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Congressman Tom Foglietta

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FOGLIETTA, PAYNE, AND 52 HOUSE MEMBERS
URGE DOLE TO HOLD FOSTER VOTE

Washington--The Chairmen of the Congressional Black Caucus and Congressional Urban Caucus, Congressmen Donald Payne (D-NJ) and Tom Foglietta (D-PA), led 54 Members in urging Senate Majority Leader Bob Dole to bring the nomination for a floor vote, saying "it is too early to let Presidential politics quiet the important voice of the U.S. Surgeon General".

"After months of innuendo, rumor-mongering and divisive political rhetoric, Dr. Foster had his opportunity to be heard by the Senate Committee on Labor and Human Resources," stated the Foglietta-Payne letter. "We believe that Dr. Foster is an ideal candidate to be the top nation's top doctor. His experience in dealing with two of our nation's most significant health problems, teen pregnancy and drug addiction, give him compelling credentials. He also spoke with commitment about other challenging health issues: smoking, alcohol, AIDS, HIV and family abuse. He articulately stated his position on the controversial issue of abortion. Abortions should be safe, legal and rare."

"The Surgeon General is an important figure in our country. Think about the lives C. Everett Koop, a Surgeon General appointed by a Republican President, may have saved through his sometime controversial efforts to educate us about AIDS, smoking and other health matters. Mr. Dole, it is too early to let Presidential politics quiet the important voice of the U.S. Surgeon General. Dr. Foster is right when he said that he had a right to be heard and right to a vote. Please schedule a vote on the Foster nomination in the near future and use your authority to block a filibuster to the vote."

In addition to Fogliatta and Payne the letter was signed by Representatives Bob Clement (D-TN), Matthew Martinez (D-CA), Walter Tucker (D-CA), Sam Gejdenson (D-CT), Joe Moakley (D-MA), Neil Abercrombie (D-HI), Cynthia McKinney (D-GA), Nita Lowey (D-NY), Carrie Meek (D-FL), Shiela Jackson-Lee (D-TX), Sander Levin (D-MI), Henry Waxman (D-CA), Jose Serrano (D-NY), Tom Lantos (D-CA), Charles Schumar (D-NY), Maxine Waters (CA), Carolyn Maloney (D-NY), Victor Fraser (I-VI), Louis Stokes (D-OH), Rosa DeLauro (D-CT), Nydia Velazquez (D-NY), John Lewis (GA), Luis Gutierrez (D-IL), Barney Frank (D-MA), Eleanor Holmes Norton (D-DC), George Miller (D-CA), John Conyers (D-MI), Lynn Rivers (D-MI), Bobby Rush (D-IL), Anna Eshoo (D-CA). Marty Meehan (D-MA), Eva Clayton (D-NC), Eliot Engel (D-NY), Ron Dellums (D-CA), Jim McDermott (D-WA), Ron Coleman (D-TX), Earl Hilliard (D-AL), Harry Johnston (D-FL), Ken Bentsen (D-TX), Alcee Hastings (D-FL), Cardiss Collins (D-IL), Martin Frost (D-TX), Maurice Hinchey (D-NY), Harold Ford (D-TN), Bill Clay (D-MO), Bennie Thompson (D-MS), Joseph Kennedy (D-MA) Gerry Studds (D-MA), Eos Lofgren (D-CA), Bernie Sanders (I-VT), Frank Pallone (D-NJ) and Bob Filner (D-CA).

Congressman Fogliotta, Payne and other members today held a press conference releasing the letter in the House Radio-TV Gallery.

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Congress of the United States
Washington, DC 20515

May 10, 1995

The Honorable Robert Dole
Majority Leader
United States Senate
S-230, The Capitol
Washington, DC 20510

Dear Mr. Leader:

We join together to urge you to allow a vote to take place on President Clinton's nomination of Dr. Henry Foster to be the nation's Surgeon General.

After months of innuendo, rumor-mongering and divisive political rhetoric, Dr. Foster had his opportunity to be heard by the Senate Committee on Labor and Human Resources. We are happy to say that Chairwoman Nancy Kassebaum laid the foundation for a fair hearing and Dr. Foster accorded himself well. We believe that Dr. Foster is an ideal candidate to be the nation's top doctor. His experience in dealing with two of our nation's most significant health problems, teen pregnancy and drug addiction, give him compelling credentials. He also spoke with commitment about other challenging health issues: smoking, alcohol, AIDS, HIV and family abuse. He articulately stated his position on the controversial issue of abortion. Abortions should be safe, legal and rare.

The Surgeon General is an important figure in our country. Think about the lives C. Everett Koop, a Surgeon General appointed by a Republican President, may have saved through his sometime controversial efforts to educate us about AIDS, smoking and other health matters. Mr. Dole, it is too early to let Presidential politics quiet the important voice of the U.S. Surgeon General. Dr. Foster is right when he said that he had a right to be heard and right to a vote. Please schedule a vote on the Foster nomination in the near future and use your authority to block a filibuster to the vote.

Sincerely,

THOMAS FOGLIETTA, M.C.

DONALD PAYNE, M.C.

BOB CLEMENT, M.C.

CARRIE MEEK, M.C.

NEIL ABERCROMBIE, M.C.

SAM GEJDENSON, M.C.

SANDER LEVIN, M.C.

JOSE SERRANO, M.C.

CHARLES SCHUMER, M.C.

CAROLYN MALONEY, M.C.

LOUIS STOKES, M.C.

NYDIA VELAZQUEZ, M.C.

LUIS GUTIERREZ, M.C.

JOHN CONYERS, M.C.

ELEANOR HOLMES NORTON, M.C.

WALTER TUCKER, M.C.

MATTHEW MARTINEZ, M.C.

CYNTHIA MCKINNEY, M.C.

JOHN JOSEPH MOAKLEY, M.C.

NITA LOWEY, M.C.

SHEILA JACKSON-LEE, M.C.

HENRY WAXMAN, M.C.

TOM LANTOS, M.C.

MAXINE WATERS, M.C.

VICTOR FRAZER, M.C.

ROSA DELAURO, M.C.

JOHN LEWIS, M.C.

BARNEY FRANK, M.C.

GEORGE MILLER, M.C.

LYNN RIVERS, M.C.

BOBBY RUSH, M.C.

ANNA ESHOO, M.C.

MARTIN MEEHAN, M.C.

EVA CLAYTON, M.C.

ELIOT ENGEL, M.C.

RONALD DELLUMS, M.C.

JIM MCDERMOTT, M.C.

RONALD COLEMAN, M.C.

EARL HILLIARD, M.C.

HARRY JOHNSTON, M.C.

KEN BENTSEN, M.C.

ALCEE HASTINGS, M.C.

GERRY STUDDS, M.C.

JOSEPH KENNEDY, M.C.

BENNIE THOMPSON, M.C.

WILLIAM CLAY, M.C.

HAROLD FORD, M.C.

MARTIN FROST, M.C.

MAURICE HINCHEY, M.C.

BERNARD SANDERS, M.C.

FRANK PALLONE, M.C.

CARDISS COLLINS, M.C.

[illegible], M.C.

BOB LOFGREN, M.C.

Questions Submitted
to
Henry W. Foster, Jr., M.D.
by
Chairman Nancy Landon Kassebaum

ACCREDITATION

1. You have indicated during your confirmation hearing that the OB\GYN residency program at Meharry Medical College was placed on accreditation probation in 1984 because of insufficient patient numbers. In that case, why was the Internal Medicine program at Meharry--which would be drawing from the same audit population--able to retain its full accreditation?

When compared with residency programs in internal medicine, which teach primarily cognitive skills, residency programs based on surgical skills, such as those in OB/GYN and general surgery, require a greater volume of patients in order to give physicians the required training. Therefore, when the patient volume declined, residency programs in OB/GYN and surgery were more vulnerable to losing their accreditation than the more cognitively-based programs. In addition, while certain residency programs benefitted when Meharry Medical College received limited access to patients at the Alvin C. York VA hospital in Murfreesboro, Tennessee, the OB/GYN program did not, because the VA hospital did not have patients requiring obstetrical and gynecological care.

2. As OB\GYN Department Chairman at Meharry for six of the seven years its residency program was on probationary status, what actions did you take to try to correct any deficiencies necessary to regain full accreditation, and when did you take them?

3. From information provided to the Committee, it appears that other residency programs at Meharry besides OB\GYN were also having problems. Once you took over as Dean in 1990, what actions did you take to make across-the-board improvements in and regain accreditation for Pediatrics, Psychiatry, Surgery, and Family Medicine?

Answer to questions 2 and 3:

The ultimate solution to the accreditation problem was merging Meharry with the city-run Metro General Hospital, and, after being appointed by Dr. Satcher to serve as his Special Assistant for Hospital Merger Planning and Development in 1989, the merger became my top responsibility. First, I worked with Dr. Satcher and Nashville's Mayor, Philip Bredesen, in negotiating the conditions under which the City would accept the merger. Second, I entered into negotiations with Vanderbilt University Medical Center which had been staffing Metro General.

Third, I was responsible for ensuring that Meharry met those conditions, such a recruiting an additional faculty of 56 physicians and 18 residents to staff the consolidated hospital, a task I accomplished ahead of schedule. Pending the completion of the merger, I found outside medical institutions, such as the Fort Campbell Army Hospital in Kentucky, to give our residents training opportunities they could not get at Meharry. Through such arrangements, our residents were able to get training required by the Accreditation Council for Graduate Medical Education. As I stated in my testimony, Meharry has applied for reaccreditation of its OB\GYN and Surgery residencies.

4. You said during your February 8, 1995, appearance on ABC's "Nightline" that Meharry's participation in the abortifacient research study for the Upjohn Company (1979-82) was necessary to maintain your accreditation status because "We have a responsibility to teach all residents how to manage the complications of abortion." Would you please explain the connection between the two?

My work as the principal investigator in the Upjohn Study was consistent with my responsibilities as Chairman of the OB\GYN Department and head of Meharry's OB\GYN residency program to pursue research aimed at improving legal and medically-accepted procedures. The Accreditation Council for Graduate Medical Education encourages OB\GYN residents to participate in such research projects. 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. In order to maintain an accredited OB\GYN residency program, it was also necessary to train residents in the complications associated with pregnancy, including incomplete abortions.

STERILIZATION

5. You served as a member of the Department of Health, Education and Welfare (HEW) Ethics Advisory Board during the years 1978-80. That was the period during which HEW guidelines restricting federal funding of sterilizations were finalized. Were you as a Board member involved in any discussions on those guidelines, and if so, were you at odds with the outcome?

During its existence from 1978-1980, the Ethics Advisory Board (EAB) focused on three issues, at the request of then Health, Education and Welfare Secretary

Joseph Califano: (1) whether to recommend federal funding of research involving human in vitro fertilization; (2) whether to recommend federal funding for research involving fetoscopy for prenatal diagnosis of sickle cell disease; and (3) whether to grant requests from the Centers for Disease Control and the National Institutes of Health for limited exceptions from the Freedom of Information Act. To the best of my recollection, these were the only matters discussed at the EAB's meetings and hearings, all of which resulted in the issuance of EAB reports.

I HAVE A FUTURE

6. Does the "I Have a Future" program pay participants for coming to class? If so, please elaborate.

No. There is no payment for attending any of the IHAF activities. However, anyone trying to provide services to this high risk community knows that it is critical to keep the interest of the young people. To this end, we have incentives for good attendance. At times, these are vouchers that can be used to bid on items at our auction [e.g., school supplies.] Other times, it is the opportunity to go on a trip with the group and experience another city or tour college campuses.

It is important to note that, as part of the research and evaluation component, teens at both the control and intervention sites received a $10 stipend upon completing all of the research survey. This particular dimension of the research design is a significant incentive which motivates the youth to patiently and conscientiously participate in a testing situation requiring a minimum of two hours of their time to complete. These funds are standard and integral to such evaluations, and were factored into the initial budget calculations.

There are also some occasions where IHAF offers some of the teens an opportunity for service. For example, a few students are chosen each year to become peer counselors. Peer counselors are employed 10 hours a week by IHAF to tutor, make presentations in the community [e.g., on preventing alcohol abuse], and help oversee the "Latchkey" program for children aged 6-10. They must agree to remain in school, attend class, maintain a passing average, not get pregnant or impregnate someone, and not use drugs or alcohol.

IHAF also runs an Entrepreneurship program -- funded by the William & Flora Hewlett Foundation -- to help teens learn more about the working world by giving them the tools to start their own business. They produce, market, sell, and distribute products to help their communities and earn money through this venture [on average $20 per week.] They also receive between $50 and $100 in

"seed money" for their business. They must open a bank account and deposit at least 10% of their earnings, which cannot be withdrawn for two years. They thus learn responsibility and the value of saving for the future. Again, to participate in the program, they also must sign a contract agreeing to maintain a passing average, not use alcohol or drugs, and not get pregnant or impregnate someone.

Finally, "I Have A Future" participates in the summer JTPA program which enables teens to work in the summer at jobs throughout Meharry College.

7. When the difficulties with "I Have a Future" identified in the Carnegie Corporation evaluation (February 3, 1992, letter from Dr. Greene) were brought to your attention at your confirmation hearing, you spoke prospectively of several changes that might be instituted to correct them. However, you said nothing of remedial actions that were taken at the time they arose. Exactly what did you do when you first became aware of these problems in 1992?

I apologize if there was a misunderstanding during my testimony. I was attempting to outline several things we had already begun to do to improve the program. In my testimony, I then went on to describe a few areas where I would still like to see more improvement. I did not mean to give the impression that all of these suggestions remained to be implemented. For example, with the help of a Technical Assistance Team sent by Carnegie, which we requested, "I Have a Future" refined the Family Life Education Module by holding focus groups with the students to help them develop better decision-making skills in dealing with difficult situations. The young people are now more adept at problem-solving and may find it easier to say "no" in the face of difficult situations. Similarly, the program revised its pre-employment Module with input from the Vice President of Manpower New York.

As is the case in all projects which venture into uncharted waters, "I Have A Future" was an ongoing learning process between the staff at Meharry and the Carnegie Corporation throughout the duration of the grant. The extensive correspondence IHAF has sent you gives significant evidence of this interchange of ideas. On numerous occasions, Carnegie helped IHAF develop, modify, and improve the program. On other occasions, IHAF identified weaknesses on its own and took steps to correct them. For example, the program initially contracted out services by making arrangements for other organizations to teach the teens in our facilities. IHAF soon realized, however, that these outside organizations were not able to specifically address the culture and community that are an integral part of the teens' identity. Therefore, the program developed its own modules to reflect the values of Nguzo Saba [community, responsibility, family] which are based in the African American experience, to ensure that the cultural strengths of this community were highlighted.

Based on our ability to strengthen the program over time and as sign of their confidence and support after the 1992 exchange, Carnegie continued its funding until 1994, as proposed in our initial seven-year grant. In a letter released last week, Carnegie said they had *"worked with Meharry Medical College in developing the program, and Meharry has been responsive to recommendations for ways to improve the research design and curriculum. The Meharry team has courageously and thoughtfully tackled an important and difficult problem. "I Have A Future" should have useful lessons to impart to others attempting to enhance the life options of young people caught in adverse circumstances."* [Carnegie Corp., 5/3/95]

8. The "I Have a Future" program has been in existence for eight years. It has had over 700 study and control participants. It has had seventeen full or part-time staff. It has spent nearly $3,000,000. Yet you said at your confirmation hearing that it needs more time, more participants, more staff, and more money before it can be fairly and effectively evaluated--and show some meaningful statistical results on teen pregnancy prevention. How much more time, staff, and money are needed?

When I originally developed the proposal for "I Have A Future," it was intended to have two parts: 1) a service component to enhance the lives of impoverished inner-city teens in order to prevent teen pregnancy; and 2) a research component to measure our success. However, in implementing the proposal -- as the program was funded far below the original request -- we were forced to make some modifications. Only a small portion of the funding ever went to the research and evaluation activities; most went to services. For example, in the original proposal, we requested a full-time research coordinator, a full-time research assistant, and two part-time research clerks. In hindsight, that probably *under*estimated the actual needs, now that we know the challenges of data collection in this highly mobile, transient community. But IHAF was forced to use just a research coordinator and a research assistant, which was simply not enough.

To be frank, IHAF could have made other choices given the restricted funding -- for example, limiting services to just one housing project. We felt, however, that we had commitments to families and young people in both places. And, in addition, Carnegie -- IHAF's major funder -- specifically provided funding for services, not for research. We recognized immediately that the budget realities would result in a weaker evaluation process. At one point quite early in the grant, IHAF asked Carnegie to supply a researcher as part of their Technical Assistance Team to strengthen the evaluation component. They rejected that request because services for the young people were their priority.

Much of the initial funding therefore was used for program design -- as no models existed at that time to adopt materials from -- as well as training staff and sponsoring programs to involve the youth and their families in this new project.

Over time, most of the funds have been used to provide services [teaching modules, trips and activities, etc.] to this population. In addition, each young person is assigned a case manager, which is very labor intensive. And we feel that these services have paid off. Our evaluation has shown that IHAF teens have a more positive sense of their future options and higher self-esteem. This can be seen in the number of young people going to college, which was frankly one result of our intervention that we did not predict -- although it also accomplishes our primary goal of reducing teen pregnancy. By entering college, these teens are taking responsibility for their futures by delaying pregnancy until a more appropriate time.

To get the kind of results which we both would like to see, we would need -- as I said at my hearing -- a longitudinal, multi-centered study that would ensure similar participants at the control and intervention sites and follow them consistently for many years. However, the amount of money and staff this would require is difficult to ascertain at this point as it would depend on many factors such as the populations involved, their ages, the degree of intervention thus far, the hypothesis being tested, the proposed length of the study, and the ambitiousness of the intervention.

9. During your confirmation hearing, I made reference to a community-wide (teens, parents, schools, churches, workplace, media, civic and professional groups) prevention program in my state (Topeka, Kansas) that succeeded in reducing the number of teenage pregnancies by 23% in one year (1991-92). This was accomplished by serving a greater number of participants than involved in "I Have a Future" with only one full-time staff person and a budget of $50,000. Why is the "I Have a Future" program unable to demonstrate a comparable level of success?

Without knowing many more details about the particulars of this Topeka program [the socioeconomic background of the teens, the number of teens involved, their ages, etc.] or the particulars of the evaluation process, it would be impossible for me to compare the two approaches. I am, however, encouraged by the results you referenced. I particularly commend its community focus, which is also an integral component of "I Have A Future" and essential to any effort of this sort. If I am confirmed to serve as Surgeon General, I will be very interested in seeking out such successful programs across the country and, together with national leaders in this area, learning from these programs what works and what doesn't in fighting this epidemic of teen pregnancy.

TUSKEGEE SYPHILIS STUDY

10. You indicated you were "outraged" when you learned of the Tuskegee Syphilis study in 1972. Do you have anything in the way of contemporary media clippings, letters, memos, or other corroboration for that description of your reaction 23 years ago?

Two contemporary media clippings are attached. No other records from that time appear to exist. I understand that, after an exhaustive investigation, it has been determined that the minutes and other records of the Macon County Medical Society from that period were lost some time ago. I have not maintained any relevant letters or memoranda from that time.

11. When asked at your confirmation hearing what action you took as President of the Macon County Medical Society to demonstrate your outrage, you said you immediately called a meeting of your members and issued a statement. That statement read, "The members of the Macon County Medical Society have unanimously agreed to identify the remaining living members of this study and make available forthwith appropriate therapy." How long was it before those victims were so identified and treated--and by whom?

I called the meeting of the Macon County Medical Society in order to initiate efforts to identify and treat the men, not in order to express my outrage.

I do not have any records which would detail the specific dates of the identification of the men, or details of the course of treatment of any of them. As an obstetrician-gynecologist, I did not treat any of the men myself. As noted above, the records of the Macon County Medical Society from that period are no longer in existence, and I do not know if any special records were made. I cannot say with any assurance that any of the local doctors or the Society would have made special charts, memoranda or records of their own treatment of these men, beyond the individual medical records. The Society members would have provided treatment on an individual basis as they identified the men, and as the medical conditions of the individual patients warranted.

The Society fully cooperated with members of Dr. Broadus Butler's committee, the Tuskegee Syphilis Study Ad-Hoc Advisory Panel. To the best of my recollection, all of representatives of the Ad-Hoc Panel and other federal officials with whom the Society dealt at that point appeared genuinely interested in identifying and treating the men. Within a short period they stopped the study and recommended treatment of the men for syphilis. As an OB/GYN, I was not involved directly in the CDC treatment activities and cannot provide details as to the timing of treatment they provided. I left Tuskegee in May 1973 to become head of OB/GYN at Meharry Medical College.

Syphilis Decision Left to Macon, Records Show

By M. P. WEISSKOPF
Advertiser Staff Writer

The Alabama Board of Health, asked more than three years ago by federal officials whether the U.S. Public Health Service should continue its program of denying proper medical treatment to syphilitics in Tuskegee, avoided the issue by referring questions to Macon County physicians.

The formal motion at a state Board of Health meeting Feb. 19, 1969, suggesting that federal public health officials discuss pl. s for pursuing the project, called the Tuskegee Study, with the Macon County Medical Society, was discovered Friday by The Advertiser in a review of board meeting records dating back to 1931.

According to minutes of the 1969 meeting, a search through records of the period, 1931-33, failed to show any indication of formal approval by the state Board of Health for the federal experiment started in 1932 in which 200 known syphilis carriers living in Tuskegee were denied treatment, to determine by autopsies what damage untreated cases of the venereal disease does to the human body.

The 16-line passage, under the subtitle, "Tuskegee Untreated Syphilis Project," is the only specific reference found in minutes of more than 40 years of board meetings to the Public Health Service study in which at least seven men have reportedly died as direct result of syphilis.

Dr. S.H. Settler Jr., secretary of the Macon County Medical Society, said by telephone Friday he recalls a society meeting in May of 1969 in which Dr. David J. Sencer, director of the Public Health Service's Center for Disease Control in Atlanta, asked members to endorse the continuation of a federal study of Tuskegee syphilitics.

Dr. Settler, a Tuskgee opthamalogist, said members agreed to continue the program, but consented under the assumption that the patients were receiving treatment for the disease.

"We were never really informed of a project in which people were not being treated," he said.

Dr. Sencer, reached at his home in Atlanta Saturday, said he had not attended the May, 1969 meeting in Tuskegee, but sent two center officials involved at the time in venereal disease control to discuss plans for continuing the program. The officials were, according to Dr. Sencer, Dr. William J. Brown, former chief of the center's venereal disease branch, and Dr. Alfonso H. Holguin, former director of the state and community division of communicable diseases.

Dr. Holguin, director of the Atlanta center's training program, said Saturday he remembers informing Macon County physicians in 1969 of the most recent developments in the Tuskegee Study including recommendations made by a special ad hoc study committee assigned earlier that year to review the project.

Dr. Holguin said there must have been some indication during the meeting that some of the syphilitics in the project had not received treatment because one of the recommendations discussed was that therapy as late as 1969 would not benefit the patients.

Dr. Brown, current director of venereal disease control in the Georgia Department of Health, confirmed Dr. Holguin's statement by telephone Saturday.

Dr. Brown conceded that there might have been a misunderstanding over certain details of the program discussed with Macon County physicians in 1969, but there was no intention on his or Dr. Holguin's part to mislead the society.

"This has been an open study going on for years," he said. pickup type beginning Dr. H. W. Foster

Dr. H.W. Foster, president of the Macon County society, said Friday he is under the impression that the Public Health Service will discontinue the project immediately.

The society drafted a statement at a meeting in Tuskegee Thursday night which said:

"The members of the Macon County Medical Society have unanimously agreed to identify the remaining living members of this study and make available forthwith appropriate therapy."

The Tuskegee surgeon suggested that very large doses of penicillin may be necessary in the therapy.

Minutes of the 1969 state health board meeting report that the Public Health Service had expressed concern whether to perpetuate the project "since the numbers are small, adequate treatment is now available and there have been many social changes in Macon County."

"The State Health Officer has suggested to the Public Health Service," the minutes go on, "that continuity of the program and patient care be discussed with local physicians before a decision is made."

A motion to refer the matter to the Macon County Medical Society carried by unanimous vote, according to the minutes.

State Health Officer Dr. Ira Myers, who presided over the 1969 board meeting, was not available for comment Friday.

The only possible indirect mention of the federal experiment found by The Advertiser in reviewing more than 40 years of records came at a meeting in 1935 when it was reported that a Public Health Service official who conducted a blood test for syphilis five years earlier at the Macon County Selective Service System received positive reactions in about 10 per cent of those tested.

Minutes of that meeting said the same public health officer had performed a similar test in 1929 and found positive reactions in 26 per cent of those sampled. For the next eight years, the records said, the official carried on a "very intensive treatment program."

There was no further description in the minutes of the treatment program lasting until 1937.

An official of the state Bureau of Preventable Diseases Venereal Disease Division said Friday that the Alabama Department of Health assisted the Public Health Service in its annual physical examination of syphilitic subects by providing referral services.

The official said that state public health representatives assigned to the Macon County area helped locate the patients and transported them to the county health department for checkups.

The state assistance continued from the beginning of the project in 1932 to the present time, he said.

Montg. Advertiser — Sunday, July 30, 1972

Atla Const - 7/30/72

Syphilitics From Study Are Hunted

TUSKEGEE, Ala. (UPI)— Doctors in this small eastern Alabama town have started a search for elderly blacks who participated in a government sponsored syphilis experiment that started in 1933.

Dr. Henry Foster, president of the Macon County Medical Society, said Friday his group hopes to find as many of the participants as possible and give them treatment for the disease if it still was needed.

It was revealed this week that the program by the U. S. Public Health Service was never halted even when a cure for syphilis became available.

There have been charges that some 400 of the 600 original blacks that started the program were allowed to continue untreated. The program was designed to determine the long range effects of the disease.

Foster said the government agency would be asked to terminate the program.

A black state legislator charged that some of the participants did not know why they were being tested.

Rep. Fred Gray of Tuskegee, a civil rights attorney, said he had been retained to represent "several" of the participants. He declined to name his clients or say how many he represented, but said there was a possibility he would sue the Public Health Service to get damages for his clients.

ABORTION, SEX EDUCATION, AND FAMILY PLANNING

12. Near the end of a speech you gave to the Planned Parenthood Association of East Tennessee on September 7, 1984, you proclaimed that the future of abortion in this country may depend on the next nominee to the Supreme Court. That would seem to indicate that you have no problem with an abortion "litmus test" for Supreme Court Justices. Do you feel that such a "test" is equally appropriate for a Surgeon General nominee?

In my speech, I was simply emphasizing that judicial appointments would greatly affect case law regarding access to abortions. I did not and would not advocate any so-called "litmus test" for judicial appointees, nor would I advocate any such "litmus test" for a nominee to the position of Surgeon General.

13. Since 1973, you have been associated with Planned Parenthood of Middle Tennessee. During the period 1975-1981, you also held national level leadership positions with the Planned Parenthood Federation of America. If confirmed by the Senate, to what extent do you plan to promote the Planned Parenthood agenda as Surgeon General?

If confirmed, I shall endeavor to improve the lives of all Americans in the many different areas of health care and prevention needs. I will not promote the agenda as such of any private organization.

14. What is your position on laws which require parental consent or notification before a minor may obtain an abortion? Please be specific.

I believe that parents should be involved when their teenage daughter faces a crisis pregnancy and will do everything I can to encourage that. In fact, it has been my experience that most young women do tell a parent when they are considering having an abortion. 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. Therefore, while I support parental notification, I think there must be some other avenue for a teenager to get adult counseling or judicial approval.

15. Have you been associated at any point in the past with the Sex Information and Education Council of the United States (SIECUS)? If so, please elaborate regarding the nature and extent of your association.

I have not been a member of SIECUS nor have I had any direct involvement in the organization. SIECUS ia a coalition of more than 80 national organizations, including the American Medical Association, the American Nurses Association, American College of Obstetricians and Gynecologists, the Planned Parenthood

Federation of America and the Child Welfare League of America. I am a member of the AMA and ACOG and served on the national Board of Directors of the Planned Parenthood Federation of America from 1975 - 1981.

OTHER

16. Can you assure the Committee that rental property you own is well maintained and in compliance with health and safety codes?

I can assure this Committee that all of my rental property is well maintained and in compliance with health and safety codes.

Series I Questions
Submitted by Senator Abraham

1. An official transcript (page 180, lines 13-14) of a November 10, 1978 meeting of the Ethics Advisory Board of the U.S. Department of Health Education an Welfare quotes you as stating: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."

The White House initially suggested that the transcript was a fraud. Only after the authenticity of the transcript was established did the White House retract its charges of fraud.

a. Please identify and provide all documents you provided the White House concerning the transcript.

I did not provide any documents to the White House concerning the transcript.

When asked about the 700 therapeutic and amniocentesis abortions quote during your nomination hearings, you attributed the statement to the transcribers not being able to hear: "In the transcript, it was stated a couple of times that they had hired transcribers and they were having difficultly hearing." (FNS 5/2/95 at 121.) And you further said, "[T]he transcribers said that they were having trouble hearing. They said it. I did not. It was in the record. So you know it was there. And maybe they--they were hired people." (FNH 5/3/95 at 115.)

b. Please identify all places in the transcript where it says the transcribers were having difficulty hearing.

Places in the transcript of the Ethics Advisory Board meeting of November 10, 1978, where it indicates that the reporter was having difficulty transcribing:

1. **page 208, lines 19-21. The reporter said: "I don't know what happened, because everybody talked at once. You will have to watch that."**

2. **page 321, lines 19-20. The reporter said: "Too many people are speaking at once. We are not getting anything on the record."**

c. Please identify all portions of the transcript that demonstrate inaccurate transcription.

The transcript is a transcription of statements that were made at a meeting in November 1978, almost 17 years ago. I do not recall every statement made at the meeting or the exact words used by each speaker, so I am incapable of identifying portions of the transcript that demonstrate inaccurate transcription.

Also on Tuesday of the hearings, you stated: "My honest feeling is the word 'I' should have been 'they' and that makes all the sense in the world. It was Drew Hospital in Los Angeles that was applying for the grant."

But then on Wednesday of the hearing, you stated "[T]he people who are applying for the grant itself, that statement would have made all the sense in the world if it had said "we have done" and did not just say abortions, but said amniocentesis because that is what they were applying for the research for, and they did not have a huge service where they were doing this. That is what I said."

2. Please explain the meaning of both "we" and "they" as a substitute for "I" in the context of the entire paragraph on page 180 of the transcript.

In particular:

a. Please identify and provide documents concerning the number of amniocentesis abortions and therapeutic abortions that Drew Hospital in Los Angeles had done by 1978 and your knowledge thereof in 1978.

b. Please identify and provide documents concerning your knowledge of the number of therapeutic and amniocentesis abortions that Drew Hospital had done by 1978.

c. Please explain the relevance of the number of abortions Drew Hospital had done, to the rest of your remarks, including: your opinion that the Hospital's proposed 24 hour delay in abortion would be reasonable; your opinion that it was acceptable for the catheter to be left in place after the fetoscope is withdrawn; and your description of the techniques for continuous prostaglandin infusion.

d. If the word should have been "We," please explain why you would be referring to Drew Hospital in Los Angeles, where you have never worked, as "we."

3. Please state which word you now believe you said:

Answer to Questions 2 [a-d] and 3:

When I answered the question on Tuesday, I had a copy of the 1978 transcript before me. When I answered the question on Wednesday, I did not have a copy of the 1978 transcript before me, and became slightly confused about the context of the sentence in question. My answer on Tuesday is the accurate description of what I believe I may have said. I believe that I may have said:

"They have done a lot of amniocentesis and therapeutic abortions, probably near 700."

In this context, "they" would have referred to the grant applicants at Drew Hospital in Los Angeles. I cannot state with certainty that this is what I said. Whatever statement I made was made almost 17 years ago, and I saw the transcript for the first time in February of this year. I know I did not make the statement as it appears, and I know it does not reflect my record at that time or any time since. As I mentioned at the hearing, the then-Chairman of the Ethics Advisory Board has stated that had I made the statement as it appears, it would have engendered quite a bit of controversy at the meeting. It did not.

Because of the passage of time, it is difficult for me to explain why the transcript reads as it does. As I noted at the hearing, one plausible explanation is a transcription error, and that the word "I" appeared in the transcript although I said "they." This is only conjecture. I do recall that I was somewhat familiar with the work that was being done at Drew at the time, but I have no recollection that I had any precise knowledge of the number of amniocentesis and/or abortion procedures that had been performed at Drew. I may have had documents before me at the meeting that were presented in connection with the application, but I do not have such documents in my possession at this time and did not consult any such documents in trying to determine what might account for the statement in the transcript.

You have asked me to explain the relevance to the rest of my remarks of the number of abortions performed by Drew. Once again, I am trying to reconstruct what I was thinking 17 years ago. It is a difficult, if not impossible, task, particularly since I cannot now be sure what documents I had before me at the time. My conjecture is as follows: We were discussing the protocol proposed by Drew and the possibility of complications resulting from a 24-hour delay proposed in the protocol. The number of amniocentesis and/or abortion procedures performed at Drew would be relevant to my assessment of the ability of the applicants to gauge the magnitude of that risk and to perform the proposed procedures in a way that would minimize that risk.

4. Did you compose the February 3, 1995 written statement on your abortion record, which the White House issued in your name to the national press, in which you stated that you had "performed fewer than a dozen" abortions?

Yes, I composed the February 3, 1995, written statement with the assistance of several officials of the Department of Health and Human Services.

5. If not, who did the drafting?

I composed the February 3, 1995, written statement with the assistance of several officials of the Department of Health and Human Services.

6. Please identify and provide all documents concerning this statement and its drafting.

There are no documents concerning this statement and its drafting. As I stated in my testimony, I made the statement based on my best recollection at the time, without reviewing any records.

7. That written statement also said that all the abortions you have performed "were primarily to save the lives of the women or because the women had been the victim of rape or incest."

a. How many of the 39 abortions you now state you performed were done to save the life of the mother?

b. How many of these 39 abortions were in cases where the pregnancy resulted from rape?

c. How many of these 39 abortions were in cases where the pregnancy resulted from incest?

d. How many of these 39 abortions were elective?

e. Could you please identify and provide relevant records concerning these 39 abortions?

Answer for Question 7 [a-e]:

The 39 abortions on which I was listed as physician of record took place at Meharry Medical College/Hubbard Hospital. Hospitals, including Meharry/Hubbard, usually provide abortion services only under limited circumstances, primarily to preserve the health or life of the pregnant woman. If a woman had consulted me in the early stages of a healthy pregnancy and had requested an abortion, I would have counseled her and, as appropriate, referred her to a service outside the hospital.

Meharry Medical College is the custodian of all records relating to these 39 abortions. Attached is a letter from the General Counsel regarding these procedures.

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

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Tuskegee University

Founded by Booker T. Washington

Office of the President

April 20, 1995

The Hon. Abner J. Mikva
Counsel to the President
The White House
Washington, DC

Dear Judge Mikva:

This responds to your letter of April 10, 1995, and modifies my letter of April 13 to John D. Podesta concerning your request that Tuskegee University undertake or authorize a review of certain medical records. The contemplated review would encompass the records of all patients of the now-closed John A. Andrew Memorial Hospital, during the period from 1965-1973. We understand that the review has been requested by Dr. Henry Foster and the White House, for the purpose of determining the number of certain surgical procedures performed by Dr. Foster during the period in question.

Although we understand the purpose of the review, and support the goal of assuring that Dr. Foster receives a fair hearing on his nomination to be the Surgeon General, we now find that we cannot comply with your request. This conclusion supersedes the initial response in my April 13 letter to John Podesta. We have searched both our conscience and the law, and we are responding now as well to questions raised by some of Dr. Foster's former patients.

Our conclusion is based on the moral and legal principle that patients' records must remain confidential, and may not be disclosed to third parties without the patients' written consent. Were the hospital still in operation, conceivably hospital personnel could perform the review. Since it is no longer in existence, the review necessarily would have to be performed by third parties.

We fully understand that those who would be reviewing the records have promised not to record personal identifiers, that no copies would be made, and that the individuals performing the review would be bound by a promise of confidentiality not to disclose any information contained in the records. We also

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know that Dr. Foster has authorized the review. However, we have been advised by legal counsel that Dr. Foster has no legal authority to authorize release of patients' records to third parties. Under the circumstances, we believe that providing the records to the designated reviewers, in and of itself, may constitute a violation of the duty of confidentiality that is owed to the former patients of the hospital. National standards, such as those established by the Joint Commission on the Accreditation of Healthcare Organizations and the American Medical Record Association are unambiguous on this point. So, too, is Alabama common law, which holds that disclosure of medical information without the patient's consent constitutes both a violation of the fiduciary duty owed by health care providers to their patients, and a breach of an implied contract to maintain confidentiality. See, e.g., Crippen v. Charter Southland Hospital, 534 So.2d 286 (Ala. 1988); Mull v. String, 448 So.2d 952 (Ala. 1984); Horne v. Patton, 287 So.2d 824 (Ala. 1973, *reh'g denied*, 1974).

As you know, Tuskegee University is the leading institution in this community. It seems clear that we would violate the trust of this community, as well as our moral and legal obligation to the former patients of the John A. Andrew Hospital, if we were to permit third parties access to these highly sensitive records.

Despite the good faith and energetic efforts of the Department of Health and Human Services and your staff, I deeply regret that we are unable to assist you in the manner in which you requested. If you have any further suggestions as to how we could respond more favorably, without breaching our fiduciary duties, we would be glad to consider them.

Sincerely,

Benjamin F. Payton

cc: Dr. Andrew F. Brimmer
Dr. Mary F. Berry

8. Please explain why none of your various calculations of the number of abortions you have done includes the 55 chemical abortions and at least four D&C abortions done as part of the abortifacient suppository experiment in the early 1980s in which you were the principal investigator.

I did not perform the procedures to which you refer that were part of the multi-center site clinical trial sponsored by the Upjohn Company.

9. Did the woman who later gave birth give birth to a healthy child?

The article published in the May 1985 issue of Obstetrics and Gynecology notes that one woman withdrew from the study and had a vaginal delivery of a baby. The article states, "There was no evidence of teratogenesis, and his development thus far remains normal."

10. Following the failure of the abortifacient suppository, did you or anyone else advise this woman that she should consider submitting to a surgical abortion?

Not that I recall.

11. How many abortions or terminations of pregnancies were you in the operating room for?

I have been listed as physician of record for 39 abortions during my tenure at Meharry Medical College from 1973 to the present. These cases were my direct responsibility although resident physicians were also listed on the records of 3/4 of the cases. I also described for the Committee my recollection of performing major surgery during my tenure at John Andrew Memorial Hospital in Alabama to save the life of a woman with Meigs' Syndrome that resulted in a pregnancy termination.

12. Please identify and provide all documents concerning any procedures involving the termination of a pregnancy in which you have been involved in your 38 years of practice, including prior to 1973 and including cases in which you were not the physician of record.

As noted above, Meharry Medical College has custody of all documents and records pertaining to the 39 abortion procedures in which I was listed as a physician of record. Attached are a letter from the General Counsel of Meharry, as well as a letter from Tuskegee University explaining the unavailability of any records regarding John Andrew Memorial Hospital, which is now closed.

13. Please identify and provide all calendars, appointment books, schedules, datebooks, and any other documents concerning your whereabouts during 1969.

I have not kept any calendars or other documents recording my whereabouts on specific dates during 1969, when I was a resident of Tuskegee, Alabama. I attach, however, two documents which are responsive to your question as to May 18-20, 1969.

You have said: "In recent years, there has been an outcry by various groups that the intent of family planning is black genocide and that the ultimate effect will be black genocide. I must admit that these apprehensions are quite understandable and often not without foundation."

14. Please explain your statement that "these apprehensions are . . . often not without foundation."

These remarks responded to various concerns about family planning services that were well established in black communities at that time when comprehensive health care was insufficient or absent. As indicated above, while I did not agree with the extreme conclusions some people drew from these concerns, I recognized that the concerns themselves reflected problems that deserved attention. For this reason, I identified the three basic conditions necessary to support family planning programs: (1) programs must be completely voluntary and noncoercive; (2) comprehensive health care must be a component of a family planning program; and (3) any family planning program for minorities must include the effective participation of minorities in policy and administration.

In Obstetrics and Gynecology, you wrote that of the 60 patients in your abortifacient suppository experiment, 58 (97%) were black. Foster, et al., Postconception Menses Induction Using Prostaglandin Vaginal Suppositories O&G, 65: 683, 1985]

15. What percentage of the 39 abortions you have done involved African-American women seeking to terminate a pregnancy?

Meharry Medical College and Hubbard Hospital are historically black institutions, established at a time when the races were segregated by law. Hubbard Hospital was established because of the official denial of access to Nashville General Hospital, the city-run facility, for Meharry staff and students on account of their race. The hospital has welcomed patients and staff of all races. Meharry and Hubbard share a strong commitment to providing services to all persons without regard to their race. That is a commitment which I fully share. Most but by no means all of the Hubbard Hospital patients have been African-American. It would be fair to assume that most of the 39 cases you refer to were African-Americans.

Statement of Minnie Capleton Jamison

My name is Minnie Capleton Jamison, and I am a resident of Tuskegee, Macon County, Alabama. I reside at 1307 Gregory Street in Tuskegee.

On the evening of May 19, 1969, I gave birth to my son, Steven Darryl Jamison. Dr. Henry W. Foster was my obstetrician and guided me along the entire course of my pregnancy and delivered the baby. It had been a difficult pregnancy. I was confined to bed for seven of the nine months, and during the fourth month it was necessary for Dr. Foster to perform a surgical procedure to prevent a miscarriage. I had had two miscarriages before this.

I went into labor on May 18, 1969. I was admitted to John A. Andrew Memorial Hospital in Tuskegee that evening, and I was given medicine to slow labor. My baby was delivered by Dr. Foster on the next evening, May 19, 1969. The delivery was by Caesarean section.

I remember the evening well, but I do not remember all of the specific details. I know that Dr. Foster looked in on me from time to time, but I do not recall exactly what time he looked in or exactly how often he checked on me. I remember that the delivery took place at night, and that I was in surgery for approximately two hours. I recall specifically that part of the procedure was at 7:00. I recall that I was very nervous and I was hyperventilating. I was doing breathing exercises and I tried to focus on a clock at 7:00 p.m. I remember that the anesthesiologist was trying to calm me at the time, and that Dr. Foster joined and helped to calm me. I recall that all of this was before Dr. Foster started to operate, but I do not recall more specifically at what point this was in the procedure. I understand that the medical record indicates that the delivery took place at 9:17 p.m., and I do not dispute that record.

I also remember well what fine care Dr. Foster gave to me and my son. I remember that throughout a difficult time for me Dr. Foster was warm and attentive. I had been told by another obstetrician that I could never have a child. Dr. Foster told me that he would work with me and do everything humanly possible to make sure I could have a child, and he did. He was a very busy man with many patients, but he always took time and was always there to help. He was always very human and very professional. He is a fine man and will make a fine Surgeon General.

SIGNED: Minnie Capleton Jamison

Minnie Capleton Jamison

DATE: 4/28/95

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

Dorothy S. Harshbarger
State Registrar and Director

16. In your 1984 keynote address to Planned Parenthood, you commended the Supreme Court for striking down hospitalization requirements for second trimester abortions. You then stated: "We must work to prevent the erection of such barriers to late abortion access."

a. Please state at what stage, if any, in the development of a fetus, an intentional termination of the life of the fetus should be legally prohibited.

b. Please state at what stage, if any, in a pregnancy, you believe elective abortions should legally prohibited.

Answer to Questions 16 [a and b]:

I fully support the framework laid down by the Supreme Court in Roe v. Wade for determining the legality of restrictions on abortion.

Series II Questions
Submitted by Senator Abraham

1978 H.E.W. ETHICS BOARD MEETING

Dr. Foster, with respect to the transcript from the 1978 H.E.W. Ethics Board meeting, you claim that you must have been misquoted when the transcript on page 180 quoted you stating, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."

1. Do you also deny making the statement attributed to you on page 197, where you are quoted as saying, "Let me address one other question regarding therapy versus research. I have not seen the research proposals that John Hobbins had at Yale, or what Kan has done at U.S.C. But I do know that a lot of their fetoscopy was therapeutic , the work on thalassemia was clearly therapeutic. It was done for the same reasons we do amniocentesis, to decide whether or not the pregnancy should continue and to provide a therapeutic abortion. In fact, I know much of that."?

   The transcript relates to statements made almost 17 years ago. I do not recall making the statement attributed to me on page 197, but I do not deny making it.

2. If the answer to question #1 is "No," please provide a specific accounting (including date, location and your position at the time) of those instances in which you provided a therapeutic abortion after performing amniocentesis and what indications, based on the amniocentesis, warranted the performing of the ensuing therapeutic abortions.

   I cannot recall the number of instances in which I performed a therapeutic abortion after performing amniocentesis, but I can explain the role amniocentesis played in my treatment of patients. Amniocentesis is typically performed to detect genetic disorders such as Down Syndrome, Tay Sachs disease, thalassemia, and homozygous or doubly heterozygous sickle cell disease, as well as neural tube defects such as spina bifida. I used the information from the amniocentesis to help inform the patient as fully as possible about the condition of the fetus she was carrying, all the options available to her, and the risks and benefits associated with each of those options. The decision whether or not to terminate the pregnancy was always made by the patient (usually in consultation with her husband, family or other supportive persons). In the event the patient decided to carry the pregnancy to term, the information gained through the amniocentesis was very valuable to me in treating the woman in the manner calculated to bring about the best health outcome for her and the child.

Dr. Foster, on page 199 of the 1978 H.E.W. Ethics Review Board meeting transcript, you were quoted as saying, "The only thing that I do know is that the struggle has been to try and be able to diagnose sickle cell--homozygous **[sickle cell disease]**[1] at a point at which therapeutic abortions could be offered. Right now we don't have that capability, and it was my understanding that one of the thrusts of this research proposal was to help to try and find that capability."

3. Dr. Foster, do you deny making this statement at the 1978 meeting?

The transcript relates to statements made almost 17 years ago. I do not recall making the statement attributed to me on page 199, but I do not deny making it.

4. If the answer to Question #3 is "No," would you please provide a specific accounting of how many times you performed abortions after you had ascertained the existence of "sickle cell" disease.

5. If the answer to Question #3 is "No," would you please explain whether in those instances in which an abortion was performed following the diagnosis of sickle cell, did you ever counsel the women you were treating to obtain an abortion?

Answer to Questions 4 and 5

I cannot recall the number of instances in which I performed a therapeutic abortion following a diagnosis of sickle cell, but I can tell you how I approached the care of a patient who received a diagnosis that the fetus she was carrying suffered from sickle cell disease. I informed the patient as fully as possible about the disease, all the options available to her, and the risks and benefits associated with each of those options. The decision whether or not to terminate the pregnancy was made by the patient (usually after consultation with her husband, family or other supportive persons).

Not all patients who received a sickle cell diagnosis decided to terminate their pregnancies. In the event the patient decided to carry the pregnancy to term, the knowledge of the sickle cell problem enabled me to treat the woman in the manner calculated to bring about the best health outcome for her and the child.

---

[1]Deleted from the question, but contained in the transcript.

6. Have you ever performed "therapeutic abortions" after examining the results from amniocentesis in which you discovered indications of other genetic disorders such as Down Syndrome or Tay Sachs?

I do not believe that I ever performed a therapeutic abortion following an amniocentesis that indicated Down Syndrome or Tay Sachs.

7. Dr. Foster, do you believe that "therapeutic abortion" is a legitimate form of therapy for preventing birth defects such as Down Syndrome?

I believe that the choice whether to carry a pregnancy to term after diagnosis of a birth defect is one to be made by the woman (preferably in consultation with her husband, family or other supportive persons). Before making that decision, the woman should be informed by her physician as fully as possible about her condition and the condition of the fetus she is carrying, all the options available to her, and the risks and benefits associated with each of those options.

8. Dr. Foster, please indicate where in the transcript -- other than page 323 -- there is any indication the transcription reporter was having difficulty hearing clearing the discussion taking place at the meeting?

Places in the transcript of the Ethics Advisory Board meeting of November 10, 1978, where it indicates that the reporter was having difficulty transcribing:

1. **page 208, lines 19-21. The reporter said: "I don't know what happened, because everybody talked at once. You will have to watch that."**

2. **page 321, lines 19-20. The reporter said: "Too many people are speaking at once. We are not getting anything on the record."**

II. STERILIZATION

Dr. Foster, in your testimony before the Labor Committee, you stated that, with respect to obtaining the informed consent for the purposes of sterilizing the individuals mentioned in your 1976 article, that you assiduously followed whatever Joint Commission on Accreditation of Hospitals guidelines were in place at the time.

9. Dr. Foster, would you provide for the Committee the pertinent JCAH guidelines at the time you undertook the sterilization procedures and what specific actions you took in these cases to comply with those guidelines?

I performed the sterilization procedures discussed in my 1976 article prior to 1973. In response to your request, I have attached the Formulation of Medical Staff Bylaws, Rules, and Regulations of the Joint Commission on Accreditation of Hospitals from 1971.

The guidelines do not deal specifically with sterilization, but do call for informed consent for any kind of surgical care, including the consent of a parent or guardian in the case of surgery involving a minor or unconscious patient. As I testified, the article was based on literature review. In the two cases I recall performing, the patients were brought to me by their parents. I believed at the time that performing the sterilizations was the morally and medically right thing to do, and the manner in which I did so was fully consistent with prevailing rules governing informed consent. This was never questioned during the entire course of peer review of my 1976 article.

III. I HAVE A FUTURE PROGRAM

Dr. Foster, during the February 8th "Nightline" interview, you also made it clear that, even provided "parental involvement," you did not favor the widespread distribution of condoms. You also stated unequivocally, "I favor abstinence. Abstinence, that's what I favor. That's the bedrock of our program." However, in your article which appeared in the Summer 1990 issue of the Journal of Health Care for the Poor and Underserved, you described the "I Have a Future" program quite differently.

In that article, "A Model for Increasing Access: Teenage Pregnancy Prevention," you and two of your colleagues wrote that one of the principal objectives of the "I Have a Future" program was "to provide ready access to and to increase utilization of comprehensive adolescent health services." Later, you define "comprehensive health services" as "including contraceptive availability."

GUIDELINES for the Formulation of Medical Staff Bylaws, Rules and Regulations 1971

Non-Departmentalized Hospitals

Joint Commission on Accreditation of Hospitals

(e) In instances in which the patient exhibits severe psychiatric symptoms;

(f) When requested by the patient or his family.

8. The attending practitioner is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant. He will provide written authorization to permit another attending practitioner to attend or examine his patient, except in an emergency.

9. If a nurse has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, she shall call this to the attention of her superior who in turn may refer the matter to the director of the nursing service. If warranted, the Director of Nursing may bring the matter to the attention of the chief of the service wherein the practitioner has clinical privileges. Where circumstances are such as to justify such action, the chief of the service may himself request a consultation.

Adaptation Notes

D. GENERAL RULES REGARDING SURGICAL CARE

Comment

Policies, regulations and rules for the surgical suite should cover at least the following:

1. General considerations
2. Scheduling operations
   - (a) Priority
     - (1) Definition of priority time
     - (2) First priority
     - (3) Second priority
   - (b) Scheduling periods
   - (c) Assignment of priority
   - (d) Loss of priority
3. Reservations for operations
4. Information required to make reservations
5. Change of schedules
6. Emergency operations
7. Requirements prior to anesthesia and operation
   - (a) Identification of patient
   - (b) Pre-operative evaluation and documentation
     - (1) Medical record content, including diagnosis

Adaptation Notes

(2) Laboratory procedures 21

(3) Informed consent forms 22

(c) Time of admission 23

8. Starting time of operations 24

9. Out-patient operations requiring general anesthesia 25

10. Care and transport of patients 26

(a) To the surgical suite 27

(b) Within the surgical suite 28

(c) To the recovery room 29

11. Efficient utilization of operating rooms 30

12. Contaminated cases 31

13. Conductivity and environmental control 32

14. Radiation safety 33

15. Other 34

1. Except in severe emergencies, the preoperative diagnosis and required laboratory tests must be recorded on the patient's medical record prior to any surgical procedure. If not recorded, the operation shall be cancelled. In any emergency the practitioner shall make at least a comprehensive note regarding the patient's condition prior to induction of anesthesia and start of surgery. 1 2 3 4 5 6 7

2. A patient admitted for dental care is a dual responsibility involving the dentist and physician member of the medical staff. 1 2 3

(a) Dentists' responsibilities: 4

(1) A detailed dental history justifying hospital admission. 5 6

(2) A detailed description of the examination of the oral cavity and a pre-operative diagnosis. 7 8

(3) A complete operative report, describing the finding and technique. In cases of extraction of teeth the dentist shall clearly state the number of teeth and fragments removed. All tissue including teeth and fragments shall be sent to the hospital pathologist for examination. 9 10 11 12 13 14

(4) Progress notes as are pertinent to the oral condition. 15 16

(5) Clinical resume (or summary statement). 17

(b) Physicians' responsibilities: 18

(1) Medical history pertinent to the patient's general health. 19 20

(2) A physical examination to determine the patient's condition prior to anesthesia and surgery.

(3) Supervision of the patient's general health status while hospitalized.

(c) The discharge of the patient shall be on written order of the dentist member of the medical staff.

Comment

When podiatrists have surgical privileges the method of patient management must be detailed in much the same manner as the above. Mechanism of admission is detailed in an earlier section. The discharge of the patient shall be on the written concurrence of both the podiatrist and the physician involved.

3. Written, signed, informed, surgical consent shall be obtained prior to the operative procedure except in those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained due to the condition of the patient. In emergencies involving a minor or unconscious patient in which consent for surgery cannot be immediately obtained from parents, guardian or next of kin, these circumstances should be fully explained on the patient's medical record. A consultation in such instances may be desirable before the emergency operative procedure is undertaken if time permits.

Comment

Should a second operation be required during the patient's stay in the hospital, a second consent specifically worded should be obtained. If two or more specific procedures are to be carried out at the same time and this is known in advance, they may all be described and consented to on the same form.

4. The anesthetist shall maintain a complete anesthesia record to include evidence of pre-anesthetic evaluation and post-anesthetic follow-up of the patient's condition.

5. In any surgical procedure with unusual hazard to life there must be a qualified assistant present and scrubbed.

Comment

The term "qualified assistant" must be defined in the rules and regulations. It is generally acknowledged that where a procedure predictably involves risk to the patient's life, the assistant should be a qualified physician.

6. All tissues removed at the operation shall be sent to the hospital pathologist who shall make such examination as he may consider necessary to arrive at a tissue diagnosis. His authenticated report shall be made a part of the patient's medical record.

10. Dr. Foster, how do you square your strong pro-abstinence, anti-condom distribution comments on "Nightline" with this article which ignores abstinence and promotes "ready access to" and "increase[d] utilization" of contraceptives for teenagers?

The article you mention does not ignore abstinence -- it actually mentions it three times ["abstinence," p. 142; "reducing the frequency of sexual activity," p. 143; "delaying sexual activity," p. 143] **-- highlighting the emphasis "I Have A Future" places on this important value. The main point of the article is neither abstinence -- although integral to IHAF's teaching -- nor contraception -- also a component of the program. The focus of the article is preventing teen pregnancy by giving teens hope, self-esteem, and life options.**

At the very beginning of the article, long before we discuss the role of contraceptives in the IHAF program, we clearly state that previous efforts to prevent teen pregnancy -- which basically provide access to contraception and/or sex education -- have <u>not</u> been successful. We say that *"The IHAF program is built on the premise that changes in sexual behavior should be pursued within a framework that enhances self-image and presents positive alternative futures."*

That is what "I Have A Future" is about. The emphasis in the article -- and, indeed, in the program -- is on how we can raise the self-esteem of these teenagers and let them know that their futures are unlimited. Those who would call IHAF a contraceptive program miss the point entirely. Contraceptive only programs have <u>not</u> been successful. They address the *capacity* to have a child, but ignore the *desire* to have a child. I have seen that many impoverished teenagers in inner-city neighborhoods think their futures hold little hope other than having babies. That's why IHAF has a different approach. We address the reasons these children want to have children. The bedrock of our strategy to prevent teen pregnancy is to convince teenagers that their futures will be more full and more rewarding if they delay sex and delay pregnancy until a more appropriate time. We teach them what to say "no" to -- stressing abstinence throughout our curriculum -- but then give them something to say "yes" to -- responsibility, education, jobs.

IHAF does distribute contraceptives to those teens who ignore our advice and choose to have sex. It is by no means the purpose of the program, but it is one element in our effort to help these young people have positive futures. When we first went into the Nashville housing projects in 1987, we surveyed the parents in the community. And 91% of these parents asked us to provide contraceptives to sexually-active teens. Perhaps their response was so overwhelming because 73% of these mothers had their first children between the ages of 13 and 19 -- and they know the limitations early pregnancy places on teenage lives. We feel that, if the teens ignore our abstinence advice, it would be irresponsible as adults not to help our young people protect themselves from the horror of AIDS, the dangers of sexually transmitted diseases, and the epidemic of teen pregnancy.

11. Dr. Foster, was contraception distribution to minors a component of the "I Have a Future" program under your tutelage?

12. If the answer to Question #11 is "Yes," please describe in detail the types of contraception made available to minors, the age range of the minors who were recipients of contraceptive devices, specific details as to what steps were taken to obtain parental consent or notification before contraception was distributed to minors participating in the program.

13. Were birth control pills ever distributed to minor females as part of the "I Have a Future" program?

14. If the answer to Question #13 is "Yes," were parents ever notified before the birth control pills were dispensed to minors involved and was a doctor's examination and/or prescription necessary before the pills were dispensed?

Answers 11-14:

As I noted in response to question number 10, for those teens who ignore our abstinence advice and choose to be sexually active, the program has mechanisms for distributing contraceptives, including birth control pills. In checking with the program staff -- who are more involved in the day-to-day running of the program -- they inform me that birth control pills have not been given to a teenager younger than 15 [the program services teenagers up until age 18].

Tennessee State Law does not require parents to be informed regarding the distribution of contraceptives. However, we encourage our young people to talk about these issues openly and honestly with their families and involve their parents in these decisions. In addition, as mentioned above, the vast majority of the parents in the community have asked us to make this service available.

As you know, "I Have A Future" exists under the auspices of the Obstetrics and Gynecology Department of Meharry Medical College. A woman seeking birth control pills would receive a complete pelvic examination from qualified medical staff under the supervision of one of Meharry's Ob/Gyn physicians. A physician's prescription would also be necessary to obtain these contraceptives.

IV. DELETION OF PLANNED PARENTHOOD FROM BIOGRAPHY

15. Dr. Foster, at the time of the initial announcement of President Clinton's intention to nominate you, were you aware that your 17-year affiliation with Planned Parenthood had been deleted from the biography of you handed out to the press?

I was not aware that my affiliation with Planned Parenthood was not included in the biography handed out to the press. My curriculum vitae is 26 pages long. I assume that much of the information it contains was not included in the condensed biography handed out to the press, but that my entire curriculum vitae was made available to any interested person.

16. Whose decision was it to delete the reference to Planned Parenthood from your biography?

I do not know.

17. Did you ever inquire as to why this was being done or why it had been done?

18. What rationale was given to you as to why your affiliation with Planned Parenthood was deleted from your biography?

Answer to Questions 17 and 18:

Since I was not aware of the situation, I did not make any inquiries relating to it, and so sought and received no rationale.

V. VETTING OF NOMINEE

19. Dr. Foster, in the course of your preliminary discussions with Administration officials about your being nominated to the position of Surgeon General, was the issue of you being an OB-GYN or your having performed abortions ever raised?

Yes.

20. If the answer to Question #19 is "Yes," what information did you provide the Administration prior to your being publicly announced as the nominee for the position of Surgeon General?

I discussed my practice as an Ob/Gyn and discussed the fact that I had performed or participated in abortion procedures during my 38 years of practice.

21. Prior to the initial announcement ceremony at the White House, were you ever told by anyone in the Administration -- including the President -- that they desired to use your nomination as a referendum on choice or to raise the issue of abortion rights to a higher profile in our national political discourse?

No.

Additional Questions For Dr. Henry Foster
From Senator Mike Dewine

STERILIZATIONS

In August, 1970, the executive board of the American College of Obstetricians and Gynecologists issued the following statement of policy:

> "If an operation to accomplish sterilization is recommended by the physician for medical indications, the recorded opinion of a knowledge consultant should be obtained."

1. Were you aware of this statement of policy? If not, why not?

   I was generally aware of ACOG policies, but I do not recall specifically when I became aware of that statement of policy.

2. What is your understanding regarding the obligation of a member of the American College of Obstetricians and Gynecologists to be informed of, and comply with, the policy statements of the American College of Obstetricians and Gynecologists?

   A member of any medical association should seek to be informed of association policy statements, but such statements are not binding.

3. Did you obtain the **recorded opinion** of a consultant prior to performing the sterilizations on the four mentally retarded women just prior to 1974?

   In the two cases I recall performing, I do not believe I obtained the recorded opinion of a consultant. I was the only doctor in that part of Alabama to whom the parents of these severely retarded women could turn; a second medical opinion was not readily available. At the time I performed these procedures, I believed that performing them was the morally and medically right thing to do, and the manner in which they were performed was fully consistent with prevailing rules governing informed consent. This was never questioned during the entire course of peer review of my 1976 article.

On July 19, 1973, in response to the public reaction to the involuntary sterilization of two young girls in Alabama, the U.S. Department of Health, Education, and Welfare (HEW) issued proposed guidelines for sterilization procedures. Those guidelines read, in part:

> A review committee comprised of 5 individuals, must review and approve a sterilization of a minor or legally incompetent person, and consider:

1. the medical, social and psychological information regarding the patient, including the age, alternatives in family planning;
2. the sufficiency of consent; and
3. whether the proposed sterilization was in the best interest of the patient.

And, **a court of competent jurisdiction** must review the committee recommendation to permit sterilization if an individual was legally incompetent.

4. When did you become aware that two Alabama girls, Mary Alice Relf and Minnie Relf, were involuntarily sterilized?

My best recollection is that I learned of the sterilization of the Relfs from news accounts sometime after I had moved to Tennessee in May, 1973.

5. Were you aware of these proposed HEW guidelines for sterilization procedures? If not, why not?

The proposed HEW guidelines for sterilization were issued after I performed the sterilization procedures described in my article. I do not recall when I became specifically aware of the HEW proposed guidelines.

6. Do you know whether the sterilizations you performed on the four mentally incompetent women were provided under Medicaid or other federally funded programs?

I do not believe my patients were covered by Medicaid or other federally funded programs.

On January 8, 1974, U.S. District Judge Frank Johnson, in Wyatt v. Aderholt, entered an order setting sterilization standards for the state of Alabama that read in part:

A determination must be made that:

1. the proposed sterilization is in the best interest of the patient;
2. the patient has consented in writing;
3. if the patient cannot consent in writing, a court of competent jurisdiction must determine that the patient is, in fact, incompetent;
4. a review committee must approve such sterilization; and
5. a court must find that the sterilization is in the best interest of the patient.

7. Were you aware of Judge Johnson's order regarding sterilizations? If not, why not?

I do not recall when I became aware of Judge Johnson's order in *Wyatt v. Aderholt*, which was issued on January 8, 1974. I moved to Nashville, Tennessee in 1973, and I was no longer practicing in Alabama at the time Judge Johnson's order was entered.

8. We understand fully that Judge Johnson's order dealt with Alabama state institutions. Understanding that Judge Johnson's order dealt with minimum acceptable standards for state action, what was the duty, if any, of an Alabama obstetrician-gynecologist -- practicing at that time -- to be informed of, and to meet, the standards enunciated by Judge Johnson?

I am not able to offer an opinion about any duty Judge Johnson's order might have imposed on Alabama obstetrician-gynecologists practicing at that time. As my answer above indicates, I was not practicing in Alabama at the time the order was entered. As your question suggests, however, it is clear that the order applied to the sterilization of patients under the care of the state in institutionalized settings, specifically "mentally retarded residents of the Alabama retardation facilities," [the Partlow State School and Hospital], and not to Alabama doctors generally. *See Wyatt v. Aderholt*, 368 F. Supp. 1383 (M.D. Ala. 1974).

PARENTAL CONSENT

In response to a question from Senator Abraham regarding parental consent with regard to abortion in the case of minors, you said:

> "I am going to be honest with you, Senator. The concept, I support. I would have to see the legislation."

Attached is a copy of the Ohio statute regarding parental notification of an unmarried minor's intention to have an abortion.

9. Do you support this specific parental notification statute?

10. If not, which specific provision do you find objectionable?

I have had an opportunity to review the Ohio statute and -- from my vantage point as a doctor -- I am pleased to see that it makes provisions for a judicial bypass as well as for notification of several categories of adults in addition to parents. Effective bypass procedures are necessary to protect young people who may have abusive situations in the home. I am also, however, not an attorney and am unqualified to comment on the constitutional validity of this law.

11. Do you support parental notification regarding the provision of contraceptives to minors?

As I said at the hearings, I believe that parents should be closely involved in the lives and decisions of their teenage children. The program I founded -- "I Have A Future" -- does everything possible to involve parents in activities with IHAF teens and to foster open communication within the families in our community. We encourage our teens to discuss these sensitive issues openly and honestly with their parents and involve them in the decision-making process. However, I do not think it is necessary to require parental notification regarding the provision of contraceptives. This view -- promoted by organized medicine, including the American Medical Association, over the years -- is reflected in current state law.

TEEN PREGNANCY PROGRAMS

12. Do you believe that we could reduce teen pregnancy rates in the U.S. -- as a part of a larger effort that includes abstinence -- by making prescription contraceptives available over-the-counter?

I am not certain whether making prescription contraceptives over-the-counter would reduce teen pregnancy in the United States. As public health officials have come to realize over the years -- and as we recognized in developing the "I Have A Future" program -- there are many, many issues that factor into the epidemic of teen pregnancy that the United States is experiencing. These range from tangible, measurable factors such as socioeconomic background to other, more difficult factors such as self-esteem and sense of positive future options. It is impossible to determine which of these factors is strongest and how to best address each one. I personally think that programs which focus solely on addressing the *capacity* to bear a child -- and by this I mean contraceptive programs such as you suggest -- cannot be successful. Any successful attempt to solve this problem will address the *desire* of teens to bear children by showing them the future rewards to postponing sex and pregnancy.

13. Do you believe that we could reduce teen pregnancy rates in the U.S. -- as a part of a larger effort that includes abstinence -- by providing school-based contraceptive services?

Again, my strategy for attacking the teen pregnancy problem will first attempt to address the *desire* of teens to bear children by building their self-esteem and showing them that their futures can be more successful if they delay sex and pregnancy until they are married.

I'm again uncertain as to whether your proposal would result in reduced rates, as it does not address the reason many of our young people *choose* to have babies when they see nothing else in their futures. I do believe strongly, however, that school-based health services are a matter for local communities and parents, in conjunction with their local school districts, to determine for themselves. These decisions should not be made by the federal government.

May 17, 1995

MEMORANDUM

TO: John Podesta

FROM: Anna L. Durand
Deputy General Counsel

SUBJECT: Q and A Follow-Up

Question 4, pg. 2: We have double-checked the accuracy of the statement regarding residency programs needing to train residents in the complications associated with pregnancy.

Here is some language for your consideration for question 7, page 19:

The reasons for obtaining a pre-natal diagnosis of a birth defect extend beyond the decision whether or not to terminate the pregnancy. The pre-natal diagnosis of a birth defect can often help improve health outcome by allowing the mother to obtain the necessary pre-natal care and to be prepared to give birth in an appropriate medical facility. In addition, there are certain birth defects that can now be treated at an early stage or, if current research proves successful, will be treatable in the future. For example, an experimental gene therapy has been developed and has shown promise in newborns born with adenine deaminase deficiency (ADD). The therapy is currently under study.

OK with Foster

Proposed rewrite for answer to Question 3 on page 24

3. In the two cases I recall performing, I do not believe I obtained the recorded opinion of a consultant. I note that the next sentence of the ACOG policy that you cite reads as follows:

> "If sterilization is requested by the patient, and her physician agrees, consultation is not necessary."

Under the circumstances of these two cases, where the parents of the patients requested the performance of the sterilization, it is not at all clear whether the recorded opinion of a consultant was called for even under the ACOG statement of policy. I was the only doctor in that part of Alabama to whom the parents of these severely retarded women could turn; a second medical opinion was not readily available. At the time I performed these procedures, I believed that performing them was the morally and medically right thing to do, and the manner in which they were performed was fully consistent with prevailing rules governing informed consent. This was never questioned during the entire course of peer review of my 1976 article.

- acce. issue

- yc

acog **statement of policy**
AS ISSUED BY THE EXECUTIVE BOARD OF ACOG

WITHDRAWN 9/89

POLICY ON SURGICAL STERILIZATION

If an operation to accomplish sterilization is recommended by the physician for medical indications, the recorded opinion of a knowledgeable consultant should be obtained.

If sterilization is requested by the patient, and her physician agrees, consultation is not necessary.

In all cases where sterilization is performed primarily or results from an indicated operation, it is important that the patient understand that restoration of fertility is unlikely.

Elective sterilization should not be a precondition for the provision of appropriate medical care. Coercion is contrary to the concept of health care in a free society.

Approved by the Executive Board
August, 1970
Amended December, 1974

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
ONE EAST WACKER DRIVE • SUITE 2700 • CHICAGO, ILLINOIS 60601 • (312) 222-1600

May 18, 1995

MEMORANDUM

TO: John Podesta

FROM: Anna L. Durand
Deputy General Counsel, HHS

SUBJECT: Q and A Follow-Up

I have spoken with Kathy Bryant at ACOG. Enclosed is the ACOG Statement of Policy on Sterilization as adopted in 1970 and as amended in 1974. The second sentence of the ACOG Statement of Policy on Sterilization (the one that says consultation is not necessary if the patient requests sterilization and the physician agrees) was part of the policy in 1970. The amendment appears to have consisted of the addition of the last sentence regarding not making sterilization a precondition for provision of medical care.

I believe that we have now provided you with all information that you have requested from the Department in connection with the responses to the Committee. If I am incorrect, or if you would like any further information, please advise.

cc: Beth Nolan

From 1970 Newsletter

OLLEGE POLICY ON ABORTION AND STERILIZATION

The following changes in the College Policy on Abortion and Sterilization have been approved by the Executive Board.

The Section headed B. *Therapeutic Abortions* on pages 52, 53 and 54 of the "Standards for Obstetric-Gynecologic Hospital Services" is deleted and the following inserted:

B. *Abortions*

Policies covering abortions should be designed by the medical staff to safeguard the patient's health or improve her family life situation. They should have due regard for local legal statutes and judicial decrees. Abortion should only be performed in facilities that are administrated by a hospital approved by the Joint Commission on Accreditation of Hospitals and/or licensed by a state or province.

It is recognized that abortion may be performed at a patient's request, or upon a physician's recommendation. No physician should be required to perform, nor should any patient be forced to accept an abortion.

When abortion is requested by a patient, the request should be obtained in writing from the patient, or, in the case of a minor, from her parent or guardian. The patient should be informed of the medical nature of the procedure and of its potential consequences. When abortion is recommended by a physician, the indications should be stated in the patient's record, and informed consent obtained from the patient and her husband, or herself if she is unmarried, or from her nearest relative or guardian if she is under the age of consent. When abortion is requested by a patient, consultation is not necessary. When abortion is recommended by a physician, the indication for the procedure should be approved by a consultant knowledgeable in regard to the condition thought to indicate abortion.

Abortion is an operative procedure and should only be performed (1) by a physician who has hospital privileges for the care of obstetric-gynecologic patients and (2) in a hospital-facility adequately equipped to care properly for unexpected complications.

In order to assure that adequate facilities will be available for indicated care of other obstetric-gynecologic patients in some communities, consideration should be given by hospitals to (1) providing a room or entirely separate facilities where abortion can be performed with minimal disruption of other hospital procedures and the hospital based educational program, and (2) utilizing hospital personnel who volunteer to care for patients admitted to be aborted.

II. The Section headed C. *Surgical Sterilization* on pages 54 and 55 of the "Standards" is deleted and the following inserted:

C. *Surgical Sterilization*

If an operation to accomplish sterilization is recommended by the physician for medical indications the recorded opinion of a knowledgeable consultant should be obtained.

If sterilization is requested by the patient, and the physician agrees, consultation is not necessary.

In all cases where sterilization is performed primarily or results from an indicated operation, it is important that the patient understand that restoration of fertility is unlikely.

III. The last line of page 51 of the "Standards" which reads:

"b. Operations for sterilizations" is deleted.

Aproved by the Executive Board
August 1970

Dr. Buchler 13,000th Fellow

The honor of becoming the 13,000th Fellow of ACOG has fallen upon Dr. Dolores A. Buchler of Madison, Wisconsin. Dr. Buchler is assistant professor of Gynecology-Obstetrics and Radiotherapy at the University of Wisconsin Medical Center.

Dr. Buchler received her M.D. from the Medical College of Pennsylvania (formerly Women's Medical College) and held residencies in General Surgery at the University of Oklahoma Medical Center and in Obstetrics and Gynecology at the University of Kansas Medical Center. She was certified by the American Board of Radiology earlier this year and by the American Board of Obstetrics and Gynecology in 1968.

It is entirely fitting in a specialty devoted to the care of women that by happenstance a woman should be the Fellow who enables the College to reach this significant milestone. We congratulate her.

For a graphic portrayal of the steady growth of ACOG, see the cover of this issue of the ACOG NEWSLETTER.

The NEWSLETTER is prepared and distributed twelve times each year by the Communications Department of The American College of Obstetricians and Gynecologists.

Michael Newton, M.D. ..... ACOG Director
John V. Kertz ..... Editor
Kathleen Hansen ..... Assistant Editor

THOMAS A. DASCHLE
SOUTH DAKOTA

United States Senate
Office of the Democratic Leader
Washington, DC 20510–7020

May 18, 1995

The Honorable Dan Coats
United States Senate
411 Russell Office Building
Washington, DC 20510

Dear Senator Coats:

Your recent letter detailing your opposition to Dr. Henry Foster's nomination for United States Surgeon General challenges basic notions of fairness.

Senator Kassebaum, Chair of the Labor and Human Resources Committee, granted Dr. Foster a full and fair hearing before the Committee, as you have acknowledged. Dr. Foster finally was able to share his life's work as well as his ideas with the Committee and the American people. He also was able to address the numerous unfounded claims made against him by his opponents.

People throughout the nation were able to watch the confirmation hearing and judge Dr. Foster for themselves. We all were able to evaluate his sincerity, his life's accomplishments, and his qualifications to serve as Surgeon General. Indeed, the vast majority of us were very impressed.

As a member of the Labor Committee, you had the opportunity to question Dr. Foster for two days. Like the rest of the nation, you must have noted that Dr. Foster's opponents were not able to impugn his character or counter the conviction, compassion or courage displayed by Dr. Foster in his hearing.

We find it objectionable that you have chosen to attack Dr. Foster after his confirmation hearing, when he is not in a position to defend himself. Certainly, it is your prerogative to oppose Dr. Foster's nomination for U.S. Surgeon General. However, we feel your letter lodges unfair charges and undermines attempts to treat this nomination in a balanced manner.

We hope that in future discourse on this matter, those who oppose Dr. Foster's nomination will adopt a more civil tone.

Thank you for your consideration.

Sincerely,

Tom Daschle
Tom Daschle
United States Senate

Patty Murray
Patty Murray
United States Senate

PATTY MURRAY
WASHINGTON

COMMITTEES:
APPROPRIATIONS
BANKING, HOUSING, AND URBAN AFFAIRS
BUDGET

United States Senate

WASHINGTON, DC 20510-4704

May 22, 1995

Dear Colleague:

On May 16, 1995 I received a Dear Colleague from Senator Dan Coats of Indiana, outlining concerns he has with Dr. Henry Foster's nomination for United States Surgeon General.

For your information, I am enclosing a copy of Minority Leader Daschle's and my response to these unfounded claims. I hope you find it useful as you thoughtfully consider the testimony given by Dr. Foster before the Labor, Health and Human Resources Committee, and your vote on his confirmation.

Thank you for your attention to this matter.

Sincerely,

Patty Murray

Patty Murray
United States Senator

SENATE ALPHA LISTING
(01/12/95)

1.	Spencer Abraham	R/MI
2.	Daniel K. Akaka	D/HI
3.	John Ashcroft	R/MO
4.	Max Baucus	D/MT
5.	Robert F. Bennett	R/UT
6.	Joseph R. Biden, Jr.	D/DE
7.	Jeff Bingaman	D/NM
8.	Christopher S. Bond	R/MO
9.	Barbara Boxer	D/CA
10.	Bill Bradley	D/NJ
11.	John B. Breaux	D/LA
12.	Hank Brown	R/CO
13.	Richard H. Bryan	D/NV
14.	Dale Bumpers	D/AR
15.	Conrad Burns	R/MT
16.	Robert C. Byrd	D/WV
17.	Ben Nighthorse Campbell	D/CO
18.	John H. Chafee	R/RI
19.	Dan Coats	R/IN
20.	Thad Cochran	R/MS
21.	William S. Cohen	R/ME
22.	Kent Conrad	D/ND
23.	Paul Coverdell	R/GA
24.	Larry E. Craig	R/ID
25.	Alfonse M. D'Amato	R/NY
26.	Thomas A. Daschle	D/SD
27.	Mike DeWine	R/OH
28.	Christopher J. Dodd	D/CT
29.	Robert Dole	R/KS
30.	Pete V. Domenici	R/NM
31.	Byron L. Dorgan	D/ND
32.	J. James Exon	D/NE
33.	Lauch Faircloth	R/NC
34.	Russell D. Feingold	D/WI
35.	Dianne Feinstein	D/CA
36.	Wendell H. Ford	D/KY
37.	Bill Frist	R/TN
38.	John Glenn	D/OH
39.	Slade Gorton	R/WA
40.	Bob Graham	D/FL
41.	Phil Gramm	R/TX
42.	Rod Grams	R/MN
43.	Charles E. Grassley	R/IA
44.	Judd Gregg	R/NH
45.	Tom Harkin	D/IA
46.	Orrin G. Hatch	R/UT
47.	Mark O. Hatfield	R/OR
48.	Howell Heflin	D/AL
49.	Jesse Helms	R/NC
50.	Ernest F. Hollings	D/SC
51.	Kay Bailey Hutchison	R/TX
52.	James M. Inhofe	R/OK
53.	Daniel K. Inouye	D/HI
54.	James M. Jeffords	R/VT
55.	J. Bennett Johnston	D/LA
56.	Nancy Landon Kassebaum	R/KS
57.	Dirk Kempthorne	R/ID
58.	Edward M. Kennedy	D/MA
59.	J. Robert Kerrey	D/NE
60.	John F. Kerry	D/MA
61.	Herb Kohl	D/WI
62.	Jon Kyl	R/AZ
63.	Frank R. Lautenberg	D/NJ
64.	Patrick J. Leahy	D/VT
65.	Carl Levin	D/MI
66.	Joseph I. Lieberman	D/CT
67.	Trent Lott	R/MS
68.	Richard G. Lugar	R/IN
69.	Connie Mack	R/FL
70.	John McCain	R/AZ
71.	Mitch McConnell	R/KY
72.	Barbara A. Mikulski	D/MD
73.	Carol Moseley-Braun	D/IL
74.	Daniel Patrick Moynihan	D/NY
75.	Frank H. Murkowski	R/AK
76.	Patty Murray	D/WA
77.	Don Nickles	R/OK
78.	Sam Nunn	D/GA
79.	Bob Packwood	R/OR
80.	Claiborne Pell	D/RI
81.	Larry Pressler	R/SD
82.	David Pryor	D/AR
83.	Harry Reid	D/NV
84.	Charles S. Robb	D/VA
85.	John D. Rockefeller IV	D/WV
86.	William V. Roth, Jr.	R/DE
87.	Rick Santorum	R/PA
88.	Paul S. Sarbanes	D/MD
89.	Richard C. Shelby	R/AL
90.	Paul Simon	D/IL
91.	Alan K. Simpson	R/WY
92.	Bob Smith	R/NH
93.	Olympia J. Snowe	R/ME
94.	Arlen Specter	R/PA
95.	Ted Stevens	R/AK
96.	Craig Thomas	R/WY
97.	Fred Thompson	R/TN
98.	Strom Thurmond	R/SC
99.	John W. Warner	R/VA
100.	Paul David Wellstone	D/MN

POLLING INFORMATION
COMMITTEE ON LABOR AND HUMAN RESOURCES

Senator	Possible questions
Republicans	
Kassebaum	Senator Kassebaum's staff did not share her concerns.
Jeffords	Senator Jeffords believes that the President has the right to choose his Surgeon General, so his questioning will not be overly critical. He will question Dr. Foster based on the dynamics of the hearing, rather than pursuing a specific agenda.
Coats	Senator Coats will attend. He opposes Dr. Foster's nomination. His staff did not share his concerns.
Gregg	Senator Gregg's staff did not share his concerns.
Frist	Senator Frist's staff did not share his concerns.
DeWine	Senator DeWine outlined his concerns in a letter to John Podesta dated April 27, 1995: 1) Has Dr. Foster ever been sued for malpractice? 2) Has any medical professional corporation to which Dr. Foster belonged ever been named in a malpractice suit? 3) Has any doctor affiliated with a medical professional corporation or practice to which Dr. Foster belonged ever been sued for malpractice? (at this point the letter lists details they would like for each lawsuit). 4) Please provide detailed information relating to any other legal or professional investigations or actions which have been taken against Dr. Foster during the course of his career, including, but not limited to, actions by governmental and professional associations.
Ashcroft	Senator Ashcroft's staff did not share his concerns.

Abraham	Senator Abraham will comment that Dr. Foster and Dr. Elders share similar views, and he will ask Dr. Foster to distinguish himself from Dr. Elders. Senator Abraham will comment on the vetting process; stating it was mishandled in general, and particularly regarding the issue of abortion. He will question Dr. Foster's ties to Family Planning and may suggest that the administration tried to distance Dr. Foster from this group. Senator Abraham will ask Dr. Foster how tolerant he, as Surgeon General, will be to the views of others, citing the examples of parental rights, sex education, and condom distribution to minors. Senator Abraham will ask Dr. Foster about the evolution of the position of Surgeon General. He will make the case that if the position is symbolic it should be eliminated, but if it is substantive its authority should be increased. He will ask Dr. Foster for his views on this subject. Senator Abraham will also follow other senators in questioning Dr. Foster about his agenda as Surgeon General, the Tuskegee Syphilis study, and sterilizations performed on mentally retarded women.
Gorton	Senator Gorton's staff did not share his concerns

Democrats **	
Kennedy	*Topics: Tuskegee Syphilis Study, Meharry Accreditation*
Pell	Senator Pell has a strong interest in the Commissioned Corps and will question Dr. Foster in that area.
Dodd	*Topics: "I Have A Future", teen pregnancy, infant mortality, pre-natal care, sterilization*
Simon	*Topic: Abortifacients*
Harkin	Senator Harkin will talk about a constituent who modeled an infant mortality program in Iowa on Dr. Foster's work. The same individual also complimented Dr. Foster's work on the "I Have A Future" program and plans to set up a similar teen pregnancy prevention program in Iowa. Senator Harkin will commend Dr. Foster for his work in the areas of infant mortality and teen pregnancy and give Dr. Foster an opportunity to talk about these issues. Also, Senator Harkin will question Dr. Foster about tobacco issues. Senator Harkin introduced a bill this Congress to eliminate the tax deductibility of tobacco advertising. He will likely ask Dr. Foster the best ways to convince young people to stop smoking.
Mikulski	*Topic: Women's health, abortion*
Wellstone	Senator Wellstone does not want to question Dr. Foster about any controversial issues. Instead, he will discuss "Healthy People 2000" and ask Dr. Foster for his thoughts regarding important health issues in the upcoming years and how he, as Surgeon General, intends to address those issues.

** Many Democratic Senators have been assigned topics for questioning. In those cases, the questions have already been discussed with administration officials.

FOSTER NOMINATION

Yes (33)	Leaning Yes (11)	Undecided or Unknown (19)	Leaning No (3)	No (34)
Akaka	Bryan	Biden	Cochran	Abraham
Baucus	Chafee	Breaux	Hutchison	Ashcroft
Bingaman	Conrad	Brown	Roth	Bennett
Boxer	Dorgan	Byrd		Bond
Bradley	Graham	Cohen		Burns
Bumpers	Jeffords	Exon		Coats
Campbell	Kerrey	Ford		Coverdell
Daschle	Kohl	Frist		Craig
Dodd	Packwood	Gorton		D'Amato
Feingold	Simpson	Hatfield		DeWine
Feinstein	Snowe	Heflin		Dole
Glenn		Johnston		Domenici
Harkin		Kassebaum		Faircloth
Hollings		Nunn		Grams
Inouye		Reid		Gramm
Kennedy		Shelby		Grassley
Kerry		Stevens		Gregg
Lautenberg		Thompson		Hatch
Leahy		Warner		Helms
Levin				Inhofe
Lieberman				Kempthorne
Mikulski				Kyl
Moseley-Braun				Lott
Moynihan				Lugar
Murray				Mack
Pell				McCain
Pryor				McConnell
Robb				Murkowski
Rockefeller				Nickles
Sarbanes				Pressler
Simon				Santorum
Specter				Smith
Wellstone				Thomas
				Thurmond

NARAL
2/23/95

FOSTER NOMINATION

Yes (33)	Leaning Yes (10)	Undecided or Unknown (19)	Leaning No (3)	No (35)
Akaka	Bryan (D-NV)	Biden (D-DE)	Cochran	Abraham
Baucus	Campbell	Breaux (D-LA)	(R-MS)	Ashcroft
Bingaman	(R-CO)	Brown (R-CO)	Hutchison	Bennett
Boxer	Chafee (R-RI)	Byrd (D-WV)	(R-TX)	Bond
Bradley	Conrad (D-ND)	Cohen (R-ME)	Roth (R-DE)	Burns
Bumpers	Dorgan (D-ND)	Exon (D-NE)		Coats
Daschle	Graham (D-FL)	Ford (D-KY)		Coverdell
Dodd	Jeffords (R-VT)	Frist (R-TN)		Craig
Feingold	Kohl (D-WI)	Hatfield (R-OR)		D'Amato
Feinstein	Packwood	Heflin (D-AL)		DeWine
Glenn	(R-OR)	Johnston		Dole
Harkin	Snowe (R-ME)	(D-LA)		Domenici
Hollings		Kassebaum		Faircloth
Inouye		(R-KS)		Gorton
Kennedy		Nunn (D-GA)		Grams
Kerrey		Reid (D-NV)		Gramm
Kerry		Shelby (R-AL)		Grassley
Lautenberg		Simpson		Gregg
Leahy		(R-WY)		Hatch
Levin		Stevens (R-AK)		Helms
Lieberman		Thompson (R-TN)		Inhofe
Mikulski		Warner (R-VA)		Kempthorne
Moseley-Braun				Kyl
Moynihan				Lott
Murray				Lugar
Pell				Mack
Pryor				McCain
Robb				McConnell
Rockefeller				Murkowski
Sarbanes				Nickles
Simon				Pressler
Specter				Santorum
Wellstone				Smith
				Thomas
				Thurmond

NARAL
2/28/95

November 10, 1994

SENATE COMPOSITION ON CHOICE - 104 Congress
Republican Breakdown

PRO (06)	MIXED (08)	ANTI (39)
Chafee (R-RI)	Brown (R-CO)	Abraham (R-MI)
Cohen (R-ME)	Gorton (R-WA)	Ashcroft (R-MO)
Jeffords (R-VT)	Kassebaum (R-KS)	Bennett (R-UT)
Packwood (R-OR)	Simpson (R-WY)	Bond (R-MO)
Snowe (R-ME)	Shelby (R-AL)	Burns (R-MT)
Specter (R-PA)	Stevens (R-AK)	Coats (R-IN)
	Thompson (R-TN)	Cochran (R-MS)
	Warner (R-VA)	Coverdell (R-GA)
		Craig (R-ID)
		D'Amato (R-NY)
		DeWine (R-OH)
		Dole (R-KS)
		Domenici (R-NM)
		Faircloth (R-NC)
		Frist (R-TN)
		Gramm (R-TX)
		Grams (R-MN)
		Grassley (R-IA)
		Gregg (R-NH)
		Hatch (R-UT)
		Hatfield (R-OR)
		Helms (R-NC)
		Hutchison (R-TX)
		Inhofe (R-OK)
		Kempthorne (R-ID)
		Kyl (R-AZ)
		Lott (R-MS)
		Lugar (R-IN)
		Mack (R-FL)
		McCain (R-AZ)
		McConnell (R-KY)
		Murkowski (R-AK)
		Nickles (R-OK)
		Pressler (R-SD)
		Roth (R-DE)
		Santorum (R-PA)
		Smith (R-NH)
		Thomas (R-WY)
		Thurmond (R-SC)

Date: 03/27/95 Time: 16:29

Kassebaum Schedules Foster Confirmation Hearing for May 2

WASHINGTON (AP) Confirmation hearings on the nomination of Dr. Henry Foster to be the next surgeon general will begin May 2, Sen. Nancy Kassebaum said Monday.

Kassebaum, who chairs the Senate Labor and Human Resources Committee, said only Foster and members of Congress will testify at the hearing. A second day of hearings will be held May 3 if necessary.

Kassebaum said her committee was reviewing written testimony submitted by individuals and organizations on Foster's background and qualifications. The deadline for written comments was last Friday.

''A number of questions have been raised about Dr. Foster's nomination, and the hearing will examine those issues carefully,'' said Kassebaum, R-Kan. ''The committee also needs to hear from Dr. Foster himself about his goals and plans if he is confirmed to be the nation's surgeon general.''

Shortly after President Clinton nominated Foster to replace Joycelyn Elders, controversy erupted about the number of abortions Foster has performed, his possible links to a government study in which poor black men in Alabama were left untreated for syphilis and other issues.

Kassebaum has avoided comment on Foster's nomination, other than to express disappointment that the White House did not do a better job of avoiding the abortion dispute by stating accurately at the start the number he had performed.

Foster, a black obstetrician-gynecologist from Tennessee, recently speculated that his troubles were related to race, noting that other blacks have had difficulty getting or retaining their jobs in the Clinton administration.

Elders, who also is black, left under pressure in December after suggesting that schoolchildren be taught about masturbation.

APNP-03-27-95 1635EST

In Their Own Words

Statements of Support for Dr. Foster

- "As a member of the "I Have a Future" program I have learned how to choose and make decisions that will have a positive effect on my life and benefit me as well as others around me. I learned that it is alright to be different because the only person I need to please is me." -- ***Charmaine Harris*, participant, I Have a Future program**

- "My name is Gary Hicks and I have been in I Have a Future for three years ... The program teaches you not to have sex. On the other hand if you feel your ready for sex the leaders talk to you and make sure your ready for that decision ... Foster is doing a good deed by teach kids to wait before they have sex. Foster would rather the young kids not have sex at all, because they still have a lot of things to look forward to in life. The I Have a Future program teaches you that you don't have to do what everyone else is doing." -- ***Gary Hicks*, participant, I Have a Future program**

- "I have known Henry Foster for more than 40 years, since our undergraduate days at Morehouse College in Atlanta. Our lives have continually intersected: as classmates under the mentorship of the late Morehouse President, Dr. Benjamin Elijah Mays; as young physicians joining the National Medical Association; as medical educators in demanding fields of specialization; and in later life as presidents of two of the nation's four predominantly black medical schools. As well, I was pleased to represent the Bush Administration when Dr. Foster was given a "Points of Light" award for his work on behalf of Nashville's low income teenagers through the "I Have a Future" program. In each phase of our long association, I have found Dr. Foster to be an extremely capable scholar, vigorously dedicated to his patients, an inspiring teacher, an innovative administrator, and a trusted friend of young people ... Dr. Henry Foster would be an able, credible, and trusted advocate. His warmth and sincerity make him an ideal spokesperson for good health and behavior change. I am pleased to urge the committee to confirm the nomination of Dr. Foster as Surgeon General."
  -- ***Dr. Louis W. Sullivan*, President of Morehouse School of Medicine and Former Secretary of Health and Human Services**

- "I graduated from Meharry Medical College, the class of 1974. ...[Dr. Foster] had tremendous influence on my desire to be an OB/GYN. He taught me at Meharry, and at our rotation at Tuskegee Institute. ...I offer, also, a unique perspective as I was one of about eight caucasian students in a class of about 90 blacks. I was the minority. And yet, I couldn't have felt more comfortable, mainly because of the efforts of men like Dr. Foster. This man is not only a good man, he is a great man. He represents to me what every student, at whatever level they would be at, should have -- a professor who puts his arm around your shoulder, who cares about you both personally and professionally, who takes you under his wing, and as a student you are proud to be under his wing." -- ***Terry Cole*, M.D., F.A.C.O.G., Ventura, CA**

- "Dear Dr. Foster: I am a private solo practice pediatrician in Puyallup, Washington located thousands of miles from Nashville. Your influence has had a positive impact upon physicians in our community. We commend you for your efforts to reduce the spread of teenage pregnancy. We believe your philosophy of approach is proper and our community would stand behind any national effort led by you to help our adolescents." -- ***DeMaurice Moses*, M.D., Puyallup, WA**

I. STATEMENTS OF SUPPORT THAT ARE NOTEWORTHY

This section highlights the favorable comments from individuals who know Dr. Foster. Danny Rose with the White House Office of Public Liaison has organized all the statements from groups.

"I HAVE A FUTURE" PARTICIPANTS:

"My name is Gary Hicks and I have been in I Have a Future for three years ... The program teachs you not to have sex. On the other hand if you feel your ready for sex the leaders talk to you and make sure your ready for that decision ... Dr. Foster has put excitement into learning. Learning could be fun if you do it in a fun way ... Foster is doing a good deed by teach kids to wait before they have sex. Foster would rather the young kids not have sex at all, because they still have a lot of things to look forward to in life. The I Have a Future program teaches you that you don't have to do what everyone else is doing."

-- Gary Hicks

"I am a three year participant in the "I Have A Future" Entrepreneurship Program. Dr. Foster's program had greatly helped me. I have developed a positive attitude, good morals, confidence, and the willingness to become a strong, successful, black female through this extraordinary program. Dr. Henry Foster is a caring, honorable man who considers the welfare of others. He takes time out to understand and help those who may not be as fortunate. He is an inspiration to me ... If Dr. Foster can change the lives of hundreds of children and give them the chance to prove themselves, why can't he be given the same opportunity? He can also help make decisions to change our world if given a chance to prove himself ... I am not only speaking as a person who has been affected by Dr. Foster's goodness, but also as a concerned teenager who will be affected by the decisions made in government."

-- LaShonda Maryland

"...In these classes everyone can speak their minds on things that's happening in our neighborhoods, community, and in our world. I think that is good because so many teenagers walk around with hatred and mixed emotions bottled up inside of them and they release their anger in a negative and sometimes violent way. Talking is sometimes the best solution to problems and the "I Have A Future" counselors are always there when you need to talk".

-- Floyd Stewart

"As a member of the "I Have A Future" program I have learned how to choose and make decisions that will have a positive effect on my life and benefit me as well as others around me. I learned that it is alright to be different because the only person I need to please is me."

-- Charmaine Harris

DR. FOSTER'S MEDICAL STUDENTS:

"I have known Dr. Foster for twelve years as a medical student, an obstetric and gynecology resident, and faculty colleague and can attest, without reservation to his integrity, credibility, and outstanding leadership qualities. He was an exemplary mentor during the years I trained under his leadership at Meharry Medical College. It was due to his encouragement and support that I sought and successfully completed sub-specialty training in Reproductive Endocrinology at Baylor College of Medicine in, Houston, TX. Dr. Foster has been an inspiration to students and residents who trained under his direction. He is a visionary who inspires those who work with him."

-- Lisa Pearsall Otey M.D., Houston, TX

"I graduated from Meharry Medical College, the class of 1974. I offer a unique perspective to Dr. Foster. He had tremendous influence on my desire to be an OB/GYN. He taught me while at Meharry, and at our rotation at Tuskegee Institute. His bedside manner was gentle, his surgical technique impeccable, his empathy for these young women having their babies exemplary. I would say it was he who had the most profound influence on me to go into Obstetrics. I offer, also, a unique perspective as I was one of about eight caucasian students in a class of about 90 Blacks. I was the minority. And yet, I couldn't have felt more comfortable, mainly because of the efforts of men like Dr. Foster. This man is not only a good man, he is a great man. He represents to me what every student, at whatever level they would be at, should have -- a professor who puts his arm around your shoulder, who cares about you both personally and professionally, who takes you under his wing, and as a student, you are proud to be under his wing. I have not seen Dr. Foster since I graduated from Meharry Medical College in June of 1974, but I have often thought of him as I have practiced medicine these past 17 years. To not allow him to serve this country would be a greater loss for our country than it would be for him."

-- Terry Cole, M.D., F.A.C.O.G., Ventura, CA

"As a young faculty member some fifteen years ago at the University of Illinois in Chicago, I had the responsibility for medical student education in obstetrics and gynecology. A troublesome issue for me was the learning problems faced by Afro-American medical students. Early on I came to learn of Dr. Foster's expertise and I approached him at a national meeting ... Dr. Foster took time then and in subsequent meetings to share some of his knowledge and experience. This was one of the pivotal early experiences in my career; first, because of the invaluable information which he provided, and second, because of the role model I observed in Henry Foster: unassuming, quiet, competent, caring."

-- Charles R.B. Beckman, M.D., M.H.P.E., F.A.C.O.G., Kansas City, MS

"Dear Dr. Foster: I am a private solo practice pediatrician in Puyallup, Washington located thousands of miles from Nashville. Your influence has had a positive impact upon physicians in our community. We commend you for your efforts to reduce the spread of teenage pregnancy. We believe your philosophy of approach is proper and our community would stand behind any national effort led by you to help our adolescents."

-- DeMaurice Moses, M.D., Puyallup, WA

"Senator Kassebaum, Dr. Foster represents what all good obstetricians and gynecologists should be. He is the doctor I want for my daughter and granddaughters."

-- Melvin Gerbie, M.D., President, the Central Association of Obstetricians and Gynecologists

DR. FOSTER'S COLLEAGUES

"I have known Henry Foster for more than 40 years, since our undergraduate days at Morehouse College in Atlanta. Our lives have continually intersected: as classmates under the mentorship of the late Morehouse President, Dr. Benjamin Elijah Mays; as young physicians joining the National Medical Association; as medical educators in demanding fields of specialization; and later in life as presidents of two of the nation's four predominantly black medical schools. As well, I was pleased to represent the Bush Administration when Dr. Foster was given a "Points of Light" award for his work on behalf of Nashville's low income teenagers through the "I Have A Future" program. In each phase of our long association, I have found Dr. Foster to be an extremely capable scholar, vigorously dedicated to his patients, an inspiring teacher, an innovative administrator, and a trusted friend of young people ... Dr. Henry Foster would be an able, credible, and trusted advocate. His warmth and sincerity make him an ideal spokesperson for good health and behavior change. I am pleased to urge the committee to confirm the nomination of Dr. Foster as Surgeon General."

-- Louis W. Sullivan, President of Morehouse School of Medicine and Former Secretary of the Department of Health and Human Services

"I have known Dr. Foster since 1952 as a student at Morehouse College and remember vividly his scholastic and leadership accomplishments as well as his compassion for the disadvantaged ... I am personally thankful to Dr. Foster for the encouragement and professional support he gave both my daughter and son during their recent training at Meharry Medical College. He has high expectations of students and does not accept mediocrity. When encouraging words are important, Dr. Foster was there to offer that support."

-- Patricia Pearsall Sewing, Houston, TX

"...As one who worked closely with Dr. Foster at Meharry Medical College for almost 12 years, I believe I know Dr. Foster well as a human being and a professional ... Let me again say that I agree with all of those who have so enthusiastically spoken out in support of Dr. Foster's nomination. He is indeed a special human being -- in his intellect, fairness, integrity, talent as a medical professional, and as Americans have most recently witnessed, his fortitude is exceptional" [This statement is four pages long and filled with positive remarks].

-- Dr. David Satcher, Director of the Centers for Disease Control and Prevention

II. STATEMENTS OF SUPPORT INCLUDING FACTUAL INACCURACIES OR TROUBLESOME COMMENTS

ABORTION:

"I have known Dr. Foster for the last eight years ... I am a pediatric geneticist. Consequently, my clinical practice requires me to have a close interaction with Ob-Gyn doctors, because I am responsible for assigning diagnosis of birth defects in unborn babies. Dr. Foster has consulted on several occasions for the detection of neuro-tube defects in pregnancy. We have performed the maternal serum alpha-fetoprotein as well as amniotic fluid alpha-fetoprotein, and chromosome of an unborn baby. The clinical decision to abort a severely malformed baby mainly rests on the decision made by the mother. As a pediatrician and geneticist at Meharry, the recommendation to perform an abortion to the obstetrician, is primarily determined by medical situations. Dr. Foster has not performed an abortion on a viable or non-deformed fetus. To my knowledge the only abortion that he has performed is for a fetus without a brain, ie., anencephaly; in anyway the fetus was not capable to survive more than 20 hours after birth."

-- Kuang-Tzu Lin, M.D., Ph.D., Director of Clinical Genetics, Department of Pediatrics, Meharry Medical College

"Dr. Foster realizes, as do most of us who practice Obstetrics and Gynecology, that if a physician does not have a strong religious reason for not performing pregnancy terminations, such an operation may be the lesser evil in the life of a woman and her physician than being asked to carry an unwanted pregnancy and bring into the world a child who may not be acceptable for adoption and may suffer a sad and unhappy life. This is particularly true when dealing with genetically anomalous children or the products of an incestuous relationship. A physician has a moral responsibility not to abandon his patient in crisis such as this and a caring physician must answer this moral responsibility even if he or she (as do most of us) finds this operation repugnant. I know for a fact that this is the way in which Dr. Foster has exercised his moral responsibilities and I believe the majority of obstetricians have done likewise. Abortion is a legal operation and was used judiciously by Dr. Foster in the best interest of his patients."

-- Morton Stenchever, Professor and Chairman, University of Washington School of Medicine

"During a recent conversation with a colleague about Dr. Foster, he mentioned that his son -- now in private practice -- had been a student of Dr. Foster's at Meharry. His son stated that on the first day of the class taught by Dr. Foster, he made it perfectly clear that he opposed elective abortions."

-- Vivian Fielder, Nashville, TN

As compared to a slightly different positive statement:

["I have had the pleasure of hearing firsthand about his outstanding teaching and his abhorrence of the use of abortion as a means of birth control. My son Don, II was one of his obstetric students at Meharry Medical College.

-- Don Coleman, Washington, DC]

PROBLEMS WITH THE CONFIRMATION PROCESS:

"Thirdly, there is no question that the White House bungled this nomination. They have said as much. This whole affair could have been handled better in a straight and clearer manner by presenting Dr. Foster as a nationally renowned medical practitioner who, over 30 years, has performed abortion procedures to save the life of the mother, or due to rape or incest ... Even though the straightforward approach was not chosen by the White House, I doubt there was an intent or motive to conceal his record that as an Obstetrician/Gynecologist at a predominantly Black teaching hospital, he would have been involved with abortion procedures. It is insane to suppose that the President's handlers chose to conceal this area of Dr. Foster's career and not expect a witch-hunting frenzy on the part of the press ... I accept the statements of the President's staff that they made a mistake in handling the nomination and concur with them that the strong credentials Dr. Foster brings to the position of Surgeon General outweighs presidential staff bungling and error or at worst misjudgment ... Also, the mistakes made by the White House staff must not be used to derail the nomination of one of America's finest and compassionate medical professionals. [In the same letter: ... "it is yet to proven that Dr. Henry Foster committed any crime or illegalities in the years he had practiced medicine as one of America's premier Board Certified Obstetrician/ Gynecologists."]

-- Henry Ponder, President, Fisk University, Nashville, TN

"Although Dr. Foster is a man for all people, the African American Community is once again reminded how the Clinton administration has succumbed to the pressure by removing support for dedicated African American public servants. We have not forgotten the mistreatment of Lani Guiner, Mike Espy, and Dr. Joycelyn Elders ... As some Tennesseans seek to maintain the symbols of a racist society, the Confederate flag, lets us stand tall with Dr. Foster in letting the White House and the Senate know we will not tolerate the dehumanizing treatment of Dr. Foster ... Some have suggested the Clinton administration has mishandled Dr. Foster's nomination process. It is cited as a "serious lack of judgement at the highest level". We believe it is a serious lack of judgement at the highest level if some believe that Tennesseans will remain silent on this matter ... Therefore, we stand firmly behind the man, Dr. henry Foster, Jr. We are living a Black History moment and we will not go down in history as a weak and apathetic people. But rather, we will dial every phone number, tie up every fax machine, and block every unjust effort to rob Dr. Foster of this right to serve America."

-- Neal Darby, Executive Director, Nashville Branch NAACP

"I have served with Dr. Foster for the past four years on the Council of Advisors for the National Center for Children in Poverty, Columbia University. Dr. Foster is a superb person who would bring both common sense and extensive experience to government. It would be a tragedy if the mistakes made in reviewing his background and handling his nomination caused his nomination to be rejected or withdrawn. [Also in the same letter: One final personal note: in 1989, I was deprived by an opportunity to serve in the Bush Administration by a campaign carried on by the National Right to Life Committee. I see the same people at work against Dr. Foster.]"

-- Robert Fulton, Patton, MO

MEHARRY:

"I have been a patient of Dr. Foster's for 15 years and I always had the utmost respect for him ... Perhaps you don't know much about Meharry Medical College and Meharry Hubbard Hospital ... Meharry Hubbard Hospital caters to the lower class Black community -- particularly the poor, under privileged and elderly citizens. These people cannot afford the expensive services of the other hospitals in the area. Most even African Americans won't use Meharry Hubbard Hospital if they can afford to go elsewhere. I must admit, even I prefer to use another hospital. The ONLY reason I use Meharry Hubbard Hospital is because of Dr. Foster. ... The average patient at the hospital is uneducated, unemployed, and living on welfare or social security benefits ... Perhaps you don't know that in this community, probably 2 out of 3 of Dr. Foster's patients are unwed teens, welfare mothers, or mentally ill women. There is no telling how many of these women have come to Dr. Foster to request an abortion.

MINOR MISCELLANEOUS ITEMS:

"I met Dr. Foster as a medical student at Meharry Medical College ... My encounters with Dr. Foster were always stimulating as I found him to be an extraordinary person and physician. I was always impressed by Dr. Foster's ability to recall the smallest details of our previous conversations even though he was always extremely busy with a heavy patient load, departmental and student demands".

--Frederick Gilbeaux, D.D.S., Syracuse, NY

A letter from Girls Inc. to Senator Kassebaum is addressed: "Senator Kassebaum, The White House Office of Public Liaison". Attached to the letter is a fax sheet from the White House OPL, with directions about how to fax the letter to the Senate Labor Committee.

III. STATEMENTS AGAINST THE CONFIRMATION

The Senate Labor Committee received four statements against the confirmation of Dr. Foster. This section summarizes the issues the Family Research Council (FRC), "a nonpartisan, nonprofit organization dedicated to analysis of the impact of public policy on the traditional family," raised in some of its press releases opposing Dr. Foster's nomination. The other three letters echo the same concerns.

CREDIBILITY

- "The nominee has been unable to articulate from one day to the next a consistent account even of his own career."
- Biography of Foster released by White House did not mention his ties to Planned Parenthood.

ABORTION

- "Dr. Foster claims he 'abhors' abortions, yet he is an abortion activist and promotes the radical ideology of Planned Parenthood."
- Abortion is not a routine obstetrical procedure. "In 1991, approximately 12% of residents in obstetrics and gynecology received routine training in abortion."
- Dr. Foster favors abortion on demand without restriction. Cites fact that according to Planned Parenthood's 1989 annual report, Dr. Foster served on a Planned Parenthood committee whose main purpose was to campaign against the Webster decision (in which the Supreme Court upheld a state's right to set restrictions on abortion. "Dr. Foster believes that mother have the right to kill their pre-born babies all 9 months of pregnancy for any reason without restriction.
- Transcript of Ethics Advisory Board hearing on November 10, 1978 in Seattle, Washington shows Dr. Foster said, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."
- Article by Foster in ObGyn News (November 1980) regarding Upjohn Pharmaceuticals prostaglandin study.

TUSKEGEE SYPHILIS EXPERIMENT

- FRC says that in addition to Dr. McRae, the Secretary of the Macon County Medical Society, Dr. Sheridan Settler, affirmed that Dr. Foster was present at the May 1969 meeting with PHS officials. FRC writes: "Dr. McRae, president of the Macon County Medical Association in 1969, and secretary Dr. Sheridan Settler, remember that Foster was at the meeting, sitting 'two or three chairs down.'"

STERILIZATION OF MENTALLY HANDICAPPED WOMEN

- Article by Dr. Foster in the Southern Medical Journal, entitled "Removal of the Normal Uterus" (1976). He wrote that he had "begun to use hysterectomy in patients with severe mental retardation."

CONTRACEPTION AND ABSTINENCE

- Dr. Foster, as evidenced by the "I Have a Future" Program (IHAF), advocates distribution of condoms and other birth control devices to children.
- Questions Dr. Foster's commitment to abstinence.
- Advocates radical sex education programs.
- In 8 page brochure describing IHAF, "the word abstinence, or its equivalents, is not mentioned once." "No organized effort to offer instruction or support for young people to resist sexual activity appears to be part of the program. This is particularly curious in light of the fact that the program is quite explicit in its directive education and counseling against alcohol and drug abuse." However, the brochure makes considerable reference to increase access to contraceptives.
- He favors explicit sex education, including the teaching of abortion.

MEHARRY MEDICAL COLLEGE

- Meharry Medical College was ranked last in two national reports during Foster's service from 1973-1994.
- Cites Nashville Banner article from 4/17/79 alleging that Meharry had serious problems in its financial management leading to its "precarious" financial condition.

DRAFT

June 8, 1995

Honorable Bob Dole
Majority Leader
United States Senate
141 Hart Senate Office Building
Washington, D.C. 20510

Dear Mr. Majority Leader:

I was disappointed to hear recently that you may be concerned with the possible "manufacture of documents" in connection with Dr. Foster's nomination to be Surgeon General of the United States, specifically in reference to certain pamphlets which I brought to the attention of the Committee on Labor and Human Resources during Dr. Foster's confirmation hearings. There was no such "manufacture" of documents. Because I brought the pamphlets up, I moved promptly at the time to correct any misimpression, and feel determined to put this matter to rest once and for all.

Dr. Foster's "I Have a Future" program long has stressed abstinence not only as a means of avoiding teenage pregnancy (and HIV and other sexually transmitted diseases), but also as part of a comprehensive effort to give these inner-city teenagers a comprehensive system of values. Self-restraint, responsibility, and other solid virtues help arm the "I Have a Future" participants against all of the temptations and dangers they face as teenagers in inner-city housing projects, and will serve them well throughout their lives. Dr. Foster's commitment to abstinence and his broader qualifications came through loud and clear during the hearings, as I am sure you are aware.

The commitment and qualifications are fully supported by Dr. Foster's pre-nomination record, and nothing was -- or needed to be -- manufactured to substantiate his record on abstinence. In the midst of the hearings, I noted a set of pamphlets used by the program, and erroneously gave the impression, which I thought accurate at the time, that those specific pamphlets long had been in use. In doing so, I was relying on what turned out to be miscommunication between staff and a program representative: in fact, those particular pamphlets had been printed subsequent to Dr. Foster's nomination. I promptly and publicly apologized to the Committee for my hasty conclusion, and I do so again now. Mix-ups like this happen, and I hope that we quickly can return our focus to issues of greater importance.

Let me stress that neither Dr. Foster nor the White House represented these particular pamphlets as antedating Dr. Foster's nomination. Dr. Foster stated clearly in the hearings that he was unfamiliar with those particular pamphlets and, having been away on sabbatical for some time, did not know when they had been ordered. If they were published or obtained after his nomination, he said, he was happy to see that the program was updating the materials. That is precisely what had occurred.

Since the hearings I have received a letter from the publisher of the pamphlets. The publisher wrote:

> I have long known Dr. Foster to be a strong advocate for abstinence and teen pregnancy prevention programs. When these pamphlets were first published in January of this year, I immediately requested my staff to send copies to his program because I knew they would be interested in seeing them. That his program immediately purchased and began using them to me is a positive, not negative, reflection on their concern and interest to be up-to-date. ... It is <u>good management</u> that Dr. Foster's program continues to change even while he is on sabbatical.

A copy of the letter is attached. The pamphlets thus got to "I Have a Future" because a business sent its latest line of products to a likely customer, not because anyone "manufactured" documents. These pamphlets had appeal to the director of the program because of their stress on male abstinence, and the prospect that the use of African American role models could enhance the pamphlets' effectiveness with the youth in the program.

Certainly there was no need to manufacture anything. As Dr. Foster testified, similar pamphlets had been used in the program. These are among the materials which have been provided to the Committee. For example, the 1989 edition of the Family Life module (staff manual) specifically calls for handing out the pamphlet, "Many Teens are Saying 'No.'" A copy of that pamphlet is attached, and as the title suggests, the clear message is abstinence. A 1986 pamphlet from ACOG, the American College of Obstetricians and Gynecologists, to which Dr. Foster alluded in the hearings, "A Parents' Guide to the Facts: To Help Mothers and Fathers Talk to their Teenagers about Sexual Responsibility," includes a similar abstinence message. The pamphlets are only part of the program, however, and the same message of abstinence is delivered through videos, training materials, group discussions, games, and a host of other materials. All of these materials were in active use long before Dr. Foster had any idea that he would be nominated to be Surgeon General, and all were provided to the Committee.

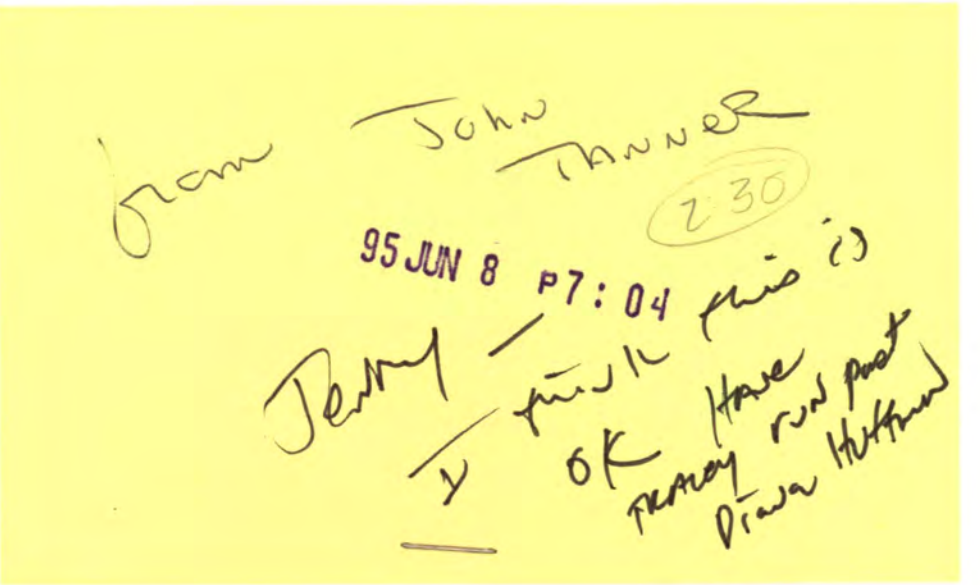
Again, I hope that we can move beyond this. The hearings were conducted with the sort of fairness that always should attend the nomination process, and, I certainly hope that,

despite the nomination's bumpy start, we all have taken a major step toward the way in which all nominations should be handled in the future.

Sincerely,

Christopher J. Dodd
United States Senate

cc: Minority Leader Thomas A. Daschle
Chairman Nancy Landon Kassebaum
Senator Edward M. Kennedy


from John Tanner
2:30
95 JUN 8 P7:04
Jerry — I think this is OK. Have Tenney run past Diana Huffman

June 8, 1995

Honorable Bob Dole
Majority Leader
United States Senate
141 Hart Senate Office Building
Washington, D.C. 20510

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Sincerely,

Christopher J. Dodd
United States Senate

cc: Minority Leader Thomas A. Daschle
Chairman Nancy Landon Kassebaum
Senator Edward M. Kennedy

JOURNEYWORKS PUBLISHING

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FAX 408/423/8102

May 5, 1995

Senator Christopher Dodd
444 Russell Senate Office Building
Washington DC 20510

re: Foster Nomination for Surgeon General
and abstinence pamphlets

Dear Senator Dodd,

Enclosed are original copies of the four abstinence pamphlets you distributed during the May 2nd Senate Labor and Human Resources Committee hearings on the nomination of Dr. Foster for Surgeon General. I am the publisher of all four pamphlets.

The controversy about their publication and order date to me is disingenuous. I have long known Dr. Foster to be a strong advocate for abstinence and teen pregnancy prevention programs. When these pamphlets were first published in January of this year, I immediately requested my staff to send copies to his program because I knew they would be interested in seeing them. That his program immediately purchased and began using them to me is a positive, not negative, reflection of their concern and interest in keeping their program up-to-date. Certainly Dr. Foster's program has long used a variety of abstinence pamphlets--to attempt to undermine Dr. Foster by complaining that his programs are now using newly published ones with a 1995 copyright is ridiculous. It makes complete sense that the "I Have a Future" program would send the committee their most current and best materials. It is <u>good management</u> that Dr. Foster's program continues to change even while he is on sabbatical.

Leadership, wisdom and caring are probably the most important criteria for Surgeon General and Dr. Foster clearly represents all three. I strongly support the nomination of Dr. Foster for Surgeon General.

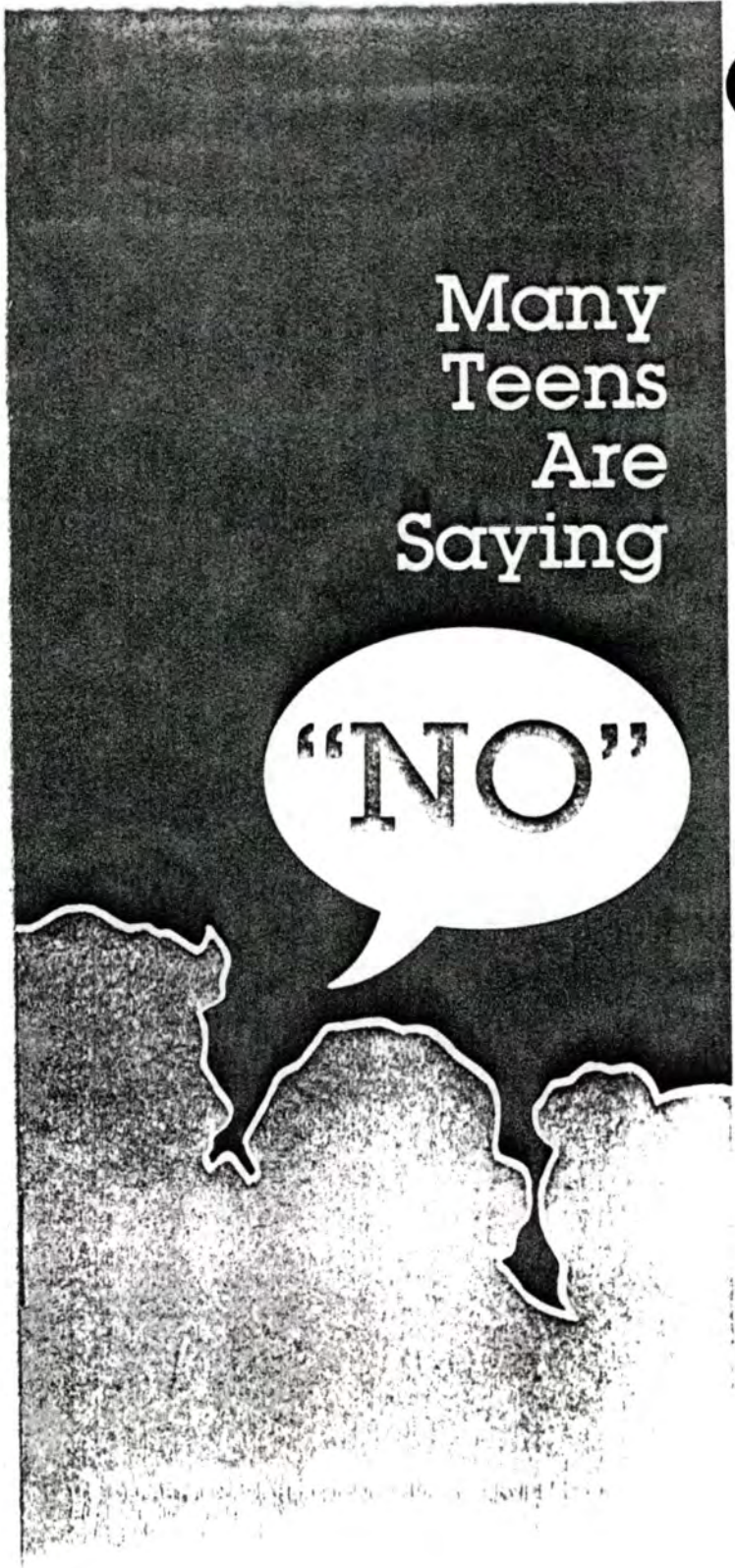
I would ask that you distribute the enclosed letters/samples to members of the Senate Labor and Human Relations Committee. I am also sending copies to other key Senate leaders. Thank You.

Sincerely,

Steven Bignell
Publisher

P.S. If you need additional copies, please feel free to call.

Many Teens Are Saying



DON'T BE FOOLED

into thinking
most teenagers are
having sex.

THEY AREN'T!!

There's a lot to know
before you say "yes"
to having sex.

WHAT SHOULD I KNOW ABOUT MY BODY?

During the teen years you may be strongly attracted to another person. Your body may send you messages that may make you want to get closer to that person. But your body **won't** tell you how having sex now may harm you. Surprised?? **Then you may not know that**:

Over one million teens become pregnant each year

Young girls have more problems during pregnancy

Babies of young unmarried mothers are more likely to be born with serious health problems

Sexually transmitted diseases are at epidemic levels. You may have heard of herpes, syphilis, gonorrhea, chlamydia, AIDS. Some are incurable. They may cause pain, sterility, sometimes even death.

Face it! Sex for young people is pretty risky!

WHAT SHOULD I KNOW ABOUT MY FEELINGS?

Sexual feelings can be pretty strong! So think before you act. Think about your future. Think about the consequences. In other words, **think about yourself**! Ask yourself, "Am I ready to have sex now?" To answer this question you need to decide which is more important to you—giving in to your sexual feelings or being true to your inner feelings that may be telling you to "wait."

Turn to the next page and take the **quiz**.

SOME QUESTIONS TO ASK YOURSELF

There's a lot to know before making your decision about whether or not to say "yes" to having sex. Here's a checklist that may help you decide what is best:

	Yes	No
• Is having sex in agreement with my own moral values?	☐	☐
• Would my parents approve of my having sex now?	☐	☐
• If I have a child, am I responsible enough to provide for its emotional and financial support?	☐	☐
• If the relationship breaks up, will I be glad I had sex with this person?	☐	☐
• Am I sure no one is pushing me into having sex?	☐	☐
• Does my partner want to have sex now?	☐	☐

If any of your answers are **NO**, then you'd better **WAIT.**

WHAT SHOULD I KNOW ABOUT MAKING UP MY MIND?

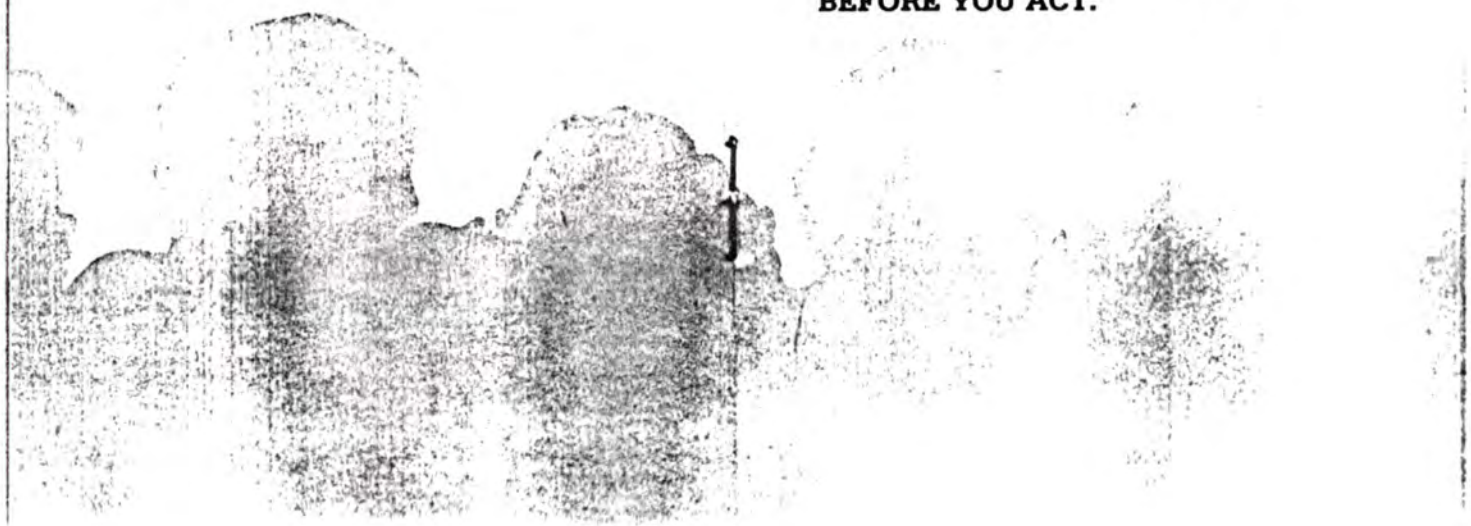
Should I have sex now or should I wait?

It's true some teens decide to go ahead. But the results of this decision will fall on you.

Ask yourself these questions before making up your mind:

- Can I take full responsibility for my actions?
- Am I willing to risk V.D., pregnancy, future infertility?
- Can I handle being a single parent or placing my child for adoption?
- Am I ready and able to support a child on my own?
- Can I handle the guilt and conflict I may feel?
- Will my decision hurt others—my parents, my friends?

DECISIONS ABOUT SEX MAY BE THE MOST IMPORTANT DECISIONS YOU'LL EVER MAKE. SO, THINK BEFORE YOU ACT.



WHAT SHOULD I KNOW IF I DECIDE NOT TO HAVE SEX?

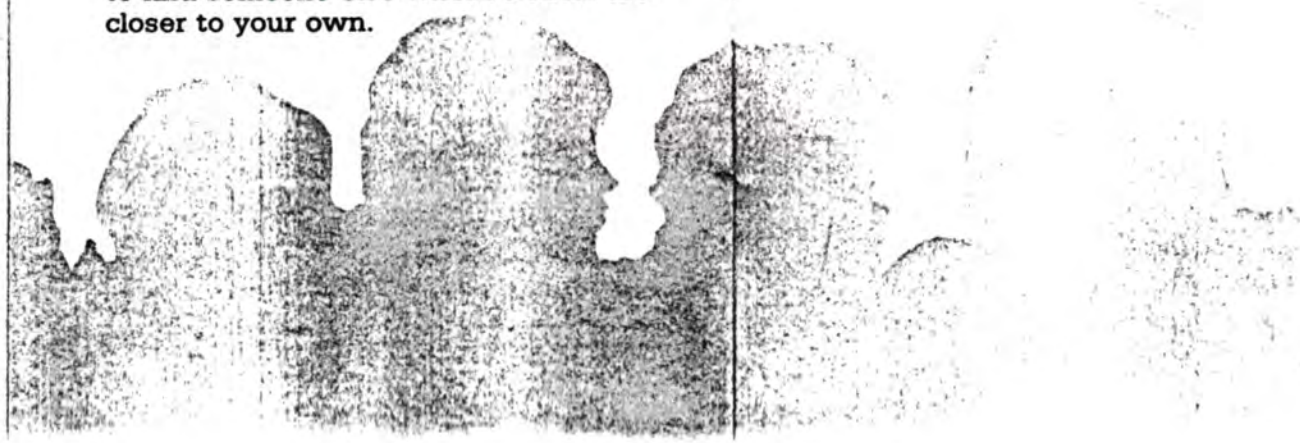
Congratulations...contrary to rumor, so have lots of other teens. It's not so hard to say "NO" and still remain friends if you are careful not to hurt the other person's feelings. For example, you might say:

- "I like you a lot, but I'm just not ready to have sex."
- "I don't believe in having sex before marriage. I want to wait."
- "I enjoy being with you, but I don't think I'm old enough to have sex."
- "I don't feel like I have to give you a reason for not having sex. It's just my decision."

ALSO, there are different ways to show affection for another person without having sexual intercourse.

Try to avoid situations where sexual feelings become strong. "Stopping" is much harder then.

Talk about your feelings and what seems right for you. If you and your partner can't agree, then maybe you need to find someone else whose beliefs are closer to your own.



WHAT SHOULD I KNOW ABOUT PRESSURE?

It comes from everywhere..... advertising, friends, movies, television, shows, songs, and books.

BE POPULAR

BE PART OF THE IN-CROWD

BE A MAN/BE A WOMAN

EVERYBODY'S DOING IT

SEX IS FUN

IF IT FEELS GOOD, DO IT

BUT stop and think. Will having sex really make you more popular, more mature, more desirable? Probably not. In fact, having sex may even cause your partner to lose interest. The one sure thing about having sex is that you may be in for problems you don't know how to handle.

WHAT SHOULD I KNOW ABOUT BOY/GIRL RELATIONSHIPS?

They're great...but good relationships don't develop overnight. They take time. Sex is not what makes a relationship work.

Watch out for **lines** like, **"If you care about me, you'll have sex with me."**

- You don't have to have sex with someone to prove you like them.
- Sex should never be used to pay someone back for something...all you have to say is, "Thank you."
- Sharing thoughts, beliefs, feelings, and most of all, mutual respect, is what makes a relationship strong.
- Saying **"No"** can be the best way to say "I love you."

WHERE CAN I GET INFORMATION THAT WILL HELP ME?

If you want further information or help, talk to someone who cares about you. Ask your parents, an older brother or sister, other family members, or an adult you feel will listen and give you sound advice. There are people and organizations in your community who want to help—your family doctor, your priest, minister, or rabbi, your school nurse or counselor, or local health care providers.

U.S. DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Public Health Service
Office of Population Affairs
200 Independence Avenue S.W.
Washington, DC 20201

Publication date
OPA 5-86

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

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: _____

March 10, 1995

Patricia S. Fleming
National AIDS Policy Director
The White House
Washington, D.C.

Dear Ms. Fleming,

Thank you very much for taking the time last week to share your perspectives on the HIV/AIDS pandemic. Your leadership in directing the federal response to this killer disease is inspirational.

I am proud to be allied with you in this struggle. I write to unequivocally assure you that AIDS will be one of my highest priorities. For I have seen, first hand, this disease's terrible impact on individuals, families, communities, and, indeed, the nation.

As a physician, I have treated patients with HIV and AIDS. This is a trying event for both patient and physician. As a professor, I have taught my students to open their hearts to people with HIV and AIDS. These individuals need more than just medical help. And as a medical administrator, I have opened Meharry Medical College's doors to people with HIV and AIDS, even as other hospitals shunned these patients.

As Surgeon General -- the nation's primary teacher on public health issues -- I will use my "bully pulpit" to continue to fight fear with facts. For AIDS is a disease -- not a moral judgment -- and we must not allow fear and ignorance to interfere with humane and sound public health policies.

I applaud the Clinton Administration for re-focusing and re-energizing federal AIDS research, treatment, and prevention efforts. I reject the idea that we must pit one disease against another. All people who are ill deserve our passion and our compassion, our resources and our energy.

But AIDS must remain a special concern because it is an infectious disease that is fatal, that has no cure, and that typically strikes people in the prime of life.

Few people realize that in the past year, AIDS surpassed avoidable injuries to become the leading killer of Americans aged 25 to 44. Since first being recognized in 1981, AIDS has killed a quarter of a million Americans, a grim tally that continues to climb at the rate of 100 people a day.

Some 40,000 Americans are expected to become newly infected with HIV this year alone -- one quarter of them under the age of 20, and half of them under the age of 25. Barring some medical breakthrough, this will insure that this pandemic will continue into the next millennium.

Compounding the tragedy is that every new HIV infection is a needless infection. We have the knowledge and technology to stop the spread of HIV. What we need to do is to educate people, and to empower them to act in their best interest on what they have learned.

I am, by training and temperament, a teacher. We must teach all Americans -- young and old -- to avoid risky behavior that can lead to HIV/AIDS. This means continuing to spread the word that illegal drugs kill. It means continuing to spread the word that the surest way to avoid the sexual transmission of HIV is to abstain from sexual activity. And it means continuing to spread the word to those who are sexually active that the correct and consistent use of latex condoms is highly effective in preventing HIV transmission.

When you've been involved in the miracle of birth as many times as I have, you can't just stand on the sidelines and watch people put their lives at risk with dangerous behavior. As a physician, I have to act.

My special focus as Surgeon General will be our nation's young people. I have dedicated my life to helping young people to make positive life choices. That's why I founded the "I Have a Future" program for teenagers in the Nashville housing projects. The program stresses abstinence, first and foremost -- echoing the Administration's advice that delaying sexual activity is the surest way of preventing HIV transmission. But when teenagers, against our counsel, are sexually active, it is irresponsible as adults not to help them protect themselves.

My work fighting health problems in rural and inner-city America has taught me that every American has a role to play in this struggle. While the federal government can and must provide financial resources and leadership, many of the strongest and most effective HIV/AIDS prevention programs have sprung from local communities. From these communities, we have learned that targeted, culturally-sensitive educational approaches work best in encouraging and empowering people to adopt healthy behaviors.

I look forward to working with you in our battle of this insidious disease. The road ahead will be long and difficult. We must continue to aggressively pursue treatments, vaccines and, ultimately, a cure to HIV/AIDS. We must provide those living with HIV the services they need to remain healthy, and we must continue our vital work in AIDS education so that fewer and fewer Americans are infected with this killer.

In the absence of a vaccine or cure, prevention and education are our best weapons. As Surgeon General, I will do all I can to help.

Sincerely,

Henry W. Foster Jr., MD

Ottawa University

May 4, 1995

FAX TO: 1-703-276-5513: The Editor, USA Today

Dear Editor:

Re: Senate Hearings on the Nomination of Dr. Henry Foster

Yesterday, I watched in stunning disbelief a United States Senator appear to try to shift the blame to Dr. Foster for the horrible experiment known as the Tuskegee Experiment -- so named for its location, not its sponsorship. I have no particular admiration for the nominee to be Surgeon General; I do not know Dr. Foster and do not expect to meet Dr. Foster, but the questioning of Dr. Foster yesterday by Sennator Coats was the most unfair example of government I have ever witnessed in my sixty-six years.

To imply that any civic-minded black male would keep silent over the Nazi-like medical experiment conducted by the U.S. government involving over 400 black veterans who contracted syphillis in Europe during World War I was a transparent attempt to excuse or rationalize such additional evidence of how viciously discriminatory our nation was and is. As an African-American, I deeply resent Senator Coats' treating that horrible medical case as if it were a creation of Tuskegee Institute, as if Dr. Foster were also somehow to blame because he might have known some fragmentary details of that experiment, after the fact!

Senator Coats, with the silent apparent consent of the rest of the Senate Commitee appeared to wish to shift the blame of the experiment onto a victim of it and appeared to excuse the criminals -- at least I heard no condemnation from Senator Coats of that cruel experiment. Indeed, Senator Coats several times used strong praise to establish the credibility of those who actually perpetrated that horrible deed. Senator Coats waved, approvingly no less, in the air, before the eyes of the world, the self-serving testimony of those who conspired to conduct and cover-up that Nazi-like experiment to show that they had informed Dr. Foster of their experiment sometime in the 1970's. This was worst insult to democracy that I have ever seen. This reminds one of Europe in 1939.

Sincerely,

William Maxwell, Ed.D.
Professor of Education and Educational Administration
(Ed.D., Harvard, 1967)

cc: Dr. Henry Foster, c/o the White House; Senator Nancy Kassebaum, Senator from Kansas, Chairperson

Ottawa University

May 17, 1995

Letters to the Editor
Editorial Department
The Washington Post
1150 Fifteen Street, NW
Washington, D.C. 20071

Dear Editor:

Re: Senate Hearings on the Nomination of Dr. Henry Foster as Surgeon General of the United States

On May 3, I watched in stunning disbelief a United States Senator appear to try to shift part of the blame to Dr. Foster for the horrible experiment known as the "Tuskegee Experiment" -- so named for its location, not its sponsorship. I do not know Dr. Foster and cannot assess his qualifications for this high office. But the questioning of Dr. Foster by Senator Coats (Republican, Indiana) was the most unfair example of government I have ever witnessed in my sixty-six years.

For Senator Coats to imply that any true American would keep silent over the "experiment" conducted by the U.S. government involving over 400 African-American veterans who contracted syphillis in Europe in World War I was a transparent attempt to excuse or rationalize such additional evidence of how viciously cruel our nation often was and is to its African-American citizens. As an African-American I deeply resent Senator Coats treating that horrible medical scandal as if the Tuskegee Institute and Dr. Foster were somehow implicated because they might have received some fragmentary details of that experiment, after the fact!

Senator Coats, with the silent and apparent consent of the rest of the Senate Committee, appeared not only to try to shift the blame for that experiment onto Dr. Foster but appeared to excuse the criminals -- at least I heard no condemnation from Senator Coats of that cruel experiment, an experiment that, among other horrors, deliberately misled the patients and deceptively withheld all therapy from them even though they had already risked their lives on foreign soil, in service to their nation, "to save the world for democracy." Indeed, Senator Coats several times used strong praise to ascribe professional eminence to those who actually perpetrated that despicable crime. Senator Coats, waved, approvingly no less, in the air, before the eyes of the world, the self-serving testimony of those who conspired to conduct and cover-up that Nazi-like experiment to allege that the conspirators had informed Dr. Foster of their experiment sometime in the 1970s, long after that relatively curable disease had done its final damage to most of its victims. Senator Coats insulted more than Dr. Foster. His public behavior was the worst insult to the tenets of democracy that I have ever seen and an affront to the ideals of this culture. This was a ghoulish reminder of Europe of 1939.

Let us hope that Dr. Foster will bring to the Surgeon General's office a bright conscience refined by a moral upbringing instead of the destructive zealotry born in the sort of shadowy arrogance displayed by his opponent.

Sincerely,

William Maxwell

William Maxwell, Ed.D.
Professor of Education and Educational Psychology
(Ed.D., Harvard University, 1967)

Ottawa University

May 4, 1995

Senator Dan Coats
Republican, Indiana
Senate Office Building
Washington, DC 20510

Dear Senator Coats:

Re: Senate Hearings on the Nomination of Dr. Henry Foster

I have no particular admiration for the nominee to be Surgeon General; I do not know Dr. Foster and do not expect to meet Dr. Foster. But, Senator, your questioning of Dr. Foster yesterday was the most unfair example of government I have ever witnessed in my sixty-six years.

Your questioning of Dr. Foster was outrageously condescending and racist. To imply that any civic-minded black male would keep silent over the Nazi-like medical experiment conducted by the U.S. government involving over 400 black veterans who contracted syphillis in Europe during World War I was a transparent attempt to excuse or rationalize such additional evidence of how viciously discriminatory our nation was and is. You would never have done that had Dr. Foster been of the white race. As an African-American, I deeply resent your treating that horrible medical case as if it were a creation of Tuskegee Institute, as if Dr. Foster were also somehow to blame because he might have known some fragmentary details of that experiment, after the fact! Had that experiment been in any other country, Britain experimenting on the Irish, for example, or Germany experimenting on their Turkish "guest workers," the media and "human rights" activists around the world would have "gone ballistic."

You blame the victim and appear to excuse the criminals -- at least I heard no condemnation from you of that cruel experiment. Indeed, you several times used strong praise to establish the credibility of those who actually perpetrated that horrible deed. To wave, approvingly no less, in the air the self-serving testimony of those who conspired to conduct and cover-up that Nazi-like experiment is the worst insult to democracy that I have ever seen. This reminds one of 1939? How can you, sir, reconcile your behavior with the tenets of democracy?

Sincerely,

William Maxwell, Ed.D.
Professor of Education and Educational Administration
(Ed.D., Harvard, 1967)

cc: Dr. Henry Foster, c/o the White House; Senator Nancy Kassebaum, Senator from Kansas

This was unbelievable!

2340 W. MISSION LANE • PHOENIX, ARIZONA 85021 • (602) 371-1188
4545 S. WENDLER DRIVE • TEMPE, ARIZONA 85282 • (602) 438-4468

April 3, 1995

Dr. Lee Brown
Director
Office of National Drug Control Policy
Executive Office of the President
Washington, DC 20500

Dear Dr. Brown:

Thank you for the excellent meeting which we had recently to discuss the enormous challenges involved in confronting the serious problem of drug abuse. You have provided outstanding leadership on this issue and I look forward to joining you and working with you. Your leadership is helping Americans to understand that treatment, prevention, and research are vital components of an effective strategy against substance abuse. Our strategy must reflect a genuine balance which combines strong law enforcement with determined efforts to reduce the demand for illegal drugs.

I am deeply concerned, as I know you are, by the recent increases in illegal drug usage by young people, as indicated by the Monitoring the Future Survey. There has been a resurgence of favorable reference to illegal drug use in popular culture and, at the same time, a marked reduction in news coverage of the drug problem. I have seen the terrible harm drugs do to our nation's youth. It is clear that the primary role of the Surgeon General is to educate and I will make it a high priority in this role to send the message to young people and to their parents that drugs are dangerous and deadly. I will use my bully pulpit to join you in re-enlisting community leaders from all walks of life to come together in sending a renewed message about the corrosion and chaos that come from drug abuse.

Drug and alcohol abuse are also connected intimately to so much of the violence that is tearing at our country's social fabric. Substance abuse is involved in an estimated 50 percent of domestic violence cases and an even greater percentage of child abuse and neglect situations. Adolescent deaths from violence and automobile accidents are disproportionately related to alcohol and drug abuse. And the overall cost to the economy of drug and alcohol abuse is nearly $170 billion annually.

Hence the stakes are high. And we need to understand that, for too many of our young people who come to abuse drugs or alcohol, the abuse is a symptom of other problems -- either in their own families or in their own perception that their future lacks opportunities and possibilities, or both. Community coalitions and community partnerships to prevent substance abuse are vital, but we need to understand that helping families function better and making sure that positive future opportunities are available are also essential parts of the agenda.

That is what we tried to do in 1987 when parents in the Nashville housing projects told us that drug and alcohol abuse was the biggest problem their teenagers faced. We established the I Have A Future program -- based in the housing projects where the teens live -- involving the entire community in teaching a strong anti-drug message. Parents and teachers and clergy work together to communicate values -- teaching our young people responsibility and self-respect, and showing them the damage to their communities, their families, and their futures that can result from drug abuse. Most important, we raise their self-esteem and teach them skills -- so that drugs do not seem an attractive choice, or their only choice. Before they use drugs to block out the pain of their present, we offer them hope for their future. I know that communities all over the country can come together in the same way and fight this problem that threatens us all.

We know that real prevention -- such as the I Have A Future program -- works. Equally important, we know that treatment works. Recovering drug abusers and alcoholics are the first to say that their personal commitment to recovery is crucial, but treatment -- in different forms and approaches for different people -- makes a huge difference. However, treatment can only work if we invest sufficient resources to make it available to those who need it. I will join you in educating policy makers at all levels that investing in treatment is cost-effective. You and I know this, but those of us who know the facts have not been as effective as we would like to be in communicating them to those who make decisions about these critical matters.

I am emboldened at the prospect of joining an Administration that believes in a policy which combines intelligent law enforcement with investments in prevention, treatment, and research. As one example, this Administration's commitment to innovative drug courts represents exactly the kind of partnership between law enforcement and public health that we need to have if we're going to make any progress in reducing the levels of drug and alcohol abuse. Drugs like cocaine, heroin, and marijuana are illegal and should remain illegal. There should be no question about that. The question should be how do we obtain an adequate investment in everything that we need to be doing to help solve the problem.

I look forward to working with you on this great challenge.

Sincerely,

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

JP to call

THE WALL STREET JOURNAL. DOW JONES & COMPANY, INC.
Publishers
200 LIBERTY STREET • NEW YORK, N.Y. 10281

Hugh Pearson
Editorial Page Writer

February 6, 1995

Senator Bob Dole
Senate Majority Leader
Office of the Republican Leader
S230, The Capitol
Washington, D.C. 20510

Dear Senator Dole:

You may remember me. My name is Hugh Pearson. I received a letter of praise from you after publishing an opinion editorial last May in the New York Times, entitled "Black America's Silent Majority," where I condemned the practice within too many black communities of protesting police brutality (though it is still a problem which needs addressing), while overlooking the greater problem of senseless violence that is committed by young black males whose victims are most often other African Americans.

Currently I am an editorial page writer for the Wall Street Journal. And I am writing you now after reading of your comments yesterday on "Meet The Press," expressing concern about the nomination of Dr. Henry Foster for Surgeon General, because it has been revealed that in the past he has performed a handful of abortions, and because he is a member of the board of directors of Planned Parenthood of Tennessee.

As a former medical student at Meharry Medical College where Dr. Foster has served as both chairman of the Department of Obstetrics and Gynecology, and acting president, let me assure you that his reputation was exemplary. The medical school has experienced a host of problems down through the years (which was one reason I left and pursued careers in urban affairs then journalism). Yet Dr. Foster has been one of the handful of people whose competency and esteem as an outstanding physician has kept the school going.

To condemn Dr. Foster's nomination simply because he has performed a few abortions and because he is involved with Planned Parenthood goes beyond the pale (remember as well, that he has delivered over 10,000 babies). No matter how anyone feels about abortion, it is a legal procedure. And no matter how anyone feels about Planned Parenthood, the value of the organization in advocating family planning and educating the general public in how best to engage in that activity, cannot be denied.

Conservative Republicans are making a big mistake if they believe that the mandate for change they have received from the American public includes a desire for them to ensure that all Americans conform to every belief promoted by the extreme right-wing of their party. This is a democracy, not a fascist society where every government appointee should be made to pass a quasi-religious litmus test to determine fitness for office. I urge that as Senate Majority Leader you remind your colleagues of this.

You should also remind them that the American people want something constructive done in Washington. They are not interested in partisan bickering and nit-picking that extends beyond anything reasonable. Not only does President Clinton's nomination of Dr. Henry Foster as our next Surgeon General fit under the category of reasonable, as you will discover during his confirmation hearings, it fits under the category of among the most honorable choices the president could have made.

Sincerely,

Hugh Pearson

cc: Dr. Henry Foster

END

American Medical Association
Physicians dedicated to the health of America

515 North State Street
Chicago, Illinois 60610
(312) 464-5000

Marilyn

Date: 3/24/95

To: HENRY W. FOSTER, M.D.
FAX - 202-265-7514

From: HARRY S. JONAS, M.D.

Total pages (Including cover sheet): 3

Reply fax number: 312-464-5830

Regarding: Henry: These are my personal views, not the official AMA view. Let me know whether or not this piece could be useful and if so, perhaps advise about how to get it prominently published.

Hope you can hold the date of June 17 on your calendar (In Chicago)

H.S.J.

Fax Transmission

TO: The Editor

SUBJECT: The Appointment of Dr. Henry Foster as Surgeon General

As an obstetrician-gynecologist, and a teacher in the academic medical community for many years, I am appalled and troubled by the rhetoric fueled by the appointment of a distinguished academic physician, Dr. Henry Foster, to the important position of surgeon general.

The abortion issue in this country has now produced alarming levels of physical violence and assassination, and verbal violence that assassinates the character of reputable physicians who provide reproductive health services to their women patients. If this persists, our nation may soon be wracked by dissension and violence equivalent to that seen in Northern Ireland over so many decades. And yet, even as we are seeing rays of hope for peace in that country, in the United States of America this issue has so deeply polarized this nation and has been so exploited for political gain, it almost seems impossible that a reasonable solution can be achieved.

How did we arrive at such a situation, where a fine physician, who has always fully complied with the laws of the land, is a scholar and researcher, and has worked his entire life to improve the outcomes of pregnancy, is now being called an "abortionist" in the most derogatory way, and has now fallen victim to an assassination of his character and his professional reputation. His guilt by association with Planned Parenthood, an organization that provides family planning services to indigent women in this country who would otherwise be unable to receive those services is also most shameful. This campaign, carefully orchestrated, so similar to that we saw in the McCarthy era, suggests to the public that any obstetrician-gynecologist, whose job it is to provide reproductive health services to women, or who has ever performed one or a thousand abortions, is a second-class citizen and ineligible to hold a position of public trust.
Do we wish to return to the era prior to Roe v. Wade when back alley abortions, then known as criminal abortions, were performed by those who were poorly qualified and contributed to a mortality rate among women that often ranked as the most common cause of death in women of childbearing age.

When are we going to reach a consensus in this country that the best way to reduce the number of abortions, is to prevent the <u>need</u> for abortion, by promoting responsible parenthood, and by the prevention of unwanted and unintended pregnancies through proper family planning counseling and services? No one in this country is <u>for</u> abortion. Dr. Foster is like every other obstetrician in this country who says he "hates" abortion, and has personally devoted his entire career to help bring thousands of healthy babies into this world. And when we as physicians who almost every day are confronted with the problems of pregnancy due to rape and incest, pregnancy with a serious or fatal deformity in an unborn child, the problems of pregnancy in a twelve year old who says, "I didn't want this baby and when I get home I'm going to throw it against the wall", are we to turn our backs and say, "I'm sorry, but I just can't help you?"

Dr. Henry Foster's credibility has been assailed, and yet if there has been any credibility deficit, it came from the handling of this appointment, and how soundbites of information were used to polarize the nation in an attempt to poison the environment of honest debate before a proper appraisal of this distinguished individual's professional career and accomplishments. Dr. Henry Foster has devoted a professional lifetime of research efforts directed toward the improvement of reproductive health care for women. With teen-age pregnancy in this country spiraling out of control as a major public health issue which must be addressed, how appropriate it would be to have as our Surgeon General someone who at least has been in the front line, with his innovative program in Nashville, in trying to do something constructive to address this national disgrace.

Where are the voices of reason in this country who can calm this overheated rhetoric and work to unite the United States of America again on this issue? Let's stop subjecting an innocent victim to trial by media and trial by biased talk shows. Dr. Foster deserves this nation's support and should be granted a fair and unbiased hearing before the United States Senate. That is the true American way. Until we learn to work together as a nation to reduce the number of unwanted pregnancies and prevent the need for abortion, we will never settle this divisive issue.

Harry S. Jonas, M.D.
Past President, American College of Obstetricians
and Gynecologists
Chair, Medical Advisory Committee
Planned Parenthood of Chicago

From the desk of...

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

April 30, 1995

Dear Senator Dole,

I know that you are aware that sometimes the press pulls phrases out of context to heighten controversy.

I want you to know that my full comments reflect the fact that I have admired your career, that I know you to be a man of fairness and integrity and that you have always led the Senate in that fashion.

Sincerely,

HWFoster

Scholar-in-Residence
Association of Academic
Health Centers

Suite 410
1400 Sixteenth Street, N.W.
Washington, D.C. 20036

Telephone (202) 265-9600
FAX (202) 265-7514

State Volunteer Mutual Insurance Company

PERSONAL & CONFIDENTIAL

February 23, 1995

DETERMINED TO BE AN ADMINISTRATIVE
MARKING INITIALS: MN DATE: 2/7/18
2018-0662-S

Henry W. Foster, M.D.
c/o Ms. Stacy Reynolds
Office of the White House Counsel
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

RE: Request for Claims History

Dear Dr. Foster:

Pursuant to your faxed request of February 23, 1995, the following is a brief summary of the litigation that has been filed against you under your coverage with this company.

SVMIC File 4794 - Suit filed October 5, 1984 under action number 3-84-1070 in the United States District Court for the Middle District of Tennessee at Nashville. Suit alleged delay in performance of a cesarean section with fetal distress, resulting in death of the infant. The plaintiff voluntarily dismissed this action against you, with Order of Dismissal Without Prejudice being entered on the Docket November 12, 1985. Our file indicates that Meharry/Hubbard Hospital, a co-defendant, may have subsequently made a compromise settlement with the plaintiffs. Our file was closed without any loss payment.

I hope this is responsive to your request.

Sincerely,

James W. Howell
Vice-President, Claims
Assistant Claims Manager

JWH/pgp

101 Westpark Drive, Suite 300 • P.O. Box 1065 • Brentwood, Tennessee 37024-1065
615-377-1999 • 1-800-342-2239 (Tennessee) • 1-800-633-3215 (Contiguous States) • Fax# 615-377-9192

THE WHITE HOUSE

WASHINGTON

May 26, 1995

Dr. Benjamin F. Payton
President
Tuskegee University
Tuskegee, Alabama 36088

Dear Dr. Payton:

Today, the Senate Human Resources and Labor Committee -- in a show of bipartisan support -- endorsed Dr. Henry Foster's nomination as Surgeon General by a vote of 9 to 7. Having crossed this first hurdle and looking forward to a full Senate vote, I want to let you know that we could not have done it without you.

I especially want to express my appreciation for your hard work, and that of Yvonne Williams and the rest of your staff, throughout the Committee hearing process. You really put forth a great deal of effort. We very much appreciate your working through the difficult problems we sent your way. Thank you for your participation.

Sincerely,

John D. Podesta
Assistant to the President
and Staff Secretary

cc: Yvonne Williams

THE WHITE HOUSE

WASHINGTON

May 26, 1995

Dr. Lorraine Williams Greene
"I Have a Future" Program
Meharry Medical College
1005 D.B. Todd Boulevard
Nashville, Tennessee 37208

Dear Dr. Greene:

Today, the Senate Human Resources and Labor Committee -- in a show of bipartisan support -- endorsed Dr. Henry Foster's nomination as Surgeon General by a vote of 9 to 7. Having crossed this first hurdle and looking forward to a full Senate vote, I want to let you know that we could not have done it without you.

I especially want to express my appreciation for your hard work throughout the Committee hearing process. We very much appreciate your working through the difficult problems we sent your way. You really put forth a great deal of effort.

Additionally, I want to sincerely thank the students, parents and sponsors from the "I Have a Future" program who made the bus trip to Washington and won the hearts of the President, White House Staffers and many Committee members. Thanks to all of you for participating in the process.

Sincerely,

John D. Podesta
Assistant to the President
and Staff Secretary

THE WHITE HOUSE

WASHINGTON

May 26, 1995

Mr. Morris Dees
Southern Poverty Law Center
400 Washington Avenue
Post Office Box 2087
Montgomery, Alabama 36102-2087

Dear Morris:

Today, The Senate Human resources and Labor Committee -- in a show of bipartisan support -- endorsed Dr. Henry Foster's nomination as Surgeon General by a vote of 9 to 7. Having crossed this first hurdle and looking forward to a full Senate vote, I want to let you know that we could not have done it without you.

I especially want to express my appreciation for your hard work, and that of your office in working with the White House Counsel's Office during the hearing process. You really put forth a great deal of effort. Thanks for your help.

Sincerely,

John D Podesta
Assistant to the President
and Staff Secretary

Morris —
It's important to
work together at
least once every 25 years
Hope all is well
John

THE WHITE HOUSE

WASHINGTON

May 26, 1995

Mr. Richard E. Jackson, J.D.
General Counsel
Meharry Medical College
1005 D.B. Todd Boulevard
Nashville, Tennessee 37208

Dear Richard:

Today, the Senate Human Resources and Labor Committee -- in a show of bipartisan support -- endorsed Dr. Henry Foster's nomination as Surgeon General by a vote of 9 to 7. Having crossed this first hurdle and looking forward to a full Senate vote, I want to let you know that we could not have done it without you.

I especially want to express my appreciation for your hard work throughout the Committee hearing process -- working with the White House Counsel's office, attending the hearings, and providing additional information about the "I Have a Future" program -- you really put forth a great deal of effort. Thank you for your participation.

Sincerely,

John D. Podesta
Assistant to the President
and Staff Secretary

From the desk of...

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

May 23, 1995

Dear Bill,

This note is sent to again thank you for your support and objective efforts to assure fairness. It is a type of trust that I value most highly.

Also, I thought the attached ACM News might be of interest. ACOG just held its annual meeting in San Francisco. Each day during the meeting (annual clinical meeting) the ACM News is published summarizing the previous day's activities.

Take care, and again thanks for your efforts.

Best regards
Hank

Scholar-in-Residence
Association of Academic
Health Centers

Suite 410
1400 Sixteenth Street, N.W.
Washington, D.C. 20036

Telephone (202) 265-9600
FAX (202) 265-7514

WASHINGTON BUREAU
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
1025 VERMONT AVENUE, N.W. • SUITE 1120 • WASHINGTON, D.C. 20005
(202) 638-2269 FAX (202) 638-5936

May 24, 1995

The Honorable Dan Coats
United States Senate
431 Russell Senate Office Building
Washington, DC 20510

Dear Senator Coats:

The Washington Post reported yesterday on your "Dear Colleague" letter of May 9, 1995, opposing the nomination of Dr. Henry W. Foster for Surgeon General because of the infamous "Tuskegee Study" (see, "GOP Senator Continues to Point to Tuskegee in Crusade Against Foster", The Washington Post, 5/23/95, p.A2). After reviewing the letter, I am deeply disturbed that you would use such a racially explosive basis to oppose Dr. Foster, particularly in the absence of any credible evidence that Dr. Foster knew about these experiments.

As you know, the "Tuskegee Study of Untreated Syphilis in the Negro Male" is one of the most painful examples of racism and indifference to the human condition in modern American history. The United States Public Health Service (PHS) conducted an undisclosed study of the effects of untreated syphilis on several hundred African American men in Macon County, Alabama for forty years.

The Tuskegee Study had nothing to do with developing new drugs, nor was it designed to confirm the benefits of existing treatments. It was nothing more than a nontherapeutic, race-based experiment aimed at compiling data on the effects of syphilis on black males. Bad Blood by James H. Jones offers an excellent retelling of the tragedy of the Tuskegee Study.

In the African American community, the Tuskegee Study is synonymous with the virulent racism that permeated American life a few brief decades ago.

The use of the Tuskegee Study as a point on which to question Dr. Foster's credibility and integrity, in the absence of persuasive evidence seems especially inappropriate and unfair. To suggest that the information in your letter "casts great doubt" on Dr. Foster's truthfulness when he denied knowledge about the syphilis experiment before its public disclosure in 1972 seems, at best, overstated.

Although the NAACP strongly supports Dr. Foster's confirmation, we recognize that some members of the Senate may not share that view. However, your letter seems to go beyond mere opposition to Dr. Foster's confirmation. It comes close to a parody of an otherwise tragic event.

Sincerely,

Wade Henderson
Director

Clinton Presidential Records
Digital Records Marker

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G

Divider Title: _____

Dr. Foster and Credibility

- Dr. Henry Foster's career in medicine has been a model of integrity and commitment to ethical conduct.

- It is, by now, well known that Dr. Foster has devoted his 38 years of practice to improving the health care of mothers and babies, reducing teenage pregnancy and caring for those who too often go without care.

- What may be less well known is that Dr. Foster has been recognized by his peers, time and again, as a leader in his profession, a man of unusual stature, a physician whose judgment is trusted in grappling with the ethics of medicine and medical practice. If the truest test of professional character is the esteem with which one is held by his colleagues, Dr. Foster stands in the top rank.

- <u>The Institute of Medicine</u>. Dr. Foster has served on the prestigious Institute of Medicine since 1972. The Institute was chartered in 1970 by the National Academy of Science to promote the advancement of the health sciences and the improvement of health care. The Institute was designed to enlist distinguished members of the medical and other professions in pursuit of these goals.

- The Institute is a highly selective professional body, with only 500 regular members, each of whom must be nominated by a current member and elected by the full membership. The Institute is governed by a Council of just 21 members, elected by the entire membership.

- In 1992, the full membership recognized Dr. Foster's distinguished service for the Institute -- where he has served on numerous committees and boards -- by electing him to the governing Council. The membership elected him to a second term on the Council in November 1994.

- <u>The Ethics Advisory Board</u>. In 1978, then HEW Secretary Joe Califano created the Ethics Advisory Board to examine the moral and ethical questions raised by the historic breakthroughs being made in the world of medical science. He appointed Dr. Foster as one of the Board's 15 members from a large group of nominations submitted by professional associations, scientific societies, public interest groups and Members of Congress.

- The Board was an extraordinary collection of doctors, lawyers, clinicians, researchers and even a leading theologian, Rev. Richard McCormick of Georgetown University. Members included James Gaither, a former advisor to President Johnson and subsequent President of the Stanford University Board of Trustees; Dr. David Hamburg, a former

President of the Institute of Medicine and now President of the Carnegie Corporation of New York; Dr. Daniel Tosteson, Dean of the Harvard Medical School for the past 20 years; and Dr. Sissela Bok, Harvard ethicist and philosopher.

- The Ethics Advisory Board was active from 1978 to 1980. In 1980, Congress established its own commission on medical ethics (the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research) and the EAB's appropriations were shifted to this new body.

- Nashville Academy of Medicine -- Ethics Committee. Dr. Foster is one of 10 members of the 1400-member Nashville Academy of Medicine who serve on the Academy's Ethics Committee.

- The function of the Ethics Committee is to act as a tribunal for the discipline of Academy members when complaints are received by other physicians concerning a member's professional conduct.

- According to the Academy's Executive Director, Dr. Foster was chosen by the Board of Directors to serve on the Ethics Committee because of his "outstanding reputation in the medical community." Dr. Foster has served on the Committee for 10 years.

- In short, those opponents of Dr. Foster's nomination who pretend to base their opposition on his lack of credibility or integrity are flying in the face of a career's worth of honorable and distinguished conduct, recognized as such by Dr. Foster's professional colleagues and peers.

April 29, 1995

NOTE TO JOHN PODESTA:

RE: Publication of Mortality Rates by HCFA

Attached is a short note written to me by Joanne Pokaski, Bruce Vladeck's (HCFA Administrator)Special Assistant, regarding how Hubbard did on HCFA's reports (done between 1986-91)of mortality rates. I am told the data is in my office at HHS. I have not seen it. Joanne's note gives the gist of the data.

You may want to give this to Childress since he asked me about it.

Andrew D. Hyman

For each year, 1986 to 1991, the Hubbard Hospital's overall mortality rate was within the range predicted for mortality for that hospital. Range is predicted based on a number of factors, including demographic characteristics and previous medical histories of patients.

The hospital's performance was in the predicted range. It wasn't worse, it wasn't better. It would be hard to use the overall data against you, but I advise against using the data in the hospital's defense.

Bruce stopped the publication of these reports shortly after becoming Administrator. He felt that the data in these reports were only one indicator of quality and were being wrongly interpreted by the public as the only quality indicator.

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Divider Title: _____

DPC SENATE PACKET ON DOCTOR FOSTER

Table of Contents

DR. HENRY FOSTER, JR., MD

An Abbreviated Biography[1]

PERSONAL HISTORY: *MARRIED FOR 34 YEARS, TWO CHILDREN*

Born	1933	September 8, in Pine Bluff, Arkansas
Married	1960	St. Clair Anderson
Children	1962	Myrna Faye
	1964	Wendell, III

EDUCATION/TRAINING: *EXPERIENCED OBSTETRICIAN/GYNECOLOGIST*

College	1954	B.S. Degree Morehouse College (Atlanta, GA)
	1958	M.D. Degree School of Medicine, University of Arkansas (Little Rock)
Internship	1958-59	Detroit Receiving Hospital Wayne State University (Detroit, MI)
Military	1959-61	Captain and Medical Officer, U.S. Air Force Larson Air Force Base (WA)
	1961-62	Active Reserves, Air Force (Boston, MA)
Residency	1961-62	Surgical Resident Malden Hospital (Malden, MA)
	1962-65	Ob/gyn Resident George W. Hubbard Hospital (Nashville, TN)

MEDICAL PRACTICE: *A THIRTY EIGHT YEAR CAREER*

Tuskegee, Alabama		
	1965-73	Chief, Obstetrics and Gynecology John A. Andrew Memorial Hospital Tuskegee Institute
	1970-73	Director, Maternity and Infant Care Project Tuskegee Institute
Nashville, TN		
	1973-90	Professor and Chairman, Dept. of Obstetrics and Gynecology Meharry Medical College
		Chief, Obstetrics and Gynecology George W. Hubbard Hospital of Meharry Medical College

---

[1]This document is intended to highlight Dr. Foster's career. For a complete CV, please contact Legislative Affairs at the Department of Health and Human Services [690-6786].

1981-86	Director, High Risk Youth Program (Robert Woods Johnson)
1987	Founded *"I Have A Future"* Program to fight teen pregnancy
1990-93	Dean, School of Medicine and Vice President for Health Services Meharry Medical College
10/93- 6/94	Acting President Meharry Medical College

Washington DC

1994-95	Association of Academic Health Centers Senior Scholar-in-Residence

POSITIONS: *A MEDICAL LEADER*

- Ethics Advisory Board, Department of Health, Education and Welfare, 1978
- Member, former Governor Lamar Alexander's *Task Force on Healthy Children* (Chaired subcommittee on infant mortality)
- President, Association of Professor of Gynecology and Obstetrics [1993-94]
- Editorial Board, *Academia*, American Association of Medical Colleges [former]
- Examiner, American Board of Obstetrics and Gynecology [former]
- Planned Parenthood Federation of America
- Board Member, March of Dimes Birth Defects Foundation, Nashville Chapter
- Ethics Committee, Nashville Academy of Medicine
- Council Member, Institute of Medicine, National Academy of Sciences
- National Medical Association, Executive Committee Member, Ob/Gyn Section

SERVICE: *AN ACTIVE ROLE IN HIS COMMUNITY*

- Advisory Committee, Young Women's Christian Association (YWCA, Nashville)
- *"Success by Six"* -- A Family Life Enhancement Community Intervention
- *Partnership 2000* -- A City Planning Project for the Year 2000 and Beyond
- 100 Black Men of Middle Tennessee, Inc.

AWARDS: *A LIFETIME OF ACHIEVEMENT*

- Elected to Institute of Medicine, 1972 [at time, one of youngest people ever elected]
- *Man Of The Year*, March of Dimes Birth Defects Foundation, Nashville Chapter, 1982
- *Faculty Award for Excellence in Science and Technology*, first White House Initiative on Historically Black Colleges and Universities, 9/25/88
- *"I Have a Future Program"* selected by President Bush to be one of America's "Thousand Points of Light," 1991
- *Meritorious Service Award*, Mayor's Office of Drug Policy, 3/14/93
- *Honorary Degree*, Doctor of Science, University of Arkansas, 5/15/93
- *"Physician, Teacher and Scholar Award"*, National Medical Association, 8/10/93

Henry Foster
Wash. Post, 2-13-95

Why I Want to Be Surgeon General


THE WASHINGTON POST

Just a little over a week ago, few people outside Nashville knew anything about me. But after President Clinton announced his intention to nominate Dr. Henry Foster for surgeon general on Feb. 2, it seems like everybody thinks they know everything about me.

Two weeks ago, no one, not even my wife, St. Clair, my daughter, Myrna, and my son, Wendell—as devoted as they are—followed my every move and every word with rapt attention. Now, when I wake up in the morning and look out my window, the press is out there waiting and watching. When I go to my office, they follow me into the elevator. And walking down the street, I have been punched in the face, inadvertently, I think, with one of those huge microphones you see on TV. I have never seen anything like it.

I have even picked up a new lexicon. Words that matter in Washington are not in dictionaries in the rest of America. They certainly never taught me these words in medical school or the delivery room: Sound bites. Boom mikes. Stakeouts. Live shots. Talking heads. On-air analysis. All dissecting me over and over again. And all before I've uttered one word at my confirmation hearings before the Senate.

People who have never met me analyze my character and my life's work. They attack me personally before they ever give me a chance to introduce myself or tell my story. But those attacks do not define me. I know who I am and what I stand for. I also know that I am a symbol in a larger debate that has polarized this country for many years. But the attacks do hurt.

I cannot say that my work as a doctor entirely prepared me for these two turbulent weeks. But I have learned a few things during my 38 years as a doctor, a teacher and a crusader against teen pregnancy that have prepared me to be a good surgeon general.

I have been face to face with real life-and-death challenges. When you see low birth-weight babies born to mothers not yet old enough to drive a car, you have an appreciation of what trauma really means. When you visit the homes of families living in grinding poverty and feel the palpable sense of hopelessness in their lives, you begin to understand what it is to be up against the odds. Compared to that, shouted questions and overheated rhetoric may be uncivil, but I can handle them. When people ask me why I want to be surgeon general, I know the answer.

When you've had the good fortune to participate in the miracle of birth as many times as I have, it is difficult to stand on the sidelines and watch so many people wasting the precious gift of life.

It is difficult to look around America today and see so much needless suffering. Too many children suffer, because their parents have not been taught the value of prevention. Too many people don't have access to quality health care. And too many of us have turned away from those basic American values that can prevent violence or abuse of any kind from taking root.

But all is not lost. America is moving forward to confront both our health care crisis and the crisis of values that has led to far too much irresponsible behavior. As your surgeon general, I believe I can turn the small ripples of success that we have produced into great waves of progress. I believe that I can draw attention and help develop lasting solutions to the tragic public health problems confronting us—from the epidemic of violence to the spread of AIDS to the terrible problem of substance abuse. But I will be giving my greatest attention to what the president has called "our most serious social problem," the epidemic of teen pregnancy in this country.

It's ironic that my work fighting teen pregnancy has been overshadowed by my opponents' talk about abortion. I do believe in the right of a woman to choose. And I also support the president's belief that abortions should be safe, legal and rare. But my life's work has been dedicated to making sure that young people don't have to face the choice of having abortions.

I have some ideas about how young people can avoid that difficult choice. We are reducing teen pregnancy in the Nashville housing projects through "I Have a Future"—a program we started at Meharry Medical College back in 1987. Our approach is to expand adolescent health care programs beyond the schools and bring them to the community, where they can become a part of the fabric of everyday life. Encouraging abstinence and involving the entire community, we have begun to replace a culture of hopelessness with one that gives young people clear pathways to healthy futures.

In my work with young people in Nashville, there is one lesson I stress above all others. To break the cycle of despair, you must learn that there is a reward for sacrifice. And earning that reward has a fringe benefit. It allows you to give something back. That is a hard lesson to learn, but it is one that has kept me going through these difficult weeks. Having President Clinton place his faith in me is something I could never had imagined as a young boy growing up in the segregated South. Now, I want to give something back to a country that has rewarded my work and sacrifice, and God willing, I'll have that opportunity.

The writer is a nominee for U.S. surgeon general.

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data

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DR. FOSTER: (Applause.) Thank you, Dr. Kaminitsky (ph), thank you and the George Washington University administration for inviting me. And, Alan (sp), I thank you for your gracious introduction and your wise pronouncements that were so accurate. I wish they had been incorrect.

But it is a pleasure to be here at this prestigious university that has contributed so much. But most of all, you, the students, all of you in your various capacities, in your academic choosings, you are our future health care workforce. I'm honored to be before you and I thank you for coming.

Now, you guys gave me a lot of inspiration; you don't know how. But nobody expected your men's basketball team to upset the number one team in the nation, but you did. (Applause.) So I know -- and particularly since my alma mater was number one and U Mass had beaten them earlier in the season, so I was very delighted and happy with that. (Laughter.) And keep up the good work. So now you understand I feel like I have a tough battle ahead of me as you did as your team.

It is fitting that the president announced his intent to nominate me for the position of surgeon general on February 2nd, Groundhog Day. (Laughter.) That's the day if the groundhog sees its shadow we know we're in for six more weeks of winter, but if the groundhog doesn't see it, we know that spring is just around the corner. I feel a little bit like that groundhog because ever since February 2nd, when President Clinton and Secretary Shalala publicly called me to service, the descriptions of myself and my work that I have read in the newspapers, seen on television, have cast an unrecognizable shadow of the man that I really am. Yes, I see a shadow, but it's not my shadow. And that means spring is just around the corner.

In his announcement of my nomination, the president thanked me for taking on this difficult task of public service at a time when public service sometimes is done at a very high price. I thought I knew what he meant at the time, but after the past week, I really know what he means now!

So you might be wondering, well why do I want this job? Well let me tell you, if you've been listening to the news lately you may have gotten the wrong idea about my professional career. I have been a doctor for 38 years. I have run a major health sciences center comprised of four schools -- medicine, dentistry, allied health and graduate studies. In 1972, as Dr. Weingold (sp) said, I was very fortunate, I was elected into the Institute of Medicine of the National Academy of Sciences. I was the youngest member ever at that time. I founded the award-winning "I Have a Future" program, which was recognized by the nation and by President Bush as one of the Thousand Points of Light.

I am also a husband of 35 years this week -- (applause) -- thank you. And the father of a son and daughter, in fact, a daughter who lives in this area and teaches middle school science. For the past 38 years, as a teacher, a university leader and a practicing obstetrician/gynecologist, I have dedicated my entire professional life to bringing healthy lives into this world and helping people reach their full potential. I have personally delivered thousands and thousands of babies.

While chair of the Department of Ob/Gyn at Meharry, I taught more than 1,500 medical students who came under my tutelage during their basic rotation. Founded 119 years ago, Meharry is among the nation's finest teaching institutions. (A single person applauds, followed by laughter.) And I have worked tirelessly to improve the health of newborns, unborns, and their mothers and their families.

When you've had the good fortune to participate in the miracle of birth as many times as I have, and I know some of you, it is difficult to stand on the sidelines and watch so many people wasting the precious gift of life. It is difficult to look around America today and see so much needless suffering because of the lack of knowledge about prevention, or a lack of access and utilization of quality health care, or the lack of those basic values that prevent violence or abuse from taking root.

But all is not lost. America is moving forward to confront both our health crisis and the crisis of values that has led to too much irresponsible behavior. As your surgeon general, working with you and all Americans, I believe that I can turn the small ripple of success, as manifested by the "I Have a Future" program that -- to -- will produce into great waves of progress on a national level. I believe that I can help empower more people to reclaim the power over their own lives; that I can help inspire people in communities all across this nation to put a stop to dangerous and destructive behaviors; that I can help draw more attention to the tragic public health problems facing us, from the epidemic of violence to the spread of AIDS, to the terrible problem of substance abuse. The biggest tragedy is that these conditions are largely preventable, and the deaths they cause are so often unnecessary.

Take violence, for example. I believe that we have the power to eradicate this scourge and prevent its recurrence. At least 2,200,000 Americans are victims of violent injury each year. In 1992, there were more than 37,000 firearm-related deaths in this country. Unbelievable. Escalating violence in America causes not only unnecessary injury and death, it is also a major cause of disintegration and the hopelessness that pervade so many of our communities. We can dig at the root causes of this epidemic and we can weed it out, we can extinguish its existence. I know we can. And it's going to -- but it's going to take time -- communities working together.

Then there's drug and alcohol abuse. A growing number of our young people are using illicit drugs and ruining their chances to grow into healthy and productive adulthoods. Recent surveys by the Department of Health and Human Services confirm that for three years in a row now, the use of marijuana and other drugs in 8th, 10th and 12th grade students has actually risen. At the same time, we see an increase in the number of older drug users who are showing up in emergency rooms. We've got to do a better job at drug prevention, sending clear, consistent, anti-drug messages, listening to our young people, helping them form positive goals, and giving them the support they need to achieve them.

And then there's AIDS. The Centers For Disease Control and Prevention has revealed that in 1993, AIDS overtook accidents as the number one killer of men in this nation between the ages of 25 and 44 -- automobile accidents, everything else, violence. AIDS. And just this week, the World Health Organization reported that HIV cases are rising fastest among women, and especially young girls and adolescents. While we are still searching for a cure, we know how to prevent the spread of HIV, and we must not be timid in sharing what we know. The knowledge we have about preventing AIDS has the power to save millions of lives. You will have the chance to save millions of lives. The key is to commit ourselves not only to talking the talk, but to walking the walk of prevention.

Which brings me to the issue that the president asked me to place at the top of my agenda -- teen pregnancy. And I want to commend the president in the strongest terms for his role in turning the nation's spotlight on this unacceptable problem. All of the afflictions that I have just mentioned -- violence, drug use, AIDS -- all of them are linked to the unacceptably high teen pregnancy rate in this country. Early sex and early pregnancy so often are linked either as a cause or a consequence of violence, drug use, AIDs, poverty and so many other negative outcomes. Every day -- listen -- every day, 8,400 teenagers become sexually active. And every day, 2,781 teenagers get pregnant. This translates into 116 pregnancies an hour, 24 hours a day. This is bad for the teens and even worse for their children. We know that children born to teenagers are more likely to have serious health problems and are more likely to be poor. We know that about 80 percent of our children born to teenage parents who dropped out of high school now live in poverty.

If we want to prevent teen pregnancy, we must offer our young people more than slogans and dependency. We must offer them something that's worth more than gold. We must offer them a quality education, a full array of health services, and enhanced self-esteem and life options. Too many children today believe their only hope is having babies. Any of you who read Leon Dash's (sp) award-winning series when he lived in Anacostia, 13-, 14-, 15-year-old girls, their goal is to try and get pregnant. Even the fellows didn't want them pregnant. What a tragedy when a 13-year-old or a 14-year-old has nothing else to look for at that particular juncture of her life. That's a dead-end dream having babies at that age. We've got to replace it with a dream of hope and unlimited achievement.

We got a grant from the state where each kid was given so much money. They had to set up a bank account, they made T-shirts and did all kinds of things to make money, and they learned how to balance their checkbooks. This is important for people who live in the inner city and youngsters who just don't see this.

The kind of skills development and character building is not only important for girls and young women, but our research is showing us more and more -- I don't know why we would think differently -- it is also critically important for boys and young men. We have to take the time to understand all the unique aspects of young people's lives, building up their self-esteem, telling them we believe in them, and believing we believe in them, but not simply treating them as a collection of problems. That's what we have done with our I Have a Future program, and it works.

Now let me just give you one other little nuance of the type of, I think, cultural sensitivity that's needed. Whether you go into the barrio or whether you go into Miami or if you go into Appalachia, you must have a cultural sensitivity. I'm deviating from my text just momentarily. When we started this program, we had a job readiness -- (it still is ?) -- component, where we prepare kids how to learn to go out and get jobs, but the one thing that I told our staff that we would never do, we would never tell these young kids that the way they spoke was wrong or bad, for to do so requires of them to reject a part of themselves and their culture, their grandmother. That's their culture. It causes them to reject it.

Let's think about it. A lot of you are in medical school. I know some of you are in the other allied health professions. But what is communication? Well, physiologically, you take in some air in the chest, you tense the vocal cords, you use the diaphragm and expel, and a sound comes out that hits the tympanic membrane and the malleus, incus and stapes, acoustic nerve, goes into the brain. (Laughter.) All this happens very quickly, and somebody -- that's all it is, I mean, if you're communicating. But I know you're wondering, "Well, what?"

I like coining terms. I coined a term called a "residential venue." That's what we call putting these services right in the housing projects. This term I called -- I said, "What you young people have to do now, you must become bilingual. You must learn operative English." That's how we do it in a positive way. (Applause.) That's how you do it. You learn -- that's what Hispanics have to do if they speak Spanish as their first language. They shouldn't reject their language. This is what you have to do, operative English. You know, we tell them you don't "ax" for a job, you "ask" for a job. (Laughter.) But we do that. Maybe you do that if you work in the post office. (Laughter.)

We know -- (laughter) -- we know only one of the programs -- hear this, this is really important. We know -- and I had to tell my staff, they kept saying there was only one pregnancy -- we only know of one pregnancy that have occurred in the young women who participated in our program between 1988 and 1991, compared to 59 pregnancies in the other two demographically similar national housing projects, where the "I Have a Future" program is not offered.

That's a philosophy that embodies the "I Have a Future" Program that we started at Meharry Medical College back in 1987. Our approach is to expand adolescent health care programs beyond the schools and bring them into the communities directly, where they can become a part of the fabric of everyday life. Our program is anchored in Nashville's public housing projects, right in the middle of the housing projects, smack in the middle.

With respect to sexuality, the emphasis first and foremost is always placed on abstinence. Don't many people get pregnant practicing abstinence. The program --

AUDIENCE MEMBER: (Inaudible) -- support condom distribution in school.

DR. FOSTER: The program involves entire --

AUDIENCE MEMBER: (Inaudible) -- Jocelyn Elders -- (inaudible) -- and you're opposed to that. You are not qualified to be surgeon general.

DR. FOSTER: It's okay. (Laughter, applause.) Thank you. I missed the punch line. (Laughter.) That was a nice break, I tell you. (Applause.)

The program involves the entire families and the total social matrix of the surrounding community. Everybody from parents to grandparents, to politicians and volunteers, and from clergy to business leaders, has a role to play. There are three parts to the program. First, we equip adolescents with the basic information they need about health, human sexuality and drug and alcohol use, so they understand the benefits of abstinence and the consequences of early sexual activity and other risky behaviors.

Second, we provide a comprehensive array of adolescent health services with a focus on abstinence. And let me deviate from the text just a moment.

Those of you who really want to see how this program is configured, I would refer you to the Journal of Health Care for the Poor and Underserved, Volume I, Number 1. You can see all of the components and how it is configured. In some cases that means access to birth control. Wait a minute. Hey, it means access to birth control, in some. It's a whole -- (laughter) -- spectrum, we provide the spectrum -- not narrow, that won't get it -- with a very strong emphasis on parental and community involvement. That really is the bedrock of this. It has to be holistic, it really does. We no longer treat patients; they're families, they're part of a matrix, they're interdependent.

And third and most important, we help young people enhance their life options through activities that improve their job skills, self-reliance and self-esteem. For example, the youth entrepreneurial component of our program helps teenagers learn more about themselves and about the world of work and empowering them to start business and communities.

And just last year -- I was so proud of this -- I conducted the graduation ceremonies at Meharry this year as its acting president. Sixteen -- sixteen students of our 24 program participants who graduated from high school last year have gone on to college. I have an insert put into the commencement brochure of the 119th -- 18th commencement of Meharry had all their names and where they were going to college and what they were doing. And eight of them were African-American males; eight of them were African-American females. These are kids that are at Fisk, Middle Tennessee State University, Skerritt College (sp), Austin Peay, Belmont, and it's really, really very encouraging.

It has not been easy, and it doesn't happen over night. In fact, it's a difficult process and requires great dedication by many people, but it is working! This shows what one community can do when it makes teenage well-being a real priority, and I believe this kind of success is possible in any community, every community.

Let me be a bit clearer. As surgeon general, I will work to empower local communities to develop comprehensive programs that fit their individual needs. What works in Nashville may not work completely in Chicago or Charlotte. It will be up to local communities to decide ultimately what is best for them. The administration and I are congruent in our emphasis on abstinence, because I believe that abstinence and aspiration are inextricably linked.

My opponents say that this nomination is about abortion. I have dedicated my entire career to taking all medical steps to meet the needs of my patients, and that includes performing illegal abortions when it's necessary -- legal abortions when it's necessary. Legal abortions. (Applause.) It's the law of the land. (Applause.) I believe in the right of a woman to choose, and I also support the president's belief that abortion should be safe, legal and rare. (Applause.)

And just last year -- I was so proud of this -- I conducted the graduation ceremonies at Meharry this year as its acting president. Sixteen -- sixteen students of our 24 program participants who graduated from high school last year have gone on to college. I have an insert put into the commencement brochure of the 119th -- 18th commencement of Meharry had all their names and where they were going to college and what they were doing. And eight of them were African-American males; eight of them were African-American females. These are kids that are at Fisk, Middle Tennessee State University, Skerritt College (sp), Austin Peay, Belmont, and it's really, really very encouraging.

And the irony, after the debate, is my life work has been dedicated to making sure that young people don't have to face the choice of abortions. To do this, we have put life's possibilities within the reach of these young people. Because when I was reading, as I asked my wife, I said, Why is it that at the time 96 17-year-olds and younger in this country per thousand get pregnant every year, 9.6, and in Japan it's only 7.7 per thousand? She thought and said, Well, they -- probably they're doing something else. Which was quite right. It was prophetic in a way.

And of course that's what we knew, we've got to substitute something else. One of the reasons I hope it is because there are so many positive trends out there. That's why I'm hopeful, I'm sanguine. Like the steady decline in smoking over 20 years. And I don't think many in this group are smokers, I'll bet that. The steep decline in the numbers of people drinking and driving, it's been a real decline. And the steady increase in the use of seat belts, brought on in great part by children. Mama, daddy, fasten your seat belt.

Americans are demonstrating that with quality leadership we can make headway on major public health problems if we put our minds to it. Since the president asked me to take on the job of surgeon general, I have been in the fight of my life. I am standing strong, and I appreciate the strong support of the president and all of those here who support me. I appreciate your support.

One thing I know: My fight is no tougher than the one I am asking all of you to join; that's the fight to improve the health of all Americans to prevent teenage pregnancy. I am eager to get to work, because there is so much to be done. I won't hesitate to call on each and every one of you for help. These are our children. They need all of our help.

Thank you very much. (Applause.)

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