

PLANNED PARENTHOOD RESPONSE

Let me say first that I am extremely proud to have served on the Board of Planned Parenthood. It is an organization whose goals I share and which has done enormous good in helping educate Americans about the need and ways to avoid unwanted pregnancy. Like any other Board member, of course, I did not agree with every individual policy or program supported by Planned Parenthood. Having said that, I do not think it would be fair or helpful to go further and talk about particular discussions or votes that may have occurred during my tenure on the Board -- in general, I believe the privacy of organizational deliberations ought to be respected and, frankly, there is much about these discussions that I do not, sitting here today, recall with clarity. I would, of course, be glad to discuss with the Committee my current views about any substantive issue raised by any of Planned Parenthood's policies.



MEHARRY MEDICAL COLLEGE

OFFICE OF THE GENERAL COUNSEL

FAX TRANSMITTAL SHEET

Fax # (615) 327-6151

DATE: 4-26-95

TRANSMIT TO: Marvin Krislov, J.D.

FAX # 202-456-1647

FROM: /X/ RICHARD E. JACKSON, GENERAL COUNSEL
/ / DR. JOHN G. CORRY, ATTORNEY
/ / SALETTA A. BOLLOWAY, ASSISTANT TO GENERAL COUNSEL
/ / JOYCE P. SHANNON, ADMINISTRATIVE ASSISTANT
/ / OTHER

Total number of pages (including this cover sheet): 2

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REJ:2354



MEHARRY MEDICAL COLLEGE

OFFICE OF THE GENERAL COUNSEL

To Whom It May Concern:

Pursuant to a request by Dr. Henry Foster, Jr., we have undertaken a search of the medical records of Meharry Medical College pertaining to operations performed by Dr. Foster during the years 1973-90. Our records indicate that Dr. Foster participated in or performed 39 abortions, not including termination of tubal pregnancies or follow-up procedures made necessary by incomplete and/or spontaneous abortions. Our records also indicate that in approximately three quarters of these procedures, at least one other physician or a resident performed or participated in the surgery, in addition to Dr. Foster.

Sincerely yours,

Richard E. Jackson, J.D.
General Counsel

REJ:sh

INFORMED CONSENT

CHARGE

Dr. Foster does not respect the rights of mentally retarded patients. (See Removal of the Normal Uterus, Southern Medical Journal (Jan. 1976) (discussing performing hysterectomies on patients who are severely mentally retarded).)

RESPONSE

Dr. Foster has clearly stated that he believes that if a patient who is mentally retarded is incapable of providing informed consent, a sterilization procedure should not be performed. (See Ambulatory Gynecologic Survey, Ambulatory Obstetrics and Gynecology at 416 (Dr. George Ryan, Ed. 1980).) Nearly twenty years ago, Dr. Foster discussed the practice of performing hysterectomies on women with severe mental retardation either for sterilization or to eliminate the menses for hygienic benefit. This procedure was a legal and medically accepted practice and in any such procedures he performed, Dr. Foster obtained the informed consent of these women's guardians. In the late 1970s, as medical thinking and practice changed and such procedures ceased to be accepted as the medical norm, Dr. Foster, together with the medical community, changed his position on the acceptability of performing hysterectomies on severely mentally retarded women.

CHARGE

Dr. Foster does not believe that parents need to provide their consent before their children obtain contraceptives or abortions. (See A Model for Increasing Access: Teenage Pregnancy Prevention, Journal of Health Care for the Poor and Underserved, Vol. 1, No. 1 (Summer 1990) at 137 (discussing direct access to contraceptives by teenagers).)

RESPONSE

Dr. Foster strongly believes that parents must be involved in any decision regarding their children's access to contraceptives or to any abortion services. Throughout his career, Dr. Foster has encouraged parents to be involved in all aspects of their children's lives. Dr. Foster anchored the "I Have a Future" program, which provides positive alternatives to teenage pregnancy, in the neighborhoods where the young participants live, in order for the parents of participants to be involved in the program and their children's choices.

In general, Dr. Foster believes that unless a minor is emancipated or has a history of family abuse, parental consent should be obtained before getting access to contraceptives or abortions. Moreover, Dr. Foster has always observed state laws governing the role of parental consent in a child's decision to obtain contraceptives or to choose to have an abortion. Dr. Foster has urged physicians to study and to completely understand state laws

before they perform abortions or provide contraceptive services to minors. (See Editorial: Why Bother with Informed Consent? at 155.)

CHARGE

Dr. Foster is a racist when he argues that the age when an individual can provide informed consent should be lower for African-Americans than for whites. (See Experiments and Research With Humans: Values In Conflict, Children and the Institutionalized Mentally Infirm, National Academy of Sciences (1975) at 6-5 (discussing workable definition of childhood for African-Americans and whites).)

RESPONSE

Dr. Foster has devoted his life to helping improve the health of mothers and babies regardless of their race. He has worked extensively in underprivileged communities to assist those who have little access to health care. Dr. Foster has also been among the leaders in the discussion of who can provide informed consent and in urging the medical community to respect the rights of persons who are disadvantaged or mentally incompetent when their consent is sought. Almost twenty years ago, in an academic paper, Dr. Foster posited whether because of differences in life styles, the definition of childhood should be different for African-American and white children and thus the age of consent. At the time when Dr. Foster asked this question, he was providing medical services to predominantly underprivileged African-American patients. Many of his patients, due to their deprived circumstances, were forced to assume adult responsibilities at a young age. When Dr. Foster contemplated whether the age of consent should possibly be different for African-American and white youths, Dr. Foster was not basing his question on race but on the socio-economic background of individuals regardless of their race.

CHARGE

Dr. Foster has been active in biomedical research -- a field which has traditionally taken advantage of the poorest members of our society and used them in disproportionate numbers as research subjects. (See Editorial: Biomedical Research Subjects: Who Should Be Exempt?, Journal of Medical Education, Vol. 50, 1069-70 (1975); Academy Forum, National Academy of Sciences (1974).)

RESPONSE

While it is true that Dr. Foster has been active in biomedical research, especially research into sickle cell disease, he has always followed the strictest standards and procedures in obtaining the consent of patients who wished to participate in his research studies. In his speeches and writings, Dr. Foster has continually urged the medical community to respect the rights of persons who lack some of the resources or ability to protect themselves in this complex society. To that end, Dr. Foster has advocated excluding the functionally illiterate, the senile, and the mentally incompetent from research studies. (See Editorial: Biomedical

Research Subjects: Who Should Be Exempt?, Journal of Medical Education, Vol. 50, 1069-70 (1975).) Dr. foster also expressed his concern over disproportionate numbers of poor people and minorities used as subjects in biomedical research. (See Academy Forum, National Academy of Sciences (1974).

BLACK GENOCIDE

CHARGE

Dr. Foster believes that America is a racist society which has promoted family planning as a means for covertly carrying out black genocide. (See "Family Planning and the Black Community," presented to Howard University Hospital (May 22, 1975); "A Rural Hospital and Family Planning," presented to Emory University Family Planning Program (1972).)

RESPONSE

Dr. Foster strongly advocates that parents be given information and counseling as they decide the size of their families. Just as strongly, he believes, that health care providers should combat infant mortality and promote the well being of the mother and child. Dr. Foster does not believe that family planning is black genocide and has stated that the vast majority of health care providers are motivated by a sincere desire to be beneficial.

In the 1970s, Dr. Foster addressed the concerns of some members of the African-American community who feared that family planning might lead to black genocide and acknowledged that these concerns were understandable and often not without foundation. In particular, Dr. Foster was referring to the history of certain state welfare offices in promoting sterilization and family planning by underprivileged and vulnerable African-American women. Dr. Foster understood the concerns, because he had seen a number of poor communities where the only health care services to provided were extensive family planning programs. To increase the effectiveness of health care services, he has urged health care providers to include minorities in the design and administration of family planning services and to consider their community concerns.

CHARGE

Dr. Foster believes that African-Americans should not use family planning services, in order to compensate for their shorter life expectancy and higher infant mortality rate. (See Family Planning and the Black Community, presented to Howard University Hospital (May 22, 1975); A Rural Hospital and Family Planning, presented to Emory University Family Planning Program (1972).)

RESPONSE

Dr. Foster has repeatedly expressed his concern that the infant mortality rate for African-Americans is significantly higher than the national average while life expectancy is significantly shorter. In 1975, Dr. Foster posited whether a higher birth rate for African-Americans might serve as a protective mechanism. His personal efforts, however, have focused on providing comprehensive health care services to reduce infant mortality and encouraging the establishment of family planning services which recognize the cultural and socioeconomic needs of the population.

SEX EDUCATION

CHARGE:

Dr. Foster devised a program which provides all teenagers with easier access to contraceptives and thereby promotes, encourages, and condones teenage promiscuity. (See A Model for Increasing Access: Teenage Pregnancy Prevention, Journal of Health Care for the Poor and Underserved (Summer 1990) at 138.)

RESPONSE:

Dr. Foster's I Have A Future (IHAF) program, which addresses sex education, offers the youth in the community the knowledge and means to gain confidence and control over their futures by placing particular focus on positive life options. The program seeks to reduce the incidence of early pregnancy and childbearing among high-risk youth by incorporating objectives which offer adolescents the means to improve their knowledge and attitudes as they relate to a myriad of problems adolescents face in today's society. Id. at 139. The program strives to improve adolescents' attitudes toward personal health including awareness of human sexuality, and the effects of drug and alcohol abuse. Id.

The program aims to increase socially adaptive and appropriate behavior with an emphasis on school achievement, vocational development, and delinquency rates. One of the program's lofty goals, is to enhance the ability of high-risk adolescents to overcome environmental barriers in attaining the skills necessary to pursue meaningful employment and educational opportunities. Id. In particular, the program emphasizes constructive attitudes toward community, family life and the future. Id.

The IHAF program is community-based intervention which is anchored in residential setting to more fully involve families. Id. at 138. Dr. Foster has consistently emphasized that the program teaches family roles and responsibility and that "the objectives are to help [teenagers] understand the meaning of family; to identify and discuss various roles of family members; ... [and] to improve knowledge of sexuality and contraceptives." Dr. Foster stressed that "the overall objective is to generate positive attitudes and values towards contraception and abstinence." Id. at 142.

Henry W. Foster Presents:

Testimony before Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. May 5, 1994

GL: "By the 1980's, Meharry had trained forty percent of this nation's African American physicians and dentists. Further, three out of four of our graduates return to underserved inner-city and rural communities - compared to just one in four of majority graduates."

HP: "Our [Meharry/Nashville Hospital] request is for interim assistance of six million dollars in Fiscal Year 1995 and a like amount in each of the following three years" to cover some of the costs of the merger.

**Association of Professors of Gynecology and Obstetrics
Presidential Address. March 4, 1994**

HP: "'Education is Whithout it, what is man? A splendid slave, a reasoning savage.'" Quoting 1711 Joseph Addison article.

HP: "A menacing programmatic challenge has been advanced by the AAMC. I have to pause when that body recommends abolishing OB/GYN as a required clerkship for American medical students. It is known that the U.S. ranks somewhere between 19th and 21st, depending upon who's counting, in infant mortality in western nations. Further, an African American child born today in the U.S. is less likely to survive its first year of life than a baby born in Cuba, Jamaica, Trinidad, or Tobago. Officials of the AAMC have expressed their deep discomfort in the fact that, for the first time in this country, life expectancy has declined for a population group -- African American males. Those of us who are obstetricians and gynecologists must inform the uninformed that one of the best ways to increase life expectancy, which is set at the time of birth, is to lower infant mortality."

GL: "Now, I have learned that AAMC has bought into this goal of a 50-50 ratio between primary care specialists and non-primary specialists. Their position of eliminating the OB/GYN clerkship would translate into over one-half of medical school graduates subsequently going into primary care specialties having no formal exposure to Obstetrics and Gynecology while in medical school."

HP: "Obstetrics has, in my view, always been undervalued in our country. Look at the labor laws and practices -- they single out and often punish expectant mothers. I have read that, during World War II in Great Britain, pregnant women received double food rations -- I wonder if this logical and humane thought ever occurred to policy makers in this country."

HP: "[By 1998 the amount the U.S. spends on health care] will represent nearly 20% of our gross domestic product while most western nations spend between 6 and 8% of theirs for health care."

HP: "If the uninsured are look [sic] at longitudinally or in real-time over the period of one year, the figure rises [from 35 million] to 55 million, representing those people going in and out of employment, thus gaining and losing their health insurance."

HP: "With respect to graduate medical education and the Health Security Act, the reduction of indirect medical education (IME) from 7.7% to 3% of cost is a cut that cannot be justified."

HP: "It is logical to expect that the general principles of managed competition will strongly influence health care reform resulting in decreased income from medical practice."

HP: "In sum, health care reform will lead to decreased hospital and practice revenues, increased pressures for the primary care physician to generate practice income coupled with their diffusion into the community. Also, for those volunteer faculty members with little or no compensation from the academic health center and the revised physician payment structure, secondary to health care reform, threatening their income, some may well be less likely to teach without financial compensation."

"The ripple effect extends even further. The reduced departmental discretionary funds generated by a clinical faculty will cause greater difficulty for medical schools to implement the newer, more labor intensive, curriculum changes, such as small group interaction, increased interdigitation of basic science and clinical science faculties, clinical correction and problem-based learning. Hence, a paradoxical situation has developed; market forces are drawing faculty and dollars away from the academic health center concomitantly with an increased need for faculty to develop and implement new curricula."

HP: "What, if anything, does the significant increase of women entering medical field portend? We will be short-sighted if we do not try and make this evaluation. This, too, is a part of the changing milieu in which we are operating. It must be kept in mind that changes is not the enemy -- it is simply a fact."

GL: "A fourth fundamental medical school function desperately needs to be added -- that being "community outreach."

Rural America: Health Care Access. Feb 24-25, 1994.

?? Re: Thomas Monroe Campbell -- ". . . he was indeed a man of vision. His concept of the mobile school is a quintessential example of his value of education, which he published in 1936 in

the chronicle entitled, The Moveable School Goes to the Negro Farmer."

Q: What did his book say?

A: _____

Q: In 1994 Dr. Foster said that clean water typically eludes rural children. Is this still true?

A: That statement was based on observations made by L.C. Dorsey, Executive Director of the Delta Health Center, Mound Bayou, Mississippi, as published a factbook of Meharry's Institute on Healthcare for the Poor and Underserved. Certainly, not all rural children do without clean water.

Q: So, Dr Foster subscribes to Dorsey's observation that there are "rural children who have never had a shower and whose nature calls are answered in porcelin coated pails?

A: Dr. Foster refered to that statemet in response to the clean water question. I think he would agree that rural children are underserved in many aspects of health care. Interestingly, Meharry's Institute on Health Care for the Poor and Underserved is the only such institute in the nation.

Q: How is it thatthe racial/ethnic composition of physicians in the workforce contributes to access problems for minorities?

A: Dr. Foster has cited this finding by the Council on Graduate Medical Education in 1986

INCOMPLETE



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the General Counsel
Washington, D.C. 20201

(202) 690-7780

Fax: 690-7998

MEMORANDUM

To: Avis LaVelle

From: Nan D. Hunter *ndh*

Date: 25 April 1995

Re: Abortion restrictions on Defense Department funds

In 1984, Congress enacted a provision stating that "funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term." This provision is part of the statutory law, meaning that it is permanently in effect unless repealed by Congress. From 1978 to 1984, Congress had imposed similar restrictions as appropriations riders, but in 1984, it was made part of the statute. It is still in effect.

When the Clinton Administration took office, one aspect of the interpretation of the statute was changed. By memorandum dated January 22, 1993, the President directed that DOD cease its policy of refusing to allow abortions to be performed in military facilities even if they were paid for by private funds. Today, if an abortion is paid for entirely by non-DOD funds, DOD does permit it to be performed at a DOD facility.

Attached are copies of the relevant law and policy.

NEL

MEDICAL AND DENTAL CARE

10 USCS § 1093

(c) The Secretary of Defense may obtain the advice and recommendations of such advisory committees as the Secretary considers appropriate. Each such committee consulted by the Secretary under this subsection shall evaluate the proposed study or demonstration project as to the soundness of the objectives of such study or demonstration project, the likelihood of obtaining productive results based on such study or demonstration project, the resources which were required to conduct such study or demonstration project, and the relationship of such study or demonstration project to other ongoing or completed studies and demonstration projects. (Added Sept. 24, 1983, P. L. 98-94, Title IX, Part C, § 933(a)(1), 97 Stat. 650; Oct. 30, 1984, P. L. 98-557, § 19(14), 98 Stat. 2870.)

HISTORY; ANCILLARY LAWS AND DIRECTIVES

Effective date of section:

Act Sept. 24, 1983, P. L. 98-94, Title IX, Part C, § 933(b), 97 Stat. 650, provided that this section shall take effect on October 1, 1983.

Amendments:

1984. Act Oct. 30, 1984, in subsec. (a)(1), substituted "other administering Secretaries" for "Secretary of Health and Human Services".

Other provisions:

Demonstration projects to evaluate cost-effectiveness of chiropractic care. Act Oct. 19, 1984, P. L. 98-525, Title VI, Part D, § 632(b), 98 Stat. 2543, provided: "The Secretary of Defense, in consultation with the Secretary of Health and Human Services, shall conduct demonstration projects under section 1092 of title 10, United States Code [this section] for the purpose of evaluating the cost-effectiveness of chiropractic care. In the conduct of such demonstration projects, chiropractic care (including manual manipulation of the spine and other routine chiropractic procedures authorized under joint regulations prescribed by the Secretary of Defense and the Secretary of Health and Human Services and not otherwise prohibited by law) may be provided as appropriate under chapter 55 of title 10, United States Code [10 USCS §§ 1071 et seq.]."

§ 1093. Restriction on use of funds for abortion

Funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term.

(Added Oct. 19, 1984, P. L. 98-525, Title XIV, § 1401(e)(5)(A), 98 Stat. 2617.)

HISTORY; ANCILLARY LAWS AND DIRECTIVES

Effective date of section:

Act Oct. 19, 1984, P. L. 98-525, Title XIV, § 1404, 98 Stat. 2621, which appears as 10 USCS § 520b note, provided that this section shall take effect on Oct. 1, 1985.

Other provisions:

Prior appropriation acts. Provisions similar to those comprising this section were contained in the following prior appropriation acts: Oct. 12, 1984, P. L. 98-473, Title I, § 101(h) [Title VIII, § 8044], 98 Stat. 1904, 1931; Dec. 8, 1983, P. L. 98-212, Title VII, § 751, 97 Stat. 1447; Dec. 21, 1982, P. L. 97-377, Title I, § 101(c) [title VII, § 755], 96 Stat. 1833, 1860; Dec. 29, 1981, P.L. 97-114, Title VII, § 757, 95 Stat. 1588; Dec. 15, 1980, P.L. 96-527, Title VII, § 760, 94 Stat. 3091; Dec. 21, 1979, P.L. 96-154, Title VII, § 762, 93 Stat. 1162; Oct. 13, 1978, P.L. 95-457, Title VIII, § 863, 92 Stat. 1254.

§ 1094. Licensure requirement for health-care professionals

- (a)(1) A person under the jurisdiction of the Secretary of a military department may not provide health care independently as a health-care professional under this chapter [10 USCS §§ 1071 et seq.] unless the person has a current license to provide such care.
- (2) The Secretary of Defense may waive paragraph (1) with respect to any person in unusual circumstances. The Secretary shall prescribe by regulation the circumstances under which such a waiver may be granted.
- (b) The commanding officer of each health care facility of the Department of Defense shall ensure that each person who provides health care independently as a health-care professional at the facility meets the requirement of subsection (a).
- (c)(1) A person (other than a person subject to chapter 47 of this title [10 USCS §§ 801 et seq.]) who provides health care in violation of subsection (a) is subject to a civil money penalty of not more than \$5,000.
- (2) The provisions of subsections (b) and (d) through (g) of section 1128A of the Social Security Act (42 U.S.C. 1320a-7a) [42 USCS § 1320a-7a(b), (d)-(g)] shall apply to the imposition of a civil money penalty under paragraph (1) in the same manner as they apply to the imposition of a civil money penalty under that section, except that for purposes of this subsection—
 - (A) a reference to the Secretary in that section is deemed a reference to the Secretary of Defense; and
 - (B) a reference to a claimant in subsection (e) of that section is deemed a reference to the person described in paragraph (1).
- (d) In this section:
 - (1) "License"—
 - (A) means a grant of permission by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States to provide health care independently as a health-care professional; and
 - (B) includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that

60. Div A, Title VII, Subtitle B, § 712(b), lays after the end of the 180-day period the first uses the authority provided amended by subsection (a)(1)), the

provided by the Secretary to individuals act under such section during that period; such compensation exceed the amounts iduals in such medical specialties; of individuals serving in military medical t to such a contract; and air medical specialties) who are receiving ount in excess of the maximum amount was in effect on the day before the date of

ng to delivery of health and medical care

75 AND DIRECTIVES

th care in catchment areas and other .00-180, Div A, Title VII, Part C, § 731.

ense shall conduct projects designed to ystem described in subsection (b). Each ch project. The projects— able, and continue for not less than two

within one catchment area of a medical

number and location of demonstration sites h projects will likely be representative of

alternative health care delivery system demonstrate is a system under which the services is responsible for all funding and he catchment area of the facility. The system, for any scope of coverage, he

the Secretary of Defense also shall for the purpose of demonstrating the military health care system. The accordance with this subsection.

ation project (Solicitation No. MDA906-

own as PRIMUS and NAVCARE. t, if a contract is awarded as a result of licitation No. MDA903-87-R-0047). roject, to be implemented by amending contracts with fiscal intermediaries in a to demonstrate a managed health care ch as utilization review, pre-admission ing for care on a discounted basis, and

tion projects described in subsection (a). duty beneficiaries in the catchment area nstrates a managed health care network. enactment of this Act, the Secretary of ed Services of the Senate and the House dline and discussion of the manner in uct each demonstration project required

ethodology to be used in evaluating the der this subsection. The Secretary shall he Senate and House of Representatives 30 days after the development of the

"(5) Each project required under this subsection shall begin during fiscal year 1988 (or shall continue in the case of a project begun before fiscal year 1988).

"(6) The Secretary of Defense shall evaluate the demonstration projects required under this subsection, using the methodology developed under paragraph (4), as alternatives to methods of providing health care under the military health care system.

"(d) Authority. For purposes of carrying out this section, the Secretary of Defense may delegate the authority given in sections 1079, 1086, 1092, 1097, 1098, and 1099 of title 10, United States Code.

"(e) Reports. (1) The Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives—

"(A) an interim report on each demonstration project described in this section after such project has been in effect for at least 12 months; and

"(B) a final report on each such project when each project is completed.

"(2) Each report shall include—

"(1) a description of any results of the demonstration project;

"(2) a comparison of the costs of providing health care under the system used in the demonstration project with the costs of providing health care under CHAMPUS and under other alternative health care delivery systems; and

"(3) an analysis and evaluation of the benefits of incorporating the health care management techniques demonstrated by the project into the military health care system as it exists at the time of the report or into such health care system in conjunction with any other health care delivery systems which have been or are being studied under another demonstration project.

"(f) Definitions. In this section:

"(1) The term 'catchment area' means the area within approximately 40 miles of a medical facility of the uniformed services.

"(2) The term 'CHAMPUS' has the meaning given such term by section 1072(4) of title 10, United States Code.

"(3) The term 'covered beneficiary' means a beneficiary under chapter 55 of title 10, United States Code."

§ 1093. Restriction on use of funds for abortion

HISTORY; ANCILLARY LAWS AND DIRECTIVES

Other provisions:

Privately funded abortions at military hospitals. Pres. Mem. of Jan. 22, 1993, 58 Fed. Reg. 6439, provides:

"Memorandum for the Secretary of Defense

"Section 1093 of title 10 of the United States Code prohibits the use of Department of Defense ('DOD') funds to perform abortions except where the life of a woman would be endangered if the fetus were carried to term. By memoranda of December 21, 1987, and June 21, 1988, DOD has gone beyond what I am informed are the requirements of the statute and has banned all abortions at U.S. military facilities, even where the procedure is privately funded. This ban is unwarranted. Accordingly, I hereby direct that you reverse the ban immediately and permit abortion services to be provided, if paid for entirely with non-DOD funds and in accordance with other relevant DOD policies and procedures.

"You are hereby authorized and directed to publish this memorandum in the Federal Register."

§ 1094. Licensure requirement for health-care professionals

(a), (b) [Unchanged]

(c)(1) [Unchanged]

(2) The provisions of subsections (c) and (e) through (h) of section 1128A of the Social Security Act (42 U.S.C. 1320a-7a) [42 USCS § 1320a-7a(c), (e)-(h)] shall apply to the imposition of a civil money penalty under paragraph (1) in the same manner as they apply to the imposition of a civil money penalty under that section, except that for purposes of this subsection—

(A), (B) [Unchanged]

(d) [Introductory matter unchanged]

(1) The term "license"—

(A), (B) [Unchanged]

(2) The term "health-care" means a physician, dentist, clinical psychologist, or nurse and any other person providing direct patient care as may be designated by the Secretary of Defense in regulations.

(As amended Nov. 14, 1986, P. L. 99-661, Div A, Title XIII, Part E, § 1343(a)(5), 100 Stat. 3992; Nov. 29, 1989, P. L. 101-189, Div A, Title VI, Part F, § 653(e)(1), Title XVI, Part C, § 1622(e)(3), 103 Stat. 1463, 1605.)



STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
DONALD E. WILLIAMSON, M.D. • STATE HEALTH OFFICER
CENTER FOR HEALTH STATISTICS
DOROTHY S. HARNIBARGER • DIRECTOR

March 4, 1995

Ms. Beth Nolan
Associate Counsel to the President
The White House
Washington, D.C. 20500

Dear Ms. Nolan:

At the request of Henry W. Foster, M.D., I have examined birth certificates filed in the Center for Health Statistics in the Alabama Department of Public Health for births that occurred in Macon County, Alabama on May 18, 19, and 20, 1969. While information on the individuals whose births occurred on those days is confidential, information on the attendant at birth can be released upon the request of that attendant.

In examining the paper certificates for the births, I found several documents that had what appeared to be the time of birth typed in the margin outside of the standard form. For the dates requested, the following birth certificates were found that had a stamped signature of Henry W. Foster, M.D., as the attendant at birth:

One birth on May 18 showing the time as 12:38PM

Two births on May 19 showing the times as 3:33AM and 9:17PM

Two births on May 20 showing the times as 1:32AM and 3:18PM

All of the births giving Henry W. Foster, M.D., as the attending physician occurred at Tuskegee Institute in John A. Andrew Hospital.

In addition, there was another birth occurring on May 19, 1969, at Tuskegee Institute, but the original certificate of birth for this event has been replaced by a new certificate of birth after a legal action to the record. The new certificate gives an

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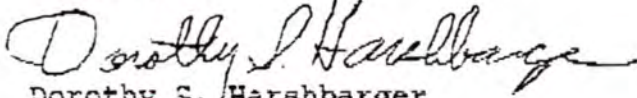
Physical Location
Normandale Mall
512 E. Patton Avenue
Montgomery, Alabama 36111

March 4, 1995
Ms. Beth Nolan
Page 2

abstract of the information, and does not show the attendant at birth. The original certificate of birth has been placed in a sealed file that can only be opened by an order from a court of competent jurisdiction. While the attendant at birth will probably be shown on the original certificate, the time will most likely not be shown since the margins were usually cut off when the paper records were replaced in the files. I would need a court order to open and look at that record to determine who attended the birth.

If you have questions or need additional information, please call me at (334)613-5426.

Sincerely,


Dorothy S. Harshbarger
State Registrar and Director

Post-It™ brand fax transmittal memo 7671

of pages 2

615 356 6616

P.3

To <i>John Podesta</i>	From <i>Ann Lewis</i>
Co.	Co.
Dept.	Phone #
Fax #	Fax #

MINORS' RIGHTS - ABORTION
 *** = New Developments

injunction. The court found that the possibility that the proceeding could take 23 days from filing of the waiver petition to final decision on appeal endangered minors' health. It also found that the requirement that the minor's petition be notarized and that notaries keep logs open for public inspection with names of affiants unduly breached confidentiality. However, the court upheld a provision that parents may attend, but not participate in, the waiver hearing. 656 F. Supp. 879.

Tennessee

*** Planned Parenthood Association of Nashville v.

Current
Ask Beth Otten in legal re current status
McWherter (II), No. 92C-1672 (Davidson Cty. Court filed July 14, 1992). Challenge to Tennessee law making it a felony to perform an abortion on an unmarried woman under 18 years of age unless notice has been given to her parents or guardians two days prior, or unless it is necessary to perform the abortion sooner to preserve her life or health. On July 31, 1992, the court issued a temporary restraining order against enforcement of the law. A parallel suit challenging the law is pending in another Tennessee court. Jane Emancipation v. McWherter, No. 92-2221-II (Davidson Chancery Ct. filed July 17, 1992) (originally filed in Knox County Chancery Court, as No. 114118-2 July 14, 1992). The attorney general has served official notice upon the legislature of his intent not to defend the constitutionality of the statute.

*** Planned Parenthood of Nashville v. McWherter, 716 F. Supp. 1064 (M.D. Tenn. 1989). Challenge to Tennessee law requiring consent of both parents to minors' abortions. The court declared

The one the Post is on to.

FEB.14 '95 4:48PM PLANNED PARENTHOOD

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P.4

MINORS' RIGHTS - ABORTION
*** = New Developments

the law unconstitutionally vague, because the exception which allowed physicians to dispense with the consent of a parent not available "in a reasonable time and manner" failed to give the physician notice of when s/he would be criminally liable for failure to obtain parental consent. The court also found that the statute's judicial bypass failed to guarantee confidentiality and sufficient expedition and that the statute would likely be unconstitutional on this basis also, but that the court need not reach this issue as the statute was so clearly void for vagueness.

On appeal, the Court of Appeals for the Sixth Circuit certified to the Tennessee Supreme Court the state law question of whether the parental consent law was impliedly repealed by a parental notification law subsequently enacted by the Tennessee legislature. The Tennessee Supreme Court held that it was, 817 S.W.2d 13 (1991), and therefore the federal appeals court ordered the case dismissed. The notice law is the one being challenged in Planned Parenthood v. McWhorter II and Jane Emancipation, above.

Utah

H. L. v. Matheson, 450 U.S. 398 (1981). The Supreme Court upheld a Utah law requiring parental notification to a minor's "parents or guardian" of her abortion, with no judicial bypass provision. The Court confined its holding to the situation of the plaintiff, who made no claim as to her maturity or her relationship with her parents.

PLANNED PARENTHOOD OF MIDDLE TENNESSEE
95 WHITE BRIDGE ROAD, SUITE 312
NASHVILLE, TENNESSEE 37205
PHONE (615) 353-0755
FAX (615) 356-6616

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SPECIAL

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February 15, 1995

To: Ann Lewis

From: Elena Love

Subject: the PPMT-Vanderbilt research project

Ann, as requested, here is the listing of the Vanderbilt University Board of Trust for the time period when the fetal tissue research project was approved.

If we want the names of the members of Vanderbilt's IRB committee during that time period, that information is available, but it involves calling Julia Morris at 615-936-0324. I will not make that call unless I hear from you.

Dr. Foster was present at a Board meeting at which the proposed project was discussed. He was not present at the Board meeting when the membership voted to participate in the research project.

I have included minutes from an executive committee meeting at which the proposed project was discussed in some detail. Dr. Foster was not a member of the PPMT executive committee.

Planned Parenthood of Middle Tennessee's participation in the fetal tissue research project with Vanderbilt was approved by PPFA.

As I said when we spoke the other day, I am sending you this information as a risk management strategy. Maybe, if the PPFA reinvention strategy doesn't "save" us, I can get a job at the White House doing deep research on potential surgeon generals!

Let me know if we can be of any additional help.



1995-96

Vanderbilt University Board of Trust

E. BRONSON INGRAM, *President of the Board, Nashville*
 THOMAS R. FRIST, JR., *Vice-President, Nashville*
 THOMAS B. WALKER, JR., *Vice-President, Dallas*
 KENNETH L. ROBERTS, *Secretary, Nashville*
 JOE B. WYATT, *Chancellor of the University*

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MIRIAM MCGAW COWDEN ^L Nashville, TN	DELBERT MANN ^L Los Angeles, CA	DAVID K. WILSON ^L Nashville, TN
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M. PATRICK FITCH ^A Dothan, AL	JUDSON G. RANDOLPH Nashville, TN	

^L Life member
^A Associated by Alumni Association

DETERMINED TO BE AN ADMINISTRATIVE

MARKING INITIALS: PB DATE: 5/31/18

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PLANNED PARENTHOOD OF MIDDLE TENNESSEE
BOARD OF DIRECTORS MINUTES
11/11/93

PRESENT: Beth Huff, Kerry Eason, Trudy Byrd, Donna Eskind, Iris Buhl, Evelyn Richmond, Larry St. Cyr, Mel Barnes, Sharon Bell, John Bridges, Toni Folgesong, Walter Harrelson, Elise McMillan, David Ragosin, Donna Culver, Elwyn Grimes, Esther Cohn, Dianne Gilbert

STAFF: Elena Love, Carole Cunningham, Ron Beaver

The meeting was called to order at 5:05.

The minutes from the October 6 Board meeting were approved as mailed.

The financials were reviewed. AB activity was up for the month of September. Family Planning revenues were less than budgeted due to patient volume at 21st. Grant was less than budgeted. The agency has applied for a Public Welfare Grant for a fee-for-service clinic.

The financials were approved and accepted.

EXECUTIVE DIRECTOR'S REPORT

Elena Love has written to David Manning, State Commissioner of Finance and Administration, asking for his guidance, support and advice in relation to TennCare.

Elena reported on her trip to Dallas with Carole and Ron. They went to look at a model for the fee-for-service clinic. Next week two staff members from the Dallas affiliate are coming to Nashville to work with the entire clinic staff. Everyone on the clinic staff will be trained to be family planning assistants. The clinic will move to an appointment based system rather than a walk in system.

Elena reduced the staff today by five people whose position have been eliminated. The positions are Medical Assistant, Counseling Coordinator, Teen Clinic Office Manager, Telephone Appointment Counselor, and Recovery Room Nurse.

Elena attended the PPFA national meeting in Los Angeles and found it to be very important. She submitted a written report on the meeting.

Elena, Ron and Carole have been talking with Margaret Major with the State Department of Health, reevaluating the continuation of a grant relationship. It may be better to maintain the grant relationship for teen related services and give the one up for adult related services.

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MARKING INITIALS: OB DATE: 5/31/18



The D.B. Todd location is not consistent with the fee for service model across the country. We're planning to do marketing in order to attract patients. Contingency plans are being developed so that we can maintain clinic services.

Elena asked Dianne to form an Ad Hoc Committee on Health reform.

Dianne commended Elena, Carole, and Ron for their remarkable efforts over the past few months. She also said that if the agency loses funding because of TennCare, the Board needs to take responsibility for finding new funding sources.

Larry St. Cyr said that based on the worst case scenario, the agency could lose \$140,000 by the end of June and be running a \$6,000 - \$10,000 per month deficit at that time.

RESEARCH PROJECT WITH VANDERBILT

Dr. Brigid Hogan, Vanderbilt researcher has asked permission to come to the PPMT clinic to use the products of conception for her research project. She is looking for a single stem cell found on the side in the fetus that can be used to grow other tissue such as bone and skin tissue. The aborted fetus has to be in the first trimester and there are not enough available at Vanderbilt.

The patient would receive a fact sheet about the program and would have to give her consent ahead of time in order to participate. Dr. Hogan would be there to answer any of the patients questions. PPFA has reviewed this and given their consent. After much discussion, a motion was made and accepted to approve the project.

LONG RANGE PLANNING

Iris Buhl reported that the agency met about half of the goals approved by the Board last year. It was a difficult year in part because during the year, the agency had three clinic directors. Carole was only at the agency for the last two weeks of this fiscal year. Shelby Tabeling has four areas under her and has one part time assistant. Iris commended the staff for the job they have done. A motion was made to accept the FY '93 Evaluations and accepted.

Iris presented the FY '94 objectives. A motion was made and accepted to approve the FY '94 objectives.

A tentative date of January 9, 1994 has been set for a board retreat for the establishment of goals.



BUILDING AND PLANNING

Elise McMillan reported that we will be moving from 21st to D.B. Todd the first week in December.

The sprinkler system that we have to put in at D.B. Todd will cost \$42,000.

CLIENT SERVICES

Beth Colvin Huff reported that more volunteers are needed in the AB clinic and in filing lab reports. She has contacted the Knowles Senior Citizens Center, the Vanderbilt School of Nursing and Medical School for possible volunteers.

Regan Kudlata has resigned and the agency is looking for a new nurse practitioner.

DEVELOPMENT

The committee has met and is moving ahead with their objectives. There will be a year end mailing to the entire data base. The board was asked to sign and stuff letters next week.

Evening with the Stars has collected \$28,700 to date. The evening will be dedicated to the memory of Evie Davis.

EDUCATION COMMITTEE

Esther Cohn reported on an Education Department sponsored training for professional makes which will be held on Wednesday December 8, and entitled "Boys to Men". Toward make responsibility and sexual health. There will be a TSU sponsored fair at Pearl Cohn on December 8. PPMT has been asked to have a booth that day and volunteers are needed for the booth.

PUBLIC AFFAIRS

David Ragosin reported the committee met on November 3. They are geared up to work with the legislature when more information on TennCare is available.

The board was asked to call their legislators and urge them to support the FACE (Freedom of Access to Clinic Entrances) bill and to vote against all amendments to that bill.

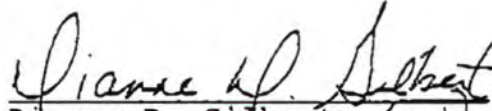
**PUBLIC RELATIONS**

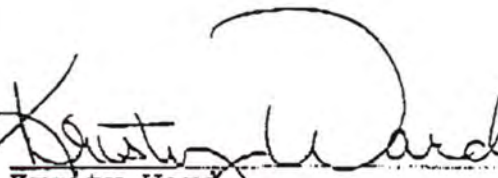
Donna Culver said that the PR Committee will begin marketing now that the move is about to take place.

She has asked Ingram Industries for 8 computers.

The meeting adjourned at 7:20 P.M.

Respectfully submitted,


Dianne D. Gilbert
President


Kristy Ward
Administrative Assistant

MINUTES OF BOARD OF DIRECTORS
OF

PLANNED PARENTHOOD ASSOCIATION OF NASHVILLE, INC.

April 1, 1993 at 11:20 a.m.

Members Present: Sandy Kuckler, Janet Lubow, Donna Eskind, Esther Cohn, Howard Stringer, Irwin Venick, Dianne Gilbert, Sharon Bell, Walter Harrelson, Brenda Batey, Kerry Eason, Iris Buhl, Sherry Hubler, Larry St. Cyr, Elise McMillian, Cherie Hamilton, Gray Thornburg, Kathy Cheatham, Henry Foster, M.D., Donna Culver, Bea Thompson and Vickie Williams.

Advisory Board
Members Present: Nancy Ransom, Berdelle Campbell and Edie Bess.

Absent: Toni Foglesong, Dr. Stephanie Bailey, Susan Bass, Dr. Bruce Beyer, Warren Moore and Jan Ryan.

Staff: Elena Love and Sandy Butters.

The meeting of the Board of Directors of Planned Parenthood Association of Nashville was called to order by President Dianne Gilbert at 11:20 a.m.

Dianne welcomed Advisory Board members, Berdelle Campbell, Edie Bess and Nancy Ransom. Dianne also welcomed to the Board, as its newest member, Howard Stringer. The Minutes of the last meeting were read and amended to note that Walter Harrelson was not present. Upon motion duly made and seconded, the Minutes as amended, were approved.

Larry St. Cyr presented the Financial Report. As presented, the Financial Report did not disclose any significant changes. Budget projections seemed to be in line and all trends are apparent. Mr. St. Cyr noted that Norplant revenue has not been as high as anticipated. Dr. Foster's observation has been that clients seem to prefer Depovera which is now available at Meharry Medical College. Although revenue remains under budget, expenses are also under budget leaving us with a positive cash flow for the year. Upon motion duly made and seconded, the Financial Report was accepted.

Dianne Gilbert also reported on the budgeting process. All committees and staff are in the process of preparing information to be included in the budget. A timetable with staff and committee

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MARKING INITIALS: DB DATE: 5/31/98

assignments has been put into place and seems to be working properly. Dianne requested that all board members review the timetable and be clear on their respective responsibilities.

President Dianne Gilbert reported that a letter was received from Nation's Bank proposing a conversion of the existing line of credit to a mortgage. Finally, President Dianne Gilbert presented a resolution to be approved by the Board from Merrill Lynch authorizing the opening of a Merrill Lynch cash account. This was necessitated by virtue of a gift of stock that was given to Planned Parenthood, but held through Merrill Lynch. A motion was made to approve the resolution on condition that there were no fees chargeable to Planned Parenthood for opening the account. Upon motion duly made and seconded, the motion was approved.

Elena Love presented the Executive Director's Report. Elena reported that she had met with new Board member, Howard Stringer, and Raymond Zimmerman to seek their assistance in identifying a location for a fee-for-service clinic. She was very appreciative of the assistance provided by both Mr. Stringer and Mr. Zimmerman and looks forward to a successful resolution of this search. Elena then reported an incident at the Center Clinic regarding an anonymous phone call from an anti-choice advocate. Nothing occurred as a result of the phone call.

With respect to medical incidents, the Medical Committee is going to commence a risk management survey by securing details on all medical incidents involving Planned Parenthood patients. Once this information is gathered, the Medical Committee will conduct a thorough review and make recommendations to the Board and the Medical Director to improve risk management control.

Elena then asked Elise McMillan to give an update on Vanderbilt. Elise reported that negotiations continued with Vanderbilt to coordinate the Certificate of Need process for the relocation of surgical services. She reported that everyone with whom she has spoken with at Vanderbilt wants to work with Planned Parenthood. It is hoped that a successful resolution in these negotiations will occur shortly.

Finally, Elena reported on a proposal presented by Dr. Brigid Hogan from Vanderbilt to conduct research at Planned Parenthood. She reported that Federation policy requires that a detailed plan on all scientific research must be submitted to PPFA for its review and consideration. Upon motion duly made and seconded, it was moved that additional information should be sought regarding the research proposal pending additional information on research activities from Planned Parenthood Federation of America. ✓

President Dianne Gilbert made a number of announcements. First, she wanted to thank Gray Thornburg and all other individuals who provided assistance with respect to the open house for the D.B.

Todd facility. Secondly, she announced that Planned Parenthood Federation of America was sponsoring a special trip to Russia to visit PPFA clinics. Berdelle Campbell spoke of a recent visit she made and another which she planned to take.

Dianne Gilbert reported that Susan Bass has requested a temporary leave of absence from the board because of a potential conflict of interest arising from litigation which her firm may be involved in. Upon motion duly made and seconded, the leave of absence request was approved.

Finally, Dianne Gilbert requested that all nominations for potential board members be forwarded to Cherie Hamilton, Chair of the Nominating Committee.

There being no further business, the meeting was adjourned at 1:00 p.m.

Irwin Venick, Secretary

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Planned Parenthood Association of Nashville
Executive Committee Meeting, March 23, 1993

Board Members Present: Diane Gilbert, Donna Eskind, Cherie Hamilton, Irwin Venick
Staff Present: Elena Love, Sandy Butters
Guest: Dr. Peter Cartwright

The meeting began with the review and acceptance of the last meeting's minutes.

Next, Dr. Peter Cartwright presented information about a research project being sponsored by Vanderbilt University. The lead scientist on the project, Dr. Brigid Hogan (from the dept. of cell biology/molecular embryology), is seeking PPAN participation in the project.

Dr. Hogan focuses on fetal tissue research. Her work to date has involved selecting cells from mouse embryos before those cells differentiate. Following the collection of these embryonic cells, Dr. Hogan has been able to manipulate them to produce specific types of cells, eg. muscle cells, bone cells, etc.

Now, Dr. Hogan wants to apply the technology that has been successful with mice to human embryonic tissue. She needs cells from embryos of 8-12 weeks gestation. This is why she has approached PPAN.

As described by Dr. Cartwright, the proposed plan would be for Dr. Hogan to be present while Dr. Cartwright examines the products of conception (POC) from patients who meet the established criteria (8-12 weeks' gestation, multiparae). Using a special microscope (she would bring with her), Dr. Hogan would examine the POC in an attempt to locate and remove the desired cells. The remainder of the POC would be disposed of per PPAN protocol.

Other important information.

1. Patients who were determined by Dr. Cartwright to be

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appropriate for the project would be counseled about the research and would sign a consent form before participation.

2. This is designed as a short-lived project. Dr. Hogan's intent is to determine whether or not her technique can produce the desired outcome. If it can, she plans to turn the project over to a company that would use the results of her research for its own purposes. Her interest is purely scientific.

3. This project has already been approved by Vanderbilt's research committee (IRB). Vanderbilt will be contributing fetal tissue. However, the number of patients (who meet the selection criteria) Vanderbilt can offer is few, in comparison with the number needed for the project.

4. The abortion technique and the abortion procedure would not be altered. In other words, the patient's surgical experience would in no way be changed by participation in this research project. Dr. Cartwright expressed that he has no interest in participating in a fetal tissue research project that would in any way negatively impact the surgical experience of the patient.

Following this presentation, the committee discussed the implications for PPAN of involvement in a fetal tissue research project at this time (considering such things as our pursuit of a CON).

The expressed sentiment of the members of the Executive Committee was that the project sounds like it has substantial medical merit. The group felt that it is a project we would want to be involved in, IF the timing is right. Concern was expressed that the timing presently is not right, given our current involvement in the CON process.

The committee asked Dr. Cartwright if Dr. Hogan would still be interested in our participation if we delayed participation until we receive the CON. He said that he thought that she would still be eager for us to be involved.

The outcome of this discussion was to bring a recommendation to the Board to consider participation in the Vanderbilt fetal tissue research project following our successful securing of a CON. Further, the committee recommended that we begin the process required by PPFA for affiliate participation in a scientific research project. The reasoning here was that this process would take several months, and that that timing would be a good fit with the time we need to obtain the CON.

Next, Sandy Butters presented the PPAN February financial report. The committee accepted the data as presented.

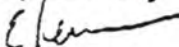
Following this discussion, the committee heard an update from Elena Love about the status of our pursuit of the CON. The application was developed and delivered on time. Feedback from the CON folks is that the application packet was well done. Now we wait until the June 23rd hearing date.

Elena discussed concern that we have learned that any opposition we might have to our CON can be "heard" until August 2. That schedule puts us in jeopardy, in terms of our negotiations through Vanderbilt with the ROTC, and in terms of our lease expiration date, October 31. Elena, Diane and Elise continue to work on this problem daily.

Elena also reported that Henry Delicata has informed us that he is interested in relieving us of several months' rent, if that gesture will enable us to speed up our construction process. The ROTC is anxious to move before the FALL term. The theory here is that we could accelerate our construction schedule (which Logan Wright says is fine) if we are willing to pay extra for overtime hours. The financial relief of our rent would be applied to the expenses associated with this acceleration.

As Elena pointed out, the timetable for people to protest PPAN's right to a CON is in direct conflict with Vanderbilt's push for us to accelerate our construction schedule. More to come.

Respectfully submitted,


Elena Love

DRAFT

DR. HENRY FOSTER AND HIS RECORD ON ABORTION

Dr. Henry Foster is one of the nation's leading physicians and medical educators. During his 38-year career as an obstetrician/gynecologist, he has delivered thousands of babies and instructed hundreds of young physicians. From 1990-93, Dr. Foster served as the Dean, School of Medicine, Meharry Medical College in Nashville, after having served as the Chairman of the Department of Obstetrics and Gynecology and Chief of the Obstetrics Unit of the Hubbard Hospital for seventeen years. Before coming to Meharry, Dr. Foster served as the Chief of Obstetrics and Gynecology at the John A. Andrew Memorial Hospital at Tuskegee Institute, Alabama, where he also established and was the Director of the Maternity and Infant Care Project. In these programs and through the creation of the "I Have a Future" Program in lower-income areas of Nashville, Dr. Foster has worked to prevent unwanted pregnancies.

Much debate over the nomination of Dr. Foster to be Surgeon General of the United States has centered on the issue of abortion. Critics charge that Dr. Foster has promoted abortion, provided misleading accounts of his abortion practices, and has encouraged the development of drugs for abortion. This paper examines Dr. Foster's views on abortion, his practices, and his participation in a nationwide clinical trial funded by the Upjohn Company.

I. Statements and Writings

Critics contend that Dr. Foster has encouraged the use of abortion as a contraceptive and has promoted abortion in his speeches, writings and activities such as Planned Parenthood.

Dr. Foster has consistently advocated greater access to maternal and child health care, particularly for low-income communities. He also has encouraged both abstinence, as in the "I Have a Future" program, and family planning where appropriate.

However, he has explicitly disavowed the use of abortion as a contraceptive. In a 1975 presentation entitled "Family Planning and the Black Community," Dr. Foster voiced his belief that women should use birth control measures to prevent unwanted pregnancies, rather than rely on abortions.

Dr. Foster also has consistently supported adequate counseling for patients who are considering pregnancy termination. He has vocalized the need for informed consent for a patient to make this personal decision. As the account of one

former patient demonstrates, Dr. Foster has in fact counseled women not to terminate their pregnancy. [attach article?]

Dr. Foster's association with Planned Parenthood demonstrates his belief that Roe v. Wade struck an appropriate balance between the state's interest in health and the patient's interest in making a decision about her pregnancy. Dr. Foster has repeatedly voiced his concern that women be afforded their constitutional right to choose whether or not to terminate their pregnancies. He has stated that "abortions should be safe, legal and rare." In a speech to Planned Parenthood in 1984, Dr. Foster argued against overly burdensome state-imposed barriers to access to abortion, because they would have encouraged resort to unsafe, clandestine abortions.

Thus, an examination of Dr. Foster's statements, writings, and activities shows that he has supported access to abortion, but has not promoted the procedure as a substitute for abstinence, education or family planning.

II. Participation in Abortions

Dr. Foster has admitted that he made a mistake by guessing the number of abortions he performed without first consulting the medical records. To rectify that problem, he asked Meharry Medical College to search its records to determine the number of abortion procedures that he performed or participated.

As the attached letter from the General Counsel of the Meharry Medical College states, Meharry Medical College/Hubbard Hospital searched its records and found that Dr. Foster had performed or participated in 39 abortions during his tenure from 1973-1990. It should be noted that this period includes the entire post-Roe v. Wade era. Additionally, Meharry Medical College records indicate that for approximately three-quarters of these 39 patients, another physician or resident participated in or performed the abortion procedure.

The John Andrew Memorial Hospital in Tuskegee Institute has been closed for several years and records covering Dr. Foster's tenure were not available for a search.

III. Medical Research and the Upjohn Study

During the 1980's, the Upjohn Company sponsored an FDA-approved, multi-center clinical trial throughout the country to determine the safety and efficacy of a drug--methyl ester prostaglandin--for use in inducing abortions. Upjohn's study tested whether administering this drug in a suppository form could provide a safe and less expensive way of performing a legal, medically accepted procedure.

While Chairman of the Department of Obstetrics and Gynecology at Meharry Medical College and Hubbard Hospital, Dr. Foster served as the principal investigator for the Meharry site, one of numerous sites for the Upjohn study throughout the country. The clinical trial at the Meharry site was part of a research project conducted in an academic setting. All medical procedures were performed in the university hospital. All patients were volunteers who were legally approved for pregnancy termination in the State of Tennessee.

The clinical trial at the Meharry site was subjected to outside oversight and review. FDA regulations require that an institutional review board review and approve all clinical trials such as the Upjohn study. FDA regulations at the time required that the institutional review board consist of lay persons of various expertise and backgrounds. The Meharry site had such institutional review panels overseeing the Upjohn study.

Dr. Foster served as the principal investigator or grant administrator for the Meharry site. Residents administered the suppositories. As grant administrator, Dr. Foster did have certain responsibilities. FDA regulations specify that the duties of the investigator include ensuring the consistency of the investigation with the FDA-approved plan and applicable regulations, ensuring proper procedures are followed as well as protecting the rights, safety and welfare of those taking part in the clinical trial.

Dr. Foster published in 1985 an article summarizing the results of the administration of the Upjohn product to a group of 60 women who were eight or fewer weeks' pregnant. As discussed in the article, the study criteria for success included safety, efficacy and patient acceptability. Fifty-five of the women had successful results measured by these criteria; four women required hospitalization and follow up procedures. One woman withdrew from the study.

Dr. Foster's work as the principal investigator for the Meharry site was consistent with his responsibilities as Department Head to allow opportunities for research into methods for improving legal, medically accepted procedures. Such research projects also are consistent with the standards for accreditation of medical schools. Guidelines published by the Accreditation Council for Graduate Medical Education state:

The quality of the educational experience within a department of obstetrics and gynecology is enhanced by an active research environment. It is highly desirable that every program encourage each resident to be involved in a research project.

Additionally, these guidelines provide that teaching staff should take part in scholarly activity, including research projects that result in publications.

As a postscript, it is worth noting that Upjohn eventually determined not to seek FDA approval for the drug that was the subject of the study.

DRAFT

ABORTION Q & A

MESSAGE:

I am proud of my life and the choices I have made. My 38 year career as a doctor has been about bringing life into this world and helping our nation's youth achieve their full potential. I am not about abortion, although I believe strongly in a woman's right to choose. I believe abortion should be safe, legal, and rare. I have dedicated my life to trying to make sure none of my patients ever has to have an abortion.

I am also proud of my life-long record of integrity. In the 1970s, I was appointed to the Ethics Advisory Board of the Department of Health by Secretary Califano. I am currently serving my second term on the Ethics Committee of the Nashville Academy of Medicine -- a position that has to be voted on by my peers who have seen my every professional move for 20 years. When I first came to DC, I made a mistake which I sincerely regret by guessing in response to a question. I should have known I couldn't remember a 38 year career off the top of my head and I again apologize.

- I have dedicated my life to ensuring that none of my patients ever has to face that decision. When we discuss abortion, we enter the debate too late. We are already discussing a child that is not wanted. I want to get to teenagers before they have sex, before they get pregnant. My program for teens in Nashville's housing projects stresses abstinence and gives the teens positive options for their future so they delay sex and delay parenting until a more appropriate time.
- I believe in a woman's right to choose and think that a woman and her doctor -- not the government and not politicians -- should make these difficult decisions.
- I believe that abortion should be safe, legal, and rare. Safe and legal, because -- as a physician -- I've had to deal with the consequences of botched, back-alley abortions. Rare, because I believe in preventing unwanted pregnancies in the first place.

NUMBERS / CREDIBILITY

Q: *How many abortions have you performed? Why do the numbers keep changing?*

- Let me explain what happened. When I first started this process, I was asked, in the middle of a casual conversation whether I had ever performed an abortion. I said that I had and the one that I remember in particular involved a woman with AIDS. We went on to other subjects. A couple days later, I was asked if I had performed more than one abortion. I answered, "Yes. Most ob/gyns who have been practicing for as long as myself have performed abortions, which is a legal medical procedure." They asked me how many. And that's where I made a big mistake, Senator. I guessed. I relied on my memory from 38 years of medical practice and I was wrong. I regret that.
- Let me now be clear. So that I could give you a final, correct answer, I asked that the medical records from my twenty two years at Meharry Medical College be checked. Since I joined the staff of Meharry in 1973, I have been listed as the physician of record on 39 abortions.

Q: *What about before that? Did you perform any abortions at Tuskegee?*

- John A. Andrew Hospital -- where I worked while I was at Tuskegee -- did not provide abortion services. Our obstetrics department was not about abortion. In fact, we had a hard time getting women in for prenatal care or to deliver their children. Most women did not come to us until late in the pregnancy and then if there was a problem.
- The only occasion where we would do a pregnancy termination was in a life threatening situation.
- I remember one occasion where this was necessary. A woman who had Meigs syndrome was rushed into the hospital in a traumatic state. She was dying and we rushed her into surgery. I had to perform an emergency hysterectomy to save her life. We discovered afterwards that she was in the early stages of pregnancy. I didn't think then and don't think now that was an abortion. It was an unfortunate termination of a pregnancy to save a woman's life.

Q: *So you only did one?*

- That is the only one that I remember.

Q: *Is possible you did more -- perhaps to gave the life of the woman again?*

- I don't remember any others. I would be guessing and I have assured you I would not do that.

Q: *Why didn't you check the Tuskegee records as you promised me in our courtesy call that you would?*

- I have tried, Senator. As you may know, John A. Andrew Hospital, where I worked in Tuskegee, was closed 12 years ago and the records were put into storage. They were difficult to locate after all this time.
- When we finally did located them at Tuskegee University, I consented -- and in fact requested -- to have them fully reviewed.
- The White House and HHS asked University officials to grant us permission to have professionals look through all the records from my 8 years there.
- The University President -- Benjamin F. Payton -- sent us a letter which I believe you have. After consulting with legal counsel, the University concluded that they could not grant access to the record due to legal concerns about patient confidentiality.

Q: *[FOLLOW-UP Q&A ON TUSKEGEE] But Dr. Foster, you must remember if you performed even one abortion. I don't need the total, just give me an idea.*

- Senator, I apologize but I cannot answer that question. It would be another guess. I did that when I first got to Washington and I made a mistake. I tried to answer from memory and I regret that. I don't want it to happen again.

 **Q:** *In the [date] HHS release where you claimed to have down "fewer than a dozen" abortions, you maintained that these were done only in the case of rape, incest, or to save the life of the mother. The first part was obviously incorrect, was the second as well?*

- No Senator. As that statement says, the few abortions I have performed have primarily fallen under these categories.

- Let me tell you how I know this is true. You may know that most abortions take place outside of hospitals -- in clinics or other outpatient settings. Hospitals usually only provide abortion services for certain reasons, primarily health. If a woman came to me in the early stages of a healthy pregnancy and wanted to get an abortion, I would refer her to a service outside of the hospital. I never ~~did~~ performed abortion services outside of a hospital setting.
- The cases I did were therapeutic abortions, in the case of the life or the health of the mother or -- in very rare cases -- rape or incest. These are procedures done in a hospital.

Q: *Why did you lie when you were first asked how many abortions you performed?*

- I did not lie, Senator. I am an honest man who is proud of my life-long record of integrity. I did make a mistake when I first got to Washington. I was asked that question and tried to answer from memory -- trying to remember my 38 years of practice. I regret that and I assure you that I won't let it to happen again.

Q: *You have given several numbers in response to questions of how many abortions you've performed. You seem to have a credibility problem, Dr. Foster. Why should we trust you?*

- Because you should look at my record and my lifelong reputation of integrity. I was appointed to the National Ethics Advisory Committee for Secretary Califano-- Secretary of Heath under President Carter.
- I am currently serving my second term on the Ethics Committee of the Nashville Academy of Medicine. That appointment is actually more important than the national position because I was chosen by my peers -- who have had the opportunity to watch my every professional and personal move for over 20 years.
- I did give an incorrect answer at one point, Senator, and I regret it. I tried to answer from memory and made a mistake. But I can assure you, Senator, it was not out of any intent to deceive.

Q: *[IF QUESTION AFTER QUESTION IS ABOUT NUMBERS] Why did it take you so long to provide an accurate estimate of the number of abortions you performed, and why the earlier discrepancies (first one abortion, then 12, then 39)?*

- Part of it was miscommunication, and part of it was relying on my memory instead of hospital records. That was clearly a mistake -- which I regret.
- I am an obstetrician/gynecologist. As an ob/gyn, I offered -- and felt it was my obligation to offer -- women the full range of reproductive health services, including, on occasion, abortion.
- But more important, I am a baby doctor. That's what I'm about -- bringing life into this world. My hands have delivered thousands of babies. In fact, many times women came to me after being told that it would be impossible to bear their child to term, and I helped them deliver a healthy child. I call these my miracle babies; they are the reason I love being a doctor and am proud of what my life has been about.
- This debate is not about numbers. It's about a woman's right to choose. I happen to believe abortion should be safe, legal and rare. Safe and legal, because I've had to deal with the consequences of botched, back-alley abortions. Rare, because I believe in preventing unwanted pregnancies in the first place.

UPJOHN STUDY

Q: *Aren't you really responsible for many more abortions? You have claimed responsibility for the Upjohn study which caused at least 55 abortions.*

- Let me explain. As Chairman of the Department of Obstetrics and Gynecology, I was the principal investigator, or grant administrator, at Meharry Medical College for an FDA-approved clinical trial -- conducted in many medical centers throughout the country -- to test the efficacy and safety of an abortifacient suppository administered during early pregnancy. The trial was a research project conducted in an academic medical center, all medical procedures were performed in the hospital, and all patients were volunteers.

- I had responsibility for administering the contract. That meant that I administered the funds, assured that procedures were proper, and published results.

Q: *Why did you do the study?*

- I believe that abortions should be safe, legal and rare. I believe that when abortions are done, they should be performed in the safest manner possible. Therefore, as an expert in the field of maternal health, I support research into safer methods.

Q: *Why did you say on Nightline that you had to do it for accreditation? This has since been widely disputed.*

- My work as the principal investigator for the Meharry site was consistent with my responsibilities as Department Head to allow opportunities for research into methods for improving legal, medically accepted procedures. Such research projects also are consistent with the standards for accreditation of medical schools. Guidelines published by the Accreditation Council for Graduate Medical Education state:

The quality of the educational experience within a department of obstetrics and gynecology is enhanced by an active research environment. It is highly desirable that every program encourage each resident to be involved in a research project.

Q: *Do you support testing the "Morning After" Pill?*

- I think abortions should be safe, legal, and rare. I support research that will make any medical procedure -- not just abortion -- safer. As I understand it, the FDA is responsible for making the final determination in this case.

MORAL QUESTIONS

Q: *Dr. Foster, if you are pro-choice -- meaning you believe that a woman can choose to have an abortion at any point -- why do you consider an abortion a weighty decision? Why is it different from any other medical procedure, like a tonsillectomy?*

- Abortion is a "difficult" decision. It is different than many other medical procedures. How? In my 38 years as a doctor, I have never seen a woman who has not given this decision a lot of thought and reflection. I have learned from years of experience that it is not a decision any woman comes to lightly. It's because it is such an important decision, Senator, that it should be made by a woman and her doctor -- not the government.

Q: *Do you believe in abortion on demand?*

- I believe in the right of a woman to choose. I also believe that abortions should be safe, legal and rare and have worked throughout my career to try to make them rare. I would like to ensure that none of my patients ever has to face the choice of abortion.

Q: *If abhor abortion, why do you perform them?*

- Because I believe in a woman's right to choose. I think that whether or not to have an abortion is a difficult decision -- made by a woman, with her doctor, her family, and her church. My goal as a physician has always been to ensure that none of my patients ever has to face that decision. That's why I've focused my efforts on preventing teen pregnancy. Our nation's goal -- and one of mine as Surgeon General -- must be to make abortion less necessary.
- But when a woman feels she must choose abortion, it is my responsibility as her doctor to provide her access to safe medical procedures.

Q: *You are a doctor. You must have an opinion on this. When do you think life begins?*

- I don't know, Senator. As you know, there is not a scientific consensus on this question. It is not something that is definitively known -- one way or the other. People make their own decisions based on their personal religious beliefs. I also have moral and religious beliefs but they are private and I would never impose that morality on anyone else.

Q: *But you do know that it must have begun by the third trimester as you've stated that you believe a fetus is viable in the 3rd trimester?*

- Abortion regulations in this country should follow the decision reached by the U.S. Supreme Court in *Roe v. Wade*. In *Roe*, the court ruled a state may ban abortion after viability - except in cases where the life or health of the woman is endangered. Prior to viability, states are not permitted to interfere with a woman's decision.

FEDERAL FUNDING

Q: *Many people in this country have strong moral and religious objections to abortion. Do you think their tax dollars should be used to pay for abortions?*

- I think we all agree that the fewer abortions our nation has, the better we all are. As Surgeon General, I will continue to work with our nation's young people to ensure they never have to face the choice of abortion. I think we also agree that when a woman has been raped or is the victim of incest or risks dying, the government has an obligation to help.

Q: *But what about abortions for other reasons besides rape, incest or life of mother?*

- I believe all women should have the right to choose. Whether the government pays for it, is for Congress to decide. I do, however, strongly support private facilities that provide these services and think we have a responsibility to protect the people that provide these legal services.

RESTRICTIONS [Consent / Notification / Waiting Periods]

Q: *Do you support restrictions on abortion like parental consent and notification?*

- I believe that parents should be involved when their teenage daughter faces a crisis pregnancy and will do everything I can to encourage that. The program I founded -- "I Have A Future" -- does everything possible to involve parents in the lives of their teenage children. But I believe that there are some cases -- such as abuse in the home -- where family communication is not possible. In those cases, I think there must be some other avenue for a teenager to get adult counseling or judicial approval.

Q: *Do you favor mandatory waiting periods?*

- It has been my experience from 38 years as a physician that by the time a woman chooses to have an abortion, she has already reflected deeply on the moral, ethical, and religious questions involved in that decision. I do not approve of further government mandated waiting periods. They only serve to delay the procedure, which the American Medical Association says increases the health risks to women.

UPJOHN STUDY

Q: *Aren't you really responsible for many more abortions? You have claimed responsibility for the Upjohn study which caused at least 55 abortions.*

- Let me tell you a little about the Upjohn study, Senator. As a major health sciences center with a fully accredited ob/gyn residency program, Meharry Medical College has three functions: education, patient care, and research. It is that last function that pertains to the Upjohn Study: it was our obligation to give our residents research experience.
- As Chairman of the Department of Obstetrics and Gynecology, I applied for a grant from the Upjohn Company to conduct the trial. I was the principal investigator, or grant administrator, at Meharry Medical College for an FDA-approved clinical trial -- conducted in many medical centers throughout the country -- that took place over several years. Its purpose was to test the efficacy and safety of an abortifacient suppository. The trial was a research project conducted in an academic medical center, all medical procedures were performed in the hospital, and all patients were volunteers.
- I had responsibility for administering the grant. That meant that I administered the funds, assured that procedures were proper, and published results. The actual procedures were performed by residents. I wrote about preliminary results of the study covering 55 patients.

Q: *Dr. Foster, did you ever personally perform one of these abortions [insert a suppository into a woman]?*

- My role was to oversee and administer the project. We are a teaching hospital. The procedures were done by residents. In fact, I was only present on very few occasions and then it was in capacity of instructing the residents as the supervising faculty member.

Q: *Did you ever perform the procedure?*

A: No.

Q: *So what you're saying is that we should add 55 to the 39?*

- No, Senator, that's not what I'm saying. I've been trying to give you as good an idea of my medical practice over 38 years as possible. I've told you about Meharry, I've told you about the Upjohn study, and I've told you about Tuskegee. Ultimately, you need to make your own judgment about my record

Q: *But the question remains, shouldn't we add 39 to the 55?*

- I honestly don't see how you could, sir. I didn't perform those procedures. I've told you all the facts. I will let you make your own determination.

Q: *What do you mean by "preliminary results". Were there additional patients?*

- Yes, there were.

Q: *How many additional patients?*

- The study took place over a couple of years. I honestly don't know the exact number as I did not write about them.

Q: *But, as chief investigator, aren't you responsible for every one of those 55 [or more] abortions?*

- Senator, in one sense, as Head of the Ob/Gyn Department, I am responsible for every procedure performed by every medical practitioner in that department. But I was not even present at most of the Upjohn cases; there were times I was not even in the country.
- About the time I published the report of that 55, I was asked by the Robert Wood Johnson project to head a national multi-million dollar grant process. The grant was to provide health services for high risk youth around the country and my job was to publicize it, review all proposals, make the grant awards, and monitor over 20 projects in 18 cities around the nation. It really took all my remaining time.

Q: *Why did you say on Nightline that you had to do it for accreditation? This has since been widely disputed.*

- My work as the principal investigator for the Meharry site was consistent with my responsibilities as Department Head to allow opportunities for research into methods for improving legal, medically accepted procedures. Such research projects also are consistent with the standards for accreditation of medical schools. Guidelines published by the Accreditation Council for Graduate Medical Education state:

The quality of the educational experience within a department of obstetrics and gynecology is enhanced by an active research environment. It is highly desirable that every program encourage each resident to be involved in a research project.

Q: *Why did you do the study?*

- I believe that when abortions are done, they should be performed in the safest manner possible. Therefore, as an expert in the field of maternal health, I support research into safer methods.

Q: *Do you support testing the "Morning After" Pill?*

- I think abortions should be safe, legal, and rare. That pill is currently being tested. I support research that will make any medical procedure -- not just abortion -- safer. As I understand it, the FDA is responsible for making the final determination in this case.

In Hospital Mothers Classes
Classes for Out patient and community
Laboratory Services
Pharmaceutical Services
Patient Transportation

As of January 1972, Sickle Cell screening is being done on all patients, and further study and counselling done as necessary.

In Macon County, Maternity, Post Partum, and Family Planning clinics are held at John A. Andrew Outpatient Clinical Facility, and Pediatric clinics are held in five clinics in addition to John A. Andrew Outpatient.

In Bullock County, Maternity, Post Partum, Family Planning and Pediatric clinics are held in the Bullock County Health Department.

Depicted below are the statistics for the period January 1, 1971 through December 31, 1971:

Total number admitted to Project	1,467
Total maternity clinic visits	3,350
Total maternity clinics held	144
Total deliveries at John Andrew Hospital	748
Total Pediatric clinic visits	2,066
Total pediatric clinics held	120
Total infant hospital admission	169
Total visits for family planning services	687

Personnel working with project as of January 1, 1972, are as follows:

Position	Name
Project Director	Henry W. Foster, M.D.
Assistant Project Director	Julius M. Martin, M.D.
Chief Pediatrician	Thomas M. Campbell, M.D.
Administrative Assistant	Curtis Brown, B.S.
Executive Secretary	Mamie Scott



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MAR 24 1995

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President

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Counsel

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Associate Chairman for Public Health

Memorandum to: Mr. John Podesta
Assistant to the President
and Staff Secretary

Subject: Response to Correspondence

A few days ago I shared with you a copy of the attached letter supposedly from an 8th grade student seeking a response regarding such issues as abortion and AIDS. At your earliest convenience, please share your recommendation with me such that I can respond. As I mentioned to you when we spoke, this may or may not be a legitimate inquiry.


Henry W. Foster, Jr., M.D.

Attachment

HWF:ljh

RECEIVED

MAR 1 1995

ASSOCIATION OF
ACADEMIC HEALTH CENTERS

1370 Dunstan Lane
Va. Beach, VA 23455
24 February 95

Dr. Henry Foster
The Association of Academic Health Centers
1400 16th Street NW
Suite 410
Washington, DC 20036

Dear Dr. Foster:

I am an 8th grade student at Independence Middle School in Virginia Beach, Virginia. As a class project, we are writing various people concerning their views on different issues within the United States.

I am very interested in knowing if you will continue to support abortion rights if you become Surgeon General. I would also like to know if you feel the federal government should provide protection to doctors and patients at abortion clinics?

My second question concerns AIDS. Do you think students with AIDS should be allowed to attend public schools? Do you support handing out clean needles and syringes to drug addicts?

I would appreciate your immediate response to these issues. Any information that you could send me would be helpful. Please send your correspondence to the following address:

Daniel L. Simons
C/O Mrs. Childers
1370 Dunstan Lane
Virginia Beach, VA 23455

The information that you send me will be shared with my classmates and hopefully earn me an "A" in my Civics Class. I thank you for your time and consideration.

Respectfully yours,

Daniel L. Simons

THE WHITE HOUSE

WASHINGTON

May 11, 1995

Mr. Daniel L. Simmons
c/o Mrs. Childers
1370 Dunstan Lane
Virginia Beach, VA 23455

Dear Daniel:

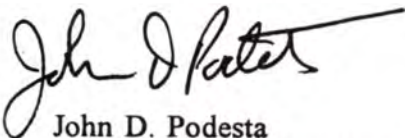
Dr. Foster was pleased to get your recent letter. As the nominee is very busy preparing for his confirmation hearings, he asked me to make sure you get a response to your important questions.

Dr. Foster believes in a woman's right to choose and thinks that abortion should be safe, legal and rare. He has worked throughout his life to prevent unwanted pregnancies and ensure that none of his patients ever face the choice of abortion. He supports private facilities that provide these legal medical services and thinks that the people that work in these facilities should be protected from illegal acts of violence.

Dr. Foster also believes that AIDS is one of the biggest public health problems facing our nation today. He hopes that as Surgeon General, he will be able to play an educational role with regard to this issue. By working closely with families and communities and local school districts, he feels that people suffering with HIV/AIDS -- particularly children -- can be protected from discrimination and cruel treatment. When everyone knows exactly what the risks are and how they can be dealt with, wise and compassionate decisions can be made at the local level. He does not support federal funds being used for needle exchange programs. There is no compelling evidence that these programs both stop the spread of the AIDS virus and curb the abuse of drugs, and Dr. Foster feels that any such program must meet these two essential criteria.

Thank you again for taking the time to write Dr. Foster.

Sincerely,



John D. Podesta
Assistant to the President
and Staff Secretary

Jenny

Selected Excerpts from Debate on the Nomination of C. Everett Koop to be Surgeon General of the U.S.

Sen. Specter: "I recommend Dr. Koop for confirmation, notwithstanding our personal differences on an issue which has created substantial controversy over his appointment. Without elaborating on the complex issue of abortion, suffice it to say at this time that I personally have been opposed to amending the U.S. Constitution to reverse *Wade vs. Roe* because of my view that it would be unwise to amend the Constitution in response to specific Supreme Court decisions.

"Dr. Koop in the past has expressed himself in strong terms in opposition to abortion. In my judgement the abortion issue is not relevant to the issue of Dr. Koop's confirmation. The duties of the Surgeon General of the United States do not affect the administration of the laws relating to that subject.

In addition, Dr. Koop has advised me that he has said and written all that he has to say about the subject of abortion and does not intend to use the position of the Surgeon General to advance those views in any way." (Pg. 2, Labor Hearing transcript, 10/1/81)

"In my judgement, the abortion issue is not relevant to the issue of Dr. Koop's confirmation. The duties of the Surgeon General of the United States do not affect the administration of the laws relating to that subject. In addition, Dr. Koop has advised me that he has said and written all that he has to say about the subject of abortion and does not intend to use the position of Surgeon General to advance those views in any way." (Cong. Rec. Pg. 27512, 11/16/81)

Sen. Hatfield: "The first issue is Dr. Koop's past outspokenness on a large number of the leading medical, ethical, and sociological issues of our day. I confess to agreeing with Dr. Koop on some of these issues and disagreeing on others. However, I have spent my adult life involved in public advocacy, both as a lawyer and a Senator, and I am a firm believer in the first amendment and in the value of public debate.

"I have both prospered and suffered, as has Dr. Koop or anyone active in public affairs, from occasional exercise of my first amendment rights. It serves the spirit of our great western liberal tradition of a Government by discussion, and it is a gift of democracy. Dr. Koop's willingness to speak his mind and his ability to do it so ably, if anything, deserve our commendation. And unless we are intent in changing the law once again to require that only wallflowers may be nominated to become Surgeon General, Dr. Koop's exercise of the first amendment should have no bearing on his qualifications for the position in question." (Pg. 6, Labor Hearing transcript, 10/1/81)

Sen. Nickels: "Finally, let's not penalize a man for acting upon his most sincere and deepest convictions. In a day when so many have been apathetic or oblivious to the problems that our country is facing, I find it refreshing and further evidence of all that encompasses compassion and vision when someone is willing to stand up and confront the issues of today." (Pg. 29, Labor Hearing transcript, 10/1/81)

Sen. Hatch: "Second, a second objection is that Dr. Koop has been an outspoken opponent of abortion and an advocate for the value of traditional roles for women. These are matters of

great public debate and I can conceive of no reason why advocacy on these issues should affect Dr. Koop's fitness to be surgeon general." (Cong. Rec. Pg. 27498, 11/16/81)

Sen. Jepsen: "Since the announcement of Dr. Koop's nomination, I have watched with amazement the vicious attacks directed toward him, all of them unfounded, all of them based on ideological disagreements having nothing to do with the Office of the Surgeon General.

"... Dr. Koop's critics come in two varieties: those who expressed concern over his evangelical and prolife views, calling him an extremist, as he has been called today in this Chamber, and others who challenged his experience in the field of public health." (Cong. Rec. Pg. 27510, 11/16/81)

Sen. Packwood: "Mr. President, women comprise over half the population of the United States. Their health and well-being are important aspects of public health. The nomination we are considering today is for the position of Surgeon General -- chief spokesperson for public health in this country. I do not believe the well-being of a majority of our society will be well-served by the confirmation of Dr. C. Everett Koop to be Surgeon General.

"Dr. Koop has been a vocal opponent of legalized abortion, likening the post-Roe against Wade era to 'the beginnings of the of the political climate that led to Auschwitz, Dachau and Belsen.

"... If Dr. Koop, as surgeon general, could impose his beliefs, he would deny the majority of women using contraception today a primary means of preventing pregnancy.

"... Certainly each and every public servant has the right to his or her own beliefs. But Dr. Koop has made this a personal crusade -- one he would like to carry on from the visible public position of Surgeon General of this country." (Cong. Rec. Pg. 27513-4, 11/16/81)

Sen. Heinz: "Mr. President, I am aware that Dr. Koop has been an outspoken opponent of abortion and an advocate for the value of traditional roles for women. However, I believe that his personal views on these matters will in no way interfere with the manner in which he carries out the duties of the Office of Surgeon General. I have met with Dr. Koop, and have been assured that the post of Surgeon General will not serve as a bully pulpit from which to espouse his own personal viewpoints." (Cong. Rec. Pg. 27516, 11/16/81)

Sen. Gorton: "I will vote in favor of the nomination of Dr. Koop because it is my belief that the President is, absent extraordinary circumstances, entitled to the appointment of his choice to officers in which the appointees serve at his pleasure. But I will vote for this nomination with severe reservations.

"... It is my belief that in carrying out that duty there is no room for the imposition of personal value judgements. Dr. Koop is certainly entitled to his view on appropriate lifestyles or the proper role of women in society, but as Surgeon General he should not use his position to directly or indirectly to impose his personal views on those whom he is charged with serving. I hope that Dr. Koop will recognize this fact and will refrain from public statements or actions which would cast doubt on his objectivity. I urge him to avoid even the appearance that he may be unwilling to separate his personal beliefs from the great questions of public policy about the provision of health care with which he will be faced." (Cong. Rec. Pg. 27518-9, 11/16/81)

MEDICAL RECORD SERVICES

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Thank You

DATE: 2/6/95

TIME: 7:30pm

NAME AND LOCATION
OF RECIPIENT

Dr. Henry Foster

Telephone & TeleFax Number (202) 456-2146

FROM:
(Signature & Title)

James Perkins, MD
Director, Medical Record

MESSAGE:

As requested

NUMBER OF PAGES:
(including cover sheet)

FAX NUMBER: 327-5985

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Thanks



(Signature)

MEHARRY/HUBBARD HOSPITAL

February 6, 1995

Henry W. Foster, Jr., M.D.
Senior Scholar-In-Residence
Association of Academic Health Centers
1400 Sixteenth Street, N.W.
Suite 410
Washington, D.C. 20036

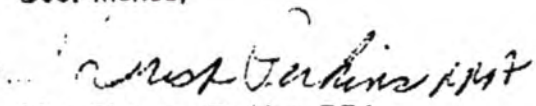
Dear Dr. Foster:

Pursuant to your request, I have conducted a preliminary review of the medical records maintained at Hubbard Hospital. My initial search disclosed the records represented by the enclosed medical record summary sheets. This information is being provided to you in your capacity as a treating physician. Please be mindful that these records are privileged, and their contents should not be shared with third parties without deleting any and all references which could result in the disclosure of the patient's identity.

You should also be aware that since the cessation of acute care services at Hubbard, we have been readying the accumulated medical records for permanent storage. Consequently, I have not been able to completely review the entire content of each record. Additionally, I am not presently able to gain access to certain records for the years 1973 through 1978, and 1981 through 1982.

Finally, Dr. Harold Bernard has asked me to remind you that some number of the records being provided may have been associated with a study funded by Upjohn, wherein, you appear as treating physician when in actuality the procedures were performed by residents.

Best wishes,


Mrs. Theresa Perkins, RRA
Director, Medical Records

MISC. VOL. 5 FOSTER MED. REC. SHEETS



1005 D.B. TODD BOULEVARD • NASHVILLE, TENNESSEE 37208 • (615) 327-5500
THE TEACHING HOSPITAL OF MEHARRY MEDICAL COLLEGE



MEHARRY MEDICAL COLLEGE

OFFICE OF THE GENERAL COUNSEL

To Whom It May Concern:

Pursuant to a request by Dr. Henry Foster, Jr., we have undertaken a search of the medical records of Meharry Medical College pertaining to operations performed by Dr. Foster during the years 1973-90. Our records indicate that Dr. Foster participated in or performed 39 abortions, not including termination of tubal pregnancies or follow-up procedures made necessary by incomplete and/or spontaneous abortions. Our records also indicate that in approximately three quarters of these procedures, at least one other physician or a resident performed or participated in the surgery, in addition to Dr. Foster.

Sincerely yours,

Richard E. Jackson J.D.
General Counsel

REJ:sh

MEHARRY/HUBBARD HOSPITAL

TO: Attorney Jackson
General Counselor Office

FROM:

Theresa Perkins
Theresa Perkins, RRA
Medical Records Services

RE: Abortions(Dr. Henry Foster)

DATE: April 26, 1995

Listed below and attached are summaries from records reviewed regarding Dr. Henry Foster as requested from Washington and your office.

14 Records

Abortions

3 Records

(On abstract as legal abortions, however records were not located by staff in Medical Records. Some data from the surgical logs were used and accepted by Washington)

22 Records

UPJOHN study according to data in chart. Other physicians (residents) were involved in the insertion of the suppositories.

1 noted before
the year

Data obtained by reference to Disease index.

2 noted before
the year

Data obtained by reference to Physician index.

3 noted before
the year

Data obtained by reference to Surgical logs.



MEHARRY/HUBBARD HOSPITAL

TO: Attorney Jackson
General Counselor Office

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the year

Data obtained by reference to Physician index

3 noted before
the year

Data obtained by reference to Surgical logs.



MEHARRY MEDICAL COLLEGE
DEPARTMENT OF OBSTETRICS AND GYNECOLOGYCONSENT FORM

I, _____, having read the purpose of and had the same explained to me as described on the back of this form, do willingly agree to the termination of my pregnancy with 15 methyl prostaglandin F2 alpha.

I also agree to the following:

1. Hospitalization at George W. Hubbard Hospital for pregnancy termination through the use of 15 methyl prostaglandin F2 alpha.
2. Insertion of a vaginal suppository containing the hormonal medication.
3. The taking of histories, examinations and collection of blood samples initially and at 1, 2, 4, 8, 12, and 24 hours after admission by way of a small catheter in an arm vein. The total amount of blood drawn will be one-third of a usual blood bank donation (1 pint) or 150 ml.
4. Periodic examination during my hospitalization and close observation for any side effects.
5. The performance of a "D&C" (stretching of mouth of womb followed by scraping of lining of womb) in the usual manner if termination of pregnancy with the hormonal medication is incomplete after 24 hours.
6. Periodic examination and repeat pregnancy testing during the 6 week period following pregnancy termination.

It has been explained to me that the medication used in this study is available for research purposes only and I am aware of the known risk and available alternative. It has been explained that I will not personally be responsible for expenses incurred during hospitalization and postabortion follow-up that are related to the abortion procedure.

My participation in this study is strictly voluntary, and I understand that I am free to withdraw if I should so choose, and that such action will in no way affect any regular services or care.

I understand that all information obtained in this study will be confidential and information which can be identified as pertaining to me will not be released to anyone not working on the study unless authorized by me.

Any complaint regarding this research should be taken to the Committee On Human Investigation of Meharry Medical College.

Signed: _____

Patient's Signature

Patient or Guardian's Signature

Date

Witnessed by: _____

_____, M.D.

PURPOSE

The purpose of this study is to determine whether there is an effective and safe way of ending early pregnancy other than by surgery.

Hormones called prostaglandins which are normally present in many tissues of the body have been found to cause contractions (stretching) of the muscles of the womb (uterus). One such hormone (Prostaglandin F2 alpha) is being widely used for ending pregnancies been 3 and 5 months. A similar new drug called (15 S)-15-methyl prostaglandin F2 alpha methyl ester (V-35, 384) contained in a vaginal suppository is to be used in this study. A slow release of hormones from this vaginal suppository will cause emptying of the womb (uterus) by forcing the muscles of the womb to stretch and may reduce or eliminate the need for surgery.

Common side effects of prostaglandin hormones includes nausea, vomiting, and diarrhea. Other available methods of ending early pregnancy include suction or scraping of the lining of the womb after stretching the mouth of the womb (uterus) with metal probes.

The drug used in this study is currently available for investigational purposes only, however, closely supervised use in women to date has revealed no serious side effects.

UP FORN

NARAL Promoting Reproductive Choices

FAX COVER SHEET

95 FEB 14 19:53

DATE: Feb 13

TO: John Podesta

OFFICE: D

FROM: Kate Michelman PHONE: _____

THIS IS PAGE ONE OF 9 TOTAL PAGES

COMMENTS:

NARAL Promoting Reproductive Choices**MEMORANDUM**

TO: Editorial Board Writers

FROM: Karen Schneider, Director of Communications
Darryl Lynette Figueroa, Press Secretary

RE: National Republican Senatorial Committee's Contributions To The
National Right to Life Committee Raise Election Law Questions

DATE: February 13, 1995

Yesterday, the Washington Post reported that in the days before the November elections, the National Republican Senatorial Committee, chaired by Sen. Phil Gramm (R-TX), contributed \$175,000 to the nation's leading anti-choice organization, the National Right to Life Committee (NRLC). This highly unusual donation allowed the NRLC to fund get-out-the-vote operations on behalf of anti-choice Republican Senate candidates in extremely close races, including those in Pennsylvania and Minnesota. Federal election law experts said that the contributions, made over several days before the election, could constitute a violation of federal law because they may have evaded maximum spending limits for party committees or may have been improper "soft money" donations. (See attached article).

Senator Gramm, a leading Republican presidential hopeful, first said that he decided "to provide some money to help activate pro-life voters in some key states where they would be pivotal to the election." Later he claimed that he didn't give the money for any specific purpose, but rather because NRLC's "message conformed to the Republican message." His differing explanations of the contribution raise questions about the Senator's credibility, especially as he gears up to launch his presidential campaign.

The contribution to the NRLC suggests an unholy alliance between powerful anti-choice leaders of the Republican Party and radical right groups. It is no coincidence that Gramm said on ABC's "This Week With David Brinkley" on Sunday that "The issue is can a person who routinely performed abortions...be an effective advocate for public health in America in 1995? I think the answer is no." The National Right to Life Committee, of course, is working hard to defeat President Clinton's Surgeon General-nominee, Dr. Henry W. Foster Jr. Gramm's statement came just two days after another radical right group, the Christian Coalition, threatened to withhold its support for the Republican presidential ticket if it included a pro-choice candidate. It is clear that anti-choice,

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-- more --

Page Two

radical right groups are pressing ahead with their social policies, which include making abortion unavailable, if not illegal, to American women.

Both these incidents indicate that radical right groups intend to keep the Republican Party captive to extreme opponents of choice, and that the so-called "big tent" is nothing more than an empty phrase. Groups like Senator Gramm's National Republican Senatorial Committee, the Christian Coalition and the National Right to Life Committee make it clear that they plan to tear down the "tent" and force Republicans into their house of intolerance and extremism. America's pro-choice Republicans have a right to expect more from the Party of Lincoln.

The leaders of our political parties must hold themselves to exemplary and ethical standards as they pursue their electoral goals. Furthermore, the nation's leading anti-choice organization must not become an accomplice to questionable election law practices. We hope that you will consider editorializing on these issues, which hold great importance for how we conduct our political affairs. If you would like further information, or would like to discuss this issue with NARAL President Kate Michelman, please do not hesitate to call us at 202/973-3032. Thank you.

GOP Donation Aided Right to Life Group

Money Was Not Earmarked, Sen. Gramm Explains

By Ruth Marcus

Washington Post Staff Writer

In the week before the November election, the National Republican Senatorial Committee, which raises and distributes money to Republican Senate candidates, contributed \$175,000 to the National Right to Life Committee, federal election records show.

The contributions came at a time the Senate committee knew it had or was about to spend the maximum allowed on behalf of Republican candidates in close races. With control of the Senate up for grabs, the donation allowed the National Right to Life Committee to fund get-out-the-vote efforts the Senate committee hoped would help tip the balance in Republicans' favor, according to Sen. Phil Gramm (R-Tex.), who chaired the NRSC.

Federal election law experts said such contributions involve a murky area of election law but use of the contributions to help Republicans win key Senate races could constitute an violation of the maximum spending limits for political committees or an improper use of "soft money" donations from corporations and wealthy individuals. Corporate contributions and contributions over a specified dollar limit—the "soft money" that was used to make the \$175,000 donation—cannot be used in federal elections.

Gramm offered a lengthy explanation of his decision to contribute to the Right to Life Committee at lunch Friday with Washington Post reporters and editors. In the closing days of the election, as races tightened in states like Pennsylvania and Minnesota and the Senate committee found itself with extra money, he said, "I made a decision . . . to provide some money to help activate pro-life voters in some key states where they would be pivotal to the election."

Gramm later telephoned a reporter to say he had been mistaken in his explanation. He noted "the rules under which you contribute to groups like this through political committee are very strictly set" and said the money was not given for any particular purpose but only because the Right to Life Committee's "message conformed to the Republican message."

Election lawyers said Gramm's initial explanation raised potential legal difficulties.

"You can't do indirectly what you can't do directly," said Kenneth Gross, a former enforcement chief at the Federal Election Commission. "The bottom line is that you just can't evade all the rules and regulations about influencing federal elections by running money through a nonprofit organization."

He cautioned that facts about the purpose and use of the funds would need to be known before making a final determination, but added, "Their activity taken as a whole certainly runs the risk that it was in fact used to influ-



SEN. PHIL GRAMM

"confused" in account at Post lunch

ence the outcome of the election and this was nothing more than a circuiting of that rule."

Donald J. Foley, executive director of the Democratic Senatorial Campaign Committee, the Democratic counterpart of the NRSC, said the NRSC's action was "a transparent means of affecting a race beyond the limits imposed by the law."

In interviews last week, NRSC and National Right to Life Committee officials said the money—the only contribution the NRSC

made during the 1994 campaign to such an advocacy group—was not earmarked.

NRSC communications director Gordon Hensley said the Senate committee "routinely" contributes "to charitable, good government activities" and the timing of the donations the week before the Nov. 8 election—\$50,000 Oct. 31, \$50,000 Nov. 1, \$60,000 Nov. 3 and \$15,000 Nov. 4—was because "the NRSC simply had more funds available at the time."

National Right to Life Committee Executive Director David O'Steen said the money was a "general contribution" for "our ongoing educational, legislative citizen awareness activities," and not used for any specific purpose in the election.

The National Right to Life Committee can engage in general voter education and voter turnout efforts, so long as it does not advocate election or defeat of a particular candidate. Because it is not a political committee, it does not have to report those expenditures to the FEC.

FEC figures show the NRSC's separate political action committee (PAC) also spent

See CAMPAIGN, A29, Col. 1

\$107,000 on behalf of Republican Senate candidates in the closing days of the 1994 election.

The Right to Life Committee would not have been allowed to transfer the money to its PAC and O'Steen said the timing of the NRSC donation and the spending by the Right to Life Committee PAC was "absolutely" a coincidence.

In a letter accompanying each of the donations, NRSC General Counsel Edwina Rogers cautioned the National Right to Life Committee that the contribution "should be used for good government activities that are consistent with your organization's not-for-profit character" and that "utilizing any of this money in any way to influence a federal election is strictly prohibited."

Rogers's letter went to the director of the Right to Life Committee PAC, Carol Long, who said she was not involved in soliciting or handling the contribution but Rogers probably wrote her "because I work with the senatorial committee on other things."

Gramm, at the luncheon, said the donations were prompted by fears Republican Senate candidates in key states were on the verge of defeat, citing the races, ultimately successful, of Rodney D. Grams in Minnesota and Rick Santorum in Pennsylvania.

For example, he said, "the Minnesota race turned on us in the last 20 days and ... I made a decision that we were on the verge of losing that race. Pennsylvania turned on us. ... And the focus of this expenditure was trying to get into those states where we thought it made a difference."

According to FEC reports, as of Oct. 25,

1994, the NRSC had spent nearly all of the \$385,528 it was permitted to spend in Minnesota and nearly all the \$1.07 million permitted for Pennsylvania.

"The focus of this expenditure was trying to

The national committee's "message conformed to the Republican message."

—Sen. Phil Gramm (R-Tex.)

get into those states where we thought it made a difference," Gramm said. "At the end of '94 it was clear to me that we were going to

win or lose in a handful of states by a small number of votes."

Later, describing the November election as "a long time ago" and saying he authorized the contributions when he was traveling constantly on behalf of Senate candidates, Gramm said he had been "confused" in his account at The Post lunch. He said he had mixed up other voter mobilization efforts with the general contribution to the Right to Life Committee, which was simply "to help them reinforce their message."

James Wagoner, vice president of the National Abortion Rights Action League, said Gramm's decision to give so much money to one group suggested he was seeking to curry favor with the antiabortion movement for his 1996 presidential bid, an accusation Gramm denied.

In earlier elections, the Republican Senate

committee made similar contributions to outside groups. In a complaint pending before the FEC, the Democratic Senate Campaign Committee accused the NRSC of engaging in illegal spending practices in the 1992 runoff election for the Senate in Georgia between Democrat Wyche Fowler and the eventual Republican victor, Paul Coverdell.

In that case, the NRSC made \$122,000 in soft money contributions to the Right to Life Committee and three other conservative groups between Nov. 10 and Nov. 18, 1992, after the general election but before the Georgia runoff.

The DSCC alleged the groups "apparently put the NRSC's money to use in the Georgia runoff."

Researcher Ann O'Hanlon contributed to this report.

NARAL Promoting Reproductive Choices**THE NEW SCARLET LETTER**

By Kate Michelman

President

The National Abortion and Reproductive Rights Action League

Just hours after President Clinton nominated Dr. Henry W. Foster Jr. to serve as Surgeon General of the United States, radical right leaders declared war on the new nominee, a man who has dedicated his life to developing innovative and effective ways to address some of our nation's most pressing problems. He's made combatting teen pregnancy a priority. He's helped inner-city youth stay off drugs, delay sex and build self-esteem. He's provided essential reproductive health care to women, bringing some 10,000 babies into the world.

But none of this matters to the radical right, which is attempting to brand Dr. Foster with a modern-day version of the "Scarlet Letter." Those who want to make abortion illegal in this country are using the Foster nomination to achieve their extreme ends.

The number of abortions Dr. Foster performed should not matter. Like most obstetrician/gynecologists, Dr. Foster provided his patients with the full range of reproductive health care. His mistake was in trying to estimate the number of abortions he performed, which somebody more familiar with the politics of this volatile issue would be unlikely to make. Because his estimate was not perfect, enemies of women's right to choose now claim cause to question his veracity.

They are using Dr. Foster as a pawn in their campaign to ostracize, isolate and demonize doctors who perform a legal medical service -- a campaign designed to drive doctors away from the field and make abortion unavailable in this country.

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Page Two

Their focus on the number of abortions that Dr. Foster performed has no place in this debate. It is no more than a smokescreen designed to attack and demean physicians.

There are chilling indications that this strategy is succeeding. The horrifying escalation of anti-choice violence and terrorism -- the stalkings, arson, bombings, shootings and murders -- are already deterring doctors from performing abortion services. At the same time, fewer and fewer doctors are being trained to perform the procedure. A NARAL survey released last month found that the number of abortion providers declined from 1982 to 1992 in 45 states. Today in America, 84 percent of counties have no abortion provider.

To compound the problem, anti-choice lawmakers in statehouses across the country are trying to enact onerous new restrictions that combine with clinic violence to make abortion services unavailable to American women. The long-term consequence could be that desperate women are forced once again to risk their lives with unsafe abortion.

Dr. Foster has been subjected to an anti-choice litmus test that is aimed at preventing doctors from holding public office if they provide the full range of reproductive health care to women. If anti-choice lawmakers defeat Dr. Foster, they will succeed in sending a chilling message to every medical student and doctor who considers providing abortion services to patients in need.

In truth, Dr. Foster is a leading expert in his field who has long advocated responsible reproductive health policies that will protect women's health, strengthen families, combat teenage pregnancy, and reduce the need for abortion. If the radical right truly wanted to lower the number of abortions, they would join -- not pillory -- his efforts to address the millions of unintended pregnancies that occur each year, a crisis as pressing as any facing the nation today.

Page Three

They should laud his nationally recognized program, "I Have a Future," which won a *Points of Light* award during the Bush Administration for teaching teenagers in housing projects to delay sex and childbearing to help them prepare for responsible, productive adulthood.

Listening to the frenzy created by anti-choice leaders, it would be easy to forget that abortion is legal in the United States. This is no nanny-gate. Dr. Foster broke no laws nor stretched any ethical bounds. Rather, he faithfully fulfilled his responsibility to his patients. As a practicing ob/gyn, Dr. Foster has provided routine medical care to his patients -- women who at various points in their lives may need birth control, childbirth, or abortion services.

Americans did not elect this Congress to take away women's access to abortion services. It would be deplorable for Members of Congress to become legislative collaborators with anti-choice extremists who want to further isolate and punish doctors who perform a legal medical service. Rather, Members should consider this nominee's entire lifetime of work and refrain from contributing to the climate of intolerance that is endangering doctors who perform abortions.

Dr. Henry Foster Jr. is an accomplished leader with a background that qualifies him to serve as Surgeon General of the United States. Lawmakers must take a stand against the anti-choice tyranny that is threatening Dr. Foster's nomination. This kind of McCarthy-ism simply has no place in a pluralistic democracy.

NARAL Promoting Reproductive Choices

STATEMENT OF KATE MICHELMAN
President
National Abortion and Reproductive
Rights Action League (NARAL)

CONTACT: Karen Schneider
Darryl Lynette Figueroa
202/973-3032

**On News Reports That Phil Gramm's National Republican Senatorial Committee
Gave \$175,000 To Anti-Choice Group in Possible Violation of Federal Election Law**

February 13, 1995

It is unseemly for Phil Gramm to play fast and loose with federal election law to promote his extreme anti-choice agenda. Gramm has strained the limits of credibility by first saying he provided money to the National Right to Life Committee to 'activate pro-life voters in some key states where they would be pivotal to the election' and later claiming that the money was not given for a specific purpose. Gramm has made a mockery of the Republican Party's "big tent" by inviting in only one faction, the anti-choice Right to Life Committee -- and paying the group's admission ticket. Gramm's establishment of an ideological slush fund to benefit anti-choice Republican Senate candidates insults pro-choice Republicans who believed they were welcome in the "big tent." It is clear that there needs to be a full investigation into this matter.

-- 30 --

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This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

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Divider Title: _____

MEHARRY FINANCES-ACCREDITATION

Meharry Medical College plays a special role in American medical life, educating 40 percent of the nation's black doctors and medical faculty, and sending 75 percent of its graduates to provide medical care to underserved areas. As President Reagan wrote in 1983, "the contributions of Meharry Medical College to the health and welfare of this country over the past one hundred years are immeasurable. You have surmounted obstacles that would have defeated lesser institutions and leaders." The leadership Dr. Foster displayed in surmounting those obstacles illustrates his fitness to be Surgeon General.

From its founding, Meharry has faced severe financial pressure as a result of external forces. The years prior to integration forced the school to undertake costly, duplicative burdens, including running Hubbard Hospital, where unreimbursed care for indigent patients was the source of a \$2 million annual deficit by the time Dr. Foster arrived in 1973. Declining downtown population and the movement of doctors and patients to convenient suburban hospitals, together with the high number of hospitals in Nashville -- the fourth highest ratio of any major U.S. city -- drove down patient volume. One-way integration added to patient loss, with some whites reluctant to use the historically black facility.

These national trends drained the school finances and pulled patients from both Meharry and the competing city-run downtown hospital, and led to a withdrawal of accreditation of three of Meharry's residency programs, including OB/GYN in 1991. The loss was due to the low patient volume, not to the quality of teaching. Accreditation specifically requires that residents handle a large patient volume and are exposed to a wide variety of medical procedures. The Meharry student body doubled from 1966-1976, the time of Dr. Foster's arrival, at the same time the inner city patient base was shrinking, compounding the problems of patient volume.

Facing an array of structural problems, Meharry devised a structural solution. Dr. Foster took charge of a plan to merge Hubbard and the city's downtown hospital into a single, Meharry-staffed facility. The plan saved the city the cost of replacing an aging physical plant.

Many opposed the plan, doubting that Meharry, as a black institution, could attract enough additional high-quality doctors to provide a high standard of care. Meharry asked for a chance to prove itself. The city set detailed quality recruitment goals and a rigorous timetable for meeting those goals. The responsibility fell on Dr. Foster to meet those goals. He succeeded. The new staff is excellent, and includes nationally recognized physicians. Dr. Foster's role in addressing these complex, potentially divisive issues demonstrates qualities that will make him an outstanding Surgeon General.

Draft: February 17, 1995

Meharry: The Accreditation Issue

- The Accreditation Council for Graduate Medical Education withdrew its accreditation of Meharry Medical College's OB/GYN program in June 1991. Two other Meharry residency programs -- surgery and pediatrics -- had already met the same fate. Specific information regarding such decisions is never made public by ACGME. However, it was reported at the time that the decision resulted from Meharry's insufficient patient volume and case diversity.
- The withdrawal of accreditation should not be construed as a quality problem. "People shouldn't confuse the residency problems with the quality of teaching at Meharry. It has been very effective in getting its graduates licensed," said David Denton of the Southern Regional Education Board, as reported in USA Today in June 1991. In fact, 40% of the country's black physicians and dentists are Meharry graduates.
- For over 100 years, Meharry, as a historically black medical school, had been excluded from Nashville's publicly funded health care facilities. Therefore, Meharry was not adequately reimbursed for the care it provided its nonpaying and uninsured patients. Lack of funds led to the deterioration of the hospital's infrastructure. In a 1983 letter to Meharry, President Reagan wrote: "The contributions of Meharry Medical College to the health and welfare of this country over the past one hundred years are immeasurable. You have surmounted obstacles that would have defeated lesser institutions and leaders." Without the needed public funding and support, patient volume declined causing Meharry to lose its accreditation in three residency programs.
- In 1992, Meharry proposed a lease-merger arrangement with the Metro Nashville General Hospital (NGH), a move which would save Meharry, one of the few remaining black hospitals, and, at the same time, benefit the aged and deteriorating NGH, which without the merger would have had to build a new facility at great expense.
- The merger is expected to result in the reinstatement of Meharry's residency programs.
- Dr. Henry Foster was a key figure in the success of the merger because the city council made approval of the merger conditional upon the recruitment of a top-flight medical faculty. Dr. Foster oversaw the successful recruitment effort.

THE WHITE HOUSE

WASHINGTON

January 31, 1983

TO THE BOARD OF TRUSTERS, STUDENTS, STAFF,
AND FACULTY OF MEHARRY MEDICAL COLLEGE:

I send my warm greetings on the happy occasion of the "burning of the mortgage" for Hubbard Hospital. I deeply appreciate the significance of this ceremony.

The contributions of Meharry Medical College to the health and welfare of this country over the past one hundred years are immeasurable. You have surmounted obstacles that would have defeated lesser institutions and leaders:

Although this day marks the culmination of one action recommended by my Meharry Task Force, I recognize that there still are many areas of cooperation between our Administration and the college which will go beyond it. The expansion of the Veterans Administration affiliation for the college in Murfreesboro is well established and will continue to grow vigorously. The second year of support to the college for short-term needs under the financial distress statute has recently been approved. And we will work further to support the college in every way appropriate in its discussions and negotiations with non-federal entities to assure necessary access to the teaching and financial resources required to promote Meharry's continued growth and development.

Again, I pledge my commitment to your future and send my congratulations on your accomplishments and on this historic occasion.

With best wishes,

Sincerely,

Ronald Reagan

933 2638

DRAFT

REVISED DRAFT WITH CHANGES

3/2/95 - 3:25 p.m.

THE FOSTER YEARS: ISSUES OF ACCREDITATION AND MANAGEMENT AT MEHARRY MEDICAL COLLEGE AND HUBBARD HOSPITAL

I. Overview

It is axiomatic that hospitals and medical schools are facing great challenges today, and this is particularly true for those institutions that serve poor people. For such institutions, the last two decades have been turbulent, and the stresses severe. Howard T. Jossamy, president of the District of Columbia Hospital Association, has explained some of the reasons for the current crisis facing hospitals that serve predominantly inner city, poverty-ridden areas:

D.C. health care providers face soaring numbers of uninsured citizens, an epidemic of violence and intentional traumatic injuries, and chronically ill citizens with morbidity rates approaching catastrophic proportions. These critical problems, combined with increasing competition from suburban hospitals, threaten the very existence of the city's hospitals. . . . Cuts in Medicaid will reduce eligibility for thousands now enrolled in the program, meaning that hospitals will end up providing services on a charity basis to those patients. . . . The escalating uncompensated care levels . . . will mean higher prices at D.C. hospitals, which will put them at a further competitive disadvantage with hospitals in the suburbs. In addition, the growth of HMOs and other managed care plans, where lower prices matter most, has resulted in large blocks of patients moving to suburban facilities -- a trend that will continue if prices rise at city institutions.¹

The situation for historically Black institutions has been particularly challenging. Dr. Reed Tuckson, President of the Charles R. Drew University of Medicine and Science in Los Angeles, warned in 1992 that "[a] valuable national resource is about to be lost, perhaps irretrievably," and explained that the economic problems facing historically Black institutions derive from their very mission:

¹ Death Spiral for D.C.'s Hospitals, Washington Post, Feb. 26, 1994.

DRAFT

Black hospitals have traditionally served the neediest among us. Daily, they treat the underserved and uninsured and do the work other hospitals have been unwilling to do.²

One consequence of serving the poorest of the poor has been a chronic shortage of capital funds; without reserves, flexibility needed to adapt to change and to operate effectively in an increasingly competitive health market is impaired.

Inadequate capital reserves have made the last 20 years especially rocky for historically Black health institutions. During this interval, these hospitals have had to contend with:

- Double-digit inflation in health care costs, which has made it more difficult for all hospitals to absorb the cost of uncompensated care;
- Implementation of Medicaid and Medicare reforms, which has altered patient referral patterns and resulted in the exodus of patients able for the first time to seek care at institutions outside their community.
- Implementation of hospital reimbursement based on DRGs (Diagnosis Related Groups) and of stringent utilization review procedures, which has disproportionately aggravated problems with uncompensated care for any hospital that provides care to very poor patients; generally such patients cannot be discharged promptly because they often lack resources for care at home, so the hospital is left to carry the cost of extra, uncompensated, hospital days.
- The impact of managed care and decreasing hospital utilization rates, which have resulted in increasingly fierce competition between community institutions seeking to capture patient pools, and have narrowed profit margins for all hospitals.

Combined, these forces have had a disastrous effect on historically Black health institutions. By 1992, Provident Hospital in Chicago, Southwest Hospital in Detroit, and Newport News General Hospital in Newport News had succumbed to bankruptcy. Howard University Hospital in Washington, D.C., one of the most venerable, and the largest, of the remaining historically Black hospitals, had reported massive losses in 1990 and 1991. Financial strains were severe enough that a 'Coalition to Save the Black Hospital' made up of representatives of black health-care organizations and the administrators of eight historically Black hospitals, sought help in 1992 from Dr. Louis

² The Crisis of the Disappearing Black Hospitals, Ebony, March 1992, at 23.

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W. Sullivan, then Secretary of Health and Human Services.³

Historically Black health institutions have had to deal not only with the tremendous financial burdens discussed above, but also with the effects of this country's sad history of racial discrimination. Meharry Medical College and its affiliate, Hubbard Hospital, were not spared from any of these challenges.

II. Meharry's and Hubbard's Financial History

Meharry was founded in 1876. Beginning in 1893, Meharry sought to gain medical training access to Nashville's public hospital for its students, the Nashville Metropolitan General Hospital (MGH), with no success. So in 1910, Meharry established its own private affiliate, Hubbard Hospital. Historically, responsibility for providing care at MGH belonged to Vanderbilt University. Therefore, Vanderbilt medical students, specialists, and faculty provided the care at MGH, and Vanderbilt received reimbursement from the City for the care of Nashville's indigent residents.

While Hubbard also provided services to indigents in Nashville, it received little or no compensation from the City for the care of those patients. Between 1948 and 1988, a contract with the City of Nashville compensated Hubbard Hospital for only 20% of its indigent care costs.

By the mid-1970s, Meharry was burdened with severe fiscal problems related to the cost of constructing new facilities for Hubbard Hospital, the ongoing cost of running the hospital without adequate compensation for its services to indigent patients. Because Meharry was recognized as a national asset -- as of 1978, Meharry had educated more than 40% of the minority physicians and dentists who completed training each year in the United States -- the federal government intervened in 1978 to cover the outstanding construction loan payments due through 1980. In 1981, a White House Task Force on Meharry was established by then President Reagan. At the recommendation of the Task Force, the remainder of the Hubbard Hospital construction loan was paid by the federal government. In addition, the Task Force had recommended that Meharry be given assistance in developing medical ties to the Nashville community, a goal Meharry had been pursuing for many years. In a letter to Meharry Medical College, written on the occasion of the burning of Hubbard's mortgage, President Reagan wrote:

The contributions of Meharry Medical College to the

³ 7 Black Hospitals Struggle to Find a Modern Role, New York Times, Aug. 12, 1992, at C12.

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health and welfare of this country over the past one hundred years are immeasurable. You have surmounted obstacles that would have defeated lesser institutions and leaders.⁴

Despite this assistance, the need to integrate Meharry and Hubbard into the Nashville community as participants in providing publicly funded health care went unmet for another decade, and Hubbard's fundamental fiscal problems remained unsolved.

Meanwhile, the City of Nashville became one of the most competitive hospital markets in the nation. With 6,000 beds in 17 hospitals, the city of only 510,000 residents had in 1991 one of the highest per-capita hospital bed rates in the U.S. The largest private hospital corporation in the nation, the Hospital Corporation of America, had its home base in Nashville, as did the Vanderbilt University Medical Center. Not surprisingly, the patient census at Hubbard Hospital dwindled, leading to low utilization rates and large losses. And by 1992, indigent patient care at Hubbard had cost the college as much as \$3 million to \$5 million annually.

In 1988, Meharry initiated new negotiations with MGH, Vanderbilt, and the Nashville city leadership to merge Hubbard and MGH. To support this effort, the Public Health Service of the Department of Health and Human Services in 1991 entered into a three-year Memorandum of Understanding (MOU) with Meharry. The MOU provided technical and financial support for crucial steps in the merger process, including support for ten medical school faculty to be employed by the Public Health Service to help meet Meharry's increased staffing needs during the transition as it assumed responsibility for services at MGH. The MOU also detailed specific objectives for improvement in the fiscal situation at Hubbard Hospital, and for Meharry's responsibility in recruiting additional faculty.

In August 1992, the Nashville City Council approved in principle a lease merger agreement for Hubbard and MGH. Under the lease-merger agreement, Meharry was required to recruit full staffing for MGH while at the same time (during a period of transition) continue to operate Hubbard Hospital. When the recruitment effort was completed to the satisfaction of the City Council, the Mayor, and sanctioned by the Vanderbilt University, Meharry would physically move most of its patient care operation from Hubbard to MGH while certain renovations (which were required to improve access and increase capacity) to the Emergency Service and Outpatient/Ambulatory Care Area were completed. When these renovations were completed, the city would pay Meharry a proposed

⁴ Letter, President Reagan to Meharry Medical College, January 31, 1983.

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\$2.5 million annual lease and Meharry would move back to the Hubbard Hospital. To date, Meharry has met all of the objectives set forth in the lease agreement, and it is anticipated that the lease agreement and the anticipated merger will be completed during the summer of 1995.

What does the future hold for Meharry, Hubbard, and MGH? After achieving a cash-flow surplus in 1993, Hubbard Hospital faced losses in 1994, primarily because of problems in implementation of TennCare, the state's new Medicaid program. A coalition of statewide leaders described some of TennCare's shortcomings in December, 1994, including a "disproportionate financial burden which TennCare has placed on Meharry Medical College and Hubbard Hospital," and called for "state action to resolve the problem."⁵ How these problems will fare, however, remains to be determined. No doubt, the road ahead will contain a few rocks, as the road has to this point.

III. Accreditation Issues and Dr. Foster's Role

Dr. Foster joined the Meharry Medical College faculty in 1973 as Chairman of the Department of Obstetrics and Gynecology. In that capacity, he was responsible for the residency program that provided specialty training in ObGyn at Hubbard Hospital, as well as teaching for medical students in this field. In 1991 he became Dean of the Medical College and Vice President of Health Services and in 1993 became Meharry's Acting President. He served in this capacity until July 1994.

The seventeen years between 1973 and 1991, during which Dr. Foster shepherded Meharry's ObGyn department, were turbulent years, but the quality of residency training and medical student teaching in Ob-GYN was generally considered to be superior to other clinical research programs at Meharry. As previously discussed, during that interval, the medical school as a whole suffered financial problems because of the cost of maintaining Hubbard Hospital, and it also had to contend with a declining patient census at Hubbard Hospital. Access to a sufficiently large patient population is critical to the missions of a medical school and a teaching hospitals because, in addition to didactic education, training for both medical students and for residents in specialty training requires direct and supervised work with patients. Students must learn to interview and counsel patients and depend on work with patients to learn skills such as obstetrical and surgical techniques.

⁵ Health Care, Religious, Legislative Organizations Join Forces in New Coalition to Reform TennCare, PR Newswire, Dec. 9, 1994.

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Requirements for accredited residency training in Obstetrics and Gynecology are specified by the Residency Review Committee (RRC) of the American College of Obstetrics and Gynecology (ACOG), which also conducts periodic reviews of each accredited program. The requirements include administrative arrangements, credential requirements for residency faculty, documentation of scholarly activity in the program including participation in professional societies and in research, availability of facilities for outpatient and inpatient supervised patient care, medical records and departmental statistics, medical library facilities, ancillary facilities such as pathology, radiology and laboratory services, and access to related medical specialty expertise in internal medicine, pediatrics, surgery, and family practice, and an adequate patient population available.

Administrative requirements permit only limited recourse to training opportunities outside the sponsoring institution. No more than 6 months out of the total of 36 months of training required can be derived from an independent placement, and no more than 12 months from an affiliated placement. To qualify as an affiliated extramural placement, the entire program must receive prior approval by the RRC. Because of these requirements, and similar requirements by accrediting boards in other medical specialties, options available to Meharry's department chairman in augmenting patient care experience for their residents in the face of rapidly declining patient census at Hubbard Hospital were limited.

In June 1991, the Accreditation Council for Graduate Medical Education (ACGME) withdrew its accreditation of Meharry's ObGyn and Pediatrics residency programs. Meharry's surgical program had met this fate in June 1989. The ACGME releases its reports only to the sponsoring institution, and does not publicly release the reasons for its decisions.⁶ It is clear, however, that the basis for the decision was Meharry's low patient volume and did not reflect on the quality of its teaching. In 1991, USA Today reported:

Lack of patients at Meharry's modern, 12-story training hospital is jeopardizing the school's medical residency programs. And that means trouble for the national health-care system because Meharry is a top provider of doctors for low-income rural areas and medically starved inner cities. . . . This week, Meharry's obstetrics-gynecology residency program loses its accreditation; residents in pediatrics must transfer to a New York hospital to finish

⁶ Letter, John C. Gienapp, Executive Director, Accreditation Council for Graduate Medical Education, to Marc Rivo, Government Representative, Accreditation Council for Graduate Medical Education, February 10, 1995.

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their training. The same problem cost Meharry its surgical training program.

The Hubbard/MGH merger was thus a crucial element of Meharry's efforts to maintain accreditation for certain residency programs and regain accreditation for others since it would lead to an increased patient pool. As Dean of Meharry College, Dr. Foster had the responsibility of recruiting faculty and meeting the ambitious targets as set forth in the lease - merger agreement.

This was clearly a task that many thought could not be done. Critics of the plan predicted failure based on their belief that Meharry could not recruit a sufficient number of high quality faculty to staff MGH to meet the July 1, 1993 deadline. Vanderbilt further stated that they would withdraw all of their personnel at midnight, June 30, 1993, regardless of what happened.

Recruitment of a high quality faculty was the critical ingredient upon which the whole plan rested. The merger plan required Meharry to recruit 55 to 60 qualified physicians in order to staff MGH. The initial target of 65% staffing was achieved before the first six-month deadline, and Dr. Foster reported in March of 1993 that 50 out of the total of 56 required positions had been filled already, with sufficient candidates in process to assure that all staffing would be completed in advance of the July 1, 1993 deadline. Dr. Foster solely was responsible for making this happen.

During the brief period that Dr. Foster was Acting President, October 1993 to June 30th, 1994, the move to MGH was accomplished and renovations at Hubbard begun.

⁷ Prognosis Poor -- Med Schools' 'Critical Role' is in Peril, USA Today, June 26, 1991, 1A.

American Life League, Inc.



Annual Report: 1993



American Life League, Inc.

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Message from the President

American Life League has remained at the forefront of pro-life outreach through the past 12 months. Our audited figures for the year show that we have been exceptionally good stewards with the funds our supporters have so unselfishly donated to our work. These figures also show that with faith in God, little can be used to accomplish much.

You will note that American Life League now has four full-time Field Directors, working within states where pro-life activity needs a boost in organization, publicity, community acceptance and growth. Wherever we have been for more than six months the results are always the same: dramatic increases in the number of Americans who are willing to stand up for life and actively pursue the goal of Total Protection (see pages 6-7) within the community.

American Life League is syndicating Celebrate Life! television, and the results have been phenomenal. Along with the airing of the program on more than 37 Christian outlets around the country, the VHS copies of our programs have provided outstanding material for more than 2,000 groups that have ordered them for their own work with churches, community organizations and schools.

American Life League successfully helped beat back the Freedom of Choice Act (FOCA), though sadly it is now part of the health care reform agenda, though under a different name.

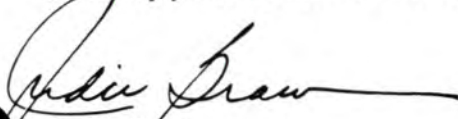
In addition, American Life League was able to make a public statement against the broader allowances for Medicaid-funded abortions under the weakened Hyde language in 1993. The view from this office is that Capitol Hill was the scene of far too many losses for the babies in 1993, and that must change.

Finally, as you review this report you will see that American Life League concentrates heavily on Prayer and Fasting League work because without prayers, works are indeed hollow and the results are unworthy of our goal.

We urge you to review this report, write us if you have any questions and simply remember that though you will not see the good news headlining your evening news or in your local newspaper, the pro-life movement is stronger today than ever—thanks to the vigilant defense of innocent human beings by people like you all across the nation.

No exceptions, no compromise, not one baby ever to be legally murdered by abortion again! That is our goal and we shall achieve it, please God, in His time and with our dedication to Him.

Sincerely yours in the Lord of Life,


Judie Brown



"Before I formed you in the womb I knew you . . ."—Jeremiah 1:5
All gifts are totally tax-deductible

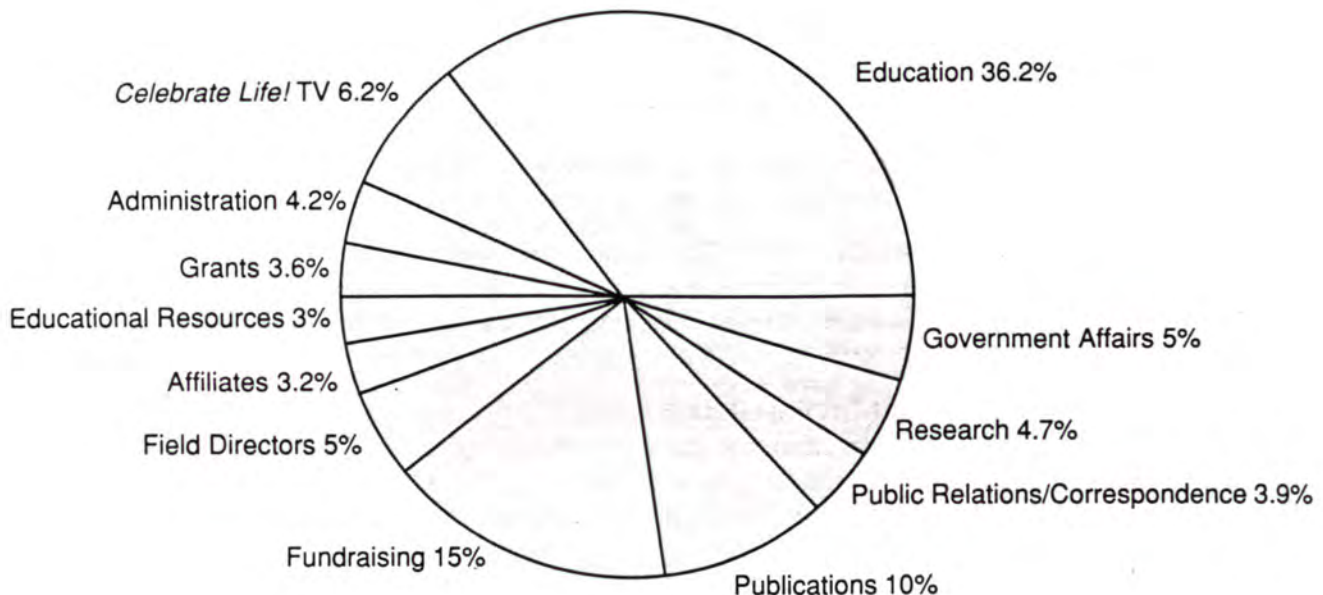
What Does American Life League Do For You?

- **GUATEMALA:** "Thank you for the [video] tapes you gave us." Jovenes Pro Vida.
- **PRO-LIFE COLLEGE GROUPS:** "In times such as these, we can't help but realize that we need one another. . . . Your generosity is so crucial to our work." Collegians Activated to Liberate Life.
- **PRO-LIFE MILITARY DOCTORS:** "Thanks for *communiqué*. . . . I had not read about the military doctors' stand on abortion. I sent the enclosed letter to the six addresses" you provided. Mr. Bill McCauley of Missouri.
- **PRO-LIFE PREGNANCY CARE CENTERS:** Thousands of pieces of literature were donated to these service groups all across America. In 1993 American Life League completed the first comprehensive study of these groups, based on more than 3,000 surveys, so that we could better help them in their ability to reach out to mothers, fathers and preborn babies.
- **NEW AND REVITALIZED PRO-LIFE ACTION:** During 1993 American Life League helped many new Catholic and Protestant pro-life church groups, teen groups in several public high schools, a new pro-adoption group in **Florida**, a news service in **Belgium**, educational groups in **India** and the **Philippines**, the newly formed Support to Motherhood Association in **Moscow**, and state groups across America from **Maine** to **California**.
- **MISSIONARIES:** American Life League sent three young people to Prague for a three-week period so that they could respond to a request that pro-life work be increased and more focused in that country.
- **FIGHTING CONDOM DISTRIBUTION IN SCHOOLS:** We helped provide research materials to leaders across America to help them respond to Surgeon General Elders. Francisco Garmendia, Auxiliary Bishop of New York, wrote, "It is particularly important that we reach out to our teenagers. Many of them are confused by the messages that they are receiving in our public schools."
- **CONDEMNING THE MURDER OF DR. GUNN:** In response to this killing by a crazed American in March of 1993, American Life League published a commentary entitled *Cast Not the First Stone*. We were pleased to see this commentary published in many local newspapers; including *The Observer* (Rio Rancho, NM), thanks to the financing of the ad by the Eugene Tatum Council of the Knights of Columbus in New Mexico.
- **BABIES AND MOMS SAVED!** We heard so many stories of moms who chose to carry their babies to term because of seeing the various *Celebrate Life!* programs, including two young women who saw "The L.I.G.H.T. House" program in March of 1993 and then chose *not* to have their abortions!
- **AFRICAN AMERICANS:** In 1993 we published the first ever *African American Journal*; Kurt Podner of Minnesota wrote: "This is the most insightful book I have seen in a long time. This is the cutting edge of the pro-life movement."
- **AFFILIATES:** The First Annual Affiliate Conference was held in our Stafford headquarters for groups affiliated with us from around the nation and the world. We were most pleased to have our Puerto Rican friends from Pharmacists for Life, which is a national affiliate of ours. So much networking came about as a result of this conference that our affiliate groups are now more effective than ever, not only in their own areas of the country, but by working together whenever the occasion arises.
- **LOVING WILLS:** A.L.L.'s pro-life response to the deadly Living Will received wide acceptance and many fine comments from writers in 1993. Though the document took over two years to develop, it is giving pro-life Americans and the elderly something with which they can respond to those who believe that man should decide who lives and who dies when illness occurs.

We had a most successful 1993, as you can see. We are only sorry that we did not have 100 pages on which to share each every victory we had.

American Life League

1993 Expenses/1994 Budget



I. SPIRITUAL WORK

Two programs form A.L.L.'s foundation. Upon these two spiritual pillars, everything else is built:

- †† Our "Prayer and Fasting League"
- †† Our Legion of Guardian Angels

II. GRASSROOTS WORK

This was an area of tremendous growth for your American Life League family in 1993.

Field Directors: FD's assist pro-life groups who support A.L.L.'s Total Protection plan.

Crisis Pregnancy Centers—(CPC's): A.L.L. provided **FREE** support and information to over 3,000 CPC's around the country.

"Moms Helping Moms": A.L.L. actively **promoted and supported** this group of young mothers who help each other by passing on used baby clothes and baby items.

Pro-Life College Groups: A.L.L. supports two national college groups and their affiliates with both contributions and resource material. These collegians will become tomorrow's pro-life leaders.

III. EDUCATIONAL WORK

This is what we do best. Here is a brief summary of 1993 work.

ALL About Issues: Published close to 700,000 copies in 1993. Now titled *Celebrate Life*, it is still the most widely read pro-life magazine in the world.

Celebrate Life! TV: Produced and aired 39 programs for the 1993 season. One program resulted in a CBS special. Award-winning quality.

Celebrate Life! videos: Provided to over 3,000 schools and interested groups. We charge below our cost to help give exposure to our pro-life message.

"Pro-Life Activist's Encyclopedia": Published first-ever 1,700-page pro-life encyclopedia.

"Loving Will": Pro-life alternative to the Living Will. Cost your A.L.L. over \$100,000 and took two years to complete. Instructs doctors and nurses not to kill the patient!

IV. LEGISLATIVE WORK

A.L.L. helped keep abortion-on-demand from becoming the law of the land:

FOCA—The "Freedom of Choice [to kill babies] Act": Thanks in large part to your A.L.L., **FOCA is still being held back in Congress!**

FACE—"Freedom of Access to [abortion] Clinic Entrances Act": Would make it a felony for pro-lifers to protest outside abortion death mills. FACE was expected to sail through Congress, but **your A.L.L. has helped stymie its final passage!**

Clinton "Health Care" Reform: A.L.L. is helping to **expose the truth that this plan will force all taxpayers to fund a national policy of abortion-on-demand and euthanasia!**

Most Commonly Asked Questions About American Life League

1. Concisely, what is our goal/mission/objective in the abortion debate?

The mission of American Life League is to focus the attention of the public on the fact that a human being exists in the womb during all nine months of pregnancy, that abortion is the intended murder (meaning killing or slaughtering inhumanly or barbarously) of a fellow human being and that no one can *debate* abortion—it is always a sin against God and a violation of His law.

2. What percentage of contributions goes directly to “the cause”?

Seventy-seven percent of each dollar raised goes into our efforts to restore protection to innocent human beings, as the Form 990, freely available from the IRS, makes perfectly clear.

3. Of the money that goes directly to the cause, what do we spend our money on?

American Life League uses pro-life financial support to publish *Celebrate Life* magazine, *communiqué*, LifeFax, *LegisLetter*, and to provide donated materials to the more than 3,000 pro-life pregnancy centers around the nation at no cost to them, provide financial support and/or other in-kind support services to select pro-life groups (like American Collegians for Life, Pharmacists for Life) serving specialized audiences, and to many other groups and individuals in the United States and abroad. We also produce more than 100 different pro-life educational resource items and serve the daily requests of hundreds of pro-life groups and individuals. Our Government Affairs offices work with lawmakers, policymakers and state authorities on many projects designed to protect women from the scourge of abortion. Finally, we attempt to expand pro-life involvement in communities around this nation through our affiliate program and other means of providing an introduction to American Life League and the personhood of the child in the womb.

4. Are we a lobbying group? Do we do any lobbying?

American Life League is a 501 (c) 3 educational foundation with a 501 (h) allowance, which means that we can spend up to five percent of our annual income on direct lobbying efforts, which we do at the various state levels and at the federal level as well. Our primary focus in such efforts is always to bring the particular elected official's attention to the child in the womb as a person deserving of equal protection under the law.

5. Are we a Catholic organization?

American Life League is a biblically based, non-denominational organization that is not supported by any specific religious group.

6. What is the difference between A.L.L. and the National Right to Life Committee (N.R.L.C.)?

American Life League knows that each and every child is created in the image and likeness of God, and that each and every one of these children deserves equal protection under the law. Thus we do not support any legislative proposals that, through “exceptions” or otherwise, allow for the intentional killing of any child. It does not matter how that child is conceived, what medical condition that child may have or whether that child is one day old, one month old or eight months old.

N.R.L.C. has proposed and often supports various legislative measures including those that regulate abortion, as well as other measures that allow children conceived in rape or incest to be murdered by abortion as well as children with certain handicaps. N.R.L.C. takes no position on contraception, including abortive chemicals and devices like the IUD, the birth control pill and Norplant.

7. Are we connected with any other groups?

American Life League works together with many national and local as well as state pro-life groups on many projects including joint advertising campaigns, joint lobbying efforts and joint educational programs. American Life League meets regularly with national leaders so that no efforts are duplicated, and as many projects as possible are pursued in unity of principle.

8. How do we feel about rescue? Do we support them?

American Life League recognizes that there are many roles that must be filled in our effort to stop the slaughter of children and the maiming of their mothers. Non-violent direct action is one of those roles, and we are fully supportive of all those who partake in this action with compassion, love and understanding. We do not condone physical violence, screaming, condemnation and confrontation. A woman who is pregnant and seeking an abortion is already under stress. It is our role to reflect Christ in every action we undertake, not to pursue actions designed only to obtain media coverage while perhaps offending the very mothers we are trying to protect from the violence of abortion.

Total Protection—The Pro-Life Message of the 90's

Pro-life people accept the truth that each and every preborn child, from fertilization on, is a human being. Each one is a person and deserves total protection from society and, yes, from the law as well.

Many of us, however, are often challenged when it comes to using this truth as a basis for public policy. We are told that we simply do not understand politics; that to seek protection for every baby is to be socially and politically irrelevant.

Yet, what will happen to the pro-life movement if we divorce ourselves from the truth? Let's take a look at the other position espoused by some among us, the one that allows for some abortions.

Is a Baby's Life a Political Commodity?

Have the lives of preborn children been reduced to a political commodity? Has the pro-life movement forgotten its ultimate goal of total protection for all innocent human life? These are two questions that must be examined at this crucial juncture in the pro-life struggle. As the body count grows on a daily basis, we must examine where the pro-life movement started, where it is, and where it must go to see an end to abortion.

Pro-life people are the only voice helpless preborn children have. These children count on us to be their defense, to affirm their right to life, to defend their very lives. Unfortunately, the temptation to compromise the lives of preborn children has a firm grip on many pro-life individuals and organizations. This compromise mentality has been sold as an "imperfect, yet necessary" approach to stopping the killing.

You are aware that some pro-lifers are told that we have to be "politically realistic." We have to be "less rigid," that if we are, at least *some* preborn children will be protected. But then we have to ask: if we forsake the principle of personhood for even one baby, because of a Gallup poll result or a politician's whim, what will happen? The answer is obvious: we will have taken the incremental road, and rather than defending the personhood of each and every preborn child, we will have discriminated against some of the most vulnerable of these babies—those conceived because of rape, incest, or those who perhaps are viewed as a threat to the mother, not to mention those who might suffer from a disability.

The fact is that the compromise road hasn't led us to victory, it's led us into a ditch. And now it's time to get out and get back on track.

Let's take a quick look—from spiritual, societal, and political perspectives—at why the compromise approach to stopping abortion has not worked and will not work.

Spiritual

1) *Isn't every child created in the image of God?* God is the Author of all human life. In His infinite wisdom and love, He creates each and every human being. At the moment of fertilization, a unique human being comes into existence. When we deny the humanity of even one preborn child, because she may have been conceived through a violent act of rape or she may have a disability, we deny God as the Author of all life.

2) *Are we willing to protect them all?* (Matthew 18:10-14) "Beware that you don't look down upon a single one of these little children. For I tell you that in heaven their angels will have constant access to my Father. And I, the Messiah, came to save the lost. If a man has a hundred sheep, and one wanders away and is lost, what will he do? Won't he leave the 99 others and go out into the hills to search for the lost one? And if he finds it, he will rejoice over more than over the 99 others safe at home! Just so, it is not my Father's will that even one of these little ones should perish." Jesus did not instruct us to leave behind those who may be more difficult to protect.

Societal

1) *Do our actions match our message?* When the pro-life movement introduces pieces of legislation and supports candidates that maintain that certain children (usually handicapped children or those conceived in rape or incest) can be legally killed, should we expect the public to believe us when we say that abortion murders a defenseless child? If abortion is murder, why are pro-lifers willing to say that some children are more important than others? The bottom line is that society sees us as hypocritical when we accept exceptions to the right to life.

2) *Do we really believe that abortion victimizes women?* When we offer the common "exceptions" for rape and incest, we tell society that abortion can be a positive experience for women. Instead of insisting on compassion for victimized women, we send a message that more victimization at the hands of an abortionist will somehow lead to healing.

Political

1) *Where have all the pro-life elected officials gone?* The answer to this question is rooted in the pro-life movement itself. Years ago, pro-lifers supported only candidates who opposed abortion. Today we donate our resources to pro-abortion politicians who merely agree to oppose the so-called "Freedom of Choice Act." Our movement sets the standard of what it means to be "pro-life"; as our standards have lowered, the number of truly 100% pro-life elected officials and candidates has dropped drastically. On the other hand, the pro-abortionists' *unwillingness* to compromise has resulted in more and more politicians toeing the pro-abortion line. If pro-lifers are willing to compromise, why shouldn't the politicians? Elected representatives craft laws. Without solidly pro-life officials, there will be no solidly pro-life laws, nor will there be any legislators willing to "tighten up" exception-filled legislation at a later date.

2) *Is the pro-life movement weak?* When legislators who occasionally throw pro-lifers a bone receive the same campaign support from the movement as do no-exceptions officials, what incentive is there for a politician to be truly pro-life? It seems that the candidate no longer has to stand up for all the babies; the movement will bend for the candidate. Although we say that abortion is not just another political issue because innocent lives hang in the balance, our willingness to pick and choose which babies we will allow to live and which babies we will allow to be brutally murdered by abortion has cracked the principled foundation of the pro-life movement.

Abortion is not just another political issue. Every time we "give a little" in hopes of getting something in return, we give away a child's life. In effect, when pro-lifers pick and choose—based upon public opinion polls or the prevailing political winds—which children should be protected and which children will "just have to wait until next year," they are exercising the "right to choose" who will live and who will die. That choice is not ours to make.

By being faithful to our God-given principles, the pro-life movement will be successful. By reclaiming what it means to be "pro-life" and standing firm in the truth that every human life, from fertilization to natural death, is created by God in His image and cannot be given away no matter what the "political reality," we will see the hearts and minds of our fellow Americans changed.

After more than two decades of legal abortion, now more than ever we need to send a strong message to America! The lives of preborn children are not a commodity that can be sold at a political price. As pro-lifers, we must defend them—without exception, without compromise.

PRAY and FAST

*The American Life League
is committed to working with
our fellow pro-life Americans
to create a society in which
all innocent human
life is respected and protected.
To accomplish this goal, we will:
Inform, inspire and educate
Americans with the knowledge
necessary to oppose the legalized
killing of the innocent;
Produce tools necessary for pro-life education;
Establish grassroots support for
public policy that will respect and
protect all human beings from the
moment of fertilization;
And, most important, rely on the
grace and inspiration of Almighty God
to support us in these efforts.*

American Life League

For God,
For Life,
For the Family,
For the Nation.

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This report is available upon request, as is our annual audited statement by Thomas Havey and Company, as well as our IRS Form 990, which is available through the IRS or directly from our office.

9. We must not permit the anti-life forces to further distort the truth that every man and woman is uniquely created in the image and likeness of God, deserving respect from the moment his or her life begins.

10. We must reinforce the fundamental values of purity and modesty in equipping young people to face their future in the light of Truth found in Christ.

11. We must continue to reach out to our fellow Americans, showing them the reality of who we are, what we do and how one person can make a difference. We will provide them with a "window to the womb" as well as a deeper appreciation for the needs of those vulnerable due to age, illness or incapacity.

12. We must make every effort to reach our local media through personal contact, factual education and firsthand exposure to our work.

13. We must continue to provide the best and most current educational materials, especially to our youth.

With humble prayers of supplication that God will keep us within His will, American Life League offers this Statement of Policy to achieve protection for the least of our brothers and sisters.

American Life League pursues these goals as we prepare America for a rebirth of what our Founding Fathers had in mind for each and every one of us:

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness."

Declaration of Independence,

July 4, 1776



P.O. Box 1350,
Stafford, VA 22555
(703) 659-4171

Cost: No Charge

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AMERICAN
LIFE
LEAGUE, INC.

American Life League
Statement of Policy:

Creating A
Pro-Life
America

American Life League's *Mission Statement:*

American Life League is committed to working with our fellow pro-life Americans to create a society in which all innocent human life is respected and protected. To accomplish this goal, we will:

inform, inspire and educate Americans with the knowledge necessary to oppose the legalized killing of the innocent;

produce tools necessary for pro-life education;

establish grassroots support for public policy that respects and protects all human beings from the moment of fertilization; and,

most importantly, rely on the grace and inspiration of Almighty God to support us in these efforts.

Prognosis: The Nineties Environment

At present the pro-life movement faces hostility in the White House, the Congress and the United States Supreme Court. The 1989 decision of *Planned Parenthood v. Casey*, the advancement of the federal pro-abortion agenda and regulations, the specter of RU-486's arrival in America, the push for Norplant, and other pro-death developments have caused American Life League to re-examine the direction of our organization and of the entire pro-life movement.

With this re-examination come the stark

facts that pro-lifers will face in the near future.

First, Congress will be pressured to enact pro-death legislation in order to prevent states from restoring protection for preborn life.

Second, in all fifty states legislative and court battles could well ensue over regulating abortion.

Third, pro-abortion state court judges may "discover" a "right" to abortion in state constitutions.

Fourth, much of the media will join the pro-abortion forces in claiming that women will be lying in the streets dead from coat-hanger abortions unless legalized abortion on demand continues throughout the country.

Fifth, the debate over chemical abortion will intensify as pro-abortionists seek to undermine pro-life efforts to restore full legal protection for preborn children.

In light of these circumstances, there will be a greater need for a unified purpose and a specific set of goals for pro-life groups at every level.

The policy statement below sets forth the courses of action which the American Life League encourages all pro-life groups to adopt to the best of their unique abilities, based upon their individual resources and missions.

Policy Statement

In order to restore respect for human life in America, it is clear:

1. We must continue to emphasize the personhood of the preborn baby. We must be consistent in our actions and our message. We must insure that educational and legislative efforts do not contradict or undermine the moral truth that all preborn babies possess the right to life.

2. We must have lawmakers who are dedicated to the people that each and

every human person is to be legally protected from the moment of fertilization.

3. We must work as never before to enact and ratify an amendment to the United States Constitution that protects all innocent human beings, regardless of age, health or condition of dependency, from the moment of fertilization.

4. We must coordinate with our churches and other local groups to maximize support for efforts to have the personhood of the preborn recognized.

5. We must work to establish, at every level of government, social policies that nurture the traditional family as the fundamental unit of society. Our focus must include international social policy so that America no longer exports programs that corrupt and destroy the rights of families and the sanctity of the procreative act within marriage.

6. We must continue to provide emotional, financial and spiritual support for all families experiencing crisis pregnancies, especially for those families consisting of only single mothers and their children.

7. We must emphasize the dreadful effects of the contraceptive mentality on the traditional family and society as a whole. We must make known the statistical evidence that clearly shows the relationship between the practice of contraception and promiscuity, abortion, escalating rates of divorce, increased incidence of venereal diseases, irreparable physiological and psychological damage to men and women and the rapid spread of AIDS.

8. We must continue to emphasize the actual modes of action of the birth control pill, the IUD, RU-486, Depo-Provera, Norplant, and other such chemicals and devices, pointing out that all of these products control birth in several ways, including the aborting of very young preborn children.

• A re-establishment of the sanctity-of-life ethic in the moral fiber of our country. Mankind is made in the image of God, a special creation, and each soul is valuable.

A.L.L. PUBLICATIONS OF INTEREST

1. *Moral and Logical Arguments Against Abortion*—Booklet, Order #AB19, \$2.00.
2. *Human Personhood Begins at Conception*—Booklet, Order #EG8, \$2.50.
3. *Exceptions: "Abandoning the Least of These My Bretheren"*—Booklet, Order #AB15, \$2.00.
4. *How to Understand the Congress*—Booklet, Order #B07, \$2.00.
5. *The Right to Life: The Most Fundamental Right*—Booklet, Order #LW8, \$2.00.
6. "Legislator for Life"—*Celebrate Life!* Video, Order #CL26, \$10.00.

To obtain these publications please contact A.L.L.'s Resource Department, (703) 659-4171.

For updates on legislation, contact:

Kate Fitzgerald
Government Affairs Office
American Life League, Inc.
(703) 659-4171



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KNOW

YOUR

LEGISLATORS



KNOW YOUR LEGISLATORS

Your County Board of Elections (see colored pages in the front of your phone book or the Yellow Pages under "Government") should be able to tell you who your state and local legislators are as well as their addresses.

KEEP UP TO DATE ON PENDING LEGISLATION AND PRO-LIFE ACTION IN OUR COUNTRY

Your daily newspaper is a great source of information. You may want to go to your local library for publications that specialize in political events.

The following organizations will be able to help you:

- American Life League
P.O. Box 1350
Stafford, VA 22555
703-659-4171
- March for Life
P.O. Box 90300
Washington, DC 20090
202-LIFE-377

LIFE LETTERS TO YOUR LEGISLATORS

Letters from home have become the main form of voter contact and the prime source of constituency views. Your senators and representatives NEED to hear from you.

1. Make the letter your own.
2. State the legislation (by bill number if possible) and come right to your point.

3. One page is usually sufficient.
4. Ask for your legislator's position on the bill. Constituents are entitled to know.
5. Keep an attitude of respect and courtesy.
6. Write the legislator even if you know he agrees with you—he or she needs the support.
7. Always send a letter of appreciation for a positive response.
8. Telegrams and mailgrams are often used when a vote is imminent. These may be purchased by calling Western Union's nationwide toll-free number: 1-800-325-6000.

OTHER WAYS TO REACH YOUR LEGISLATOR

Lobby by phone. Most legislators check with their local or state offices daily. A friendly message left with the secretary can be effective. Almost all contact with a busy legislator is through the staff. He or she depends on them for direct advice and for filtering public opinion. Calls to your legislator's Washington office can be made using the House and Senate switchboards: (House) 202-225-3121, (Senate) 202-224-3121.

Make a casual visit to the district office. Get to know by name the aide who greets you. When presenting the reason for your visit, be friendly and chat briefly. No appointment is necessary, making a visit easier. Take a notepad and jot down notes of answers, showing you care. If he or she

is weak in an area, make an appointment for a presentation.

Make a formal visit to the district or Washington, DC, office. Call for an appointment at a convenient time. Arrange to go with at least one other person from your state or district. The initial visit should be one for introduction and explanation of your interest in legislation. Be prepared to answer specific questions on legislation of interest. Listen carefully to the legislator's views; don't interrupt if you disagree. You can accomplish more by listening and mentally noting areas of accord and disagreement.

Lobby in the state capitol during the session. Contact appropriate local pro-life groups for assistance, directions, and an update on pro-life legislation. A state lobbyist may save you a lot of time and confusion.

Arrange for a **casual visit with a candidate for office.** Find out from the candidate's headquarters the schedule of his or her forums, speaking engagements, mall visits, etc. Afterwards, chat with any staff present and later write up a summary for your records.

THE ULTIMATE PRO-LIFE GOAL FOR AMERICA

• A human life amendment to the U.S. Constitution.

• A reversal of the 1973 *Roe v. Wade* decision. Although this is one of our goals, this may only put abortion back to each state to decide. An amendment would extend national protection to the defenseless.

THE BOTTOM LINE:

Our Lord has placed us in this battle to be His hands, feet and eyes. Let us never initiate proposals or advocate pro-life strategy that would endanger even one of these, His children.

Pro-life people are the standard bearers; we are the stone wall around the children. We can present no cracks, we can promote no compromises, we can propose no killings.

"As long as you did it to one of these my least brethren, you did it to me."

(Matthew 25:40)

Harry Truman lived by
Sam Houston's maxim:
*"Do right, risk consequences."
The maxim of some in the
pro-life movement seems
to be: "Do polls, Risk lives."*



STATEMENT OF POLICY:

DEALING WITH EXCEPTIONS



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STATEMENT OF POLICY:

Dealing with Exceptions

The ultimate goal of the pro-life movement is amending the U.S. Constitution with the Paramount Human Life Amendment which states:

"The paramount right to life is vested in each human being from the moment of fertilization without regard to age, health or condition of dependency."

This amendment protects ALL innocent human persons from the moment of fertilization.

Legislative goals, however, are a bit more complex.

****A law (bill) may be passed one year, strengthened or weakened the next, or repealed.**

****A law is just that, no more, nor less. It is constantly subject to the majority will of the legislature.**

So, the question is:

**CAN WE SUPPORT LAWS THAT
ARE LESS THAN PERFECT?**

LET'S EXAMINE THIS QUESTION

Pro-life people must not propose legislative goals, or goals of any sort, that would in any way be perceived as support for the abortion of even one child.

Pro-life people must expect lawmakers to work toward total protection for all innocent human beings, including the preborn, and we must demand this without hesitation.

Pro-life people must not appear to be gambling with these innocent lives in our tactics and strategy.

Pro-life people must make certain that our remarks reflect the principle that each innocent child's life is valuable and must be protected by the law and by society as a whole.

DEALING WITH A POLITICIAN

A pro-life politician proposes an initiative that will save all of the babies, but his effort is defeated.

This politician begins the game of compromise, attempting to determine exactly what he can get and what will pass a particular lawmaking body at a given time.

He then comes to pro-life people, and explains that he tried to acquire total protection, but has failed. However, he explains what he can do and asks for our help.

OUR RESPONSE:

Pro-life people stress to this legislator the need to be ever vigilant and to work toward the goal of total protection. We then treat each bill on a case by case basis before we as pro-lifers decide what to do.

the abortion schedule who were "delivered" by a liveborn technique, attached to an artificial placenta and then taken off it and left to die once the same researcher obtained his data. In many older as well as contemporary books and articles from the eugenics wing of society, the ultimate eugenic goal in reproductive "science" is "ectogenesis"—that is, fertilization and gestation outside the womb, either to advanced benchmarks of development or to "birth."



The current proceedings of the Ethics Advisory Committee to the NIH Director were made possible through President Clinton's lifting of the six-year moratorium on federal funds underwriting the use of aborted babies for transplantation. When that occurred in January, 1993, the NIH went through with its Revitalization Act. One of the Act's accomplishments was the removal of a provision that all proposed IVF-related research must go through an Ethics Advisory Board. However, that Board was abandoned in the early 1970's and never reconstituted. Thus, no grant proposals aimed at IVF, let alone pure embryo research, could be submitted to the NIH. Obviously, the purpose of the current *ad hoc* and stacked Committee is to speed the already submitted proposals into laboratorial reality.



What has happened is that there has been no debate at the Congressional level

as to whether the production of embryos and experimentation upon them should be legal in the U.S. Several European countries have put a constitutional ban on many forms of embryo experimentation, notably cloning and hybridization. Such experimentation in these countries is also codified as felonious. Unless the next scheduled meetings are prevented by Congressional action, a truly gross eugenic epoch will dawn in this country. The NIH has obviously spun out of accountability to the commonwealth and the republic. In fact, what has now occurred in the United States is that human bioslavery and live human sacrifice are here. Even this bioslavery's great commercial profits promise to be less enormous than its gargantuan attack on human life and so, the Constitution.



American Life League, Inc.
P.O. Box 1350
Stafford, VA 22555

Cost: \$.30 each
100 for \$20.00

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ACTION

The NIH Human Embryo Research Panel made its recommendations to Dr. Harold Varmus, Director, National Institutes of Health, during a two-hour conference on September 27. You now have 60 days during which comments can be made to Dr. Varmus in opposition to the panel's outrageous and immoral proposals.

The panel has chosen to play God, saying that tiny boys and girls at fertilization do not have the same moral standing as infants and children. They advocate research on these tiny human beings and deny that they are worthy of protection. There is absolutely no reason for any U.S. taxpayer to subsidize such ghoulis activities. Please make your opinion known. Ask others to do the same.



Dr. Harold Varmus, Director
National Institutes of Health
9000 Rockville Pike, Bldg. #1,
Room 218
Bethesda, MD 20892

HUMAN EMBRYO

BIOSLAVERY:

The
Eugenicists'
Dream
Come True

BY
SUZANNE RINI
UPDATED
SEPTEMBER 1994

ACTION REQUIRED!

HUMAN EMBRYO BIOSLAVERY: THE EUGENICISTS' DREAM COME TRUE

Recent reports from Britain indicating researchers' desire to use the eggs from aborted babies for egg donation and *in vitro* fertilization (IVF) brought wide media coverage in the U.S. While that British proposal may or may not be turned down by the British Licensing Authority, the same experiment in which an aborted or IVF embryo would be the "mother" of a child is now on the table of the U.S. National Institutes of Health. Also being launched is widespread embryo experimentation of many kinds.

On February 2 and 3, 1994, a new era of bioslavery leaped into reality via a surprise attack on life when a meeting of the Ethics Advisory Committee to the NIH Director was held at the Marriott Hotel in Bethesda, MD.

The Committee itself has no representatives from the pro-life community. In fact, the Committee's Overall Chair, Steven Muller, Ph.D., President Emeritus of the eugenically minded Johns Hopkins University, when faced with complaints about the stacked quality of the Committee, simply replied that there would be no good purpose served in

having any opposing voices on it. Further, Muller said that the Committee's work should fall to those engaged in or at least supportive of human embryo research!

Demonstrating the insider quality of the Committee is that one of its members is Dr. Kenneth Ryan. In the early 1970's, Ryan did what is referred to as the U.S. "soft study" on abortion. It repudiated all other international studies that found both physical and psychological consequences after even one abortion, or that showed abortion causing a higher risk of bearing a handicapped baby in future, wanted pregnancies. In 1974 Ryan chaired the federal commission that approved the use of live and freshly dead aborted babies for research purposes. Now Ryan is slated to become the chairman of the ethics committee of the American Fertility Society. The AFS is in the forefront of embryo and IVF research. Dr. Robert Stillman, a member of the team at George Washington University Medical Center that carried out the first human cloning experiment in October, 1993, is a member of the AFS and the editor of its journal, *Fertility and Sterility*. The AFS is responsible for propagandizing the term and concept of the "pre-embryo." This term means that there is no human individual present until 12 days of development, when the primitive streak appears. It is the "pre-embryo" hoax that is the foundation of "ethical" permissions for embryo and IVF research.

Most disturbing is that grant proposals have already been received by the National Institutes of Health for a wide variety of macabre embryo research projects. The Committee's responsibility to the NIH Director is to recommend which protocols and experiments should be federally funded. But its obvious purpose is to steamroll these proposals into reality. Since last October's cloning experiment was privately funded, it is legitimate to state that those embryo experiments turned down for federal funding will be easily supported by private monies.

From the material circulated by the Committee it is obvious that there already exists a research cadre enthused and ready to use the extra embryos obtained through IVF for a multiplicity of experiments. Listed in the "Descriptive Summary of Pending Grant Applications in Human Embryo Research" are:

- "The use of 'failed to fertilize' (FTF) eggs discarded from clinical IVF programs." These eggs, as well as "surplus eggs," would be used "to study the events of oocyte [egg] maturation *in vitro* or assessments of mature egg status or quality-based on studies of egg metabolism, growth factor response . . . gene defect detection . . ." as well as several other uses.

- "The use of fetal ovaries from abortus sources as a source of eggs for IVF applications." These eggs would be used in investigations aimed at the "development of cryopreservation methods to hold such source material available as a donor egg source."

- "The use of aberrant embryos . . . or surplus embryos discarded by clinical IVF programs or embryos created by IVF during the course of the research for the sole purpose of the research investigations proposed."

Amazingly, the fact sheet reveals that one of the uses of some eggs gotten from women would be for experimentation with parthenogenesis. This is an asexual method for obtaining a pregnancy. The same fact sheet states that "applications . . . have been received . . . which propose to create monoparental [one parent] parthogenetic embryos from eggs unfertilized by sperm in which development has been activated by experimental means."

The fact sheet does not reflect the next step after parthenogenesis, which is often called a "virgin birth." That would be experimentation aimed at raising such embryos outside the womb via an artificial placenta technology. In 1968, a researcher from George Washington University obtained several live babies on

communiqué

From: Judie Brown

November 25, 1994

abortion

CHINA: In October the top legislative body in China, The National People's Congress Standing Committee, passed a law that "recommends aborting fetuses that carry hereditary diseases," according to the *Abortion Report*.

(Reading: "China: Recommends New Abortion Law," *Abortion Report*, 11/1/94, item #12)

COMPLICATIONS: Susan Smith of Union, South Carolina, accused of murdering her two young sons, had had an abortion. The *Boston Globe* reported that the departure of Smith's wealthy boyfriend, Thomas Findlay, "was the culmination, acquaintances said, of many traumas in her life, including her father's suicide at home when she was 7 years old and an abortion she had as a teen-ager that deeply depressed her."

(Reading: "S.C. Tragedy Has Its Roots in Troubled Life," *Boston Globe*, 11/6/94, p. 1)

COUNSELING: Ohio state representative Jerry Luebbers plans to introduce a bill in January that would require pre-abortion counseling to be done face to face with the patient rather than via the call-in system used in many clinics, which allows the patient to "listen to a doctor's recorded message so that they do not have to visit the clinic twice," reports *Ohio Medicine*.

(Reading: "Bill May Close Abortion Law Loophole," *Ohio Medicine*, 11/94, p. 4)

chemical warfare

NORPLANT: #1—Researchers have studied the birth control habits of inner city adolescent girls and determined that Norplant "may be vastly more effective at preventing pregnancy in this social group than oral contraceptives," according to the *Washington Post*.

"Their conclusion is that 'selection of Norplant by adolescent mothers [average age = 16.7 years old] as a method of contraception [sic] is associated with higher rates of continued use and lower rates of new pregnancy than the selection of oral contraceptives [sic] and does not affect the use of health care services, sexual activity, condom use, or the rate of sexually transmitted diseases,'" wrote Bogomir Kuhar, Pharm.D. "What it doesn't point out is that there are fewer perceived pregnancies since the bias of the authors

does not take into account the high rates of ovulation and, under proper conditions, the higher rates of conception in those same young girls using Norplant.

"Also not correlated between the two groups (Norplant n=48; OCs n=50) is the extremely high rates of sexually transmitted diseases found in contracepting women, especially at young promiscuity: 42% of the Norplant users and 36% in OC users. The authors conveniently ignore the high rates in favor of saying that the rate of STDs is not all that different between the two groups. What a sudden lapse of scientific curiosity! Also not mentioned is that 60% of Norplant users had a previous pregnancy and 50% had a previous birth."

(Reading: "Study Picks Implant Over the Pill," *Washington Post*, 11/3/94, p. A10; Memo to Mrs. Judie Brown from Bogomir Kuhar, Pharm.D., Subject: "Norplant Articles in the New England Journal of Medicine, 11/3/94," 10/31/94; Margaret Polaneczky, M.D., et al., "The Use of Levonorgestrel Implants (Norplant) for Contraception in Adolescent Mothers," *New England Journal of Medicine*, Vol. 331, #18, 11/3/94, pp. 1201-1206; Robert A. Hatcher, M.D., and James Trussell, Ph.D., "Contraceptive Implants and Teenage Pregnancy," *New England Journal of Medicine*, Vol. 331, #18, 11/3/94, pp. 1229-1230)

NORPLANT: #2—The October 1994 issue of *American Journal of Obstetrics and Gynecology* included a letter by three Arizona physicians dealing with techniques that could be used to resolve the difficulty in removing Norplant implants. "The manufacturer's insert reports the incidence of difficult removal to be around 13.2%," wrote the doctors.

(Reading: "Use of Needle Localization for Difficult Norplant Removal," *American Journal of Obstetrics and Gynecology*, Vol. 171, #4, 10/94, pp. 1161-1162)

euthanasia

ARTIFICIAL FEEDING: The terminally ill who do not eat food on a regular basis simply do not wish to eat, suggests a recent *Journal of the American Medical Association* article, which states: "Providing food and fluids only as needed to relieve the patient's discomfort can be an effective means of fulfilling a patient's wishes while alleviating discomfort. Caregiver time can be devoted to providing comfort care for patients rather than implementing artificial nutrition and hydration."

(Reading: Robert McCann, M.D., et al., "Comfort Care for Terminally Ill Patients," *Journal of the American Medical Association*, Vol. 272, # 16, 10/26/94, pp. 1263-1266)

OREGON: Measure 16, the physician-assisted suicide initiative, passed on November 8, making it legal to actively assist in the suicide of the terminally ill in that state. Prior to the vote, syndicated columnist Cal Thomas wrote, "Oregon has been a leader in efforts to protect wildlife and timber from human predators. It would be a tragedy if Oregonians unleashed a new kind of predator: your doctor."

They have.

(Reading: Cal Thomas, "Whether to Kill in Oregon," Fort Worth Star-Telegram, 10/29/94, p. A35)

PHYSICIAN-ASSISTED SUICIDE POLL: The National Conference of Catholic Bishops, supported by a grant from Our Sunday Visitor Institute, commissioned a poll to determine how Americans feel about the so-called "right to die."

"When given the choice between ensuring dying patients either a 'right to die' or good care and effective pain control, 60 percent chose good care and pain control. Only 27% said they would prefer the 'right' to commit suicide."

"More significantly, the poll pointed out sharp divisions along lines of class, race and age. While euthanasia proved most popular among more affluent whites in their 30s and 40s, higher percentages of blacks, poor people and senior citizens opposed it."

(Reading: "The Revealing Findings of the 'Final Exit' Poll," Our Sunday Visitor, 10/23/94, p. 2)

fetal people

REDUCTION: A recent study has produced some astounding results regarding the attitudes of parents who have obtained "pregnancy reduction" in order to eliminate one or more of their preborn children during a multiple pregnancy.

"When the parents were asked whether or not they intended to tell their infants about the multifetal pregnancy reduction, six couples [out of 21] answered that they would, whereas four couples believed that they would not tell their children everything that had happened. The remaining group, however, had not yet made any firm decision."

The study also revealed that "two couples divorced after birth of the children, but the women indicated that the multifetal pregnancy reduction did not have any effect on this decision. Finally, some of the couples regretted having a twin or triplet because it meant having less time for each other."

(Reading: Humphrey Kanhai, M.D., et al., "Follow-up of Pregnancies, Infants, and Families After Multifetal Pregnancy Reduction," Fertility and Sterility, Vol. 62, #5, 11/94, pp. 955-959)

heroes

CONNECTICUT: Bishop Daniel Reilly of Norwich is promoting the Respect Life Program in his diocese. A complete list of pro-life parish representatives in the diocese appeared in the diocesan newspaper. The program involves high school pro-life groups, parish leaders and others. Bravo!

(Reading: announcement in Four County Catholic, 10/94, p. 27)

(Contact: For more information, contact Msgr. Robert L. Brown, Diocesan Pro-Life Director, P.O. Box 587, Norwich, CT 06360; 203-887-9294)

infanticide

MICHIGAN: Dr. Gregory Messenger and his wife Traci, alone with their newborn son, their third child, removed life support from the one-pound, 11-ounce boy, who soon died. The parents' lawyer argues that they had the "responsibility to make the ultimate decision."

This is freedom of choice, isn't it?

(Reading: "Who Has Right to Decide Fate of Premies?" Wall Street Journal, 11/2/94, pp. B1, B9)

miscarriage

PSYCHOLOGICAL PROBLEMS: A study following up on 65 women who had miscarried found that "women with unplanned pregnancies were significantly more likely to have persistent anxiety 12 weeks after the miscarriage, compared with those with planned pregnancies." The article suggests that more study is needed in this area.

(Reading: R. J. Prettyman, et al., "A Three-Month Follow-up of Psychological Morbidity After Early Miscarriage," Obstetrical and Gynecological Survey, 10/94, pp. 600-601)

politics

ELECTIONS: With the potential gain of 35 pro-life votes in the United States House of Representatives and an additional five in the Senate, A.L.L. is cautiously optimistic that gains can be made legislatively that will provide protection for innocent preborn children. No exceptions, please!

KENTUCKY: The newly adopted Kentucky Republican Party platform includes the following statement: "Whereas, all life is precious and begins with conception, be it resolved that we shall defend and protect all persons at all levels of life."

(Reading: "Pro-Life State Watch," RNC [Republican National Committee] for Life Report, 9/10/94, p. 2)

WYOMING: The Wyoming Human Life Protection Act failed to pass on November 8. The proposal allowed exceptions and presented a confusing position to the voters. Some abortions were acceptable, which would suggest that some human beings are expendable. It failed.

(Reading: "Wyoming to Vote on Nation's Only Antiabortion Referendum," 10/31/94, Washington Post)

population control

WORLD VISION: On October 20 Lisa M. Lunt of World Vision wrote to American Life League in response to our repeated requests that they share with us their position on "family planning and development." Lunt wrote: "Overpopulation is a serious problem" and that mothers in many countries "have not been told how to plan their families. Sometimes governments want to handle this matter, and private agencies cannot be involved. As foreign guests in

(Continued on page 3)

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(Continued from page 2)

these countries, we are in no position to insist in such matters. We can encourage and suggest and, where possible, assist." World Vision finds it "sometimes desirable" to "assist or begin programs of family planning," but categorically opposes abortion.

(Reading: 10/20/94 letter to American Life League from Lisa M. Lunt, Donor Relations, World Vision)

prenatal testing

PRENATAL TESTING: Metpath New England, a medical lab in Wallingford, Connecticut, "said some prenatal tests used to detect birth defects were tampered with over a three-month period. The company also acknowledged it tried to silence a doctor who discovered the problem and was warning others.

"Metpath officials said they wanted to understand the nature of the problem and avoid causing unnecessary anguish to pregnant women," according to a report in the Waterbury (CT) *Republican-American* (emph. added). Now Metpath has asked the FBI and state police to investigate.

(Reading: "Lab Admits Large Blood-Test Tampering," Waterbury [CT] *Republican-American*, 11/11/94)

reproductive technology

EGG DONORS GET DISCOUNTS: Ohio Medicine reports that University Hospitals of Cleveland have a new program that enables women to obtain reduced fees for *in vitro* fertilization by donating their eggs. Ethicists argue that this program "treats potential human life as commercial property."

(Reading: "Egg Donors Receive Discounts," Ohio Medicine, 11/94, p. 28)

you

ADOPTION: Catholic Charities of the Diocese of Dallas has new phone numbers for adoption information: 1-214-BABY-DUE and 1-800-BABY-DUE. Houston Catholic Charities and Catholic Social Services of Montana are also using BABY-DUE phone numbers for adoption information.

(Reading: Letter to Judie Brown from Roman Catholic Diocese of Dallas Catholic Charities, 3725 Blackburn St., P.O. Box 190507, Dallas, TX 75219-0507)

LOVING GOD: Mr. Richard Beemer is anxious to send you a copy of his "Jesus is Lord our God" card. He wrote A.L.L., "In faith I want to send hundreds for free to anyone who will fax me a request. It's God's job to meet the needs." Write Lord's Love Witness Company, P.O. Box 546, Wichita, KS 67201-0546 or fax 326-832-3269.

MOTHER TERESA: An audiotape of the National Prayer Breakfast speech given by Mother Teresa is available for \$10.00 from Cathedral Knights of Columbus/Council 9563, c/o Mr. Harry Tilly, Grand Knight, 4100 La Salle St., Lincoln, NE 68516.

communiqué 11/25/94

zinger

THE NEWEST CONCEPT IN SAVINGS ACCOUNTS FOR THE U.S. MILITARY: Carl Djerassi, who is known as the "father of the Pill," has suggested that the military could provide a source of sperm for research. He writes:

"The military services are the source of the largest number of young men with detailed medical records and the potential for follow-up. With little difficulty and relatively minor expenditure, tens of thousands of volunteers could collect their own semen to be cryopreserved by the military for years. This step alone would generate an invaluable resource for studies on male fertility and for eventual spin-offs of the Human Genome Project."

(Reading: Carl Djerassi and S. P. Leibo, "A New Look at Male Contraception," *Nature*, Vol. 370, 7/7/94, pp. 11-12)

PRAY and FAST... PRAY and FAST... PRAY and FAST

reflect

JESUS IS LORD OUR GOD: "You must love the Lord your God with all your heart, soul and might. You must think constantly about these commandments I give you today. You must teach them diligently to your children and talk about them when you are at home, when you walk by the way, and when you lie down and when you rise. And you shall bind them as a sign upon your hand, and wear them on your forehead, and write them on the door post of your house" (Deuteronomy 6:4, 9).

pray

Lord, God, you proclaim victorious those whose lives are blameless and give your law to those who seek it. Make us seek your righteous ways in our hearts. Amen.

God bless!

JB

communiqué is prepared by Mrs. Judie Brown and disseminated by American Life League because, as the Gospel of John teaches, in the light of Christ, truth will set men free. © 1994, Stafford, VA 22555 (USA); phone 703-659-4171; LifeFax 703-659-2586. Vol. 4, #24, \$13.95 per annum.

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CATHOLIC RESOURCE NETWORK—Use your modem to dial 703-791-4336 to browse or join (300-14,400 baud, 8 data bits, 1 stop bit, no parity). For further information call CRNET at 703-791-2576.

NO PUBLIC MONEY FOR UNETHICAL HUMAN EMBRYO RESEARCH

A United States Government panel (the National Institutes of Health Human Embryo Research Panel) has recommended that public money should fund experimental research on individual human beings in their first two weeks of life without any possibility that these developing human beings should ever be born. These embryonic individual human beings, whether taken from their mothers directly or conceived in a laboratory, are to be studied and eventually destroyed.

The manipulation and destruction of one set of human beings, even if done in the name of curing serious disease, is not morally neutral, it is morally repugnant. This injustice and the use of public money taken from Americans who are disgusted by such human experimentation cry out for a firm and clear repudiation by public officials.

In support of its eugenic and pragmatic tampering with embryonic human individuals, the National Institutes of Health panel has altered scientific language and elevated speculative health benefits over the respect and justice due to all living human beings.

This so-called power over nature, which the panel seeks to make respectable through the use of federal money, is really the exercise of some persons' physical and political power over others. It is the use of science as a means of oppression in the name of scientific and social gains. This is in direct violation of the 1975 World Medical Association Declaration of Helsinki, which states as a basic principle, "Concern for the interest of a subject must always prevail over the interest of science and society."

We, the undersigned, are united in our opposition to these practices in principle and to the use of taxpayers' money for such anti-human purposes. We urge lawmakers to enact and enforce laws and policies which forbid direct support for such procedures. Further, we urge that, as is done with other cases of civil rights violations, institutions or individuals be made ineligible to receive any public money as long as they conduct such unethical human embryo research.

Please feel free to copy this statement, use it as your own, and collect signatures in your community. We encourage you to submit this statement and signatures to your members of Congress after January 23, 1995.

called "Freedom of Choice Act." Our movement sets the standard of what it means to be "pro-life"; as our standards have lowered, the number of truly 100% pro-life elected officials and candidates has dropped drastically. On the other hand, the pro-abortionists' *unwillingness* to compromise has resulted in more and more politicians toeing the pro-abortion line. If pro-lifers are willing to compromise, why shouldn't the politicians? Elected representatives craft laws. Without solidly pro-life officials, there will be no solidly pro-life laws, nor will there be any legislators willing to "tighten up" exception-filled legislation at a later date.

- (2) *Is the pro-life movement weak?* When legislators who occasionally throw pro-lifers a bone receive the same campaign support from the movement as do no-exceptions officials, what incentive is there for a politician to be truly pro-life? It seems that the candidate no longer has to stand up for all the babies; the movement will bend for the candidate. Although we say that abortion is not just another political issue because innocent lives hang in the balance, our willingness to pick and choose which babies we will allow to live and which babies we will allow to be brutally murdered by abortion has cracked the principled foundation of the pro-life movement.

Abortion is not just another political issue. Every time we "give a little" in hopes of getting something in return, we give away a child's life. In effect, when pro-lifers pick and choose—based upon public opinion polls or the prevailing political winds— which children should be protected and which children will "just have to wait until next year," they are exercising

the "right to choose" who will live and who will die. That choice is not ours to make.

By being faithful to our God-given principles, the pro-life movement will be successful. By reclaiming what it means to be "pro-life" and standing firm in the truth that every human life, from fertilization to natural death, is created by God in His image and cannot be given away no matter what the "political reality," we will see the hearts and minds of our fellow Americans change.

After more than two decades of legal abortion, now more than ever we need to send a strong message to America! The lives of preborn children are not a commodity that can be sold at a political price. As pro-lifers, we must defend them—without exception, without compromise.

For more information contact:



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American Life League
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TOTAL protection

Pro-life people accept the truth that each and every preborn child, from fertilization on, is a human being. Each one is a person and deserves total protection from society and, yes, from the law as well.

Many of us, however, are often challenged when it comes to using this truth as a basis for public policy. We are told that we simply do not understand politics; that to seek protection for every baby is to be socially and politically irrelevant.

Yet, what will happen to the pro-life movement if we divorce ourselves from the truth? Let's take a look at the other position espoused by some among us, the one that allows for *some* abortions.

Is a baby's life a political commodity?

Have the lives of preborn children been reduced to a political commodity? Has the pro-life movement forgotten its ultimate goal of total protection for all innocent human life? These are two questions that must be examined at this crucial juncture in the pro-life struggle. As the body count grows on a daily basis, we must examine where the pro-life movement started, where it is, and where it must go to see an end to abortion.

Pro-life people are the only voice helpless preborn children have. The children depend on us to be their defense, to affirm their right to life, to defend their very lives. Unfortunately, the temptation to compromise the lives of preborn children has a firm grip on many pro-life individuals and organizations. This compromise mentality has been sold as an "imperfect, yet necessary" approach to stopping the killing.

You are aware that some pro-lifers are told that we have to be "politically realistic"; we have

to be "less rigid," and that if we are, at least *some* preborn children will be protected. But we have to ask: if we forsake the pro-life principle of personhood for even one baby, because of a Gallup poll result or a politician's whim, what will happen? The answer is obvious: we will have taken the incremental road, and rather than defending the personhood of each and every preborn child, we will have discriminated against some of the most vulnerable of these babies—those conceived because of rape, incest, or those who perhaps are viewed as a threat to the mother, not to mention those who might suffer from a disability.

The fact is that the compromise road hasn't led us to victory, it's led us into a ditch . . . and now it's time to get out and get back on track.

Let's take a quick look—from spiritual, societal, and political perspectives—at why the compromise approach to stopping abortion has not worked and will not work.

Spiritual

- (1) *Isn't every child created in the image of God?* God is the Author of all human life. In His infinite wisdom and love, He creates each and every human being. At the moment of fertilization, a unique human being comes into existence. When we deny the humanity of even one preborn child, because she may have been conceived through a violent act of rape or she may have a disability, we deny God as the Author of all life.
- (2) *Are we willing to protect them all?* (Matthew 18:10-14) "Beware that you don't look down upon a single one of these little children. For I tell you that in heaven their angels will have constant access to my Father. And I, the Messiah, came to save the lost. If a man has a hundred sheep, and one wanders away and is lost, what will he

do? Won't he leave the 99 others and go out into the hills to search for the lost one? And if he finds it, he will rejoice over it more than over the 99 others safe at home! Just so, it is not my Father's will that even one of these little ones should perish." Jesus did not instruct us to leave behind those who may be more difficult to protect.

Societal

- (1) *Do our actions match our message?* When the pro-life movement introduces pieces of legislation and supports candidates that maintain that certain children (usually handicapped children or those conceived in rape or incest) can be legally killed, should we expect the public to believe us when we say that abortion murders a defenseless child? If abortion is murder, why are pro-lifers willing to say that some children are more important than others? The bottom line is that society sees us as hypocritical when we accept exceptions to the right to life.
- (2) *Do we really believe that abortion victimizes women?* When we offer the common "exceptions" for rape and incest, we tell society that abortion can be a positive experience for women. Instead of insisting on compassion for victimized women, we send a message that more victimization at the hands of an abortionist will somehow lead to healing.

Political

- (1) *Where have all the pro-life elected officials gone?* The answer to this question is rooted in the pro-life movement itself. Years ago, pro-lifers supported only candidates who opposed abortion. Today we donate our resources to pro-abortion politicians who merely agree to oppose the so-

WHAT PRO-FAMILY AMERICANS WANT TO KNOW ABOUT HENRY FOSTER ...
AND DIDN'T GET A CHANCE TO ASK, FROM THE FRC

WASHINGTON, May 18 /PRNewswire/ -- "The results are not in on Dr. Henry Foster," said Family Research Council President Gary Bauer on Thursday, speaking on the U.S. Surgeon General nominee. "Many questions were not asked during the two-day hearing, and so Family Research Council examined the record for some questions of our own."

"Pro-family Americans understand that this nomination counts because it's a vote for our children and against government activism in the home -- through programs like condom distribution and abortion surgery without parental knowledge or consent," Bauer said. "The Senate should understand that all votes on this nomination will count on behalf of our children, and that includes a cloture vote."

The following are questions Family Research Council submitted to Sen. Kassebaum's committee as part of the continuing nomination process:

1. Dr. Foster, the Carnegie data on your "I Have a Future" program reveals that, consistent with other data on contraceptive-based programs of this kind, your program results were that the teenagers you taught were more likely to have sex than the control group. Still, you've said that you plan to make "I Have a Future" a national program. If you were surgeon general, would you change -- or how would you change -- the "I Have a Future" program?

2. How do you specifically intend to address the growing number of out-of-wedlock births? What policy initiatives do you intend to support/address/promote?

3. The bully pulpit of surgeon general would give you, Dr. Foster, a powerful place from which to address the nation. Would you continue to support:

- * Abortion without parental consent, as you did in Tennessee?
- * Fighting all restrictions on abortion, as you did through Planned Parenthood?
- * Experimentation with abortion causing drugs on American women as you did at Meharry?
- * Abortion through the ninth month to protect a woman's "right to choose"?

4. The Clinton Administration has made federal funding of abortion, both in the United States and world wide, a consistent initiative. Do you support federal funding of abortion? If only in certain circumstances, what circumstances?

5. You testified, Dr. Foster, that you would like to have it both ways on the issues of parental consent of abortion. However, while in Tennessee and in the Senate hearings, you said you supported the Tennessee Planned Parenthood's attack on a parental consent law with a judicial by-pass.

- * What is different about this surgery that you would support a teenager making the choice alone, without the influence of parents or court appointed guardian?

* Under what circumstances do you support parental consent for minors seeking abortion?

6. What would you do as surgeon general to make abortion rare, one of your stated goals?

7. What specifically would you do as surgeon general to make abortion "safe and legal"?

8. During your career, Dr. Foster, you have supported experimental procedures and controversial practices as medicine pursued new avenues of treatment. These have included forced sterilization and drug tests. How do you stand on the following health issues:

- * RU-486 tests on American women.
- * The President's involvement in lobbying personally for drug tests on a controversial chemical procedure.
- * Fetal tissue transplants
- * Experiments on the pre-born scheduled for abortion.
- * Experiments on the pre-born conceived in laboratories for the purpose of experimentation.
- * Proposed legislation that would not allow children born alive from an abortion to be either killed or allowed to die.

9. Do you believe that policy goal of reinforcing abstinence until marriage should be the primary means of reducing teen pregnancies and sexually transmitted diseases, such as AIDS, in teen sex education programs?

10. What do you believe is a realistic goal for sex education?

11. Dr. Foster, you said you supported forced sterilizations for the mentally handicapped women mentioned in your paper and testified that one reason was because it was difficult to keep the women clean. What other surgeries do you support for the chronically ill to make caring for them easier for others? Should the standard of care for the chronically ill be doing whatever makes life simpler for others?

12. Does your support at the time for forced sterilization for easing the burden on caretakers indicate that you would also support euthanasia?

13. Your position on abortion -- taken over the course of your career has been support for abortion with no restrictions whatsoever. This is the position of Bill Clinton and only 6 percent of other Americans. How do you intend to promote the convictions of the other 94 percent who believe there need to be some restrictions on abortion?

14. Planned Parenthood, of which you were a national board member and public policy advocate, supports the Sex Information and Education Council of the United States (SIECUS) guidelines which recommend teaching kindergarten students about masturbation. What is your position on this curriculum?

15. Do you agree with the spokeswoman for Planned Parenthood that an ob-gyn who will not perform abortions be unqualified for public health offices?

16. Do you support the current position of ACOG that resident programs for ob-gyn be required to teach abortion?

17. In the hearing you said that we must support local abortion clinics to protect a woman's range of options. What do you want to see happen to support local clinics? Do you believe tax dollars should be used to support the clinics? What would you do as surgeon general to support local clinics? For example, would you travel nationwide and donate your services as a speaker for clinic fund raisers?

-0-

5/18/95

/NOTE TO EDITORS: For more information on the Foster nomination, call the FRC media office./

/CONTACT: Kristi Hamrick or Kristin Hansen (for radio) of the Family Research Council, 202-393-2100/

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NEWS RELEASE
Abortionist Henry Foster unwelcomed in Tidewater

Henry Foster, President Clinton's nominee for Surgeon General will receive an Unwelcome committee when he is scheduled to speak at Hampton University's 125th commencement on May 14.

Pro-Life Virginia will demonstrate beginning at 9am at the head of Emancipation Drive which leads to the Convocation Center and will possibly go to the doors to inform graduates of abortionist Foster's bloody baby killing past.

Rev. Donald Spitz of Pro-Life Virginia said, "It is a slap in the face to all American mothers to have a man that rips babies from wombs, speaking on Mother's Day. If you're mentally disabled, he may even rip your womb itself out."

Others have shown an interest in disrupting the commencement exercises believing that baby killers have no right to speak, but no tickets were available to get inside the Convocation Center.

For more information call
Reverend Donald Spitz 421-2543

Pro Life Virginia is an anti-abortion group dedicated to stopping the slaughter of the innocent children.

727-5364

CAPITOL AREA CHRISTIAN NEWS

Issue No. 16 • Quarterly by Reformation Press • Winter 1994

Report From Pensacola II

There were a few at the federal and state trials who came to give the defendant honor. Regina Dinwiddie's mother arrived with a shirt adorned with the words "Friends of Paul Hill," enraging a co-passenger who denounced her as an outsider coming in to disturb the peace of the decent folk of Pensacola.

Christians at the trials of a second abortionist slayer missed the gracious and vivacious personality of Paul Hill. He was present as a defendant, rather than a defender. I missed him on the street, boldly carrying his signs in proclamation of the truth. And I missed the hospitality of his home with those smiling kids and that holy wife and hostess, Karen. If "prolife" critics of Michael Griffin successfully fixed attention upon his personal flaws to excuse themselves from examining the real issues, they were hard-pressed to do the same with Paul. Here was a blameless one. Here is a seminary-educated husband of sixteen years; father of Justin, Gloria, and Joy; prolife activist for twelve years. Here is a man of integrity. No one who knows him denies this.

Reporters, pundits, and "prolife" leaders tried, nevertheless. Scrounging like vultures in search of something rotten, one reporter found some inane anecdote from Paul's youth. Several noted that at age seventeen Paul had done some drugs (but not enough to earn a Cabinet position in the present regime). Connie Chung, in the fashion of a good KGB operative, zeroed in on

the sanity factor. Ah yes, if you can't handle the arguments of your opponent, attack his person -- the classic Ad Hominem fallacy we learn in Logic 101. But this is not just a cheap debate tactic. It bodes something more nefarious. Yes, it reminds us of the "insane" label given to dissidents and resisters in atheistic, totalitarian regimes.

More disgusting is the Judas-like report in a Christian publication known as *World* magazine (10 Dec.). Joe Maxwell interviewed Paul and focused entirely upon Chung's insanity theme, wondering how a man could care for his own children and do such a thing. Like an anus with no other purpose but to spread excrement, Maxwell spews forth his personal impressions of a man he observed momentarily at an abortuary blockade in Jackson in 1993. "His eyes were twitching; his face at times was contorted." (Great insights, Maxwell Smart. What other wonders can you share with us about procedures in psychological

evaluations?)

We will not record the chorus of stupid comments as we did in the June '93 edition following Griffin's rescue. Like minnows fearful of an approaching maw, they have darted away, but remain together in united condemnation of a righteous man. Do they fear the authorities? Do they fear loss of constituencies?

They have ducked the truth as if it were a grenade. But Paul has hurled it into the public square. And so, they jump upon it, taking the hit in the stomach, to save bystanders from being struck by the piercing truth.

Fools. They would save themselves and others from Truth, whose embrace they think to be deadly. But this IS truth and it is not so easily quenched. Though men sacrifice their intellectual and spiritual credibility in the effort to smother it, it will prevail, leaving them behind, a mass of dead guides.

continued on page 2...



Prosecutor's model of abortuary surrounded by friends of Paul Hill: Henry Felisone, Andrew Cabot, Fr. Trosch, and Don Spitz.

Subscribe today at the low price of \$5.00 per year.
... see page 11 for details!

2... Capitol Area Christian News / Winter 1994

Paul Hill...

continued from page 1

We cannot help but see the analogy between Paul Hill and John Brown; and between their calumniating contemporaries. In an address to the citizens of Concord, Massachusetts on 30 Oct., 1859, Henry David Thoreau said:

I read all the newspapers I could get within a week after this event, and I do not remember in them a single expression of sympathy for these men...Even the *Liberator* called it "a misguided, wild, and apparently insane effort."

So it is with the detractors of Paul Hill; they are everywhere to be found — among the churchmen and pagans alike. But he is, as Thoreau said of Brown,

a superior man. He did not value his bodily life in comparison with ideal things. He did not recognize unjust human laws, but resisted them as he was bid. For once we are lifted out of the trivialness and dust of politics into the region of truth and manhood...In that sense he was the most American of us all. He needed no babbling lawyer, making false issues, to defend him. He was more than a match for all the judges that American voters, or office-holders of whatever grade, can create. He could not have been tried by a jury of his peers, because his peers did not exist...and we become criminal by comparison. Do yourselves the honor to recognize him. He needs none of your respect.

It is a hard truth to proclaim in a day when we have become acclimated to childslaughter; in another time it would shock no one to say that it is right and good to slay a man who is in the business of killing babies — even unwanted ones. But it must be done, if truth is not to be buried. And so here it is again, short and simple: The unborn ought to be defended with force if necessary, just as the born ought to be. It is simple, unless one opts to deny the full humanity of the child in the womb.

Paul Hill has acted honorably and sacrificially. He has willingly laid down his life for the sake of others. Let us do ourselves the honor to recognize him. He needs none of our respect.

New Bumper Sticker

Free Paul Hill

\$3.00 each. Order today.

To Order, See Page 12...

CAPITOL AREA CHRISTIAN NEWS

Published Quarterly by

Reformation Press

2927 Tarragon Lane, Bowie, MD
20715

Editor: Mike Bray

Contributing Editor: Michael Calvin

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Capitol Area Reports...

■ Jack Humphries...

Was dragged before a federal grand jury in December. Jack had spent several weeks in jail in the summer following blockades of abortuaries in Virginia. We reported that he "is conspiring with other Christians to continue to speak the truth outside abortuaries" (CACN, Sept. 1994).

Down, boys! Don't get all excited. It is still legal to talk. We hope that Jack was not inconvenienced on our account. Perhaps the feds are over sensitive to the word "conspiracy." We said that Jack was conspiring with others "TO SPEAK"! My but this administration is intolerant! Not only may one not act upon the truth; one must not even speak it.

Mr. Humphries reports deceit and trickery on the part of investigators. When he observed the agents trying to trap or intimidate him by suggesting that he had lied to them in the course of several interviews, he determined not to talk to them any more.

The federal government has been dragging numerous people before grand juries over the past year. Most the staff of AFLM, Shelly Shannon, Marjorie Reed, and Don Treshman are among those interrogated.

In this most recent grand jury hearing, John Burt was called up from Florida to testify on 21 December. Questions were apparently intended to build a conspiracy case against your editor and anyone else who has been speaking in defense of the use of force to protect innocent children. Janet Nero is desperate to hand some scalps to her NOWists. We'll see how far she transgresses against the right of free speech. We understand her problem. Her love of abortion is based upon a lie. We continue to the speak the truth and her lie cannot survive. She must quench the truth. She must jail those who speak it. We speak it again: **THE PREBORN ARE PEOPLE, CREATED IN THE IMAGE OF GOD. WE PROCLAIM THAT THEY, AS HUMAN BEINGS, ARE WORTHY OF THE SAME PROTECTION THAT ALL OTHERS DESERVE. THEREFORE, THOSE WHO DEFEND THEM WITH FORCE CANNOT BE CONDEMNED.**

And, we might add, **LONG LIVE PAUL HILL!**

■ Norfolk

The perseverance of Christians has been rewarded with Abortionist Michael Gerelschmid quitting. David Crane reports in his *Front Line News* that the official quitting date was 8 Sept. He enjoyed sky-dives and deep-sea dives, but did not want

continued on page 3 ...

Below is a declaration statement that was completed on 9/6/93:
 Defensive Action is trying to recruit as many Christian pastors and pro-life leaders to sign this before jury selection for Michael Griffin' trial on December 6th. Please call Paul Hill at (904) 478-0800 if you know of someone who would be willing to sign. Thank you.

DEFENSIVE ACTION

P. O. Box 2243, Pensacola, FL 32513-2243

Paul J. Hill, Director

Telephone Number Prior to Jury Selection - (904) 478-0800

Press Number During Jury Selection and Trial - (904) 474-5285

Media Contact Person During Jury Selection and Trial - Gary McCullough

We, the undersigned, declare the justice of taking all godly action necessary to defend innocent human life including the use of force. We proclaim that whatever force is legitimate to defend the life of a born child is legitimate to defend the life of an unborn child.

We assert that if Michael Griffin did in fact kill David Gunn, his use of lethal force was justifiable provided it was carried out for the purpose of defending the lives of unborn children. Therefore, he ought to be acquitted of the charges against him.

<u>Mike Bray</u>	<u>Pastor, Reformation Lutheran Church, Bowie, Maryland</u>
<u>C. Roy McMillan</u>	<u>Executive Director, Christian Action Group, Jackson, Mississippi</u>
<u>Andrew Burnett</u>	<u>Director, Advocates for Life Ministries, Portland, Oregon</u>
<u>Cathy Ramey</u>	<u>Associate Editor, Life Advocate Magazine, Portland, Oregon</u>
<u>Matt Trehwella</u>	<u>Pastor, Mercy Seat Christian Church, Milwaukee, Wisconsin</u>
<u>Paul J. Hill</u>	<u>Director, Defensive Action, Pensacola, Florida</u>
<u>Paul deParrie</u>	<u>Author of Numerous Titles, Portland, Oregon</u>
<u>Regina Dinwiddie</u>	<u>Christian Pro-life Activist & Producer of Rescue Radio, MO and IL</u>
<u>Michael Dodds</u>	<u>Leader of Wichita Rescue Movement, Kansas</u>
<u>Henry Felisone</u>	<u>Director, Queens Pro-Life Group, Queens, New York</u>
<u>Mary Friberg</u>	<u>Organizer, Peace for the Unborn, New Brighton, Minnesota</u>
<u>Tony Piso</u>	<u>Pastor, Evangelical Mission Church, Forest Hill, New York</u>
<u>Jacob Miller</u>	<u>Evangelist, Assembly of Yahweh & Pro-life Activist, Tampa, Florida</u>
<u>Dan Bray</u>	<u>Director, Defenders of the Defenders of Life, Mesa, Arizona</u>
<u>Donald Spitz</u>	<u>Operation Rescue Field Director for Virginia, Norfolk, Virginia</u>

- In the ST. PETE

DEFENSIVE ACTION

P. O. Box 2243, Pensacola, FL 32513-2243

Paul J. Hill, Director
Jerry McGlothlin, Researcher and Publicist

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Andrew Burnett	Director, Advocates for Life Ministries, Portland, Oregon
Cathy Ratney	Associate Editor, Life Advocate Magazine, Portland, Oregon
Paul J. Hill	Presbyterian Pastor 1984-1992 and Current Director of Defensive Action, Pensacola, FL
Paul deParie	Author of Numerous Titles, Portland, Oregon
Regina Dinwiddie	Christian Pro-life Activist & Producer of Rescue Radio, MO and
Michael Dodds	Leader of Wichita Rescue Movement, Kansas
Henry Fellagone	Director, Queens Pro-Life Group, Queens, New York
Tony Pise	Pastor, Evangelical Mission Church, Forest Hill, New York
Jacob Miller	Evangelist, Assembly of Yahweh & Pro-life Activist, Tampa, Florida
Dan Bray	Director, Defenders of the Defenders of Life, Bowie, Maryland
David Crane	Director, Rescue Virginia, Norfolk, Virginia
Donald Spitz	Evangelist & Assistant Director for Rescue Virginia, Norfolk, Virginia
Michael Jarecki	Ret. Pastor, Saint Mary's Church, Brighton, New York
Bill Koehler	Director of Project Awareness, North Bergen, New Jersey
Kenneth Arndt	Director, New Hampshire Rescue, Windham, New Hampshire
Dave Leach	Editor, Prayer and Action Weekly News, Des Moines, Iowa
Thomas Carleton	Catholic Priest, Presently Incarcerated in Billerica, Massachusetts
Valerie Zvakowski	Member of Leadership Committee, Rescue Pittsburgh, Pittsburgh, PA

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Joseph E. O'Hara	Director, Wyoming Valley Rescue Group, Pennsylvania
David Graham	Attorney at Law, Olathe, Kansas
David Trosch	Catholic Priest, Publisher Justifiable Homicide Cartoon & President Life Enterprises Unlimited, Mobile, Alabama
Robert Pearson	Catholic Priest and Director of Sons of Mary (Coalition of Active Life Priests), West Long Branch, New Jersey
Dawn Stover	Assistant Director, Advocates for Life Ministries, Portland, Oregon

Committee Cincinnati, Ohio

- David Crane - He and Spitz were in car with a video camera at clinic of Dr. Oredein in Chesapeake, VA. (*Capitol Area Christian News*, 3/94 at 4). Has been seen at protests with Hill and Spitz (see below). Crane and Spitz traveled to Pensacola to "support those who came to stand as witnesses against the abortionists who were holding a convention." (*Capitol Area Christian News*, 3/94 at 4)

ARREST RECORD

- CONVICTED - Convicted for conspiring to injure, Norfolk, VA, December 15, 1992. Fined \$200 for sending a threatening letter to Dr. Abraham Anderson. (*The Abortion Report*, quoting AP/*Richmond Times Dispatch*, 12/12/92)

KEY INFORMATION

- Has stated that "the only way to save those babies' lives was to do what was done to John Britton, it was either the babies would die or the abortionist would die." Also criticizes pro-life groups that do not advocate violence as "baby betraying cowards." (Press Release)
- Both Crane and Spitz carried "Execute Abortionists" signs, along with Hill, at protest of national Association of Abortion Providers in Pensacola, March 12 and 13, 1994. (*Capitol Area Reports*, 3/94 at 4)
- Was at Dr. Gunn's memorial service with Crane and Hill. (*Capitol Area Reports*, 3/94 at 7)
- Has been seen videotaping with Crane at least one clinic in Chesapeake, VA. On this occasion, Dr. Oredein attempted to get the film from the camera. Crane accused him of assault but he was acquitted. (*Capitol Area Reports*, 3/94 at 4)
- Spitz has been quoted as saying Dr. Gunn deserved to die for performing abortions. (UPI, 3/12/93)
- Operation Rescue Chesapeake news release denounces FBI investigation. Spitz compares treatment to Waco. "We saw at WACO what Reno and her goons did to Christians they didn't like ..."

DONALD SPITZ

BIOGRAPHICAL INFORMATION

D.O.B. -

Birthplace -

SS# -

Address - Norfolk, VA (Defensive Action Petition). Address of Operation Rescue, Chesapeake: P.O. Box 2876, Chesapeake, VA 23327; Phone: (804) 421-2543; Fax (804) 421-3732. (M2904).

Former Addresses -

State ID # -

Alias -

Employment - Evangelist (Defensive Action Petition)

Marital Status -

Education -

POSITIONS HELD

- Operation Rescue, Chesapeake - 2228 Shillelegh Rd, Chesapeake, VA 23323. "Contact" in press release supporting Hill. (Press Release) Operation Rescue Field Director for Virginia (Defensive Action Petition)
- Assistant Director for Rescue Virginia (Defensive Action Petition)

LINKED TO

- Paul Hill - Signed Hill's justifiable use of force petition. (Defensive Action Petition) Issued press release supporting Paul Hill after the murder of Dr. Britton. Stated in release, "I know Paul Hill, I have sat at Paul Hill's table, I have slept in Paul Hill's house, Paul Hill is one of the finest Christian men I know and he is a friend of mine . . . if Paul Hill did indeed shoot abortionist John Britton it was justifiable homicide." (Operation Rescue Chesapeake News Release, Contact Donald Spitz).

Area Reports...

continued from page 4...

Sunday drew about 100 supporters including family, abortuary employees, abortionists from the convention, and sundry abortophiles. Paul Hill was present with the two Virginians (Father David Trosch had been present for a press conference the previous day. Regina Dinwiddie of Kansas City had been arrested on an old warrant from a previous blockade). Rev. Hill called upon the attendants to "Remember the children Gunn killed." He spoke the word of truth: of judgment, of forgiveness for sins. He warned of the "lake of fire" even as one abortionist — to the apparent discomfort of the others — began to mock the divine warning.

David Crane said of Rev. Hill's preaching: "I was proud of him." Mr. Crane appeared on the evening news with his sign, "Abortion = Clinic Violence," but this words to the reporter were not aired for the public: "I have sympathy for the family's loss of a loved one. But my empathy for the family is similar to that which I would have for the family of Ted Bundy. But even this must be put into perspective. Bundy killed his tens; Gunn killed his ten thousands."

Support OR Virginia — Box 9869, Norfolk, VA 23505.

Know Your Neighbor

Alabama citizens for life are plagued by Baltimore abortionist, Richard Stuntz. Defend Life picketed Stuntz's home at 5506 South Bend Road to expose the killer to the shame he seems to want to avoid. One who travels way out of town to kill babies may well have a conscience which is not completely seared.

Fliers were circulated with a mug shot of the abortionist. May the grace of God lead this killer to repentance. There are a growing number of converted abortionists awaiting fellowship with him.

Sodomy OK, But Not With Children Yet

Last fall Tabatha Darden picked up a two-by-four and broke the leg of a man who was sodomizing his three-year-old in an alley. The 42-year-old man might have been celebrating the recent legalization of Sodomy in D.C. But he was ahead of his time. It is still not legal yet to sodomize children. NAMBLA may hold conventions in town and NOW, the ACLU, and a host of other libertine outfits might support the right to advocate paedophilia, but it just isn't quite in yet.

So when Tabatha swung that club and broke that leg, she got away with it. In fact, she was cheered, just as if she was a hero.

right. No shame about it. "He should get 100 years. If he comes back around this way, he belongs to me. I tried to break his skull," she said. "I did what I had to do."

That was the 13th of November. We haven't heard of any charges brought against Ms. Darden.

Fairfax County School Board Bigotry Exposed

The board had charged Fairfax Covenant Church a high rate for renting space at West Springfield High School. The 4th U.S. Circuit Court of Appeals called it "rent discrimination against religious organizations." The excess, with interest, from 1987 through February 1993 is \$287,456.

Hillcrest Ex-Utero Death

Last August 14 at 11 a.m. two ambulances appeared at the abortuary on Pennsylvania Avenue. A motionless body, completely covered by a sheet, was wheeled out of the clinic [abortuary] and into one of the ambulances.

"A member of the ambulance crew said that a woman received too much anesthesia, experienced convulsions, stopped breathing, and went into cardiac arrest. An officer was heard to say, 'This kind of thing happens all the time.'"

"Subsequent phone calls to the D.C. Rescue Squad produced no admissions that anything noteworthy happened at the Hillcrest abortion clinic on August 14. A phone call to the clinic elicited an abrupt, 'No information is being given out on this.'"

Notes of Interest...

continued from page 6...

ists, seems to lack interest in knowing truth. The coroner's report states that "the girl—Maurine Lynn Tyke" had a pre-existing infection and that she ought not to have undergone the abortion procedure.

Dawn Ravenell of Philadelphia

Was 13 years old when she died from an abortion. Abortionist Allen J. Kline of Philadelphia committed the double homicide in 1985. Kline was ordered to pay Dawn's parents \$1.25 million in 1990. He is one of Gunn's replacements at the Pensacola Women's Medical Center.

What About The Satanist?

We have a faint memory of the murder of prolife radio preacher Jerry Simon a few months ago. It was down in Huntsville, Alabama, where Eileen Janeczic, 35, gunned down Mr. Simon. She held police at bay for six hours with a pistol while reading aloud pas-

WANTED

FOR CRIMES AGAINST HUMANITY

ABORTION WAS PROVIDED AS A CHOICE FOR EAST EUROPEAN AND JEWISH WOMEN BY THE NAZI NATIONAL SOCIALIST REGIME AND WAS PROSECUTED DURING THE NUREMBERG TRIALS (1945-48) UNDER ALLIED CONTROL ORDER NO. 10 AS A "WAR CRIME"



Abortionist Michael Geronemus, 135-7017, 3852 Whispering Oaks Dr., VA Beach, VA 23455, Work 480-2800 / 627-0241, Home 480-2800 / 627-0241, Gynology Assoc. LTD North
Abortionist Christopher Green, 135-7017, 1128 Fanny Drive, Chesapeake, VA 23320, Work 480-2800 / 627-0241, Home 480-2800 / 627-0241, Gynology Assoc. LTD Chesapeake

These doctors have demonstrated thousands of little children to go. Please pray with us for those who suffer the violence. Pray they would repent and seek forgiveness from God.

\$5,000 REWARD

FOR INFORMATION LEADING TO THE ARREST AND CONVICTION OF THESE WHO COMMIT ATROCITIES

ABORTIONISTS!

OPERATION RESCUE VIRGINIA

The Committee To Stop Genocide / Box 9869 / Norfolk, VA 23505

OR Virginia warning Virginians of the killers loose. Fliers circulated in the neighborhood which abortionists lurk.

Not a word about the incident was reported by any of the major media. We learned it from pro-life sidewalk counselor: counsel and pray in front of the clinic Saturday mornings" (Forestville Presbyterian Center, 7610 Pennsylvania Avenue, Suite Forestville, MD 20747, Winter 1993/

sages from Anton LeVay's "Satanic Rites"

LeVay's "Bible" teaches unrepentant pursuit of sexual pleasure. Where are investigations into a connection between Satanists and NOW, NARAL, NAMBLA, the Clintons, etc.? We see a conspiracy. How about some RICO act? Or just a little publicity on the connection between the Devil and these sexualists would be fine.

ELCA and other Apostates

As mentioned in the previous issue, your editors departed from a local church in 1984, because it was moving along the road of apostasy through merger with two other apostate assemblies to form what is now the third largest denomination, the Evangelical Church in America. (Number one spots are held by the Southern Baptist Convention and the apostate United Methodist Church.)

That ELCA joined with five other Christian "Christian" groups at a conference on March 17, 1993 ended a march for homosexual rights in D.C.

CONTINUED

Capitol Area Reports...

■ Blood In The Streets

Hillcrest abortuary in Baltimore suffered a little embarrassment on Saturday, March 12. While a few dozen of the nation's abortionists were gathered in Pensacola to enjoy the fellowship of darkness, blood was literally flowing in the streets following the labors of one of their hard-working comrades. — was too busy slaughtering babies to confer with his fellows in Pensacola on the latest techniques in child dismemberment. But the flushing of baby parts down the drain led to some problems.

Two sidewalk counselors were standing by when the clean-out drain broke open at approximately 11:45 a.m. Blood poured into the parking lot. Customers of the nearby pancake house came out and one of them cried "This is the sin of abortion!" and then called police. Police arrived at noon and made a report. (We're anxious to read it.)

Sharon Thomas, local anti-abortionist on the scene, told the story on the Alan Keyes radio program. She had called various authorities including a state environmental agency. The hack who arrived could only cast doubt on the abortuary being the source. (He had no other suggestions.) Chunks of what appeared to be human flesh was taken by Thomas to a lab for examination.

Strange, but wondrous, how Providence exposes the deeds of darkness. The blood of the innocents, slaughtered in obscurity, is poured into the very streets for citizens to witness as they calmly eat their pancakes.

■ Zoning Out Ministry

D.C. Board of Zoning Appeals denied appeals of Western Presbyterian Church to continue feeding homeless in its Foggy Bottom neighborhood. Reflecting the totalitarian heartlessness of the bigoted Clinton presidency, the board forbade the church from continuing to serve 150 homeless people "because that is not the church's primary function," reported the Washington Times (March 3).

"I think it sends a chilling message to churches," said Rich Fowler, secretary of social concerns for the Catholic Archdiocese of Washington. "It has ramifications for every religious body. I am terrified."

Barbara Kahlow, an executive board member of the Foggy Bottom Association who supported the ruling, said, "It was crucial for the government [because] it has the right to regulate the activity of churches and other organizations."

Western Presbyterian Pastor John Wimberly said he would continue to feed people despite the ruling. We are glad to

see our PC Christian brethren ministering to the vagrants and pray that they are able to discern between derelicts and the hard-luck homeless. And we look forward to seeing Wimberly engage in some righteous civil disobedience, but we don't expect it to be too costly for him. No jail, no fines, no RICO, no federal injunctions.

■ WAVA (105.1 FM)

Gilman and Graff (2 to 4 p.m.) have done a commendable job exploring contemporary social and political issues and attempting to address them with biblical ethics.

On March 1 they discussed the ethics of taking lethal action against abortionists in defense of the most defenseless of the innocent. They featured Paul Hill of Defensive Action opposed by a Mr. Joseph Riley, president of Massachusetts Citizens for Life. Riley repeatedly answered the ethical question with voluble indignation concerning the reputation of the "movement" and the "need to change hearts" and the "need to educate and change minds" and the wrongness of "forcing morality upon the whole nation." He decried "radicalism" and "violence" and "vigilante justice" and "murder" and "acts of anger and hatred."

But he never answered the simple two-part question Paul Hill continued to ask: 1) Is it right to use force to defend the life of a child outside the womb? 2) Why isn't it right to use force to defend the child inside the womb?

We commend WAVA for probing these difficult questions.

• Marching For Life With Sodomites

Shall a distinction be made between "prolifers" and "Christian proliferers"? Between champions of "life" and champions of the biblical view of human life?

The homosexuals who support the unborn are helping to sharpen such questions. Pro-Life Alliance of Gays and Lesbians marched against abortion with about a half-dozen folks in '93 and "a few more" in '94 (Washington Times, January 16.)

Janet Parshall, assistant to CWA president Beverly LaHaye said, "We would welcome them with open arms." Wendy Wright, spokeswoman for at-that-time-but-since-replaced-by-Fip-Benham ORN chief, Keith Tucci, was even more confused, saying, "We consider homosexuality a sin, but not a reason for exclusion... We just require that people not be violent."

Strange bedfellows in today's Christian scene.

■ David Crane

Abortionist Olubenga Oredein of

Chesapeake, Va. assaulted David Crane and destroyed a video camera on September 3 as Crane and Don Spitz sat in a car. He regularly commits abortion at Norfolk Hillcrest abortuary, but is usually not abusive to protestors.

In court the judge found Oredein guilty of assault, because he judged the abortionist's intentions were not to scratch up Dave Crane's face, but to get the film of the camera.

Hmm. A few years ago David Crane was sanding inside an abortuary and was blind-sided by an abortionist's assistant. Crane, not the assailant, was charged with assault and convicted. What happened "intent" (not to mention exchanging subject with the object of the assault)?

Crane and Don Spitz traveled Pensacola to support those who came stand as witnesses against the abortion who were holding a convention. The National Association of Abortion Providers (or some such name) is headed by Fitzsimmons. The dozen or so abortionists in attendance on March 12 and 13 entered signs ("Execute Abortionists") carried by the two Virginians and Paul Fitzsimmons admitted that the execution of abortionists would be right if abortionists were committing murder. Honesty rare to be found among these days. There is hope for eternal life in this man!

The heavily politicized and public memorial service for Abortionist Gun

continued on page



Al Morley of Denver. Now charging abortuary proceedings by nit butyric acid. Send him your tax refund Quail #5, Wheatridge, CO 80033.

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The Washington Times

September 12, 1993, Sunday, Final Edition

SECTION: Part A; METROPOLITAN; LOCAL ROUNDUP; VIRGINIA; Pg. A13

LENGTH: 121 words

HEADLINE: Doctor charged after scuffle

BODY:

A Chesapeake doctor who has been the target of an Operation Rescue campaign because he performs abortions has been charged with assault following a scuffle with two protesters, police said.

A magistrate issued warrants earlier this month charging Dr. Olubenga Oredein of Chesapeake with destruction of personal property and assault and battery, both misdemeanors, police spokesman Richard Black said. The charges stem from an alleged fight with two protesters in Mr. Oredein's neighborhood, police said.

The Washington Times, September 12, 1993

David Crane, Operation Rescue's Virginia director, filed the assault charge, records show. Donald Spitz, who is aligned with the anti-abortion group, filed the destruction-of-property charge.

Copyright 1992 American Political Network
Abortion Report

December 15, 1992

SECTION: STATE REPORTS

LENGTH: 199 words

HEADLINE: VIRGINIA: PRO-LIFER RECEIVES FINE FOR LETTER TO DOCTOR

BODY:

-- Operation Rescue field dir. Donald Spitz was "convicted of conspiring to injure" and fined \$200 on 12/10 for sending a "threatening" letter to Norfolk gynecologist Dr. Abraham Anderson in 8/92. In the letter, Spitz "threaten(ed) to picket" Anderson's practice and publicize his picture if he "didn't stop 'killing babies.'" The letter also cited Anderson "for crimes against humanity (and) the shedding of innocent children's blood." Anderson said he "received postcards with dead babies pictured on them" and that pro-lifers "picketed" his neighborhood in 9/92. Anderson: "They try to blacklist me and call my

Abortion Report, December 15, 1992

practice an abortion clinic. I provide prenatal care and delivery -- I do some fertility surgery. I do quite a bit of indigent care. I do much more indigent care than I do abortions." Spitz said his punishment was "out of line." Spitz: "There were people in court who physically assaulted people and received a \$50 fine. I wrote a letter. I thought I had a free speech to write a letter. If I thought I was breaking the law, I sure wouldn't have signed my name to it" (AP/RICHMOND TIMES-DISPATCH, 12/12).

Proprietary to the United Press International, March 12, 1993

Pensacola clinic where Gunn worked, The Ladies Center, was open and had hired an off-duty policeman as a guard.

Potts said on-duty police also were monitoring the clinics in anticipation of the picketing that has become routine on Fridays.

In Fort Walton Beach, 40 miles east of Pensacola, Okaloosa County deputies were on standby while protesters picketed outside the Family Planning clinic.

A worker who asked not to be identified said the protesters were "extremely rude," and that one had approached the window and made a hand gesture resembling a gun, pretending to pull the trigger.

While leaders of groups that oppose abortion denounced Gunn's killing, few expressed unqualified regret.

Terry called the shooting an "inappropriate, repulsive act." But he added, "While we grieve for him and his widow and for his children, we must also grieve for the thousands of children that he has murdered."

In Norfolk, Va., Operation Rescue field director Donald Spitz said Gunn deserved to die for performing abortions.

Proprietary to the United Press International, March 12, 1993

"That abortionist was in the trade of bloodshed. He reaped what he sowed. From God's perspective, he deserved it," Spitz said.

Around the nation, abortion rights supporters called the shooting the inevitable result of a moral battle that has grown increasingly violent.

The Aware Woman's Clinic in Melbourne, Fla., received a bomb threat after the Gunn killing, prompting two doctors to resign out of fear for their safety, said clinic owner Patricia Baird Windel.

Although police have not identified the source of the bomb threat, Windel said her clinic has been an unwilling laboratory for a nearby training center operated by Operation Rescue.

The center conducts a 12-week session that teaches students to follow patients and abortion clinic employees to their homes, to use public records to uncover personal information about their targets and to plan demonstrations in the workers' neighborhoods.

Said Windel, "Their whole goal is to intimidate, harass, frighten innocent people, our patients and our workers. They can't win legally, so they are resorting to this."

NEWS RELEASE

OPERATION RESCUE CHESAPEAKE
P.O. Box 2876 Chesapeake VA 23327
telephone 804-421-2534 FAX 804-421-3732

-FOR IMMEDIATE RELEASE-

FBI INVESTIGATES PRO-LIFERS

On Friday, July 28 the Justice Department and Attorney General Janet Reno pressured the FBI to begin an inquiry into 6 anti-abortionist by sending a confidential Teletype to 56 FBI offices.

Donald Spitz, one of the six accused of an anti-abortion conspiracy to stop abortions stated, "This is the ultimate in political correctness. Janet Reno and her pro-abortion fanatics won't stop at anything to get us to shut our mouths about the babies that are being killed. If Reno and her pro-abortion friends don't like what you say they will use the Justice Department and the FBI to shut you up". Another pro-lifer added, "She pushes forward her private agenda at tax payer expense."

Spitz later stated, "We saw at Waco what Reno and her goons did to Christians they didn't like," he continued, "she will probably have us rounded up and have another Christian barbecue, just so she and the abortion profiteers can continue killing children in peace."

*Operation Rescue Chesapeake is an anti-abortion group
dedicated to stopping the slaughter of the innocent*

contact: Donald Spitz 804-421-2543

DEFENSIVE ACTION

P. O. Box 2243, Pensacola, FL 32513-2243

Paul J. Hill, Director

Telephone Number Prior to Jury Selection - (904) 478-0800

Press Number During Jury Selection and Trial - (904) 474-5285

Media Consultant - Gary McCullough; Publicist - Jerry McGlothlin

We, the undersigned, declare the justice of taking all godly action necessary to defend innocent human life including the use of force. We proclaim that whatever force is legitimate to defend the life of a born child is legitimate to defend the life of an unborn child.

We assert that if Michael Griffin did in fact kill David Gunn, his use of lethal force was justifiable provided it was carried out for the purpose of defending the lives of unborn children. Therefore, he ought to be acquitted of the charges against him.

<u>Mike Bray</u>	<u>Pastor, Reformation Lutheran Church, Bowie, Maryland</u>
<u>C. Roy McMillan</u>	<u>Executive Director, Christian Action Group, Jackson, Mississippi</u>
<u>Andrew Burnett</u>	<u>Director, Advocates for Life Ministries, Portland, Oregon</u>
<u>Cathy Ramey</u>	<u>Associate Editor, Life Advocate Magazine, Portland, Oregon</u>
<u>Matt Trehwella</u>	<u>Pastor, Mercy Seat Christian Church, Milwaukee, Wisconsin</u>
<u>Paul J. Hill</u>	<u>Director, Defensive Action, Pensacola, Florida</u>
<u>Paul deParrie</u>	<u>Author of Numerous Titles, Portland, Oregon</u>
<u>Regina Dinwiddie</u>	<u>Christian Pro-life Activist & Producer of Rescue Radio, MO and KS</u>
<u>Michael Dodds</u>	<u>Leader of Wichita Rescue Movement, Kansas</u>
<u>Henry Felisone</u>	<u>Director, Queens Pro-Life Group, Queens, New York</u>
<u>Tony Piso</u>	<u>Pastor, Evangelical Mission Church, Forest Hill, New York</u>
<u>Jacob Miller</u>	<u>Evangelist, Assembly of Yahweh & Pro-life Activist, Tampa, Florida</u>
<u>Dan Bray</u>	<u>Director, Defenders of the Defenders of Life, Bowie, Maryland</u>
<u>David Crane</u>	<u>Director, Rescue Virginia, Norfolk, Virginia</u>
<u>Donald Spitz</u>	<u>Evangelist & Assistant Director for Rescue Virginia, Norfolk, Virginia</u>
<u>Michael Jarecki</u>	<u>Ret. Pastor, Saint Mary's Church, Brushton, New York</u>
<u>Bill Koehler</u>	<u>Director of Project Awareness, North Bergen, New Jersey</u>
<u>Kenneth Arndt</u>	<u>Director, New Hampshire Rescue, Windham, New Hampshire</u>
<u>Dave Leach</u>	<u>Editor, Prayer and Action Weekly News, Des Moines, Iowa</u>
<u>Mike Walker</u>	<u>Leader in National Assoc. of Planned Parenthood Fighters, Alabama</u>
<u>Thomas Carleton</u>	<u>Catholic Priest, Presently Incarcerated in Billerica, Massachusetts</u>
<u>Valerie Zyskowski</u>	<u>Member of Leadership Committee, Rescue Pittsburg, Pittsburgh, PA</u>
<u>Joseph F. O'Hara</u>	<u>Director, Wyoming Valley Rescue Group, Pennsylvania</u>
<u>David Graham</u>	<u>Attorney at Law, Olathe, Kansas</u>
<u>David Trosch</u>	<u>Catholic Priest, Publisher Justifiable Homicide Cartoon & President</u>

OPERATION RESCUE CHESAPEAKE
3228 Shillelagh Road Chesapeake VA 23323
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-FOR IMMEDIATE RELEASE-

**If Paul Hill did indeed shoot
abortionist John Britton it was justifiable
homicide.**

"I know Paul Hill, I have sat at Paul Hill's table, I have slept in Paul Hill's house, Paul Hill is one of the finest Christian men I know and he is a friend of mine," said Donald Spitz of Operation Rescue Chesapeake, "if Paul Hill did indeed shoot abortionist John Britton it was justifiable homicide."

"Anti-abortion groups that condemn Paul Hill are fossilized, baby betraying cowards", Spitz said, "the only way to save those babies lives was to do what was done to John Britton, it was either babies would die or the abortionist would die. These fossilized, baby betraying pro-life groups love their reputation and not the babies made in God image, they obvious prefer for the babies to have died."

**Operation Rescue Chesapeake is an anti-abortion group
dedicated to stopping the slaughter of the innocent**

contact: Donald Spitz 804-421-2543