

## EXTREMISM OR ACTIVISM?

# Preparing for Violence at Reproductive Health Organizations: A Multi-Agency Approach

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**H**istorical and emerging trends in vandalism and violence directed at reproductive health organizations in the United States clearly establish the need to form a collective partnership among public safety officials, research centers, clinics, national associations and others who may be victimized to mitigate the effects of criminal acts intended to disrupt business continuity. While abortion clinics are most frequently associated with the term *reproductive health organization*, many other organizations, centers and businesses fall within this milieu, such as private and university facilities and administrative offices affiliated with embryonic stem cell research, artificial fertilization



centers and other organizations promoting *other than natural* birth control methods. Planning for emergencies and criminal events at these facilities must occur before criminal acts are perpetrated; it will be too late to develop the capacities needed once a critical or emergency incident is initiated.<sup>1</sup> To foster a productive working relationship among these organizations, each entity must be cognizant of the potential threats, the roles of each participant and how multi-agency emergency planning will assist in preventing criminal acts and reducing the impact when they do occur.

This article provides a concise overview of the evolution of anti-abortion violence in America so that the motives and objec-

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tives of the extremists, as well as the government's response, can be understood. These historic trends of violence targeting the abortion industry will be used to forecast potential activism and extremism directed at health care centers, research facilities and programs related to reproductive health that are not traditionally associated with abortion. Based on the potential for violence, suggestions for preparing for threats and violence at reproductive health organizations will be provided using a multi-agency emergency planning approach.

## Historical Activity: Activism versus Extremism

Equivocal views on abortion have resulted in public protest in the United States that has been recorded as far back as the middle of the 19<sup>th</sup> century.<sup>2</sup> However, public debate over abortion increased significantly after the United States Supreme Court decision in the historic *Roe v. Wade*<sup>3</sup> case legalized abortion procedures in the United States. As previously underground medical procedures were now being performed publicly and legally at hospitals and clinics, public awareness led to the current, continuing controversy over abortion. A prolonged national debate by individuals and organizations that have opposing views on the abortion issue has ensued. Those opposing legalized abortion, referred to as anti-abortion advocates, became more vocal, proactive and even criminally disruptive in their attempt to express their displeasure on the abortion issue. The general objective of the anti-abortion movement was to prevent abortions from being performed during the interregnum while attempts by activists to influence state and federal lawmakers into changing abortion laws were made.<sup>4</sup> In addition, alternative methods, such as pregnancy-counseling centers and adoption agencies, were employed by the anti-abortion movement to convince potential mothers not to have abortions.<sup>5</sup>

The methods employed by more aggressive members of the movement were intended to cause disruptions of business services at abortion clinics, literally preventing the clinics from performing abortion procedures.<sup>6</sup> These more obtrusive, direct-action efforts by the anti-abortion movement often resulted in violent acts being perpetrated at abortion clinics. Blockades, vandalism, arsons, bombings and assassination attempts directed at abortion clinics and their employees became an all too common occurrence after *Roe v. Wade*.<sup>7</sup>



Nevertheless, a grey area, concerning what forms of protest over the unpopular law should be employed exists between those within the movement who advocate activism and those who support extremism. The grey area exists because certain audiences label these actions differently.<sup>8</sup> The audiences who are attempting to define the seriousness of the acts include stakeholders (both pro- and anti-abortion), media, politicians, law enforcement and the courts. Certainly, legal efforts to change abortion laws, influence embryonic stem cell research policy, criticize detestable sexual education programs, establish counseling centers, assist with adoption procedures and other constitutionally protected activities fall within the realm of legitimate activism while violent and murderous acts are clearly extremist and criminal.<sup>9</sup> Center blockades and non-violent, criminal vandalism are often more difficult to define as either activism or extremism. The numbers of unequivocally extremist acts are miniscule compared to the numbers of activist and grey area acts, although the former generally receive the most national media attention.<sup>10</sup> Extremism acts undermine the legitimacy of protected forms of activism. Most of the activist organizations in the United States do not condone the use of force or violence in their efforts to reduce reproductive health care practices they abhor.<sup>11</sup>

## Freedom of Access to Clinic Entrances Act of 1994

The grey area separating activism from extremism made it difficult to institute effective protective efforts by law enforcement assigned the task of protecting reproductive health care centers and personnel while ensuring the rights of protestors. The criminal enforcement and civil punishments for violations associated with clinic violence were generally delegated to the local police and court systems prior to 1994. Dissatisfaction with the local, county and state law enforcement agencies' response to anti-abortion activists' and extremists' activities had been expressed by abortion-related stakeholders<sup>12</sup> in hopes that the



*Firebombed women's clinic*

government would act to offer protection from attacks on a legal medical procedure.

In 1994, as a result of the trend of increasingly violent acts occurring at abortion clinics, the United States Congress enacted the Freedom of Access to Clinic Entrances (FACE) Act.<sup>13</sup> The FACE Act provided federal criminal and civil penalties for threatening, injuring, intimidating or interfering with persons seeking or providing reproductive health care services. The FACE Act by no means eliminated clinic violence.<sup>14</sup> With the enactment of the FACE Act, certain overt anti-abortion activities were curtailed while other more surreptitious criminal activities, such as the anonymous mailing of anthrax hoax threat letters to clinics or their personnel, began to thrive.<sup>15</sup> The FACE Act accomplished two main objectives. First, it provided for more severe penalties than applicable under most state and municipal laws. Secondly, it gave federal law enforcement agencies a nexus to intervene and combat clinic violence.

The title of the FACE Act can be deceiving, mainly because of use the terms 'clinic' and 'entrances'. The title could leave a reader to surmise that it only

protected abortion clinics. Protection under the FACE Act was provided for anyone obtaining or providing reproductive health care services. Those services included counseling and referral services relating to the human reproductive system, including services relating to pregnancy or the termination of a pregnancy; therefore, centers providing anti-abortion (commonly referred to as pro-life) counseling or adoption services were also protected under the FACE Act.<sup>16</sup>

The act also provided protections to anti-abortion activists in their legal expression of First Amendment rights. As an example, non-obtrusive, peaceful picketing on public property was specifically cited as a protected act under the FACE Act, provided certain measures were taken (as determined by subsequent case law) such as keeping protesters a fixed distance from women entering a facility.

continued on page 20



continued from page 19

## Threat's Scope Beyond Abortion Clinics

Anti-abortion activists have directed their overt protest activities at organizations that are not traditionally associated with abortion issues. As the realm of anti-abortion activists' agenda increases in scope, the venues that are potential targets also increase. These targets include churches where the activists believe the leadership or congregation is not active enough in promoting anti-abortion values<sup>17</sup> or medical service companies that are believed to be too active in supporting abortion clinics by providing specialized equipment, supplies or medical waste disposal. Centers conducting embryonic stem cell research have been targeted because embryonic stem cell research is often interpreted as the earliest form of abortion.<sup>18</sup> Universities and colleges conducting stem cell or related research may find themselves the target of unwanted protests, vandalism or even violence. The U.S. Supreme Court has been the site of countless demonstrations for anti-abortion activists and so have lesser courts that have made more recent rulings on abortion issues, for example, laws concerning the parental notification of an abortion by a minor. Schools or programs providing sexual education that teach other than natural birth control methods, such as contraceptives and condom use, may also be the target of activism or extremist actions.

## Threats Posed by Extremists

The general objective of the anti-abortion movement is to prevent abortions from being performed. Those people espousing aforementioned causes will also attempt to stop these reproductive health programs. Legitimate attempts by activists to influence state and federal lawmakers are a common method. The goal of most extremists has been to cause a disruption of business at centers that prevents them from performing abortion procedures,<sup>19</sup> reproductive health research or policymaking. These disruptions have occurred on various levels from peaceful protests to murder. With the enactment of the FACE Act, certain overt anti-abortion activities at abortion clinics were curtailed while other more surreptitious criminal activities began to thrive.<sup>20</sup>

Anti-abortion extremist literature is widely available in books, through newsletters and on Internet sites. The literature provides detailed instruction on how to perform acts of sabotage to occlude or cause delays during the daily opening at abortion clinics. A manual produced and distributed through underground channels by the anti-abortion extremist group known as the Army of God provides detailed instructions on conducting acts of vandalism which would prevent the opening of clinics by injecting superglue into the door locks, liquid nailing the doors to the frames, causing power outages, placing locks on exterior gates, inserting butyric acid in mail slots and windows and causing

flooding in the building.<sup>21</sup> An average of one-third of U.S. clinics reported one or more acts of vandalism during 2000.<sup>22</sup>

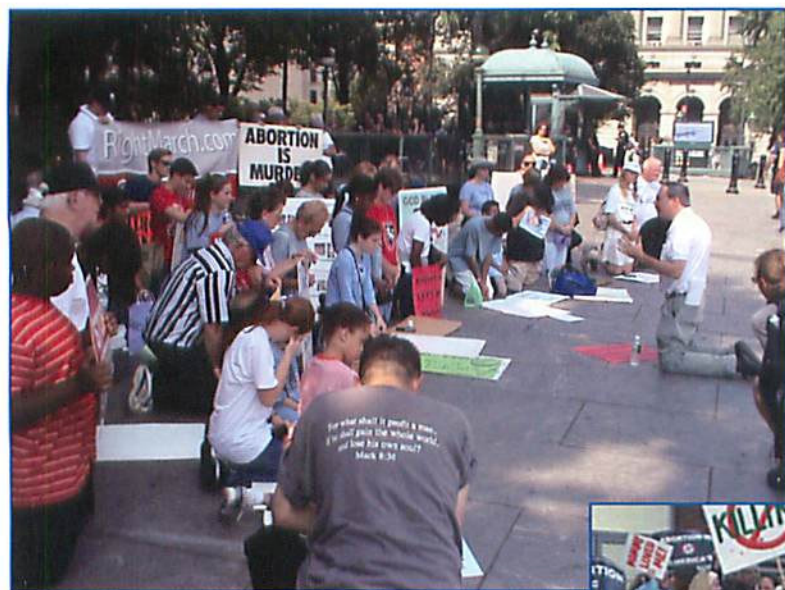
In addition to acts of vandalism covertly directed at the closed facilities, several disruptions of business continuity have been perpetrated through methods devised to occur while centers are operating. One tactic is the mailing of letters or packages containing a powder substance with a note claiming the recipient have been exposed to a hazardous chemical or biological substance. Clayton Lee Waagner, a self-proclaimed anti-abortion activist, mailed over five hundred fifty anthrax hoax letters during October and November 2001. Waagner's mailings caused disruptions at hundreds of clinics throughout the United States and tied up public safety officials responding to the threats for thousands of man-hours. Another method used by extremists to cause business disruptions is the use of death threats and bomb threats transmitted by telephone, facsimile or electronically through the use of the computer. According to a study, anthrax hoax letters and bomb threats affected seven percent of abortion clinics during 2000.<sup>23</sup> This number marked a drastic decrease from the eleven percent of clinics that received anthrax hoaxes and thirteen percent that were the recipients of bomb threats the previous year. Eighteen percent of clinics reported receiving threats over the computer in 1999 and nine percent in 2000.<sup>24</sup>

The most violent acts of assault and murder have occurred when there was direct contact between the extremists and the employees and clients of clinics. The placement of explosive devices at clinics has been done during operating hours and while the clinics were closed, with and without directly confronting the clinic personnel. The targets of the explosive devices have been the facility, employees, clients and emergency responders. Many of the threats and attacks have occurred at clinics located in multi-tenant office buildings that also jeopardized the welfare of uninvolved third parties. The double bombing of the Sandy Springs Professional Office Building in North Atlanta, Georgia, on January 16, 1997, was a flagrant attempt to harm office personnel and the responding public safety officials. The first bomb placed at the multi-business office complex which housed an abortion clinic was intended to initiate a response by emergency personnel and the second bomb was set to detonate once law enforcement and emergency personnel were at the scene. In a letter claiming responsibility for the bombings, it was written, "the second device was aimed at agent of so-called federal government, i.e. FBI, ATF, Marshall's, etc (sic)."<sup>25</sup> Eric Rudolph, federally indicted in the double bombing of the Sandy Springs Professional Office Building, was also charged in connection with the January 29, 1998, bombing of an abortion clinic in Birmingham, Alabama, that killed a Birmingham police officer, and the February 21, 1997, double bombing of a midtown Atlanta nightclub.<sup>26</sup>



## Emergency Planning

For emergency planning to be successful, the stakeholders who share a responsibility in the prevention, mitigation and response to criminal threats and acts that are intended to cause business disruptions at reproductive health organizations must be identified.<sup>27</sup> The reproductive health organization's



participation in the emergency planning is the obvious starting foundation. For emergency planning to be successful, support from the highest levels of management and ownership at the centers must be propitiated.<sup>28</sup> The center's legal counsel participating in the planning would be a beneficial addition to address various civil issues related to patient confidentiality, leased property and insurance matters.<sup>29</sup>

Law enforcement officials chosen to participate in the emergency planning must espouse the idea of reproductive health organization safety and not be predisposed to biases based on moral, ethical or religious views on abortion, embryonic stem cell research, artificial fertilization or other reproductive health care measures.<sup>30</sup> In addition to personal dedication, the law enforcement officers chosen for the task must have the support of the management of their respective departments.<sup>31</sup> In a 1995 U.S. Department of Justice memorandum from former U.S. Attorney General Janet Reno to each of the ninety-four U.S. Attorneys, it was directed that the law enforcement contingency focusing on violence at abortion clinics include representatives from the local or state police agency with primary jurisdiction over the clinic, the Federal Bureau of Investigation, the Bureau of Alcohol, Tobacco, Firearms & Explosives, the U.S. Marshal's Service, the U.S. Postal Inspection Service and prosecutors from the respective local and federal judicial districts.<sup>32</sup> Members of the juvenile and youth services, bomb squad and hazardous materials response teams should also be considered for

participation if they are not a subsidiary function of one of the participating local, state or federal components.

Certain national associations, which support reproductive health care center security, should also be included in the emergency planning. The National Abortion Federation, the Feminist Majority Foundation and the Planned Parenthood Federation of America each conduct extensive research on abortion clinic violence and offer a variety of security services to clinics and law enforcement. Additionally, the associations maintain extensive databases regarding violent extremism, including photographs of anti-abortion extremists, and produce other beneficial literature like the National Abortion Federation's *Field Guide to Anti-Abortion Extremists*.<sup>33</sup>

A critical component to consider as part of the emergency planning process is any third party that has an association with the reproductive health organization based solely on their location. Certain extremist activities such as bombings, arsons and chemical attacks are not discriminatory in their victim selection and these third parties may unintentionally become victims. The third parties primarily include tenants with shared office space in a multi-business office building or complex that houses a reproductive health organization.



After identifying the agencies and organizations that will be participating in the emergency planning, obtaining their unfettered support is vital. During periods of inactivity in extremists' actions, emergency planning and maintenance of the plan often becomes less of a priority.<sup>34</sup> Maintaining the support of the stakeholders and keeping the plan current is crucial. Periods of inactivity in extremist activity offer an excellent opportunity to maintain, update, modify and test the developed plan.

## Conclusion

The criminal threat of extremists targeting reproductive health organizations' continuity of operations can be anticipated by drawing a correlation between the past behaviors of extremists within the anti-abortion movement and their current agendas. The responsibility of preparing for these events extends beyond the reproduction health organizations. Reasonable research can identify the agencies, businesses and individuals who may potentially become victims or who may respond to or investigate criminal actions by extremists targeting reproductive health organizations. *Collective efforts* by these entities prior to an actual emergency situation

continued on page 22



continued from page 21

can reduce the possibility of a criminal event occurring and facilitate an organized and effective response to criminal acts when they occur. 🌐

## Notes

- 1 Lagadec, P. (1991). *Preventing Chaos in a Crisis*, London: McGraw-Hill.
- 2 Kenney, D.J., Rose, D., Maglieri, C., O'Connor Shelley, T., Reuland, M. & Weisel, D.L. (1999). *A conflict of rights, public safety and abortion clinic conflict and violence*. Washington: Police Executive Research Forum; Baird-Windle, P. & Bader, E.J. (2001). *Targets of hatred: Anti-abortion terrorism*. New York: Palgrave; Mason, C. (2002). *Killing for life: The apocalyptic narrative of pro-life politics*. Ithaca, New York: Cornell University Press; Risen, J. & Thomas J. L. (1999). *Wrath of angels: The American abortion war*. New York: Basic Books.
- 3 Roe v. Wade, 410 U.S. 113 (1973)
- 4 Baird-Windle, P. & Bader, E.J. (2001). *Targets of hatred: Anti-abortion terrorism*. New York: Palgrave.
- 5 Kenney, D.J., Rose, D., Maglieri, C., O'Connor Shelley, T., Reuland, M. & Weisel, D.L. (1999). *A conflict of rights, public safety and abortion clinic conflict and violence*. Washington: Police Executive Research Forum.
- 6 Baird-Windle, P. & Bader, E.J. (2001). *Targets of hatred: Anti-abortion terrorism*. New York: Palgrave; U.S. Department of Treasury, Bureau of Alcohol, Tobacco and Firearms, Office of Field Operations, Intelligence Division. (2000). *Abortion clinic violence*, 3d ed. Washington.
- 7 U.S. Comptroller General, U.S. GAO. 1998. *Abortion clinics: Information on the effectiveness of the Freedom of Access to Clinic Entrances Act*, Report to Charles E. Schumer. Washington, DC: GAO. (GAO/GCD-99-2 11/10/98).
- 8 Ibid.
- 9 Mason, C. (2002). *Killing for life: The apocalyptic narrative of pro-life politics*. Ithaca, New York: Cornell University Press.
- 10 Supra note 5.
- 11 Americans United for Life. (2001, December 6). *Americans United for Life praises arrest of Clayton Lee Waagner*. Retrieved November 3, 2003 from [http://www.unitedforlife.org/press\\_releases/011206pr\\_waagner\\_arrest.htm](http://www.unitedforlife.org/press_releases/011206pr_waagner_arrest.htm); Clark, C. (1995, April 7). Abortion clinic protests. *The CQ Researcher Online*. Retrieved January 3, 2004, from <http://library.cqpress.com/cqresearcher>; Scheidler, J.M. (1993). *Closed: 99 ways to stop abortion*. Rockford, Illinois: Tan Books and Publishers.
- 12 Supra notes 5, 7.
- 13 Freedom of Access to Clinic Entrance Act of 1994, 18 U.S.C. § 248.
- 14 Feminist Majority Foundation, Planned Parenthood Federation of America and National Abortion Federation. (2002). *National clinic access project: Violence against reproductive health care centers resource guide*. (Available from the Feminist Majority Foundation, 1600 Wilson Boulevard, Suite 801, Arlington, Virginia 22209).
- 15 Mason, C. (2002). *Killing for life: The apocalyptic narrative of pro-life politics*. Ithaca, New York: Cornell University Press; U.S. Department of Treasury, Bureau of Alcohol, Tobacco and Firearms, Office of Field Operations, Intelligence Division, *Abortion clinic violence*, 3d ed. (Washington, 2000).
- 16 There has been no court decisions to date making the FACE Act applicable to issues related to embryonic stem cell research, although certain state laws may differ from the federal statute.
- 17 Horsley, N. (2002, Jan. 30). Assembly of God Church Busts Street Preacher. *Christian Gallery News*, available at <http://www.christiangallery.com/churchsues.htm>.
- 18 Operation Rescue West (2002). *Human Embryonic Stem Cell Research*, available at <http://www.operationrescue.org/embryo/biotech/stemcell.asp>.
- 19 U.S. Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms, Office of Field Operations, Intelligence Division. (2000). *Abortion Clinic Violence*, 3d ed. Washington.
- 20 Supra note 7.
- 21 *Army of God: 99 Covert Ways to Stop Abortion, Revised and Expanded*, 3d ed (Photocopied).
- 22 Supra note 14.
- 23 Supra note 14.
- 24 Supra note 14.
- 25 Daulton, J.A & Enderson, W.R., (1998) *Atlanta Bomb Task Force Information*. Washington: FBI National Press Office.
- 26 U.S. Department of Justice, Federal Bureau of Investigation, Counterterrorism Threat Assessment and Warning Unit, National Security Division. (1998). *Terrorism in the United States*. Washington.
- 27 Ten Berge, D., trans. Basil Blackwell. (1989). *The First 24 Hours: A Comprehensive Guide to Successful Crisis Communication*. Oxford: Basil Blackwell.
- 28 Broder, J.F. (2000). *Risk Analysis and the Security Survey*, 2d ed. Boston: Butterworth-Heinemann.
- 29 Albrecht, S. (1996). *Crisis Management for Corporate Self-Defense: How to Protect Your Organization... How to Stop a Crisis Before it Starts*. New York: Amacom.
- 30 Supra note 5.
- 31 Jones, R.W. & Kowalk, M.A. (2000). *Critical Incident Protocol-A Public and Private Partnership*, ed. Patricia P. Miller. Michigan State University, School of Criminal Justice.
- 32 U.S. Department of Justice, Office of the Attorney General, Memorandum, (1995). *Violence Against Providers of Abortion Services*. Washington, obtained from supra note 14.
- 33 Supra note 14
- 34 Waugh, W.L. (2000) *Living With Hazards, Dealing With Hazards: An Introduction to Emergency Management*. Armonk: M.E. Sharpe.