

# **PCMA**

## **WORKING PAPER SERIES**

### **A CLEAR AND DANGEROUS ENEMY: HOW FEMINIST SOCIAL MOVEMENT ORGANIZATIONS RESPOND TO THE NEW RIGHT**

By Cheryl Hyde

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The Program on Conflict Management Alternatives  
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## At What Cost: How Feminist Social Movement Organizations Survived Attacks by the New Right<sup>1</sup>

Cheryl Hyde

For the contemporary feminist movement, the 1960s was a decade of emergence and development and the 1970s was a decade of vitality, progress, and diversification. The 1980s, however, can be understood as a decade of retrenchment and survival. In 1981 the newly elected Reagan administration initiated sweeping economic, political and social changes that reflected the power and desires of the New Right. At the heart of this Reagan administration - New Right alliance was a sharp assault against the feminist movement. In this paper, I explore how feminist social movement organizations (FSMOs) responded to New Right attacks during the period 1980-1987; attacks designed to shut down these organizations and ultimately end the movement.

This battle between feminist organizations and the New Right may be understood within a larger context that concerns defining, promoting and securing differing conceptions of justice. Both forces offered to the American public substantially different visions of what society ought to look like in terms of gender roles, family structure, and moral authority. And in their competing quests, considerable conflict was evident in various legislative bodies, the courts, and on the streets. This conflict has not abated and depending on the issue, such as abortion rights, the conflict has intensified and seems unresolvable.

According to Hunter the "term 'New Right' refers both to that sensibility and to the organizational network that draws on it while giving it strategic focus and ideological coherence. . . . While today it is antifeminist and conservative sexual issues that most define the New Right's outlook, racism was central to its emergence and remains crucial for overall appeal" (1981:116). Prominent New Right organizations include Phyllis

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1. The research was funded, in part, by the Program on Conflict Management Alternatives at the University of Michigan. Portions of this paper were presented at the 1988 ASA Annual Meeting, Sex and Gender Session.

Schafley's Eagle Forum, the Moral Majority and fundamentalist churches, the National Right to Life Committee and the National Conservative Political Action Committee. New Right campaigns have embraced anti-busing, anti-communist, anti-sex education, anti-ERA, anti-abortion, and anti-gay issues. While the feminist movement advocated independence, equality and choice, the New Right movement urged dependence of women and children, traditional male authority and fulfillment through predetermined sex roles. The New Right assumed the moral high ground with a philosophy premised on both economic and social conservatism. Consequently, it views the women's movement as narcissistic and self-indulgent; responsible for the erosion of the family and moral decay of society.

It is obvious that the Reagan - New Right alliance was and is a serious threat to the existence and growth of the feminist movement. What is not clear is how feminist social movement organizations coped with this threat and what the consequences of various coping strategies were in terms of organizational development. Analyzing FSMO - New Right interactions speaks to the larger issue of movement - countermovement dynamics. Understanding how FSMOs responded to hostile forces sheds light on how movement organizations in general change in order to manage or control their environments.

In this paper, I entertain the possibility that the existence of an opposition is a necessary element for successful mobilization (Gerlach and Hines, 1970; Freeman, 1977). Moreover, under certain circumstances encounters with the opposition can have a radicalizing effect on the movement organization (Ash, 1972), which would be indicated by an increased use of revolutionary ideology or militant tactics, decentralization, and/or collectivization. This notion of organizational change is in contrast with the traditional view that transformation occurs in a conservative direction through such processes as bureaucratization, cooptation, professionalization and oligarchization (McCarthy and Zald, 1977; Michels, 1949; Selznick, 1949; Weber, 1947).

The goal of this paper is not only to describe encounters with the New Right, but also to explain the variations in and consequences of FSMO responses. I also will speculate as to why some FSMOs radicalize while others do not. I should stress that this analysis rests solely on New Right-FSMO interactions, and I recognize that other factors not related to the opposition could account for organizational change. The paper proceeds as follows: an overview of the methodology used and a brief description of the FSMOs in this study, a discussion of right wing threats and FSMO responses, an analysis of the different types of FSMO response, and finally, an attempt to link these responses with organizational dynamics. This piece is part of a larger research project on FSMO survival and change during the 1980s.

#### Description of FSMOs

My analysis is based on case studies of nine FSMOs - three National Organization for Women (NOW) chapters, three health centers, and three anti-violence crisis centers. These three types of organizations reflect the key feminist submovements of the 1970s: ERA ratification, reproductive rights, and eliminating violence against women. The FSMOs vary by region<sup>2</sup>, size, service/action emphasis, structure, year founded<sup>3</sup>, and the type of experiences with the New Right. None are from the major centers of the movement - Boston, New York, Chicago, San Francisco, or Los Angeles. While each offers something special to its community, in many ways they can be seen as "typical" feminist organizations.

Data, collected during one week visits, consists of organizational materials (e.g. by-laws, grants, meeting minutes, budgets, pamphlets and publicity flyers, staff reports) and interviews with past and current participants (32 interviews in the nine organizations). I

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2. Regional designations are based on the National Coalition Against Sexual Assault regions. Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; Southeast: Delaware, D.C., Kentucky, Maryland, North Carolina, South Carolina, Tennessee, Virginia, West Virginia; Mid-West: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin; South: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Missouri; Northwest: Alaska, Idaho, Montana, Oregon, Utah, Washington, Wyoming; Southwest: Arizona, California, Colorado, Hawaii, Nevada, New Mexico, Oklahoma, Pacific Territories, Texas.

3. Year founded are clustered so that 1970-73 is early 1970s; 1974-76 is mid-1970s, and 1977-79 is late 1970s.

was interested in gathering evidence that would not just establish trends in organizational transformation, but also the reasons for such changes.

Table A presents a summary of these organizations along selected characteristics (year founded, number of current participants, main activities from 1980-87), New Right activities as reported by the FSMO, and FSMO responses and changes.

- Table A here -

I will not discuss the table in detail, but will share some general impressions of what I call "feminist life in the trenches".

All but two of the participants interviewed defined their organization as feminist<sup>4</sup>. Definitions were grounded largely in the provision of woman-centered services and activities; though a number also noted the existence of a clear feminist ideology, the process of empowerment of women, and participation in a revolutionary movement. All agreed that survival had been the main task for the 1980s; that expansion was a luxury. There is little chance that the need for their programs and services will diminish, let alone die out, in the foreseeable future. Interviews and organizational materials indicate that if possible, FSMO offerings could be expanded and the needs still would not be met. This continual demand from the community may help explain the determination to overcome obstacles (such as too few resources) and to maintain focus on their objectives throughout this time period.

#### Threats by the New Right

I have clustered the threatening activities of the New Right, as experienced and reported by the nine FSMOs, into three broad categories: funding, legislative, and direct action. I will conclude this section with some general comments on the climate of anxiety and defensiveness generated by the New Right.

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4. Two women did not see their organizations as feminist. One, from the Southwest Health Center, said she couldn't speak for other participants and didn't know if everyone who worked there was feminist. The other, from the South NOW, focused her definition on process, and since the chapter was not run collectively, she did not believe it to be feminist.

A major way in which the New Right-Reagan alliance challenged and damaged FSMOs was through funding withdrawal. Within the first year of the Reagan administration, key federal programs were drastically cut or eliminated. Of particular consequence to all of the FSMOs with staff was the elimination of CETA and Law Enforcement Assistance Administration (LEAA) grants. All of the FSMOs, except the Midwest and South NOW chapters, had and lost CETA workers during 1980 and 1981. LEAA money was especially important to the survival of anti-violence groups. All three of these groups lost this federal money, and the Northeast Center closed during most of 1981 to plan a new course of action. Additionally, there were state-level New Right initiatives such as a sweeping tax reduction measure that dramatically effected the Southwest Health Center. The tax reduction combined with the election of conservative county commissioners resulted in the loss of county money from 1980-82. All FSMOs reported a general anti-service sentiment that made public fundraising difficult.

Legislative activities of the New Right concern those issues that shape or influence the legal status of women. Based on this research, they are subdivided further into: anti-ERA drives, anti-choice legislation and anti-gay legislation. The anti-ERA drives, which occurred until 1982, included both efforts to rescind the ERA in ratified states and to block ratification in unratified states. The ERA failed by three states and was contested hotly until the bitter end. Anti-ERA drives had implications for all three NOW chapters. The passage of anti-choice legislation centered on two key issues. One was medicaid abortion bans, which had ramifications for the Midwest NOW, the Midwest Health Center and the South Health Center. The other was restrictive ordinances against the operation of abortion clinics, which involved the South NOW chapter. In addition, the countless Human Life and Family Protection measures promoted during Reagan's first term elicited response from all of the FSMOs. The final legislative arena, anti-gay rights, centered on employment discrimination and on AIDs related treatment and prevention. Local and state anti-gay employment bills generated responses from the Northwest NOW chapter.



Homophobic anti-education measures concerning AIDS had implications for all three health clinics.

The third, and most virulent, form of right wing activity was direct action campaigns against abortion clinics. In every community I visited at least one family planning or women's clinic had been harassed. The Midwest and South Health Clinics experienced directly the actions of right-to-lifers. The Midwest Clinic was picketed on a regular basis during 1982 and annually on the anniversary of Roe v. Wade. These picketers harassed and "counselled" patients, prevented them from parking near the clinic, and drove up and down the street with a bullhorn condemning the workers and patients as sinners. The South Clinic withstood severe harassment. During most of 1985 and 1986 the clinic was picketed daily. Protesters usually numbered 50 but on some occasions close to 200. These picketers harassed patients by verbally badgering, physically intimidating and taking pictures of them. They blocked access to the clinic through sit-ins. The clinic was vandalized and invasions were attempted. Their satellite clinic received bomb threats. This FSMO was targeted for closure by the formidable right-to-life leader, Joseph Scheidler.

It is clear that these FSMOs experienced a wide range of assaults from the New Right with the most concentrated activity in the south. What should also be evident, but more difficult to document, was the climate generated by New Right activities. Through tactics of fear and intimidation, combined with often highly emotional pleas for support, the New Right set the feminist movement on the defensive. It legitimated or reinforced other pockets of conservatism in these communities, such as the medical establishment, which in turn also opposed the FSMOs. Both the direct and indirect measures of the New Right created an environment hostile to the survival, let alone growth, of FSMOs.

#### FSMO Responses

FSMO responses to these New Right threats ranged from inactivity to highly creative and aggressive counter-attacks. All of the FSMOs attended and sponsored rallies

and educational forums on such issues as reproductive rights (particularly access to safe and legal abortions), ERA ratification, and consequences of domestic budget cuts. Through newsletters, membership letters and newspaper articles, these organizations alerted and urged their constituencies to oppose such administrative actions as the Human Life Amendment, the Family Protection Act, Parental Notification of Minors, elimination of family planning funds, the Robert Bork nomination, and mandatory AIDS testing. These were often well orchestrated initiatives that connected the FSMO with other community groups and agencies. In the following discussion, however, I focus on the specific FSMO responses to the right wing threats presented in the previous section.

The first cluster of right wing threats, funding withdrawal, had implications for all organizations in that resource acquisition on all levels and in all sectors became increasingly difficult. With respect to federal cuts, FSMOs were neither able to replace CETA funded people nor were they able to hire those women into permanent staff positions. It took 2-4 years to generate enough resources to fill these positions. The elimination of LEAA monies had specific consequences for the three anti-violence groups. Both the Southeast and Southwest Crisis Centers saw "the writing on the wall" when they learned in early 1980 that their grants would not be renewed. They successfully sought state and some private monies to fill the gap and froze all hiring for several years. These achievements, however, were predicated on a noticeable shift in board and administration orientation. Both centers developed boards of directors with strong business and mainstream community agency ties. Both directors (hired in 1984) came from social welfare administration, not feminist movement, backgrounds. The outcomes have been positive in terms of fundraising and the continuation of high quality services, yet there are few linkages with the grassroots feminist communities.

The Northeast Crisis Center had a phoenix-like response to the LEAA cuts. While the shelter was closed, volunteers operated a hotline and safe homes network. During this time period, center volunteers worked with the town council and convinced them that a

shelter was needed. The result was a successful application for HUD money. The town purchased and renovated a house, and leases it to the center for \$1 per year.

Relationships between the town council, the police department and the center are quite good, largely due to this planning procedure. Since many of the town council's decisions are influenced by the town meeting process, the center was able to undertake community education programs that also have generated public support. This demonstrated ability to plan resulted in other grants, especially from the state and the local United Way (which has taken a remarkably hands-off approach to the center). Currently the center has a funding base composed of over 20 sources. The center also maintained its ties with the feminist community and is viewed as a leading feminist organization in the area.

The Southwest Clinic responded to its right wing induced funding cuts with staff layoffs and detailed discussions on clinic closing options. This financial crisis added fuel to fire that the center should move away from its collective structure and hire an administrator. This argument was based largely on the need for race and class diversity, but many participants came to believe that improved financial accountability also would be achieved by changing from a collective to a democratically managed organization. In 1984 the center hired an administrator with a specific understanding of fundraising. Fiscal planning has been achieved, and in the interim, county funds restored. The center still struggles, however, with cash flow problems.

Second are the legislative battles which primarily involved the three NOW chapters. All three NOW chapters participated in ERA activities until 1982 (when the ratification deadline passed). Yet the degree of involvement signals important differences between the chapters. The least involved was the Midwest NOW, which limited its activities to ERA walkathons (sending the proceeds to national) and to letter writing campaigns. While this chapter was in a ratified state there were opportunities to work in a key unratified neighboring state. However, few mobilization efforts occurred. Such is not the case with the South and Northwest chapters, the former from a "written off"

unratified state and the latter from a ratified state. These chapters also held letter writing campaigns and walkathons. Additionally, the Northwest NOW sponsored fundraisers for the ERA missionary campaign, provided much of the expenses for two chapter members to work in Oklahoma and North Dakota, and sponsored a delegation to go to the Countdown Rally in Oklahoma. The South NOW actively participated in mobilization efforts in a key unratified neighboring state through local coordination of boycott efforts and through the organization of weekend teams that went to the state to canvas for support, establish and conduct phone banks, and coordinate rallies and fundraising efforts. In both chapters these activities resulted in the creation of an activist-oriented core that would guide the chapters in future actions.

The minimal response of the Midwest NOW chapter extended to mobilization efforts against measures to eliminate medicaid funding for abortions. In the Midwest state, right-to-life groups successfully ran a petition drive in 1987 to end Medicaid funded abortions. A coalition of pro-choice groups responded with a counter-petition drive. Midwest NOW participated in coalition activities to gather petitions, but there is no indication that they initiated organizing efforts beyond gathering signatures.

Medicaid abortion bans also elicited action from the South and Midwest Health clinics. Because low income women did not have access to affordable abortions these clinics were faced with service provision and resource acquisition dilemmas (in that Medicaid would have subsidized their services). The South Clinic chose to raise abortion fees and add clinics in the hopes of generating more revenue that could support a sliding scale. The Midwest clinic<sup>5</sup> did raise their fees slightly, mostly to keep up with inflation. They also instituted a sliding scale, a loan program, a "hardship" case program (that offered free abortions to 1-2 clients a week), and are now investigating community

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5. To show how everything is intertwined, at the time when the medicaid cuts began to hurt the clinic's operations and service availability the clinic also noticed an increase in farm women seeking abortions. These women would have been more likely not to abort if the farm economy was not failing.

fundraising options to help assist low-income women receive abortion and gynecological care. Much of the money to support this came from their salary and benefit pool.

The other anti-choice measure was in the form of a local ordinance to restrict the operations of abortion clinics. The South NOW chapter actively engaged in this battle during 1983. In concert with area family planning centers, this chapter staged rallies, held press conferences, organized city council testimony and joined in a lawsuit to block the ordinance once it passed city council. Ultimately, the ordinance was struck down in court. This organizing further solidified the chapter's activist core.

The final legislative concern involves gay rights. Northwest NOW was a key coalition actor in the defeat of both local and state anti-gay employment referenda. They conducted workshops and press conferences, and organized phone banks (a carry over from ERA days). Based on this work, they also formed a chapter taskforce on lesbian rights. With respect to restrictive AIDs measures, all three health clinics offer low cost HIV testing, counselling and education programs. The South Clinic also conducts a Safe Sex Party patterned after the tupperware party of old.

I turn to the final set of right wing activities - direct actions against abortion clinics. Since all communities witnessed some form of harassment, all FSMOs had a chance to respond. The three anti-violence groups lent moral support to targeted organizations but did not engage in public actions. The Midwest NOW chapter donated a little money for security and wrote newsletter articles condemning the clinic picketing and arson, but did not actively assist the clinics. The Southwest Health Center was spared any direct confrontations because they do not offer abortions. They did help with counter-protests and escort services on behalf of other area clinics targeted by right to lifers. The Northwest NOW also participated in escort services and rallies, and organized fundraisers for an area clinic that had been firebombed. This chapter served as a key mobilization center in the community.

The two clinics that were directly attacked, the South Health Clinic and the Midwest Health Clinic, organized their own defense actions with the assistance of community groups, volunteers, and staff's significant others. Both FSMOs developed escort services that arranged to meet patients a few blocks from the clinic and either drive or walk with them to the clinic. Patients were informed, at the time they made their appointments, that picketers would be present. Rallies were held on behalf of the clinics. In addition, the South Health Clinic purchased around the clock security, attempted to get an injunction against the protesters, filed law suits, and organized counter rallies. It surveyed patients to determine the conduct and impact of the picketers and kept a detailed log of the activities in the event of future litigation. It also held staff support groups and massage sessions in an attempt to lessen the anxiety. The cost to the clinic was high. The director estimates that \$150,000 was spent in 1985 on legal and security fees. More difficult to document are the emotional costs. Staff were constantly anxious and often afraid to come to work. Rather than mobilizing the staff, the picketers wore them down. Turnover was and is high at the clinic. In an attempt to gain support from the mainstream parts of the community, the clinic emphasized a professional, medical image and went so far as to remodel to look like a traditional doctor's office and not a women's self-help center. Yet it was unable to get assistance from the medical and much of the legal communities because they were allied with the right-to-lifers.

Special attention needs to be paid to the responses of the South NOW chapter to clinic harassment in their own and in nearby communities. The South NOW chapter became involved in clinic protection during 1984 and 1985. Family planning clinics in the city frequently were picketed and bomb or arson threats repeatedly were made. In response to these activities, the chapter organized a patient escort service. They utilized an old anti-civil rights ordinance that prohibited more than six protesters at any given time and also forbade singing and dancing during picketing to their advantage. Calling themselves the Ladies Lawn Chair Brigade, the NOW chapter received permission to

picnic on clinic property. If more than six right-to-lifers picketed, if they sang, or if they stopped moving, NOW chapter members would remind them of the ordinance and then call the police. When a patient arrived, a NOW member would go to her car, explain what was happening and accompany her inside. Eventually the opposition broke. This NOW chapter also responded to a clinic in a neighboring city which was bombed, invaded, and often had 300 protesters show up in attempts to close it down. They organized counter-pickets, conducted safety workshops for staff, and co-founded a multi-state coalition that tracked militant right-to-life activity. While the protests continue, the clinic attributes its ability to remain open to the activities of this chapter.

As you can see, FSMO responses to New Right threats are quite varied. In this next section, I group the FSMOs by type of response and offer explanations for this clustering. I conclude with some notions concerning the impact of these responses on FSMO transformation.

#### Types of FSMO Responses to the New Right

Four types of responses emerge from this particular set of New Right - FSMO interactions. The first is *minimal or no response* in which the FSMO fails to use the presence of the New Right to mobilize on behalf of itself or other endangered community groups. This type of response suggests disintegration or stagnation of the FSMO. The second response is *survival through agency development*. Here the FSMO chooses to survive by bolstering its service delivery characteristics at the expense of its political or educational traits. Often this is accompanied by appeals to and identification with mainstream community agents. Such a survival response reflects a conservative change scenario. The third type of response is *survival through the protection of the grassroots base*. Under this response type the FSMO may accommodate certain bureaucratic features. But it maintains a commitment to its political, educational, and/or egalitarian goals while it simultaneously attempts continuation of services. In these FSMOs both radical and conservative change can occur on different organizational dimensions during the same time

period (e.g. the ideology may radicalize while the structure conservatizes). The final response type is *proactive mobilization* in which the FSMO seizes the opportunity to confront the right wing. Such action is often done on behalf of other community organizations under attack. As a result of confrontations with the right wing, these FSMOs experience radicalization. Table B presents these four response types and places the nine FSMOs in the appropriate category.

- Table B here -

In applying these types of responses to the nine FSMOs, I first consider those that provide services - the crisis centers and health clinics. Three of these - the South Health Center, the Southwest Crisis Center and the Southeast Crisis Center - survived by emphasizing the service components of their operation (response type 2). Conservative change is evident. Oligarchies, particularly in the South Health Center, formed. All three directors are primarily fiscal administrators and have little contact with the day to day functioning of the organizations. There is an increased reliance on professionals and on the "professional delivery of services". Working with clients has assumed an individual treatment, rather than collective empowerment, approach. While all three FSMOs have community education programs, the programs and the social change content within these programs have diminished. As indicated earlier, ties to the community are typically with mainstream human service agencies and businesses. While these FSMOs provide high quality services, often under extreme duress, a vision of social change is no longer part of the organizational fabric.

In contrast, the other three service FSMOs - the Northeast Crisis Center, the Midwest Health Center and the Southwest Health Center - survived by protecting and expanding their grassroots base (response type 3). All three groups have maintained either a collectively or democratically managed structure with mechanisms for staff and client input. Former clients are represented in planning processes and service provision. Community education was and is a prominent feature. These FSMOs seek to fulfill their



social change vision by making their offerings more accessible to a greater number of disenfranchised community groups. All three FSMOs are viewed as key feminist organizations in their community. Nonetheless, they did accommodate some traditional, bureaucratic features mostly in the area of fiscal accountability. Directors or administrators assumed greater responsibility for financial planning, bookkeeping and fundraising. This is most clearly seen in the Northeast Crisis Center where the resource base has diversified to include over 20 sources yet the director feels overwhelmed by the constant emphasis on funding. All three organizations report a shift in their volunteers' orientation from social change to career enhancement and are currently debating whether to market their training in this direction. And all three centralized their operations to some degree, though it should be emphasized that in contrast to the other service FSMOs they are remarkably egalitarian.

What accounts for these differing responses by the service FSMOs? There appears to be little correlation between response type and such characteristics as size or age, or in the type or intensity of right wing actions. I argue that the survival response depended on how the decision makers of the organization understood, analyzed and conveyed the right wing threat. Both sets of FSMOs were concerned with the political nature of the assault and with the continuation of services. Yet among the group that survived through agency development, the problem analysis emphasized the financial harm imposed by the New Right. Right wing actions were seen as motivated politically and aimed at destroying the resource base of feminist organizations. In contrast, the other set of FSMOs stressed the reactionary ideology of the New Right manifested in a variety of strategies designed to eliminate feminism. In their explanations to allies, clients and the general public, these organizations downplayed the fiscal constraints in favor of an analysis that underscored how the activities of Reagan and the New Right endangered civil liberties, freedom of choice, and social change protest. They linked their difficulties with the harassment and

repression felt by other disempowered groups. Their analysis maintained a political and social change emphasis which was incorporated into the survival strategies.

Turning to the three NOW chapters, we see the extremes represented in their responses. The Midwest NOW clearly illustrates the first response type. This group largely failed to initiate actions on behalf of itself or other organizations. Most activities were in follow-up or advertising capacities. Despite some sharply worded newsletter editorials against the Reagan administration, this chapter was not able to recruit participants. It does not have a good reputation within local feminist or progressive circles; such activists go elsewhere to contribute their talents. During this time period its membership declined dramatically and currently it is unable to fill half of its officer positions. Moreover, its membership is largely on paper, contributing dues but not time. It is ironic that this chapter was a vital local force in the 1970s and birthed a number of feminist organizations that now enjoy greater success.

In contrast the Northwest and South NOW chapters actively sought confrontation with the New Right. Such confrontation resulted in the radicalization of both chapters, which is most clearly seen in the increased militancy of rhetoric and strategies. Both chapters, but particularly the southern one, were able to establish an activist core that continues to fuel and train other participants. Both chapters have decentralized and are able to identify and respond to the needs of the community. Through their encounters with the right wing, they have gained legitimacy within their communities on a grass roots level and now are key coalition actors in numerous local projects. These NOW chapters provide excellent case studies supporting the hypotheses that opposition is necessary for movement growth and that confrontation is a radicalizing force.

Why did these two NOW chapters respond differently than the Midwest chapter and differently than the service FSMOs? I suggest that the absence of service-dependent clients lifts a constraint that might otherwise prevent the pursuit of confrontations. That is, those FSMOs that offered services became beholden to their customers for two reasons.

First, in a competitive market they had to offer what the consumer desired and this at times compromised overtly feminist tactics and public actions against the New Right. Second, preferred programs and services to fit consumer needs had to be funded. While fees for service and donations covered some of the costs, many of these organizations relied on institutional or government sources of funding. Thus, they needed to attend to a public image that would not "offend" potential donors. Yet that does not explain why the Midwest group failed to act when opportunities, albeit rare, presented themselves. Again, age and size do not seem to be factors. Clearly the Midwest NOW community did not experience the intensity that other communities did, but there was still right wing presence. Both the Northwest and South chapters were more successful at recruiting and inspiring members. Their newsletters indicate continuous and well-focused critiques of the Reagan administration and the New Right. Thus, membership remained informed as to the activities of the right wing as the opposition was always "in the news". These two chapters were also successful in gaining momentum from previous activities and often incorporated old strategies and tactics into new campaigns (e.g. the carry over of the phone bank). No such consistency is evident with the Midwest NOW. Additionally, its community credibility may already have been waning and thus they were never called upon nor did activists seek affiliation with them. Finally, the Northeast and South chapters were very independent of the national organization, while the Midwest chapter did not exhibit such detachment. Thus the more militant chapters emphasized their grassroots connection while the other chapter viewed itself as a local component of a larger enterprise.

One conclusion is that the orientation of the FSMO prior to the 1980s does influence its survival responses. A complete analysis would include an assessment of its ideology, internal processes, resources, and community niche prior to right wing attacks. More difficult to disentangle is the exact relationship between response strategies and organizational change. There is ample evidence of organizational transformation. There is

also evidence for both conservative and radical change hypotheses, involving all or part of an organization. But it is not clear precisely what role the New Right had in influencing these changes. Clarity is further obscured because the interactions between organizational characteristics are not examined (e.g. how ideology influences strategy), and the cause and result are difficult to separate (e.g. did the Southwest Center effectively deal with funding cuts because of identification with the mainstream or did this identification come about because it needed new funding sources). Measurement of response effectiveness and actual change also poses analytical problems.

To sum, I have described the experiences of nine feminist social movement organizations with the New Right during the 1980s. I presented the New Right threats and the FSMO responses. I then clustered these responses into four categories: minimal/no response, survival through agency development; survival through the protection of the grassroots base; and proactive mobilization. One possible explanation for the clustering of these FSMOs stemmed from the way in which the organization understood, analyzed and conveyed the right wing threat. Those FSMOs that focused on the political danger posed by the New Right, linked their situations with those of other progressive organizations, and achieved local credibility through successful encounters with New Right, tended to experience some radicalization. The other FSMOs either stagnated or conservatized. A more careful exploration of the links between interaction with the opposition and organizational transformation remains a fruitful area of study. Mapping the full relationship between threats, responses, and impact will expand our understanding of movement-counter-movement dynamics and of mobilization capabilities in hostile environments.

Table A: Selected Characteristics of FSMOs

<u>FSMO Description</u>	<u>New Right Activities</u>	<u>Responses/Changes</u>
<u>1. Midwest NOW</u>		
- Early '70s	- Anti-ERA legislation	- Minimal response: some fundraising and support activity.
- Active Core: 7-10	- Anti-choice legislation: medicaid abortion ban	- No work in unratified state.
- Members: 500	- Picketing and vandalism of local family planning clinics	- Did not initiate pro -choice work.
- Chapter peaked in mid 1970s, birthing a number of local feminist organizations that still serve the community.		- Held educationals, but no direct assistance to clinics.
- Educational Forums on women's issues.		- Marked membership decline since 1983. Currently unable to fill half of the officer positions.
- Political Action Committee.		- Little initiative or imaginative strategies; indicates stagnation.
- Coalition work against state anti-choice legislation.		
- Monthly social get-togethers for feminist community.		
<u>2. Northwest NOW</u>		
- Early '70s	- Funding: CETA cuts	- Interns ran office; currently fundraise to support part time staff.
- Active Core: 15-20	- Anti-ERA legislation	- Organized regional phone bank and supported ERA missionaries.
- Membership: 700	- Anti-gay legislation	- Key gay rights coalition member; provided phone bank. Established lesbian taskforce.
- Staff: 1 (pt time)	- Picketing, vandalism and arson of local family planning clinics.	- Clinic support and some patient escort.
- newsletter circulation: 1300		- Fundraising to help rebuild firebombed clinic.
- Educational forums on women's issues.		- Strong taskforce activities indicate decentralization process.
- Special attention to violence against women and pornography issues.		- Participants believe that chapter has radicalized.
- Fundraising capabilities match the large New York and Los Angeles chapters.		- Ideological statements become more militant.
- Supported an office staff person for 10 years.		

### 3. South NOW

- Late '70s
- Active core: 8-10
- Membership: 70
- Educational forums on women's issues.
- Highly successful voter registration drive.
- Attuned to race and class issues in the community.
- Considered the "only feminist game in town".

### 4. Midwest Health Center

- Early '70s
- Staff: 10 collective members; 5 contract workers
- No board or volunteers
- Self-help, gynecological and abortion clinics, positive pregnancy program, massage services. Community education and outreach.
- Survived near disaster when insurance was lost in 1986 and no doctors would assist at the clinic.

- Anti-ERA legislation
- Anti-Choice legislation: clinic ordinance
- Severe picketing and vandalism against family planning clinics in community and neighboring state

- Funding: CETA cut
- Anti-choice legislation: medicaid abortion ban
- Anti-gay legislation: restrictive AIDs measures
- Picketed and harassed center.

- ERA ratification campaign in neighboring state.
- Organized testimony and press reports against clinic ordinance.
- Organized patient escort and clinic protection groups.
- Co-founder of multi-state coalition to monitor clinic violence.
- Moved from Roberts Rules to more participatory or consensus process.
- Moved from legislative arena to direct action strategies.
- Taskforce decentralization.

- CETA staff not replaced; staff downsized.
- Center supported through medical fees and community donations.
- Actively committed to finding solutions for low income women in need of services.
- Provides AIDs screening and counselling.
- Established clinic defense protocol (patient notification and escort). Co-planned community rallies.
- Still runs as a collective, though structure recently modified to include part time contract workers who are not collective members.

#### 5. South Health Center

- Mid '70s
- Staff: 50
- Board: 6 (includes 3-4 staff members)
- no volunteers
- Originally a self-help support group for women. Developed into a comprehensive health center with well woman and self help clinic, abortion, cervical cap, donor insemination and pregnancy screening services. Community education including AIDS Safe Sex Parties. Runs a gynecological satellite clinic.
- Most professionally oriented FSMO in study.

#### 6. Southwest Health Center

- Mid '70s
- Staff: 10
- Board: 10
- Volunteer: 40
- Womankind medical clinic, cervical cap study program, pregnancy screening and counselling, fertility awareness classes, acupuncture clinic, information and referral, speakers bureau, INS amnesty exams, bilingual outreach program, health library and publications project, body image and mid-life support groups, and health worker internship program.
- Does not offer abortions, but does support and refer to clinics that do.
- Particular attention to lesbian health issues.

- Funding: CETA cut
- Anti choice legislation: medicaid abortion ban
- Anti gay: restrictive AIDs measures
- Severe picketing, vandalism and harassment of center.

- Funding: CETA cuts; county cuts due to tax reduction
- Anti gay legislation: restrictive AIDs measures
- Picketing and harassment of local family planning clinics

- CETA staff not replaced; with exception small educational grants, center is dependent on medical fees.
- Raised medical fees and increased revenue generating abortion clinics.
- Low cost AIDs screening; educational programs.
- Established clinic defense protocol; installed security system; filed law suits.
- Increased oligarchization with founders as management elite.
- De-emphasized self-help focus.
- Escalating management-worker tension.

- Staff layoffs. Increased fiscal accountability with designation of administrator to pursue other funding options and provide financial planning.
- Diversified funding base.
- Provides AIDs screening and counselling; works with gay rights coalition.
- Helped with clinic escorts and counter demonstrations.
- In early 1980s, altered collective structure in order to diversify and become financially solvent.
- Extensive and increased community organizing with emphasis on bicultural outreach and service provision.

7. Northeast Crisis Center

- Late '70s
- Staff: 5
- Board: 13
- Volunteers: 20
- Multi-purpose center providing crisis counselling and shelter for victims of domestic violence, sexual assault and incest. Also provides AA and Al-Anon support groups, job readiness services, legal and welfare advocacy. Has hotline, residential and non-residential services.
- Only rural FSMO, 70% of clientele from rural areas.
- Emphasizes the relationship between substance abuse and domestic violence.
- Only women are staff and board members.

- Funding: CETA and LEAA cuts
- Picketing of local family planning clinic

- Closed from mid-1980 to 1981 because of federal budget cuts. Reopened with the same democratically managed structures in place. During shut-down, operated as a volunteer taskforce.
- Diversified funding base, director is basically a grantwriter.
- Increased community education.
- Sympathetic but no direct involvement on behalf of clinic.

8. Southeast Crisis Center

- Late '70s
- Staff: 34
- Board: 25; Advisory Board: 21
- Volunteers: 150
- Domestic violence shelter. Provides women's support counselling, batterers program, information and referral, legal clinic, legislative advocacy program, law enforcement training, and community education. Programs available for both residents and non-residents.
- As of 1987, all services housed at one site. Shelter no longer kept hidden.

- Funding: CETA and LEAA cuts
- Picketing of local family planning clinics

- Froze hiring and sought other funding sources (state and United Way).
- Sympathetic but no direct involvement on behalf of clinics.
- Consolidation of management control.
- Increase in the business orientation of the board. There is no representative from the women's community. Increase to the now high degree of mainstream community support.



9. Southwest Crisis Center

- Mid '70s
- Staff: 6
- Board: 17; Advisory Comm: 15
- Volunteers: 100
- Direct services, hotline and counselling, for sexual assault victims and their families. Public education programs focus on causes and elimination of violence, especially in dating situations. Offers volunteer training programs and information-referral.
- Men hold prominent roles in the center, serving on the hotline, escorting victims to the hospital, counselling families, and directing public education program.
- Funding: CETA and LEAA cuts
- Picketing of local family planning clinic
- Froze hiring and sought other funding sources (state and United Way).
- Sympathetic but no direct involvement on behalf of clinic.
- Consolidation of management control.
- Increase in the business orientation of the board. There is no representative from the women's community. Increase to the now high degree of mainstream community support.

Table B: FSMO Placement in Response Categories

<u>Response</u>	<u>FSMO</u>
1) Minimal/ No Response	Midwest NOW
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2) Survival through Agency Development	South Health Center Southwest Crisis Center Southeast Crisis Center
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3) Survival through Protection of Grass Roots Base	Northeast Crisis Center Midwest Health Center Southwest Health Center
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4) Proactive Mobilization	Northwest NOW South NOW

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