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A Boring Day at the Clinic Is a Good Day at the Clinic: Narrative Inheritances of Anti-Abortion Violence

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This paper autoethnographically interrogates the author's personal experience as an abortion clinic patient escort. Based in a performance paradigm, the author uses performative writing to articulate her experiences and to argue for an emphasis on the body and embodiment in scholarship on anti-abortion violence that centers patients and providers. Additionally, the paper articulates the ways in which anti-abortion violence is storied and narratively inherited by abortion providers, which affects their identity related to their abortion work. Finally, the author demonstrates how internalized and embodied narratives of anti-abortion violence manifest in fear of unpredictability.

Keywords: anti-abortion violence, autoethnography, performative writing, narrative inheritance, abortion

I drive by the Albuquerque, New Mexico, Planned Parenthood facility almost daily. On Tuesdays and Fridays, the outer perimeter of the facility is engulfed by protesters. Even though I'm no longer an active abortion clinic patient escort, the hair on my arms stands up each Tuesday and Friday that I drive by the clinic. Seeing these protesters reminds me of my own experiences with anti-abortion protesters and the violence endured in my five years as a regular escort at clinics in Alabama and Colorado. The Albuquerque Planned Parenthood facility is less than a mile from my house. As I drive by and look at the protesters, I realize that I'm close enough to feel the ground shake from an explosion should the facility be targeted. I realize that I'm close enough to hear the bullets ring should a provider be martyred.

Cassidy D. Ellis (MA, University of Alabama) is a doctoral student at The University of New Mexico studying critical intercultural communication at the intersection of rhetoric, performance, and media studies. Her work is interested in ideologies of monstrosity within mediated abortion rhetoric and specifically the racialized visual histories upon which these ideologies rest. Her most recent scholarship will appear or has appeared in *The Journal of Autoethnography*, *The Fat Studies Journal*, *Departures in Critical Qualitative Research*, and in the forthcoming edited collections *Badass Feminist Politics: Exploring Radical Edges of Feminist Theory, Communication, and Activism* (Rutgers University Press) and *Reconstructing the South: Critical Regionalism and Southern Rhetoric* (University of Mississippi Press). The author would like to thank Shelby Swafford, Anna Wilcoxon, and the reviewers for their generative and supportive comments on previous iterations of this paper. This paper is dedicated to abortion providers who put themselves in quotidian danger to provide essential healthcare.

On November 27, 2015, Robert Dear opened fire on the Planned Parenthood facility in Colorado Springs, CO, killing three people and injuring nine others. This shooting occurred in the wake of a months-long attack on Planned Parenthood clinics (and independent abortion-providing clinics) across the country by a nefarious organization that spent years gathering surreptitiously recorded video footage of Planned Parenthood executives. This organization cut together misleading videos of the footage to frame the executives in compromising positions, such as supposedly arranging the sale of fetal tissue—or what protesters began referring to as “baby body parts.” The first video was released on July 15, 2015, four months before Dear’s shooting. Dear reportedly told police that the impetus for his actions was “the selling of baby parts” and that “he dreamed he’ll be met in Heaven by aborted fetuses wanting to thank him for saving unborn babies” (T. Hughes, 2016).

These videos sparked a rise in anti-abortion violence across the country, creating unpredictable conditions outside already tense clinics. Dear’s attack is only the most recent deadly act of violence against abortion providers. In this essay, the term “providers” refers to all those involved with providing abortions, from physicians and clinic owners, to receptionists and nurses, to volunteers (Cohen and Connon, 2015). Because providers labor within a history of violence, they may experience anxiety about the potential for violence, even if there is no immediate indication that violence may be imminent (Cohen and Connon, 2015). This fear and anxiety are due to uncertainty, or the perpetual potential for violence.

While on the rise again, anti-abortion violence does not occur as frequently or severely as it did in the height of the “abortion wars” in the late 1980s through the 1990s. Now, however, anti-abortion proponents utilize what Carol Mason (2000) refers to as “guerilla legislation,” or tactics that “[rely] on independent operators and independent cases of litigation and legislation to sabotage and harass people seeking or providing abortions on an irregular, arbitrary basis” (pp. 12-13). These tactics have proved successful, as demonstrated through the rise of anti-abortion legislation across the country alongside the current presidential administration, which is vocally hostile towards abortion rights.

The convergence of these factors has led many anti-abortion protesters to feel emboldened. For instance, in a failed state-wide campaign during 2017 and 2018, Alabama anti-abortion advocates called for the governor to sign an executive order declaring abortion illegal within the state. These advocates drew on executive orders signed in states that legalized marijuana alongside sympathetic federal- and state-level administrations to argue that “Given the current political climate, it is highly improbable that the Federal Government will take any action to curb Alabama using its powers [through an executive order] to protect pre-born babies” (“What is Proposal 16,” n.d.).

State-based legislative attacks on abortion access—both in Alabama and across the country—have only increased. This is exemplified particularly well by Alabama’s HB 314, or the Human Life Protection Act. Signed into

law by Governor Kay Ivey in May 2019, the bill sought to ban abortion after six weeks gestation with very minimal exceptions. HB 314 was deemed the most restrictive abortion law in the country (Thompson, 2019). Even more recently, at least thirteen states across the country have sought to use the current COVID-19 pandemic as a pretense to restrict abortion access by deeming abortion a “non-essential service” (Ruggiero et al., 2020). Likewise, the federal government has chastised the United Nations for including abortion as an essential service in the Global Humanitarian Response Plan (Desanctis, 2020). It’s as if the bans don’t stop coming; I’m revising this essay on June 18, 2020, and just yesterday, Tennessee lawmakers signed a 6-week abortion ban into law. Many people aren’t even far enough along at six weeks for their pregnancy test to deliver a positive result. Nevertheless, campaigns like Proposal 16 alongside other guerilla tactics like HB 314, Tennessee’s abortion ban, and abortion restrictions during COVID-19 embolden protesters and often encourage them to show up outside clinics in greater numbers—especially in the event of legislative successes. This is the socio-political environment in which providers work, often risking their lives to keep clinics open and services available.

This essay is a representation of the fear and uncertainty inherent within a particular type of abortion-providing—clinic escorting. Written in three movements that center around poetic and narrative autoethnographic representations, I use performative writing (Pelias, 2005; Pollock, 1998) to situate my experiences within the history of anti-abortion violence. Each movement begins with vignettes from my experience training new clinic escorts in Alabama, followed by a critical poetic accompaniment to the training scene. The training scenes allow me to chart the evolution of my embodiment of fear through the internalization of inherited narratives of anti-abortion violence.

The first movement introduces the concept of clinic escorting, the escorts’ roles at the clinic, and how anti-abortion violence is storied and passed on akin to a family’s narrative inheritance (Goodall, 2005). The second movement speaks to the history of anti-abortion violence more specifically and the various manifestations of violence today. Finally, the third movement puts my experiences into conversation with the role of clinic escorting and the history of anti-abortion violence. This essay shares what Martin et al. (2017) may refer to as “dangertalk,” or what Ludlow (2008) might call some of the “things we cannot say” as abortion providers. Those things we’re meant to keep secret. Those things that may be weaponized, misappropriated, and turned against abortion providers and advocates by anti-abortion proponents. One impetus for this project, however, is to expose the ways in which anti-abortion violence is not only structural, physical, or even rhetorical, but is also a storied violence, a living violence that becomes bottled in the bodies of those who are exposed to it and who frequently face it.

The secret is this: Sometimes, we’re afraid.

This project is intended to reveal the delicacy of the environment outside many abortion clinics. Well-meaning “pro-choice” people who aren’t involved with clinics or clinic escorting have begun organizing counter-protests or other forms of activism without taking into consideration the danger this may pose to abortion providers. It is my hope that these secrets, these “things we cannot say,” become things we *must* say and *do* say in order to shift the emphasis of anti-abortion scholarship away from the protesters and towards those who are affected by anti-abortion violence—the patients and providers. These secrets gnaw at my fingertips on the keyboard, wanting to escape, wanting to be used as warnings, wanting to engender empathy and understanding. Like Goodall (2005), “this is a story I must tell because I don’t want to keep it a secret any longer” (p. 498).

Methodology

Performance scholarship requires attention to the body—the body in space, effects of space on the body, the body’s movements, and knowledge held within the body. This attentiveness to the body makes performative approaches well-suited for abortion-related projects. Indeed, Swafford (2020) writes that “performative autoethnography offers critical/creative potentials for writing within the discursive in-between of dichotomized ‘Life’ versus ‘Choice’ [abortion] discourses” (p. 97). Further, storytelling oriented towards reproductive justice illuminates the “artificial binary between activist and scholarly communities” (Ross, 2017, p. 181), or experiential and theoretical epistemologies. Disintegrating these false dichotomies allows lived experience to hold as much weight as the theory that frames it. The stories are the theory.

A theoretical perspective that is grounded in experiential epistemology necessitates a method that centers lived experience as well. Thus, I turn to performative autoethnographic writing as a tool for attending to the ways “My body houses stories and remembers them sensually. Viscerally” (Boylorn, 2014b, p. 312). I turn to stories for their potentiality. I turn to stories because “Stories are the answer to systemic social [issues]” (Silverman & Rowe, 2020, p. 94). In this way, my approach to autoethnography is critical, exposing the ways power, privilege, and oppression function within experience (Boylorn & Orbe, 2014). Following these scholars—and others like Pollock (1998), who defines performative writing as a style that seeks to *do* something (p. 75)—I bring the body to the page through these stories in an effort to “bring new ways of understanding and being into the world,” knowing “that those new understandings have liberatory potential” (Silverman & Rowe, 2020, p. 92).

Movement I

“A boring day at the clinic is a good day at the clinic.”
I began developing training materials and training new escorts in the heart of the Deep South, Tuscaloosa, Alabama, in 2014, about two years after I

first volunteered as an abortion clinic patient escort. “A boring day at the clinic is a good day at the clinic” is a point I always emphasized at new clinic escort trainings as attendees asked about what they can expect during their shifts. People often assume clinic escorting will be exciting, fast-paced, or adrenaline-fueled. Sometimes this is true. At many clinics across the country, this is true. But at our clinic, the best days and the most frequent type of days were the boring days.

Trainees often asked if protesters ever get physical with anyone or if we veteran escorts ever felt afraid. My co-leader would tell them the story of how a protester once followed her home. When she noticed what was happening, she called her partner’s parents to let them know she was being followed so they could meet her outside their house upon her arrival. Her partner’s dad came outside with a gun and, brandishing it, yelled at the protester-stalker to get off their property. My co-leader would say that she doesn’t feel afraid, because she knows how to shoot guns too. I told them that I had never seen a protester physically engage with an escort, provider, patient, or patient companion, and I told them that I did not ever feel afraid. But as time went on, and as I continued doing this work at clinics across the country, my response to this question of fear would change.

After answering this question in the trainings, I would go on to tell attendees that we had a consistent cohort of protesters at our clinic. They were all older men who would pace back and forth in their regulated protest zone, either praying or pleading with patients to not go “in there” while waving pamphlets to grab the attention of others. Things were, for the most part, predictable. Escorts knew what to expect from these protesters, and these protesters knew what to expect from the escorts. For instance, Patrick was a White man who was probably in his late 50s or early 60s. He always wore belted khaki cargo shorts with a t-shirt tucked in during the summer. For a while, he wore a back brace as he hunched over, pacing from one end of the parking lot to the other. He wore a camera around his neck that he would use to take photos of those outside the clinic—escorts and patients alike.

Here, I’d get interrupted by a trainee asking what protesters do with the photos they take. I would reply with stories. I would tell them stories about how protesters have historically taken photos outside clinics as a form of intimidation. In the 1990s and 2000s, protesters had websites on which they would post photos of people’s license plates. This form of intimidation often targeted clinicians and providers, and it was a method of distributing personal information about these people, like their addresses, to make it easier to stalk them. But protesters also took photos of patients’ and volunteers’ license plates. They would sometimes use this information to contact patients’ or volunteers’ family members or places of employment, asking family or employers if they knew they were supporting someone who had or facilitated abortions. Today, though, protesters typically take photos to put onto social media.

From there, I'd continue with the training, describing a regular protester named David, who was a bit younger—probably in his 40s. He was a staunch Catholic and was generally more interested in praying than shouting, although we knew him to be unpredictable if provoked or in a bad mood. There were also two named John—one a Black man and the other a White man. Both of them came sporadically. “White John” (as we called him) would support Patrick's activities, while “Black John” would bring a cheap-looking baby doll and stroller to push up and down the parking lot as he waved signs at the cars passing by. In the interim between patients' parking, they'd all get together and talk and laugh. It seemed like they had fun out there.

Most days were boring days at the clinic, I'd remind. But as I continued training new escorts, I began to tell them stories of how this boredom started to change.

*

In 2015 my primary clinic was closed due to Targeted Regulation of Abortion Provider (TRAP) laws recently passed in the state legislature. Hallways had to be widened, and sidewalks had to be extended before the clinic could reopen. So, I took to volunteering in my hometown of Montgomery, Alabama. That summer, Montgomery was the location for Operation Save America's (OSA) annual event. OSA is an extremist national anti-abortion organization whose members have historically been tied to various acts of anti-abortion violence, including murder, arson, anthrax threats, and bombings. Each year this insidious organization chooses a location to bring their hundreds of followers to protest one particular clinic. Sometimes this makes it impossible for the clinic to be open during the week of the OSA event. I spent a week in Montgomery providing support for the clinic there.

Before OSA arrived, all escorts and volunteers sat through a training by the National Clinic Access Project. Before this training, I knew little about the clinic violence of the 1980s and 1990s. I knew it had been a bad time, a time rife with violence, which struck fear into those who provided abortion care. But before this training, I did not know the details of the murder, arson, blockades, bombings, and other acts of violence against abortion clinics, and I did not know the individuals who committed these acts. Many of these perpetrators of violence were members of OSA and affiliate groups like Abolish Human Abortion, the Gideon Project, and Operation Rescue—all extremist anti-abortion organizations. These were the people coming to our city that summer.

During the training, we were shown photos of well-known anti-abortion extremists who typically attend the OSA events. We learned their common tactics. We memorized their faces. We were warned about what to look out for. And we were instructed how to report it if we saw one of these individuals. This was important work, they told us. These protesters could be dangerous.

I spent a few nights that week in a house next door to the clinic, which had been rented by Montgomery clinic escorts to use as a hub for organizing. I slept there alone. I set myself up in the room in the very back of the house because I supposed that if a protester planted a bomb, it would have to be closer to the front of the house near the road. I remembered the bombings of Pensacola, Florida's clinic in the 1990s. But then I also remembered Dr. Barnett Slepian, a provider in New York murdered by a sniper who shot through his kitchen window in 1998, and Dr. George Tiller, a provider who was shot in the head at point-blank range while performing deacon duties at his church in 2009. These were murders in intimate spaces, spaces where violence isn't "supposed" to happen. Anti-abortion extremists determined these were "justifiable homicides" and supported these murders. The back of the house, I decided, would be a safer place to withstand a bomb's blast or a gun's bullet. Nevertheless, with every gust of wind that blew a branch and every crunch of leaves I heard outside my back-room window, I wondered if this would be the moment that something bad would happen.

This was the first time I felt afraid.

The summer of 2015 was also difficult for reproductive justice activists and abortion providers throughout the United States due to the release of secretly recorded and doctored footage of Planned Parenthood officials supposedly arranging the sale of fetal tissue (anti-abortion protesters called this the selling of "baby parts"). From the training in Montgomery, I knew clinic violence had been on the rise again, and I feared this would instigate anti-abortion proponents and give them more "justifiable cause" for violence. Then, in November 2015, Robert Dear shot up a Planned Parenthood in Colorado Springs, killing several people. He muttered about "baby parts" as he was arrested.

This was the second time I felt afraid.

* * *

when I train new
escorts I tell them
that most days are
boring, the best
days are boring.

boring means balanced.
it means predictable.
it means we're safe
for another day.

clinic escorts hold
stories of violence
in our bodies—
intimately.

kidnappings &
bombings &
arson &
murder.

when I train new
escorts I tell them
that most days are
boring,

but what
people don't know
is the work
it takes to keep
the tenuous
line between
public and private
in balance.

* * *

As a clinic escort, my responsibility is to walk with patients from their cars to the clinic doors with the goal of getting them there with as little contact with protesters as possible. I was twenty-one years old when I began escorting patients in 2012—too young to remember the vandalism, arson, and bombings that beset abortion clinics across the United States throughout the late 1980s and early 1990s. I was too young to remember the murders of physicians like Dr. David Gunn, Dr. John Britton, Dr. Barnett Slepian, and patient escorts—people in my role—like James Barrett. I was also naively unaware of the 2009 murder of Dr. George Tiller, who was shot one Sunday morning while at church. Every time I talked with my mother on the phone before an escorting shift, she would beg me to “please be careful.” I was too young and too naïve to know this history before escorting, but my mother knew. She remembered. And I’d know soon too.

I learned this history of violence from more experienced abortion rights activists. This violence was storied, passed down like lessons from the wise. They told me stories of anti-abortion protesters gluing locks to clinic doors shut, making anthrax threats, forming human chains to block entrances to clinics. They told me about “Wanted” style posters circulated by anti-abortion organizations in the weeks before each provider was murdered. They told me about the bombings. And the shootings. And the break-ins. And through their stories, this violence became written onto my body. Their stories began to “seem not like stories told of others but like memories of [my] own” (McNay, 2009, p. 1178).

Goodall (2005) coined the term “narrative inheritance” to understand how “What we inherit narratively from our forbearers provides us with a framework

for understanding our identity through theirs” (p. 498). Specifically, Goodall (2005) investigates his own narrative inheritances of toxic family secrets perpetuated by his parents, which complicated his relationship with both his mother and father. Narrative inheritance has been used in similar ways by other scholars to understand how narratives that are passed down through families impact their identities in the present (Bochner, 2008; Boylorn, 2014a; Goodall, 2008; McNay, 2009; Rath, 2012; Wright, 2017).

With the exception of Boylorn (2014a), who writes about narratively inheriting lessons from Goodall, her mentor, the concept of narrative inheritance has yet to be taken outside of the realm of families. I find the concept of narrative inheritance useful for narratives inherited outside of families as well. Growing up in the rural South, narrative inheritances that I learned from church, popular culture, friends, and local folklore all influenced my identity as a young White woman in the region (Ellis & Forst, in press). These narratives shaped how I understood myself, others, and myself in relationship to others. Similarly, I learned about anti-abortion violence through more seasoned escorts who knew more and who had experienced violence first-hand. They narrativized these occurrences, told me stories about them—like I began to do with my trainees—and this affected my identity as a clinic escort. Narratively inheriting stories of clinic violence changed the way I understood my role by making the role more serious, and it gave context for my mother’s plea for caution.

I narratively inherited stories of anti-abortion violence for years. From Yvette, I inherited historical knowledge about anti-abortion terrorists like Flip Benham, who stalked abortion doctors and was prominent in Operation Rescue (the predecessor to Operation Save America), Troy Newman, president of Operation Rescue, Michael Griffin, who was affiliated with Operation Rescue and the Gideon Project and who murdered Dr. David Gunn, and more. From Jessica, I inherited stories of dealing with OSA extremists when they came to her city in 2014, her stories of their blockades, intimidation, and harassment. From Wendy and Dawn, both clinic owners, I inherited stories of how their clinics had been bombed, set ablaze, and vandalized, and how they had been stalked, harassed, followed, and more.

After inheriting narratives like these, and particularly after the summer of 2015, when I experienced my first major anti-abortion protest, I began to mix up my routes to my local clinic for escorting shifts in case I was followed. I started wearing sunglasses when near protesters so that if my photo was taken and put online it would be more difficult to identify me. I would be sure not to say my name or the names of the other escorts within earshot of the protesters, and I institutionalized this as a rule in our escort training (“One bit of information can lead them to find out more, and this could be dangerous,” I’d tell trainees). I would memorize protesters’ faces to more easily notice new people, and I would suggest cutting the shrubs if they got too bushy to make it more difficult to hide bombs. The work of

clinic escorting became much more serious when I internalized these stories. The role of my body in the space it occupied became much heavier. My body could be endangered. But my body was also there to provide support and protection for other bodies.

Movement II

My approach to training new escorts began to change as the 2016 presidential election loomed on the heels of the Planned Parenthood sting videos and subsequent shooting in Colorado. Then-candidate Donald Trump made comments about jailing women who obtained abortions, and the Democratic Party was reluctant to support abortion at all—despite the party platform supposedly being the most oriented to reproductive justice ever with its call to repeal the Hyde Amendment. Additionally, new protesters began to show up at our recently-reopened local clinic, and if there was one thing I learned from my time escorting in Montgomery, it was that unknown protesters pose the biggest threat. I began to emphasize this more in trainings. I began to share my own stories of fear and violence.

*

In October of 2016, I was the lead organizer of our newly-established clinic escort collective, and I got wind of a large protest being organized at our clinic. Wary of these recent new protesters, the collective quickly assembled an enhanced defense strategy, which included strategically parking our cars on the public property where protesters typically set up camp and placing escorts at more places around the medical complex to serve as legal observers. In response, the protesters were extremely agitated that Saturday. Patrick was more confrontational. David was more active. And both Johns were yelling more aggressively.

In the middle of that afternoon, we noticed a crimson SUV with a large “40 Days for Life” bumper sticker parked near the protesters. The driver, an older White man we had never seen before, got out and began talking to the protesters. His body language displayed his anger—scrunched eyebrows, flailing arms, and stomping feet. Protesters were not allowed to park in the medical complex, and as the site coordinator, it was my responsibility to tell him to move his car.

I approached this unknown man. “Sir,” I began. “This is private property. You’re not allowed to park here if you’re affiliated with the protesters. You will have to move your car over there,” I said, pointing across the street to the other portion of public property. “And you have to stand behind this line,” I continued, pointing down at the lines in the parking lot that separated the private from the public. I could see his anger up close now. *I’m glad I asked other escorts to record this*, I thought. (Escorts sometimes record interactions with protesters in case the interaction escalates.)

He turned to me, red-faced, and yelled, “Who are YOU to tell ME where to park and what to do when YOU’RE killing BABIES?!”

“It’s against the law for you to park here. You must move your car, and you must stay on the public property, or I’ll have to call the police,” I responded as calmly and evenly as possible.

He chuckled defiantly and continued, “I follow GOD’S law! Your pesky rules don’t mean anything to me!” I can sense that part of his issue is that I and the other escorts are young women. What’s a woman doing telling *him* what to do? He steps closer to me each time I respond with, “Sir, you *have* to move your car and stand on public property.” I had never seen a protester this irate—not even the OSA protesters. I can see his anger radiating outwards. It was like a fog, consuming me in its haze with uncertainty and worry. He was unpredictable.

This was the third time I felt afraid.

Unpredictability is dangerous. A new protester, a new piece of legislation, a new news story, a new statement by an anti-choice politician all inspire unpredictability. A boring day at the clinic is a good day at the clinic. A boring day at the clinic is a safe day at the clinic. Unpredictability threatens safety, and this, I have learned, is what is to be feared.

* * *

will today be
the next
shooting?

the next time
a white man
with a gun
walks up to
a provider and
shoots them
at point-blank
range?

will we wake up
tomorrow and
find the clinic’s
been burned
to the ground?

a politician proclaiming
“pro-life” policies
called on his
followers to
form a militia.

he told them
they must be
willing to die
for their beliefs.

when was the
last time a
clinic protester
was killed
for their beliefs?

i wonder this
to myself as
i place the armor
over my head,
strapping it
tightly to my
sides for
best results
should it
need to catch
a bullet.

the vest protects
my body, and
my body protects
the patients'.

* * *

While anti-abortion violence and harassment targeting providers have been occurring since at least 1982 (Blanchard & Prewitt, 1993), it “is not a relic of some distant past” (Cohen & Cannon, 2015, p. 7). In fact, the 2018 National Clinic Violence Survey reported that nearly 24% of clinics surveyed experienced incidents of “severe violence” (which includes things like clinic blockades, stalking, facility invasion, death threats, and physical violence), and 52% of clinics reported targeted threats and intimidation against providers.

The narratives I inherited from those who had experienced this violence first-hand caused my body to tense when, in 2016, I read that one of the new occasional protesters was a lawyer running for State Attorney General. He live-streamed videos on his campaign Facebook page showing himself outside clinics or at the statehouse. In one video filmed outside the county courthouse, he held a photo of the Tuscaloosa clinic owner and talked about how much money she made in the supposedly-profitable “abortion industry.” In a later video, filmed at the Montgomery clinic, he held a photo of the

provider there and described how “this woman murders babies here.” He later tweeted about this provider, calling for her to be prosecuted for murder. One of his supporters tweeted, “She should be hung by her genitalia! They [sic] doused with gas and lit on fire! Make sure she never does this again!” (Cass, 2017) in response.

I was most fearful after he attended a meeting hosted by a right-wing organization where he argued for a militia to rise up and demand an end to abortion. “You must be willing to die for your political beliefs,” he told them (Moseley, 2017). He didn’t say who they must be willing to kill, but history and inherited narratives informed my reading of his utterances, and I knew it was the providers who would be endangered. My blood ran cold when I saw him outside my clinic a few days later. Looking at him across the parking lot, I wondered and worried about what may happen.

Movement III

I internalized this history of violence through story, and I embodied these stories, manifesting in fear. Guided by these narrative inheritances, new escort trainings became more structured, strategic, and serious. It affected how my body now moves in space. The fear moves my body each time I greet a patient and walk them to the door of the facility. It moves my eyes as I drive past the Planned Parenthood near my house. I have learned to be hyper-aware at the clinic, memorizing protesters’ faces to identify new ones. It’s the unpredictable I’ve learned to fear. Fear weighs on me, heavy as the bulletproof vest I was required to wear outside the clinic in Denver, CO—a policy required after the Colorado Springs shooting occurred a mere hour and thirty minutes away. This fear has given me a new understanding of how a boring day at the clinic is a good day at the clinic.

* * *

when I escort
a patient to
the clinic’s door,
i recognize that
the stories of
violence living
within my body
arouse with
moments of
uncertainty.

who is that protester?

what group are
they from?

what are they
known for?

will they
trespass,
accost a patient,
follow me home?

outside the
clinic's walls
exists a
delicate ecosystem
of patient, escort,
and protester.

what happens when
that balance is
upset?

the fear of
uncertainty.

will today be
the next...

Ruminations

Anti-abortion violence is understudied in the academy, and the experiences of those whose bodies are at a quotidian risk for this type of violence are underheard. While much of the scholarship pertaining to anti-abortion violence centers personal narrative and case studies (Blanchard & Prewitt, 1993; Cohen & Connon, 2015; Donnally, 2016; Flowers, 2018; Hern, 1994; Ludlow, 2008), scholars have yet to articulate the ways in which providers embody narratives of anti-abortion violence through fear experienced within moments of uncertainty. Additionally, only two of the aforementioned works are actually personal narratives written by providers who may experience anti-abortion violence themselves.

In order to understand the embodiment of storied anti-abortion violence, it must be situated within the history of violence against providers, which I've sought to demonstrate in this essay. For instance, on the surface, wearing a bulletproof vest to escort patients may not necessarily seem fear-inducing or an embodiment of violence, rather a simple safety protocol. Many of the new escorts I trained in Denver felt this way. However, when contextualized by the fact that the vest is being worn at a clinic one and a half hours away from where the last mass clinic shooting occurred and that the vests became

required after that shooting, the ways in which the vest functions as an embodiment of anti-abortion violence becomes visible. The same could be said about my experience sleeping at the house next door to the Montgomery clinic in 2015. Situated within the context of the impending protest and the protesters in attendance being known anti-abortion extremists, the stories of violence I heard just before sleeping in that house became more personally salient and gave rise to constant worry. Anti-abortion violence has bodily implications. Attention to the body in space, therefore, is critical in this work as well.

Thus, I demonstrate the necessity of situating personal accounts of anti-abortion violence within the decades-long history of violence against providers and clinics, regarding these accounts as embodied experiences. Furthermore, I argue that in order to have a holistic understanding of anti-abortion violence from the perspective of providers, scholars must attend to the ways in which violence is narratively inherited and then embodied, influencing the providers' identity in relation to abortion work and the way providers move through space. That said, I find narrative inheritance to be an important concept to apply outside of family communication.

Scholars have demonstrated the relationships of secrets, toxicity, familial and interpersonal relations, and narrative inheritances, but in doing so have confined the way family is conceptualized to the nuclear, heteronormative family structure. Utilizing narrative inheritance in this essay to frame my relationship to anti-abortion violence, clinic escorting, and other clinic escorts expands the concept of "narrative inheritance" and "family" alike. My conceptualization of narrative inheritance emphasizes how "We inherit [narratives] through the mundane and everyday experiences of life" (Ellis & Forst, in press). Thus, this essay demonstrates the convergence of larger cultural narratives, historical narratives, and narratives of a non-traditional "family" (clinic escorts) to demonstrate how I "embody and enact the narrative inheritances that taught [me] what it means to *be*" a clinic escort (Ellis & Forst, in press, emphasis in original). Furthermore, drawing on clinic escorts as an assemblage of family works to queer the notion of family itself (Eguchi & Long, 2019) by destabilizing the heteronormative nuclear family structure within which "narrative inheritance" was first conceptualized. Ultimately, then, by posing and then exposing fear and uncertainty as "secrets," "things we cannot say," or "dangertalk," this essay works to detoxify the environment in which clinic escorts work and, hopefully, build empathy and understanding amongst people unaware of this work as well.

Finally, I want to emphasize that with the current administration's support of anti-abortion positions, and as states throughout the United States continue to pass legislation making abortion inaccessible, attention to anti-abortion violence is imperative. Feeling emboldened, protesters are becoming more aggressive and more determined to "save babies" than in previous years. As Latimer (2009) argues, reproductive politics around abortion—and thus anti-

abortion violence—are cyclical. Thus, we can expect anti-abortion violence to continue increasing. The visibility of this violence through social media, something that was lacking in the original decades of intense violence, similarly energizes those who support abortion rights and is inspiring many to take action after having been previously inactive.

Counter-protesting is an example of this call to action. Often referred to as “clinic defense” activities, since the 2016 election counter-protests have most often been organized by local socialist organizations. They argue that legislative support and protection of abortion rights and clinic escorting are “clearly not enough” (Farber & Rumsberger, 2019). They suggest a “change [in] our course” and argue that “The strategy of relying on liberal NGOs has left us with no appreciable, militant abortion rights movement and a patchwork of abortion access” (Farber & Rumsberger, 2019).

While clinics and escort cohorts actively discourage counter-protesting (E. Hughes, 2019), these events are nevertheless organized consistently. Counter-protests are often organized by inexperienced abortion advocates. They are not regular escorts or providers. Because they lack experience and connection with the identity of “clinic escort” or “abortion provider,” they have not inherited narratives of violence and, thus, are not attentive to the ways their presence creates an environment of unpredictability and uncertainty. As I have already discussed, anti-abortion violence is narratively embodied by those who identify as escorts or providers, manifesting in fear during such unpredictable and uncertain environments. We know from the stories living within us that one slight change outside of a clinic—notwithstanding a huge change like a counter-protest—can have deadly repercussions.

References

- Blanchard, D. A. & Prewitt, T. J. (1993). *Religious violence and abortion: The Gideon Project*. University Press of Florida.
- Bochner, A. P. (2008). Fathers and sons. *Qualitative Inquiry*, 14(7), 1321–1328. doi: 10.1177/1077800408322682
- Boylorn, R. M. (2014a). Five lessons from my mentor. *Storytelling, Self, Society*, 10(1), 45–58.
- Boylorn, R. M. (2014b). From here to there: How to use autoethnography to bridge difference. *International Review of Qualitative Research*, 7(3), 312–326. doi: 10.1525/irqr.2014.7.3.312
- Boylorn, R. M. & Orbe, M. P. (2014). *Critical autoethnography: Intersecting cultural identities in everyday life*. Left Coast Press.
- Cassidy. [@CassDEllis]. (2017, September 2). The dangerous, extremist anti-abortion rhetoric that @SJMCLure has been using in his farcical campaign unsurprisingly engenders violence. [Tweet]. <https://twitter.com/CassDEllis/status/904184007755087872>
- Cohen, D. S. & Connon, K. (2015). *Living in the crosshairs: The untold story of anti-abortion terrorism*. Oxford University Press.

- Desantctis, A. (2020, May 25). Trump Administration asks the U.N. to remove abortion from its coronavirus plan. *National Review*. <https://www.nationalreview.com/2020/05/coronavirus-pandemic-trump-administration-asks-united-nations-to-remove-abortion-from-covid-19-plan/>
- Donnally, J. (2016). The untold history behind the 1991 summer of mercy. *Kansas History*, 39(4), 245–261.
- Eguchi, S., & Long, H. R. (2019). Queer relationality as family: Yas fats! Yas femmes! Yas Asians! *Journal of Homosexuality*, 66(11), 1589–1608. <https://doi.org/10.1080/00918369.2018.1505756>
- Ellis, C. D., & Forst, M. L. (in press). Songs of the South: Embodying the crossroads of southern narrative inheritances. In C. L. Moss & B. Inabinet (Eds.), *Reconstructing the South: Critical regionalism and southern rhetoric*. University Press of Mississippi.
- Farber, M. & Rumsberger, A. (2019, Mar 11). *Why we're mobilizing to defend our clinics*. SocialistWorker.org. <https://socialistworker.org/2019/03/11/why-were-mobilizing-to-defend-our-clinics>
- Feminist Majority Foundation. (2018). *2018 National Clinic Violence Survey*. <http://www.feminist.org/anti-abortion-violence/images/2018-national-clinic-violence-survey.pdf>
- Flowers, P. (2018). Fighting the “hurricane winds” of abortion liberalization: Americans United for life and the struggle for self-definition before Roe v. Wade. *The Sixties*, 1–25. doi: 10.1080/17541328.2018.1469254.
- Goodall, H. L. (2005). Narrative inheritance: A nuclear family with toxic secrets. *Qualitative Inquiry*, 11(4), 492–513. doi: 10.1177/1077800405276769
- Goodall, H. L. (2008). *A need to know: The clandestine history of an American Cold War family*. Left Coast Press.
- Hughes, E. (2018, Mar 7). Counter-protesting at abortion clinics is actually counterproductive. *Rewire News*. <https://rewirenews.link/2I98aBy>
- Hughes, T. (2016, Apr 12). Planned Parenthood shooter ‘happy’ with his attack. *USA Today*. <http://usat.ly/1S6fxZI>
- Hern, W.M. (1994). Life on the front lines. *Women's Health Issues*, 4(1), 48–54.
- Latimer, H. (2009). Popular culture and reproductive politics: Juno, Knocked Up and the enduring legacy of *The Handmaid's Tale*. *Feminist Theory*, 10(2), 211–226. <https://doi.org/10.1177/1464700109104925>
- Ludlow, J. (2008). The things we cannot say: Witnessing the traumatization of abortion in the United States. *Women's Studies Quarterly*, 36(1), 28–41. doi:10.1353/wsq.0.0057
- Madison, Soyini D. (1999). Performing theory/embodying writing. *Text and Performance Quarterly*, 19(2), 107–124. <https://doi.org/10.1080/10462939909366254>
- Mason, C. (2000). From protest to retribution: The guerrilla politics of pro-life violence. *New Political Science*, 22(1), 11–29. <https://doi.org/10.1080/713687891>
- McNay, M. (2009). Absent memory, family secrets, narrative inheritance. *Qualitative Inquiry*, 15(7), 1178–1188. <https://doi.org/10.1177/1077800409334236>
- Moseley, B. (2017, August 26). AG candidate Sam McLure addresses Constitution Party. *Alabama Political Reporter*. <http://www.alreporter.com/2017/08/30/ag-candidate-sam-mclure-addresses-constitution-party/>

- Pelias, R. J. (2005). Performative writing as scholarship: An apology, an argument, an anecdote. *Cultural Studies ↔ Critical Methodologies*, 5(4), 415–424. <https://doi.org/10.1177/1532708605279694>
- Pollock, D. (1998). Performing writing. In P. Phelan & J. Lane (Eds.), *The ends of performance* (pp. 73–103). New York University Press.
- Rath, J. (2012). Autoethnographic layering: Recollections, family tales, and dreams. *Qualitative Inquiry*, 15(5), 442–448. <https://doi.org/10.1177/1077800412439529>
- Ross, L. J. (2017). Conceptualizing reproductive justice theory: A manifesto for activism. In L. J. Ross, L. Roberts, E. Derkas, W. Peoples, & P. B. Toure (Eds.), *Radical reproductive justice: Foundations, theory, practice, critique* (pp. 170–232). Feminist Press.
- Ruggiero, S., Brandi, K., Mark, A., Paul, M., Reeves, M. F., Blanchard, K., Key, K., & Chandrasekaran, S. (2020). Access to later abortion in the United States during COVID-19: Challenges and recommendations from providers, advocates, and researchers. *Reproductive Health Matters*, 1–4. <https://doi.org/10.1080/26410397.2020.1774185>
- Silverman, R. E., & Rowe, D. (2020). Blurring the body and the page: The theory, style, and practice of autoethnography. *Cultural Studies ↔ Critical Methodologies*, 20(2), 91–94. <https://doi.org/10.1177/1532708619878762>
- Swafford, S. (2020). To be a (m)other: A feminist performative autoethnography of abortion. *Cultural Studies ↔ Critical Methodologies*, 20(2), 95–103. <https://doi.org/10.1177/1532708619878743>
- Thompson, D. (2019, May 14). Alabama abortion law: Here’s what to know about the state’s recently-passed law. *The Montgomery Advertiser*. <https://www.montgomeryadvertiser.com/story/sports/2019/05/14/alabama-abortion-bill-vote-senate-rape-incest-details-law/3669839002/>
- What is Proposal 16?*. Proposal16.com. Retrieved September 1, 2017, from <https://www.proposal16.com/what-is-proposal-16>
- Wright, E. (2017). Her place and what was learned there: Rubbings of inheritance, narratives of disinheritance. *Vitae Scholasticae*, 34(2), 43–61.