# 2005 NATIONAL CLINIC VIOLENCE SURVEY

Conducted by

## FEMINIST MAJORITY FOUNDATION


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The **Feminist Majority Foundation (FMF)** was created to develop bold, new strategies and programs to advance women's equality, non-violence, economic development, and, most importantly, empowerment of women and girls in all sectors of society.

The **National Clinic Access Project (NCAP),** a project of the Feminist Majority Foundation, provides emergency clinic security, assistance, and community organizing support, researches and monitors anti-abortion extremists, and works with law enforcement to improve responsiveness to clinic violence.

## KEY FINDINGS

- **The level of severe violence declined in 2005 to affect 18.4% of clinics, down from 23% of clinics in 2002 and 20% in both 1999 and 2000.** Although the overall level of severe clinic violence has dropped significantly from its peak of 52% in 1994, almost one in five clinics throughout the country is still being targeted with the most severe forms of anti-abortion violence. Severe violence includes blockades, invasions, arsons, bombings, chemical attacks, stalking, gunfire, physical assaults, and threats of death, bomb, or arson.

- **Bomb threats, stalking, death threats, and blockades were the most commonly reported types of severe violence in 2005.** Among the responding clinics, 4.2% reported bomb threats, 3.6% reported stalking of physicians or clinic staff, 2.4% reported death threats, and 8.3% reported blockades. Although bomb threats, stalking and death threats have declined since 2002, the incidence of blockades increased in 2005 from 6.8% to 8.3%.

- **The number of clinics experiencing three or more forms of violence or harassment declined dramatically from 14% in 2002 to 7% in 2005**. However, clinics experiencing moderate levels of violence have increased to 33% in 2005. This broader measure of violence and harassment includes the severe violence variables, plus vandalism, home picketing, and break-ins.

- **Fifty-nine percent of clinics experienced anti-abortion intimidation tactics such as noise disturbances, approaching and blocking cars and photo/video of patients and recording of license plates.** These aggressive tactics are used to intimidate and interfere with access to health care services. Importantly, these intimidation tactics were generally targeted at the same clinics victimized by violence and harassment. Approaching/blocking cars steadily continues to be used as an intimidation tactic affecting approximately 43% of clinics.

- **During 2005, only 4% of clinics reported that a physician or other staff member quit their jobs as a result of anti-abortion violence, harassment, or intimidation – down from 7% in 2002.** Not surprisingly, staff resignations were more frequently seen in clinics that were targeted with high levels of violence, harassment, and intimidation. In 2005, 20% of clinics experiencing high levels of violence (three or more types) lost physicians or other staff members.

- **As in previous years, clinics that rated their local law enforcement response as "good" or "excellent" were less likely to experience anti-abortion violence or harassment.** A clear majority of clinics continue to provide favorable ratings of the law enforcement response to clinic violence in 2005. Of those clinics that had contact with local law enforcement, 77% provided "good" or "excellent" ratings. Of the clinics that had contact with state law enforcement, 75% rated their response as "good" or "excellent". Of the clinics that had contact with federal law enforcement, 80% rated their response as "good" or "excellent".

- **However, there has been a reduction in the response to potential FACE violations by federal law enforcement authorities.** Four percent of clinics reported that they contacted attorneys or federal law enforcement officials regarding potential violations of FACE, the lowest level ever reported. This represents a decrease from 7% in 2002. Of the 13 clinics that reported potential violations, only 15% of the contacts resulted in an investigation being opened, and 8% led to an interview with the involved parties. This is down from 24% and 16% in 2002.

## METHODOLOGY

The tenth National Clinic Violence Survey, which measured the incidence of anti-abortion violence in 2005, was mailed in September 2005.[1] This survey is the nation's most comprehensive study of anti-abortion violence, harassment, and intimidation directed at clinics,[2] patients, and health care workers. It includes information provided by abortion providers of various national organizational affiliations as well as independent clinics.

First, a universe of 739 abortion providers was identified by the Feminist Majority Foundation's National Clinic Access Project. These providers were then mailed questionnaires at the end of September, and they received several follow-up telephone calls from the Feminist Majority Foundation over the next few months. National affiliate groups also encouraged members' participation through fax and email reminders. As a result of these efforts, 337 questionnaires were returned. The overall response rate was therefore 45.6%.[3] Data were entered, double-checked, and analyzed using SPSS (Statistical Package for the Social Sciences). The 337 abortion providers responding to the survey were assured that their individual responses would remain confidential.

## PROFILE OF SURVEY RESPONDENTS

The survey respondents in 2005 included 337 abortion providers in 46 states. (See Appendix for respondents by state.) Of these, 47.5% were non-profit clinics, 30.6% were for-profit facilities, and 20.5% were private doctor's offices.

The majority (61.1%) of responding facilities were free-standing, with another 11.6% located in a medical office group, 9.5% in a strip mall, 2.4% in a high-rise medical building, 6.2% in another type of high-rise, 1.2% in a hospital, and 8.0% in an "other" type of building.

### *Type of Services Provided*

Virtually all clinics indicated that they provided a variety of women's health care services in addition to abortion, including birth control (96.1%), pregnancy counseling (81%), emergency contraception, the "morning after pill" (94.4%), STD testing and treatment (81%), adoption counseling and referral (58.5%), cancer screening (64.4%), services related to menopause (48.4%), HIV/AIDS testing (60.2%), pre-natal care (16%), and "other" services (23.1%).

Abortion constituted over 75% of the services provided for 39.2% of the respondents. The remaining 60.8% of clinics were fairly evenly divided among the other percentage categories. Eighty-six percent of the clinics administer mifepristone, an increase from 72% in 2002 and 17% use methotrexate as a form of medical abortion which has declined from 27% in 2002.

[1] Although clinics were provided with the survey at the same time (questionnaires were originally mailed in September, 2005), they obviously took varying amounts of time to complete and return the information. Because they were then asked to report on violence experienced during the year 2005, the precise amount of time covered by the survey would have varied somewhat between clinics.

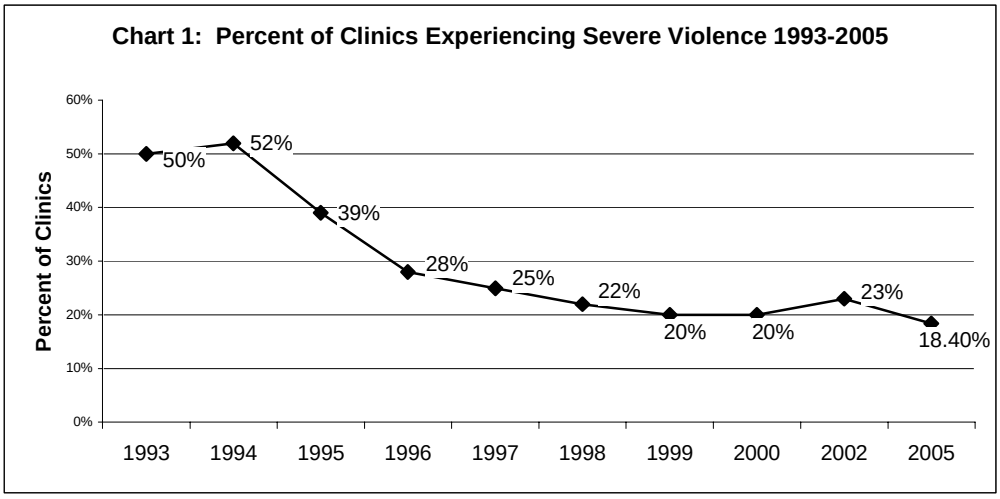
[2] The word "clinic" is used throughout this report to refer to survey respondents, although they include both clinics and private doctor's offices that provide abortion services.

[3] This estimated response rate is actually conservative, because it does not exclude the number of non-respondents whose surveys were either returned or lost because the clinic was closed, no longer provided abortions, or for some other reason.

## INCIDENCE OF SEVERE VIOLENCE

### *Level of Severe Violence Declines in 2005*

The level of severe violence declined in 2005, affecting 18.4% of the abortion providers participating in the survey – the lowest level since the survey was conducted in 1994**. Nevertheless**, **one in five clinics throughout the country is targeted with the most severe forms of anti-abortion violence.** This longitudinal measure of severe violence includes eleven tactics: blockades, invasions, bombings, arsons, chemical attacks, stalking, physical violence, gunfire, bomb threats, death threats, and arson threats. See **Chart 1** for longitudinal data on severe violence from 1993 to 2005.

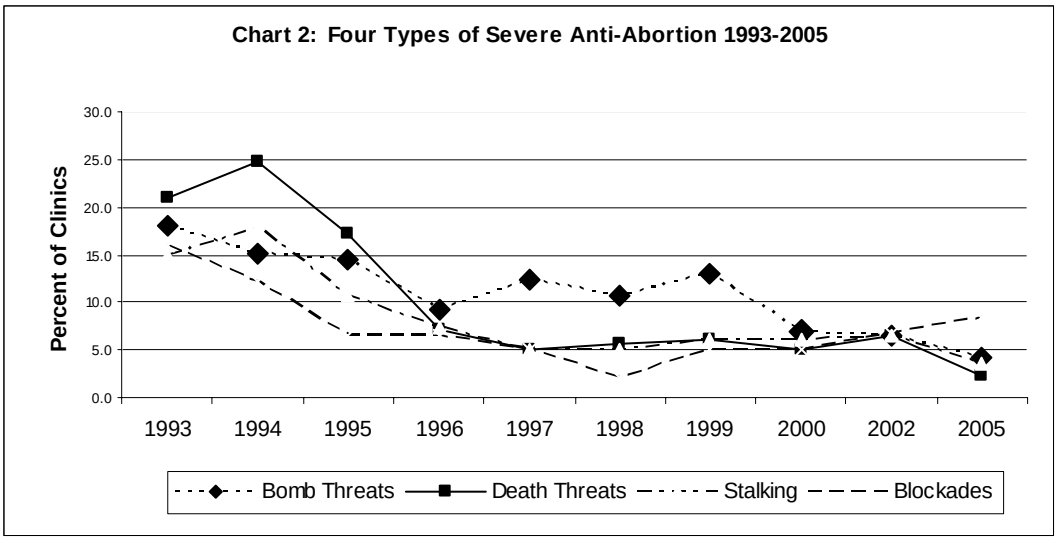



**The overall level of severe clinic violence has dropped significantly from its peak of 52% in 1994 to its lowest recorded level yet of 18.4% in 2005**. The decline is the result of the sustained efforts of pro-choice mobilization combined with the enforcement of the 1994 Freedom of Access to Clinic Entrances (FACE) Act (18 U.S.C. § 248), and federal court decisions such as *Madsen v. Women's Health Center*[4]. The passage of FACE coupled with these court decisions created stronger legal protections for clinics and sent strong deterrent messages to anti-abortion extremists. However, the Supreme Court's recent decision in *Scheidler v. NOW* could further increase levels of violence by emboldening anti-abortion extremists, although the verdict does not affect the ability of clinics, law enforcement, and prosecutors to use FACE.

### *Blockades, Stalking, Death Threats, and Bomb Threats Continue as Most Common Severe Violence*

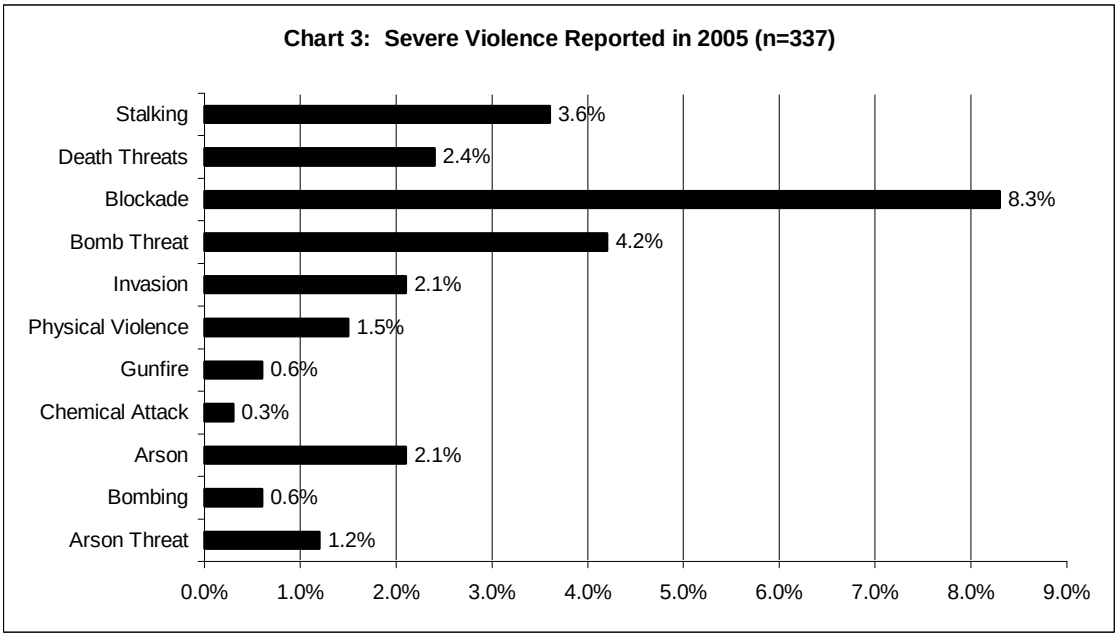
As with the 2002 survey, the four most common forms of severe anti-abortion violence in 2005 were bomb threats, death threats, stalking, and blockades. Among the responding clinics, 4.2% reported bomb threats, 3.6% reported stalking of physicians or clinic staff, 2.4% reported death threats, and 8.3% reported blockades. Although bomb threats, death threats, and stalking declined in 2005, the incidence of blockades has increased to its highest level since 1994 (12.1%). See **Chart 2** for longitudinal data on the four most common forms of severe anti-abortion violence from 1993-2005.

[4] In *Madsen*, the U.S. Supreme Court upheld lower courts' freedom to establish buffer zones.




Most threats were made over the telephone, although many were also received through letters or mail. Of the clinics responding to the survey, 5.3% reported having received a threat in the mail and 8.6% received threats on the telephone.

Dangerous but less common types of severe violence include facility invasions, arson, arson threats and physical violence. Two percent of clinics experienced a facility invasion in 2005, which has declined from 2002. The other types of severe violence affected 1% or fewer of the responding clinics. The percentage of clinics experiencing each of the eleven types of severe violence in 2005 is displayed in **Chart 3.**




**Tactics for blockades have evolved since the 1980's.** Blockades registered the largest increase from the 2002 survey from 6.8% to 8.3%. Twenty-one clinics (6.2%) reported that they had experienced a blockade of their clinic entrance more than one time during the reporting period. Follow-up investigation of those clinics reporting blockades revealed a pattern where anti-abortion protesters

disrupted access to clinic entrances. Although blockades and invasions reported in the 2005 survey typically did not involve massive numbers of demonstrators as in the late 1980s and early 1990s, the incidents did nonetheless involve very aggressive tactics.

## VIOLENCE AND HARASSMENT

### *The War of Attrition Continued in 2005*

Anti-abortion extremists continue to concentrate their reign of terror on a small subgroup of clinics in an effort to close them. In 2005, 7% of clinics experienced severe levels of violence (three or more types), half the figure of 2002 (14%). An additional 33% reported experiencing moderate violence (one or two types), a slightly higher figure than the previous survey year (30%), and sixty percent of clinics were reportedly free from anti-abortion violence and harassment. This composite measure of violence and harassment includes the severe violence variables,[5] the vandalism variables,[6] home picketing, and break-ins.[7] Longitudinal trends of these three clinic subgroups are depicted in **Chart 4**.

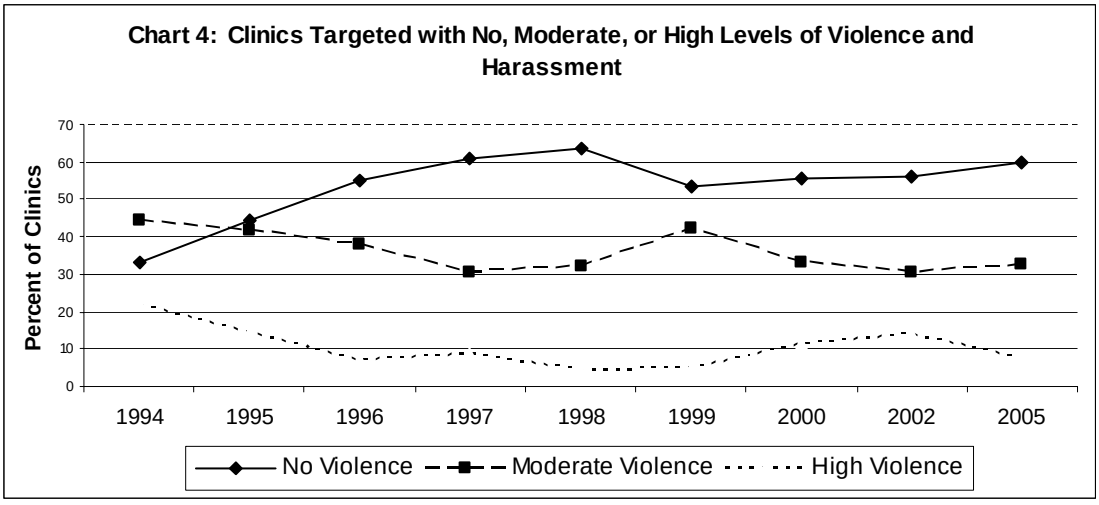
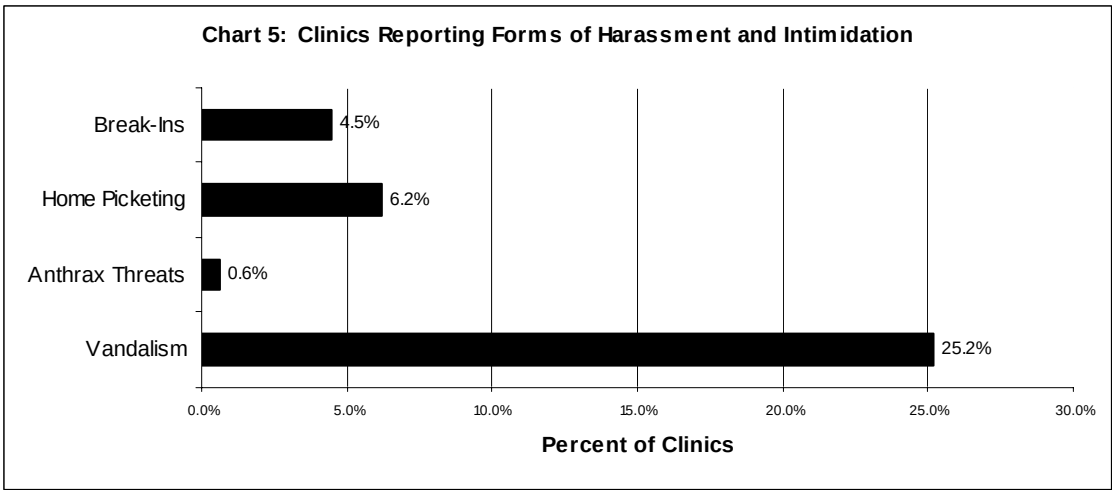



**Chart 5** depicts the percentage of clinics reporting harassment in the forms of vandalism, anthrax threat letters, home picketing, and break-ins. In 2005, the 6.2% incidence of home picketing stayed comparable to previous years. The incidence of robberies, burglaries, or break-ins, vandalism and anthrax threat letters all declined in 2005.

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

[6] 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.

[7] Initially the 2000 National Clinic Violence Survey Report included anthrax threats in the composite measure. In this chart, anthrax threats are not included in any of the composite measures to ensure consistency for longitudinal comparison.




***One in Four Clinics Targeted with Vandalism***

**As many as 25% of clinics reported suffering at least one type of vandalism in 2005**, continuing the decline from 34% in 1999 and 31% in 2000 and 28% in 2002. However, this figure is still much higher than that of 1998, when only 16% of clinics experienced one or more forms of vandalism. Of the 85 clinics suffering vandalism, specific tactics were reported by the following percentage of clinics: marking graffiti (11.9%), breaking windows (5.9%), tampering with garbage dumpsters (4.2%), placing nails in the driveway or parking lot (3.6%), tampering with phone lines or calls (2.7%), vandalizing the homes or personal property of staff (4.5%), pouring glue into locks (.9%), and spattering motor oil across driveways or parking lots (.6%).

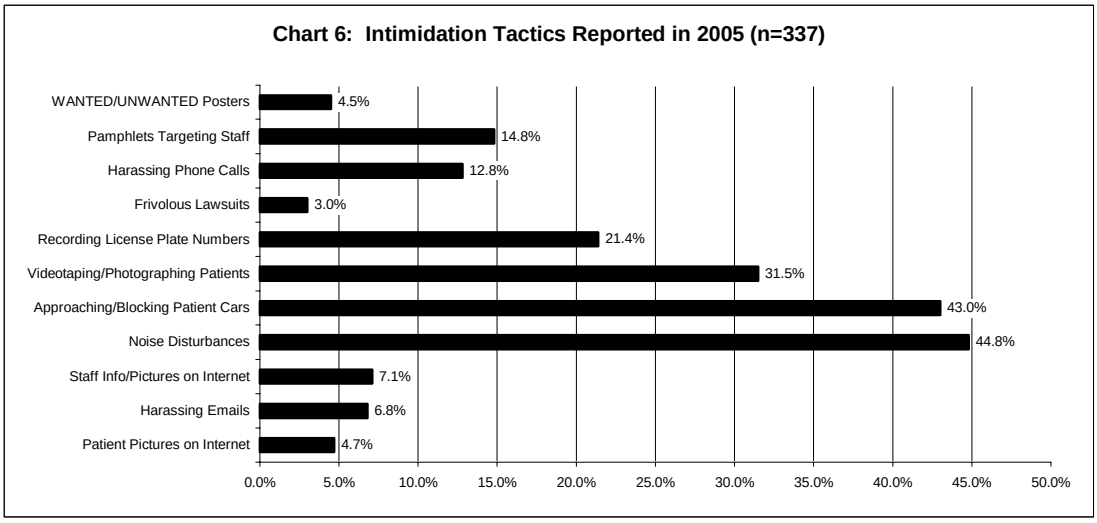
In previous surveys, vandalism has included slitting tires, throwing stones, tampering with utilities, stealing equipment, and leaving trash, dead animals, or soiled diapers on the property. Clearly, some of these specific tactics fit the characterization as vandalism, but others carry with them a degree of threat that is unmistakable such as leaving nails or shell casings on the property, breaking lights, and tampering with or stealing security equipment.

## ANTI-ABORTION INTIMIDATION TACTICS

***Extremist Intimidation Tactics are linked with Violence and Harassment***

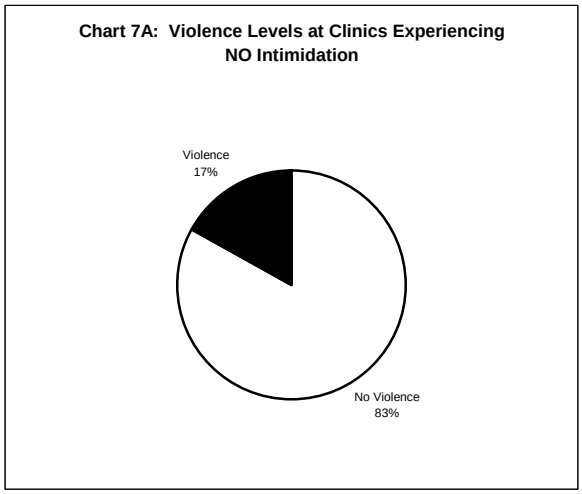
In addition to the various types of violence and harassment, clinics are also targeted with various tactics of intimidation in an aggressive attempt by extremists to interfere with access to health care clinics. Importantly, these intimidation tactics are significantly associated with the occurrence of anti-abortion violence and harassment. These intimidation tactics can thus be viewed as a precursor to violence and a serious concern for abortion providers – even if some might be legally protected as free speech.

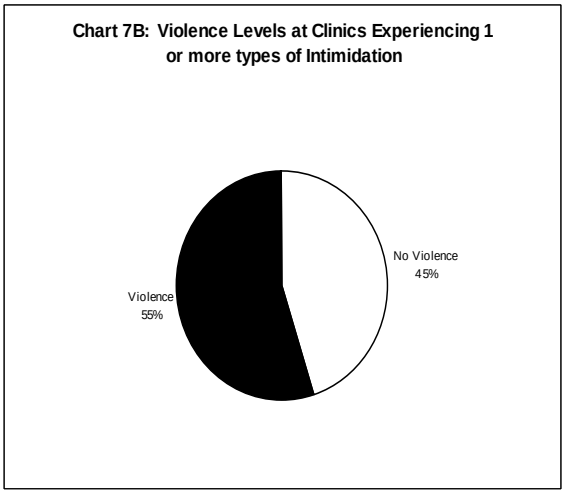
This measure of intimidation in the 2005 survey includes eleven widely varied tactics: noisy disturbances (e.g., yelling, bullhorns), approaching/blocking cars of patients, videotaping/photographing patients, posting pictures of patients on the Internet, recording license plate numbers of patients, filing frivolous lawsuits, harassing phone calls, harassing emails, pamphlets/leaflets targeting staff/physicians, personal information or pictures of staff on the Internet, and "WANTED" or "UNWANTED" posters of physicians or staff. **These intimidation tactics affected 59% of clinics in 2005. Although down from 67% in 2002, clinics clearly remain a target for anti-abortion intimidation tactics.** The incidence of each specific type of intimidation is presented in **Chart 6**.




As **Chart 6** demonstrates, the most common intimidation tactics reported in the 2005 survey are noise disturbances, approaching/blocking cars, photographing or videotaping patients, recording license plates, and pamphlets targeting clinic staff. Although many of these activities are legally protected as free speech, "Wanted" posters and some forms of Internet intimidation have been found to violate the 1994 Freedom of Access to Clinic Entrances Act and to be on a par with other threats of violence.

The link between intimidation tactics and violence is graphically displayed in **Chart 7**. The chart illustrates that of the 200 clinics that experienced at least one form of intimidation, 55% also indicated that they had been targeted with one of the many forms of violence and harassment, including anthrax threat letters. In contrast, of the 137 clinics that did not report experiencing any such intimidation, only 17% were targeted, leaving 83% of clinics free from violence and harassment. In other words, when intimidation tactics occur at a clinic, the reported rate of violence triples.



### *Incidence of Internet Intimidation Declines*

**The incidence of Internet intimidation declined to 13.4% from 20% in 2002**. Internet intimidation may include sending harassing email messages, posting pictures of patients, escorts, and clinic employees, divulging personal profiles including home addresses and telephone numbers, making death threats, or even advocating the murder of specific abortion providers. This intimidation can occur in a variety of forums, including Web sites, Internet chat rooms, and through private emails. Protection from such forms of intimidation is complicated by the easily veiled identity of those posting the information.

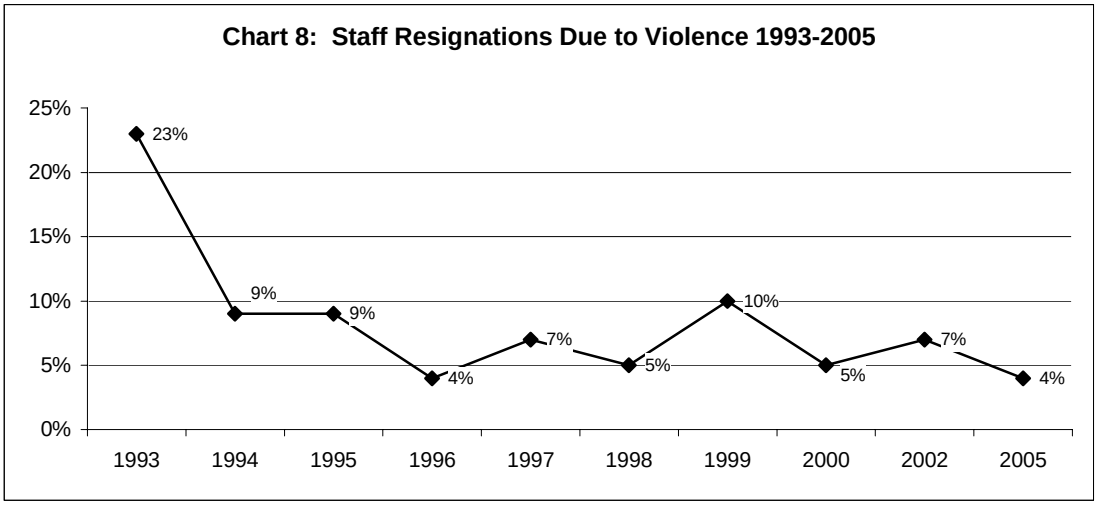
The most infamous example of this tactic is anti-abortion extremist Neal Horsley's Nuremberg Files Web site, where hundreds of abortion providers and abortion rights advocates were named amidst graphics of dripping blood. Many of these names were provided with a hyper-link to personal information profiles including home addresses, telephone numbers, and the type of car driven. This form of intimidation, in combination with wild-west style "UN-WANTED" posters, was found to constitute a true threat in *Planned Parenthood of Columbia/Willamette et al. v. American Coalition of Life Activists et al.* However, Horsley and his site were not directly defendants in that case, and the site remains active.

## STAFF RESIGNATIONS

### *Violence-Related Staff Resignations Decline*

**During 2005, 4% of the clinics reported that a physician or other member of the staff had quit their jobs as a result of anti-abortion violence, harassment, or intimidation – down from 7% in 2002.** This represents a return to 1996 levels (4%), the lowest recorded level of staff resignations between 1993 and 2005. This small number highlights the resilience of physicians and staff at clinics around the country, in the face of documented violence, intimidation, and harassment.

Of the 12 clinics reporting such a resignation, those who quit included 5 physicians, 2 nurses, 1 receptionist, 4 counselors, and 4 "other" members of the staff. Three clinics reported that more than one staff member had resigned as a direct result of anti-abortion violence. **Chart 8** presents the percentage of clinics with staff resignations over the past several years.



***Staff Resignations More Likely at Targeted Clinics***

Staff resignations were significantly more likely to occur at clinics experiencing various forms of violence, harassment, or intimidation. In 2005, 20% of clinics experiencing high violence (three or more types) lost physicians or other staff members, compared with merely 2% of clinics not subjected to high levels of violence. In addition, clinics targeted with anti-abortion leafleting and other intimidation tactics were more likely to have a physician or staff member resign. No resignations were seen at clinics that were free from anti-abortion leafleting or intimidation tactics, but 6% of those clinics experiencing such leafleting or intimidation tactics lost at least one staff member.

## LEGAL REMEDIES

***Less than One in Three Clinics Protected by Buffer Zone***

In 2005, 26% of the responding clinics reported that they were protected by a buffer zone which is slightly down from 2002 (32%). Buffer zones are areas determined by courts, legislatures, or municipal officials in which specified types of anti-abortion activities are prohibited in order to safeguard patients, clinics, and clinic workers. Buffer zones may apply to clinic facilities as well as the homes of staff members. Of clinics with a buffer zone, 38% were court-ordered and 82% were the result of an ordinance. Just 6% protected the home of a physician or staff member.

***Clinics Seeking Legal Remedies Remain Unchanged***

Only 13 clinics (4%) sought legal remedies in 2005, a slight increase from 2002 (3%) but overall a decrease from 9% in 1999 and 8% in 2000. Of those thirteen clinics pursuing legal remedies, five clinics sought a temporary restraining order and three a permanent injunction of some kind. In addition, four clinics each sought a preliminary injunction, three sought money damages, and seven sought some other type of legal remedy.

Of these legal remedies that were sought, temporary restraining orders, preliminary injunctions, money damages and permanent injunctions were granted the majority of the time. Specifically, 3 of 3 (100%) preliminary injunctions were sought and granted, 4 of 5 (80%) temporary restraining orders sought were granted, 2 of 2 (100%) permanent injunctions were sought and won and 2 of 3 (67%) money damages were sought and won in 2005. These figures represent an increase over the last few years.

***One in Three Clinics with Buffer Zones and Injunctions Report "Strong Enforcement"***

Of those clinics with a buffer zone or injunction, just over one in three indicate that these legal remedies are strongly enforced (40%), which is up from 36% in 2002. Conversely, a small but significant minority of clinics indicates that their buffer zone or injunction is only weakly enforced (14%) or not enforced at all (10%).

## LAW ENFORCEMENT

***Most Clinics Rate Law Enforcement Response as "Good" or "Excellent"***

In 2005, a clear majority of clinics rated the law enforcement response to clinic violence as "good" or "excellent." Of those clinics that had contact with local law enforcement, 77% provided a "good" or "excellent" rating for their response to clinic violence. Similar ratings were provided for state law

enforcement by 75% of clinics and for federal law enforcement by 80% of clinics that had contact with each type of agency.

Nonetheless, the percentage of clinics rating their contact with various law enforcement agencies as "poor" remained similar to levels in 2002. A "poor" rating was provided by 6.7% of clinics for local law enforcement, 6% of clinics for state law enforcement, and 4.2% of clinics for federal law enforcement. These figures compare with 7%, 6%, and 4% "poor ratings" for local, state, and federal law enforcement in 2002.

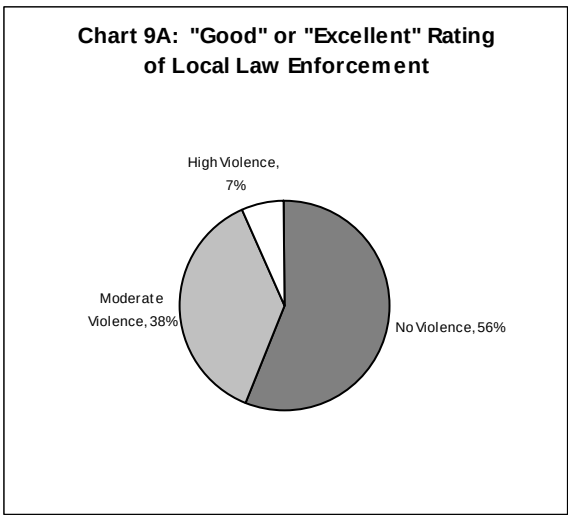
### *Effective Local Law Enforcement Critical for Clinic Safety*

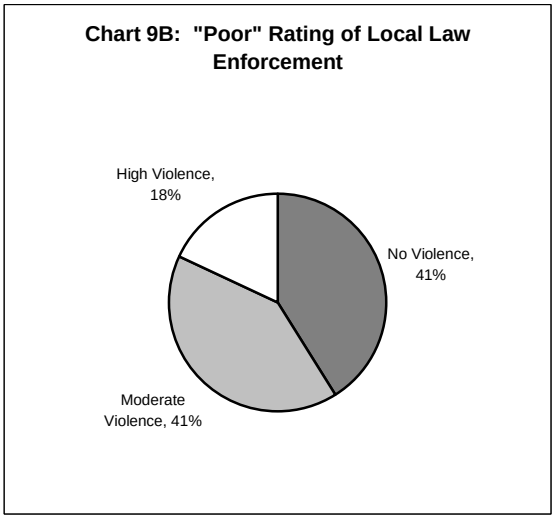
Local law enforcement is critically important to successfully responding to incidents of violence, harassment, and intimidation targeted at abortion providers. As many as 43.6% of clinics had contact with a local law enforcement agency to respond to a complaint or conduct an investigation. A total of 7% of survey respondents indicated that an arrest had been made for behavior on clinic property, and 1% indicated that an arrest had been made for behavior conducted off-premise. Most of these results apparently resulted in criminal charges being filed. Specifically, 17 of the 25 arrests on clinic property resulted in criminal charges.

In 2005, staff at many clinics met with local law enforcement to proactively address the problem of clinic violence and harassment. Twenty-nine percent of clinics indicated that they had contact with local law enforcement to discuss security issues, and 58% indicated that they have a specific contact person who serves as a liaison with their local law enforcement agency.

### *Good or Excellent Rating of Local Enforcement Associated with Less Violence*

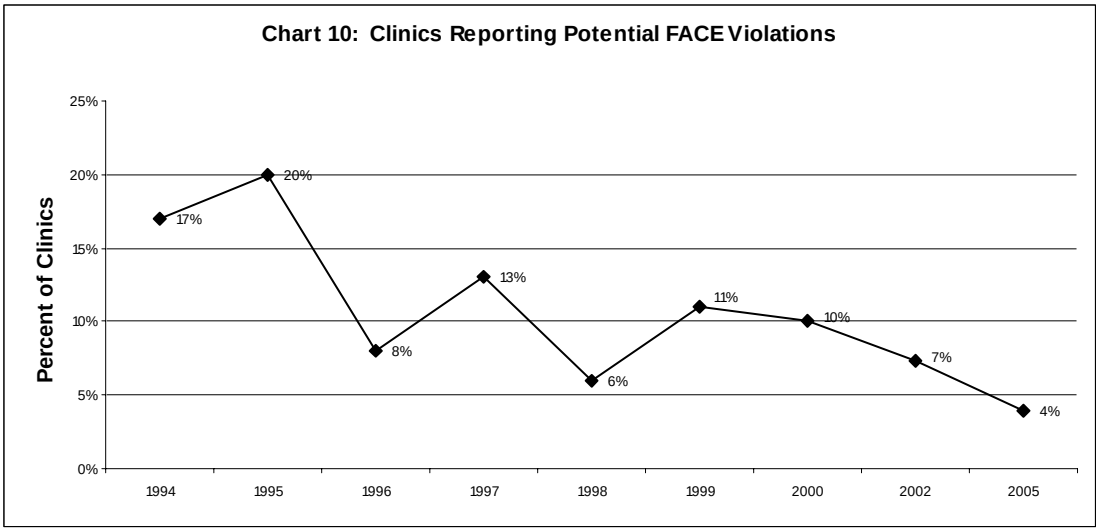
Clinics reported that their local law enforcement response as "good" or "excellent" were less likely to report anti-abortion violence, harassment, and intimidation. As depicted in **Chart 9**, 56% of the clinics rating their local law enforcement response as "good" or "excellent' were free from violence and only 7% reported high violence. Of the far fewer clinics that reported a "poor" response from local law enforcement, 18% faced high anti-abortion violence, and 41% faced moderate levels of violence.



***Reported Violations of FACE Decline, Federal Law Enforcement Response Down***

The 1994 Freedom of Access to Clinic Entrances Act (FACE) prohibits force, threats of force, physical obstruction, and attempts to injure, intimidate, or interfere with persons obtaining or providing reproductive health services. FACE also explicitly protects reproductive health facilities by prohibiting intentional damage, destruction, or attempts at either. Four percent of clinics reported that they contacted attorneys or federal law enforcement officials regarding potential violations of FACE, the lowest level ever reported since 1994. This represents a decrease from 7% in 2002 as shown in **Chart 10**.




In 2005, federal law enforcement response to reports of FACE violations was down. Of the 13 clinics that reported potential violations, only 23% indicated that they were "provided clear direction for initiating federal FACE complaints." This figure is slightly above 2002 results, but still suggests an insufficient response by authorities. In 2000, this figure was at 58%. Only 15% of the contacts resulted in an investigation being opened, and 8% led to an interview with the involved parties. This is down from 24% and 16% in 2002. These results would suggest a less aggressive response by federal law enforcement to FACE complaints in 2005 compared with 2002. Only four clinics sought civil FACE remedies, representing approximately 1% of the responding sample.

## CONCLUSION

The level of violence and harassment against abortion providers declined in 2005 to its lowest reported level since the survey was first conducted in 1993. Almost one in five (18.4%) clinics experienced severe violence, down from 23% in 2002. Nevertheless nearly one in 5 clinics around the country continues to experience severe violence. However, the strategy of targeting specific clinics with repeated attacks has also appeared to stay steady, with 32% of clinics reporting two or more forms of violence or harassment which is slightly up from 2002 (30%). Some of the most common severe forms of violence affected include bomb threats (4.2%), stalking of physicians or clinic staff (3.6%), death threats (2.4%), and blockades (8.3%). Although bomb threats, stalking, death threats all declined in 2005, blockades increased in 2005. In addition, fifty-nine percent of clinics reported experiencing intimidation tactics such as "WANTED" posters and Internet intimidation and/or anti-abortion leafleting. As part of the

strategy of targeting specific clinics, these aggressive intimidation tactics were generally targeted at the same clinics victimized by violence and harassment.

Despite the persistence of anti-abortion violence and harassment, the physicians and staff who provide abortion services continue to demonstrate their resilience. In 2005, only 4% of clinics reported any staff resignations that were attributable to anti-abortion violence and harassment. Not surprisingly, staff resignations were more frequently seen in clinics that were targeted with high levels of violence, harassment, and intimidation.

Effective law enforcement response continued to be a key factor associated with lower levels of violence at clinics. The 2005 survey revealed that the vast majority of clinics with local, state, and federal law enforcement contacts rated their response as "good" or "excellent." Clinics that rated their local law enforcement response as "good" or "excellent" did in fact report lower levels of violence, harassment, and intimidation.

Overall there has been a reduction in the percentage of clinics who have reported that they contacted attorneys or federal law enforcement officials regarding potential violations of FACE. Of these reported cases of FACE violations, there has been a reduction in the response to potential FACE violations by federal law enforcement authorities. Only 15% of the contacts resulted in an investigation being opened, and only 8% led to an interview with the involved parties.

**APPENDIX**

***Clinic Respondents by State***

| | |
|---|---|
| Alabama (AL) | 7 |
| Alaska (AK) | 2 |
| Arizona (AZ) | 11 |
| Arkansas (AR) | 2 |
| California (CA) | 55 |
| Colorado (CO) | 11 |
| Connecticut (CT) | 8 |
| Delaware (DE) | 3 |
| Florida (FL) | 29 |
| Georgia (GA) | 5 |
| Hawaii (HI) | 3 |
| Idaho (ID) | 1 |
| Illinois (IL) | 13 |
| Indiana (IN) | 4 |
| Iowa (IA) | 2 |
| Kansas (KS) | 6 |
| Kentucky (KY) | 2 |
| Maine (ME) | 3 |
| Maryland (MD | 8 |
| Massachusetts (MA) | 6 |
| Michigan (MI) | 13 |
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| Missouri (MO) | 2 |
| Nebraska (NE) | 2 |
| Nevada (NV) | 3 |
| New Hampshire (NH) | 4 |
| New Jersey (NJ) | 5 |
| New Mexico (NM) | 2 |
| New York (NY) | 29 |
| North Carolina (NC) | 7 |
| North Dakota (ND) | 1 |
| Ohio (OH) | 12 |
| Oklahoma (OK) | 1 |
| Oregon (OR) | 3 |
| Pennsylvania (PA) | 9 |
| Rhode Island (RI) | 2 |
| South Dakota (SD) | 1 |
| South Carolina (SC) | 1 |
| Tennessee (TN) | 4 |
| Texas (TX) | 21 |
| Utah (UT) | 2 |
| Vermont (VT) | 3 |
| Virginia (VA) | 8 |
| Washington (WA) | 12 |
| West Virginia (WV) | 2 |
| Wisconsin (WI) | 4 |
| **Total** | **337** |