

Statement of the Center for Reproductive Rights

April 28, 2026

House Judiciary Subcommittee on the Constitution and Limited Government

From Tool to Weapon: The FACE Act and the Dangers of Federalizing Criminal Law

Chair Roy, Ranking Member Scanlon, and Members of the Subcommittee:

The Center for Reproductive Rights respectfully submits the following testimony to the House Judiciary Subcommittee on the Constitution and Limited Government. The Center for Reproductive Rights (“Center”) is a global legal advocacy organization that uses the power of the law to advance reproductive rights as fundamental human rights. Since our founding in 1992, the Center’s game-changing litigation, legal policy, and advocacy work—combined with unparalleled expertise in constitutional, international, and comparative human rights law—has transformed how reproductive rights are understood by courts, governments, and human rights bodies around the world. This testimony documents the origins of the Freedom of Access to Clinic Entrances (“FACE”) Act in response to anti-abortion violence, the escalation of threats following *Dobbs v. Jackson Women’s Health Organization*, and the Trump administration’s erosion of the FACE Act’s scope and intended protection for reproductive health providers and patients seeking access to reproductive health services.¹

I. The Freedom of Access to Clinic Entrances Act Was Passed to Combat Targeted Attacks on Providers.

In the 1980s and early 1990s, abortion providers faced escalating violence and intimidation, including clinic blockades, bombings, arson, and targeted harassment that threatened both providers and patients.² This violence culminated on March 10, 1993, when abortion provider Dr. David Gunn was shot and killed in Pensacola, Florida.³ Dr. Gunn’s murder irrefutably exposed the ongoing, escalating violence (and threats of violence) anti-abortion extremists directed at those providing and seeking reproductive health care.⁴

In response to Dr. Gunn’s death, Congress passed the FACE Act.⁵ Congress intentionally designed the bill to penalize dangerous conduct targeting abortion providers, their patients, and health care facilities.⁶ In 1994, then-Representative Charles E. Schumer, a principal sponsor of the FACE Act, explained that Congress enacted the law to ensure the ability of patients to access reproductive health care, emphasizing that it was designed to prevent individuals from being

¹ 597 U.S. 715 (2022).

² See Kristine L. Sendek, “FACE”-ing the Constitution: The Battle over the Freedom of Access to Clinic Entrances Shifts from Reproductive Health Facilities to the Federal Courts, 46 Cath. U. L. Rev. 185, 188–90 (1996).

³ Sara Rimer, The Clinic Gunman and the Victim: Abortion Fight Reflected in 2 Lives, N.Y. Times, Mar. 14, 1993, at A1.

⁴ Ibid.

⁵ Freedom of Access to Clinic Entrances Act of 1994, Pub. L. No. 103-259, 108 Stat. 694 (codified as amended at 18 U.S.C. § 248 (2018)).

⁶ Freedom of Access to Clinic Entrances Act of 1994, Pub. L. No. 103-259, § 2, 108 Stat. 694, 694–95 (1994) (finding that Congress enacted the Act to prohibit and deter conduct that “injures, intimidates, or interferes with” persons obtaining or providing reproductive health services); H.R. Rep. No. 103-306, at 6–8 (1993).

“harassed, intimidated, or interfered with” when seeking reproductive health services.⁷ The FACE Act holds offenders accountable for their illegal actions and serves as an important deterrent by making it a federal crime to use violence, threats, obstruction, or property damage against people seeking to provide or access reproductive health services and places of worship.⁸

II. Threats to Reproductive Health Care Intentionally Deter Access to Care

Time-sensitive access to care is crucial for abortion and other forms of reproductive care.⁹ Violence and intimidation tactics directed at abortion and other reproductive health clinics.¹⁰ Anti-abortion extremists encouraging followers to physically obstruct patients and staff from entering clinics, impeding that access.¹¹ These delays can limit available options and increase medical risk for many patients.

Violence targeting clinics also has a chilling effect on the reproductive health workforce. Studies on abortion provision indicate that sustained threats, harassment, and violence contribute to clinic closures, reduced service availability, and challenges in recruiting and retaining staff.¹² These disruptions reduce health care access across large geographic regions and increase travel distances for patients.¹³ When clinics close or scale back services due to safety concerns, the resulting burden falls disproportionately on rural patients, low-income individuals, and those with limited ability to travel or take time away from work or their loved ones.¹⁴

Abortion is essential healthcare for millions of people of reproductive age, provided by licensed medical professionals, and governed by the same clinical standards as other essential medical services.¹⁵ All patients, including people seeking abortion or other forms of reproductive health care, like assisted reproductive technology, deserve to access health care safely, free from threats, intimidation, obstruction, or violence.

1. Inconsistent and Politicized Enforcement of the FACE Act

Enactment of the FACE Act has had a real-life impact on reproductive health providers and patients seeking access to reproductive health care.¹⁶ Nonetheless, anti-abortion violence

⁷ 140 Cong. Rec. H5414 (daily ed. July 21, 1994) (statement of Rep. Charles E. Schumer). 140 Cong. Rec. H5414 (daily ed. July 21, 1994) (statement of Rep. Charles E. Schumer).

⁸ Supra note 6.

⁹ Am. Coll. of Obstetricians & Gynecologists, *Abortion Policy* (2023), <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2023/abortion-policy>.

¹⁰ See Red Rose Rescue, About, <https://www.redrosescue.com/about> (last visited Apr. 27, 2026); see also Complaint at 1, People of the State of New York, by Letitia James v. Red Rose Rescue, No. 7:23-cv-04832 (S.D.N.Y. 2025), ECF No. 139.

¹¹ Nat'l Abortion Fed., *2023–2024 Violence & Disruption Report* (2025), <https://nationalabortionfederation.org/safety-security/2024-naf-violence-disruption>.

¹² Katrina Kimport et al., “No One Does This for the Money or Lifestyle”: *Abortion Providers’ Perspectives on Factors Affecting Workforce Recruitment and Retention in the Southern United States*, 22 BMC Health Servs. Res. 1, 6–8 (2022).

¹³ *Id.* at 7.

¹⁴ *Ibid.*

¹⁵ Am. Coll. of Obstetricians & Gynecologists, *Abortion Policy* (2023), <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2023/abortion-policy>; See also Nat'l Acads. of Scis., Eng'g, & Med., *The Safety and Quality of Abortion Care in the United States* 1–3 (2018).

¹⁶ See for example, testimony of Renee Chelien for House Judiciary, June 2025, "Once the law went into effect, the violent blockades immediately stopped. We still had protesters, but they were not physically attacking our clinics, staff, and patients."

persisted and, troublingly, intensified following the Supreme Court’s 2022 decision in *Dobbs v. Jackson Women’s Health Organization*, which empowered anti-abortion extremists to take further steps towards eradicating this essential health care.¹⁷ Since *Dobbs*, the National Abortion Federation documented 777 incidents of clinic obstruction in 2023–2024, 621 incidents of trespassing, 296 death threats or other threats of harm against providers and patients, 13 clinic invasions, and 3 arsons targeting abortion-providing facilities.¹⁸

Abortion clinic violence reflects a broader environment where anti-abortion extremists have become more emboldened.¹⁹ The *Dobbs* decision’s removal of federal constitutional protections for abortion and recent executive actions from the administration have created a perception among anti-abortion extremists that access to care can be disrupted or opposed through intimidation and force.²⁰ Today, hate rhetoric and abortion misinformation have increasingly translated into real-world threats and acts of violence directed at clinics and staff.²¹

In the face of this continued and increased violence, violence that Congress expressly sought to remedy by enacting the FACE Act, the Trump administration has publicly and alarmingly retreated from enforcing the law. Three days after his second inauguration, President Trump issued an executive grant of clemency directing the Department of Justice to pardon 23 individuals convicted of violating the FACE Act. Those pardoned included an extremist who injured a nurse, another who crushed a volunteer’s hand in a door, and a group that actively blocked a patient who was leaking amniotic fluid from accessing care.²² At least three of the individuals who received a pardon went on to be arrested again at clinic blockades in 2025.²³

The next day, Chad Mizelle, Chief of Staff to the Attorney General, instructed DOJ’s Civil Rights Division to dismiss, with prejudice, all pending abortion-related FACE Act prosecutions.²⁴ Mizelle further instructed that “future abortion-related FACE Act prosecutions and civil actions will be permitted only in extraordinary circumstances,” and that such actions require “authorization from the Assistant Attorney General for the Civil Rights Division.”²⁵

DOJ is charged with enforcing this statute precisely because Congress recognized that access to health care facilities and places of worship must be safeguarded through consistent federal action when local protections are insufficient or when conduct violence.²⁶ In doing so, DOJ

¹⁷ Nat’l Abortion Federation, *supra* at note 11.

¹⁸ *Ibid.*

¹⁹ Red Line for Civil Rights, *Separating Fact from Fiction in FACE Act Enforcement* (Apr. 14, 2026), <https://redlinecivilrights.org/separating-fact-from-fiction-in-face-act-enforcement/>

²⁰ Red Rose Rescue, *supra* note 10.

²¹ Regan Rush & Megan Marks, *Separating Fact from Fiction in FACE Act Enforcement*, Just Security (Apr. 14, 2026), <https://www.justsecurity.org/136275/separating-fact-from-fiction-face-act-enforcement/>.

²² U.S. Dep’t of Just., Seven Defendants Convicted of Federal Civil Rights Conspiracy and Freedom of Access to Clinic Entrances (FACE) Act Offenses for Obstructing Access to Reproductive Health Services in Michigan (Aug. 20, 2024), <https://www.justice.gov/opa/pr/seven-defendants-convicted-federal-civil-rights-conspiracy-and-freedom-access-clinic>

²³ See Rescue Resurrection, *FACE Act Documentary*, <https://rescueresurrection.com/> (last visited Apr. 28, 2026) (featuring commentary on the FACE Act alongside footage of clinic blockades and appearances by anti-abortion activists); see also Rescue Resurrection, *Mini Documentary*, Vimeo, <https://vimeo.com/1153799109> (last visited Apr. 28, 2026)

²⁴ U.S. Dep’t of Just., *FACE Act Charging Policy* (Jan. 24, 2025), <https://www.perma.cc/98UR-626N>.

²⁵ *Ibid.*

²⁶ Revisiting the Implications of the FACE Act: Hearing Before the Subcomm. on the Const. & Ltd. Gov’t of the H. Comm. on the Judiciary, 118th Cong. (May 16, 2023) (statement of Jessica L. Waters).

enforcement helps ensure that people can seek reproductive health care can enter clinics (and houses of worship) without being subjected to threats, violence, or other forms of harm.²⁷

Instead, the Trump administration's actions highlight how enforcement is drifting from the statute's core purposes. Recently, the Trump DOJ has used the FACE Act in expansive ways, including prosecutions arising from protest activity at places of worship, such as the recent charges involving journalist Don Lemon in connection with a church demonstration.²⁸ Their actions have raised concerns about inconsistent application of federal law and the perception that enforcement decisions may be influenced by considerations beyond public safety and access.²⁹

The DOJ must return to the original intent of the FACE Act: ***protecting patients and reproductive health care providers and ensuring safe, unobstructed access to care.***

Thank you again for the opportunity to contribute the Center's expertise to the record. Should you have any questions or seek additional information, please reach out to Stephanie Croney, Center for Reproductive Rights Federal Policy Counsel, at scronney@reprorights.org.

²⁷ Dep't of Just., Civil Rights Div., *Protecting Access to Reproductive Health Care Services*, <https://www.justice.gov/archives/reproductive-rights/what-we-are-doing> (last visited Apr. 27, 2026); Regan Rush & Megan Marks, *supra* note 21.

²⁸ Associated Press, *Journalist Don Lemon Charged in Minnesota Church Protest Case*, AP News (Jan. 30, 2026), <https://apnews.com/article/don-lemon-arrest-minnesota-church-service-d3091fe3d1e37100a7c46573667eb85c>.

²⁹ Regan Rush & Megan Marks, *supra* note 21.