

We Pretend That We're Not Afraid

Category: Stories

written by Caitlin Bass | April 22, 2016

Caitlin Bass

We stand outside in the heat. We swat at the occasional persistent mosquito. We try to ignore the sweat beading down our foreheads and the backs of our necks. We retreat to the deepest recesses of shade we can find. We wish for a hint of a wisp of a smidgen of a breeze. We hold court on life and love. We laugh and tease and are determined to have a good time. We could be in Atlanta or Austin or Anytown, USA.

We pretend that we're not afraid.

We *are* afraid, though. Our fear is legitimate: Some people hate us. And some of them are armed and dangerous.

We laughingly chat about how our mothers have implored us not to come here. We are grown women, yet we've each had a conversation with our mom in which she's told us that we should stay away and stay safe.

"What if you had the flu?" my mother says pleadingly. "You wouldn't go if you had the flu."

"But Mom," I say, "I don't have the flu." And because I don't have the flu, I go.

We all go, even though we'd prefer to spend our afternoons almost anywhere else. We go because we think that going is important. We are standing up for what we believe.

We are volunteers at a women's clinic. We stand, hot and miserable, between the clinic and the protestors, ushering in women who are simply trying to access health care.

"Women's clinic" is a polite euphemism for abortion clinic. Our clinic does provide pregnancy testing, pregnancy options counseling, the morning-after pill and medical and surgical abortions, but most of the women come here specifically because they want abortions.

We believe that women should have access to reproductive health care—including abortion. Access to health care should not come with conditions and caveats and slurs and threats and danger. But it does, and this is unacceptable to us. So we stand outside in the heat and pretend that we're not afraid.

As a woman, and as a future physician, I am passionate about health care. To me, there is no such thing as "women's health care"; it's all just health care. And health care should be private. It boggles my mind that "women's

health care" should be a source of debate and controversy for so many people. A woman's health care should be discussed and thought out—and believe me, it is—but I believe that this discussion should happen between the woman and her physician. No one else. What a woman decides to do with her body is just that, a *decision*, and one that she should be able to make without fear of violent repercussions.

The women who come to the clinic are from all walks of life and all ethnicities. They are younger than you could imagine and older than you would think reasonable. They are accompanied by boyfriends, mothers, best friends, grandmas, husbands and aunties. Sometimes they come alone, and steely-eyed; sometimes they cry just trying to make it inside the building. But long before this moment they've made up their minds as to what it is they need to do. Sometimes they get mad and swear—oh boy, do they swear. They tell the protestors exactly what they think of them, in the most colorful terms possible. And when the protestors try to explain how they are "only trying to help," the women make it clear that they don't want or need that kind of help.

We do not engage the protestors. We don't respond; we don't even make eye contact. We don't want to give them legitimacy. We don't want to incite them to become more vocal and active. We have given up negotiating, because we've learned that it's fruitless.

We try to act as though the protestors don't exist; they do the opposite to us. They take our pictures. They photograph the patients and their license plates, if they can.

Knowing that a group of vocal and potentially violent people has your picture and knows what car you drive is terrifying. It's the sort of fear that settles into the pit of your stomach and becomes a dull ache that you ignore. And you have to ignore it, because they already have your picture and know what you drive, so you might as well keep on going.

The protestors use religion to try to shame the patients into not entering the clinic. They recite rosaries and splash patients with what they call holy water. Sometimes they physically block patients from entering the clinic doors. They offer patients fliers full of medical inaccuracies and condemnation; if the patients refuse, fliers are thrown in their faces.

They make patients feel angry, embarrassed and afraid.

We are extremely conscious of safety and privacy—our own, and the patients'. Even when we talk among ourselves we don't use our real names, and we ask the patients for their names in a whisper. The protestors give us nicknames based on our appearance and then catcall us. Sometimes they try polite conversation so that we feel obligated to reply, but it's generally a ploy to engage us in more hostile conversation. So even when they're polite, we don't respond.

We are silently grateful each time our local law-enforcement officers circle the block. Usually, a cop or a sheriff will drive by about once per clinic shift. We don't acknowledge them, and they don't acknowledge us, but their

presence is reassuring. The day after the Planned Parenthood shooting in Colorado Springs, a county sheriff casually sat in his car in the parking lot next to ours for hours and hours, monitoring the situation. That day, his presence was an ominous reminder of the potential for violence.

That same day, there were more protestors than usual outside the clinic, holding signs and Bibles. Those protestors broke my heart. They didn't scare me—even though they probably should have—so much as make me unimaginably sad.

The same protestors are there every week. Most of them are white. Several are nuns. They're all middle-aged. We do know the regulars' names, but we never use them.

Sometimes they bus in high-school students from a local school. The students don't really pay much attention to us or to the patients. They stand around in their plaid uniforms, teasing each other and texting, but their presence is more worrying to me than that of the regulars. It feels like a new generation is being indoctrinated.

Every week I have to convince myself to go, and every week, after I leave, I'm so glad that I went. In some small way, I feel as if I'm helping one woman at a time feel safer while getting the medical care she's entitled to. And I wonder why this should be necessary.

About the author:

Caitlin is a member of the Saba University School of Medicine, Class of 2017. She is currently traveling across the US completing her clinical clerkships. She loves hearing people's stories and writing about her experiences on her blog, [Island Gypsy Doctor](#). "This story kept rattling around in my head for weeks, begging me to put pen to paper. I consider it my own silent counterprotest."

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