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Wash. Times; 5-24-95

Dr. Foster's nomination

Indications are that Dr. Henry W. Foster Jr. will garner enough votes in the Senate Labor and Human Resources Committee to have his nomination as surgeon general sent forward. Then it will be up to the full body to decide whether Dr. Foster warrants confirmation. Majority Leader Bob Dole, who had threatened to take a leaf from his Democratic colleagues under Republican administrations and prevent the nomination from coming to a vote, has now decided to reserve judgment until meeting with the nominee. Sen. Phil Gramm is still adamant that he will do everything within his power to prevent Dr. Foster from becoming surgeon general. Both appeared on weekend talk shows discussing Dr. Foster, as did administration spokesmen defending him.

How is it, one can't help asking oneself, that everyone has gotten so roiled about one of the least significant government positions of all? Why the outrage from the Christian Coalition; why the outspoken determination by President Clinton to go to the mat for this, of all nominations; why the threats of interference from Mr. Gramm and Mr. Dole; why, in short, all the fuss?

The fuss is because Dr. Foster's nomination encompasses the debate over social issues that has been raging in this country for more than 30 years; it is because — apart even from the question of how many dozens of abortions he performed, how many retarded women he sterilized without consent, how many syphilitic men went untreated before he spoke out about it — Dr. Foster, like the administration he would serve, personally stands foursquare behind all the liberal verities, and the failed policies emanating from them, toward sexual activity among unmarried young people today.

Indeed, touted as he has been (chiefly by Mr. Clinton) as a proponent of abstinence, recent revelations about Dr. Foster's vaunted anti-teen-pregnancy program, "I Have a Future," make it clear that that simply is not true. What Dr. Foster's program does and has done all along, in fact, is teach kids about contraceptives (which necessarily implies teaching them anything they don't already know about sex) and supply them with contraceptives.

And the most recent study of the results of "I Have a Future" (which the nominee conveniently forgot about until after his hearing was concluded) showed plainly that the program has been as dismal a failure as every other such program. The drop-out rate from the program is very high; though there is evidence of lower pregnancy rates among regular participants, other factors (such as the fact that the regulars are the youngest kids) are probably responsible; most revealing, the study found that participants were more likely to be sexually active than young people in a control group with no connection to Dr. Foster's program.

Piling the kudos, including "Thousand Points of Light" honors, on that kind of house of cards is a dangerous game. And the people in danger are, as ever, the teen-agers really do need and are in fact seeking guidance from their elders and the strength to live morally — and instead receive the modern equivalent of a trip to the town brothel. Oh, yes, they also get a lecture about abstinence. (All points of view are welcome, of course.) But then they're told to pick between the brothel and abstinence. The results are getting predictable.

Wash. Times; 5-24-95

The larger case against Dr. Foster

By Thomas L. Jipping

The Senate Committee on Labor and Human Resources votes tomorrow morning on the nomination of Dr. Henry W. Foster Jr. to be surgeon general of the United States. However the votes in committee and in the full Senate come out, no one should mistake what those votes really mean.

The Foster nomination presents a choice between two radically different sets of values. Unfortunately, the Republican leadership is too squeamish about such things to directly engage this debate. They would rather spin this controversy in terms of credibility (they don't even call it honesty) rather than those sticky social issues.

Honesty is an important issue. Dr. Foster and the White House have not told the truth about his record of performing abortions and involuntary sterilizations. They have not told the truth about his acquiescence in the notorious study that denied necessary medical care to black men with syphilis. They have not told the truth about his close association with the most radical abortion advocates. That should be enough for a majority of Senators to vote against him.

But honesty is not the only issue. More serious is what Republicans appear too timid to address, namely, what the truth actually is once it finally comes out. The truth is that Dr. Foster represents the same set of values as his predecessor, Dr. Joycelyn Elders. He is an abortion advocate who advances a contraception-based approach, rather than an abstinence-based approach, to teen pregnancy. His approach encourages sexual activity, fails to avoid pregnancy, and ultimately results in more dead

babies and ruined teen-age lives.

Dr. Foster said in February that "in my work with teen-agers, abstinence has always been stressed as my first priority." Talk is so cheap, it's free. The public and the Senate must look at the evidence, and by that standard Dr. Foster's statement is simply not true.

His work with teen-agers is best represented by the "I Have a Future" (IHAF) program. An eight-page brochure about the program issued when he was its director fails to discuss or even mention abstinence.

Honesty is not the only issue.

nence. It lists 16 activities, seven principles and five objectives but includes not a word about abstinence. It lists increased access to and utilization of contraceptives as a "project objective" (Page 2) and highlights weekly distribution of contraceptives as a "basic service component" (Page 4), but includes not a whisper about abstinence.

The evidence about this program's effects on teen-agers also proves the point. If abstinence is the first priority, there ought to be some effect from the program on sexual activity. Dr. Lorraine Greene, IHAF deputy director, provided a 14-page evaluation to the Carnegie Corp. from which she sought program funding. Dated Feb. 3, 1992, the evaluation examined IHAF's effects for teens with different levels of involvement since the program began. Involvement in the program and involvement in sexual activity ran parallel. Those most actively involved in the "I Have a Future" program were most likely to be sexually active. In addition, nearly twice as many active participants as non-participants had their first sexual experience after the program began.

If, as he publicly states, Dr. Fos-

ter's "first priority" is teaching sexual abstinence, his "I Have a Future" program is an abject failure. The fact is, though, the program is not based on abstinence, it is based on contraception. Yet even on those terms, the program is a failure.

During the hearing on his nomination, Dr. Foster denied that other evaluations of IHAF exist. That is not true. (There's that blasted credibility problem again.) He claimed in a letter dated May 11 to Sen. John Ashcroft, Missouri Republican, that a final evaluation "is somewhat more positive." The only thing more positive about the evaluation dated Nov. 28, 1994, is that it tends to show no effect, rather than a negative effect, of the IHAF program.

The final evaluation states that "there appears to be no effect on pregnancy risk behavior." It states that there was no substantial difference between participants and non-participants "on frequency of birth control use or frequency of intercourse." Apparently, the greatest effect of the IHAF program is "sexual knowledge." The evaluation concluded that "it is unknown at this time whether the IHAF program has an effect on pregnancy. . . . Positive effects of the program on actual behavior and pregnancy involvement are not as evident."

The truth is that Dr. Foster's approach to teen pregnancy is a failure. It does not discourage sexual activity, but may actually increase it. It does not reduce pregnancy risk. It does not appear to reduce pregnancy at all. Oh well, there's always abortion.

The committee vote, and whatever vote may take place in the full Senate, is about honesty. It is also about values that work and those that don't. Dr. Foster, like Dr. Elders, represents the abortion-contraception approach that abandons children to raw sexuality, loveless relationships, dead babies and a future of despair. It's time to stand up and be counted, senators.

Thomas L. Jipping, a lawyer, is director of the Free Congress Foundation's Center for Law & Democracy.

Playmate Joycelyn Elders

Joycelyn Elders is not quite the centerfold, but she's finally found a format that suits her rhetoric.

In an interview in Playboy magazine, she's nestled between ads for a provocative video of Julie Cialini, the 1995 Playmate of the Year (who wears only her shoes and socks, gloves and hat), and come-ons for other videos of "loving couples" who "explicitly demonstrate the exercises and techniques that have taken their sexuality to new heights."



**Suzanne
Fields**

She repeats her colorful comments about masturbation, which the New York Times defended "as pedagogy," and criticized as politics, "a reckless act of indifference to Mr. Clinton's fortunes." She continues her attacks on "the very religious non-Christian right," blaming them for a host of historical disasters.

"Where was the church during the Holocaust?" she asks. "Where was the church when the Indians were sent off to reservation? Where was the church when black men were held in slavery for 200 years? You know those God-fearing Christians we're talking about were often the leaders of those kinds of efforts and initiatives."

So much for pedagogy. When she runs out of specific attacks on Christians, she blames Rush Limbaugh and the dittoheads for undercutting her advice. "I may not like what he says," she says crossly, "but he sells."

She invokes martyrdom through identification with Lani Guinier and Anita Hill though she got to wear that nifty admiral's uniform and they didn't. "The white male structure will fight and oppose any female it sees rising in power," she says. "We're easier targets to knock off. We don't have a strong power base."

Nevertheless, she insists that our Southern white male president

"wanted the message that I was putting out" because "I never had a problem with him when he was governor." That's no doubt true. After the president the middle-aged white male she most respects is Teddy Kennedy. She particularly likes his "values." "He's the Washington person I would most want to be like."

What's striking about this interview is that the physician the president put in charge of speaking out on health problems — specifically to teach children — chooses to defend her crusade against unwanted teen-age pregnancies in Playboy magazine. She rails, in an aside, about the way men want to make "sex objects" — playmates, you might say — of women.

Joycelyn Elders and her bully pulpit are now merely footnotes for the history books, spicing dull discussions of failed presidential appointments. But the time may be right for the rest of us to ask whether we need a surgeon general at all. Maybe a surgeon sergeant would serve as well.

At most, the job provides a pulpit for restating obvious health messages that most of us, especially teen-agers, already know. At worst, a surgeon general is easily sidetracked into controversies such as how many abortions a very model of a modern surgeon general can perform before he is disqualified for confirmation.

I've suggested that the next surgeon general ought to be a podiatrist. It's hard to create a controversy over corns or a bellyache over bunions, though this administration would probably choose the one who wants to outlaw high heels to protect a woman's back, and would therefore alienate all the white (and black) men who appreciate a taut feminine calf.

In big-deficit America, why can't we just RIF this position, saving a salary which pays as much as \$140,000? Do we really need a chief health adviser who looks like a character out of "H.M.S. Pinafore"? Someone else could tell us that smoking is bad and sex can be lethal. The surgeon general, with the rank equivalent to a vice admiral in the Navy, originally provided health care to sailors, but the Navy has managed to do quite well without a surgeon general since the turn of the century. (Besides, the "new" Navy needs obstetricians, not surgeons.)

Dr. Henry Foster, if he is confirmed, is a divisive force already on the issue of abortion with his badly muddled moral message. "Face it," Joycelyn Elders tells Playboy, "if I had been saying everything they wanted to hear, nobody would know who the surgeon general was."

Right on. But if we can't zero out the position, maybe we should eliminate that doorman's uniform, and nobody would take the job.

Suzanne Fields, a columnist for The Washington Times, is nationally syndicated. Her column appears here Monday and Thursday.

Great wars are sometimes settled by minor battles, and the political wars are no exception. The nomination of Dr. Henry Foster to be surgeon general is not a matter of much importance — it is largely a figurehead affair, complete with crypto-naval uniform and press releases — but the struggle to confirm him is nothing trivial.

It is true that, if Dr. Foster should be rebuffed by the Senate, it will give the Republicans a brief moment of satisfaction, and the Clinton White House another headache. It is equally true, however, that if Dr. Foster should be confirmed, it will not just furnish Bill Clinton with a much-needed boost, but will signal a telling weakness in Republican ranks. The momentum of the November elections, no matter how intense this past winter, will have surely been halted by Henry Foster.

In one sense, it should be easy for Republicans to oppose this nomination. There is, to begin with, the symbolic question of President Clinton's choice of a gynecologist to serve as surgeon general. After all, if the health and well-being of Americans is the issue, why not select an internist, a medical administrator, or better yet, someone who specializes in one of the two diseases that kill the most Americans: A cardiologist (heart disease) or oncologist (cancer)?

The answer, of course, is too obvious. The selection of an experienced abortionist was deliberate, a calculated thumb in the eye of the "terrorists" — such violent language — who oppose a woman's right to choose. Yet why aggravate

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How to keep score in the Foster contest

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a tender national sore? If half the American people deplore abortion, why pick a nominee who personifies the issue? The answer, again, may be too obvious: President Clinton is practicing what Spiro Agnew used to call "positive polarization." Mr. Clinton does not wish to avoid divisiveness; he welcomes it. And by standing behind a practitioner of abortion, who also happens to be black, he is shoring up two pillars of his weakened political base.

As it happens, abortion divides the Republican Party nearly as much as the country. Here, however, Dr. Foster has offered wavering Republicans a series of gifts. Not

only has he persistently lied about the number of abortions he performed, but some of his rancid public comments — blaming his troubles, for example, on "white extremists" — might well conform to Mr. Clinton's idea of hate speech. In addition, Dr. Foster seems to have happily subscribed to the famous Tuskegee experiment, in which the Public Health Service observed the course of syphilis in a group of (uninformed and untreated) black men for several decades. Imagine a Republican nominee with such a background!

Still, with all this, the Foster nomination shows signs of life. For it should be said, at this juncture, that the Democrats, and their allies in the press, have successfully cowed the GOP. The race card, from which Clarence Thomas was exempt, has been artfully played. And tears glistened in the president's eyes as he listened to a teenage girl describe Dr. Foster's much-advertised birth control program in Nashville. Of course, the fact that the program has largely failed to prevent pregnancies — indeed, may be seen to have encouraged premarital sex — goes politely unmentioned. It's the thought that counts.

Then there is the fairness argument. Dr. Foster, at least, deserves a vote in the Senate. The majority

leader, Robert Dole, has insisted that he may not even bring the nomination to the floor, citing Dr. Foster's estrangement from the truth. Mr. Dole has also pointedly mentioned that no less than 165 Reagan-Bush nominations were scuttled by the Democrats without a vote. It's payback time. This is seen by the chattering classes as beneath the senator's dignity: The fact that the Democrats were boorish in the past does not justify revenge.

Oh, but it does, and for several reasons.

First, a selfless act by Senate Republicans will not inspire selflessness in the Democrats. When the party of President Clinton regains control of Congress, those old Democratic habits will recur. This is not a minuet played by ladies and gentlemen; it is a struggle for political power. The Republicans ought to know by now that graceful gestures inspire contempt among their adversaries, not gratitude.

And if the reputation of Henry Foster is somehow muddied in the conflict, so be it. He was not conscripted against his will; he enlisted for the fight. Congress has never hesitated to destroy good names in the past, to underplay or exaggerate, to frustrate plans and aspirations for the slightest advantage. If war is the continuation of politics by other means, as Karl von Clausewitz said, then the reverse is true as well: Politics is war, and the weaponry is words.

Philip Terzian writes a column from Washington for the Providence [R.I.] Journal.

There are two critical issues surrounding the nomination of Dr. Henry Foster to be surgeon general. One is whether his approach to sexuality has produced its announced goals. The second is whether he should be believed when he said he wants to make abortion "safe, legal and rare," a phrase often used by President Clinton, who in fact has done nothing to make it rare and much to further the procedure.

The Washington Times located a manual for Dr. Foster's ballyhooed "I Have a Future" program. It was designed to help train a staff teach children ages 10 to 17. The manual gives equal emphasis to contraception and abstinence, declares that children should develop their own sexual values and shows how to shop for and wear condoms.

Furthermore, the only study conducted by Meharry Medical College, in Nashville, Tenn., which was running Dr. Foster's program, shows that not only did it fail to reduce the number of pregnancies among teen-age participants, but those in the program were more likely to engage in sex than those in a control group. Somehow the message about the benefits of delaying sexual gratification until marriage was missing.

But it's in the abortion wars that Dr. Foster's credibility is stretched to the breaking point. At first, Dr. Foster employed the selfish line of his ousted predecessor, Dr. Joycelyn Elders. Like Dr. Elders, he said

Tell-tale results of Foster's program

every child should be "wanted," ignoring the fact that many children "unwanted" at a time a woman finds she is pregnant become very much wanted if allowed to live.

Has Dr. Foster been a champion of limiting abortions? Not if one goes back 14 years to a program funded by Upjohn, the pharmaceutical company located in Kalamazoo, Mich. In 1981, Upjohn wanted to test an abortion suppository that some believed would allow women to do their own abortions at home.

Dr. Foster was put in charge of the testing program at Meharry Medical College-Hubbard Hospital. At the time, Upjohn spokesman Joe Heywood said the suppository was being developed for use only in hospitals. Mr. Heywood disavowed a suggestion he said came from Dr.

Foster that the suppository could be used at home. Mr. Heywood said Dr. Foster himself raised such a possibility in the publication OBGYN News.

A story in the Feb. 5, 1981, Nashville Banner indicated Dr. Foster expected the drug could be used at home. It reported: "Foster said the suppository could free women from the expense, surgical risks and hospitalization required by conventional forms of abortion." The doctor was quoted by the paper as saying: "If approved for marketing, women will be able to buy suppositories with a prescription and learn to insert them at home."

And who were the subjects for the abortion suppository? Since

Is Dr. Foster as squeamish about abortion as he says? It seems for years he has run with pro-abortion hard-liners. He was a member of Planned Parenthood's national board 1978-81 and its national advisory council 1981-85.

Meharry Medical College and Hubbard Hospital are located in a largely black area of Nashville, it is safe to assume that the patients were black, though neither Meharry nor Upjohn would confirm that at the time. Does this give credence to the old claim by some black leaders that blacks had been targeted for "genocide" by whites whose goal was to reduce the welfare population by promoting permissive abortion among them? But that was before the morality of abortion was obscured by the politics of abortion.

Is Dr. Foster as squeamish about abortion as he says? It seems for years he has run with pro-abortion hard-liners. He was a member of Planned Parenthood's national board 1978-81 and its national advisory council 1981-85. Since 1989, he has served on the National Leadership Committee to Keep Abortion Safe and Legal (but not "rare"), a Planned Parenthood affiliate organization.

During the hearings, Sen. Barbara Mikulski, Maryland Democrat, argued there should be "no litmus test on individual issues." Tell that to Judge Robert Bork. If a Democrat-controlled Senate would not confirm Judge Bork for the Supreme Court, a Republican Senate ought not to confirm Henry Foster as surgeon general.

Cal Thomas is a nationally syndicated columnist

Dr. Foster and the confirmation process

>Welcome to the club, one senator said, telling Dr. Henry Foster that it must be mystifying to hear his career replayed in bits and pieces that would make his own resume hard to recognize.

Another said Dr. Foster was entitled to "the presumption of innocence," as if he were up for trial, rather than for confirmation to become surgeon general.

Observations like those, from skeptics as well as supporters, came again and again during two days of hearings on the Foster nomination. Whatever the outcome for him, the confirmation process is at issue too.

It can, and often has, become an ordeal for the men and women a president nominates to serve in administration posts or for federal judgeships. It also can become a barrier, prompting prospective nominees to say no.

The answer to that always has been that here are plenty of other qualified candidates ready to take the jobs involved. That may not always hold true, given the torturous track awaiting a nominee who stirs controversy.

Dr. Foster has been on his track for three months, with weeks more to go. There is the prospect that eventually it will hit a dead end, clouded, as he said himself, by abortion and "the issue of my credibility, which has never ever been questioned before."

It is being challenged now, by Republican opponents, in a campaign that will intensify should the nomination be sent from the Senate Labor and Human Resources Committee to the full Senate. Democrats contend that the credibility questions are cover for opposition really based on the abortion issue.

On that, Dr. Foster and the White House worsened their own problems with initial misstatements on

the number of abortions he performed. He now puts it at 39. Dr. Foster, an obstetrician-gynecologist from Nashville, said he'd relied on memory at first without checking the records, and that was a mistake.

"But it was an honest mistake," Dr. Foster said. "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... I spoke without having all of the facts."

At that point, he wasn't getting much help from the White House aides who do know the system, in part because of the assumption there that a black physician with a pioneering 38-year career, honored by a Republican president and praised by his friend and fellow physician, GOP Sen. Bill Frist, would be a no-problem nominee. That led to unasked questions, unchecked records and to the controversy that persists.

Dr. Foster heightened it himself with his slip of the tongue complaint about white right-wing extremists, and his comment that there was something fishy about the way black nominees have been treated.

"Race has no part in this," he told the committee.

Politics does, on a nomination now tangled in rival campaigns for the GOP presidential nomination. Sen. Phil Gramm of Texas threatened a filibuster to block Dr. Foster. Sen. Bob Dole, front-runner for the nomination, said he may use his power as majority leader to prevent a vote in any event, insisting that the issue is truthfulness, not abortion.

Sen. Nancy Kassebaum of Kansas, the committee chairman, backs Mr. Dole for president but not his argument on Dr. Foster. "He has been made into a pawn in our abortion debates," she said.

Sen. Christopher Dodd, Connecticut Democrat, who made the "presumption of innocence" comment, said he fears that what Dr. Foster encountered "would discourage other good people in any administration when asked to step forward and serve their country."

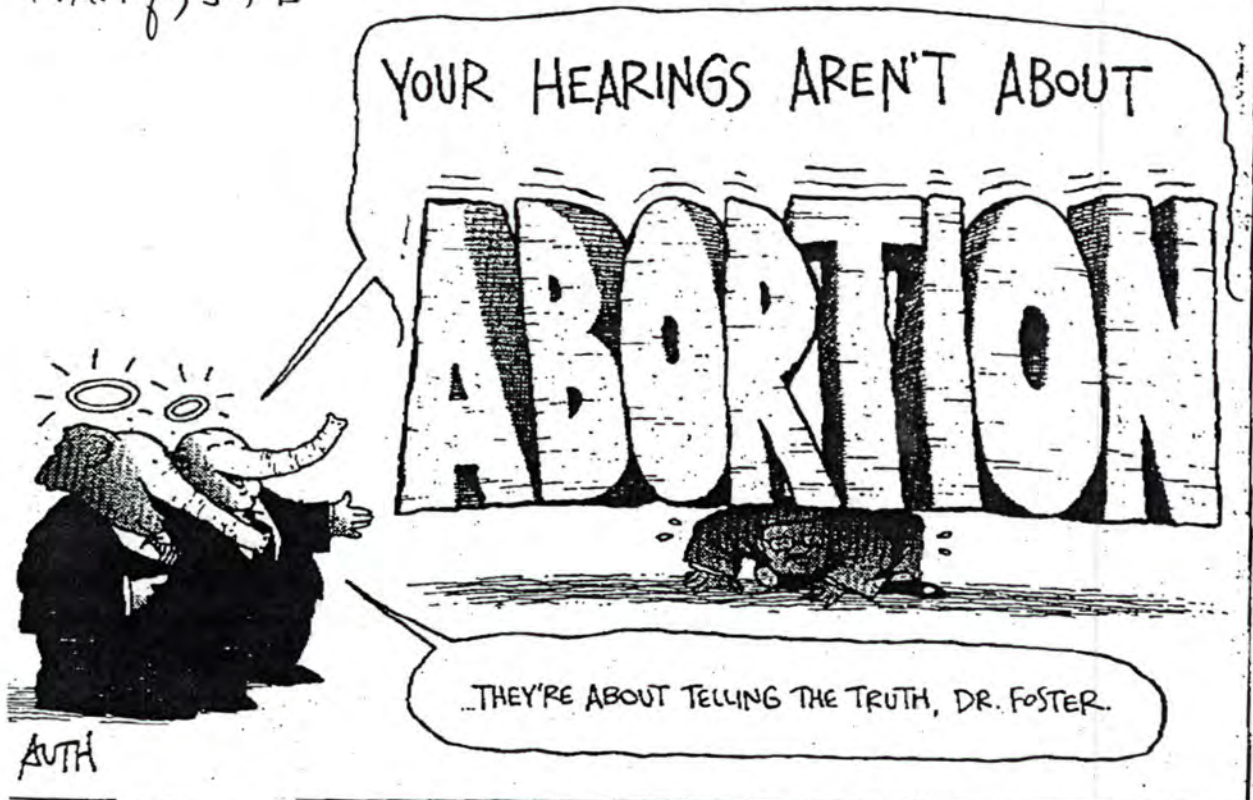
Sen. James Jeffords, Vermont Republican, told Dr. Foster he can be proud of his work and mystified at the way it has been dissected. "It may be small consolation, but welcome to the club," Mr. Jeffords said. "We all go through it in political campaigns." He said he's sorry the same pattern often marks confirmation proceedings.

"We are not here to rummage through the attics of his life in search of every possible mistake or imperfection," said Mr. Frist. "It happens."



Walter R. Mears is vice president and columnist for *The Associated Press*.

Phila. Inq.; 5-4-95



Wash. Times; 5-5-95;

The Philadelphia Inquirer / TONY AUTH

Dr. Foster's hearing

Dr. Henry Foster acquitted himself well at his confirmation hearings this week. In light of his performance, and in view of the fact that he's already won over one of the Republicans on the Labor and Human Resources Committee, it behooves us all to remember precisely what the serious objections to the good doctor have been.

There is for one thing, the question of the Tuskegee syphilis study. Dr. Foster headed the obstetrics department at the Tuskegee Institute's hospital for a time, and he was vice president of the Macon County, Ala., medical society at a time when the society got a briefing on the study. But he insists he never knew of the study until it became common knowledge. Documents that Sen. Dan Coats entered into the hearing record seem to indicate he did. Dr. Foster waxed outraged over the charge during the hearing, and even threw in an allusion to his race: that black people should be implicated in this evil study conducted by the government which denied treatment to syphilitic black men he declared especially offensive. Still, those documents do exist. But the fact is nothing can be proved conclusively either way.

Then there's the issue of the sterilization of retarded women. Dr. Foster did four; he doesn't deny it. He just denies it was illegal or unethical at the time he was doing it.

Which is about the same thing he has to say about the many abortions he performed. For a long time after President Clinton nominated Dr. Foster, there was a good deal of confusion over just how many exactly that was. He first said it was one; that was quickly amended to several; then it turned out to be 39 — not including the 59 abortions he directed as part of a study of chemical abortion. And not a single one performed before 1973, when abortion became legal.

The apparent stupidity and incompetence of the White House in nominating an Ob-Gyn without check-

ing up on his abortions had old Washington hands scratching their heads in perplexity. Surely even the ham-handed, morally tone deaf, and politically clumsy Clintonites couldn't be that dumb. And, to advance a novel idea, perhaps they weren't quite as dumb as they seemed. For what their incompetence has accomplished is to reduce the objections to an abortionist Surgeon General to a matter of quibbling over numbers. Indeed, whether Mr. Clinton's people had it in mind or not, the numbers question (complete with digressions about availability of medical records, faulty memories, whether public or private money paid for the procedures, whether they were done in private practice rather than in the hospital) has served as a distraction from the real question.

And that is, why, at a time when the issue of abortion has become more contentious than perhaps at any time since *Roe vs. Wade*; at a time when millions of Americans have made it very plain that they find the practice of abortion morally, ethically and religiously repugnant; why at such a moment should our president choose a gynecologist who would likely have performed abortions as chief medical officer of the nation?

If no respected pediatrician's, or immunologist's, or gerontologist's or even dermatologist's name was forwarded to the Senate by Mr. Clinton, it was unquestionably because he wanted to hand the bully pulpit over to someone who shared his beliefs — not only about abortion but about all the ills affecting our society. Mr. Clinton's previous attempt to install a soulmate in the surgeon general's uniform fundered on Dr. Joycelyn Elders' flamboyant extremism. Dr. Foster is no extremist. And he's more of a follower on these issues than a leader. The point is that the path he — like Mr. Clinton — has chosen to follow, the path of sex education, self-esteem, birth control and abortion (the path of least resistance, in fact) has led straight to the mess we find ourselves in today.

WILLIAM MURCHISON

Wash. Times; 5-4-95

Abortion and the Foster hearings

Cozy, establishment Republicans, outside and inside the U.S. Senate, may squirm uncontrollably whenever the word "abortion" enters the debate over whether to confirm Dr. Henry Foster as surgeon general. Too bad. Abortion is the core issue in the Foster controversy. Not the precise number of abortions he performed. Not the confusion he strewed in providing that number.

The question is abortion and why we supposedly need as surgeon general a man who, in person, has extinguished unborn life. A full-time, part-time or sometime abortionist should be considered unqualified to function as the nation's family doctor.

Is this a harsh and uncharitable thing to say as the Foster debate kicks off? Dr. Foster himself seems nice enough. His personal dignity far exceeds that of the last S.G., Joycelyn Elders — but, then, whose dignity wouldn't? An organization with which he is involved touts to teenagers the value of sexual abstinence. Far from liking abortion, he "abhors" it. Fair enough?

Actually not. Because the thing he abhors, he does — or anyway, used to do. He has acted contrary to the Hippocratic Oath and to ethical and moral tradition.

He has done this — why? Because seven justices of the U.S. Supreme Court gave permission. That was all it took: a show of hands in a conference room; a written legal rationale; seven signatures. What was barbarous up to January, 1973, when Roe vs. Wade came down from on high, suddenly was fine, if not wonderful and heroic.

Dr. Foster is caught in the middle of it all — a physician not without moral scruples but unwilling to lean hard on those scruples in the face of Evolving Truth. It is proper to feel sorry for a man who found a

brightly wrapped gift — the surgeon generalship — in his lap, only to put his ear to the box and hear a loud ticking sound. It would be anything but proper to make this man our country's chief medical spokesman.

Bad enough is a surgeon general, like Dr. Elders, who lends intellectual support to abortion. Far worse would be a surgeon general who, with his own hands, had performed abortions. If the tone-deaf Clinton White House wonders why there is so much dissonance over Dr. Foster, here is the reason. Pro-life people regard his hands as unclean.

Dr. Foster, to be sure, has his backers. Pro-choice Americans would be more embarrassed to have a phrenologist as surgeon general than an abortionist. These see Roe vs. Wade as determinative. Relax, everybody; this abortion thing is legal!

In fact, a lot of bad things are legal, such as hatred, envy, malice, lying, back-stabbing and drinking the last cup of office coffee without making a fresh pot. This doesn't mean we want to encourage such activities.

With abortion, the matter is worse, because, up until Roe vs. Wade, society was more or less united on the proposition that unborn human life merited society's protection. The Hippocratic Oath, mentioned above, abjured abortion. Religious tradition condemned it. An older breed of feminist saw abortion as the kind of thing to which a man resorted after he got a poor girl in the family way. (Cf. Theodore Dreiser's "An American Tragedy.")

Nor has society changed its view quite as radically as abortion righters would like us to think. A Roper Poll last year, done for Focus on the Family and the Family Research Council, said 55 percent of Americans object either to all abortions or to many of them. The Clinton administration — as usual — has felt the elephant's tusk and decided what the whole beast looks like. Because everybody the Clintons know is pro-choice, everybody is pro-choice, and isn't it wonderful?

Self-styled "moderates," especially in the GOP, would like to change the whole subject. Thus, Dr. Foster may attract some Republican support. But the subject can't be changed. It's as big a question as our society wrestles with. Republicans, who nominally control the Senate, can and should vote with clear consciences against Dr. Foster. Or if not — what are these people doing up there anyway?

William Murchison, a columnist for the Dallas Morning News, is nationally syndicated.



N.Y. Post; 4-3-95

Dr. Foster: Still the wrong man

Talk about confirmation conversions: After months of double-talk and thinly veiled race-baiting, Surgeon General nominee Henry Foster Jr. used his confirmation hearing yesterday to pass himself off as just another family doctor, cut in the mold of Marcus Welby, MD.

But nothing Dr. Foster said before the Senate Labor and Human Resources Committee obscures the fact that his dubious professional history and prior lack of candor render him unfit for the post to which he's been nominated.

Foster's appearance followed an elaborately orchestrated White House campaign designed to invest the Tennessee obstetrician with mainstream appeal.

But while President Clinton has tried to make Foster all things to all people — "a pro-life, pro-choice doctor" (we kid you not, — there is good reason for the nation to find him objectionable).

His non-consensual sterilizations of retarded black women in the 1970s did not conform to then-accepted medical custom; his reported pre-disclosure knowledge of the infamous Tuskegee study on untreated syphilis in black males hasn't yet been satisfactorily explained; and his regularly updated count of the number of abortions he's performed bespeaks a continuing inability to discuss an important moral issue in a candid manner. Meanwhile, Foster's willingness to play the race card to defuse criticism of his nomination has been decidedly disconcerting.

True, Foster, of late, has been singing a different tune. No longer does he denounce his critics as "white, right-wing

extremists." And yesterday, the nominee denied "any intent to deceive" the public about his abortion record. He said an "honest mistake" — a result of speaking from memory — created confusion over his abortion count. Still, this was some memory lapse: The reported total went from one to seven to 39 to "perhaps 700" within a week.

Interestingly, even while abortion-rights supporters represent Foster's nomination as a litmus test of the Clinton administration's commitment to their cause, the nominee and the White House endeavor to downplay the abortion component of Foster's career. The administration, in fact, has provided journalists with lists of women dissuaded by Foster from having abortions.

Yesterday, moreover, Foster said he wanted to be known not as an abortionist but as "a doctor who delivers babies." That's understandable. And yes, the nominee has delivered many babies. But — like a great number of American obstetricians and gynecologists — he's also done lots of abortions. A decent respect for the sensibilities of pro-lifers — Americans who regard abortion as morally wrong — should move even a pro-choice White House to nominate as surgeon-general a physician who practices in a different field.

It seems to us that Dr. Foster is an able and amiable man who'd be better off never having been picked to replace the embarrassing Joycelyn Elders. Still, if the Clinton administration fails to withdraw his nomination, we hope the Senate rejects it.

The Arizona Republic Tuesday, May 2, 1995

Henry Foster, in his own words

FOR three months, it's been open season on Henry Foster. His nomination as surgeon general has been used in ongoing battles for political gain — the presidency of the United States, the fight to eliminate a woman's right to choose an abortion, the swing of power between the White House and Capitol Hill.

Today, Foster gets his chance to speak for himself. The confirmation hearing before the Senate Labor and Human Relations Committee is an important political day for the Nashville doctor. It's also important for the public at large, which deserves the benefit of having the nomination process carried out, not thwarted by political whim and malice that scuttled presidential nominees Zoe Baird and Lani Guinier and tinged the appointment of Arizona's Janet Napolitano for U.S. attorney.

Unlike Baird and Guinier, Foster gets the opportunity to address directly the issues raised about him. And there is no short supply.

The public deserves to know his views on abortion, perhaps America's most polarizing issue.

Foster needs to explain his role, if any, in The Tuskegee Project, a long-time government experiment that denied 400 black men treatment for syphilis, even after it became known that penicillin was effective on the disease.

The question of his performing hysterectomies on the mentally retarded also begs further explanation.

The public needs to hear from the doctor about his view of the role of surgeon general.

Foster calls himself a crusader

against teen-age pregnancy, a phenomenon President Clinton says is "our most serious social problem." No one can doubt the enormity of teen pregnancy, and a crusading surgeon surgeon could very well be part of the comprehensive solution to stop the prevalence of unintended pregnancy among juveniles. Former Surgeon General Joycelyn Elders was on that track before being derailed by her own outrageous comments.

A fair hearing will promote informed opinion about Foster's work as a medical professional.

If we term 39 legal abortions over a 40-year career as something bad, is bringing 10,000 babies into the world good? If performing hysterectomies on the mentally retarded during an era when it was acceptable medical practice is bad, is founding a nationally recognized teen-age pregnancy prevention program that stresses abstinence and self-esteem among poor children good?

Can the good in Foster's record outweigh whatever is deemed bad by those charged with determining whether the doctor deserves command of the bully pulpit of the Surgeon General's Office?

Senate Majority Leader Bob Dole is threatening to keep the nomination from a full vote if it gets out of committee. Another presidential candidate, Phil Gramm, is threatening to filibuster a vote. Naturally, there is a phone and letter-writing campaign by anti-abortion forces.

If the question of merit is thoroughly explored in honest debate and the side issues put in their proper places, if politics is controlled, the public will know if it is getting a qualified candidate. And that's the real point.

ST. LOUIS POST-DISPATCH

ANALYSIS

MAY 2, 1995

EDITORIALS

Henry Foster Must Provide Answers

Anti-abortion forces have succeeded in turning the nomination of Dr. Henry Foster for the post of U.S. surgeon general into a litmus test for Senate Republicans. For that reason, his confirmation hearings, which begin today, could turn into political grandstanding.

The Clinton administration is partly to blame for the Foster nomination being in trouble. Neither Dr. Foster nor the White House was frank from the start about his role in performing abortions. He initially said he had performed fewer than a dozen. He later conceded that the number was 39 and that he had supervised a medical study involving the use of a drug that induced abortions in 55 women.

The initial evasiveness gave the political right an excuse to hunt for and find contradictions in Dr. Foster's record and put the administration on the defensive. Clearly, Dr. Foster had nothing to hide in having performed a medical procedure that's protected by law. Nor should the administration have allowed abortion opponents to make an issue of Dr. Foster's role in the do-it-yourself abortion drug. After all, the administration is supporting clinical trials of RU-486, another abortion-inducing drug.

But the ethical issues surrounding the nominee are more knotty. He will have to explain more fully the hysterectomies he performed as a way of steril-

izing several severely mentally retarded women during the 1970s. Senators and the public will want to know what alternatives he might pursue if confronted with the same ethical issue today.

Even more disturbing ethical questions surround Dr. Foster's knowledge of a government study that denied medical treatment to 400 black male victims of syphilis. Some abortion opponents dug up this issue because they are leaving no stone unturned in their efforts to undermine Dr. Foster's nomination. Motive aside, however, Dr. Foster must explain what he knew about the study, when he learned of it and whether he spoke out against it.

On the positive side, Dr. Foster is highly regarded in the medical field, and he can take credit for espousing a policy of abstinence and sex education to discourage teen pregnancy among the poor. He is founder of Nashville's "I Have a Future Program." It provides counseling to teens from the city's public housing developments and urges them to put careers ahead of sexual activities and childbearing.

Impressive as Dr. Foster's reputation and the program are, they might not be enough to offset the many questions that have been raised about him. But the Senate and the public should keep an open mind and give him an opportunity to make a case for his confirmation.

Thumbs down on Foster

OPPOSING VIEW Based on his record, the evasive physician isn't fit for the job of surgeon general.

By Gary L. Bauer

Henry Foster Jr., President Clinton's nominee for surgeon general, is to appear today before the Senate Labor and Human Resources Committee. But which version of Henry Foster will it be?

Will it be the Henry Foster who "abhors" abortion, champions abstinence and family, and holds enlightened views about the sterilization of the mentally disabled?

Or will it be the Henry Foster who performs abortions and tests new abortifacients, distributes condoms to children without parental consent, and is a national advocate for Planned Parenthood?

Given the conservative temper of the times, the first version is likely to address the Senate today and tomorrow. But the latter version is more accurate.

From the day he was nominated, Foster continually has reinvented himself and his record.

On the simple question of the number of abortions he personally performed, he has given five separate accounts. Chances are

today he will give a sixth.

Foster told ABC's Ted Koppel that he "abhors" abortion. But for years, he has advised Planned Parenthood, which pushes tax-funded abortion on demand and opposes parental consent laws. If this is abhorrence, what is love?

America needs a healer, but Clinton has nominated a divider, a man who specializes in being unaware of the most important public health controversies of his time.

Foster was "unaware" of the abominable Tuskegee syphilis study when everyone around him knew of it. He seems to have been similarly "unaware" that removing the uteri of the mentally disabled was ethically troubling, years after the government moved against the practice.

Former surgeon general Joycelyn Elders talked radical policy; Foster delivers it. Public health — from heart disease to cancer to drug policy to smoking — transcends the narrow "sexual issue" portfolio that has been Foster's stock in trade. It is time we had a surgeon general for *all* Americans. The Senate's answer to Foster's evasions should be a straightforward "No."

Gary L. Bauer is president of the Family Research Council, Washington, D.C., and was a domestic policy adviser in the Reagan administration.

Wash. Post; 4-20-95

Will Dr. Foster Have His Day?

THANKS TO A not-ready-for-prime-time performance by Dr. Henry Foster and the White House, President Clinton's choice to be surgeon general was already dangerously adrift even before his name formally reached the Senate. Now the Foster nomination is reeling under the double impact of Republican opposition and presidential politics. The latest Republican presidential candidates to line up against Dr. Foster are fellow Tennessean Lamar Alexander and Senate Majority Leader Robert Dole. Another GOP presidential hopeful, Sen. Phil Gramm, already had threatened to filibuster the Foster nomination if it reaches the Senate floor. What matters more at the moment, however, is that Sen. Dole appears to be toying with the idea of denying the Senate a vote on Dr. Foster's fitness to serve. That would be unfair.

Sen. Dole has weighed in against Dr. Foster even before the nominee has had a chance to say a word in his own behalf in hearings. Contrast that with his February statement, "We shouldn't shoot down somebody before they've even had a hearing." That, however, was before Sen. Gramm publicly broached the idea of filibustering the Foster nomination ("Gridlock is sometimes a good thing").

Sen. Dole now says that even if the Foster

nomination clears the Senate committee, he still may not allow a floor vote. That stance may trump Sen. Gramm's talkathon threat and perhaps please GOP lawmakers who would just as soon take a pass on debating a woman's right to choose, or maybe earn applause from anti-abortion activists and the religious right. But it is not the way for the U.S. Senate to exercise its own obligations.

President Clinton promises to go to the mat for his embattled nominee, calling him "a good man with a good record. . . . He is qualified, he should be confirmed." That will be the question when Sen. Nancy Kassebaum's Labor and Human Resources Committee holds hearings early next month. The president decries the likelihood of Dr. Foster's getting caught up in presidential politics. Of course the nomination itself was made with an eye to politics; there's no point in denying it. In deciding on the next surgeon general, however, it should be the committee, and the facts developed about the nominee's fitness during the hearings, that determine how the Senate ultimately works its will on Dr. Foster—and the hearing should go forward. If opponents of Dr. Foster believe they have a strong case against him, they shouldn't be afraid to make it.

Wash. Times; 4-12-95

Ten reasons to sink the Foster nomination

By Thomas L. Jipping

Dr. Henry W. Foster Jr., President Clinton's nominee to be surgeon general, and his White House handlers live in a simple world.

Name-calling is their means of addressing — or rather dismissing — Dr. Foster's critics. White House press secretary Mike McCurry calls them extremists. Dr. Foster calls them racists. But no amount of petty name-calling can avoid the many disturbing issues raised by the Foster nomination. Here's the Top 10 list.

First, Dr. Foster's professional career is inextricably tied to abortion. His supporters' response that abortion is a legal medical procedure is irrelevant. Smoking cigarettes is legal, yet the Senate would hardly confirm a smoker as surgeon general.

Second, Dr. Foster changes his tune about abortion and other topics to fit his audience. He said on "Nightline," "I abhor abortion," but he told an audience at George Washington University, "I believe in a woman's right to choose." He has told black audiences that "white right-wing extremists" were opposing him and minority nominees "are certainly being attacked," but he told USA Today that "this is not about race at all." Will the real Henry Foster please stand up?

Third, Dr. Foster and his handlers have been dishonest about his abortion record. The White House first said Dr. Foster performed one abortion; Dr. Foster then said "less than 12"; and the White House again changed the number to 39. They want to reduce the entire debate to a squabble over numbers.

The latest figure, for example, is the number of abortions he performed in one hospital where he was the "physician of record." Dr. Foster won't count anything before 1973, when most abortions were illegal in Alabama, where he practiced medicine. He won't count the 59 abortions resulting from his research study to develop an abortion suppository because, he says, these women were not "private patients." Why all the hair-splitting? Maybe the nominee and his spin

doctors have something to hide. To them it is a debate over numbers, but everyone knows the issue here is honesty.

Fourth, while Dr. Foster claims to abhor abortion, he seems perfectly willing to lay aside his convictions for the right amount of money. For example, Dr. Foster explained his willingness to conduct the abortion suppository research by saying that Meharry Medical College had a research grant from the Upjohn Company for the work. It was "a part of keeping our program accredited. . . . 20 percent of all universities survive on grant funds." Were there no other grants for other types of research? Apparently, Dr. Foster was quite willing to put aside his convictions about abortion when the grant check arrived.

Fifth, Dr. Foster and his handlers have been dishonest about his close ties to abortion advocates. He has been a member of the national board of the Planned Parenthood Federation of America (PPFA), the largest abortion provider in the country, and served on the leadership committee of PPFA's Campaign to Keep Abortion Safe and Legal, which opposes any abortion restrictions. The official White House biography deleted any such affiliations when Mr. Clinton first announced his intention to nominate Dr. Foster on Feb. 2. Sen. Bill Frist, Tennessee Republican, attended that announcement but later said he had not been informed of Dr. Foster's close ties to abortion advocates.

Sixth, the White House has falsely portrayed Dr. Foster as holding more moderate views than his predecessor. Mr. Clinton supposedly fired former Surgeon General Joycelyn Elders after she said that masturbation should be taught to school children. PPFA, with whom Dr. Foster has been closely associated for nearly 20 years, endorses the Sex Education and Information Council of the United States, which indeed advocates masturbation education for young children.

Seventh, there is evidence that Dr. Foster lied about his acquiescence in a notorious research project that denied necessary medical care to black men with syphilis. A long-term federally funded research project studying black men with syphilis withheld necessary treatment without the participants' knowledge. In May 1969, federal officials briefed the Macon County, Ala., medical society, of which Dr. Foster was vice president. Dr. Foster claims he missed that meeting and objected to the study years later. Dr. Luther McRae, the medical society's president, is willing to testify under oath that Dr. Foster did attend the meeting but raised no objection to the syphilis study.

Eighth, Dr. Foster sterilized retarded women without their con-

sent from 1965 to 1973. While his supporters claim this practice was common at the time, columnist Tony Snow writes that most states had outlawed the practice by that time and "doctors and philosophers had mounted a furious debate about the propriety of performing such operations even with the consent of the person involved." Do you think that someone who had supported segregation before the Supreme Court's *Brown vs. Board of Education* decision in 1954 would have a chance of being confirmed as, let's say, a federal judge?

Ninth, Dr. Foster may not have been the successful academic administrator that he and the White House have claimed. In fact, the obstetrics-gynecology residency program at Meharry Medical College permanently lost its accreditation in 1990 while Dr. Foster headed the department and was dean of medicine.

Tenth, reality may not match the hype about Dr. Foster's efforts at combatting teen pregnancy. Information about Dr. Foster's "I Have A Future" program in Nashville is disturbingly scarce. The program's director refused to provide The Washington Times with documentation that the program lowered pregnancy rates, and non-profit organizations seeking the same information have similarly been rebuffed. According to The Times, neither the White House nor the Department of Health and Human Services has cooperated. Even members of the Tennessee legislature have been turned away when they have tried to determine whether Dr. Foster's program is successful.

Dr. Foster and his White House handlers want to say that the debate is only about how many abortions he has performed. That is cynical, simplistic and demeaning. No, Dr. Foster's nomination is, and should be, in serious jeopardy for many more substantive reasons — none of which can be dismissed as racist or extremist.

Thomas L. Jipping, a lawyer, is director of the Center for Law & Democracy at the Free Congress Foundation.

4-A / THE TOPEKA CAPITAL-JOURNAL Wednesday, April 19, 1995

SURGEON GENERAL

Is it Foster's fate?

Public Health Week was observed largely without notice April 3-9. And that's a shame; there are more public health problems out there than one can shake a syringe at.

At the same time, we are observing yet another month without a surgeon general, which is a shame as well; each week that bully pulpit is empty is a week without the public health's No. 1 advocate.

President Clinton's choice to replace the ousted Dr. Joycelyn Elders, Dr. Henry Foster, faces a Senate confirmation hearing May 2 — three months after the announcement of his nomination.

As if that delay weren't enough, Kansas Sen. Bob Dole now says he may use his influence to block the nomination — meaning the surgeon general's post could remain in limbo for yet more months.

Opponents of the nomination cite Foster's record of performing abortions — and of later misstating their number.

■ If the surgeon general's nomination is to be sacrificed to special interests, get on with it.

Perhaps the Kansas senator is opposing Foster because he feels Foster lied. Perhaps, as a luxury, Dole's opposition to Foster will help Dole win the hearts of anti-abortion forces that may help him earn the GOP presidential nomination.

Whatever Dole's motivation, it would be lamentable if a qualified doctor were to be sacrificed to special interests.

But it would be even more regrettable if the nomination were to drag on *ad infinitum*.

If this is to be Foster's fate, then, let's get on with it and don't play games. Have the hearing and simply vote the nomination up or down.

Otherwise, nominations for such a government post might have to come with a surgeon general's warning.

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GENERAL SERVICES ADMINISTRATION

WEDNESDAY, APRIL 19, 1995

NEW YORK POST

Founded by Alexander Hamilton in 1801

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The Foster solution

Remember Dr. Henry Foster, President Clinton's choice to succeed Joycelyn Elders as surgeon general?

Senate Majority Leader Bob Dole (R-Kan.) hinted over the weekend that he may block consideration of the Foster nomination. If Dole refuses to let the nomination reach the Senate floor, he'll undoubtedly take flak from liberals for squelching debate and denying the Tennessee obstetrician a "fair" hearing. Actually, the flak has already started coming.

But the Clinton administration will likely breathe a secret sigh of relief if it's spared a nasty floor fight over Foster. While the President remains under pressure from special-interest groups to stand by Foster — no matter how many times the good doctor revises his official abortion count or plays the race card to defuse criticism of his nomination — Clinton's political handlers surely understand that Foster has proved a major embarrassment.

It's doubtful, after all, that the White House is dismayed by the possibility that senators won't publicly debate Foster's inability to remember how many abortions he performed during his medical career: The count, recall, went quickly from one to seven to 39 to "perhaps 700." Nor will Clintonites likely be disappointed if Foster's backers don't have a chance to demonstrate that his decision to sterilize severely retarded black women in the 1970s represented accepted medical procedure at the time. In fact, the administration might not mind if the question of whether or not Foster learned of the Tuskegee study on untreated syphilis in black males before its public disclosure remained unexplored.

It's certainly ironic that Bob Dole, a prospective GOP presidential nominee, has reason to spare the administration a political headache. Still, President Clinton would be unwise to look a gift horse in the mouth.

Boston Herald
 Tuesday - April 18th

Drop Foster's nomination

In saying he might not bring up Dr. Henry Foster's nomination as surgeon general for a vote, Senate Majority Leader Bob Dole is doing the administration a favor. The president can do himself an even bigger favor by withdrawing the nomination before the scheduled May 2 hearings.

The main objection to Foster is his inconsistencies on the number of abortions he's performed. Initially, the obstetrician-gynecologist said it was fewer than a dozen, then 39. In a 1979 transcript from a federal advisory panel, a speaker identified as Dr. Foster seems to say he performed more than 700 abortions.

Numbers aside, why must we have someone who performed any abortions as the nation's chief public health officer? More than 22 years after Roe v. Wade, abortion remains the most controversial political issue.

Abortions are legal, but the

American people are deeply divided. Polls show a majority believes abortion should be legal in at least some circumstances, but larger majorities say it should be severely restricted. The president may think he can energize part of his constituency by fighting for Foster, but he'll energize the other side too.

After Dr. Joycelyn Elders, who added a new dimension to the expression "loose cannon," Clinton should have picked a less controversial nominee, someone who could promote health without controversy — say a prominent cancer researcher or a distinguished cardiac surgeon.

Instead, with his unerring instinct for disaster, the president tapped a Planned Parenthood activist, condom-distribution advocate and sometimes abortionist. For many reasons, not the least to save Dr. Foster further embarrassment, Clinton should throw in the towel on this one.

Wash. Times; 4-12-95

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Thomas L. Jipping, a lawyer, is director of the Center for Law & Democracy at the Free Congress Foundation.

SURGEON GENERAL Judgment is the issue

Surgeon general nominee Henry Foster added nothing relevant to the discussion, and actually damaged his own credibility, by intimating that his critics are racists.

Foster, who is black, recently said minorities chosen for top Clinton administration posts "are being attacked" and "it certainly looks fishy."

Lani Guinier's nomination was derailed after her unusual theories on government were publicized. Also, Mike Espy resigned under pressure amid ethics problems and Joycelyn Elders was forced out after publicly advocating that public schools teach masturbation.

But whites are treated no better.

The nominations of Zoe Baird, Kimba Wood, Bobby Ray Inman and Michael P.C. Carns were withdrawn after past events in their lives were questioned. At least three others were confirmed but later resigned under criticism — David Watkins, Bernard Nussbaum and Les Aspin.

The problem isn't that Republicans are racists; it's that this administration has a notoriously poor hiring record.

Foster's nomination is in jeopardy over three issues.

First, as an obstetrician, he performed abortions and played a key role in the hospital trial of an abortion-inducing drug.

The surgeon general's job is to rally public support around vital health issues, such as AIDS prevention and anti-smoking efforts. He cannot do that effectively if he is actively involved with a controversial cause, regardless which side he takes.

Second, there are concerns about Foster's alleged knowledge of the Tuskegee Project, a 40-year government study in which poor black men with syphilis were deliberately left untreated. He denies the allegations.

Finally, there are inconsistent stories.

Administration officials initially said they understood he had

performed one abortion. Later, he revised that number upward to "fewer than a dozen" — then recalled 39 of them, plus another 55 with the abortion drugs. Later, transcripts of a 1978 meeting turned up, quoting him as putting the potential number closer to 700.

Those discrepancies look — well, fishy.

It could be that he was "fudging" on the truth to conceal his record or that his memory is hopelessly unreliable, either which would be a concern. Or perhaps everything was a big misunderstanding — and, if so, that needs to come out, so his critics can move on to other issues.

There is nothing wrong with sorting out the facts before acting on a nomination.



Foster

PAUL GREENBERG

Wash. Times; 3-10-95

A man of our changing times?

Many of us would like to give the Clinton administration's latest nominee for surgeon general the benefit of the doubt. Only the doubts keep multiplying, and the benefit gets harder and harder to give Henry W. Foster Jr., M.D., a man of his unthinking times.

This nomination was already troubled by various inconsistencies in the doctor's statements. For example, it wasn't easy to pin down the number of abortions he had performed or why.

It also turns out that, back in the 1970s, Dr. Foster took part in the sterilization of mentally retarded women. It's hard to imagine how the retarded could give any kind of informed consent to such a procedure, but the practice was acceptable then. Indeed, as the White House would put it, the doctor was "very much in the mainstream of medical practice at the time he performed those hysterectomies."

The doctor now is said to have been connected with another mainstream scandal in the history of American medicine: The Tuskegee Project. This was a study of 400 black men who were known to have syphilis — but showed no symptoms of it — when the U.S. Public Health Service began the project in 1932. The men were not treated for the disease so their long-term health could be compared with that of a control group — 200 black men free of the disease. The object of the experiment was to see if it was worthwhile to treat latent syphilis with the ineffective means then available.

But by the 1960s, penicillin — an effective treatment — had been available for decades. Nevertheless, this cruel study was continued, and the 400 subjects remained untreated, incredible as that decision may seem today. The Public Health Service even enlisted the cooperation of local physicians in the project, doubtless to give itself some cover. Doctors from the Public Health Service met with the Macon County Medical Society (Henry Foster, vice president) on May 19, 1969, and persuaded the local physicians not to help some 90 surviving patients should they show up seeking treatment.

Accounts of the meeting in 1969

differ. Dr. Foster says he didn't learn of the experiment till 1972, when it came to light and provoked national outrage. "Had I learned the facts of the study any earlier," says Dr. Foster, "I would have been equally outraged then." The doctor says he can't remember attending that meeting in 1969, although a colleague — Luther McRae, now practicing in Georgia — puts him there. "There weren't too many of us," recalls Dr. McRae. "There were about three members

That is what may be most disturbing about his nomination: He never seems to have practiced ethics prematurely. He was always in lockstep with the conventional morality, whatever it was at the time.

who didn't show. I remember where Dr. Foster sat. I was at the end of the table, and to my left he was sitting two or three chairs down."

Maybe you had to be there to understand. Or maybe not be there. Luther McRae could be mistaken about Dr. Foster's having attended the meeting, or maybe Dr. Foster wasn't paying attention. It is hard to believe that the vice president of a medical society in a small Southern town would never hear about such a visit, and revelation, from the Public Health Service. Then again, this experiment was in the mainstream of scientific research in the '30s, just as hysterectomies for the retarded were in the '70s, and abortion is now.

Far from violating the medical ethics of his time, Henry Foster seems to have personified them through a long and distinguished career. That is what may be most disturbing about his nomination: He never seems to have practiced ethics prematurely. He was always in lockstep with the conventional morality,

whatever it was at the time. Just as he is now. Unfortunately, conventional morality is not the same thing as morality, any more than the conventional wisdom is wisdom. Even in human affairs, some things are beyond time and fashion.

Dr. Foster is frighteningly typical of medical ethics in the 20th century, and not just the medical kind. Sterilization of the mentally retarded, experiments in abortion, the infamous Tuskegee Project . . . The man seems to have been connected in some way with them all. Even if he doesn't remember them very clearly now.

Naturally such a physician would be connected with eugenics, too. In the transcript of a 1978 discussion in which Dr. Foster uses still another figure for the total number of abortions he has performed ("I have done a lot of amniocentesis and therapeutic abortions, probably near 700") he is also quoted as approving research on human embryos. ("Well, if we have spares that are not used for insemination, they could be used for research.")

There's an awful lot of smoke surrounding Dr. Foster's career and his candor about it for there to be no fire. A full hearing on his nomination is very much needed. It could even prove a great national education — not so much about whether another political appointment should be confirmed, but about something much more important: The elasticity of ethics in our quickly changing times.

A detailed look at the rise of Henry W. Foster Jr. might encourage some introspection on the part of the rest of us, or even inspire the question: What practices do we commonly accept in 1995 that some future, better age will look back on with horror and disbelief? Just as we now view the Tuskegee Project or the sterilization of the retarded.

We are so much creatures of our times that it may not be easy to tell what will shock a future generation, but there might be a hint in the approximately 1,700,000 abortions performed in this country every year.

Paul Greenberg is editorial page editor of the Arkansas Democrat Gazette in Little Rock and a nationally syndicated columnist.

ERIC BREINDEL

Wash. Times; 3-7-95

Dr. Henry Foster's name was finally submitted to the Senate last week, despite a pre-confirmation furor of a sort that's never before attended the nomination of a surgeon general. Still, President Clinton seems determined to stand by his nominee, if only to avoid the vacillation charges hurled at the chief executive in the aftermath of the Zoe Baird, Kimba Wood and Lani Guinier debacles.

Dr. Foster's difficulties, of course, began with the "revelation" he — like most American obstetricians — has performed abortions.

A decent respect for the sensibilities of the tens of millions of Americans who oppose abortion on moral grounds might have led the Clinton administration not to select an ob-gyn for the surgeon general's post.

And, needless to say, the fact that neither Dr. Foster nor the White House proved able to provide accurate information as to the number of abortions the nominee had performed — the count went quickly from one to seven to 39 to "perhaps 700" — made matters worse. Suddenly, credibility was an issue.

Then, last week, reports concerning Dr. Foster's likely awareness of the infamous Tuskegee experiment surfaced.

Dr. Foster, it seems — in his capacity as vice president of the tiny Macon County (Ga.) Medical Society — was informed about "The Tuskegee Study of Untreated Syphilis in the Negro Male" three years prior to the Public Health Service's 1972 decision to come clean. In that year, Washington acknowledged that — since 1932 — it had followed the progress of 400 black men afflicted with syphilis, never, all the while, providing them

Persevering after the latest revelations

Is Dr. Foster — who's taken to blaming his political problems on "white, right-wing extremists" — actually benefiting from a bizarre racial double standard? It would seem so.

with penicillin.

Then a physician at Tuskegee, Dr. Foster claims not to have learned about the experiment — one of the darkest chapters in American medical history — before the official story was made public.

But there's exceedingly strong evidence that he was briefed by Public Health Service physicians about the project as early as 1969, along with the other members of the 12-doctor medical society.

The group's president, whom Dr. Foster eventually succeeded, recalls the latter's presence — and even where Dr. Foster sat — at a 1969 meeting during which the Tuskegee disclosures were made.

The point, of course, is that Dr. Foster failed to raise his voice in

protest. He didn't initiate the experiment, nor did he take part in it. But his claim to pre-1972 ignorance doesn't stand up under scrutiny.

In this context, it seems reasonable to wonder how a white physician who'd known about the Tuskegee enterprise and had chosen to remain silent would likely fare in a Senate confirmation process.

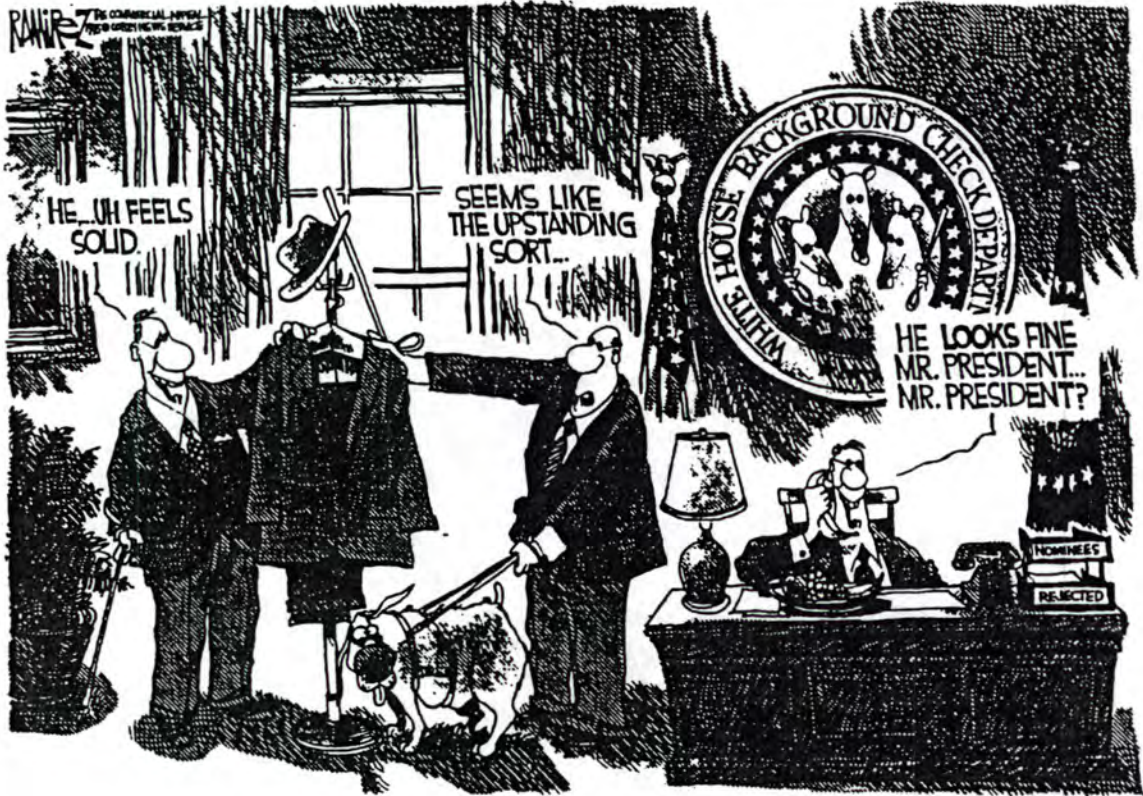
Not well, it's safe to say.

Is Dr. Foster — who's taken to blaming his political problems on "white, right-wing extremists" — actually benefiting from a bizarre racial double standard? It would seem so.

This notion is buttressed by a recently unearthed 1974 article in which Dr. Foster reported that he'd begun performing hysterectomies on severely retarded black women — both in order to sterilize them and for "hygienic" reasons (i.e., to prevent them from having menstrual periods).

There's no evidence Dr. Foster secured consent of any sort from the guardians of the women in question before sterilizing them. And, in fact, the federal government barred the use of public funds for the involuntary sterilization of the mentally retarded the very same year Dr. Foster wrote his article.

While the White House rushed forward with testimony from a Harvard Medical School professor who was willing to judge Dr. Foster's



practices "very controversial ... but well within the scope of standard practice at the time," few other doctors have provided even a grudging endorsement. And none excuse Dr. Foster's failure to secure proxy consent.

Here, too, it's safe to say that if Henry Foster were white and had sterilized retarded black women without securing consent from any quarter, the notion that he might be confirmed as surgeon general would be considered preposterous. The suggestion that involuntary

sterilization of the retarded was, in any sense, an accepted practice — even back in 1974 — seems far-fetched. Yes, it was legal. As for representing "mainstream" medical practice, the federal government doesn't generally ban the expenditure of public monies on widely accepted medical procedures.

Those who are unsure about whether, in ordinary circumstances, a nomination akin to this one would succeed can easily test the proposition: Assume that all the facts remain the same — the abor-

tions, the sterilizations and the silence vis-a-vis the Tuskegee experiment — save for Dr. Foster's race. The conclusion is obvious: A white Henry Foster — if, somehow, nominated — would long ago have been forced to withdraw.

At the risk of employing an overused term, the double standard here reeks of racism.

Eric Breindel is the New York Post's editorial editor and a syndicated columnist.

Who Is Henry Foster?

IT DEPENDS which day you ask. First the White House trumpeted the "fact" that Dr. Foster, its nominee for the post of Surgeon General, had performed only one abortion. (This is the same White House that says abortions shouldn't matter anyway, since they're perfectly legal.) The figure was quickly bumped up to fewer than 12—Dr. Foster's estimate at the time. Then a transcript surfaced in which a Dr. Henry Foster took credit for seven hundred abortions and amniocenteses. Dr. Foster denied that his namesake was himself but allowed that, as one hospital's records show, he did perform at least 39 abortions. Then an article by Dr. Foster in a medical journal turned up, describing his supervision of 59 abortions by an experimental vaginal suppository. Dr. Foster says he "abhors" abortion and got involved with the suppository experiment only to maintain the accreditation of a residency program, which in any event lost its accreditation. As yet, nobody has explained why an accreditation council would require that a hospital experiment with pill-induced abortions.

Then another article was discovered in which Dr. Foster discussed involuntary hysterectomies he had performed on retarded women. This last, says White House official John Podesta, was "consistent with medical theory and practice at the time"—like the tortures inflicted on George III in *The Madness of King George*. Who knows what other milestones of Dr. Foster's career as a "baby doctor," as Joycelyn Elders likes to call him, will turn up next?

At church on Sunday in Nashville, Dr. Foster heard a pastor denounce his treatment as "a high-tech lynching"—a reference to Clarence Thomas. But Thomas was persecuted on the basis of hearsay. Doubts about Dr. Foster's ethics and honesty arise from Nexis. President Clinton pooh-poohs such concerns, especially as they touch on abortion.

Of late, the post of Surgeon General has been turned into a forum for mischief, which is one reason for canning the job altogether. In theory, though, it's supposed to be a position of moral authority through which an outstanding physician may influence his colleagues for the good. That's why Americans, who worry about medical ethics and abortion in particular, are worried about Henry Foster. Even the ones who favor abortion "rights" are made queasy by the thought of it, which is why they insist on talking in euphemisms (e.g., "choice"). The senators who will vote on Dr. Foster's confirmation represent those worried Americans, and should vote accordingly.

THE NEW REPUBLIC

MARCH 6, 1995

A VOTE FOR FOSTER

To the White House spin doctors searching for a new surgeon general, Dr. Henry Foster, a moderate black physician who opposes condom distribution and preaches a "just say no" approach on teen pregnancy, seemed just the nominee to counter the Republican tide—and make everyone forget about Joycelyn Elders. Instead, Foster's inadequately vetted nomination has turned into another in a seemingly endless series of White House disasters. Now that Foster is under attack from the religious right for having performed abortions, and then being inaccurate about how many he performed, we are tempted to say the fiasco serves the White House operatives right.

But at least the White House's calculations amounted to an attempt, albeit transparent, to reach out beyond the Democratic Party's liberal base. The attack on Foster, by contrast, emanates from the most intolerant wing of the American right. And the Republicans are exploiting this fervor—rather than acknowledging that Foster has broken no laws, or that his approach to contraception and teen pregnancy largely mirrors their own (one reason George Bush made Foster's "I Have a Future" program a Point of Light). The Republicans, not the president, are playing the politics of polarization. Clinton was right to dispense with the mealy-mouthed pseudo-endorsements that he offered following the right-wing attacks; they were all too characteristic of his indecision and invited further trouble. Now, Clinton should stick to his nominee.

We say this out of no great enthusiasm for Foster. He seems to be a decent community-minded doctor with good intentions, diplomatic skills, modest managerial ability—and not much else. (Meharry Medical College apparently decided not to promote him to permanent president shortly before Clinton plucked him from obscurity.) His attempt to medicalize the issue of teen pregnancy is corrosive. Pregnancy is a medical event; teen pregnancy, especially among poor inner-city black women, is not a medical question. It is a social and political issue. If the administration wants to turn the surgeon general's job into a bully pulpit for a real public health issue, it should be AIDS.

Then there is Foster's White House-aided fine-tuning of his record. He first "guessed" that he performed only

a dozen or so abortions, a number revealed to be too low by a factor of three. (He also directed a small study of an abortion-inducing drug, and sterilized severely retarded women at a time when this was accepted practice.) This "mistake" would be more forgivable if it had not come in the same press release in which Foster claimed, preposterously, that all these procedures "were primarily to save the lives of the women or because the women had been the victims of rape or incest."

Still, Foster is no sinister liar, much less someone whose "lack of candor about his abortion record disqualifies him from serious consideration," as *The New York Times* intoned. Rather, his equivocations and errors of recollection strike us as about par for the nomination game as it is played these days. Besides, abortion, not Foster's "credibility," is the real issue. Either abortion is murder, in which case one is too many, or abortion is an often needed, if regrettable, procedure that should be legally and safely available. On this basic question, Foster has been far more candid about his beliefs than some Republicans who have been expressing doubts about him—Bob Dole, to name one.

He's also more forthright than many pro-choicers. He says he "abhors" abortion and considers performing one a sign of "failure." For this, he has been awarded the opprobrium of a group called the National Coalition of Abortion Providers, which brooks no acknowledgment of the real distress involved in having, or administering, an abortion. But Foster's ambivalence reflects an understandable, utterly mainstream, American view: that an abortion is a wrenching decision, albeit one that can't always be avoided; it is not murder; it should be legal.

If the Clinton administration cannot successfully defend this position, then it has truly lost all political effectiveness. Foster is a decent figure, sane on abortion, responsible on teen pregnancy, someone who opposes—to our mind, wrongly—condom distribution in schools. If a nominee this moderate cannot be confirmed, who can be? If he goes down, the extreme religious right will have won the privilege of nominating this country's surgeon general. It should be denied that privilege, for everyone's sake. •



Montgomery Advertiser AL 3/05/95

Bigger Question

Did Foster Know Of Tuskegee Study?

MANY QUESTIONS HAVE been raised since Dr. Henry Foster Jr. was nominated to be U.S. surgeon general, but none looms larger than the one about his knowledge of the infamous Tuskegee Project, a callous, indefensible experiment in which poor black Alabama men with syphilis were left untreated while the progress of the disease was observed.

Dr. Foster, who practiced in Macon County from 1965-73, says he knew nothing about the project until the rest of the world learned of it in 1972, at which time he roundly denounced it.

However, a former colleague disputes that, claiming that the Macon County Medical Society, of which he and Foster were officers, was told of the experiment in 1969, and that Foster was at the meeting when the project was revealed.

If Foster is right, there seems little reason not to confirm him for the surgeon general's post. In addition to a medical career that includes both practice and teaching, Foster also instituted a commendable program to combat teen pregnancy.

But if Dr. Luther McRae is right, and Foster did know of the Tuskegee Project before it was exposed to a nation rightly appalled by it, his confirmation would be hard to justify. Nothing — nothing — can defend allowing using poor, ill-educated, unsophisticated men like so many lab rats.

Foster, of course, had no role in the creation of the four-decade-long experiment. However, if he could have blown the whistle on this ghastly undertaking prior to its revelation in 1972 and did not, he has a lot to answer for.

SO FAR, NO ONE has come forward to support McRae's version of events. If no one does, Foster deserves the benefit of the doubt. Records of the medical society meetings evidently have been lost, leaving no documentation of the 1969 meeting.

Still, the question nags, more than any of the other questions about abortions or sterilization procedures that Foster performed. The abortion debate rages, but the fact is that the procedure is and was legal. The sterilizations of mentally retarded women were accepted medical practice at the time.

The Tuskegee Project question is much bigger. A key public health official job will be far more difficult with so dark a cloud hanging over him.

Balt. Sun; 3-5-95

SHOULD DR. FOSTER BE CONFIRMED?

NO: Pregnant Women Need Support, Solutions, Not a Deadly Quick Fix

By FREDERICA MATHEWES-GREEN

The invitation to write an essay opposing the nomination of Henry Foster for surgeon general came while I was traveling: I saved the message on my machine and considered what, really, were my objections. Three convictions came to mind: that abortion takes a human life, and is therefore the opposite of health; that pregnant women need support and solutions, not a quick fix that kills their children and breaks their hearts; and that this issue is so bitterly divisive that such a nomination pours salt into an unhealed wound.

All these beliefs were hard-won. I moved from a pro-choice to a pro-life position years ago, when I read a description of an abortion and could not avoid seeing the bloody hand of violence once again disguised as "progress." But in the pro-life movement I constantly called my colleagues to see, not just the baby, but the woman whose flesh surrounds that child, a woman often frightened and alone. A year of listening to women who had abortions and researching the reasons for that choice culminated last fall in my book "Real Choices."

Lastly, the discord between pro-life and pro-choice troubles me, perhaps because I know the sincerity on both sides. In order to increase communication and decrease hostility, I co-founded "Common Ground of the Nation's Capital," a group aimed at bringing pro-life and pro-choice advocates together for a meaningful dialogue. The nomination of Henry Foster has had the opposite effect: It is a slap in the face of those who believe abortion is wrong.

But one aspect of opposing the nomination concerned me: Would this mean no obstetrician-gynecologist could hold the post? My grandfather was an obstetrician and his 1917 textbook impressed on me the debt women owe for advances in that field: Just 80 years ago granddad was taught that 10 percent of his Caesarean-section patients would die. Doctors in this vi-

tal field should not be excluded from the surgeon general's role. But is abortion so routinely practiced that Dr. Foster's defeat would mean the defeat of all OB/GYNs?

When I checked for new phone messages, I was surprised to hear the cheery Panamanian accent of Dr. Marion Smith-Watson, my own OB/GYN, whose office is in Columbia. When I returned her call, I asked about the prevalence of abortion. "There were four of us in my residency program, and three refused to do abortions," she said. "If it's a matter of learning to handle a suction aspiration machine [used in most abortions], there are plenty of opportunities with miscarriages. There is no need to do elective abortions."

There must be a great many OB/GYNs like Dr. Smith-Watson who refuse to do abortions — aren't we always hearing about the growing shortage of abortion doctors, that 85 percent of America's counties don't even have one?

Why would you oppose the Foster nomination? I asked my doctor, and she gave a heated reply: "He says 'I only did 12 abortions, or 39' but that is not the issue. The issue is, 'Did I deliberately take a life?' If he [Dr. Foster] can't see the difference between taking a life and preserving life, I can't trust him with my cancer patients, or old persons or paraplegics. Why don't we just annihilate all imperfect people? The hypocrisy!"

MARION SMITH-WATSON
Columbia OB/GYN

My doctor had called to enlist my prayers for a patient pregnant in a difficult situation. "I always tell them, you'll be glad if you do the right thing. Sometimes they tell me," and here Dr. Smith-Watson mimicked an exasperated tone. "All right, I'm having this baby just for you!" She laughed. "And I say, 'Praise the Lord! You know, by the time the baby is born they are so happy!'"

A baby brings problems, but lighter than the eternal stone abortion leaves in a conscience. Dr. Smith-Watson has seen both results, and with her prayers, counsel, and support, a woman can find the courage to choose life for her child. A dead baby is not good medicine. My doctor knows that. Shouldn't the surgeon general?

Frederica Mathewes-Green is the communications director for the National Women's Coalition for Life and author of "Real Choices," a book about the abortion issue.

CHARLES E. WILLIAMS SAYS.....

Wash. Afro-American; 3-4-95

Foster foes are not 'fringe groups'

The stinging lead editorial (AFRO, Feb. 8) unfairly labels legitimate opponents of the oster nomination as "fringe groups," zealous right-to-lifers," and fanatic "abortion foes" who are using the "issue of abortion as a tmsus test of an individual's fitness for office." It urges the president not to "buckle under" the pressure of these groups but to illy support the nomination of the supremely qualified" Dr. Henry W. Foster ., for U.S. Surgeon General.

The AFRO misses the point. Dr. Foster's qualification is not the issue. Opposition to is appointment arises out of the genuine istaste for abortion, even though legal, and ic president's dogged determination to make en pregnancy—and its prevention with ndoms and abortion—federal public health sues. These are plainly moral issues to be salt with on the local level by the family, the urch and the community.

Joseph Califano, President Carter's ecretary of Health, Education and Welfare, ointed out recently that one million teenagers ot pregnant each year during the 1970's and

one million teenagers got pregnant each year in the 1990's. This, of course, costs \$34 billion a year in welfare payments. Nevertheless, he says "responsibility to deter conduct that causes teen pregnancy — promiscuity, alcohol or drug use, failure to use a condom, lack of a loving family, lack of hope — rests not with the U.S. Surgeon General, federal bureaucrats and politicians but with parents, in the first instance, as well as with teachers, social workers, clergy and those who set the moral standards and mores of our times."

By medicalizing teenage pregnancy — which the president has done by his nominations of Dr. Elders and Dr. Foster — Mr. Califano says that we have "trivialized the complexity of the solutions. Moreover, dumping the issue on the surgeon general ignores the lessons of the past 20 years and is doomed to fail."

As to abortion generally, in 1995, elective abortion is both accepted policy and law of the land. But many Americans are still uncomfortable about the widespread practice

of abortion, including the president, who insists that abortion should be "rare"; Dr. C. Everett Koop, an arch foe of abortion — who believes that a pregnant woman infected with the AIDS virus should have the option of abortion — and Dr. Foster, who says he finds abortion "abhorrent" and favors sexual abstinence.

Abortion is so distasteful that its advocates choose to be seen as pro-choice rather than pro-abortion. Catholic, Baptist and Adventist hospitals as well as between 15 and 25 percent of obstetrician-gynecologists will not, on principle, perform abortions.

Charles Krauthammer correctly observes that those troubled by Dr. Foster's abortion history are not just religious zealots and antiabortion fanatics. The fuss is about the political wisdom of the nomination. The morality of abortion is the issue. The nomination serves as the ready vehicle for public debate of the issue: "Let it not be criminalized but stigmatized."

Traditionally, pregnant Black teens opt to have the baby despite the stigma. The same is

perhaps true of Hispanics and Appalachians, although they tend to marry at an early age.

The Virgin Mary was only 14 when she delivered her first-born.

I recall that every Southern state attorney general who filed a brief in the *Brown v. Board of Education* case relied on Black immorality — the fact that Negro pupils became sexually active before White pupils and the higher rate of teenage pregnancy — as an important reason against court-imposed desegregation of the public schools. Under today's standard of political correctness, it sometimes appears that it is moral to abort the fetus but immoral to carry the pregnancy to term.

In the wake of the midterm elections in which a number of pro-choice legislators were replaced with right-to-lifers, the president nevertheless persists in pushing the rejected Joycelyn Elders' public health program to the chagrin of Democratic Party leaders who would rather avoid the issue.

For surgeon general, they would perhaps prefer a cancer expert like LaSalle Leffall,

president-elect of the American College of Surgeons, whose nomination would sail through confirmation without a murmur.

Dr. Foster's nomination, when made, was regarded as safe.

But the initial lack of candor shown by Dr. Foster and the White House about his abortion record may alone be reason enough for the Senate to reject the nomination.

Senator Dole's call for withdrawal of the nomination if it appears likely to be defeated strongly suggests that he and others on both sides of the aisle would rather avoid a vote that could be seen as a referendum on abortion.

Under the circumstances, one wonders why Dr. Foster has ostensibly agreed to be a willing tool in the president's obvious calculated effort to drive a wedge in Republican ranks with an unwanted divisive abortion debate.

Charles E. Williams lives in Washington, D.C.

JOHN LEO

Wash. Times; 3-2-95

Foster furor bears a reminder

The nomination of Dr. Henry Foster is the best news in years for people who oppose abortion on moral grounds. To the amazement of both sides of this long dispute, it has revealed that a great many Americans really don't think an abortion practitioner ought to be surgeon general.

Especially since C. Everett Koop served in this office, it has become clear that the main function of the

The public's resistance to Dr. Foster is based on a very simple premise: that an administration stacks the deck in favor of abortion when it names an abortionist to a job known primarily for its moral preaching.

office of surgeon general is moral exhortation. On the basis of popular reaction to this nominee, the nation wants its medical preaching done by someone who comes to the job with cleaner hands than Henry Foster.

Proponents of abortion have been blindsided by this, largely because they came to believe their own press releases that only a tiny fringe of "out of the mainstream," "anti-choice" zealots still resist the hardening pro-abortion consensus.

What the pro-choicers rarely acknowledge is that the nation is much more troubled than that about abortion. Depending on how the pollsters frame their questions, up to 75 percent of Americans have moral objections to abortion on demand. Because

Donna Shalala and her staff don't seem to know any of these people, they think what everyone in their circle thinks: Abortion is a non-issue now.

This is a bit like the embarrassment suffered by The Washington Post when it failed to notice a huge anti-abortion rally a few blocks away because nobody on staff seemed to know anyone who planned to attend. In some tight little circles, it takes a huge act of imagination to notice what the rest of America thinks.

The public's resistance to Dr. Foster is based on a very simple premise: that an administration stacks the deck in favor of abortion when it names an abortionist to a job known primarily for its moral preaching.

This reaction has been obscured, in part, by Dr. Foster's apparent inability to come clean on the number of abortions he has performed, and by the news that he performed some other ethically dubious operations before 1974: the sterilization of four healthy but mentally retarded women.

But this has just reinforced the strong feelings about Dr. Foster: It has associated abortion with furtiveness, evasiveness, and an apparently casual attitude about involuntary sterilization.

Dr. Foster is not going to be surgeon general, but his nomination has accomplished two things: It assures us that the next surgeon general will be someone who has no record of performing abortions, and it opens the door to the use of stigma as an organized anti-abortion tactic.

Stigma doesn't get very good press in America. The left keeps insisting it is an attempt by the powerful to assail the behavior of the powerless. But the left conducts stigma campaigns of its own all the time — against smoking tobacco and wearing wearing fur, for example. We are on the brink of a broad effort to restigmatize easy divorce and the intentional bearing of children out of wedlock. Why not a campaign to stigmatize something even more dubious: solving a problem by killing a developing form of human life?

Some anti-abortion activists have been pursuing a stigma policy by publicizing the names of abortion doctors. Nothing wrong with that, unless the effort veers over into the harassment of families and threats against doctors' lives. It's probably true that many doctors have stopped performing abortions out of fear of quasi-terrorist tactics against them. But many more doctors are shying away because of the stigma.

The truth is that abortion is generating a generally bad odor in the medical profession, in large part because doctors understand very well that it is a morally dubious procedure. Dr. Ralph Hale, executive director of the American

College of Obstetricians and Gynecologists, estimates that more than half of the group's 35,000 members have performed abortions in the past, but only a third are doing abortions now. That would be roughly 5,000 OB-GYNs who have stopped doing abortions. Some are older doctors with patients past their childbearing years. But these older doctors are not being replaced by younger ones as eager to do abortions. Is this because they are all terrified of anti-abortion violence, or is the shame of performing this operation beginning to take a heavier toll?

The current effort by pro-choicers to force medical students to learn how to perform abortions is a way of saying that the money to be made in performing abortions is not drawing enough doctors into the field.

Anti-abortion forces would be better off abandoning harassment at the clinics and the futile efforts to get an anti-abortion amendment or Supreme Court ruling. What we need is steady moral pressure, built around stigma, to reduce the number of abortions and to depict abortion as a primitive form of violence that society will eventually outgrow, just as it outgrew infanticide and slavery.

This would mean no state funds at all for abortion, and no more state-supported abortion festivals like the population conference in Cairo. The state would have to stay totally neutral, and not pretend, as it did in the foolish Foster nomination, that the issue is somehow behind us.

John Leo is a contributing editor of U.S. News & World Report and a nationally syndicated columnist.

Do we need a surgeon general?

We don't. Health and Human Services makes job redundant.

As Washington ponders exactly how many abortions and hysterectomies Dr. Henry Foster performed during his medical career, or whether he knew about a syphilis study in 1969, an important question comes to mind: Do we need a surgeon general?

No. We don't.

You wouldn't know it from all the brouhaha, but the surgeon general really doesn't do very much.

The office was originally established in the 19th century to ensure medical care for the Navy.

For years, surgeons general labored in quiet obscurity until C. Everett Koop dragged the old Navy-style uniforms out of mothballs and discovered television.

Nowadays, the surgeon general is little more than the national nanny, nagging us to stop smoking, lose weight, exercise more and never go out without a condom.

Flip through a copy of the Constitution, and you won't find the authorization for the federal government to take the taxpayers' money to establish an office to tell us how we should live our lives.

There are plenty of private groups that are fully capable of instructing us on how to be healthy, wealthy and wise without the government getting involved.

Alcoholics Anonymous can preach sobriety.

The American Medical Association can lecture the couch potatoes on the benefits of losing weight and exercising more.

Planned Parenthood and the Family Research Council can fight it out over when and how we should have sex.



By Michael Tanner, director of health and welfare studies at the Cato Institute in Washington, D.C.

The American Lung Association can tell us not to smoke.

If we want to stop smoking, perhaps we could do something really radical and stop subsidizing tobacco farmers. Instead, we pay people to grow tobacco and then pay the surgeon general to tell us to stop.

Moreover, the government's involvement turns all these health questions into political ones. That's why everyone is so interested in Foster's record on abortion, or former surgeon general Joycelyn Elders' opinion on masturbation. Both the left and the right want access to a government-funded microphone.

Today, the Clinton administration wants to lecture us on safe sex. Tomorrow, a different administration may want to lecture us on abstinence.

We shouldn't be forced to pay for either one.

It's not that these are not all important issues — and I would love to see healthier Americans.

But this is a government that has enough problems trying to deliver the mail. Being the nanny for 260 million Americans seems a little beyond its ability.

If constitutional considerations are not enough to eliminate this office, perhaps budgetary ones are.

Congress is currently searching for ways to cut spending and balance the budget. The surgeon general's office is relatively inexpensive as federal bureaucracies go — roughly \$1 million a year. But a million here, a million there, and pretty soon you have real money.

The surgeon general does oversee the Public Health Service. But we already have a Department of Health and Human Services that is supposed to be running the government's health-care programs.

Why not let HHS take over any useful functions of the Public Health Service and dump the rest, including the surgeon general?

If the surgeon general disappeared tomorrow, no one in America would notice — except for the peace and quiet.

Dr. Foster and the Syphilis Study

THE WHITE HOUSE last night formally sent the nomination of Henry W. Foster Jr. for the surgeon general's post to the Senate. In the short time since he was announced as President Clinton's choice, Dr. Foster has been subjected to a torrent of criticism, not only because he has performed abortions in the past but also for the clumsy way in which he and the White House made known the activity. The episode did little to boost either Dr. Foster's or the administration's credibility. Still, despite our own misgivings about the significance of the office, we have encountered little about Dr. Foster's 38-year career as a physician, academic administrator and pioneer in teen pregnancy-prevention programs that would weigh decisively against his confirmation.

Recently, however, Dr. Foster's name has become linked to the infamous 40-year Tuskegee experiment in which hundreds of black men with syphilis were deliberately left untreated in the name of medical research. At issue is what and when Dr. Foster knew about the study before it was publicly exposed in 1972. We hope the answer is, as Dr. Foster and the White House maintain, that he was not informed about the study until the story broke. To have known earlier and not insisted on proper treatment for the innocent patients would disqualify any candidate for the surgeon general's post.

The Tuskegee syphilis study, conducted by the U.S. Public Health Service in Macon County, Ala., was a terrible case of cruelty in science. Hundreds of black men with syphilis were misled by the government into thinking they were being treated for the disease, when in fact help was being withheld so

researchers could study the disease's progress. After penicillin was introduced in the 1940s and accepted as an effective treatment for syphilis 10 years later, the Public Health Service should have urged treatment on the syphilitic men. Instead, in the name of science, researchers allowed the suffering to go on until the men died.

From the day the study was launched in 1932, it was morally indefensible. Researchers who had no qualms then certainly were entertaining doubts in the 1960s. Unfortunately, the doubts were not enough to stop them. Instead, in May 1969, the Public Health Service sought to bring the local Macon County medical society into the picture on the study as a shield against criticism. Dr. Foster was vice president of the society at the time. Following a meeting with the medical society, the federal researchers left thinking they had the society's endorsement to keep the study going. Dr. Foster unequivocally states that he was not in attendance, that he was not informed until 1972 through news accounts, at which time he demanded the study be halted and the patients treated. His recollection, however, is at odds with that of Luther C. McRae, president of the medical society in 1969, who maintains that Dr. Foster was in fact present at the 1969 meeting and knew that curative treatment was being withheld.

Memories of some participants have dimmed or are inconclusive. Other participants have died, and minutes have been lost. No doubt this is a difficult matter to resolve. But it is crucial to pin down when Dr. Foster learned about the study. The question of his fitness for the job hangs on it.

MONA CHAREN

Wash. Times; 2-28-95

Dr. Henry Foster, President Clinton's nominee for surgeon general, is heading into a new firestorm that may overwhelm his earlier skirmishes over abortion and involuntary sterilizations.

Investigators from news organizations, private groups and the White House itself are right now combing the files of the Macon County, Ala., Medical Society in search of records that will shed light on the role Dr. Foster played in the infamous Tuskegee Experiment.

The Tuskegee Experiment was among the darkest episodes in American medical history. Begun in the 1930s by the United States Public Health Service, the experiment started as an effort to study the epidemiology of syphilis. Poor, black men from the rural areas of Alabama surrounding the Tuskegee Institute were recruited for the research.

At first, the study proceeded like any other medical research. But in the 1940s, it took a sinister turn when penicillin became available to treat syphilis. In a decision that defies understanding, the physicians and medical researchers who ran the Tuskegee Experiment decided not to treat 400 of the men in their cohort but simply continued to monitor the effects of the disease over the years. The subjects of the

New cloud adrift over Foster

experiments were not told the nature of the study and were misled into thinking that they were being treated. In truth, they

received only painful spinal taps (to measure the effects of the disease on the nervous system). Their symptoms were noted and recorded and simple burials provided when the disease had run its course.

In 1972, when the truth about the study came to light, the public outrage was enormous. Senate hearings in 1973 (chaired by Sen. Ted Kennedy) led to passage of the National Research Act, which codified strict rules about informed consent.

Dr. Henry Foster was a professor of obstetrics and gynecology at the

Tuskegee Institute — the medical hub of the experiment — during the 1960s. He was also the vice president and later president of the Macon County Medical Society.

According to the book "Bad Blood: The Tuskegee Syphilis Experiment" by Professor James H. Jones of the University of Houston, the Macon County Medical Society was fully briefed about the Tuskegee Experiment in May 1969, three years before the experiment came to public light. Two Public Health Service doctors, Leslie Norins and Alfonso H. Holguin, "explained the experiment in detail to the society's members ... [who] listened attentively and ... volunteered cooperation and approval and support."

Indeed, according to "Bad Blood," the doctors were cautioned against treating any of the men in the study with antibiotics, lest they disturb the experiment. The Macon County Medical Society, 14 of whose 15 members were black, agreed to withhold treatment and asked for a list of names of the men in the study. Lists were provided to each physician.

In 1972, when the experiment had become a national scandal (though somewhat eclipsed by the news of Thomas Eagleton's withdrawal as George McGovern's running mate, which broke on the same day), Dr. Henry Foster, by then the

president of the Macon County Medical Society, expressed a desire to help the subjects of the experiment in any way possible. But he made no reference to the meeting, three years earlier, at which the society had pledged its cooperation with the experiment.

Dr. Foster has told friends that he was not present at the 1969 meeting detailed in "Bad Blood." But even if that is true, was he not informed about it later? How often does a small county medical group get a visit from the Public Health Service? Did the vice president of the society not keep abreast of what happened at meetings he couldn't attend? Would the group's vice president be kept in the dark about something so important? Didn't simple gossip among the small group virtually ensure that Dr. Foster would have heard about it?

It was difficult to credit Dr. Foster's early claim that he had performed fewer than a dozen abortions and all had been in cases of rape, incest or life of the mother. That statement turned out to be, in the old Watergate phrase, inoperative. If Dr. Foster now pleads ignorance about Tuskegee, he may find his nomination "ambushed at credibility gap."

Mona Charen is a nationally syndicated columnist.



The Nation. February 27, 1995

Regarding Henry

In attacking the nomination of Henry Foster as Surgeon General, the anti-privacy, anti-sex right is trying to turn into a matter of shame what should be a matter of pride: the fact that Foster could perform legal, safe abortions. Twice ratified by the Supreme Court as a civil right, abortion is now being put forth as a dirty secret.

Whether Foster performed thirty-nine abortions or 39,000 is beside the point. What Foster's critics are really upset about is his involvement with Planned Parenthood and his advocacy of common-sense, reality-tested programs for sexually active teenagers. Sex ed! Diaphragms! Condoms! Abortion is just a sideshow to this bigger circus.

Still, it was not the right but the press that really made Foster's confirmation an issue by playing up the attack of politically marginal sex cops like the Family Research Council. And once again the perpetually self-destructive White House shares some blame. By firing Joycelyn Elders, Clinton showed how easily he can be intimidated; and when the attack hit Foster, presidential spokesman Michael McCurry at first issued a fainthearted statement suggesting, by omission, that abortion was something the President would rather not discuss frankly. Foster himself, whether following conviction or the advice of handlers, describes abortion as something to abhor. Clinton did finally come to Foster's defense. But by acquiescing in the terms of the right's attack, the Administration strengthens those who would drive abortion back into the closet, of the new McCarthyites who would administer a sexually correct loyalty oath to presidential appointees.

SUBJECT TO DEBATE.

KATHA POLLITT

Dear President Clinton,

I understand that Dr. Henry W. Foster, your nominee for Surgeon General, is running into heavy water because, despite his devotion to chastity and abstinence, he performed an as-yet-to-be-determined number of abortions—more, at any rate, than the one your people are saying he originally acknowledged. I don't want to be too critical, or Michael Kazin and Maurice Isserman will say it's my fault if Newt Gingrich takes your job, but honestly, what were you *thinking*? To a pro-lifer, saying Dr. Foster only performed one abortion is like saying John Wilkes Booth only killed one President. You should just come right out and say that abortion is legal, and that's the way the voters want it, and if the Republicans have a problem with that maybe they'd like to have *another* referendum on abortion disguised as a presidential election in 1996.

But I digress. My point is, that if Dr. Foster goes to Gloucester you'll be needing a leader for your big campaign against teen pregnancy, and I would like to propose someone: myself. I became inspired with this idea when you identified teen pregnancy as the major cause of the nation's problems. Some people said that was silly, and even sexist, but I was relieved. What if you had declared that the cause of our problems was something uncontrollable, like the global economy, or incomprehensible, like Alan Greenspan's mind? Then I would not have been able to help you. But most industrialized nations have teen pregnancy pretty much figured out already. (I'm sure you know that the teen-pregnancy rate in America is more than double that of the next-highest Western developed nation, New Zealand, and almost ten times higher than in the Netherlands, but did you ever stop to wonder why that is? Hint: *not* more sex over here.) It shouldn't be so hard for us to get a handle on it.

Why make me the Surgeon General? True, I'm not a surgeon (or a general), but that's all to the good. Talking about teen pregnancy in an open, calm, physicianly way—as if it were a health matter—is what got your previous S.G., Joycelyn Elders, into hot water. No, as you often say, teen pregnancy is a *values* issue. And since these days the values experts are opinion journalists, I am in exactly the right line of work for the job. Moreover, I've been a teenage girl and I've been pregnant, although not at the same time. Can Joe Klein or George Will say the same?

My Anti-Teen Pregnancy Initiative rests on bedrock American values:

Honesty. Perhaps because of your own, um, lapses, you haven't fully exploited the sexual hypocrisy theme against your foes. Big mistake. It's amazing how few "values conservatives" follow the sober deferred-gratification path they en-

join on ordinary (especially female) citizens. Deadbeat dads, like Newt Gingrich. Decline-of-the-family handwringers, like Charles Murray and Messrs. Klein and Will, all on their second round of wives and kids. A little research (get those gossip-columnist friends of Hillary on the case) should turn up mounds of dirt on conservatives who have a high old time while telling teens to just say no. Tell these creeps that if they don't go all out for serious new funding for sex ed, contraception and abortion, their wives and girlfriends will go on Oprah and tell all.

Law-abidingness. "Values conservatives" portray pregnant girls as the equivalent of muggers and drug dealers. Actually many of them are victims of crime: rape, molestation, incest, adults having sex with minors, domestic violence and child neglect and abuse. So, get the victims' rights movement involved, and watch public sympathy for them soar.

Free-market economics. How come grown-ups can watch porn to their heart's content in upscale hotel rooms and buy vibrators and bondage paraphernalia at the mini-mall, but the vast teen market for sex information, birth control and abortion services remains artificially stunted—despite tremendous demand-side potential—by a small band of religious fanatics? Talk about the dead hand of regulation! The stuff is legal, so what's the problem? Bring on the advertising, the mass marketing, the niche positioning, the outreach campaigning—and let the consumer decide.

Expertise. More than half of all pregnancies are unplanned; millions of women have had abortions; millions are raising children alone. Who knows why? Women do! Call for a nationwide women's speakout on sex—also shyness, embarrassment, desire, fear, loneliness, rebelliousness, curiosity, longing, emotional and economic dependency, violence, coercion, love, naïveté, ignorance, depression, anger and all levels of self-esteem. What would it take for girls to avoid pregnancy? Don't ask the Heritage Foundation or *Newsweek*. What do they know? Ask the girls.

Tough-mindedness. "Values conservatives" think they're hard-nosed because they want to revive shame, disapproval, punishment, stigma. Of course, this is really the wimp position: What's easier than feeling superior to others? You, Mr. President, can be the real macho man here. Announce that the results are in: A liberal sexual ethos, plus a more even distribution of social resources (the Western European approach) means *less* teen pregnancy, while a Puritanical sexual ethos plus immense income differentials and little social funding (the U.S. approach) means *more* teen pregnancy. Call on the American people to bite the bullet and adopt the successful strategy of our European friends.

Expensive? You bet. But if teen pregnancy is, as you claim, the root of all evil, what price is too high? As all the free-marketeers like to say, people find the money for the things they really want. You, for example, just found \$20 billion to help out the peso. You *are* serious about the teen-pregnancy thing, aren't you?

If I'm out when you call, just leave a message on the machine.



Looking out for No. 1

Since the White House tripped itself coming out of the starting gate, maybe there is some consolation in the news that the nomination of Henry Foster to be surgeon general might be salvaged. Bill Clinton has taken a stand against the "extremists" who would deny Foster the job simply because he has performed abortions. Divided Republicans are tied in knots over how hard to pursue the abortion issue. And players at both the White House and the Department of Health and Human Services—all of whom researched the Foster nomination—have apologized for bungling the affair. "The staff did not serve the president well," said White House Chief of Staff Leon Panetta, again and again.

Of course that's true: The "vetting" process was uncoordinated, incomplete and tardy. And it's no shock that a deal was cut so that HHS would take most of the blame. But predictable *mea culpae* aside, what about the rest of the story—the part that explains why the president went ahead with the nomination even though he had been warned about its potential hazards? The Foster nomination is not just about bad staff work; it is also about how Bill Clinton works.

Clinton's insistence on rushing to name a surgeon general remains a mystery even to those who were involved. Maybe, they say, the Joycelyn Elders fiasco left him feeling an urgency no staffers shared. "There weren't complaints out there that we didn't have another surgeon general," says one insider. "But the boss wanted one." The president chose Foster from a list of six names. Yet when the red flags went up, Clinton pressed ahead even though aides Harold Ickes and Erskine Bowles and HHS Secretary Donna Shalala wanted to slow down.

Cooling his heels. The worry was partly about leaks and partly about looking indecisive. By the eleventh hour, the nomination had acquired a life of its own: Although senior aides had not read all the paperwork, a press conference had already been scheduled. While the arguments raged, poor Foster was kept waiting for 90 minutes. Vice President Al Gore, who had favored another candidate for the job (which he also wanted to reinvent), wanted an announcement. So did Clinton; Panetta had his orders.

The president is the boss, but his aides are expected to shoulder the blame. Many of Clinton's acolytes have spent much of their careers doing just that. Examples run rampant in David Maraniss's impressive Clinton biography, *First in His Class*. Betsey Wright, Clinton's onetime guber-

natorial chief of staff, is the most obvious example: "He [Clinton] was going through a severe midlife crisis . . . having a serious affair . . . and not even being discreet about it. Everyone knew, she said. She knew, the troopers knew, Hillary knew." Less eye popping, but just as telling, is a story of Clinton's propensity to blame others. In 1981, Clinton staffer Rudy Moore listened as the defeated governor publicly blamed his staff for his first-term mistakes. "I'm getting the feeling that for his own well-being the staff becomes expendable," Moore told Maraniss. Clinton claimed he was misunderstood.

The staff is still catching it. "There is not a single person in the White House who hasn't disappointed Clinton at some stage," says one insider. Panetta, well liked and respected, has three bosses (the president, the vice president and the first lady)—and that means he isn't always in the room when decisions get made. The closest thing to a *consigliere* is Gore, and some are now sniping at his political acumen. "When the boss is unhappy," says one official, "the staff starts pointing fingers." That's OK; so does the boss. After two years, however, a leader is responsible for his staff.

The last thing the White House needs is a revival of the competence issue, but here it is. Ironically, it comes at a moment when Clinton is on solid ground on the ideological front—bashing the Republicans on crime, on welfare reform, on the balanced-budget amendment. Now that he's in

opposition, the president's waffling has disappeared like magic. Yet in its place is another botched nomination, and the best explanation Democrats offer publicly is staff stupidity. Privately, though, their ire is reserved for Clinton. Why would senators like Joe Biden of Delaware or John Kerry of Massachusetts, up for re-election in 1996, want to raise the abortion issue when it is bound to anger Roman Catholic and fundamentalist constituents? Remember the Southern Democrats, whom the White House asked to support an assault-weapons ban last year? They lost.

The president, we are now told, is passionate about saving Foster. The truth is that Foster's fate and integrity are incidental to the Clinton White House. Win or lose, fighting for Foster is just a way for Clinton to extricate himself from another mess, rail against the "extreme right" and keep his liberal Democratic base happy. "Just making the fight is our victory," says one strategist. That may make sense—but only if Bill Clinton is the person you really care about saving. ■



No. 1. President Clinton in California last week

The Foster nomination is also about how Bill Clinton works.

DOUG BANDOW



Wash. Times; 2-25-95

Checking vital signs of the nomination

As media attention has shifted away from President Clinton's choice of Dr. Henry Foster to be surgeon general, administration officials say the nomination's chances are improving. But appearances may be deceiving; the Southern Baptist Convention, America's largest Protestant denomination, has just come out in opposition to the appointment. And the Senate continues to have more than sufficient cause to reject Dr. Foster.

Perhaps the least of Dr. Foster's problems is his veracity. Did he perform one abortion? A dozen? Was it 39? Or hundreds? At best, his memory is suspect. More likely, his truthfulness quotient ran a bit low this month.

But then, dissembling is nothing new in government. While Dr. Foster's tarnished start would hinder his ability to man the bully pulpit of surgeon general, this kind of taint has become depressingly common in Washington.

Also swirling around Dr. Foster are questions involving his ties to Planned Parenthood, a federally subsidized pro-abortion lobby; work with Upjohn Pharmaceutical Co. to develop a new abortion pill; views about sex education and condom distribution for teens; and sterilization of mentally retarded women. None of these controversies bring credit to the nominee.

The most important issue, however, is that Dr. Foster did perform abortions, whether few or many. The mere fact Dr. Foster suffered a convenient memory loss about the number suggests some embarrassment, if not shame, over his actions. The administration's mad scramble to finalize the count and label opponents as "extremists" indicates that the president, despite his protestations to the contrary, also worries about people believing abortion to be a disqualification for office.

This, naturally, has the pro-abortion lobby in a lather. The National Coalition of Abortion Providers

issued a statement complaining that Dr. Foster's "equivocation and political cowardice in the face of criticism for doing what is legal... is inappropriate." To not forthrightly support the principle of killing the unborn is, in its view, disqualifying.

Most pro-abortion activists are less extreme, simply arguing that the procedure is legal, so what's the big deal? The National Abortion and Reproductive Rights Action League warned against "isolating and demonizing doctors who provide a legal medical service." In short, the law becomes the definition of morality.

And that's the way it has long been in Washington. If you aren't indicted, you proclaim yourself to be vindicated. If you aren't convicted, you declare yourself to be certified innocent. If you aren't found to have transgressed one section or another of the U.S. Code, you assert that you deserve wealth, acclaim and position.

But moral standards transcend the positive law, as legislative enactments are known. Certain things, like murder, theft and fraud, are punished because they are widely acknowledged to be immoral. Other actions — say, adultery — are also morally wrong, but are properly left outside the law. The fact they are not illegal does not legitimize them; it only means government's purpose is to protect people from

criminal actions by others, not mold sinners' souls.

The Supreme Court has made it unlikely that abortion will ever again be prohibited by law, even though abortion involves the taking of another life. The judiciary's position does not, however, mean terminating a pregnancy — a euphemism for killing the unborn — should be viewed as good, moral or acceptable. The issue is not choice, since choice is exercised when people have sex. Rather, the issue is responsibility, a willingness to accept the natural consequences of voluntarily having sex. For the putative parents to destroy the product of a sexual union, because it is unplanned, a girl, or otherwise inconvenient, is wrong. For a doctor to become the means of destruction is also wrong.

Indeed, Dr. Foster himself says "I abhor abortion." He adds, "To me, abortion is failure." Moreover, President Clinton has long said he wants abortion to be "rare."

Well, one way to demonstrate abhorrence of abortion and make it rare is to apply social sanctions against those who perform it, by, for instance, disfavoring them when it comes to public rewards, like federal appointments. Dr. Foster may be a smart professional, competent doctor, and kind human being. But he has devoted part of his medical career to taking life, and that is morally, if not legally, wrong. For this reason, he should not serve as surgeon general.

Abortion is truly a clash of irreconcilable absolutes, the slavery debate of our day. Even though legal sanctions against abortion may be impermissible, moral sanctions remain available. And we, as a people, and the Senate, as our representatives, should exercise them against Dr. Foster.

Doug Bandow, a senior fellow at the Cato Institute, is a nationally syndicated columnist.

Fight to save Foster or Clinton?

**GLORIA
BORGER**



Since the White House tripped itself coming out of the starting gate, maybe there is consolation in the news that Henry Foster's nomination as surgeon general might be salvaged. Bill Clinton

has taken a stand against the "extremists" who would deny Foster the job simply because he performed abortions. Republicans are in knots over how hard to pursue the abortion issue. And players at the White House and the Department of Health and Human Services, who researched the nomination, have apologized for bungling the affair. "The staff did not serve the President well," said White House chief of staff Leon Panetta.

True, the vetting process was uncoordinated, incomplete and tardy. And it's no shock that a deal was cut so HHS would take most of the blame. But what about the rest of the story — why Clinton proceeded with the nomination after being warned of its potential hazards? The nomination isn't just about bad staff work; it's about how Clinton works.

His rush to name a surgeon general remains a mystery even to those involved. Maybe, they say, the Joycelyn Elders fiasco left him feeling an urgency no staffers shared. "There weren't complaints out there that we didn't have another surgeon general," says an insider. "But the boss wanted one." Clinton chose Foster from six names. When the red flags went up, he pressed ahead, though aides Harold Ickes and Erskine Bowles and HHS Secretary Donna Shalala wanted to slow down.

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JIM MORRIS

HENRY FOSTER: Waiting, waiting . . .

ior aides had not read all the paper work, but a press conference was scheduled. While the arguments raged, Foster was kept waiting for 90 minutes. Vice President Gore, who had favored another candidate, wanted an announcement. So did Clinton; Panetta had his orders.

The President is the boss, but his aides are expected to shoulder the blame. And many Clinton acolytes have done just that. Examples of his demands on the staff run rampant in David Maraniss' Clinton biography, "First in His Class." Betsey Wright, Clinton's one-time gubernatorial chief of staff, is the most obvious one. Maraniss reports: "He [Clinton] was going through a severe midlife crisis . . . having a serious affair . . . and not even being discreet about it. Everyone knew, she said. She knew, the troopers knew, Hillary knew." Just as telling is a story of

Clinton's propensity to blame others. In 1981, staffer Rudy Moore listened as the defeated governor publicly blamed his staff for his first-term mistakes. "I'm getting the feeling that for his own well-being, the staff becomes expendable," Moore told Maraniss. Clinton claimed he was misunderstood.

The staff is still catching it. "There is not a single person in the White House who hasn't disappointed Clinton at some stage," says one insider. Panetta, liked and respected, has three bosses (the President, vice president and First Lady) — meaning he isn't always in the room when decisions get made. The closest thing to a *consigliere* is Gore, and some now are sniping at his political acumen. "When the boss is unhappy," says one official, "the staff starts pointing fingers." That's okay; so does the boss. But after two years, a leader is responsible for his staff.

The last thing the White House needs is a revival of the competence issue, but here it is. Ironically, it comes when Clinton is on solid ground on the ideological front — bashing Republicans on crime, welfare reform and the balanced-budget amendment. Now that he's in opposition, his waffling has disappeared. Yet in its place is another botched nomination, and the Democrats' best public explanation is staff stupidity. Privately, though, their ire is reserved for Clinton. Why would senators such as Delaware's Joe Biden or John Kerry of Massachusetts, up for reelection in 1996, want to raise the abortion issue, bound to anger constituents?

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FRANK RICH
N.Y. Times; 2-23-95

Their Own Petard

Asked on "60 Minutes" last Sunday why he doesn't come across well on TV, Phil Gramm replied: "It's called being ugly." Mike Wallace pooh-poohed the answer, and rightly so. Mr. Gramm is at least as handsome as Al D'Amato. But the exchange was highly revealing even so.

Only someone who suspects he may be ugly inside would unjokingly call himself ugly before a national audience. And, sure enough, the ugliness soon poured out. When he reaffirmed his desire to roll back abortion rights for women, from the poor to the raped, Mr. Gramm's pleasant mien turned to stone. There's no way for a man to look good when he talks about policing uteri.

There's also no way for a Republican libertarian to support the pro-life position and look ideologically consistent: If you're in favor of getting the government off everyone's back, why make an exception for pregnant women? Since polls now show that even 71 percent of Republicans favor some degree of abortion rights, you have to wonder why every major G.O.P. Presidential candidate, including supposed moderates like Robert Dole and Lamar Alexander, is anti-choice.

The answer, of course, is Pat Robertson's Christian Coalition. Correctly or not, most Republicans seeking the Presidency believe they cannot win the nomination without this pro-life group's approval. The Christian Coalition believes it too, especially since Nov. 8 — which is why Mr. Robertson's front man, Ralph Reed, started throwing his weight around this month. Dropping his post-election ruse that the Christian Coalition is a mainstream conservative group — "Our priorities are tax relief and welfare reform," he said robotically in November — Mr. Reed abruptly gave the Republicans an ultimatum.

Abortion
has pro-life
Republican
hopefuls
walking on eggs.

If both halves of the '96 ticket are not pro-life, the Christian Coalition will stay home.

God bless Mr. Reed. His blackballing of rising G.O.P. stars like Pete Wilson, Christine Todd Whitman and William Weld has brought the abortion debate within the party to center stage — and, by extension, refocused national attention on school prayer and all the other closeted religious-right causes that will re-emerge after Congress completes its Contract-fixated first 100 days. By doing so Mr. Reed has also, incredibly enough, played into the hands of Bill Clinton, who, by refusing to pull Dr. Henry Foster's nomination for Surgeon General, will also force Republicans to debate a woman's right to choose.

That Republicans don't want to talk about abortion — they know a pro-life stand looks ugly to the American center that decides elections — is transparently evident. In the days since Mr. Reed's ultimatum, the G.O.P. has been almost farcically trying to cover up its Faustian pact with the pro-life religious right. Newt Gingrich has warned his colleagues to leave the abortion issue out of the Foster battle (good luck!); Mr. Dole has vainly wished out loud that Mr. Clinton would withdraw Dr. Foster's nomination; and even the slick Mr. Reed, perhaps roped in by his anxious G.O.P. patrons, has been running from Tom Snyder to Charlie Rose in an unconvincing effort to downplay his attempt to dictate a pro-life G.O.P. ticket.

But in '96, as in '92, an issue as powerful as abortion cannot be hidden in a political party's big tent. And it's not only Mr. Clinton who will hold the Republicans' feet to the fire. Within the G.O.P., Arlen Specter is already earning applause in New Hampshire by taking on the religious right and its pro-life stand in his own Presidential candidacy. He's the only spokesman, and a tenacious one, for the Weld-Whitman-Wilson Republican majority that is otherwise unrepresented on primary ballots.

Mr. Specter described himself in a conversation this week as "whipped up"; he's still smarting from the booing he received in Iowa last summer when he chastised those Republican extremists who would abridge the separation of church and state. Does a pro-choice Jew, however conservative otherwise, have even a remote shot at the Republican nomination? So far only he seems to think so. But at a time when every other Republican Presidential hopeful is pandering to the ugly forces of Pat Robertson, Mr. Specter bears watching as the increasingly attractive alternative who could yet shape his party's most explosive internal debate. □

Essay

WILLIAM SAFIRE

N.Y. Times; 2-23-95

The Double Wedge

PORTLAND, Ore.

Every political operative dreams of finding the perfect "wedge issue" — of placing the wedge in a crack in the opposition's traditional support, and then using a sledgehammer to split off a great segment of the other party's vote.

Here are the 1996 wedge issues:

For Democrats, it is abortion rights. The Clinton White House is well aware that a great many conservative Republican women deserted George Bush on this issue. Democratic strategists have noted how Republicans, sensitive to the way pro-life speakers turned off a majority of TV viewers in prime time at their 1992 convention, are now seeking to defuse an issue that divides the conservative-libertarian and religious right.

Mr. Clinton, who in his first week as President delivered on his pro-choice promises, recently sought a way to re-ignite the issue. He found it in his selection for Surgeon General, Dr. Henry Foster.

Much has been made of White

thinking that not one of the pro-choice "three W's" — Pete Wilson, Christie Whitman or Bill Weld — has a chance for a G.O.P. nomination.

Meanwhile, Republicans are driving in the anti-affirmative-action wedge, and Democrats may soon be singing "racial preference is busting up that old coalition of mine."

The key word is "color-blind." After three decades of penance for two centuries of discrimination, most whites (and many merit-conscious blacks) reject the compensatory reverse discrimination that has led to de facto quotas in hiring and favoritism in government contracts.

Racial preference in contracting led to the Wedtech scandal of the 80's, and tax breaks to minority-fronted enterprises led to today's attempted billion-dollar Viacom tax dodge. The Gingrich-Dole Congress is now striking down the I.R.S. rule under which the F.C.C. allows minority-owned companies to defer taxes on capital gains on sales of stations. A big winner in the Viacom fast-shuffle is the black attorney who cooked up this profitable preference in the Carter Administration.

"On affirmative action, we clearly oppose moving backward," says Mr. Panetta, assigned the wedging and counter-wedging task usually done by a Vice President. However, a large portion of the traditional Democratic strength — now classified as "angry white male" — showed in the '94 election it is disaffecting from the party of minority preferences. To a white job applicant who loses out to a less qualified black, the Democratic theme of "fairness" seems less than fair, and the Republican direction of color-blindness seems to be forward.

When Bill Kristol, faxing philosopher of the majoritarian movement, sends the word that "a full public consensus about the need to close our affirmative action era can be achieved," the great wedge is being placed.

Will Democrats, old and new, find a way to compromise on "affirmative action," the euphemism for compensatory racial preference? Will Republicans, so close to undivided power, find a way to compromise on abortion rights, even if it results in a platform that stands mute?

If so, we will have the blessing of a big-tent, two-party system that ameliorates the most divisive issues before they are brought to a vote.

If not, we will be cursed with a knock-down, drag-out, four-party election — the polarizing politics of the Double Wedge. □

Race & sex in '96.

House blunders in not getting straight the exact number of abortions this gynecologist and obstetrician performed in his career. The mistake, if any, turns out to be a forward fumble; attention is now focused on abortion again.

G.O.P. senators are doing contortions to say the issue is credibility, not the performance of legal medical procedures. But the White House chief of staff, Leon Panetta, is slamming home the wedge: a vote against Dr. Foster is an anti-abortion vote. Right-to-life groups eagerly joined with right-to-abort advocates to help him make his point.

I met the redoubtable Dr. Foster coming out of the office of Senator Arlen Specter, the Republican Presidential candidate who urged he be given a fair hearing; later, in New Hampshire, Mr. Specter reaffirmed his pro-choice position and rejected the kak-handed pronouncement of the Christian Coalition's Ralph Reed that the G.O.P. ticket had to be pure pro-life.

The abortion wedge is in; Clinton's adviser, James Carville, is wishfully

SURGEON GENERAL

Credibility is the issue

U. S. Sen. Barbara Boxer, the California Democrat known for her impassioned warning in 1991 of dire consequences if the United States went to war against Iraq, is back in the news. This time, she is saying Henry Foster's critics are engaging in a "vendetta" and a "witch-hunt."

While that may explain why the 1992 Almanac of American Politics says she has "a flair for the dramatic," it does little to shed any light on Foster's fitness to serve as surgeon general.

Administration officials at first understood Foster to say he had performed one abortion over a 37-year obstetrical career. Later, he revised that number upward to "fewer than a dozen" — then, on a nationwide TV interview — he recalled 39 of them.

On the same show, he also acknowledged supervising other doctors in a hospital trial of a vaginal suppository that induced 55 more abortions.

Administration officials, meanwhile, said not all records had been searched — implying the count could be higher.

Foster insists he simply relied on a faulty memory.

But one would hope a surgeon general could do better than to round off 39, or 94, to "fewer than a dozen." How can the public trust his judgment if his capacity to recall facts is that limited?

The perception, right or wrong, is that Foster was "fudging" to avoid a controversy — particularly since he has gone to such great pains in recent days to distance himself from abortion advocates.

Moreover, critics have found transcripts of a 1978 U.S. Health, Education and Welfare advisory board meeting in which Foster is quoted as saying he had "done a lot of amniocentesis and therapeutic abortions, probably near 700."

That may or may not be consistent with his estimate of 39 abortions, since amniocentesis is a test to determine if a fetus is developing normally. Still, before voting on his nomination, Congress needs to determine exactly how many of those 700 were abortions — as a means of measuring the imprecision of his memory.

The surgeon general does not perform surgery. His job is to rally the public behind health-related issues. Luther Terry began the fight against smoking in 1964, for example, and C. Everett Koop encouraged safe sex to avoid AIDS.

Just as Joycelyn Elders could not unite the public while urging that schools teach masturbation, and Lani Guinier's radical ideas could not be accepted by the mainstream, Foster's effectiveness might be compromised by his background. His belatedly revealed membership on the board of Planned Parenthood also could be a factor.

Foster may very well be an excellent doctor, but that doesn't necessarily make him an ideal surgeon general.

Once again, the White House has mishandled the appointment of a major member of its team. One commentator said on television Friday the staff actually advised Clinton not to make the nomination. Maybe, for once, he should have taken some good advice.

State of Nation: Not Healthy

ABSOLUTELY MARVELOUS! Joycelyn Elders was the chief medical officer of the United States. Her title was surgeon general. Then one day she said something about masturbation.

She spoke in these times when the galoots are on the loose. The religious right gave an ignorant shriek and their politicians immediately picked it up. Clinton quivered and the woman was forced to quit.

And then the other night here was the Seinfeld show on television. It has to be the best comedy show in years. The episode this time dealt with masturbation. It was at once in high humor and taste.

The Seinfeld show had 40 million laughing in their living rooms.

In Washington, there was a dire crisis because Joycelyn Elders dared talk about the same thing.

Seinfeld doesn't give it a second thought and he makes the country laugh.

And Clinton frets and trembles and makes a public weakling out of himself.

Again, the people are far ahead of the terrified politicians.

If Clinton's wife was about one-third as influential as she is supposed to be, she could have stepped in and done something about it.

I don't know the Elders woman. I never even saw her in person. But know what she is doing now: She stands in the twilight and looks at everybody else stumbling toward her.

We have free speech in this country, but everybody is afraid to use it.

And now we have her possible successor, a doctor named Henry Foster, being attacked. His nomination for surgeon general by Clinton is crucial and ominous for New York City.

The right wing is as strong and mean as it was in the '50s, when this famous McCarthy was naming enemies of the democracy. Nobody ever had questioned McCarthy on his unrelieved, dangerous lying until the damage was done.

The same thing is going on today. The language of these right wingers today is as poisonous as what was being thrown around Dallas in November of 1963. On that day, even the morning newspaper had an ad charging that Jack Kennedy was a Communist.

Today, this Gingrich and the Gramms and the like hate and distort, and nobody in Washington takes them on. You can forget the people in the news business. They are pekinese who can type. There is one Democratic politician, Bill Bradley, who is famous and should be strong enough to take them on, but everytime you look, Bradley is deep in a corner, doing nothing.

The others aim at a doctor named Foster. He is known for preventing teenage pregnancies.

He also was asked about the number of abortions he had performed, and he gave some low number that took place in the '70s, and it actually was more and the screams went up.

And while Clinton says he will stand up against this nonsense, his past performances are so poor that when he uses the word determined you could swear he said defeat.

Yet he better refrain from his almost-usual act of retiring from the lists. He has to walk right in and shove people out of the way and put Foster into the job. Because if he doesn't, if

the psalm singers prevail, we in New York City will be in desperate danger. Oh, this has nothing to do with Foster himself; it is the idea that if Foster can be thrown out right after Elders, one black doctor after the other, then the Republicans in Congress will feel that they can crush everything in sight.

Let them eliminate money for the poor of this city and we will have tent cities and chaos.

Suddenly, the idea that we have Pataki as governor and Giuliani as the mayor is alarming. We are so dumb that we elected people who will sell us out without a shrug. These people in Washington are theirs. Their loudest hero, Gingrich, acts like he resents people who need new spokes for their wheelchairs.

The Republicans scream that Foster has used the law of the land too much. They are turning his past and his nomination into a matter of religious belief. They stand outside the law, which says abortion is legal and that we live in a pluralistic society whose constitution forbids a religious test for public office.

This time, they have to be stopped and put on national display as cheap, drawling bigots. They purport to speak common sense. But what they actually do is make sense common. They talk about changing America and all they want to do is bring everybody back to living with quaint Tobacco Road customs.

The surgeon general of the United States better be Dr. Henry Foster or we are not living in the same country anymore.

The responsibility for this is Clinton's. Surely, he cannot count on the news reporting because they seem to resent the poor as much as the Republicans. But Clinton has been sloughing through things like this through so many years. If he can't get it done now, then what do we need him for?



**Jimmy
Breslin**

Bungled

HOW WHITE HOUSE BUNGLED FOSTER NOMINATION

By MARTIN SCHRAM

What we have here — in a capital where the news media reports solemnly about edifices that talk and ephemeral entities that divulge — is a failure to communicate.

That's why Dr. Henry W. Foster Jr., a man two presidents recognized as outstanding, is in such an awful mess today.

You could read about it in our greatest newspapers after poor Foster was honored as President Clinton's choice to be surgeon general.

The New York Times, for example, recently reported, there was "an initial misstatement by the Administration to Senator Nancy Landon Kassebaum, a Kansas Republican, that Dr. Foster had performed only a single abortion" Also: "The White House ... acknowledged mistakes."

What with all these errors committed by a faceless entity and a famous edifice, you might wonder whether there might also have been some human error.

WELL, THERE WAS. Here's what actually happened (according to sources who themselves prefer to remain faceless while facing up to the need to put a face on the whole mess.):

On Saturday, Jan. 28, at a presidential summit on welfare reform at the Blair House, Sen. Kassebaum, who chairs the Senate Labor and Human Resources Committee, told Health and Human Services Secretary Donna Shalala that she'd read of the pending appointment of Foster, a Tennessee obstetrician and gynecologist. Kassebaum asked whether he'd performed abortions.

Shalala's response: "Why? Should that matter?" (Remember that.)

Kassebaum, who supports the right of women to make their own choice on abortion, said it was sure to be raised and wanted to know.

Shalala had an assistant talk with Foster. As Foster told Ted Koppel on ABC News' "Nightline":

"The day before the president announced his intention to nominate, I was asked by someone in the administration



had I done abortions? And I said, 'Yes'. And the one I remembered most was a woman who had AIDS. And that was essentially the end of that conversation."

Perhaps you might glean from such a conversation that you did not have the precise facts at hand. But Shalala and her staff were not so attuned. Shalala telephoned Kassebaum's office (or had an aide make the call) to report that Foster had done one abortion.

At that time, President Clinton was aware that there had been more than one, although it is not sure what the president knew, when he knew it and whether what he knew had the added virtue of being the truth.

KOPPEL NEVER ASKED who did this slipshod questioning; but an HHS source admits it was Shalala's team. We, the public, don't care, except — you know how buildings talk — now the White House is saying HHS is a bunch of bad vets (this without a trace of Germanic accent); HHS is saying the White House kept control, whatever that means.

Anyway, the White House cleared and released this statement from Foster: "I believed that I performed fewer than a dozen pregnancy terminations ..." Which was wrong.

What really matters is not the number of legal medical procedures known as abortions he performed (latest count: 39 as doctor of record). It is: How dare Clinton, Leon Panetta, Shalala *et al* be so politically impaired that they maneuvered a truly fine doctor into a position from which there can be no noble outcome.

Foster's reputation is tarnished — even if he wins a bloody nomination fight that will drag on for months.

THOSE WHO KNOW Kassebaum best are convinced that if she had been consulted and told all the facts in advance, she might have emerged as one of Foster's strongest defenders.

Which reminds: Has anybody heard an encouraging word from that other president who honored Dr. Foster — President George Bush, who once celebrated Foster as one of a "Thousand Points of Light" for combating teenage pregnancy — and who (with his all-GOP staff) apparently also never thought it important to ask if his designated national hero had performed 1, 12, 39 or 700 abortions?

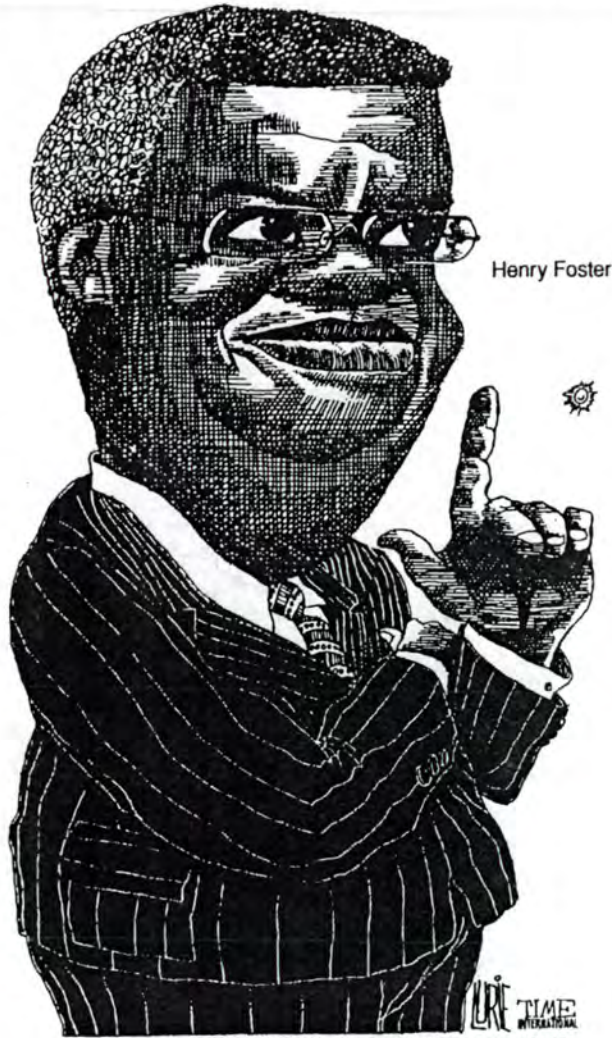
Martin Schram writes on the intersection of the news media, policy and politics.

By the standards of our times

First, a cautionary tale. The story came out last weekend and, if it made your paper at all, was probably buried inside. Here in Little Rock, it appeared on Page 7A under the headline: "Six Japanese tell of WWII research, including dissections of live humans."

It seems that 50 years after the end of World War II, a 74-page book has been published about a biological warfare unit of the Japanese army that performed experiments on human subjects. In exchange for not having to face war-crimes trials, six members of Unit 731 detailed its activities in Manchuria, where they injected germs, chemicals and gangrene-inducing shrapnel into humans to study the effects. At least 3,000 people from China, Russia, Korea and Mongolia were subjected to these experiments. "Sometimes dissections were carried out without anesthesia," according to one former member of the unit. "They would let out a horrible shriek but then fall silent right away."

Surely somewhere in the Imperial War Office the activities of Unit 731 were duly logged, explained and euphemized as scientific research. Just as in Berlin, similar assignments on a massive scale were to be described as population transfers. It was all in accordance with accepted policy and current regulations. Everything was legal. All the papers were in order. Long after the war, the noted intellectual Hannah Arendt attended the trial of Adolf Eichmann in Jerusalem. Here was her opportunity to look into the very heart of darkness. All she found was an upwardly mobile, lower-middle-class ex-salesman who had hit upon a successful career in political administration. Her discovery profoundly insulted many who preferred to think that Evil wears red socks, smells of fire and brimstone and is immediately identifiable. Instead, Hannah Arendt had identified its most salient characteristic in this technologically advanced century. She



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called it the Banality of Evil.

In 1995, elective abortion is both accepted policy and the law of the land. Yet the nomination of Henry Foster, M.D., as surgeon general of the United States has stirred questions about this perfectly legal, constitutional procedure. It seems some Americans are still uncom-

fortable about the widespread practice of abortion, including Dr. Foster, who says he finds it "abhorrent."

The debate over his confirmation, he adds, is ironic, since "my life's work has been dedicated to making sure that young people don't have to face the choice of

abortions." The doctor points out that he has performed fewer than a dozen abortions, or rather only 39, during a long, 38-year career in medicine, and these principally for therapeutic reasons. So what's all the fuss about?

But the latest Authorized Version of the number of abortions performed by Dr. Foster doesn't include those in a drug trial of a vaginal suppository that induced abortions in 55 of the 60 women to whom it was given for no clear therapeutic reason. If he found abortion abhorrent, why did he supervise this test at Meharry Medical School?

Dr. Foster explained why in a televised interview last week: "To keep my veracity. We are in a medical setting. We had a research grant. We have to do that to train our residents. We were in a multi-center study with the Upjohn Co., and we tested a product, a suppository, not a mechanical procedure, to train residents. ... That's a part of keeping our program accredited, and at that time, and, like now, 20 percent of all universities survive on grant funds. That was a grant."

Dr. Foster has made it clear how a physician, and not just a physician, can be induced to do something he finds personally abhorrent: Use a chemical agent instead of a mechanical procedure, ensuring the key element in carrying out any morally dubious policy — distance. Call it reproductive health care. Do it in the name of scientific research. Or grantsmanship. Or accreditation. Do it for the unit, the team or, in this case, the school. Depersonalize the decision. Keep telling yourself it is all legal, constitutional, etc.

Dr. Foster also participated in the sterilization of mentally retarded women at a Tuskegee hospital in the 1970s — in order, he wrote at the time, to obtain "significant hygienic benefits to these severely handicapped individuals." The procedure has since been mercifully abandoned, but Dr. Foster was not doing anything illegal or unconsti-

tutional. ("A White House official said Saturday [Feb. 11] that Foster was very much in the mainstream of medical practice at the time he performed those hysterectomies." — Robin Toner in the New York Times.)

Indeed, Dr. Foster's long and distinguished career would seem to conform admirably to the medical, social, legal and constitutional standards of our times. There is nothing in his record that violates official policy. When it comes to his performing abortions, as the good doctor noted the other day, his "patient records and operative logs" are all in order.

One hopes that all the support for Dr. Foster out of the White House does not turn out to be the usual prelude to a cave-in, and that Henry Foster — unlike Lani Guinier — will get his day in front of a congressional committee. By now the doctor may have been sufficiently sensitized by this arduous process of confirmation to make a good surgeon general. His statements against abortion and in favor of sexual abstinence for teen-agers would seem to make eminently good sense, socially and morally. Like old Noah in the Book of Genesis, he seems a righteous man in his generation.

The hearings on Dr. Henry Foster's nomination offer the American people something more important than an opportunity to judge his fitness for high office. Confirmation hearings can be about a lot more than confirmation. They offer an opportunity to explore the medical, social, legal and constitutional standards that have shaped his and all of our attitudes on matters of life and death, science and morality. The hearings could even offer a clear look at the banality of evil. It would be interesting to see how many of our distinguished leaders could recognize it.

Paul Greenberg is editorial page editor of the Arkansas Democrat Gazette in Little Rock and a nationally syndicated columnist.

INSIDE POLITICS

JACK W. GERMOND AND JULES WITCOVER

FOSTER AFFAIR CAN BE A CLINTON PLUS

In a kind of perverse way, the controversy over the nomination of Henry Foster Jr. for Surgeon General offers a rich political opportunity to President Clinton.

On the face of it, this seems laughable. Once again the White House is being derided by enemies and excoriated by allies for handling the nomination so clumsily. And it is obviously too late to counter that criticism.

But if Clinton sticks with Foster to the end, he may be able to alter the perception, widespread in both the political community and the electorate, that he is a weak and vacillating politician easily rolled by his opponents. It is a perception at the heart of his weakness with the voters as he looks ahead to running for a second term. (See this issue, p. 445.)

At the same time, the President has an opening to exploit the continuing divisions within the Republican Party over the abortion-rights question and the role of the family values issue in the 1996 presidential election campaign. (See this issue, p. 462.)

So far Clinton has shown no sign of bending on the Foster nomination. On the contrary, the White House has been conducting a vigorous campaign to win public support for the nomination and thus put pressure on the Senate to confirm the choice. Among the wise guys of politics, however, there is still an obvious wait-and-see attitude. No one has forgotten other decisions reversed, other nominees tossed over the side when the President's hand was called.

The doubts are so widespread that a victory on the Foster nomination would be given disproportionate weight as evidence that Clinton is, after all, a strong political leader. But even if the nomination finally goes down in the Senate, Clinton can project a new image as a forceful figure so long as he sticks with his nominee.

This case is especially important to Clinton because his conduct will be watched most closely—and perhaps critically—by two Democratic constituencies vital to his political future.

One is made up of black Democratic leaders who were dismayed by his retreat on the nomination almost two years ago of Lani Guinier to be assistant attorney general in charge of civil rights. The fact that Foster is a black nominee replacing another controversial black, Joycelyn Elders, adds to the pressure on Clinton.

The second group is made up of those Democratic liberals, prominently but not entirely activist women, for whom the abortion-rights issue is indeed a test of Clinton's values.

On the issue itself, Clinton seems to be holding the high cards. Opinion polls show that most Americans want the government to stay out of the decision. And they find very few voters—fewer than 10 per cent on each side—who say that they cast their ballots on the abortion question alone.

More to the point for the President, the issue has continued to be a divisive one among Republicans. That obviously was one of the reasons House Speaker Newt Gingrich, R-Ga., made up his Contract With America without including the longtime con-

servative demand for a constitutional amendment to outlaw abortion.

Indeed, until the Foster nomination brought abortion rights to the forefront again, the issue was one that many savvy Republicans wanted to finesse in their own decision on a presidential nominee. It is now an accepted article of faith among political professionals in both parties that the harshly moralistic tone of the 1992 Republican National Convention in Houston alienated many independent voters as well as some moderate Republicans.

The sensitivity of the issue has also been apparent in the way the Republicans have handled the Foster case—that is, by focusing their complaints on questions about the Administration's obviously flawed process in choosing the Nashville physician and about Foster's credibility.

The strategy has not worked, however. The White House and abortion-rights activists have been disciplined so far in depicting the challenge to Foster as being primarily an attempt to challenge the Supreme Court on abortion rather than as an expression of simple disapproval of the President's nominee for Surgeon General.

The White House has received no little help, moreover, from such hard-line conservatives in the Republican Party as television commentator Patrick J. Buchanan who are again insisting that the party platform next year must include a plank similar to the 1992 plan that called for a prohibition against all abortions without regard to how the pregnancy occurred.

There is also the beginning of a new argument among Republicans over whether anyone who supports abortion rights could serve on the presidential ticket next year—an argument that is certain to gain increased attention if someone such as Gov. Pete Wilson of California or Gov. William Weld of Massachusetts becomes a candidate for the Republican nomination. The Democrats would like nothing better than the picture of the Christian Coalition setting the qualifications for Republican presidential nominees.

Such ideological stresses used to be more common among the Democrats in the days when liberals tried to write off potential presidential candidates on such diverse things as the death penalty or votes for the MX missile and aid to the antigovernment contras in Nicaragua.

The problem for either party is that voters tend to hold more-centrist views and to be more interested in practical questions such as jobs and health care. And they also tend to be impatient with extremists bickering over how many nuances they can write onto the head of a pin.

So although it is fair to say that Clinton is still facing an uphill fight to win Senate confirmation of his nominee for Surgeon General, it is equally accurate to say that there is a political opportunity for the President if he handles himself in a way that projects an image of strength—and calls attention to the deep fault lines in the Republican Party. ■

Clinton can turn a bungled nomination to his advantage if he fights hard for it—and calls attention to the rifts in the GOP.

Charles Krauthammer
Wash. Post; 2-17-95

A Troubling Medical Act

"Recently, I have begun to use hysterectomy in patients with severe mental retardation," reported Surgeon General-designate Henry Foster in 1974. There was nothing wrong with the uteruses of these women. But because there was a lot wrong with their brains, Foster performed major surgery on them for the sole purpose of preventing them from having children or menstrual periods.

Foster's intentions were no doubt good. The women might be incapable of caring for children. And eliminating their periods would make keeping up their hygiene easier. But was it ethical to perform surgery and permanently sterilize women in no position to give consent?

If a doctor wants to do so today, he must first go to court, get a court-appointed guardian to agree that sterilization is in the woman's best interest and get the judge to order it. There is no indication that Dr. Foster took these steps. I asked the Department of Health and Human Services what kind of consent Dr. Foster obtained for these hysterectomies. They could not tell me. They did tell me that Dr. Foster did not recall the details and that the issue was "under review." They were sure he had followed hospital accreditation regulations, but they did not think there was any judicial review.

These are important questions. These are the crucial question the Senate needs to ask Dr. Foster. Because without these safeguards of independent and judicial review, sterilizing the retarded, however well intentioned, is unethical medical conduct.

The White House argues that standards of medical conduct have changed since the

Without judicial review, sterilizing the retarded is unethical.

mid-'70s and that what Foster did was within "the mainstream of medicine" as practiced at that time.

Was it? Was it just recently that these elaborate judicial safeguards against involuntary sterilization were established?

Foster's announcement that he had "begun" to do sterilizations was first published in January 1976 based on an oral report he had given in early August 1974. But on Feb. 6, 1974—six months before his oral report and fully two years before its publication—the federal government published regula-

tions banning the use of federal funds to involuntarily sterilize the mentally incompetent unless (1) an independent review committee approved and (2) "a court of competent jurisdiction has determined that the proposed sterilization is in the best interest of the patient."

These safeguards are essentially the same ones we have today. Moreover, HEW had published similar preliminary regulations in September 1973—nearly a year before Foster's first report.

Now, Foster would have violated no federal regulations because he was using no federal funds. But legality is not the issue. I have no doubt that what he did was legal. The issue here is whether, as the administration argues, he was merely reflecting the moral climate of the time. Yet by the time Foster had first announced the results of his "recent" procedure, that procedure had been deemed impermissible—unless preceded by strict outside review and the proxy consent of a court—for the entire U.S. Public Health Service.

For all its virtues, the federal bureaucracy is not generally known as the locus of the nation's ethical avant-garde. Regulations take time, lots of time, before they are proposed and parsed, commented upon and finally codified. By the time these were codified, they would have reflected a general sense that sterilization of the mentally infirm was a morally problematic procedure that required judicial review and consent. Dr. Foster's paper gives no hint of sharing that sensibility.

Assume, however, for the moment and the sake of argument, that Foster's hysterectomies were perfectly in tune with the ethical climate of the time and that the climate has changed. It seems curious that Foster should be the beneficiary of a rule that says: If you have done something that would be considered wrong today but that was considered all right at the time, you get a pass. Would a doctor who had performed, say, frontal lobotomies on psychiatric patients when such procedures were in fashion in the 1950s now be considered a fit candidate for surgeon general?

What about a doctor who had participated in radiation experiments on unconsenting, unsuspecting subjects during the early Cold War years? When these experiments were revealed last year, they elicited an explosion of righteous indignation from this very administration. "While her predecessors brushed off early reports about the experiments," reported The Post last year, "[Energy Secretary] O'Leary made an immediate public outcry." Hearings were held, commissions of investigation established, practices—and practitioners—denounced. The kind of sympathetic moral relativism accorded Dr. Foster was nowhere in evidence.

The White House notes, in defensive defense of Dr. Foster, that he performed only "a small number" of sterilizations. True. Foster's paper seems to show that he performed only four. I don't expect that this number will undergo change, as did the number of abortions Foster says he performed. But as with abortion, the White House's very insistence on "a small number" is telling. It betrays an obvious discomfort with what Foster did. It reinforces the sense that the moral climate of the 1970s was not nearly so alien as some pretend and that even in that ancient time surgically sterilizing the retarded was a morally troubling medical act.

Dr. Foster and the ethics question

WASHINGTON—"Recently, I have begun to use hysterectomy in patients with severe mental retardation," reported surgeon general-designate Henry Foster in 1974. There was nothing wrong with the uteruses of these women. But because there was a lot wrong with their brains, Foster performed major surgery on them for the sole purpose of preventing them from having children or menstrual periods.

Foster's intentions were no doubt good. The women might be incapable of caring for children. And eliminating their periods would make keeping up their hygiene easier. But was it ethical to perform surgery and permanently sterilize women in no position to give consent?

If a doctor wants to do so today he must first go to court, get a court-appointed guardian to agree that sterilization is in the woman's best interest and get the judge to order it. There is no indication that Dr. Foster took these steps. I asked the Department of Health and Human Services what kind of consent Foster obtained for these hysterectomies. They could not tell me.

It is an important question. It is the crucial question the Senate needs to ask Foster. Because without these safeguards of proxy consent and judicial review, sterilizing the retarded, however well intentioned, is unethical medical conduct.

The White House argues that standards of medical conduct have changed since the mid-'70s and that what Foster did was within "the mainstream of medicine" as practiced at that time. Was it? Was it just recently that these elaborate judicial safeguards against involuntary sterilization were established?

Hardly. Foster's announcement that he had "begun" to do sterilizations was first published in January 1976 based on an oral report he had given in early August 1974. But on Feb. 6, 1974—six months before his oral report and fully two years before its publication—the federal government published regulations banning the use of federal funds to involuntarily sterilize the mentally incompetent unless (1) an independent review committee approved and (2) "a court of competent jurisdiction has determined that the proposed sterilization is in the best interest of the patient."

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Charles Krauthammer

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On Dr. Foster

If President Clinton wants to get Dr. Foster confirmed as Surgeon General, the best move he could make would be to invite Pat Robertson to the White House for a talk, or maybe a prayer.

They'd probably both benefit, but we suspect it's the President who has the most to learn—namely a little respect for people who are deeply against abortion. For underlying the White House mistakes on the Foster nomination is one unthinking assumption: that anyone with anti-abortion views is not serious, and can safely be ignored. It never occurred to the staffers who examined Dr. Foster's record that anyone might wonder if he had ever performed an abortion.

It's not something that ever comes up in their enlightened circles, after all; why should it matter to anyone else? We commend to the White House vetters' attention "The Bell Curve" by Charles Murray and Richard Herrnstein, who have written 800 pages on the subject not of racial differences but of an overeducated "cognitive elite" whose members talk only to one another. Two decades of condescension, starting with the judicial ukase of *Roe v. Wade* reading things into the Constitution and out of the political process, is precisely what has made the anti-abortion movement as militant as it is.

In fact, the Religious Right has proved itself quite capable of compromising, of accepting half a loaf for progress toward its goals. A great deal has been made this week of the bargaining position Ralph Reed of the Christian Coalition announced for 1996 Republican nominations. But he and his allies have campaigned for pro-choice Republicans, such as Senators Paul Cloverdale of Georgia and Kay Bailey Hutchison of Texas, who take their positions without belittling the opposite convictions. By contrast, pro-life Democrat Governor Bob Casey wasn't even allowed to speak at his party's convention.

With Dr. Foster in deep trouble, the White House now seems intent on building further alienation by branding Dr. Foster's foes as "extremists," implicitly suggesting there's little difference between those who seek some controls on abortion and the lunatics who shoot up abortion clinics. The "extremism" charge comes easily, despite President Clinton's own admission that a pro-choice position is indeed a litmus test for his judicial appointments. The President also says it's unfair to judge Dr. Foster as a "cardboard cutout." Sure, Mr. President, tell it to Robert Bork.

Our own problem, of course, is our profound conviction that what hap-

pened to Judge Bork was manifestly a bad thing. And whatever the blunders of Dr. Foster's handlers, we think it would also be manifestly bad if the same thing happened to him. Abortion is the most contentious moral issue splitting the nation today; we all have to live together, pro-choicer and pro-lifer alike, and at the very least we ought to be able to learn to agree to disagree. It would be very unfortunate if the ultimate lesson of the Foster nomination is that no one who has ever performed an abortion can ever hold any political office, and that is precisely where the passions on both sides seem to be leading.

The shifting White House story on the abortion issue has by now sacrificed so much credibility that any assessment has to start with the caveat that more surprises may lie ahead. But assuming that the current account stands, it doesn't strike us as particularly surprising that an obstetrician-gynecologist in practice for 30 years would have performed 39 abortions; only a minority of such physicians would absolutely bar abortion, and a rate of one or two a year suggests some sense of responsibility, scarcely the use of abortion as a wholesale substitute for birth control.

On issues such as research projects or sterilizations, too, there is also plenty of room to disagree, but little evidence of moral recklessness. Moral dilemmas are inherent to the practice of medicine, and physicians and their patients are entitled to some leeway in making their own decisions. And judged on its whole rather than isolated incidents, Dr. Foster's career has much to recommend it. It's clear that he doesn't believe that the best defense against teen pregnancy is condoms in the schools or masturbation classes. Instead, in 1987, he started an impressive program called I Have a Future, encouraging teenagers in two Nashville housing projects to delay sex and childbearing. His work earned him an accolade from a pro-life Republican, President Bush, who named him one of his "1,000 Points of Light."

Given that about two-thirds of black children are born into fatherless families, there's also much to be said for Dr. Foster's race and gender. A black man preaching the abstinence message would send a strong signal to young men of all races about the responsibilities of fatherhood, which of course bear on the widest range of other social problems. At least on the record so far, Dr. Foster's preponderant message is pro-family.

All parties—Dr. Foster, the White House, the Religious Right—stand to lose in the raucous debate that has developed. It would be far better if the President could find a way to treat the pro-life forces with some respect and civility, and the Religious Right could approach Dr. Foster with a measure of Christian charity.



Henry Foster

THE RIGHT-TO-LIFE OF THE PARTY



N.Y. Times; 2-16-95

Abortion: The Doctors' Return

America's medical profession has been cowed by anti-abortion terrorists. Threats, bombings, arson and murders have forced many doctors who perform abortions to run for their lives. That, coupled with indifference about teaching abortion skills in medical school, has left many women without needed services.

But relief may be coming. The Accreditation Council for Graduate Medical Education voted unanimously this week to require that, with certain exceptions, prospective obstetricians and the hospitals that teach them include abortion training in their programs.

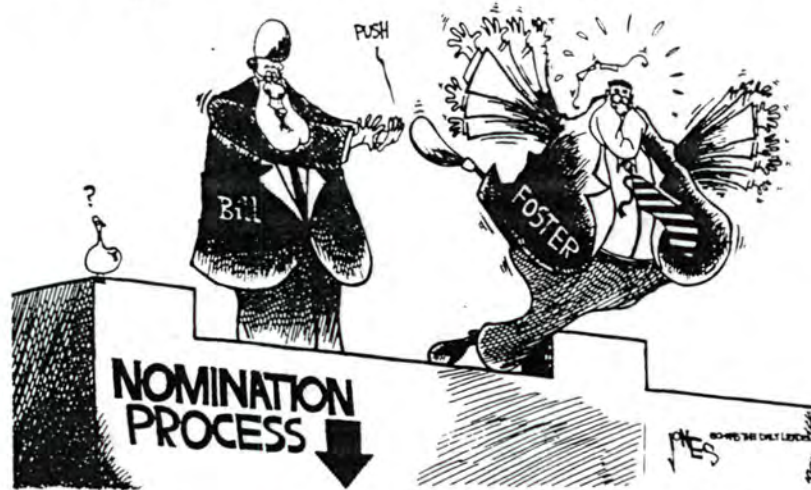
An American woman's right to abortion was assured by the Supreme Court 22 years ago. But constitutional right or no, women cannot get abortions if there is nobody to perform them. At present, only 12 percent of the residency programs in obstet-

rics offer training in first-trimester abortions; even fewer offer second-trimester training.

The council's new standard exempts residents with moral or religious objection to abortion on the assumption that they will not be performing abortions anyway. It also exempts institutions that oppose abortion, but requires that they arrange for their residents' training at other hospitals. Failure to comply means losing the accreditation that teaching hospitals need to qualify for Federal reimbursement for medical services.

In marginalizing abortion services, the militant arm of the anti-abortion movement has marginalized the medical needs of hundreds of thousands of American women. The council would correct that injustice by providing the woman who chooses pregnancy termination with the same level of medical care as the woman who does not.

Temperature readings on Dr. Foster



Dr. Henry Foster Jr. has become the Greta Garbo of American politics. Nobody knows quite what to make of the man. Depending upon who's doing the telling, the 61-year-old obstetrician-gynecologist is either an amiable country doc or the Mengele of the Meharry Medical School, a surgeon who sterilized women of low intelligence and limited means.

By now, everyone in America knows the president's nominee for surgeon general has performed abortions and that he has enormous difficulty explaining when, how many and why. His performances have been so embarrassing that the administration has tried to slap the "extremist" label on anybody who tries to pry a straight answer from the man.

Despite all this, Dr. Foster seems to have enjoyed a perfectly normal career — which is precisely the problem. The triumph of wonder drugs and gosh-golly machines has transformed medicine from a healing art into a form of gadget-happy mysticism. Doctors no longer feel constrained just to fix broken body parts: They have begun mulling over more fundamental questions, like who to fix up the human race.

Dr. Foster has ridden this wave. Late last week, the administration revealed that he performed a series of involuntary sterilizations — perhaps hundreds — on retarded women between 1965 and 1973. Clintonites quickly explained that everybody in the obstetrical profession was doing that sort of thing back in the 1970s.

But that's just not true. Although the U.S. Supreme Court upheld involuntary sterilization in a 1927 case involving a retarded 18-year-old mother in Virginia, physicians began shying away from the practice of eugenics after Adolf Hitler gave playing God a bad name. By the early 1970s, all but a handful of states had outlawed or restricted the practice of removing a woman's reproductive organs without her permission. Furthermore, doctors and philosophers had mounted a furious debate about the propriety of performing such operations even with the consent of the person involved.

The few who still performed complimentary hysterectomies explained their handiwork with a pretty standard argument: Retarded people cannot delay gratification as well as the rest of us. They are easily exploited by sexual predators. They make poor parents because they can't cope with the stresses of handling young children. Therefore, fix them — rather than dooming their kids to misery.

In a 1981 article for the Florida State University Law Review, Deborah Hardin Ross identified the missing ingredient in this logical chain — compassion. "Involuntarily sterilized persons tend to perceive sterilization as a symbol of reduced or degraded status, of punishment synonymous in their minds with castration, and of self as deviant and unworthy of parental rights."

Since then, sterilization has fallen out of vogue as a way of holding down unwanted pregnancies, and abortion has taken its place. In a public-relations bungle worthy of the White House, the American College of Obstetrics and Gynecology voted on Valentine's Day to make medical schools teach abortion procedures to all obstetrics students. Institutions that refuse will risk losing their accreditation. In the future, students who wish to obey the Hippocratic Oath will be treated like "extremists," and every potential Ob/Gyn will have to master a procedure performed by only about 13 percent of the profession.

But the field of reproductive medicine abounds in surprises. Technology soon will let families use in vitro fertilization to customize their babies by picking out embryos with genetic characteristics. So while Dr. Foster cleans the bottom of the gene pool, his colleagues have begun to manipulate what goes in as well.

Henry Foster's backers are right: He has been vilified by people who don't know him, and he deserves a chance to restore his good name. But members of Congress have an obligation to demand answers — about his career in the operating room, about the Meharry Medical School, which lost its accreditation when he was in charge, and about the ethics of a profession that seems to be moving unchecked into a new age of eugenics.

The position of surgeon general has become a silly thing. Ever since C. Everett Koop came to Washington, people in the office have focused on three things: condoms, cigarette smoke and military uniforms stolen from the prop room of "The Love Boat." The Foster hearings, if handled like an inquiry and not an inquisition, offer a chance to relieve the tedium. Inquiring minds might want to shift attention from abortion to the broader question: Whatever happened to a doctor who was content just to heal someone?

Tony Snow is a Washington-based editorial page columnist for the Detroit News and is nationally syndicated.

No matter how much Capitol Hill conservatives try to sugarcoat it, their attempts to block President Clinton's nominee for surgeon general amount to a dangerous stigmatization of every doctor who has ever performed an abortion.

Sen. Phil Gramm, Texas Republican, a possible presidential candidate, was pretty upfront about why he didn't like Henry W. Foster Jr. He said he does "not believe a

Abortion is not a pleasant thought, but there are a lot of procedures doctors perform that are not pleasant to talk about at the dinner table.

doctor who has performed abortions as a matter of routine practice could bring Americans together" on issues of medical policy. Oh? Dr. Foster could hardly do worse than Mr. Gramm.

Since when is a surgeon general supposed to be free of controversy? Ronald Reagan's quite popular surgeon general, Dr. C. Everett Koop, shocked fellow conservatives with some of his views about sex education for children, yet most people appreciated his candor.

Dr. Foster is being criticized for his alleged lack of candor in disclosing how many abortions he has performed during almost 40 years of medical practice. At first he said fewer than a dozen, but, after checking his records, revised that number to 39. Organized anti-abortion activists alleged he performed many more. Is one enough? Is 500 too many? Even if Dr. Foster's original estimate had been correct, it would not have silenced the rage from the radical right, or calmed Mr. Clinton's nervousness.

Others claim the question is "credibility" or "morality." Sen. Orrin Hatch, Utah Republican, chairman of the Senate Judiciary Committee, says the nation doesn't want a surgeon general who advocates "permissiveness." Yet, Dr. Foster received a "Point of Light" award from President Bush for his "I Have a Future" youth program,

which innovatively and effectively encouraged young people to postpone sex until they have taken care of life's more important steps, like career and marriage.

Mr. Hatch does not care for Dr. Foster's advocacy of condom distribution in school-based clinics, but Dr. Foster has more agreement in the medical community and, as near as I can tell, in mainstream America on this issue than does Mr. Hatch.

Much has been made of how Mr. Clinton's staff members stumbled with their response to criticism of Dr. Foster, and they have apologized. But what about the bigger question: Why should Dr. Foster's having performed abortions be an issue at all?

Mr. Clinton ran as a pro-choice candidate in a pro-choice party in a year when moderate Republican leaders tried unsuccessfully to prevent their own extremists from pushing an anti-abortion plank so Draconian that it allowed for no exceptions, even for rape and incest.

Capitol Hill Republicans would prefer that Americans not think too much about that. Most Americans tell pollsters they do not like abortion (who would?) but they also do not want to see it made illegal again. We abhor it, yet we want access to it.

We also would like young people to practice abstinence outside marriage. But, as one Atlanta mother said on CNN, "If it was your kid who came down with AIDS, wouldn't you wish they had used a condom?" Let's hear it for good ol' American common sense.

We Americans are like Bill Clinton. We want to have the tough questions both ways. We want life, and we also want choice. We want freedom, and we also want control. We look to Washington for leadership and guidance and, instead, see politicians of both parties running to hide in the tall grass of political rhetoric.

On this issue, they can run, but they can't hide. If Mr. Clinton caves in to pressure from the anti-abortion, anti-condom extremists, he will only enhance their credibility and discredit those who hoped his administration would represent a reasonable middle ground.

Worse, the Foster flap stigmatizes a man of high character and a long record of impeccable public service simply because he performed some abortions. Abortion is not a pleasant thought, but there are a lot of procedures doctors perform that are not pleasant to talk about at the dinner table.

A decent society will always feel a certain moral discomfort with abortion. But it should also feel considerable discomfort about driving those women and, in too many cases, girls who are going to be seeking abortions anyway into the hands of back-alley abortionists.

A decent society should also feel considerable discomfort about stigmatizing a doctor simply because he or she has performed abortions. That's just a short step away from stigmatizing all doctors who perform abortions, which, when you think about it, is just a "life," clean-hands version of the criminal "logic" that drives certain self-appointed baby-savers to shoot abortion doctors and clinic workers.

Most of Dr. Foster's tormentors will deny they would have anything to do with outlaw violence. That's basically true. They only help provide the atmosphere for it.

Clarence Page is a nationally syndicated columnist.

Balt. Sun; 2-16-95

The Foster Nomination

President Clinton may have bungled and stumbled into a winning issue — the abortion controversy that divides the Republican Party — in nominating Dr. Henry Foster as surgeon general. If the Republican Senate rejects the Tennessee educator-physician, Mr. Clinton could come out a winner politically — if the public perceives this was an "abortion vote," not a vote against the White House.

The Foster nomination is turning out to be the first real skirmish of the 1996 presidential election. Although the Clinton White House did its usual sloppy job in vetting Dr. Foster's background, it is awakening to the fact that the Republicans have more to lose than the Democrats in refocusing national attention on abortion. Says Secretary of Health and Human Services Donna Shalala: "We're happy to take them on on the choice issue."

While the Republican Party is under pressure from right-to-life groups that inserted an anti-abortion plank in its 1992 platform, and is likely to do so again, the American public refuses to go along. A CBS poll last month indicated 75 percent of the Americans favor some form of a woman's right to choose. Thirty-eight percent said abortion should be generally available; 37 percent agreed within tighter limits. Only 23 percent sided with the official GOP stand in favor of strict prohibition.

At the 1992 Republican convention in Houston, delegates favoring limited abortion rights were denied even an open floor debate. Yet today they are

not silent. Sen. Arlen Specter, R-Pa., a long-shot contender for the GOP nomination, says he is prepared to "go to the mat" on the principle that a doctor who has performed abortions, as Dr. Foster has, should not be disqualified for the surgeon generalship. Rep. Nancy Johnson, R-Conn., the wife of an ob-gyn, objects to the "narrowly based, mean-spirited" campaign against Dr. Foster.

Such Republican voices are very much the exception. But there are GOP legislators who dislike having their party defined by the anti-abortionists and fear the revival of an issue that helped sink George Bush in 1992. Economic conservatives would prefer to keep congressional energy focused on passage of the House Republican Contract with America, which, revealingly, is silent on abortion. Instead, it vows to discourage teen-age pregnancy by curtailing welfare to young mothers.

Dr. Foster, president of Nashville's Meharry Medical College, has devoted his career to fighting the scourge of teen-age pregnancy. That he and the White House underestimated the number of abortions he performed (39) is mainly a reflection of this administration's continuing poor staff work.

This newspaper has deplored White House mismanagement and questioned the political wisdom of choosing an obstetrician for the surgeon-general post. But now that the choice has been made and the lines have been drawn, President Clinton must see this nomination through to the end.

Wash. Post; 2-16-95

A Lesson in Spin

Speaking of sticky nominations, a pressing topic since Henry W. Foster Jr. was chosen for surgeon general, a book about Clarence Thomas's confirmation provides the manual. "Strange Justice," by Jane Mayer and Jill Abramson, shows how George Bush's team had its hands full with his curious choice for the Supreme Court even before Anita Hill reluctantly hurled her dynamite charges.

The case climaxed in a gender clash that reverberated through American politics for one election cycle. Hill was a conscript and ultimately a casualty in this war between the sexes. Clarence Thomas, a beneficiary of affirmative action, bit the hand that fed him, came across as an odd duck, but the president's men resolved to spin him into office and they did.

Mayer and Abramson lay out in riveting detail how they did it. In the weeks before anyone had heard of Anita Hill, the White House prepared for the hearings before the Senate Judiciary Committee as if for war. Nothing so marks Republicans as their genius for organizing, and their take-no-prisoners approach to problems that Democrats leave to chance. A czar was appointed. Kenneth Duberstein, onetime Reagan chief of staff, demon strategist and possessor of the valuable shamelessness that permits airy dismissals of major constitutional crises like the Iran-contra scandal, called the shots.

Duberstein knew that Bush's claim that Thomas was the "best qualified" for the high bench was piffle, and that it would take fancy footwork to get an ultra-conservative black through the Democratic Senate. But his game is public relations, not ideology, and he set about countering every move of his enemies with a coup that often ended up on Page 1 twinned with the hostile story.

For instance, when it became apparent that the NAACP would not endorse Thomas, the Bush team staged a march on Washington by friends, neighbors and relatives from Thomas's wretched boyhood home in Pin Point, Ga. The subject was changed from Thomas's skumpy legal record to his pitiable background. Duberstein also helped fund and finance other "grass-roots" organizations, took out full-page newspaper ads and activated the Christian Right. Thomas was rigorously prepped by a Justice Department lawyer.

By contrast, then-Senate Judiciary Chairman Joseph R. Biden Jr. (D-Del.) held a single strategy meeting, stopped the answering of the most critical question of

the whole hearing and treated every witness as if he were a talk-show host with a fractious audience.

During the hearings, the Republicans met constantly, and in the critical hours when Anita Hill had calmly stated her accusations, Judiciary committee senators helped rehearse Thomas for his rebuttal, and before the cameras, smeared and intimidated her with reckless disregard of the political consequences to themselves.

Sen. Arlen Specter (Pa.), thought of as a moderate, thundered threats of perjury and infuriated female voters. Sen. Orrin G. Hatch (Utah) accused Hill of lifting salacious details from best-selling thrillers and Sen. Alan K. Simpson (Wyo.) read out crank mail. Thomas was confirmed.

No effort of such magnitude would be appropriate in the case of Foster, a gynecologist-obstetrician who can't count very well. Congress is furious with Clinton for proposing his nomination, not because he isn't qualified or because he is not suited to the work of discouraging teenage pregnancy. It's just that the varying numbers catapulted members into another free-for-all on the subject that sets their teeth on edge, abortion.

Foster has spent much of his life in an enlightened program that offers teenagers the chance to do something other than have babies they can't take care of. He founded "I Have a Future" at Meharry Medical College 17 years ago, and it has a high success rate. It was designated a "Point of Light" by Bush. Foster preaches abstinence.

The doctor's nomination was botched by the grown-ups in the administration, not the children so often blamed for bumbles. They managed to convey the idea that the doctor is casual about abortion, and so changed the debate from choice to abortion. It was a rumpus that the president, or any Democrat, did not need.

A chastened White House has ended the hapless co-directorship of Health and Human Services Secretary Donna E. Shalala and White House Chief of Staff Leon E. Panetta. Deputy Chief of Staff Erskine Bowles is in charge, and John Podesta, survivor of other near-death crises, is full-time on the case. Alumni of the Nashville "I Have a Future" program will be brought here to lobby, and so will medical colleagues. Foster has started his Senate rounds.

Podesta is hoping that when the time comes, Democrats on the Labor Committee will develop "the same level of support" that Thomas got from Judiciary Republicans. This will require Democrats to be single-minded, something they are not good at.

'Stupid' to let abortion derail Foster

NORMAN A. LOCKMAN, associate editor, *The (Wilmington, Del.) News Journal*: "Liberals have done plenty of stupid things, but supporting abortion rights isn't one of them. It will be stupid if, based on the abortion bugaboo, conservatives pass up an opportunity to have, as surgeon general, a man who is likely to push the most important agenda for young people today: sexual abstinence when immature and sexual responsibility when mature."

THE HUNTSVILLE (Ala.) TIMES in an editorial: "What's fascinating about this squabble is not the power play between Democrats and Republicans; it's the tug of war over the heart of the Republican Party. What happens during the (Henry) Foster confirmation process is shaping up to be a bellwether of just how much clout ultraconservatives have. And the answer to that will say a lot about the politics of the person the party will nominate for president in 1996."

CLARENCE PAGE, syndicated columnist: "A decent society should ... feel considerable discomfort about stigmatizing a doctor simply because he or she has performed abortions. That's just a short step away from stigmatizing all doctors who perform abortions, which, when you think about it, is just a 'lite,' clean-hands version of the criminal logic that drives certain self-appointed baby-savers to shoot abortion doctors and clinic workers. Most of Foster's tormentors will deny they would have anything to do with outlaw violence. That's basically true. They only help provide the atmosphere for it."



PAGE

er caustic who will use the surgeon general's office to promote his position on divisive questions. Public health should transcend politics. Pity Clinton can't see this."

THE UNION LEADER (Manchester, N.H.) in an editorial: "Relatively few doctors perform abortions, but Clinton calculatingly chose one who did, which information the White House initially withheld from Congress. ... Senate Majority Leader Bob Dole says that the Foster nomination is 'in some difficulty.' That's all? Given Clinton's duplicity and all that is now known about Dr. Foster, the nomination should have as much chance of survival in a Republican Senate as a fetus in an abortuary."



By Clay Jones, Daily Leader, Brookhaven, Miss.

JACK GERMOND AND JULES WITCOVER, syndicated columnists: "The safe thing would have been for the president to choose instead some state public health official with a different area of expertise; nobody demonstrates against orthopedists. ... The irony is that things seemed to have been picking up for Clinton. His poll ratings were improved, he had shown strength and leadership on Mexico, trade with China and the baseball strike. But now another case of clumsiness in the White House has given aid and comfort to his enemies — and put Dr. Foster's nomination in some jeopardy."

LOS ANGELES TIMES in an editorial: "If Clinton believed in Foster enough to nominate him, the fact that as a gynecologist he performed legal abortions should not cause presidential support to evaporate. And the GOP should recall its 1992 convention, which obsessed about social issues like abortion and homosexuality, and remember, that it helped clear the way for Clinton's election."

EXAMINER (San Francisco) in an editorial: "If Foster is rejected because he defends abortion rights, then it's clear that the Republican Party has a major problem. If Clinton backs down, however, the Democratic president will again look like a spineless jellyfish."

THE WASHINGTON TIMES in an editorial: "The Clintons and their team do have a lengthy record of carefully crafting statements so as to hide, obfuscate and mislead. ... If Mr. Clinton thought Dr. Foster's qualifications were so overwhelming that he could overlook the fact that the doctor had performed a large number of abortions, fair enough. But he and the doctor should be willing to make that case forthrightly. Legalese in the service of creating a false impression just won't cut it. This nomination shouldn't go forward."

Another Clinton nominee caught in a battle

Surgeon general: White House gets failing grade for homework, preparation of Foster

They did it again. The White House fumbled another nomination. Today it's Dr. Henry Foster, Jr., the administration's appointment to surgeon general. But there have been at least three or four others in President Clinton's two years in office — enough for the administration to lose all credibility among both Republicans and Democrats. Three or four nominees shot down is too many for the folks running the highest office in the land.

It's become a pattern: The White House settles on a name, then fails to do thorough background checks and does a poor job of preparing the nominee for the scrutiny that is sure to follow in a now highly partisan appointment process.

What are we to make of this? It's becoming crystal clear. The Clinton team is too young, unpolished and inexperienced in the ways of Washington to know how to go about its job. That is so even with the addition of more experienced hands such as chief of staff Leon Panetta. This old criticism won't and can't die because

of another great White House flaw: It's exceptionally disorganized, mirroring the rambling ways of Clinton himself.

It's enough to make a person want to throw up his hands and holler, which is what Democrats increasingly are doing. More and more Democrats find it hard to stick with Clinton when he continues to serve up slop like this.

There are no excuses for this gaffe. The White House should have seen the abortion question coming, especially concerning a nominee who's an obstetrician-gynecologist. What OB-GYN specialist has not had to deal with abortion? The administration should have ruled out any and all abortion-related questions. Personal reservations about abortion aside, it is a legal procedure in this country.

Now the White House's Keystone Cops are trying to save the nomination but, in the end, Foster may have to fall on his scalpel to save the commander-in-chief from further embarrassment.

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NEW YORK POST*Founded by Alexander Hamilton in 1801*

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Abort the Foster nomination

After ditching one controversial nomination after another, President Clinton apparently has decided to stand fast behind his pick for surgeon general.

This may please Republicans who relish the prospect of an embarrassing nomination fight over Dr. Henry Foster Jr. the obstetrician-gynecologist who can't quite remember how many abortions — perhaps one, perhaps 700 — he's performed. And it may please Democrats who'd like to make the Foster nomination a battle between pro-choice and pro-life forces; such folk will endeavor to focus the debate on abortion and limit discussion of the lack of candor that seems to have afflicted both Foster and the White House last week.

Actually, the Foster nomination is an exceedingly poor idea.

It's true that most Americans either recognize a right to abortion as guaranteed by the Constitution or believe — as do we — that abortion needs to remain legal, even absent the existence of any such constitutional right.

It's worth remembering, however, that tens of millions in this country find the procedure morally repugnant. A decent respect for their sensibilities would militate against appointing a chief public-health officer who's carried out abortions. If this means not appointing an

ob-gyn as surgeon general, so be it. America will survive the naming of a doctor whose professional history doesn't include engagement with an issue that continues to roil the nation.

While some public-policy confrontations are inevitable, others don't have to take place. It's possible to accept the reality of legal abortion without a wholesale dismissal of the moral concerns that animate the pro-life movement.

Clinton — who holds that abortion should be "legal, safe and rare" — can't have wanted a second controversy over the post of surgeon general, having finally rid himself of masturbation instruction proponent Joycelyn Elders.

Dr. Foster offers no positive quality or experience that can't be found in another nominee with a less controversial record. Pressing the Foster nomination demonstrates nothing other than a stunning indifference on the part of the White House to folks who are profoundly queasy about Foster's work both in the realm of abortion and — it now turns out — sterilization.

Notwithstanding Vice President Gore's pointless call to arms yesterday — Gore called for a battle against "extremists" — we'd urge the President to spare himself a fight he doesn't need and withdraw the Foster nomination.

Foster nomination exposes splits in GOP over abortion

WASHINGTON — Maybe the Clinton White House stumbled unintentionally into an abortion debate with the Republicans on the nomination of Dr. Henry W. Foster Jr. to be surgeon general. But maybe it's not the worst thing that could happen to a president in political trouble.

Some Democrats like Sens. Joseph R. Biden Jr. and Barbara A. Mikulski are declaring the White House the gang that can't shoot straight for nominating an obstetrician-gynecologist who makes an easy target for abortion foes. Having to confront the issue, however, could also be a headache for a Republican Party increasingly torn over abortion.

In all the heat generated by discussion of the issue and shootings at abortion clinics, public opinion in the country remains solidly for legal abortion.

A CBS News poll last month found that only one in five respondents now wants abortion outlawed. President Clinton's support for abortions that are "legal, safe and rare" obviously squares with that polling evidence. So the apparent White House decision to stand firmly behind the Foster nomination is not as foolhardy as it may appear.

For one thing, doing so portrays Clinton for once as decisive and steadfast, a posture too seldom conveyed since taking office as he has struggled to establish an image of strong leadership.

At the same time, casting the Republican opposition as right-wing extremism at work spotlights internal divisions within the GOP over abortion that by 1996 could be a serious detriment to the party's presidential nominee.

While the White House was circling the wagons around Foster over the weekend, prominent Republicans were revisiting, at the Conservative Political Action Conference, their commitment to the anti-abortion position that was so combustible at their 1992 convention in Houston.

Ralph Reed, executive director of the Christian Coalition, served notice that evangelicals and Catholics would boycott any Republican ticket that bore a presidential or vice-presidential nominee who supported abortion rights.

And prospective 1996 candidate Patrick J. Buchanan defended retention of the anti-abortion plank in the party's 1996 platform. "Anyone who tries to rip that plank out of the platform will have to come over Pat Buchanan," said the party's Mr. Tough Guy to thunderous applause.

Reed's warning particularly has already caused some of the other 1996 hopefuls to squirm. Sen. Phil



JACK & JULES
GERMOND & WITCOVER

Gramm, about as strong against abortion as anyone could be, side-stepped furiously on David Brinkley's ABC interview show Sunday when asked point-blank if he would reject as a running mate anyone who supported abortion rights. "I'm not going to start setting out parameters as to what one item I might exclude somebody on," he said.

The Foster nomination should not have much at all to do with the 1996 presidential picture. But it has put on the front burner the issue of abortion that most of the 1996 Republican aspirants would prefer to avoid, clearly excepting Buchanan who sees it as a vote-getter for him, at least in the party.

As long as the Foster nomination remains before the Senate, and Republican leaders like Gramm continue to fight it, the GOP will be putting a stern anti-abortion face on the party that does not square with how the polls say Americans feel about the issue. That suits the White House fine, as Vice President Al Gore indicated in Nashville, Tenn., yesterday by declaring, at Foster's side: "We are not going to let the extremists defeat this man."

It's small wonder that the White House now wants the argument over Foster to be waged not in terms of White House incompetence in screening him but rather of the legality of his behavior as a medical man and his record as a crusader against teen-age pregnancy, under partisan attacks by Republican fanatics.

It appears to have dawned on the White House that in Henry Foster they have no back-alley abortionist but a specialist in the birth process who can be defended on the merits of his career, and who gives Clinton a very strong basis for taking the stand on abortion that he has long vowed to be his.

If, in doing so, the president can strengthen his own unsteady leadership image, and point up Republican political discomfort with the issue, so much the better. But he'd better not cave in on this one, or no amount of GOP division on abortion is likely to help him by 1996.

Comment

ON THE NATION
L.A. Times; 2-14-95

Nomination Is Latest Battle in Abortion War

By Susan Estrich *AT*

The nomination of Dr. Henry W. Foster Jr., President Clinton's choice for Surgeon General, is in trouble. It is in trouble for only one reason: abortion. Over the course of a 38-year career, Foster delivered 10,000 babies. He founded a nationally recognized program to curb teen-age pregnancy. And, yes, he performed abortions.

Last week, the distinguished doctor, in an effort to save his nomination, was forced to detail on national television just how many abortions he performed—was it fewer than a dozen, as he originally thought; or closer to 39, as a later review of decades of practice suggested.

This debate is a disgrace. It shouldn't matter how many abortions Foster performed. He is a gynecologist. Abortion is legal. It is a patient's choice.

This is a witch hunt, and the real target is women's rights. Twenty years after the U.S. Supreme Court's decision in *Roe vs. Wade* making abortion legal, it has become increasingly difficult and dangerous to have an abortion in America. The religious right may have lost the battle in the courts, but they are fighting it out on the streets—and they're winning.

The current attack on Foster may hurt the Republicans politically—by exposing their dependence on the religious right. It may end up helping the President politically—by giving him a popular fight to take to the Republicans. Speaker of the House Newt Gingrich (R-Ga.) doesn't need this fight—it doesn't further his "contract with America"; it doesn't help him with the middle class; in short, it doesn't make much sense for the GOP in traditional partisan terms.

But it makes perfect sense as part of the religious right's guerrilla war against abortion. This is how they win. Foster is today's foil. Even if he is ultimately confirmed, the damage is done.

A constitutional right to choose abortion doesn't mean much if you can't find a doctor who'll perform one. No doctor should be required to perform abortions if it conflicts with his or her beliefs. But you shouldn't have to be a hero—or a martyr—to be a gynecologist. You shouldn't have to give up hopes of public service when you per-

form your first abortion.

The message being sent by the attack on Foster is unmistakable. Doctors beware. Performing abortions may expose you to political indignity and humiliation. It is dangerous to your career, as well as your health. Depending on the number you perform, and the circumstances, providing women a medical service that is protected by the Constitution may disqualify you from serving your country.

It is the last message that responsible leaders should be sending.

In 83% of America's counties, there are already no clinics or hospitals willing to perform abortions. Second-trimester abortions are even harder to come by—even if the mother is seriously ill, or the fetus could not survive. The number of hospitals offering abortions dropped 50% from 1977 to 1988. In 1976, more than 25% of residency programs in obstetrics and gynecology required that doctors learn to perform abortions. In 1992, only 12% of the programs trained doctors to do first-trimester abortions, and only 7% trained them to do second-trimester abortions.

One-third of the programs in this country train doctors to provide reproductive care without even being offered the option of learning how to perform abortions.

Bulletproof vests have become a routine item in the budgets of abortion clinics. The costs of security push up the costs of abortion. The routine harassment drives doctors away and forces patients to go through hell just to get in the door. In a recent study by the Fund for a Feminist Majority, more than one-fourth of the nation's abortion clinics reported receiving death threats. There are not enough federal marshals to protect them.

Foster's nomination should have been easy. There is a national consensus that teen-age pregnancy is a major threat to our future. Until the anti-abortion forces started up, Foster had the support of both his home state's Republican senators—including one who is himself a physician.

If the anti-abortion forces can do this to Foster, if they can put him on the defensive, force him to defend quotes out of context, embroil him in a fight over just how many abortions he performed and why, they can destroy anybody.

Foster is a distinguished doctor, and no one has raised any serious objection to his qualifications other than his track record on abortion. It is time for the majority in this country that supports *Roe vs. Wade* to stand up to those who would turn that constitutional right into a hollow promise. If not now, when?

Susan Estrich is a law professor at USC.

E. J. Dionne Jr.
Wash. Post; 2-14-95

Stopped by Abortion

Most politicians hate the issue. Most voters don't like to think about it. Yet the matter of abortion just keeps coming back, gnawing in quite different ways at the consciences of both political parties.

The most obvious manifestation of the power of the issue is the controversy surrounding Dr. Henry Foster, President Clinton's choice to be surgeon general. The fact that Foster performed abortions made him instantly unacceptable to the right-to-life movement. The fact that the administration and the doctor seemed to miscount exactly how many abortions he had performed moved the fight toward matters with which Washington is more comfortable—"credibility," "bungled nominations," "poor staff work" etc. But none of this would have mattered if the miscounted procedure had involved, say, appendectomies. The issue here is abortion.

Abortion has also arisen as a concern in the welfare reform debate. Some very conservative Republicans, notably Rep. Henry Hyde, are dead set against a Republican proposal to eliminate welfare assistance to mothers who have children before their 18th year. Hyde and the right-to-life movement worry, reasonably, that government will thereby hugely increase the pressure for abortion.

Then, at last weekend's Conservative Political Action Conference, Ralph Reed, the executive director of the Christian Coalition, warned that evangelical Christians and antiabortion Catholics would abandon the Republicans if the party nominated a supporter of abortion rights for either president or vice president. Reed's statement was significant because for the past two years, he has played down abortion and stressed concerns—school vouchers, low taxes, balanced budgets—that appeal across much of the Republican spectrum.

Indeed, in an editorial-page article in Monday's Wall Street Journal—printed *after* he issued his warning—Reed was anomalously arguing that all was well between social and economic conservatives inside the Republican Party and that Republicans could remain "civil" in disagreeing about "issues like abortion." One of two things is true: (1) Reed regards threats to bolt his party as lying within his definition of "civility;" or more likely, (2) Reed knows how strongly many evangelicals feel against abortion and he has to pursue a two-step on the issue (sometimes playing it down, sometimes playing it up) so he can try to broker peace in his party without looking like a sellout to his followers.

Abortion creates all these contortions partly because it's a hard issue. As Charles Krauthammer pointed out recently, majorities of Americans think simultaneously that abortion should remain legal and that it is wrong. But abortion is also difficult because it raises questions that go directly to the contradictions in what both Republicans and Democrats claim they stand for. Both parties love to invoke "community" as an ideal. But neither party is willing to pay much of a price on behalf of "community" when its imperatives come into conflict with other aspects of party doctrine.

In nominating Foster, the Clinton administration thought it had found someone whose story and record matched the country's desire to temper the rights acquired over the past two decades (on abortion, for example) with a sense of responsibility rooted in old-fashioned virtues. Foster supported birth control efforts, but he did not pretend that birth control and sex education on their own would solve the teen pregnancy problem. He has long argued, correctly, that the values and aspirations of individuals matter far more than the mechanics of human sexuality.

But no one in the administration went much beyond this appealing story line—by asking much about what this Ob-Gyn physician's practice was on abortion—and so Clinton is smack up against the great tension in the Democratic creed: that Democrats are big on "community" when what's at stake involves sharing money across classes or healing racial wounds, but become staunch individualists when matters turn toward sexuality or abortion rights. Now, Clinton has to stick with Foster because not to do so would make the president look inconstant, as he has on other nominations, while alienating the powerful pro-choice wing of his coalition.

But the Republicans have their own contradictions to deal with. The Republicans talk a good communitarian game when they are giving sermons about "values," but their individualism trumps those values whenever they conflict with free market economics. The family is a wonderful institution, they say, but most Republicans fought against giving the mothers of newborns 12 weeks of *unpaid* leave. Motherhood is fine as long as it doesn't interfere with the prerogatives of employers. It's also fine, as Hyde implicitly notes, unless it interferes with efforts to cut welfare.

On abortion, the Republicans have won loyal support from right-to-lifers for years, but party strategists constantly speak of the need to play the issue down, lest pro-choice Republicans and independents be "alienated." Many Republicans seem to want pro-life votes without having to do anything of substance to earn them. The most the Clintonites can hope for from the Foster nomination is that the longer the controversy goes on, the more it will expose this tension inside the

Republican Party.

There ought to be no pretending: These *are* difficult issues. It's easy to see how people of various philosophical orientations can think their way to either side of the abortion question—or, as Krauthammer notes, to both sides at once. But please, dear politicians, the next time you want to preach about the joys of community and the urgency of "good values," how about being a trifle explicit about the terrible choices that underlie the soothing words? Don't ask of Foster at his hearings what you're not willing to ask of yourselves.

STATE JOURNAL REGISTER (IL); February 14, 1995

A bungled nomination

ON PAPER. Dr. Henry Foster is an ideal choice to become surgeon general.

At a time when teen pregnancy in America has reached epidemic levels, Foster is noted for his success in encouraging young people to delay sexual activity. The program he directed in Nashville's housing projects earned praise from liberals and conservatives alike. Above all, Dr. Foster preaches abstinence — which is precisely what unmarried teenagers need to hear.

Yet despite his strong credentials, Foster's nomination is in deep trouble on Capitol Hill.

AND THE BLAME for this sorry state of affairs rests squarely on the shoulders of the Clinton administration and the nominee himself.

By being less than straightforward about Foster's very limited history of performing abortions, the White House misled and angered key lawmakers. That includes even traditional Democratic allies, such as Sen. Joseph Biden of Delaware, who has urged that the nomination be withdrawn. Worse, by offering

conflicting statements on the number of abortions he has performed, Foster has managed to compromise his own credibility.

The repeated revisions of Foster's abortion record appear to be less a matter of evasiveness than sloppiness — by the Clinton team as well as the unsuspecting nominee. How the White House failed to get the facts straight on a subject as politically sensitive as abortion is hard to fathom.

THAT SAID, the 39 abortions Foster performed over a period of three decades — if, indeed, that is the final figure — certainly should not disqualify him from becoming surgeon general. Despite the loud protests of pro-life activists, Foster is not an abortion clinic doctor. He simply is an obstetrician-gynecologist who has performed a small number of abortions, some of which were to protect the life of the mother.

Dr. Foster has a message that America's teenagers should hear. But considering how badly the White House has bungled his nomination, it looks as though that message may never get through.

Political blunder

Foster nomination gives 'extreme right' ammunition in its fight against abortion

The White House's stated determination to stand behind President Clinton's embattled nomination of Henry Foster Jr. as surgeon general should remind many of the Lani Guinier debacle.

Faced with assertions that Guinier was an enthusiastic advocate of quotas — she was branded the "quota queen" by her critics — Clinton professed support for her nomination as head of the Justice Department's Civil Rights Division, then cut her loose when the political fires rose to unacceptably high temperatures.

There was a political price for his continued support that this vacillating president was unwilling to pay.

The nomination of Foster, who has performed abortions, bears two noticeable similarities to the Guinier appointment: sloppy staff work and a background that, had it been known to Clinton, probably would have spared him another embarrassing post-nomination fight.

Instead, we have the spectacle of administration officials attempting to shift the spotlight from a

staff screw-up and turn it into a national referendum on abortion rights.

Cabinet members and high-ranking presidential staff members fanned out Sunday, brazenly using the television interview shows to create the impression that the opposition to Foster is basically an extension of efforts to reverse Roe vs. Wade and subvert a woman's right to choose.

A staff foui-up? Yes, they said.

But more than that, they said, it's the "extreme right," attempting to make abortion illegal.

Trouble is, there never could have been that spin if Clinton's hirelings had done a professional screening job.

Sen. Joseph R. Biden Jr. (D-Del.) summed it up when he called Clinton's choice "a political blunder in the extreme" and hinted he might vote against confirmation.

The leap from poor staff work to extremist plot is one that can be made only if you're caught with your incompetence showing. And it was.

REPRODUCED FROM THE ORIGINAL SOURCE

The Left panics on judicial nominees

The much-discussed nomination of liberal lawyer and Health and Human Services Counselor Peter Edelman to the D.C. Circuit Court of Appeals may be a dead letter, and happily so. But the Left is growing tired of seeing its best and brightest go down in flames and has mounted something of a last-gasp offensive on his behalf — one designed, if not to save Mr. Edelman, then at least to save the cause of liberal judicial activism as the animating force of President Clinton's remaining appointments to the federal bench.

A salient in this skirmish was yesterday's front-page article in *The Washington Post*, in which the author, Joan Biskupic, happily joined forces with such liberal icons as Sens. Paul Simon and Patrick Leahy and Alliance for Justice Director Nan Aron to excoriate Mr. Clinton for backing off from controversial leftists as judicial nominees. Notably, the president recently quietly withdrew his nomination of Samuel Paz and Judith McConnell after they ran into heavy weather. (Highlights of the two would-be judges' views were discussed in this space not long before Mr. Clinton cut them loose.) It seems that the left wants Mr. Clinton to hold tough and battle for his liberal judicial appointees — even for those, like Mr. Edelman, who have not actually been nominated.

It would be hard to tell, however, that Mr. Edelman — a former dean of Georgetown Law School and husband of activist (and Hillary pal) Marian Wright Edelman — is not a nominee. The wisdom of having Mr. Edelman on the bench was widely and publicly debated, starting in this space — frankly, much to the detriment of his hopes for a black robe. But now a clique of legal admirers has signed a letter to the chairman of the Senate Judiciary Committee, Orrin Hatch, voicing its support for Mr. Edelman.

The curious thing about the letter to Mr. Hatch, however, is just how little support Mr. Edelman was able to muster. At first glance, the 71 law professors who signed on behalf of Mr. Edelman may seem an

impressive number. But not so when one looks at how many signatures were solicited — and the way in which they were sought. Take Catholic University, from which two law professors signed on to the Edelman letter. The turnout from there was remarkably low given that the dean of the law school, Ralph Rohner, sent a request to every member of the faculty asking them to get on board and encouraging them to come by his office to check out the draft. Not a few of Catholic's law professors were put off by what they considered to be an abuse of administrative power.

At the end of the day not one of the regular faculty members at Catholic University signed up on Mr. Edelman's behalf. The two signatures that were procured came from Associate Dean George Garvey and Associate Dean Leah Wortham.

So much for the groundswell of support for Mr. Edelman. Even at Georgetown, where Mr. Edelman was himself an associate dean, only three professors could be found to sign the petition. And one of them was the original author of the letter and the organizer of the campaign.

In any case, Mr. Edelman is likely to find even less support should the White House be foolish enough to take the advice of the Left and fight it out over radical judicial nominees. The president is likely to find senators a trifle chilly if he follows the divisive nomination of Dr. Henry W. Foster Jr. for surgeon general with the sort of untenable judicial nominations he made in Samuel Paz and Judith McConnell. That means no Peter Edelmanns and no "stealth" left-wingers like Carolyn Osolinik, a former Senate Judiciary Committee staff aide to Ted Kennedy who made a name for herself on the Hill for her radical views and her hand in efforts to bork a number of conservative judicial nominees under Presidents Reagan and Bush. The advice of Messrs. Simon and Leahy and Ms. Aron and their publicist Ms. Biskupic is essentially an invitation to the beleaguered administration to commit political suicide for the cause.

The Foster-Elders continuum

By Ralph Reed

In one sense, President Clinton's choice of Dr. Henry Foster Jr. to be surgeon general is just one more in a long series of botched nominations.

From Zoe Baird and Kimba Wood — Mr. Clinton's two failed picks for attorney general — to the withdrawn nominations of Lani Guinier as civil rights enforcement chief and Bobby Ray Inman as defense secretary, the administration has shown an astonishing ineptitude that has veteran Washington observers shaking their heads in disbelief.

Now as the evidence mounts that Dr. Foster had much wider experience in performing abortions than the administration initially admitted, or perhaps knew, Clinton spokesmen are privately giving the same excuse they gave in the other cases: Incomplete examination of the candidate's background. The question arises: Can't these guys get anything right?

But aside from the issue of competence — or lack thereof — of the president's staff in such matters, the Foster nomination is revealing in other, more important ways. Anyone who thought Mr. Clinton's firing of Joycelyn Elders last month indicated a newfound sensitivity to parents outraged by her attacks on traditional morality should think again. With the nomination of Dr. Foster as surgeon general, Mr. Clinton has confirmed that his administration is dedicated to the promotion of radical social policies out of step with the views — and offensive to the values — of millions of Americans.

You might think that the president would be inclined to pick a well-credentialed, mainstream nominee to replace the volatile Dr. Elders, whose penchant for offensive remarks and relentless promotion of contraception for schoolchildren ignited a political firestorm. Perhaps a prestigious heart surgeon or cancer expert with an impressive record in fighting some of the nation's most seri-

ous health problems. Well, no such luck.

Instead, the president chose someone who is not only a long-time advocate of the same failed agenda that Dr. Elders promoted, but has also promoted — as well as performed — abortions. After changing his story several times, Dr. Foster now admits to having carried out 39 "pregnancy terminations" in private practice, and there continue to be serious questions about whether this is the complete story of his personal experience in taking innocent human life, including the issue of whether he performed abortions illegally before 1973.

On other matters, his record is crystal clear. Dr. Foster's close pro-

If the administration really wanted to reduce teen pregnancy and abortion, it would stop fighting against abstinence-based sex-ed programs.

fessional and personal ties with the nation's leading abortion provider, Planned Parenthood, are well documented. He served on the board of directors of Planned Parenthood from 1978 to 1981, and is also a member of the National Leadership Committee of Planned Parenthood's Campaign to Keep Abortion Safe and Legal, a group formed to combat the Supreme Court's Webster decision, which allowed states to set restrictions on abortion such as parental consent and notification laws, and bans on third-trimester abortions. The group favors the right to abortion on demand during all nine months of pregnancy, without any restrictions.

Aside from his abortion practice and promotion, Dr. Foster is also a longtime advocate of making condoms available to children at school-based clinics and contraceptive-based sex education. He is best known in Tennessee for heading the "I Have a Future" program,

which targets disadvantaged adolescents aged 14 to 19. According to the program's own documents, one of its main objectives is to "increase contraceptive availability" for teens to reduce pregnancy rates, with no mention of abstinence or delaying sexual activity. As sociologist Barbara Dafoe Whitehead has documented, such approaches to sex ed have utterly failed in achieving a reduction in teen pregnancy rates. In New Jersey, for example, after the institution of a similar program, births to unwed teen mothers went from 67.6 percent in 1980 to 84 percent in 1991.

At the news conference announcing Dr. Foster's nomination, Mr. Clinton said he wanted him to lead a national campaign against teen pregnancy. It's clear from his past record what kind of campaign that would be. Although Dr. Foster may not be as outspoken as former Surgeon General Elders, his views on teen-age sexual activity and "reproductive health" are nearly identical. Planned Parenthood, on whose board Dr. Foster served, endorses the Sex Information and Education Council of the United States (SEICUS) guidelines for sex education, which advise teachers to discuss masturbation with children aged 5 to 8 and teaches this same age group that homosexuality and heterosexuality are equally valid lifestyle choices.

That Mr. Clinton should nominate a man so closely associated with the abortion industry to the nation's top health post should tell us several things.

First, that his actions belie his rhetoric about wanting abortion to be "safe, legal and rare." From his second day in office, when he signed a series of executive orders reversing existing restrictions on federal funding for abortion, to his support of the radical Freedom of Choice Act, to his attempt to force abortion policies on developing countries in the Third World at the Cairo population conference, Mr. Clinton has shown himself to be completely beholden to the radical, pro-abortion lobby of Planned Parenthood and the National Abortion and Reproductive Rights Action League (NARAL). While waffling on issues ranging from

defense to a middle-class tax cut, the president has been more predictable on abortion than on any other issue: He has consistently shown a disturbing lack of respect for innocent human life.

The nomination of Dr. Foster also makes clear that it wasn't Dr. Elders' controversial views and policy prescriptions that led to her dismissal. What got Dr. Elders into trouble was the fact that she didn't understand the administration's first principle of dealing with social issues: Use lots of pro-family, traditional values rhetoric in order to disguise the radical nature of the actual policies being implemented. The fact is, her controversial views on sex education in the schools were par for the course, but her *out-spokenness* (some would term it candor) about her views had clearly become a political liability for the president.

With Dr. Foster's nomination it becomes increasingly apparent that the president is more interested in defending the reigning ideology of sex-without-consequences — even if it means riding roughshod over the rights of parents in the process — than he is in actually reducing the rate of teen pregnancy.

Rarely has there been a more thoroughly discredited idea than the notion that widespread availability of contraceptives and knowledge of their use leads to a diminished rate of teen pregnancy and abortion. Today, with much more sex education and availability of birth control than there was 25 years ago, we also have higher rates of teen pregnancy, soaring illegitimacy, and a much higher abortion rate.

If the administration really wanted to reduce teen pregnancy and abortion, it would stop fighting against abstinence-based sex-ed programs, which have a proven track record in the few school systems which have tried them. The Foster nomination is simply a prescription for more of the same: more contraceptives, more sex ed and more availability of abortion. Washington should know by now that that prescription doesn't work.

The Clinton administration seems intent on assaulting the deeply-held values of the millions of Americans who adhere to traditional morality. November's election results should have sent a strong message to Washington that ordinary citizens will not stand idly by while the federal government undermines the values they teach in their homes and celebrate in their churches and synagogues.

The White House has shown a marked lack of candor in dealing with questions about Dr. Foster's controversial past, and candor is perhaps the most valuable quality in governance. In the interest of the many important health issues that currently face the nation, the president should withdraw Dr. Foster's nomination in favor of a surgeon general who will unite and not divide, who will heal and not reopen the wounds caused by the stormy tenure of Joycelyn Elders.

Ralph Reed is executive director of the Christian Coalition.

Cam

Give Clinton His Surgeon General

Based on the principle that every president has the right to make a fool out of himself, the Senate ought to confirm his surgeon general nominee, Dr. Henry Foster.

Seriously, I'm for the old idea that every president should be free to appoint someone—whether to surgeon general or the Supreme Court—who reflects his views. Even if it's sometimes hard to tell if the president's view on abortion is to make it "rare" (as he said) or plentiful.

Democrats are right to say that abortion shouldn't be a litmus test. Just as they were wrong when they said it should be. That was back when Republican presidents were nominating Supreme Court justices who were suspected of believing in life (even though it has since turned out that not all of them believed in life as much as they were accused). It also was when Democratic Senators Edward Kennedy and Howard Metzenbaum routinely blocked bunches of Republican judicial nominees because they didn't pass the senators' philosophical litmus tests. It got so bad that Abner Mikva, former liberal North Shore congressman and now White House counsel, gave a remarkable speech here in 1986 when he was a U.S. appeals court judge, pleading with everyone to cut out the litmus tests. He was widely ignored.

It is, of course, great entertainment to watch this hypocrisy unfold, as when someone (who?) thought it beneficial to trot out former Surgeon General Joycelyn Elders for a Sunday talk show. Having argued for Foster's confirmation because doing abortions is a "legal" procedure, Elders was then asked if she would support a surgeon general who smoked a pack of cigarettes a day—also a legal activity. She stammered about, and then ruled the question out of order. Just as inartfully, she dodged a question about whether she would oppose an anti-choice surgeon general.

Equally entertaining is the White House claim that no one but "right-wing extremists" cares about this fight, citing "polls" that show most Americans are opposed to "criminalizing" abortion. I don't know what polls they're talking about, because they never say. But here's one (Gallup) among many that says otherwise: Seventy-three percent of Americans would not allow abortions after the third month of pregnancy, unless it is to save the mother's life. (It is now virtually allowed up to the moment of birth for any reason—as pro-choice extremists insist it must be.)

The White House bungled this nomination, not because it didn't know exactly how many abortions Foster had done, but because it arrogantly thought that Americans don't care. The White House buys the common political wisdom that the last election may have been a mandate for economic conservatism, but not for social conservatism. Abortion, we're told, is a dead issue. Which is an amazing claim in the face of this: Not one pro-life incumbent member of Congress or governor of either party was defeated by a pro-choice challenger. Pro-lifers won 37 of the 48 open House seats. Only in the White House and the nation's newsrooms could this be read as a pro-life defeat.



Dennis Byrne

Never mind. If most Americans believe that the Clinton administration has blundered, Republicans shouldn't come rushing to its rescue by denying Foster his nomination. And if most Americans don't care about abortion, as Clinton and his pals would have it, then Clinton has nothing to worry about.

But Vice President Al Gore is hypocritical to assert, as he did Monday, that Foster is a "victim" of a process in which "ideological extremists" can deny him his office, when it was political extremists on Gore's side who first made it possible.

Dennis Byrne is a member of the Chicago Sun-Times editorial board. His e-mail address is DenAflame@aol.com.

Put an end to drive-by smearers

As in Foster, Rutgers president cases, we go after careers with impunity.

AMES, Iowa — By all accounts, Francis Lawrence has had a distinguished academic career and has been a fine president at Rutgers University.

By all accounts, Henry Foster has had a distinguished career as an obstetrician and a medical administrator in Nashville.

Yet Lawrence is in danger of being fired by Rutgers, and Foster is likely to be rejected by the Senate for a job he is well-suited for.

It's all because of sound bites and instant analysis.

Not sound bites on TV, which at least knows the ethics of sound bites. Not instant analysis by anchor-men, who at least know how to analyze instantly.

No, these are the sound bites of gossip, the instant analyses of placards. They are the quotes, misquotes and twistquotes passed along by those unyielding in their cause or unforgiving in their person.

It is unfair, and it has gotten out of hand.

If you read everything Lawrence said that day in November and if you look at his accomplishments in



COUNTERPOINTS

By Michael Gartner

bringing minorities to Rutgers, you will see he is a champion of equality. He is not a racist. He has said one dumb thing, and he has apologized.

If we are to debate whether he is suited to run Rutgers, should we not debate his full record?

But a debate carried on by placards and demonstrations and quotes out of context doesn't allow for that. It is not a debate; it is an inquisition.

If you look at the record of Foster, you will say this is a man who cares about the health of America, who wants young mothers to thrive and their babies to survive. If you look at his record over three decades, you will say this is a man who has made a difference.

You will also say this is a doctor who performed 39 abortions — operations that are legal, that have been performed by thousands of doctors more than 1 million times a year for the past 20 years.



USA TODAY



AP

FOSTER

LAWRENCE

Yet the debate is not whether Foster would be a good surgeon general, not whether he would help nurture and nourish the men and women and children of America, not whether he is a good administrator or a good doctor or a good man. If you're just tuning in, you'd think Foster was some back-alley operator who did nothing but abortions all his life.

That's the way this debate is being framed — it's about Henry Foster, abortionist, not about Dr. Foster, intellect and innovator and caregiver.

We've become a nation of drive-by smearers — going after reputations and careers with the recklessness and randomness with which we shoot people on freeways. The media may be abetting — or, depending on your outlook, simply reporting — but it's not the media stirring the pot.

In the case of President Lawrence, it's the young, who know no better. In the case of Dr. Foster, it's the Christian right, which should know better.

This piling-on is out of hand. Now is the time to stop it. The Rutgers board must explain to the young that no one is perfect. That they, too, will make mistakes as they grow older. But that a life cannot be judged by a sound bite. And the board must stand by its man.

The president, too, must stand by his man. He must explain that this is not a one-issue country, that there are good and decent people on all sides of debates.

At Rutgers the young must learn, in Washington the right must learn, and across the nation we all must learn: There's a difference between democracy and mobocracy.

COUNTERPOINTS' four columnists provide views from diverse perspectives on today's issues. **Wednesdays:** Linda Chavez on another affirmative-action debacle. **Thursdays:** Susan Estrich. **Mondays:** Tony Snow. **Tuesdays:** Michael Gartner.

► Foster nomination, 12A

Wash. Times; 2-14-95

The medical ethics of the new surgeon-general nominee

Maybe if Dr. Henry W. Foster Jr. had taken the Hippocratic Oath seriously, he would not be bogged down in such a quagmire over his nomination for the office of surgeon general.

Four hundred years before the birth of Christ, Hippocrates had already laid down the principles of medical science, and he is recognized as the father of modern medicine.

Perhaps now Dr. Foster may recall these portions of the oath:

"... I will give no deadly medicines to anyone if asked, nor suggest any such counsel, furthermore, I will not give to a woman an instrument to produce abortion."

"... While I continue to keep this oath unviolated may it be granted to me to enjoy life and the practice of the art, respected by all men at all times but should I trespass and vio-

late this oath, may the reverse be my lot"

MARY BAILEY BOWEN
Silver Spring

Your Feb. 7 editorial regarding the nomination of Dr. Henry W. Foster to be surgeon general states, "The nomination should not go forward." Your opinion is clearly political, based on procedure and without any objectivity as to what Dr. Foster's obligations are as a doctor. A physician takes an oath and is charged with the responsibility of administering to the sick to whatever extent that disorder or disease requires and to do so to the best of his ability.

Society accepts the fact that pregnancies require the attention of a doctor, some to a greater extent, some to a lesser extent. Some pregnancies are

desperately wanted but unfortunately cannot be carried to full term. Some could be consummated, if not for a variety of reasons, such as emotional, physical or mental inability to care for a child, or to protect the mother's life.

If a doctor is responsive to his patient and his professional duties, he should administer such treatment as to restore the patient to a normally functioning condition. Should that require him to perform an abortion, he should do it. To do less is to withhold the treatment that offers the only cure for the patient's physical or emotional ailment.

Dr. Foster has conducted himself as a man of conscience in every aspect of his medical responsibility. He has honored his profession and is worthy of the office to which he has been nominated.

JULES E. BERNFELD
Alexandria

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Attitude adjustment . . . and retreat

The next native of Arkansas slated to become surgeon general of the United States sounds like a welcome step up — despite some confusion about how many abortions Henry W. Foster, M.D., may have performed in a long and distinguished career and why. Here's hoping the good doctor has been leveling with the American people, because he doesn't belong in high office if he hasn't been.

Whatever one thought of his predecessor's policies, there was no questioning Joycelyn Elders' candor about them. One would like to think that any confusion about Dr. Foster's record originated with the White House's inept-as-usual bureaucracy — rather than with Dr. Foster himself, who has a fine reputation as a physician and educator.

Dr. Foster represents a welcome change in at least one way: His major contribution to combating illegitimacy and teen-age pregnancy doesn't seem to be training in technical proficiency but in simple self-respect.

For example: Back in 1987, the doctor started an after-school program in Nashville called "I Have a Future," which encourages young women to postpone sexual activity and childbearing till they have built lives of their own and are ready to assume parental responsibilities. The program is said to combine tutoring, job training and classes about family life. And it seems to be working. There are few pregnancies among the students, and many continue their education beyond high school.

Just as the most erogenous zone is the mind, so the best prophylactic is the respect for self. Dr. Foster would seem to recognize as much.

Surely the last surgeon general understood all this, too, but Joycelyn Elders seemed always to be talking about the mechanics of sex rather than its moral and ethical significance. Her breezy presentations tended to overlook the connection between sex and the deepest and most sacred of human feelings. It is no coincidence that marriage is a sacrament in most traditions, and that it is ringed about by safeguards prudential and providential in all civilizations worthy of the name.

By presenting sexual activity as a branch of physical hygiene or maybe consumer ed, with about as much romance and meaning as flossing, mod sex educators have just about done in a higher dimension of life. Sex ed can reduce love, longing, jealousy and passion — enough material for several biblical epics and no end of grand operas — to a form of physical education. Or maybe gymnastics.

Some days it seems as if the whole society, under the tutelage of

our politically correct elites, has decided to go marching up Fool's Hill en masse.

Surely something has gone wrong when abortion becomes just another form of birth control. Human life itself has been devalued. This latest appointee of the Clinton administration stressed that any and all abortions he had performed were done in-hospital and for therapeutic reasons. Over the course of his medical career, Dr. Foster noted, he also must have delivered some 10,000 babies. Such comments reflect a new (and old) attitude toward abortions — that they are justified only when the life or health of the mother is in danger.

At least one of the abortion-on-demand crowd noticed the change in political and moral atmosphere. Ellen Goodman, whose newspaper column serves as a kind of social barometer, expressed her discomfort with this return to a more life-revering past: "I am uncomfortable with those who defend Dr. Foster on the grounds that he only performed a few abortions or that he did them for good reasons."

Her unspoken but obvious thesis is worth exploring: Only when the law permits abortions for bad reasons, or no reason, as it largely does now, is the abortion lobby going to be "comfortable." But how comfortable, or secure, will anyone be in a society that takes life so lightly?

What happens to a civilization when the taking of human life, whether for good reasons or bad, is considered the business of only the takers? People may differ on moral issues; what disturbs is the relatively new assumption that morality no longer matters in public discourse or policy — that it needn't be argued, that the subject is closed, and the taking of human life should be permitted for any reason or no reason.

When a nominee for surgeon general wishes to present reasons for his actions and explain the abortions he has performed, that alone is a hopeful sign. The mad pendulum may be swinging back at last — not toward values all share, or reasons all will agree with, but at least toward the recognition that values and reasons do matter to society, and should be taken into account. They are not just private concerns that allow us to do anything we wish to others or to ourselves. If that's not much progress, it is progress.

Paul Greenberg is editorial page editor of the Arkansas Democrat Gazette in Little Rock and a nationally syndicated columnist.

The bungled candidacy of Dr. Henry Foster Jr. is shaping up as a major intellectual and moral triumph for the pro-life movement.

For, by the manner in which the White House chose to defend Dr. Foster, it virtually conceded that abortion is a morally suspect act, that any doctor who routinely does abortions is disqualified to be surgeon general of the United States.

Look at how defensive the White House was.

First, word was put out that Dr. Foster had performed, in three decades as an obstetrician-gyne-

doctors took the Hippocratic Oath, vowing never to participate in abortions. Doctors who did abortions were outcasts. Had anyone urged that President Eisenhower name an abortionist as surgeon general, it would have been considered a crude joke.

In treating abortionists as pariahs, were we morally retarded? Or is America morally retarded today, when national leaders call abortion a "legal medical procedure" of no moral significance?

By their desperation and duplicity in trying to hide the number of abortions Dr. Foster performed, the

Michelman, perhaps America's best-known abortion activist, to a Philadelphia journalist: "We think abortion is a bad thing. No woman wants to have an abortion."

Now, if abortion is abhorrent, "wrong" and a "bad thing," and our president is on record as saying he wants to make it "rare," why not set about making it rare?

Let Congress vote to defund any organization — from Planned Parenthood to the U.N. Family Planning Association — that finances abortions. Decent people should not be forced to pay for deeds Dr. Foster says are abhorrent and Hillary

Rodham Clinton says are wrong.

Second, let Congress hold public hearings — bring in ethicists, biologists, doctors — to discuss when life begins, and demonstrate what abortion does, both to a pre-born child and to its mother.

In the 22 years since Roe vs. Wade technology has advanced markedly. Premature babies are being saved at earlier and earlier stages. New sonograms and imaging machines enable doctors to see a child at every stage of development.

Let the country see. Let a new generation of young be taught the truth. Let those

other victims of abortion, women — who were pressured, abandoned, lied to — describe what it was like, what it did to them physically, mentally, spiritually. A new GOP Congress should go after the abortion industry with the same brio that the old used to go after the oil industry and the tobacco industry.

Hopeful result: a law declaring the unborn child a person under the Constitution, and a second forbidding abortion after "viability," a point that would surely end all third trimester abortions, and some second-trimester abortions.

Mr. Clinton might just sign it to get the issue "behind him" for '96. If so, we will be on the way to ending abortion in America, just as the abolitionists were on the way to ending slavery when they got the slave trade stopped.

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cologist, just one abortion. When that story collapsed, the fall back position was fewer than a dozen — only in cases of rape, incest, or to save the life of the mother. Day after day, the revisions tumbled out.

On "Nightline," Dr. Foster sought, almost pathetically, both to emphasize the number of babies he had delivered, and minimize the number of abortions. At one point he blurted, "I abhor abortion."

Unstated moral premise of Dr. Foster's "Nightline" appearance: Delivering babies is wonderful; performing abortions is terrible.

Why did the White House and Dr. Foster not admit that he did abortions, declare it irrelevant how many, and hail his courage?

Answer: The White House and Dr. Foster know most Americans, no matter their stand on "a woman's right to choose," believe in their hearts that the act of abortion is repugnant and sordid.

When Dr. Foster was in school,

Clinton made a mistake on the Foster nomination

The uproar over the nomination of Henry W. Foster as surgeon general to replace the ousted Joycelyn Elders, clearly isn't about Foster at all. He is eminently qualified for the post. Instead, the fight is all about politics and President Clinton.

His GOP opponents, emboldened by capturing control of Congress for the first time in four decades, regard Clinton as a weakened President, and they have their eye on replacing him in the '96 elections — through sabotage, if necessary.

In their strategy of sabotage, the Republicans have been aided by some missteps made by the Clinton administration. It's a long list and will surely haunt the President at election time.

Among those fumbles are health-care reform (managed by Hillary Rodham Clinton), the mishandling of the Lani Guinier nomination for assistant attorney general for civil rights, foreign policy flip-flops and Elders and her untamed talk.

What is so clear in the Foster fiasco is that the President hasn't yet figured out how to slow the determined effort of the GOP to savage him at every turn.

The Foster flap might have been avoided simply by doing a thorough background check to determine Foster's political vulnerability in advance of his nomination. Everybody knows that abortion is a hot-button issue — and Foster has performed 39, by his own count.

Clinton has to stop thinking of himself solely as President. He must think of himself as his party's leader. If former President Nixon taught us anything, it is that in politics, you leave little or nothing to chance. Nixon, too, was rebuffed in some of his appointments, but his losses were seldom viewed as the result of naive political notions. Not so with Clinton.

While it is virtually impossible to anticipate every move by the opposition, he cannot afford to be caught off guard, as he was in the Foster case, over just how many abortions his nominee had performed. Was it 700? Was it less than a dozen? Clinton should have seen this coming, and realized that opponents would exploit any discrepancy.

This lack of preparedness over

nominees' backgrounds has hurt Clinton badly. When negative stories appear about his choices, he sometimes seems hesitant about springing to their support. This makes him seem weak, obscuring his genuine strengths.

In fact, Clinton has a surprising record of accomplishment, especially since he's tackled so many big issues. He's done well on deficit reduction, on stemming the tide of immigrants from Cuba, on beefing up the economy and creating jobs — 5 million in the last two years.

In addition, he won his family-leave battle, has improved, somewhat, the acceptance of gays in the military and won a hard-fought battle to pass the North American Free Trade Agreement with Mexico and Canada. His choices for the U.S. Supreme Court, Ruth Bader Ginsburg and Stephen G. Breyer, were easily confirmed.

That's what's been so frustrating about the Clinton administration. In the face of achievement, there's no way the Foster nomination should be causing the amount of damage it has this late in the game.

Foster is an eminent and circum-spect obstetrician who has delivered thousands of babies and developed an impressive program to combat teenage pregnancy — a program singled out as a "point of light" by the preceding Republican administration. He stands in contrast to Elders, who literally talked herself out of a job.

All presidents make mistakes, but the current one clearly has made too many. What's worse is it appears that he doesn't learn from experience. Or that in Washington politics, appearance matters as much as experience.

This no way to run the White House or a nation that has rated him so low in the polls that, at times, he's practically had to reach up to tie his own shoe.

As he proved during the '92 race, he is an able campaigner, but he must immediately begin to strengthen his political grasp and demonstrate leadership.

The GOP has decided he will be extremely vulnerable in '96. It's up to Clinton to prove otherwise.

Claude Lewis' column appears on Mondays and Wednesdays.

There's something for everyone to dislike about Foster

FINALLY, there's something both sides of the abortion controversy can agree on: Surgeon-general appointee Henry Foster is a major disappointment.

The veteran 38-year obstetrician has been blindsided by anti-abortion lawmakers.

And those in the pro-abortion camp are ashamed that Foster's spine seems to have buckled.

"If you're going to fight, go in there swinging," says one pro-choice activist.

Instead, Foster whiffed. And so did the White House.

First, the White House said the OB-GYN had done only one abortion. Then Foster amended that to say he'd done "fewer than a dozen."

On ABC's "Nightline" on Wednesday, Foster revised the figure again, saying he performed 39 and oversaw 55 others.

Then, making matters far worse, he seems almost apologetic about the whole thing.

"I abhor" abortions, he says.

The fact that Foster performs them is enough to enflame the pro-life forces.

The fact that he doesn't defend his abortion record

to dislike about Foster



is what is so devastating to the pro-choice movement.

"I'm extremely disappointed in the nominee and administration and the entire way they have unwittingly painted themselves into a corner," says Kelli Conlin, executive director of the National Abortion and Reproductive Rights Action League.

"Abortion is a legal procedure in the United States. Whether he's performed 39 or 3,900 shouldn't be an issue."

Whether Foster suffers from bad coaching or a soft spine, he is now his own worst enemy on Capitol Hill.

"It is not acceptable what the nominee and president are saying at this point," Conlin says. "I don't think they realize the damage they are doing."

Foster has yet to point out that abortion is both a

legal and medically sound procedure — one that an experienced OB-GYN could expect to perform at least 100 times during his career.

Safely, legally, for medically sound reasons.

"The debate over Foster seems to be an attempt to demonize doctors for abortions," said Diane Welsh of the National Organization for Women. "I have an emotional empathy for his disclaimers."

"But it does worry me. I'd prefer a clear statement from him that he does support a woman's right to abortion."

In the South Bronx, Dr. Irving Rust, an obstetrician and gynecologist at the Planned Parenthood clinic, feels both anger and disappointment in Foster.

"I was angry because he and I, as black physicians, especially as obstetricians, should be fighting even harder in the liberal causes important to minority women, who are always at the bottom of the medical care situation," Rust says.

Instead, Foster went on

the defensive, "like he's doing something wrong," Rust says.

"He should stand up and be counted and be proud of what he's doing. Take the shots and do it in the right way, with honor and pride."

Will pro-choice activists now abandon Dr. Foster?

They can't afford to.

"If we back away, everybody gets an easy way out," says Conlin. "And we need to make it difficult, a situation where Foster, the president, the Congress, the public, look at this issue realistically."

"I'm only disappointed that there now seems to be an abortion litmus test," says Alexander Sanger, president of Planned Parenthood.

If it's too late to save the Foster nomination, there are plenty of cautionary tales to take home.

"I've learned two lessons in my public life," says Sanger.

"One is: You don't have to answer every question.

"The second is: Don't answer a question unless you're sure of the answer."

Clinton's Slow Learning Curve

Lying is one of man's primary instincts and the justice of heaven has found no corrective except by teaching the practitioner that no sin of his is near so sure to be found out.

The prevailing atmosphere would have made Dr. Henry W. Foster's confirmation as surgeon general at best a strenuously delicate labor. But his prospects could not have been brought so close to ruin if the administration had not once again given way to its weakness for fudging the truth.

On Monday, the White House thought to dispose of one senator's



Murray Kempton

doubts with an assurance that the nominee had performed just one abortion. On Tuesday Dr. Foster said he could remember fewer than a dozen. By yesterday, after checking with his hospital records, he settled the figure at 39.

The plausible assumption from this record is that an administration with the common sense to anticipate the problem would have

asked Dr. Foster to refresh his memory earlier on and that, being a man of honor, he would have come back with the proper count and that the clouds attending this revelation would not have

been worse-blackened by imputations of bad faith.

Similar experiences for Clinton nominees were familiar events in his first two years; and their recurrence in Foster's instance allows painful suspicions that this presidency is so learning-disabled that no amount of lessons can persuade its spokesmen from dissembling, being found out, then re-dissembling, being caught once more, and stuck with a truth far more damaging than quick and candid proffer would have made it.

The airs of Washington are nowhere more noxious than in the contagions of false piety; and Dr. Foster's apparent surrender to them is an especially piti-

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A Slow Learning Curve

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able consequence of his misfortunes. There are rules for conduct in loss-likely battles; and one of them is to stand proudly by your life's commitments.

Dr. Foster has instead subsided into professions that he abhors abortion. The doctor's oath pledges him to do no harm; an abhorrent act is one that, almost by definition, does harm. If Dr. Foster's view of abortions were truly that severe, he would have joined the many of his colleagues who decline to perform them. But he went ahead and carried out procedures fully licensed under law and safely within the scope of his professional duties. He chose his circumstances, scarcely sees cause to be ashamed of himself, and has no excuse for pretending he does except his present unjust beleaguement.

He would do better to go forth with head held high, refuse to degrade himself with unfelt apologies and lose with dignity no less probably than he would have without it.

And he can draw inspiration for this brave posture from, of all unexpected quarters, the very president whose carelessness and inattention has

done so much to compound the troubles of this and so many other of his nominees.

Yesterday Clinton said again that he proposes to fight it out for Dr. Henry Foster. An affirmation followed by a reaffirmation does not quite add up to proof of a will stronger than the president's prior flaccidities have displayed; but the tone is encouragingly suggestive of a new readiness to take his beating and carry on to the next.

So then, late as it is, he may not turn out to be so entirely learning-disabled. He lost his darling popularity by too abjectly courting it; and now he may find his character by recognizing that he can no longer hope to be loved by everyone and set out to be respected by those who dismiss him with contempt. He must take this beating and incalculable others ahead; but he must come back and defiantly meet this and take the next, because he has no other way to persuade friend and foe that he exists and is there though his blood runs down through his shoes. This, of all work, is the job for which life trained Bill Clinton least; but he must rise up to it at the cost of just disappearing if he doesn't. He can only survive in history by casting off the calculating habits that got him into it.

Putting the lie to top doc fight

MORE often than not, research scientists involved in the testing of potential "wonder" drugs tend to be temperate in speech.

For fear of a spectacular flop, they hedge their bets, couching their enthusiasm with words such as "hopeful," "encouraging" or "promising."

Not so Dr. Henry Foster, President Clinton's surgeon general nominee.

When Foster got a grant from Upjohn in 1981 to test an abortion drug, he chirped, "It's revolutionary!" — predicting that it would change "abortions as we know them," ultimately enabling women to abort at home.

He did not say — as he did on "Nightline" the night before last in an interview set up by Clinton — "I abhor abortions."

What can you say about a doctor who repeatedly performs a procedure he finds abhorrent?

The best news is that he lied.

First, Foster said it was one abortion, then less than a dozen, then 39, until Ted Koppel on "Nightline" noted the abortions on 55 women out of 60 in the vaginal suppository study.

The doctor who performed abortions — but didn't want to — brought to you by the President who smoked pot, but didn't inhale.

Correct me if I'm not up to date, but I understood that abortion, if not pot smoking, was still legal.

The scenario becomes more absurd, with organizations such as Planned Parenthood lining up behind Foster based on what they think he thinks, not what he says.

"Dr. Foster believes abortion should be available to the women who need it," insists Alex Sanger, president of New York City Planned Parenthood. "Given the political realities of the United States Senate, he chooses his words carefully."

Carefully?

Asked by Koppel whether he favors distribution of condoms to kids with parental consent, he replied, "No."

Koppel: No?

Foster: Abstinence, that's what I favor. That's the bedrock of our program.

As the school dropout rate resulting from teenage pregnancy zooms along with the infant mortality rate, and as more children fall prey to sexually transmitted diseases, including AIDS, Foster offers abstinence.

that do offer kids more don't utter a peep because to oppose Foster is to concede abortion as a litmus test.

"I should have refused to answer that question until I knew the exact number," said Foster. Wrong.

No answer was the right answer. There is no magic number of abortions; one would have been one too many — and don't kid yourself that this is about his lying.

"Nobody's checked whether he really delivered 10,000 babies, or did 20,000 Pap smears," notes Sanger.

The Clinton administration set Foster up by posing the question first — and it hurt many more people than Foster.

It hurt 40 million uninsured Americans who still don't have health care.

Says Sid Wolfe, director of Public Citizen Research Group, "This is the third time conservative lunacy has sabotaged an able surgeon general."

"C. Everett Koop was a Republican nominee and pro-lifer, but when he took on such issues as tobacco and AIDS and pregnancy, he got resistance from the right.

"Masturbation brought down Joycelyn Elders. Abortion takes out Foster. Who's next?"

This goes beyond individual nominees. At the behest of some members of Congress, the General Accounting Office is investigating whether the Commission Corps of the Public Health Service should be dissolved.

How do you feel about having a surgeon civilian instead of a surgeon general? The title matters. The military title and uniform convey authority and give credence to public health warnings that otherwise might be ignored.

It's the uniform that drives some conservatives nuts when they hear someone wearing it utter "masturbation" or "condoms" or "AIDS."

They believe that if these dialogues are necessary at all, they should stay within the doctor-patient relationship, beyond the realm of government.

FINE and dandy for those who have doctors.

"Look what the surgeon general's warnings about smoking alone have done," says Wolfe. "For very little money, they accomplish a tremendous amount of public health education."

Even the worst surgeon general is a very visible doctor. For some Ameri-



AMY PAGNOZZI

False diagnosis

The muddle over Dr. Foster and abortion reveals the White House's incompetence, not his character.

As the political debate over the nomination of Henry W. Foster Jr. as surgeon general grows ever louder, it's clear there are two strains of opposition. One is understandable, the other hypocritical.

Some on Capitol Hill are against the nomination because Dr. Foster, as a practicing obstetrician-gynecologist and an academic researcher, performed abortions. How many abortions he performed and under what conditions really doesn't matter to people who are just dead-set against abortion. The fact that the procedure is legal doesn't matter, either.

It is frustrating to watch the nomination of a man with such a broadly admirable record threatened by a single litmus test. But, given the context of the deeply held views some Americans have on abortion, the position of this set of opponents is understandable.

What's not understandable, or forgivable, is the way other politicians looking to wound the Clinton administration while staying wishy-washy on abortion are using the "character" issue as a ruse to oppose Dr. Foster.

The argument runs like this: First, the White House says that the nominee performed about a dozen abortions. Then the number goes up — 39

abortions performed as a private physician, and 55 overseen as part of a hospital research program. Can this man be trusted?

The answer is yes, and here's why. The concern about truth-telling is misplaced. The record shows that Dr. Foster didn't lie. The White House fumbled.

In its haste to place the nominee before the public, the Clinton administration failed to do its homework. According to Dr. Foster's account, aides pressured him to remember how many times he performed abortions over a 38-year career. His rough estimate was about a dozen. Only after reviewing records for three days did he come up with the more precise — and higher — figure.

Clearly, the 10,000 babies Dr. Foster delivered were more important. The major campaign he waged to fight teenage pregnancy was more important. The fact that President Bush highlighted his community-oriented efforts was more important.

Still, the White House goofed. If its critics want to oppose the nominee for that reason, well, that's politics.

But that's not reason to impugn the integrity and character of a physician who seems to have dedicated his life to public good.

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Anti-Foster campaign: The Big Chill

The mistake that presidents keep making about the job of surgeon general is in thinking that it has something to do with public health. The job is actually about sending messages, and whatever happens with the nomination of Dr. Henry Foster Jr., the message has already gone out.

"There's a real chill factor here," said Sen. Patty Murray, D-Wash., Wednesday night. "Any obstetrician and gynecologist has to think about it. If the fight is based on the argument out there at the moment, I think it's very disconcerting that we attack anyone based on that argument."

The argument is, of course, that Foster, during a long and distinguished career as an obstetrician and gynecologist, performed some abortions — an operation that is not only a legal procedure but a constitutional right. Because of Foster's participation in those operations, Senate Majority Whip Trent Lott, R-Miss., says that Foster — acting president of Meharry Medical College, health policy fellow at the Association of Academic Health Centers in Washington, winner of a George Bush "Point of Light" award for founding a program to discourage teen pregnancy through abstinence — is "on the fringe."

And once you've announced who's on the fringe, you can make it really cold for them out there.

The fringe apparently includes the American Medical Association and the American College of Obstetricians and Gynecologists,

who declared their "strong support" for Foster. Dr. Ralph W. Hale, executive director of the ob-gyn group, wrote Clinton, "As a passionate advocate for primary and preventive health care, Dr. Foster would certainly bring the highest level of experience and expertise to your administration as it attempts to address the nation's health care needs."

Of course, the 85,000 obstetricians and gynecologists are a dubious source here — and besides, you might prefer to have your baby delivered by Sen. Lott.

The problem is that the media still think that this is about health issues.

But you can't actually discuss public-health issues in a country where people put doctors on Wanted posters.

Dr. James Newhall and his wife Dr. Elizabeth Newhall, of Portland, are among a dozen U.S. doctors on those Wanted posters, put out by the American Coalition of Life Activists. The posters offer a \$5,000 reward for the conviction of people who haven't done anything illegal, and are less likely to find themselves in court than in a pool of blood. As Kate Michelman of the National Abortion Rights Action League says of the "Deadly Dozen" posters: "Let's just call it a hit list."

And now, the nationally prominent Dr. Foster gets to be on that list — or maybe just on the fringe of it.

"What they're trying to do," says James Newhall, "is to say that anybody who's ever done any abortions is a pariah and cut off from the medical community. They are trying to isolate anybody who provides abortions, and to a large extent, they've succeeded."

Senators, desperately eager to avoid facing the real issue here, are trying hard to make this a question of numbers, or of White House clumsiness. They're saying

that there's a difference in whether, over the course of a 20-year career, Foster performed 12 or 39 abortions. Mostly, they're upset because they have to face an issue — and they're upset with Bill Clinton for making it an issue.

"They should have taken the finest doctor they could find in the country, someone near retirement without any controversy," complained Sen. Joe Biden, D-Del., always a profile in courage. But even the model of a grandfatherly surgeon general urging Americans to eat their vegetables can get into trouble — as Republicans discovered when the strongly anti-abortion Dr. C. Everett Koop, the surgeon general chosen by Ronald Reagan, decided to talk about the activity that leads people to seek abortions.

But if the president and senators who claim to support abortion rights are thinking about taking a stand somewhere, this wouldn't be a bad place. Doctors, after all, are already standing with Foster.

"I'm amazed and embarrassed by the politicians of this nation," says Paul Kirk, chairman of obstetrics and gynecology at Oregon Health Sciences University. "Abortion is legal. Abortion is something women choose. It's the responsibility of my profession to make it safe."

Of course, that's just a medical opinion. In talking about a surgeon general, it may not even count.

And standing with Foster, and with a list of other doctors who are being assaulted for trying to make a legal procedure a safe procedure, might be a little chilly.

But unless someone does, things will very soon get much colder.

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Charles Krauthammer
Wash. Post; 2-10-95

It's Not Just The Zealots

On the face of it, Rep. Henry Waxman's defense of President Clinton's nominee for surgeon general seems quite compelling: Yes, Dr. Foster performed abortions. But abortion is legal in this country. So, what is the fuss about?

The fact of the fuss indicates that the question of abortion is not as settled as many people think. Its legality is settled: A majority of Americans do not want it outlawed. But its morality is still very much in doubt. President Clinton himself says, "Our vision should be of an America where abortion is safe, legal, but rare." Why rare, if there is not something deeply troubling about abortion?

It is that troubled feeling, even among those who support legal abortion, that is fueling the brouhaha over Foster. Without that feeling, the anti-Foster fervor of the antiabortion forces would find no resonance.

Most Americans consider abortion a necessary evil. Necessary because the alternative—women dead and mutilated from illegal abortions they are going to have anyway—is worse. But evil nonetheless. Something that, as Clinton insists, should be rare.

Americans' deep distaste for abortion is reflected in the very slogan of its advocates. "Pro-choice" is a triumph of vacuity. Choice is swell, but what kind of rule is "choice"? Are pro-choicers for gun choice? For school choice? For drug choice? Abortion is a procedure whose name even its advocates prefer not to speak.

Presidential spokesman Mike McCurry says that what Foster has done "is certainly legal and certainly within the bounds of medical ethics." Well yes, but not fully: Abortion is not, for example, within the bounds of the medical ethics of Bill Clinton's own alma mater. Bill Clinton went to Georgetown University, a Catholic institution. He has never spoken of it as a hotbed of right-wing ideology or religious extremism. Nonetheless, Georgetown University Hospital will, on principle, not perform abortions.

Georgetown is not unique. A substantial number of obstetrician-gynecologists, perhaps 15 to 25 percent, will not perform abortions. They may not want to see abortion criminalized, but they consider the act so offensive that they want no part of it.

Clearly Dr. Foster does not. That is the root of the controversy surrounding his nomination. The idea that those troubled by Foster's abortion history are just religious zealots and antiabortion fanatics is simply wrong. (According to Rep. Jerrold Nadler, for example, "the thugs in the Senate who are talking about blocking this nomination because of abortion are in the same thuggish spectrum as people who are shooting doctors performing abortions.") The morality of abortion is a mainstream issue. For most Americans abortion is not the moral equivalent of an appendectomy. It poses serious moral problems. How can anyone choosing a surgeon general not be sensitive to that fact?

The fact that in selecting Foster the administration overlooked the abortion issue is being blamed on the usual Clinton White House incompetence. But there is much more at work here.

The fuss about Dr. Foster indicates that the question of abortion is not as settled as many people think.

"Abortion Issue Surprised White House," ran the front-page heading in The Post. "Trouble for Surgeon General-Designate Reflects Lack of Preparation." But you only prepare for something if you think it important. The lack of White House preparation stems less from incompetence than ideological insularity.

It is the same ideological insularity that found nothing terribly, exceptionable—until the firestorm—with the racial spoils system advocated by Lani Guinier. It is the same ideological insularity that found Joycelyn Elders's blunt advocacy of teen sexuality not just unobjectionable but bracing.

Staff error is an easy excuse. The deeper problem is that the Clinton White House inhabits an ideological milieu in which the views of Guinier and Elders are considered mainstream, and moral alarm at abortion is considered alien. It is only when these assumptions are taken beyond the cozy milieu and exposed to the outside world that all hell breaks loose. Then "surprise"—and the pretense that the fiasco is procedural not philosophical.

Despite deep divisions at the extremes, Americans are coming to an uneasy accommodation about abortion: Let it be not criminalized but stigmatized. Abortion is not a morally neutral procedure. We do not want it to become routine. Stigmatization is an appropriate, useful, non-coercive way to help make abortion rare.

In a society where the majority of people want abortion to be legal, but fully 40 percent believe that it involves the destruction of a human life, legal but stigmatized abortion is about the best compromise that we can find. Which is why there is such unease at the prospect of a doctor who has performed abortions (number and circumstance as yet unknown) and conducted experiments with abortion-inducing drugs becoming surgeon general.

The charge that people want to destroy Dr. Foster's career because he performed abortions is nonsense. No one denies him the right to be a surgeon. The only question is whether he should be a surgeon general, an office that confers the moral leadership of American medicine.

The Tainted Foster Nomination

The nomination of Dr. Henry Foster Jr. to be surgeon general has been so badly bungled, by the White House and by Dr. Foster himself, that there is little choice but to hope it dies quickly. Although Dr. Foster is a highly respected obstetrician, his lack of candor about his abortion record disqualifies him from serious consideration. Misleading statements by candidates for high position simply cannot be condoned.

Of course the chief blame for this debacle lies with the White House, which once again put forth a nominee without adequately vetting the person's background or knowing the answers to potentially explosive questions. As a result, the Administration put out false information on the number of abortions performed by Dr. Foster. In this as in earlier episodes, White House bungling makes it difficult for President Clinton's natural allies to support him fully. The situation moves from difficult to impossible for pro-choice Republicans like Senator Nancy Kassebaum of Kansas, who cannot reasonably be expected to take a political gamble amid such swirling incompetence.

That is a shame because Dr. Foster, based on his past record, is a good choice to succeed Dr. Joycelyn Elders, who was pushed from the job after her repeated intemperate language made her a target for conservative attacks. Dr. Foster, the acting director of Meharry Medical College in Tennessee, is deeply committed to delaying child-bear-

ing among adolescents, one of the most pressing social issues confronting the nation. He developed a highly successful program, called "I Have a Future," in Nashville that was honored by President Bush as one of his "points of light."

During a 30-year practice Dr. Foster, like many obstetricians, performed a number of abortions. In doing so he was providing a legal, constitutionally protected medical service. If the latest numbers put forth are correct, he performed 39 surgical abortions during his 38-year medical career, a once-a-year rate that seems modest for a very busy practitioner serving a needy population. He was also the titular head of a federally sanctioned test of a potential abortion suppository.

This record would in any case have probably inflamed America's anti-choice minority, which is fierce and well organized and has good friends in Congress. But since most Americans believe that women should retain the right to choose, Dr. Foster's nomination might well have been pushed through the Senate had his record been forthrightly presented. Instead both he and the Administration made it look as if their accounts were unreliable or designed to mask a more troubling history.

President Clinton promises to fight for his nominee and Dr. Foster pledges to stay the course. But this is a fight that neither the White House nor Congress really wants over a crippled candidacy. It is time to withdraw the nomination.

L.A. Times; 2-10-95

Another Botched Job?

Poor staff work at White House imperils Foster

Leon E. Panetta, the White House chief of staff, acknowledges that Administration officials "did not serve the President well" when they failed to look as fully as political circumstances demanded into the background of Dr. Henry Foster Jr., the obstetrician-gynecologist who has been nominated by President Clinton to be the surgeon general. The admission, however, was misdirected. Although Clinton was once again ill-served by his aides, the real victim in this instance is Foster, who has been needlessly humiliated and had his credibility questioned because inexcusably poor staff work failed to anticipate or prepare him for the questions that would inevitably be asked about his experiences with abortion.

The existence of a politically influential anti-abortion lobby is not exactly a secret in Washington, and the President's choice of an obstetrician-gynecologist as the nation's top medical official should have alerted even the

sleepiest White House aide to what could be expected. But there is no evidence that the White House in fact anticipated trouble, and certainly it was anything but well-prepared. Pressured by the White House to give a tally on the abortions he had performed, Foster guessed about a dozen. Only well into the controversy did a study of his medical records for the last 38 years fix on 39 as the actual number.

That Foster in the course of a long and honorable career performed abortions—a procedure he says he personally abhors—is in no way disqualifying. The problem is that the mishandling of this matter has deepened the ordeal that he will face in the confirmation process.

Botched White House staff work earlier helped sink the prospects of Zoe Baird, Kimba Wood and Lani Guinier. It's time for the message to get through at the White House that enough is enough.

The reluctant nomination

Clinton hems and haws and satisfies no one

The nomination of Dr. Henry Foster Jr. as surgeon general has fast become one of those debacles for which the Clinton administration is justly famous. These political calamities begin with sloppy White House staff work, proceed to a terrified reaction to critics and end, too often, with the president straddling both sides of the issue — equally afraid to make enemies or lose friends. In the end, he loses the respect of both.

RICHARD COHEN



At the moment, the purported issue seems to be the number of abortions Foster either performed or supervised. The tally keeps changing — from the original dozen or so to the 39 he acknowledged in a "Nightline" interview this week. The number 700 appears in the transcript of a 1978 hearing, but it's not clear if Foster was referring to abortions or amniocentesis, which are two different procedures. To a strict anti-abortionist, though, the numbers game is without moral difference, and it ought to be the same for the pro-choice White House as well. What's clear is that the man has performed abortions.

The Senate, which likes its nominations neat, is in an uproar. To make matters worse, Kansas' Nancy Kassebaum, a rare pro-choice Republican, was erroneously told by a White House aide that Foster had performed only one abortion. The figure is off by either

38 or 699. Either way, Kassebaum was steamed.

Clinton has reaffirmed his support of Foster, but not before the White House, characteristically, backed off a bit. It suggested that if Foster's abortion figure went over, say, one dozen, it would have problems with the man. Since the White House arranged the "Nightline" interview, the president apparently is comfortable with the latest figure. Like Jack Benny, Foster is holding at 39.

In the end, the Foster flap may not turn on abortion, but on credibility. No matter how many abortions he performed, if he tried to fudge his record his critics would be entitled to their outrage and the administration would be correct to withdraw and start anew. As luck would have it, the White House has some experience in these matters, having chosen two attorney general nominees before a third, Janet Reno, finally made it.

That sorry record is precisely what many in this town are now recalling. But a more apt precedent is the gays in the military flap that contributed greatly to the public perception that Clinton was not a New Democrat after all, but

just an old-fashioned liberal. He holds the view that a person's sexual orientation does not matter, just as long as he or she caused no trouble and did his or her job. Imagine!

That proposition, so sensible I still cannot understand the fuss, was nevertheless political dynamite. So what did Clinton do? He hemmed. He hawed. He backed and he filled. In the end, he satisfied no one — not those who thought he was right, and not those who thought he was a woolly-headed former hippie who didn't know squat about military service and, of course, showers.

Now we have a repeat of that experience. To the accusations that Foster may have performed many abortions, Clinton should have said: "So what?" Abortions are legal and Clinton is pro-choice. To many people, particularly women, it was the single most important difference between Clinton and George Bush. This, in other words, was a wedge issue, not to mention a matter of principle. The wedge, though, has been blunted, the principle has been fudged.

Clinton also might have reminded people that the man under consideration is an OB-GYN — precisely the

field where a physician is likely to have to perform abortions. That is the nature of the practice. You counsel your patient, treat her, maybe prescribe birth control measures — and if that fails, continue your obligation by, sometimes, performing an abortion. On a good day, you deliver a baby. On another day, you have to perform an abortion. Foster now says he had 39 bad days. That hardly makes him an abortionist.

Given the facts, Foster presented Clinton a chance to remind people that there is a difference between him and the conservative Republicans who now control the House, Senate and — maybe more important — talk radio. It is a difference that matters to a great many people. Instead, the White House reacted weakly. Why? Does it think it's going to get the votes of the anti-abortion crowd? Fat chance. Have the midterm elections changed matters so radically that what was principle in October became expediency in November? Maybe.

Whatever the reason, the White House has left the impression that its position on abortion is a variation of its gays in the military compromise: Don't ask, don't tell and don't, for heaven's sake, take a firm stand.

It isn't Foster who should be fired

IT'S A WONDER that Bill Clinton finds anyone willing to serve in his administration. One after another candidate for this or that high position is brought forward. Then someone discovers a shadow from the past. Clinton, having vowed to stand by his man (or woman), inevitably waffles and the nominee goes down in flames. What a dismal excuse for leadership.

Henry Foster is the latest emerging victim. The Nashville physician and educator, who made his name with a widely praised program to prevent teen pregnancy, appears well qualified to be the next surgeon general and deserves to be confirmed. But a dispute over his record on abortion may doom his nomination.

At first, the White House said Foster had performed only one abortion in his 38-year obstetrical practice; then Foster said it was "fewer than a dozen," mostly to save the mother's life or in cases of rape or incest. Now, Foster says the number was actually 39; he had felt pressured to come up with a

figure before he could check his medical records.

The number of abortions he performed should not be a factor in his nomination at all. Abortion has been legal since 1973. But the issue is so volatile that any involvement Foster had with it would inevitably stir controversy. That's why the

White House had a special obligation to get all the facts before the Foster nomination became public.

If Foster deliberately lied about his past, that by itself would be disqualifying; his credibility would be undermined. But so far, there's no

proof that he dissembled. He seems to have made an honest slip in the heat of the spotlight.

The real culprits here are a slipshod White House staff and a president who seems constitutionally incapable of running a tighter ship. From Zoe Baird and Kimba Wood to Lani Guinier and Bobby Inman, Clinton nominees have been inadequately vetted, only to falter over nanny taxes and other mistakes. Will Clinton & Co. ever learn to get it right the first time? The clock is running out.

The number of abortions that Foster performed should not be a factor in his nomination at all. Abortion has been legal since 1973.

There's something for everyone to dislike about Foster

FINALLY, there's something both sides of the abortion controversy can agree on: Surgeon-general appointee Henry Foster is a major disappointment.

The veteran 56-year obstetrician has been blindsided by anti-abortion lawmakers.

And those in the pro-abortion camp are ashamed that Foster's spine seems to have buckled.

"If you're going to fight, go in there swinging," says one pro-choice activist.

Instead, Foster whiffed. And so did the White House.

First, the White House said the OB-GYN had done only one abortion. Then Foster amended that to say he'd done "fewer than a dozen."

On ABC's "Nightline" on Wednesday, Foster revised the figure again, saying he performed 39 and oversaw 55 others.

Then, making matters far worse, he seems almost apologetic about the whole thing.

"I abhor" abortions, he says.

The fact that Foster performs them is enough to enflame the pro-life forces.

The fact that he doesn't defend his abortion record



is what is so devastating to the pro-choice movement.

"I'm extremely disappointed in the nominee and administration and the entire way they have unwittingly painted themselves into a corner," says Kelli Conlin, executive director of the National Abortion and Reproductive Rights Action League.

"Abortion is a legal procedure in the United States. Whether he's performed 39 or 3,900 shouldn't be an issue."

Whether Foster suffers from bad coaching or a soft spine, he is now his own worst enemy on Capitol Hill.

"It is not acceptable what the nominee and president are saying at this point," Conlin says. "I don't think they realize the damage they are doing."

Foster has yet to point out that abortion is both a

legal and medically sound procedure — one that an experienced OB-GYN could expect to perform at least 100 times during his career.

Safely, legally, for medically sound reasons.

"The debate over Foster seems to be an attempt to demonize doctors for abortions," said Diane Welsh of the National Organization for Women. "I have an emotional empathy for his disclaimers."

"But it does worry me. I'd prefer a clear statement from him that he does support a woman's right to abortion."

In the South Bronx, Dr. Irving Rust, an obstetrician and gynecologist at the Planned Parenthood clinic, feels both anger and disappointment in Foster.

"I was angry because he and I, as black physicians, especially as obstetricians, should be fighting even harder in the liberal causes important to minority women, who are always at the bottom of the medical care situation," Rust says.

Instead, Foster went on

the defensive, "like he's doing something wrong," Rust says.

"He should stand up and be counted and be proud of what he's doing. Take the shots and do it in the right way, with honor and pride."

Will pro-choice activists now abandon Dr. Foster?

They can't afford to.

"If we back away, everybody gets an easy way out," says Conlin. "And we need to make it difficult, a situation where Foster, the president, the Congress, the public, look at this issue realistically."

"I'm only disappointed that there now seems to be an abortion litmus test," says Alexander Sanger, president of Planned Parenthood.

If it's too late to save the Foster nomination, there are plenty of cautionary tales to take home.

"I've learned two lessons in my public life," says Sanger.

"One is: You don't have to answer every question.

"The second is: Don't answer a question unless you're sure of the answer."

Clinton's Slow Learning Curve

Lying is one of man's primary instincts and the justice of heaven has found no corrective except by teaching the practitioner that no sin of his is near so sure to be found out.

The prevailing atmosphere would have made Dr. Henry W. Foster's confirmation as surgeon general at best a strenuously delicate labor. But his prospects could not have been brought so close to ruin if the administration had not once again given way to its weakness for fudging the truth.

On Monday, the White House thought to dispose of one senator's



**Murray
Kempton**

doubts with an assurance that the nominee had performed just one abortion. On Tuesday Dr. Foster said he could remember fewer than a dozen. By yesterday, after checking with his hospital records, he settled the figure at 39.

The plausible assumption from this record is that an administration with the common sense to anticipate the problem would have

asked Dr. Foster to refresh his memory earlier on and that, being a man of honor, he would have come back with the proper count and that the clouds attending this revelation would not have

been worse-blackened by imputations of bad faith.

Similar experiences for Clinton nominees were familiar events in his first two years; and their recurrence in Foster's instance allows painful suspicions that this presidency is so learning-disabled that no amount of lessons can persuade its spokesmen from dissembling, being found out, then re-dissembling, being caught once more, and stuck with a truth far more damaging than quick and candid proffer would have made it.

The airs of Washington are nowhere more noxious than in the contagions of false piety; and Dr. Foster's apparent surrender to them is an especially piti-

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A Slow Learning Curve

KEMPTON from Page A15

able consequence of his misfortunes. There are rules for conduct in loss-likely battles; and one of them is to stand proudly by your life's commitments.

Dr. Foster has instead subsided into professions that he abhors abortion. The doctor's oath pledges him to do no harm; an abhorrent act is one that, almost by definition, does harm. If Dr. Foster's view of abortions were truly that severe, he would have joined the many of his colleagues who decline to perform them. But he went ahead and carried out procedures fully licensed under law and safely within the scope of his professional duties. He chose his circumstances, scarcely sees cause to be ashamed of himself, and has no excuse for pretending he does except his present unjust beleaguement.

He would do better to go forth with head held high, refuse to degrade himself with unfelt apologies and lose with dignity no less probably than he would have without it.

And he can draw inspiration for this brave posture from, of all unexpected quarters, the very president whose carelessness and inattention has

done so much to compound the troubles of this and so many other of his nominees.

Yesterday Clinton said again that he proposes to fight it out for Dr. Henry Foster. An affirmation followed by a reaffirmation does not quite add up to proof of a will stronger than the president's prior flaccidities have displayed; but the tone is encouragingly suggestive of a new readiness to take his beating and carry on to the next.

So then, late as it is, he may not turn out to be so entirely learning-disabled. He lost his darling popularity by too abjectly courting it; and now he may find his character by recognizing that he can no longer hope to be loved by everyone and set out to be respected by those who dismiss him with contempt. He must take this beating and incalculable others ahead; but he must come back and defiantly meet this and take the next, because he has no other way to persuade friend and foe that he exists and is there though his blood runs down through his shoes. This, of all work, is the job for which life trained Bill Clinton least; but he must rise up to it at the cost of just disappearing if he doesn't. He can only survive in history by casting off the calculating habits that got him into it.

Putting the lie to top doc fight

MORE often than not, research scientists involved in the testing of potential "wonder" drugs tend to be temperate in speech.

For fear of a spectacular flop, they hedge their bets, couching their enthusiasm with words such as "hopeful," "encouraging" or "promising."

Not so Dr. Henry Foster, President Clinton's surgeon general nominee.

When Foster got a grant from Upjohn in 1981 to test an abortion drug, he chirped, "It's revolutionary!" — predicting that it would change "abortions as we know them," ultimately enabling women to abort at home.

He did not say — as he did on "Nightline" the night before last in an interview set up by Clinton — "I abhor abortions."

What can you say about a doctor who repeatedly performs a procedure he finds abhorrent?

The best news is that he lied.

First, Foster said it was one abortion, then less than a dozen, then 39, until Ted Koppel on "Nightline" noted the abortions on 55 women out of 60 in the vaginal suppository study.

The doctor who performed abortions — but didn't want to — brought to you by the President who smoked pot, but didn't inhale.

Correct me if I'm not up to date, but I understood that abortion, if not pot smoking, was still legal.

The scenario becomes more absurd, with organizations such as Planned Parenthood lining up behind Foster based on what they think he thinks, not what he says.

"Dr. Foster believes abortion should be available to the women who need it," insists Alex Sanger, president of New York City Planned Parenthood. "Given the political realities of the United States Senate, he chooses his words carefully."

Carefully?

Asked by Koppel whether he favors distribution of condoms to kids with parental consent, he replied, "No."

Koppel: No?

Foster: Abstinence, that's what I favor. That's the bedrock of our program.

As the school dropout rate resulting from teenage pregnancy zooms along with the infant mortality rate, and as more children fall prey to sexually transmitted diseases, including AIDS, Foster offers abstinence.

that do offer kids more don't utter a peep because to oppose Foster is to concede abortion as a litmus test.

"I should have refused to answer that question until I knew the exact number," said Foster. Wrong.

No answer was the right answer. There is no magic number of abortions, one would have been one too many — and don't kid yourself that this is about his lying.

"Nobody's checked whether he really delivered 10,000 babies, or did 20,000 Pap smears," notes Sanger.

The Clinton administration set Foster up by posing the question first — and it hurt many more people than Foster.

It hurt 40 million uninsured Americans who still don't have health care.

Says Sid Wolfe, director of Public Citizen Research Group, "This is the third time conservative lunacy has sabotaged an able surgeon general."

"C. Everett Koop was a Republican nominee and pro-lifer, but when he took on such issues as tobacco and AIDS and pregnancy, he got resistance from the right."

"Masturbation brought down Joycelyn Elders. Abortion takes out Foster. Who's next?"

This goes beyond individual nominees. At the behest of some members of Congress, the General Accounting Office is investigating whether the Commission Corps of the Public Health Service should be dissolved.

How do you feel about having a surgeon civilian instead of a surgeon general? The title matters. The military title and uniform convey authority and give credence to public health warnings that otherwise might be ignored.

It's the uniform that drives some conservatives nuts when they hear someone wearing it utter "masturbation" or "condoms" or "AIDS."

They believe that if these dialogues are necessary at all, they should stay within the doctor-patient relationship, beyond the realm of government.

FINE and dandy for those who have doctors.

"Look what the surgeon general's warnings about smoking alone have done," says Wolfe. "For very little money, they accomplish a tremendous amount of public health education."

Even the worst surgeon general is a very visible doctor. For some Ameri-



False diagnosis

The muddle over Dr. Foster and abortion reveals the White House's incompetence, not his character.

As the political debate over the nomination of Henry W. Foster Jr. as surgeon general grows ever louder, it's clear there are two strains of opposition. One is understandable, the other hypocritical.

Some on Capitol Hill are against the nomination because Dr. Foster, as a practicing obstetrician-gynecologist and an academic researcher, performed abortions. How many abortions he performed and under what conditions really doesn't matter to people who are just dead-set against abortion. The fact that the procedure is legal doesn't matter, either.

It is frustrating to watch the nomination of a man with such a broadly admirable record threatened by a single litmus test. But, given the context of the deeply held views some Americans have on abortion, the position of this set of opponents is understandable.

What's not understandable, or forgivable, is the way other politicians looking to wound the Clinton administration while staying wishy-washy on abortion are using the "character" issue as a ruse to oppose Dr. Foster.

The argument runs like this: First, the White House says that the nominee performed about a dozen abortions. Then the number goes up — 39

abortions performed as a private physician, and 55 overseen as part of a hospital research program. Can this man be trusted?

The answer is yes, and here's why. The concern about truth-telling is misplaced. The record shows that Dr. Foster didn't lie. The White House fumbled.

In its haste to place the nominee before the public, the Clinton administration failed to do its homework. According to Dr. Foster's account, aides pressured him to remember how many times he performed abortions over a 38-year career. His rough estimate was about a dozen. Only after reviewing records for three days did he come up with the more precise — and higher — figure.

Clearly, the 10,000 babies Dr. Foster delivered were more important. The major campaign he waged to fight teenage pregnancy was more important. The fact that President Bush highlighted his community-oriented efforts was more important.

Still, the White House goofed. If its critics want to oppose the nominee for that reason, well, that's politics.

But that's not reason to impugn the integrity and character of a physician who seems to have dedicated his life to public good.

The Oregonian; 2-10-95

Anti-Foster campaign: The Big Chill

The mistake that presidents keep making about the job of surgeon general is in thinking that it has something to do with public health. The job is actually about sending messages, and whatever happens with the nomination of Dr. Henry Foster Jr., the message has already gone out.

"There's a real chill factor here," said Sen. Patty Murray, D-Wash., Wednesday night. "Any obstetrician and gynecologist has to think about it. If the fight is based on the argument out there at the moment, I think it's very disconcerting that we attack anyone based on that argument."

The argument is, of course, that Foster, during a long and distinguished career as an obstetrician and gynecologist, performed some abortions — an operation that is not only a legal procedure but a constitutional right. Because of Foster's participation in those operations, Senate Majority Whip Trent Lott, R-Miss., says that Foster — acting president of Meharry Medical College, health policy fellow at the Association of Academic Health Centers in Washington, winner of a George Bush "Point of Light" award for founding a program to discourage teen pregnancy through abstinence — is "on the fringe."

And once you've announced who's on the fringe, you can make it really cold for them out there.

The fringe apparently includes the American Medical Association and the American College of Obstetricians and Gynecologists,

who declared their "strong support" for Foster. Dr. Ralph W. Hale, executive director of the ob-gyn group, wrote Clinton, "As a passionate advocate for primary and preventive health care, Dr. Foster would certainly bring the highest level of experience and expertise to your administration as it attempts to address the nation's health care needs."

Of course, the 85,000 obstetricians and gynecologists are a dubious source here — and besides, you might prefer to have your baby delivered by Sen. Lott.

The problem is that the medics still think that this is about health issues.

But you can't actually discuss public-health issues in a country where people put doctors on Wanted posters.

Dr. James Newhall and his wife Dr. Elizabeth Newhall, of Portland, are among a dozen U.S. doctors on those Wanted posters, put out by the American Coalition of Life Activists. The posters offer a \$5,000 reward for the conviction of people who haven't done anything illegal, and are less likely to find themselves in court than in a pool of blood. As Kate Michelman of the National Abortion Rights Action League says of the "Deadly Dozen" posters: "Let's just call it a hit list."

And now, the nationally prominent Dr. Foster gets to be on that list — or maybe just on the fringe of it.

"What they're trying to do," says James Newhall, "is to say that anybody who's ever done any abortions is a pariah and cut off from the medical community. They are trying to isolate anybody who provides abortions, and to a large extent, they've succeeded."

Senators, desperately eager to avoid facing the real issue here, are trying hard to make this a question of numbers, or of White House clumsiness. They're saying

that there's a difference in whether, over the course of a 20-year career, Foster performed 12 or 88 abortions. Mostly, they're upset because they have to face an issue — and they're upset with Bill Clinton for making it an issue.

"They should have taken the finest doctor they could find in the country, someone near retirement without any controversy," complained Sen. Joe Biden, D-Del., always a profile in courage. But even the model of a grandfatherly surgeon general urging Americans to eat their vegetables can get into trouble — as Republicans discovered when the strongly anti-abortion Dr. C. Everett Koop, the surgeon general chosen by Ronald Reagan, decided to talk about the activity that leads people to seek abortions.

But if the president and senators who claim to support abortion rights are thinking about taking a stand somewhere, this wouldn't be a bad place. Doctors, after all, are already standing with Foster.

"I'm amazed and embarrassed by the politicians of this nation," says Paul Kirk, chairman of obstetrics and gynecology at Oregon Health Sciences University. "Abortion is legal. Abortion is something women choose. It's the responsibility of my profession to make it safe."

Of course, that's just a medical opinion. In talking about a surgeon general, it may not even count.

And standing with Foster, and with a list of other doctors who are being assaulted for trying to make a legal procedure a safe procedure, might be a little chilly.

But unless someone does, things will very soon get much colder.

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Charles Krauthammer
Wash. Post; 2-10-95

It's Not Just The Zealots

On the face of it, Rep. Henry Waxman's defense of President Clinton's nominee for surgeon general seems quite compelling: Yes, Dr. Foster performed abortions. But abortion is legal in this country. So, what is the fuss about?

The fact of the fuss indicates that the question of abortion is not as settled as many people think. Its legality is settled: A majority of Americans do not want it outlawed. But its morality is still very much in doubt. President Clinton himself says, "Our vision should be of an America where abortion is safe, legal, but rare." Why rare, if there is not something deeply troubling about abortion?

It is that troubled feeling, even among those who support legal abortion, that is fueling the brouhaha over Foster. Without that feeling, the anti-Foster fervor of the antiabortion forces would find no resonance.

Most Americans consider abortion a necessary evil. Necessary because the alternative—women dead and mutilated from illegal abortions they are going to have anyway—is worse. But evil nonetheless. Something that, as Clinton insists, should be rare.

Americans' deep distaste for abortion is reflected in the very slogan of its advocates. "Pro-choice" is a triumph of vacuity. Choice is swell, but what kind of rule is "choice"? Are pro-choicers for gun choice? For school choice? For drug choice? Abortion is a procedure whose name even its advocates prefer not to speak.

Presidential spokesman Mike McCurry says that what Foster has done "is certainly legal and certainly within the bounds of medical ethics." Well yes, but not fully: Abortion is not, for example, within the bounds of the medical ethics of Bill Clinton's own alma mater. Bill Clinton went to Georgetown University, a Catholic institution. He has never spoken of it as a hotbed of right-wing ideology or religious extremism. Nonetheless, Georgetown University Hospital will, on principle, not perform abortions.

Georgetown is not unique. A substantial number of obstetrician-gynecologists, perhaps 15 to 25 percent, will not perform abortions. They may not want to see abortion criminalized, but they consider the act so offensive that they want no part of it.

Clearly Dr. Foster does not. That is the root of the controversy surrounding his nomination. The idea that those troubled by Foster's abortion history are just religious zealots and antiabortion fanatics is simply wrong. (According to Rep. Jerrold Nadler, for example, "the thugs in the Senate who are talking about blocking this nomination because of abortion are in the same thuggish spectrum as people who are shooting doctors performing abortions.") The morality of abortion is a mainstream issue. For most Americans abortion is not the moral equivalent of an appendectomy. It poses serious moral problems. How can anyone choosing a surgeon general not be sensitive to that fact?

The fact that in selecting Foster the administration overlooked the abortion issue is being blamed on the usual Clinton White House incompetence. But there is much more at work here.

The fuss about Dr. Foster indicates that the question of abortion is not as settled as many people think.

"Abortion Issue Surprised White House," ran the front-page headline in The Post. "Trouble for Surgeon General-Designate Reflects Lack of Preparation." But you only prepare for something if you think it important. The lack of White House preparation stems less from incompetence than ideological insularity.

It is the same ideological insularity that found nothing terribly exceptional—until the firestorm—with the racial spoils system advocated by Lani Guinier. It is the same ideological insularity that found Joycelyn Elders's blunt advocacy of teen sexuality not just unobjectionable but bracing.

Staff error is an easy excuse. The deeper problem is that the Clinton White House inhabits an ideological milieu in which the views of Guinier and Elders are considered mainstream, and moral alarm at abortion is considered alien. It is only when these assumptions are taken beyond the cozy milieu and exposed to the outside world that all hell breaks loose. Then "surprise"—and the pretense that the fiasco is procedural not philosophical.

Despite deep divisions at the extremes, Americans are coming to an uneasy accommodation about abortion: Let it be not criminalized but stigmatized. Abortion is not a morally neutral procedure. We do not want it to become routine. Stigmatization is an appropriate, useful, non-coercive way to help make abortion rare.

In a society where the majority of people want abortion to be legal, but fully 40 percent believe that it involves the destruction of a human life, legal but stigmatized abortion is about the best compromise that we can find. Which is why there is such unease at the prospect of a doctor who has performed abortions (number and circumstance as yet unknown) and conducted experiments with abortion-inducing drugs becoming surgeon general.

The charge that people want to destroy Dr. Foster's career because he performed abortions is nonsense. No one denies him the right to be a surgeon. The only question is whether he should be a surgeon general, an office that confers the moral leadership of American medicine.

The Tainted Foster Nomination

The nomination of Dr. Henry Foster Jr. to be surgeon general has been so badly bungled, by the White House and by Dr. Foster himself, that there is little choice but to hope it dies quickly. Although Dr. Foster is a highly respected obstetrician, his lack of candor about his abortion record disqualifies him from serious consideration. Misleading statements by candidates for high position simply cannot be condoned.

Of course the chief blame for this debacle lies with the White House, which once again put forth a nominee without adequately vetting the person's background or knowing the answers to potentially explosive questions. As a result, the Administration put out false information on the number of abortions performed by Dr. Foster. In this as in earlier episodes, White House bungling makes it difficult for President Clinton's natural allies to support him fully. The situation moves from difficult to impossible for pro-choice Republicans like Senator Nancy Kassebaum of Kansas, who cannot reasonably be expected to take a political gamble amid such swirling incompetence.

That is a shame because Dr. Foster, based on his past record, is a good choice to succeed Dr. Joycelyn Elders, who was pushed from the job after her repeated intemperate language made her a target for conservative attacks. Dr. Foster, the acting director of Meharry Medical College in Tennessee, is deeply committed to delaying child-bear-

ing among adolescents, one of the most pressing social issues confronting the nation. He developed a highly successful program, called "I Have a Future," in Nashville that was honored by President Bush as one of his "points of light."

During a 30-year practice Dr. Foster, like many obstetricians, performed a number of abortions. In doing so he was providing a legal, constitutionally protected medical service. If the latest numbers put forth are correct, he performed 39 surgical abortions during his 38-year medical career, a once-a-year rate that seems modest for a very busy practitioner serving a needy population. He was also the titular head of a federally sanctioned test of a potential abortion suppository.

This record would in any case have probably inflamed America's anti-choice minority, which is fierce and well organized and has good friends in Congress. But since most Americans believe that women should retain the right to choose, Dr. Foster's nomination might well have been pushed through the Senate had his record been forthrightly presented. Instead both he and the Administration made it look as if their accounts were unreliable or designed to mask a more troubling history.

President Clinton promises to fight for his nominee and Dr. Foster pledges to stay the course. But this is a fight that neither the White House nor Congress really wants over a crippled candidacy. It is time to withdraw the nomination.

L.A. Times; 2-10-95

Another Botched Job?

Poor staff work at White House imperils Foster

Leon E. Panetta, the White House chief of staff, acknowledges that Administration officials "did not serve the President well" when they failed to look as fully as political circumstances demanded into the background of Dr. Henry Foster Jr., the obstetrician-gynecologist who has been nominated by President Clinton to be the surgeon general. The admission, however, was misdirected. Although Clinton was once again ill-served by his aides, the real victim in this instance is Foster, who has been needlessly humiliated and had his credibility questioned because inexcusably poor staff work failed to anticipate or prepare him for the questions that would inevitably be asked about his experiences with abortion.

The existence of a politically influential anti-abortion lobby is not exactly a secret in Washington, and the President's choice of an obstetrician-gynecologist as the nation's top medical official should have alerted even the

sleepiest White House aide to what could be expected. But there is no evidence that the White House in fact anticipated trouble, and certainly it was anything but well-prepared. Pressured by the White House to give a tally on the abortions he had performed, Foster guessed about a dozen. Only well into the controversy did a study of his medical records for the last 38 years fix on 39 as the actual number.

That Foster in the course of a long and honorable career performed abortions—a procedure he says he personally abhors—is in no way disqualifying. The problem is that the mishandling of this matter has deepened the ordeal that he will face in the confirmation process.

Botched White House staff work earlier helped sink the prospects of Zoe Baird, Kimba Wood and Lani Guinier. It's time for the message to get through at the White House that enough is enough.

Detroit Free Press (MI): February 10, 1995

The reluctant nomination

Clinton hems and haws and satisfies no one

The nomination of Dr. Henry Foster Jr. as surgeon general has fast become one of those debacles for which the Clinton administration is justly famous. These political calamities begin with sloppy White House staff work, proceed to a terrified reac-

RICHARD COHEN



tion to critics and end, too often, with the president straddling both sides of the issue — equally afraid to make enemies or lose friends. In the end, he loses the respect of both.

At the moment, the purported issue seems to be the number of abortions Foster either performed or supervised. The tally keeps changing — from the original dozen or so to the 39 he acknowledged in a "Nightline" interview this week. The number 700 appears in the transcript of a 1978 hearing, but it's not clear if Foster was referring to abortions or amniocentesis, which are two different procedures. To a strict anti-abortionist, though, the numbers game is without moral difference, and it ought to be the same for the pro-choice White House as well. What's clear is that the man has performed abortions.

The Senate, which likes its nominations neat, is in an uproar. To make matters worse, Kansas' Nancy Kassebaum, a rare pro-choice Republican, was erroneously told by a White House aide that Foster had performed only one abortion. The figure is off by either

38 or 699. Either way, Kassebaum was steamed.

Clinton has reaffirmed his support of Foster, but not before the White House, characteristically, backed off a bit. It suggested that if Foster's abortion figure went over, say, one dozen, it would have problems with the man. Since the White House arranged the "Nightline" interview, the president apparently is comfortable with the latest figure. Like Jack Benny, Foster is holding at 39.

In the end, the Foster flap may not turn on abortion, but on credibility. No matter how many abortions he performed, if he tried to fudge his record his critics would be entitled to their outrage and the administration would be correct to withdraw and start anew. As luck would have it, the White House has some experience in these matters, having chosen two attorney general nominees before a third, Janet Reno, finally made it.

That sorry record is precisely what many in this town are now recalling. But a more apt precedent is the gays in the military flap that contributed greatly to the public perception that Clinton was not a New Democrat after all, but

just an old-fashioned liberal. He holds the view that a person's sexual orientation does not matter, just as long as he or she caused no trouble and did his or her job. Imagine!

That proposition, so sensible I still cannot understand the fuss, was nevertheless political dynamite. So what did Clinton do? He hemmed. He hawed. He backed and he filled. In the end, he satisfied no one — not those who thought he was right, and not those who thought he was a woolly-headed former hippie who didn't know squat about military service and, of course, showers.

Now we have a repeat of that experience. To the accusations that Foster may have performed many abortions, Clinton should have said: "So what?" Abortions are legal and Clinton is pro-choice. To many people, particularly women, it was the single most important difference between Clinton and George Bush. This, in other words, was a wedge issue, not to mention a matter of principle. The wedge, though, has been blunted, the principle has been fudged.

Clinton also might have reminded people that the man under consideration is an OB-GYN — precisely the

field where a physician is likely to have to perform abortions. That is the nature of the practice. You counsel your patient, treat her, maybe prescribe birth control measures — and if that fails, continue your obligation by, sometimes, performing an abortion. On a good day, you deliver a baby. On another day, you have to perform an abortion. Foster now says he had 39 bad days. That hardly makes him an abortionist.

Given the facts, Foster presented Clinton a chance to remind people that there is a difference between him and the conservative Republicans who now control the House, Senate and — maybe more important — talk radio. It is a difference that matters to a great many people. Instead, the White House reacted weakly. Why? Does it think it's going to get the votes of the anti-abortion crowd? Fat chance. Have the midterm elections changed matters so radically that what was principle in October became expediency in November? Maybe.

Whatever the reason, the White House has left the impression that its position on abortion is a variation of its gays in the military compromise: Don't ask, don't tell and don't, for heaven's sake, take a firm stand.

It isn't Foster who should be fired

IT'S A WONDER that Bill Clinton finds anyone willing to serve in his administration. One after another candidate for this or that high position is brought forward. Then someone discovers a shadow from the past. Clinton, having vowed to stand by his man (or woman), inevitably waffles and the nominee goes down in flames. What a dismal excuse for leadership.

Henry Foster is the latest emerging victim. The Nashville physician and educator, who made his name with a widely praised program to prevent teen pregnancy, appears well qualified to be the next surgeon general and deserves to be confirmed. But a dispute over his record on abortion may doom his nomination.

At first, the White House said Foster had performed only one abortion in his 38-year obstetrical practice; then Foster said it was "fewer than a dozen," mostly to save the mother's life or in cases of rape or incest. Now, Foster says the number was actually 39; he had felt pressured to come up with a

figure before he could check his medical records.

The number of abortions he performed should not be a factor in his nomination at all. Abortion has been legal since 1973. But the issue is so volatile that any involvement Foster had with it would inevitably stir controversy. That's why the

White House had a special obligation to get all the facts before the Foster nomination became public.

If Foster deliberately lied about his past, that by itself would be disqualifying; his credibility would be undermined. But so far, there's no

proof that he dissembled. He seems to have made an honest slip in the heat of the spotlight.

The real culprits here are a slipshod White House staff and a president who seems constitutionally incapable of running a tighter ship. From Zoe Baird and Kimba Wood to Lani Guinier and Bobby Inman, Clinton nominees have been inadequately vetted, only to falter over nanny taxes and other mistakes. Will Clinton & Co. ever learn to get it right the first time? The clock is running out.

The number of abortions that Foster performed should not be a factor in his nomination at all. Abortion has been legal since 1973.

Clinton Fails His Own Litmus Test

"It is, and it makes me uncomfortable."

Thus did Bill Clinton, in 1992, admit to Bill Moyers that abortion would be a "litmus test" for his judicial nominees. The line was classic Clinton, a raw political judgment bathed in shrewd, deliberately mollifying, sentiment.

Candidate Clinton's response recognized that while liberal activists demanded his fealty, the broader public is deeply ambivalent about abortion. Mr. Clinton managed that balancing act as a candidate. But it's now collapsed around him with the opposition to his surgeon general candidate, Henry Foster Jr. Litmus tests have a way of becoming double-edged swords.

When Mr. Clinton introduced Dr. Foster, a Tennessee physician, he seemed a sensible choice. Here was an articulate social moderate who believed in more than teenage-salvation through condoms. And whether or not he'd performed one, or even (as he first claimed) "fewer than a dozen," abortions, that didn't seem untoward for an ob/gyn with a longtime practice.

But then came the tide of other facts, which suggest Dr. Foster was more in the vanguard of the abortion-rights movement than the White House advertised. For example, White House spinners somehow failed to mention Dr. Foster's past membership in Planned Parenthood, which is the Operation Rescue of the left: archly absolutist.

And it's precisely this political absolutism that is now tripping up Dr. Foster. Planned Parenthood's annual reports list the Tennessean on its board in 1979 and 1980. But only a year later, Planned Parenthood was among the groups that opposed C. Everett Koop's nomination as surgeon general because he opposed abortion rights.

Liberals were later amazed that Dr. Koop had more on his mind than abortion, just as Dr. Foster does today. But the liberals who now say abortion is "irrelevant"

Potomac Watch

By Paul A. Gigot

for a surgeon general can hardly be surprised if abortion foes have longer memories.

On ABC's "Nightline" Wednesday, Ted Koppel also zeroed in on Dr. Foster's research in the early 1980s to create an abortion pill. "I abhor abortions," declared Dr. Foster. But if that's true, asked Mr. Koppel, why "lead a study in behalf of a chemical company, the sole purpose of which was early abortion?"

Dr. Foster's answer was, well, Clintonian. "We have a responsibility in training residents to maintain our accreditation," said the former acting head of Meharry Medical College in Nashville, as if abortion research is essential to medical training. After more probing, Dr. Foster added that the pill, which his study used to induce 55 abortions, would have been preferable to "mechanical procedures."

But this answer implies that far from abhorring abortion, Dr. Foster wanted to make it easier to obtain. The same intent comes across in news clips and transcripts quoting Dr. Foster about his research at the time. In sum it suggests that he is, or at least was, an abortion-rights activist.

That the White House somehow missed—or dismissed—all this suggests incompetence, but worse, a cultural tin ear. It ignores Mr. Clinton's own 1992 insight that abortion makes Americans "uncomfortable." And it totally misjudges the sentiments of the new Republican majority in Congress.

For while the "Contract With America" avoids most social issues, they are not far from GOP minds. Newt Gingrich's early salvo on school prayer was a (failed) attempt to please social conservatives, who remain essential to the GOP coalition.

Gary Bauer of the Family Research Council points out that a pro-life third-party candidate won 12% in Pennsylvania's gubernatorial race last fall, though



Henry Foster

she spent almost nothing. You can be sure Bob Dole and other GOP presidential candidates noticed too.

Abortion foes figure they picked up about five Senate seats, and as many as 40 House seats, in November. That doesn't mean they will press a constitutional abortion ban, which they know can't pass. But it does mean a majority exists in Congress to block the abortion-rights agenda.

Moreover, the Foster nomination doesn't force Republicans to vote on what would really rip them apart, which is the outright banning of abortion. Instead it asks them to make a judgment—in effect a cultural statement—about the values of someone nominated to be the nation's top physician. Dr. Foster's ever-changing abortion numbers also let Republicans focus on his credibility, rather than on abortion alone. This is especially damaging for a candidate to be surgeon general, who has power only to the extent he has moral authority.

Mr. Clinton is the one who has pinned himself into another corner. After Lani Guinier and Joycelyn Elders, liberals aren't giving him any room to give up on Dr. Foster. These absolutists want Mr. Clinton to sound the trumpet for the nominee solely on abortion rights, a fight that even if he wins will have a cost. As one GOP senator put it this week, "He will be blamed for again bringing up a subject the public finds pretty unpleasant."

As usual, Mr. Clinton's instincts were correct when he said in 1992 that abortion should be "safe, legal—and rare." But as president his policy choices—such as support for public financing—have stressed only the first two on that list. Dr. Foster will survive only if he can persuade Republicans that his agenda is the third.

Dr. Foster: Is history repeating itself?

President Clinton and his aides ought to have mastered the process of vetting potential presidential nominees by now. But, sadly, the axioms about practice making perfect and learning from your mistakes seem not to have sunk in at the White House.

That's too bad—too bad for Dr. Henry W. Foster Jr., Clinton's choice to be the next surgeon general; too bad for the president, who has enhanced his reputation for ineptitude; and too bad for Americans sick of the kind of one-issue, take-no-prisoners politics at the center of the furor over Foster's nomination to replace Dr. Joycelyn Elders.

If Clinton & Co. had fully absorbed the lessons taught by the whipsawing of earlier unsuccessful nominees—Zoe Baird, Kimba Wood, Lani Guinier, to name three—they would have assured themselves that there were no possible landmines in Foster's background before going public with his nomination.

Then the anti-abortion groups and likeminded lawmakers raising a hue and cry about Foster, an obstetrician-gynecologist from Tennessee, would not have gained the initiative, threatening to kill his chances to serve in Washington even before he has an opportunity to sell himself to a Senate committee.

Democratic Sen. John Breaux of Louisiana, luxuriating in his mixed metaphors, said Foster faced "rough seas. He's got a rocky road ahead of him."

Opposition to him, originally stirred by his having

performed abortions during his 30-plus years as a physician, intensified this week when some of the anti-abortion groups circulated information indicating the doctor might have performed more abortions than he had said originally, and that he had run a drug-test study in which most of the women induced abortions.

As a result, it looks as though Clinton might not have known all he should have about the man, or that the president and other White House officials underestimated the impact on many ordinary Americans of the abortion issue. (Alas, this is but another piece of evidence of a worrisome disconnect between the White House and less rarefied parts of the U.S.)

Yet it's necessary to underline the "looks as though" and the "might not have known" at the top of the previous paragraph. For the central, salient fact—one at risk of being overlooked in all the hubbub—is that nothing has been established one way or another about Foster's fitness, or lack thereof, to be surgeon general.

That he performed abortions should not automatically disqualify him. Now, though, the matter of his credibility and veracity also has to be addressed.

But this should take place in the proper forum—a legislative hearing room, before a Senate committee. Dr. Foster must be given a chance to be heard, not judged prematurely.

Getting past the sound-bites on Foster's nomination

It's no wonder President Clinton's nomination for surgeon general is in trouble. Clinton chose Dr. Henry W. Foster Jr., an obstetrician and gynecologist, chiefly because he is involved in problems of teen pregnancy and infant mortality.

But they are among the most politically loaded and morally divisive issues of our times. Solving them, on a national scale, will take more wisdom than can now be found in Washington.

If Foster is confirmed, after what Republicans say may be a bruising battle in the Senate, he will still have to try to solve problems mostly rooted in

Joan Beck

behavior—not medicine—and remediable in large part only by changing behavior.

But how do you change behavior? With a carrot or a stick? With more government benefits or a welfare cut-off? With understanding and support or with moral sanctions and shame? With lectures on abstinence or free condoms?

Even the most concerned, most caring, of experts disagree. Because opinions spring from deeply rooted religious, moral, economic and social convictions, the controversies can be bitter and compromise elusive.

Foster's critics immediately fastened on the hot-button issue of abortion for their initial attacks. The Nashville physician says he has performed

Even when they are used properly, condoms are not a perfect protection, against either unwanted pregnancy or HIV. Distributing them in the schools tells teens sex is OK and expected.

fewer than a dozen abortions during 30 years in practice, most of them in cases of rape or incest or danger to the woman's life. (Pro-life critics charge the toll is much higher.)

Polls show that even among people opposed to abortion on demand, a majority would make exception when the mother's life is endangered or she is a victim of rape or incest. Even so, Foster will face sharp questions on his connection with Planned Parenthood of Tennessee and his stand on related issues.

Foster's predecessor, Dr. Joycelyn Elders, lost her job in part because she advocated giving out condoms in public schools. But many people concerned about teenage pregnancy and sexually-transmitted diseases are appalled by the idea. It sends the message that schools approve of teen sex—or at least expect it of students. It undercuts teaching about abstinence. And it is like telling a child not to play with matches, but if he does, to have some water handy.

But no less caring a group than the American Academy of Pediatrics approved that double message this week. The AAP issued a new policy statement saying while sexual abstinence should be encouraged, young people who want condoms should be able to get them at school.

To justify its stand, the AAP pointed out that the United States has the highest teen pregnancy rate of any developed nation. The number of teens with HIV infections doubles every 14 months. Teens are also more likely than adults to acquire other sexually-transmitted diseases that may have no immediate symptoms yet cause long-term problems such as chronic infection, ectopic pregnancy, infertility, miscarriage and babies with congenital problems.

But even used properly, condoms are not a perfect protection, against either unwanted pregnancy or HIV. Distributing them in the schools tells teens sex is OK and expected. Students who would like to wait can't help but feel they have lost the support of school and community. And in this permissive school climate, more teens will have sex, including those who lack the self-discipline and responsibility to use condoms and those whose protection fails.

Foster should also face some questions about why the United States ranks 24th in the world in infant mortality rates. The answer is not as simple as more and more convenient health care, as a new study reported in the *Journal of the American Medical Association* shows.

Immigrant women—many of them poor, uneducated, deficit in English—had a lower rate of infant mortality than native-born Americans, according to the study. A higher percentage of their babies were born in good health.

Southeast Asian women living in the United States had the lowest infant mortality rate—6.6 deaths per 1,000 live births, the researchers found after studying hundreds of thousands of birth records in California. For Hispanics, the infant mortality rate was 7.3. It was 8.0 for whites and 16.2 for African-Americans. Most of the Asian and Hispanic women were foreign-born. Most of the white and African-American women were born in the U.S.

Using a scale to evaluate the health of newborns, the researchers reported that 61 percent of the babies of foreign-born women score at the top, while only 54 percent of the infants of native-born Americans did. Fifty-six percent of babies with U.S.-born white mothers had a top rating, compared with 43 percent of the infants of U.S.-born black mothers and 50 percent of foreign-born black women.

What made the difference? Sifting through mountains of data, researchers learned the U.S.-born women had higher levels of education, employment and income. But they were more likely to have had abortions, to have more sexually transmitted diseases and genito-urinary problems, to smoke, abuse alcohol and other drugs and have risk factors for AIDS. They were also more likely to be a victim of child or spousal abuse and to have stressful relations with the baby's father.

If it is the behavior of women—rather than poverty or even late prenatal care—that does the most harm to babies, what do we do about it? If infant mortality and poor pregnancy outcome are linked more closely to morality than to socio-economic status, how do we get things to improve?

If the Senate can rise above the issue of Foster's abortion record, maybe it can stir some urgently needed debate about how the nation can move on—or back—to a climate of morality and responsibility that is healthier for mothers and babies.

Surgeon general

White House boots another one

All we know about Dr. Henry Foster is what we hear from the White House, which explains why his nomination as U.S. surgeon general is in jeopardy.

It seemed that the White House had no idea how many abortions Dr. Foster has performed in his career. One? Less than 12? Hundreds? As of last night, that number stood at 39. The point is that no one readily knew — a signal that someone misjudged the impact of this issue.

The man is a gynecologist. In a nation where abortion is legal, we'd be surprised if he hadn't performed such procedures. We certainly don't consider it a reflection on his ability to be surgeon general.

Yet President Clinton should

have expected heat. It's not as if the anti-abortion forces have failed to communicate their expectations.

Clinton's team should have been prepared to stress Foster's devotion to preaching sexual abstinence to prevent teen-age pregnancies, a quality that would have won him many friends among conservatives.

Instead, White House officials seemed to be trying to atone for the abortions by suggesting they were outnumbered by the 10,000 normal deliveries Foster has made in his long career.

It's appalling how little Clinton's team has learned about the nomination process since his first year, when he left nominees Zoe Baird, Kimba Wood and Lani Guinier twisting in the wind.

Foster matter White House staff still hasn't learned

Oh, my!"

A popular sportscaster can take words so ordinary and, with an inflection here and a tonal adjustment there, sum up a game situation with a flourish.

And oh, my, so it is with the newest political mess for President Clinton, created by a staff that seems not to have learned from the mistakes of the past and still is in its on-the-job training mode, despite frequent shake-ups.

The issue here is not so much whether Henry Foster, Clinton's nominee for surgeon general, performed abortions or how many.

It is about sloppy staff work and the inability of the administration to recognize political quicksand when it sees it.

With barely enough time to allow the public to forget the Joycelyn M. Elders fiasco and her forced departure as surgeon general, the Clinton team came up with what it believed was an acceptable replacement — "the perfect profile," as top aides put it; a man heavily involved in curbing teen pregnancy and who had delivered thousands of babies.

However, Clinton received incomplete information on Foster, an obstetrician-gynecologist from Tennessee. Then Clinton was embarrassed by the release of inadequate background information on Foster.

So, Clinton has a new political fight on his hands, at exactly the wrong time and on exactly the wrong issue.

The nomination has degenerated into an argument over how many abortions Foster has performed and whether Foster misrepresented his record.

That raises legitimate concerns that the White House was insensitive to the issues that inevitably would be raised.

Foster's nomination troubles began when he maintained that he had performed fewer than a dozen abortions — mostly in cases of rape, incest or a threat to the mother's life.

Later, pro-life groups presented quotations from a 1978 hearing at which Foster reportedly said he performed perhaps as many as 700 "amniocentesis and therapeutic" abortions. Foster has denied making those comments.

Whatever the number, Foster's case for confirmation has been badly damaged, particularly since the White House initially conceded only one abortion to Foster.

My, oh my.

Colbert I. King
Wash. Post; 2-9-95

Surgeon General Dismay: They Keep Doing It

Leave it to the Clinton administration to blow something as easy as selecting a surgeon general. In what should have been a slam dunk, the White House has managed to draft a nominee who's already in foul trouble before play gets started. How does Bill Clinton manage to do this to himself time after time?

February being black history month, I looked to the musings of that late African American philosopher-comedienne Jackie (Moms) Mabley for insight. Moms, who had advice for everybody, used to tell undisciplined youths with raging hormones, "Do whatever you want to do, but by all means, know what you're doing." If Moms were around today, she might say the Clintonites' big problem is their tendency to do just the opposite: They swing their mouths in motion before they set their minds in gear. The nomination of Dr. Henry Foster is a case in point.

Having spent a few years of my pre-journalist life on the board of directors of the local area Planned Parenthood of Metropolitan Washington, I'm no stranger to what goes on inside planned parenthood clinics. You don't have to be a clinic operator, however, to know that along with family planning counseling and contraceptive services, some facilities offer the option of terminating pregnancies.

You also don't have to be a political genius to know that in asking a new Republican Senate loaded with a majority or near majority of anti-abortion members to confirm a Planned Parenthood activist as the next surgeon general, the administration was inviting a test of strength with politically energized anti-choice groups. And that was before it was disclosed that the nominee, a respected physician, medi-

cal educator and administrator, had performed legal abortions.

What's worse, after giving out erroneous information on how many abortions Foster had performed, the nominee and the administration are now flapping around trying to come up with an exact count, as if the number will make any difference to abortion foes. Stressing the low number of abortions performed by Foster is about as significant to abortion opponents as telling a woman in her first trimester that she is only a little bit pregnant. To the anti-choice groups, one abortion is too many.

With that news out in the open, Bill Clinton—already under the gun on Capitol Hill—must now engage in a divisive and unexpected confirmation battle. And that perhaps is the greatest indictment of all against the White House staff. With the Clinton presidency half gone, administration stumblers and blunders are still getting him into political conflicts that he neither anticipates nor is ready to fight.

The shame of it all is that Dr. Foster, who began the week with a sterling reputation, could end the month as damaged goods. Former Bush administration health and human services secretary Louis Sullivan, who has known Foster since their undergraduate days at Morehouse College in the 1950s, says the nominee is "a decent guy, a conciliator, who would be an effective surgeon general." Sullivan wants to know how it could come to this. That part's easy.

The White House chased Foster for all the wrong reasons. As an African American physician with strong credentials in fighting teenage pregnancy, Foster was seen as the perfect make-up call after Bill Clinton's unceremonious



jettisoning of Dr. Joycelyn Elders, an outspoken but popular figure in the African American community. The tactic had worked before when Clinton found himself in a tight spot with his most loyal constituency over his dumping of Lani Guinier. After that fiasco, the White House let it be known that Guinier's Justice Department post as Civil Rights Division chief would be filled with another Black. After months of delay, the White House appointed

Deval Patrick, a young but able lawyer, and presto, the administration was held harmless in the Black community.

In the rush to achieve the same result this time, the administration underestimated its opposition, failed to do its homework—and—just as bad—failed to give Foster time to do his.

What's even worse, officials hoped to use Foster's high-profile work on teen pregnancy in Nashville as a principal theme in his job as surgeon general, when they knew full well that the significant work on the issue in the context of welfare reform will occur within the bailiwick of a conservative Congress and among faceless administration policy wonks with little personal knowledge of poverty and only textbook and dinner party understanding of what it means to grow up Black and poor in America.

Foster, like his predecessor, would be out and about touting abstinence and more personal responsibility and making Bill Clinton look good, while real policy gets set in Washington. For that reason alone, Foster might well regard the coming struggle as a blessing in disguise and consider his options.

Anyway, why should someone of Foster's reputation want to get involved with these klutzes? In pickup basketball games in my old neighborhood, there were some guys who were never guarded very closely because they could be counted on to double-dribble or blow layups at a crucial moment in the game. They were said to be "self-checked." That about sizes up this administration.

The writer is a member of the editorial page staff.

Richard Cohen
Wash. Post; 2-9-95

The Doctor Is In/Out

For his nomination of Dr. Henry Foster Jr. as surgeon general, President Clinton has been attacked from both ends of the political spectrum. When journalists come under the same sort of criticism, they comfort themselves with the canard that the truth lies somewhere in the middle. Clinton, never mind journalists, would be wrong to reach the same conclusion. In this case, all his critics are right. His middle is a moral muddle.

The primary issue, of course, is whether Foster performed no more than a dozen abortions, as he apparently maintains, or 700, as a confusing transcript of a 1978 hearing purportedly indicates. But it's not clear if the number 700 refers to abortions or amniocentesis, which are two different procedures. To a strict anti-abortionist, though, the numbers game is without moral difference. What's clear is that the man has performed abortions.

The upshot is that the White House is once again embroiled in one of those messy nomination fights that bespeak poor staff work, and has gotten the Senate, which likes its nominations neat, in an uproar. To make matters worse, Kansas's Sen. Nancy Kassebaum, a rare pro-choice Republican, was erroneously told by a White House aide that Foster had performed only one abortion. The figure is off

by either 11 or 699. Either way, Kassebaum is steamed.

And so are certain pro-choice legislators on the Democratic left. One of them, Rep. Patricia Schroeder (D-Colo.), said she and others were sending Clinton some bottles of spray starch to strengthen his resolve. FedEx, UPS or whatever service she used, the starch apparently arrived too late.

Clinton has now reaffirmed his support of Foster, but not before the White House characteristically backed off a bit. It suggested that if Foster's abortion figure went over, say, one dozen, it would have problems with the man. Apparently, the president is pro-choice only until the number 13. After that, he's a regular Phyllis Schlafly.

In the end, the Foster flap may turn not on abortion but on credibility. No matter how many abortions he performed, if he was less than candid about his record, his nomination is doomed. Under those circumstances, his critics would be entitled to their outrage, and the administration would be correct to withdraw and start anew. As luck would have it, the White House has some experience in these matters, having chosen two attorney general nominees before a third, Janet Reno, finally made it.

That sorry record is precisely what many in this town are now recalling. But a more apt precedent is the gays-in-the-military flap, which contributed greatly to the public perception that Clinton was not a New Democrat after all but just an old-fashioned liberal. He holds the view that a person's sexual orientation does not matter, just as long as he or she caused no trouble and did his or her job. Imagine!

That proposition, so sensible I still cannot understand the fuss, was nevertheless political dynamite. So what did Clinton do? He hemmed. He hawed. He backed and he filled. In the end, he satisfied no one—not those who thought he was right and not those who thought he was a woolly manded former hippie who didn't know squat about military service and, of course, showers.

Now we have a repetition of that experience. To the accusations that Foster may have performed many abortions, Clinton should have said, "So what?" Abortions are legal and Clinton—remember—is pro-choice. To many people, particularly women, it was the single most important difference between Clinton and George Bush. This, in other words, was a wedge issue, not to mention a matter of principle. The wedge, though, has been blunted, the principle fudged.

Clinton might also have reminded people that the man under consideration is in ob-gyn—precisely the field where a physician is likely to have to perform abortions. That is the nature of the practice. You counsel your patient, treat her, maybe prescribe birth control measures—and if that fails, continue your obligation by, sometimes, performing an abortion. On a good day, you deliver a baby. On another day, you have to perform an abortion.

Given the facts, Foster presented Clinton a chance to remind people that there is a difference between him and the conservative Republicans who now control the House, Senate and—maybe more important—talk radio. It is a difference that matters to a great many people. Instead, the White House reacted weakly. Why? Does it think it's going to get the votes of the anti-abortion crowd? Fat chance. Have the midterm elections changed matters so radically that what was principle in October became expediency in November? Maybe.

Whatever the reason, the White House has left the impression that its position on abortion is a variation on its gays-in-the-military compromise: Don't ask, don't tell and don't, for heaven's sake, take a firm stand.

White House fumble on Dr. Foster

With abortion legal, the fact that an obstetrician-gynecologist has performed the procedure isn't surprising — certainly, it shouldn't disqualify such a physician from serving as United States surgeon general.

But the inability of the White House to come clean on the number of abortions its surgeon general-nominee has performed — the official count has been revised repeatedly since Henry Foster was nominated last week to replace Joycelyn Elders — demonstrates a striking lack of candor.

It appears as though no one in the Clinton administration recognized that abortion-related questions might even be raised, a curious lapse in the context of nominating an obstetrician and gynecologist to a top public health post.

We'd wager, moreover, that if the White House had simply detailed Foster's abortion history as soon as the subject arose, his nomination wouldn't be in hot water today. Most Americans accept the reality of legal abortion, even if they have doubts — as do we — about the notion of a constitutional right to terminate a pregnancy.

But people don't enjoy being taken for fools. Thus, pro-life lobbyists have captured the high ground in this dispute by

focusing on the administration's apparent inability to tell the truth.

The claim that Foster, during a nearly 30-year medical career, performed fewer than 12 abortions — "primarily" in cases of rape or incest or threats to the mother's life — serves as a case in point. From the outset, this contention strained credulity.

It was hard, therefore, to be surprised by the appearance of a transcript — released Monday by the National Right to Life Committee — quoting Dr. Foster as saying he had "done a lot of amniocentesis and therapeutic abortions, probably near 700."

By way of response, the White House — which originally told Republican senators that Foster had performed just one abortion (the number 12 came later) — questioned whether he'd even made the remark at issue. It was suggested that a different "Dr. Foster" had been quoted in the transcript.

All of this is getting silly. For all we know, Henry Foster might well make a good surgeon general. But the Clinton administration's political ineptitude has allowed this possibility to be obscured. Whether or not the debate can return to relevant issues after this spate of inaccuracies remains unresolved.

DR. ELDERS' SUCCESSOR

WHEN fax machines around the nation's capital Monday afternoon started spitting out a sheet of paper whose contents endangered President Clinton's new nominee for surgeon general, it became clear how little this White House has learned about operating effectively in Washington.

The word passed by presidential aides was that the alleged fragment of a 16-year-old transcript, which had Dr. Henry Foster Jr. suggesting he had performed nearly 700 abortions, was either a forgery or a mistake. That claim, said administration officials, came from the nominee himself.

A forgery surely it is not. The odds are heavily against an error in transcription. Instead, Foster is in deep trouble. After over two years in office, the Clinton team neither fully explored its nominee's record nor pointed out to him the traps on the road his predecessor as surgeon general, Dr. Joycelyn Elders, failed to negotiate.

Considering the president's precarious political condition, it would have been thought he would pick a non-controversial public-health officer to fill what had been a low-profile, third-level job prior to flamboyant Dr. C. Everett Koop's arrival in 1981. But Clinton has turned the post into an affirmative-action slot, insisting that another African-American be selected.

Foster, acting director of Meharry Medical College in Nashville, Tenn., disclosed in the vetting process prior to

'78 document may trip up surgeon general nominee

INSIDE REPORT

ROBERT NOVAK



his selection that he had performed a few abortions. After some backing and filling once his nomination was announced, he last week set the number at "fewer than a dozen" — which were "primarily" for rape, incest or saving the life of the mother.

There the matter might well have stood had it not been for a woman in Pittsburgh named Randy Engel, who works for the Michael Fund — an organization engaged in genetic research from a pro-life standpoint. She remembered that this same Dr. Foster, then chairman of the obstetrics department at Meharry, was a member of an ethics advisory board named by the secretary of Health, Education and Welfare (HEW) that met in Seattle Nov. 10, 1978.

At this writing, Clinton administration officials are still trying to find a transcript of that hearing. Why did Engel have so little trouble finding it? "I walked downstairs in my home and got it," she told me. The fuller transcript makes obvious that the single page faxed around Washing-

ton is not forged. What's more, Foster may have difficulty proving he is misrepresented.

Under discussion that long ago day in Seattle was an experimental technique called fetoscopy by which sickle cell anemia, a genetic disease afflicting mainly African-Americans, could be diagnosed in the fetus.

The specific procedure, which apparently proved a failure, was described at the meeting by HEW official Barbara Mishkin as using the fetoscope "on mothers who have elected to have abortions for reasons totally unrelated to the research." After the fetus' blood stream had been analyzed, the abortion would take place.

Mishkin explained, according to the transcript, that this was not therapeutic research because it was not "designed to provide therapy for the fetus." At this point, Dr. James Gaither, chairman of the advisory board, turned to Foster and said, "Hank, would you say something about the science of this?" Foster replied that he would "say something about the science and the sociology."

The remarks he made sound, to the layman at least, more medical than sociological — for example, discussing the possibility of infection. But in passing, he uttered the words that have now



DR. HENRY FOSTER
How many abortions?

come to haunt him: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." These are two different procedures, and it seems clear that the 700 refers to the abortions.

The early administration denials can be written off. The document is valid. This is the same Dr. Foster the president nominated. It defies credulity to believe Foster did not correct this transcript when it was circulated 16 years ago.

So, Health and Human Services officials are directing reporters to other doctors who were present in Seattle, claiming they will assert that Foster could not have said what is transcribed. It is no trifling point. It would be impolitic for the new surgeon general to have performed that many abortions. It will be suicide for him and poisonous for the president if he is now lying about his past.

Editorials & Op-Ed

Wash. Post; 2-9-95

The Surgeon General Melee

TO HAVE GONE from counting beans to counting abortions is not progress. The first thing to be said about the bollixed nomination of Dr. Henry Foster Jr. to fill the venerable position of surgeon general (created in 1871, greatly reduced in importance when tucked into the lower reaches of the HEW flow chart in 1966) is that having haplessly generated an abortion argument, the administration should not cave on it. Of course, this argument didn't have to be generated—but it was. Dr. Foster's White House patrons should never have started listing numbers of possible abortions performed by him, giving the impression that there was some numerical limit above which he would not be suitable to hold the post and thus, by implication, suggesting that there was something wrong with a physician in his line of specialty performing them in the first place. But they did all of that. At a minimum they should now reject this criterion as a pass-fail test for a prospective government job-holder, whether they or Dr. Foster go through with the nomination or not.

Dr. Foster is an estimable man: dean and acting president of Meharry Medical College in Nashville, founder of the respected "I Have a Future" program, which operated out of two local housing projects and was aimed at delaying sexual activity among teenagers and encouraging responsibility and restraint. Republican Sen. Bill Frist of Tennessee was among his endorsers when the nomination was announced. His program did not offer abortion counseling for teens, but did offer health services and contraceptives. You could argue, if you were given over to board-game, positioning politics, that he was, because of all this, the ideal candidate, above all the ideal successor to his needlessly offensive predecessor, not too much this or too much that, perceived as being a figure of the moderate middle etc. And this evidently is the way his White House backers saw it. But it is an abstract, unavailing way of looking at such things. It is what got them in trouble. And it is what we mean when we say that the nomination was in some respects "too cute," the kind of cute that often ends up harming the innocent nominee and failing spectacularly to deliver its supposed political blessings.

There is one more point. It is only relatively

recently—owing to the controversies over cigarettes, AIDS and other matters, and to the assertive personalities of C. Everett Koop and, in a different way, Joycelyn Elders—that the holder of this job has become a highly visible public figure. The job, as former HEW secretary Joseph A. Califano Jr. pointed out on the opposite page yesterday, "carries with it little staff, no programmatic budgets and no clout in the federal bureaucracy." Mostly, it is advisory; it has come to be seen as a preaching position concerning large health questions. Surgeons general do not become government spokespersons for all matters relating to health but generally only a certain few that it is thought beneficial to highlight and harp on. They can in this respect do some good.

But, as Mr. Califano also observed in yesterday's article, it is by no means obvious that the subject chosen for Dr. Foster's attention is especially suited to the office for which he has been nominated. To say that is not to deny the enormous importance of the problems created by teenage pregnancy or the absolute desirability of a national effort to reduce it or to question Dr. Foster's commitment to the objective. It is, on the contrary, simply to observe, as Mr. Califano did, that the huge stress on teen pregnancy as a "medical" issue, a matter to be dealt with in the realm of contraceptives, abortion counseling and health, tends wrongly to depict both the sources of the problem and the efforts that will have to be undertaken to resolve it. The very existence of the tumultuous dispute over Dr. Foster's record on performing abortions and the utterly different ways that record is perceived by different groups of engaged Americans make plain how difficult it is to deal with the subject of teen pregnancy as a "public health issue." We don't know whether, as some have been suggesting for years, the surgeon general's anachronistic job should be abolished; but we do think Mr. Califano is right in saying that it is not the right headquarters for a campaign against teen pregnancy. Of course he can speak out on teen pregnancy. But it should not be the focus of the job, and his office should not be the center of the government's effort. If Dr. Foster weathers the storm into which he has been cast and becomes the surgeon general, he should greatly broaden his areas of concern.

Robert D. Novak
Wash. Post; 2-9-95

Scrutinizing the Numbers

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A forgery surely it is not. The odds are heavily against an error in transcription. Instead, Foster is in deep trouble. After over two years in office, the Clinton team neither fully explored its nominee's record nor pointed out to him the traps on the road his predecessor as surgeon general, Dr. Joycelyn Elders, failed to negotiate.

Considering the president's precarious political condition, it would have been thought he would pick a non-controversial public health officer to fill what had been a low-profile, third-level job prior to the flamboyant Dr. C. Everett Koop's arrival in 1981. But Clinton has turned the post into an affirmative action

slot, insisting that another African American be selected.

Foster, acting director of Meharry Medical College in Nashville, disclosed in the "vetting" process prior to his selection that he had

A discrepancy in numbers threatens the nominee.

performed a few abortions. After some backing and filling once his nomination was announced, he last week set the number at "fewer than a dozen"—which were "primarily" for rape, incest or saving the life of the mother.

There the matter might well have stood had it not been for a woman in Pittsburgh named Randy Engel, who works for the Michael Fund—an organization engaged in genetic research from a pro-life standpoint. She remembered that this same Dr. Foster, then chairman of the obstetrics department at Meharry, was a member of an ethics advisory board named by the secretary of health, education

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science of this?" Foster replied that he would "say something about the science and the sociology."

The remarks he made sound, to the layman at least, more medical than sociological—for example, discussing the possibility of infection. But in passing, he uttered the words that have now come to haunt him: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." These are two different procedures, and it seems clear that the 700 refers to the abortions.

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A Litmus-Test Nomination

The Republican Party's anti-abortion wing has turned the nomination of Dr. Henry W. Foster Jr. as surgeon general into a litmus-test for Senate Republicans. The regret is that President Bill Clinton didn't anticipate the continued volatility of the abortion issue and make plans to address it.

The White House doesn't help Dr. Foster by engaging in a numbers game, debating how many abortions Dr. Foster has performed or how many babies he has delivered. Such comments add heat but no light to the real issue: Dr. Foster is under attack because he performed abortions, period.

Abortion opponents have also gotten mileage out of a study Dr. Foster headed, something about which the Clinton administration might have been forthcoming. They say Dr. Foster once led research involving 60 women in a test of do-it-yourself abortion drugs. The study was done while Dr. Foster was chair of the obstetrics and gynecology department at Meharry Medical College.

Again, the Clinton administration, the same one that allowed clinical trials of RU-486 to begin, went into evasive action. It tried to downplay Dr. Foster's role, claiming he "just oversaw the program," as if

the program were a sinister experiment.

The abortion issue was one of the factors that made former Surgeon General Joycelyn Elders a lightning rod of criticism. The White House should have been more sensitive to the fact that its latest nominee, derided by some as "Elders Lite," would face some of the same political heat.

President Clinton now finds himself in the silly position of defending whether Dr. Foster performed a handful of abortions or several hundred. It's the kind of diversionary debate that the right relishes.

The president must face the real issue squarely. If he's willing to give only lukewarm support to Dr. Foster, then he should withdraw the nomination. If the president genuinely supports Dr. Foster, as he says, then he must defend the nominee's integrity unambiguously. For all the Republican storm and fury, Dr. Foster has done nothing illegal or unethical. He is being lambasted for performing a medical procedure that's protected by the landmark Supreme Court ruling, *Roe vs. Wade*.

Admitting that the administration didn't do its homework, Mr. Clinton is now eager to set the record straight. Let's hope he is not too late.

Honesty the Question in Nomination

Mishandling by the White House of Dr. Henry Foster's nomination as U.S. surgeon general reflects poorly on the Clinton administration.

The question in the Foster matter is not whether he performed abortions. It's not even how many abortions he performed. The question, instead, is honesty. The question is whether the White House misled the Senate.

Dr. Foster has a commendable record of social concern. He has supported Planned Parenthood, as have many other qualified OB-GYNs. Apparently he was only superficially screened. Clinton's people either didn't find out about abortions he performed or they considered him so ideologically perfect that abortions couldn't possibly be a problem.

A series of blunders followed. The White House introduced Dr. Foster as a scholar, an administrator and a caring and effective proponent of sexual abstinence among teen-agers.

Privately, Donna Shalala, secretary of health and human services, told Sen. Nancy Kassebaum that Dr. Foster had performed only one abortion in his career as an obstetrician-gynecologist. Senator Kassebaum heads the committee that will hold hearings on the nomination.

Then the story changed. The White House said Dr. Foster had performed more than one abortion, fewer than a dozen.

NBC News reported Tuesday that the White House, challenged, tried to explain that away,

too, by saying that the fewer than a dozen were performed while Dr. Foster was acting as a private physician and did not count what might have happened while he was acting as a hospital medical staff member.

Then the story changed again. Opponents of Dr. Foster found a 17-year-old transcript in which Dr. Foster was quoted as saying: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." If he said that in 1978, only five years after abortions became legal, he was, indeed, an active abortionist in those years. However, Dr. Foster denies that he made such a statement or that he performed that many abortions.

By midweek another problem had arisen. His opponents were focusing on a study in which he took part in the early 1980s. The study looked at the use of drugs for self-administered abortions.

Dr. Foster should not be disqualified for performing legal abortions. But his nomination has lost much of its appeal nonetheless. The issue is the inability of the White House to get its story straight. If the people who screened Dr. Foster didn't know or didn't care enough to find out his record on abortion, what else did they overlook? What else are they concealing?

The slipshod, anything-goes manner in which the nomination has been handled has been an embarrassing reminder that this administration still hasn't mastered the basic tools of governing.

OMAHA WORLD-HERALD

Wednesday, February 8, 1995

MONA CHAREN

CREATORS SYNDICATE

'A Small Gain for Pro-Life Side'

WASHINGTON

The pro-life movement must measure its victories in nuances. Roe vs. Wade will not be overturned any time soon. But there is movement in the culture.

The flap over the appointment of Dr. Henry Foster Jr. is an example of the progress made. When it was revealed that Dr. Foster had performed abortions, some commentators shrugged, saying, "What else can you expect? This is an administration wedded to the idea that abortion is a solemn right. Why should we be surprised that an appointee shares that view?"

But that isn't the point. The cheering news is that having performed abortions is now considered to be a stain on a physician's record. Even the White House was at pains to point out that Dr. Foster had delivered over 10,000 babies — and stressed (beyond the point of credibility in my judgment) that the few abortions Dr. Foster did perform were all in cases of rape, incest or risk to the mother.

The White House also released an Orwellian statement saying that Dr. Foster had "performed a full range of reproductive services." What, exactly, is "reproductive" about abortion?

The more the pro-choice forces are required to retreat into euphemism,



evasion and obfuscation, the stronger the pro-life movement becomes. That the White House was embarrassed and defensive is a sign of movement.

Pro-choicers would love to keep the focus of debate on the stray acts of violence at abortion clinics. That's understandable. Only when they are being shot at can pro-abortion forces hold the moral high ground.

While it is undeniably important for pro-lifers to distance themselves from the violent fringe — indeed, to condemn it unambiguously — it is just as crucial to keep the focus of the abortion debate on the act itself.

Pro-choice groups call themselves "pro-choice" because they cannot bring themselves to admit that they are pro-abortion. They have had terrific success, thanks to a sympathetic press, in keeping the focus of discussion on the exceedingly rare instances of rape and incest rather than on the roughly 1.5 million abortions for convenience each year that this society tolerates.

In the February issue of *First Things*, Amherst College Professor Hadley Arkes is quoted as making the following suggestion: Wherever possible, legislatures should introduce laws outlawing third-trimester abortions. (Roe vs. Wade permits states to regulate abortions in the third trimester.) Arkes' point is not just to succeed — though, if enacted, such a law would bring to an end the 17,000 third-trimester abortions that are performed each year in the United States. But Arkes thinks the debate over such a law would have a wonderfully clarifying effect.

Pro-choice groups would almost cer-

tainly oppose such legislation. But on what grounds? Invoking the right of privacy would ring pretty hollow when the subject is a 7-, 8- or 9-month-old fetus — a baby in every way. If the continuation of the pregnancy presents a threat to the mother's life, there is every possibility that in the third trimester, the child can be born alive.

Would pro-choicers argue that no one can force a woman to carry a child she does not want? That argument, too, loses much of its power when the pregnancy is already nearly complete. If the mother has managed this long, why not ask her to hang in there for a couple of months longer? Is that such a burden, compared with the child's right to life?

Nor can pro-choice types maintain that a woman cannot be unwillingly saddled with a child to raise. If the mother does not want the baby after birth, the child can be placed for adoption immediately.

The beauty of Arkes' idea is that it would force the debate in the direction it needs to go — toward the child at risk and away from bizarre and wrenching situations like rape and incest. A late-term fetus is very recognizably a baby. It is clear even to the most ardent abortionist that this is more than "a clump of protoplasm."

Dr. Foster will probably be confirmed. But there is no question that he would have emerged on the national scene with greater stature if probes of his past had revealed that he had declined to perform abortions. That is progress indeed.

Foster flap

The Patriot-News, Harrisburg, Pa., Thursday, February 8, 1975.

Pro-life gaining, judging from controversy

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MONA
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Mona Charen's syndicated column appears Thursdays in *The Patriot*.

Public health vs. politics

President Bill Clinton has an astounding capacity for not learning from his mistakes. After the debacle of Joycelyn Elders' tenure as surgeon general, you'd think the president would be just the least bit cautious in filling that high-profile post. Based on what we know of Dr. Henry Foster, apparently the nation's chief executive just doesn't get it.

Elders spent a year in office alienating Middle America with her comments on abortion, condom distribution and gay rights.

After his party lost Congress — and based on Elder's last shoot-from-the-lips comment that schools should teach masturbation — the president decided to jettison his surgeon general.

Instead of seeking a qualified, non-controversial replacement, Clinton tapped Foster, a Nashville obstetrician/gynecologist who's being described as Elders Lite.

So far, the controversy over Foster has centered on the number of abortions he's performed. The doctor says he has done fewer than a dozen in over 30 years of practice.

The National Right to Life Committee has released a page from a transcript of a Department of Health, Edu-

cation and Welfare ethics advisory panel meeting in 1978, where someone identified as Dr. Foster stated: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." How many of each procedure is unclear.

A spokesman for Foster denies that he made the statement, while acknowledging that he was a member of the advisory board.

That aside, what may ultimately sink Foster's nomination is his membership on the Planned Parenthood Federation of America board of directors for several years in the mid-70s and active participation in its campaign against the Webster decision. This 1989 Supreme Court ruling allows states to enact parental consent laws and waiting periods for abortions.

Planned Parenthood is in the vanguard of the pro-choice movement and a leading advocate of in-school birth control clinics and explicit sex education.

What this nation really doesn't need is another causer who will use the surgeon general's office to promote his position on divisive questions. Public health should transcend politics. Pity Clinton can't see this.

CAL THOMAS

LOS ANGELES TIMES SYNDICATE

'Another Dr. Elders, Same Ideas'

WASHINGTON

The nomination of Henry W. Foster Jr. to replace Joycelyn Elders as surgeon general is another sign that the Clinton administration has completely failed to understand the message of the last election. It continues to impose on this country people and policies rooted in a philosophy that has proved to be an utter failure.



Dr. Foster was less than forthcoming about his views and how many abortions he has performed. Even the pro-choice Kansas Republican Sen. Nancy Kassebaum said she was disturbed by the misleading information given to her by the White House concerning Dr. Foster.

But there is more to this than misinformation and disinformation. Dr. Foster has close ties to Planned Parenthood, which has a view of sex and education that has exacerbated, not solved, one of the major problems our country faces. Planned Parenthood is not interested in changing sexual behavior but rather in avoiding the unwanted physical consequences of premature sex. Yet one has to wonder why it has failed so miserably in achieving that objective. California may be the best state to judge the results of the philosophy held by Planned Parenthood and its devotees, who include the nominee for surgeon general.

Mike Males, a graduate student in

the doctoral program of the School of Social Ecology at the University of California, Irvine, has studied tabulations from the California Center for Health Statistics covering 46,500 births among school-age (ages 18 and younger) adolescents in the state in 1993. In 85 percent of these births the fathers' ages are identified. The statistics show two very different types of "teen-age" motherhood.

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Numerous studies, including some by Planned Parenthood's research arm, the Alan Guttmacher Institute, show that most "sexually active" girls under 15 are victims of rape by substantially older men. Males writes it is a fact that "adolescents reflect adult values and behavior." We are deceiving ourselves when we think we can make adolescents behave differently from the irresponsible adults who surround them and who pump sex into everything from movies and television to music and advertising.

We would be far better off working to reduce the 71 percent figure (post-high-school adult men fathering children with teen-age girls) than focusing on the 29 percent figure (peer schoolboy partners).

Dr. Foster isn't really "Elders Lite"; he is Elders reincarnated. Her ideas have been proved not to work. His are just more of the same. We deserve a surgeon general who will focus on the real health needs of the country, not condone those whose behavior is detrimental to our society's well being. When is this administration going to get it?

Should Foster become surgeon general?

Yes, only hypocrites would reject this choice



DEBORAH MATHIS

It's a shame that the nomination of Dr. Henry Foster to be U.S. surgeon general is in jeopardy because he has performed "fewer than a dozen" abortions in 30 years as a physician.

Feeling the heat of anti-abortion absolutists and the politicians they control, Mr. Foster emphasized that "None (of the procedures) were in outpatient settings; all were in hospitals and were primarily to save the lives of the women or because the women had been the victims of rape or incest."

Abortions that meet legal and medical standards should not have to be so particularly qualified, but this issue often forces upstanding men and women to explain themselves to extremes — line, paragraph, page and chapter — for the sake of their good names and livelihoods.

Often, they are in the knotty position of having to fend off suspicions that they are infidels and evildoers simply since they believe reality has supremacy over idealism and, as scientists, are beholden to the facts as they find them, not as the public wishes they would be.

Dr. Foster's reputation and record do not warrant defensiveness, but that will not stop the critics from vilifying him for his association with Planned Parenthood and his advocacy of sex education for youngsters.

The nomination is still an infant, but the image of Dr. Foster as a moral villain is already beginning to emerge. Before long, someone in that frantic hive of pietists will probably declare him "the condom king," heir to the throne of the exoriated "condom queen" — the recently departed Surgeon General Joycelyn Elders, who didn't deserve the label either.

And why? What has Dr. Foster done to earn such derision?

What has freaked out the moral

murderers is that, seven years ago, Dr. Foster started rounding up kids in Nashville's public housing projects and working with them to avoid the kinds of temptations that have snatched the future away from too many poor kids: drug abuse, dropping out of school, violent gang activity and premarital sex.

Through his "I Have a Future" program, Dr. Foster and others preached honesty, responsibility, self-reliance, sobriety and sexual abstinence. That's right, abstinence is "just say no," "no ring, no fling," "too soon to swoon" and all that.

About 150 youth go through the program each week, making field trips, taking dance, art and writing lessons, being tutored and getting counseling.

"I Have a Future" is about living and "coping and succeeding. It has been deemed a success, proclaimed by the Bush administration a "point of light."

So, what's the complaint?

It's that, after championing abstinence and impressing upon the children the risks and consequences of premature sexual activity, Dr. Foster and his cohorts recognize that, after all is said and done, a person's sexual behavior is under his or her control, not anyone else's.

As a physician, he understands that the body, the handiwork of nature itself, is barking orders that often conflict with what a child is being told by a parent, a teacher, a minister or the world at large.

He knows that — despite the best training, strong moral constitutions and intact consciences — a hormonally charged teen-ager may still give in to his or her natural sexual urges.

So, to prevent tragedies, to save another disconsolate child from running away or dropping out or turning to an



No, he is a clone of Joycelyn Elders



CAL THOMAS

The nomination of Henry W. Foster Jr. to replace Joycelyn Elders as surgeon general is another sign that the Clinton administration has completely failed to understand the message of the last election. It continues to impose on this country people and policies rooted in a philosophy that has proved to be an utter failure.

Mr. Foster was less than forthcoming about his views and how many abortions he has performed. Even the pro-choice Kansas Republican Sen. Nancy Kassebaum said she was disturbed by the misleading information given to her by the White House concerning Mr. Foster.

But there is more to this than misinformation and disinformation. Mr. Foster has close ties to Planned Parenthood, which has a view of sex and education that has exacerbated, not solved, one of the major problems our country faces. Planned Parenthood is not interested in changing sexual behavior but rather in avoiding the unwanted physical consequences of premature sex. Yet one has to wonder why it has failed so miserably in achieving that objective. California may be the best state to judge the results of the philosophy held by Planned Parenthood and its devotees.

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Cal Thomas' column is distributed by the Los Angeles Times Syndicate.

abortionist, the "I Have a Future" program provided condoms to teen clients. Reluctantly, perhaps, but necessarily.

And, for this, there is opposition to Dr. Foster's nomination.

Who will satisfy the surrealists? I suppose someone who has not only taken the Hippocratic Oath, but the Hippocratic one as well.

Deborah Mathis' column is distributed by Tribune Media Services.

Clinton's 'weasel' words don't exactly help Foster

2A

WASHINGTON — Dr. Henry Foster's nomination as U.S. surgeon general is in trouble at the White House because he did something legal that Bill Clinton supports.

Which can be very dangerous these days.

It used to be that it took an illegal act to knock you off as a Clinton nominee.

Kimba Wood and Zoe Baird got shot down for attorney general because they didn't pay their taxes or hired illegal aliens.

And Lani Guinier lost out as assistant attorney general for civil rights when Clinton discovered he disagreed with her views. Which was the same problem the last surgeon general, Joycelyn Elders, ran into.

But Foster is different. An obstetrician/gynecologist, he has performed abortions. Legal abortions.

And Bill Clinton has said he supports the right of a woman to choose an abortion.

So what's the problem? There are about 1.5 million legal abortions performed each year in America and somebody has got to be doing them.

But the White House is now saying that Clinton thought Foster had performed only a single abortion in his career. Foster says he has performed fewer than a dozen.

Who cares? Well, according to some strange new math, "fewer than a dozen" is the limit of what Bill Clinton will stomach. More than that and Foster is in trouble with him.

For the moment, Clinton is still backing Foster. But not very strongly. Try counting how many "weasel" words are hidden in Bill Clinton's ringing support for his nominee. Heck, I'll make it easy for you. I'll put them in italics.

"If he has done what he has said he has done, I don't think that would disqualify him," Clinton said of Foster on Monday. "We're going to have hearings. It's going to go forward. If the facts are no different than I understand them to be, I don't understand why he'd be in trouble."

And, gee, I just don't *understand* why some people *think* that you can't *trust* Bill Clinton.

Once upon a time, way back in the spring of 1992 before he was elected, Clinton said he was going to name only those people to the Supreme Court who supported a woman's right to choose. He said this would be a litmus test.

Then, after he got elected, he changed his mind.

At his first formal press conference, President Clinton was asked if the litmus test was still on.

"I will not ask any potential Supreme Court nominees how he or she would vote in any particular



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SIMON

case," he said. "I will not do that."

And now we learn that Clinton has "devolved" even further.

He may dump his nominee for surgeon general if it turns out the nominee performed too many (i.e., a dozen or more) legal abortions.

Who is Henry Foster? Who is this "abortionist"?

He is a 61-year-old former dean and acting president of a black medical school who founded the "I Have a Future Program," which is "aimed at delaying sexual activity and raising self-respect among teen-agers."

The program was even was one of George Bush's "Points of Light."

Foster supports condom distribution (and condoms prevent pregnancies that can lead to abortions, don't they?), but says: "In my work with teen-agers, abstinence has always been stressed as my first priority."

If a woman chooses to have an abortion, he says, "My wish is that it be safe, legal and rare."

And Clinton should have stepped forward immediately and said: "Abortion is legal in this country. I have always supported a woman's right to choose a legal abortion. And therefore I give my unqualified support to Dr. Foster with no ifs, ands or buts."

Instead, we get Clinton's lukewarm support on one hand and blasts of hot air from the right on the other.

"It doesn't matter if he killed 12 babies or 1,200 — Foster was still a paid killer who should not even be considered for the post as chief medic," said Don Treshman of Rescue America.

But Treshman is wrong. Foster is not a killer, paid or otherwise.

The people who shoot doctors at abortion clinics are killers.

Besides, in reading interviews with Foster, one gets the clear impression that he is proudest of having performed a much different kind of medical procedure.

"I have personally delivered more than 10,000 babies in nearly 30 years of practice," Foster said.

And I don't see how you can get more pro-life than that.

Reincarnation . . .

CAL THOMAS

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MONA CHAREN

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Cal Thomas is a nationally syndicated columnist.

Cultural windshift

The pro-life movement must measure its victories in nuances. *Roe vs. Wade* will not be overturned any time soon. But there is movement in the culture.

The flap over the appointment of Dr. Henry Foster Jr. is an example of the progress made. When it was revealed that Dr. Foster had performed abortions, some commentators shrugged, saying, "What else can you expect? This is an administration wedded to the idea that abortion is a solemn right. Why should we be surprised that an appointee shares that view?"

But that isn't the point. The cheering news is that having performed abortions is now considered to be a stain on a physician's record. Even the White House was at pains to point out that Dr. Foster had delivered more than 10,000 babies — and stressed (beyond the point of credibility in my judgment) that the few abortions Dr. Foster did perform were all in cases of rape, incest or risk to the mother.

The White House also released an Orwellian statement saying Dr. Foster had "performed a full range of reproductive services." What, exactly, is "reproductive" about abortion?

The more the pro-choice forces are required to retreat into euphemism, evasion and obfuscation, the stronger the pro-life movement becomes. That the White House was embarrassed and defensive is a sign of movement.

Pro-choicers would love to keep the focus of debate on the stray acts of violence at abortion clinics. That's understandable. Only when they are being shot at can pro-abortion forces hold the moral high ground.

While it is undeniably important for pro-lifers to distance themselves from the violent fringe — indeed, to condemn it unambiguously — it is just as crucial to keep the focus of the abortion debate on the act itself.

Pro-choice groups call themselves "pro-choice" because they cannot bring themselves to admit that they are pro-abortion. They have had terrific success, thanks to a sympathetic press, in keeping the focus of discussion on the exceedingly rare instances of rape and incest rather than on the roughly 1.5 million abortions for convenience each year that this society

tolerates.

In the February issue of *First Things*, Amherst College Professor Hadley Arkes is quoted as making the following suggestion: Whenever possible, legislatures should introduce laws outlawing third-trimester abortions. (*Roe vs. Wade* permits states to regulate abortions in the third trimester.) Mr. Arkes' point is not just to succeed — though, if enacted, such a law would bring to an end the 17,000 third-trimester abortions that are performed each year in the United States. But Mr. Arkes thinks the debate over such a law would have a wonderfully clarifying effect.

Pro-choice groups would almost certainly oppose such legislation. But on what grounds? Invoking the right of privacy would ring pretty hollow when the subject is a 7-, 8- or 9-month-old fetus — a baby in every way. Even if the continuation of the pregnancy presents a threat to the mother's life, there is every possibility that in the third trimester the child can be born alive.

Would pro-choicers argue that no one can force a woman to carry a child she does not want? That argument, too, loses much of its power when the pregnancy is already nearly complete. If the mother has managed this long, why not ask her to hang in there for a couple more months? Is that such a burden, compared with the child's right to life?

Nor can pro-choice types maintain that a woman cannot be unwillingly saddled with a child to raise. If the mother does not want the baby after birth, the child can be placed for adoption immediately.

The beauty of Mr. Arkes' idea is that it would force the debate in the direction it needs to go — toward the child at risk and away from bizarre and wrenching situations like rape and incest. A late-term fetus is very recognizably a baby. It is clear even to the most ardent abortionist that this is more than "a clump of protoplasm."

Dr. Foster will probably be confirmed. But there is no question that he would have emerged on the national scene with greater stature if probes of his past had revealed that he had declined to perform abortions. That is progress indeed.

Mona Charen is a nationally syndicated columnist.

Joseph A. Califano Jr.
Wash. Post; 2-8-95

The Medicalization of Teen Pregnancy

Dumping the issue on the surgeon general ignores the lessons of the past 20 years and is doomed to fail.

In the late 1970s, 1 million teenagers—about one in nine 15- to 19-year-old girls—got pregnant each year. I was the Carter administration's point man on the issue, because inside the Beltway we treated it largely as a health matter, and I was secretary of health.

In the mid-1990s, 1 million teenagers—about one in nine 15- to 19-year-old girls—get pregnant each year, and President Clinton has nominated a new surgeon general to attack the problem. I wish him luck, but I fear that Washington's continued medicalization of teen pregnancy and dumping the issue on the surgeon general—a health post that carries with it little staff, no programmatic budgets and no clout in the federal bureaucracy—ignores the lessons of the past 20 years and is doomed to fail.

Sexual intercourse among teens does create an enormous demand for medical treatment. Many sexually active teens become victims or transmitters of diseases like AIDS and gonorrhea. Of the million teens who become pregnant each year, about 400,000 have abortions, which for some can create or aggravate mental health problems. Of the more than 500,000 who don't have abortions or miscarriages, thousands have pregnancies complicated by maternal smoking, drinking or drug abuse and by premature delivery and low-weight babies. The health system is responsible for dealing with medical matters such as these. Biomedical science can also contribute discoveries, such as condoms and other contraceptive devices, that reduce the incidence of pregnancy and curb transmission of sexually transmitted diseases.

But medicalization over 20 years has not reduced teen pregnancy in America, nor has it stemmed the spread of sexually transmitted diseases among teens. Life for American teenagers is not just a bowl of condoms.

Today, more unmarried teens are having children. Almost 80 percent of unmarried women who have a child before finishing high school live in poverty. Teen pregnancy costs the government more than \$34 billion a year in welfare payments (\$13 billion), Medicaid bills (\$15 billion) and food stamps (\$6 billion).

The persistence of the problem is a sorry reflection of the social forces at large for the past 20 years: poverty and broken families that lead some teens to seek love and status by having a baby, anything-goes moral standards, the declining authority of family, church and school and a mass culture that treats sex not as a serious personal responsibility—often not even as an act of love—but as a glittering consumer item to be exploited and consumed at the moment of desire. Our teens grow up in a society where personal discipline is more necessary—and less popular—than ever. And for them, popularity is everything.

Sex education is not simply a medical subject. It is most effective in elementary and secondary schools in tempering promiscuous conduct and teen pregnancy where students share the same values. Parochial schools where children profess the same religious beliefs (whether Christian, Jewish or Muslim) and schools in rural areas where parents share common values are more likely to have effective programs than are large urban schools, where concern for social and religious differences drives school officials to medicalize sex education, and in the process detach teen sexual conduct from human and moral values.

What many call sexual liberation has brought with it unhappy consequences for millions of teens: the pressure to experiment with adult behavior before they are ready, emotionally, economically or morally, to shoulder adult responsibility, and the wrenching disruption of life and education caused by an unintended pregnancy and its consequences. This is not liberation. It is bondage for the child-mother and the mother's child.



BY JOHN OVERMYER

Responsibility to deter conduct that causes teen pregnancy—promiscuity, alcohol or drug use, failure to use a condom, lack of a loving family, lack of hope—rests not with the U.S. surgeon general, federal bureaucrats and politicians but with parents in the first instance, as well as with teachers, social workers, clergy and those who set the moral standards and mores of our times. By medicalizing the teenage pregnancy crisis we have relieved them of their responsibility and trivialized the complexity of the solutions.

Dealing with teenage pregnancy requires a one-on-one discussion of values and morality, something difficult to do for a Washington political appointee. Such discussions best take place between parent and child or (and this is especially important for children with no families) in the privacy of a school counselor's office, parish house or community or local government social service agency.

For most of us the birth of a child is an occasion of great joy and hope, a consecration of new life. But for hundreds of thousands of teenagers—particularly the majority who are unmarried—the birth of a child can usher in a dismal future of unemployment, poverty, family breakdown, emotional stress, dependency on public agencies, alcohol and drug addiction and health problems for mother and child. Preventing such tragedy and comforting those in such pain requires a lot more than a medical degree and a fancy federal title.

The writer, secretary of health, education and welfare from 1977 to 1979, is president of the Center on Addiction and Substance Abuse at Columbia University.

Dr. Foster and the art of the statement

On Friday, Dr. Henry Foster, President Clinton's nominee for surgeon general, released a statement evidently intended to put to rest a brewing controversy about abortions he has performed. Originally, Senate Republicans were told Dr. Foster had done only one abortion. But on Friday, Dr. Foster owned up to having performed more. The statement said, in pertinent part: "I have personally delivered more than 10,000 babies in nearly 30 years of practice including my service in the military.

"In that period of almost three decades as a private practicing physician, I believed [sic] that I performed fewer than a dozen pregnancy terminations. None were in out-patient settings; all were in hospitals and were primarily to save the lives of the women or because the women had been victims of rape or incest.

"I was also Chief of Service at two major teaching institutions where many physicians had hospital privileges. A wide variety of medical procedures and research was performed at both. To my knowledge, all were in accordance with the law and educational requirements."

Yesterday, Clinton spokesman Mike McCurry tried to bolster Dr. Foster by apologizing for the initial one-abortion claim, saying it was an honest mistake.

Well, maybe. But the Clintons and their team do have a lengthy record of carefully crafting statements so as to hide, obfuscate and mislead. And facts unearthed since Friday suggest that Dr. Foster's statement bears close reading.

At a 1978 meeting of the Health, Education and Welfare Department's Ethics Advisory Board, of which he was a member, Dr. Foster offered an interesting aside. In attempting to establish his professional bona fides regarding fetal procedures, Dr. Foster said: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." Never mind that Dr. Foster's 1978 definition of a "therapeutic" abortion is far broader than the definition he gave in his statement Friday: The "therapeutic abortions" Dr. Foster was talking about in 1978 were not just those to protect the life of the mother, but rather, included removing fetuses that showed developmental abnormalities. We are still left with nearly 700 therapeutic abortions. How can this possibly square with Dr. Foster's statement from last Friday? Easily, it turns out.

In relation to the "fewer than a dozen" claim, Dr. Foster's statement refers to his status "as a private practicing physician." But the next paragraph points out that Dr. Foster was Chief of Service at two teaching hospitals, and "A wide variety of medical procedures and research was performed at both. To my knowledge, all were in accordance with the law and educational requirements." Abortion, of course, has been legal for many years, and thus had Dr. Foster performed hundreds of abortions as chief of service — as opposed to acting in his capacity as a private physician — that fact would not have been actually lied about, given the statement's careful wording.

Notice, as well, that the language about "educational requirements" suggests that the doctor may have performed abortions in the course of teaching the procedure to students. If this is the case, strictly speaking, Dr. Foster's statement Friday that he had performed less than a dozen abortions would not be a lie. But that is only strictly speaking, of course.

The administration was saying late yesterday that Dr. Foster claimed he was misquoted in the 1978 transcript. Maybe he was. But another interesting fact about Dr. Foster's work in the realm of pregnancy termination has also come to light. In the early 1980s, Dr. Foster was head of a research team in Nashville for the Upjohn Pharmaceutical Company that conducted experiments administering an abortion pill. Once again, this was not activity undertaken as a "private practicing physician" and so — strictly speaking — it doesn't count against his dozen-abortion limit. But in reality, a large number of abortions seems to have been involved.

The abortion pill research being conducted by Dr. Foster's team appears to have been what is known as "second phase" research. That is, it was not laboratory development of the pill itself. Instead, it consisted of giving the drug to pregnant women to induce abortion. If the drug failed, it seems likely that the protocol would have called for surgical abortions. (Upjohn didn't return calls yesterday.)

If Mr. Clinton thought Dr. Foster's qualifications were so overwhelming that he could overlook the fact that the doctor had performed a large number of abortions, fair enough. But he and the doctor should be willing to make that case forthrightly. Legalese in the service of creating a false impression just won't cut it. This nomination shouldn't go forward.

Pruden on Politics

By Wesley Pruden



Wash. Times; 2-7-95

Gilbert and Sullivan take it on the road

Bill Clinton may only be trying to have a little fun with the Republican Congress.

Maybe he's entitled.

He hasn't been having any lately anywhere else. His nomination of Dr. Henry Foster Jr. to be the very model of a modern major surgeon general looks suspiciously like the first act of a Gilbert and Sullivan opera.

Dr. Foster himself is by all accounts a serious man, but even a serious man is hard to take seriously when cast as a pawn in the Washington power game. The Republicans in the Senate want the president, but maybe the president wants to needle them first.

The president's critics describe Dr. Foster as "Elders Lite," a man only slightly less outrageous than Joycelyn Elders, now back in Little Rock struggling to rebuild her condom route. This slights Dr. Foster, who is not "Elders Lite" but Elders with a little class.

But there are similarities, which the president no doubt relishes. Like Dr. Elders, Dr. Foster's an Arkansan (from Pine Bluff), and given the fail rate of the Arkansans that Bill Clinton brought up from Little Rock, any nominee with the remotest Arkansas connection is bound to be greeted with a measure of reserve, if not suspicion.

Dr. Elders cut a fine figure in the uniform of the surgeon general, with the *elan* of an elevator operator at the Ritz, or at least the *eclat* of the Army chief of staff inspecting the barracks at lights out, making sure that every private has a suitable privette with whom to make it through the night. She was all spit and polish, setting a high standard for Dr. Foster. Her brass buttons sparkled, and with all that braid on her sleeve she could have been mistaken for Chief Justice Rehnquist.

So far as anyone knew, she was never in the abortion trade, but in appointing Dr. Foster, the president keeps the "condom seat" warm in his administration. In future, no one will be considered for surgeon general without experience in running rubbers.

The tip that the president may be playing this one as an exercise in one-upmanship came yesterday from Mike McCurry, the president's press agent. "It would be unfortunate if they take the

nomination of Dr. Foster and turn it into a litmus test on choice," he said.

The not-so-subtle reminder to the Republicans is to remember what the Democrats did to Robert Bork, turning his skepticism to the idea that the right to an abortion is mandated by the Constitution into the litmus test that sank his nomination.



Zoe Baird

"You may do it to us," the president is saying to the Republicans, "but we did it to you first."

The Republicans are playing to the script, too. "I want to support the president and we're certainly going to look at it," Sen. Orrin Hatch of Utah told an interviewer. "But there are some troubling things concerning his nomination."

Said Sen. Trent Lott of Mississippi on Sunday: "I do think it is in serious trouble." Sen. Bob Dole of Kansas asked himself: "Will it be in some difficulty?" And then he answered himself, happy that he had asked himself that question: "Yes."

The depth of the trouble can be measured by Nancy Kassebaum's anger. She's one of the Nice Republicans who are almost impossible to offend, and she's offended.

The disintegration of the Foster nomination is following the script written for Zoe Baird, improved on by Kimba Wood and perfected by Lani Guinier: Fudge it at first, and if you don't succeed, fudge again, keeping the story on the front pages every day until the president looks as silly as a razorback on ice.

This seems to be the only script Bill Clinton owns. You might think that his pals Linda Bloodworth and Harry Thomason, the greatest American dramatists since Eugene O'Neill, would have lent a hand by now.

The White House describes as merely an "honest mistake" the assurance that Dr. Foster first gave that he had performed just one abortion. It was after he reviewed his records, the White House said yesterday, that he found a few more — but still "fewer than a dozen." This sets the stage for review of further records, and maybe it wasn't a dozen. A hundred here, seven hundred there. A man can't remember everything.

The transcript of Dr. Foster's testimony before an ethics panel of the Department of Health, Education and Welfare reveals an interesting estimate by Dr. Foster himself: "I have done a lot of amniocentesis and therapeutic abortions, probably 700." Dr. Foster says he didn't say it.

Senators don't like to be fibbed to, but the good news is that despite that neat uniform it doesn't matter. Does anybody know what a surgeon general actually does, besides arranging our surgeons for the St. Patrick's parade? Comic opera, like Bill Clinton, is not to everybody's taste, and even the very model of a modern model surgeon

Ability, not abortion, is test of surgeon general

OUR VIEW Henry Foster has done what thousands of good doctors have done — provided care for his patients.

In 30 years of medical practice, Tennessee gynecologist and obstetrician Henry Foster distinguished himself by combining conscientious patient care with helping the less fortunate to help themselves.

For that, some want to deny him the job of surgeon general.

Opponents of sex education, teen birth control and abortion are flooding Capitol Hill with condemnations of President Clinton's latest nominee. Not only does Foster support all the things they don't, he actually admits performing abortions.

Foster says he performed fewer than a dozen abortions, primarily to save the lives of the mothers or to help victims of rape or incest.

That is no reason to kill the nomination. As long as the abortions were legal and Foster's accounting is truthful, he deserves to be confirmed.

Foster should not be condemned for doing what committed physicians do every day, ministering to the total health needs of his patients. When the patients are women, that sometimes means abortion.

Most of the more than 35,000 U.S. obstetricians and gynecologists have performed abortions, according to estimates from the American College of Obstetricians and Gynecologists.

Instead of fixating on the number of abortions performed by Foster, how about answering the most pertinent question: Is he qualified to be the nation's public health spokesman?

Yes, if you judge Foster on his medical credentials and community service.

A dean and acting president of Meharry Medical College, Foster has been endorsed by the American Medical Association and ACOG. He's won national recognition and awards for his campaign to reduce infant mortality and to curb teen pregnancy and drug abuse. His "I Have a Future" program encourages young people to delay sexual activity, develop job skills and improve self-esteem.

As surgeon general, Foster says he will continue working to reduce out-of-wedlock pregnancy.

Aren't those the very goals of the people now vowing to kill Foster's nomination? And aren't these the critical problems we want a surgeon general to address?

When Republicans were the minority in Congress, they constantly preached that the ultimate litmus test for presidential nominees should be qualifications, not ideology or politics. Now they are poised to let an aggressive minority toss that standard out the window.

If Foster is qualified, make him surgeon general. But don't eliminate him merely because he did his job as a physician and he did it well.

► Foster controversy, 1A

USA Today; 2-7-95

Foster isn't fit for job

OPPOSING VIEW A physician who would perform abortions can't be trusted in such a high national office.

By Judie Brown

Henry Foster Jr. is a physician who has, during the course of his medical career, opted out of the Hippocratic Oath and bought the lie that abortion is a good thing.

His nomination by pro-abortion President William Jefferson Clinton for the office of surgeon general is a joke, a very bad joke that could cost the lives of many more preborn human beings if Foster is confirmed.

America now knows his dirty little secret, that during his medical career he personally aborted several little children.

This admission alone must cause every responsible politician to pause.

A doctor who has already perpetrated an act that is diabolical in the eyes of millions of Americans is not a doctor who will be trusted, regardless of his political mantle of respectability. After all, do we really want a surgeon general who has already proven his "compassion" with instruments designed to kill?

Foster is not qualified to be surgeon general. He is a man who has admitted to taking the lives of preborn children, and he has made no apologies for his grisly action.

He committed abortion in a hospital setting, and we surmise that he somehow feels this is an acceptable thing. It is not.

Foster's basic studies in biology and his early medical training taught him that a person exists at fertilization. Destroying that person is not a "reproductive activity," as administration officials have suggested; it is a tragedy.

A preborn child is not a cancerous growth or a disease. A preborn child is a human being, and Foster just doesn't get it.

Morally and ethically, regardless of what the law says or does not say, no physician is ever forced to abort a child. Obviously, Foster wanted to do those abortions, and he did do them.

A man who can find reasons to eliminate a tiny baby, a fellow human being, is a man who has trouble separating rhetoric from reality. An abortion destroys somebody. Abortion kills.

The United States does not need a surgeon general who denies such a basic truth in his professional practice, even if all of his other qualifications elevate him to sainthood — which, I might add, they do not.

Henry Foster must be rejected by the Senate and, most important, by the American people.

His prescription for solving women's problems is deadly.

Judie Brown is president of American Life League, based in Stafford, Va.

Balt. Sun; 2-7-95; 3/4

Effort to replace Elders has been made difficult

2A

WASHINGTON — In the nomination of Dr. Henry Foster Jr. to be surgeon general, President Clinton and his advisers have once again demonstrated their special talent for making things more difficult than they need to be.

The choice of Dr. Foster was meant to be a positive statement because of the special reputation the Nashville obstetrician-gynecologist had acquired for his efforts to discourage teen-age pregnancies.

But the White House had to know from the outset that choosing someone with such a specialty would raise questions about abortion.

The safe thing would have been for the president to choose instead some state public health official with a different area of expertise; nobody demonstrates against orthopedists.

But, having opted not to take the easy way, the White House made things infinitely more difficult by appearing defensive on the question of whether Dr. Foster had ever performed any abortions.

First, Sen. Nancy Kassebaum, chairwoman of the Senate Labor and Human Resources Committee, was told there had been just one. Then the White House had to admit that this was "an honest mistake" and that he had performed "fewer than a dozen," most of them involving cases of rape, incest or danger to the mother.

And, the White House quickly added, over his long career Dr. Foster had delivered more than 10,000 babies. The implication was that this record might atone for the abortions.

The political mistake was, of course, getting into the numbers game at all.

The fact is that Dr. Foster was not primarily an abortionist, but it is no surprise to discover that someone with his resume performed the procedure on occasion. And, most to the point, he did so at a time when it was perfectly legal.

So why should either the nominee or the president be thrown on the defensive?

We all know there are millions of Americans who oppose abortion under any circumstances. But the law allows abortion, so there is no reason Dr. Foster should appear to be hemming and hawing — and, inevitably, recalling candidate Bill Clinton admitting in 1992 that he had smoked marijuana in England but never inhaled.

The mistake was made, however, and the stage is now set for another full-scale brouhaha over abortion rights. White House press secretary Michael McCurry had to be kidding when he said he hoped the nomination wouldn't be used as "a litmus



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test on choice." Already the air is full of complaints that Dr. Foster has been involved in Planned Parenthood.

The president, meanwhile, has little or no room to maneuver on this nomination. He cannot easily absorb the political abuse he would suffer if he ended up replacing Joycelyn Elders because she was too controversial with another nominee who is too controversial, even if far more circumspect than Dr. Elders in his choice of language.

Nor can Clinton forget the Lani Guinier episode almost two years ago — the nomination of and then withdrawal of Guinier to be assistant attorney general for civil rights because of a controversy over some of her writing as an academic. The decision to throw Guinier over the side still rankles with some black leaders in the Democratic Party.

In that case, however, the president had a fig leaf — his story that he had learned about Guinier's ideas and articles only after nominating her and was pulling back simply because he found he didn't agree with those ideas and articles. That kind of excuse clearly won't wash with Dr. Foster.

On the face of it, the Republicans should be applauding the choice of someone devoted to preaching sexual abstinence and preventing teen-age pregnancies. That approach would seem to square with the "family values" so many conservatives like to talk about these days. But abortion is a red flag issue, so some heat is inevitable.

The irony is that things seemed to have been picking up for Clinton. His poll ratings were improved, he had shown strength and leadership on Mexico, trade with China and the baseball strike.

But now another case of clumsiness in the White House has given aid and comfort to his enemies — and put Dr. Foster's nomination in some jeopardy.

Wash. Times; 2-6-95

Dr. Foster's nomination

The Clinton administration can't seem to get it right when it comes to the issue of choosing a qualified surgeon general. Dr. Henry W. Foster Jr., the Nashville obstetrician/gynecologist who President Clinton named on Thursday as his surgeon general nominee, appears to have solid medical credentials, but his work and philosophy in the area of adolescent pregnancy and sex education are troubling.

Dr. Foster's work with Planned Parenthood and the health-promotion initiatives he began in two Nashville housing projects advocate abortion, condom distribution to teens and sex education programs that are far outside the mainstream.

The surgeon general has little bureaucratic power, but he is the preacher in the bully pulpit on matters involving public health. Dr. Foster said that, if confirmed, he would focus on cutting the teen pregnancy rate, now at 2,800 a day, and focus on the issue of abstinence.

The trouble is, on this issue, Dr. Foster doesn't appear to be much different from Dr. Joycelyn Elders, the outspoken surgeon general who was fired in December after a series of statements about such matters as the possible merits of legalizing drugs and the benefits of teaching masturbation in public schools.

The major public health issues facing our country—teen pregnancy, the declining numbers of two-parent families, AIDS and sexually transmitted diseases—are all connected to unplanned children and the decline in moral values.

What the Clinton administration fails to understand is that a major ailment needs drastic medicine. We need a surgeon general who can speak forcefully and confront the problems head-on, not one who speaks from both sides of his pulpit.

In the fight against out-of-wedlock births and family values, we need a surgeon general to speak in clear, concise tones of right and wrong about how to strengthen the family unit and the best way to guide

our youths to be productive citizens. We already have too many advocates who say don't do it, but be safe if you do and abort if neither works.

This is where Dr. Foster's credentials may be lacking, especially if he wants to stress abstinence. He has served on Planned Parenthood's board of directors from 1978-1981 and as been on the group's advisory board since 1981. He has also served on the National Leadership Committee to Keep Abortion Safe and Legal, a subpanel of Planned Parenthood, since 1989. Although his "I have a future" program encouraged young people in two public housing projects to delay sexual activity, it also distributed condoms. He has delivered thousands of babies and conducted abortions, fewer than a dozen, he says, mainly to save lives or in cases of rape and incest.

It is no surprise that a president who advocates the right to abortion would nominate someone who shares that philosophy. But you have to wonder about the reasons behind this particular choice. Mr. Clinton did not have to pick an obstetrician. What's wrong with heart surgeons? But when he did chose an obstetrician, he should have known that the question of abortion would come up. Still, the salient facts that Dr. Foster supported abortion and had performed it himself failed to materialize on the official biography issued by the White House, Health and Human Services and indeed the doctor's office, as well. They were revealed after a series of questions from The Washington Times and other media.

After two-and-a-half years in office and with a bloody trail of botched nominations behind him, you would think that Mr. Clinton by now knows that hiding the truth and then getting it out in dribs and drabs has tremendous political costs. These are issues that promise to take center stage when Dr. Foster's confirmation hearings are held by the Senate Labor and Human Resources Committee. If the senators are skeptical about this candidacy already, it's very easy to understand.