Abortion rights

How can we protect our clinics?

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Madeline Burrows, an activist and author of the play MOM BABY GOD, makes the case for clinic defense as part of a strategy for winning back lost ground on our rights.

A group of elderly men stood outside the clinic, holding giant doctored photos of mutilated fetuses. They accosted us as we entered. "You don't have to do this today!" they yelled. I was so furious that I was shaking. I yelled the first thing that came to my mind: "Stop telling women what to do. You people make me sick." He responded, "We love women! You give life! You are the most amazing creatures in the world!"


Unsurprisingly, I was angry.

As we proceeded into the clinic waiting room, I noticed bulletproof glass. We passed through a metal detector, and I had to dump out my water bottle. Confused as to why this was necessary, I asked the security guard. He explained that this was to protect against liquid explosives used by anti-choice activists. The bulletproof glass was a response to clinic shootings.

According to the National Abortion Federation, there have been 100 reported butyric acid attacks at abortion clinics in the U.S. and Canada since 1977. In one such attack in 1978, an anti-abortion activist entered a clinic in Cleveland, threw flammable liquid in the face of a receptionist, blinding her, and set fire to the interior of the building.

In 1994, anti-abortion activist John Salvi III entered two separate abortion clinics in Brookline, Mass., and opened fire, killing two female receptionists and wounding five other people.

It was not long after this that abortion rights supporters began to push for laws creating a buffer zone around clinics, designed to keep out the anti-abortion fanatics.

But now, thanks to the U.S. Supreme Court's unanimous decision to strike down the buffer zone law in Massachusetts, anti-choice activists feel even more emboldened and entitled to bring their reactionary message to the doors of abortion clinics.

The ruling has had a noticeable impact on patient safety. According to Marty Walz, chief executive of Planned Parenthood of Massachusetts, the Boston clinic has seen fewer patients and more skipped appointments since the Supreme Court decision in June.

Like many people, I am angry about the Supreme Court's buffer zone decision. I am angry about the subsequent Hobby Lobby decision restricting birth control, which can be summed up by this equation: Corporations > Women and Workers.

Like many people, these decisions reminded me that the Supreme Court is a profoundly undemocratic institution, where an unelected group composed mostly of aging white men has the power to make decisions that effect all of our lives.
How can we protect our clinics?

Like many people, I have been glad to see the angry response to these anti-woman decisions. I was glad to see my Facebook feed overwhelmed by outrage after the decisions. I was even more glad to see demonstrations, including a large rally in Boston organized by NARAL, which brought out over 600 demonstrators—by far the biggest local demonstration around women's rights in years.

Since the Supreme Court decision, there has also been a renewed conversation surrounding the crucial question: "What do we do to stop these attacks?" As in any healthy social movement, there is a debate about what kinds of tactics our side should use. I want to argue for why we need protests and clinic defenses, not new legislation that expands the power of police and the state.

A week after the Supreme Court decision, Massachusetts Citizens for Life unveiled two massive four-story billboards near City Hall in downtown Boston. One billboard read, "No New Buffer Zones: Protect Free Speech. Right to Life." The other shows a stock photo of a woman of color and her baby, both smiling, next to the words, "Hope. Help. Love. Let Us Care for Pregnant Women."

Anti-choice protests in the days after the ruling drew some 70 people outside Boston Planned Parenthood, significantly more than in years past.

At one such protest, anti-choice activists followed patients up to clinic doors, handing them "fliers that pictured an ultrasound with the words, 'How could I ever have thought of aborting this baby!" according to a Los Angeles Times report.

This is harassment and intimidation, not "sidewalk counseling." It attaches a moral stigma to a basic medical procedure, it interferes with a woman's human right to control her own body without exception and it needs to be challenged.

In response to anger over the buffer zone decision, Massachusetts Gov. Deval Patrick and state Attorney General Martha Coakley introduced SD 2106, "An Act to Promote Public Safety and Protect Access to Reproductive Health Care Facilities," known as the Safe Access bill. The bill would allow police to order the immediate dispersal of groups of protesters if they block access to a facility, and move them back 25 feet if necessary. If a person doesn't abide by the rules, they could be subject to a fine.

This focus on police relies on a similar logic to the Supreme Court decision outlawing the buffer zone. As conservative Chief Justice John Roberts argued in his opinion against the buffer zone, "The police appear perfectly capable of singling out lawbreakers."

As with the buffer zone legislation, one major problem with the Safe Access bill is that it uses a broad brush against protesters of any political stripe. Who is to say that the Boston police will distinguish between pro-choice and anti-choice demonstrators?

Furthermore, what kind of implications could this have for expanding police power in other contexts? At a time when the movement against racist police violence and mass incarceration is growing, and in the wake of the Occupy movement, where police were part of a nationally coordinated effort to destroy the movement, does giving police more rights to disperse protests symbolize a step forward or backward?
How can we protect our clinics?

While I am absolutely sympathetic to the need to expand patient and provider safety, I don't believe that expanding police power is the solution. We need a different strategy than the one currently being waged in the courts. Activist clinic defenses must be part of that strategy.

Some reproductive health care advocates disagree with holding clinic defenses, arguing that any kind of demonstration—whether pro-choice or anti-choice—creates chaos, confusion and intimidation for patients.

I understand and sympathize with this concern, but I disagree.

When I encountered that group of anti-choice men protesting outside Planned Parenthood and lobbing humiliating and degrading comments at myself and my teenage friend, it would have made a world of difference to see reproductive rights activists standing in opposition to their bigotry and lies.

We yelled back at them as we entered the clinic, but we were alone. We entered that clinic shaken up emotionally. Despite knowing that these men were wrong, despite the deep anger I felt that they had the gall to tell me and my friend what to do with our bodies, despite being an unapologetic feminist, they got to me. I felt dirty and exposed.

This is the kind of isolation and shame that so many women experience when they attempt to assert their right to reproductive health care and bodily autonomy, and it is an isolation that exists for political, not medical, reasons.

The fact that pro-choice clinic defenses have become virtually obsolete in recent years, while anti-choice demonstrations have persisted, means that when you think about an abortion clinic today, one of the first things that comes to mind is anti-abortion protesters spewing judgment outside.

Left unchallenged, this stigma has contributed to a political culture where it has become acceptable and even "moderate" to support a ban on abortion after 20 weeks, parental consent laws and state funding for the right wing's fake crisis pregnancy centers.

In the time that our side has been absent from outside the clinics, the anti-choice movement has grown more confident. In the process, we've lost the public battle over abortion rights.

Anti-choice protesters are the ones who make abortion clinics unsafe. Their side makes reproductive health care facilities into political battlegrounds, not our side. Their side isolates abortion from mainstream medicine and imbues the procedure with a false sense of controversy.

As long as they do this, we need to be there to defend the right to abortion and all reproductive health care. As long as they hold signs with photoshopped bloody fetuses, we need to be there to block their images. As long as they approach women with roses, scientifically inaccurate literature and manipulative ultrasound images, we need to be there to intercept them. And as long as they yell and chant, or deliver sermons and press conferences outside abortion clinics, our side needs to be there to drown them out with words of support for the patients and providers accessing and providing health care.

Unlike the anti-choice movement, we are not there to judge, to manipulate or to offer "salvation." We are there to support—and to win back the basic idea summed up in the words of the late Dr. George Tiller: Trust women.
How can we protect our clinics?

I trust pro-choice activists to organize clinic defenses that support patients and don't contribute to chaos and confusion. After all, we aren't separate from the patients who walk into clinics every day. Many of us are Planned Parenthood patients and staff. Many of us have had abortions. Many of us wish we had encountered voices of support outside the clinic when we entered. I certainly do.

We are all affected by the climate of fear, intimidation and violence that threatens reproductive health care inside and outside of clinics. We are all affected by the legislative attack that closed 20 clinics in Texas last year alone (leaving as few as six by September 2014) and that keeps the ban on Medicaid coverage for abortion intact on a federal level through the Hyde Amendment.

Abortion rights are in a state of emergency, and we should do everything we can to turn back the tide. This includes educating a new generation of activists about the history of clinic defenses and grassroots protest that defined abortion rights activism for decades.

One important moment in our history is the successful mass clinic defense in Buffalo, N.Y., in 1992. When the anti-choice domestic terrorist organization (no, I'm not being hyperbolic) Operation Rescue (OR) targeted abortion clinics in Buffalo, promising mass civil disobedience until they shut down, pro-choice activists launched a huge grassroots response. Thousands of people mobilized to Buffalo to counter OR and defend the clinics.

In the end, pro-choice activists outnumbered and demoralized OR, which ultimately ended its action two weeks early and left town, while the clinics remained open.

This is one story among many important victories from our side. Large-scale clinic defenses in the 1990s not only defended clinics. They also countered the stigma and isolation surrounding abortion and gave our side a sense of confidence.

We need to bring these stories to light and educate our side about the grassroots movement that held its ground for decades in the face of anti-choice opposition. And we need to do more than read history. We need to act. We need another Buffalo.

In Boston, Seattle, Denton, Texas and more, activists are organizing clinic defenses to counter anti-choice mobilizations. We should support these actions, not dismiss them. Clinic defenses are a necessary component to winning back the ground we've lost on reproductive rights and fighting for a future where demonstrating outside of clinics is no longer necessary.

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