

NLWJC - Kagan

DPC - Box 001 - Folder 012

Abortion - Clinic Violence

Combating Clinic Violence

In the wake of escalating violence against women's health clinics that provide abortions, the President's FY 2000 budget will include \$4.5 million to support additional security for these clinics and their doctors and nurses. Under this proposal, the Department of Justice would make security assessments and enhancements available to clinics deemed to be at high risk of violence. Security enhancements to improve safety and better protect health care providers and their patients may include closed circuit camera systems, improved lighting, motion detectors, alarm systems or bullet-resistant windows.

In recent years, violence against women's health care clinics has intensified. Most recently, Dr. Bernard Slepian was fatally shot through the window of his home. His death followed four non-fatal shootings in western New York and Canada over the last four years. In addition to shootings, between May and July of this year, about 20 health care clinics in three states were splattered with isobutyric acid, and two clinics in North Carolina were the victims of arson and attempted bombings. Clinics in Indiana, Tennessee, Kansas and Kentucky received letters that falsely claimed to contain anthrax.

This FY 2000 budget proposal builds on the Justice Department's National Task Force on Violence Against Health Care Providers announced on November 9 to coordinate the investigation of violence against women's health care clinics nationwide. The Task Force has begun working closely with local authorities and U.S. Attorneys investigating acts of violence against clinics by: coordinating national investigative efforts; creating an investigative clearinghouse for information related to clinic violence; and providing training to federal, state and local law enforcement personnel. A key missing piece in preventing clinic violence is funding for greater security. The Task Force will serve in an advisory capacity for the administration of these funds.

Q AND A ON CLINIC SECURITY FUNDING
January 14, 1999

Q. What will this money do?

A. The Administration's FY2000 budget request includes \$4.5 million for DOJ's Office of Justice Programs to provide security assessments and, where necessary, security improvements to women's health care clinics at high risk of violence. A security assessment is a review of a facility by a security expert to identify vulnerabilities and recommend ways to address them. Security improvements can include measures like closed circuit camera systems, improved lighting, motion detectors, alarm systems, bullet-resistant windows, and access control systems.

Q. How many clinics will receive security assessments, and how will you choose which ones to review?

A. Initial estimates suggest that \$4.5 million could address security review and improvement needs for approximately 250-300 clinics (approximately 10% of all clinics nationwide). In determining which clinics to review, we will draw upon the threat assessment criteria first developed by the U.S. Marshals Service.

Q. Will the money go directly to clinics themselves?

A. No. Consistent with the approach taken with similar initiatives, the Office of Justice Programs will work with a contractor with expertise in relevant security issues to perform the assessments and provide the security equipment deemed necessary.

Q. How does this relate to the Attorney General's Task Force on Violence Against Health Care Providers?

A. This proposal builds on the Justice Department's National Task Force on Violence Against Health Care Providers announced on November 9 to coordinate the investigation of violence against women's health care clinics nationwide. The Task Force has begun working closely with local authorities and U.S. Attorneys investigating acts of violence against clinics by: coordinating national investigative efforts; creating an investigative clearinghouse for information related to clinic violence; and providing training to federal, state and local law enforcement personnel. A key missing piece in preventing clinic violence is funding for greater security. The new initiative will be administered by the Office of Justice Programs, and the Task Force, given its expertise on clinic violence and its commitment to preventive efforts, will serve as an advisor to the project.

20. 1/2

Q. Why are you providing government support for security review and improvements when you don't do the same thing for banks, which are also at risk of criminal activity?

A. Health care clinics' vulnerability to violence is in many ways similar to the recent spate of church arsons. Churches, like clinics, have been the objects of hate-inspired violence, and that is why the Administration has provided support to them. In addition, churches and health care clinics or doctor's offices -- unlike banks, for example -- are not traditionally targets of criminal activity and are not, therefore, designed and built with security concerns foremost in mind.

Second, clinic violence raises additional law enforcement concerns because law enforcement officers have in some clinic cases become targets of secondary devices. For example, the clinic bombing in Birmingham was followed by the detonation of a second bomb -- apparently designed to explode upon the arrival of law enforcement -- which killed an officer.



300,000 - st + local grants

part of 1.6m request FY99 -

↳ not yet distributed

normal error - u/cut for fact



Record Type: Record

To: Elena Kagan/OPD/EOP

cc: Jennifer L. Klein/OPD/EOP, Laura Emmett/WHO/EOP

Subject: Abortion clinic safety proposal-- from Jen as well as Neera

The abortion clinic safety proposal for the FY 2000 budget had two main provisions -- funding for security assessment and funding for direct provision of security measures to clinics; funding for both has been estimated at \$4 million.

The Justice Department has asked that we pull the abortion clinic safety proposal from the budget process because 1) they feel that they can and will do security assessments under current FY 99 funding and 2) because funding for direct provision of security measures will require authorization. They believe that they will be able to provide direct grants (and a possible grant announcement) for security assessments some time in the near future, but have not provided us with a date. While to some degree we are persuaded by this new analysis, we wanted to seek your guidance before we agreed to remove this from our set of priorities.

 Maureen T. Shea

10/29/98 02:24:48 PM

Record Type: Record

To: See the distribution list at the bottom of this message

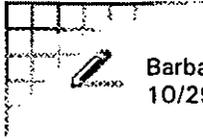
cc: Robin Leeds/WHO/EOP, Tania I. Lopez/WHO/EOP, Kelley L. O'Dell/WHO/EOP, Sondra L. Seba/WHO/EOP

Subject: Reno meeting

Fund for a Feminist Majority, National Abortion Federation, NOW Legal Defense, and Planned Parenthood met with Attorney General Reno and her staff yesterday about clinic violence. Marylynn Buckham, the director from Dr. Slepian's clinic, also attended the meeting. Susan Dudley from NAF reports that it was an excellent meeting. Reno asked her staff to look into the program changes they suggested and the budget implications and to report back to her promptly. She promised the groups a follow-up meeting, as soon as she gets her staff recommendations.

Message Sent To:

Ann F. Lewis/WHO/EOP
Minyon Moore/WHO/EOP
Maria Echaveste/WHO/EOP
Elena Kagan/OPD/EOP
Michelle Peterson/WHO/EOP
Sylvia M. Mathews/OMB/EOP



Barbara D. Woolley
10/29/98 02:04:49 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc: Jocelyn A. Bucaro/WHO/EOP
Subject: Physician Groups - Meeting w/ Eric Holder - Clinic Violence

Wanted to let you know the medical community (AMA, family physicians, emergency physicians and ACOG) are trying to get a meeting with Justice and FBI to talk about the Web Site that targets physicians and their spouses and families. There is great anxiety about this web site. Also, they are encouraging their state medical societies to meet with the state law enforcement officials on this issue.

Message Sent To:

Jennifer L. Klein/OPD/EOP
Ann F. Lewis/WHO/EOP
Minyon Moore/WHO/EOP .
Maureen T. Shea/WHO/EOP
Elena Kagan/OPD/EOP

Abuse-clinic violence

THE WHITE HOUSE

TO: MANIA ECHAVESTE
Ann Lewis
Joe Lockhart
Amy Weiss
Beverly Barnes
Jen Palmieri
Elena Kagen

From: Jon Jennings

Subject: FACE

Additional info on
the AG's announcement.

Remarks of Attorney General Janet Reno
on the National Clinic Violence Task Force

Good afternoon.

Last month, Americans everywhere were outraged over the death of Dr. Barnett Slepian. While standing in his kitchen in Amherst, New York, Dr. Slepian was shot by a high-powered rifle fired through his window.

Sadly, this was not the first such shooting. There were others. And it was just one more act of violence in a series of savage attacks against providers of reproductive health care.

- Over the summer, about 20 clinics in Florida, Louisiana and Texas were

splashed with acid.

- This fall, two clinics in North Carolina were the victims of arson and attempted bombings.
- And just last week, clinics in Indiana, Tennessee, Kansas and Kentucky were sent letters claiming to contain anthrax.

These attacks and others seek to undermine a woman's basic constitutional right -- the right to reproductive health care. And while some people may oppose that right, no one should ever use violence to impede it.

Since I became Attorney General, I have been very concerned about this issue. That's why in 1994, I established a task force to investigate whether a national conspiracy existed. While that task force developed several successful criminal cases, it did not develop sufficient evidence to prosecute a national conspiracy.

Two years later, the efforts of the task force were taken over by the Civil Rights Division, which continued the work of prosecuting clinic violence cases. In addition, local working groups were set up by U.S. Attorneys across the country.

To date, these efforts have helped. Since 1994, when President Clinton signed the law that protects clinics, we have brought 27 criminal cases and 17 civil cases.

But, in light of the recent increase in clinic violence, we are taking new steps.

Today I am announcing the creation of the National Task Force Against Health Care Providers. It's mission is very important.

- First, it will lead a national investigative effort, focusing on connections that may exist between individuals engaged in these acts.

- Second, it will assist local officials in the investigation and prosecution of clinic violence.
- Third, it will identify at-risk clinics and develop ways to make those clinics more secure.
- Fourth, it will establish a centralized national database for all information on clinic violence.
- Fifth, it will assist the many working groups already at work across the country; and,

- Sixth, it will oversee a program to train law enforcement on the best ways to handle clinic cases. Two training sessions are already scheduled for December.

As part of our stepped up effort, today I have also directed all U.S. Attorneys to convene their local working groups to assess the security needs of clinics in their communities.

The National Clinic Violence Task Force will be led by the head of the Civil Rights Division -- Bill Lann Lee. It will be staffed by attorneys from the Civil Rights and Criminal Divisions, as well as agents from the FBI, ATF, U.S. Marshals Service and U.S. Postal Service.

And, it will work closely with state and local officials in deciding how best to proceed with each incident. Treasury Secretary Robert Rubin will be represented on the Task Force by Assistant Secretary Elizabeth Bresee (Bruh-zee), and Mr. Lee will consult with her concerning his oversight of the task force.

Today, I am also announcing a reward of \$500,000 for information leading to the arrest and conviction of the person or persons responsible for the murder of Dr. Slepian.

Anyone with information or tips in the Dr. Slepian shooting should call 1-800-281-1184.

One thing must be clear: there is no excuse for violence. And working together with state and local law enforcement, we will do everything we can to prevent it.

I now would like to introduce the Deputy Director of the FBI -- Robert Bryant.

Thank you.

National Task Force Q&A's (Internal)

General:

- Q: Why is there such a need for this task force? Aren't you already investigating the recent incidents, like the Dr. Slepian shooting?
- A: Yes we are -- local, state and federal officials are working with the Canadians to solve this heinous crime. But that shooting, together with other recent acts of violence across the country, confirms the need for a coordinated national approach.
- Although we have been vigorously pursuing individual cases, we need a centralized location that will collect and analyze information about clinic violence across the country. And we need to focus on connections that may exist between individuals involved in criminal conduct. That's why we've created this National Task Force.
- Q: If there is such a need, then why did you disband the 1994 task force?
- A: The earlier effort was designed to investigate whether a national conspiracy existed to commit acts of anti-abortion violence. Although it developed several successful cases, it did not establish sufficient evidence to prove a national conspiracy. Now, in light of increased incidents of clinic violence, it is clear that there is a need for a new effort. [Note: In fact, the earlier effort generated much information that could be relevant to the current investigations.]
- Q: So what have you been doing since that task force shut down?
- A: The Civil Rights Division has been aggressively investigating and prosecuting individual cases, together with the local working groups that were established by U.S. Attorneys across the country. In fact, the Department has brought 27 criminal and 17 civil cases since the President signed the Freedom of Access to Clinic Entrances Act.
- Q: Will this task force investigate whether a national conspiracy exists?
- A: Yes.
- Q: Then how is this one different from the last one?
- A: It is similar but it has a broader mandate, namely to assist local authorities in communities across the country through training programs and a central database of information.

Q: Is the creation of a task force just proof that you feel there's a conspiracy? Otherwise, why not just continue handling each case on a case-by-case basis?

A: By looking at possible connections between individuals involved in various incidents, we may be able to help investigators in one part of the country with investigative tactics and information that were used successfully in another part of the country. We need a coordinated law enforcement response that includes collecting and processing leads pertaining to clinic violence from across the U.S. and Canada, as well as systematically analyzing nationwide trends in clinic violence.

Q: Isn't this announcement due to interest group pressure? A pay-back to the groups for staying quiet in the Monica matter?

A: No. This is a necessary and appropriate response to an important and pressing law enforcement need -- nothing more, nothing less.

Q: So will every case now be handled by the feds?

A: No. We will work together with state and local officials to decide how best to proceed in each case. It's a case-by-case decision based on resources, available punishment, and experience.

Q: Will this task force have offices?

A: Yes. [Note: We are looking for locations.]

Q: How many people will be on it?

A: In addition to the existing working groups around the country, there will be a staff of about 10 people committed to this effort here in Washington -- including attorneys and investigators from the FBI, AT and Marshals Service.

Other Acts of Violence:

Q: What other acts of violence have there been?

A: Over the past few years, there were four other shootings in western New York and Canada. Between May and July, about 20 health care clinics in three states were splattered with acid and two clinics in North Carolina suffered arson and attempted bombings. And, just last weekend, letters were sent to clinics falsely claiming to contain anthrax. [Note: Hoax bomb devices were sent to clinics in Birmingham and Milwaukee -- but these have not become public to our knowledge.]

Slepian Shooting:

Q: What can you tell us about the progress of the investigation into the Slepian case?

A: I would not comment. It is an ongoing investigation.

Q: Are you handling the Buffalo shooting from Washington?

A: No. As in many cases, that matter will be handled locally - and the task force will gather any leads and evidence for its database in Washington. Both the U.S. Attorneys office and the Civil Rights Division will assist in this investigation.

Marshals Protection:

Q: Will you be sending Marshals out to clinics around the country again?

A: No. The task force will identify at risk clinics to see what assistance the Marshals Service can provide. In addition, I have asked every local working group to review the clinics in their areas.

Q: Are you providing protection to the doctors who are listed on the internet hit list?

A: We would not comment on the security measures we are taking, except to say we are taking all steps we deem appropriate.

FACE issues:

Q: Can you prosecute the creators of the internet list, under FACE?

A: We would not comment.

Q: How many cases have you brought against those who engage in abortion-related violence?

A: Since FACE was signed by President Clinton in 1994, we have brought 27 criminal cases and 17 civil cases.

Prosecuting Violence Against Health Care Providers

- In 1994, a man was convicted and sentenced to life without parole for fatally shooting a doctor and his escort outside a clinic in Florida. Another escort was wounded. In the state case, the man received the death penalty.
- In 1994, six individuals were convicted for blockading a clinic in Milwaukee. They were fined and sentenced up to 6 months. The Seventh Circuit affirmed the conviction.
- In 1994, two defendants were convicted of violation the Hobbs Act and conspiracy in connection with two acid attacks on clinics in Syracuse. They were sentenced up to 41 months in prison and one was ordered to pay \$52,000 in restitution.
- In 1995, a man, who was mentally unstable, received pre-trial diversion, after threatening to kill a doctor during a telephone call to a TV reporter in Huntsville, Alabama.
- In 1995, two individuals were convicted of blocking a West Palm Beach clinic by chaining themselves to the main entrance. The Eleventh Circuit affirmed the conviction.
- In 1995, a jury found two individuals guilty of blocking a clinic in Wichita. Each was sentenced to 6 months in prison and one year of supervised release. They were also ordered to pay restitution to the clinic and local fire department.
- In 1995, a man was convicted for throwing a bottle through the window of a car driven by a doctor attempting to enter a clinic in Houston. He was sentenced to one year in prison and one year of supervised release, and ordered to pay restitution to the doctor for damage to the car. The Fifth Circuit affirmed the conviction.
- In 1995, a defendant pled guilty to telephoning a bomb threat to a clinic in Indianapolis and was sentenced to two years probation and ordered to perform 100 hours of community service.
- In 1995, a defendant pled guilty to making a series of threatening phone calls to a clinic in Yakima, Washington, that counsels women against abortion. He was sentenced to five years probation, 30 days home detention, 10 weekends of confinement, and mandatory substance abuse treatment.
- In 1995, a defendant pled guilty to making threatening calls to numerous clinics, and was sentenced to five years probation with mandatory psychological treatment.
- In 1995, an inmate in Wisconsin was sentenced to 63 months in prison – to be served consecutively to an unrelated sentence – for sending threatening letters to the President

and to two doctors who perform reproductive health care services. No FACE charge was brought.

- In 1996, a defendant was sentenced to 176 months in prison for, among other things, soliciting another person to violate the FACE Act by asking the person to assist him in killing abortion providers and burning clinics. The Seventh Circuit affirmed the conviction.
- In 1996, a defendant was sentenced to 58 months in prison after pleading guilty to, among other things, committing arson at a clinic in Grants Pass, Oregon.
- In 1996, a woman was convicted for mailing a death threat to a doctor in Milwaukee who performed abortions. She was sentenced to 46 months in prison to be followed by three years supervised release. No FACE charge was included.
- In 1996, a defendant was sentenced to 30 months in prison after pleading guilty to chaining shut the doors to a New Mexico clinic, and thereafter setting fire to the clinic.
- In 1996, eleven defendants were convicted under FACE for blocking three entrances to clinics in western New York. They were sentenced to varying terms, no more than four months. All were ordered to pay restitution for the damage to the clinic doors. An appeal has been filed.
- In 1997, a defendant pled guilty to attempting to destroy a clinic in Bakersfield, California by use of fire and an explosive. The defendant was sentenced to 15 years in prison to be followed by three years of supervised release with the condition that he remain at least 250 feet from any clinic. He was also ordered to pay more than \$16,000 in restitution to the clinic. No FACE charge was included.
- In 1997, a defendant was convicted for attempting to burn a building housing a reproductive health care provider. The defendant was sentenced to 15 years in prison to be followed by three years of supervised release. No FACE charge was included.
- In 1997, two individuals were sentenced to varying terms up to 30 months in prison, ordered to serve three years of supervised release and instructed to pay more than \$1,000 in restitution. The two had pled guilty to conspiring to commit two arsons at clinics in the Newport News/Norfolk area. No FACE charge was included.
- In 1997, a defendant was sentenced to 27 months and two years supervised release after pleading guilty to making threatening telephone calls to clinics in Worcester and Brookline.
- In 1997, two defendants were convicted of FACE charges after positioning themselves inside vehicles and blocking the entrances to a Milwaukee clinic. The two were

sentenced to four and 24 months, each were ordered to serve three years of supervised release, and each was fined \$3,000 and ordered to pay restitution to the city.

- In 1997, a defendant pled guilty to setting a fire at a clinic in Falls Church, Virginia. The defendant was sentenced to 10 years in prison to be followed by two years supervised release. No FACE charge was included.
- In 1997, a defendant pled guilty to setting fires at two California clinics on the same date in 1994. The defendant was sentenced to 81 months in prison to be followed by three years supervised release with the condition that he remain 150 yards from clinics. He was also ordered to pay more than \$3,000 in restitution to the two clinics. The defendant did not plead to the FACE violation.
- In 1997, a defendant was charged with making a threatening telephone call, including a bomb threat, to a Jackson, Mississippi clinic, and later that same day, making a threatening telephone call to an officer with the Jackson Police Department. No FACE charge was included.
- In 1998, six individuals were found guilty of physically obstructing a second clinic in Milwaukee. The trial court originally dismissed the FACE charge. Then, after the Seventh Circuit reversed, it held a trial.
- In 1998, a defendant pled guilty to entering a clinic in Oklahoma and attacking the clinic's only doctor by striking him with his fists and kicking him. Prior to entering the clinic, the defendant had been protesting outside the building. He was sentenced to three months in prison to be followed by three years supervised release with a special condition of 90 days home detention and he was ordered to pay \$700 in restitution for medical expenses to the victim.
- In 1998, a defendant was convicted of two FACE Act violations for abandoning two Ryder trucks in front of a Little Rock clinic to try to threaten the clinics' staff. Each truck obstructed vehicular access to the clinics' parking areas. Several businesses and residences near the clinics were evacuated for several hours while bomb and arson experts investigated the trucks.

Abortion-clinic violence

THE WHITE HOUSE

TO: MANIA ECHAVESTE
ANN LEWIS
JOE LOCKHART
AMY WEISS
BEVERLY BARWES
JEW PALMIERI
ELENA KAGEN

FROM: JON JENNINGS

SUBJECT: FACE

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- In 1995, two individuals were convicted of blocking a West Palm Beach clinic by chaining themselves to the main entrance. The Eleventh Circuit affirmed the conviction.
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- In 1995, a defendant pled guilty to making threatening calls to numerous clinics, and was sentenced to five years probation with mandatory psychological treatment.
- In 1995, an inmate in Wisconsin was sentenced to 63 months in prison – to be served consecutively to an unrelated sentence – for sending threatening letters to the President

and to two doctors who perform reproductive health care services. No FACE charge was brought.

- In 1996, a defendant was sentenced to 176 months in prison for, among other things, soliciting another person to violate the FACE Act by asking the person to assist him in killing abortion providers and burning clinics. The Seventh Circuit affirmed the conviction.
- In 1996, a defendant was sentenced to 58 months in prison after pleading guilty to, among other things, committing arson at a clinic in Grants Pass, Oregon.
- In 1996, a woman was convicted for mailing a death threat to a doctor in Milwaukee who performed abortions. She was sentenced to 46 months in prison to be followed by three years supervised release. No FACE charge was included.
- In 1996, a defendant was sentenced to 30 months in prison after pleading guilty to chaining shut the doors to a New Mexico clinic, and thereafter setting fire to the clinic.
- In 1996, eleven defendants were convicted under FACE for blocking three entrances to clinics in western New York. They were sentenced to varying terms, no more than four months. All were ordered to pay restitution for the damage to the clinic doors. An appeal has been filed.
- In 1997, a defendant pled guilty to attempting to destroy a clinic in Bakersfield, California by use of fire and an explosive. The defendant was sentenced to 15 years in prison to be followed by three years of supervised release with the condition that he remain at least 250 feet from any clinic. He was also ordered to pay more than \$16,000 in restitution to the clinic. No FACE charge was included.
- In 1997, a defendant was convicted for attempting to burn a building housing a reproductive health care provider. The defendant was sentenced to 15 years in prison to be followed by three years of supervised release. No FACE charge was included.
- In 1997, two individuals were sentenced to varying terms up to 30 months in prison, ordered to serve three years of supervised release and instructed to pay more than \$1,000 in restitution. The two had pled guilty to conspiring to commit two arsons at clinics in the Newport News/Norfolk area. No FACE charge was included.
- In 1997, a defendant was sentenced to 27 months and two years supervised release after pleading guilty to making threatening telephone calls to clinics in Worcester and Brookline.
- In 1997, two defendants were convicted of FACE charges after positioning themselves inside vehicles and blocking the entrances to a Milwaukee clinic. The two were

sentenced to four and 24 months, each were ordered to serve three years of supervised release, and each was fined \$3,000 and ordered to pay restitution to the city.

- In 1997, a defendant pled guilty to setting a fire at a clinic in Falls Church, Virginia. The defendant was sentenced to 10 years in prison to be followed by two years supervised release. No FACE charge was included.
- In 1997, a defendant pled guilty to setting fires at two California clinics on the same date in 1994. The defendant was sentenced to 81 months in prison to be followed by three years supervised release with the condition that he remain 150 yards from clinics. He was also ordered to pay more than \$3,000 in restitution to the two clinics. The defendant did not plead to the FACE violation.
- In 1997, a defendant was charged with making a threatening telephone call, including a bomb threat, to a Jackson, Mississippi clinic, and later that same day, making a threatening telephone call to an officer with the Jackson Police Department. No FACE charge was included.
- In 1998, six individuals were found guilty of physically obstructing a second clinic in Milwaukee. The trial court originally dismissed the FACE charge. Then, after the Seventh Circuit reversed, it held a trial.
- In 1998, a defendant pled guilty to entering a clinic in Oklahoma and attacking the clinic's only doctor by striking him with his fists and kicking him. Prior to entering the clinic, the defendant had been protesting outside the building. He was sentenced to three months in prison to be followed by three years supervised release with a special condition of 90 days home detention and he was ordered to pay \$700 in restitution for medical expenses to the victim.
- In 1998, a defendant was convicted of two FACE Act violations for abandoning two Ryder trucks in front of a Little Rock clinic to try to threaten the clinics' staff. Each truck obstructed vehicular access to the clinics' parking areas. Several businesses and residences near the clinics were evacuated for several hours while bomb and arson experts investigated the trucks.



Department of Justice

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MONDAY, NOVEMBER 9, 1998
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ATTORNEY GENERAL RENO CREATES TASK FORCE TO COMBAT CLINIC VIOLENCE

Reno Announces \$500,00 Reward in Fatal Shooting of Dr. Slepian

WASHINGTON, D.C. -- Attorney General Janet Reno today established a national task force to coordinate the investigation of violence against women's health care clinics nationwide.

The National Clinic Violence Task Force will coordinate national investigative efforts, establish a central location for all information related to clinic violence, identify at-risk clinics and develop ways to make those clinics more secure, and enhance law enforcement training. It will also work closely with local authorities investigating acts of violence against clinics.

As part of the national effort, Reno also directed every U.S. Attorney to convene a meeting of their already-existing local working groups to discuss efforts that may need to be taken within their communities.

"The recent attacks on health care providers confirm the need for a coordinated investigative approach," said Reno, noting the recent violence directed at health care providers, including the fatal shooting of Dr. Barnett Slepian two weeks ago. "Every woman has the constitutional right to reproductive health care, and no one should ever be able to impede that right through violence."

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The task force will investigate violence against health care providers, focusing on any connections that may exist between individuals engaged in criminal conduct.

The task force, which will report to Bill Lann Lee, the Acting Assistant Attorney General for Civil Rights, will be staffed by attorneys from the Civil Rights and Criminal Divisions. It will also be comprised of law enforcement personnel from the FBI, the Bureau of Alcohol, Tobacco, and Firearms (ATF), and the U.S. Marshals Service.

Today's announcement follows the October 23, murder of Dr. Slepian, who was fatally shot in the kitchen of his Amherst, New York home. The Dr. Slepian shooting followed four non-fatal shootings that took place in western New York and Canada over the last four years, including shootings in Vancouver, British Columbia in November 1994; Ancaster, Ontario (near Buffalo) in November 1995; Rochester, New York in October 1997; and, Winnipeg, Manitoba (near Rochester) in November 1997.

In each of the shootings, the victim was a physician who performed abortions, the assailant used a similar weapon, and the victim was shot through a window while at home. On Wednesday, a warrant was issued for the arrest of an individual whom the Justice Department considers a material witness in the case.

In addition, Reno today also announced that the Justice Department is offering up to \$500,000 for information leading to the arrest and conviction of the person or persons responsible for the fatal shooting.

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Since at least January 1998, a joint Canadian-American Task Force, named "Project Equality," has been investigating the four non-fatal shootings.

In addition to the shootings, between May and July of this year, about 20 health care clinics in three states were splattered with isobutyric acid, and two clinics in the Fayetteville, North Carolina area were the victims of arsons and attempted bombings. Just last weekend, clinics in Indiana, Tennessee and Kentucky received letters that falsely claimed to contain anthrax.

Investigations into these incidents are being conducted by the FBI, the ATF, and state and local law enforcement, either individually or by joint federal/state task forces.

In 1994, a similar task force was established to investigate whether a national conspiracy existed. While it developed several successful criminal cases, it did not develop sufficient evidence upon which to prosecute a national conspiracy. In 1996, the task force was phased out and the Civil Rights Division continued the work of prosecuting clinic violence cases. In addition, local working groups, that were created and lead by U.S. Attorneys, remained in tact.

Since 1994, when President Clinton signed the Freedom of Access to Clinic Entrances Act (FACE), the Justice Department has brought 27 criminal cases and 17 civil cases.

The new task force will establish a centralized clearinghouse of information pertaining to clinic violence and

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create a structure by which prosecutors can analyze and investigate nationwide trends in clinic violence.

In addition, today's task force will:

- assist local officials in the investigation and prosecution of clinic violence;
- coordinate our national investigative efforts, focusing on connections that may exist between individuals involved in criminal conduct;
- make security recommendations to enhance the safety and protection of providers;
- assist the work of the U.S. Attorneys' local working groups on clinic violence;
- coordinate the training of federal, state, and local law enforcement agencies on clinic-related violence; and,
- coordinate the federal civil investigation and litigation of abortion-related violence.

"No amount of effort could ever stop every individual intent on perpetrating violence," added Reno. "But this Administration will take all appropriate measures to reduce the risk and prosecute those who engage in violence."

Individuals who have information about the shooting of Dr. Slepian should call 1-800-281-1184.

#

Dr. Bill Harrison

Abortion-clinic violence

*To Elena Kagan
Fitz-U's an old
friend of mine*

6/29/96

Anti-Abortion Violence

Be

From January, 1973 through 1983 there was a ten year total of 12 instances of major violence involving clinics offering abortions. In the banner year of 1984 there were 30 incidents of major violence. In 1984 Ronald Reagan became the first president to concern himself with abortion in a State of the Union Address. And at a Washington, DC Pro-Life rally in January, 1984 he indicated that he would consider pardoning those convicted of violence aimed at abortion providers and facilities. In his 1985 State of the Union Address, President Reagan condemned anti-abortion violence and the occasions of major violence fell to "only" 24 for that year.

Most Americans are only dimly aware of events like the 9 a.m. Friday morning bombing of an Atlanta abortion clinic, which was carried on the national news for several days, or (in my case) the nearer-home three attacks on a Tulsa clinic, all of which occurred in January of this year, and we assume that the rate of anti-abortion violence has fallen. It is interesting to note that the level of anti-abortion violence through May of this year is at its highest since 1984. For those of you who don't keep up with this sort of thing, let's list them.

Jan 1, 1997, a Tulsa clinic was firebombed.

Jan 16, 1997, the Atlanta clinic bombing.

Jan 19, 1997, the same Tulsa clinic was again bombed.

Feb 2, 1997, the Tulsa clinic was vandalized and equipment destroyed. A 15 year-old suspect was caught and has been convicted of all three attacks.

Feb 18, 1997, a Falls Church, Va clinic was vandalized and set afire.

Mar 6, 1997, a North Carolina clinic was set afire.

Mar 7, 1997, a North Hollywood, Calif clinic was firebombed.

Mar 17, 1997, a Bakersfield, Calif clinic was attacked by a man with a truck bomb composed of 13 gasoline cans and three propane tanks. The truck was driven inside the clinic and set on fire; its contents were extinguished before exploding.

Mar 27, 1997, a Portland, Or clinic was set afire.

Apr 2, 1997, a Bozeman, Mont clinic was set afire.

May 7, 1997, a Yakima, Wash clinic was set afire.

In November and December of 1996 a Hannibal, Mo clinic was set afire, a Phoenix, Ariz clinic was set afire three times, and a New Orleans, Louisiana physician was stabbed repeatedly at his clinic. A few hours later his assailant was arrested at a Baton Rouge clinic while lying in wait to attack a second physician. (This being Louisiana, the authorities charged the assailant with burglary.) All this puts us on course to exceed the violence of 1985 and possibly that of 1984. Of course, in 1997 there have not yet been any murders of physicians and clinic personnel (no fault of the Louisiana "burglar"), but given our recent history, does anyone doubt that it is only a matter of time until murder

occurs again?

What accounts for the sudden increase in anti-abortion violence at this time?

Seething anti-abortion rhetoric, with its images of "partial birth abortions" and doctors who perform them being responsible for the murder of millions of babies, as advanced by both militant anti-abortion activists and by politicians, has again made physicians, clinic personnel and abortion facilities fair game for the emotionally unstable and mentally immature members of the far right. The Tulsa bomber was a 15 year old boy, aided and abetted by his parents. The Atlanta bombers were apparently members of a violent group calling itself "the Army of God."

In 1985, my office was firebombed by a 14 year-old boy who had just been shown The Silent Scream at a church function where my clinic was specifically targeted as "that place where they murder babies." Since then I have paid elaborate attention to the words and activities of anti-abortion militants. It is an undeniable fact that *when the fiery rhetoric of anti-abortion activists--even of those who truly deplore the violence directed at abortion providers--is combined with covert or overt support from elected officials and law enforcement personnel, this serves to reinforce the increasingly violent behavior of the more unstable members of the anti-abortion community.*

The Louisiana legislature has just passed one of the most egregiously unfair malpractice laws ever foisted upon the public, in the name of ensuring the safety of women undergoing abortion in that state. I predict that this will have two effects:

1. There will be a second attempt at the murder of one or more Louisiana abortion provider(s) within the next eighteen months--assuming that such persons still exist after this week.
2. The number of injuries and deaths related to illegal abortions in Louisiana will increase remarkably unless the Courts act immediately to overturn this law.

No community is immune to acts of violence. But the silence of physicians, ministers, nurses, teachers, lawyers, columnists and others who can speak with some authority on the issue, only encourages increasingly shrill, violence-promoting rhetoric from the other side and makes more intense anti-abortion violence inevitable.

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Recent attacks on facilities that provide reproductive health services are acts of domestic terrorism. We have aggressively enforced the law against those who use violence to deny others their constitutional rights and we will continue to do so.

In May 1994, President Clinton signed the Freedom of Access to Clinic Entrances Act. Since that time, the Federal government, working in partnership with state and local law enforcement and private security, has undertaken an extraordinary effort to protect women exercising their constitutional right to choose, as well as those who provide reproductive health services. We have prosecuted 15 individuals under FACE, and we are currently investigating the recent incidents in Atlanta, Tulsa, and this morning right here outside this hotel.

The United States Marshal Service has contacted every clinic in the country to advise providers how to enhance safety and security for themselves and their patients. The Marshals also have developed a system for assessing threats against clinics and have provided security at particular clinics where a credible threat of violence existed. They have been on particular alert during this anniversary of Roe v. Wade.

In addition, every United States Attorney has pulled together a task force of federal and local law enforcement officials to assess the security of clinics in their districts and to ensure a fully coordinated response to any incident of violence. And the Department of Justice, together with the ATF and FBI have devoted considerable investigative and prosecutive resources to identify and punish individuals who use force or threats of force to interfere with the right to choose. ~~Since FACE was enacted we have prosecuted 25~~

At the same time, security at clinics, like security at other businesses or professional offices, is, in the first instance, the responsibility of local law enforcement officials. Providers must also take reasonable security measures. But we will not back away from our commitment in this area and the Marshal Service will be utilized when necessary.

Although this response has led to a decrease in violence over the last two years, three recent incidents unfortunately have marred this picture of progress. Recent incidents in Atlanta, Tulsa and today outside this hotel demonstrate that we cannot relax in our commitment to provide security for women exercising their constitutional rights. Whatever people's views may be on abortion, we must stand united in condemning those who oppose it with violence. The rule of law allows for nothing less.



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01/22/97 11:17:00 AM

Record Type: Record

To: Elena Kagan

cc:

Subject: Abortion Clinic Violence

In conjunction with the on-going Federal investigations of the D.C., Atlanta, and Tulsa bombings, President Clinton has directed the Attorney General to conduct a nation-wide security assessment of reproductive health clinics through each United States Attorney's office and based on that assessment determine:

- * the need for additional U.S. Marshals manpower and resources for the security of clinics and other Justice Department resources; and
- * Report back to the President in 15 days.

In the Attorney General's response to the President, she can dedicate \$5 million out of her existing Working Capitol Fund to the U.S. Marshals to provide additional security at clinics. This amount is equal to the amount that was spent in FY 95, which was the high mark for the FACE program. In addition, the FY 98 budget submission to Congress can include language indicating that the Civil Rights Division and the U.S. Marshals Service will be seeking additional funds for their clinic violence programs.

*magnitude of service?
location?*

Dennis Burke

Heightened sec through
Marsh. Serv -
around FBI
little by little -
stopped spending
resources.

Pres has asked AG
to have marshals
serv ↑ security.

FACES
program

94 2.4 m

95 5.5 m

96 2.6 m

97

what are we
sending up? - 98
next week

some rhetoric
here -
intent to ↑ resources
in face Ent.

"threat assessment"

Indicate more resources
to US marshals
to ↑ security

Budget line - US Marshals??

This fiscal yr -
why capital bud -

Report from AG
in 10 days re
↑ security / surveillance / investigation

ISSUE: ABORTION CLINIC VIOLENCE

TALKING POINTS:

- The Department has moved aggressively to combat this form of violence.
- We worked for enactment of the Freedom of Access to Clinic Entrances Act ("FACE"). The Civil Rights Division, working with the U.S. Attorneys, has enforced that Act vigorously.
- We formed a task force consisting of attorneys from the Criminal and Civil Rights Divisions, and representatives of the FBI, USMS and ATF. That task force is investigating acts of violence against providers of abortions and, particularly, whether there are links between those acts.
- I ordered each U.S. Attorney to form a task force consisting of members of their offices, local FBI, USMS and ATF officials and local law enforcement to provide for the security needs of reproductive health service providers in their areas.
- We have assigned U.S. Marshals on a limited basis to provide security for providers where there was an extraordinary threat and private and local security measures might have proven inadequate.

BACKGROUND

Our efforts to combat abortion clinic violence have been well-received by many members of Congress. Opponents have been less vocal recently.

The continuing concern is that we not stifle legitimate First Amendment expression and we have taken great care to investigate and prosecute only conduct that is associated with violence, threats of violence or physical obstruction of facilities. None of this conduct is protected by the First Amendment.