandmas, any configuration you can think of. If, when the patient is first called into counseling, she's brought in by herself. She's going to be talked to alone and then if she says at this particular time in the process she would like to have her escort join her, then that will happen. We never want to have a situation where the patient isn't able to be forthright with the counselor because there's someone sitting there that might be coercing her one way or the other.

**SK:** So, to them, they must be alone in there first and then if they say...

**SB:** Yes

**SK:** ...they want someone then…ok. That's fair enough, because I do hear a lot about people that they want to do it and they are talked out of it and then they're stuck with something they don't want or they shouldn't because of medical situations. And again, like I mentioned, even myself, the person I had known. It was someone in high school and her boyfriend was just like, "oh no, don't do it," and it was a long, unending process with her then. It was very hard.

**SB:** Mhm.

**SK:** Finally, really to wrap up entirely, we already talked about advantages and disadvantages, but do you have one thing that you are, no matter what, very proud of and content with in your whole time of working with the clinic, one thing that really sticks out to you there?

**SB:** I would say the courage of...gonna get a little teary here...

**SK:** It's ok.

**SB:** The courage of the staff and physicians. Sorry I just never know. When you think about what it's like for your colleagues to be murdered, when you know that your colleagues' clinics are being under siege, when your clinic is under siege, when you come to work and you're being yelled at every day, it takes a hell of a lot....of commitment to get yourself there every day. The people that I encountered every day at the clinic, the staff members, and the physicians were just so committed to those patients and we always knew the patient was having a worse day than we were. Regardless of how many times we got yelled at on our way in the door, the patient was having a worse day than we were so we needed to surround her with as much TLC as we could. That is the thing I am most proud of.

**SK:** Sounds very rewarding. It sounds very hard, but very, something to look back on when you're older, retired, something that you can sit there and say, "I did something good for people."

**SB:** Absolutely.

**SK:** And that's something to be proud of. So, thank you for letting me interview you on the Hope Clinic. I really appreciate it, but that is all I really have to ask about.

**SB:** Ok. Thank you very much. I am glad you took it on.