

Police task force targets “terrorists” behind sniper-style attacks on MDs

Barbara Sibbald

In brief

A NATIONAL POLICE TASK FORCE continues to investigate sniper-style attacks on 3 Canadian doctors over the past 4 years. These “acts of terrorism” must not be tolerated, they say.

En bref

UN GROUPE DE TRAVAIL NATIONAL DES FORCES POLIÉRIÈRES poursuit son enquête sur les attaques armées dont ont été victimes trois médecins du Canada au cours des quatre dernières années. Ces «actes de terrorisme» ne doivent pas être tolérés, affirment-ils.

Sniper-style attacks on 3 Canadian physicians are “terrorist acts,” police say, and the hunt for the attackers now involves a coordinated national effort. “This is terrorism against doctors as a whole,” says Inspector Keith McCaskill, a member of the national police task force investigating the attacks. “There may be a tendency to politicize this, but that’s not right. This is criminal activity.”

The national task force comprises representatives from the RCMP and police services in the 3 Canadian cities where the attacks have occurred since 1994. They are pursuing a “major international investigation” into the shootings, which have severely wounded 3 physicians.

Details surrounding the attacks are harrowing. All 3 physicians were shot through back windows in their homes. Vancouver gynecologist Gary Romalis, then 57, was eating breakfast at 7:10 am on Nov. 8, 1994, when he was shot in the left thigh. A year later, at 9:25 pm on Nov. 10, a shooter targeted Dr. Hugh Short of Ancaster, Ont. The 62-year-old gynecologist was shot in the right arm just above the elbow as he sat in the second-floor den at his home. And at 8:45 pm last Nov. 11 Dr. Jack Fainman, a 66-year-old Winnipeg obstetrician/gynecologist, was shot in the right shoulder. He now has a “frozen shoulder” and can no longer practise. Meanwhile, Short was left with only partial use of his hand and arm and has retired, while Romalis took 3 years to recover from his ordeal (*CMAJ* 1998;528-31).

In December 1997, a month after the Fainman shooting, a 4-member joint management team was created to solve the crimes, with representatives from the RCMP and police forces in Vancouver, Hamilton and Winnipeg; a representative from the Ontario Provincial Police may also join. This task force is very unusual — and possibly unique — in Canada because few crimes have been so national in scope.

As its investigation continues, the task force hopes reward money will help identify the sniper or snipers. So far, a \$60 000 reward has been raised — \$40 000 from police departments and \$20 000 from the Manitoba Medical Association.

“The reward is a major technique being used in a major international investigation,” says Inspector Dave Bowen of the Hamilton-Wentworth Police, a task force member.

This isn’t the first time a reward has been offered. Bowen says that after Romalis was shot in 1994, the British Columbia Medical Association and some partners sponsored a \$100 000 reward for information leading to an arrest. That money was withdrawn in 1997.

Despite that apparent failure, the task force considers rewards a positive step and hopes to raise a “substantial” amount. Bowen says police consider them one



Features

Chroniques

Barbara Sibbald is *CMAJ*'s Associate Editor, News and Features.

CMAJ 1998;159:1153-5



Associated Press

Terrorist acts against abortion providers are common in the US. Police survey damage to a women’s health clinic in Birmingham, Alabama, following a bomb blast last January. The yellow sheet covers an off-duty police officer who was killed in the blast; a nurse was critically injured.

of the best tools for breaking into closed, tightly knit groups. In this case, police suspect that the sniper is a member of a group that advocates violence as a way of

stopping abortions. The 3 municipal and provincial governments where the shootings occurred, as well as various associations and groups, have been asked to contribute reward money.

At the same time, the investigation continues. Detective Ron Oliver of the Winnipeg Police Service, part of a 4-member team investigating the Fainman shooting, says the task force is working well, with investigators in the 3 centres in constant touch. “It’s a priority,” he says.

Same person or group?

Bowen believes that some Canadian groups that oppose abortion have joined forces with American counterparts that have already employed violence south of the border. He remains surprised that no one has claimed responsibility for the shootings. “It’s unusual,” he says.

“We believe, based on our evidence, that they were by the same person or group,” adds McCaskill.

Bowen says there is reason to believe the shootings are connected because similar methods were used: all 3 physicians were shot through a window in their home around Remembrance Day — which has historically been a focus of activity across Canada by those who oppose abortion. All the doctors who were shot had performed therapeutic abortions.

“I don’t know where they will strike next,” Bowen says. “But those involved in providing abortions have reason to be concerned because we haven’t arrested the person who committed these 3 horrible acts.”

“People should be aware and take precautions,” concurs Oliver (see sidebar). The task force asked police forces across the country to contact doctors at risk and inform them about personal protection. “We will take every step possible to stop another attack,” says Oliver. ?

Shootings a personal issue for Winnipeg physician

Dr. Ian White, past president of the Manitoba Medical Association, has more of a stake in solving the shootings of 3 Canadian physicians than most doctors. Last Nov. 11 he witnessed the results of one of those attacks personally when he administered anesthesia to his neighbour, Dr. Jack Fainman, after he was shot in the shoulder by a shooter who is still at large. For White, the incident has personalized the issue. “This is not a question of abortionists or nonabortionists. This is a question of violence against physicians. Jack Fainman was a baby doc. He delivered babies his whole career, and now he can’t work.”

White says physicians need education and height-

ened awareness of the potential risks they face from criminals (CMAJ 1998;159:987-9). Dr. Joe Noone, chair of Canada’s first and only physician-sponsored Committee on Violence and a leader in providing workshops on security issues, characterizes the attacks as predatory, or instrumental, violence. “These people will do whatever it takes to achieve their ends: bombings, shootings, anything is appropriate,” says the BC forensic psychiatrist. “This is cold, calculated and premeditated — it’s part of their job.” In the case of the November shootings, Noone says the doctors are a “symbol of what [the perpetrators] are against. To them it’s a holy war.”



MDs are living in dangerous times, security consultant warns

Anne Mullens

Anne Mullens is a freelance writer in Victoria.

Canadian doctors who perform therapeutic abortions must take steps to protect themselves as the anniversaries of the shootings of 3 Canadian physicians approach, a Vancouver-based personal-security expert says.

Robert Burns of CANPRO Pacific Services, who provides advice and protection for clients ranging from CEOs to Hollywood stars, says physicians who provide any abortions in Canada should be wary this month. At a minimum, they should take "serious steps" to ensure their personal safety and the safety of their staff and family during the time surrounding Remembrance Day. He offers the warning because whoever is behind the sniper-style shooting of 3 doctors in the past 4 years has yet to be caught.

"I am convinced that another attempt will be made by the person or persons who has or have carried out attacks on doctors in the past," says Burns. His clients now include some obstetricians/gynecologists who have received threats.

Burns, who has 14 years' experience protecting clients, now has 20 employees, most of them retired police officers. In 1994 the British Columbia Ministry of the Attorney General hired him to study the security risks facing abortion providers and abortion facilities in the province. That experience left him concerned that *anyone* connected to the provision of abortion services may be targeted by extremists. "When strong ideology combines with desperation, watch out," he warns.

The attacks that have taken place in Canada have been remarkably similar. Burns says that while the perpetrator is most likely to stick to the same *modus operandi*, subsequent attacks could differ. He warns doctors to be alert for letter bombs, attacks at work, on the street and while in their cars. "I don't want people to become paranoid, but being aware and prepared is important to thwarting an attack."

Burns says 4 critical steps must be in place for a perpetrator to plan and carry out an attack, and any disruption of these steps will prevent it from taking place. An assailant must be able to find and positively identify the person, and then he must be able to follow the person's movements to determine the best time to strike. Finally, he must carry out the attack.

If you make yourself a more difficult target, says Burns, a would-be attacker will likely look for an easier



Police investigate the scene at the Winnipeg home of Dr. Jack Fainman, 66, who was shot in the shoulder while sitting in his home on Nov. 11, 1997.

one. He offers several suggestions for thwarting potential attackers; additional tips were provided in an earlier edition of *CMAJ* (1998;159:987-9).

Burns says physicians who think they are at risk should have unlisted phone numbers and should not use custom licence plates, and they should get a shredder instead of throwing personal papers in the garbage or recycling box. They should not allow their picture to be published and they should vary their daily routine by taking different routes to and from work. Burns also advises physicians who may be at risk to carry a cellular phone at all times so that it will be easy to call for help.

His additional advice includes getting a dog at home, since dogs provide one of the best early-warning systems, and installing motion-detection lights on outside walls and a fence around the yard.

Unlike CEOs, who are often protected by layers of security, the very nature of medicine means that doctors must constantly interact with the public. Burns says physicians must strike a balance between being secure and being accessible. Common precautions could include installing a camera at entrances and instructing staff to be on the lookout for suspicious individuals.

Some of Burns' clients, when faced with a long list of recommended security precautions, tell him they would rather face the risks than the constraints on their freedom. However, most of Burns' female clients don't have a problem adopting personal security measures. "Many of them tell me they do much of it already. Most women spend a lifetime being wary of situations in which they are vulnerable, and easily adopt a few more steps."