2000 NATIONAL CLINIC VIOLENCE SURVEY REPORT

Conducted by the Feminist Majority Foundation

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KEY FINDINGS

- **Anti-abortion clinic violence reached a plateau in 2000, with 1 in 5 clinics continuing to experience severe violence.** Although this figure is identical to 1999 and represents a slight decline from 22% in 1998, the level of violence is down significantly from 1994, when 52% of all clinics were targets of severe violence. Nevertheless, the fact that 20% of clinics still suffer from severe anti-abortion violence indicates an enduring problem for women's access to health care. Severe violence includes blockades, invasions, bombings, arsons, chemical attacks, stalking, gunfire, physical assaults, and threats of death, bomb, or arson.

- **The war of attrition against clinics continues.** Fifty-six percent of clinics in 2000 were free from anti-abortion violence, harassment or intimidation, which is virtually unchanged from 54% in 1999, yet is a decline from the 64% of clinics that were free from violence in 1998. Anti-abortion extremists continue to concentrate their reign of terror on a small subgroup of clinics in an effort to close them. This year, 7% of clinics experienced three or more concurrent forms of violence, intimidation, or harassment, compared with 5% in 1999. This measure of violence, intimidation, or harassment includes the severe violence variables, plus vandalism, home picketing, break-ins, and anthrax hoaxes.

- **Bomb threats, stalking, death threats, and blockades were the most commonly reported types of severe violence in 2000.** Among the responding clinics, 7% reported bomb threats, 6% reported stalking of physicians or clinic staff, 5% reported death threats, and 5% reported blockades of clinic entrances. **Since 1999, bomb threats were almost cut in half – from 13% in 1999 to 7% in 2000.** Levels of stalking and blockades remained the same from 1999.

- **Threatening anti-abortion speech such as "Wanted" posters and internet harassment, plus anti-abortion leafleting were experienced by 35% of clinics.** Importantly, these activities were generally targeted at the same clinics that also were victimized by violence and harassment.

- **Far fewer clinics (5%) reported in 2000 that a physician or other staff member had quit their jobs as a result of anti-abortion harassment, violence, or intimidation.** This level of resignations stemming from clinic violence is half the reported figure for 1999 (10%), when resignations rose in the aftermath of the October 1998 murder of Dr. Barnett Slepian.

- **As in 1999, a solid majority of clinics rated the law enforcement response to clinic violence as "excellent."** Of those clinics that had contact with local law enforcement about clinic violence, 60% rated local law enforcement as "excellent" – a figure similar to 1999 when 65% of clinics with contact gave "excellent" ratings to local law enforcement. Of clinics that had contact with state law enforcement, 54% rated their response as excellent, identical to 1999. In 2000, 66% of clinics that had contact with federal officials rated their response as "excellent", a 6-point increase from 1999. **Clinics that rated their local law enforcement response as "excellent" were less likely to report anti-abortion violence, harassment, and intimidation.**

METHODOLOGY

The eighth annual National Clinic Violence Survey, which measured the incidence of anti-abortion violence in 2000, was mailed at the beginning of October, 2000.[1] This survey represents 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 798 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 also received up to three follow-up telephone calls from the Feminist Majority Foundation over the next two months. National affiliate groups also encouraged members' participation through fax and email reminders. As a result of these efforts, 361 abortion providers responded to the survey, yielding a response rate of 45%. Data were entered, double-checked, and analyzed using SPSS (Statistical Package for the Social Sciences).

The 361 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.

[1] Although all clinics received their questionnaires at approximately the same time, respondents obviously took varying amounts of time to complete and return their information. Because they were then asked to report on violence experienced during the year 2000, the precise amount of time covered by the survey may vary slightly between clinics, with all clinics reporting on a 9-11 month period.

[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.

PROFILE OF SURVEY RESPONDENTS

This year's sample of survey respondents includes 361 abortion providers in 48 states and the District of Columbia. (See Appendix A for respondents by state.) Of these, 42% were non-profit clinics, 37% were for-profit facilities, and 21% were private doctor's offices. Sixty-five percent of the respondents were affiliated with either the National Abortion Federation and/or Planned Parenthood Federation of America; the remaining 35% were not affiliated with either of these national organizations. Over one in five clinics (22%) utilized on-site, volunteer clinic escorts to assist patients at their facilities; escorts are more likely to be used at free-standing clinics than other types of facilities.

Description of Physical Facilities

The majority (62%) of respondents' facilities were free-standing, with another 11% located in a medical office group, 7% in a high-rise medical building, 6% in another type of high-rise, 5% in a strip mall, 1% in a hospital, and 8% in an "other" building type. The most common parking options were uncovered parking lots (81%), although 5% utilize a parking garage and 10% offer street parking only.

Services Provided

Virtually all clinics indicated that they provided a variety of women's health care services in addition to abortion, including birth control (98%), pregnancy counseling (91%), emergency contraception like the "morning after pill" (88%), STD testing and treatment (83%), adoption counseling and referral (77%), cancer screening (75%), services related to menopause (67%), HIV/AIDS testing (67%), pre-natal care (22%), and other women's health care services (82%). Abortion constituted 76% of the services provided for slightly less than half (46%) of the respondents. The remaining 54% of clinics were fairly evenly divided among the other five abortion provision percentage categories (less than 5%; 5-10%; 11-24%; 25-50%; and 51-75%).

Medical Abortion

Because mifepristone was not approved by the U.S. Food and Drug Administration until September 28, 2000 and was not made available to clinics until after our survey data were complete, only a small number of respondents (8%) actually administered mifepristone (as a part of clinical trials) in 2000. However, several respondents indicated in their open-ended comments that they were planning to provide this service in 2001.

In this year's survey, 38% of clinics administered methotrexate as a method of medical abortion, an increase from 27% in 1999. This increased use of methotrexate, which is considered an inferior option to mifepristone, is a strong indication of provider and patient enthusiasm for medical abortion. In fact, 9 of 10 clinics (91%) in the 2000 survey indicated that they would be interested in providing mifepristone after it receives FDA approval – a dramatic increase from 65% in 1999.[3]

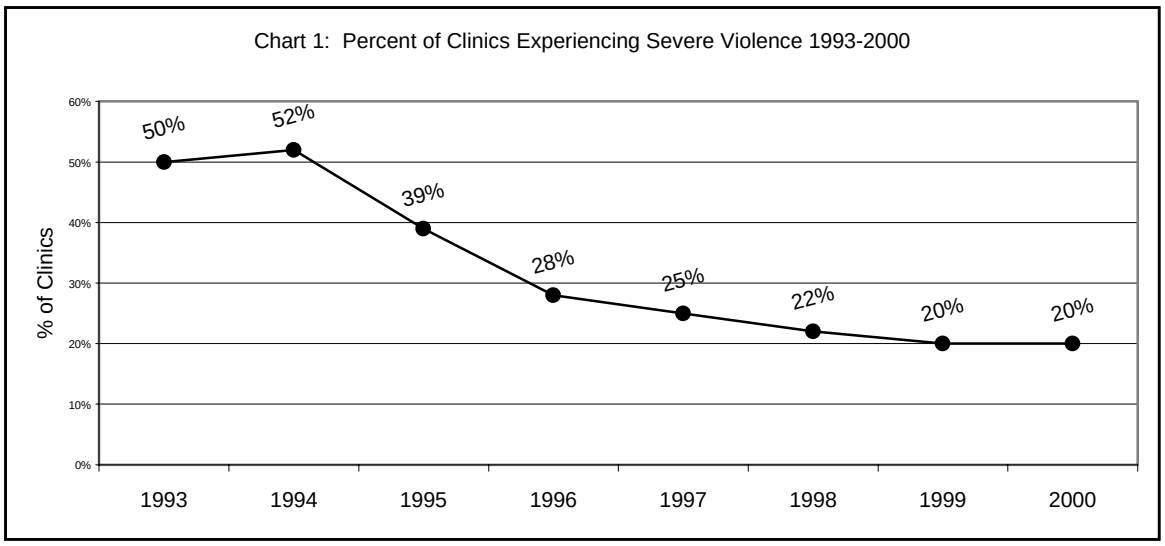
[3] This percentage is based on the number of clinics providing valid data.

INCIDENCE OF SEVERE VIOLENCE

One in Five Clinics Still Face Severe Violence

Anti-abortion clinic violence reached a plateau in 2000, with 1 in 5 clinics continuing to be targeted with severe 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.

The overall level of severe clinic violence has dropped from its peak of 52% in 1994 to a low of 20% in both 1999 and 2000. The decline over the past six years is the result of the sustained efforts of pro-choice mobilization combined with enforcement of the 1994 federal Freedom of Access to Clinic Entrances (FACE) Act (18 U.S.C. § 248), and U.S. Supreme Court decisions in *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 sent strong deterrent messages to anti-abortion extremists. Overall levels of severe violence dropped significantly to 39% in 1995. Since 1996, when severe violence was reported at 28% of clinics, small and slow declines have continued. (See Chart 1.)



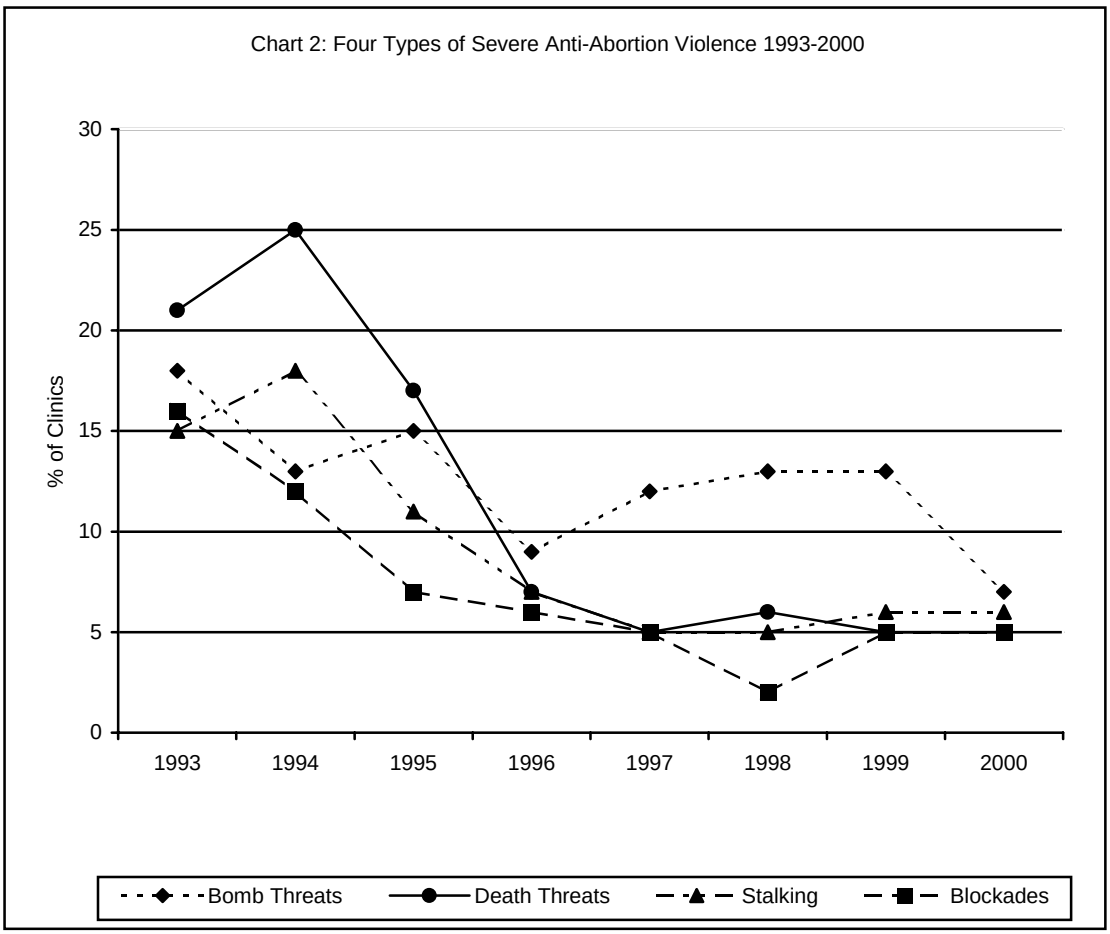
Despite the declines in clinic violence over time, that 20% of clinics still suffer from severe anti-abortion violence indicates an enduring crisis for women's access to health care.

[4] In *Madsen*, the U.S. Supreme Court upheld lower courts' freedom to establish buffer zones.
[5] In *NOW*, the U.S. Supreme Court ruled that federal RICO statutes could be applied in abortion violence cases.

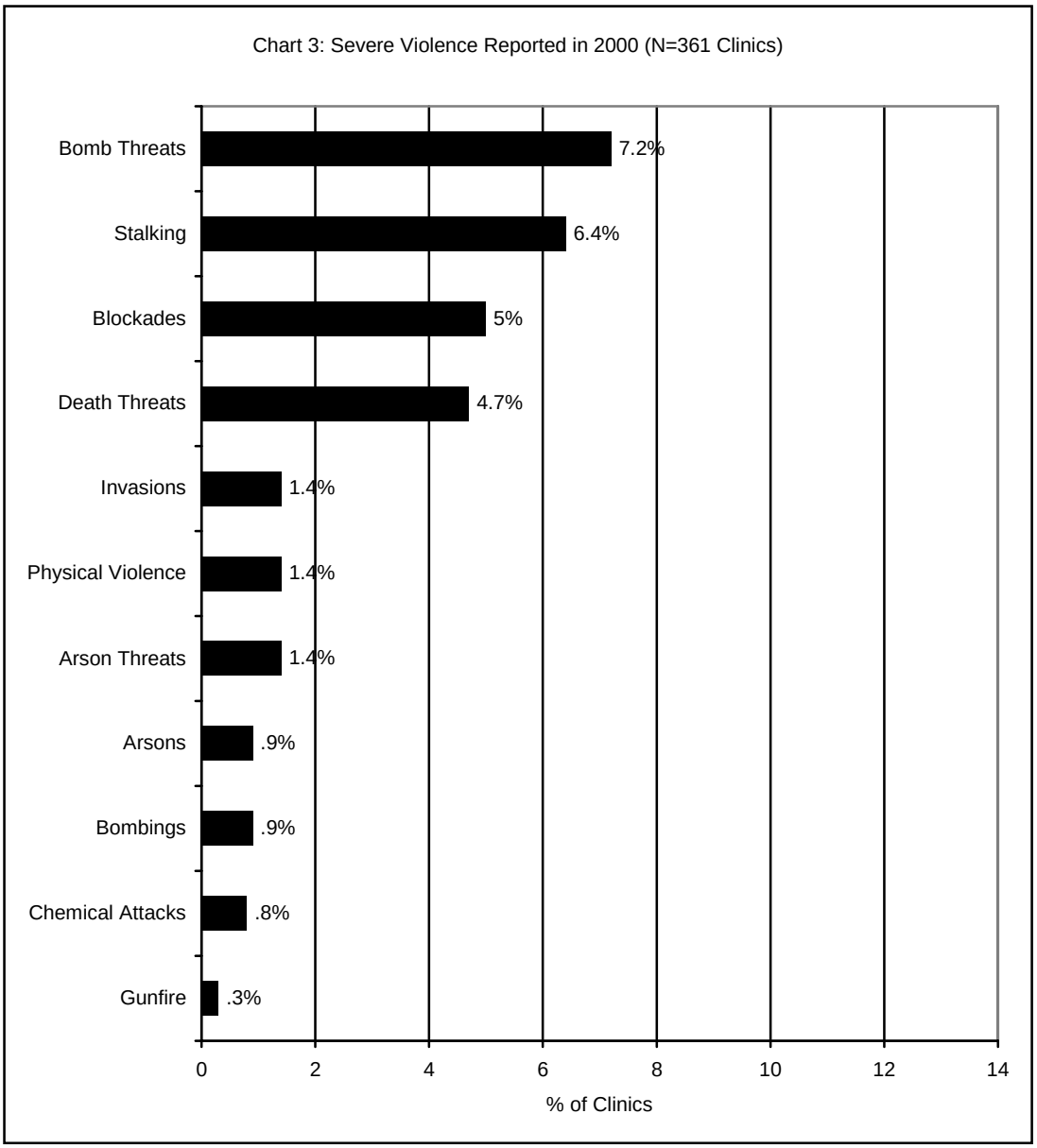
While anti-abortion violence plagued clinics across the United States, seven states bore the brunt of the severe violence: California, Florida, New York, Pennsylvania, Texas, Virginia, and Washington. (See Appendix B.)

Bomb Threats Cut in Half in 2000; Levels of Other Types of Violence Persist

Bomb threats were basically cut in half – from 13% in 1999 to 7% in 2000. Bomb threats were the most frequently reported type of severe anti-abortion violence in 2000. With the decline from 13% in 1999 to 7% in 2000, these threats now occur at virtually the same percentage of clinics as stalking, death threats, and blockades. Of the clinics participating in the 2000 survey, 6% reported the stalking of physicians or clinic staff, 5% reported blockades of clinic entrances, and 5% reported receipt of 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 would begin their steep decline in 1994, while death threats and stalking would greatly decrease beginning two years later in 1996. Since 1996, bomb threats have continued to be the most frequently reported type of severe violence. (See Chart 2.)



Dangerous but less common types of severe violence include bombings, arson, chemical attacks, physical violence, facility invasions, and gunfire, all of which affected 1% or fewer clinics in 2000. The percentage of clinics experiencing the eleven types of severe violence in 2000 is displayed in Chart 3.

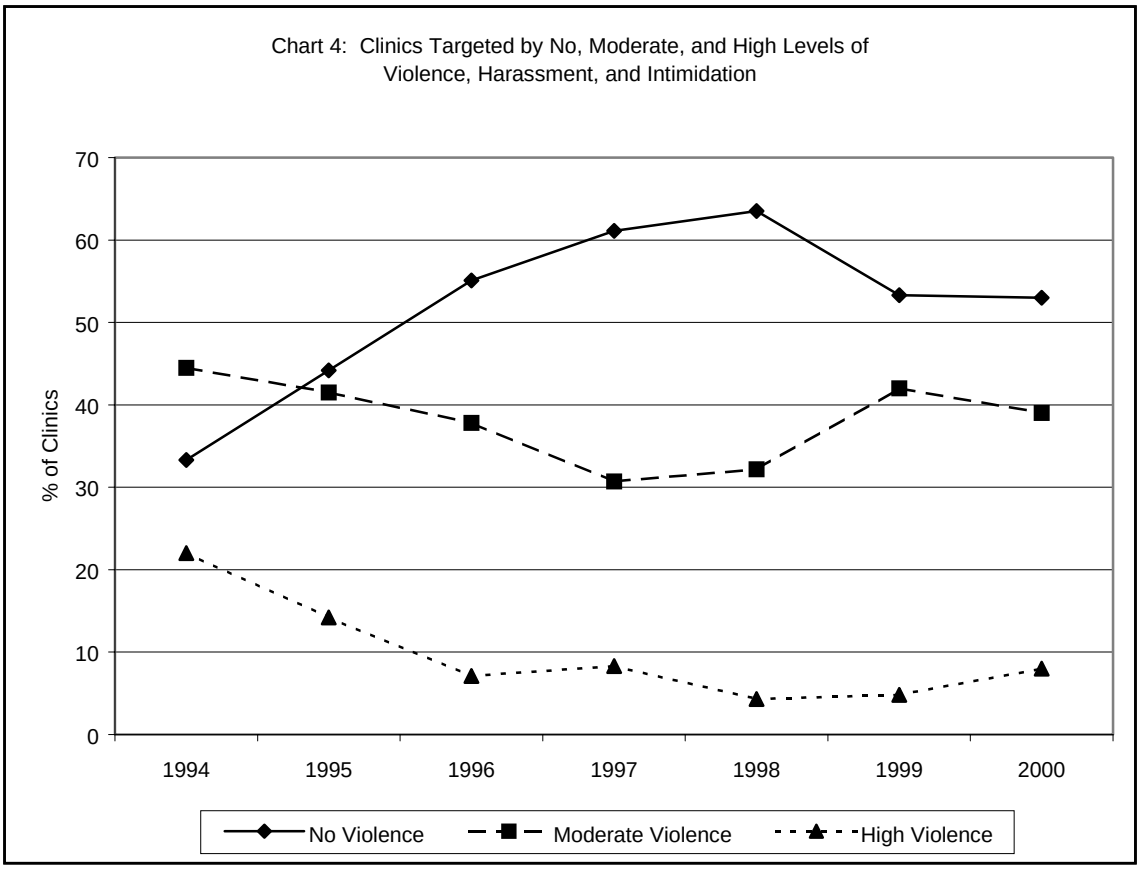


VIOLENCE, HARASSMENT, AND INTIMIDATION

Over Half of Clinics Free From Violence, Harassment, or Intimidation

In 2000, 56% of clinics were free from anti-abortion violence, harassment or intimidation, which is virtually unchanged from 54% in 1999. However, the proportion of clinics free from violence, harassment and intimidation is down 10% from 64% of clinics in 1998. This composite measure of violence, harassment, and intimidation includes the severe violence variables[6] plus intimidation and harassment tactics of vandalism, home picketing, break-ins, and anthrax hoax letters.

Anti-abortion extremists, in their war of attrition, continue to concentrate their reign of terror on a small subgroup of clinics in an effort to close them. This year, 7% of clinics experienced three or more concurrent forms of violence, intimidation, or harassment, compared with 5% in 1999. An additional 39% reported experiencing moderate violence (one or two types). The longitudinal trends of these three clinic subgroups are depicted in Chart 4.



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

One in Three Clinics Targeted with Vandalism

Almost one-third (31%) of clinics reported suffering at least one type of vandalism in 2000, a slight decline from 34% in 1999. However, the 2000 and 1999 vandalism levels are virtually double that of 1998, when only 16% of clinics experienced one or more forms of vandalism.

Of the 111 clinics suffering vandalism, specific vandalism tactics were reported by the following percentage of clinics: tampering with phone lines or calls (37%), marking graffiti (29%), breaking windows (22%), tampering with garbage dumpsters (15%), placing nails in the driveway or parking lot (15%), and vandalizing the homes or personal property of staff (14%), pouring glue into locks (5%), and spattering motor oil across driveways or parking lots (2%). Twenty-seven percent of clinics experiencing vandalism detailed a wide array of additional tactics, such as soaping windows, removing the sprinkler system, taping pictures to the window, placing "holy oil" crosses on the doors, putting a bicycle lock on the front door, and littering the parking lot with anti-abortion literature. Clearly, some of these specific tactics fit the characterization as vandalism, but others carry with them a degree of threat that is unmistakable (e.g., nails in the driveway, removing the sprinkler system).

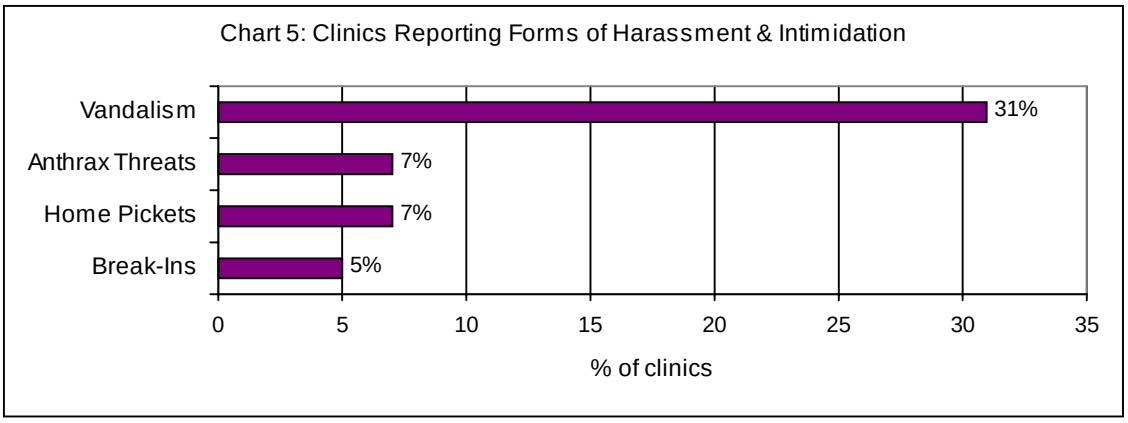
Use of Anthrax Hoax Letters Declines

In the last few years, **anthrax hoax letters have become a common tactic of anti-abortion extremists, affecting 7% of the respondents in 2000.** 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.[7] First measured in the 1999 National Clinic Violence Survey, clinics have reported that threats of anthrax constitute a dangerously innovative tactic of anti-abortion intimidation. The 2000 figure of 7% is down from 11% reported in 1999.

Clinics that receive threats of anthrax attacks can be subjected to extensive evacuation, testing, and safety procedures. Such threats also may be disruptive to the larger community as law enforcement necessarily responds to the threat with evacuation, decontamination, and testing procedures. Although anthrax threats have so far proved to be hoaxes, the threat to clinic staff and community members is real and disturbing. Law enforcement officials and abortion rights advocacy groups have aggressively educated and advised abortion providers on the elements of this tactic, particularly in the wake of several dozen anthrax hoaxes received at clinics in nearly twenty states during the first days of January 2000.

Of the other specific forms of harassment and intimidation, robberies or break-ins were reported by 5% of clinics and home picketing by 7%. Chart 5 depicts the percentage of clinics reporting harassment and intimidation in the forms of vandalism, anthrax threats, home picketing, and break-ins.

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



Free-Standing Clinics Most at Risk for Violence, Harassment, and Intimidation

Certain types of abortion providers were more likely to be targeted with anti-abortion violence, harassment, and intimidation than others. **Specifically, free-standing clinics – which constituted the majority of respondents – were substantially more likely to be the target of violence or harassment than all other types of location.** The 2000 survey found that just over two-thirds (67%) of clinics experiencing three or more types of violence were free-standing facilities. The least likely targets were abortion providers operating out of hospital-based facilities, with less than 1% reporting three or more types of violence.[8]

Facilities devoted primarily to abortion services were more likely to be targeted with various forms of anti-abortion violence. Specifically, 52% of clinics where abortion constitutes the majority of services (76% or higher) experienced three or more types of violence, harassment, and intimidation where facilities where abortions made up a small percentage of services (10% or less) were far less affected (11%).

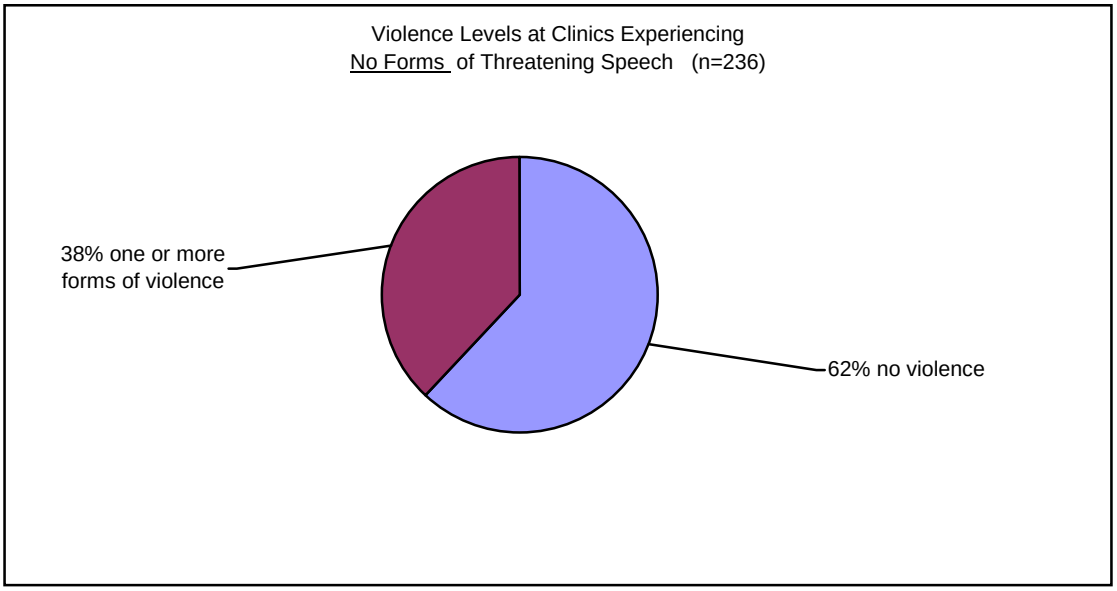
[8] When bivariate relationships are described, it is because they were found to be significant at the level of $p<.05$ using chi-square analysis.

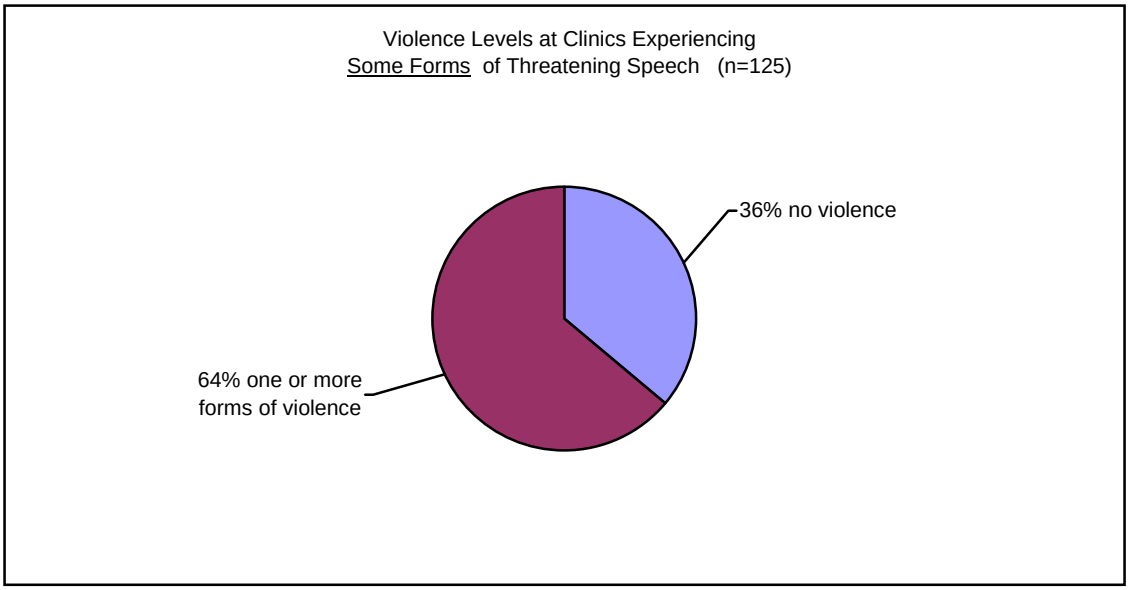
THE USE OF THREATENING SPEECH

Threatening Speech Targeted at One in Three Clinics

In addition to the various types of violence, harassment, and intimidation discussed above, clinics are also targeted with various tactics of threatening speech. This includes internet harassment of physicians or staff and distribution of "Wanted" posters targeting staff or physicians. **Threatening speech, combined with anti-abortion leafleting at clinics, affected 35% of clinics.** Of the clinics surveyed, 9% reported internet harassment, 4% were aware of "Wanted" posters, and 29% reported the distribution of anti-abortion leaflets.

Chart 6: Occurrence of Violence and Threatening Speech at Clinics





Internet Harassment Cut in Half

Internet harassment declined from 18% in 1999 to 9% in 2000 – a year after a major federal court decision stated that some forms of internet harassment constitute true threats of violence (*Planned Parenthood, et al., v. American Coalition of Life Activists, et al.*). Internet harassment may include harassing email messages, divulging personal profiles including home addresses and telephone numbers; death threats; or even advocating murder of specific abortion providers. This harassment can occur in a variety of electronic forums, including Web sites, internet chat rooms, across email distribution lists, and through private emails. Protection from such forms of harassment is complicated by the often and easily veiled identity of those posting the information.

The most infamous example of this tactic was 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 hyperlink to personal information profiles including home addresses, telephone numbers, and the type of car driven. Today, that Web site exists only in mirrored, or copied, versions, yet Neal Horseley has recently undertaken a near-identical Web project targeted specifically at providers of mifepristone. Broadly, this form of harassment has been found to constitute true threats, and in *Planned Parenthood, et al. v. American Coalition of Life Activists, et al.* (now on appeal), a jury ordered the defendants – several prominent anti-abortion extremists from across the country – to pay over $107 million in damages to abortion providers who had been targeted.

Link Found Between Threatening Speech, Leafleting, and Violence

As in previous years, the most common anti-abortion activity reported in the 2000 survey was the distribution of anti-abortion pamphlets and leaflets at clinics. Such activity is typically protected as free speech. "Wanted" posters and some forms of internet harassment, however, 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.

Importantly, threatening speech such as "Wanted" posters and internet harassment, combined with anti-abortion leafleting at clinics, was significantly associated with the occurrence of anti-abortion violence and harassment. As graphically displayed in Chart 6, of the 125 abortion providers who reported at least one form of threatening, anti-abortion speech or leafleting, 64% also indicated that they had been targeted with one of the many tactics of violence, harassment, and intimidation. In contrast, of the 236 clinics that did not report experiencing any such threatening speech or anti-abortion leafleting, only 38% were targeted, leaving 62% were free from violence, harassment, or intimidation. Simply, when threatening speech and anti-abortion leafleting occurred together, reported clinic violence nearly doubled.

STAFF RESIGNATIONS

Violence-Related Staff Resignations Cut in Half

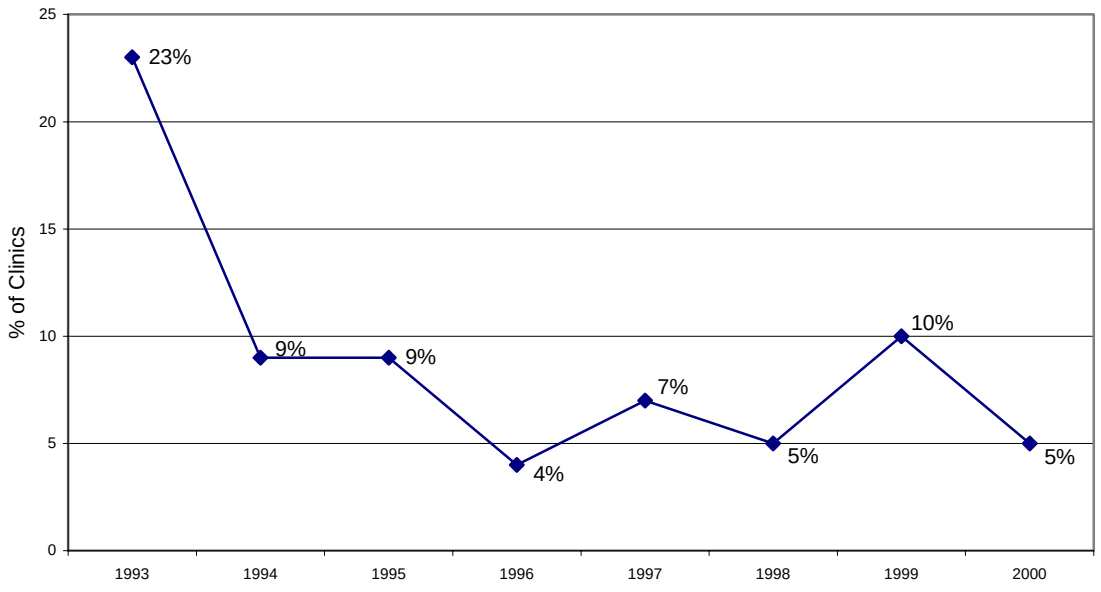
During 2000, only 5% of the clinics reported that a physician or other member of the staff had quit their jobs as a result of anti-abortion violence, harassment, or intimidation – half the 1999 level of 10% and a return to the 1998 level experienced before the murder of Dr. Slepian. Moreover, this small number highlights the resilience of physicians and staff working at clinics around the country, in the face of documented widespread violence, intimidation, and harassment.

Of the 17 clinics reporting violence-related resignations, 24% lost physicians and receptionists, 18% lost nurses and administrators, 12% reported the resignations of counselors and technicians and 29% lost other staff members. Four clinics reported that more than one staff member had resigned as a direct result of anti-abortion violence. Chart 7 presents the number of staff resignations over the survey's eight-year history.

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. In 2000, 15% of clinics experiencing high violence lost staff members, compared with merely 2% of clinics not subjected to high levels of violence. In addition, those clinics targeted with "Wanted" posters, internet harassment, or the distribution of pamphlets were more likely than others to have a physician or staff member resign.

Chart 7: Staff Resignations Due to Violence 1993-2000



LEGAL REMEDIES

Increase in Buffer Zones

In 2000, 41% of the responding clinics reported that they were protected by a buffer zone – a substantial increase over previous years, with 26% in 1998 and 32% in 1999. 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 buffer zones, 40% had court-ordered buffer zones and 55% had buffer zones designated by municipal ordinance. Just 2% of clinics reported buffer zones protecting the physician or staff member homes.

In 2000, 8% of clinics sought legal remedies, compared with 9% in 1999. Legal remedies sought by survey respondents included temporary restraining orders (10%), permanent injunctions (12%), and "other" (13%). These "other" legal remedies were described as FBI involvement, police protection, restraining orders, arrests, and Colorado's newly enacted "Bubble Law".[9] In 1999, 5% of clinics sought temporary retraining orders and 4% permanent injunctions.

Of these legal remedies that were sought, most were won. Specifically, temporary restraining orders were sought and granted for 7 of 10 clinics (70%) and permanent injunctions were sought and granted for 7 of 12 clinics (58%). In the single instance in which money damages were reportedly sought, they were legally granted. These legal remedies were granted slightly less often than in 1999, when 72% of temporary restraining orders and 64% of sought after permanent injunctions were awarded.

Buffer Zones and Injunctions More Strongly Enforced in 2000

Of those clinics with a buffer zone or injunction, almost half (49%) indicated that these legal remedies were strongly enforced, which is much higher than the 35% of clinics in 1999 and dramatically higher than 1998. In 1998, buffer zones were reported as strongly enforced for only 14% of clinics and injunctions were strongly enforced at only 11% of clinics.

Conversely, a small but significant minority of clinics (14%) indicated that their buffer zones or injunctions were either weakly enforced (7%) or not enforced at all (7%). In 1999, 28% of clinics reported that their buffer zones or injunctions were weakly or not enforced. In 1998, buffer zones were weakly or not enforced at 28% of clinics, and injunctions were weakly or not at all enforced at 36% of clinics.

[9] Recently upheld by the U.S. Supreme Court in *Hill v. Colorado*, this bubble zone statute specifies that a protester within 100 feet of a medical facility's entrance must obtain permission from a passerby before approaching them within 8 feet to leaflet or "sidewalk counsel".

LAW ENFORCEMENT

Most Clinics Rate Law Enforcement Response to Violence as "Excellent"

As in 1999, solid majorities of clinics rated the law enforcement response to clinic violence as "excellent."[10] Of those clinics that had contact with local law enforcement about clinic violence, 60% rated local law enforcement as "excellent" – a figure similar to 1999 when 65% of clinics with contact gave "excellent" ratings to local law enforcement.

Both 1999 and 2000 saw marked increases from 1998 in the rating of local law enforcement as "excellent." Of clinics that had contact with local law enforcement in 1998, only 51% rated the response as "excellent." For clinics that had contact with state law enforcement, 54% rated their response as excellent, the same percentage from 1999 and greater than the 46% in 1998. In 2000, 66% of clinics that had contact with federal officials rated their response as "excellent" – a 6-point increase from 1999 and a 14-point increase from 1998.

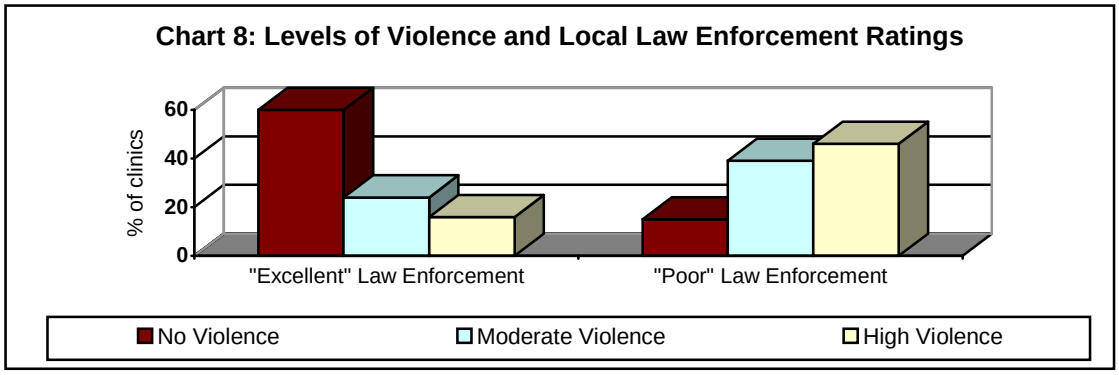
Slightly fewer clinics that had contact with law enforcement rated their response to clinic violence as "poor" in 2000. Of the clinics that had contact with local law enforcement officials, only 5% reported "poor" response, compared with 7% in 1999. Of the clinics that had contact with state law enforcement, only 4% reported "poor" response, compared with 5% in 1999. Only 3% of clinics that were in contact with federal law enforcement characterized the response as "poor," down from 6% in 1999.

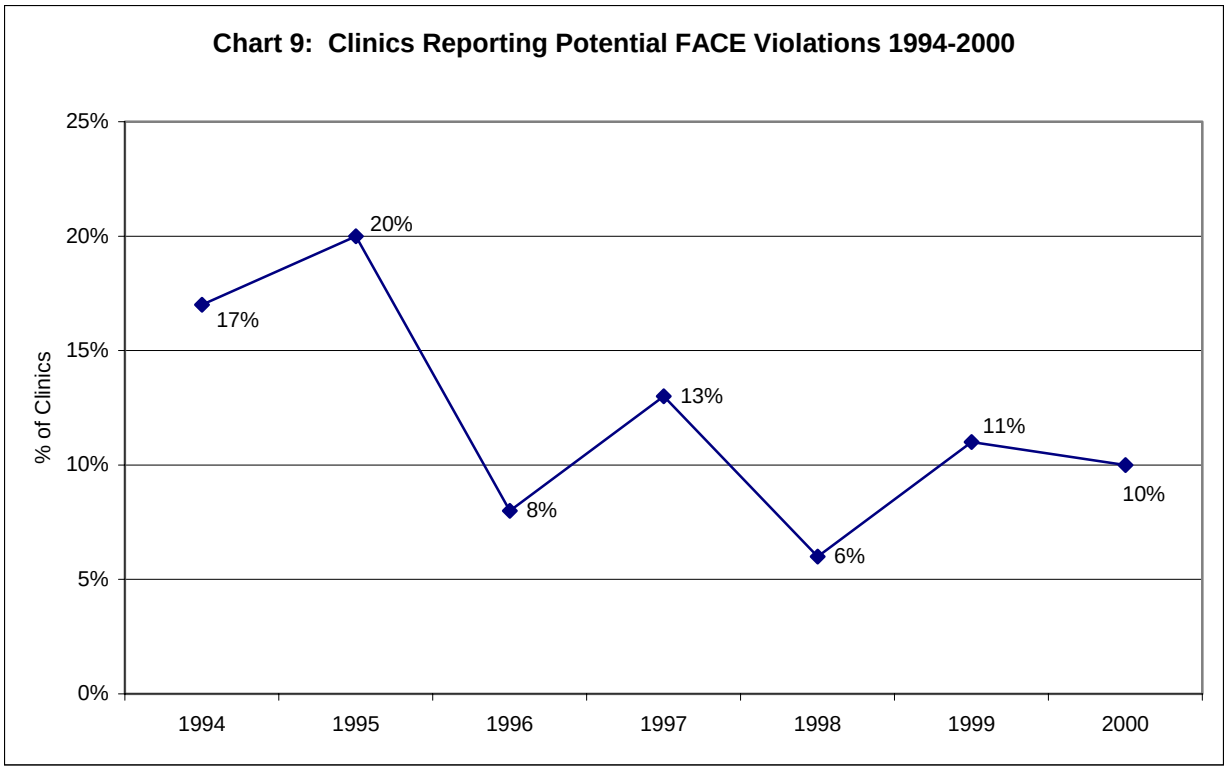
For those clinics that had contact with local law enforcement, 35% rated that contact as "fair". Thirty-one percent of clinics in contact in 2000 with federal law enforcement rated their response as "fair." Of those in contact with state law enforcement, 42% rated that contact as "fair."

[10] Because local law enforcement officials provide the first response to most anti-abortion incidents, a substantial majority of clinics (69%) reported having some contact with their local law enforcement agency during the first ten months of 2000. Smaller percentages also had contact with state (19%) and federal (34%) law enforcement. By contrast, in 1999, 80% of clinics had contact with local law enforcement, 53% with federal law enforcement, and 32% with state law enforcement. Intuitively, clinics were significantly more likely to report contact with law enforcement if they experienced violence, harassment, or intimidation. The reduced contact with law enforcement revealed in the 2000 survey could suggest that prior law enforcement response had ameliorated earlier clinic violence problems, reducing the need for law enforcement contact in subsequent years.

Excellent Rating of Local Law Enforcement Associated with Less Violence

Clinics that rated their local law enforcement response as "excellent" were less likely to report anti-abortion violence, harassment, and intimidation. As depicted in Chart 8, of the clinics reporting excellent local law enforcement response, 60% were free from violence and only 16% reported high violence. Of the far fewer clinics that reported local law enforcement as poor (n=13), 46% faced high anti-abortion violence, compared with 15% that faced none.





Response to Clinic Reports of FACE Violations Improves

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. **One out of ten clinics (10%) reported that they contacted attorneys or federal law enforcement officials regarding potential violations of FACE.** This level of FACE reporting is essentially unchanged from 11% from 1999, as shown in Chart 9.

However, in 2000, law enforcement response to reports of FACE violations improved. Of the clinics reporting FACE violations, 58% indicated that they were "provided clear direction for initiating FACE complaints." This response represents a dramatic reversal from 1999 when 66% of clinics reporting FACE violations felt that they did not receive clear direction for initiating FACE complaints.

Thirty-three percent of clinics reporting FACE violations indicated that the involved parties were interviewed in an official capacity, which was an increase from 23% in 1999. Investigations were opened for 30% of the clinics reporting violations, an increase from 23% in 1999. Nine percent of clinics reporting FACE violations said that their reports resulted in criminal action being initiated, which represents a 4% increase from 1999.

However, several indices show that more aggressive investigations and prosecutions are necessary in response to potential FACE violations. For example, 30% of clinics reporting FACE violations were advised that federal authorities would not prosecute the cases; this figure is double the 1999 response of 15%. Secondly, the same percentage of clinics reported that they had been referred to local authorities as in 1999 (45%). These data also could suggest that more FACE claims are being resolved at the local level.

CONCLUSIONS

In the year 2000, one in five reproductive health clinics continued to be plagued by severe violence and almost half experience some form of violence, harassment, and intimidation. These levels remain essentially unchanged from 1998 and 1999, indicating that a troubling and enduring level of violence at our nation's health clinics.

While overall severe violence has reached a plateau at one in five (20%) clinics, bomb threats were cut in half in 2000. However, a small but significant proportion of clinics continued to face persistent forms of violence, notably bomb threats (7%), stalking of physicians or clinic staff (6%), blockades of clinic entrances (5%), and death threats (5%).

Anti-abortion extremists, employing a strategy of a war of attrition, continued to target their many forms of violence on a small sub-set of clinics. In 2000, 7% of clinics experienced three or more concurrent forms of violence, intimidation, or harassment, compared with 5% in 1999. An additional 39% reported experiencing moderate violence of one or two types.

Fifty-six percent of clinics in 2000 were free from anti-abortion violence, harassment or intimidation, which is virtually unchanged from 54% in 1999. However,

this proportion is much smaller than 1998, when 63.5% of clinics did not experience any violence, harassment, or intimidation.

Despite the persistence of anti-abortion violence and harassment, the physicians and staff who provide abortion services continue to demonstrate their resilience. In 2000, only 5% of clinics reported any staff resignations that were attributable to anti-abortion violence and harassment. This level is half that of 1999, and represents a return to levels seen before the murder of Dr. Barnett Slepian in October 1998. Not surprisingly, these resignations were more likely to be seen at clinics experiencing violence and harassment.

The 2000 survey also found that clinics experiencing threatening speech – such as "Wanted" posters and internet harassment – and/or the distribution of anti-abortion leaflets at clinics suffered higher violence, harassment, and intimidation.

Excellent law enforcement response continued to be a key factor associated with lower levels of violence at clinics. The 2000 survey found that the majority of clinics with local, state, and federal law enforcement contacts rated the subsequent law enforcement response as "excellent." Clinics are most in contact with local law enforcement officials, and give local law enforcement their highest ratings. Clinics that rated local law enforcement response as "excellent" were more likely to be free from clinic violence.

An important indication of improved law enforcement response was that 58% of clinics reporting potential FACE violations responded that they had been "provided clear direction" for initiating FACE complaints in 2000, a dramatic reversal from 1999 when 66% of clinics reporting these violations felt that they did <u>not</u> receive clear direction for initiating complaints. Encouragingly, more clinics in 2000 than 1999 reported that the buffer zones or injunctions were being strongly enforced, and the number of clinics reporting weak or no enforcement dropped. The ongoing, collaborative efforts of pro-choice advocates and law enforcement officials at all levels clearly are resulting in better law enforcement response to clinic violence reports.

Clinic violence has decreased dramatically since 1993 and 1994. Our nationwide survey data continue to show that decreases in violence are closely connected with law enforcement response and deterrent measures undertaken by clinics and the pro-choice community. Passage and enforcement of the Freedom of Access to Clinic Entrances Act, court decisions protecting clinic access, and the activities of pro-choice organizations have made a tremendous difference. However, one in five women's health clinics besieged by severe anti-abortion violence is unacceptable for a civil society and for providing accessible health care to all women. Neither the law enforcement community nor the pro-choice community can become complacent until this violence is eradicated.

APPENDIX A

Clinic Respondents by State

AL	7	NV	1
AK	1	NH	3
AZ	8	NJ	9
AR	3	NM	2
CA	52	NY	29
CO	7	NC	13
CT	6	ND	2
DE	1	OH	9
FL	32	OK	4
GA	8	OR	6
ID	1	PA	13
IL	10	RI	3
IN	6	SC	1
IA	6	SD	1
KS	3	TN	5
KY	1	TX	22
LA	2	UT	3
ME	4	VT	3
MD	7	VA	9
MA	5	WA	15
MI	14	WV	2
MN	6	WI	4
MS	2	DC	2
MO	3		
MT	3	**TOTAL**	**361**
NE	2		

APPENDIX B

Seven States Reporting the Highest Levels of Anti-Abortion Violence, Harassment, and Intimidation

CALIFORNIA

Fifty-two California clinics responded to the survey. Of those clinics, four reported stalking, and three reported blockades. There were singular reports of an invasion, a bomb threat, an anthrax hoax, and a death threat. Five clinics reported internet harassment and four reported home picketing. Ten clinics reported one or more forms of vandalism.

FLORIDA

Thirty-two Florida clinics participated. Three reported stalking. There were singular reports of a blockade, a bombing or attempted bombing, a death threat and home picketing. Ten clinics reported one or more forms of vandalism.

NEW YORK

The 29 participating New York clinics reported three bomb threats, two blockades, an arson or attempted arson, one arson threat, two anthrax hoaxes, one stalking and a death threat. One clinic reported a break-in and two reported home picketing. Eight clinics reported one or more forms of vandalism.

PENNSYLVANIA

Thirteen Pennsylvania clinics responded to the survey. Of those, two reported bomb threats and three reported home picketing. There were singular reports of a blockade, stalking, and death threat. Five clinics reported one or more forms of vandalism.

TEXAS

The 22 participating Texas clinics reported two blockades and death threats. There were singular reports of a bomb threat and arson threat. Two clinics reported internet harassment, death threats, and phone tampering. One clinic reported home picketing. Six clinics reported one or more forms of vandalism.

VIRGINIA

The 9 Virginia clinics reported one blockade and one bomb threat. Three clinics reported anthrax hoaxes and two reported home picketing. Two clinics reported one or more forms of vandalism.

WASHINGTON

The 15 Washington clinics reported three bomb threats, a bombing or attempted bombing, an anthrax hoax and a death threat. Two clinics reported internet harassment. Five clinics reported one or more forms of vandalism.