Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. paper	re: Security Estimates (2 pages)	11/24/1998	b(7)(E)
002. email	Deborah Baker to Neera Tanden re: SSNs and DOBs [partial] (2 pages)	11/18/1998	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 19575

FOLDER TITLE:
Abortion Safety

2013-0436-S
rc1223

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Q&A's on Clinic Security Funding and Family Planning
January 22, 1999

Q. What is the Administration proposing to do to prevent violence at abortion clinics?

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 that are 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

Q AND A ON CLINIC SECURITY FUNDING
January 14, 1999

Q. How would the Administration's proposed clinic security funding have addressed the clinic bombing in North Carolina that took place over the weekend?

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. The clinic in North Carolina has received threats in the past, and therefore could be determined to be at high risk of violence, enabling it to receive funds for security improvements.

This clinic safety proposal builds on the Justice Department's National Task Force on Violence Against Health Care Providers, which coordinates 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. The Task Force will also investigate this recent bombing in North Carolina to fully determine its connection to past attacks on clinics.

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, will serve as an advisor to the project.

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. This is about hate-inspired violence and the efforts of some extremists to interfere with a woman's right to seek legal health services. 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.

Q. **What else are the Vice President and First Lady announcing today at their meeting with the women's groups?**

A. They are unveiling several new initiatives in the President's FY 2000 budget, including the largest increase in family planning services in 15 years, a $25 million contribution to the UN Population Fund, and the continuation of our effort to ensure that Federal employees have access to comprehensive family planning services.

Q AND A ON CLINIC SECURITY FUNDING AND FAMILY PLANNING
January 22, 1999

Q. What is the Administration proposing to do to prevent violence at abortion clinics?

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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, will serve as an advisor to the project.

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THE WHITE HOUSE
WASHINGTON

OFFICE OF THE FIRST LADY

TO Judy Havemann

FROM Jennifer Klein

FAX # 496-3936

PHONE #

OF PAGES (including cover)

COMMENTS

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 will 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. Initial estimates suggest that $4.5 million will address security review and improvement needs for approximately 250-300 clinics (approximately 10% of all clinics nationwide).

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, given its expertise on clinic violence, will serve as an advisor in the administration of these funds.

Largest increase in Family Planning Grants in 15 Years. The President's FY 2000 budget proposal will call for an increase of $25 million in Title X Family Planning grants, which helps provide women with vital services, including contraception, pregnancy testing, STD screening and treatment. This proposed increase would bring total Title X funding to $240 million -- a 12% increase over last year. The President' proposed $25 million increase is the largest request in fifteen years, and would cap a 60% increase in Title X since 1992.

U.S. Department of ...

Civil Rights Division

Office of the Assistant Attorney General

P.O. Box 65808
Washington, D.C. 20035-5808

Telephone (202) 514-2151

TELEFACSIMILE COVER SHEET

DATE: 1/19/99

TO: Neera Tanden

PHONE:

FAX: 456 2878

FROM: Helen Norton

OFFICE OF THE ASSISTANT ATTORNEY GENERAL
CIVIL RIGHTS DIVISION
FAX NUMBER: 202-307-2839
PHONE:

COMMENTS:

NUMBER OF PAGES TRANSMITTED (INCLUDING THIS SHEET) 8

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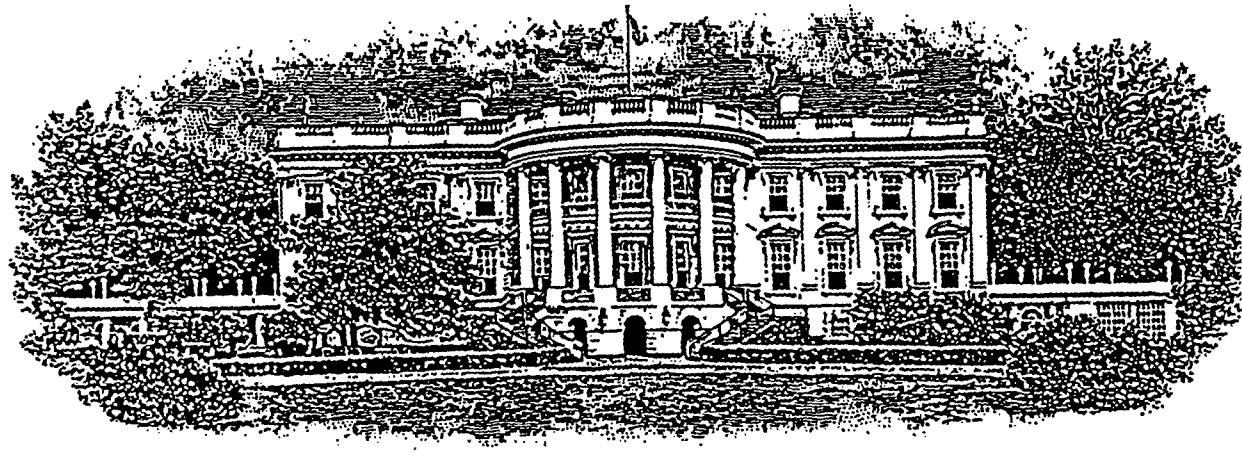
The White House

DOMESTIC POLICY COUNCIL



FAX COVER SHEET

To: Laura Schiller

Phone: _____ **Fax No:** 65709

****

From: Nina

Phone: 6625

Comments: Nine Clinic violence materials.

1997 NATIONAL CLINIC VIOLENCE SURVEY REPORT
A FIVE YEAR ANALYSIS OF ANTI-ABORTION VIOLENCE TRENDS

KEY FINDINGS

* **Severe violence still plagues about 25% of clinics – only a slight drop from the level of violence in 1996.** In the first seven months of 1997, 24.8% of clinics experienced one or more forms of severe violence, for a decline of only 2.8 points from 1996. These forms of severe violence included blockades, invasions, bomb threats and bombings, arson threats and arsons, chemical attacks, death threats, and stalking. Violence levels were 27.6% for the same time period in 1996. But the level of violence at clinics in 1996 and 1997 is down sharply from its high mark of 51.9% in 1994.

* **Anti-abortion violence is becoming more concentrated among a small number of clinics.** The percentage of clinics experiencing high levels (more than 3 types) of violence, harassment, and intimidation has increased slightly since 1996. The number of facilities reporting high levels of violence rose from 7.1% in 1996 to 8.3% in 1997. This increase, though small, reverses the trend from 1993 to 1996 of a steady decrease in the proportion of clinics reporting high levels of violence -- from a peak of 22% of clinics in 1994, to 14.2% in 1995, and to 7.1% in 1996.

* **The percentage of clinics experiencing no violence, harassment or intimidation has doubled over the last four years.** In 1997, almost two thirds of clinics reported no violence; only one-third of clinics in 1994 were free from violence, harassment, and intimidation.

* **Staff resignations as a result of anti-abortion violence and harassment were up in 1997, reversing the trend toward significant declines in staff resignations in prior years.** While 3.9% of clinics reported staff quitting in 1996, 7.1% in 1997 reported physicians, nurses, counselors, lab technicians and/or administrators leaving as a result clinic violence. One-fourth of clinics in 1993 reported staff resignations as a result of anti-abortion violence.

* **Vandalism and bomb threats at women's health facilities were the most comm forms of violence in 1997.** Of respondents, 22.4% reported various forms of vandal One in ten (12.4%) clinics reported bomb threats.

* **As in previous years, lower levels of violence continued to be associated with better law enforcement response.** Of clinics which reported local law enforcement response as "excellent" in 1997, only 7.5% experienced high levels of violence, compared with 35.7% of clinics which characterized local law enforcement response as "poor."

* **Clinics reported increases in several severe types of violence between 1996 and 1997.** Increases in arson threats to 3.5%, bomb threats to 12.4%, arsons to 1.8% and gunfire to 1.8% occurred for the first time since 1995.

* **The proportion of clinics which reported FACE violations to federal officials climbed to 12.7% in 1997 -- from 7.7% in 1996.** FACE reports reached their highest levels in 1995, when 20% of clinics reported FACE violations to federal officials.

* **Almost one-third of clinics (31%) in 1997 were protected by buffer zones, approximately the same percentage of clinics that had buffer zones in 1996.**

* **As in 1996, free-standing clinics, for-profit clinics, and clinics for which abortion constituted over 75% of their practice were more likely to face severe types of violence.**

* **The majority of clinics (58.7%) were experiencing some form of picketing at their facilities at the time of data collection.**

METHODOLOGY

For the fifth consecutive year, the Feminist Majority Foundation conducted a nationwide survey of anti-abortion violence directed at abortion providers. This longitudinal analysis is the most comprehensive study of anti-abortion violence directed at clinics, patients and health care workers in the United States and its territories over the past 5 years. The survey measures violence, harassment, and intimidation during the first seven months of 1997.

In September, 1997, surveys were mailed to the population of 864 abortion providers in the United States. A reminder mailing followed in mid-October, 1997. Follow-up calls were made between mid-October and mid-December. Three hundred and thirty-nine surveys were returned, producing a response rate of 39.2%. Data were analyzed using SPSS-X (Statistical Package for the Social Sciences) uni-variate and bi-variate techniques.

The sample of 339 clinics in the survey includes clinics and doctors' offices in 49 states and the District of Columbia. (See Appendix A for list of number of surveys completed per state.) The percentage of clinic practice devoted to abortion ranges from less than 5% to over 75%. Facilities in the sample are fairly evenly divided among non-profit (34.2%), for-profit (37.8%) and doctor's offices (27.8%). Clinics were members of the National Abortion Federation, Planned Parenthood Federation of America, the National Women's Health Organization, and the National Coalition of Abortion Providers, and 28.6% respondents were independent and had no national affiliation.

Our survey found that while 50.7% of respondents provide abortion as more than 75% of their practice, almost all abortion providers (95.3%) also provide a variety of gynecological services. Services available at the clinics include contraception (94.1%); emergency contraception (74.3%); prenatal services (21.8%); cancer screening (67%); HIV testing (57.5%); STD testing and treatment (72.6%); vasectomy (19.5%); tubal sterilization (31.9%); services related to menopause (58.7%); and services related to adoption (15.3%).

Medical, non-invasive methods of early abortion were administered at 60 clinics in 1997. A limited number of clinics participating in clinic trials administered mifepristone, known also as RU 486 or the "French abortion pill." Other clinics began to use the cancer drug methotrexate off-label for early abortion. Both drugs are used orally in combination with the prostaglandin, misoprostol. Of the clinics in the survey, 11 administered mifepristone only, 36 methotrexate only, and 13 both mifepristone and methotrexate.

Clinics responding to the survey were assured that their individual responses would remain confidential. Clinics are identified in this report by name or location only if the incidents and consequences of the violence are a matter of public record or if the Feminist Majority Foundation obtained permission to include the details of the incident in this report.

CONCLUSIONS

A FIVE YEAR ASSESSMENT OF ANTI-ABORTION VIOLENCE

The Feminist Majority conducted the first National Clinic Violence Survey in 1993 in the wake of the murder of Dr. David Gunn and the dramatic escalation in the intensity of violence at clinics which we had begun to see in late 1992 and early 1993. In 1994, another doctor was murdered as well as a volunteer clinic escort and two clinic receptionists. Death threats and stalking reached all-time highs. In response to this siege of the nation's women's health clinics, the pro-choice community mobilized heavily, winning passage of the 1994 Freedom of Access to Clinic Entrances Act (FACE) by Congress, working with clinics to heighten security, and working with law enforcement at all levels to ensure vigorous enforcement of FACE and state and local laws.

Throughout the five years of our National Clinic Violence Survey, an unacceptable number of clinics have continued to experience violence. The number of clinics experiencing severe violence, however, has gone from a high of one half of clinics in 1993 to one fourth in 1997. **In 1993 the half of clinics reported experiencing severe violence.** Anti-abortion violence peaked in 1994, with 51.9% of all clinics reporting severe violence. By 1995, this number had dropped to 38.9%, and, by 1996, the level was 27.6%. In its fifth year, the survey reports the lowest number of clinics reporting severe violence -- 24.8% of clinics in 1997.

Disturbingly, the proportion of these extremely besieged clinics increased slightly in 1997, for the first time since 1994. **The pattern is clear. Anti-abortion violence is becoming more concentrated among a small number of clinics, with a segment of clinics subjected to multiple types of severe violence day-in and day-out.** Personnel at these clinics are routinely being threatened, their children stalked, their pets murdered, and their property damaged.

Anti-abortion extremists are waging a national campaign of attrition. This strategy targets one set of clinics and health care workers today. Then, after these clinics perish or the health care workers quit, extremists move on to target another set of clinics. Anti-abortion violence has caused some clinics to close and some clinic staff to quit. Again, the efforts of pro-choice organizations and law enforcement have begun to minimize this outcome. In 1993, 1 in 5 clinics had staff members resign because of clinic violence. Staff quit levels were cut to 1 in 10 in 1994 and 1995, and dropped even further to about 1 in 25 in 1996. We are concerned to see even a slight increase in staff leaving clinics in 1997. Our data have shown consistently that good law enforcement response to clinic violence is key to the retention of clinic staff.

As a result of vigilance on the part of feminist advocates, abortion providers, and law enforcement, anti-abortion violence has significantly diminished in the five-year period of 1993-1997, with an increasing number of clinics reporting no violence. **The percentage of clinics experiencing no violence, harassment, or intimidation has doubled over the past four years. In 1997, almost two-thirds of clinics reported no violence; only one third of clinics in 1994 were free from violence.**

Tougher penalties resulting from FACE and the increased involvement of federal law enforcement officials as a result of FACE has played an important role in reducing threats to the lives of clinic workers. Death threats which were reported by 24.8% of clinics in 1994 were reported by only 5% in 1997. Similarly, in 1994, 17.8% said clinic workers and/or their family members were being stalked by anti-abortion extremists. The percentage of clinics which report stalking also declined to 5% in 1997.

The annual surveys have shown year after year that law enforcement response is absolutely crucial to the reduction of violence. For several years, our survey has reported on the statistically significant correlation between law enforcement response and most types of violence. Law enforcement response is particularly important at the local level. Our data show, and it makes empirical sense, that clinics interact more with local law enforcement than with federal or state authorities. **Since 1995, we have seen improvements in all levels of law enforcement.**

Over the past five years, the survey has documented shifts in anti-abortion strategies of violence, harassment, and intimidation. The most significant shift has been away from blockades and invasions at clinics and towards violent attacks and threats directed at abortion providers. Blockades and invasions have continued to decline, largely in response to passage of FACE as well as effective pro-choice strategies of outnumbering protesters and working with law enforcement to keep clinics open. Between 1993 and 1994 -- a period in which 6 physicians and clinic workers were murdered -- the survey verified the dramatic increase in death threats and stalking, which often have been the precursors to shootings.

Arsons, arson threats, bombings, and bomb threats represent an enduring threat to clinics. In fact, in the wake of the series of anti-abortion bombings in 1997, bomb threats have become one of the most prevalent anti-abortion strategies. In 1997, bomb threats and vandalism were the most common types of violence reported by clinics. The 1997 survey for the first time since 1995 found increases in arson threats, bomb threats, arson, and gunfire. And, these numbers do not even include the clinics bombed or those experiencing arson last year who were unable to participate in the survey.

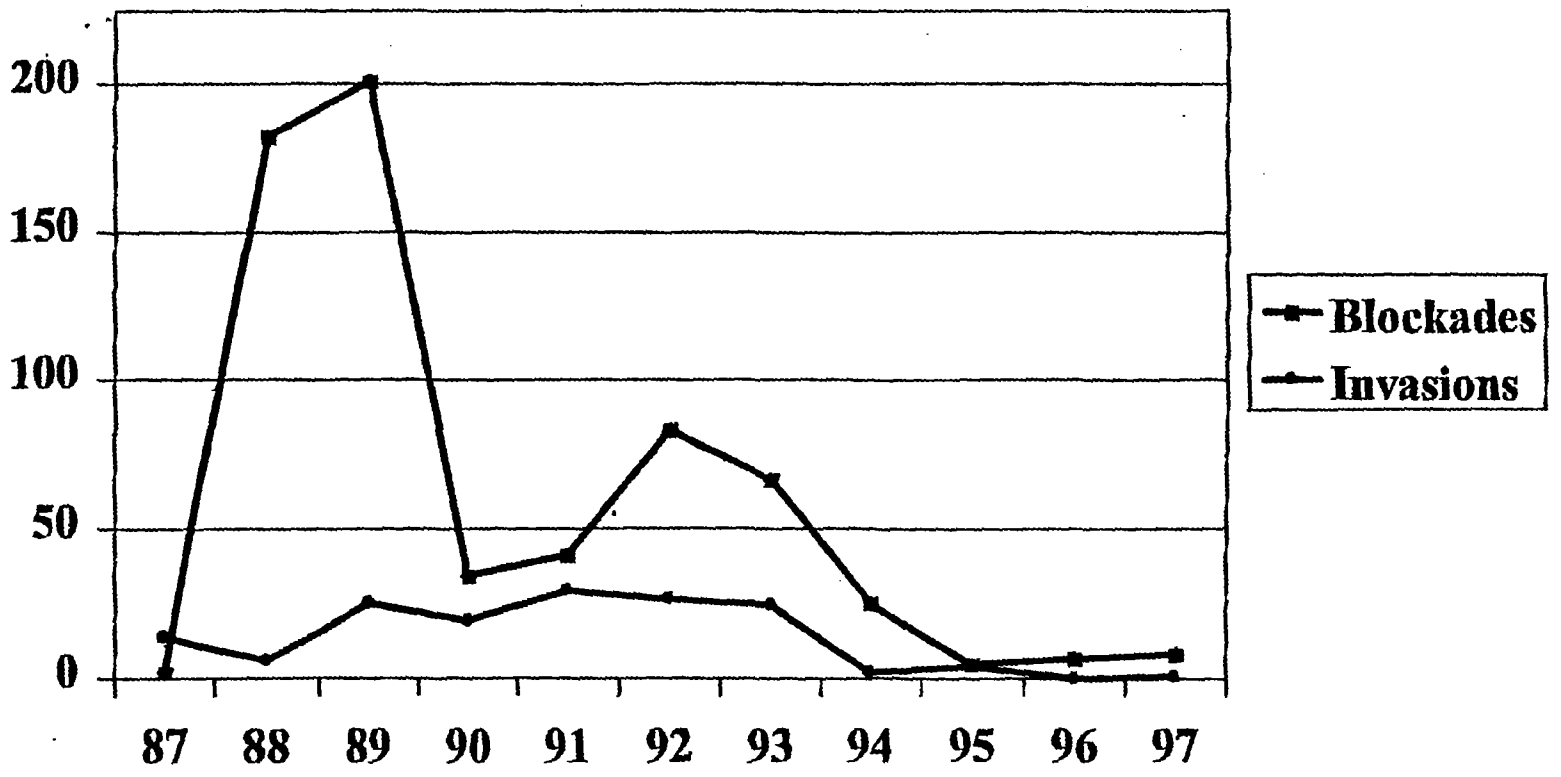
As stated earlier, FACE has made a major difference in reducing clinic violence. The number of clinics which report FACE violations is an important index of violence at clinics. Even though FACE had been in effect for only five months in 1994 when our second annual clinic was conducted, 16.6% of clinics contacted federal officials about FACE violations that year. The number of clinics reporting FACE violations climbed to

20% in 1995, with one out of five clinics reporting FACE violations to federal officials. Between 1995 and 1996, the number of FACE reports plummeted to 7.7%. In 1997, FACE reports again increased to 12.7% of clinics.

FACE enforcement has shown marked improvement over the law's three years. Federal officials have responded to clinic reports of FACE violations more aggressively and have become less likely to automatically shift responsibility for dealing with clinic violence to local authorities. Still, a number of possible FACE violations continue without investigation, prosecution, or penalty.

As we conclude our fifth annual National Clinic Violence Survey, we are heartened by the continued decreases in violence, which can be attributed in large part to improved law enforcement, increased security at clinics, and our work and that of our abortion rights colleagues. At the same time, the results of the 1997 survey are in some respects a rude awakening. Increases in the proportion of clinics experiencing multiple types of violence, increases in clinic staff resignations, increases in several types of violence, and slight decreases in local law enforcement response -- along with the virtual standstill in the overall level of violence -- are a clarion call to the pro-choice community, clinics, and law enforcement that in 1998 we must redouble our efforts to end this reign of domestic terrorism at clinics.

CLINIC BLOCKADES & INVASIONS
1987-1997



National Abortion Federation 11/97

JAN.15.1999 11:07AM U.S. DF THE HHS NO.824 P.2/3

Combatting Clinic Violence
December 29, 1998

The President's FY 2000 budget will include $4.5 million to support additional security for clinics that provide abortions in the wake of escalating violence against 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 might 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 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; helping to identify clinic at risk and make security recommendations to enhance safety; and providing training to federal, state and local law enforcement personnel. While the Task Force is already providing valuable support to communities affected by clinic violence, a key missing piece is funding for greater security at clinics. The Task Force will serve ~~as~~ in an advisory capacity in the Admin. of ~~to the Office of Justice Programs, which will have responsibility for administering~~ these funds.

Q'S AND A'S ON CLINIC SECURITY FUNDING

Q. What will this money do?

A. The Administration's FY2000 budget request includes $4.5 million to DOJ's Office of Justice Programs to provide security assessments and, where necessary, security improvements to reproductive 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. The details have yet to be worked out, but 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 sorts of funding, OJP will work with a contractor with expertise in relevant security issues to perform the assessments.

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

A. The project will be administered by the Office of Justice Programs. The Task Force, given its expertise on clinic violence and its commitment to preventive efforts, will serve as an advisor to the project.

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

A. First, health care clinics' vulnerability to violence is in many ways similar to that of churches: churches and health care clinics -- unlike banks -- are not facilities that are inherently designed to be highly secure. Second, clinic violence raises additional law enforcement concerns because

law enforcement officers have in some cases become targets of secondary devices (e.g., the clinic bombing in Birmingham that was followed by the detonation of a second bomb — apparently designed to explode upon the arrival of law enforcement -- killing an officer).

THE WHITE HOUSE
WASHINGTON

OFFICE OF THE FIRST LADY

TO Ricki Seidman

FROM Jennifer Klein

FAX # 307-3904

PHONE #

OF PAGES (including cover)

COMMENTS

ABORTION SAFETY

1. Description of Policy. This proposal would provide additional security for abortion clinics in the wake of escalating violence against clinics and providers. As you know, this builds on the Justice Department's National Task Force announced on November 9 that creates a central location for information related to clinic violence and that provides training to federal, state and local law enforcement personnel. While the Task Force is already providing valuable support to communities affected by clinic violence, a key missing piece is funds for security at clinics. Under this proposal, Justice would give grants to conduct security assessments, purchase hardware, and provide additional U.S. Marshall support for clinics at risk.

2. Cost. $4.5 million in FY 2000.

3. Status and Unresolved Issues. DPC has developed this proposal with DOJ. It has been vetted by and has the strong support of outside groups, including Planned Parenthood, the Feminist Majority, and the National Abortion Federation. OMB has seen this proposal, but has not signed off on it.

THE WHITE HOUSE
WASHINGTON

OFFICE OF THE FIRST LADY

TO Michael Deich

FROM Jennifer Klein

FAX # 5-6988

PHONE #

OF PAGES (including cover)

COMMENTS

ABORTION SAFETY

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. paper	re: Security Estimates (2 pages)	11/24/1998	b(7)(E)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 19575

FOLDER TITLE:
Abortion Safety

2013-0436-S
rc1223

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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U.S. DEPARTMENT OF JUSTICE
OFFICE OF PUBLIC AFFAIRS

IMPORTANT INFORMATION

ATTENTION: Laura Emmett DATE: 11/9/98

OF: WH Domestic Policy SUBJECT: _____

FAX NUMBER: 456-5542

NUMBER OF PAGES: COVER + _____

ORIGINATOR: Bert Brandenburg

ORIGINATOR'S PHONE: (202) 616-2777

ORIGINATOR'S FAX: (202) 514-5331

Embargoed until 1:00 pm !

★ 1st release I sent had typo $ 50,00 Here is new release

NOTE: If you are not the intended receiver written above, please do not read the contents of this facsimile, for it may contain confidential information. Please call immediately and inform the sender. We are sorry for the inconvenience.

Please call 202-514-2008 and ask for Michelle if there is a problem with the transmission.

Department of Justice

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

Reno Announces $500,000 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 Task Force on Violence against Health Care Providers will work closely with local authorities and U.S. Attorneys investigating acts of violence against clinics, coordinate national investigative efforts, establish a central clearinghouse 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.

As part of the national effort, Reno also directed all U.S. Attorneys to convene meetings of their already-existing local working groups on clinic violence 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."

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 will be led by Bill Lann Lee, the Acting Assistant Attorney General for Civil Rights. It will be staffed by attorneys from the Civil Rights and Criminal Divisions and will also be comprised of law enforcement personnel from the FBI, the Bureau of Alcohol, Tobacco, and Firearms (ATF), the U.S. Marshals Service and the U.S. Postal Service. Treasury Secretary Robert Rubin will be represented on the task force by Assistant Secretary for Enforcement Elizabeth A. Bresee. Mr. Lee will consult with her concerning his oversight of the task force.

Today's announcement follows the October 23, murder of Dr. Slepian, who was fatally shot in the kitchen of his Amherst, New York home. Dr. Slepian's 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 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.

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, Kansas 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 intact.

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

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 a national investigative effort, 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.

# # #

98-532

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.

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.

Abortion Safety

Call FEMA
OPL re insurance companies willing to create a pool?
Issues to return to:

- SBA loan guarantee options -- SBA Express, Low Doc, and certified developer loan program
- HUD church arson statute
- Justice funding for security assessments and hardware -- $4.5 million?
- Noel looking into insurance coverage for victims of domestic violence

TO: Elena
FROM: Jen
CC: Melanne, Shirley
DATE: 11/25/98
RE: Security for Abortion Clinics

You had asked me to update you on our proposal to provide additional security for abortion clinics in the wake of escalating violence against clinics and providers. As you know, this builds on the Justice Department's National Task Force announced on November 9 that creates a central location for information related to clinic violence and that provides training to federal, state and local law enforcement personnel. While the Task Force is already providing valuable support to communities affected by clinic violence, a key missing piece is funds for security at clinics. Under this proposal, Justice would spend $4.5 million to conduct security assessments, purchase hardware, and provide additional U.S. Marshall support for clinics at risk. Attached is a document produced by the Feminist Majority, Planned Parenthood, and the National Abortion Federation detailing the costs that support this estimate.

U.S. Department of Justice

Office of the Associate Attorney General

Deputy Associate Attorney General

Washington, D.C. 20530

RICKI SEIDMAN
DEPUTY ASSOCIATE ATTORNEY GENERAL
OFFICE OF THE ASSOCIATE ATTORNEY GENERAL
(202) 514-4969 (OFFICE)
(202) 307-3904 (FAX)

DATE: 11.23.98

TO: Jen Klein

FAX #: 456.2878 ***PHONE #:*** _____

 # OF PAGES: 3 ***(INCLUDING COVER)***

COMMENTS:

let me know what you think. . . .

U.S. Department of Justice

Office of the Associate Attorney General

Deputy Associate Attorney General

Washington, D.C. 20530

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COMMENTS:

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Ensuring Support for Abortion Clinics in the Face of Violence: We propose a comprehensive initiative to address violence against providers of reproductive health services. This initiative will better coordinate information on clinic violence in order to track down perpetrators, better protect clinics and providers, and respond more effectively to the needs of clinics to ensure minimal interference with this constitutionally-protected right once violence has taken place. First, the Department of Justice is announcing on November 9th the formation of a National Task Force that will also establish a central location for information related to clinic violence, and provide training to federal, state and local law enforcement personnel. Second, we propose additional funds for security measures at clinics identified to be at risk of violence as well as stepped up U.S. Marshal support. Third, we propose federal guarantees of loans by clinics that must rebuild after they've been attacked. Cost: Unknown at this time.

Ensuring Support for Abortion Clinics in the Face of Violence: We propose a comprehensive initiative to address violence against providers of reproductive health services. This initiative will better coordinate information on clinic violence in order to track down perpetrators, better protect clinics and providers, and respond more effectively to the needs of clinics to ensure minimal interference with this constitutionally-protected right once violence has taken place. First, the Department of Justice is announcing on November 9th the formation of a National Task Force that will also establish a central location for information related to clinic violence, and provide training to federal, state and local law enforcement personnel. Second, we propose additional funds for security measures at clinics identified to be at risk of violence as well as stepped up U.S. Marshal support. Third, we propose federal guarantees of loans by clinics that must rebuild after they've been attacked. Cost: Unknown at this time.

Abortion Violence

Justice Task Force

20 Butyric acid

19 fake anthrax threats after Slepian shooting

27 criminal cases, 17 civil cases under FACES

Need to recreate centralized database

- Training for USAO Task Forces -- how to investigate; what law that can be used.
- Making security recommendations
- Looking for nationwide links

New ideas:

1. Loan guarantees
   - Church Arson - did this $ be used
     - HUD secures loans for rebuilding 501(c)(3)s who can prove they have been victim of hate crimes
   - SBA - many clinics are ~~dda~~ for profit.
2. Provide doctors
3. a) Security assessments for clinics and provider residences — $ 5,000 - 330 clinics
   - Marshalls - has document that describes issues
   b) Providing hardware - locks, cameras, motion detectors, etc ~~$4.5M~~ for 270 clinics

   $ 4.5 M total.

   Reprogramming?

SBA loan for security enhancements

or disaster assistance -- expedited

SBA loans

- Prequalified -

1. SBA Express & Low DOC - - limited to $150,000
   - go to preferred lender
   - can be used for any business purpose
2. Certified developer loan program

Prohibit insurance co. from discrim. ag. clinics or raising rates

What about health insurance for victims of domestic violence.

Insurance company willing to do this
↳ create pool ?

OPL

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	Deborah Baker to Neera Tanden re: SSNs and DOBs [partial] (2 pages)	11/18/1998	b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 19575

FOLDER TITLE:
Abortion Safety

2013-0436-S
rc1223

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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Deborah Baker
11/18/98 04:07:23 PM

Record Type: Record

To: Neera Tanden/WHO/EOP

cc:
Subject: FINALLY!!!

I have received confirmation from everyone...here is the final list of attendees and their clearance information.

Clearance Information for Thursday, November 19th, 1998 4:30PM - 5:30 PM
Staff member: Neera Tanden
Location: Room 100 OEOB
RE: Abortion Clinic Violence

Department of Justice

Ricki Seidman
Department of Justice
DOB:
SS#: (b)(6) [0027]

William Yeomans
Department of Justice
DOB:
SS#: (b)(6)

Noël Brennan
Department of Justice
DOB:
SS#: (b)(6)

Health and Human Services

Sara Kovner
Department of Health and Human Services
DOB:
SS#: (b)(6)

Marcy Wilder
Department of Health and Human Services
DOB:
SS#: (b)(6)

Other Agencies

Jane Bullock
Federal Emergency Management Administration
DOB:
SS#: (b)(6)

Gail W. Laster
Department of Housing and Urban Development
DOB:
SS#: (b)(6)

Harriet Fredman
Small Business Administration
DOB:
SS#: (b)(6)

DRAFT TALKING POINTS FOR ATTORNEY GENERAL'S ANNOUNCEMENT OF NATIONAL TASK FORCE ON ABORTION VIOLENCE

- The October 23 murder of Dr. Barnett Slepian in Amherst, New York is only one of a number of recent violent incidents directed at providers of abortion services. Just last week, several clinics in Indiana, Tennessee, and Kentucky received threats of anthrax exposure. Earlier this fall, two clinics in the Fayetteville, North Carolina area suffered arsons and attempted bombings. In addition, approximately 20 clinics in Florida, Louisiana, and Texas were the targets of isobutyric acid attacks in May, June, and July of this year.

- The Department must do everything it can to protect providers and patients from acts of violence and to prevent unlawful interference with the delivery of constitutionally protected reproductive health care services. Every woman has the constitutional right to reproductive health care, and no person should ever be able to deny that right through violence.

- In response, I have authorized the establishment of a National Task Force to coordinate the investigation and prosecution of those responsible for these attacks.

- The National Task Force is charged with conducting a thorough and vigorous investigation of acts of violence against abortion providers, with a focus on any connections that may exist between individuals involved in criminal anti-abortion activities.

- The task force will also establish a central location for information related to clinic violence, identify at-risk clinics and develop ways to make those clinics more secure, and deliver training programs for law enforcement personnel on addressing violence against abortion providers.

- 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 and law enforcement personnel from the FBI, the Bureau of Alcohol, Tobacco, and Firearms (ATF), and the U.S. Marshals Service. In addition, the U.S. Attorneys will work jointly with the Task Force in investigating and prosecuting Task Force matters.

Children and Families -- Task Force on Violence Against Abortion Providers: On Monday, November 9, the Attorney General will announce the formation of a task force to address violence committed against abortion providers. The task force will be led by the Civil Rights Division and will consist of attorneys from both that division and the Criminal Division; it will also include investigators from the FBI, ATF and the U.S. Marshals Service. The task force will coordinate the Department of Justice's activities regarding the investigation and prosecution of acts of violence against abortion providers. It will also make recommendations to clinics and providers regarding security, and provide training to federal, state and local law enforcement personnel.

Q: What is the Administration doing to combat the recent attacks on abortion clinics and providers?

A: The tragic murder of Dr. Barnett Slepian in New York is the most recent act in a spate of violence directed at providers and clinics across the country. These acts are meant to intimidate and terrorize those who provide constitutionally-protected reproductive health care services. Every woman has the constitutional right to these services, and no person should ever be able to deny that right through violence. As we keep the victims' families in our thoughts and prayers, we must commit ourselves to doing everything we can as a nation to prevent these horrifying acts of violence.

That is why I am pleased that yesterday, (Monday, November 9), the Attorney General formed a National Task Force which is charged with conducting a thorough and vigorous investigation of acts of violence against abortion providers, with a focus on any connections that may exist between individuals involved in criminal anti-abortion activities. It will also establish a central location for information related to clinic violence, identify at-risk clinics and develop ways to make those clinics more secure, and provide training to federal, state and local law enforcement personnel.

The Task Force will be chaired by the Acting Assistant Attorney General for Civil Rights, Bill Lann Lee, and include attorneys from the Civil Rights and Criminal Divisions and law enforcement personnel from the FBI, the Bureau of Alcohol, Tobacco, and Firearms (ATF), and the U.S. Marshals Service.

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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 will 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. Initial estimates suggest that $4.5 million will address security review and improvement needs for approximately 250-300 clinics (approximately 10% of all clinics nationwide).

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, given its expertise on clinic violence, will serve as an advisor in the administration of these funds.