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MINORITY
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

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[redacted]

NOMINATION

OF

SURGEON GENERAL

Washington, D. C.

May [redacted], 1995

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C O N T E N T S

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NOMINATION OF HENRY FOSTER TO BE

SURGEON GENERAL OF THE UNITED STATES

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TUESDAY, MAY 2, 1995

U.S. Senate,

Committee on Labor and Human Resources,

Washington, D.C.

The committee met, pursuant to notice, at 9:33 a.m., in room SD-106, Dirksen Senate Office Building, Hon. Nancy Kassebaum (chairman of the committee) presiding.

Present: Senators Kassebaum, Jeffords, Coats, Gregg, Frist, DeWine, Ashcroft, Abraham, Kennedy, Pell, Dodd, Simon, Harkin, Mikulski, and Wellstone.

OPENING STATEMENT OF CHAIRMAN KASSEBAUM

The Chairman. The hearing will please come to order.

The purpose of this hearing is to consider the nomination of Dr. Henry W. Foster, Jr., to be Surgeon General of the United States. In the hearing today, the committee will hear from Members of Congress their views of the nomination and from Dr. Foster on his goals and plans, if he is confirmed by the Senate.

I would like to just briefly say, because I know his introducers will be covering the biography of Dr. Foster in greater detail, that Dr. Foster grew up in Arkansas. He received his bachelor's of science degree from Morehouse

College in Atlanta and graduated from the University of Arkansas School of Medicine in 1958.

Since 1973, he has been associated with Meharry Medical College as a professor, researcher, and chairman of the Department of Obstetrics and Gynecology, dean of the School of Medicine, and acting president. Currently, Dr. Foster is on a 1-year sabbatical as a senior scholar in residence at the Association of Academic Health Centers.

Each member of the committee also will be able to question Dr. Foster on various issues that have been raised about the nomination and on public health issues involving the Office of the Surgeon General. It is my hope that we will be able to cover most of these questions today, but if necessary, the hearing will be continued on Wednesday.

As has been the committee's longstanding practice on nominations, the nominee will be the only direct witness in these hearings. However, I want to note that the committee has received testimony, statements, and letters from thousands of Americans and dozens of organizations, either in support or in opposition to the nomination.

In addition, the committee staff has reviewed thousands of documents and interviewed dozens of individuals regarding Dr. Foster's nomination. The goal has been to examine every issue that has been raised and make available to the committee's members as much information as possible. This

should allow committee members to form their own judgments regarding the importance of any specific issue and ask questions of the nominee where further clarification is necessary.

I am pleased that the initial difficulties in getting accurate information about the nominee have not been repeated. Dr. Foster, the White House, and the Department of Health and Human Services have cooperated fully with the committee in answering our inquiries and providing information.

Those who have followed the progress of this nomination over the past couple of months know that Dr. Foster has a long career as a practicing physician, researcher, and medical educator, with strong support from his professional peers. He has been an active participant in a wide variety of public health initiatives and has served in several capacities, of course, including acting president of Meharry Medical College.

They know as well that a number of concerns have been raised with respect to the nominee relating to abortion, accreditation of residency at Meharry Medical College, the "I Have a Future" program, sterilization of the mentally handicapped, and the Tuskegee's syphilis study.

Discussions of these concerns has generated a great deal of heat and very little light. It is my hope that this

hearing can reverse that order by allowing Dr. Foster to present his own case to the committee and the American people and by allowing the committee to ask any and all questions related to the nomination.

By far, the greatest heat has come on the issue of abortion. Dr. Foster has spent more than 3 decades as an obstetrician and gynecologist. By his own estimate, he has delivered more than 10,000 babies during that time. He also has performed a number--the exact number being a point of controversy--of abortions. He also headed a clinical study on a drug designed to induce abortions.

Abortion is among the most emotional and sensitive issues we face in the public life today. Millions of Americans on both sides of this issue have strongly-held belief and deep-seated convictions on this matter. I am aware that for many Americans who believe that abortion should be illegal, the fact that Dr. Foster has performed even one abortion is automatic disqualification for the Office of Surgeon General. Not surprisingly, many Americans who support legal abortions take the exact opposite view.

I understand and respect those views, but I believe this argument has done little more than reduce Dr. Foster at times to a cardboard caricature. He has been made a pawn in our abortion debates. I believe he deserves to be judged on his whole record, his professional credentials and his

background, his life experience and his current views. Abortion is certainly a part of this record and should be examined. But it is only one part of the whole record.

As a final point on this matter, I would just like to say to both sides that abortion is not an issue that comes under the power or jurisdiction of the Surgeon General. That is a matter that must be decided by Congress, the courts, and ultimately the American people. The role of Surgeon General has changed substantially since the position was first created in 1871 to preside over the Marine Hospital Service.

Over the years, successive Surgeons General played major roles in developing and managing the growth of sophisticated public health infrastructure in place today. In the early 1960s, the Surgeon General was responsible for the administration of an estimated $1 billion in Federal health activities.

As the Federal presence in public health and medical research grew, direct program authorities were transferred from the Office of the Surgeon General. Today, the immediate Office of the Surgeon General has a staff of 18 and a budget of just a little over $1 million. Additional staff assist the Surgeon General in the direction of the active Commission Corps of the Public Health Service, the primary programmatic function of the office.

Americans are most familiar with the role of Surgeon General as "the Nation's doctor." In fact, he or she is more a combination of a scold and a cheerleader, focusing the Nation's attention on health-threatening actions or trends and pointing the way toward better health habits. Over the years, the public has heard messages ranging from the Surgeon General's warning which appears on tobacco products and advertisements, to statements about AIDS, drunk driving, venereal diseases and nutrition.

A good Surgeon General does not have to avoid all controversy, but he or she must work effectively and productively to advance public understanding and to build consensus.

I look forward to hearing from the Members of Congress who are here and from Dr. Foster.

I would like now to call on Senator Kennedy as the ranking member of the committee for an opening statement. Senator Kennedy?

OPENING STATEMENT OF SENATOR KENNEDY

Senator Kennedy. Thank you very much, Madam Chairman.

It is an honor to have Dr. Foster before the committee, and I strongly support his nomination by President Clinton to be Surgeon General of the United States. His outstanding record as a physician, community leader, medical educator, and public servant make him superbly qualified for this

important position.

Dr. Foster is a distinguished physician who has dedicated his career to improving the quality of health care for women and children. Throughout his 38-year career in medicine, he has had a substantial influence on the quality of health care through his own practice, his teaching, and his community leadership. Dr. Foster has developed innovative and effective approaches to some of the most difficult medical and social challenges facing the Nation today. He has been nationally recognized for his leadership and research on sickle cell anemia, infant mortality, adolescent health care, women's health care, and teenage pregnancy. In a sense, he has been a pioneer all his life.

In the course of his outstanding career, Dr. Foster has met and mastered many difficult challenges in medicine and has had a positive impact in every community and every environment that he has served.

Dr. Foster was born in 1933 in Pine Bluff, AR, earned his undergraduate degree from Morehouse College, was accepted to medical school at the age of 20, the only African American in his class. After earning his medical degree, Dr. Foster served his internship in Detroit, came to Boston to begin his residency training. In 1962, he went to Hubbard Hospital in Nashville, TN, for 3 years to complete his training. He decided to begin his practice of medicine

in the rural South. During that time, few doctors set up practice in the disadvantaged rural areas.

Young, able, well trained in modern medicine, Dr. Foster went to Tuskegee to work among the poor, the uneducated, and the isolated residents living in racially divided rural Alabama. He practiced there until 1973 when he returned to Nashville as chairman of the Department of Obstetrics and Gynecology in Meharry Medical College.

During his 8 years in Tuskegee, the main local hospital served only whites, except for a few black emergency patients who would be put in rooms normally used as closets. So black patients often went to J.A. Andrew Hospital where Dr. Foster was on duty and took care of them.

During that time, Tuskegee suffered from a severe shortage of doctors, and Dr. Foster filled an urgent need. Most of his patients were poor, black women who had never seen a doctor in their lives before being treated by Dr. Foster. Most of them lived without electricity, a telephone, and, in some cases, running water. Many were forced to deliver their babies at home with lay midwives. Access to prenatal care was nonexistent. Dr. Foster provided this critical service, often in life or death situations and under the most difficult circumstances.

Conditions such as these would be a challenge for even a seasoned physician well into his practice, but Dr. Foster

took on this challenge at the very beginning of his career. He took sole responsibility for patients from five counties in rural Alabama with a caseload well into the hundreds. He dedicated himself to providing adequate health care to these women and their children, sometimes delivering as many as three babies a day.

The community remembers him as the town baby doctor, a doctor who has in his 38-year career delivered literally thousands of babies into the world. As his practice and experience grew, Dr. Foster saw firsthand how the lack of adequate health care contributed to an inordinately high level of infant mortality in the region. To deal with this problem, Dr. Foster applied for a grant from the United States Department of Health, Education, and Welfare under President Nixon to expand the maternity and infant care program at Tuskegee Institute, and he directed the program from 1970 to 1973. His initiatives helped Alabama women learn to take better care of themselves and their unborn children.

He began working with the Robert Wood Johnson Foundation to extend the health care model to other parts of the country. In 1972, primarily because of his revolutionary work in this area, Dr. Foster received the high honor of being elected to the prestigious Institute of Medicine. Dr. Foster has served on the prestigious

Institute of Medicine since 1972. The Institute was chartered in 1970 by the National Academy of Sciences to advance the health sciences and the improvements of health care. It enlisted the most distinguished members of the medical profession in pursuit of these high goals.

The Institute of Medicine is a highly selective professional body, only 500 regular members, each of whom must be nominated by a current member and elected by the full membership. The Institute is governed by a council of 21 members elected by the entire membership. In 1992, the full membership recognized Dr. Foster's distinguished service to the Institute by electing him to the council. He was elected to a second term of the council in November of 1994.

Dr. Foster is also one of ten members who serve on the Ethics Committee at the National Academy of Medicine. In yet another tribute to his leadership, he was appointed by HEW Secretary Joe Califano in the Carter administration to the Ethics Advisory Board, which was created to examine the moral and ethical questions raised by advances in medical science.

In the 1970s, Dr. Foster began a crusade to provide quality health care to adolescents whom he recognized as having inadequate access to care or to information about their health needs. He was chosen by the Robert Wood

Johnson Foundation to direct a multimillion-dollar grant program to increase health services for teenagers and young men and women.

Teenage pregnancy has become a crisis of significant proportions in this country. More than a million teenagers become pregnant each year. For every 1,000 women between the ages of 15 and 19, 13 become pregnant, the highest rate of teen pregnancy in the industrial world.

In 1987, as chairman of the Obstetrics and Gynecology Department at Meharry Medical College, Dr. Foster began a landmark effort to reduce the rate of teenage pregnancy. He went into the community. He worked with parents and community leaders in Nashville to find solutions to the problems. He listened to teenagers themselves, asked them what they needed to help them do better in school, stay out of trouble, and avoid pregnancy. The result was "I Have a Future" program which Dr. Foster established at Meharry Medical College in Nashville.

The "I Have a Future" program targets teenagers in two public housing developments in inner-city Nashville. It works to reduce teenage pregnancy while also addressing other serious problems facing inner-city youth--drugs, violence, alcohol abuse, homicide, unemployment, and lack of educational opportunity.

The program raises participants' self-esteem, promotes

abstinence, offers positive options to help teenagers make sensible decisions. Dr. Foster has convinced these youth that they have an opportunity and a right to positive, productive, and fulfilling futures.

One need only to look at the results to see the program's effectiveness in helping students reach their goals for positive futures. The program has had a significant impact on the number of inner-city teenagers who go to college.

With the help of the program, these students have learned to overcome the considerable barriers to achievement in their inner-city environments. They have learned that they can achieve goals they once thought were impossible to attain. This program has been so successful and has had such a powerful impact on the community it serves that it has been a nationally recognized as an outstanding model to combat the problems facing American teenagers.

The Tennessee Children's Service Commission honored the program and named it one of the six model teenage pregnancy programs in the State. The American Medical Association's National Congress for Adolescent Health also gave the program an award in recognition of its success in preventing teenage pregnancy. And the "I Have a Future" program was honored by President George Bush in 1991, who designated it as one of the Nation's 1,000 Points of Light.

It says, "Dear Friends: I am delighted to learn of your outstanding work on behalf of your community. Your generosity and willingness to serve others merit the highest praise, and I am pleased to recognize you as a daily Point of Light. Since taking office as President, I have urged all Americans to make community service central to their lives and works. And judging by your active engagement in helping others, it is clear that you understand this obligation. We must not allow ourselves to be measured by the sum of our possessions or the size of our bank accounts. The true measure of any individual is found in the way he or she treats others, and the person who regards others with love, respect, and charity holds a priceless treasure in his heart. With that in mind, I have often noted that from now on in America, any definition of a successful life must include serving others. Your efforts provide a shining example of this standard. Barbara joins me in congratulating you and sending you our warmest wishes for the future. May God bless you always." Signed, President George Bush.

In addition to his role as a physician and community leader, Dr. Foster has had an illustrious career in academic medicine. For the past 21 years, Dr. Foster has trained hundreds of America's finest practitioners. He has served as chairman of the Department of Obstetrics and Gynecology

from 1973 to 1990 and went on to become dean of the School of Medicine and vice president for Health Service as Meharry from 1990 to 1993. Dr. Foster served as acting president of Meharry Medical College from October 1993 until he left for a sabbatical in June of 1994. And since that time, he has been a health policy fellow at the Association of Academic Health Centers.

Dr. Louis Sullivan, president of Morehouse College of Medicine and the Secretary of Health and Human Services under President Bush, also testifies to Dr. Foster's ability, and he writes, "I have known Henry Foster for more than 40 years since our undergraduate years at Morehouse College in Atlanta. In each phase of our long association, I have found Dr. Foster to be an extremely capable scholar, vigorously dedicated to his patients, an inspiring teacher, an innovative administrator, and a trusted friend of young people. Dr. Foster would be an able, creditable, and trusted advocate. His warmth and sincerity make him an ideal spokesman for good health and behavior change."

Finally, I want to take a moment to address the central issue surrounding this nomination. Dr. Foster has been charged with misleading the American public by giving conflicting information about the number of abortions he has performed in 38 years of his career. Dr. Foster has acknowledged that he mistakenly spoke from memory in a

desire to provide immediate information. It is clear, and there is no doubt in my mind, that Dr. Foster never intended to deceive the American public. He has since reviewed all available medical records from Meharry and has given the number of procedures for which he is listed as physician of record, and we will have a chance to discuss this issue in detail today.

The most important point is that abortion is a legal medical procedure. Dr. Foster is an obstetrician and gynecologist, and it should be no surprise to anyone that he has participated in this procedure. To have done so is not a disqualification for the Office of Surgeon General of the United States.

Opponents of his nomination, or at least most of them, now seem to agree that abortion is not the issue. In fact, they are desperate to keep it from becoming the issue. The tactic they have chosen is to make Dr. Foster's credibility on abortion the issue instead. In my view, it is Dr. Foster's opponents who have a credibility problem, not Dr. Foster. They pretend to challenge his credibility on abortion when in reality, as all of us know, they are trying to make abortion the issue indirectly in a way that will not embarrass them.

One need only review Dr. Foster's record for the past 38 years to see that his integrity, his honesty, and his

credibility are beyond reproach. Within the field of medicine, Dr. Foster has been recognized by his peers as a leader in his profession, a physician of unusual stature whose judgment is trusted in dealing with the most difficult questions of medical ethics and medical practice. Dr. Foster's vision for health care of America is impressive, innovative, practical, and progressive. With this nomination, the Nation has an unprecedented opportunity to deal more effectively with some of the most difficult challenges facing us in health care today and to do so under the leadership of an outstanding physician, an outstanding human being, who has devoted his life to providing health care and an opportunity to those who need help the most.

I look forward to Dr. Foster's testimony, and I hope the members of the committee, the Senate, and the country will listen closely to what he has to say. If we consider this nomination fairly, free from abortion politics and Presidential politics, I am confident that Dr. Foster will be approved by this committee and confirmed by the Senate.

Thank you.

[The prepared statement of Senator Kennedy follows:]

The Chairman. It is a pleasure at this time to call the three congressional witnesses who asked to be heard this morning: the Honorable Louis Stokes, the Honorable Nita Lowey, and the Honorable Tom Coburn. If you would please come forward?

Welcome. First I would like to introduce the Honorable Louis Stokes who was first elected to the House of Representatives in 1968. He represents the 11th District of Ohio and is the Chairman of the Congressional Black Caucus. Representative Stokes?

STATEMENT OF HON. LOUIS STOKES, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. Stokes. Thank you very much. Madam Chairman, Senator Edward Kennedy, and members of the committee, I deem it an honor this morning to appear before your committee to offer testimony in support of the nomination of Dr. Henry W. Foster, Jr., to the position of United States Surgeon General.

Historically and traditionally, it can be said that the United States Surgeon General serves as the American people's doctor. More specifically, he is the Nation's spokesperson charged with pricking our conscience to promote good health. In light of the health challenges facing the country, this is a very important post.

As Chairman of the Congressional Black Caucus Health Brain Trust, I have been designed by the Caucus to appear here and to express their views. We applaud the President's nomination of Dr. Foster to serve as the United States Surgeon General. In our opinion, it is a good, sound decision on the President's part and one that will certainly benefit our country. Thus, the Congressional Black Caucus takes pride in participating in today's confirmation hearing.

I serve as a member of the House Appropriations Subcommittee on Labor, Health, Human Services, and

Education. In that capacity, I am familiar with Dr. Foster's health advocacy and leadership abilities, and for several years Dr. Henry Foster, Jr., served as interim president at Meharry Medical College, one of the Nation's premier and most distinguished black medical schools.

I have worked closely with Dr. Foster in the development of health care, education and training, and biomedical research legislation and initiatives. His expertise and leadership has earned him the respect of his peers in the rest of the health care community.

Dr. Foster's credentials are impeccable, and his commitment to his country, the medical profession, and the community are well documented. Dr. Foster has dedicated his career, which now spans nearly 4 decades, to improving the health of all Americans, with a special emphasis on the health needs of women, infants, and youth.

As a leader in public health, Dr. Henry Foster, Jr., has been committed to developing strategies to respond to deficiencies in prenatal care. Further, as founder of the renowned "I Have a Future" program, Dr. Foster has developed an effective strategy to address the Nation's teenage pregnancy problem.

Based on the most recent data from the National Center for Health Statistics, pregnancy rates for teenagers in the 15-19 age group increased 21 percent between 1986 and 1992

alone. The "I Have a Future" program advocates self-esteem building, personal responsibility, and the development of job skills for our youth. The program has received national recognition and, in fact, was designated, as was said earlier by Senator Kennedy, by President Bush as one of America's 1,000 Points of Light.

I am pleased to note the young people who have participated in the program feel so strongly about its success, they have gathered on Capitol Hill this week to offer their support for Dr. Foster's confirmation as Surgeon General.

Madam Chairman, statistics tell us that although the incidence of some preventable injuries and illnesses are declining, or at least remaining stable, annually more than 970,000 preventable deaths and many millions of preventable illnesses and injuries occur. These same statistics represent an economic cost to the American people of more than $380 billion per annum. Cardiovascular disease remains the leading cause of death. In addition, this year over 1.2 million Americans will be diagnosed with cancer. The incidence of AIDS is also alarming. In fact, it has become the leading cause of death for Americans 25 to 44 years of age.

We know that in many instances prevention, early detection, and access to quality health care can change the

equation. In light of the tremendous health challenges facing our Nation, the Congressional Black Caucus welcomes the strong leadership that Dr. Henry Foster would provide as the Surgeon General of the United States. We recognize his strong commitment to preventive health and at-risk youth, as well as the value of the extensive medical knowledge that he would bring to this post.

Madam Chairman, Dr. Foster's impeccable career reflects a blueprint for the making of an outstanding Surgeon General. The Congressional Black Caucus offers its full support for the confirmation of Dr. Henry Foster, Jr. I am pleased to convey that support here to you and this committee.

I thank you for the privilege of testifying.

The Chairman. Thank you, Congressman Stokes. I was remiss in not mentioning--and you timed it just right; it shows great experience--that we have requested that testimony be limited to 5 minutes, and, of course, full statements will be made a part of the record. Thank you very much, Congressman Stokes.

Congressman Stokes. Thank you.

The Chairman. Congressman Lowey?

Congressman Lowey, who was first elected to the House in 1988, represents the 18th District of New York and is the co-chairman of the Congressional Caucus on Women's Issues. Welcome.

STATEMENT OF HON. NITA LOWEY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mrs. Lowey. Thank you. Madam Chairwoman, Senator Kennedy, distinguished members of the committee, I thank you for the opportunity to testify here this morning.

These confirmation hearings come at a critical point in our Nation's history. Out-of-wedlock births and teenage pregnancies are at an all-time high, and the social pathologies caused by the breakdown of the traditional family are devastating communities across the country. Increased crime, unemployment, violence, drug abuse--each has its roots in the explosion of teenage pregnancies and single-parent families. Quite simply, Madam Chairwoman, the rise in teenage pregnancy and out-of-wedlock births is a critical public health emergency. It is time to act.

The Office of Surgeon General has a critical role to play in this battle, and in Dr. Henry Foster we have a man ready to lead the fight. Over the next several days, the American people will hear the story of Dr. Henry Foster. Dr. Foster was the only African American in his class when he graduated from medical school from the University of Arkansas in 1958, and his decision to provide basic health care to impoverished women and their families in the rural South demonstrates his commitment to the health of the Nation.

Dr. Foster has delivered thousands of babies and has provided quality prenatal and postnatal health care to their mothers. He fought to prevent infant deaths in Alabama at a time when infant mortality rates in some rural countries were at Third World levels. He has taught and trained hundreds of medical students to continue his service. His work in reducing teen pregnancies by stressing abstinence and self-respect was cited, as you have heard--and you will hear it over and over again--by President Bush as one of the Nation's Points of Light.

We know that Dr. Foster's "I Have a Future" program has made a real difference in Nashville by giving at-risk youth a reason to postpone sexual activity. This comprehensive program teaches children to say no to drugs and violence, and yes to an education and a future.

Dr. Foster has identified key health problems of our day, infant mortality, teen pregnancy, lack of rural health care, inequities in women's health care, and he has addressed them. This is a story of a man with character and integrity. It is a unique story of dedication and conviction. It is the story of a man who deserves this committee's support. And, yes, it is the story of a man who, in the course of a 38-year career as an ob-gyn, has performed some abortions, and it is that short chapter in Dr. Foster's life that has caused the radical right to line

up against this nomination.

This nomination should be about Dr. Foster's outstanding accomplishments and distinguished life's work. Unfortunately, the radical right has turned this nomination into a referenda on the right to choose. The extremists have attempted to make Dr. Foster a pariah. They have tried to brand him with a scarlet letter A. They have set him up as an example--a warning to all other doctors. They have said that this is what will happen to you if you perform abortions: You will be ostracized; you will be barred from public office; you will be harassed, and worse.

The American people know what is at stake here, and we will not tolerate the harassment of doctors, whether it occurs in front of clinics or on Capitol Hill.

The fact that Dr. Foster performed abortions should not disqualify him to serve as Surgeon General. The number of abortions he performed, frankly, is irrelevant. Roe v. Wade is the law of the land, and the decision whether to have an abortion should be made between a woman and her doctor and with whomever she chooses.

Will this committee reject a qualified nominee for Surgeon General simply because he performed abortions? I certainly hope not.

Thank you very much for your time.

The Chairman. Thank you, Congresswoman Lowey.

The Chairman. Next it is a pleasure to welcome Congressman Tom Coburn, a family physician who was elected to the House of Representatives in 1994 and represents the 2nd District of Oklahoma. Congressman Coburn?

STATEMENT OF HON. TOM COBURN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OKLAHOMA

Mr. Coburn. Thank you, Madam Chairman and members of the committee. I would like to just submit my testimony to the record and make three points with this committee that I think are important.

Number one, I speak from considerable experience as well. My entire medical career has been circumscribed by providing for health care for women and children. I, too, have considerable experience in teenage pregnancy and adolescent sexual activity and unwanted pregnancy and sexually transmitted disease. And I have been on the front line of this issue. I have made the decisions. I have counseled the women. I have told the parents. I have made the hard choices with the young girls about what to do and when. But each and every time what is right, what is morally right, was not always considered.

This issue is not about Dr. Foster. I agree. This issue is about whether or not we are going to allow controversy to surround this position again. And are we going to forego the great good that can be done by this position, the moral exhortation that can be done by this position, because we are going to stick to a controversial nominee?

I have no major complaints against Dr. Foster. He has

a reputable career. I disagree in some very specific issues with him about care and on the right to life. I will not deny that. That is not why I am here.

Our greatest health care risk in this country today is sexual activity by adolescents, and until and unless we face that health care risk and the implication it has for the rest of our society and we choose to put someone who is not controversial in a position of leadership to address that problem, we will continue to reap the benefits of uncontrolled sexual activity.

It is interesting to note that a third of all pregnancies--this data you all know. A third of all pregnancies are illegitimate. We have over 50 million Americans with incurable viral sexually transmitted diseases now, most of whom have no knowledge they have the disease. And yet we acquiesce to an "abstinence but" or a "safe sex" policy which has failed.

I applaud Dr. Foster's effort in the areas which he has made. He has not gone far enough. There is one message for us to tell our young people. It is abstinence. It is not "abstinence but." It is not "safe sex." It is abstinence. And if we truly care about their future, if we truly care about the quality of their life, then that is the message we will give them.

I have told 40-year-old parents that their daughter was

going to die of AIDS. I have counseled grandparents as they have held their 6-year-old grandchild dying of AIDS. I know exactly these issues. And as long as we continue to fail to approach the issue from morally what is right and what is wrong, it is morally wrong to engage in intercourse outside of marriage, period. You can agree with that or disagree with it, but the results prove that that is the correct choice. And if we are going to have a position that we are going to deal with someone who does not put forward that position at all times, then we are going to continue to reap the problems associated with sexual activity among our adolescents, as well as our adults.

Thank you.

The Chairman. Thank you very much, Congressman Coburn.

[The prepared statement of Mr. Coburn follows:]

/ COMMITTEE INSERT

The Chairman. I appreciate all three of you coming and offering testimony this morning. Thank you.

The Chairman. I would like now to ask the introducers of Dr. Foster to come forward, please. That is the Honorable Bob Clement and the Honorable Patty Murray. The Honorable Harold Ford has been delayed. His plane has been delayed, so we will have to proceed without him. If he does not arrive, his statement will be made part of the record.

I would like to call first on Senator Patty Murray, who was elected to the Senate in 1992, representing the State of Washington. It is a pleasure to welcome you here this morning, Senator Murray.

STATEMENT OF HON. PATTY MURRAY, A U.S. SENATOR FROM THE STATE OF WASHINGTON

Senator Murray. Thank you. Madam Chairwoman, Senator Kennedy, members of the committee, I am honored to help introduce Dr. Henry Foster, Jr., nominee for United States Surgeon General.

I was one of the first members of the United States Senate to meet with Dr. Foster after President Clinton announced his nomination earlier this year, and I have been a supporter of his ever since.

When I first met with this nominee, he answered my tough questions in a very forthright manner. He quickly communicated the depth of his commitment and the passion he has for his practice. I am convinced that he will do the same here today.

Dr. Foster is an ob-gyn who has practiced medicine for 38 years, a man who has dedicated his life to improving the health of women and children. As a woman and the mother of a son and a daughter, I find the selection of Dr. Foster reassuring. I appreciate the importance of his practice area to families throughout the Nation, and I know the American people do as well.

Dr. Foster has described to me the opening lecture he often gives medical students. He reminds new ob-gyn's that without their work, there would be no art or architecture,

that without healthy women and children there would be nothing.

For far too long, women's health concerns have been neglected by our Nation. Although gender equity in medical research has received increased attention over the last several years, we have a long way to go. Women are the fastest growing demographic group among those diagnosed with HIV. We suffer from clinical depression at rates twice that of men. Every 3 minutes another woman is diagnosed with breast cancer. And women frequently are the victims of domestic violence.

It is imperative that the leading public health official in our Nation be a forceful spokesperson on those issues. Women's health is critical to every family--every man, woman, and child in this country.

Everyone agrees we need to reduce teen pregnancy. Because this is a national priority, we need a Surgeon General who has successfully demonstrated public health strategies that address that issue. Dr. Foster is one of the country's leading experts on preventing teen pregnancy and building self-esteem among at-risk youth. His "I Have a Future" program was named a Point of Light by President Bush for its pioneering work. His program stresses abstinence, education, and personal responsibility. It gives young people hope.

As a mother raising two teenagers, I understand the importance of hope to our teenagers. The "I Have a Future" program works. As a result of this program, fewer teens are getting pregnant, and more young people are going to college. In fact, two-thirds of the program participants go on to college.

As Vice President Gore pointed out yesterday, these are miraculous results achieved in housing developments in the inner city in Nashville, TN. I met some of the "I Have a Future" program participants yesterday. These people are exciting. They are confident. They are optimistic about their future, and they acknowledge that they would not have made it without the "I Have a Future" program.

Dr. Foster's work over the years has focused not only on preventing teen pregnancy, but on preventing drug abuse and reducing infant mortality as well. In fact, because of his path-breaking work in perinatal care, Dr. Foster was named to the prestigious Institute of Medicine.

His nomination is a major breakthrough. He has dedicated his life to women's health, the welfare of children, and the well-being of families. He is a physician with a vision, and he is a very courageous man.

Credibility is a word that is thrown around a great deal these days. As you listen to Dr. Foster today, I believe you will be as impressed as I am with his sincerity,

his openness, his humor, and his compassion.

I am amazed and gratified that Dr. Foster is so eager o serve, that he is willing to go through this grueling and extremely politicized confirmation process to become a public servant. He wants to be the national voice inspiring our teenagers and motivating parents as well. He wants to remind us all that in order to make this country a better place for our children and our grandchildren, each one of us must be willing to do our part.

Dr. Foster is here today because he is one American who is willing to do his part, and I appreciate it. And I am proud to support his nomination. I encourage this committee to give Dr. Foster a full and a fair hearing and to judge him on his qualifications, his accomplishments, and his commitment.

Thank you.

The Chairman. Thank you, Senator Murray.

The Chairman. It is a pleasure to welcome Congressman Bob Clement, who was first elected to the House in 1988 and who represents the 5th District of Tennessee and is a good personal friend of Dr. Foster. And I know how much it means to Dr. Foster to have you here introducing him. Congressman Clement?

STATEMENT OF HON. BOB CLEMENT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TENNESSEE

Mr. Clement. Thank you very much, Madam Chairwoman, Senator Kennedy, Senator Frist, members of the committee.

It is an honor for me to introduce a good friend, as you stated, Dr. Henry Foster, to you. I would like to thank the chairwoman for her faithful efforts to see that Dr. Foster receives a fair and open hearing. As a fellow Nashvillian, as a friend, and as an American, I wholeheartedly support this nomination.

One could speak volumes about the breadth of Dr. Foster's career and accomplishments. I would like to share with you some of Dr. Foster's efforts in the Nashville community that make us so proud to support him for the position as the people's doctor, the Surgeon General of the United States.

The Dr. Foster I know is a leader in the Nashville medical community. He served from 1962 to 1965 as an ob-gyn resident at Hubbard Hospital in Nashville and returned in 1973 to begin his prestigious work at Meharry Medical College. While receiving national and international accolades for his work, Dr. Foster has remained for 21 years at Meharry, training hundreds of the Nation's finest medical practitioners.

At Meharry, Dr. Foster has been a professor, a

department chairman, a dean of medicine, and acting president through June of 1994, when he left for a sabbatical right here in Washington, D.C. The Dr. Foster I know is a man devoted to Tennessee's and America's children. Former Tennessee Governor Lamar Alexander appointed Dr. Foster to his Task Force on Children, where he chaired the Subcommittee on Infant Mortality. He has also served as board chairman of the March of Dimes Birth Defects Foundation, and he is a member of the Ethics Committee of the National Academy of Medicine. With medical qualifications like these, Dr. Foster is well prepared to lead this Nation as it confronts the health care challenges that lie before us.

The Dr. Foster I know is a man who plays an active role in the community. He is on the Advisory Committee for the YWCA. He is a strong supporter of Success by Six, a family life enhancement effort, and serves on Partnership 2000, a city planning project for Nashville's future.

Dr. Foster is a consensus builder and has dedicated his career to health care. He believes no challenge is too high for us to meet and conquer together as united communities.

In 1992, Dr. Foster played a key role in saving Nashville's overcrowded public hospital through negotiating a merger with Meharry. Through an extensive notification and screening process, Dr. Foster recruited 74 full-time

physicians 6 weeks ahead of the schedule--a feat no one at home thought possible.

The Dr. Foster I know is a man who has devoted his entire career to bettering the lives of young people. Over the past 2 days, many of you had the privilege of meeting with some of the students and graduates of Dr. Foster's remarkable "I Have a Future" program which stresses job skills, education, and personal responsibility as a way of teaching alternatives to violence and early sexual activity. These teenagers are the true results of Dr. Foster's outstanding life and work.

We have heard the expression "foster children," many of which have been neglected. Well, Dr. Foster's children have been recognized, appreciated, and developed.

But I also want to tell you about Dr. Foster, my friend. He is humble, focused, compassionate, and practical. I know him as a man with a passion for the poor, for children, and for the medically underserved. I know Dr. Foster as a friend with a ready smile, an airplane pilot, a Christian man who faithfully attends First Baptist Church, Capitol Hill, and downtown Nashville, and a devoted family man who is a husband of 35 years and a father of 2 children.

I know him as a physician of 38 years who loves to bring babies into the world. Some have chosen to ignore the entirety of this man's life and career to pursue a narrow

agenda or political aspiration. The distortions they have presented are not the Dr. Foster I know.

Today, Madam Chairwoman and colleagues, as you consider this nomination, I ask you to remember how this fine doctor years ago, who rose from segregated rural Arkansas to sit before you today, embodying the American dream for us all, I ask you to remember him in a Chevrolet Corvair, driving out to the most impoverished areas of rural Alabama to deliver hundreds of babies and teaching women to care for themselves properly. I ask you to remember his distinguished academic record, his extraordinary community service, and his convictions that bear fruit in results.

In the darkest days of Israel's history, the Hebrew prophet Jeremiah said, "Today I set before you a hope and a future." The President has set before you and us a man of hope who can help give us all a better future.

I recommend to you Dr. Henry Foster for Surgeon General of the United States.

The Chairman. Thank you very much, Congressman Clement.

As I mentioned, Congressman Harold Ford's plane was delayed. I know he will be disappointed because, as a Representative of the 9th District of Tennessee, he is Dr. Foster's Congressman. But his testimony will be made a part of the record if he does not arrive.

Thank you very much.

The Chairman. It is now a pleasure to call Dr. Foster.

It is a pleasure to welcome you, Dr. Foster, and I thought perhaps before you begin your testimony, if you would like to introduce Mrs. Foster and any other members of the family who are here.

STATEMENT OF HENRY W. FOSTER, JR., M.D., TO BE SURGEON GENERAL OF THE UNITED STATES

Dr. Foster. Thank you very much, Senator Kassebaum. Yes, I would. I would like to introduce my wife, St. Clair Foster, and our goddaughter, my best friend's daughter, Attorney Robin Moore.

The Chairman. It is a pleasure to welcome all of your friends and family and to hear from you now your statement before the committee. Thank you.

Dr. Foster. Senator Kassebaum, members of--

The Chairman. Dr. Foster, I am sorry. Before you begin, could you lift up the microphone just a little? That is it. Thank you.

Dr. Foster. Members of the committee, I thank you for this opportunity to talk with you about my qualifications and vision of the role of U.S. Surgeon General. I also want to thank those committee members with whom I have had the pleasure of meeting before these hearings. I thank President Clinton for having nominated me for this post. I am honored by his confidence. And, most importantly, again, I want to thank my wife, St. Clair, our daughter Myrna, our son and his wife, Wendell and Ann, and all of the many hundreds of former patients, colleagues, students, and other citizens who called, wrote, and spoke out on my behalf during these past 3 rather arduous months.

Since the President nominated me on February 2nd, there has been some confusion created about who I am and what I stand for. Today, I will set the record straight.

Let me begin by telling you how I grew up and how my upbringing influenced my development of values. I was fortunate to have had two very strong and loving parents who shared an unshakable faith in the American dream that America would, indeed, live up to its promise of opportunity, equity, and justice for all.

As far back as I can remember, we had a copy of the American Constitution in our home. My father often told my sister and me that your justice and freedom is locked in this document. Then he would tap his temple and say, "The key to unlocking it is an educated mind." He was correct.

Before his death, my father's faith in America was rewarded. He lived to see the Armed Forces integrated by President Truman. He witnessed the Brown v. Board of Education of Topeka decision. And on a personal note, as you have heard, he saw me admitted to the University of Arkansas as the only African American member of my entering class, preceding all civil rights activities.

My paternal grandmother, Grandma Hattie, also had a great influence on me. She was born just 16 years after slavery ended in America. I doubt if she ever had any formal education. As a young boy, I wondered why her

handwriting was poor, but as I grew older and wiser, I came to appreciate her great intelligence and character. Grandma Hattie was not formally educated, but without doubt, she knew the value and power of education. She worked as a domestic to assure that her two children, my father and my Aunt Mary, received college educations. She succeeded.

My father is now deceased, but his sister, my Aunt Mary Foster Cheatham, still lives independently in Pine Bluff, AK, at the young age of 92.

By the dignity and power of their lives, my mother and father and Grandma Hattie taught me the values of education, hard work, and integrity. Also, I am so indebted to my wonderful school teachers in Pine Bluff who believed in me and my future so completely that I would have done almost anything not to disappoint them.

These are the people and the values that have sustained and guided me throughout almost 4 decades as a teacher, university leader, practicing obstetrician-gynecologist, researcher, and mentor for high-risk youth.

So I come to my challenge fully committed to be a strong, tireless, and ethical advocate and educator for improving the health of the American people, all American people.

It is important that this committee and the American people understand that as Surgeon General I will focus on a

full range of health challenges facing this Nation. These includes cancer, HIV-AIDS, heart disease, mental disease, maternal and child health, mental health, aging, substance abuse, violence, and, of course, the epidemic of teen pregnancies--an issue which I have had some success and which the President specifically asked me to confront.

Most importantly, I will continue to educate the American people of the great utility of health promotion and disease prevention. It is health-effective and it is cost-effective.

But there are two issues which have clouded my nomination that I must deal with right now and up front. The first is the attempt by some to say that this nomination is about abortion. It is not. And second is the issue of my credibility, which has never, ever been questioned before.

First of all, I am a doctor who delivers babies. My life's work has been devoted to bringing healthy lives into this world and trying to assure that every child born is a wanted child and has parents who can meet its needs. I have worked tirelessly to help assure that young people get a healthy start in life and to assure that they have access to quality health care throughout adulthood. I have dedicated my career to taking all appropriate medical steps to meet the health needs of my patients, and that includes

performing legal abortion.

In America, a woman has a right to choose. And I support the President's position and most Americans' that abortion in this country should be safe, legal, and rare. But, again, my life's work has been dedicated to making sure that young people do not have to face that difficult choice.

Now, as to my credibility, let me be clear. When I was asked in the middle of a casual conversation whether I had ever performed abortions, I said I had and the one that I remember most was a young woman with a master's degree that ~~has~~ had AIDS, and I went on. Then later, maybe 2 days, I was asked if I had performed more than one abortion, and I thought it was in jest. I said, well, of course, most obstetricians who have been out have. And they asked me how many. And I answered based on my memory without reviewing the record. That was a mistake. I should not have guessed.

But it was an honest mistake. I am a doctor. I had never experienced anything like the media scrutiny that I attracted following my nomination. In my desire to provide instant answers to a barrage of questions coming at me, I spoke without having all of the facts at my disposal. And since that time, I have made every human effort possible to review my records so I could be as accurate as possible.

Now, let me be clear. In 22 years at Meharry Medical College, I am listed as the physician of record on 39

abortion cases. I do regret the initial confusion that this caused, but there was never any intent to deceive. I had no reason to do so. I have worked very, very hard and have established an impeccable record of credibility and ethical conduct. It is open to anyone who chooses to scrutinize it.

I was appointed to the National Ethics Advisory Board by Secretary Califano, then Secretary of Health, Education, and Welfare. And I am very proud that my colleagues in Nashville, TN, members of the National Academy of Medicine, one of my friends here on the committee, have chosen to include me as a member of its Ethics Committee for 10 consecutive years. I am one of only ten members who serve on that committee from a medical society that has almost 1,400 physicians.

These are people who have observed my every personal and professional move up close, uninterrupted, for 22 years. Hence, the issue of my nomination is not about abortion nor my credibility. Rather, the issue is: Do my professional credentials qualify me to serve as Surgeon General? That is what I am here to discuss with this distinguished committee today.

I believe my training and experiences have prepared me well to take on this task. I have been a medical educator for 30 years. In 1972, as you have heard, as a consequence of an innovative obstetrical outreach program, I developed

with my colleagues at Tuskegee, Alabama--I had the good fortune to become the youngest person ever inducted into the National Academy of Sciences Institute of Medicine at that time. In 1973, I was asked to chair the Department of Obstetrics and Gynecology at Meharry.

Over the course of 3 decades, I have taught hundreds of young men and women who have gone on to become fine physicians. During my 22-year full-time association with Meharry, I have served as its acting president, as vice president for health services, chairman of its Budget Committee, dean of its School of Medicine, chairman of the Department of Obstetrics and Gynecology, and a professor and an assistant professor. And as you have heard, I am on a 1-year sabbatical here in Washington at the Association of Academic Health Centers which concludes on June 30th.

But of all my experiences, none compares to that of practicing obstetrics and gynecology. I have personally delivered thousands and thousands of babies.

So when people ask me why I accepted the nomination of Surgeon General, I have a ready and strong answer. When you have had the good fortune to participate in the miracle of birth as often as I have, it is difficult to stand on the sidelines and watch so many people wasting this precious gift of life. It is difficult to look around America today and see so much needless suffering from lack of basic

knowledge about prevention or because of lack of access to quality care or because of lack of basic family values that prevent violence and abuse from taking root of any kind.

It is especially difficult to see these disparities in health care status in our country. We have the finest health care system in the world, the finest health care professionals in the world, the best technology in the world, the best facilities in the world, the best training in the world--but, sadly, there are places all across this country that do not have access to this excellence.

What kind of health care one should get should not depend on whether they are rich or poor, black or white, rural or urban. As a doctor, I have deliberately chosen to work in places where there were serious health problems but few health resources. In rural Alabama and inner-city Nashville, I have served people who others have forgotten. In the 1970s, I headed the Maternity and Infant Care Program at Tuskegee, bringing comprehensive health care to poor rural women for the first time in their lives, many of whom had never, ever seen a doctor.

In the early 1980s, a major health foundation asked that I run a national program which provided services to more than 300,000 young people living in areas characterized by high rates of teen pregnancy, violence, drug abuse, alcohol abuse, mental illness. And in 1987, I began the "I

Have a Future" teen pregnancy reduction program in the housing projects of Nashville, TN.

The philosophy behind that program is: If parents and a broad cross-section of community leaders come together to give young people constructive guidance and positive outlets for their energies, those young people are far less likely to throw away their futures through early sex and other risky and potentially fatal behaviors. That is why we have worked so hard to teach abstinence, responsibility, and to let these children know that they can have a bright future.

The program is working. Last year 24 of our students in our program graduated from high school. Of these, 16 people, as I speak before you today, 16 of them are in college--half of them are male--while 4 others were accepted into the Armed Services, which is not as easy as it once was. In 1987, the Tennessee House of Representatives issued a proclamation recognizing the outstanding contributions of this program. In 1989, the American Medical Association awarded us their Adolescent Health Award, and as you have heard, in 1991, we had the honor of being selected by President Bush as one of America's 1,000 Points of Light, Point 404.

I believe this kind of success is possible in every community. As Surgeon General, I want to lead a national crusade to prevent teen pregnancy. I will work to empower

local community coalitions to develop comprehensive health teen pregnancy programs that fit their individual needs. I know that what works in Nashville may not completely work in Chicago or Charlotte, but I have faith that every community can make a difference in the lives of its youth. It is imperative that we do so. We have a national responsibility to protect our youth. It is our future.

In conclusion, let me say I am proud of the record of service and my commitment to medical education and trying to assure that every American has access to care. In 1959, I was called to serve my country when I spent 2 years as a medical officer in the United States Air Force at the rank of captain, stationed at Larson Air Force Base in Washington, Senator. That experience, plus my subsequent service as an active reservist, will help me lead the men and women of the Uniformed Public Health Commission Corps. And my military service also stands as a model of the kind of patriotic and honorable public service that I have provided before and hope to provide as Surgeon General.

Again, I want to thank President Clinton for placing his confidence in me and for standing beside me so strongly throughout this nomination process. I only hope to repay him and you and the American people by being the finest Surgeon General this country has ever had.

Thank you very much.

The Chairman. Thank you, Dr. Foster. I appreciate your opening statement and your fine comments.

[Applause.]

[The prepared statement of Dr. Foster follows:]

The Chairman. I would just like to lay out the scenario a bit at this moment. Supposedly, we will start a series of votes, anywhere from 9 to 10 that have been stacked, at around 11 o'clock. I think we will go--I don't know that we will break at this point. I think we will go ahead and start the questions because one never knows for sure what is going to happen on the floor.

I would like first to yield my time at this moment for the first question to Senator Frist of Tennessee, who would like to be the first one to ask questions. Thank you, Dr. Foster.

Senator Frist?

Senator Frist. Thank you, Madam Chairman.

As a fellow Tennessean, a fellow Nashvillian, and as a physician who has practiced in the same community as Dr. Henry Foster, this confirmation hearing is of special interest to me. Hank Foster was an obstetrician-gynecologist at Meharry Medical College in Nashville where I was practicing heart and lung surgery 5 miles away at Vanderbilt University Medical Center. Of all the people sitting on this committee, I know Dr. Foster best. I was a physician in Nashville when he implemented the program we have begun to hear so much about, the "I Have a Future" program, and I witnessed firsthand his outstanding work as a physician and as an educator.

For the last 3 months, those who oppose Dr. Foster's nomination have done an effective job of getting their message out. They have cast doubt on his character, his medical ethics, and his potential to perform the duties of Surgeon General. And in these hearings today, each of these charges must be answered satisfactorily.

But the people who know Dr. Foster best, his former patients, citizens in the middle Tennessee community, they have had little opportunity to discuss the doctor and the man they know so well, the man who, indeed, has devoted his life to improving the health of mothers and children and babies and discouraging teenage pregnancy.

Through his "I Have a Future" program, Dr. Foster has empowered, truly empowered many of Nashville's inner-city youth to take charge of their lives, to delay sex and pregnancy by giving them a good education, teaching them useful job skills, instilling personal responsibility, engaging conflict resolution. Yes, I have had the opportunity to meet personally with a number of these young people, and their testimonials speak loudly.

In addition, Dr. Foster has served the middle Tennessee community as an outstanding obstetrician-gynecology-surgeon. He served at Meharry Medical College, a historically black medical college whose primary mission is to provide care for the indigent, a college that has trained over 40 percent of

all African American physicians in this country today.

In 1990, Hank Foster became the dean of the School of Medicine. In 1993, he was instrumental in achieving a merger that most people thought would be impossible, a merger of Meharry's main teaching hospital with Nashville's public hospital, Metro General, a merger that, once completed, will increase the number of patients at Meharry and at the same time save the city the expense of replacing its aging public facility.

As a part of that merger, Dr. Foster--again, to the disbelief of many--oversaw the recruitment of 56 new medical faculty to that facility as well as 18 new resident physicians, all in less than a year's time. A remarkable feat.

As a Senator, a physician, a citizen from the State of Tennessee, I am proud to see a fellow Tennessean nominated to such an honorable position. And I truly hope that through this confirmation hearing Dr. Foster will fully and adequately address the many, many questions that have been raised about his past, about his credibility, and about his qualifications to serve as Surgeon General.

Madam Chair, I would like to make two brief additional points that I hope in some small way help frame the discussion and the questions that we have today. First, I don't think this hearing is the time or the place to revisit

our national policy on abortion. The Surgeon General serves as the key spokesperson to the Nation on matters of public health, educating Americans on the actions that can be taken to prevent disease and maintain good health.

Over the last decade or so, the Office of Surgeon General has addressed many issues that affect the public at large, including smoking, AIDS prevention, drunk driving, nutrition, hearing problems, adolescent health, teen pregnancy, fluoridation of our public water supplies, just to name a few.

Given the breadth of issues that will face the Surgeon General, I believe it is critical that we select someone well versed in public health issues generally and that we not focus specifically on just a single issue.

Second, we are not being asked today to confer sainthood on Dr. Foster. We are here to consider whether or not he has the vision, whether or not he has the commitment, the training, and the honesty and integrity to hold this office. We are not here to rummage through the attics of his life in search of every possible mistake or imperfection. I can tell you from my experience as a physician that no one--no one--can practice medicine for 38 years without making some mistakes. And no physician performs clinical research without having to make some very troubling choices.

Madam Chairman, I hope that this committee will be mindful of these things as we proceed today, and I trust that we will consider the issues fully and fairly and we will give Dr. Foster every opportunity to explain what his agenda will be if he is chosen to be the next Surgeon General.

Dr. Foster, I would like to open the questions on issues of accreditation that have arisen in the last several months, specifically accreditation of the obstetrics-gynecological program at Meharry, and I will refer to the "Nightline" comment you made on February 8, 1995. You said that we have a responsibility in training residents to maintain our accreditation. It is a very difficult job. I maintained an accredited residents' program for 17 years.

Let me very briefly review a time line. In 1973, Dr. Foster assumed the chairmanship of the Department of Obstetrics-Gynecology at Meharry. The department was fully accredited from 1970 to 1984 and then was placed on probationary accreditation from 1984 through July 1990. In July 1990, the residency accreditation program for ob-gyn was removed, to be effective in 1991. The reasons given were principally because of insufficient numbers of patients to train residents.

In 1990, the overall surgery program, different than the obstetrics-gynecologic program, was eliminated, having

been on provisional accreditation for the previous 5 years. In 1990, Dr. Foster became dean of the School of Medicine. In 1993, he served as interim president.

I should also add that other departments at Meharry, including pediatrics, psychiatry, and, as I mentioned, surgery, also had problems with accreditation.

My question, Dr. Foster, is: The fact that accreditation was placed on probationary or provisional status under your watch, does that reflect some aspect of your leadership, some aspect of poor performance, or just external forces in Meharry and in the national community?

Dr. Foster. Thank you, Dr. Frist.

Let me just make one clarification that Dr. Frist didn't say but was very prevalent during a part of this. Meharry never lost its accreditation. Its medical accreditation was never lost. In fact, the medical school's accreditation was reaffirmed in 1990 when I became dean. We had a 7-year unconditional accreditation.

Dr. Frist is correct that the programs that were mentioned had probationary status, but those are accredited programs, because you can take all of the examinations. It does not mean you are not accredited. And, in fact, when any new programs come on line, they are called provisional because they are working. So none of our residents were ever ~~compounded~~ disadvantaged by the program's accreditation status until

disadvantaged

1991 when it ended.

But, quite frankly, Dr. Frist really put his finger on what the problem really was. Nashville is the second smallest city in America with two medical schools. Nashville has had two publicly funded hospitals ~~in perpetuity~~: the Nashville Veterans Administration Hospital and the Nashville General Hospital. Those two facilities not only through the years disallowed us to participate in the training activities--we neither had a training access for patients nor the funding that was coming from the cities to the medical schools.

When I became dean, the city was paying $13 million a year for faculty supplements, none of which was coming to Meharry. It almost seemed like an unbelievable stroke of genius that David Satcher came up with to help save our residency programs and to get more patient numbers. It was he who proposed that since the Nashville city hospital was built around 1920, 1910, and had been scheduled for razing for a number of years, Dr. Satcher said, Why don't you use our facility, built with Hill-Burton funds, with 50 years of life in it and save the city from having to spend $100 million or more to duplicate another facility?

Well, to make a long story real short, there were a series, 3-and-a-half, 4 years, and we had all of the requirements of recruiting faculty, and we met that

deadline.

Now, I want to say two other things about that question, and then I will stop. I can't speak for the pediatrics and surgical residency programs that were lost because of a shortage of patients. But the report for the Department of OB said its leadership and its academic programs were sound. What was missing, it did not have enough patients to provide the breadth of experiences necessary.

We hope that as a consequence of the merger this will occur. All three of these residency programs have been resubmitted for reinstitution, and I should point out that the residencies in psychiatry, internal medicine, family medicine, occupational medicine, preventive medicine, have all remained solvent. And that has been Meharry's bigger direction in recent years.

Senator Frist. So Dr. Foster, accreditation is normally given based on numbers of patients, the teaching capabilities of the faculty, adherence to standardized education guidelines, the availability of adequate support facilities, and the performance of the program's residents. The primary reason that accreditation was lost in obstetrics and gynecology was which of those?

Dr. Foster. That we did not have enough patients to maintain the volume.

Senator Frist. Is that red light for me?

The Chairman. Well, it is Did you want to finish?

Senator Frist. That is fine. Thank you.

The Chairman. I am a little hesitant because I am getting word from the floor that the vote is still going to start at about 11 o'clock, which is in about 5 minutes. I do not know whether it is the wish of the committee to proceed ahead until the vote is called, but we will do that, I guess.

Senator Kennedy. That will be satisfactory.

The Chairman. Senator Kennedy?

Senator Kennedy. Thank you very much, Madam Chairman.

I want to thank our new colleague, Senator Frist, for his comments and statements in terms of helping to focus the essential challenges before the committee. All of us make comments about different nominees coming before our committee, and I think Senator Frist, being a distinguished physician in his own right brings a unique insight into the medical profession of our nominee, and I think his setting the stage for this hearing has been very constructive and positive. It is something I know the chair wants and certainly all of us should hope for, and I want to express appreciation for those comments.

Dr. Foster, I would like you to outline a bit, if you would, your service in Tuskegee. After you finished your

medical schooling, you decided to go to Tuskegee, and I would be interested in hearing from you about how you decided it, why you decided, and what you found. And we will have an opportunity to go into the details of your professional record. I am enormously impressed with it, personally. I think a part of these hearings as well is that the American people want to sort of get a sense about the individual and what kind of person you are, so I would be interested if you could tell us about that experience. It was a number of years ago, but why did you decided to go there, what did you find, and what was life like? Would you share that with the committee?

Dr. Foster. Yes, Senator Kennedy, I shall.

A significant part of my residency training at Meharry was conducted at Tuskegee. That was a part. It had inputs from Emory University. We had faculty that alternated, faculty from Meharry. And Tuskegee had a very busy ob-gyn service, so as a consequence, I went there.

The most striking thing was so many patients--I almost never saw anyone who had prenatal care. They would come either when they were terribly ill, convulsing with toxemia or in labor, which they thought was okay to do, but there was no real concept of real prenatal care.

I was very influenced the most by Dr. John Daniel Thompson, who was then the professor and chairman of the

department of ob-gyn at Emory University. Dr. Thompson was a Southerner, a white man from Columbus, GA, who drove 300 miles roundtrip twice a month, alternating with other faculty at Emory, to help us address that situation.

And in good conscience, with the high-quality training I had received, I could do no less than go back there and help. I felt ~~it~~ to not do so would have been the worst turning my back that I could do. Those women were poor, destitute. I said they need something.

I was glad that Dr. Eugene Dibble, who kept that hospital going, hired me. He said, Foster, this is where you have to be, and I agreed.

So we went there, and with Tuskegee's staff, we were able to get Title V funding, which is Children's Bureau, and we set up the Maternity and Infant Care Project, which you have heard something about, which for the first time got care for rural women.

Let me just tell you two other little homey kinds of creative things that you have to do when you do not have all the high-tech cat-scanners, positron emission tomography and all that--we did not have that. Everyone used to tell me that it was so difficult to have patient information. Your patients would come in, and you did not know what had been done for them. I solved that with something that anybody in this audience who is under 25 years old may not ever have

heard of--it was called carbon paper. We would have a medical record, and when we put in the findings, we would give the carbon copy to the patient, and it was used by her or by her family as her admission to the hospital. So when they came, we had the most recent information.

They said there was no transportation system in the South. Not really. There is something about, I know, our rural culture, my rural culture--no matter what happens in life, our second life has to be the best. Everyone I think I ever saw had a funeral policy, some kind of claim for a funeral policy. Well, I ~~said~~ sat down and thought one day--all ~~this~~ these big, pretty hearses and all--I said why can't we recruit them to do some of our transporting? Their patients can wait. [Laughter.] So what we did--we actually had funeral homes sometimes would bring in these ladies in labor, and of course, we got buses to do it. You have to survive when you are here.

But as things became much more sophisticated, we put in a very first-rate service down there. I remember people from the Children's Bureau, Dr. Art Lesser, some of you may remember, would bring people from Iran, from China, and Thailand to see our operation. And that is why I went--I went there to help--prenatal care and contraception.

Senator Kennedy. Were there other ob-gyn physicians there? What was life really like? Were there long hours?

Many patients? Can you sort of describe to us what the atmosphere really was like at that time?

Mr. Foster. Senator and committee, it was almost indescribable. A busy obstetrician delivers 250 babies a year, and they work, and they work hard. The service that I ran at Tuskegee, we delivered 2,300 babies a year, and I was the only obstetrician. There was nobody within a 50-mile radius, nobody else even on the staff. I had a second-year resident who could cut knots in the operating room, but that's about all; he could not do any of the ~~terrible~~ terribly complicated surgery.

terribly complicated

Senator Kennedy, I have worked 40 hours and gotten not one wink of sleep. I have operated back-to-back for 15 hours without stopping. We had nurse-midwives who were trained, but I had to do all of the complicated procedures. In fact, I did not really know what easy surgery was like, Dr. Frist, until I got back to Nashville. I would go into these abdomens, find ruptured appendix, ruptured gall bladders--but that was one of the reasons I had really taken the year of surgical residency in Boston, in order to be able to deal in this kind of situation. I learned to repair bowels, because sometimes I became the only hope that these people had.

It was a very hard life, and if some of you read the news recently, you saw the true story, that I came in one

day, and my wife had all of these books and application forms on the table, and I said, What is this for?

She said, The way you are working, you might fall dead tomorrow with a heart attack. I have got to get another degree so I can educate these children.

That is how bad it was down there.

Senator Kennedy. Let me ask you, Dr. Foster, why do you want to be the Surgeon General? What is your view about the public health needs of the country that you feel that you can make a contribution and a difference on? What is your vision of the Office of Surgeon General, and what can you tell the American people about what you would like to be able to achieve should you be confirmed?

Dr. Foster. As I mentioned in my opening statement, we have this paradoxical situation in America where we have the best of virtually everything. But when we look at our health care outcomes, we are 17th or 19th or 20th in infant mortality, depending upon who is counting. We do not have the best life expectancies. And for the first time, for a group of Americans, life expectancy actually decreased for African American males.

One of the things that I have to do, or any Surgeon General must do, is to communicate and educate the American public about health promotion and disease prevention. A part of my agenda will certainly be directed toward males

because that is the major issue. All of the other issues will be addressed.

Also, we talk about access and utilization. I really want to keep to the fore the public health aspects of what we need. I do not know if anyone reads Science, but in December of 1993, there was a slight rebuke from former Governor Richard Lamm of Colorado, really explaining that the real progress in life expectancy in the Western World was really not high technology, but rather, it was things such as chlorine, chlorination, screen doors, vaccinations, prenatal care, just as an example of the kind of practical approach I want to bring.

I can bring the scientific background. I have just recently passed ~~by~~ my recertification boards for my specialty for the 10-year cycle. I have that, but I want to bring some practical things.

I used to teach my residents about breast cancer. They knew not to say "mammogram" first. First you say "self breast examination." That can be done without any high-tech. It does not cost any money.

We have to take greater responsibility for what we do. Those unmet needs have to be addressed. The job of Surgeon General is one of advocate and educator.

Now, there is another big part that I will keep intact, and I will not make any great efforts to try to change.

That is the function of the Commissioned Service Corps. I think my experience as a medical officer, having served, will do me well. There are approximately 6,300 commissioned officers in the corps. I will do everything to create an atmosphere that we will retain the best of those to stay with the corps.

As you all know, now there are some 54 corps members in Oklahoma City who are dealing with the mortuary issue; there are another 17 who are providing health care; 6 are in the Dallas regional office. So in toto, I will have a vision, and my vision and direction will be teen pregnancy. But like my predecessors, Senator Kennedy, mine will have a focus. It was Surgeon General Luther Terry who clearly showed the American people the causal relationship between cigarette smoking and lung cancer; Surgeon General C. Everett Koop helped educate Americans by sending information to every home in America, 250 million people, about AIDS--and that is appropriate. There is no cure for AIDS. It is education.

In sum, education, advocacy, and I will play a policy role because I have been told that by the assistant secretary to whom I will report.

Senator Kennedy. Thank you very much. My time is up, Madam Chairman. I know we have some of the "I Have a Future" individuals in our audience, and they will be

returning to Tennessee during the break. I just want to thank them for being up here and joining us today.

Senator Dodd. Why don't they stand up? Can we see them?

[Applause.]

The Chairman. I appreciate their being here. I had the pleasure of visiting with some yesterday, and I think all of us are enormously supportive of a program such as this that can be of benefit.

Dr. Foster, there now has been a vote called, and so there are so many amendments that are stacked up for votes, I think we will recess until 2:30.

Dr. Foster. Thank you, Madam Chairman.

[Whereupon, at 11:09 a.m., the committee was recessed, to reconvene at 2:30 p.m. this same day.]

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AFTERNOON SESSION

[2:33 p.m.]

The Chairman. The hearing will please come to order.

I would like first to call on the Honorable Harold Ford, who would like to offer a few comments. Congressman Ford's plane was delayed this morning, and as we explained, I knew he certainly wanted to be here as Dr. Foster is a constituent of Congressman Ford, representing him in the House since 1974 the 9th District of Tennessee. Welcome.

STATEMENT OF HON. HAROLD FORD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TENNESSEE

Mr. Ford. Thank you very much, Madam Chairman, and to Senator Kennedy and members of the committee, and to my good friend and our junior Senator, Senator Frist. I am delighted, Madam Chairman, that you have allotted me a brief minute just to have a few words about Dr. Henry Foster. I do apologize for the delay this morning, but I am pleased to be here this afternoon in support of the nomination of Dr. Henry Foster for the position of Surgeon General.

This gives this committee and this Nation the opportunity to learn what I have known for a long time, and that is that Dr. Henry Foster is one of the most qualified, dedicated, and compassionate physicians that I know in America. He has distinguished himself in practically every aspect of the health care field--research, administration, medical education, as well as primary care. Dr. Foster's innovative approach to some of the most difficult public health issues of the day make him uniquely qualified for this position as Surgeon General of America.

As acting president of Meharry Medical College, Dr. Foster led an effort to complete the historic merger between Meharry's Hubbard Hospital and Nashville's General Hospital. Madam Chairman, I had the distinct opportunity to work with him over a period of time. He has served in that capacity

not only as acting president but in a role at Meharry Medical College for more than 2 decades.

In the early 1980s, when Meharry Medical College needed more clinical exposure, it was the leadership of Dr. Foster who sought out those of us in the Congress to bring about a relationship with the Veterans Administration and Meharry Medical College. It was under his direct leadership that he entered into an agreement with the city of Nashville and the Nashville's City General Hospital.

I have served on the House Ways and Means Committee. I know the problems that many of our public institutions, especially hospitals, are confronted with. It was his leadership that brought about the changes that were needed to give the clinical exposure and to bring some 50 full-time board-qualified physicians into a medical college that has produced a majority of all African American physicians in this country.

As I look at the programs that he has instituted, they are similar to the ones over the past 20 years that I have served in the Congress. Teen pregnancy is a problem in America today. We know that children are being born out of wedlock in America at numbers that none of us wants to agree with. It has been his leadership in the medical field that has sought out in an urban area in my home State, in Nashville, TN, that has offered hope and direction.

I would urge my colleagues on this Senate committee that if I was here with you and if I could help you influence others on this committee and your colleagues in this Senate, I certainly would hope that this committee and the full Senate would give confirmation to this nomination of Dr. Henry Foster, because we know that he is a very distinguished Tennessean and he is a great American and he is worthy of this position, and he will do well for America, and he will serve us well.

Thank you, Madam Chairman, for the brief testimony.

The Chairman. Thank you, Congressman Ford. We appreciate your coming and your remarks, belatedly as an introduction to Dr. Foster.

Mr. Ford. I really do appreciate it. Once again, I apologize to the committee, but I do appreciate your allowing me an opportunity to have a few words, and you, too, Senator Kennedy.

The Chairman. Thank you.

[The prepared statement of Mr. Ford follows:]

The Chairman. Dr. Foster, it is a pleasure to welcome you back now to the committee hearing.

Dr. Foster, in your opening statement this morning, you talked about the problem of teen pregnancy and your desire as Surgeon General to lead, as I think you said, a national crusade against this and addressing it as a major problem for us. I think we would all agree that teenage pregnancy is a critical national issue and has been for some time. Perhaps we have not given it the attention that it deserves over the years, but many have tried to find an answer.

The statistics are devastating. But it seems to me that we are still wrestling with how best to approach this issue, and I was struck by a piece that former Secretary of Health, Education, and Welfare, Joseph Califano, wrote in February, in which he said, "Dumping the issue on the Surgeon General of teen pregnancy ignores the lessons of the past 20 years and is doomed to fail."

They would argue, as Secretary California argues and others would argue, that it is not a health or medical problem, but a broader social issue. He argues that if we medicalize this issue, we run the risk of repeating all the mistakes in the past 2 decades and are doomed never to succeed. I thought it was a very thoughtful piece, a column, and I would like to ask that it be made part of the record.

[The article follows:]

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The Chairman. I would like to ask you to outline for the committee exactly how you as Surgeon General intend to attack this problem. What would your national crusade look like? And what would it do?

If I may just go through a bit more so I can get some of my time in, and then give you time to answer. We have heard a lot about the "I Have a Future" program, and certainly I think this sounds a very worthwhile and well-intended effort. No one could quarrel with that. Many of us have been involved in such efforts in our own States to a certain extent, trying to address the issue, as you have, and I applaud your work and your willingness to take on such a difficult problem. You have seen it firsthand.

However, as you know, we have been trying to obtain a full evaluation of this program for some time, not because of its specialty but because of it being a focus of a way to address the problems of teenage pregnancy.

Just last Friday, the committee received documents that included a letter from the program's deputy director, Dr. Lorraine Greene, to the Carnegie Corporation, which was a major supporter of "I Have a Future." This letter provides the first detailed information on the program and gives at least a partial evaluation of how it has worked.

Based on Dr. Greene's letter, I would like to ask you several questions since the letter presents statistics that

suggest that the program has not been effective in reducing teen pregnancies and may, in fact, have had an unintended effect in increasing sexual activity among the program's participants.

I think that we have given you a copy of Dr. Greene's letter, and you perhaps haven't had time to look at it, but I just wanted you to have it in front of you.

On page 7 of the letter, Dr. Foster, Dr. Greene has a table that indicates that of the 245 participants in the program, there were a total of 19 pregnancies. That is a rate of about 7.8 percent. Among the 176 teenagers never involved in the program that were the so-called control group, there were 16 pregnancies, for a rate of about 9.1 percent.

As Dr. Greene states in her letter, "There were no significant differences between teens in the program and those outside of it."

I would just wonder if this doesn't suggest that the "I Have a Future" program has not succeeded in reducing teen pregnancy.

Now, I know one of the initiatives has been to instill some self-confidence, some esteem, and I think that is a valuable portion of it. But I think in relation to the goal of reducing teen pregnancy, that is what I believe is important to focus on.

In the letter on pages 8 and 9, Dr. Greene has tables that show changes in sexual activity for teens in the program versus those in the control group. These tables appear to indicate that teens in the "I Have a Future" program move from very low levels of sexual activity to levels that exceed those in the control group.

When you received this evaluation, were you concerned that the program was having unintended effects in not only failing to discourage sexual activity but possibly increasing it? And what did you do to address this issue in terms of determining what was happening and how to change the program?

I personally think this is very important, Dr. Foster, in light of your wanting to initiate a crusade and President Clinton believing this is the major topic to address. What would you believe should be guidelines based on the evaluation of the "I Have a Future" program that you would want to see changed?

I think just to conclude, in response to Dr. Greene's letter, the Carnegie Corporation agreed to continue its funding, but it did express concerns about evaluating the program's results. Carnegie said, "Staff members also question whether this project should be replicated at this time since the project is still having problems with the evaluation and cannot point to definite outcomes that show

positive impact on the students who participate."

I think, Dr. Foster, given these concerns, would it be wise to replicate the "I Have a Future" program, not that it is without merit but we are talking about something here that you have said as Surgeon General you intend to lead a crusade. And I think we need to know exactly how you would feel it should be done and drawing on your evaluation of the "I Have a Future" program.

Thank you.

Dr. Foster. That is a full plate, Senator. Let me just do two things first. I want to make a correction of a statement I made this morning. The Meharry pediatrics program has not yet been resubmitted for re-establishment. The program is in the process of being put together, and it is the intent to submit it so it can be evaluated in this year's cycle.

The Chairman. Thank you. That will be corrected in the record.

Dr. Foster. There was another note I made that I will run across in just a moment.

Let me first speak to the components in addressing teenage pregnancy. I think there are some things we know very clearly: that for programs to be effective, they must provide education and knowledge, they must provide services, comprehensive health services, we feel, but, thirdly, they

must enhance life options.

Now, Secretary Califano, I believe, is exactly correct. This is a socio-medical-economic problem. It is a social problem; it is a medical problem. That is why the third facet of the triad is so critical. That is why families, family life education, this has to be a part of the social fabric of the community. There is no question about it.

Now, epidemiological studies, I think we all know, are very difficult studies to do. Quite frankly, the size of this study is not large enough. In my judgment, we need a multi-centered, prospective, longitudinal, epidemiological study to answer the question. But I will deviate from here, and then I will come back to the three concerns about the charts.

I don't think we need to wait for an epidemiological study to tell kids that abstinence is right. It is wrong for sexual activity for adolescents to be a social norm. It is wrong. And it is dangerous. I don't think we need a study to fight to get that message across. I honestly believe this. This is what this program does.

Now, if you read this very carefully, this study, evaluations were done at three points in time: T-1, T-2, T-3. I do not blame you for being confused by the data because when you look at them in sum, they do not add up. But I can supply you the answer.

One of the reasons it seems that pregnancies increased or sexual activity is because T-2, a later time period, new children, were added into the study that did not exist when the first data were reported at T-1. And I know you were confused when you saw an earlier study that showed two pregnancies in our high participants and then a later study that showed one. How could this be?

We can explain. We know how it happened. Not only do we look at the sexual responsibility of women or females, but we do for our males. In T-~~1~~ 2, in our first reporting, there were two pregnancies. One of those persons was not a pregnancy. It was a male who had allegedly impregnated someone. He was one of our peer counselors. He had to stop. He was willing to take responsibility for the fetus and for being the father of the child.

However, it later became known that this young man could not have been the father due to the time when the birth occurred. It was fully accepted in the community. This young man was brought back into the program. He has subsequently finished high school. He is now one of the persons I mentioned earlier that is serving active duty, who was accepted into the Air Force. So the number of two became one because of that, and that is why we still have the figure of one pregnancy in our high participants.

There is one chart--those are the reasons why. We

added new patients. But let me tell you what is most important, and there is no confusion about these data. The individuals who were the highest participants in our program had the lowest rate of sexual activity or ever having sexual activity. And might I add we retrieve young people who have become sexual active who come back and become celibate. That is a part of the goal of what we do. And if you were to ask me what I would do nationally, I would take the national leaders, people I know very well--I have been preoccupied for the last few months, and I am on sabbatical but have given it some thought, Senator Kassebaum. I would think that we should bring together some local leaders, leaders from communities to look at the coalition. These are forces that have to come together. We have to be able to address ~~just~~ not just ~~not~~ the capacity to prevent pregnancy. That is why I conceptualized the "I Have a Future" program. The capacity to prevent pregnancy without the desire does not work. If there is anything different about our program, it is because we teach these kids what life is about.

Those kids we had here the other day were not statistics. They are real children out of the most destitute areas in Nashville, TN. Ninety-two percent of the families in 1987 when we did the survey earned less than $10,000--92 percent. And of 24 of those kids, we have 16 of them in college. To me that is real.

The Chairman. My time is up, Dr. Foster, and I think we will continue with some follow-up questions on this.

Dr. Foster. Yes, ma'am.

The Chairman. We have to go on some evaluations in order to know where to strengthen the program, and I would suggest that I think it is a mistake to over-sell when we really need to look at it in a broader initiative.

My time is up, and thank you very much.

Dr. Foster. Yes, ma'am. Thank you.

The Chairman. Senator Pell?

Senator Pell. Thank you, Madam Chairman. I would like to defer to Senator Dodd, who knows a lot more about children in the United States than I do.

Senator Dodd. Thank you. First, I thank my colleague and, Madam Chairman, thank you very much, as well.

Let me just briefly, if I can, first of all thank you, Dr. Foster, for your willingness to not only accept the President's request that you serve as Surgeon General, but also for the remarkable patience that you and your family have endured over these past 3 months.

This is a position which has a budget of something like $1 million and no legislative authority, to the best of my knowledge. We have got a packed hearing room. We don't get this kind of attendance and attention for the Secretary of Defense or the Secretary of State, where huge amounts are

involved, so there is some lack of proportionality, I would point out, in all of this.

I want to commend you for your willingness to stick with this. I also want to commend the President for selecting you, and as the chairperson of our committee said so eloquently this morning in her opening remarks, it is the totality of your career and your service to the country which this committee ought to consider, and I certainly agree with that. It is the content of your character and the quality of your character, not a lack of a photographic memory that ought to be the case here.

Certainly, as again was pointed out earlier today, there is not a single one of us sitting on this side of the dais who has not at one point or another been incorrect in their facts or had to announce that they had made a mistake about some particular statistic. Maybe there are some who have never done that. I certainly have, and I suspect all of my colleagues would agree.

Thirdly, you are not a politician. You don't spend time dealing with the media. You are a doctor. You are not necessarily media-wise, and I say that with all due deference to you. The fact that someone may snare someone at a moment--and as you pointed out earlier, you probably should have waited until you had all of the facts before you answered, but you have done what many people do who are not

familiar with that process, and I would certainly hope that my colleagues when they assess whether or not you deserve to be our Surgeon General would keep that in mind as they go back over the record.

Lastly, let me just say in this regard that you are, in fact, in my view, the embodiment of what we need from people who step forward and accept jobs in public service. Watching what you have had to go through over the past 3 months, after 4 decades of serving this country, my fear is it would discourage other good people in any administration when asked to step forward and serve their country and they would have serious reservations, I suspect, having watched what has happened to another individual. I hope all of us will keep that in mind in this process.

I want to come back, if I can, to the "I Have a Future" program, and I have some brochures I am going to ask be distributed to my colleagues, or copies of them, and I am going to hold them up here--"When No Means No," "Talking Abstinence," "10 Great Ways to Show Love and Affection," "How to Say No and Keep Your Boyfriend."

This may not be all of them, but I would ask you, first of all, Dr. Foster, are these brochures that you are familiar with?

Dr. Foster. Yes, sir.

Senator Dodd. And would you tell the committee in what

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manner or how you are familiar with them?

Dr. Foster. Well, they are a part of 1 of 13 modules that we use in teaching our youngsters about family responsibility and social responsibility. They are distributed as a part of our module on family life education.

Senator Dodd. So these were distributed, and what was done with these particular brochures?

Dr. Foster. Well, parents and youngsters--they were given to the young people, but they are reviewed by our counselors. We have counseling staff, male and female counselors. They explain, make sure the youngsters understand the concepts, and then we do something that is a bit different. We use those and we try and use principles of values. In each of the modules, we incorporate a certain set of values, but that is part of our education material. Some of it has been developed by multiple sources.

Senator Dodd. And some are developed, I gather, as well by some of the young people themselves.

Dr. Foster. Absolutely.

Senator Dodd. So you had young people--actually, what would work with their own peers in trying to reach them to convince them abstinence was the appropriate way to proceed.

Dr. Foster. Right. I didn't make that clear, and I appreciate--we have peer counselors. We find youngsters who

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learn to do this, then they teach other kids. The other thing that is very unique, I think, and strong about this program is that it also has parent empowerment programs. We have involved the family. I am not going to answer it all now, but I want to say something about how this program came into being and why.

Senator Dodd. Well, again--and it has been stated earlier today and I have been over the record--President Bush took great, great pride in his "Points of Light" program. It was a source of tremendous personal pride to him that he was the author of this idea, and they were rather selective in who they chose for it and the kind of criteria.

Madam Chairman, I will ask unanimous consent that that criteria, and so forth, be submitted for the record.

[The information referred to follows:]

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Senator Dodd. These were not just people picked out of thin air, or organizations or groups, but rather model programs that other communities and other individuals, to paraphrase the criteria, ought to be emulating around the country; rather than just an achievement, something else that other people ought to model their careers after.

I want to turn your attention--I gather you have a copy of this letter from the Meharry Medical College by Lorraine Greene. Senator Kassebaum mentioned that to you.

Dr. Foster. Yes, yes, sir.

Senator Dodd. We did not have a copy of this until recently, but I want to refer you to page 9 of that letter, if I can--I guess page 8 and page 9. Table 9 on this page 9 of the letter, "Percentage of sexually experienced subjects indicating that they have sexual intercourse never, sometimes, frequently," and so forth--this, by the way, I should point out, is a letter in response to the Carnegie study. Is that correct?

Dr. Foster. That is correct. It is to Carnegie, right.

Senator Dodd. Well, first of all, I want to draw your attention to the first group, the active group, the low-level group, and comparisons. In the active group, as you read across that, it has active, 54.5 percent never, 31.8 percent sometimes, and then the statistic here has 39.7

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percent frequently. Now, that figure sort of jumps, if you will, from page 8, table 8, the bottom table on page 8, where "frequently" in that active category is 0.0.

Now, if one just looks at those statistics, it shows a dramatic increase. It also shows that someone doesn't know math, unless there is something wrong here.

Dr. Foster. It is a mistake.

Senator Dodd. As I add 54.5, 31.8, and 39.7, that is 125 percent. So which of those numbers is incorrect?

Dr. Foster. The one on the right, the 39. That should have been 13 percent.

Senator Dodd. Thirteen percent?

Dr. Foster. Yes, sir.

Senator Dodd. Well, that is substantially different than 39 percent.

Dr. Foster. Right, and the other thing that I pointed out--although the chart wasn't up, I think what is so important about this chart is, of all of the groups, the group that showed the lowest level or having never participated in sexual intercourse were the kids who were high participants in our program.

Senator Dodd. Why don't you explain that again, if you would?

Dr. Foster. Yes. If you look at the group, there are three levels, active, low-level, and comparison group.

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Senator Dodd. Right.

Dr. Foster. And the "never" means having sexual experience. The highest number of youngsters who had not had sexual experience were those youngsters who were highest in their activity in our program.

Senator Dodd. That is the 54.5 percent?

Dr. Foster. Yes, sir.

Senator Dodd. I think that is a worthwhile point as well.

What were the other things taught? It isn't just in terms of the "I Have a Future Program." It wasn't just a question of sexual abstinence at all. What are some of the other elements of that program that drew the President's attention to it and why you received that Point of Light?

Dr. Foster. Well, I don't know precisely the reasons, but the reason I think it is such an important program is because it involves the entire community. Before we ever started with this program, we went to the leaders in the housing projects. We did surveys on 500 heads of households, 125 in 4 projects, and it is important to know the nature of our job. Eighty-seven percent of those homes were single-headed female households. That is one of the reasons we have a rather large number of male counselors. We see this as being very valuable.

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It is also important to know that 54 percent of the

participants in our program over time are male. Now, once again I will say what this study needs--we need a multicentered, large national study. I know, without studies, as I said earlier, that abstinence is good for young people. It prevents AIDS, it prevents sexually transmitted disease, it prevents pregnancy, and recent data have shown that youngsters who delay the onset of sexual activity have a far less likelihood to use alcohol and drugs. The point I am making--that is common sense; those children are common sense.

Now, I yield to the committee. Yes, we can refine how we do some of these things, but the important thing is these kids need services. They need interventions. They need extended families. They need male role models.. These are the things that we have put in, and over time these will be proven to be of value, but we will learn how to refine and make it better and that is what we are trying to accomplish, and I think that is what the President probably saw.

I cannot help but go back. When I see 16 of those youngsters in college from where they have come, I think they are telling the truth when they said it is this program that is responsible for them being where they are. I believe that. That is real.

Senator Dodd. Let me, if I can, also--and this is table 4, below table 4, on page 6 of that same letter. I

want to just finish up on this, if I can, Madam Chairman. I will be brief. I see the yellow light on.

I am reading now down in that bottom paragraph there under the table, beginning with the sentence about midway in that paragraph, "There were no significant differences between the groups on this variable, although within the active participant group"--that is, the active participants in the program, is that correct?

Dr. Foster. That is correct, yes, sir.

Senator Dodd. The active participant group--

Dr. Foster. That means high participants.

Senator Dodd. That is right.

Dr. Foster. Right.

Senator Dodd. When people read "active group," I think they might be misreading "active" in terms of sexual activity rather than their activity within the program itself.

". . . within the active participant group, only 2 pregnancies occurred, as compared to a total of 43 pregnancies that occurred at the other two groups combined."

Dr. Foster. Yes, sir.

Senator Dodd. Do you want to comment or respond to that?

Dr. Foster. Well, the explanation that I gave earlier--the most confusing thing was we had a report that said two

pregnancies at an earlier analysis. Remember, we did analysis three times, ~~a year,~~ 1994 and then at a final study which came out at the end of 1993, we reported only one pregnancy instead of two.

Senator Dodd. Right. I understood that.

Dr. Foster. And the reason for that, I think, if that is the same question, is that what was being counted as a pregnancy was not a pregnancy, but a young man who was thought to have gotten someone pregnant.

Senator Dodd. Well, the point I was trying to make, Doctor, too, is that where you have a high level of activity within the program itself, then you are getting those kinds of results, it seems, here.

I would also, Madam Chairman, ask at this point--I was going to read some of these, but I will put them into the record. There is some remarkable testimony offered by the teenagers themselves who were in the program and their comments about it, and I think they are compelling and urge my colleagues to take a look at them.

[The information referred to follows:]

/ COMMITTEE INSERT

Senator Dodd. Lastly, I would just also mention that I think the fact that you have as many young men involved in the "I Have a Future" program is tremendously worthwhile. I think too often there is an over-focus on just the young women, and the importance of having young men, and the higher degree you can get young men involved in the program, you really could make a far greater success out of that. So I applaud you immensely for that degree of attention on attracting young men to the program.

Madam Chairman, I apologize for going over.

The Chairman. Thank you, Senator Dodd. That is fine.

Dr. Foster. Senator Kassebaum, may I make one comment and one--the other correction I found--it wasn't a correction, but I wanted a clarification. When Representative Ford mentioned the VA hospital that I helped get services in, he just said the VA. It was not the Nashville VA hospital. It was the ~~Murfreesboro~~ Murphysboro VA hospital, which is about 45 miles away from Nashville. I didn't want anyone to be confused by that.

The only thing, again, I wanted to say--in this letter, we stated to the Carnegie we are pleased that the reviewers, the people who reviewed this program--these are all top ~~biostatisticians~~ statisticians--all recognized the strengths of the program and "we are aware of the complex nature of adolescent pregnancy. Not only are we addressing the

capacity, but also the desire to prevent pregnancy. A strength of the program is that it provides culturally appropriate, easily accessible information for adolescents and their families." I really think the major difference in this is with families. Thank you, Senator Kassebaum.

The Chairman. Thank you, Dr. Foster.

Senator Jeffords?

Senator Jeffords. Thank you.

Doctor, it is good to visit with you again. As we move forward in the confirmation process of Dr. Henry Foster, I am confident that my colleagues will join me in attempting a fair and unbiased appraisal of the doctor's qualifications for the post of Surgeon General.

I have always believed that in the matter of executive branch appointments, it is the President's prerogative to choose his own people. Unless the nominee is unqualified for the post either because of lack of experience or ethical problems, I will vote to confirm unless I find such things.

Our task is to assess not ideological leanings, but the candidate's educational and professional background to be sure that he or she is capable and competent for the position. We also have a responsibility to evaluate integrity and ethical or legal questions.

This morning, Dr. Foster, we heard a more complete version of your life story than most of us have heard to

date, and through the course of the hearing I am sure we will even hear more. I think you would be justified in being proud of this work, and mystified by how the bits and pieces so get twisted that your own wife couldn't recognize you if she read the resume.

It may be a small consolation, but welcome to the club; we have that problem ourselves here. We all go through it in political campaigns, and I am sorry that the same type of discourse often comes to characterize the nomination process in this administration and those that preceded it.

Politics helps produce nominees, no doubt about it, but politics need not be the overriding consideration of our deliberations here, and I hope we can do our best to keep politics out of public health. I know we cannot hope to be entirely successful.

I have received hundreds of letters from Vermonters about Dr. Foster's nomination, and I have received hundreds more from people across the country. His support is well-known, and his colleagues who have worked for him for years have endorsed his candidacy. His detractors are passionate in their belief, however, that he should not be confirmed. As we proceed in this hearing, our task is to attempt to separate fact from fiction, implication from involvement, and to let you tell your own story and to examine the facts as they are.

Let me go back to the area that Senator Kassebaum was referring to because this is of great concern to me, the fact that we have continuously received from the administration, and in some regards from your own testimony, facts which unfortunately either overstate or are not accurate, or just plain bad mistakes. So it is making it difficult.

It seems to me I am getting to the point here where the question is as to whether we should not confirm you because the administration has given us so many things that have inaccuracies that it wouldn't be appropriate to confirm you. I don't think that is a standard I will use, but I want to go back to the study, the important one, with respect to your program which has been so highly--the information, to me, does not reflect accurately what happened with respect to pregnancies.

What happened, as I understand it, is you had a control group of about 245 individuals. However, when we did the analysis, the analysis to figure out its effectiveness was to take those that actively participated over half the time, and then we used that group as the group of the final analysis. But a study which is successful is that it is successful in getting the people to participate, so from your own admissions, at least, your director points out there were no significant differences between the groups on

this variable; that is, the group that only participated part-time and the control group.

So what we did was we took the group that participated over half the time and examined the pregnancies. Whether it is one or two, it doesn't make much difference because that meant that of the total group of 246, there were either 17 or 18 pregnancies, and if you compare that with the control group, there is very little statistical difference.

If you did as your study did, lop all of the ones that didn't participate much and throw them over in the control group, then you have a huge base and you call the small group that really actively participated successful. That is just not an accurate view of the program.

Now, the program you tout is one I agree with. It is a very good program as far as esteem and all of the things that we should have with mentoring and those kinds of things, but the problem that I get is we are trying to sell the country now, and the administration is touting this as an answer to teenage pregnancy. Your study really doesn't give us any confidence in that. I would like your comment on that.

Dr. Foster. As I said a moment earlier, the numbers are small. We know that. It is very difficult to have power in single, isolated programs of this nature that require longitudinal, prospective, multicentered studies,