

Original document found online at:

https://www.washingtonpost.com/posteverything/wp/2015/10/29/being-a-doctor-who-performs-abortions-means-you-always-fear-your-life-is-in-danger/?utm_term=.14891395c025

Being a doctor who performs abortions means you always fear your life is in danger

Threats and violence are no way to disagree



By Diane J. Horvath-Cosper October 29, 2015

Diane J. Horvath-Cosper is a board-certified obstetrician-gynecologist and a family planning fellow in Washington, D.C.



The Planned Parenthood office in Thousand Oaks, Calif., one of several clinics that perform abortions where there has been fires or vandalism recently. (Rob Varela/The Ventura County Star via AP)

Every few months, I do an Internet search for my name, as recommended by a media-savvy colleague. In the past I've found myself in all the predictable places — among a list of doctors who graduated from my residency program, on my employer's Web site, in various social-media posts. But in the stillness of a warm evening this past August, after putting my daughter to bed, I found myself in a new and terrifying place: an anti-choice [Web site](#) that claims I am part of an "abortion cartel." In addition to my office address and links to find my medical license numbers, it features several photos of me. In one of the photos, taken from social media, I'm holding my then-15-month-old daughter.

Though the site [claims](#) to be "informational" in nature, the real purpose is clear. There is no better way to intimidate and incite fear than to target a family member, especially a child. The message is unambiguous: I'm being watched, and so is my daughter.

I am an obstetrician-gynecologist. Among the many medical services I provide my patients, I perform abortions for women who need them. That's made me a target for harassment online and in person over the course of my career. Unfortunately, my experience is not the exception among my colleagues who perform what the Supreme Court has repeatedly ruled is a legal medical procedure in all 50 states.

Before I moved my practice to D.C., I worked in a family-planning clinic in Minnesota, where security guards had to escort doctors, nurses and other employees from our cars while anti-choice extremists wrote down our license plate numbers and took photographs. After a while, I stopped hearing the wild accusations and prayers they shouted at staff and patients alike. When a new clinic building was constructed, it included an enormous locking gate, a tall perimeter fence and secure underground parking.

This extraordinary level of security is simply not necessary at any other kind of medical facility, because this kind of abusive behavior doesn't happen in other fields.

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[Sometimes, the boldest way forward is silence.](#)

On Twitter and Facebook, I'm not shy about the fact that I am an OB-GYN. I believe physicians must engage in public discourse wherever it is happening, and we must be voices for evidence-based medicine both in and out of the office. There is still an incredible amount of stigma surrounding abortion and other reproductive health issues, and I hope that doctors' willingness to share their stories will help women feel empowered to share theirs. The people who harass me and other doctors tell me that I have blood on my hands, that "[Satan awaits](#)" me and that I will get what I "deserve" for providing a constitutionally protected, necessary medical service. The Internet makes it easy and virtually anonymous to issue these inflammatory and threatening statements.

As a mother, it is especially difficult to shoulder this risk as a cost of doing my job. When I am out in public, I remain intensely aware of my surroundings: Every time I turn the ignition key in my car, there's a fraction of a second of panic that someone may have planted a bomb. On public

transit, if strangers' gazes linger for more than a few seconds, I wonder if they recognize me and if their intentions are sinister. I fear for the safety of my child. I worry that protesters may someday show up at her day care, focused on hurting her as a way to punish me. Seeing her face on the anti-choice Web site made me consider that maybe she would be safer living apart from me and that my presence in her life might cause her more harm than good. While I refuse to be intimidated from doing my job, this assault on my confidence as a mother has been particularly distressing.

Numerous colleagues have similar stories. On social media, I've witnessed [friends and mentors](#) called murderers, Nazis, racists and whores. The threats can be vague ("I hope someone does to you what you do to babies") or terrifyingly specific ("I know where you live, and someday I might show up at your doorstep").

Too often, these threats are not all talk: In the past two decades, 13 physicians or staff members at abortion-providing facilities have been [killed or seriously injured](#).

In September, in picturesque Pullman, Wash., a city of 30,000, someone snuck up to a Planned Parenthood clinic in the middle of the night. The arsonist smashed a window, then tossed in what was later described as a firebomb. Thankfully, there were no injuries, but the health center now needs to be rebuilt, leaving patients without a place to get needed care. A [federal terrorism task force](#) is investigating.

In New Orleans, firefighters were called in August to respond to a [car fire](#) within the locked gates of a Planned Parenthood construction site. The intended target: a clinic that will provide abortions as well as other preventive and reproductive health services. This month, someone broke into a Planned Parenthood clinic in Claremont, N.H., and [used a hatchet](#) to destroy computers, phones and medical equipment.

We already know what abortion-provider violence looks like at its worst. In Kansas, physician George Tiller was subject to protests at his clinic for years. Eventually, the protesters also targeted his home and his church. His clinic was bombed. In 1993, he was shot in both arms; he courageously returned to work. In 2009, [he was murdered](#) while in the supposed safety of his place of worship, handing out the church bulletin. He was the fourth abortion provider killed since 1993.

Fortunately, attacks of this magnitude are rare. But they should not exist at all — especially not as a response to trained, committed health-care professionals providing a legal, essential service that (by some estimates) [1 in 3 women](#) will obtain during their lifetimes.

Last year, a [survey](#) conducted for the Feminist Majority Foundation found that nearly 20 percent of clinics have been subject to the most severe types of anti-abortion violence, including stalking, facility invasions and blockades. More than half of the clinics surveyed reported some form of intimidation, one-quarter of them on a daily basis. A small minority of clinics, 12 percent, reported never experiencing anti-abortion activity.

Family planning is a specialty. In addition to medical school and OB-GYN residency, family-planning specialists have fellowship training that includes years of in-depth instruction on how to provide all methods of abortion care safely and effectively.

But family-planning specialists must also be trained in non-medical skills. National advocacy organizations have had to develop curricula to address security issues (the National Abortion Federation began offering seminars in risk management 35 years ago). Physicians, nurses and clinic staffers are taught to identify suspicious phone calls. We learn how to screen people who might be posing as patients but who are actually trying to infiltrate the safety of the clinic. We have protocols and run emergency drills to prepare for a bomb threat or a shooting.

As hard as it is for physicians and staff who work at these clinics, the impact isn't just on providers. When patients are confronted by threats and intimidation, some of them are too frightened to enter the clinic to get the care they need. These women deserve empathetic, respectful care — which is what my colleagues and I have studied and practiced for years to give them — not judgement, and not violence. Targeting clinics also prevents women from getting other essential medical services, from cancer screenings to ultrasounds to sexually transmitted-infection testing and treatment.

I chose to become an abortion provider because I respect the autonomy of women, and I trust them to decide what's best for themselves and their families. Because I understand why women want to finish school, to start careers. Because I believe every child should be cherished, and because I value the ability to plan whether and when to have a family. I chose to do this because of pregnancies that didn't turn out as anticipated and because of women whose lives and health must be protected.

I stand by what I do. I know that it is contentious. But threats and violence are not the appropriate way to debate. Americans of good conscience can disagree about the morality of abortion, but we should all agree that no physicians ought to be terrorized for doing their jobs.



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