Health Clinic Protection

An ongoing campaign of violence, vandalism and harassment endangers reproductive healthcare providers and patients. States can act to protect clinic staff and patients.

★ 2004 POLICY SUMMARY ★

Health Clinic Protection

Summary:

- **An ongoing campaign of violence, vandalism and harassment endangers reproductive healthcare providers and patients.**
- **Anti-abortion activists routinely try to intimidate doctors and their families, clinic staff, and patients in an attempt to block abortion services.**
- **Anti-choice violence and terror exacerbate the shortage of abortion providers, further limiting vital reproductive healthcare options.**
- **Clinic protection laws have proven effective, reducing incidents of violence and intimidation to clinic employees and patients.**
- **One approach to reduce violence and intimidation is mandating a buffer zone around clinics to protect workers and patients.**

An ongoing campaign of violence, vandalism and harassment endangers reproductive healthcare providers and patients.

Since 1993, three reproductive health clinic doctors, two employees, an escort, and a security guard have been murdered by anti-choice forces in the United States. In fact, since 1977, there have been over 4,000 reported acts of violence against abortion providers, including bombings, arsons, death threats, kidnappings, and assaults, and almost 80,000 reported acts of disruption, including bomb threats and harassing calls.[1]

Anti-abortion activists routinely try to intimidate doctors and their families, clinic staff, and patients in an attempt to block abortion services.

This conduct is part of a deliberate campaign to curtail women's access to abortion by closing clinics and terrorizing healthcare providers. As a result of clinic violence, physicians and other clinic workers must take extraordinary measures for protection. Clinics spend thousands of dollars on bulletproof glass, armed guards, security cameras, metal detectors, and other security measures. Clinic workers have been instructed by federal marshals to vary their routes to work and to call police if they receive a suspicious package. These measures instill fear in and impose undue burdens on those seeking and providing reproductive health care. Preventing acts of domestic terrorism against reproductive health clinics and providers must be part of our country's effort to eliminate all forms of terrorism.

Anti-choice violence and terror exacerbate the shortage of abortion providers, further limiting access to vital reproductive health services.

A severe and escalating shortage of physicians who are trained, qualified and willing to provide abortion services is drastically diminishing access in some areas. In 38 states and the District of Columbia, the number of physicians who perform abortions declined between 1996 and 2000.[2] In addition, clinic directors can have a difficult time hiring and retaining office staff because of daily threats and harassment from anti-choice activists.

Both Congress and state legislatures have recognized the importance of laws protecting clinic access.

In 1994, Congress enacted the Freedom of Access to Clinic Entrances Act (FACE), which provides both civil and criminal penalties for violent or threatening tactics used by abortion opponents. Fifteen states (CA, CO, CT, KS, ME, MD, MA, MI, MN, NV, NY, NC, OR, WA, and WI) and the District of Columbia have also enacted some form of clinic protection law.

Clinic protection laws have proven effective, reducing the violence and intimidation clinic employees and patients experience.

The percentage of clinics experiencing severe violence has declined overall since FACE became law, and the percentage of clinics experiencing no anti-abortion violence, harassment or intimidation rose from 33 to 56 percent between 1994 and 2002.[3]

Laws protecting access to reproductive health facilities are constitutional.

Both federal and state clinic protection laws have been repeatedly upheld by the courts, including the U.S. Supreme Court, which in 2000 upheld Colorado's clinic protection statute, ruling that it does not violate the First Amendment right to free speech.[4]

One effective approach to reduce violence and intimidation is mandating a buffer zone around clinics to protect workers and patients.

Massachusetts and Colorado have enacted laws to provide a zone of privacy between patients and protesters, allowing patients to safely seek the services they need without facing intimidating, unwanted and close physical encounters with aggressive protestors. Maintaining a zone of personal space provides an essential buffer against physical or psychological threat, and ensures patients' privacy and access to reproductive health services.

In addition to laws creating buffer zones, states can enact other measures to protect clinic staff and patients.

States can also establish task forces on violence against reproductive healthcare providers; authorize funds for reproductive health facilities to upgrade security; require Attorneys General to collect and analyze information relating to anti-reproductive rights crimes; and develop plans to prevent such crimes, report them when they occur, and apprehend and prosecute perpetrators.

This policy summary relies in large part on information from NARAL Pro-Choice America.

Endnotes

[1] National Abortion Federation (NAF), "NAF Violence and Disruption Statistics: Incidents of Violence & Disruption Against Abortion Providers in the U.S. & Canada," June 30, 2003.

[2] Lawrence Finer & Stanley Henshaw, "Abortion Incidence and Services in the United States in 2000," *Perspectives on Sexual and Reproductive Health*, Vol. 35, No. 1, 2003.

[3] Feminist Majority Foundation, "2002 National Clinic Violence Survey Report," March 2003.

[4] *Hill v. Colorado*, 530 U.S. 703 (2000).

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For more information...

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Reproductive Health Clinic Protection Act

SECTION 1. SHORT TITLE

This Act shall be called the "[STATE] Reproductive Health Clinic Protection Act."

SECTION 2. FINDINGS AND PURPOSE

(A) FINDINGS—The legislature finds that:

1. Citizens of [STATE] have a right to access reproductive health facilities for the purpose of obtaining or providing reproductive health care, counseling and treatment.

2. A campaign of violence and intimidation is curtailing the availability of abortion services and endangering providers and patients. Since 1977, there have been over 4,000 reported acts of violence against abortion providers, including bombings, arsons, death threats, and assaults, as well as almost 80,000 reported acts of disruption, including bomb threats and harassing calls.

NOTE: National Abortion Federation (NAF), "NAF Violence and Disruption Statistics: Incidents of Violence & Disruption Against Abortion Providers in the U.S. and Canada," June 30, 2003. (NAF's statistics include incidents from both the United States and Canada. NAF derives most of its statistics from its members, most of which are in the United States.)

3. [Insert facts regarding clinic violence and obstruction of clinic access in the state.]

4. Intimidating, unwanted, and close physical encounters with aggressive anti-abortion activists can exacerbate a patient's stress and create increased health risks. Maintaining a zone of personal space is essential to sustain privacy, and to provide a buffer against physical or psychological threat.

5. The U.S. Supreme Court has recognized the importance of protecting access to reproductive health facilities and maintaining a zone of separation between protestors and patients. In *Hill v. Colorado* (2000), the U.S. Supreme Court upheld a Colorado law establishing a zone of separation between protestors and patients, ruling that the state has "a substantial and legitimate interest" in protecting persons attempting to enter health facilities from "unwanted encounters, confrontations, and even assaults." *Hill v. Colorado,* 530 U.S. 703 (2000).

(B) PURPOSE—This law is enacted to protect the health, safety and welfare of the citizens of [STATE].

SECTION 3. PROTECTING ACCESS TO REPRODUCTIVE HEALTH FACILITIES

After section XXX, the following new section XXX shall be inserted:

(A) DEFINITIONS—In this section:

1. "Reproductive health facility" means a hospital, clinic, physician's office, or other facility that provides reproductive health services, and includes the building or structure in which the facility is located.

2. "Reproductive health services" means medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy or the termination of pregnancy.

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(B) PROTECTION AROUND REPRODUCTIVE HEALTH FACILITIES

1. No person shall knowingly obstruct, detain, hinder, impede or block another person's entry to or exit from a reproductive health services facility.

2. No person shall knowingly approach within eight feet of another person in the public way or sidewalk area within a radius of 100 feet from any entrance door to a reproductive health facility for the purpose of passing a leaflet or handbill to, displaying a sign to, or engaging in oral protest, education or counseling with such other person, unless the other person consents.

(C) REMEDIES

1. Any person who violates this section shall be guilty of a [CLASS A] misdemeanor.

2. In addition to, and not in lieu of, criminal penalties set forth in this section, a person who violates the provisions of this section shall be subject to civil liability. Any person aggrieved by reason of conduct prohibited by this section may commence a civil action for relief. The court may award appropriate relief, including temporary, preliminary or permanent injunctive relief and compensatory and punitive damages, as well as the costs of the suit and reasonable fees for attorneys and expert witnesses.

SECTION 4. EFFECTIVE DATE

This Act shall take effect July 1, 2004.

This model is based on legislation developed by NARAL Pro-Choice America.