



*ON*HOSTILEGROUND

THE STORIES OF THREE ABORTION PROVIDERS

RESOURCE GUIDE



O *ON OCTOBER 23, 1998, A SNIPER CARRYING
A HIGH-POWERED RIFLE ASSASSINATED DR.
BARNETT SLEPIAN IN HIS HOME, ALTERING FOREVER
A FAMILY, A COMMUNITY, AND THE BOUNDS OF
OUR IMAGININGS ABOUT ANTI-ABORTION VIOLENCE.*

This horrific act punctuated a decade of escalating harassment and violence against women's health care providers – a decade marred by murders, assaults, death threats, stalking, clinic blockades, arsons, bombings, and chemical attacks. How do these events affect the personal and professional lives of abortion providers? What motivates them to continue their work in the face of such terrorism?

The compelling film, "On Hostile Ground", explores these issues through the eyes of three dedicated U.S. abortion providers. The film puts a "human face" on abortion provision, challenging the campaign of misinformation perpetuated by the anti-abortion movement. Through the voices of sons, daughters, spouses, coworkers, and patients emerges a heartwarming portrait of committed health care professionals rooted in their families and communities and appreciated by the women they serve.

The courage embodied in "On Hostile Ground" is both powerful and accessible, for it is that of ordinary people prevailing in extraordinary circumstances. Abortion is not an exceptional procedure, but one chosen by one of every four pregnant women in the United States. The film carries us through "days in the lives" of providers and staff simply doing their jobs to meet the health care needs of their communities—from removing a splinter to doing an eye exam to performing an abortion. Their motivations are straightforward ones of human service and social justice. But when these seemingly ordinary events occur against a backdrop of picketers, hate mail, firebombings, and even the remote chance of death, the simple daily acts of walking out the front door or opening a letter assume a stunning poignancy.

"On Hostile Ground" is as compelling in its political message as it is in its particulars. The film reminds us of growing threats to abortion access, with 86% of U.S. counties having no abortion provider. One physician in the film drives 500 miles weekly to provide services in three cities! Another becomes the target of legislation designed to stop her from performing abortions, although no other facility in her community provides the service. We hear a physician speak about how mainstream medical institutions treat abortion differently than any other procedure, despite its legality and centrality to women's health and wellbeing. By bringing attention to these issues, the film becomes an important "call to action."

Throughout time and across cultures, storytelling has served as a powerful means of immortalizing history and passing the lessons of the past onto younger generations. In keeping with this great tradition, the filmmakers have created a moving documentary that is a tribute to all of us who live it, and an important educational experience for those who can only imagine it. Just as stories get richer in the re-telling, so the real power of this film will emerge as it is shared among practitioners, students, educators, activists, families, and friends. For "On Hostile Ground" is not only an inspirational story about individuals making a difference, but a reminder that the struggle for women's reproductive freedom means nothing less than changing the world. And that will take all of us.

—MAUREEN PAUL, M.D., PRESIDENT OF THE NATIONAL ABORTION FEDERATION

WHY ON HOSTILE GROUND?

Bombs, snipers, noxious gases—these are not the kinds of threats that most doctors face in times of peace. We came up with the title “On Hostile Ground” before we had started filming or met any of the providers whom we would profile. We wanted to look at providers who worked in communities where the threat of violence was particularly real, providers who we imagined would be operating in an almost military environment. We had two motivations. One was political: we wanted to make the public aware of the shortage of the abortion providers and what that means. Like most women our age,

who grew up in the era of legal abortion, we took access to safe abortions for granted. Living in New York City, we don't have a lot to worry about on this front, but women in rural areas aren't so lucky. Twenty-five years after *Roe v. Wade* made abortion legal, 84% of counties in the United States have no abortion provider. This reflects a *decline* in the number of providers since legalization in 1973, and that decline can be attributed largely to the violence and harassment that is directed at those who offer abortion services. As the director of a clinic in Montgomery, Alabama pointed out to us, if abortion is not accessible, it might as well be illegal. A small number of anti-abortion terrorists were threatening the rights of millions of women to have safe, accessible, reproductive health care and no one seemed to realize that this was going on.

Our second motivation was simple curiosity about why doctors provide abortions. Given the danger and disruption entailed in providing abortions in the US today, we wondered why a medical doctor—someone capable of earning money and prestige in any number of ways—would choose to provide abortions in the first place. Once we started learning what most providers routinely live with, in terms of violence, threats, and harassment, suddenly what seemed amazing was the fact that anyone was providing abortions at all. We thought that if we approached abortion, a polarized political debate, through the eyes of people who put their lives at risk to keep it available, the simple opposition between “choice” and “life” might start to seem inadequate. Abortion might emerge as a question of medicine and public health rather than a political debate. If doctors were willing to put their own lives at stake to provide these services, they must, we assumed, imagine that women's lives would be at stake if the services were not available.

So we set out to find providers who were working on hostile ground. Being from the Northeast, we imagined that we would find this environment in the South, and started looking near Pensacola, Florida, a town in which two providers and one escort had been shot and killed in the early 1990s. We found Dr. Stuntz, a man in his seventies who had been providing abortions in Alabama since 1973—despite the fact that, twenty years ago, he moved up to Baltimore. He agreed to let us film him travelling from Baltimore to Alabama and along his Mobile-Montgomery-Birmingham route for a few weeks. We thought that by going to the deep South we would get to the heart of anti-abortion hostility.

Then, in October of 1998, Dr. Barnett Slepian, a provider who worked in Buffalo, New York, was shot through his kitchen window by a sniper and killed. This was the fifth shooting of an abortion provider in that region of upstate New York and Canada to take place in the past five years, though none of the others had been fatal. Our illusion that the South was the most dangerous part of the country for abortion providers was shattered.

After Slepian's murder a Rochester gynecologist, Dr. Morris Wortman, published an article in *Newsweek* in which he defied anti-abortion terrorism by identifying himself publicly as an abortion provider. We met him at the National Abortion Federation annual meeting, and he agreed to let us follow him on and off for the next six months. Around that time we learned about Susan Cahill, a Physician Assistant-Certified (PA) in Kalispell, Montana, who had spent the past five years in a court battle with the Montana state legislature over her right to perform abortions. *Roe v. Wade* allows for state-by-state regulation of the conditions under which abortions may be performed, and conservative Montana legislators had taken advantage of this to pass a law making it illegal for a PA to provide abortions. Cahill was the only PA in Montana providing abortion services, and it seemed odd that the entire legislature would turn their attention to a small medical practice in a small town; but the law was clearly intended to send a general anti-abortion message across the state. We decided to follow Susan until the Supreme Court made its decision.

Dr. Slepian's murder was frightening to each of these providers, and in its wake they were forced to examine their own commitment. Following these providers in the year

after Dr. Slepian's death, we discovered that—while they each had their own reasons for offering abortion services—all three share a commitment that is just as strong as that of abortion opponents. We also learned what makes it possible for them to go on despite the opposition: supportive families and staff, patients who are grateful that they're there, and moments when they learn that they aren't alone in their conviction and that people in their community appreciate the work that they are doing.

Making this film we learned to see abortion as part of bigger questions about public health, religion, family, service, and community. Cahill, Stuntz, and Wortman and their colleagues taught us that the abortion issue reflects the complexity of human sexuality and of life in general. They also taught us a lot about the nature of commitment. When we set off for Alabama to begin filming, our friends and family members expressed concern that we might be in danger, and those fears crossed our minds as well. But the people we met don't think that much about the danger. Instead, they worry about being caring and reliable health-care providers. Providing abortions shouldn't have to be a heroic gesture. We hope that *On Hostile Ground* will inspire people to talk about what they can do in their own communities to ensure that abortion providers will be supported and protected.

It is not evident at first why an abortion provider, already at risk for violence and harassment, would agree to appear in a documentary that would inevitably draw more attention to themselves and their work. When the film was finished, we asked each of the providers to explain why they chose to participate in *On Hostile Ground*. Here are their responses:



"IT IS IMPERATIVE THAT WOMEN AND FAMILIES IN THE US HAVE SAFE, LEGAL ACCESS TO ALL ASPECTS OF REPRODUCTIVE HEALTHCARE. WE KNOW THIS BY THE NUMBER OF WOMEN WHO DIE DAILY FROM ILLEGAL ABORTIONS IN

THIRD WORLD COUNTRIES AND BY THE NUMBER OF WOMEN WHO DIED DAILY IN THE US BEFORE ROE V. WADE. IT IS MY HOPE THAT BY PARTICIPATING IN THIS FILM, I WILL HELP MEDICAL PROFESSIONALS SEE THE IMPORTANCE OF INCLUDING ABORTION IN THE FULL RANGE OF REPRODUCTIVE SERVICES OFFERED TO WOMEN IN THEIR PRACTICES. THIS WILL CREATE EASIER AND SAFER ACCESS FOR WOMEN EVERYWHERE IN THE US. IT WILL ALSO BEGIN TO DISSIPATE THE ISOLATION THAT MAKES THOSE FEW OF US WHO DO PROVIDE EASY TARGETS FOR VIOLENCE AND INTIMIDATION BY ANTI-CHOICE GROUPS WHO WANT TO ABOLISH THE RIGHTS OF PRIVACY, INDIVIDUAL FREEDOM AND AUTONOMY IN THIS COUNTRY."

SUSAN CAHILL, P.A.-C.



"FOR ANYONE WHO HAS LIVED A FULL LIFE, THERE IS A 'TURNING POINT'. THAT DEFINING MOMENT CAME, FOR ME, WITH THE DEATH OF DR. BARNETT SLEPIAN. IN THE FOLLOWING MONTHS I CHOSE NOT TO BE KNOWN AS A GYNECOLOGIST WHO HAPPENS TO PERFORM ABORTIONS, AS I HAD BEEN IN THE PAST, BUT AS AN ABORTION PROVIDER WHO HAPPENS TO BE A GYNECOLOGIST. I AM NOT BLIND TO THE MORAL DILEMMAS INHERENT IN THE DECISION TO OBTAIN AND PERFORM ABORTIONS. HOWEVER, MY COMMITMENT IS DRIVEN BY THIS FACT: THAT UNLESS ABORTION SERVICES ARE LEGAL, ACCESSIBLE AND SAFE, WOMEN WILL DIE. IT IS MY MISSION TO PROTECT THESE WOMEN'S LIVES. IN PROTECTING THEIR LIVES I PRESERVE THE LIVES OF THEIR HUSBANDS, SONS, DAUGHTERS, PARENTS, SIBLINGS AND FUTURE CHILDREN. BY PARTICIPATING IN THIS PROJECT I HAVE CHOSEN, ALONG WITH MY COLLEAGUES, TO STAND UP AND BE VISIBLE IN THE HOPE THAT IT WILL INSPIRE A NEW GENERATION OF PROVIDERS. FINALLY, IT IS MY PRAYER THAT THOSE LIKE DR. SLEPIAN WHO HAVE GIVEN THEIR LIVES FOR THIS CAUSE DID NOT DO SO IN VAIN."

MORRIS WORTMAN, M.D.



"WHEN I WAS FIRST ASKED TO PARTICIPATE IN THE FILMING OF ON HOSTILE GROUND, I WAS CONCERNED THAT THE EXPOSURE WOULD INCREASE THE RISK TO MY FAMILY. ON FURTHER THOUGHT, I RECOGNIZED THAT UNLESS THIS STORY IS TOLD, AND THE THREAT OF VIOLENCE BY FUNDAMENTALIST GROUPS AGAINST THE FREEDOMS OF AMERICAN IS WOMEN IS REVEALED, NEITHER I NOR MY FAMILY WOULD ULTIMATELY EVER BE FREE OF THIS RISK. LET THE SUNLIGHT OF KNOWLEDGE AND REASON SCOUR OUT THIS BED OF HATRED."

RICHARD STUNTZ, M.D.

A HISTORY OF ANTI-ABORTION VIOLENCE

Providing abortions hasn't always been a life-threatening activity. The years immediately following *Roe v. Wade* were relatively peaceful for providers, as opponents of abortion fought their battles in congress and in the courts. Finally, it was believed, abortion services could be offered openly—without the secrecy and danger of the pre-*Roe* days. When the first reported arson and bombing at abortion clinics took place, in 1977, they appeared to be isolated incidents.

From 1977 to 1982, 115 incidents of violence against clinics and providers were reported to the National Abortion Federation, affecting a total of 46 clinics nationwide. Although this new violence was alarming, the rate was not high enough to warrant serious concerns about the safety of patients or providers.

Things started changing in 1983, when the anti-abortion movement was dealt two major legislative and legal setbacks. The first was a Supreme Court ruling that declared local ordinances restricting abortion practices to be unconstitutional; the second was the failure of a constitutional amendment that would have explicitly rejected the right to an abortion, thereby overriding *Roe v. Wade*. These failures provided ammunition for people in the movement who distrusted the political system and believed in confronting abortion directly—that is, at the places where abortions were performed. From March 1983 through March 1985, 319 acts of anti-abortion violence occurred, and by the end of 1985 over 90% of abortion clinics reported that they had been harassed. On July 4, 1984, the Army of God firebombed National Abortion Federation headquarters in Washington, D.C. Tactics in the battle against abortion had changed definitively.

So, just when political victories for the pro-choice community should have been opening the way for more medical professionals to provide abortions, the anti-abortion movement adopted violent tactics to scare doctors away from the procedure. The anti-abortion protestors' less violent tactics included sit-ins and demonstrations outside clinics, harassing patients on their way to appointments, tracing patients' license plate numbers and calling them at their homes, putting glue in clinic locks, and entering clinics in order to disrupt procedures. Protestors also started threatening providers and picketing outside their homes. In the late eighties, a series of "rescues" were organized outside clinics around the country, frequently drawing thousands of protestors. Many doctors who had been providing decided that it wasn't worth the hassle or the risk.

The pro-choice community asked the federal government for protection against anti-abortion violence, on the grounds that the arsons and bombings constituted domestic terrorism. Their requests were denied by the Reagan administration on the grounds that—because they weren't carried out by any single organized group who claimed responsibility after the fact and they weren't aiming to overthrow government—the attacks were not terrorist. In the meantime, all clinics and abortion providers suffered from the change in climate. Many lost their office leases (few landlords wanted to put their property at such risk), insurance costs went up for all practices that provided abortions, and clinics started spending enormous amounts on security to protect their patients and staff.

After a decade of harassment and attacks against property, the violence became fatal. In 1993 Dr. George Tiller, who provides late-term abortions in Kansas, was shot in the arm by a protestor. He survived, but later that year Dr. David Gunn and a volunteer escort were shot and killed outside a clinic in Pensacola, Florida. The murderer declared that he had been acting righteously, and though most members of the anti-abortion movement condemned his act, a disturbing number agreed. In 1994, The American Coalition of Life Activists, a radical wing of Operation Rescue, issued a public declaration of commitment to the "justifiable homicide" of abortion doctors. Another extremist group, the Army of God, published a training manual which gave directions for making bombs (in a chapter entitled "99 covert ways to prevent abortions") and called for the death of abortion providers.

By 1999, when we started filming *On Hostile Ground*, seven providers and clinic workers had been killed in anti-abortion violence in the US. More and more providers were retreating behind pseudonyms and working in secret, in a frightening echo of pre-*Roe* days. The violent tactics of the anti-abortion movement have succeeded in scaring many people who are strongly pro-choice away from providing abortion services, and as the number of outspoken providers shrink, they become easier targets. The federal government has been supportive of abortion clinics in recent years, enforcing buffer

zones around clinics and offering US Marshall protection to providers who have been seriously threatened; but protests against providers at work and at home persist, and their tone has grown more sinister.

The violent radicalization of the anti-abortion movement has started new discussions about how best to keep abortions safe and available. Organizations like Medical Students for Choice, which monitors medical schools and demands training, are working hard to find solutions within the medical establishment. The National Abortion Federation is putting more emphasis on the need to train family practice physicians and mid-level providers (like Physician Assistants and Nurse Practitioners) in abortion techniques. And RU486, the "abortion pill," will offer a promising new option—though it is not 100% effective and therefore won't eliminate the need for training in surgical abortions. As long as abortion remains isolated from the medical mainstream, taking place in clinics instead of hospitals or large group practices and rarely taught in medical schools, providers will remain easy targets. For those presently providing abortions or considering this choice, continued public support of their right to perform this procedure safely and openly will be essential to countering the wave of anti-abortion violence.

QUESTIONS

TO DRAW OUT DISCUSSION AFTER A SCREENING OF ON HOSTILE GROUND

- 1 Have you ever thought about what life is like for abortion providers? Were you surprised by what you saw?
- 2 How would you find an abortion provider in your community if you needed to? Who would you call?
- 3 Do you know if your family practice doctor or ob/gyn does abortions? Does your local hospital provide them or train residents?
- 4 Who talks about sexuality, birth control, and abortion in your community, and what do you think are their motivations?
- 5 Who do you think should be talking about these questions – doctors, clergy, teachers, politicians, parents, etc.?
- 6 Do you think that abortion providers should receive special attention from law enforcement? Do they in your community? Would this make a difference in doctors' willingness to provide abortions?

WHAT

CAN I DO IN MY COMMUNITY?

- 1 Organize a screening in your local school, church, community center or living room, and end with a discussion like this.
- 2 If your local hospital doesn't provide or train, let them know you and other members of the community don't approve: organize a letter writing campaign to the board or management, do a petition drive, run an add in the local paper informing the public that the hospital does not provide these services.
- 3 Ask your family practice doctor or ob/gyn if they provide abortion services. If not, ask them why not and about what obstacles they would face. In other words, learn what needs to change for them to be willing to provide them.
- 4 Find out what your local laws about about clinic access and protection for providers are, and call local your NARAL or Planned Parenthood to learn about lobbying campaigns you can get involved in.
- 5 Find out who the providers are in your community, and write them a letter telling them you appreciate and support their work. It might seem like a small gesture, but not when you consider the hate mail they receive.
- 6 If there is anti-abortion activity in your neighborhood, let your provider-neighbor know that you are behind them. If the activity is at a local doctor's office or clinic, volunteer to escort or help out with whatever they need.
- 7 Call your local police precinct, and tell them you believe they should pay close attention to abortion providers in the community.

www.onhostileground.com
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