

EXHIBIT A

Nirav R. Shah, M.D., M.P.H.
Commissioner

NEW YORK
state department of
HEALTH

Sue Kelly
Executive Deputy Commissioner

March 17, 2014

Mr. John P. Margand
670 White Plains Road, Suite 322
Scarsdale, NY 10583

Re: 3rd FOIL Appeal # 13-04-213

Dear Mr. Margand:

This letter resolves your administrative appeal to the New York State Department of Health ("DOH") from its denial of Greg Pfundstein's request for certain records pursuant to the Freedom of Information Law ("FOIL"), Public Officers Law ("POL") Article 6.

On April 11, 2013, Mr. Pfundstein submitted a FOIL request, asking:

1. How many inspections have been conducted of Article 28 licensed diagnostic treatment centers that offer abortion services since January 1, 2000?
2. How many inspections have been conducted of facilities that offer abortion services but are not licensed under Article 28 since January 1, 2000?
3. Please provide all records of any violations that were found, and the corrective/enforcement action taken resulting from inspections of Article 28 licensed diagnostic treatment centers that offer abortion services since January 1, 2000 and resulting from inspections of facilities that offer abortion services but are not licensed under Article 28 since January 1, 2000.
4. Please provide any records relating to investigations or civil enforcement actions for operating a facility that performs abortion services, for failure to comply with the requirements of Public Health Law Section 2801-A.

On May 13, DOH received the first appeal for this FOIL request, which raised a constructive denial argument. On May 28, I denied the appeal. On August 19, DOH agreed to provide records on a rolling basis, and records partially responsive to this request were provided on September 30 and October 8. On October 23, DOH received the second appeal for this FOIL request, which raised another constructive denial argument and further argued that the redactions made to the documents provided on September 30 and October 8 were improper. On November 6, 2013, I denied that appeal. On February 5, 2014, DOH released its final batch of documents to Mr. Pfundstein, which completed DOH's response to this FOIL request. On

March 4, I received the third appeal in this matter, which was faxed to the Records Access Office ("RAO") on March 3 at 5:18 pm.

This third appeal makes the same arguments raised in the second appeal, and I will therefore reiterate the same reasons for denying the appeal that were contained in my November 6, 2013 denial.

First, DOH responded to your request in a timely and complete manner. Under POL § 89(3)(a), an agency is required to provide "a statement of the approximate date, which shall be reasonable under the circumstances of the request, when such request will be granted or denied." Due to the large volume of documents released to Mr. Kahrmann, DOH produced documents responsive to this request on a rolling basis as they were located and reviewed to ensure they could be released under the Personal Privacy Protection Law (POL Article 6-A) and that it was appropriate to release them under FOIL. The RAO estimated that DOH would complete its response to this FOIL request by February 5, 2014 and DOH fully complied with this deadline. RAO's response date was therefore reasonable under the circumstances of this request. See Matter of Data Tree v Romaine, 9 NY3d 454, 465; Matter of New York Times Co. v City of NY Police Dept., 103 AD3d 405, 406-407.

Second, DOH has already provided Mr. Pfundstein with thousands of pages of records responsive to this FOIL request. The records that have been released are: 1) a spreadsheet providing the number of routine inspections that have been conducted of 25 Article 28 licensed diagnostic and treatment centers and ambulatory surgery centers which have "abortion services" listed on their operating certificate, responsive to Item 1 of the request; 2) Statements of Deficiencies ("SODs") prepared by the Department in connection with inspections of Article 28 licensed diagnostic treatment centers whose operating certificates indicate that they provide abortion services, and corresponding Plans of Correction ("POCs") prepared by inspected centers, responsive to Item 2 of the request; and 3) Records related to the civil enforcement action concerning one of the twenty-five Article 28 licensed diagnostic and treatment centers, responsive to Item 4 of the request. Although you have only indicated that you are appealing the effective denial of "Item 3 of the Foundation's April 11, 2013 request for records," this appeal decision addresses the types of FOIL exemptions you are challenging in your appeal, in regards to all four items of your original FOIL request. These exemptions include: 1) material that, if disclosed, would be an unwarranted invasion of personal privacy under POL § 87(2)(b); 2) material that if disclosed, could endanger the life and safety of individuals, under POL § 87(2)(f); and 3) quality assurance material that is exempt from disclosure by statute pursuant to POL § 87(2)(a), under Public Health Law ("PHL") § 2805-m and Education Law § 6527(3).

Unwarranted Invasion of Personal Privacy

FOIL expressly exempts from disclosure records and portions of records that, if disclosed, would constitute an "unwarranted invasion of personal privacy." POL § 87(2)(b). POL § 89(2)(b) defines the "unwarranted invasion of personal privacy" to include, among other things, the disclosure of information contained in medical histories and medical records, where that information can be attributed to an identifiable individual. POL § 89(2)(b)(i) and (ii). Disclosure of

such information does not constitute an unwarranted invasion of personal privacy if "identifying details" are redacted, thereby preventing the attribution of the information to an identifiable individual. POL § 89(2)(c)(i). Agencies are authorized to delete such identifying details when they disclose records in response to FOIL requests. POL § 89(2)(a).

In determining whether information is "identifying," the standards for de-identification set forth in the federal regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") are instructive here. These standards recognize that identifying details may include not only directly identifying information such as name or social security number, but also information that indirectly identifies a patient, such as age, location, or date of medical service. See 45 CFR § 164.514. Likewise, HIPAA forbids the release of information that "could be used alone or in combination with other information to identify an individual who is a subject of the information." 45 CFR 164.514(b)(2)(ii).

The records that have been released contain information about patients' medical condition, as well as information that could be used to identify a particular patient whose care was examined in the course of the inspection. See 45 CFR § 164.514(a), (b) and (c). Such material is properly redacted under POL § 89(2)(b)(ii). Although you argue that the "foundation's FOIL request by its very terms does not seek private medical information," the only records responsive to your third request nevertheless contain such private medical information, which may be redacted.

Endanger the Life or Safety of Any Person

You are correct that in the records that have been provided to you, DOH has redacted the identities of facilities that provide abortion services. Under POL § 87(2)(f), an agency may deny records that "if disclosed could endanger the life or safety of any person." To establish that records fall under this exception, an agency is not "required to prove that a danger to a person's life or safety will occur if the information is made public. . . . Rather, there need only be a possibility that such information would endanger the lives or safety of individuals." Stronza v Hoke, 148 AD2d 900, 901 (emphasis added). The possibility of such danger was expressly acknowledged by Congress in its enactment of the Freedom of Access to Clinic Entrances Act of 1994 ("FACE"), 18 U.S.C. § 248 et seq., which established "[f]ederal criminal penalties and civil remedies for certain violent . . . conduct that is intended to injure, intimidate, or interfere with persons seeking to obtain or provide reproductive health services."

In enacting FACE, Congress made the following significant specific findings:

that there was '[a] nationwide campaign of anti-abortion blockades' and violence that was 'barring access to facilities that provided abortion services,' (citing S. Rep. No. 117, 103d Cong., 1st Sess. 3 (1993); H.R. Rep. No. 306, 103d Cong., 1st Sess. 6 (1993)) that abortion opponents had committed at least 36 bombings, 81 arsons, 131 death threats, 84 assaults, 2 kidnappings, 327 clinic invasions, 71 chemical attacks, and the murder of Dr.

David Gunn, a physician who had performed abortions in Florida and several neighboring states; (citing S. Rep. at 3, 6; H.R. Rep. at 6-7; Conf. Rep., Findings and Purpose, *supra*, at 15, no.2). . . . that 'the avowed purpose of this conduct was to eliminate ... abortion services by closing clinics and intimidating doctors; (citing S. Rep. at 11) . . . and that state and local law enforcement authorities have proved unable or unwilling to address effectively 'the systemic and nationwide assault that is being waged against health care providers and patients.' (citing S. Rep. at 7, 14; H.R. Rep. at 6). U.S. v McMillan, 946 FSupp. 1254, 1261 (1995).

The need to protect the identities of abortion providers is further demonstrated by the many cases of extreme violence that have occurred against abortion providers, as noted above. According to the National Abortion Federation ("NAF"), since 1977, in the United States and Canada, there have been at least 8 abortion-related murders, 4 cases of kidnapping, 530 cases of stalking and 426 death threats against abortion-providers. Examples of violent crimes that have taken place in the United States, against providers who perform abortions include:

- Dr. David Gunn, who was shot to death at a protest in Pensacola, Florida on March 10, 1993.
- Dr. John Britton, who was murdered outside an abortion facility in Pensacola, Florida on July 29, 1994.
- An unnamed doctor and abortion provider was shot at in his home in Perinton, New York on October 28, 1997.
- Dr. Barnett Slepian, who was killed at his home in Amherst, New York on October 23, 1998.
- Dr. George Tiller, who was shot to death in Wichita, Kansas on May 31, 2009.

The violence is not necessarily directed at specific physicians, but threatens anyone working in or around facilities that perform abortions, such as:

- James Barrett, a clinic escort who was killed on July 29, 1994.
- Shannon Lowney and Lee Ann Nichols, clinic receptionists, who were murdered on December 30, 1994. (During these two consecutive attacks on abortion clinics, five other employees were wounded).
- Robert Sanderson, an off-duty police officer who worked as a security guard at an abortion clinic, died in a bombing of an abortion clinic on January 29, 1998, and a nurse was severely injured.

Moreover, there is a history of property-based violence against facilities that offer abortion services. According to the NAF, since 1977 in the United States and Canada, additional property-based crimes committed against abortion providers include 42 bombings, 181 cases of arson, 99 cases of attempted bombings or arsons, 1,490 instances of vandalism, 2,218 cases of trespassing, 100 butyric acid (stink bomb) attacks, 663 anthrax and bioterrorism threats, and 183 cases of burglary. Less violent attacks include 15,479 cases of hate mail and

harassing phone calls, 177 reports of suspicious packages, 657 bomb threats, and since 2012, 79 cases of obstruction. There have also been 775 reports of clinic blockades, with 33,838 related arrests. Some of the more recent property-based crimes have occurred as recently as 2007.

Recognizing the risk to life and safety, the Committee on Open Government has opined that DOH may withhold the names and addresses of physicians who perform abortions, "in view of the violence that has been committed in New York and elsewhere in relation to abortion providers." Advisory Opinion No. 11239; see also American Broadcasting Companies v Siebert, 110 Misc2d 744, 751 (Sup. Ct. N.Y. County 1981), holding that when disclosure would "expose [licensee] applicants and their families to danger to life or safety," POL 87(2)(f) is properly asserted. More recently, the NYS Appellate Division, First Department, has recognized the need to protect the identities of those involved in the manufacturing and marketing of RU-486 or Mifepristone (medical abortion pill) in a non-FOIL related matter, agreeing that they could be targeted for harassment or violence, Danco Laboratories v. Chemical Works of Gedon Richter Limited, 274 AD2d 1, 2, 9 (NY App Div., 1st Dept. 2000).

In 2006, the U.S. Court of Appeals, D.C. Circuit upheld the redaction of the names and addresses of individuals and businesses associated with the development, manufacturing, and FDA approval of Mifepristone, in light of abortion-related violence, under the Federal Freedom of Information Act ("FOIA"). Judicial Watch, Inc. v Food and Drug Administration, 449 F3d 141, 153 (U.S. District Ct., D.C. Cir. 2006). The court held that:

[T]he FDA fairly asserted abortion-related violence as a privacy interest for both the name and addresses of persons and businesses associated with [M]ifepristone [the medical abortion pill]. The privacy interest extends to all such employees, and the FDA need not 'justify the withholding of names on an individual by individual basis under FOIA Exemption 6.' Id.

The court held that "evidence of abortion clinic bombings" and "websites that encourage readers to look for [M]ifepristone's manufacturing locations and then kill or kidnap employees," was sufficient to show a privacy interest in withholding the information under FOIA that outweighed the public interest in the names and addresses sought. Id.

In your appeal letter you argue that "abortion providers go to great lengths to publicize and promote their services, locations and identities to the general public. They advertise widely on the Internet and in local publications, and have done so for many years." Therefore, you argue that revealing the results of State inspections for these well-known providers will not endanger the safety of anyone. While it is certainly true that some abortion providers advertise this particular service, others do not and are not going to "great lengths to publicize and promote their [abortion] services." DOH is not in a position to determine which health care providers publicize and promote abortion services and which do not. Also, regardless of whether providers advertise that they perform abortion services and possibly endanger their own lives or safety, I agree with RAO that there is a possibility that it would endanger the lives or safety of individuals if DOH publicizes which health care providers are providing abortions.

This includes not only the lives of physicians, but also nurses, maintenance staff, receptionists, security guards, patients, and contractors of the facilities. Thus, I believe FOIL permits DOH to redact information that identifies the names of abortion facilities to which these incidents/complaints relate.

Exempted From Disclosure by State or Federal Statute

Under POL § 87(2)(a), DOH is prohibited from disclosing records or portions of records that are specifically exempt from disclosure under state or federal statute. In this matter, DOH is prohibited from disclosing records that are confidential under PHL § 2805-m and Education Law § 6527(3). The SODs and POCs which have been produced have been redacted to remove information deemed confidential under New York State Education Law § 6527(3), which protects the proceedings and records relating to performance of a medical or quality assurance review function or a medical malpractice prevention program. For the same reason, the documents have been redacted in accordance with PHL § 2805-m, which assures the confidentiality of any documents, records or committee actions the facility is required to collect and maintain in connection with a quality assurance review function or medical malpractice prevention program pursuant to § 2805-j or as part of the facility's required incident reporting to DOH pursuant to § 2805-l.

The NYS Court of Appeals has emphasized that the quality assurance privilege

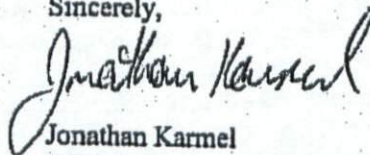
ensure[s] the proper delivery of services and the maintenance and improvement in quality of care. . . . [This] privilege . . . attaches to the proceedings and work product of the hospital quality assurance committees [in order to] 'promote[] the quality of care through self-review without fear of legal reprisal.' Furthermore, such protections 'enhance the objectivity of the review process' and ensure that the committees 'may frankly and objectively analyze the quality of health services rendered.' The cloak of confidentiality covering quality assurance procedures and materials 'is designed to encourage thorough and candid peer review . . . and thereby improve the quality of . . . care.' Matter of Subpoena Duces Tecum, 99 NY2d 434, 439 (2003) (citing Katherine F. v State of NY, 94 NY2d 200, 205 (1999); Logue v Velez, 92 NY2d 13, 17 (1998)).

In Smith v Delago, a complaint was made against a hospital, and DOH investigated the complaint and reviewed the medical care provided. 2 AD3d 1259, 1260-61 (3d Dept. 2003). The court held that under FOIL, DOH was required to disclose its SODs, redacted to remove information that is confidential under PHL § 2805-m. The Court held that other documents regarding the complaint were found to be privileged under PHL § 2805-m, including the circumstances pertaining to the patient's care that the hospital was required to and did report to DOH, and all interviews and documents made available to DOH in furtherance of the hospital's internal quality assurance review obligations under PHL Article 28. Id. at 1261. The purpose of

this statutory protection is "to promote the quality of health care through self-review without fear of legal repercussions by assuring confidentiality to those performing the review." Id. at 1261.

For the reasons stated above, your appeal is denied in its entirety. This final appeal determination applies to all of the Department's productions in this matter, and therefore encompasses my prior appeal decision of November 6, 2013. Therefore, judicial review of this final determination, which includes my prior November 6, 2013 appeal determination, may be obtained pursuant to CPLR Article 78.

Sincerely,



Jonathan Karmel
DOH Records Access Appeals Officer

cc: James P. O'Hare, Acting DOH Records Access Officer
Robert J. Freeman, Executive Director, NYS Committee on Open Government
James E. Dering, DOH General Counsel

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July 17, 2014

James D. Featherstonhaugh
Featherstonhaugh, Wiley & Clyne, LLP
99 Pine Street
Albany, NY 12207

Re: Family Planning Advocates of New York State

Dear Mr. Featherstonhaugh:

Attached please find the decision of the judicial hearing officer on the appeal of the denial of the application for an exemption from the source of funding disclosure requirements set forth in sections 1-h(c)(4) and 1-j(c)(4) of the Legislative Law.

This decision is considered a final determination by the Joint Commission on Public Ethics, pursuant to 19 NYCRR § 938.7(e).

Sincerely,

A handwritten signature in black ink, appearing to read "Monica J. Stamm".

Monica J. Stamm
Chief of Staff and Deputy Counsel

NEW YORK STATE
JOINT COMMISSION ON PUBLIC ETHICS

In the Matter of the Appeal of

FAMILY PLANNING ADVOCATES OF NEW YORK STATE

Before:

George C. Pratt
Judicial Hearing Officer

DECISION

Family Planning Advocates of New York State ("Appellant") appealed on April 25, 2014, from the April 4, 2014, decision by the Joint Commission on Public Ethics ("the Commission") that denied the Appellant's application for an exemption from the Commission's Source of Funding Reporting Requirements. The appeal was taken under Part 938.6 of the Commission's Source of Funding Regulations and was assigned by the Commission to the undersigned as a Judicial Hearing Officer.

BACKGROUND

Appellant is a 501(c)(4) organization that represents New York's family planning providers, including the state's ten Planned Parenthood affiliates. Its primary activities performed on behalf of its members involve issues of significant public concern and attention: support for abortion rights and access and in the 2013 legislative session, lobbying efforts in support of the Women's Equality Agenda, including the provision that would codify the rights established in the Supreme Case *Roe v. Wade* into New York law. Because of its lobbying activities, Appellant reports to the Commission as a lobbying "client".

Under the amended regulations Appellant, as an organization that engages in lobbying activities, is required to disclose the names, addresses, employers, and contribution information regarding any contributor who provides to it at least \$5,000. However, the regulations provide for possible exemptions, which presents the problem now under consideration.

The Application.

Appellant applied to the Commission on October 25, 2013, for an exemption from its source-of-funding disclosure regulations as amended on Oct. 23, 2013. Its Application consisted of a four-page, single-spaced letter, three multi-page attachments, and a three-page application form. The Application appears to be made under Part 938.4(b), but no appeal is permitted from the denial of an application under that subsection. (938.6(a)). However, the substance of the Application, as well as the Commission's denial of the exemption, covers issues presented by an application under subsection (a), and this appeal will not be dismissed because of the technicality. It will be considered and decided as if the Application had specified Part 938.4(a).

To be entitled to an exemption, Appellant was required to show to the Commission by "clear and convincing evidence that disclosure of the Source will cause a substantial likelihood of harm, threats, harassment or reprisals to the Source or individuals or property affiliated with the Source." (938.4(a)). Appellant claimed entitlement to the exemption because disclosure of the names of sources of contributions over \$5,000 would "create a substantial likelihood of harm, threats, harassment or reprisals to FPA and its sources of funding . . ." (App. at 4).

The Evidence.

Appellant's Application presents some evidence of threats and harassment to Appellant's staff, but it leans heavily on incidents and events that have affected affiliates and other organizations and individuals having similar views, particularly Planned Parenthood. The many incidents of threats, harassment, and reprisals directed at such organizations and individuals make it clear that Appellant and its contributors, as supporters of women's right to choose, i.e. abortion, will soon be targeted, if, indeed, that has not already occurred. Among the specific examples included in Appellant's application are the following:

- In 2012 Planned Parenthood affiliates reported over 100 incidents of harassing phone calls and emails, vandalism, aggressive picketing, receipt of suspicious packages, and receipt of materials with fear-inducing religious messages against abortion.
- Threatening calls and mailings to affiliated health centers and abortion providers.
- A posting to NARAL's Facebook page of a tribute to individuals who had shot and killed abortion providers.
- Picketing at the home of a contractor who was constructing a new facility for Planned Parenthood.
- Postings on the website of Abortion Wiki of the names and photos of abortion providers and supporters. Abortion Wiki is designed "to expose the abortion industry" and to hold "accountable" those involved in providing or supporting abortion. The organization asks abortion opponents to provide information that

includes names and photos of abortion providers and health center employees, photos of businesses that have business relationships with abortion providers and evidence of businesses that support abortion providers or pro-choice organizations.

- A report by the National Abortion Federation of incidents of violence and disruption against abortion providers in the U.S. and Canada from 1977 through 2011 that shows over 6,000 incidents of "violence", including 8 murders, 17 attempted murders, 175 arsons, 100 attempted arsons/bombings, 391 invasions, which together with lesser incidents produced a grand total of over 6,000 incidents of violence.
- The same report specified over 175,000 incidents of picketing, hate mail and harassing phone calls, plus 769 incidents of clinic blockades.
- The same report included 19 pages of details about many of the reported incidents.
- Life Decisions International, an anti-abortion organization, compiles a list of organizations that support abortion or planned parenthood, and urges supporters to boycott those organizations. The list is publicized by a large number of organizations who urge their supporters to participate in boycotting organizations and individuals with a connection to Planned Parenthood or that support abortion. The reprisals and boycotts have included many incidents against a wide variety of organizations across the country and have even reached as far as the Girl Scouts and their cookie sales.

The Commission's Decision.

The Commission denied the application by vote of five to three. The Majority's four-paragraph decision states in its first paragraph that it is "set[ting] forth reasons and bases for the denial of the application", but after two paragraphs describing the statutory and regulatory background the Majority merely concluded in its fourth paragraph that

FPA's application did not present sufficient evidence demonstrating that the FPA's compliance with the disclosure requirements would create a 'substantial likelihood' of harm to its sources of funding (including individuals and property associated with those sources). Rather, the evidence presented was too remote and speculative to establish a substantial likelihood of harm.

In dissent, the Minority protested the Majority's narrow interpretation of the governing statute, arguing that the demonstration of "substantial likelihood of harm", as required by the Majority, was "an impossible standard for any applicant to meet."

The Appeal.

Appellant's appeal from the Commission's denial is dated April 25, 2014. The regulations provide that the record on appeal "shall consist of the original application for exemption together with any supporting materials that were submitted pursuant to Part 938.5 and the Commission's written denial." (938.7(b)). Those materials were received from the Commission on June 30, 2014. Under the regulations this decision may "affirm, reverse or remand the decision of the Commission" (938.7(d)), but may reverse "only if such denial is clearly erroneous in view of the evidence in the record." (938.7(c)).

DISCUSSION

As indicated by the foregoing, the task of the Judicial Hearing Officer on this appeal is to determine whether the Commission's denial of an exemption to Appellant was "clearly erroneous in view of the evidence in the record." "A finding is 'clearly erroneous' when although there is evidence to support it, the reviewing [body] on the entire evidence is left with the definite and firm conviction that a mistake has been committed." *United States v. United States Gypsum Co.*, 333 U.S. 364, 395 (1948).

Since there was no evidentiary hearing before the Commission, and since no opposing papers were submitted, the only "evidence in the record" is what was included in Appellant's written Application to the Commission. None of that evidence was presented under oath, but as required by the Commission's application form, Appellant's letter Application included a declaration "that the information contained in this application is true, correct, and complete to the best of my knowledge and belief." (App. at 4). Of course, all of the Appellant's evidence was hearsay, but the rules of evidence do not apply in this type of proceeding, and there has been no challenge to any of the statements and reports included in the application, nor does anything in those statements and reports inherently suggest any question as to their reliability.

If the application showed by "clear and convincing evidence that disclosure of the Source will cause a substantial probability of harm, threats, harassment or reprisals", the Commission was bound to grant the exemption ("The Commission shall grant the exemption" [938.4(a) emphasis added]). The issue on appeal thus becomes: Assuming that the events and circumstances described in Appellant's Application occurred as described, was the Commission's denial of the exemption clearly

erroneous? Because disclosure of donors had not previously been required, it was apparent, to the Legislature in enacting the statute, and to the Commission in promulgating the regulations, that an applicant would most likely be unable to present evidence of actual harm, etc. having already occurred to its donors. Because donors' identities had not been previously disclosed, such harm simply would not have occurred.

The regulations, however, provide guidance for bridging this apparent gap. They list five types of evidence that the Commission is to consider when determining whether the required showing of harm, etc. had been made. The first four are:

- (i) Specific evidence of past or present harm,
- (ii) The severity, number of incidents, and duration of past or present harm,
- (iii) A pattern of threats or manifestations of public hostility, and
- (iv) Evidence of harm, threats, harassment or reprisals directed against organizations or individuals holding views similar to those of the Source(s) or Client Filer.

All four of these include evidence of harm not only to or against the "Source" i. e. the donor, but also, more broadly, to or against the "Client Filer", i.e. the Appellant. The third category, pattern of threats or manifestations of public hostility, is further broadened to include as the targets "individuals or property affiliated with the Source(s) or Client Filer." (emphasis added), and the fourth category is expanded even further to include evidence of harm, etc. "directed to organizations or individuals holding views similar to those of the Source(s) or Client Filer." (emphasis added). Appellant's

Application relied primarily on incidents in the third and fourth categories, many of them involving Planned Parenthood, a direct affiliate of Appellant.

A failure to consider and follow these regulations would make the Commission's denial "clearly erroneous", particularly in light of the regulations' mandatory requirement that the exemption "shall" be granted upon the described showing.

Analyzed in light of the above considerations, the decision of the Commission is, indeed, clearly erroneous. The evidence in the record is described above in abbreviated form, but the Application itself provides significantly more detail and additional examples. Even in the abbreviated form, however, it is clear that Appellant provided "specific evidence" of many and severe incidents extending over a period of years that show a "pattern of threats" and "manifestations of public hostility" to Appellant's affiliates and to others holding similar views because of their advocacy for women's rights, particularly in the abortion and family planning fields.. This uncontroverted and unchallenged evidence fully satisfies the requirements of Parts (iii) and (iv) of Part 938.4 of the Commission's regulations, and when evaluated realistically, the evidence in the record shows that there was "a substantial likelihood of harm, threats, harassment [and] reprisals" to the "Client Filer" [Appellant] and to "Individuals [and] property affiliated with the . . . Client Filer". The Commission's findings that the application "did not present sufficient evidence" and that "the evidence presented was too remote and speculative" were clearly erroneous. The exemption must be granted.

An exemption for qualified donors to the Appellant is consistent with the intent of the Legislature in enacting the Lobbying Act, which proclaimed:

This disclosure shall not require disclosure of the sources of funding whose disclosure, in the determination of

the commission based upon a review of the relevant facts presented by the reporting lobbyist, may cause harm, threats, harassment, or reprisals to the source or to individuals or property affiliated with the source. (Lobbying Act § 1-h(c)).

The sponsors of the legislation significantly noted that "organizations whose primary activities focus on the question of abortion rights, family planning, discrimination or persecution based upon race, ethnicity, gender, sexual orientation, or religion, immigrant rights, and the rights of certain criminal defendants are expected to be covered by such an exemption."

Moreover, an exemption to Appellant gives proper deference to the constitutional requirement to protect the First Amendment rights of citizens to express their views on controversial issues by providing financial support to organizations that further their favored causes.

CONCLUSION

The decision appealed from is clearly erroneous and is therefore reversed.

July 11, 2014


George C. Pratt

Judicial Hearing Officer

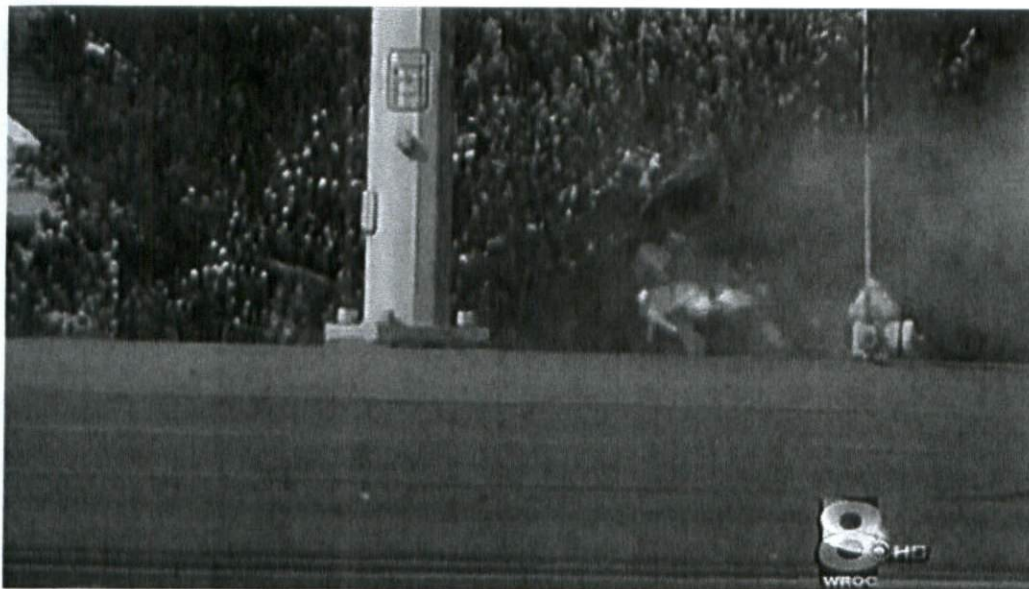
Attachment 2

Suspicious Package Detonated in Greece

Like 2 Tweet 0

1

10/03/2014 04:22 PM 10/03/2014 06:43 PM



Greece, NY (WROC)- There were some traffic tie-ups in Greece Friday afternoon as police investigated a suspicious backpack outside of Planned Parenthood.

The Greece Police Department received a call around 12:30 pm this afternoon for a suspicious object in the parking lot of Planned Parenthood on West Ridge Road. Greece Police Chief Pat Phelan said that the Greece Police Department took every necessary precaution to be on the safe side, which included blocking off West Ridge Road from Long Pond Road to Wood Road. Nearby Planned Parenthood employees were moved to a safe spot in the building. The Monroe County Bomb Squad was called in to help. They blew up the backpack to be on the safe side.

"Any time there's a suspicious package, we take it very seriously with some of the incidents that happened throughout the country, Boston, what not," said Chief Phelan. "The location is not so much a factor in our decision making, we take suspicious packages very seriously, but it is in front of Planned Parenthood, which has some issues with occasional protests with people who are opposed what they do there, so it gave us a heightened sense of awareness. We just want to be extra careful, we just don't want anyone to get hurt."

Other than a blow horn, investigators determined nothing suspicious or harmful was found inside the bag.

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Monroe County Incident Report		1. Agency Greece Police	2. Zone / Precinct 7/2	3. Report Date 10/03/2014	4. Report Time 1231	5. Incident Type Suspicious Condition	6. Incident No. 14-063002
7. Date From 10-03-14		8. Time From 1331		9. Date To		10. Time To	
11. Dispatched To (Address) W.Ridge @ Harvest Dr.							
12. Incident Address (Street, Bldg. No., Apt. No.) 2824 W Ridge Rd. Planned Parenthood				13. City, State, Zip C / T / V Rochester NY 14626		14. Weapon(s)	
15. OFF NO.		LAW	SECTION	SUB	CL	CAT	DEG / ATT
16. Victim Name (V1)		17. (V1) Address: (Street, Bldg. No., Apt. No.)				18. Telephone No. W / H / C	
19. Date of Birth		20. Age	21. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	22. Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	23. Ethnic: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unk	24. Residence Status: <input type="checkbox"/> Temp. Res - Foreign Nat. <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.	
25. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> Yes <input type="checkbox"/> NO							
26. R - Reporting Person W - Witness PK - Person w/ Knowledge NI - Not interviewed NO - Interview No Information							
Type / No.	Name (Last, First, Middle)		D.O.B.	Sex M/F/U	Race W/B/A/U	Address	
R	O'Kelly, Nikki		09-17-78	F	W	266 Heritage Dr. Roch. NY 14615	
27. Type/No.		28. Name (Last, First, Middle)		29. Alias/ Nickname/ Maiden		30. Apparent Condition: <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis. <input type="checkbox"/> Impaired Alcoh <input type="checkbox"/> Inj/Ill <input type="checkbox"/> App. Norm <input type="checkbox"/> Unk	
31. Address		32. Telephone No. W / H / C		33. MoRis No.		34. Employer / School	
35. D.O.B.	36. Age	37. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	38. Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk	39. Ethnic: <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk <input type="checkbox"/> Non-Hispanic	40. Build <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Medium	41. Skin Color <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk <input type="checkbox"/> Med. <input type="checkbox"/> Other	42. Height 43. Weight
44. Hair	45. Eye Color	46. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contacts		47. S / M / T		48. Clothing Description	
49. Missing Person Code:		50. Mother's Maiden Name		51. Misc. (School Dist. / Place of Birth)			
52. Vict. / Susp. No.	Property Status	Property / Drug type	Quantity / Measure	Color	Make / Model	Serial # / VIN	Description / Firearms: include Caliber / Barrel Length / Ind. / Fin. #
53. Vehicle Status		54. License Plate	Full <input type="checkbox"/> Partial <input type="checkbox"/>	55. Lic. State	56. Exp. Yr	57. Plate Type	58. Value
59. Veh. Yr	60. Veh. Color		61. Make		62. Model	63. Style	64. VIN
65. Inventory Search <input type="checkbox"/> Yes <input type="checkbox"/> No		66. Towed By: To:		67. Working / Recovery CR#		68. Hold For:	
69. Owner Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes By:		70. TT Message #					
71. On this date RO responded to above location with Ofc. Bachman and Sgt. Parina for the report of a backpack which had been left at the corner. Upon our arrival we located the backpack at the base of a utility pole at the corner. A concern arose about the contents of the backpack due to the location of Planned Parenthood some 100 feet away and recent protests at that corner from pro-life activists. Employees of Planned Parenthood and all nearby businesses were canvassed for information and advised to leave for the afternoon or remain inside for their safety. Vehicular and pedestrian traffic on W.Ridge Rd was shut down or detoured. Command staff responded and arranged for the response of the Monroe Co. Sheriff's Dept. Bomb Unity to investigate the backpack which had been there for							
False Statements made Herein are punishable by a Class A Misdemeanor pursuant to the New York State Penal Law							
72. Inquiries <input type="checkbox"/> DMV <input type="checkbox"/> Want / Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other <input type="checkbox"/> Tech. By:		73. NYSPIN Message #		74. Complainant's Signature			
75. Reporting Officer's Signature (Include Rank) Ptlm. R. Mott Jr. 816b		76. ID No. 1130		77. Supervisor's Signature <i>Sgt. R. Parina</i>		78. ID No. 1315	
79. Status <input type="checkbox"/> Field <input type="checkbox"/> Cleared By (check box to right) <input checked="" type="checkbox"/> Incident <input type="checkbox"/> CBI <input type="checkbox"/> Warrant Advised		Cleared By: <input type="checkbox"/> Arrest-Adult <input type="checkbox"/> Arrest-Juvenile <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Death of Offender <input type="checkbox"/> Victim Refused Coop <input type="checkbox"/> Juvenile No Court <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Unfounded		80. Review Date 10/03/14		81. Notified / Turned over To	
** Additional Narrative on Addendum Page 1 Of 2							

ADDENDUM

A CONTINUATION OF A

Suspicious Condition

REPORT

2. CR #

14-063002

3. VICTIM'S NAME (LAST, FIRST, MIDDLE) OR FIRM NAME IF BUSINESS

O'Kelly, Nikki

4. LOCATION OF INCIDENT(HOUSE#, STREET, C T V

2824 W.Ridge Rd. Greece

5. SEC

7

6. DATE OF INCIDENT

10-03-14

BLOCK #

an unknown period of time. The bomb unit subsequently determined the backpack contained a bull horn and metal clip board containing pro-life material. At 1516 hrs the scene was deemed to be safe and traffic was re-opened on ridge road.

45. Inquiries ☐ DMV ☐ Want / Warrant ☐ Scofflaw ☐ Crim. History
☐ Stolen Property ☐ Other ☐ Tech. By:

46. NYSPIN Message #

47. Working Incident Number

48. Date of Supp/IA Report

49. Reporting Officer's Signature (Include Rank)

Ptltm. R. Mott Jr. 816b

50 ID No.

1130

51. Supervisor's Signature

Sgt. P. R. Rane

52. ID No.

1315

53. Status ☐ Field

☐ Cleared By (check box to right)

☒ Incident ☐ CBI

☐ Warrant Advised

Cleared By:

☐ Arrest-Adult

☐ Death of Offender

☐ Extradition Denied

☐ Arrest-Juvenile

☐ Victim Refused Coop

☐ Unfounded

☐ Prosecution Declined

☐ Juvenile No Court

54 Review Date:

10/03/14

55. Notified / Turned over To

Attachment 3

NEWS : LAW AND POLICY

Anti-Choice Groups Try 'Texas Playbook' in Attempt to Block Health Care Access in California



by Jessica Mason Pieklo, Senior Legal Analyst, RH Reality Check
May 18, 2015 - 5:22 pm

California may be traditionally progressive with a history of protecting reproductive rights, but Imperial County has become a new front in the anti-choice movement's effort to erode abortion access well outside the confines of GOP-controlled red states.

Imperial County sits on California's southeastern corner, bordering Arizona and Mexico. Go west and you'll hit San Diego; north, and you'll hit Palm Springs. About 80 percent of the county's households identify as Latino and 65 percent speak predominately Spanish at home, according to the last census.

Despite its desert landscape, Imperial County has wide swaths of farmland thanks to irrigation fields fed by the Colorado River on its eastern border and the Hoover Dam. Jobs in agriculture account for about a quarter of all employment in the county, and even though the state is in a historic drought, water for the area is all but guaranteed because of local politics.

The same cannot be said for reproductive health care, as national anti-choice activists have focused their attentions on a Planned Parenthood health-care facility opening in the valley's El Centro, California.

"Imperial Valley statistically is now rated fourth highest in the state for teen births," Tracy Skadden, general counsel for Planned Parenthood of Pacific Southwest, told *RH Reality Check* in an interview. "It has one of the highest rates of unemployment in California; the high schools sometimes have day care centers."

Skadden said Planned Parenthood agency members spent about five years on the ground in Imperial Valley meeting with members of the community and local organizations to get an understanding of the area's unique health care needs before putting together the effort required to open a new facility.

rhrc.us/1KgrU3r

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Anti-choice protests began after the new Planned Parenthood facility advertised job openings. (Allen Graham - PDImages / Shutterstock.com)

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Bad news / good news: Missouri Legislators Propose 22 Anti-Choice Measures, Pass None
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"We know that they don't have any reproductive health care access specifically as it relates to abortion services," Skadden said. "We know that they have very long waits to get in to see a doctor. A lot of the men and women who come to see us, because they don't have any insurance coverage they really don't go to doctors very often."

"Some of the women in their 30s and 40s who come to see us have never had a pap smear," she continued. Through the Planned Parenthood facility, "they get wellness checks, they get their cholesterol checked, possibly they get screened for diabetes. We don't treat those things, but we do refer them to other health care clinics that can."

The El Centro facility is the only one to provide abortion care anywhere in Imperial County. Still, despite a chronically underserved population in need of comprehensive reproductive health care, Planned Parenthood faced what Skadden described as opposition that was "unprecedented for California" in opening the new facility in El Centro, the heart of Imperial Valley.

After funds for the new facility had been raised, architectural plans were approved by government officials, and all necessary permits were obtained, Planned Parenthood broke ground and finished building the facility this spring.

Then the protests started.

"The thing that triggered the protesters from the very beginning was our 'now hiring' sign that we put up under our logo," Cita Walsh, vice president of marketing and communication, said in an interview with *RH Reality Check*. "When we put the sign up we had hundreds of people apply for jobs at our health center."

While the facility applied for a standard transfer agreement for patients with the city-owned El Centro Regional Medical Center, an area church organized about 500 protesters to come to the hospital's board meeting and complain that by signing the transfer agreement, local officials were "authorizing abortions to occur in Imperial Valley."

The city, in response to the anti-choice backlash, agreed to hire a third-party law firm to review the transfer agreement. That law firm told the city council the transfer agreement was legal and there was no reason the center should not open.

Walsh said that harassment escalated after the transfer agreement was complete, with more than 2,000 anti-choice protesters complaining to the El Centro city council about the opening of the health care center.

"The National Right to Life Movement inserted themselves as outsiders into the Imperial Valley in an attempt to embed Imperial County and ignite the local churches and help them organize," Walsh said.

National anti-choice activists, from former Minnesota Rep. Michele Bachmann (R) to Alveda King, came to the Valley to raise funds for efforts to stop the clinic's opening.

"They brought in people from out of state to try and get the Imperial Valley Coalition for Life funded in order to teach them how to use the Texas playbook," Walsh said. The Texas playbook, as described by Walsh, is centered on pressuring local officials into endorsing TRAP (targeted regulations of abortion providers) measures.

"It starts with you try to stop them with transfer agreements and then you have a lot of



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When Parents Kill Disabled Children, We Must Hold Society Responsible by s.e. smith



Anti-Choice Groups Try 'Texas Playbook' in Attempt to Block Health Care Access in California by Jessica Mason Pieklo



Virginia Clinics Navigate Changing TRAP Law: 'I Feel Like I'm Digging a Hole Just to Fill It Back In' by Nina Liss-Schultz



Report: South Dakota Ranks Worst in the Nation on Reproductive Rights by Emily Crockett



House Passes 'Disgustingly Cruel' 20-Week Abortion Ban by Emily Crockett



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RH Wire

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protesters," Walsh said. "It felt a little like Mississippi or Texas, but right here in California."

Days before the facility was set to open, after city officials had told Planned Parenthood of the Pacific Southwest to invite trained staff in to begin setting up, El Centro city officials denied Planned Parenthood of the Pacific Southwest its occupancy permit on the grounds that the building had been improperly classified and would need significant, additional upgrades before opening.

No other comparable facility in California is subject to the more burdensome requirements city officials want to impose on the El Centro facility.

The decision to reclassify the building just prior to its opening was made by El Centro Fire Chief Kenneth Herbert. Herbert explained to *RH Reality Check* in an email that architects made the initial occupancy classification, but that "[b]ased upon conditions observed," he decided the building needed more stringent requirements and denied fire clearance.

Herbert declined to elaborate on what conditions he observed that prompted his decision that the facility needed a more stringent classification. He told *RH Reality Check* that since the initial permit denial, there have been changes made to the building in an attempt to comply with the "occupancy classification B requirements." After a five-week delay, the city issued the facility a temporary certificate of occupancy.

In other words, the state-of-the-art health-care facility meets all the health and safety requirements it was required to all along.

In signing the licensing document, however, Herbert put in special conditions for their license to remain in place, Skadden said. One condition provides the fire chief with the authority to revoke the document pending a review of the building code by the state's Fire Marshall Department. Herbert has requested from the State Fire Marshall's office "a formal interpretation of the occupancy based on the use of the building." That process could take up to 90 days.

"We complied with all the building, fire, and safety requirements for licensure, but the City of El Centro fire chief made an arbitrary and unilateral decision to deny our final documentation," Skadden said. "The dispute is over a California building code. But it was clear this was about our abortion services."

Planned Parenthood of the Pacific Southwest successfully fought back this round of challenges to providing reproductive health care in Imperial County, but more challenges lie ahead. The Imperial Valley Coalition for Life reported on its Facebook page that "friends" of its organization purchased the property right next to the new Planned Parenthood clinic.

The anti-choice group charged that the property is now "available to our prayer warriors from the 365 days for life to park and to pray and it will be available for sidewalk counseling also."

Meanwhile, those opposed to legal abortion care continue to protest outside the El Centro facility. "We've had some vandalism already, but we are very vigilant with our security and our number-one priority is to the safety of our patients and staff," Skadden said. "California has a long history of protecting reproductive rights, which, thankfully, we were able to rely on our safety and health codes and our California Constitution and other laws that do protect reproductive health care."

The hope for Planned Parenthood of the Pacific Southwest is that the political fight to provide

reproductive health care in Imperial Valley is over. "We intend [to] provide health care in Imperial Valley and to work with the city," Skadden said. "We all have a mutual goal of increasing the health outcomes of the community in Imperial Valley."

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To schedule an interview with Jessica Mason Pieklo contact director of communications Rachel Perrone at rachel@rhrealitycheck.org.

Follow Jessica Mason Pieklo on twitter: [@hegemommy](https://twitter.com/hegemommy)

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'Chili for Choice' fundraiser for Planned Parenthood attracts protesters

BY DEB GRUVER - THE WICHITA EAGLE

01/13/2015 5:36 PM | Updated: 01/13/2015 9:28 PM

Tending to St. James Episcopal Church's Facebook page typically isn't a lot of work for the Rev. Dawn Frankfurt, the church's rector since 2011.

That changed last week.

That's when people started posting they were outraged that the church on East Douglas in College Hill was playing host to a "Chili for Choice" fundraiser Jan. 22 – the anniversary of the landmark Roe v. Wade Supreme Court decision that affirmed abortion as a constitutional right. The fundraiser for Planned Parenthood of Kansas and Mid-Missouri will benefit Wichita's clinic, which provides reproductive care such as well-woman exams and contraceptives but doesn't offer abortion services.

"Tons of awful stuff was being posted on our Facebook page," Frankfurt said. "Our reach was up to about 18,000 people. I almost immediately turned off the ability to make posts on our page."

People no longer could post to the page, but they still could comment on posts. Frankfurt eventually reported comments to Facebook, and since then, the number of posts she considered offensive have dwindled.

The event has been at St. James the past four years and had never been the subject of protest before, she said Tuesday.

"But last Monday when we came to work," Frankfurt said, "the phones were just starting to ring off the hook. People were asking 'Are you really hosting a chili event to celebrate 42 years of murder?'"

Some messages warned members of the church that they were going to hell.

"We knew immediately there was something going on," Frankfurt said. "We became aware it was a bigger deal than we thought on Wednesday of last week when the Wichita police called and said 'We've been made aware of a protest that may happen at your church and we'd like to talk to you about it.' "

Frankfurt said the church expects a protest by members of anti-abortion groups the Sunday after the event, on Jan. 25.

"We're telling people to come to church as usual and to trust that those who are protesting probably have protested before and know what the rules are," she said.

Planned Parenthood is providing security the day of the event and on Jan. 25.

David Gittrich, state development director for Kansans for Life, said his group is "in the process of formulating some plans. We don't think Jan. 22 is a day of celebration. We think it's a day of mourning."

The calls, e-mails and posts on social media aren't deterring St. James.

"The Episcopal church says you can form your own opinion about reproductive justice and you can be against it or for it. There's room for everybody in the Episcopal church to come together and worship God," Frankfurt said. "We'll see how this goes, but I don't feel like changing my mind on supporting (Planned Parenthood)."

Bishop Dean Wolfe of the Episcopal Diocese of Kansas doesn't either.

"Faithful churches take risks to help people in need," he said in an e-mail to The Eagle.

"Saint James Episcopal Church has been serving people in need in the Wichita community since it was founded in 1920."

The Episcopal Church, along with the United Methodist Church, United Church of Christ, Y.W.C.A. and the American Jewish Congress, he said, "has for decades supported women's reproductive health services, whose primary purpose has been to offer maternal care to women in need."

"The decision to offer the Saint James parish hall for a Planned Parenthood chili supper fund-raiser (for the fourth year in a row) has resulted in the church receiving hate-filled email, angry phone calls, and a variety of veiled threats," he said. "These attacks, most of which have originated outside the Wichita community, are unwarranted and have previously led to dangerous and violent escalations. They do nothing to honor the diversity of opinion many citizens and many Christians hold regarding these issues, and they do not recognize the needs of women, many of whom are without adequate financial resources, to have the kind of health care they so desperately need."

Susan Moeder, a volunteer for Planned Parenthood who helps organize the event, said this year "I think we just got on somebody's radar screen."

Moeder attends College Hill United Methodist Church, and she said some people have mistakenly thought that church was sponsoring the event. Moeder does cook the chili at College Hill and then takes it over to St. James. St. James allows beer and wine to be served at its events, while the Methodist church does not.

"I think somehow (Moeder's) affiliation with College Hill got plugged into whatever information got out there and that St. James was hosting it for College Hill. That's not the case," said the Rev. Kent Little of College Hill United Methodist.

He added his church supported the fundraiser "but can't take credit for it."

Reach Deb Gruver at 316-268-6400 or dgruver@wichitaeagle.com (mailto:dgruver@wichitaeagle.com). Follow her on Twitter: @SGCountyDeb (<https://twitter.com/SGCountyDeb>).

JAN 23, 2015

POLITICS

Why Opponents of a New Planned Parenthood Are Doing Everything in Their Power to Stop It

Planned Parenthood has \$4 million to build a new clinic in New Orleans. So why is it still an empty lot?



By Jill Filipovic



Susan Poag Photography

Reverend Deanna Vandiver knew abortion was a controversial issue in her home state of Louisiana. But she didn't expect abortion opponents to make her church a target.

"The congregation had just lost two beloved members," said Vandiver, the community minister for the Greater New Orleans Unitarian Universalists and executive director for the Center for Ethical Living and Social Justice Renewal, recalling a service she led in July. "We were holding this time of silence and meditation for all the grief in our hearts. And in that silence, in that meditative space of prayer, one of the members of this group started to speak out, 'You're an abomination, you're a great deceiver, these children are going to go to Hell,' in the midst of this very tender holy moment."

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At the same time, other protesters milled about outside the church day care windows, holding up photos of bloody fetuses. The day care volunteers ushered the children into a classroom without windows, leaving a note on the door indicating their location for worried parents.

The church's crime? It had hosted an event to kick off the construction of a new Planned Parenthood clinic in New Orleans.

That clinic, a \$4.2 million project, has exposed a deep fissure between many of the people who reside in this libertine, diverse town and those who control the moneyed religious institutions, the national anti-abortion movement, and the state government.



WE RECOMMEND

Anti-Abortion Activists Are Very Frustrated With...

For Planned Parenthood employees, the clinic is an urgent matter of public health: Louisiana has some of the highest rates of sexually transmitted infections in the country, and 58 percent of pregnancies are unintended. They began construction of the proposed 8,000-square-foot facility in May 2013, planning to open in late 2014 or early 2015. Planned Parenthood has never performed abortions in Louisiana. But with just five abortion clinics in the state, this new clinic would offer terminations as part of a long list of other reproductive health services, including annual exams, sexual health education, Pap smears, cancer screenings, birth control access, and STD testing and treatment.

The Catholic Church, the state, and the national anti-abortion movement caught wind of the new clinic early and swept in to block it. Contractors and subcontractors have been intimidated out of working on the project by the threat of being blacklisted from future construction projects and targeted for harassment by abortion foes. Those who stay find their names and personal information published on anti-abortion websites. And earlier this month, the Louisiana Department of Health denied Planned Parenthood's application to build a facility that performs abortions.

More than a year after the kickoff, the future clinic site is still an empty lot, overgrown with weeds aside from what appears to be the foundation of a building. On the partially broken fence, there are a few signs: "High Quality Affordable Health Care for New Orleans. Coming Soon!" "More Health Care. Not Hate." "Our New Health Center – Seeing Patients in 2015."

Religious Opposition

New Orleans is a Catholic town, and the powerful church is a major owner of land and buildings in the

city. The state and federal governments gave hundreds of millions of dollars to the church for post-Katrina building efforts, and money for church-led construction projects keeps pouring in. But in a letter printed in the archdiocese's newspaper in January 2014, Archbishop Gregory Aymond made himself clear: Help build that clinic, and you'll never work in this town again.

"The archdiocese is obliged to remind every person and organization involved in the acquisition, preparation and construction of this or any abortion facility that they are cooperating with the evil that will take place there," Aymond wrote (the archdiocese declined to comment for this article, saying Aymond wanted his letter to stand on its own). "For this reason, the archdiocese, including its churches, schools, apartments for the elderly and nursing homes, will strive in its privately funded work not to enter into business relationships with any person or organization that participates in actions that are essential to making this abortion facility a reality. This policy applies to all businesses, regardless of religious affiliation or non-affiliation."

He stressed that "no justification, including economic hardship," would make it acceptable to work with Planned Parenthood, and any support of Planned Parenthood whatsoever is "a matter of serious scandal." With their ability to work on dozens of future schools, nursing homes, and other church-financed projects on the line, many New Orleans contractors decided working on one Planned Parenthood clinic wasn't worth the sacrifice.

"That proved to be a powerful threat," said Sharon Howard, the former assistant secretary of the Louisiana Office of Public Health, who came out of retirement to help build the clinic. "You have all of that money that came in after Katrina, and [the archdiocese has] lots of money on the books to build schools back, and basically they ran off all the contractors."



The site of the proposed Planned Parenthood clinic in New Orleans.

This isn't the first time Aymond has used the threat of a religious squeeze-out against anyone who associates with Planned Parenthood. In 2004, when he was a bishop in Austin, Texas, Aymond told Texas Girl Scout troops that unless they dropped their sponsorship of a Planned Parenthood-affiliated sexual health education conference, they would be barred from using parish or school facilities. The year before, a contractor and abortion clinic protester named Chris Danze, who was active in the church, launched a campaign to threaten the livelihoods of contractors who worked on a new Planned Parenthood facility in Austin. According to the *Austin Chronicle*, Danze cobbled together a team who called and wrote to plumbers, electricians, and others set to work on the Austin Planned Parenthood, telling them that if they continued, Danze's organization would forward their information to churches, and they might be blacklisted from future church constructions. According to the Catholic Exchange, a religious website, Aymond also opposed the clinic, going "head-to-head with Planned Parenthood over the construction." Danze says he does not recall Aymond being heavily involved, but he does remember that Aymond was supportive. Although many subcontractors abandoned the project, the clinic went up anyway and opened in 2004. Now that Aymond is the archbishop of New Orleans, he's employing tactics reminiscent of those used in Austin.



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Raegan Carter, director of public affairs of Planned Parenthood Louisiana, says Planned Parenthood understands when local businesses have to opt out of helping to construct the clinic. "We are compassionate and understanding of a business that says, 'We support your work, but I have to feed my family and I can't put my staff in this,'" she says.

Planned Parenthood says it does have contractors and subcontractors on the project, but at least one of the previous contractors bowed out. Others have said they would have taken the work but couldn't risk it, all of which has delayed construction. None of the contractors or subcontractors contacted by Cosmopolitan.com agreed to speak about this story.

A Tough Place to Be a Woman

Almost 10 years after Hurricane Katrina destroyed much of the city, New Orleans is a lively city plagued by poor health and a bad economy. In some of the city's poorest zip codes, life expectancy is just 54.5 years. Louisiana has the second-highest rates of gonorrhea in the country, the third-highest rates of syphilis, and the fourth-highest rates of chlamydia. New Orleans also has the second-highest number of estimated HIV cases in the country, and the highest rate of death after HIV infection.

Women and African-Americans in Louisiana face especially dire outcomes. The infant mortality rate in Louisiana is one of the highest in the country, with an average of 10 babies dying every week in the state in 2011. Maternal mortality is also high in the state, where 1 in 5 pregnant women of color see their prenatal care delayed or nonexistent.

Louisiana has the largest gender pay gap in the country, with women making 66 cents to a man's dollar. African-American women make just 49 cents to a white man's dollar.

"We are first on all the bad lists, and dead last on all the good lists," Howard said.



Susan Poag Photography

The existing New Orleans Planned Parenthood operates out of a converted house and is at capacity almost every day.

Under Gov. Bobby Jindal, many state-funded facilities that have for generations provided primary care options including vaccinations and family planning, scaled back services and even closed across the state. The state has slashed spending for STD prevention. Louisiana also refused the Medicaid expansion under the Affordable Care Act; had they taken it, advocates say, some 422,000 Louisiana residents would have benefited. Louisiana has one of the highest rates of uninsured people in the country, with 16.6 percent of the population lacking health insurance.

The current Planned Parenthood of New Orleans sits in a converted one-story brown house in the city's Garden District, down the street from charming cafes and elegant shops. Despite having just two exam rooms, it saw 6,501 health care visits last year, and generally operates at max capacity. Twenty-nine percent of the city's residents live below the poverty line — nearly double the national average — and many rely on Planned Parenthood for reproductive health care.

Planned Parenthood says the new state-of-the-art facility could see twice as many patients. That clinic would do mostly annual exams, pap smears, UTI treatments, STD testing, cancer screenings, breast exams, and colposcopies, a diagnostic test for cervical cancer. It would also comply with the complex sets of Louisiana laws targeted at abortion clinics — laws that govern minutiae like procedure room size — so doctors could perform terminations. In 2011, more than 12,000 women had abortions in Louisiana.



WE RECOMMEND

Hundreds of Abortion Restrictions Were Introduced...

Opponents say Planned Parenthood is trying to become a kind of abortion megaplex. According to the leading coalition of religious and anti-abortion leaders led by Louisiana Right to Life, the clinic "will become a regional abortion center in the heart of New Orleans, leading to an increase in abortions in New Orleans."

The coalition says the clinic is unnecessary, pointing to 22 other facilities in the greater New Orleans area that provide at least some of those services. None of the facilities the anti-abortion coalition lists, though, offer abortion care. Representatives from Louisiana Right to Life declined to speak with Cosmopolitan.com for this article. According to their website, the new clinic "will not solve our city's problems; it will only create more."

Blocked by Baton Rouge

Despite Planned Parenthood's efforts, the new clinic may not provide abortion after all. On Tuesday, January 13, Planned Parenthood received a letter from the Louisiana Department of Health and Hospitals, rejecting the paperwork to be an abortion provider in the state.

"It makes me tired," said Melissa Flournoy, who served in the Louisiana House of Representatives from 1992 to 1996 and now works for Planned Parenthood. "It's worse in 2014 and 2015 than it has been in 30 years. The opposition to women's reproductive health care access and rights is better organized, better funded, and more effective now."

Over the past several years, Louisiana passed a series of abortion restrictions. But one change that flew under the media radar was to the administrative code, requiring any proposed abortion clinic construction to have a "Facility Need Review" (FNR) approved by the Department of Health. Before 2012, FNRs applied to inpatient health care facilities funded largely by Medicare and Medicaid — nursing homes, hospices — and basically required that, before constructing one of those facilities, the owner demonstrate that it was needed in the area, to cut down on potentially wasteful public spending. No other outpatient medical facilities are specifically required to get FNRs, and Medicaid doesn't cover abortion care in Louisiana.

Planned Parenthood applied for an FNR in October 2014, the first clinic to apply since the abortion-specific FNR law was enacted. The Department of Health rejected the request, saying Planned Parenthood "failed to establish the probability of serious, adverse consequences to recipients' ability to access outpatient abortion services" — because there wasn't enough evidence to show that there would be grave consequences for women if the clinic doesn't perform abortions, the clinic cannot perform abortions. The final decision, the Department of Health told Cosmopolitan.com, was made by the secretary of the department, Jindal appointee Kathy Kliebert.

Now Planned Parenthood can appeal the decision to an administrative judge, file a lawsuit in state or federal court, or both. The organization is weighing its options.

A tattered sign is on the fence of the new Planned Parenthood site. The organization says the clinic is going to open.

Even if the clinic is able to provide abortions, Planned Parenthood and their patients will face a litany of restrictions. One law passed last year requires doctors who provide abortions to have admitting privileges at local hospitals, but for a variety of reasons — many religiously affiliated hospitals won't give admitting privileges to abortion providers, for example — admitting privileges are difficult to get. That law would have likely shut down all the clinics in the state, but after reproductive rights groups challenged the rule in court, it was stayed. In 2012, Gov. Jindal also signed into law requirements, sponsored by a Democratic legislator, that women undergo an ultrasound at least 24 hours before an abortion, be played audio of the fetus's or embryo's heartbeat, listen to a script read by her doctor about other options, and have her doctor describe and show her ultrasound to her. Women have to specifically opt out if they want to avoid hearing the heartbeat; there is no such opt-out option for the ultrasound description requirement, unless they sign an affirmation stating that they are a rape or incest victim and they reported the crime to authorities.



WE RECOMMEND

What Happens When You Outlaw Abortion? Women Go...

Sexual health education has also taken a hit. Sex education isn't mandatory in Louisiana schools, and Planned Parenthood has been a leader in teaching sexual health in its clinics and in Louisiana communities. But a law passed in 2014 bars anyone affiliated with an abortion provider from teaching students about sexual health or family planning. Although the bill doesn't use the organization's name, Planned Parenthood opponents used the organization's educational curriculum to justify voting for the bill. Now, experts in sexual health are no longer allowed to speak at schools if they are in any way affiliated with Planned Parenthood.

"The outcome of that is having conversations with 15- and 16-year-old girls about why they're having sex, and having the answer be because their partner wanted to," said Julie Finger, a physician who specializes in adolescent medicine at a family medicine practice in New Orleans. "And asking them, 'What do you want?' And having them realize, *Oh, I actually have a part in this process.* It's kids not getting birth control because they didn't know it was available and they didn't know we had it for free for them."

"We had a horrible winter," Finger said. "We had three new [HIV] infections in a three-week span: 17, 19, 21. One of whom was a heterosexual male, and when we told him he was infected, he was stunned. He couldn't fathom that he possible could be infected because he's only had sex with women, and in his mind, that's not how you get HIV."

Planned Parenthood employees say abortion opponents do little to decrease the abortion rate and promote public health.

"You can't say you care about children and adolescents, and have STI rates as high as they are, and not support sex education in school," Carter said. "You can't even say you are trying to get fewer children to drop out of school when you realize [a major] reason students drop out of school is teen pregnancy."

Pro-Life Provocations

Over the past two decades, the anti-abortion movement has used name-and-shame techniques to push people out of what they call "the abortion business." In the 1990s, an anti-abortion group created "Wanted" posters for several abortion providers, some of whom were then targets of violence. Dr. George Tiller, a provider in Kansas, was nicknamed "Tiller the Killer," his home address posted across the Internet; in 2009, an anti-abortion activist shot and killed him while Tiller was serving as an usher at his church. That strategy of publishing names, photos, and contact information extends beyond abortion providers and clinic owners to anyone anti-abortion forces see as a "collaborator" to abortion — banks that hold a clinic's accounts, companies that take out a clinic's garbage, the contractor who bids on a Planned Parenthood project. One collaborator list for the New Orleans clinic names everyone from the waste disposal company to a service that installs drain lines, and encourages abortion opponents to "contact them to respectfully voice your opposition to their participation in building Planned Parenthood's child killing center in New Orleans."

That kind of opposition, Howard said, "is a different kind of animal for me. I don't think that I was as cognizant as I should have been of the power of the religious right, especially in New Orleans, and of the archdiocese in New Orleans. But I'm a quick learner. They ain't no joke."



WE RECOMMEND

Planned Parenthood President: "This Country Does..."

The tactic seems to be particularly effective in a conservative place like Louisiana, which Americans United for Life anointed America's no. 1 pro-life state, a position it has held since 2012. Gov. Jindal boasts about that recognition, saying he works "to make sure that Louisiana continues to be the most pro-life state in the country." Pro-choice advocates say that kind of political climate gives anti-abortion activists both cover and an outsize sense of their own righteousness.

"When you outline your political platform that aligns with this type of opposition and harassment, then people feel supported in doing those things, and they feel confident that nothing is going to happen to them," Carter said.

In September, Planned Parenthood held a community meeting to offer information on the clinic and invited local construction firms, particularly woman- and minority-owned businesses, to see if any of them might be interested in bidding on a contract. Anti-abortion activists were there, taking pictures and posting them online with the heading, "Here are more faces who attended the Planned Parenthood strategy meeting to kill babies," and telling readers, "If you are local and recognize any of these people, please implore them not to take Planned Parenthood's blood money." According to a blog post by anti-abortion activist Jill Stanek, who does not live in Louisiana but participated in the online campaign to dissuade contractors from working on the project, "Planned Parenthood asking minorities to help build

abortion clinics is akin to having Jews build gas chambers."

Planned Parenthood spokespeople say they are focusing on local businesses because they want to invest in their community.

"We may have been able to move faster if we went out and hired a national firm to come in, but this is the process we're in and we're going to see it to the end," Flournoy said. "We're going to have a center that a lot of local organizations and contractors are going to be able to say they had a part of."

The opposition ramped up this summer, as Operation Save America, a national anti-abortion group known for its inflammatory rhetoric and in-your-face tactics, held a weeklong protest they called "The Battle for the Heart and Soul of New Orleans." Hundreds of activists descended on the city, holding graphic signs outside an abortion clinic and even showing up outside an abortion provider's home.

But that strategy, Planned Parenthood says, is backfiring. In the fall of 2014, Planned Parenthood celebrated 30 years in New Orleans, and the City Council honored the organization "as an important partner in redeveloping our city's health care delivery system." According to Planned Parenthood, many community members have stepped forward to offer support, donations, and services for a cause they believe in. And the organization is adamant that construction will go on this year.

"We're pretty practiced at this," said Dawn Laguens, executive vice president of Planned Parenthood Federation of America. "I would say that this has had an intensity and a shamelessness in terms of the willingness to set aside what I would call humanity and caring that supposedly is at the heart of some of these folks' professions. I think it has been eye-opening to some of the leadership in New Orleans, both political and business and community leaders, to see that side of the opposition really exposed."



WE RECOMMEND

Why More Than 100 Women Are Sharing Their...

When Operation Save America interrupted service at the Unitarian Church, Rev. Vandiver says it was enlightening for her too.

"I looked in this person's eye from the pulpit, and while I looked at him, it was really clear, 'You know this is not right,'" Vandiver said. "'You know in the bones of your spiritual bones that what you are doing is not right.'"

Congregants joined hands and sang "Circle 'Round for Freedom" to drown out the protesters. And after the story was publicized, the congregation gained new members and received some new donations. It also started a reproductive justice team to meet with Planned Parenthood's interfaith coalition.

"They had to decide: Are we going to be afraid or are we going to stand up as a people of faith?" Vandiver said about her congregation. "And most people said, 'We are going to stand up as a people of faith.'"

Follow Jill on Twitter.

Attachment 4

NAF VIOLENCE AND DISRUPTION STATISTICS

INCIDENTS OF VIOLENCE & DISRUPTION AGAINST ABORTION PROVIDERS IN THE U.S. & CANADA

VIOLENCE	1977-94	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	TOTAL
Murder ¹	5	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	8
Attempted Murder	11	1	1	2	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	17
Bombing ¹	29	1	2	6	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0	42
Arson ¹	124	14	3	8	4	8	2	2	1	3	2	2	0	2	0	0	0	1	5	0	181
Attempted Bomb/Arson ¹	64	1	4	2	5	1	3	2	0	0	1	6	4	2	1	1	1	1	0	0	99
Invasion	347	4	0	7	5	3	4	2	1	0	0	0	4	7	6	1	0	0	0	8	399
Vandalism	585	31	29	105	46	63	56	58	60	48	49	83	72	59	45	40	22	27	12	5	1495
Trespassing	0	0	0	0	0	193	81	144	163	66	67	633	336	122	148	104	45	69	47	264	2482
Butyric Acid Attacks	80	0	1	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100
Anthrax/Bioterrorism Threats	0	0	0	0	12	35	30	554	23	0	1	0	0	1	3	2	1	1	0	0	663
Assault & Battery	95	2	1	9	4	2	7	2	1	7	8	8	11	12	6	9	4	3	7	0	198
Death Threats	225	41	13	11	25	13	9	14	3	7	4	10	10	13	2	16	2	2	6	2	428
Kidnapping	2	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	4
Burglary	34	3	6	6	6	4	5	6	1	9	5	11	30	12	7	12	13	8	5	0	183
Stalking ²	200	61	52	67	13	13	17	10	12	3	15	8	6	19	19	1	7	1	6	20	550
TOTAL	1801	159	112	223	144	336	215	795	265	143	152	761	474	249	237	187	95	114	88	299	6849
DISRUPTION																					
Hate Mail/Harassing Calls	1833	255	605	2829	915	1646	1011	404	230	432	453	515	548	522	396	1699	404	365	452	420	15934
Email/Internet Harassment	0	0	0	0	0	0	0	0	24	70	51	77	25	38	44	16	44	17	41	88	535
Hoax Device/Susp. Package	0	0	0	0	0	0	0	0	41	13	9	16	17	23	24	17	8	2	7	2	179
Bomb Threats	311	41	13	79	31	39	20	31	7	17	13	11	7	6	13	4	12	1	1	4	661
Picketing ⁴	7768	1356	3932	7518	8402	8727	8478	9969	10241	11348	11640	13415	13505	11113	12503	8388	6347	4780	5706	5574	170710
Obstruction ⁵																			79	396	475
TOTAL	9912	1652	4550	10426	9348	10412	9509	10404	10543	11880	12166	14034	14102	11702	12980	10124	6815	5165	6286	6484	188494
CLINIC BLOCKADES																					
Number of Incidents	634	5	7	25	2	3	4	2	4	10	34	4	13	7	8	1	1	5	6	3	778
Number of Arrests ³	33661	54	65	29	16	5	0	0	0	0	0	0	0	3	1	0	0	0	4	1	33839

All numbers represent incidents reported to or obtained by NAF. Actual incidents are likely much higher. Tabulation of trespassing began in 1999 and tabulation of email harassment and hoax devices began in 2002.

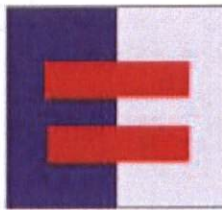
1. Incidents recorded are those classified as such by the appropriate law enforcement agency. Incidents that were ruled inconclusive or accidental are not included.

2. Stalking is defined as the persistent following, threatening, and harassing of an abortion provider, staff member, or patient away from the clinic. Tabulation of stalking incidents began in 1993.

3. The "number of arrests" represents the total number of arrests, not the total number of persons arrested. Many blockaders are arrested multiple times.

4. NAF changed its method of collecting this data in 2011.

5. Tabulation of Obstruction began in 2012. Obstruction is defined as the act of causing a delay or an attempt to cause a delay in the conduct of business or prevent persons from entering or exiting an area. This would apply to violations of the FACE Act.



2014 NATIONAL CLINIC VIOLENCE SURVEY

Conducted by
FEMINIST MAJORITY FOUNDATION

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EXECUTIVE SUMMARY

The 2014 National Clinic Violence Survey is the first comprehensive nationwide survey of women's health clinics since the summer of 2010. The Survey found that the most severe types of anti-abortion violence¹ continue to impact 19.7% of clinics nationwide. Although this is down from the 23.5% of clinics nationwide that reported experiencing severe violence in 2010, that nearly 1 in 5 clinics experience severe violence is unacceptable.

Also alarming, clinics surveyed in 2014 are reporting significantly higher levels of threats and targeted intimidation of doctors and staff than in prior years. For example, reports of WANTED-style posters have increased from 1.7% of all clinics in 2010 to 7.7% in 2014. The distribution of pamphlets targeting doctors and clinic staff – like the KILLERS AMONG US leaflets featuring doctors' photographs and their home addresses and personal information – has increased from impacting 18.8% of clinics to 27.9% of all clinics. Clinics reporting that information and pictures of doctors are posted on the internet jumped from 9% to 17.8%. Data from the 2014 survey also shows that the stalking of physicians has increased, from 6.4% of clinics in 2010 to 8.7% in 2014.

Indeed, the overall percentage of clinics impacted by these types of threats and targeted intimidation tactics increased dramatically since 2010, from 26.6% of clinics to 51.9% of clinics. The steep increase in the targeted intimidation of doctors and staff is striking and of great concern, as these types of true threats have all too often in the past preceded the use of deadly violence. Beginning in the early 1990's, an undeniable pattern emerged between the use of WANTED posters and the murder of the doctors named on the posters. Drs. Gunn, Britton, Slepian, and Tiller were all murdered by anti-abortion extremists; all had been featured prior to their murder on WANTED posters with their home and clinic addresses and in some cases, their photographs.

Clinics were also asked how often they experience anti-abortion activity, including protests and demonstrations. One quarter of all clinics, 25%, report they experience anti-abortion activity at their facility on a daily basis. Another 42.8% report that such activity occurs weekly. Only 12% of clinics report they never experience anti-abortion activity. Thus, some 67.8% of women's health clinics nationwide experience frequent and regular anti-abortion activity.

Additionally, the 2014 survey included a new question about whether anti-abortion protesters were tracking doctors' and/or staff members' schedules; some 11.1% of clinics report having experienced tracking within the first six months of 2014.

For targeted clinics, effective law enforcement response continues to be essential in preventing incidents of violence and harassment. Clinics that rated their experience with local law enforcement as "poor" or "fair" were more likely to experience severe

¹ Severe violence includes blockades, clinic invasions, bombing, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, arson threats, and death threats.

anti-abortion violence and harassment² (59%) than those who rated local law enforcement “good” or “excellent,” (45%).

As in previous years, the survey documented that clinics in close proximity to a so-called Crisis Pregnancy Center, or CPC, experience significantly higher rates of severe violence and harassment: a clinic near a CPC is nearly twice as likely to experience higher rates of severe violence than a clinic not near a CPC. Similarly, clinics located near a CPC were more likely to experience more frequent incidents of violence and harassment.

The survey results show a clear need for continued prosecution of anti-abortion extremists to counter the ongoing unacceptably high levels of severe violence, and the trends of higher levels of targeted intimidation and threats of violence, which have proved in the past to be precursors to severe violence.

METHODOLOGY

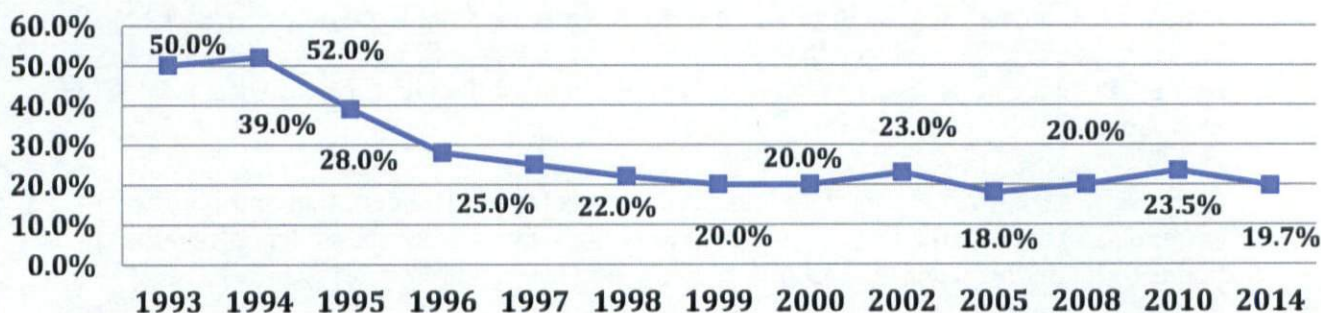
The thirteenth National Clinic Violence Survey, which measured the incidence of anti-abortion violence in the first half of 2014, was mailed out in July 2014. This survey is the most comprehensive study of anti-abortion violence, harassment, and intimidation directed at clinics, patients, and health care workers. It includes information provided by abortion providers of various national organizational affiliations, such as the National Abortion Federation, Planned Parenthood Federation of America, and the Abortion Care Network, as well as independent, unaffiliated clinics.

Providers were mailed the questionnaire in July and also given the option to respond online through an identical survey. A series of three follow-up phone calls were made over the next month. As a result of these efforts, a total of 242 providers responded to the survey. All respondents were assured that their individual responses would remain confidential.

² Combined composite measure of violence and harassment defined to include severe violence variables, vandalism variables (including 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) and home picketing and break-ins.

KEY FINDINGS

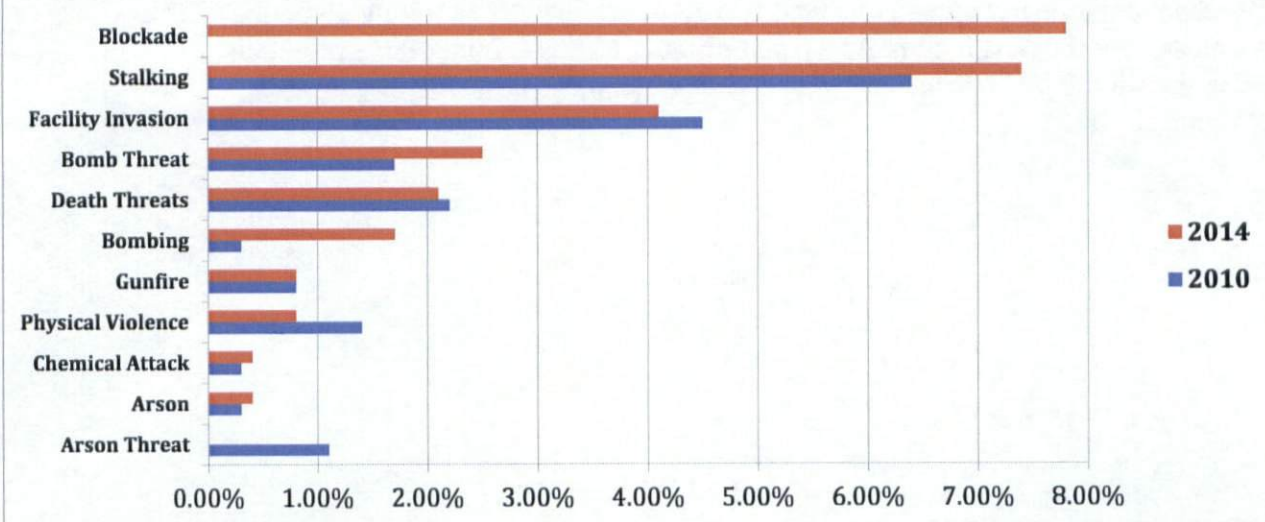
Chart 1: Percentage of Clinics Experiencing Severe Violence 1993-2014



Severe violence affected 19.7% of all clinics surveyed in 2014, down from 23.5% in 2010³ (see Chart 1). Severe violence includes eleven tactics: blockades, invasions, arson, bombings, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

Stalking, facility invasion and blockades were the most commonly reported types of severe violence in 2014 (See Chart 2).

Chart 2: Types of Severe Violence Reported 2010 vs. 2014



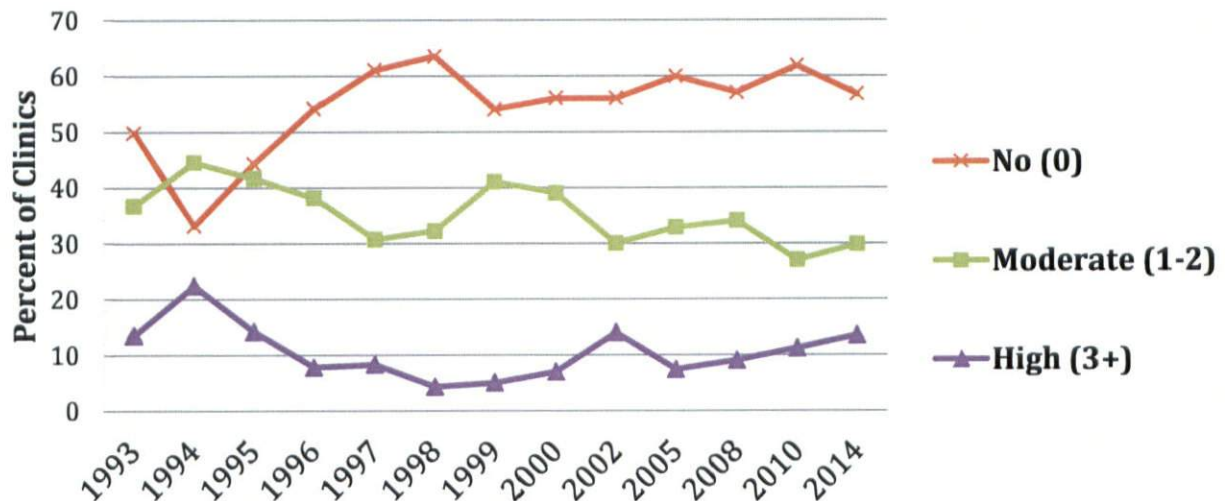
³ Severe violence includes eleven tactics: blockades, invasions, bombings, arson, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats.

As in prior years, we also looked at the concentration of severe violence and harassment; a combined composite measure of violence and harassment was defined to include severe violence variables, vandalism variables⁴ and home picketing and break-ins. Chart 3 shows the patterns of concentration of the most severe types of violence.

The percentage of clinics experiencing three or more types of severe violence, vandalism, break-ins and home picketing (high levels) increased to 13.5% in 2014 from 11.2% in 2010. The percentage of clinics experiencing moderate levels (1-2 types) also increased from 27% in 2010 to 29.8% of all clinics in 2014; and the percentage of clinics reporting no severe violence or vandalism, home picketing or break-ins decreased from 61.8% in 2010 to 56.7% in 2014.

In a war of attrition, anti-abortion extremists strategically target a vulnerable minority of clinics, aiming to force them to close their doors before moving on to the next set of targets. Thus a majority of clinics experience no violence, while a smaller number report numerous acts of violence or harassment. One clinic reported a total of 8 incidents of severe violence and harassment in the first half of 2014.

Chart 3: Clinics Experiencing No, Moderate, or High Levels of Severe Violence and Harassment (1993-2014)



⁴ 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.

TARGETED THREATS & INTIMIDATION TACTICS

The most striking finding of the 2014 survey is the noticeably higher levels of threats and targeted intimidation of persons, including doctors and clinic staff, than in prior years. Chart 4 illustrates the percentage of clinics reporting different types of targeted intimidation and threats in 2010 and 2014.

The incidence of doctors and clinic staff featured on pamphlets increased from 19% in 2010 to 27.9% in 2014. These include the KILLERS AMONG US types of pamphlets that feature doctors and staff photos and information. Reports of WANTED posters also dramatically increased from 1.7% in 2010 to 7.7% of clinics in 2014. Finally, the internet proved to be a key tool in targeting clinics and their doctors, with the reported incidence of clinic staff's information and pictures being posted on the internet increasing from 8.9% in 2010 to 17.8% in 2014.

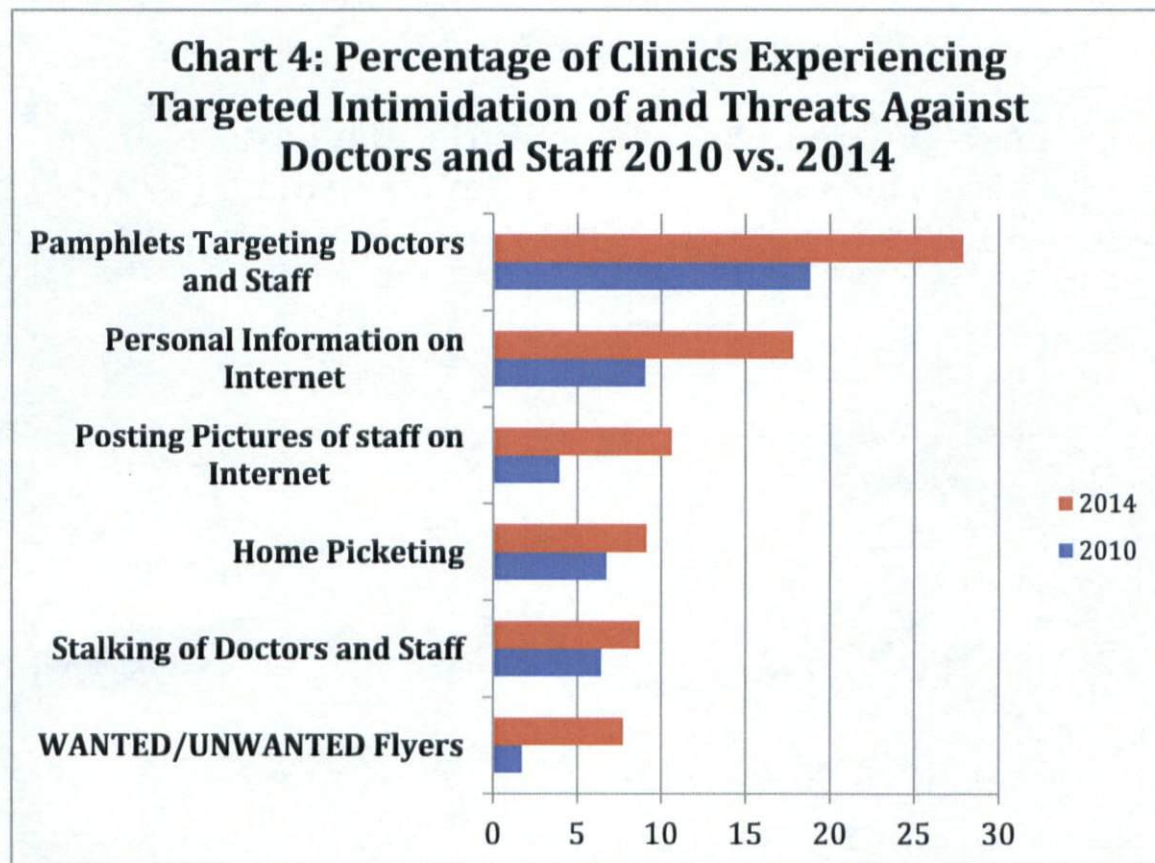
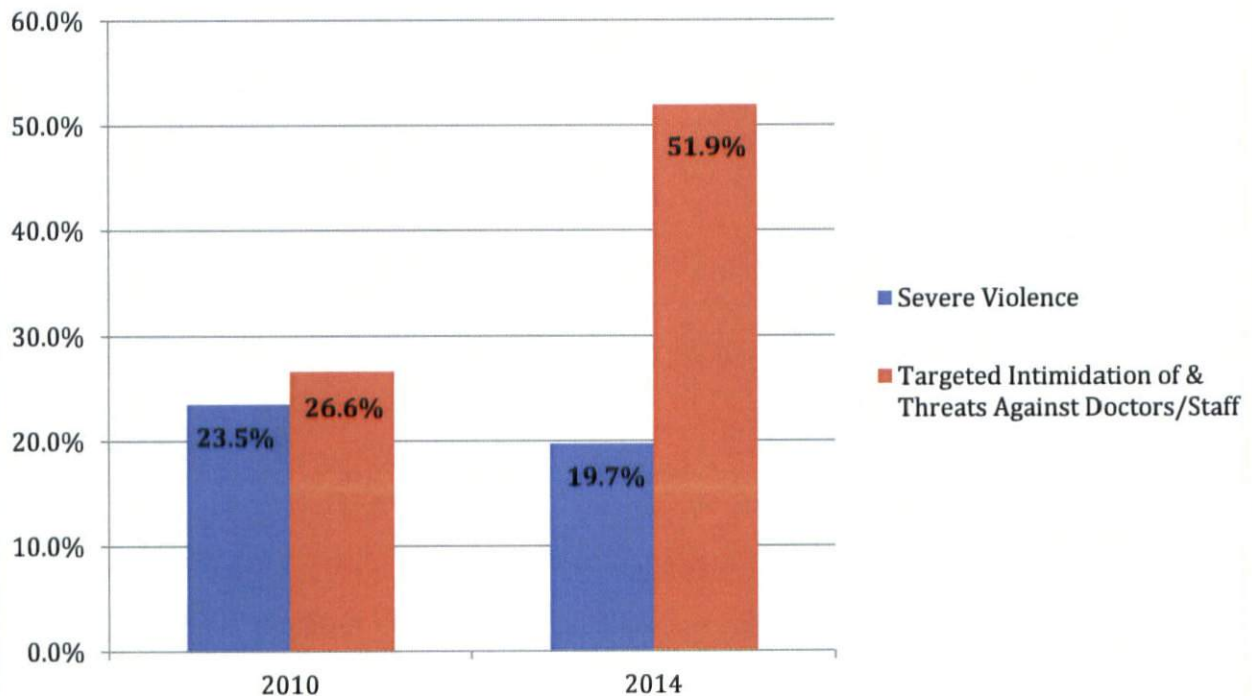


Chart 5 compares the percentage of clinics experiencing severe violence and the percentage of clinics experiencing targeted intimidation of, and threats against, individuals in both 2010 and 2014. Although the incidence of severe violence decreased between 2010 and 2014, the percentage of clinics impacted by targeted threats and intimidation increased from 26.6% of all clinics in 2010 to more than half of all clinics in 2014, or 51.9%.

**Chart 5: Percentage of Clinics Experiencing Severe Violence and the Percentage of Clinics Experiencing Targeted Intimidation of and Threats Against Doctors and Staff
2010 vs. 2014**

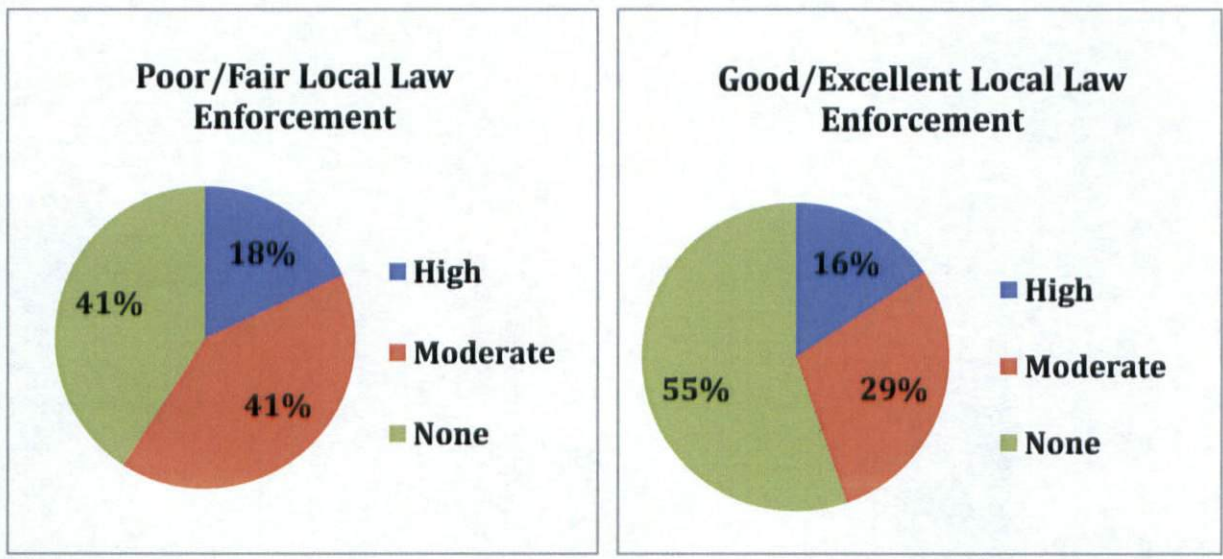


These two measures, taken together, offer a more complete picture of the level of violence and terror impacting clinics nationwide, since targeted intimidation of and threats against persons have preceded more violent attacks on abortion providers in the past. Beginning in the early 1990's, an undeniable pattern emerged between the use of WANTED posters and the murder of the doctors named on the posters. Drs. Gunn, Britton, Slepian, Patterson and Tiller were all murdered by anti-abortion extremists; all had been featured prior to their murder on WANTED posters with their home and clinic addresses and in some cases, their photographs.

LAW ENFORCEMENT RESPONSE

A strong, positive relationship with law enforcement continues to be crucial for abortion clinics threatened by violence and harassment. Clinics rating their local law enforcement as “good” or “excellent” totaled 40.9%, with 21.7% rating their local law enforcement as “fair” or “poor.” Clinics that rated their experience with local law enforcement as “poor” or “fair” were significantly more likely to experience anti-abortion violence and harassment than those who rated local law enforcement “good” or “excellent,” 59% and 45%, respectively.

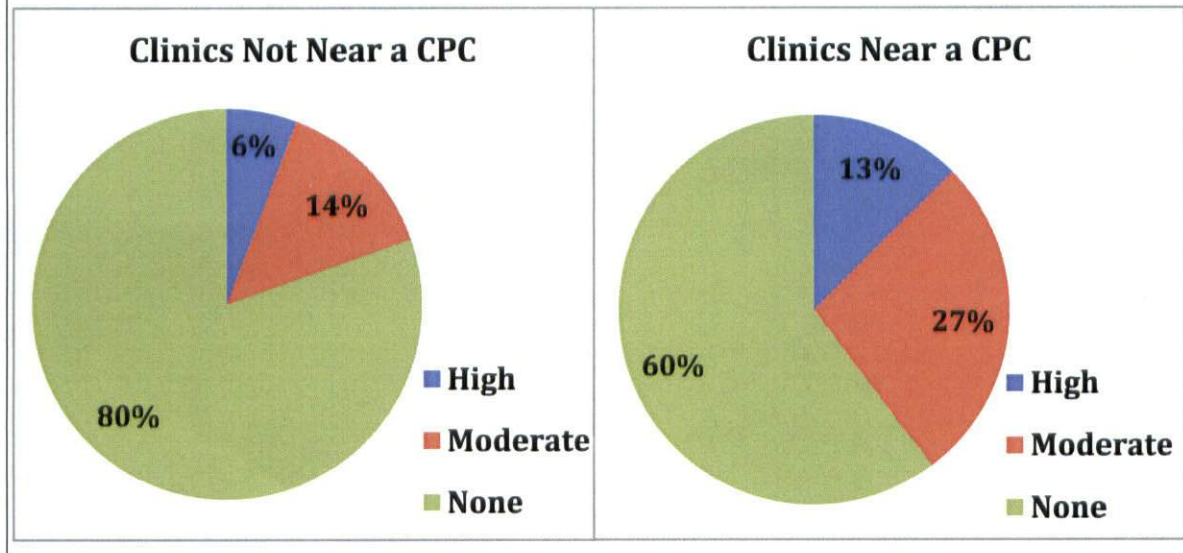
Chart 6: Law Enforcement and Chance of Violence & Harassment



When clinics were asked to compare law enforcement response this year to the previous year, more clinics reported improved local law enforcement response than reported a worsening response, though most reported no change in their relationships with law enforcement. The vast majority of clinics reported that statutory and court ordered buffer zones were either weakly enforced or not enforced at all.

CRISIS PREGNANCY CENTERS

**Chart 7: Violence and Harassment
in Relation to CPC Proximity**



As in previous years, clinics in close proximity to a so-called Crisis Pregnancy Center, or CPC, experience significantly higher rates of violence and harassment: 40% compared to only 19.6% of clinics not near a CPC. In other words, a clinic near a CPC is twice as likely to experience higher rates of severe violence than a clinic not near a CPC. Similarly, clinics located near a CPC were more likely to experience more frequent incidents of violence and harassment: 13% of these clinics recorded three or more incidents whereas only 5.9% of clinics not near a CPC experienced higher rates of violence.