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U.16 Long Civil Rights Movement: The Women's Movement in the South

Interview U-0495
Corinne Rovetti
11 August 2010

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ABSTRACT – CORINNE ROVETTI

Corinne Rovetti has worked in the field of women's health since the 1980s and has been a life-long feminist activist. She grew up in Long Island, New York, and she attended college at Queens College and Penn State. In the 1970s she worked in Mississippi as a Volunteer in Service to America (VISTA). In the 1980s she began working at the Knoxville Center for Reproductive Health in Knoxville, Tenn. where she is a counselor and Nurse Practitioner. Rovetti discusses her childhood in Long Island, N.Y.; her family's political identity; being a student at Queens College in the early 1970s; taking a class in Women's Studies; experience in consciousness-raising group; getting birth control pills for the first time; Roe v. Wade decision; community health program at Penn State; becoming a VISTA volunteer in Mississippi; working at the Knoxville Center for Reproductive Health; history of the Knoxville Center for Reproductive Health; the women's movement in the South as compared to the North; how the anti-abortion movement has affected society and language; anti-abortion protests in Knoxville; politics surrounding reproductive choice; and health care in the United States. This interview is part of the Southern Oral History Program's project to document the women's movement in the American South.

FIELD NOTES – CORINNE ROVETTI

(compiled August 12, 2010)

Interviewee: Corinne Rovetti

Interviewer: Jessie Wilkerson

Interview Date: August 11, 2010

Location: Center for Knoxville Reproductive Health

THE INTERVIEWEE. Corinne Rovetti has worked in the field of women's health since the 1980s and is a life-long feminist activist. Born in New York in 1953, she grew up in Long Island. She attended Queens College, where she took an early women's studies class, and she later attended Penn State. After college she worked in Mississippi as a Volunteer in Service to America (VISTA). In the 1980s she began working at the Knoxville Center for Reproductive Health, where is a counselor and a Nurse Practitioner.

THE INTERVIEWER. Jessie Wilkerson is a graduate student in the Department of History at UNC-Chapel Hill, currently conducting research for her dissertation which will explore social justice activism in southern Appalachia, with special attention to women's activism, from the late 1960s through the 1990s.

DESCRIPTION OF THE INTERVIEW. I met Corinne at the Knoxville Center for Reproductive Health, and we talked in a waiting room that was not in use. Corinne brought along a couple of articles about reproductive health, including a newspaper article from the Knoxville Journal (July 26, 1991) that features an interview with Bernadette McNabb who is the former director of the center. I paused the recording twice in the interview: once to turn off the noisy air conditioner and once to reload the recording machine. Corinne was open to meeting again, and she mentioned a few topics that we could talk about further, including the legal battles over coercion and how local authorities have responded to protesters and violence at the clinic. (Note: The following year Corinne joined Richard and Bernadette McNabb for a group interview to discuss the history of the clinic.)

CONTENT OF THE INTERVIEW. Rovetti discusses her childhood in Long Island, N.Y.; her family's political identity; being a student at Queens College in the early 1970s; taking a class in Women's Studies; experience in consciousness-raising group; getting birth control pills for the first time; Roe v. Wade decision; community health program at Penn State; becoming a VISTA volunteer in Mississippi; working at the Knoxville Center for Reproductive Health; history of the Knoxville Center for Reproductive Health; the women's movement in the South as compared to the North; how the anti-abortion movement has affected society and language; anti-abortion protests in Knoxville; politics surrounding reproductive choice; and health care in the United States.

Interviewee: Corinne Rovetti

Interviewer: Jessica Wilkerson

Interview date: August 11, 2010

Location: Knoxville, Tennessee

Length: 1 disc, approximately 90 minutes

Jessica Wilkerson: This is Jessie Wilkerson, and I am with Corinne Rovetti in Knoxville, Tennessee. The date is August 11, 2010. So could we start by thinking about your childhood and where you come from?

Corinne Rovetti: Okay. I grew up in New York; I was born in Brooklyn and raised on Long Island in sort of an infamous trek from the city to the suburbs in the early fifties, late fifties. So I grew up on Long Island, kind of an idyllic suburban neighborhood where kids played in the streets from morning till night. In fact, my niece was just asking me that the other day, these two young children, and "Did you go to camp? Did you--" And I said "No. Kids in the neighborhood, and we were out in the streets from morning till night." So you know, sort of lower-middle-class, struggling family. Lived in largely a Jewish neighborhood; the Catholic neighborhood was on the other side--. There was sort of a line, on the other side behind our houses. And there was some mixing, interesting enough, but you know. Culturally, there was just a time when families were looking to improve. People moved to the suburbs because of the schools; they wanted community schools, so we walked to our schools. It was really a lovely--. When I think back and think what's important in life, when I look at the sense of neighborliness in the community that existed there, it's been a real role model for me in

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all the work that I've done since then. Of the importance of community and the community ties.

So there was that. Then we were the first family in the neighborhood to experience divorce. My parents divorced when I was about thirteen, fifteen years old. That, of course, was a very painful and difficult time. But it was also a very exciting time; we had easy access to New York, so we were exposed to many progressive ideas and new things that were happening. In my high school days was the Vietnam War, and it was beginning and then into my early college years, which I went to college at Queens College in Flushing, New York, for two years. Lots of activism happening. My awareness and arousal to issues outside of my own experience, which were fairly comfortable, although there was always political discussions happening at home, political discussions happening in our synagogue, which I attended on a somewhat basis, more secular experience, faith-wise, as a child, but nevertheless lots of political discussions happening there as well. The neighbors, we would always get together for coffee in the evenings, and always had political discussions at that time. So as kids, we were exposed to all of what was happening.

JW: What kind of political discussions?

CR: Well, you know, it was the Bay of Pigs, it was communism. I had a family history of some relatives that were Social Democrats-slash-Communists that had been immigrants, second generation. Family came, my mother's family came from Russia and Poland, and were involved in organizing in New York shoe unions, and worker's rights. So again, long family history of activism. Although my immediate family wasn't as involved themselves, but the family history carried through. And we were close with

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aunts and uncles who had been involved since they had immigrated. Then the war, and that pulled me in immediately. Being in New York, there were lots of activities to get involved with. And we couldn't take a final because our instructor had been arrested [Laughter]. At Queens College. My economics final, as a matter of fact. I had the first awakenings and awareness for myself. I had an awareness of economic inequalities beforehand, but not sort of the underpinnings of that. And I remember sitting in class with the awareness that, "Oh, I really do have leanings towards more progressive ideas about basic economics, and what makes the world tick, and where some of those inequities exist, and how they've come about." And the whole mushrooming of capitalism at that point. Its benefits, but a lot of its exploits. So a lot of awareness there. It was also at Queens College that I took my first Women's Studies class; this was 1971, '72.

JW: So there was a Women's Studies class.

CR: Yes, there was. And we were having, you know, the consciousness-raising groups where women were getting together and were beginning to talk about what was different, what was wrong, what was dissatisfying about culture and existence and gender issues as they existed at home and the workplace, in relationships. It was at that point that my interest in women's health actually began. And although I didn't follow that immediately--I was an economics major in undergraduate school for two years, before transferring. But my real interest in women's health started peaking at that point. Because I realized that women's health issues were also based on women's economic issues, and that they were all tied together. So remembering at that point in time, that birth control had just become legal, not many years before that, in 1965. So this was '71,

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and the whole women's revolution--the sexual revolution of women claiming their sexuality--being able to talk about that. You know, it was the sixties and seventies. It was the time of free love in the sense of really becoming aware, and exploration. Lots of exploration happening at that time. And the pill did bring a sense of freedom for some of that exploration, and claiming of--. Particularly for women, for sexuality to be a freeing and expressive part, not just a reproductive right, but a part of our human being and part of our human experience.

JW: Could we turn that off now? Would that be--? Just becoming--. [Recorder is turned off and then back on]

Okay. Thank you. Can you talk a little bit more about that process of learning about the pill and sexuality, and do you remember instances where you became aware of those things?

CR: You know, I do. I happen to, interesting enough, I had a boyfriend at the time who was a few years older than me. And was in school, and was taking a class on sexuality. We were intrigued by that, and had open discussions about that, and talked about the class and what we learned--or what he was learning--and sharing that with me, and then having those discussions with friends.

I remember going for birth control. And there weren't clinics that I was aware of; there was no place to find out information about that. So I went to my mother's gynecologist. When I think about that, that was rather brave on my part. And his first comment to me was "Does your mother know you're here?" And I said "No, she doesn't." I said, "I'm assuming--." I had turned eighteen. I waited until I was eighteen to go for birth control pills. And I said "It's my understanding that I do not need my

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mother's permission to be here," but that "I am hoping that this is a confidential appointment, and that this is between you and I." And I think he respected that. I think he was a little taken aback; when I think about that, it was a fairly brave thing on my part to do. But he did respect that, and he prescribed birth control pills for me.

So there was discussion amongst friends; there was information that the Supreme Court case had passed in '65, and there was more awareness. People were talking about it, and in classes we were talking about it. Having a Women's Studies class that was particularly looking at the--. It was the very beginning stages of the women's movement. But Queens College, again, being a fairly progressive place to be, there were people who were right there, offering classes and discussions, and picking up on what social movements were occurring at the time. Information was sort of beginning to circulate, and become available to more people's awareness.

I remember at Queens College, again because of this increased interest in women's health, signing petitions—this was '71, '72—to talk about making abortion legal. And that was my first awareness. And I remember being on campus and standing with a clipboard, and we were getting petitions signed. I had some ability to vocalize about, you know, what--. But not a lot. Truly. I had I'm sure, like many women in the seventies, with the awareness came a lot of anger about the way women were treated. And the sort of defiant attitude and approach, and so we were just out there, having people sign petitions and talking about that abortion should be legal and women should have a right to have as many children as they want, or as few children as they want. So beginning understandings of what that meant, that the personal was the political as well, which became sort of a mantra for me as years went on, and particularly as I became

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more involved directly in women's health care. And the delivery of women's health care. And being sure that services were being provided for women, et cetera.

JW: Could you describe the women's studies class?

CR: Well, I have to dig at that. I do remember that the woman who taught it was also very interested in Russian history, and sort of made analysis between movements in the Russian Revolution and things that were happening. But the class was still largely about consciousness-raising. And then as I mentioned, there was that outgrowth of consciousness-raising groups, CR groups, where small groups of women would come together and share their experiences. And that was the whole Betty Friedan, and the whole time period where women started writing books. So those early books we were reading and discussing. But it was largely experiential. For sharing what women's experiences were.

JW: How did it compare to the other classes you were taking when you were in college?

CR: Well, for me, those first two years of college-- [It was] like my life sort of opened up. Particularly the economics, and then looking at those issues. As college should be--. And I didn't live a sheltered life, so it's not like I had been in a rural area that, you know, things weren't discussed, things were left alone. But still, it was incredibly eye-opening for me. And this blossoming that I remember experiencing of discovering who I am. That separation that is supposed to happen for you in college, from your parents, your parents' beliefs. And again, fortunately I came from a family that was pretty forward-thinking. so that I didn't have that whole resistance or fighting or feeling uncomfortable. But I also grew up in New York, which was very money-

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oriented. There's a stereotype of northeast and New York that is based on some reality and some truth. And I always felt at odds with that.

So for me, reading about underpinnings, learning about communism and socialism, and economic systems, it just opened up a whole world of some discord that I had felt in my own being. And discontent with that sort of upward mobility syndrome, which everybody around me, particularly in the suburbs, was victim of. You know? That's what was happening. Unlike many of my peers--who were stepping right into that, and that was what they wanted, it was all about money--I never felt comfortable in that realm. So for me, yeah, it was really this time of mushrooming and exploration for myself, and exploring my own beliefs and values and issues around that.

JW: So how did you end up--

CR: In the South.

JW: Coming to East Tennessee. Yeah.

CR: So I spent two years at Queens College, and then I transferred to Penn State. My boyfriend was at Penn State. And, you know, it was the women's movement; we were in jeans and flannel shirts, because finally we could wear pants to school. We won that right in high school. And by God, we were women thinking on our own, standing on our own. He had been away at school, at Penn State, for the two years that I was at Queens College. So it was time for us to kind of be closer together and explore that relationship. But I was really clear, amazingly, at nineteen years old, that I could not move there just for him. That there had to be something for me. And so there was a wonderful program at Penn State. They had a community development program, which I tried to get into and couldn't, because as transfers they weren't accepting new students in

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it. But, given the times--at this point it was the early seventies still--because I had been an economics major at Queens College, they were really wanting women in economics.

So I was able to transfer. Then once I was in the school, I could transfer into the program that I wanted. So I moved into the community development program at Penn State. But then wound up in the health planning administration aspect of the program, because my interest in women's health had really been spurred, and I was interested in following through on that. And the whole notion of communities, health planning. There was legislation in 1975 that was looking at communities' duplication of their resources, and how to spread resources out so that communities could provide a more comprehensive aspect of services without all that duplication and the wastefulness of resources that goes along with that. So community, women's health, was what really had snagged me and my interest.

So I moved, transferred and went to Penn State. And continued with interest in women's health. There were lots of opportunities there to organize women's issues within the university, and with fairness issues, and equality issues within that. I got involved--I had forgotten this--at the university, because again, women's health issues. And got onto the--can't remember what it was, but it was a board--they wanted student involvement with the community health services at the university. So I became involved with that because I also wanted to be sure that women had access to birth control. And because college campuses were beginning to look at that and provide those services. They wanted student input, which was excellent, so I was appointed student counsel in the student health services program. So got involved with that.

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Graduated from Penn state, and I became a VISTA volunteer [Volunteer in Service to America]. Which was the counterpart to the Peace Corps; it was the national program. And it's now called AmeriCorps, but it's still part of the Vista program. Which had existed, and I guess John Kennedy had begun the Vista program in the early [sixties]. What I didn't know at the time, you had an opportunity to select which region of the country you wanted to go to, and if the South were in any of those, you wound up with the South. So I think the South was my third choice. I went to Mississippi. Now this is 1975. So lots happening in Mississippi in 1975. Friends, family were a little nervous about, you know, this New York girl going down to Mississippi. A young woman who speaks her mind. So there was a lot of concern and nervousness around that.

The project was an interesting project; it was only the second year that Vista volunteers were permitted in the state of Mississippi. Kind of a lukewarm project. It was with the Red Cross. It was providing community assessment, so they thought my degree and my interests were right in tune with that. Really what it turned out, and it is true that in many poor communities, particularly black communities in southern Mississippi in the deep--I was in Jackson and the surrounding areas--that first aid and Red Cross courses were some of the only healthcare that some people had.

So I'm starting to get exposed. And I'm there, and what I'm basically doing is teaching these Red Cross courses. First aid, disaster preparedness, because lots of tornadoes come through that area. We're seeing black communities by the river get flooded out year after year after year. So I'm meeting other people and beginning some discussions and organization for: why are the white communities not getting flooded out, only the black communities, parts of the river have been detoured, some of those

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communities. Anyway, so there I was doing healthcare and community organizing in Mississippi. Six months into the project, the trainers had told me about a project that was really more geared for me that was in Nashville. And it was with a community primary care clinic. And the clinic had applied for a Vista position, and they thought of me immediately. I had become good friends with the trainers, and they said "This is exactly where you need to be, and your project."

So they brought them, we interviewed, and we tried to put a transfer in. The state director of the Vista program in Mississippi wasn't happy with that, because it doesn't look good for him that one of his volunteers is leaving, even though not much is happening in Mississippi. And I was probably-- Well, I was getting involved in some other things anyway. Particularly around the issues for the communities that were being flooded, and those sorts of things. So he shook a finger in my face and said "You ever want to get into the Peace Corps? If you leave this program, that's not going to happen for you! You have a big black mark on your record!" I said "Okay, I'm transferring anyway. Can you sign this?" And he wouldn't sign it, so finally all the red tape. And the clinic in Nashville just said, "We're offering you a job. Do you want to come?"

So I moved to Nashville and worked with a community clinic there, which was wonderful. And trained while I was there. I was largely involved in the administrative work, but it was a small clinic; we did fabulous community education. We were a community-owned, primary care clinic. Lots of hands-on, doing lots of educational work with community members. We were situated in the community that we were a part of. And one of our doctors trained me in doing pelvic exams. So my interest in women's health, community health, sort of became even more pronounced at that point. I stayed

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there for a period of time, and a number of years; we wrote a large grant, we got funded. I knew the clinic was in good hands, but that things would change once we had big federal money coming through. Felt like my job there was done.

Moved to East Tennessee. Waiting for a project to come through Vanderbilt, which was providing technical assistance to community clinics, and they were looking at West, Middle, and East Tennessee. And I said, "I want East Tennessee, I'm moving there anyway; I want to be in the mountains, and I'll wait for the project to get funded, and I'll be in position, ready to go." The project never got funded, so here I was in East Tennessee, finding things to do and worked in some of the OEO [Office of Economic Opportunity] programs and became director of some projects through there. But continued to have my interest in women's health.

Eventually, my story was I applied to nurse practitioner and PA programs. Got accepted in some of those; Three Mile Island had just happened; Hershey had accepted me, and I went, "I'm not going there." And then I decided I was really interested in alternative health, and took some courses, and applied to naturopathic medical school, [got accepted and went to] California for a couple of years. [After three years and huge obstacles from the California Medical Association] the school closed [because it could not obtain state licensure]. Options were go to Seattle, Portland. And then I decided no, I'm going to come back to East Tennessee. Which had always been my intention anyway. I came back and I did a nurse practitioner program here, and worked in women's health after graduating. In Planned Parenthood here for a couple of years, and then this position [at Knoxville Center for Reproductive Health] became available and

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found out about that. And they were very interested in having me here. And I was very interested to be here.

So it's been twenty years. And so I've been the nurse practitioner here, and then several years ago became the co-director as well. The woman who had been the director for a number of years left, had been begging me "Please, please take over and be the director." And I was like, "I want to direct patient care; it's really, I've done administrative work, I don't want to do it anymore." She left, we hired somebody else. It didn't work out, she came back. And spent the next three years saying "Please please, please please." So another woman and I said "I'll co-direct, so that I can continue in women's health and also being sure that these services are being provided."

So we had a lot of rocky years; there's been a lot of rocky years in the history of abortion in this city, as well as in this nation. There were a lot of years that we weren't sure if we would be able to keep our doors open. The late eighties, early nineties were some crazy times. Randall Terry and the whole beginning of Operation Rescue. There were days we'd come in and this clinic would be ringed in people. Around, just completely surrounding the corner building. We survived those years, which were tricky. And here we are. [pause] So that's part of my history, and I know we might go back to talk about some of the details.

JW: Yeah. That's great, to give this narrative arc to it. Was being in Mississippi your first time around more African American communities and working in those communities?

CR: No. But it was certainly my first exposure to rural life. I'd grown up in New York, very ethnic areas. And though we were a white suburb, the school was

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integrated and, because of my own interest in spending time in New York and the city, different places. So no, I had been around a lot of different ethnic groups, and certainly around a lot of black communities. But the South was a whole different experience. And I remember my first exp--. Driving down, and you know, again: young, ideological, young woman. "I'm a Vista volunteer!" And I was care--. I mean, I knew where I was going but I was also proud of myself, in a sense, of the work that I was wanting to do. And feeling a commitment to equality on all levels, was aware that we were just still--. That the Deep South was going to be full of issues around civil rights.

So I stopped to pump gas. And I still had New York license plates on my car. Having a discussion with the guy at the gas station, who said, "Oh, what are you doing down here?" And I said, "Oh, I'm coming to work." I think maybe I said, foolishly, "I'm a Vista volunteer!" And he goes "Oh, so you're coming down here to help the niggers, are you?" I remember just standing stunned. Which is not to say that there isn't enormous racism and bigotry in the Northeast. But nobody's that blatant about it. [pause] Oh, let me retract that statement. Many discussions in family gatherings, there still wasn't that level of blatantism. Okay? So I was really taken back. I don't even recall what I responded, but I remember the feeling I had afterwards was "Okay, at least I know where people stand." And that I appreciated that on one level as opposed to, you know, people that I had known in New York who might have said, "Yeah, this is important, that's important," and yet had racist attitudes underneath a sense of what's politically right or what would be the politically correct thing to say and do. So that was an interesting experience to come to that. And just to have that experience, but also to come to that understanding. Okay. At least I can have that conversation, and people can

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talk where they're coming from, and I know where people are. That seemed to me to be a much better place than disguising it.

JW: What about the gender politics? Because you were coming from a place where the women's movement was really ripe, and present.

CR: It was interesting, when I came to the Red Cross, okay, so this was really my first experience in the South. So I'm in Mississippi, you know, a young woman, I'm wanting to meet people. I'm kind of isolated in some respects, and so I would go to, I don't know, a couple of local bars, not in a--. But just to meet people. I remember this good conversation happening about, "Things are changing here too; they're probably slower," having some of those discussions. The woman who was--there was a woman who was head of the education department at the Red Cross. She was an older woman, but by all characteristics, she was a feminist. And I remember she and I had a lot of discussions. A lot of discussions about the politics of the South. And the politics about women of--. Southern women may not say exactly what's on their mind, but they have a way of getting everything they want. I would see her in action. So she was a strong, independent woman, who got a lot done within her own organization. She was also a Civil War buff, so she'd have all this kind of history.

So here was a role model for me, in my first experience there. Though it wasn't exactly the way I thought women should--that those were some of the changes we needed to make--I couldn't deny that here was this strong woman who was working for women's rights, and rights for poor people, and all sorts of issues in her own form of activism. But it was a wonderful way for me to step into that, to see, "Oh, okay, there will be role models for me here."

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JW: How about with women your age? Were you able to continue women's groups, or that kind of--?

CR: I didn't during that time. I was there six months, so time kind of went quickly. I was learning about the organization, and truly, at that point, it was really more about civil rights. With my exposure with the agency. Even though my interest was still in women's health and women's rights, but that did take a back seat for that period of time. I mean, I was aware; I was looking to see what was going on and what was happening, but my direct experience was more reflective of the civil rights issues and the inequities there. And I didn't meet that many women of my age during that time. I did, in some of the classes. I was teaching a lot of classes. So I was meeting people in rural areas. Some of the class was mixed, of young women and young men. We would get into some interesting discussions there, but not like highly politicized.

So then coming to Nashville, then I stepped into what was--. The clinic had been a rap house, which was kind of a genre of services that were provided, peer counseling for people for all kinds of issues, whether with drug, alcohol...but personal issues as well. There were lots of issues about people coming into their own, and I think gender and community, political issues. That developed into a clinic eventually, and beginning with a primary care clinic. So I walked in there with people there who were certainly doing basic community organizing. So I was once again surrounded with people with similar interests and that were reaching out into the community and looking at more gendered issues in that case.

JW: Was that community work with a white community, or mixed, or?

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CR: Very mixed. It was very mixed. Which was just beautiful, I mean it was really an incredible role model for what could be. The clinic still exists after all these years later. Federal monies did change things for sure. But it was a very integrated clinic, a very integrated community, in south Nashville.

JW: Did your ideas of women's issues change at all as you were moving through the country?

CR: Yes and no. Correct or not, I think many of us who moved to the South from other areas would say, "Yeah, the South is about ten years behind the rest of the country, politically speaking." So here we had certain ideas and certain exposures, and so you could see, coming here, that there was a long way to go. For certain things that we had been fighting for and changes that were being made. That was certainly slower to happen here. But one thing I have always said about being in the South, which has been my choice and I've loved it, it's been my home now for close to thirty years, is you can move to other more progressive areas of the country, where things are already in place, or change is already happening. But if you would like to be an agent of change, and being a part of making the community a better place to be, and addressing some of those issues of iniquities and the whole realm of issues that exist, then this is a wonderful place to be because you can be a part of some of those changes that happen. And I don't mean that in a sense of an outsider coming in, because I felt we really became a part of the community and working with local people. And it was ripe. There were women who were ready for changes.

Not having gone to college here, and that was one of the things that Bernie McNabb, who had been the director here previously, had been to college here in the

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sixties and the seventies. I said, "So Bernie, what was happening on campuses here?" in terms of reproductive rights and women's rights, and she said "You know, in terms of reproductive rights, I don't remember a thing. There wasn't that activity." So where I was having petitions signed and we were organizing and talking about abortion rights in 1972, she said that "I don't recall any of that here. But there were some marches on campus for women's rights." She said, "We were looking at things like being able to wear pants, being able to take the same kinds of credits, and have the same kind of access at the university. Equal rights in terms of program opportunities, job opportunities, basic issues that began in the women's movement." But does not remember much happening around the abortion issue. On campus, anyway.

JW: How did you see your work--. Or did you see your work as related to the other social movements? Related to civil rights, or I guess I'm also wondering since you had this interest in economics, how that influenced the work you were doing on reproductive rights.

CR: It's the same issue I see back then that I see now. That until a woman has control over the size of her family, that that is purely an economic issue. Because the women who have numerous children--. The people who are in poverty in this country are women and children. The greatest percentage of people in poverty are women and children. And that's a direct correlation for women of having control over the number of children that they have. And until, I say "until"--. We still seem to be having that battle. Until women can make a decision completely, which they can make that decision, but they have to walk through lines of men yelling at them. And they have to still feel the shame of telling their gynecologist that they had an abortion. That they still come in not

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being able to tell their family, or in some cases they do not want their partner or husband to know. Because they know that they cannot emotionally, financially, have another child and advance their own position in life.

Women are still apologetic for that. I can't tell you the number of times a day that women say to me "I know that this is a selfish decision, but I just can't have another child." And so I'll often times stop and say, "Let's talk about why you think this is a selfish decision." Then we talk about women in culture, and women carrying that shame, and carrying that inability to say "I am important enough to know that I am unable or unwilling to have another child. But that it feels like a selfish decision to make. And why is taking care of yourself seen as a selfish decision?" And that gets into the whole gender issue, and issues as women in culture.

JW: What have been the biggest challenges for you in this community doing this work?

CR: The number--. The history of abortion in this country, seeing the changes that we have seen, and younger women having been so influenced by the anti-abortion movement. How language has become part of culture. And how women come into this facility and say, "I know I'm murdering my baby, but I know I can't have a child right now." And the pain that that causes us, for women to have taken on the language and the thinking, and that just has become part of their verbalization and awareness about the issue. That they don't even think about that, what they're saying. How many women feel they have to come in and apologize for having an abortion.

I think I'm still shocked daily of women who say how surprised they are that they were treated with such dignity here. That their expectation is so low for how they'll be

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treated because they're coming for an abortion. Because they're so inculcated from culture about how bad it is: it's murder, it's this, it's that, you're a horrible person, you're going to hell. That they've taken all of that in. Yet they still come for abortions, because they know. Just how painful it is to see how much and how ingrained that has become in women's thinking. To see so many young women who say "I don't believe in abortion." Women who've never had the experience of not having that option, and women who come in here and say that daily, "You know, I don't believe in abortion. But I have to have one." Okay, there's a disconnect there.

JW: [Laughter]

CR: But that's fairly common. And again, I think that comes from a culture that has denigrated abortion so much. They don't know anything different. They've only known that that's been a legal option. And yet there's so much attached and surrounding that. It is surprising too, sometimes, the number of people who call and ask if it's legal.

JW: Really.

CR: Yes. Now a lot of times those calls may come from rural areas, but often times not. From young women: "So, like, is this legal?" Yes, it's legal for you. But you know, they see the media, and they see these trucks that drive around this community with bloody, horrible pictures. They walk past campus, and they see the protesters out here. They'll hear the TV and articles about this or that, protest here and there. And so in their minds, they don't know. And I think probably every class at some point has--a sociology class, or a history class--might have a discussion about abortion. And they're still questioning and surprised that it's a legal service.

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JW: Has the cultural shift, and the way that the rhetoric from the anti-choice movement was adopted--. I mean I think that's a really interesting phenomenon that--. Have you seen that shift? I mean, was there a time that you remember that--.

CR: We have seen that shift. Very early years, I wasn't here. So the clinic had been in existence--. Can I do the math in my head? Thirteen years before I came. Our previous director was here from the beginning; she was a counselor, and then she became the Director of Counseling and then she became the executive Director. And I'll give you a little history of East Tennessee and the whole reproductive rights movement and what was happening here. But at first, there weren't--. There might've been one or two protestors, and usually, interestingly enough, they were nuns. Who are in silent protest. Might have had their rosary, weren't accosting women, weren't screaming at women, weren't judging women. For them, it was really a spiritual protest.

Then the Reagan years, that's when things really became kind of nuts. Which was, Reagan was [19]81 to '89. Activity, the whole organization, the anti-abortion movement had started getting organized. And there was a huge increase after Reagan had made the statement "Well, I don't condemn the protestors." It was as if he had given them permission. And things really started getting nuts after that. There was Operation Rescue; there was Joe Scheidler, who had done a lot of the early organizing and closing of clinics, and they would have human barricades. Human chains around facilities and people would have to break through the chains of human hands and human bodies to get to their appointments. Some of the bombings began. Some of the really violent activity began. It was during the Reagan years. And Reagan had a personal agenda about abortion. He met with the Pope, and things really escalated after that time. When I first

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started working at the clinic in 1989, they would be all around the building, they would be in front of the parking lot. We came in one day; somebody had come in and he had a bicycle lock and he chained himself to the banister out here. And swallowed the key. So it was the middle of the clinic, and he's chained to the banister, and he's yelling and screaming. It was a little zooey. And yet, women continued to come for their procedures.

But you never heard the sort of commentary that we hear now. And there wasn't the whole emotional issues, or turmoil, or projection of turmoil that we see now. Women came in, they said, "I can't have another child. I know that I can't." That was it. It was later, when the activity and the organizations and all of that tumult began, that it affects us. And it affects women having to come through. They're coming in for a legal medical service and they're having their pictures taken, and they're having their license plates copied. And it charged that whole emotional feeling for women. And it was after that--and again the anti-choice rhetoric that did become loud, and prolific, and very directed--and it's after that that you hear some of that same language then being taken on by women coming in. And the emotional issues--even though they still feel strongly--the conflict, particularly the religious conflict, became great. So there really was a change. Women would just come in, they were having a medical procedure done, we always provided counseling for women, but the counseling was like, "I can't do this. I have to have an abortion. I can't have another child." Or "I'm not ready to have a child. I can't afford a child." That was it. There wasn't all the other--.

And that's not to say that women's experiences weren't varied, and that they didn't have that inner turmoil. But the inner turmoil was for them making the decision,

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and once they came in here, they were pretty clear about it. I still think that that's primarily true, but now there's this other whole layer of what society and culture has said, that we're not immune to. And that affects us on some level. So a woman makes that decision, and then she hears all the other voices that are there. So it's not so much her own conflict, but when she takes in the conflict of others, that it becomes a little bit more confusing to her, so more counseling does seem to be necessary these days than the early days.

JW: That's really an incredible shift.

CR: Mmm-hmm. It is. And then on top of that comes "I don't believe in abortion, because--." Young people have had it crammed down their throat in the media, and in school, and in church, since growing up. So they've grown up with most of the time knowing that it is a legal service, but knowing that there's a lot of conflict around it, and most people think it's wrong. So what kind of conflict does that give you, then, when you think "I really need to have an abortion," or "I really feel that I need to have an abortion." Yet, "If my parents know, I'm going to go to Hell." You know, "My church tells me every Sunday I'm going to hell." It becomes a much more complicated picture.

JW: So what has that been like for you? You have your life here at the clinic where you're working, and then you go out in the community and there are churches; there are--

CR: There are the crosses set up everywhere.

JW: Right. Yeah, how--

CR: And you find yourself. It's interesting, and all of our staff people, and we talk with our staff, and we do regular staff meetings, and we process some of this.

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Because it is difficult sometimes. But you know, somebody goes to get a car loan, and they say “Where do you work?” Most of the people who work here are very proud of the work they do; they really feel such a commitment to being here for women. But they’re signing for a loan that they need. And they’re looking at this man who might have a picture of Jesus on his wall, or he’s got a big cross on his chest. “So where do you work?” “Oh, I work at a women’s clinic. I work at KCRH.” “Oh, what’s that stand for?” And you know, the clinic’s been in the news plenty. Because we have had issues with bombings and anthrax scares. Any time there’s an abortion issue they’re here, and they interview me, typically. So we have visibility in the community. “Oh, you work at that abortion place?” And then they go into one’s own personal views on abortion, and you’re standing there with [pins and needles], wanting to sign for a loan.

So it comes up in a lot of ways when you’re in a more conservative area of the country. It can affect you on many different levels. As I say to women when we interview people to work here--. And we’ve got an incredible, dedicated staff. Some people have been here a very long time. Most of the people who leave don’t leave because they want to leave, but because of their life circumstances may dictate so. And there is just an incredible sense of family and commitment to working with women here. But when we interview, I’ll oftentimes say, “You need to think about that there is a little bit more of a risk--. There is a risk wherever you work, but there is a little bit greater a risk that’s here.” And I’ll oftentimes say, “Those of us who have been here so long, we’re just too ornery.” [Laughter] To let things bother us that way. Whether it’s out in the community, or when we’re dealing with the protestors and people here. I said, “But you have to make that decision for yourself, or your comfort level with that. We, as an

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employer, take every precaution we can for your safety, and for the safety of the people here.” But then it’s a personal decision for you. And you might find yourself just as ornery as the rest of us. Who believe that, by God, this is a legal right; this is a needed service. We’re very compassionate, caring people who are here, providing a wonderful service. And we’ll be damned if anybody is going to make us feel bad about that. But there will be people in the community who will--. It can be a real conversation-stopper. [Laughter] As you can imagine.

JW: Who’ve been your most surprising allies?

CR: I’m going to tell this story, because I find it really intriguing, and I think most people do. So we provide abortion services Tuesdays, Fridays, and two Saturdays a month. And the rest of the days are gynecologic services. So Tuesdays and Fridays, we’ve had one protestor in particular, who’s been here--. I’d say Bill’s been standing outside for about fifteen years. Bill’s not a young man. He’s in his early forties, mid-forties maybe. We’ve learned all kinds of things about Bill, who works for the university; he’s apparently quite a master of roses, and he tends the grounds on campus. He’s a single man, Catholic man, who lives with his family. I don’t think he’s ever lived on his own. And he’s been a quiet protestor for all those years. He stands out with a picture of the Madonna and his rosary. And sort of quietly and politely asks people if they want to read his literature. We always tell people when they make appointments, “There will be protestors. You are in no way obligated to speak with anybody; they can’t come onto the parking lot legally, so just pull into the parking lot, come in the doorway, and you don’t have to do anything there. You’re not obligated to take his literature, to talk with him, just come right on into the building.”

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So Bill has now been joined with a couple of other protestors who initially made him very uncomfortable. Because they're the screamers. And they're the Bible-thumpers, and they're the people who are out there saying horrific things to women. Which upsets them, of course, when they're coming in for their appointments, although it also upsets their partners and their family very much so. And we always have to tell them--.

Okay, so anyway. Bill and Alice, our office manager, are friends. They exchange Christmas cards and gifts; Alice always buys him one of the candles of the Madonna and the--. We look after Bill, and Bill looks after us. You know? It's like "Hey Bill, good morning, how are you?" "Oh, I saw you were out last week, are you okay?" You know, this is Bill asking us. There was just a mutual respect, that this is your right to stand out there; you're not really harassing women. You're taking your position, offering--. And that, to me, is fine. We have somebody now who stands with a ten-foot cross and a woman who is quite vicious, and it's made Bill uncomfortable, but it's now been about a year and a half, almost two years, so he's gotten more comfortable. It's like the men's group out there now. And they all sit and talk and have a good time, and then somebody comes up and they pick up their head and they say whatever they have to say. But Bill has just been--. So one of our staff members, had been a longtime staff member, was pregnant and had a baby, and Bill shows up at the hospital with a gift.

Now, when people hear that story, they're just stunned, and you know, "Wasn't she scared? Wasn't she afraid?" And you know, no, it was Bill coming to wish her well. Which is just a magnificently beautiful gesture. And we were all touched by it, and it is one of those surprising but lovely little stories that I don't know, I like to tell, because it

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just exemplifies that you can be on different sides of a position and still have respect for each other. And be okay with it. I don't know how, again, he seems to have befriended some of these people now. I still think that their approach makes him uncomfortable. But he's still out there with them, twice a week.

The other surprises are--. It's lovely when there are women who say "I never thought I'd be in this position," which, nobody ever plans on having an abortion. We support them in that respect, say "Yeah, this is not something that you plan on." But the number of women who truly have the experience of understanding then why this is so important, that they really go through a personal transformation. Of saying "I never believed in this. I grew up my whole life hearing that this was wrong, never thought I would be here. I understand now why it is so important to keep this as a legal procedure, and a legal service."

JW: What about with other organizations in this area? Have there been alliances that the center's been able to make?

CR: Yes. The Health Department has referred to us for years; private physicians have referred to us for years. Of course a lot of times we say people don't want to get their own hands dirty, so "send them to the abortion clinic." And that's fine; that's what we're here to do. But most of the time, it is done with respect that people understand that--particularly physicians and agencies, organizations in the community--regard us with high integrity, know that we've got pretty high-quality service, and that we are a caring and compassionate people who are here to see women through their difficult decision and difficult time. So yeah, there are good relationships with people in the community.

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Let me say this, the other really painful thing. I think I touched upon it a little earlier. The women who feel and know that they can't talk with their own doctors. And it is a smaller percentage, and sometimes they're just inhibited, themselves, because they don't know how they'll be received. I talk with them and let them know that the majority of the physicians in this area are supportive and understand that abortion is a part of comprehensive women's health services. There are a few physicians that we know, who are very judgmental and very critical, and very shaming to women. And sometimes refuse to see them after they've had an abortion.

So we help to steer them to a service and to people where they can be comfortable. They can always certainly continue to come here and get their well women's and gynecological care here if they're not comfortable with their own physicians. But one of our goals is about teaching respect and self-respect. And empowering women to be able to make decisions that are right for them, that provide them with dignity and integrity, and help them to know that that's a right that they have. In whatever service they're seeking, and in any area of their life. And that's the part of the work that I find most--. Both challenging, and rewarding, and that I'm most committed to. Is really to help women feel comfortable about themselves, about their bodies, about decisions that they need to make for themselves.

So let me just also tell a little bit about of the history of here. Because I think it's rather fascinating.

JW: But before you do that, let me--. [Recorder is turned off and then back on]

Okay. We're recording again.

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CR: Okay. So the history, just going to refer a little bit. 1973 was the year that *Roe v. Wade* was passed, the Supreme Court legalizing abortion. So there were some areas of the country before that, where abortion was legal. New York being one of those places. So the history here, in Knoxville, before 1975, which was when the first clinic appeared. So *Roe v. Wade* passed in 1973, first clinic opened up the street and is now the Volunteer Women's Clinic, which is relocated on Concord [Street]. We opened, 1975, in September. They may have opened in May, and then we opened here in this location here in September of 1975. They were still up the street, then they moved, and a third clinic opened in that same site after we had opened.

So before 1975, there were some abortions that were done locally. There was one physician who was on the corner of Henley and Hill--what was his name? Dr. Hayes--who was providing abortions. Bernie [McNabb], who became the Director of Counseling and then the executive director here, was in college. She was working on her counseling degree, which was her graduate degree. And had gone with a couple of friends to Dr. Hayes. She said it was the most degrading and horrifying experience--as we've heard tales and tales of illegal abortions in the past, he was an MD, thankfully. And he did provide that service. It was very expensive for that time; it was five hundred dollars. And she said it had to be paid in certain currency, like there had to be so many ones, so many fives, so many, you know, tens? It was so bizarre, she said. And you would go to the office and he would give the women their injection, and you would have to go sit in your car until it was time to go and have the procedure done. And she is often--. You know, she accompanied two friends. Oftentimes, she said, the only support there was

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like a hand over their mouth, you know if they were yelling or screaming in pain or crying out. Abortion would be provided and then they would leave.

There was also quite an elaborate system underground that existed. And it also existed here in Knoxville. There was a rabbi. What was the rabbi's name? [pause] I can't read my own handwriting here. Can't read it! Who was part of a nationwide system that was called the Clergy Counseling Service. So that communities all over the country were helping particularly teens who got pregnant, to get to New York to have an abortion. And they would provide money for transportation, or provide transportation services. Volunteers would take young women to New York and help pay for abortions there. So there was quite an elaborate system. The underground system, the program that was called [The] Jane [Collective] out of Chicago, Bert wasn't too aware of women who were referred there out of this area. And when I asked her, I said, "So how did people know about this Doctor Hayes? Were there other physicians that were referring people?" She said not that she knew of, because it was illegal. Though I suspect, in that system as well, that there might have been some physicians that were referring. But she said it sort of was word of mouth. And it became known in the streets that if you did need an abortion, that that's where you could go to get one. And then finally *Roe v. Wade*, and then the clinics established here.

So Dick McNabb, who was on the Planned Parenthood board of directors at the time, that *Roe* was passed, said to the Planned Parenthood staff, and to the board of directors, "So we'll start providing abortion services, right?" And the board decided no. That East Tennessee and Knoxville was too conservative an area, that the medical community here was too conservative an area, and that it would never go, and it wouldn't

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be supported, and there would be huge opposition, and that they weren't going to provide that service. And Dick, being the incredible individual that he is, said "There will be services in Knoxville. Women in this area deserve this service." And, you know, Planned Parenthoods around the country were going to provide services. And so Dick, and maybe one or two other individuals, split from the board of directors at Planned Parenthood and formed the Knoxville Center for Reproductive Health. As a nonprofit organization to provide abortion services to women in East Tennessee. So that's how the clinic began.

And Dr. Robert Mueller, who was our physician, our medical director, and a physician who provided services, he and his partner, Dr. Tompkins, were the first two physicians legally to provide abortion services. Well, I'll take that back. Because [pause] Volunteer did start before us, and I don't know who their very first physician was. I'll be interested to find that answer out. Which would be too late for this interview, but-- . There are two physicians, including our current medical director, that worked for them for a number of years. And they may have been the first physicians. Although they are considerably younger than Dr. Mueller and Dr. Tompkins were. Dr. Tompkins had been in the military, and so he had seen women in desperate situations, as Dr. Mueller had. He used to deliver up in Morristown, an OB/GYN service there. And some of these older doctors saw women come into emergency rooms having self-inflicted abortions out of desperation. And they were both committed, once *Roe v. Wade* passed, to provide legal services. And Dr. Mueller worked for us until the day he retired at 75. The man still didn't believe in abortion, in the sense that for him personally, it was conflicting. But he was completely committed to providing that service for women, because he knew

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that so many other physicians wouldn't. And he had been OB/GYN, he had been committed--. He was one of the most compassionate people you would ever know. And he was committed to providing women with quality services, again, with dignity, and he felt that it was part of his commitment to provide those legal services. Even though he personally felt a little conflicted by that. For all those years that he practiced.

And Dr. Tomkins as well, I don't think--. He was a little more of an ornery character. I don't think he had that same conflict. But also felt the sense of commitment that women should not wind up dead in an emergency room, with three children at home, because they couldn't, didn't feel they could have another child, and nobody could help them. And it's that part of the history that we're also missing. Or that we're beginning to lose, as abortion has been legal for so long. And people could get a little more complacent about it, and miss that whole piece of history of how desperate women can be when they find themselves pregnant and don't know where to turn.

JW: The center is providing services for women in East Tennessee; is it--

CR: Actually in the Southeast; we have women who come from Kentucky, from Virginia, from northern Georgia, North Carolina. Sometimes from southern Ohio.

JW: So [that was] going to be my question, was why isn't there enough? Why are they coming from two, three, four hours away?

CR: I don't have those statistics in front of me, but I was just recently reading an article that was showing the decrease in the number of physicians who have been providing abortions over the years. And we have lost so many physicians. Mostly physicians who are dying out. The older physicians who experienced what it was like to have--. Before abortions were legal. So had that strong commitment. There are fewer

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physicians who are being trained. There are fewer schools that are offering that training, and then fewer people who take part in that training. And so we have this dwindling pool of physicians who will provide abortion services.

I had a case last week, a very desperate young woman. She's thirty years old, she has eight-year-old twins, she has a fourteen-month-old. She's a single mother. She's living with her parents, who are very anti-abortion. She has a bleeding disorder that particularly affects her during pregnancies. She has TennCare. She has a deadbeat ex-husband who doesn't provide her child support; the courts, she's waiting, yadda yadda yadda. We hear that story way too many times. So she has TennCare, and she presents, and we have no medical history other than her telling us she has a bleeding disorder and she hasn't been on her medication for this pregnancy. And she's almost sixteen weeks. So that's about as far as you can go, second trimester, in the State of Tennessee.

And we have to send her away. We don't have enough history, we don't have enough--. And I get a call from her internist, who's a little bit outraged that we sent her away. And I said "Okay, let me ask you. A woman walks off the street into your office, says 'Do this procedure on me today, I have no medical history I can give you other than this has happened with my pregnancies.' Nobody's monitoring her, she hasn't taken her medication." I said, "Would you do the procedure on her?" I said, "Would that be a safe thing to do for this woman?" And he said, "Oh, I understand what you're saying." We're an ambulatory surgery center. I said, "You want to know what the real crime is here? Is this woman has insurance that won't pay for her to have an abortion, even though it could be threatening for her life. And nobody will see her. That's what the real issue is here."

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I said, "If we know she has a doctor that's monitoring her, so that we don't release her after doing a procedure and she has nowhere else to go," I said, "That would be unethical of us." I said, "We would be glad to see her if you're willing to monitor her afterwards, or if she gets on her medication," and you know. And he completely understood, and it was lovely. On the other hand, I said, "I have to say, I am so glad to hear you advocating for this woman, because this happens so seldom. It's so infrequent that we would have a physician who is so concerned. So thank you, on that behalf." But you know. She has no insurance that would help to pay. She should have this procedure done in a hospital, where she can get the care that she needs, and if she has a bleeding disorder and something goes wrong, somebody's there to take care of her. That's not going to happen in this country, and that's the shame. And that's the problem.

And the whole hoopla that has happened with health care reform. Thank goodness that we did get it passed, and there is some sense of it. But there is a lot of feelings of betrayal on the part of women's health, and women's reproductive rights on this issue. And I, we understand the bigger picture and maybe that can change over time. But this whole nonsense about, you know, riders and women having to pay for an abortion rider for their health insurance. What woman thinks that they're going to have an abortion? Or plans on it? "I'm going to get myself abortion insurance in case, you know, I need that abortion." We know, over and over, nobody ever plans on having one. No one ever thinks they're going to be within these walls. Nobody believes in abortion until they need one. And that is the basic reality that we work with on a daily basis. So when women leave who said "I didn't believe in this, I didn't believe in this," and they finally say "I understand." Now we don't push that down people's throat, but that

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political awareness, and raising that political awareness for them, is important. That they understand why it's so important, that they have had that right, and that other women also deserve the opportunity to have that choice, and make that decision for themselves and their family situations.

I guess one of the other things that would really make us nuts is during campaign years, when our parking lot would be filled with cars of family members and women coming in for abortions, and they had certain candidates' stickers on their bumpers. And you know, we'd say, "If you vote in the direction you're planning on voting, according to your advertisement there on your bumper sticker, you wouldn't be here," or "you might not be here, or might not have this legal right to do so." [They say,] "I'm not a one-issue voter." [pause] So you know, sometimes it's quite disturbing. The inconsistencies and incongruities that you see and that you have to deal with.

Other voice: It's almost four, but I just didn't know. We've got a patient waiting, but we're doing all her labs. You've got ten minutes, okay?

JW: We'll wrap up.

CR: Okay.

JW: Let's see. [pause] How would you describe the state of the women's movement now?

CR: The last women's march, which was--was it six years ago, right? In Washington. I remember sitting on the train, and I was surrounded by young women. And there was this glow, and I just kept hugging all these women, saying, "I am so glad to see you here. I am so glad to see you here." Because we don't hear a lot. Campus has a women's coordinating counsel. They have a women's pro-choice group. It's a small

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group, and we've coordinated some events for the anniversary of *Roe v. Wade* and a few other things that have happened in the immediate area.

There's not many women! And again, when we hear the younger women come in and hearing "murdering my baby!" And we go, "Oh, let's talk about that." "I don't believe in abortion." You know you lose faith, and you lose sight of who's out there, who's the next generation who understands this issue and can continue to ensure that this is a legal right for women. And you hear a lot of women say, younger women, "Well, there are other important things." Those things are, you know, they're hard, because my life has been committed to all aspects of women's rights. And younger women take advantage--. Take those things for granted. Which, in part, is a beautiful thing, that you don't have to reinvent the wheel every time. And you don't have to think, you know, even though historically we've made advances--. But we're still not there. The inequities in pay in the workforce, and there are all these issues that still exist. And we have a long way to go to truly be an equal part, or an equal partner in the equation. But I don't see that many young women involved. So when I do, it's so uplifting. So here we were on this train, and there are all these young women, and I felt like I was sort of at this love fest. And hugging them, saying "I'm just so glad to see you here; it's reassuring, it's uplifting, it's important. It's really important work that you're here and you're letting your voices be heard and be known." So I've had some hardship with what's happening in women's movement right now. Is there a movement? Does it exist?

Here's a young woman like yourself, I'm so glad, when you did contact, to say, "It's important history to get down, and it shouldn't be lost. And that women have an

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interest, that you have an interest to see that this stays alive, that we understand that it's important." That's always encouraging. Yeah.

JW: Well, is there anything that you want to add, and we can wrap up? Or anything, any question I didn't ask, that you thought we would get to?

CR: I don't think so. Just you know, again, really, deep thanks for your pursuing and your interest in adding this particular issue to the Southern Oral History Program.

JW: Well thank you.

END OF INTERVIEW

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