

2002 NATIONAL CLINIC VIOLENCE SURVEY REPORT

Conducted by the Feminist Majority Foundation

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KEY FINDINGS

Reversing a pattern of decline over the past few years, the level of severe violence intensified in 2002 to affect 23% of clinics -- up from 20% in both 1999 and 2000. Although the overall level of severe clinic violence has dropped significantly from its peak of 52% in 1994, almost one in four clinics throughout the country is still being targeted with the most severe forms of anti-abortion violence. Severe violence includes blockades, invasions, arsons, bombings, chemical attacks, stalking, gunfire, physical assaults, and threats of death, bomb, or arson.

Bomb threats, stalking, death threats, and blockades were the most commonly reported types of severe violence in 2002. Among the responding clinics, 6.5% reported bomb threats, 6.5% reported stalking of physicians or clinic staff, 6.5% reported death threats, and 6.8% reported blockades. Although bomb threats continue their pattern of decline from a peak of 13% in 1999, the incidence of stalking, death threats, and blockades increased from 2000.

Tactics for blockades and invasions have evolved since the 1980's. Death threats and blockades registered the largest increases from the 2000 survey, pushing up the overall level of severe clinic violence. However, follow-up investigation of those clinics reporting blockades and invasions revealed a pattern of changing tactics of intimidation and obstruction by the extremists. Although blockades and invasions reported in the 2002 survey typically did not involve massive numbers of demonstrators as in the late 1980s and early 1990s, the incidents did nonetheless involve very aggressive tactics. For example, protestors blocked and interfered with vehicles entering clinic parking lots and initiated confrontations with patients and clinic staff as they attempted to enter a clinic. Sometimes, protestors even blocked the clinic doorway or invaded the clinic to harass and threaten staff and patients, always abandoning their activity moments before law enforcement arrived on the scene.

The war of attrition against clinics has intensified. The number of clinics experiencing three or more forms of violence or harassment increased dramatically in recent years, from 5% in 1999 to 11% in 2000 and 14% in 2002. This broader measure of violence and harassment includes the severe violence variables, plus vandalism, home picketing, and break-ins. Clearly, anti-abortion extremists have intensified their reign of terror on a subgroup of clinics in an effort to close them.

Incidence of anthrax threats increased significantly, reflecting the three waves of anthrax threats in late 2001 and 2002. Playing off the fear of the deadly anthrax attacks following September 11th, anti-abortion extremists escalated the use of this tactic.

Over two-thirds of clinics (67%) experienced anti-abortion intimidation tactics such as "WANTED" posters and Internet intimidation and/or anti-abortion leafleting. These aggressive tactics are used to intimidate and interfere with access to health care services. Importantly, these intimidation tactics were generally targeted at the same clinics victimized by violence and harassment. The rise in Internet intimidation reflects a renewed emphasis by anti-abortion extremists on this method of intimidation.

During 2002, 7% of clinics reported that a physician or other staff member quit their jobs as a result of anti-abortion violence, harassment, or intimidation – up from 5% in 2000. This brings the number closer to the 10% figure seen in 1999 when resignations rose in the aftermath of the October 1998 murder of Dr. Barnett Slepian. Not surprisingly, staff resignations were more frequently seen in clinics that were targeted with high levels of violence, harassment, and intimidation.

As in previous years, a clear majority of clinics provided favorable ratings of the law enforcement response to clinic violence in 2002. Of those clinics that had contact with local law enforcement, 75% provided “good” or “excellent” ratings. Of the clinics that had contact with state law enforcement, 81% rated their response as good or excellent. Of the clinics that had contact with federal law enforcement, 82% rated their response as good or excellent. **Clinics that rated their local law enforcement response as “good” or “excellent” were less likely to experience anti-abortion violence or harassment.**

A disturbing trend, however, is the apparent reduction in the response to potential FACE violations by federal law enforcement authorities. Of the 25 clinics that reported potential violations, only 16% indicated that they were “provided clear direction for initiating federal FACE complaints.” This is down dramatically from the figure of 58% in 2000. Only 24% of the contacts resulted in an investigation being opened, and 16% led to an interview with the involved parties. This is down from 30% and 33% in 2000. As a result of the contact, criminal FACE actions were initiated in 4% of the complaints, in comparison with 9% in 2000.

METHODOLOGY

The ninth National Clinic Violence Survey, which measured the incidence of anti-abortion violence in 2002, was mailed at the end of September, 2002.¹ This survey is the nation's most comprehensive study of anti-abortion violence, harassment, and intimidation directed at clinics,² patients, and health care workers. It includes information provided by abortion providers of various national organizational affiliations as well as independent clinics.

First, a universe of 739 abortion providers was identified by the Feminist Majority Foundation's National Clinic Access Project. These providers were then mailed questionnaires at the end of September, and they received several follow-up telephone calls from the Feminist Majority Foundation over the next few months. National affiliate groups also encouraged members' participation through fax and email reminders. As a result of these efforts, 338 questionnaires were returned. The overall response rate was therefore 46%.³ Data were entered, double-checked, and analyzed using SPSS (Statistical Package for the Social Sciences).

The 338 abortion providers responding to the survey were assured that their individual responses would remain confidential. They are identified in this report by name or state only when the incidents described are a matter of public record or when they granted permission to the Feminist Majority Foundation to include the details of the incident in this report.

PROFILE OF SURVEY RESPONDENTS

The sample of survey respondents in 2002 included 338 abortion providers in 47 states and the District of Columbia. (See Appendix for respondents by state.) Of these, 47% were non-profit clinics, 30% were for-profit facilities, and 22% were private doctor's offices.

The majority (67%) of responding facilities were free-standing, with another 7% located in a medical office group, 7% in a strip mall, 4% in a high-rise medical building, 5% in another type of high-rise, 3% in a hospital, and 7% in an "other" type of building.

Type of Services Provided

Virtually all clinics indicated that they provided a variety of women's health care services in addition to abortion, including birth control (96%), pregnancy counseling (83%), emergency contraception (88%) including the "morning after pill" (84%), STD testing and treatment (80%), adoption counseling and referral (51%), cancer screening (66%), services related to menopause (49%), HIV/AIDS testing (60%), pre-natal care (21%), and "other" services (27%). Other services include the entire range for a primary care, family, or OB/GYN practice, as well as vasectomies, pregnancy testing, colposcopy,

¹ Although clinics were provided with the survey at the same time (questionnaires were originally mailed on September 23, 2002), they obviously took varying amounts of time to complete and return the information. Because they were then asked to report on violence experienced during the year 2002, the precise amount of time covered by the survey would have varied somewhat between clinics.

² The word "clinic" is used throughout this report to refer to survey respondents, although they include both clinics and private doctor's offices that provide abortion services.

³ This estimated response rate is actually conservative, because it does not exclude the number of non-respondents whose surveys were either returned or lost because the clinic was closed, no longer provided abortions, or for some other reason. Approximately 50 surveys were returned unopened, so the actual response rate is likely to be in the range of 50%.

cryotherapy, infertility testing and treatment, artificial insemination, community education, and parent support groups.

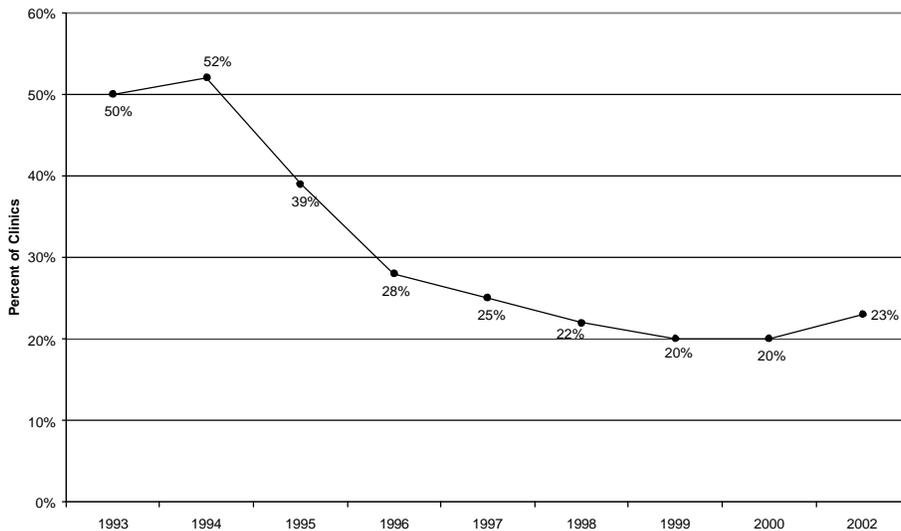
Abortion constituted over 75% of the services provided for almost half (43%) of the respondents. The remaining 57% of clinics were fairly evenly divided among the other percentage categories: less than 5%, 5-10%, 11-24%, 26-50%, and 51-75%. Exactly three-quarters of the clinics administer mifepristone and/or methotrexate as a form of medical abortion.

INCIDENCE OF SEVERE VIOLENCE

Level of Severe Violence Intensifies, Affecting Almost One in Four Clinics in 2002

Reversing a pattern of decline over the past few years, the level of severe violence intensified in 2002, affecting 23% of the abortion providers participating in the survey. In other words, **almost one in four clinics throughout the country is targeted with the most severe forms of anti-abortion violence.** This longitudinal measure of severe violence includes eleven tactics: blockades, invasions, bombings, arsons, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats. See Chart 1 for longitudinal data on severe violence from 1988 to 2002.

Chart 1: Percent of Clinics Experiencing Severe Violence 1993-2002



The overall level of severe clinic violence has dropped significantly from its peak of 52% in 1994. The decline is the result of the sustained efforts of pro-choice mobilization combined with the enforcement of the 1994 Freedom of Access to Clinic Entrances (FACE) Act (18 U.S.C. § 248), and federal court decisions such as *Madsen v. Women's Health Center*⁴ and *NOW, et al. v. Scheidler, et al.*⁵ The passage of FACE coupled with these court decisions created stronger legal protections for clinics and

⁴ In *Madsen*, the U.S. Supreme Court upheld lower courts' freedom to establish buffer zones.

⁵ In 1997 in *NOW*, the federal district court issued a nationwide injunction enjoining blockades and invasions organized by the Pro-Life Action Network and Operation Rescue because these blockades and invasions were extortion in violation of the Hobbs Act. The decision was overturned by the Supreme Court in February of 2003.

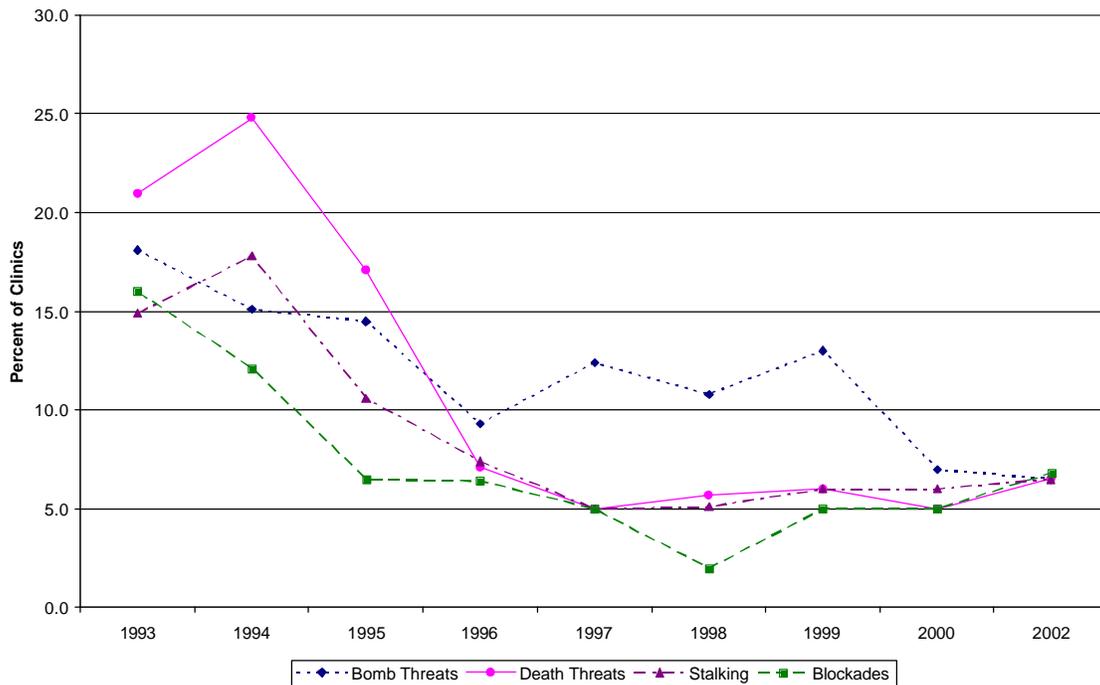
sent strong deterrent messages to anti-abortion extremists. The fact that 23% of clinics experienced severe anti-abortion violence in 2002 represents the first reversal of an otherwise declining trend and indicates a cause for concern, especially since such a significant proportion of clinics still experience severe violence. The Supreme Court's recent reversal of the decision in *NOW v. Scheidler* could further increase levels of violence by emboldening anti-abortion extremists, although the verdict does not affect the ability of clinics, law enforcement, and prosecutors to use FACE.

Blockades, Stalking, Death Threats, and Bomb Threats Most Common Severe Violence

As with the 2000 survey, the four most common forms of severe anti-abortion violence in 2002 were bomb threats, death threats, stalking, and blockades. Among the responding clinics, 6.5% reported bomb threats, 6.5% reported stalking of physicians or clinic staff, 6.5% reported death threats, and 6.8% reported blockades. Although bomb threats continue their pattern of decline from a peak of 13% in 1999, the incidence of stalking, death threats, and blockades increased from 2000.

Stalking and death threats peaked in 1994, when 18% of clinics reported stalking and 25% experienced death threats. Stalking and death threats peaked in 1994, when 18% of clinics reported stalking and 25% experienced death threats. In 1993, bomb threats and blockades peaked at 18% and 16% respectively. Blockades began their steep decline in 1994, while death threats and stalking would greatly decrease beginning two years later in 1996 (see Chart 2).

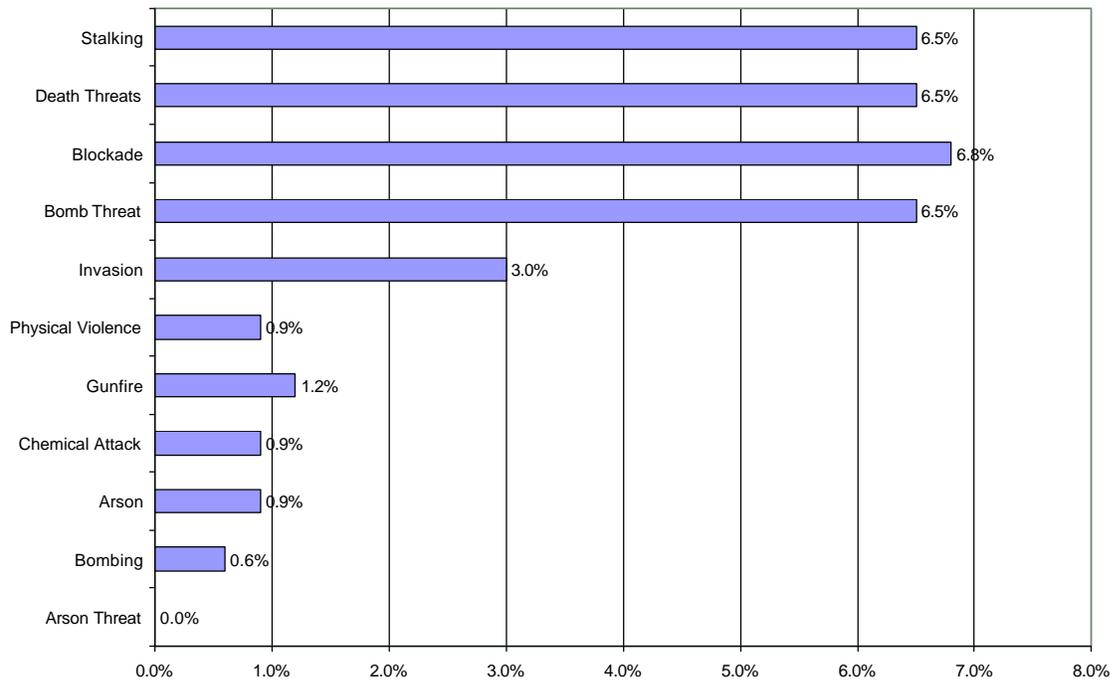
Chart 2: Four Types of Severe Anti-Abortion Violence 1993-2002



Most threats were received by letter/mail, although many were also made over the telephone. Of the clinics responding to the survey, 27% reported having received a threat in the mail and 8% received threats on the telephone. Only 1% reported having received a threat over the Internet or email.

Dangerous but less common types of severe violence include facility invasions, chemical attacks, gunfire, arson, physical violence, and bombings. Three percent of clinics experienced a facility invasion in 2002, approximately double the figure for 2000. The other types of severe violence affected 1% or fewer of the responding clinics. The percentage of clinics experiencing each of the eleven types of severe violence in 2002 is displayed in Chart 3.

Chart 3: Severe Violence Reported in 2002 (n = 338 clinics)



Tactics for blockades and invasions have evolved since the 1980's. Death threats and blockades registered the largest increases from the 2000 survey, pushing up the overall level of severe clinic violence. However, follow-up investigation of those clinics reporting blockades and invasions revealed a pattern of changing tactics of intimidation and obstruction by the extremists. Although blockades and invasions reported in the 2002 survey typically did not involve massive numbers of demonstrators as in the late 1980s and early 1990s, the incidents did nonetheless involve very aggressive tactics. For example, protestors blocked and interfered with vehicles entering clinic parking lots and initiated confrontations with patients and clinic staff as they attempted to enter a clinic. Sometimes, protestors even blocked the clinic doorway or invaded the clinic to harass and threaten staff and patients, always abandoning their activity moments before law enforcement arrived on the scene, having been summoned by clinic staff.

VIOLENCE AND HARASSMENT

The War of Attrition Intensifies

In their war of attrition, anti-abortion extremists continue to concentrate their reign of terror on a small subgroup of clinics in an effort to close them. However, the number of targeted clinics has increased in recent years. In 2002, 14% of clinics experienced three or more forms of violence or

harassment – this is almost three times higher than the figure of 5% in 1999. The results clearly suggest that anti-abortion extremists have intensified their efforts to close women’s health clinics in a war of attrition. An additional 30% reported experiencing moderate violence (one or two types), roughly comparable to the previous year. Fifty-six percent of clinics were reportedly free from anti-abortion violence and harassment, which is comparable to the figures of 54% in 1999 and 56% in 2000. This composite measure of violence and harassment includes the severe violence variables,⁶ the vandalism variables,⁷ home picketing, and break-ins.⁸ Longitudinal trends of these three clinic subgroups are depicted in Chart 4.

Chart 4: Clinics Targeted with No, Moderate, or High Levels of Violence and Harassment

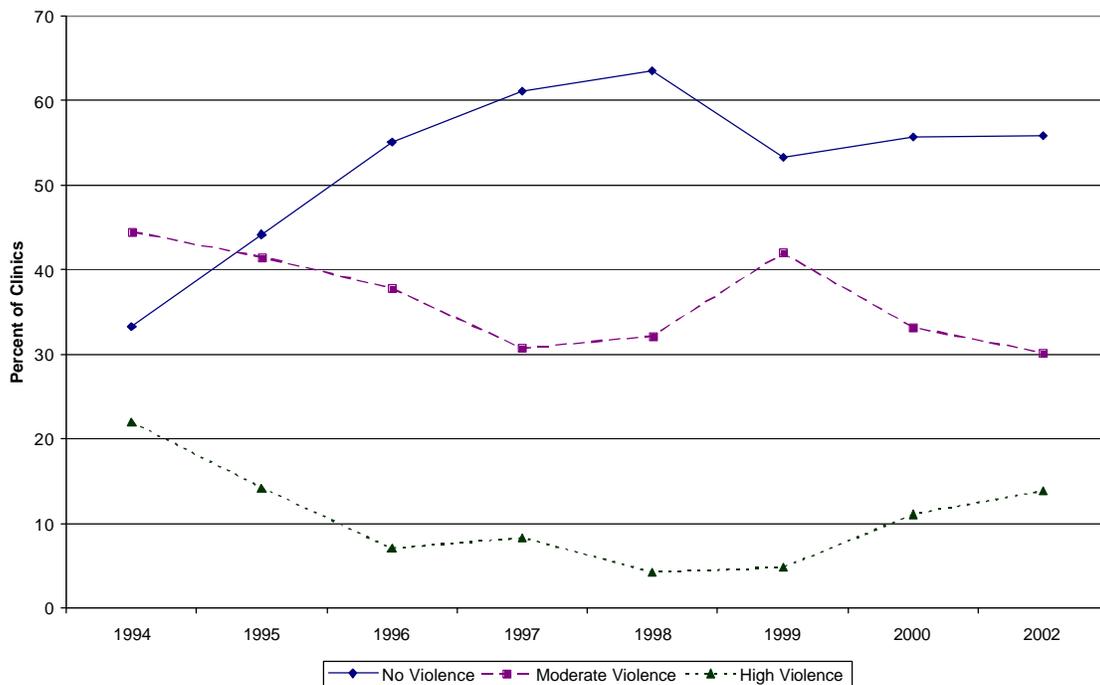


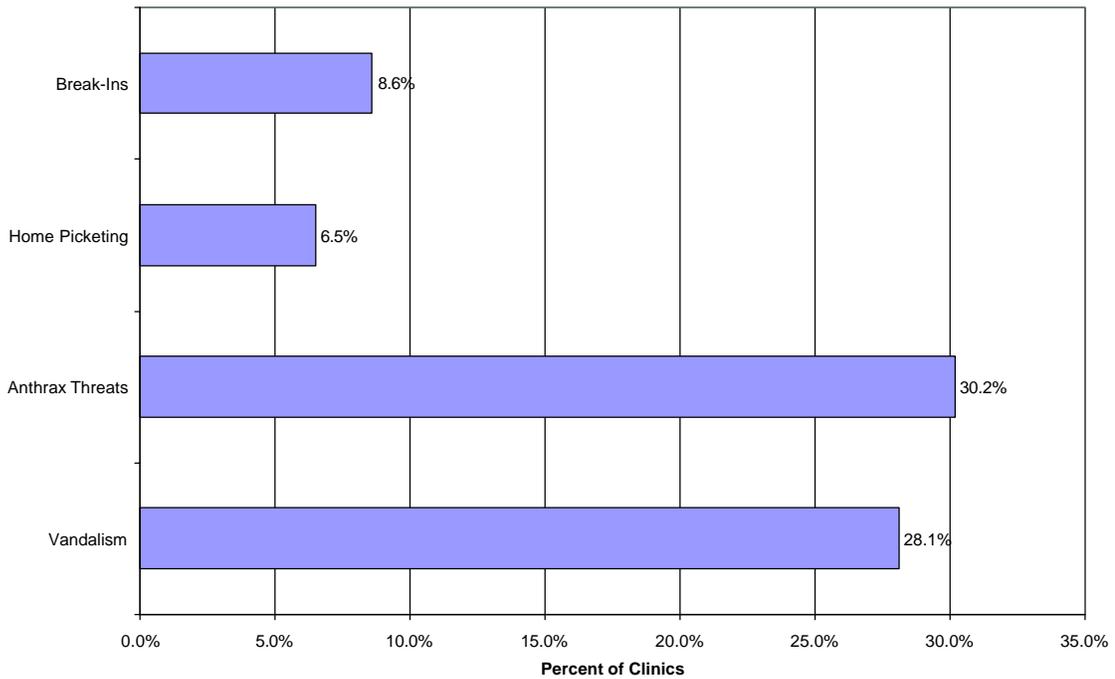
Chart 5 depicts the percentage of clinics reporting and harassment in the forms of vandalism, anthrax threat letters, home picketing, and break-ins. In 2002, the 7% incidence of home picketing stayed the same as 2000. However, the incidence of robberies, burglaries, or break-ins almost doubled from 5% in 2000 to 9% in 2002.

⁶ Severe violence includes eleven variables: blockades, invasions, bombings, arsons, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

⁷ Vandalism includes eight variables: graffiti, broken windows, tampering with garbage dumpster, tampering with phone lines/calls, nails in driveway/parking lot, vandalism of staff homes or personal property, glue in locks, motor oil in driveway/parking lot.

⁸ Initially the 2000 National Clinic Violence Survey Report included anthrax threats in the composite measure. In this chart, anthrax threats are not included in any of the composite measures to ensure consistency for longitudinal comparison.

Chart 5: Clinics Reporting Forms of Harassment and Intimidation



Other types of violence and harassment described by clinic staff include aggressive behavior toward patients, such as screaming, pushing signs in their faces, and touching or even physically restraining them. Protestors reportedly open the car doors of patients, yell through windows into private patient rooms, and follow patients down to the street or even to their homes. In other incidents, protestors have impersonated police officers or clinic staff to abuse the trust of patients. Protestors have also used names and discussed the personal lives of clinic staff during demonstrations, on the radio, and on bumper stickers.

Incidence of Anthrax Threat Letters Skyrockets

In the last few years, anthrax threat letters have become an increasingly used tactic of anti-abortion extremists, but the incidence of anthrax threat letters skyrocketed in late 2001 and 2002. In the prior survey conducted in 2000, only 7% of clinics reporting having received an anthrax threat letter. **In 2002, however, as many as 30% of clinics reported having received an anthrax threat letter.** Anthrax is an infectious and potentially fatal bacterial disease that has no indication of exposure; there is no cloud, color, smell, taste, or effective treatment for unvaccinated victims.⁹ In the days following the fatal anthrax letters sent to media and government officials in September of 2001, some 250 abortion and family planning clinics in 17 states and the District of Columbia also received anthrax threat letters. The threats came in envelopes, with return addresses from the U.S. Secret Service and U.S. Marshall Service with postmarks from four different cities, containing a white powder and a threatening letter signed by the Army of God, an underground anti-abortion extremist group.

Then, only weeks after this spate of threats, another round of anthrax threats hit some 200 clinics and several reproductive rights advocacy organizations, including the Feminist Majority Foundation, Center for Reproductive Law and Policy, Catholics for a Free Choice, Advocates for Youth, and the

⁹ *Anthrax Report*, Office of the Army Surgeon General, Falls Church VA, November 1999.

American Association of University Women. The second set of threats came in Federal Express packages that also contained a white powder and a threatening letter from the Army of God, but the packages were marked as sent by Planned Parenthood Federation or the National Abortion Federation.

Clayton Waagner was arrested and charged with sending these threats, but after he was taken into custody a third round of threats was mailed in the early months of 2002. No one has yet been arrested or charged in connection with these crimes. Although anthrax threats to abortion and family planning clinics have so far proved to be hoaxes, the impact of the threat to clinic staff and community members is real and disturbing. Given the deaths associated with the real anthrax attacks in 2001, law enforcement officials and abortion rights advocacy groups have aggressively educated and advised abortion providers on the elements of this tactic.

Over One in Four Clinics Targeted with Vandalism

As many as 28% of clinics reported suffering at least one type of vandalism in 2002, continuing the decline from 34% in 1999 and 31% in 2000. However, this figure is still virtually double that of 1998, when only 16% of clinics experienced one or more forms of vandalism. Of the 95 clinics suffering vandalism, specific tactics were reported by the following percentage of clinics: marking graffiti (54%), breaking windows (28%), tampering with garbage dumpsters (21%), placing nails in the driveway or parking lot (19%), tampering with phone lines or calls (17%), vandalizing the homes or personal property of staff (10%), pouring glue into locks (10%), and spattering motor oil across driveways or parking lots (5%).

Other types of vandalism described by clinic staff include throwing paint or other liquid on the facility, and leaving stickers, chalk drawings, or other items on the property. Vandalism has also included slitting tires, throwing stones, tampering with utilities, stealing equipment, and leaving trash, dead animals, or soiled diapers on the property. Clearly, some of these specific tactics fit the characterization as vandalism, but others carry with them a degree of threat that is unmistakable such as leaving nails or shell casings on the property, breaking lights, and tampering with or stealing security equipment.

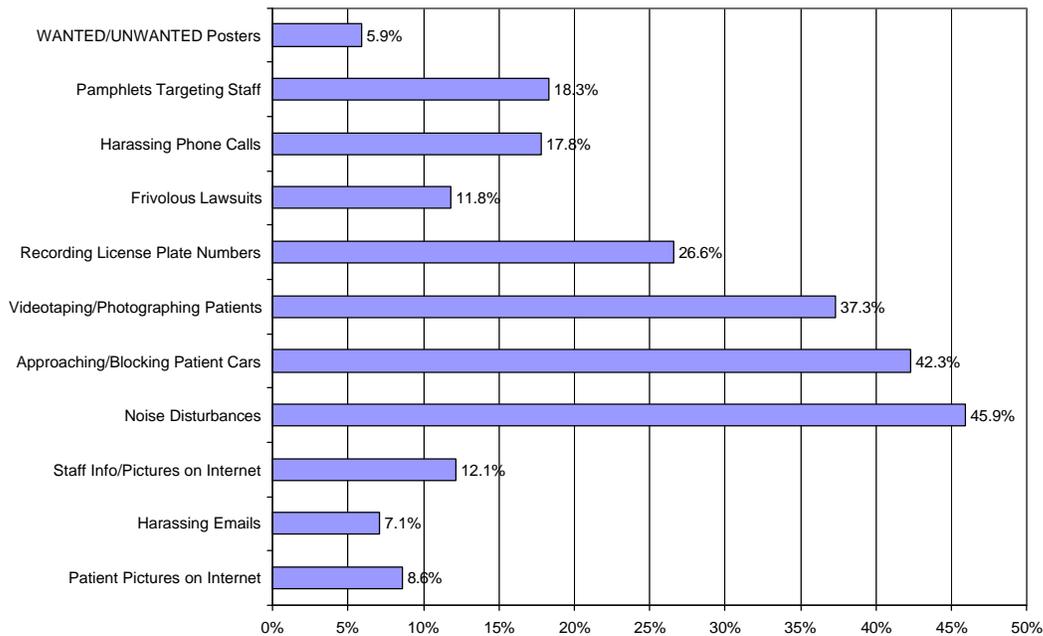
ANTI-ABORTION INTIMIDATION TACTICS

Extremist Intimidation Tactics are Linked with Violence and Harassment

In addition to the various types of violence and harassment, clinics are also targeted with various tactics of intimidation in an aggressive attempt by extremists to interfere with access to health care clinics. Importantly, these intimidation tactics are significantly associated with the occurrence of anti-abortion violence and harassment. These intimidation tactics can thus be viewed as a precursor to violence and a serious concern for abortion providers – even if some might be legally protected as free speech.

This measure of intimidation in the 2002 survey includes eleven widely varied tactics: noisy disturbances (e.g., yelling, bullhorns), approaching/blocking cars of patients, videotaping/photographing patients, posting pictures of patients on the Internet, recording license plate numbers of patients, filing frivolous lawsuits, harassing phone calls, harassing emails, pamphlets/leaflets targeting staff/physicians, personal information or pictures of staff on the Internet, and “WANTED” or “UNWANTED” posters of physicians or staff. **These intimidation tactics affected more than two-thirds or 67% of clinics in 2002.** The incidence of each specific type of intimidation is presented in Chart 6.

Chart 6: Intimidation Tactics Reported in 2002 (n = 338)



As Chart 6 demonstrates, the most common intimidation tactics reported in the 2002 survey are leafleting, noise disturbances, approaching/blocking cars, photographing or videotaping patients, recording license plates, and harassing phone calls. Although many of these activities are legally protected as free speech, “Wanted” posters and some forms of Internet intimidation have been found to violate the 1994 Freedom of Access to Clinic Entrances Act and to be on a par with other threats of violence.

The link between intimidation tactics and violence is graphically displayed in Chart 7. The chart illustrates that of the 226 clinics that experienced at least one form of intimidation, 69% also indicated that they had been targeted with one of the many forms of violence and harassment, including anthrax threat letters. In contrast, of the 112 clinics that did not report experiencing any such intimidation, only 33% were targeted, leaving 67% free from violence and harassment. In other words, when intimidation tactics and/or anti-abortion leafleting occur at a clinic, the reported rate of violence more than doubled.

Chart 7a: Violence Levels at Clinics Experiencing No Intimidation

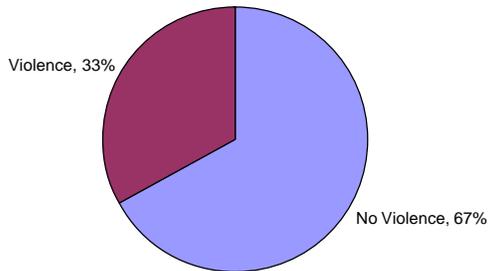
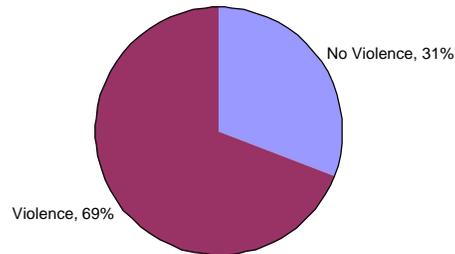


Chart 7b: Violence Levels at Clinics Experiencing Intimidation



Incidence of Internet Intimidation More than Doubles

The incidence of Internet intimidation more than doubled, from 9% in 2000 to 20% in 2002, returning to the level it registered in 1999 (18%). Internet intimidation may include sending harassing email messages, posting pictures of patients, escorts, and clinic employees, divulging personal profiles including home addresses and telephone numbers, making death threats, or even advocating the murder of specific abortion providers. This intimidation can occur in a variety of forums, including Web sites, Internet chat rooms, and through private emails. Protection from such forms of intimidation is complicated by the easily veiled identity of those posting the information.

The most infamous example of this tactic is anti-abortion extremist Neal Horsley's Nuremberg Files Web site, where hundreds of abortion providers and abortion rights advocates were named amidst graphics of dripping blood. Many of these names were provided with a hyper-link to personal information profiles including home addresses, telephone numbers, and the type of car driven. This form of intimidation, in combination with wild-west style "UN-WANTED" posters, was found to constitute a true threat in *Planned Parenthood of Columbia/Willamette et al. v. American Coalition of Life Activists et al.* However, Horsley and his site were not directly defendants in that case, and the site remains active. The rise in Internet intimidation reflects a renewed emphasis by anti-abortion extremists on this method of intimidation.

STAFF RESIGNATIONS

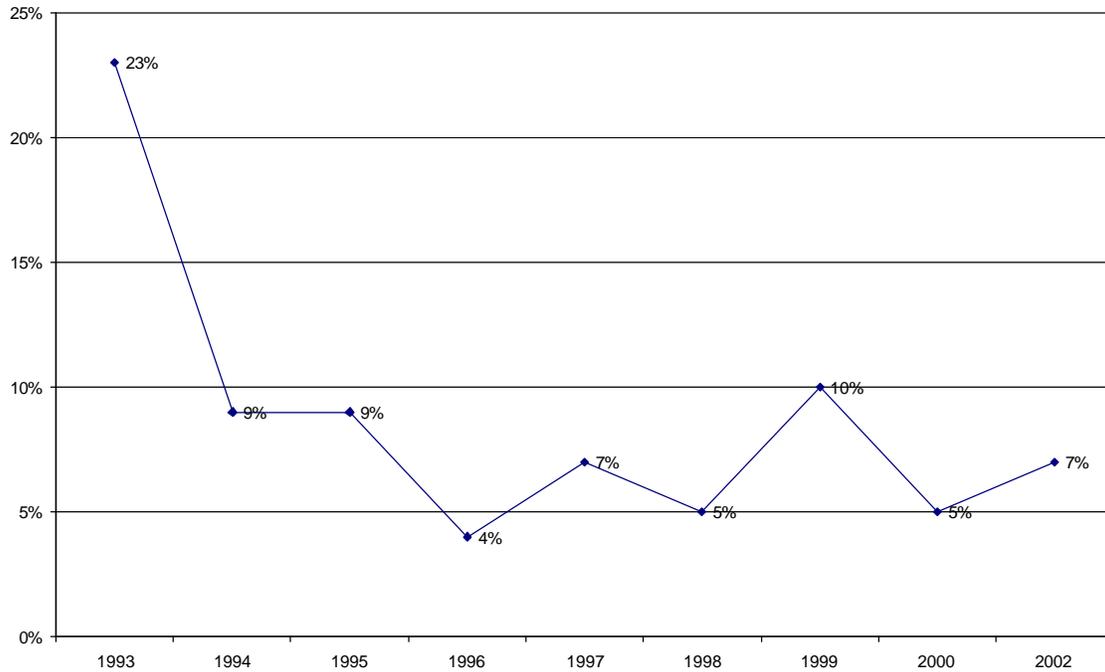
Violence-Related Staff Resignations Increase

During 2002, 7% of the clinics reported that a physician or other member of the staff had quit their jobs as a result of anti-abortion violence, harassment, or intimidation – up from 5% in 2000. Although it does not approach the peak of 23% in 1993 or the more recent high of 10% in 1999, it nonetheless represents an increase from the level of 5% seen in 1998 before the murder of Dr. Slepian. Moreover, this small number highlights the resilience of physicians and staff at clinics around the country, in the face of documented widespread violence, intimidation, and harassment.

Of the 24 clinics reporting such a resignation, those who quit included 4 physicians, 11 nurses, 2 administrators, 10 receptionists, 8 counselors, 5 technicians, and 4 "other" members of the

staff. Ten clinics reported that more than one staff member had resigned quit as a direct result of anti-abortion violence. Chart 8 presents the number of staff resignations over the past several years.

Chart 8: Staff Resignations Due to Violence 1993-2002



Staff Resignations More Likely at Targeted Clinics

Staff resignations were significantly more likely to occur at clinics experiencing various forms of violence, harassment, or intimidation, including anthrax threats. In 2002, 17% of clinics experiencing high violence (three or more types) lost physicians or other staff members, compared with merely 5% of clinics not subjected to high levels of violence. In addition, clinics targeted with anti-abortion leafleting and other intimidation tactics were more likely to have a physician or staff member resign. No resignations were seen at clinics that were free from anti-abortion leafleting or intimidation tactics, but 11% of those clinics experiencing such leafleting or intimidation tactics lost at least one staff member.

LEGAL REMEDIES

One in Three Clinics Protected by Buffer Zone

In 2002, 32% of the responding clinics reported that they were protected by a buffer zone comparable with levels seen in 1998 (32%). Buffer zones are areas determined by courts, legislatures, or municipal officials in which specified types of anti-abortion activities are prohibited in order to safeguard patients, clinics, and clinic workers. Buffer zones may apply to clinic facilities as well as the homes of staff members. Of clinics with a buffer zone, 50% were court-ordered and 70% were the result of an ordinance. Just 14% protected the home of a physician or staff member.

Fewer Clinics Seek Legal Remedies

Only nine clinics (3%) sought legal remedies in 2002, decreasing substantially from 9% in 1999 and 8% in 2000. Of those nine clinics pursuing legal remedies, all sought a temporary restraining order and a permanent injunction of some kind. In addition, six clinics each sought a preliminary injunction, money damages, and some other type of legal remedy. These other types of legal remedy included, for example, attempts to enforce existing noise ordinances and trespassing violations.

Of these legal remedies that were sought, only temporary restraining orders and money damages were granted the majority of the time. Specifically, 6 of 9 (67%) temporary restraining orders sought were granted and 4 of 6 (67%) money damages. In contrast, 2 of 6 (33%) preliminary injunctions sought were granted, 4 of 9 (44%) permanent injunctions sought were granted, and 1 of 6 (17%) “other” legal remedies sought were granted. These figures represent a pattern of continued decline over the last few years. For example, 67% of temporary restraining orders sought in 2002 were granted, down from 70% in 2000 and 72% in 1999. Similarly, 44% of permanent injunctions sought in 2002 were granted, down from 58% in 2000 and 64% in 1999.

One in Three Clinics with Buffer Zones and Injunctions Report “Strong Enforcement”

Of those clinics with a buffer zone or injunction, just over one in three indicate that these legal remedies are strongly enforced (36%), which is down from 49% in 2000 and a return to levels seen in 1999 (35%). Conversely, a small but significant minority of clinics indicate that their buffer zone or injunction is only weakly enforced (13%) or not enforced at all (7%). This figure is higher than 14% last year but nonetheless remains dramatically lower than 28% in 1999.

LAW ENFORCEMENT

Most Clinics Rate Law Enforcement Response as “Good” or “Excellent”

In 2002, a clear majority of clinics rated the law enforcement response to clinic violence as “good” or “excellent.” Of those clinics that had contact with local law enforcement, 75% provided a “good” or “excellent” rating for their response to clinic violence. Similar ratings were provided for state law enforcement by 81% of clinics and for federal law enforcement by 82% of clinics that had contact with each type of agency.

Nonetheless, the percentage of clinics rating their contact with various law enforcement agencies as “poor” increased from 2000, although not substantially. A “poor” rating was provided by 7% of clinics for local law enforcement, 6% of clinics for state law enforcement, and 4% of clinics for federal law enforcement. These figures compare with 5%, 4%, and 3% “poor ratings” for local, state, and federal law enforcement in 2000. For example, 17% of clinics described an incident where local police indicated that they could not make an arrest for some behavior reported as a problem. These incidents included demonstrations and protests that the police dismissed as free speech, as well as more serious violations of criminal trespass, violations of the buffer zone, noise violations, death threats against clinic staff, and theft of security equipment. Police often said they could not make an arrest if they had not personally observed the violation.

Effective Local Law Enforcement Critical for Clinic Safety

Local law enforcement is critically important to successfully responding to incidents of violence, harassment, and intimidation targeted at abortion providers. As many as 51% of clinics had contact with

a local law enforcement agency to respond to a complaint or conduct an investigation. A total of 6% of survey respondents indicated that an arrest had been made for behavior on clinic property, and 2% indicated that an arrest had been made for behavior conducted off-premise. Most of these results apparently resulted in criminal charges being filed. Specifically, 12 of the 19 arrests on clinic property resulted in criminal charges, as well as 4 of 6 conducted off-premise.

In 2002, staff at many clinics met with local law enforcement to proactively address the problem of clinic violence and harassment. Over one-third (36%) of clinics indicated that they had contact with local law enforcement to discuss security issues, and 63% indicated that they have a specific contact person who serves as a liaison with their local law enforcement agency.

Good or Excellent Rating of Local Enforcement Associated with Less Violence

Clinics reported that their local law enforcement response as “good” or “excellent” were less likely to report anti-abortion violence, harassment, and intimidation, including anthrax threats. As depicted in Chart 9, 42% of the clinics rating their local law enforcement response as “good” or “excellent” were free from violence and only 18% reported high violence. Of the far fewer clinics that reported a “poor” response from local law enforcement, 48% faced high anti-abortion violence, compared with 19% that were free from such violence.

Chart 9a: "Good" or "Excellent" Rating of Local Law Enforcement

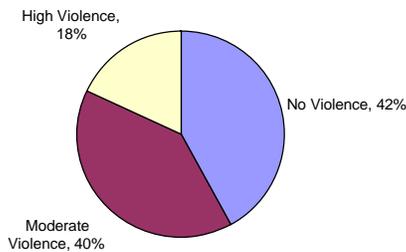
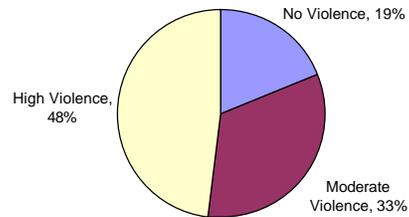


Chart 9b: "Poor" Rating of Local Law Enforcement



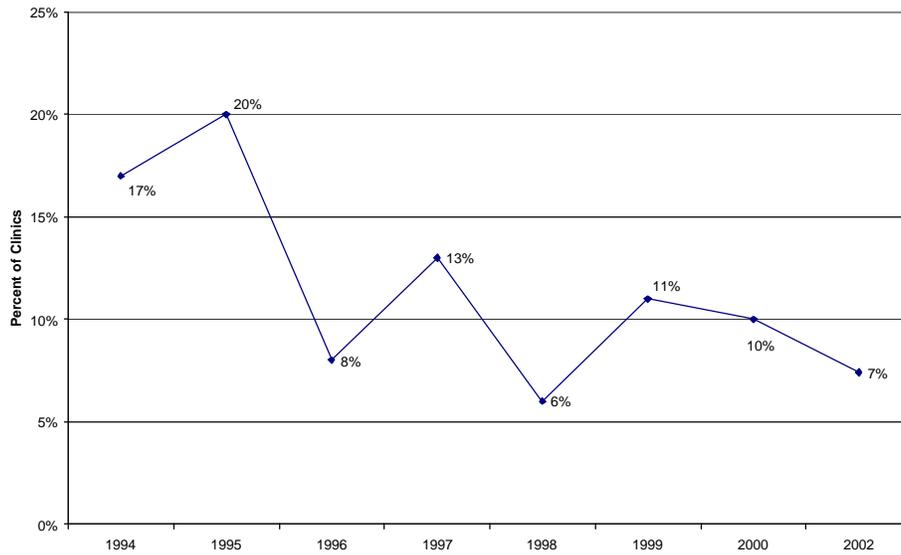
Effective local law enforcement is reportedly the single most important factor in improving the ability of clinics to provide health care services. When clinics were asked to rate seven specific factors that improve their ability to provide health care services, effective local law enforcement was rated as the most important. Other factors, listed in descending order of importance were: security cameras, attached parking, security guards, buffer safety zones, volunteer escorts, and court-ordered injunctions.

Reported Violations of FACE Decline, Federal Law Enforcement Response Down

The 1994 Freedom of Access to Clinic Entrances Act (FACE) prohibits force, threats of force, physical obstruction, and attempts to injure, intimidate, or interfere with persons obtaining or providing reproductive health services. FACE also explicitly protects reproductive health facilities by prohibiting intentional damage, destruction, or attempts at either. Seven percent of clinics reported that they contacted attorneys or federal law enforcement officials regarding potential violations of FACE. This represents a decrease from 10% in 2000 and 11% in 1999, as shown in Chart 10.

In 2002, federal law enforcement response to reports of FACE violations was down. Of the 25 clinics that reported potential violations, only 16% indicated that they were “provided clear direction for initiating federal FACE complaints.” This is down dramatically from the figure of 58% in 2000. Only 24% of the contacts resulted in an investigation being opened, and 16% led to an interview with the involved parties. This is down from 30% and 33% in 2000. As a result of the contact, criminal FACE actions were initiated in 4% of the complaints, in comparison with 9% in 2000. All of these results would suggest a less aggressive response by federal law enforcement to FACE complaints in 2002 compared with 2000. Only three clinics sought civil FACE remedies, representing less than 1% of the responding sample.

Chart 10: Clinics Reporting Potential FACE Violations



CONCLUSION

In the first reversal of an otherwise declining trend of recent years, survey results indicate that the level of violence and harassment against abortion providers intensified in 2002. Almost one in four (23%) clinics experienced severe violence, up from 20% in both 1999 and 2000. Moreover, the strategy of targeting specific clinics with repeated attacks has also appeared to intensify, with the number of clinics reporting three or more forms of violence or harassment nearly tripled from 1999 to 2002 (5% to 14%).

Some of the most common severe forms of violence affected include bomb threats (6.5%), stalking of physicians or clinic staff (6.5%), death threats (6.5%), and blockades (6.8%). Although bomb threats continued their pattern of decline from a peak of 13% in 1999, the incidence of stalking, death threats, and blockades all increased from 2000.

In addition, over two-thirds (67%) of clinics reported experiencing intimidation tactics such as “WANTED” posters and Internet intimidation and/or anti-abortion leafleting. As part of the strategy of targeting specific clinics, these aggressive intimidation tactics were generally targeted at the same clinics victimized by violence and harassment.

Anti-abortion extremists have capitalized on the fear of anthrax in the wake of the deadly anthrax attacks directed at media and government officials in 2001. Survey results revealed that the incidence of anthrax threats skyrocketed from 7% in 2000 to 30% in 2002. Given the deaths associated with anthrax attacks in 2001, the impact of these threats on clinic staff is real and disturbing.

Despite the persistence of anti-abortion violence and harassment, the physicians and staff who provide abortion services continue to demonstrate their resilience. In 2002, only 7% of clinics reported any staff resignations that were attributable to anti-abortion violence and harassment. This brings the number closer to the 10% figure seen in 1999 when resignations rose in the aftermath of the October 1998 murder of Dr. Barnett Slepian. Not surprisingly, staff resignations were more frequently seen in clinics that were targeted with high levels of violence, harassment, and intimidation.

Collectively, the data suggest that anti-abortion extremists were emboldened by the election of a president and subsequent appointment of an attorney general both who are ardently opposed to abortion. The recent Supreme Court reversal of the decision in *NOW v. Scheidler* may further exacerbate this trend toward heightened violence and harassment of abortion providers. However, none of these factors should affect the ability of clinics, law enforcement, and prosecutors to use FACE to stop violence against clinics, workers, and patients.

Effective law enforcement response continued to be a key factor associated with lower levels of violence at clinics. The 2002 survey revealed that the vast majority of clinics with local, state, and federal law enforcement contacts rated their response as “good” or “excellent.” Effective law enforcement response was also rated as the single most important factor in reducing the level of violence and harassment experienced by abortion providers. Clinics that rated their local law enforcement response as “good” or “excellent” did in fact report lower levels of violence, harassment, and intimidation.

However, there has been a reduction in the response to potential FACE violations by federal law enforcement authorities. There was a dramatic decline in the number of clinics that were “provided clear direction for initiating federal FACE complaints” after reporting potential FACE violations. In addition, only 24% of the contacts resulted in an investigation being opened, and 16% led to an interview with the involved parties. This is down from 30% and 33% in 2000.

APPENDIX

Clinic Respondents by State

Alabama (AL)	11	Montana (MT)	4
Alaska (AK)	1	Nebraska (NE)	3
Arizona (AZ)	11	Nevada (NV)	2
Arkansas	2	New Hampshire (NH)	2
California (CA)	42	New Jersey (NJ)	6
Colorado (CO)	10	New Mexico (NM)	3
Connecticut (CT)	6	New York (NY)	33
Delaware (DE)	1	North Carolina (NC)	6
Florida (FL)	24	North Dakota (ND)	1
Georgia (GA)	5	Ohio (OH)	13
Hawaii (HI)	1	Oklahoma (OK)	1
Idaho (ID)	1	Oregon (OR)	7
Illinois (IL)	7	Pennsylvania (PA)	14
Indiana (IN)	3	Rhode Island (RI)	2
Iowa (IA)	6	South Dakota (SD)	2
Kansas (KS)	3	Tennessee (TN)	6
Kentucky (KY)	1	Texas (TX)	21
Louisiana (LA)	4	Utah (UT)	2
Maine (ME)	4	Vermont (VT)	4
Maryland (MD)	8	Virginia (VA)	8
Massachusetts (MA)	4	Washington (WA)	19
Michigan (MI)	9	West Virginia (WV)	1
Minnesota (MN)	5	Wisconsin (WI)	5
Missouri (MO)	3	District of Columbia (DC)	1
		TOTAL	338