The pregnancy-center clinic, with its new ultrasound machine, has been open only since December, but already the staff can count the women who came in considering an abortion and changed their minds: five women converted, six lives saved, they declare, since one was carrying twins. "They connected," nurse Joyce Wilson says, recalling the reaction of the women who saw the filmy image of their fetus onscreen. "They bonded. You could just see it. One girl got off the table and said, 'That's my baby.'"

"Another got up," Deborah Wood says, "and said, 'This changes everything.'"

Wood is the CEO of Asheville Pregnancy Support Services in Asheville, North Carolina, one of the thousands of crisis pregnancy centers in the U.S. that are working to end abortion. Hers is the new face of an old movement: kind, calm, nonjudgmental, a special-forces soldier in the abortion wars who is fighting her battles one conscience at a time. Her center helps women navigate the social-service bureaucracy, sign up for Medicaid and begin prenatal care. She helps pregnant girls find emergency housing if their parents threaten to throw them out. Free pregnancy tests and ultrasounds are just the latest service.

"They've been fed these lies, that it's just a bunch of cells that's not worth anything," Wilson says. "But those limbs are moving. That heart is beating. You don't have to say anything ..." She brings out a black velvet box that looks as if it holds a strand of pearls. Inside are four tiny rubber fetuses, the smallest like a kidney bean with limbs, the biggest about the size of a thumb. This is what your baby looks like, she tells clients; this is about how much it weighs right now. "When we do the ultrasound, we ask the girl how she's feeling," Wilson explains. "I ask what she would like to put on the picture for her baby book. One girl put ANGEL. Some put the name they've picked out for the baby." She points to the translucent image on the screen. "One put LITTLE MIRACLE!!!!"

This bright new examining room is as good a place as any to study the anatomy and evolution of attitudes about abortion. About half of American women will face an unplanned
pregnancy, according to the nonprofit Guttmacher Institute, and at current rates more than one-third will have an abortion by the time they are 45. Since Roe v. Wade legalized the procedure in 1973, no other issue has so contorted U.S. politics or confounded values. When does life begin? Who should decide? And is there anything that can be agreed on to make the hard choices less painful? Much of the antiabortion movement remains focused on changing laws, tightening restrictions one by one, state by state. But Wood and her team talk of changing hearts. They are part of a whole other strategy that is more personal and more pastoral, although to some people it's every bit as controversial.

It's easy to support the goal: helping women facing an unplanned pregnancy. What critics challenge are the means, the information these centers give, the methods they use and the costs they ignore. Even among pro-life activists, there's an argument about emphasis: Do you focus on fear and guilt, to make choosing an abortion harder, or on hope and support, to make "choosing life" easier? Either way, the pregnancy-center movement takes the fight over abortion deep inside some of the most intimate conversations a woman ever has.

Crisis pregnancy centers (CPCS, now often called pregnancy resource centers) have been around for a few decades, but the Bush Administration has made them a centerpiece of compassionate conservatism, a signal to members of the President's evangelical base that he shares their values. But as a new presidential race looms, the signals may be shifting, the rancor of the public fight fading. Hillary Clinton has called abortion "a sad, even tragic choice to many, many women" and talks about improving education and access to birth control so that abortion becomes a right most women never have to exercise. On the Republican side, Rudy Giuliani is pro-choice, Mitt Romney used to be, and John McCain's pro-life record doesn't keep social conservatives from viewing him with some suspicion. Other issues, whether war and peace or gay marriage and stem cells, may be the prime motivators in this election; and in the meantime, pro-choice Democrats are back in control of Congress. "The power change in Washington highlights the increasingly strategic role pregnancy centers play in the pro-life movement," says Kurt Entsminger, president of Care Net, the largest pregnancy-center network. With abortion-rights advocates now in leadership positions, "pro-life legislative advances will inevitably be shut down."

The centers are typically Christian charities, often under the umbrella of one of three national groups: Care Net, Heartbeat International and the U.S. National Institute of Family and Life Advocates. No one can say precisely how many pregnancy centers there are, since some aren't affiliated with any national group. Care Net puts the figure at around 2,300,
though that does not include traditional maternity homes, adoption agencies or Catholic Charities. Care Net and Heartbeat International also operate Option Line, a 24/7 call center based in Columbus, Ohio, that women can contact for information and referral to a CPC near them. Last year Care Net spent $4 million on marketing, including more than $2 million on billboards alone (PREGNANT AND SCARED? 1-800-395-HELP. WE'RE HERE 24/7). The Internet has become a tool for outreach as well. Care Net has got into bidding wars with abortion providers over who would receive top placement in the sponsored-links sections on Yahoo! and Google when someone searches for abortion.

In the past 10 years, as public funding for family planning has stalled, unplanned pregnancy rates have jumped 29% among poor women; they are now more than four times as likely to have abortions as richer ones. Pregnancy centers offer everything from emergency food and formula to strollers and baby clothes to help with the month’s rent. "We're willing to offer $200, $300, $400 on the spot, no strings attached," says Pat Foley, who runs the Wakota Life Care Center in St. Paul, Minnesota. "No life should end because of money." While no one disagrees with that, some do wonder how much help will be available for these families in the years to come, with school, housing and health care, since according to the Guttmacher Institute, 3 out of 4 women contemplating abortion cite economic pressure as a reason.

The latest trend is to convert pregnancy centers into health clinics that offer free pregnancy tests, ultrasounds and testing for sexually transmitted diseases. What they will not offer is referral for birth control. Married clients wanting information on contraception are referred to their own doctor or pastor. But, as Wood explains, most clients are unmarried, and "the Bible clearly states that sex outside of marriage is against God's will for our lives."

That alone is enough to discredit the centers in the eyes of many pro-choice groups, which have always argued that the best way to prevent abortions is to prevent unwanted pregnancies in the first place. They are hoping that with the Democrats in control of Congress, legislation like the Prevention First Act will reduce the need for abortions by promoting comprehensive sex education and expanding access to contraception. At Planned Parenthood clinics, fewer than 1 in 10 clients is there for an abortion; the vast majority are there for birth control and reproductive health care (98% of American women have used contraception at some point in their lives). But because promoting abstinence before marriage is a part of the CPC mission, centers are eligible for federal abstinence-education grants, which in some cases have instantly doubled or tripled their budgets. In 2005,
roughly 13% of Care Net affiliates got state or federal money; their average budget was $155,000.

The growth in the movement has raised other alarms with pro-choice groups. They point out that while counselors at crisis pregnancy centers lay out the physical and psychological risks associated with abortion, they don't mention that the risk of death in childbirth is 12 times as high and that many women who get abortions experience only relief. Both sides talk about the importance of complete information and informed consent, then argue over what that means. Each side challenges the other's motives: pro-life activists say abortionists are in business for the money and don't care about women; pro-choice advocates counter that crisis pregnancy centers are in the business for the ideology and don't care about women either.

The movement toward "medicalizing" the centers particularly concerns groups like Planned Parenthood that define their mission as offering the most accurate information about the most complete range of reproductive options. The motive behind offering free ultrasounds, which would typically cost at least $100, is more emotional than medical, critics argue, and having them performed by people with limited training and moral agendas poses all kinds of hazards. "What is really tragic to me is that a woman goes into a center looking for information, looking to be able to make a better, healthy choice, and she doesn't get all the facts," argues Christopher Hollis, Planned Parenthood's vice president for governmental and political affairs in North Carolina. "That's taking someone's life and playing a really dangerous game with it."

There's such momentum behind the CPC movement that abortion-rights groups have begun to fight back. Last summer the U.S. National Abortion Federation published a study on the centers subtitled An Affront to Choice, which charged them with marketing themselves so that women looking for a full-service health clinic might mistakenly go to a CPC instead and be "harassed, bullied and given blatantly false information." It accused centers of focusing on women's needs through the first two trimesters but then abandoning them once obtaining an abortion becomes much more difficult. Los Angeles Democrat Henry Waxman, now chairman of the House Committee on Oversight and Government Reform, investigated federally funded CPCs, using callers posing as pregnant 17-year-olds. The investigators reported that 20 of 23 centers they reached provided "false or misleading information about the health effects of abortion," inflating the risk of breast cancer, infertility, depression and suicide.
The heat of the national battle, however, doesn't capture what is happening on the front lines. In North Carolina, Abortion Clinics OnLine lists eight abortion providers, but the state has more than 70 pregnancy centers. NARAL Pro-Choice North Carolina was so concerned about their practices that it recruited volunteers to call centers and record the information they were given. NARAL reported that in the course of promoting abstinence, a counselor told an investigator that "all condoms are defective and have slots and holes in them." Another warned that "9 out of 10 couples that go through an abortion split up."

Wood hears these stories of undercover reconnaissance missions and just shakes her head. "It's about discrediting our centers," she says flatly, but she welcomes anyone who wants to call hers. Everyone gets the same information, and she's confident that it's accurate: "They can come after us all they want--it won't change what we're trying to do." What they're trying to do, she says, is prevent a frightened pregnant woman from making a rash decision that she may come to regret. You can talk about choice all you like, she argues, but if a woman feels overwhelmed and all alone and thinks she can somehow "turn back the clock like the pregnancy never happened," then she doesn't understand what abortion really entails. "We need to counter the message that abortion won't have any consequences," she says. "That's unrealistic. All decisions have consequences."

She tells her counselors to tread gently. You don't need to lie or bully, she says--just listen and love: "We understand completely that this is her decision." The waiting room is not full of baby pictures, she notes, and the counseling room is no place for political debates. "We don't want a zealot in there," she says. "We want someone who's going in there with a heart and compassion who'll talk reasonably and present the options." And, she adds, she would never, ever show graphic pictures or movies like The Silent Scream, the landmark 1984 video that presents an abortion being performed in which the fetus is portrayed as crying in pain. The women who come through her door, Wood says, "are traumatized enough already. Why would we do that? We're trying to be caretakers. I know how I'd respond if somebody did this in-your-face thing to me. I'd pull back. It's ineffective ... so why do it?"

But pressure can take many forms, and the experience of a NARAL investigator suggests that manipulation may be in the eye of the beholder. Courtney Barbour, an administrative assistant at the University of North Carolina at Chapel Hill, arranged to pick up the urine of a pregnant woman on her way to Birthchoice, a CPC in nearby Raleigh, so she would test positive and see the reaction. Having heard horror stories from friends in college, she was braced for the worst. "But it really wasn't what I expected," Barbour says. "They acted like
they really did want to help me." While one woman handled the pregnancy test, Barbour spoke to a counselor who was very sympathetic. "She didn't show me any disgusting movies-though she did show me these plastic models of the fetus at each stage of development--and told me that it has a heartbeat immediately, which I knew medically was not true." The counselor asked about her resources, her family and her intentions. "She didn't actually prod me in any particular direction," Barbour says. "She was just listening to me, nodding her head. She wanted to know if my family was religious, and I told her, well, I don’t go to church, but my grandfather was a Methodist minister. She didn't act really judgmental or anything. She did say, 'Well, I bet that your grandfather really would like you to have this baby."

Eventually the woman who had done the test reappeared, holding a pair of soft blue, hand-knit baby booties. "Congratulations!" she said. "You're a mother."

How you classify that encounter says a lot about your politics: one person’s loving support is another’s emotional pressure. "They talk about the joys of childbirth, which can certainly be a joy," says Melissa Reed, executive director of NARAL's North Carolina chapter, "but they can make a woman feel very intimidated about making any other choice in her life." Wood insists that at her center counselors are trained not to push. "We don't hand out baby booties to everyone with a positive pregnancy test," she says. "We don't do emotional blackmail." And her center at least continues to provide support through the first year of a baby's life. But Wood’s priority has been to move away from general maternal help and focus on "abortion vulnerable" women, which is to say, any woman facing an unplanned pregnancy who might entertain abortion as an option.

The ultrasound machine arrived at the Asheville center last summer, thanks to funding from Focus on the Family's Option Ultrasound initiative ("Revealing Life, to Save Life"). Nurse Wilson and her colleague Denise Bagby had two weeks of intensive training in "limited obstetrical ultrasound," practicing on pregnant women recruited from local doctors' offices and churches and by word of mouth. They learned how to confirm and date a pregnancy and measure a fetus--but not how to diagnose fetal abnormality. Two medical directors sign off on every report. "We're not giving medical care," Wood insists, although she stresses the value of early ultrasound in helping persuade women to quit smoking, eat better, get prenatal care and come to grips with what is happening inside their bodies. "I can't tell you how many women we see who have had an abortion in the past who all say the same thing," Wood says. "'If only someone had told me. If only I had someone to talk to.'"
And now the conversation gets more complicated, as information and ideology conjoin. If a woman is "abortion minded," Wilson says, "then we go over the medical risks--and there's research for this, even though the other side says there's not." She ticks off grim possibilities with fervor: "The research is that breast cancer is more prevalent. You have the rupture of the uterus. Infection is major. The risk of ectopic pregnancy is greater later on." It is this discussion of risk that most enrages defenders of abortion rights, especially doctors who routinely see terrified women who come in for an abortion after hearing such warnings and ask over and over, "Am I going to die?"

Despite restricted access, abortion remains one of the most common surgical procedures in the U.S. for women and, according to the Guttmacher Institute, fewer than 0.3% of patients experience a complication serious enough to require hospitalization. First-trimester abortions in particular are considered extremely safe. After years of debate about breast cancer and abortion, the U.S. National Cancer Institute in February 2003 gathered the world's leading experts to review the data and assess the risk. They stated that their conclusion that "induced abortion is not associated with an increase in breast cancer risk" was "well established," the institute's highest rating for research findings.

But none of that convinces Wilson. "It's a money issue," she says of the studies rejecting a breast-cancer risk. "The abortion people have a lot of money. If there's a study, I want to know who's sponsoring it because nine times out of 10, it's skewed to the money." It's hard to imagine what it would take--certainly not a ruling from the U.S. National Cancer Institute--to change her mind.

Locals describe Asheville as "half Christian, half New Age," a town where Baptists preach about Jesus' saving grace while mystics talk about the vortex entrance panels tucked in the mountains. There are a great many churches and Presbyterian summer camps here in Billy Graham's backyard, but there is also a lively population of retirees and artists and entrepreneurs opening craft shops and microbreweries. It thinks of itself as a tolerant town--to the point that the only facility in all of western North Carolina that publicly offers abortions is the city's Femcare clinic. It has a fence around it, cameras, alarms and a security guard because it was bombed in 1999 and had its windows shot out in 2003. "It really tested me," says Lorrie, the clinic's sole abortion provider, who, given past threats, prefers that her full name not be used. "If I didn't continue, the place would close. No one wants to go into abortion providing. But it's so important. I know that I'm providing a service to women that no one else will."
Certainly not a crisis pregnancy center, she adds, and her voice takes on a tighter edge. Two days ago, she had a woman come into the clinic who was a wreck. She had seen an ad for a women's health center in Charlotte, which is two hours away, and called saying she wanted an abortion. "They said sure, we can help you," Lorrie says. "They told her she could even come in after hours so she wouldn't miss a day at work. She drove all the way to Charlotte." But when she got there, she realized her mistake. "They showed her pictures of aborted fetuses," Lorrie goes on. "She was a basket case when she got here. They had told her that if she had an abortion, she'd probably never be able to have a child." Now Lorrie is plainly furious. "These [pregnant] women are scared out of their minds," she says. "It doesn't change their minds--it just scares them. It's cruel and un-Christian to lie to patients."

Abortion providers, of course, have been accused of coercion as well, but Lorrie says the last thing she wants to do is perform an abortion on a woman who is confused or ambivalent or being pressured by her parents or boyfriend. If Lorrie senses second thoughts, even at the last minute, she says she refuses to proceed. "This happens at least once a month," Lorrie says. "I don't care if her parents are in the waiting room. It's her decision." In those cases, she points patients to public and private groups that can help with financial, social or emotional support in carrying the pregnancy to term. And she's constantly working to put herself out of business, counseling women about birth control and directing them to a new state program to help pay for it.

Yet Lorrie's primary job makes her a target. The pregnancy-center movement may promote "loving support," but there are still other activists fighting a holy war. She had to call in a fire-department haz-mat team after an envelope arrived claiming to contain anthrax. Her neighbors were sent a newsletter with her picture: "It said, 'This woman is a killer and she lives in your neighborhood,'" Lorrie recalls. Her nurse-midwife Bonnie Frontino discovered her picture on what looked like WANTED posters all around her neighborhood; sheriffs began patrolling the area of her house. "I was really angry, but I was scared also," Frontino says. "You never know who's going to see this and think it's their moral duty to kill us."

That was in the fall of 2002, and given the climate, it's hard to imagine the two sides of the abortion war having anything to say to each other. But Lorrie needed to do something and ended up calling Jeff Hutchinson, senior pastor of Trinity Presbyterian, a theologically conservative church that she knew the lead protester attended. "I said, 'I don't think you know what this member of your congregation is doing, but it's not Christian.'" Hutchinson
and some church members agreed to meet Lorrie and her clinic colleagues at the Blue Moon café to have a conversation they thought might happen "only once in a blue moon."

"I thought they might be really defensive or judgmental," Frontino recalls. "The first word out of their mouths was to ask our forgiveness that they hadn't dealt with this sooner. I think we were all surprised." Five years have passed since that initial summit meeting, and against all odds, they are now good friends. The protester has left Hutchinson's church, but no one wanted to stop meeting, because they had found a larger mission. Now they are out to show how people who disagree violently can debate civilly, even lovingly, and find some common ground. They know they won't change one another's core beliefs, but that doesn't mean they haven't changed.

Friends or not, it took a year to come up with a common-ground statement of goals: to decrease abortions, relieve the social and economic conditions that lead women to consider abortion, make adoption easier, condemn violence and keep talking. "One of the principles is the importance of factual information," says Lynn von Unwerth, a nurse at Asheville Planned Parenthood who has been attending the meetings from the start. And then she pauses: "That's something we're still wrestling with."

Hutchinson has wrestled with it himself, as a spiritual matter. "I never would have said that the ends justify the means," he says. "But I know that was in my heart--if lying helps save a baby's life, that glorifies God." He has read some pregnancy-center brochures that he suspects are maybe shading the truth in the name of a larger good. "This whole process has reminded me that Jesus is not a Machiavellian," he says. "It really helps me trust the sovereignty of God. He's in control of who lives and dies. My effort is to serve folks, and the means I use matter. I have to glorify Jesus. The results are in God's hands."

Since Hutchinson's church sponsors the Asheville pregnancy center and the former director goes to Blue Moon meetings, Planned Parenthood's Von Unwerth brought in examples of its literature and argued that some of it was misleading and out of date. She points to one brochure that is still in use called "You're Considering an Abortion: What Can Happen to You?" It warns, "Your next baby will be twice as likely to die in the first few months of life" and "After an abortion you may become sterile." The citations throughout are to journal articles dating back to 1967, with none from the past 20 years. Since that discussion, Wood took over the Asheville center and Hutchinson hopes the topic will be revisited. Wood says she would be glad to meet with the group; she has created a new brochure, but would be
prepared to discuss the ones she inherited and still uses. "It's been a real education about the scientific facts and data and who are reliable sources," Hutchinson says. "That gets to the heart of the divide. If we as a society can't agree on who is the gold-standard source of medical information, that just reveals we've really got problems."

But he thinks Asheville's experiment in détente could be a model for any community to follow. He knows there will always be people who think it is wrong even to talk with people they disagree with. The hard-core "Culture-War Christians," he says, "have no interest in finding common ground. Their constituencies don't like it; they won't send in any more money." But that doesn't mean the conversation about all these issues of mind and heart and body are fated to be reduced to a fund-raising tool or political weapon. "The good news is that the Culture-War Christian can actually change because God is alive and can change the heart," Hutchinson says. "I know it. Because I was a Culture-War Christian once myself."

Once you've come to know your adversaries personally, once the cartoon villains are brushed away, the conversation becomes more complicated--and more useful. "When we talk, we really have to examine our own beliefs and why we do what we do," Lorrie says. "Abortion is a reality. For me, I feel it can be a lifesaving choice for a woman. But decreasing abortion is a goal we all strive for." As for Hutchinson, "I still keep the 'choice' of abortion off the menu. But I hadn't thought through how difficult a choice it is. I'd been pretty simplistic. I just think a lot more about the pregnant woman herself now than I had before." On issues of such weight, making the questions harder for people is the first step toward finding some answers.

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