



WARREN HERN IS ONE OF THE FEW DOCTORS IN THE UNITED STATES WHO OPENLY PERFORMS ABORTIONS IN THE SECOND TRIMESTER OF PREGNANCY AND BEYOND. (PHOTOGRAPHY BY GILAD THALER, GRAPHICS BY RAQUEL REI, VICE NEWS GRAPHICS)

I Live Under Constant Death Threat for Performing Abortions Late in Pregnancy

“I know that if somebody is determined to kill me, they will.”

By Carter Sherman VICE News
February 10, 2022, 4:00am

Warren Hern hadn't planned to dedicate his life to performing abortions. After the Supreme Court legalized the procedure nationwide in the landmark case *Roe v. Wade* in 1973, the doctor originally planned to go back to school to study epidemiology.

But after years of watching women die from illegal, unsafe abortions, in both the United States and abroad, Hern realized he had to help and, eventually, set up an abortion clinic in Boulder, Colorado. The Boulder Abortion Clinic has welcomed more than 40,000 patients since 1975.

Reports of stalking, vandalism, threats, and incidents of assault and battery against abortion providers are now on the rise, but Hern has long been a particular target of abortion foes. That's in part likely due to his specialty: He's one of the few doctors in the United States who openly performs abortions in the second trimester of pregnancy and beyond.

Anti-abortion advocates like to condemn these abortions—and the people who perform them—but in reality, they're incredibly rare. Only 6.2 percent of abortions took place after 14 weeks of pregnancy in 2019, the most recent year for which Centers for Disease Control data is available. Less than 1 percent took place after 21 weeks of pregnancy.

The people who get these abortions often *want* their pregnancies but have some kind of medical condition that dooms them. And when that happens, Hern and his team are there to assist.

The Supreme Court is now deliberating over a case that threatens to topple *Roe*. If the landmark ruling falls, Hern's state of Colorado—with its relative lack of abortion restrictions and multiple clinics—is set to become a haven for abortion patients fleeing the 26 states that are likely to ban the procedure.

In order to understand what this future may look like, VICE News turned to the past—to the stories of the people who've had front-row seats to the last half-century's fight over abortion. Hern spoke to VICE News about his work performing abortions, and the risks he's faced for doing so, as part of our series about the legacies left by veterans of the U.S. abortion wars

This article, told in Hern's words, has been edited for clarity and length.

When I was in medical school in the 1960s, I kept seeing women who were almost dying from illegal and unsafe abortions. When working in the gynecology department, every night that I was on call, I was helping my classmates take care of these women. I wasn't sure what was going on, but I knew something was very wrong.

I came back to Colorado planning to go back to school for my work in epidemiology. During that time, the *Roe v. Wade* decision came down in January of

1973. With abortion now legal, there were some people in Boulder, Colorado, who wanted to start a private nonprofit abortion clinic in Boulder. They found me.

I had learned how to do abortions in Washington, D.C., but I'd only done a few. I wasn't planning to do abortions. I wasn't planning to even practice medicine. I was going into epidemiology. But when these people asked me to help start this clinic, I agreed to do that. I thought that I would do that for a year or two and then go back to school. We opened a clinic almost exactly 48 years ago, in November of 1973.

There was a tremendous controversy, which I did not expect. I did not really think this was controversial because we were helping women. But within two weeks after the first clinic opened, I started getting obscene death threats in the middle of the night. I was living in my house in the mountains in a very remote place. I felt very vulnerable and I decided that I needed to try to protect myself. I started sleeping with a rifle by my bed in case somebody tried to break in. I expected to be shot when I arrived at my home. I expected to be shot when I walked out the door. That's still true. Nothing has changed.

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At the end of 1974, I decided that performing abortions was the most important thing I could do in medicine. So I decided to set up my own private medical practice as a specialized outpatient abortion service. That's when I opened this office, on January 22, 1975. The first week, I had three patients.

Most of the patients we see come in the second trimester of pregnancy, between about 24 and 32 weeks. A few come in after that and we make special arrangements for them depending on their medical situation. We've seen patients up to 33 or 34 weeks.

It's important for me to perform abortions for women who come to me with their desperate need. On many occasions, they have a catastrophic fetal abnormality, for example, that does not permit survival of the fetus. Or the fetus will have a hopelessly impaired life. And the woman and her family are making a decision to

end the pregnancy on the basis of very recent information. And I feel they should have this help.

Pregnancy is not a benign condition. Every pregnancy is a threat to that woman's life during the entire pregnancy until six weeks after the pregnancy is over. This last week, I had a patient from the East Coast who had a catastrophic fetal abnormality that was not survivable. It was lethal. And she also had a serious medical condition that would have killed her without medical treatment and was made worse by the pregnancy.

I don't know how many other physicians are performing abortions as far along as we are. This is really an abortion intensive care unit. We take care of a lot of people who cannot be seen anywhere else.

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This is very intense, very emotional work. The woman is not just presenting her uterus. She's a person. She is living her life. She has a family. She has connections. She has hopes and aspirations. She wants to survive. And so we're meeting many needs for each patient who comes in. That demands a lot from everybody on my staff.

This work had a terrible effect on my first marriage. The parents of my first wife wanted me to stop performing abortions and their minister gave me a very unwelcome lecture at that time when I met him about it. I also have a large number of extended family in Kansas. They all disapprove of what I do, and some of them will not speak to me. There have been many other people in my life who wanted me to stop performing abortions.



WARREN HERN'S ABORTION CLINIC IN BOULDER, COLORADO HAS WELCOMED MORE THAN 40,000 PATIENTS SINCE 1975.
(PHOTOGRAPHY BY GILAD THALER, GRAPHICS BY RAQUEL REI, VICE NEWS GRAPHICS)

There have been several attempts on my life. I've had medical colleagues that have been assassinated by "peaceful, 'pro-life'" Christians who kill doctors as a matter of policy. That is their policy: to kill the doctors who perform abortions.

[Many mainstream abortion activists condemn violence, but since Roe, abortion clinics have been vandalized, bombed, and set ablaze; doctors and the people who work with them have been assassinated. In 1993, an abortion opponent shot Dr. David Gunn to death in Pensacola, Florida, making Gunn the first abortion provider to be killed in the United States. A year later, in the same city, another anti-abortion activist shot Dr. John Bayard Britton and volunteer James Barrett. In 1998, a sniper shot Dr. Barnett Slepian as he stood in the kitchen of his home in a Buffalo, New York suburb. And in 2009, a man walked into Dr. George Tiller's Wichita, Kansas church and fatally shot him at point-blank range. Like Hern, Tiller performed abortions late into pregnancy.]

After taking over his father's medical practice, Dr. Tiller learned that his father had performed abortions for some of his patients. Dr. Tiller decided to continue that work.

During this time, Dr. Tiller was being attacked by a lot of people in Wichita, Kansas, where he worked. Bill O'Reilly kept referring to Dr. Tiller as Tiller the

Baby Killer; he has Dr. Tiller's blood on his hands. At one point, there was a woman named Shelly Shannon, who traveled from Oregon to Oklahoma City, bought a gun, and drove to Wichita to kill Dr. Tiller. She shot him in both arms as he was driving out of his office parking lot one day, trying to kill him. But Dr. Tiller recovered and continued performing abortions.

Shelley Shannon went to prison. And from prison, she wrote me a message saying, "You're next."

Shelley Shannon was visited many times by a man named Scott Roeder, who was an anti-abortion fanatic and who decided to kill Dr. Tiller. On May 31, 2009, Dr. Tiller was in his Lutheran church in Wichita. His wife was in the choir singing. Scott Roeder walked up to Dr. Tiller and assassinated him with a shot to the head.

Scott Roeder was later captured, arrested, and went to prison for life.

Dr. Tiller and I were very good friends: We went skiing together, he invited me to be present for his daughter's wedding, and we spoke on the phone two or three times a week.

We live under a constant death threat—and the death threat extends not just to me and other medical colleagues, but to every member of my staff. We've had violence directed toward people who even clean the building.

In 1988, there were five shots fired through the front of my office through the waiting room windows with a high-powered rifle. One of the bullets barely missed a member of my staff. I had just walked through the waiting room when this happened. There were cars in the parking lot. There were people in the building. So whoever did this wanted to kill somebody.

There have been times when we've had people surrounding the office on all sides. We've had the street full of the anti-abortion protesters. They show up at certain times where they think patients are coming in and they harass them to the point where patients are coming in in tears.

Last summer, I was down at my office here, working one Sunday evening at nine o'clock at night. It was pouring rain. It was dark outside and I started to drive out the front driveway. Here was this guy on his knees by the opening of my driveway, praying in the dark, in the pouring rain. What is a guy like that doing? This is

somebody who's got really unhinged. I have to assume that's the person waiting to assassinate me. That's what I have to assume. I cannot use the front door of my office when those people are out there. I normally don't use it anyway, because I don't want them to see me walking out my front door.

I can't protect myself against this kind of violence. I can't wear a tank.

We have enormous security costs. A very significant part of the cost of the fees that come for abortion services, whether it's a private medical practice like mine or a clinic, go to security to protect yourself from being assassinated and harmed by the physical violence of the anti-abortion fanatics. The costs of offering this service go far beyond a normal medical practice, and it's very complicated. Many clinics have had to close because of these financial concerns.

The financial situation for running a clinic like this has been very difficult from the beginning. The economics are against it.

What you need to have is a service that is highly professional with highly skilled people who are dedicated, who want job stability, who want regular employment benefits, who want to be paid adequately for their work. The pro-choice movement basically did not acknowledge the true cost of their service for most of the previous 50 or 45 years. People would see working in an abortion clinic as a sort of a Peace Corps adventure where they would work for a couple of years and then they would go back to a real life and have a real job. That doesn't work out.

There is some recognition now, but it's inadequate.

I think the pro-choice movement has failed almost completely in its efforts to communicate to the public who we are, what we're doing, and why we're doing it. There are obviously some exceptions, but the public in general does not understand what we do, does not understand that it's women's health care that is vital to the safety and health of women, and doesn't understand that we are under concerted political attack by both the Republican Party and anti-abortion fanatics. A vote for a Republican candidate is a vote to make abortion illegal and to make it unavailable for women.

We work behind bulletproof windows. We have a 24-hour closed-circuit television surveillance of my property at my office and my

home. And yet I know that if somebody is determined to kill me, they will. That's the price you pay for doing this work in the United States of America today, and it became worse with the election of Donald Trump.

Trump got over 80 percent of the vote of the white Christian evangelicals. They knew where their bread was buttered, in spite of his ostentatious depravity, which was the antithesis of all their supposed values as Christians.

Trump's installation of three anti-abortion Republican justices on the U.S. Supreme Court, combined with the other three anti-abortion justices—who were also appointed by a Republican president—has made it clear that abortion rights will be suppressed in the United States and eliminated to the extent that they can. And this is a catastrophe for public health, it's a catastrophe for women, and it's a catastrophe for their families. This current, anti-abortion majority of the U.S. Supreme Court does not respect the rights of women and minority groups or even voters. *Roe v. Wade* will be overturned.

So where do we go from here? How do we get out of this? And the answer is really pretty simple. The Democrats have to win elections. As long as the Republicans are in charge of anything, there's no hope. People need to understand that the last 10 presidential elections have gotten us where we are with Republican presidents and strong anti-abortion justices on the Supreme Court.

I don't plan to retire. I think retirement is a silly idea. I love to see patients. I'm very good at it, but I'd like to change my schedule, and I'm training other physicians on my staff to do these procedures that I've been doing for almost 50 years; I need to have other physicians take my place in the patient-care aspect.

The same week that the shots were fired through the front of my office in 1988 was the same week that my divorce was finalized from my first marriage. I did think about stopping at that time, but I always felt that it was important to continue.

For me, it's a privilege to do this work, it's a privilege to see patients, and I will do it as long as I can.

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