

NOMINATION OF DR. HENRY FOSTER FOR SURGEON GENERAL

Questions & Answers

MESSAGE

Extreme right-wing opponents of a woman's right to choose will use any diversionary tactic in their power to derail the nomination of Dr. Henry Foster. They want to take away a woman's right to choose and will try to make this a debate about abortion. Americans deserve a debate about the qualifications of one of the nation's leading physicians, whose nomination has earned strong support from the medical community around the country.

A LENGTHY, DISTINGUISHED ACADEMIC CAREER

As a respected scholar, an accomplished researcher, a practicing physician, and a medical school dean, Dr. Foster has published widely on a variety of subjects. A person of Dr. Foster's experience should be judged by the objectives he has pursued throughout the course of a 38-year career -- not by distortions of his writings taken out of context.

- Dr. Foster has delivered thousands of babies.
- Dr. Foster has helped train hundreds of doctors, many of whom went on to serve the nation's poor urban and rural communities.
- Dr. Foster started "*I Have A Future*," a family-based program to fight teen pregnancy -- chosen by President Bush as one of America's 1,000 Points of Light.

Following, please find a compilation of common questions and sample responses on the following subjects:

- The "Credibility" Issue
- Abortion
- Sterilization
- Accreditation of Meharry Medical College

CREDIBILITY

CHARGE: *I'm concerned about the credibility of Dr. Foster and the White House. Different numbers have been tossed around, incorrect information was sent up to the Senate, there seems to have been an intent to deceive. Credibility is the real issue to me.*

RESPONSE: There was absolutely no intent to deceive. Dr. Foster answered an initial question about the number of abortions he had performed by relying on his memory, without reviewing his entire record, and this was certainly a mistake. But to suggest that he deliberately lied about that record is outrageous and unfair. Dr. Foster is an honest physician and academic with a distinguished 38 year record of service. He was appointed to the Ethics Advisory Board for President Carter's Secretary of Health and is currently serving his second term on the Ethics Committee of the Nashville Academy of Medicine.

The issue here is not "credibility" and the debate is not about numbers. The issue is the qualification of one of the nation's leading physicians to be Surgeon General and his support of a woman's right to choose. "Credibility" is a smoke screen -- thrown up by those who want to avoid taking a public stand on the abortion issue, but nonetheless want to destroy this nomination. And they make no bones about their strategy of diversion. The Republican Speaker of the House has openly advised his party to "never touch" the issues at hand -- specifically, abortion -- and keep trying to make this important debate about "dishonesty."

The real issues here are the outstanding qualifications of this nominee to serve as Surgeon General and the right of all American women to choose. Let those who would oppose Dr. Foster take on these issues honestly and publicly state their positions, rather than hiding behind the credibility smokescreen. If they refuse, their credibility becomes the issue.

ABORTION

CHARGE: *Dr. Foster advocates the use of abortion as a means of contraception.*

RESPONSE: Dr. Foster has never advocated that abortion be used in place of contraception. In fact, Dr. Foster has repeatedly expressed his concern about the increased reliance on abortion over birth control measures. He believes abortion should be safe, legal, and rare.
[continued]

Throughout his medical practice and distinguished career, Dr. Foster has promoted abstinence as the best way to prevent unwanted pregnancy. His life's work, as he has said repeatedly, has been dedicated to making sure young people don't have to face the choice of having abortions.

BACKGROUND: Dr. Foster published an article, "*Contraceptives in Sickle Cell Disease*," which examined the different reproductive options for women with sickle cell anemia. He acknowledged that abortion is viewed as a contraceptive in parts of Europe, but did not advocate the use of abortion as a contraceptive in the U.S.

CHARGE: Dr. Foster is an abortionist.

RESPONSE: Dr. Foster is one of the nation's leading physicians -- a highly respected obstetrician/gynecologist and one of the leading medical educators in the country. In his distinguished 38-year career, Dr. Foster has delivered thousands of babies and instructed hundreds of young physicians.

Dr. Foster's life has been dedicated to preventing unwanted pregnancies and making sure young people don't have to face the choice of having abortions. Dr. Foster does believe strongly in the right of a woman to choose and echoes the President's belief that abortions should be safe, legal, and rare.

CHARGE: Dr. Foster has promoted in-home abortions to make them more available as contraceptives.

RESPONSE: Dr. Foster does not equate any form of abortion with contraception. He has never promoted the use of in-home abortions, nor has he indicated such support in his writings.

Dr. Foster believes that abortions should be safe, legal and rare. He believes they should be performed only as a last resort, but that when they are done they should be performed in the safest manner possible. Therefore, as an expert in the field of maternal health, he supports research into safer methods. [continued]

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

CHARGE: *Dr. Foster's promotion of abortion is evidence of the liberal mindset that encourages sexual promiscuity among young people and does not require them to take responsibility for their actions.*

RESPONSE: This is a total distortion. Dr. Foster has never promoted abortion. In fact, he has devoted much of his professional life and career to making sure none of his patients ever has to face that decision. To battle sexual promiscuity among young persons, Dr. Foster established a program in the housing projects of Nashville called "*I Have a Future*," which stresses abstinence as the best way to prevent unwanted pregnancy.

Through "*I Have A Future*," Dr. Foster and his team help build the self-esteem of young men and women by providing education and job opportunities. In fact, Dr. Foster established this program because he found that most teen pregnancy programs were limited to advocating contraception, rather than empowering teenagers to take charge of their lives and consciously make other choices.

"*I Have A Future*" is a nationally recognized program that has received support from the Carnegie Corporation, the Tennessee Department of Health, and Bill and Camille Cosby. In 1991, President Bush named "*I Have A Future*" as one of America's 1,000 Points of Light.

STERILIZATION

CHARGE: *Dr. Foster has performed hysterectomies to sterilize severely retarded women.*

RESPONSE: In 1976, when Dr. Foster wrote that he had performed hysterectomies on severely retarded women, the sterilization of severely mentally retarded women for hygienic purposes was within the medical mainstream. Medical theory and practice have changed in the intervening decades and Dr. Foster no longer accepts the sterilization of a mentally retarded woman as appropriate. Dr. Foster believes strongly in the individual rights of the disabled.

In the article, Dr. Foster stressed that *"obstetricians and gynecologists must guard vigilantly against injudicious and indiscriminate removal of the normal uterus."*

BACKGROUND: Nineteen years ago, in 1976, Dr. Foster wrote an article saying he had recently *"begun to use hysterectomy in patients with severe mental retardation."* This was done to *"eliminate the menses, which can be of significant hygienic benefit to those severely handicapped individuals."*

Dr. Arthur Caplan, Director of the Center for Bioethics at the University of Pennsylvania, said that Dr. Foster's article seemed keenly aware of the long history of abuse of surgical sterilizations. For its time, the article *"represents an enlightened and cutting-edge opinion about the need of caution and care with respect to that form of surgical sterilization."* [New York Times, 2/13/95]

CHARGE: *Dr. Foster has routinely encouraged sterilization of patients with sickle cell disease after they have been able to deliver a child.*

RESPONSE: Dr. Foster actively opposed routine sterilization of sickle-cell disease patients. He has encouraged counseling, screening, and patient management to enable women with this disease to have healthy babies. From the start of his medical career, Dr. Foster has conducted path-breaking scientific research on the diagnosis and treatment of sickle cell disease, improving both maternal and child survival rates.

ACCREDITATION OF MEHARRY MEDICAL COLLEGE

CHARGE: *Meharry Medical College lost its accreditation during Dr. Foster's tenure.*

RESPONSE: Meharry Medical College never lost its accreditation. However, three of its ten medical residency training programs -- including the ob/gyn residency program in June 1991 -- did lose their accreditation. At the time, they had insufficient patient volume and case diversity to provide adequate medical experience for their residents. As is true for many historically black hospitals, Meharry did not receive adequate public funding for the care it provided to uninsured patients and, without these funds, its patient volume declined.

Dr. Foster committed himself to doing everything in his power to preserve the vital role of one of the nation's foremost black hospitals. In 1992, he played a key role in a merger between Meharry and Nashville Metropolitan Hospital that is expected to increase patient volume and result in the reinstatement of these three residency programs. The merger was conditional upon the development of a top-flight medical faculty, which Dr. Foster successfully recruited.

It was clear in the 1991 decision that the quality of Meharry's residency programs was not the problem. David Denton of the Southern Regional Education Board said, *"People shouldn't confuse the residency problems with the quality of teaching at Meharry. It has been very effective at getting its graduates licensed."* In fact, Meharry has trained more black doctors than any other school in America, providing over 40% of the nation's black doctors and dentists. It plays a key role in attracting minorities to medicine and providing doctors to poor urban areas and under-served rural towns.

THE WHITE HOUSE
WASHINGTON

March 15, 1991

Dear Friends:

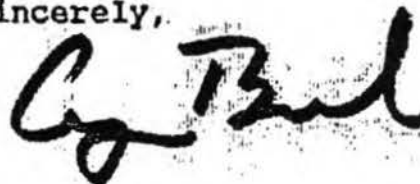
I was delighted to learn of your outstanding work in behalf of your community. Your generosity and willingness to serve others merit the highest praise, and I am pleased to recognize you as the 404th "Daily Point of Light."

Since taking office as President, I have urged all Americans to make community service central to their lives and work. Judging by your active engagement in helping others, it is clear that you understand this obligation.

We must not allow ourselves to be measured by the sum of our possessions or the size of our bank accounts. The true measure of any individual is found in the way he or she treats others -- and the person who regards others with love, respect, and charity holds a priceless treasure in his heart. With that in mind, I have often noted that, from now on in America, any definition of a successful life must include serving others. Your efforts provide a shining example of this standard.

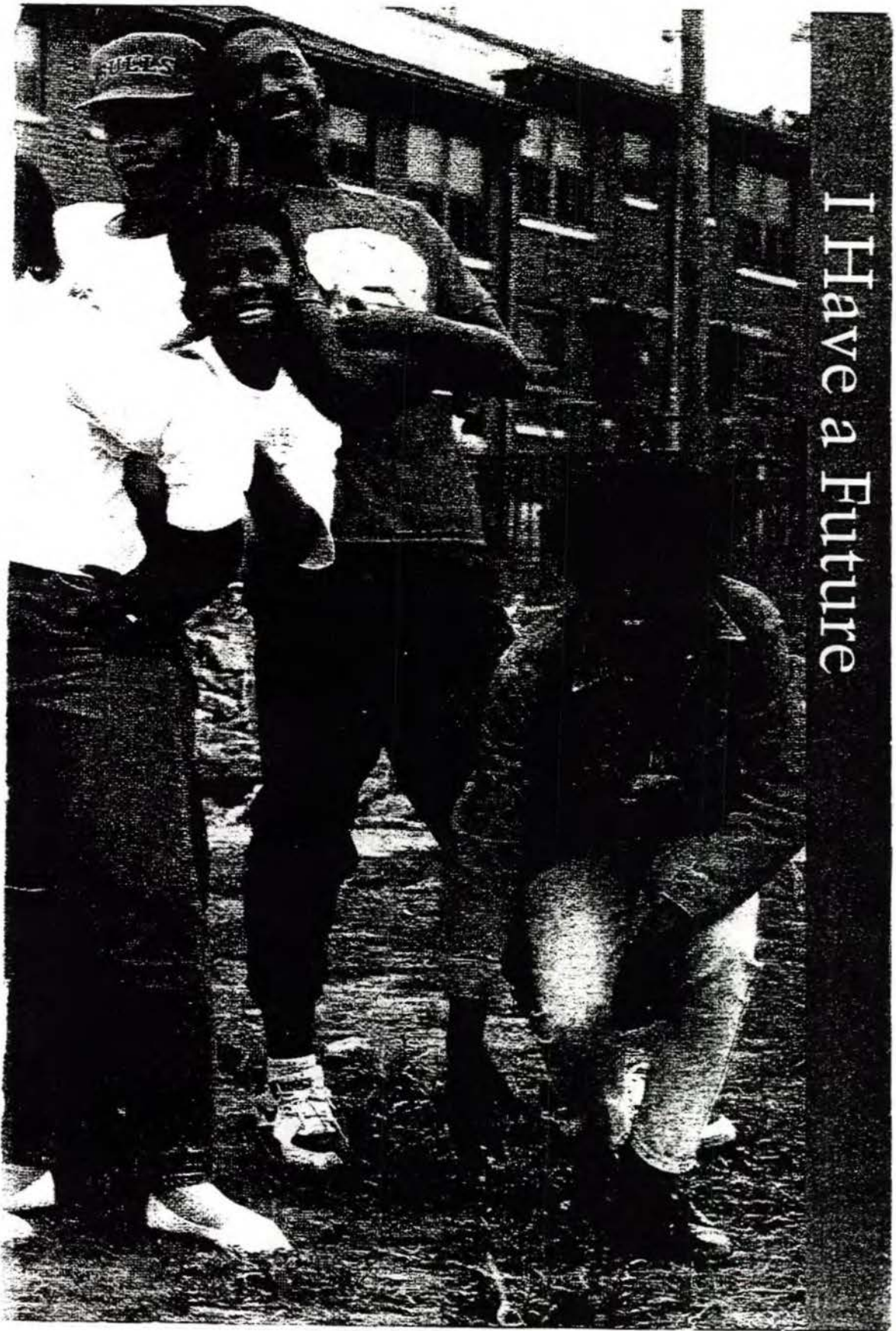
Barbara joins me in congratulating you and in sending you our warm best wishes for the future. May God bless you always.

Sincerely,



Volunteers and Staff of the
"I Have A Future" Program
Meharry Medical College

I Have a Future





Background

As part of its historic mission to serve the disadvantaged, Meharry Medical College has a strong commitment to preventing damaging lifestyles and health behaviors among adolescents.

As the nation's only historically black, independent academic health services center, Meharry has a long history of community concern and involvement. Thus, Meharry has taken this opportunity to develop model programs which provide life-enhancement experiences and health services to high-risk adolescents while preparing health professionals to address relevant issues associated with the youth population.

The Department of Obstetrics and Gynecology has initiated "I Have A Future," a program which addresses a burgeoning problem in our communities — adolescent pregnancy. Frequently, life-threatening and health-threatening consequences of early pregnancy and childbearing are devastating for both the young mother and child. When compounded by the emotional, social and economic traumas faced by the teenage father, families and the community as a whole, the problems of adolescent pregnancy impose an imperative for innovative solutions.

The challenge is to develop a system which successfully educates and motivates adolescents to pursue a myriad of constructive life options and delay parenthood. The program was built on the premise that changes in sexual behavior should be addressed within a framework that provides strategies for positive decision-making while enhancing self-image.

Program Description

The major thrust of this longitudinal, research-intervention project is to develop a model program to prevent teenage pregnancy, substance abuse, and unemployment. Since 1987, the Department of Obstetrics and Gynecology of Meharry Medical College has developed and instituted a comprehensive community-based adolescent pregnancy prevention program involving four municipal housing developments in Nashville, Tennessee.

Previous efforts to prevent teenage pregnancy have focused on giving adolescents the capacity to control their fertility. It has been clear from pregnancy and fertility rates that many high-risk youth are not being reached effectively. Economically disadvantaged adolescents with little hope and limited aspirations frequently cannot understand that having a baby can adversely affect their lives. To the contrary, it is often viewed as an enhancement.

Those who have been at the forefront in the battle to delay early pregnancy and childbearing advocate enhancing self-image and presenting positive alternatives for the future. Subsequently, the program attempts to address the issues surrounding adolescent pregnancy from a broader psychosocial context. Success then rests on convincing youth that the future is theirs to control. The name of the project itself — "I Have A Future" — is based on this premise.

Project Objectives

The "I Have A Future" program incorporates a two-pronged delivery system based in the community. Both individual and group interventions are used to meet the following project objectives:

- To develop a replicable community-based, life-enhancement program that promotes a significant reduction in the incidence of early pregnancy and childbearing among high-risk adolescents.
- To improve knowledge, attitudes and behaviors related to personal health, human sexuality, drug and alcohol abuse and other factors which may place them at risk.
- To provide greater access to, and increase utilization of, comprehensive adolescent health services and social services, including contraceptive availability.
- To improve socially adaptive/appropriate behaviors with particular focus on school achievement, pre-vocational skills development, and delinquency rates.
- To enhance the ability of high-risk adolescents to overcome environmental barriers in attaining the skills necessary to pursue meaningful employment and educational opportunities with the promise of upward mobility.
- To engender a more positive self-concept and constructive attitude towards community, family life and the future.

Each objective has been further delineated such that components may be addressed specifically via baseline-pre/post-measures as well as within specific interventions.

Setting

The "I Have A Future" program is located within the municipal housing projects to ensure the following: (a) Provision of services during the times that they are most accessible to all adolescents (without stigmatizing school drop-outs) through an adjunct program. (b) Close proximity to the families to increase opportunities for interaction within the context of the full range of situations that characterize life in the public housing projects.



Target Population

The participants in this program are from four public housing sites. Two sites receive the intervention and the others are considered control sites. Baseline data have been collected from all four sites.

Prior to the delivery of services, a "Quality of Life Needs Assessment" was conducted with 497 heads-of-households of homes which had youth between the ages of 10 and 17 residing in them. The assessment was designed to gather demographic information, residents' perception of problems impacting on the youth, community needs and ideas on how to resolve existing problems. Of the 497 completed surveys, we found that the majority of the respondents were females (87%), single head-of-households (83%), of African American origin (98%). Over one-half (58%) of the respondents completed high school, however, seventy-one percent were unemployed. Seventy-nine percent of the families had an annual income of less than \$5,000, however, only sixty-five percent received supplemental financial assistance. The participants reported the following problems as most pervasive: Drug and alcohol abuse (92%), adolescent pregnancy (76%), crime (48%), and youth unemployment (44%). Most importantly, seventy-seven percent of the participants indicated their willingness to be part of a program that strengthens families. This information was important, for it reflects the communities' commitment to work at improving their quality of life and their support for a community-based intervention program.

Description of Services

The program is designed to assist adolescents in learning good health practice and making positive choices. The basic service components are delivered in the context of the following areas of concentration:

Comprehensive Health Services

Currently, services are provided by the staff of the Department of Obstetrics and Gynecology of Meharry Medical College at "I Have A Future" clinics within the housing projects. Services are provided each week, with the clinics emphasizing primary health care and health screenings (e.g., physical examinations and lifestyle assessments) and on-going health services (e.g., screening for sexually transmitted diseases, pregnancy tests and distribution of contraceptives).

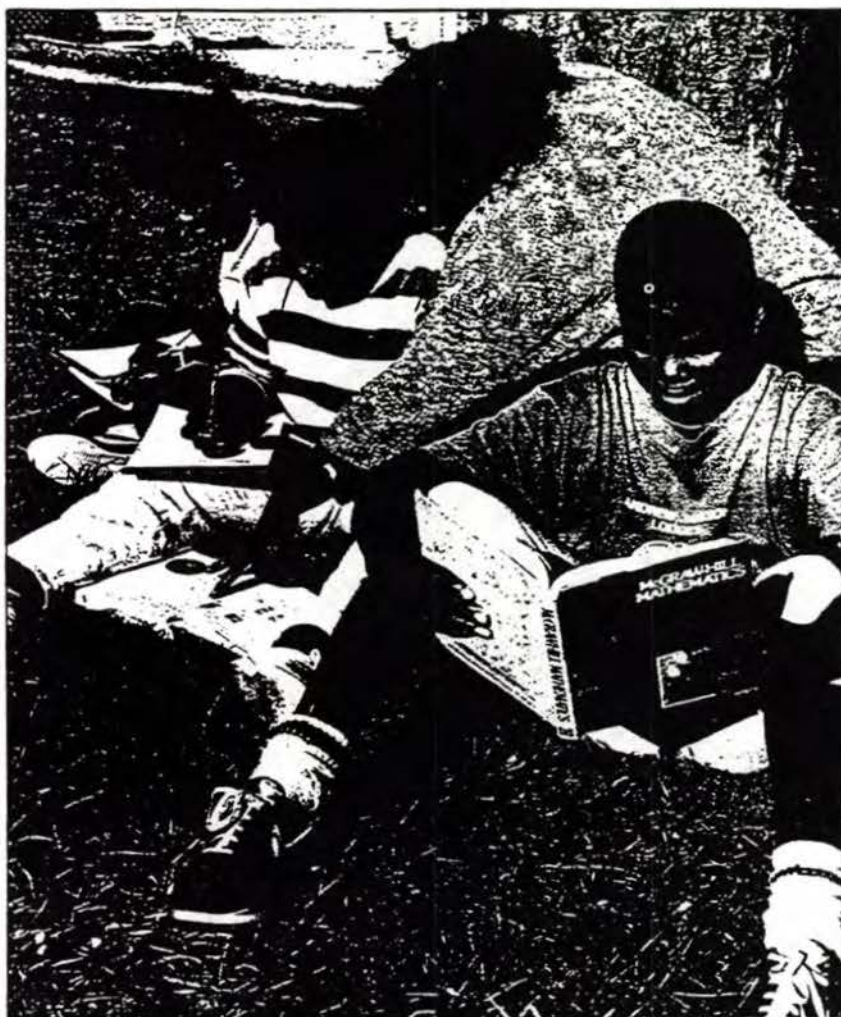
Organized Social-Learning Activities

Activities with structured educational and behavioral objectives are offered to "I Have A Future" participants. Emphasis is on creativity, physical awareness, nutrition and personal responsibility.

It is critical that the programming be age-appropriate since the target population spans the ages of 10 to 17. While the curriculum focuses on knowledge, attitudes, and behaviors for all groups, the emphasis is on behaviors for the older adolescent group (14 to 17).

The primary value orientation of the program focuses on the integration and implementation of the NGUZO SABA Principles (Seven Principles of Blackness) into each participant's role as a positive family member and in their practice of responsible health behavior. These principles are: NIA (Purpose), UMOJA (Unity), KUJICHAGULIA (Self-Determination), UJIMA (Collective Work and Responsibility), UJAMAA (Cooperative Economics), KUUMBA (Creativity) and IMANI (Faith).

All aspects of the program promote the following: Self-esteem and pride in individuality; physical and mental well-being; completing school; developing job skills and enhancing employability; sexual responsibility; self-control and handling interpersonal conflict; value of helping others and the community; responsible citizenry and family-life values/appropriate parenting. The adolescents are divided into mixed gender groups. Groups serve as the operating-structure for a majority of the programming, with specific activities serving as incentives and vehicles for discussion.



Examples of on-going and planned activities:

Pro-Social Skills Development

(Focusing on good decision-making and problem-solving with special emphasis on Alcohol and Drug Abuse Prevention)

Conflict Resolution Training/

Violence Prevention

Creative Movement/Dance

Sports

Tutoring

Family-Life Education

Self-defense class

Computer Skills

Outings

CHARM Class for Females

(Choosing How To Adorn & Refine Myself)

MATURE Class

(Males Adorning, Thinking and Using Refined Energies)

Rites of Passage Program

Art Classes

Entrepreneurship Program

(Includes Pre-employment Training)

Peer Counseling

Opportunities

Parent Involvement

Every effort is made to involve parents/residents, to make them feel that it is their program and to give them a sense of empowerment and ownership. One such example is the Parent Empowerment Program, a community-based family alternative program in which the parents receive training in family health promotion with emphasis on increasing their effectiveness in the battle to prevent substance abuse in their community. The training equips the parents with the knowledge and skills they need to run workshops and provide services to families that are in need of assistance on substance abuse issues. Some topics covered during their training include: Effective communication, group leadership, crisis intervention and parent effectiveness skills. Other parent-focused activities include: Parent appreciation nights, spaghetti dinners, weight management classes, etc.

Staffing

The "I Have A Future" staff consists of a multi-disciplinary team that includes psychologists, nurses, public health education specialists, counselors, physicians, tutors and volunteers (from the community and local colleges and universities).

Evaluation

The evaluation plan for the "I Have A Future" project incorporates a longitudinal, quasi-experimental design. There are two intervention sites located at two public housing projects and two comparison sites located at two other housing projects in the Nashville metropolitan area. All four sites are similar demographically. Annual assessments of the youth between the ages of 10 and 17 will be conducted for a minimum of three years. The assessment battery includes instruments for measuring knowledge, attitudes and behaviors related to sexuality, contraception, and pregnancy, as well as measures of self-concept, social support, family environment, and psychosocial maturity.

Baseline data collection was completed in 1989. Baseline data were collected from 998 adolescents within the four housing sites (555 study group, 443 control group). The second phase of data collection was completed in 1990. The third phase will begin in the winter of 1991. Preliminary analyses of the baseline data indicate that approximately seventy-five percent of the youth who are at least 15 years old have engaged in sexual intercourse. Contraceptive practices are very poor and twenty-seven percent of the sexually active females indi-

cated that they had been pregnant at least once. These data indicate a definite need for intervention.

In addition to the annual assessments at the intervention and comparison sites, a process evaluation is incorporated in the evaluation design. The number and type of services provided to youth by the **"I Have A Future"** program in the intervention sites are monitored. This information will be used to determine how much intervention each youth at the intervention sites received. These data will also be used to determine which services were the most effective in achieving the goals of **"I Have A Future"**.

Finally, pre- and post-tests have been developed for each of the **"I Have A Future"** content-oriented modules. These tests are administered at the beginning and the end of each of the modules. These data have been used to refine the modules so that they are most effective in producing the desired outcomes, such as change in knowledge and attitudes.

Community Support

Resident associations at all housing projects are actively involved in the program. Community representatives are on the **"I Have A Future"** Advisory Committee.

Metropolitan Nashville development and housing agencies have assisted in obtaining office space within the community. With their staff acting as liaisons between residents and community centers, the agencies have collaborated with us and helped recruit youth into the program. Many program activities have been sponsored by both **"I Have A Future"** and the local community centers.

National and local advisory committees, representing a cross-section of organizations, institutions and disciplines assist in program planning and act as advocates for **"I Have A Future."**

Currently, **"I Have A Future"** is funded by the Carnegie Corporation, W.T. Grant Foundation, William and Flora Hewlett Foundation, and Bill and Camille Cosby. The Tennessee Department of Mental Health and Retardation has funded the Parent Empowerment Program.

The **"I Have A Future"** staff has been documenting the development of the program from its inception. These chronicles are being developed into protocols for each of the program components. The **"I Have A Future"** staff is available for technical assistance in such areas as program planning, implementation and evaluation strategies.



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HEADLINE: Preventing Teen Pregnancy Results in Praise for Nominee

BYLINE: By RICK BRAGG, Special to The New York Times

DATELINE: NASHVILLE, Feb. 10

BODY:

Ideals that are not propped up with practical solutions do not stand much of a chance in the John Henry Hale housing project here. Young women who live in and around the neighborhood say morality alone has seldom saved anyone from the cycle of teen pregnancy.

Amelia Turner, 18, is a five-year veteran of I Have a Future, an after-school program that teaches teen-agers to delay sex and childbearing, allowing them to build careers and lives. The program, started in 1987 by President Clinton's nominee for Surgeon General, Dr. Henry W. Foster Jr., combines job training, tutoring, medical services and family planning.

Ms. Turner, who comes from a single-parent family, plans to attend college this fall. She said Dr. Foster's program had saved her and hundreds of young women like her. She said anti-abortion groups were misguided to oppose him over how many abortions he had performed.

"No matter how many he did, he could have done many, many more," she said. "They don't realize what goes on in the real world. People, wake up."

Ms. Turner, others in the program, and doctors who have worked with Dr. Foster through the years credit his program with using common sense and not just with handing out free condoms and offering speeches about abstinence.

Dr. Lorraine Williams Greene, the project's director, stressed that the program does not work with pregnant girls or offer abortion counseling. Rather, she said, counselors teach the young people about abstinence, responsibility and self control. As a last resort, teen-agers who insist on having sex are sent to the program's medical personnel, who dispense condoms or birth-control pills if deemed appropriate for their age. She would not say what percentage of the teen-agers were given birth-control items.

Dr. Greene said there have been only a few pregnancies among the 800 to 1,000 young women who were active in the program. About three-quarters of teen-agers in the city housing projects have sex by age 15.

Financed by foundations and private donors with some state money, the program is administered by the Department of Obstetrics and Gynecology at Meharry Medical College. A Meharry nurse practitioner supervises the program's medical staff.

Last Thursday night, some 30 members of I Have a Future crowded into the meeting room in the John Henry Hale project and compared life now with what might have been. In three years, Nakeeta Hunter, 16, went from "not caring about my grades to being on the honor roll." Now she plans to go to college.

Tasaundra Dooley, 16, said, "They taught us that we don't have to be pregnant." Although birth control and abstinence are part of this plan, what the program really does is give her a reason not to join the ranks of unwed mothers, she said.

It makes some of these young people angry to hear a heated debate on abortion from wealthy and powerful people whose children have relatively little to worry about.

"Most of us live in troubled neighborhoods," said 15-year-old Melissa Hunter. "We have children in middle school having babies."

The Surgeon General is in many ways a symbolic position, but the young women and men in I Have a Future, along with colleagues of Dr. Foster, say he would bring on practical, workable solutions to the nation's health problems -- the same way he brought solutions to the young women at John Henry Hale.

The abortion debate in this case "is a shortsighted issue," said Dr. Richard Smith, director of the Adolescent Gynecology Clinic at Henry Ford Hospital in Detroit, the city where Dr. Foster did his internship.

"I think when you look on balance at the work this man has done throughout his career, we really should be applauding the efforts that he has made," Dr. Smith said.

Dr. Foster, a 61-year-old obstetrician, was nominated last week to succeed the outspoken Dr. Joycelyn Elders, whom Mr. Clinton dismissed in December. The choice was supposed to be conciliatory, but conservatives in the past week have rallied against Dr. Foster, because he performed abortions, and because he performed more than either he or the White House originally claimed.

"I don't think doing abortions characterizes Hank Foster," said Dr. David E. Satcher, director of the Centers for Disease Control and Prevention, the former president at Meharry.

Conservatives have also attacked I Have a Future for dispensing birth control items.

In an interview on the ABC News program "Nightline" on Wednesday, Dr. Foster said "no" when asked whether he favored the widespread distribution of condoms. He called abstinence "our first route," without elaborating on further action.

Dr. Foster joined the faculty at Meharry in 1973 and served as acting president for six months after the departure of Dr. Satcher in 1993. He played a central role in negotiating with Nashville officials over the merger of the city-owned Metropolitan General Hospital with Meharry Hubbard Hospital. That merger is crucial to the medical college, which lost its accreditation in 1990 because of declining business at its own, historically black teaching hospital.

It is for his work in poor neighborhoods that Dr. Foster has drawn most of his accolades. I Have a Future is not his first such program. In the 1970's, when he was elected to the prestigious Institute of Medicine, he fought infant mortality and teen pregnancy in rural Alabama, said Dr. Satcher. Throughout his 37-year career, Dr. Foster worked to prevent pregnancies among poorer young people and to head off the health threats to mothers who become pregnant too young and to their babies, Dr. Satcher said.

The I Have a Future program reaches only a fraction of the young people in Nashville, but friends of Dr. Foster, including the teen-agers involved, believe it could be a pilot program for the nation.

It addresses much more than sex, said Dr. Satcher and teen-agers involved in the program. It is based on common sense and self-esteem, and slowly, steadily -- through informal classes almost every day after school -- teaches them how a baby can forever limit their lives, and how to value their own lives.

Dr. Satcher explained how Dr. Foster and others envisioned the program. "They told me that teen-age pregnancy is really not the problem," he said. "It is a symptom, like violence, like drug abuse. The real problem is the attitudes of these young people toward the future. And so they called the program I Have a Future, and they dealt comprehensively with creating a better attitude in these teen-agers about themselves and about the future.

"They felt that if they could do that, the teen-age pregnancy problem would be taken care of, too, because the young people would have a reason for delaying sexual behavior. You weren't just saying, 'Say no to sex.' You were saying, 'You have a reason to value yourself.' "

Tutors help with studies. Volunteers show teen-agers how to get and keep a job, or even start their own business. But most important, there is always a place to go and someone to talk to, even if it is just with each other.

Melissa Hunter has never met Dr. Foster, but she said his brainchild gives her and her friends a choice they seldom had before. A few make it out of the projects and their teen-age years without a baby and the limitations that babies bring, purely on strength of character alone, she said. But it is hard.

"Here they keep you too busy to get into trouble," she said.

"If our grades are low, we go into study hall," said Katashai Looney, 17, a high school senior.

Calvin Peters, a 28-year-old counselor at the program, said the program teaches young men that fathering a child can end their dreams.

Jason Gordon, an 18-year-old whose mother died last year, lives with a sister. He has had every chance to fail, but seven years in the program kept him working, thinking, planning.

Now, every morning, he walks several blocks from his project to Fisk University, where he is studying business. "He's a role model for the others," Dr. Greene said.

Mr. Gordon said: "I would have never gone to college. I needed something to be part of."

The program taught him one thing most of all, he said.

"I know I'm not ready to have a child."

GRAPHIC: Photo: Counselor Calvin Peters, 28, right, talked with teen-agers in the I Have a Future program on Thursday at the John Henry Hale housing project in Nashville. Mr. Peters has been with the program for six years. (Alan S. Weiner for The New York Times)(pg. 8)

LANGUAGE: ENGLISH

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February 12, 1995, Sunday, Final Edition

SECTION: A Section; Pg. A01

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HEADLINE: In Nashville, A Portrait of Compassion; Critics Missing 'Total Picture'

BYLINE: John Schwartz, Washington Post Staff Writer

BODY:

Ask Justin Brian, 14, what he's learning in the "I Have a Future" program, founded by Henry W. Foster Jr., President Clinton's choice for surgeon general. Brian's answer: "How to be a man." Fourteen-year-old Mike Rucker says afternoons at the center doing homework help him "stay out of trouble" by "not selling drugs."

Just two weeks ago, Foster was mainly known for the seven-year-old program preaching values such as cooperation and personal esteem that he had brought to teenagers such as Brian and Rucker in Nashville's public housing projects. Today, the 61-year-old obstetrician-gynecologist finds himself the touchstone of another national debate on abortion, his every action over a 35-year career the subject of microscopic scrutiny.

But here, those who know Foster find the portrayal of him by antiabortion activists to bear little resemblance to the community-minded former medical school dean whose hard work and easygoing manner have made him popular with all segments of society in a city his friend, Rabbi Randall M. Falk, describes as "the buckle on the Bible Belt."

The Rev. Bill Sherman of Woodmont Baptist Church, for example, said he and his congregation oppose abortion except in such cases as rape, incest and medical necessity. But he thinks Foster is "an admirable man," and said that many of Foster's attackers are focusing solely on abortion and missing "the total picture." "He's not a politician -- he's a doctor!" said Henry McKay, whom Foster delivered in 1970 and who is now a Meharry Medical College student.

Former mayor Richard Fulton (D) said that it's hard for people in Nashville to understand how Foster's nomination has become so entangled with the abortion issue. But he has an idea. "I was in Congress for seven terms," Fulton said, "and I know that quite often members of Congress get carried away and ask questions that possibly have no bearing on the immediate problem before them."

On ABC-TV's "Nightline" last Wednesday, viewers saw a defensive, faltering Foster, far different from the articulate advocate people have come to know here. But friends figure that

with no previous political experience, Foster was unprepared for the harsh attacks of antiabortion groups and the intense media scrutiny that quickly followed Clinton's announcement of his choice. "I imagine that all of this sudden glare of the spotlight has been a little overwhelming," Falk said. "Because things he's said have been misinterpreted, he's almost afraid to make a statement."

Born in Pine Bluff, Ark., Foster earned his bachelor of science degree from Morehouse College in 1954, where a former classmate, Louis W. Sullivan, secretary of health and human services in the Bush administration, recalls an exceptional gift for humor.

He "could keep you rolling in stitches all night," Sullivan said. "People would say, 'Please, Hank, no more!' Your sides were aching and your eyes dry from having been in tears too long."

Foster went back to Arkansas to attend medical school. The only African American in his class, he graduated with top honors and continued his medical training in Michigan, Massachusetts and then here at Meharry, one of the nation's few predominantly black medical schools, where he completed a three-year residency in obstetrics and gynecology.

After completing medical training in 1965, Foster became chief of obstetrics and gynecology at the John A. Andrew Memorial Hospital of Tuskegee University, where he founded a regional program to provide health services to poor mothers and children that became a model for others across the country. He came back to Meharry in 1973, eventually becoming dean of the medical school.

Medical education is renowned for its rigor, not compassion. But Foster made it a central tenet of his teaching, according to Johnny Jones, a Fayetteville, N.C., obstetrician who studied under Foster in the 1970s. If a resident was curt with a patient or nurse, "He would forcefully set you straight" on the spot, Jones recalled, and might follow up with a closed-door conference. "It wasn't a habit they would continually repeat," Jones added.

Linda Williams, Foster's assistant from 1973 until 1990, said that Foster would scrutinize the weekly stack of patient surveys, looking for complaints about his staff, and follow up personally. "It was very important that the patients were treated with dignity," Williams said.

By most accounts, Foster's most important contribution at Meharry was the creation of the "I Have a Future" program. By the 1980s, Foster had decided that treating people for illness was not enough, that the problems of the poor were woven together too tightly to fix one piece at a time. So in 1987, he visited Nashville's tough housing projects, dining with residents and asking them what kind of social program they thought they needed for their children. Again and again he heard the same story: Just as much as good health, the kids of the projects needed hope, a commodity in short supply in the drug-ridden, violent neighborhoods.

Based in the housing projects it serves, the program preaches sexual abstinence and a strong anti-drug message, and stresses such values as cooperation, personal responsibility and

self-esteem. Staff workers often drive the message home with striking object lessons. Program director Lorraine Williams Greene said that if two youths are fighting with each other, the staffers might make them tie their shoelaces together, saying, "You have to deal with each other. You want to argue? You want to fight? Fine. But you're going to have your shoelaces tied together the rest of the day."

The program also includes a measure of sex education in its curriculum, a fact that has drawn some fire from conservatives. Foster wrote a 1993 essay for the Nashville Tennessean supporting the nomination of Joycelyn Elders as surgeon general and stressing the importance of sex education.

"In America, we live in an open society, which is as it should be," he wrote. "In this environment of openness, our young people are bombarded with sexual messages through the media virtually from the time they arise in the morning until they retire at night. Yet, elements in our open society seek to deny providing our young people the educational basis to protect themselves from the negative effects of these media messages. . . . Sexuality education and contraceptive availability must be coupled together to be effective."

The program has earned national recognition. President George Bush named the program one of the thousand "Points of Light." Though success is hard to measure, Williams Greene points to the fact that between 1988 and 1991, there has only been one unintended pregnancy among participants in the program, versus 59 in a similar group of young people in other Nashville housing projects who did not participate.

Today it serves some 500 children in Nashville housing projects with a budget of \$ 400,000 a year, some of which goes directly to students in an entrepreneurship program to start small businesses.

Justin Wilson, a prominent Republican attorney here and a member of the Meharry board of trustees, said that Foster has an uncanny knack for bridging the cultural gaps between blacks and whites. Again and again, as issues came up that could have increased friction between the races, "Doctor Foster was able to deal with issues that had heavy racial overtones in a way which was nonthreatening to either blacks or whites."

That diplomatic style came in handy as Foster became involved in one of the most controversial issues in recent Nashville history: the city's agreement to merge Nashville's aged General Hospital with Meharry's newer Hubbard Hospital, turning the institution over to Meharry to operate.

Turning the city's medical services over to Meharry made good business sense. Renovating General would have cost much more but the racial implications of entrusting them to a black institution threatened to scuttle the deal. When former Meharry president David Satcher left Meharry to head the Centers for Disease Control in Atlanta, Foster as acting president had to recruit the physicians needed to bring the negotiations to a successful conclusion. Meharry general counsel Richard Jackson said, "A lot of them came because of their belief in him."

Could Foster's penchant for finessing unpleasantness help to explain how Foster got into political trouble? "That's a legitimate question," Wilson said.

Instead of volunteering a worst-case estimate of the number of abortions he had performed during his medical career, Foster offered a number off the top of his head, a number that later would have to be corrected after a painstaking review of hospital records. Though he said Foster is scrupulously honest, Wilson said, "Perhaps his ability to deal with the broad issues, and the consensus-forming manner, does not take adequate account of all of the specific facts. He's more involved in the big picture than the details."

Meharry's board of trustees rejected Foster's bid to become president of the medical school because of shortcomings as an administrator, Meharry sources said. Jackson acknowledged that management is not one of Foster's strengths. Instead, Jackson said, Foster's most comfortable role is similar to that of a "tribal elder."

Jackson said that Foster "keeps the village leadership motivated and focused -- and helps set their priorities. . . . It's very similar to what you want in a surgeon general."

@CAPTION: HENRY W. FOSTER JR.

GRAPHIC: Photo:

LANGUAGE: ENGLISH

LOAD-DATE-MDC: February 12, 1995

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February 14, 1995, Tuesday, Home Edition

SECTION: Part A; Page 14; Column 1; National Desk

LENGTH: 712 words

HEADLINE: FOSTER CITED CAUTION ON SURGERIES;
NOMINATION: CHOICE FOR SURGEON GENERAL WARNED IN 1976 ARTICLE
AGAINST 'INJUDICIOUS, INDISCRIMINATE' USE OF HYSTERECTOMIES. HE URGED
'INFORMED CONSENT.'

BYLINE: By MARLENE CIMONS and PAUL RICHTER, TIMES STAFF WRITERS

DATELINE: WASHINGTON

BODY:

Surgeon General nominee Henry W. Foster Jr.'s 1976 medical journal article that acknowledges he performed hysterectomies on severely mentally retarded patients also warns against "injudicious and indiscriminate" use of the surgery and urges "informed consent" for patients, a relatively new medical doctrine at the time.

The tone of the article could be interpreted in a way that puts Foster somewhat ahead of mainstream medical beliefs in recognizing potential for abuse in performing hysterectomies on mentally disabled women without permission, mental health experts and others said Monday. Foster's medical opinions appear closer to medical beliefs today, when such practices are regarded as unethical and often result in litigation, they said.

"Obstetricians and gynecologists must guard vigorously against the injudicious and indiscriminate removal of the normal uterus," Foster wrote in the January, 1976, issue of the Southern Medical Journal. "Failure to do so will only serve to reinforce much of the hostility and suspicion currently directed toward our discipline."

Much of that suspicion exists "because there is a failure to communicate the concept that removal of the anatomically normal uterus can be completely justifiable," he wrote. Consequently, "efforts must be made to inform patients and uninformed critics."

Taking those positions put Foster ahead of most physicians at the time, said Arthur Caplan, director of the center for bioethics at the University of Pennsylvania.

"He was not taking the older stance which was: Doctors can sterilize whichever incompetent people they choose without permission or apology -- he said it has a limited use

for a small number of women and only if you notify a guardian or parent," Caplan said. "Was it enough? No. But he was ahead of where everyone else was at the time."

Foster has been under attack by anti-abortion groups and other critics for his record in performing abortions. Although he first said that he had performed fewer than a dozen, he acknowledged last week that he is the doctor of record on 39 abortions since 1973.

The White House has responded by stepping up its defense of the nominee and by releasing documents that portray Foster as dedicated to improving the health of poor people. Those documents include the 1976 article that mentioned hysterectomies on the mentally retarded, a practice that White House officials conceded could raise new complaints about Foster, although there actually has been little criticism of that aspect of his career.

Monday, Vice President Al Gore, traveling in Nashville with Foster, denounced opponents of Foster's confirmation. "We're not going to let the extremists win," he said.

The White House also charged that Republicans were leading the anti-Foster campaign as a pay-back for the contributions and votes of anti-abortion groups. White House Press Secretary Mike McCurry seized on reports that the National Republican Senatorial Committee, which raises money for Senate candidates, gave \$175,000 to the anti-abortion National Right to Life Committee before the November, 1994, elections.

McCurry said that anti-abortion groups have "the Republican Party by the nose and they're dragging them around."

Despite the vigorous defense, a leading Democrat predicted that Foster's nomination would be defeated if a vote were to occur now.

"You'd probably get almost no Republicans going for it," said Sen. John B. Breaux (D-La.), chief deputy Democratic whip. And, he said in an interview, even among Democrats "you'd probably have some that are not going to vote for it."

The 1976 article by Foster generally was not about performing the procedure on the mentally disabled, but about medical conditions under which an otherwise normal uterus could be removed.

The White House confirmed that Foster performed involuntary hysterectomies, but said that he had been involved in only a small number. Experts, describing the climate at the time, said that such medical procedures were routine and that laws and attitudes regarding patients' rights -- particularly those of the mentally disabled -- were being widely debated and evolving during the early 1970s.

Times Washington Bureau researcher D'Jamila Salem contributed to this story.

GRAPHIC: Photo, Nominee News: Mental health experts said a 1976 article by Surgeon General nominee Henry Foster Jr. could be viewed as ahead of then-mainstream beliefs. In

the article, he acknowledged performing hysterectomies on mentally retarded patients. Above center, Foster appears with Vice President Gore at a Nashville housing project. Associated Press

LANGUAGE: ENGLISH

LOAD-DATE-MDC: February 15, 1995

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Los Angeles Times
February 19, 1995, Sunday, Home Edition

HEADLINE: TUSKEGEE STILL HOLDS DR. FOSTER IN ITS HEART

BYLINE: By RICHARD A. SERRANO, TIMES STAFF WRITER

BODY:

Dr. Henry W. Foster Jr. saved the life of the mayor's infant son. He talked a scared and confused Joyce German out of an abortion. He ran a network of prenatal clinics that persuaded young, poor women to abandon their midwives. And he delivered babies.

"Oh, the babies," recalled his nurse, Thelma Walker-Brown. "Lots of babies. Babies, babies, babies."

He was just out of medical school when he came to Tuskegee. Young, ambitious, trained in modern medicine. Among the poor, the uneducated and the sick living on the red clay soil of east-central Alabama, among the women who didn't know or couldn't afford to call a doctor, Foster was the best they had.

This was Alabama in the 1960s, a time and a place unlike the world today, long before the President of the United States would summon Foster to become the nation's surgeon general.

So great is the contrast between the political maelstrom of Washington and this community -- and what Foster meant to it -- that people in Tuskegee find it hard to grasp how the life of the "Dr. Hank" they grew to respect could be reduced to a question of how many abortions he may have performed in three decades of medical practice.

Indeed, the portrait of the young doctor that emerges in the recollections of old colleagues and others here serves as a sharp example of just how tortured the nation's struggle over abortion has become.

He is remembered in Tuskegee as the town "baby doctor" who, before Roe vs. Wade, performed abortions only in the rarest emergency of having to save a mother's life. As former colleague Dr. Thomas Calhoun said, he was not "an abortionist who works in an abortion clinic and all he does is abortions. . . ."

In the politics of this issue today, such distinctions tend to lose any meaning. Since Foster first acknowledged doing a small number of abortions, and later revised his estimate to 39, his chances of winning Senate confirmation next month have been in grave doubt.

Opponents do not argue that Foster did nothing good; those for whom abortion is an issue of uncompromisable morality believe that he was part of one thing so bad that

nothing else matters. And some contend that the Clinton White House's bungling -- particularly its failure to give an accurate, forthright account of Foster's record at the outset -- has contaminated the nomination process beyond repair.

Those arguments may be the ones that determine Foster's fate as a candidate for surgeon general.

But they seem remote to those who remember how he labored to open the rural poor to the advantages of preventive medicine. How, through his satellite clinics and other outreach programs, Alabama women learned to take better care of themselves and their unborn children.

When Foster was back in Tuskegee last year to address a conference on rural health care, he reflected on the work he and his staff had done.

"I spent nine years of my life here in this most unique community," he said. "We were ahead of our time."

The native of Pine Bluff, Ark., who served in the Air Force as a medical officer, came here in 1964 as the lone obstetrician-gynecologist at the John A. Andrew Memorial Hospital -- a 180-bed, three-story brick facility on the campus of the famed Tuskegee University.

He was an African American doctor serving a black population. Tuskegee was about 87% black, as it remains today, and so were the vast majority of cottonseed farmers and loggers in the surrounding Tuskegee National Forest east of Montgomery, Ala.

The median income when Foster arrived here was less than \$2,500 a year. In the five-county rural area, families went without electricity, telephones and, in some cases, running water. Without jobs or education, how could you tell them modern health care was more important?

Foster took over for Dr. Joseph Mitchell, whom townspeople remember as overworked and stressed and who one day died of a heart attack.

"So Dr. Foster came in and he had all these pressures and he said he wanted to do it all," Walker-Brown said. "He said he was young and he could do it all."

His average caseload ran into the hundreds. He sometimes delivered three babies a day. In truth, the number of infants delivered under Foster's care simply cannot be counted.

Louis Rabb, administrator of the hospital before it closed in 1987, when too many charity cases drained its resources, remembered: "It was a tremendous number of babies. Probably thousands of them."

Taking in patients from Macon, Bullock, Russell, Lee and Elmore counties, Foster expanded Mitchell's program of women's clinics in the rural areas. Friends say he spent afternoons in his Chevrolet Corvair, driving out into the countryside and teaching young women how to care for themselves properly.

The task was often daunting, his colleagues say. Women would wait the full nine months before they called a doctor, if they called one at all. For generations they had gone to a network of midwives operating throughout the region.

Foster sometimes found himself performing emergency surgery to repair a crudely done abortion. Or trying to save women with advanced eclampsia -- a disorder that may occur late in pregnancy -- who were rushed to his hospital in convulsions or already in a coma.

"It's hard to even visualize now," Walker-Brown said. "Women didn't have running water. They didn't have indoor toilets. They didn't have any stable income.

"They were the poorest of the poor. Women who didn't have anything. Women who didn't come to the hospital until the last minute.

"And they were brought here sometimes by lay midwives. They would physically bring them here. Or they'd bring them here with their premature babies. I mean, they'd put those babies in boxes with hot water bottles and bring them to us and ask us to save their lives."

Against this backdrop was the matter of race. The local hospital served only whites, except for a few black emergency patients that it took in and assigned to rooms normally used as closets. So the John A. Andrew Hospital became a mecca for Alabama blacks.

During Foster's time here, Tuskegee, like much of the South, underwent a metamorphosis.

There were civil rights demonstrations on the Tuskegee University campus. A young black man named Sammy Young was shot to death by a white assailant at the town bus depot in an incident that sparked protest marches. Voter-registration gerrymandering that shut blacks out of the polls was overturned by the Supreme Court.

Then the year before Foster left, Johnny Ford became the first black mayor of Tuskegee -- an office he still holds. In front of the Confederate statue that graced the town square, he placed a red-white-and-blue sign proclaiming: "Welcome to Tuskegee, Pride of the Growing South."

Ford said he also feels deeply indebted to Foster. The doctor saved his son's life.

Before he became mayor, Ford worked in New Orleans. His wife, Frances, who was pregnant with their first child, developed complications. They quickly returned to Tuskegee and Foster's care.

"She was bedridden for a while because she was carrying the child low and if she stood up it would cause her to go into labor. It was a very delicate situation," Ford said.

"It turned out he had to deliver the child early, and it took his skill to know when to take the child at exactly the right time."

Later, when Ford became mayor, Jet magazine put him on the cover with his wife and son. Foster liked to point to John Jr.'s picture and tell everyone: "That's my boy." Ford says to this day: "I owe my son's life to Dr. Hank."

In her own way, Joyce German credits Foster with saving her child as well.

She was 20, a student at Tuskegee, unmarried and pregnant with her second child. She knew Foster from services at the Missionary Baptist Church here. One day she knocked on his door at the hospital.

"I didn't want to have another child," she said. "I asked for an abortion, but he refused. He said this child was a blessing to me. He said to have the child and it would turn out all right. Today I have a beautiful daughter who went on to become the valedictorian at her high school."

But also while in Tuskegee, Foster did come under criticism for his efforts to spread the use of birth control. At that time in the rural South, many suspected that the white power structure was pushing birth control as a way to curb the number of black births, and maybe to kill off the black race altogether.

"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," Foster said in a speech while still in Tuskegee.

But he argued that acceptance of more birth control measures would only enhance the black population in Tuskegee, and bring it in line with modern life in the rest of the nation.

It was a delicate line for Foster, but one his colleagues said he balanced well.

"He was well-educated, but when he was with the people down here, he didn't set himself up in an ivory tower," said Dr. Calvin R. Dowe, who worked with Foster at the John A. Andrew Hospital.

Added Dr. Calhoun: "With Hank, we got a whole new dimension."

So when people in Tuskegee remember the good that Foster tried to accomplish, it becomes all the more troubling when they see the furor over his selection as surgeon general.

His uncle, William B. Hill, a 90-year-old retired farm extension service agent, saw his nephew come to Tuskegee and move on, and said he cannot understand what people would want in a surgeon general if not someone like Foster. Nor can his wife, 92-year-old Sadie Hill.

"We were all real poor people when Hank was here," Sadie said. "We were just people who needed help. He helped us."

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SHOW: *All Things Considered* (NPR 4:30 pm ET)
February 17, 1995

HEADLINE: Dr. Foster's Work in Nashville Praised

GUESTS: WILLIAM HARVEY; PHIL BREDESEN; JOHN MAUPPIN; ELWIN GRIMES;
JOE JENKINS; TANYA RUTLEDGE; FRANK GIBSON; BILL BOMGARDNER; AVON
WILLIAMS III; INEZ CRUTCHFIELD; Rev. SHERMAN TRIBBLE;

BYLINE: JOANNE SILBERNER

HIGHLIGHT:

Dr. Henry Foster's work in Nashville, Tennessee with teen programs and upgrading the Meharry Medical College, brings praise from those who know him. He is known as a quiet, unassuming doctor.

BODY:

NOAH ADAMS, Host: For the last two weeks, President Clinton's nominee to be U.S. Surgeon General, Dr. Henry Foster, has been in the middle of the controversy. It centers on procedures he did as a gynecologist, hysterectomies on retarded women, and abortions. Dr. Foster has said he wants the chance to tell Congress, and the American people, who he really is. A poll this week showed that even though Americans may not be clear about that, more support the nomination than oppose it. NPR's Joanne Silberner visited Dr. Foster's home town, Nashville, Tennessee, this week, to find out what people there think about it.

JOANNE SILBERNER, Reporter: If you want to know about Henry Foster, go to Meharry Medical College where he spent 21 years teaching medical students, taking care of patients, and as an administrator. At Meharry's Hubbard Hospital, workers have ripped out most of the walls and ceilings. Here on the fifth floor, the water pipes, the electrical lines, the heating ducts are all exposed. Hubbard Hospital has just begun an 18-month renovation.

WILLIAM HARVEY, Meharry-Hubbard Hospital Administrator: It will be a 150-bed hospital, completely renovated throughout, all new equipment. It'll be- it'll be a gorgeous new hospital for the city of Nashville.

JOANNE SILBERNER: Hospital administrator William Harvey shows us around what will be the pediatrics ward. The renovation is the final step in a bitterly contested merger between Meharry's Hubbard Hospital and Nashville's General Hospital, a merger that's happening largely because of Henry Foster.

While the merger will save the city money, it means closing down the white-run public hospital and bringing patients and city money to black-run Meharry - something some

people in Nashville didn't want. The city went through months of public hearings on the merger. Republicans and Democrats both credit Foster with being able to bring all sides together. He worked behind the scenes in closed-door meetings, keeping people talking. Nashville mayor Phil Bredesen says Foster's quiet style worked.

PHIL BREDESEN, Mayor of Nashville, Tennessee: He has a very nice, low-key way of getting things done. What I found was that- that in a very political environment, which things like this merger were, he had a way of getting things done without being overtly political, that his kind of quietness and conservatism and competence was a very- it just was just a very politically effective approach.

JOANNE SILBERNER: For the merger to proceed, Meharry had to prove that highly qualified doctors would want to come to work here. John Mauppin [sp], head of Meharry, says it wasn't easy.

JOHN MAUPPIN, Meharry Hospital: Dr. Foster led that recruitment and brought some outstanding physicians from around this country who were dedicated to the mission of Meharry to serve the underserved and were willing to come to Nashville, Tennessee and work at General Hospital, even in the old facility. Most people didn't believe that we would be able to recruit people like that.

JOANNE SILBERNER: There are lots of reasons doctors might not want to come to Meharry. Some of the patients can't pay their doctors' bills at all, and many patients' bills are paid at low government rates. The medical school doesn't own a lot of fancy machines and didn't have enough patients to maintain accreditation for some of its teaching programs, and the emphasis here is on primary care, not the highly-specialized medicine that many doctors find more interesting. But Foster was able to meet the city's requirement of 56 doctors. One of the doctors who came was obstetrician-gynecologist Elwin Grimes [sp].

ELWIN GRIMES, Obstetrician-Gynecologist: First of all, he told me that he was going to present me with a challenge that would be one of the most difficult of my whole life. All right, and then he described the need that existed here, and from there, we got into discussions that have to do with what's important in regard to the contributions that we make as physicians. What are the things that we all do that make a difference?

JOANNE SILBERNER: What Foster is most known for in Nashville and what was supposed to sell him to the Congress is a local program called 'I Have a Future.'

JOE JENKINS, 'I Have a Future' Instructor: OK. Once again, welcome to family life education. Once again, for those who may have forgotten from week-to-week, I'm Joe Jenkins.

JOANNE SILBERNER: Twenty-five teens are sitting, boy-girl-boy-girl, in a classroom in a Nashville high school. It's an after school program Foster started eight years ago for teenagers from two city housing projects. Every day Joe Jenkins starts the class the same way.

JOE JENKINS: OK. Everybody understand this is a teen pregnant prevention program? Everybody understand the best way to prevent pregnancy is-

STUDENTS IN CLASS: Abstinence.

JOE JENKINS: Abstinence. Once again, always understand, no matter what you hear from everybody else, there are more people not having sex than there are having sex.

JOANNE SILBERNER: It's not just abstinence, the program also teaches birth control methods and sexual responsibility, something that conservatives raised concerns about the first day after Foster's nomination. But the focus of the program is life skills; teaching the teens how to conduct themselves in job interviews and on the job, having them run a small business, tutoring, taking them on trips, that sort of thing. The idea is to teach the teens that there are better ways to get attention than having a baby.

Tanya Rutledge [sp] is 17. She's been in the program eight years.

TANYA RUTLEDGE, 'I Have a Future' Student: I plan to graduate this year and go to college, and I want to own my own beauty shop.

JOANNE SILBERNER: If you hadn't been in the program, what do you think your life would be like?

TANYA RUTLEDGE: I think I would probably be like my other friends which have children or they're about to have a child.

JOANNE SILBERNER: What would that kind of life be like?

TANYA RUTLEDGE: It would be awful because I wouldn't be able to go to college and make the kind of money that I want to make.

JOANNE SILBERNER: More than 800 teens have gone through the program since Foster started it. There are no hard statistics on how well the program is doing, but during one 30-month period, only one girl got pregnant - much lower than in the past. In some circles, like the housing projects and the local medical community, Henry Foster is a hero. But citywide he is not that well known. Frank Gibson, political editor of one of Nashville's newspapers, The Tennessean, didn't expect even the nomination or what followed.

FRANK GIBSON, Political Editor, The Tennessean: I would- I would say that I was surprised, but only because I- I would not have thought about it. You know, he just did not have a very high profile in this community. No, you know- no controversy, certainly that this newspaper has known about and written about.

JOANNE SILBERNER: The national controversy over abortion, that started after the president named Foster, hasn't cost him support here. Gibson says the local community

is continuing to back Foster. There were no major questions about the hysterectomies Foster performed on retarded women. The only opposition in Nashville to Foster's nomination seems to come from people who don't know him personally. They, like some national leaders, strongly object to the abortions he's done. Bill Bomgardner [sp] leads the local chapter of an anti-abortion group, the Christian Action Council.

BILL BOMGARDNER, Local Leader Christian Action Council: I certainly have no personal ill will to Dr. Foster. I just think it's a poor decision to put a pro-abortionist on as the top doc. There are certain things that disqualify you, and this is one of those issues. Killing people is sort of permanent.

JOANNE SILBERNER: But not all abortion opponents feel that way. Avon Williams III [sp] is the son of the first African-American state senator in Tennessee, and has known Foster his whole life. Foster nursed Williams' wife through a tough pregnancy and delivered his daughter. Williams is a Republican, a member of the Christian right. He thinks abortion should only be considered when the mother's life is at stake. Williams says Foster shouldn't have done any abortions, but that all the other things that he has done would make him a good surgeon general.

AVON WILLIAMS III, Acquaintance of Dr. Foster: If you're going to make this a referendum on abortion, and on doctors who perform abortions, Hank Foster is probably the worst choice you could possibly make. I mean, from a standpoint of political strategy, as a pro-lifer, Hank Foster is not- would not be the guy I'd be trying to bring down. Hank Foster has not been an abortionist. He's been promoting life most of his career. Why would we choose somebody like Hank Foster to vilify? It just doesn't make sense to me.

JOANNE SILBERNER: On a cold and rainy Wednesday evening, the male chorus at the First Baptist Church on Nashville's Capitol Hill is rehearsing. Down the hall, the pastor Reverend Sherman Tribble [sp] has gathered a few people together to talk about Henry Foster. This is Foster's church. He's been a member since he arrived in Nashville in 1973. The congregation strongly supports him. Inez Crutchfield [sp] is a church member and a patient of Dr. Foster's.

INEZ CRUTCHFIELD, Patient of Dr. Foster: Because of him, I frequently say, 'I am alive today.' Because it was Dr. Foster who discovered that I had cancer at a very early stage, and it was Dr. Foster who did the surgery.

JOANNE SILBERNER: Crutchfield says she was thrilled when she heard her doctor had been nominated as surgeon general. But the political battle that began soon after upset her.

INEZ CRUTCHFIELD: I was very angry. I was just furious, to be very frank with you. That anyone would question- having known him as well as I did, I could not imagine persons questioning his professionalism, his reputation here, in Tennessee, in this city, was without blemishes, far as I- I would know.

JOANNE SILBERNER: Foster came back to the church last weekend. Reverend Sherman Tribble says he's in good spirits, his faith challenged, but not shaken.

Rev. SHERMAN TRIBBLE, Pastor, First Baptist Church: Sunday when we looked at our New Testament lesson, one of the verses from Luke, Chapter 12 said that, when persons come before the authorities to be tried, don't spend a lot of time concocting answers. Rely on the spirit, or the Holy Spirit to guide you. And as he looked at that particular verse, when we were leaving the service, he just kept pointing to it. He'd say, 'Reverend, that's it. That's it. That's it.' And, I guess, for him it said that, when I get a chance to present my views in the public forum, it'll be all right.

JOANNE SILBERNER: Foster began presenting his views this week. He spent two days on Capitol Hill in Washington, talking to senators, looking for the same kind of support he's gotten from his community. This is Joanne Silberner reporting.

Foster treatment angers Charlotte woman

Profile of her former doctor 'one-sided,' she says

By RICKI MORELL
Staff Writer

Jeannette Hight was 3½ months pregnant when she began bleeding in the middle of the night. Frantic, she called her obstetrician at home.

"He met us in the hospital in his bedroom slippers," Hight recalls.

With her doctor's careful help, Hight averted a miscarriage. That was more than 25 years ago. The boy who was born that December 1969 is now grown and married.

The place was Tuskegee, Ala. And the doctor was Henry Foster, President Clinton's nominee for surgeon general.

Hight, 57, who has lived in Charlotte for 19 years, wants the nation to know that the man who saved the life of her only child is no "abortion doctor."

She remembers Foster as a compassionate man committed to ushering in new life.

"What I've heard is a one-sided story," says Hight, director of Charlotte's Plaza Presbyterian Church day care center. "I haven't heard anything about all the lives that came into this world because of him. He is a man of great integrity."

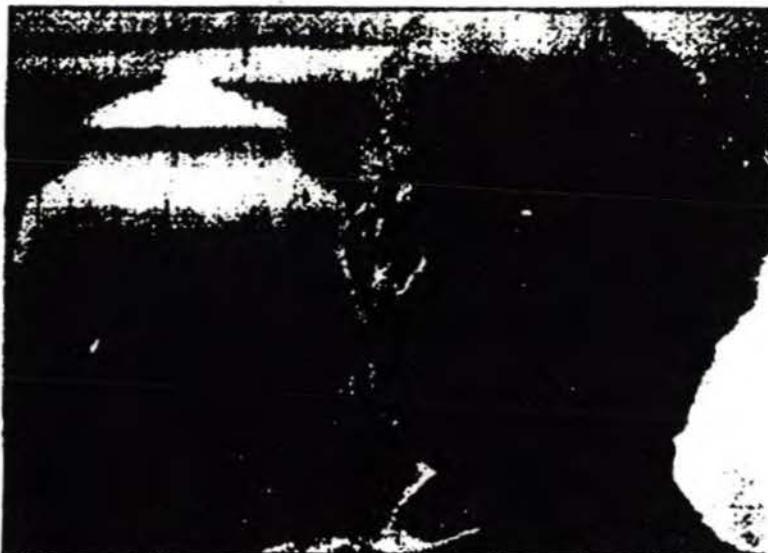
Foster, 61, former acting president at Meharry Medical College in

Nashville, worked at John A. Andrew Hospital in Tuskegee from 1965 to 1973.

Jeannette Hight and her husband moved to Tuskegee in 1965 from Baltimore. Charles Hight had been asked to start the architecture school at Tuskegee Institute. He is now dean of UNC Charlotte's school of architecture.

"My husband and I have both been very angry about what has been happening to Dr. Foster," Hight says. "My husband has con-

Please see Foster/page 14c.



T. ORTEGA GAINES/E

Jeannette Hight remembers surgeon general nominee Her Foster as committed to ushering in life. He was her doctor Alabama 25 years ago and saved her from a miscarriage.

CRITICS OF FOSTER AREN'T EASING UP/PAGE 2A

Treatment of surgeon general nominee angers Charlottean

Foster

Continued from page 1C

tacted all of our legislators. I've told everybody I know."

Clinton administration officials chose Foster because of his moderate views and impeccable medical reputation. But soon after they announced his nomination Feb. 2, anti-abortion activists attacked Foster because he had performed abortions. Clinton promises to stand by his nominee despite growing opposition.

Foster has defended a woman's right to an abortion and stressed that most of the abortions he performed were in cases of rape, incest or medical necessity.

Hight hadn't thought about Foster in years until she saw his picture in the paper 10 days ago. "I was just so excited for him," she says.

As the days passed, Hight says she watched the image of her doctor turn into a caricature of an "abortion doctor."

"That wasn't the doctor that I knew," Hight says. "I knew him as a doctor who would work as hard as he could to save a life. He was always available. He was easy to talk to. He didn't rush you in and out of your appointment. He was reassuring. And very calm."

Hight isn't a Clinton supporter — she's a registered independent who voted for Ross Perot. She supports Roe vs. Wade and a woman's right to choose an abortion. But she says, "I'm a pro-life person myself. For me, I could not have an abortion. For me I believe it is taking a life."

Hight is a member of St. Peter Catholic Church and worries she might be condemned for supporting abortion rights because the church opposes abortion.

"But I feel like it's the right thing to do," she says. "I don't care. I just feel like somebody had to say something for Dr. Foster."

Hight cared for Foster's children when she ran Tuskegee's preschool program. Her husband designed Foster's house in Tuskegee. When the Hights found out they were going to have a child, they asked Foster to be their doctor.

It was a difficult pregnancy. At six months, Hight went into early



T. ORTEGA GARCIA/Staff

Jeannette Hight of Charlotte says surgeon general nominee Henry Foster is "a man of great integrity." He was her doctor in Alabama 25 years ago and saved her from a miscarriage.

On Dec. 27, 1969, Hight went to see him for her regular checkup. After he examined her, he said, "Woman, don't you know you're in labor?"

Her husband was home working. "Call Charlie," Foster told her. "You're not going home."

Three hours later, Christopher was born.

"He was a healthy boy. I was so excited we had a child," Hight says. "Dr. Foster had given us so much joy."

Until the abortion controversy, Foster was known for his efforts fighting teenage pregnancy. He founded a national program — "I Have a Future" — that was recognized by the American Medical Association and by President George Bush as one of his "thousand points of light."

On Friday, Foster noted to a group at George Washington University that his nomination fell on Groundhog Day and that he feels "a little bit like that groundhog."

"Ever since Feb. 2 ... the descriptions of myself and my work that I have read in the papers and seen on TV have cast an unrecognizable shadow of the man I really am. Yes, I see a shadow, but it's not my shadow."

"A nomination like this should be above politics," she says. "I hope Dr. Foster will stick with it. I hope he will actually be our surgeon general. But I wouldn't hold it against him if he didn't want to be it anymore."

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February 13, 1995, Monday, Late Edition - Final

SECTION: Section A; Page 15; Column 3; National Desk

LENGTH: 798 words

HEADLINE: White House Releases Papers That Defend Foster

BYLINE: By LAWRENCE K. ALTMAN, Special to The New York Times

DATELINE: WASHINGTON, Feb. 12

BODY:

In the face of mounting furor over Dr. Henry W. Foster Jr.'s performing abortions, as well as hysterectomies on severely retarded women, the White House issued documents over the weekend portraying Dr. Foster, President Clinton's nominee for Surgeon General, as a devoted medical educator dedicated to improving the health and welfare of the poor.

In one document, a scientific report published in 1976, Dr. Foster said he performed an unspecified number of hysterectomies on severely retarded women for sterilization and "hygienic" reasons at a hospital in Tuskegee, Ala.

The selected documents the White House made public on Saturday night included articles from scientific journals, speeches, Congressional testimony and book reviews. But they were not a complete set of his writings.

Among the documents made public by the Administration were some showing that Dr. Foster had spoken out about the need to expand the national health service to provide more care to poor people and to those in rural areas. In May 1994, he asked Congress for \$24 million to help Meharry Medical College in Nashville, of which he was acting president.

Another document showed that as he completed a year as president of the Association of Professors of Gynecology and Obstetrics in March 1994, Dr. Foster gave a speech that was sharply critical of medical education's main organization, the Association of American Medical Colleges. He criticized what he called the group's flawed logic in recommending that obstetrics and gynecology be abolished as a required course for American medical students.

The surgical sterilizations were the latest disclosures about Dr. Foster's 38-year career to fuel criticism. But the White House maintains that Dr. Foster was very much in the mainstream of medical practice when he performed them, in the 1960's and 1970's.

Some experts in obstetrics and gynecology as well as medical ethicists interviewed today

agreed with the White House. They said those were times when doctors had little medication to protect severely retarded women against pregnancy and to help them avoid monthly periods. But some conceded that while the practice was in the medical mainstream, it was still disputed.

"Clearly it was very controversial, but well within the scope of standard practice around the country at the time," said Dr. Kenneth Ryan, chairman of the department of obstetrics at Harvard Medical School, who headed a national commission for the protection of research patients.

But Dr. Ryan noted that the practice was certainly less disputed then than now.

Dr. Luigi Mastroianni Jr., a professor of obstetrics and gynecology who heads the division of human reproduction at the University of Pennsylvania, said such procedures "were the most humane method we had to allow people with severe mental deficiency to have any comfort at all."

"It was not just a matter to provide pregnancy protection, but also hygiene," he added. "In the course of menstruation, they would not be able to care for themselves and you would have to restrain in order to put a tampon in, if you could get one in."

Today, he added, drugs can help.

But Dr. Mastroianni said he did not recall any dispute over the procedure at the time beyond the standard sensitivity to unnecessary surgery and undue risk. Indeed, he said he had performed such procedures after going through the difficult process of obtaining informed consent.

"Even now, the issue of sterilization is hotly debated, and among people who are retarded and who cannot make decisions for themselves, it is very hard to get a consensus on what to do," Dr. Mastroianni said.

Dr. Foster discussed his use of hysterectomies for severely retarded patients in an article in The Southern Medical Journal in 1976 where he reviewed 485 hysterectomies at the John A. Andrew Memorial Hospital in Tuskegee from 1963 to 1973.

Recognizing that hysterectomy for sterilization "is not a universally accepted practice," Dr. Foster said that he had "begun to use hysterectomy in patients with severe mental retardation." Dr. Foster did not specify the number of these hysterectomies he performed or for how long.

Dr. Arthur Caplan, who heads the Center for Bioethics at the University of Pennsylvania, said that in the Southern Medical Journal article Dr. Foster seemed keenly aware of the long history of abuse of surgical sterilization dating at least to the 1920's.

Dr. Caplan said that for its time, Dr. Foster's paper "represents an enlightened and

cutting-edge opinion about the need for caution and care with respect to that form of surgical sterilization."

By the 1970's, Dr. Caplan said, there was "a shift in thinking in the profession that you ought not do this without proxy consent and probably court review."

LANGUAGE: ENGLISH

LOAD-DATE-MDC: February 13, 1995

The American College of Obstetricians and Gynecologists

STATEMENT OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

PRESS CONFERENCE: "MEDICAL COMMUNITY SUPPORT OF HENRY W. FOSTER, M.D.,
NOMINEE FOR SURGEON GENERAL"
NATIONAL PRESS CLUB -- WASHINGTON, D.C.
FEBRUARY 10, 1995 -- 9 A.M.

RALPH W. HALE, M.D., F.A.C.O.G.
ACOG EXECUTIVE DIRECTOR

The American College of Obstetricians and Gynecologists (ACOG), representing over 35,000 physicians specializing in women's health care, is here today to wholeheartedly and unequivocally support the nomination of Dr. Henry W. Foster as Surgeon General. And we are joined by other organizations representing thousands of doctors across this country.

We are here today to applaud Dr. Foster's accomplishments, not to apologize for them.

His career should be celebrated, not defended.

His knowledge should be shared with the nation, not silenced.

Dr. Henry Foster's career achievements are well-known. He has been on the faculty of Nashville's Meharry Medical College since 1973, where he has served as Dean of the School of Medicine and as Acting President, and as Vice President for Health Affairs. He is a Professor and past Chairman in the Department of Obstetrics and Gynecology at Meharry. He is currently on sabbatical as a health policy fellow at the Association of Academic Health Centers in Washington, D.C. He has served as Chief of Ob-Gyn at Larson Air Force Base. He has been President of the Association of Professors of Gynecology and Obstetrics, an examiner for the American Board of Obstetrics and Gynecology, and he is a member of the prestigious Institute of Medicine.

Dr. Foster is a widely-known, popular, and respected member of the College, which represents over 90 percent of all the board-certified ob-gyns in this country. He has served with distinction on numerous College committees, dealing with issues ranging from education in family life to ambulatory care, maternal health, and resident education.

I personally know Hank Foster. Let me tell you what makes him special. He is the kind of compassionate, caring, and committed doctor that we all want as our personal physician, and that America will value as the nation's physician.

-- more --

Dr. Foster has chosen for his life's mission to work with people who need help the most, those who might not otherwise have access to health care. He is exceptionally qualified to take on the health challenges that face our nation -- from infant mortality, to sexually transmissible diseases, drug and alcohol abuse, violence in our cities' streets, and teen-age pregnancy.

Dr. Foster's widely-acclaimed "I Have a Future" program encourages young people to delay sexual activity and to develop job skills and self-esteem. Reducing teen-age pregnancy has been a stated goal of Congress and the President for some time now. It is a major public health issue. Who better to lead the nation's dialogue on this question than someone who has worked on this problem successfully on a day-to-day basis for many years?

Dr. Foster has dedicated his life to caring for women and their babies -- delivering over 10,000 of them -- and to promoting the health of their families.

In spite of Dr. Foster's illustrious record, there are some who would deny him a hearing before the nomination process has even begun. The key word here is "process," that is, a full-fledged discussion of his qualifications before the United States Senate.

A hearing does not mean one editorial, or a thirty-second sound bite. A hearing means a deliberative process before the duly-elected representatives of the American people.

What's right about this process is the choice of Dr. Foster for Surgeon General; what's wrong is how we set our public servants up to fail before they are allowed to speak for themselves.

There are some who would use the abortion issue as a litmus test for judging a doctor's capacity for public service. Those of us here today -- even with our differences in personal views -- do not share that belief. We represent different types of doctors, treating different types of patients, in a variety of settings -- from public health clinics and pediatric offices to emergency rooms. We judge Dr. Foster on the totality of his career.

Within our own specialty of ob-gyn, for example, about 13 percent of our members oppose abortion. Many of them have called me this week, to say that Dr. Foster is a fine man who deserves a fair hearing. One of them, Dr. James Youngblood of Kansas City, whose statement we hand out today, says clearly, "He should be the Surgeon General -- we need him!"

That is the point. We do need Dr. Henry Foster. His gift to this country is his life's work, and he will serve us well.

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EXCERPTS OF MEDICAL COMMUNITY SUPPORT FOR THE FOSTER NOMINATION

Press Conference with The American College of Obstetricians and Gynecologists
Feb. 10, 1995

"Dr. Foster's commitment to public health, his dedication to the challenges of teen pregnancy, drug and alcohol abuse, violence and infant mortality demonstrate his qualifications to be the health guardian of the American people."
American Medical Association

"American academic medicine knows Dr. Foster extremely well and has benefitted over many years and in many ways from his enormous talents. He richly deserves the reputation he has earned as a nationally renowned medical educator and clinician."
Association of American Medical Colleges

"He enjoys widespread respect among his peers, who to a person perceive him as a physician with the integrity, personal and professional characteristics that make him an exemplary candidate to be the chief doctor in the land for all the people."
Association of Academic Health Centers

"As an advocate for children, he will bring hands-on experience in battling some of our most important health problems, like infant mortality and teen pregnancy."
American Academy of Pediatrics

"The nomination of Henry W. Foster, M.D., an outstanding member of the Tennessee Medical Association, for the position of U.S. Surgeon General came as no surprise to physicians in Tennessee."
Tennessee Medical Association

"Private decisions made by physicians and their patients should not and cannot serve as political fodder for any viewpoint -- liberal or conservative.(...) Dr. Foster's nomination should be considered on his record as a distinguished physician and educator."
American College of Physicians

Other organizations supporting the Foster nomination: American College of Preventive Medicine, American Medical Women's Association, American Psychiatric Association, American Society for Reproductive Medicine, Association of Minority Health Professions Schools, Association of Professors of Obstetrics and Gynecology, Association of Teachers of Preventive Medicine, Council on Resident Education in Obstetrics and Gynecology, Council of University Chairs of Obstetrics and Gynecology, National Medical Association.

MOREHOUSE SCHOOL OF MEDICINE

Office of the President

MSM PRESIDENT ENDORSES SURGEON GENERAL NOMINEE

Louis W. Sullivan, M.D., President of Morehouse School of Medicine today released the following statement supporting the appointment of Dr. Henry Foster, Jr., as Surgeon General:

"Dr. Foster is a highly qualified physician and administrator who would be an outstanding Surgeon General. He has had a distinguished academic career and has directed numerous successful community outreach ventures, including Meharry's teen initiative, "I Have A Future Program," focusing on sexual responsibility, self-esteem and job skills.

Dr. Foster is a nationally-known, well-respected physician and a great human being who brings a broad perspective and experience to a variety of health and social issues - knowledge, skills and experience that are essential for America's Surgeon General. I am absolutely confident that he would serve with distinction.

I have known him personally since we were classmates at Morehouse College. I treasure him as a friend and respect him as a colleague."

Louis W. Sullivan, M.D.
President
Morehouse School of Medicine
January 31, 1995

ORGANIZATIONS SUPPORTING DR. HENRY FOSTER

Advocates for Youth
African Methodist Episcopal Church
Africare
Alpha Kappa Alpha
American Academy of Pediatrics
American Association of Dental Schools
American College of Obstetricians and Gynecologists
American College of Physicians
American for Democratic Action
American College of Preventive Medicine
American Medical Association
American Medical Women's Association
American Nurses Association
American Psychiatric Association
American Psychological Association
American Society for Reproductive Choice
Association of Academic Health Centers
Association of American Medical Colleges
Association of Minority Health Professions Schools
Association of Reproductive Medicine
Association of Schools of Public Health
Association of Teachers of Preventive Medicine
Black Health Association
Black Women's Network
B'nai B'rith Women
Catholics for Free Choice
Center for Black Aged
Center for Reproductive Law and Policy
Clara Bell Duvall Education Fund
Delta Sigma Theta
The Endocrine Society
Feminist Majority
Human Rights Campaign Fund
International Association of Black Fire Fighters
Medical Students for Choice
National Abortion Federation

National Abortion and Reproductive Rights Action League
National Association for the Advancement of Colored People
National Association for Equal Opportunities in Higher Education
National Association of Black Cardiologists
National Association of Public Hospitals
National Association of Social Workers
National Black Chamber of Commerce
National Black Nurses Association
National Black Police Association
National Black Women's Health Project
National Caucus of Black State Legislatures
National Council of Jewish Women
National Council of Negro Women
National Council of Senior Citizens
National Education Association
National Family Planning and Reproductive Health Association
National Hispanic Medical Association
National Medical Association
National Progressive Baptist Convention
National Organization for Women
National Organization for Women Legal Defense and Education Fund
National Urban League
National Women's Law Center
People for the American Way
Planned Parenthood Federation of America
Sexuality Information and Education Council of the United States
Voters for Choice
Zero Population Growth
Zeta Phi Beta

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I

Divider Title: _____

THE WHITE HOUSE

WASHINGTON

February 23, 1995

Dear Editor,

Please find attached a packet of materials highlighting the distinguished career of Dr. Henry W. Foster, Jr., who has been selected by President Clinton for the post of Surgeon General. Dr. Foster is a practicing physician, a medical scholar, and academic administrator of national stature. He has practiced medicine for 38 years, delivering thousands of babies and becoming one of the nation's leading advocates for maternal and child health. He has spent his career serving inner-city and rural communities, which often suffer from a shortage of doctors. For the past 21 years, Dr. Foster has helped train hundreds of young doctors at Meharry Medical College, where he has been a professor, a department chairman, Dean of Medicine, and Acting President.

Dr. Foster has been nationally recognized for his *"I Have A Future"* program, a pioneering effort to reduce the number of teen pregnancies by stressing abstinence and improving self-esteem. Dr. Foster established this program in 1987 because he found that most teen pregnancy programs were limited to advocating contraception, rather than empowering teenagers to take charge of their lives and consciously make other choices. *"I Have A Future"* stresses job skills, education, and personal responsibility. Based in the housing developments it serves, the program involves parents and communities in advocating a strong anti-drug message and teaching alternatives to violence and early sexual activity. In 1991, President George Bush named *"I Have a Future"* as one of America's "Thousand Points of Light."

Dr. Foster has earned strong support from the medical community around the country -- including the American Medical Association, the American College of Obstetricians and Gynecologists, and President Bush's Secretary of Health Dr. Louis Sullivan.

In the coming weeks, some will try to make this Surgeon General confirmation debate about issues other than the qualifications of one of the nation's leading physicians. We think that the American people deserve an honest debate about Dr. Foster's qualifications for the position and hope that he will be judged on a 38-year career of singular dedication and achievement -- not on distortions and unfair attacks.

I hope that you will find this information helpful as you examine Dr. Foster's record of accomplishment.

Sincerely,



Leon E. Panetta
Chief of Staff

DOCTOR HENRY W. FOSTER, JR., M.D.

INFORMATION PACKET

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DR. HENRY FOSTER, JR., MD
An Abbreviated Biography

PERSONAL HISTORY: MARRIED FOR 35 YEARS, TWO CHILDREN

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

EDUCATION/TRAINING: EXPERIENCED OBSTETRICIAN/GYNECOLOGIST

<u>College</u>	1954	B.S. Degree Morehouse College (Atlanta, GA)
	1958	M.D. Degree School of Medicine, University of Arkansas (Little Rock)
<u>Internship</u>	1958-59	Detroit Receiving Hospital Wayne State University (Detroit, MI)
<u>Military</u>	1959-61	Captain and Medical Officer, U.S. Air Force Larson Air Force Base (WA)
	1961-62	Active Reserves, Air Force (Boston, MA)
<u>Residency</u>	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

<u>Tuskegee, AL</u>	1965-73	Chief, Obstetrics and Gynecology John A. Andrew Memorial Hospital Tuskegee Institute
	1970-73	Director, Maternity and Infant Care Project Tuskegee Institute
<u>Nashville, TN</u>	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

- | | |
|-------------|--|
| 1981-86 | Director, High Risk Youth Program
Robert Wood Johnson Foundation |
| 1987 | Founded " <i>I Have A Future</i> " Program to fight teen pregnancy in two Nashville housing developments |
| 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 Professors of Gynecology and Obstetrics [1993-94]
- Editorial Board, *Academia*, American Association of Medical Colleges [former]
- Examiner, American Board of Obstetrics and Gynecology [former]
- Board Member, 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 [then 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," 3/15/91
- *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

A LIFE-LONG RECORD OF SERVICE: **The Accomplishments Of Dr. Henry Foster**

HIGHLY TRAINED PHYSICIAN – DELIVERED THOUSANDS OF BABIES:

Dr. Foster is a highly trained obstetrician/gynecologist, who has delivered thousands of babies in his 38 years of medical practice.

- After receiving an undergraduate degree from Morehouse College in Georgia, he was accepted to medical school at age 20. He was the only African American in his medical school class at the University of Arkansas.
- After earning his Medical Degree in 1958, Dr. Foster did his internship at Detroit Receiving Hospital in Michigan and conducted residency training in Massachusetts and Tennessee.
- Dr. Foster served the United States as a Captain in the U.S. Air Force, stationed as a Medical Officer in Washington state from 1959 to 1961. He then served in the active Air Force Reserves in Boston, Massachusetts from 1961 to 1962.

RESPECTED EDUCATOR – TAUGHT HUNDREDS OF MEDICAL STUDENTS:

In 1973, Dr. Foster was asked to chair the Department of Ob/Gyn at Meharry Medical College in Nashville, Tennessee -- because of his proven record in involving his doctors in the communities they served. For the past 21 years, Dr. Foster has helped train hundreds of America's finest medical practitioners at Meharry, which has produced nearly 40% of the nation's black doctors and dentists.

- Acting President of Meharry Medical College -- from October 1993 until left for sabbatical in June 1994.
- Dean of School of Medicine and Vice President for Health Services, Meharry Medical College, 1990-1993
- Professor and Chairman, Department of Obstetrics and Gynecology, Meharry Medical College, 1973-1990

MATERNAL AND INFANT CARE PROGRAM [Tuskegee, Alabama] -- **NEW IDEAS TO FIGHT INFANT MORTALITY IN THE RURAL SOUTH**

- Dr. Foster is one of the nation's leading experts on, and advocates for, maternal and child health. Immediately after completing his medical training, Dr. Foster returned to the rural south and began his lifelong crusade against infant mortality. At that time, rural areas suffered from a shortage of doctors; many poor women had no access to health care until it was time to deliver their babies with midwives at home. To address Alabama's high level of infant mortality, Dr. Foster applied for a grant from the Department of Health to expand the *Maternity and Infant Care Program* at Tuskegee Institute, and directed the development of this program from 1970 - 1973.
- Dr. Foster developed a comprehensive approach to maternal and child health -- involving teams of doctors, nurses, social workers and nutritionists -- with the ambitious goal of preventing health problems in mothers and newborn children. The teams worked in the rural communities to reach women early in their pregnancies, identify those women with a high potential for complication, and ensure they received specialized attention throughout their pregnancy and following the birth. *[continued]*

- Dr. Foster's approach was well ahead of its time, becoming a national model for "regionalized perinatal care" -- a program involving extensive community outreach, specialized services for high risk women, and comprehensive care of mothers and infants both before and following birth. Primarily because of this pathbreaking work, Dr. Foster was elected to the prestigious Institute of Medicine.

"HIGH RISK" YOUNG PEOPLE'S PROGRAM [Robert Wood Johnson Grant]--
IMPROVING THE HEALTH OF TEENAGERS THROUGHOUT THE U.S.

- After working with the Robert Wood Johnson Foundation to replicate his perinatal model, Dr. Foster was chosen by the Foundation to direct a multi-million dollar grant initiative to increase health care services for teenagers throughout the United States.
- This initiative targeted young people, aged 15 to 24, who lived in areas characterized by high rates of teen pregnancy, violence, drug and alcohol abuse, and mental illness. Under Dr. Foster's guidance, 20 teaching hospitals developed comprehensive health programs to expand services for young people in their own communities, improve their health, and train doctors and nurses in the specialized care of high risk youth.
- Between 1982 and 1986, these programs provided health services to approximately 306,000 young people. In addition, formal training in adolescent care was given to 115 adolescent medicine fellows, 974 medical residents, and 753 graduate trainees in nursing, medicine, psychology, and social work.

"I HAVE A FUTURE" [Nashville, Tennessee] --
CURBING TEEN PREGNANCY THROUGH ABSTINENCE AND HOPE:

- In February 1987, Dr. Foster began a pioneering effort to reduce the number of teen pregnancies by stressing abstinence and improving self-esteem. Dr. Foster established "*I Have A Future*" because he found that most teen pregnancy programs were limited to advocating contraception, rather than empowering teenagers to take charge of their lives and consciously make other choices. "*I Have A Future*" stresses job skills, education, and personal responsibility. Based in the housing developments it serves, the program involves parents and communities in advocating a strong anti-drug message, and teaching alternatives to violence and early sexual activity.
- The results speak for themselves. In one 30 month study comparing the two IHAF housing developments with two developments that didn't have the program, only one pregnancy has been recorded among the young women who took active part in the program, while 59 were registered in the comparison group.
- And, in 1994, twenty-four participants graduated from high school and sixteen -- including eight African American males -- went on to two- and four-year colleges. Four other participants entered the armed forces.
- This nationally recognized program has received numerous awards -- from groups such as the American Medical Association and the State of Tennessee House of Representatives. President George Bush chose "*I Have A Future*" to be one of America's "Thousand Points of Light" in 1991.

MEHARRY HOSPITAL MERGER WITH METROPOLITAN GENERAL:
A STUDY IN MANAGEMENT SKILLS, LEADERSHIP, AND VISION:

- In 1992, Dr. Foster directed a process that helped save one of the nation's foremost black hospitals and medical training programs. Like many historically black hospitals, Meharry's Hubbard Hospital had been denied adequate public funding, which led it to lose patients. This threatened the viability of some of its residency training programs -- which play a vital role in attracting minorities to medicine and providing doctors to rural and inner-city communities.
- In 1992, Dr. Foster played a key role in the merger of Meharry with Metropolitan General Hospital, an overcrowded city hospital which was looking for additional space and a newer facility. The merger was conditional upon the recruitment of a top-flight medical faculty, a successful process led by Dr. Foster. Through an extensive notification and screening process, Dr. Foster recruited 74 full-time physicians six weeks ahead of the deadline -- in the face of skepticism by the political and medical communities that Meharry could achieve that goal.
- *"Dr. Foster led that recruitment and brought some outstanding physicians from around this country who were dedicated to the mission of Meharry to serve the underserved. . . Many people didn't believe we would be able to recruit people like that."* Dr. John Maupin, President of Meharry [NPR, "All Things Considered," 2/17/95]

AWARDS: A LIFETIME OF ACHIEVEMENT:

- Elected to Institute of Medicine, 1972 [then 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
- *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

Why I Want to Be Surgeon General

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. Stake-outs. 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



THE WASHINGTON POST

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 have 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.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

February 2, 1995

REMARKS BY THE PRESIDENT AND DR. HENRY FOSTER, NOMINEE FOR U.S. SURGEON GENERAL

The Oval Office

2:10 P.M. EST

THE PRESIDENT: Thank you very much, Madam Secretary, and let me say it's a pleasure to have Mrs. Foster and Senator Frist, Congressman Clement here.

The Surgeon General of the United States has enormous responsibilities. As the public face of our public health service, he or she really is the people's doctor, the person responsible for promoting good health practices and alerting the nation when health threats exist.

To fill this post, I wanted someone who is both a top-flight medical professional and a strong leader and effective communicator. Dr. Henry Foster is such a person. And I am pleased today to announce my intention to nominate him as the Surgeon General of the United States.

He is widely respected in the world of medicine and science. After serving his country for two years as an Air Force medical officer, he became Chief of Obstetrics and Gynecology at Andrew Memorial Hospital at Tuskegee University.

For the past 21 years, he has worked at Meharry Medical College in Nashville, Tennessee. As the Dean of the School of Medicine and its acting president, he helped Meharry to lead the way to meeting the health needs of the poor and the underserved. At the moment, he is a visiting senior scholar at the Association of Academic Health Centers here in Washington.

In the communities he's served, Dr. Foster has won hearts and minds for his innovation and his dedication to saving the lives of young people and vulnerable people. He's received numerous honors for his work in obstetrics and dealing with sickle cell anemia and, very notably, in the prevention of teen pregnancy.

He has shown us how one person can make a difference. Eight years ago he developed and directed the "I Have a Future" program at Meharry to help stop teen pregnancy. It has been an unqualified success. Working with young people that others might think beyond help,

he built up their self-esteem. He taught them job skills. He encouraged them to stay in school. Most important, he told them to be responsible for themselves. Thanks to Dr. Foster, these young people have a chance to live a good, full life.

I want Dr. Foster to use what he's learned to help America attack the epidemic of teen pregnancies and unmarried pregnancies. We know government can only do so much. So large a part of Dr. Foster's job obviously will be to use his enormous skills of persuasion to reach out to people in the private sector -- in the religious, education, entertainment, sports and other communities in this country.

As I said in the State of the Union, when I challenged all sectors of our society to help us deal with these problems that must be dealt with one by one, we have to have help everywhere. I am convinced Dr. Foster is the person to galvanize this help and lead this charge. We want everyone to do their part to find the solution to this problem.

I want Dr. Foster now to say a few words, but as I introduce him, I want to thank him for taking on a task in public service at a time when public service sometimes has prices that are clearer than rewards. I thank him for his willingness to serve, to try to make a difference in the health care of the people of this country, and especially to try to make a difference in the future of the people of this country.

I thank his friends and colleagues for supporting him, the marvelous letter we received from Donna Shalala's predecessor, Dr. Lou Sullivan, the letter we received from the head of the American Medical Association; and, of course, the support you have from your congressman, Bob Clement, and from Senator Frist who just told me that he was the first doctor elected to the United States Senate since before the Depression.

So I would say it is time. Now, I'm going to try to keep from feeling so poorly. I need his help in any way other than a legislative sense.

Dr. Foster, the podium is yours.

Dr. FOSTER: Thank you, Mr. President. Thank you very kindly.

First, I wish to express my appreciation to you, Mr. President, for the opportunity to work on behalf of the American people. In many ways, health care in America is a paradox. We hold some of the world's greatest expertise in health and health interventions. People come from around the globe to be the beneficiaries of this care. Yet, in terms of health care outcomes, we don't do nearly as well as we should as a nation.

In my view, you can judge the character of a nation by the manner in which it deals with its children and the elderly. There is nothing more stifling than a compromised

beginning. We must assure healthier starts for our children.

Another of my special concerns is the epidemic of adolescent pregnancies. We have the highest teen pregnancy rate in the Western world; that is twice that of the next highest nation. Moreover, be assured, this is a problem that cuts across all socioeconomic strata. There are, however, demonstrated ways that this problem can be mitigated. It takes commitment and lots of hard work, but it can be done.

As you have heard, the "I Have a Future" program is making a difference in Nashville, because it has brought together a concerned community that's willing to put into the time and effort that it takes to treat the multiple problems and antecedents of teenage pregnancy.

As your Surgeon General, this will be among my highest priorities. I will also put tremendous emphasis on other pressing health issues for which prevention can be very effective -- such issues as AIDS and tobacco consumption, especially by our children.

In closing, let me say to you, President Clinton, Secretary Shalala, Assistant Secretary for Health Lee and all of those with whom I will be working, I know, that together we can demystify and confront the root causes of teen pregnancy, low birthweight, illicit drug use and the myriad of other issues which we will grapple with in the coming years.

Lastly, I wish to say again, thanks to my wife, St. Clair, my daughter, Myrna and my son Wendell, who have supported me so stoutly in all of my professional and personal endeavors.

Thank you very much. (Applause.)

THE PRESIDENT: You just hit the high point. Now you have to answer questions. (Laughter.)

Q Dr. Foster, do you think that at the -- your programs about teen pregnancy in Nashville can be applied on a national scale?

DR. FOSTER: I certainly do, and there have been efforts already to replicate the program; there is no doubt about it. It can be --

Q I hear a lot about personal commitment, but I don't hear anything about official commitment.

Mr. President, does your plan to combat teen pregnancy carry any new money with it? How do you intend to do that, or is it going to be primarily by the private sector?

THE PRESIDENT: We have a whole plan we've been working on for months, and Dr. Foster and I are going to get together and go over the outlines that we had worked on before he agreed to come on, and we will finalize that. I expect we'll be announcing it sometime in the very near future, and we'll talk about then how we intend to do it.

Q Will it take more federal money?

THE PRESIDENT: Well, I think the main thing we have to do is to galvanize the resources that are there now, spend the money that's there now better, and get -- I have been led to believe by many people all across this country that there will be an enormous amount of support for this effort in the private sector if they have confidence that it's a serious, disciplined, organized effort that is likely to work.

I might let Dr. Foster say more about that.

DR. FOSTER: No, the only thing I would add that didn't come out -- we are going to also utilize greatly the volunteer efforts. There is an emerging middle and upper black class that's doing everything now to give back. This has only developed among African Americans since World War II. And I'm surely certain that the same sort of emergence is occurring with Hispanics and other ethnic groups in this country.

Q Mr. President, does he have same license to be as outspoken and blunt as Dr. Elders did, or some areas -- did you caution him that there are some areas that he shouldn't be talking about?

DR. FOSTER: No comment. (Laughter.)

THE PRESIDENT: I can't do better than that. (Laughter.)

Q Mr. President, some conservatives have already said that they plan to oppose your nomination because of Dr. Foster's support for distribution of contraceptive devices in public schools and his stand on abortion. Do you anticipate a problem -- this confirmation?

THE PRESIDENT: No. I'll tell you, the policy of the administration is that we should have appropriate education policies in schools, that we should encourage abstinence among our young people, that the question of contraception is one that should be resolved at the local level involving all sectors of the local community. There is no national policy on that, and there will not be.

In terms of the other issues that could be raised, I am confident that thoughtful conservatives will have the same view of Dr. Foster as Senator Frist does when they have the same opportunity to review his whole record. I think that we got an endorsement from the head

of the American Medical Association already and from President Bush's HHS Director, Dr. Sullivan, who went to medical school from Dr. Foster, and I think there will be many others coming forward. So I feel good about it.

Q Mr. President, the budget that is going to be released on Monday, are you calling for a smaller deficit decrease than you had originally hoped for?

THE PRESIDENT: A smaller deficit --

Q Are you efforts to decrease the deficit --

THE PRESIDENT: Our efforts to decrease the deficit --let me say this -- I'm calling for twice as much in budget cuts as I am for the cost of the Middle Class Bill of Rights, the tax relief for the middle class. So my tax cuts are paid for, and there is further deficit reduction in our budget. And we will keep a tight rein on the budget deficit.

The one thing that we have no control over in the budget deficit is the impact of higher interest rates on the deficit. The American people should know that whenever interest rates are raised by the Fed, among other things the cost of carrying the nation's debt goes up. So we can't do anything about that. And in that sense, the deficit will not go down as much as I had hoped, because the interest rates have gone up. You can't overcompensate for that; there's nothing to be done about it.

But we're doing a better job in controlling inflation and health care than I thought we would a year or so ago -- the whole country is. I don't mean just the government; the people in health care and the people in business are working harder on it. We have a lot of budget cuts that are very important and significant in this budget, and I'm looking forward to working with Congress to see how we can do even better. And I think that I'm encouraged by what they said, that they want to pay for their tax cuts. So I think that this -- when I submit the budget, I think it'll be the beginning of a very positive thing; I don't have bad feelings about it.

Q What's your reaction to China saying that your human rights report is indiscreet and meddling in their own affairs?

THE PRESIDENT: Well, that's always been their view, and we disagree. I mean, we believe there are international standards for human rights. The Human Rights Assistant Secretary is charged by law with submitting a report every year. All he did was fulfill his legal responsibility to tell the truth as he saw it, and I support what he did. I think Mr. Shattuck's done a good job, and I think it's a very -- it's by far, by the way, the most comprehensive report ever filed by the State Department on human rights, and it covers far more than China. China was not singled out; we evaluated every country in every part of the globe with any issue in this regard.

Thank you very much.

Q How are the baseball talks going? Have you gotten feedback?

THE PRESIDENT: We just -- we're in it. That's all I can say. Not up, not down -- we're in it.

THE PRESS: Thank you.

END2:24 P.M. EST

Remarks as prepared for delivery by
Dr. Henry Foster
Nominee for U.S. Surgeon General
at
George Washington University -- School of Public Health
February 10, 1995

Thank you, Alan Weingold for that gracious introduction. It is a pleasure to be here at this prestigious university.

You guys gave me a lot of inspiration.

Nobody expected your men's basketball team to beat the number one team in the country last week, but you did.

So I know you understand what it feels like to have a tough battle ahead of you.

It is fitting that the President announced his intent to nominate me for the position of Surgeon General on February the second, Groundhog Day.

That's the day when, 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 the second -- when President Clinton and Secretary Shalala publicly called me to service -- the descriptions of myself and my work that I have read in the papers and seen on TV have cast an unrecognizable shadow of the man 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 the difficult task of public service at a time when public service sometimes has a high price.

I thought I knew what he meant at the time.

But after the past week -- I really know what he meant.

So you might be wondering, why do I want this job?

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, I became one of the youngest people ever inducted into the Institute of Medicine of the National Academy of Sciences.

I am the founder of the award-winning "I Have a Future Program," which was recognized as one of this nation's "Thousand Points of Light" in 1991 by President George Bush.

I am also a husband of 35 years and the father of a daughter and a son.

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 Medical College, I taught more than 1500 students. Founded 119 years ago, Meharry is among the nation's finest teaching institutions.

And I have worked tirelessly to improve the health of newborns, unborns, and their mothers.

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 because of a 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 care 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 ripples of success that we have produced into great waves of progress.

I believe that I can help empower more people to reclaim the power over their own health ...

... 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 confronting 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 we have the power to eradicate this scourge and prevent its recurrence.

At least 2.2 million Americans are victims of violent injury each year.

In 1992, there were more than 37,000 firearm-related deaths in this country.

Escalating violence in America causes not only unnecessary injury and death;

It is also a major cause of the 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 of existence.

I know we can -- but it's going to take entire 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 adulthood.

Recent surveys by the Department of Health and Human Services confirm that for three years in a row, the use of

marijuana and other drugs by 8th, 10th, and 12th graders 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, aged 25 to 44 in the United States.

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: the key is to commit ourselves not only to talking the talk -- but 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 national spotlight on this unacceptable problem.

All of the afflictions that I've 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 8,400 teenagers become sexually active.

And every day, 2,781 teenagers get pregnant: This translates into 116 pregnancies per hour.

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 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 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.

That's a dead-end dream and we've got to replace it with a dream of hope and unlimited achievement.

That's the philosophy that embodies the "I Have a Future" 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.

Our program is anchored in Nashville's public housing projects. With respect to sexuality, the emphasizes first and foremost is always placed on abstinence.

The program involves entire families and the total social matrix of the surrounding community.

Everybody from parents, grandparents to politicians, volunteers, and from the 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. In some cases, that means access to birth control -- with a very strong emphasis on parental and community involvement.

And third, and most important, we help young people enhance their life-options through activities that improve their job skills, self-reliance, values and self-esteem.

For example, the youth entrepreneurial component of our program helps teenagers learn more about themselves and about the world of work by empowering them to start businesses in their communities.

This kind of skills-development and character-building is not only important for girls and young women -- but, as research is showing us, it is also critically important for boys and young men.

We have to take the time to understand all the unique aspects of young peoples' lives:

Building up their self-esteem, telling them we believe in them, but not simply treating them as collections of problems.

That is what we have done in "I Have a Future" -- and it works.

We know of only one of the program's participants from 1988 to 1991 who became pregnant -- compared to 59 teenage pregnancies in the two other demographically similar Nashville housing projects where "I Have a Future" is not offered.

And just last year, 16 of the 24 program participants who graduated from high school went on to college. Eight of them were male and 8 were female.

It has not been easy -- and results don't happen overnight.

In fact, it's a difficult process, and requires great dedication by many people -- but it is working.

This shows you what one community can do when it makes teenage well-being a real priority -- and I believe this kind of success is possible in every community.

But let me be clear:

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 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 medical career to taking all appropriate medical steps to meet the health needs of my patients, and that includes performing legal abortions.

I 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.

To do this, we have to put life's possibilities within reach of all our young people.

One of the reasons I have hope is because there are so many positive trends out there:

Like the steady decline in smoking over the past 20 years, the steep decline in the numbers of people drinking and driving, and the steady increase in the use of seat belts.

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 I appreciate your support.

One thing I know -- my fight is no tougher than the one I'm asking all of you to join:

That's the fight to improve the health of all Americans and to prevent teen pregnancy.

I am eager to get to work, because there is so much work to be done.

I won't hesitate to call on each and every one of you for help.

These are all our children. And they need all of our help. Thank you.

Organizations Supporting the Nomination of Dr. Henry Foster as Surgeon General

Advocacy for Youth
African Methodist Episcopal Church
Alpha Kappa Alpha
American Academy of Dental Schools
American College of Obstetricians
and Gynecologists
American College of Physicians
Americans for Democratic Action
American College for Preventive Medicine
American Medical Association
American Medical Women's Association
American Nurses Association
American Psychiatric Association
American Psychological Association
American Society for Reproductive Choice
Association of Academic Health Centers
Association of American Medical Colleges
Association of Minority Health
Professional Schools
Association of Reproductive Medicine
Association of Schools of Public Health
Association of Teachers of Preventive Medicine
Black Health Association
Black Women's Network
B'nai B'rith Women
Catholics for Free Choice
Center for Black Aged
Center for Reproductive Law and Policy
Clara Bell Duvall Education Fund
Delta Sigma Theta
The Endocrine Society
Feminist Majority
Human Rights Campaign Fund
International Association of Black Firefighters
Medical Students for Free Choice
Michigan Students for Free Choice
National Abortion and Reproductive
Rights Action League
National Abortion Federation
National Association for the Advancement
of Colored People
National Association for Equal
Opportunity in Higher Education
National Association of Black Cardiologists
National Association of Public Hospitals
National Association of Social Workers

National Black Chamber of Commerce
National Black Nurses Association
National Black Police Association
National Black Women's Health Project
National Caucus of Black State Legislators
National Council of Jewish Women
National Council of Negro Women
National Council of Senior Citizens
National Education Association
National Family Planning and
Reproductive Health Association
National Hispanic Medical Association
National Medical Association
National Organization of Women
National Organization of Women
Legal Defense and Education Fund
National Urban League
National Women's Law Center
People for the American Way
Planned Parenthood Federation of America
National Progressive Baptist Convention
Sexuality Information and Education
Council of the United States
Tennessee Medical Association
Voters for Choice
Zero Population Growth
Zeta Phi Beta

American Medical Association
Physicians dedicated to the health of America



James S. Todd, MD
Executive Vice President

515 North State Street
Chicago, Illinois 60610

312 464-6000
312 464-6184 Fax

February 2, 1995

The Honorable William J. Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear Mr. President:

The American Medical Association enthusiastically supports the nomination of Henry W. Foster, Jr., MD for the position of Surgeon General of the U.S. Public Health Service.

Dr. Foster is a leading expert in the field of reproductive health. As Chief of the Department of Obstetrics and Gynecology at the John A. Andrew Memorial Hospital of Tuskegee University, Dr. Foster developed a program which is a nationally recognized model for regionalized perinatal health care systems. During his tenure at Meharry Medical College, Dr. Foster founded the innovative "I Have A Future" program to address teen pregnancy which brought to focus one of the nation's most pressing public health issues. The "I Have A Future" program provides strategies for at-risk youth to develop positive decision-making in the areas of personal health and responsibility, while enhancing their self-image. With so many of our nation's youth in crisis, we need creative programs like this one to dramatically reduce the alarming rate of teen pregnancy and we applaud Dr. Foster's commitment to this issue. Adolescent health has long been a public health priority for the AMA and we look forward to working with Dr. Foster on this and other critical public health issues.

Dr. Foster is a dedicated teacher, a dependable leader, and a concerned advocate for improving access to quality health care for women and underserved populations. Dr. Foster has been a longstanding member of the AMA and he brings the requisite experience, knowledge, and commitment to provide effective leadership as the Surgeon General. We firmly believe that Dr. Foster will serve in the position of Surgeon General with distinction and make many positive contributions to the nation's public health.

Sincerely,

A handwritten signature in dark ink that reads "James S. Todd, MD". The signature is written in a cursive, flowing style.

James S. Todd, MD

The American College of Obstetricians and Gynecologists

STATEMENT OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNCOLOGISTS

PRESS CONFERENCE: "MEDICAL COMMUNITY SUPPORT OF HENRY W. FOSTER, M.D.,
NOMINEE FOR SURGEON GENERAL"
NATIONAL PRESS CLUB -- WASHINGTON, D.C.
FEBRUARY 10, 1995 -- 9 A.M.

RALPH W. HALE, M.D., F.A.C.O.G.
ACOG EXECUTIVE DIRECTOR

The American College of Obstetricians and Gynecologists (ACOG), representing over 35,000 physicians specializing in women's health care, is here today to wholeheartedly and unequivocally support the nomination of Dr. Henry W. Foster as Surgeon General. And we are joined by other organizations representing thousands of doctors across this country.

We are here today to applaud Dr. Foster's accomplishments, not to apologize for them.

His career should be celebrated, not defended.

His knowledge should be shared with the nation, not silenced.

Dr. Henry Foster's career achievements are well-known. He has been on the faculty of Nashville's Meharry Medical College since 1973, where he has served as Dean of the School of Medicine and as Acting President, and as Vice President for Health Affairs. He is a Professor and past Chairman in the Department of Obstetrics and Gynecology at Meharry. He is currently on sabbatical as a health policy fellow at the Association of Academic Health Centers in Washington, D.C. He has served as Chief of Ob-Gyn at Larson Air Force Base. He has been President of the Association of Professors of Gynecology and Obstetrics, an examiner for the American Board of Obstetrics and Gynecology, and he is a member of the prestigious Institute of Medicine.

Dr. Foster is a widely-known, popular, and respected member of the College, which represents over 90 percent of all the board-certified ob-gyns in this country. He has served with distinction on numerous College committees, dealing with issues ranging from education in family life to ambulatory care, maternal health, and resident education.

I personally know Hank Foster. Let me tell you what makes him special. He is the kind of compassionate, caring, and committed doctor that we all want as our personal physician, and that America will value as the nation's physician.

-- more --

Dr. Foster has chosen for his life's mission to work with people who need help the most, those who might not otherwise have access to health care. He is exceptionally qualified to take on the health challenges that face our nation -- from infant mortality, to sexually transmissible diseases, drug and alcohol abuse, violence in our cities' streets, and teen-age pregnancy.

Dr. Foster's widely-acclaimed "I Have a Future" program encourages young people to delay sexual activity and to develop job skills and self-esteem. Reducing teen-age pregnancy has been a stated goal of Congress and the President for some time now. It is a major public health issue. Who better to lead the nation's dialogue on this question than someone who has worked on this problem successfully on a day-to-day basis for many years?

Dr. Foster has dedicated his life to caring for women and their babies -- delivering over 10,000 of them -- and to promoting the health of their families.

In spite of Dr. Foster's illustrious record, there are some who would deny him a hearing before the nomination process has even begun. The key word here is "process," that is, a full-fledged discussion of his qualifications before the United States Senate.

A hearing does not mean one editorial, or a thirty-second sound bite. A hearing means a deliberative process before the duly-elected representatives of the American people.

What's right about this process is the choice of Dr. Foster for Surgeon General; what's wrong is how we set our public servants up to fail before they are allowed to speak for themselves.

There are some who would use the abortion issue as a litmus test for judging a doctor's capacity for public service. Those of us here today -- even with our differences in personal views -- do not share that belief. We represent different types of doctors, treating different types of patients, in a variety of settings -- from public health clinics and pediatric offices to emergency rooms. We judge Dr. Foster on the totality of his career.

Within our own specialty of ob-gyn, for example, about 13 percent of our members oppose abortion. Many of them have called me this week, to say that Dr. Foster is a fine man who deserves a fair hearing. One of them, Dr. James Youngblood of Kansas City, whose statement we hand out today, says clearly, "He should be the Surgeon General -- we need him!"

That is the point. We do need Dr. Henry Foster. His gift to this country is his life's work, and he will serve us well.

####

Dr. Foster At-A-Glance: Henry W. Foster M.D., 61, is an eminent scholar and academic administrator, a practicing physician, and a community leader. In 1972, he was one of the youngest members ever inducted into the Institute of Medicine of the National Academy of Science. In 1991, the "I Have A Future" program he developed was named a "Point of Light" by President Bush for its pioneering work in preventing teen pregnancy and building self-esteem among at-risk youth.

PROFESSIONAL PEER SUPPORT FOR HENRY W. FOSTER, JR., M.D.

"The American Medical Association enthusiastically supports the nomination of Henry W. Foster, MD for the position of Surgeon General of the U.S. Public Health Service. Dr. Foster is a leading expert in the field of reproductive health,....a dedicated teacher, a dependable leader, and a concerned advocate for improving access to quality health care for women and underserved populations....He brings the requisite experience, knowledge, and commitment to provide effective leadership as the Surgeon General. We firmly believe that Dr. Foster will serve in the position of Surgeon General with distinction and make many positive contributions to the nation's health."

James S. Todd, MD
Executive Vice President
American Medical Association

"Dr. Foster is a highly qualified physician and administrator who would be an outstanding Surgeon General. He has had a distinguished academic career and has directed numerous successful community outreach ventures, including Meharry's teen initiative, the "I Have a Future Program," focusing on sexual responsibility, self-esteem and job skills. Dr. Foster is a nationally known, well-respected physician and a great human being who brings a broad perspective and experience to a variety of health and social issues -- knowledge, skills and experience that are essential for America's Surgeon General. I am absolutely confident that he would serve with distinction."

Louis W. Sullivan, MD
President, Morehouse School of Medicine
Former U.S. Secretary of Health and Human Services.

"I have known Dr. Foster for many years. He is a very intelligent, conscientious, and able physician. His calm, well-balanced approach to problem solving will serve him and the people of the United States well in carrying out the duties of the office of Surgeon General. He is highly qualified, and an excellent choice for the position."

William C. Andrews M.D.

President

American College of Obstetricians and Gynecologists

"The National Medical Association strongly supports the nomination of Henry Foster MD as United States Surgeon General....The NMA believes that Dr. Foster's presence of U.S. Surgeon General will greatly enhance the Administration's ability and capacity to protect the health and welfare of our nation and applauds [President Clinton's] excellent selection."

Tracy M. Walton Jr., MD

President

National Medical Association

"On behalf of the deans of the 27 graduate schools of public health in the nation, I wish to go on record in support of Dr. Henry Foster as U.S. Surgeon General. Dr. Foster is well known and respected by the academic public health community for his work with the underserved and for his keen understanding of the role prevention plays in reducing morbidity and delaying mortality. He is a recognized leader in the health professions education field and will, no doubt, contribute greatly to fulfilling the administration's primary care and public health workforce goals."

Harvey V. Fineberg, MD, PHD

President

Association of Schools of Public Health

"The American College of Preventive Medicine is pleased to support the nomination of Henry Foster, MD, for the position of Surgeon General of the United States. Dr. Foster will bring to the position a record of leadership and an understanding of the medical training and health care delivery needs of this nation. The American College of Preventive Medicine, the national professional society for physicians committed to disease prevention and health promotion, looks forward to working with Dr. Foster on common goals to improve the health of the public."

Roy L. DeHart MD
President
American College of Preventive Medicine

"Dr. Foster's life experience in both urban and rural settings equip him well to understand the diversity of our nation. Moreover, his clinical, academic and administrative responsibilities have prepared him well to ensure that our nation's response to the issues, particularly, of teen pregnancy and primary care, are appropriate, workable and effective."

Christopher G. Atchison, Director
Iowa Department of Public Health
President,
Association of State and Territorial Health Officials

"This country will be fortunate indeed when Henry Foster becomes its Surgeon General. Henry has proven his commitment--and more importantly, his effectiveness--in galvanizing solutions to vexing public health problems. His courage, his intimate knowledge of our country's needs, his proven ability to get things done, his sensitivity to people from all sectors of our society and from all parts of our political spectrum, and his compassionate and gentle nature are precisely what the difficult job of U.S. Surgeon General require."

Jordan Cohen, M.D.
President
Association of American Medical Colleges

"Dr. Foster is an exceptionally competent physician and a man of great integrity. His social accomplishments are significant and impressive. He has great respect among the academic community of obstetricians and gynecologists....I have had an opportunity to work closely with Dr. Foster as a colleague and have been impressed not only with his intellectual capabilities but also with his exceptionally high ethical and moral standards. I believe that he would be a great Surgeon General at a time when we need strong medical leadership."

John J. Sciarra, M.D., Ph.D.
Thomas J. Watkins Professor and Chairman,
Northwestern University Medical School
Past President,
International Federation of Gynecology and Obstetrics

"I write to you in support of Dr. Henry Foster, the nominee for Surgeon General and on behalf of the International Women's Health Coalition and the network of which we are a part. We strongly support Dr. Foster in his work, his values, his courage, and his caring for women and their well-being. We believe these very attributes would make him an exemplary Surgeon General."

Joan B. Dunlop
President
International Women's Health Coalition

I Have a Future





Background

As part of its historic mission to serve the disadvantaged, Meharry Medical College has a strong commitment to preventing damaging lifestyles and health behaviors among adolescents.

As the nation's only historically black, independent academic health services center, Meharry has a long history of community concern and involvement. Thus, Meharry has taken this opportunity to develop model programs which provide life-enhancement experiences and health services to high-risk adolescents while preparing health professionals to address relevant issues associated with the youth population.

The Department of Obstetrics and Gynecology has initiated "**I Have A Future**," a program which addresses a burgeoning problem in our communities — adolescent pregnancy. Frequently, life-threatening and health-threatening consequences of early pregnancy and childbearing are devastating for both the young mother and child. When compounded by the emotional, social and economic traumas faced by the teenage father, families and the community as a whole, the problems of adolescent pregnancy impose an imperative for innovative solutions.

The challenge is to develop a system which successfully educates and motivates adolescents to pursue a myriad of constructive life options and delay parenthood. The program was built on the premise that changes in sexual behavior should be addressed within a framework that provides strategies for positive decision-making while enhancing self-image.

Program Description

The major thrust of this longitudinal, research-intervention project is to develop a model program to prevent teenage pregnancy, substance abuse, and unemployment. Since 1987, the Department of Obstetrics and Gynecology of Meharry Medical College has developed and instituted a comprehensive community-based adolescent pregnancy prevention program involving four municipal housing developments in Nashville, Tennessee.

Previous efforts to prevent teenage pregnancy have focused on giving adolescents the capacity to control their fertility. It has been clear from pregnancy and fertility rates that many high-risk youth are not being reached effectively. Economically disadvantaged adolescents with little hope and limited aspirations frequently cannot understand that having a baby can adversely affect their lives. To the contrary, it is often viewed as an enhancement.

Those who have been at the forefront in the battle to delay early pregnancy and childbearing advocate enhancing self-image and presenting positive alternatives for the future. Subsequently, the program attempts to address the issues surrounding adolescent pregnancy from a broader psychosocial context. Success then rests on convincing youth that the future is theirs to control. The name of the project itself — "I Have A Future" — is based on this premise.

Project Objectives

The "I Have A Future" program incorporates a two-pronged delivery system based in the community. Both individual and group interventions are used to meet the following project objectives:

- To develop a replicable community-based, life-enhancement program that promotes a significant reduction in the incidence of early pregnancy and childbearing among high-risk adolescents.
- To improve knowledge, attitudes and behaviors related to personal health, human sexuality, drug and alcohol abuse and other factors which may place them at risk.
- To provide greater access to, and increase utilization of, comprehensive adolescent health services and social services, including contraceptive availability.
- To improve socially adaptive/appropriate behaviors with particular focus on school achievement, pre-vocational skills development, and delinquency rates.
- To enhance the ability of high-risk adolescents to overcome environmental barriers in attaining the skills necessary to pursue meaningful employment and educational opportunities with the promise of upward mobility.
- To engender a more positive self-concept and constructive attitude towards community, family life and the future.

Each objective has been further delineated such that components may be addressed specifically via baseline-pre/post-measures as well as within specific interventions.

Setting

The "I Have A Future" program is located within the municipal housing projects to ensure the following: (a) Provision of services during the times that they are most accessible to all adolescents (without stigmatizing school drop-outs) through an adjunct program. (b) Close proximity to the families to increase opportunities for interaction within the context of the full range of situations that characterize life in the public housing projects.



Target Population

The participants in this program are from four public housing sites. Two sites receive the intervention and the others are considered control sites. Baseline data have been collected from all four sites.

Prior to the delivery of services, a "Quality of Life Needs Assessment" was conducted with 497 heads-of-households of homes which had youth between the ages of 10 and 17 residing in them. The assessment was designed to gather demographic information, residents' perception of problems impacting on the youth, community needs and ideas on how to resolve existing problems. Of the 497 completed surveys, we found that the majority of the respondents were females (87%), single head-of-households (83%), of African American origin (98%). Over one-half (58%) of the respondents completed high school, however, seventy-one percent were unemployed. Seventy-nine percent of the families had an annual income of less than \$5,000, however, only sixty-five percent received supplemental financial assistance. The participants reported the following problems as most pervasive: Drug and alcohol abuse (92%), adolescent pregnancy (76%), crime (48%), and youth unemployment (44%). Most importantly, seventy-seven percent of the participants indicated their willingness to be part of a program that strengthens families. This information was important, for it reflects the communities' commitment to work at improving their quality of life and their support for a community-based intervention program.

Description of Services

The program is designed to assist adolescents in learning good health practice and making positive choices. The basic service components are delivered in the context of the following areas of concentration:

Comprehensive Health Services

Currently, services are provided by the staff of the Department of Obstetrics and Gynecology of Meharry Medical College at "I Have A Future" clinics within the housing projects. Services are provided each week, with the clinics emphasizing primary health care and health screenings (e.g., physical examinations and lifestyle assessments) and on-going health services (e.g., screening for sexually transmitted diseases, pregnancy tests and distribution of contraceptives).

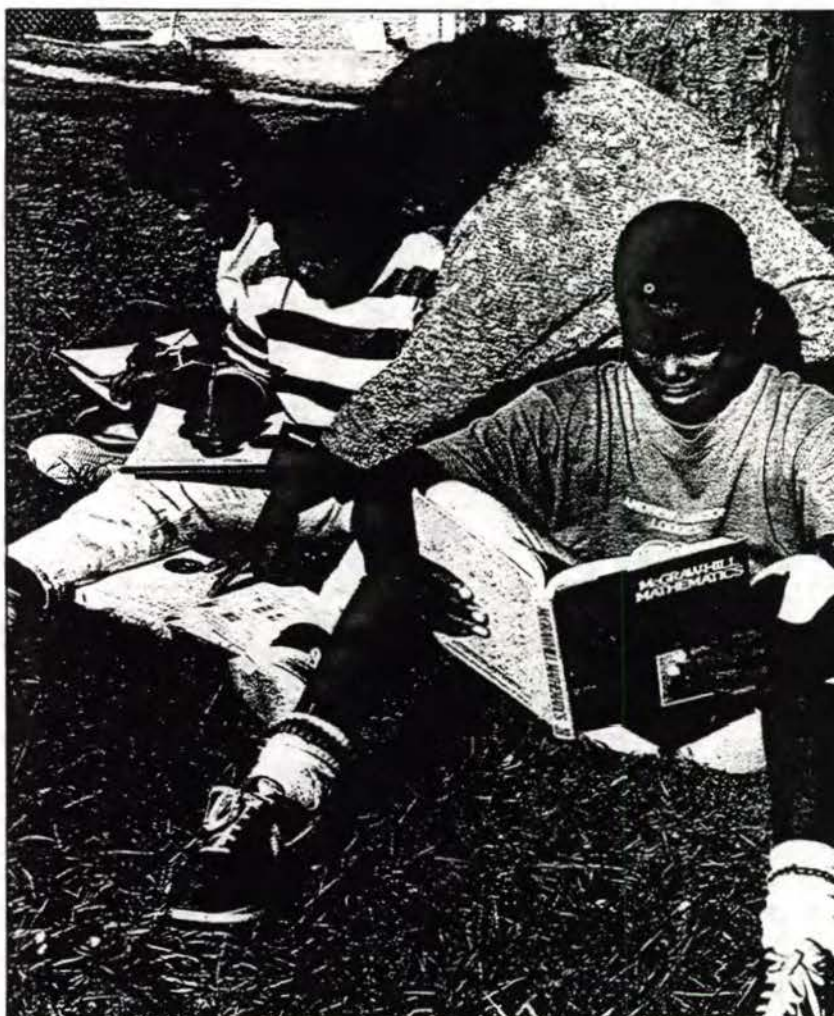
Organized Social-Learning Activities

Activities with structured educational and behavioral objectives are offered to "I Have A Future" participants. Emphasis is on creativity, physical awareness, nutrition and personal responsibility.

It is critical that the programming be age-appropriate since the target population spans the ages of 10 to 17. While the curriculum focuses on knowledge, attitudes, and behaviors for all groups, the emphasis is on behaviors for the older adolescent group (14 to 17).

The primary value orientation of the program focuses on the integration and implementation of the NGUZO SABA Principles (Seven Principles of Blackness) into each participant's role as a positive family member and in their practice of responsible health behavior. These principles are: NIA (Purpose), UMOJA (Unity), KUJICHAGULIA (Self-Determination), UJIMA (Collective Work and Responsibility), UJAMAA (Cooperative Economics), KUUMBA (Creativity) and IMANI (Faith).

All aspects of the program promote the following: Self-esteem and pride in individuality; physical and mental well-being; completing school; developing job skills and enhancing employability; sexual responsibility; self-control and handling interpersonal conflict; value of helping others and the community; responsible citizenry and family-life values/appropriate parenting. The adolescents are divided into mixed gender groups. Groups serve as the operating-structure for a majority of the programming, with specific activities serving as incentives and vehicles for discussion.



Examples of on-going and planned activities:

Pro-Social Skills Development

(Focusing on good decision-making and problem-solving with special emphasis on Alcohol and Drug Abuse Prevention)

Conflict Resolution Training/

Violence Prevention

Creative Movement/Dance

Sports

Tutoring

Family-Life Education

Self-defense class

Computer Skills

Outings

CHARM Class for Females

(Choosing How To Adorn & Refine Myself)

MATURE Class

(Males Adorning, Thinking and Using Refined Energies)

Rites of Passage Program

Art Classes

Entrepreneurship Program

(Includes Pre-employment Training)

Peer Counseling

Opportunities

Parent Involvement

Every effort is made to involve parents/residents, to make them feel that it is their program and to give them a sense of empowerment and ownership. One such example is the Parent Empowerment Program, a community-based family alternative program in which the parents receive training in family health promotion with emphasis on increasing their effectiveness in the battle to prevent substance abuse in their community. The training equips the parents with the knowledge and skills they need to run workshops and provide services to families that are in need of assistance on substance abuse issues. Some topics covered during their training include: Effective communication, group leadership, crisis intervention and parent effectiveness skills. Other parent-focused activities include: Parent appreciation nights, spaghetti dinners, weight management classes, etc.

Staffing

The "I Have A Future" staff consists of a multi-disciplinary team that includes psychologists, nurses, public health education specialists, counselors, physicians, tutors and volunteers (from the community and local colleges and universities).

Evaluation

The evaluation plan for the "I Have A Future" project incorporates a longitudinal, quasi-experimental design. There are two intervention sites located at two public housing projects and two comparison sites located at two other housing projects in the Nashville metropolitan area. All four sites are similar demographically. Annual assessments of the youth between the ages of 10 and 17 will be conducted for a minimum of three years. The assessment battery includes instruments for measuring knowledge, attitudes and behaviors related to sexuality, contraception, and pregnancy, as well as measures of self-concept, social support, family environment, and psychosocial maturity.

Baseline data collection was completed in 1989. Baseline data were collected from 998 adolescents within the four housing sites (555 study group, 443 control group). The second phase of data collection was completed in 1990. The third phase will begin in the winter of 1991. Preliminary analyses of the baseline data indicate that approximately seventy-five percent of the youth who are at least 15 years old have engaged in sexual intercourse. Contraceptive practices are very poor and twenty-seven percent of the sexually active females indi-

cated that they had been pregnant at least once. These data indicate a definite need for intervention.

In addition to the annual assessments at the intervention and comparison sites, a process evaluation is incorporated in the evaluation design. The number and type of services provided to youth by the **"I Have A Future"** program in the intervention sites are monitored. This information will be used to determine how much intervention each youth at the intervention sites received. These data will also be used to determine which services were the most effective in achieving the goals of **"I Have A Future"**.

Finally, pre- and post-tests have been developed for each of the **"I Have A Future"** content-oriented modules. These tests are administered at the beginning and the end of each of the modules. These data have been used to refine the modules so that they are most effective in producing the desired outcomes, such as change in knowledge and attitudes.

Community Support

Resident associations at all housing projects are actively involved in the program. Community representatives are on the **"I Have A Future"** Advisory Committee.

Metropolitan Nashville development and housing agencies have assisted in obtaining office space within the community. With their staff acting as liaisons between residents and community centers, the agencies have collaborated with us and helped recruit youth into the program. Many program activities have been sponsored by both **"I Have A Future"** and the local community centers.

National and local advisory committees, representing a cross-section of organizations, institutions and disciplines assist in program planning and act as advocates for **"I Have A Future."**

Currently, **"I Have A Future"** is funded by the Carnegie Corporation, W.T. Grant Foundation, William and Flora Hewlett Foundation, and Bill and Camille Cosby. The Tennessee Department of Mental Health and Retardation has funded the Parent Empowerment Program.

The **"I Have A Future"** staff has been documenting the development of the program from its inception. These chronicles are being developed into protocols for each of the program components. The **"I Have A Future"** staff is available for technical assistance in such areas as program planning, implementation and evaluation strategies.



Contact:
MEHARRY MEDICAL COLLEGE
Department of Obstetrics and Gynecology
"I Have A Future" program
1005 D.B. Todd Blvd.
Nashville, Tennessee 37208
(615) 327-6100

HENRY W. FOSTER, M.D., DIRECTOR
LORRAINE WILLIAMS GREENE, Ph.D., DEPUTY DIRECTOR





Teen-agers have a future, thanks to Foster program

By Andrea Stone
USA TODAY

NASHVILLE — At 17, Tonya Rutledge sees two futures: what might have been and what instead will be.

Her 16-year-old sister cares for a new baby, whose father was killed before the child was born. She struggles along on welfare, often missing school.

Tonya will graduate this spring and attend college in the fall. As her elaborate hairdo attests, she is on her way to a career as a cosmetologist.

"The big difference is I know how to listen," she says.

Teens like Tonya are testimony to the work of Henry Foster, the doctor President Clinton has tapped as his next surgeon general. Foster's teen pregnancy prevention program, called I Have A Future, has helped keep her going in the right direction. It was supposed to do the same for the Foster nomination, appealing to conservatives and liberals.

But that was before questions arose about Foster and abortion. Now, I Have A Future is being wielded like a sword by conservatives.



“
The whole idea is to get young people to delay pregnancy, which just doesn't fit into their lives.”

”
— Lorraine Williams Greene, director

A takeoff on Martin Luther King Jr.'s "I Have a Dream," the program was founded in 1988 to stress abstinence and responsibility to adolescents.

President Bush chose it as his 404th Point of Light. A letter from him lauds staffers for their "shining example."

Run by Meharry Medical College, where Foster once headed obstetrics and gynecology, IHAF is based at two mostly black public housing projects on this city's north side. It offers tutoring and counseling to 150 adolescents. In after-school sessions, they learn job skills, self-esteem, self-control and black history.

Teens even set up businesses to finance field trips to places like Washington and New Orleans. For most, it's the first time they've left Nashville.

They can get medical exams, pregnancy tests and condoms. There's no abortion counseling; pregnant teens are

referred to other programs.

"The whole idea is to get young people to delay pregnancy, which just doesn't fit into their lives," says director Lorraine Williams Greene.

Foster's admirers say the project is a model of how he'd approach teen pregnancy as surgeon general.

Conservatives condemn the program for distributing contraceptives. The Family Institute, a conservative Nashville group, says the IHAF brochures they have seen don't mention abstinence and the program has an "activist approach" to birth control.

Gary Bauer, head of the conservative Family Research Council, says Foster's approach "is to say abstinence is best and in the next breath make it clear that birth-control pills and condoms are available. That approach has left a trail of suffering and tragedy."

Supporters say critics distort a program that faces reality: 75% of teens in Nashville's housing projects have sex by

age 15. In 1993, the adolescent pregnancy rate here in Davidson County was 30 per 1,000.

When Foster and others started IHAF, says David Satcher, director of Centers for Disease Control and Prevention, "They sat down with parents and found out what they wanted. They came out really pushing abstinence, but they also had condoms available."

"There's a lot of pressure" to have sex, says Amelia Turner, 18. Program counselors "let us know that if you want to have sex, here's what you can use. But the best sex is no sex."

Greene says little money is available to document IHAF's effectiveness, but one 30-month survey ending in 1991 showed "statistically significant" declines in teen pregnancy and dropout rates.

IHAF teens include those referred by schools and proba-

tion officers, honor roll students and athletes.

More than half are young men, a reminder that teen pregnancy is not just a female problem. There are many reminders at the bleak John Henry Hale Houses, where single mothers head 83% of families.

Without IHAF, Jason Gordon, 18, says, he'd "be running from the police." Instead, he's a Fisk University freshman. "They ensured I would go to college. They pushed to keep me on my toes."

Terrell Carter, 18, credits the program for teaching him that fathering a child is "nothing to be proud of." He now has "more respect for girls. They're not just sex objects."

"It turns young people's lives around," says Louis Sullivan, secretary of Health and Human Services under Bush. It's "the kind of program that the

country needs."

Urban Institute sociologist Martha Burt "loves" the program. By saturating a small area and sticking with kids for years, it offers "enough peer support that they can withstand the pressure around them."

But it's expensive: 14 staff members counsel teens, who often stay in the program for years. IHAF's \$400,000 budget comes from private foundations and gifts from, among others, actor Bill Cosby. As government funds for social programs dry up, starting similar programs will be tough. IHAF itself has a long waiting list.

But parents think the wait is worth it. Says Sandra Summers, whose daughter Juanna attends IHAF: "It gives them something to look forward to. Something other than what's on the streets."

Contributing: Mimi Hall

NASHVILLE, Feb. 10 — Ideals that are not propped up with practical solutions do not stand much of a chance in the John Henry Hale housing project here. Young women who live in and around the neighborhood say morality alone has seldom saved anyone from the cycle of teen pregnancy.

Amelia Turner, 18, is a five-year veteran of I Have a Future, an after-school program that teaches teenagers to delay sex and childbearing, allowing them to build careers and lives. The program, started in 1987 by President Clinton's nominee for Surgeon General, Dr. Henry W. Foster Jr., combines job training, tutoring, medical services and family planning.

Ms. Turner, the child of a single parent, plans to attend college this fall. She said Dr. Foster's program saved her and hundreds of young women like her. She said it is misguided for anti-abortion groups to oppose his nomination over how many abortions he performed.

"No matter how many he did, he

could have done many, many more," she said. "They don't realize what goes on in the real world. People wake up."

Ms. Turner, others in the program, and doctors who have worked with Dr. Foster through the years credit his program with using common sense and incentives, not just speeches about abstinence, to keep teen-agers from being held back by the weight of newborn children.

Dr. Lorraine Williams Greene, the project's director, stressed that the program does not work with pregnant girls or offer abortion counseling. Rather, she said, counselors teach the young people about abstinence, responsibility and self control. As a last resort, she said, teen-agers who insist on having sex are sent to the program's medical personnel, who dispense condoms or birth-control pills if deemed appropriate for their age. She would not say what percentage of the teen-

Continued on Page 8, Column 1

Teens Offered Alternatives to Pregnancy

Continued From Page 1

agers were given birth control.

Dr. Greene said the program is so successful that there have been only a few pregnancies among the 800 to 1,000 young women who took an active part in the program. About three-quarters of teen-agers in the city housing projects have sex by age 15.

Financed by foundations and private donors with some state money, the program is administered by the Department of Obstetrics and Gynecology at Meharry Medical College. A Meharry nurse practitioner supervises the program's medical staff.

Last Thursday night, some 30 members of I Have a Future crowded into the meeting room in the John Henry Hale project and one by one compared life now with what might have been. In three years, Nakeeta Hunter, 16, went from "not caring about my grades to being on the honor roll." Now she plans to go to college.

Tasandra Dooley, 16, said, "They taught us that we don't have to be pregnant." Although birth control and abstinence are part of this plan, what the program really does is give her a reason not to join the ranks of unwed mothers, she said.

It makes some of these young people angry to hear a heated debate on abortion from wealthy and powerful people whose children have relatively little to worry about.

"Most of us live in troubled neighborhoods," said 15-year-old Melissa Hunter. "We have children in middle school having babies."

The Surgeon General is in many ways a symbolic position, but the young women and men in I Have a Future, along with several colleagues, say he would bring on practical, workable solutions to the nation's health problems — the same way he brought solutions to the young women at John Henry Hale.

The abortion debate in this case "is a shortsighted issue," said Dr. Richard Smith, director of the Adolescent Gynecology Clinic at Henry Ford Hospital in Detroit, the city where Dr. Foster did his internship. "I think when you look on balance at the work this man has done throughout his career, we really should be applauding the efforts that he has made," he said.

Dr. Foster, a 61-year-old obstetrician, was nominated last week to succeed the outspoken Dr. Joycelyn Elders, whom Mr. Clinton dismissed in December. The choice was supposed to be conciliatory, but conservatives in the past week have rallied against Dr. Foster, because he performed abortions, and because he performed more than either he or the White House originally claimed.

"I don't think doing abortions characterizes Hank Foster," said Dr. David E. Satcher, director of the Centers for Disease Control and Prevention, the former president at Meharry.

Conservatives have also attacked I Have a Future for dispensing birth control items.

In an interview on the ABC News program "Nightline" on Wednesday, Dr. Foster said "no" when asked whether he favored the widespread distribution of condoms. He called abstinence "our first route," without elaborating on further action.

Dr. Foster had been on the faculty at Meharry since 1973 and served as acting president for six months after the departure of Dr. Satcher in 1993. He played a central role in negotiating with Nashville officials over the merger of the city-owned Metropolitan General Hospital with Meharry Hubbard Hospital. That merger is crucial to the medical college, which has lost its accreditation because of declining business at its own, historically black teaching hospital.

It is for his work in poor neighborhoods that Dr. Foster has drawn most of his accolades. I Have a Future is not his first such program.

Nominee's School Program Offers Alternatives to Teens

THE NEW YORK TIMES SATURDAY, FEBRUARY 11, 1995

In the 1970's, when he was elected to the prestigious Institute of Medicine, he fought infant mortality and teen pregnancy in rural Alabama, said Dr. Satcher. Throughout his 37-year career, Dr. Foster worked to prevent pregnancies among poorer young people and to head off the health threats to mother and child caused by too-young pregnancies, Dr. Satcher said.

The I Have a Future program reaches only a fraction of the young people in Nashville, but friends of Dr. Foster, including the teen-agers involved, believe it could be a pilot program for the nation.

It addresses much more than sex, said Dr. Satcher and teen-agers involved in the program. It is based on

Practical solutions are used to back up idealism.

common sense and self-esteem, and slowly, steadily — through informal classes almost every day after school — teaches them how a baby can forever limit their lives, and how to value their own lives.

Dr. Satcher explained how Dr. Foster and others envisioned the program. "They told me that teenage pregnancy is really not the problem," he said. "It is a symptom, like violence, like drug abuse. The real problem is the attitudes of these young people toward the future. And so they called the program I Have a Future, and they dealt comprehensively with creating a better attitude in these teen-agers about themselves

and about the future."

"They felt that if they could do that, the teen-age pregnancy problem would be taken care of, too, because the young people would have a reason for delaying sexual behavior. You weren't just saying, 'Say no to sex.' You were saying, 'You have a reason to value yourself.'"

Tutors help with studies. Volunteers show teen-agers how to get a job, or even start their own business. But most important, there is always a place to go and someone to talk to, even if it is just with each other.

Melissa Hunter has never met Dr. Foster, but she said his brainchild gives her and her friends a choice they seldom had before. A few make it out of the projects and their teenage years without a baby and the limitations that one brings, purely on strength of character alone, she said. But it is hard.

"Here they keep you too busy to get into trouble," she said.

Jason Gordon, an 18-year-old whose mother died last year, lives with a sister. He has had every chance to fail, but seven years in the program kept him working, thinking, planning.

Now, every morning, he walks several blocks from his project to Fisk University, where he is studying business. "He's a role model for the others," Dr. Greene said.

Mr. Gordon said: "I would have never gone to college. I needed something to be part of."

The program taught him one thing most of all, he said.

"I know I'm not ready to have a child."

Teens say Foster's vision brightens future

By TAMMIE SMITH

Staff Writer

"I Have A Future," the Meharry Medical College teen-age pregnancy prevention program, is generating national attention — and controversy — because it was founded by U.S. surgeon general nominee Dr. Henry Foster.

Yes, the program counsels teens about birth control. Yes, it does give contraceptives to teens.

But that's only part of the picture.

Snapshots of the young people whose lives are changed by the program help fill out the frame.

They are of teens like Tonika East, 17, and Jason Gordon, 18. They live in public housing, a challenging place to grow up. But these young people — outgoing and

**"A bonus of the program
has been the
neighborhood effects."**

DR. LORRAINE WILLIAMS GREENE
Director, I Have a Future

articulate with goals — give a lot of the credit to "I Have A Future" for improving their chances of success.

"I [joined] because everyone else was doing it," Tonika, a high school senior, said smiling, recalling her motives for becoming a "Future" kid in the sixth grade.

These days, others want to be like her.

Through the program, she's become well-traveled, with trips to Atlanta, Washington, Gallinburg, Cincinnati, New Orleans and Florida. Some were rewards; others were to visit colleges she may choose to attend.

Tonika is the leader now, student body president at Pearl Cohn High School and top dog in IHAF's entrepreneurship program that teaches business ownership.

Jason's motive for getting involved in IHAF six years ago was strictly financial. He wanted the \$10 "reward" for filling out the survey to get into the program. That \$10 was a lot of candy for a 12-year-old.

The \$10 reward is no longer offered, but some program activities have a waiting list of people who want to get involved. Maybe it's because other youngsters see where Jason is headed. He entered Fisk Universi-

ty as a freshman last fall and has gone from being a "Future" kid to an employee working 10 hours a week as a peer counselor. His goal is to one day own his own business.

"This program gives a lot of people a chance," he said. "Some of us would have made it to college anyway. This program helped ensure that."

In the spotlight

Thursday, President Clinton nominated Foster, former acting president of Meharry, to be surgeon general and offered some marching orders:

"I want Dr. Foster to use what he's learned to help America attack the epidemic."

♦ Turn to PAGE 2A, Column 1

The Tennessean,
Sunday February 5, 1995

Teen-age Pregnancy

Tonika East, 17, now Pearl Cohn Comprehensive High School's student body president and head of its I Have a Future's entrepreneurship program:

"I [joined] because everyone else was doing it."



Jason Gordon, 18, a freshman at Fisk University and peer counselor, got involved in I Have a Future six years ago.

"This program gives a lot of people a chance. Some of us would have made it to college anyway. This program helped ensure that."



Dr. Lorraine Williams Greene, I Have a Future director and a clinical psychologist:

"We deal with issues such as how to be in relationships, how to be intimate with someone and not necessarily have sexual intercourse."



Charmaine Harris, 18, a participant in I Have a Future:

"Let's say you are on a date, dancing, and things start getting hot. Are you going to be passive, or stand up for what you believe?"



Calvin Peters oversees one of I Have a Future's entrepreneurship programs: "We have some kids who have never been out of Nashville. Their eyes light up when they see that bus," that comes to take them to IHAF meetings.



Teens thank Foster for brighter future

FROM PAGE 1A

of teen pregnancies."

While speculation that Foster's "I Have a Future" program will be a model for a national teen pregnancy prevention initiative, it is being scrutinized from all angles, especially by Clinton's conservative critics, who claim it is simply a program to dispense contraceptives.

The attention has put Dr. Lorraine Williams Greene, director of the program, and participants such as Tonika and Jason in the media spotlight.

Greene, a clinical psychologist, said the program's agenda does include talk about birth control. And contraceptives are given out.

"If a young person requests it, we give it to them. We talk about responsible sexuality. It is available."

But people who would reduce "I Have a Future" to a program that simply hands out condoms completely miss the mark, she says.

The discussion about birth control is part of a 15-week family life education process that focuses primarily on family dynamics and relationships.

"We deal with issues such as how to be in relationships, how to be intimate with someone and not necessarily have sexual intercourse," Greene explained.

"How do you deal with social situations where you find yourself needing to refuse things?"

Or as Charmaine Harris, 18, said: "Let's say you are on a date, dancing, and things start getting hot. Are you going to be passive, or stand up for what you believe?"

Greene said their message to the young people is simple: Sex just doesn't fit into their lives right now.

But it's not just talk, Greene added. Counselors give teens reasons to want to delay sex and parenthood. Youth are kept busy with field trips, after-school activities such as dance and karate classes, support groups, tutoring sessions and jobs.

But there are critics. The Family Institute, a Nashville conservative research group focusing on family issues, said "I Have a Future" comes up short.

The Institute, a year-old project of Mark Tolf and Jeff Whitesides, was created, Tolf said, to strengthen families. They have reviewed a fact sheet about the Maharry program.

"While the IHAF program seeks to delay the outcomes of 'early pregnancy and childbearing (among others)' there is no mention in the entire document of abstinence or delaying sexual activity," they said in a press release.

Nationally, anti-abortion groups and conservatives have attacked Foster's nomination. The 61-year-old medical educator has long ties to the Planned Parenthood Federation of America. He also has acknowledged he performed a limited number of abortions in his long medical career.

His "I Have a Future" program stresses abstinence. It does not perform abortions.

Touching communities

At John Henry Hale public housing, where some "Future" gatherings are held, you walk down streets where all the homes look alike — brick buildings with house numbers stenciled on doors and small yards that are more dirt than grass.

When a school bus stops at a corner, among the students who tromp off is a young girl holding a baby in one arm, books in the other. Another girl gets off the bus holding a teddy bear and school books.

Despite all the rap songs romancing about the 'hood, the forlorn physical environment is nothing to slag about.

It is in this setting that Maharry social workers and psychologists dispense options. With the field trips, the money-making endeavors, the program exposes kids to life beyond their neighborhoods.

"We have some kids who have never been out of Nashville," Calvin Peters, who oversees the entrepreneurship program, explained. "Their eyes light up when they see that bus."

The program's impact extends beyond the children enrolled, Greene said, pointing to the difference in community attitudes in John Henry Hale and Preston Taylor homes compared to other housing projects that don't have IHAF.

At John Henry Hale and Preston Taylor, you hear more talk about higher education,

even among students not in IHAF, she said.

In one measure, students at the intervention sites scored higher on self-esteem. The program emphasizes the seven principles of Kwanzaa, an African-American cultural holiday celebrated right after Christmas. The principles include self-determination, unity, collective work and responsibility, cooperative economics, purpose, creativity and faith.

"A bonus of the program has been the neighborhood effects," Greene said. "The kids at the intervention site just had a stronger sense of community, sense of responsibility for self and family."

Are there fewer pregnancies?

Greene said the best way to measure their success is to do long-range tracking of participants. That takes money they don't have. To run the program takes about \$400,000 annually. Each site has a director and four case managers.

The most extensive evaluation effort so far of the 6-year-old program was funded by a grant and lasted 30 months. In it, data was gathered from young people in two public housing projects without the program, comparing it with data from young people at John Henry Hale and Preston Taylor — some in IHAF, some not.

Information was compiled on 998 kids, Greene said.

"We do know there was one known preg-

nancy among those in the intervention group during this 30 months, and 59 known pregnancies among those at the comparison sites."

Still, she cautions against generalizing the data because there was about a year's age difference in the groups compared.

But, if you let the youngsters tell it, there is less sexual activity among those in the program.

Part of it is knowing they are not the only one deciding on abstinence. Part of it is having adults they can talk to openly. Part of it is realizing the possible repercussions of early sexual activity.

"When I first came to Nashville, I used to follow the crowd," said Amelia Turner, 18, a Home-Fogg honor student who does not live in public housing but has made it a point to be involved in IHAF for five years.

"It got to the point where I would see how people were living. There has to be a better way."

Turner has applied to five colleges, but favors Howard University. She said she wants a dual degree in medicine and biomedical engineering.

"This would be a nice program to have in other cities. In the little town I come from, there is nothing to do, so you may go over to your boyfriend's house. This takes you away from that. You don't have time to do crazy things." ■

Foster treatment angers Charlotte woman

Profile of her former doctor 'one-sided,' she says

By RICKI MORELL
Staff Writer

Jeannette Hight was 3½ months pregnant when she began bleeding in the middle of the night. Frantic, she called her obstetrician at home.

"He met us in the hospital in his bedroom slippers," Hight recalls.

With her doctor's careful help, Hight averted a miscarriage. That was more than 25 years ago. The boy who was born that December 1969 is now grown and married.

The place was Tuskegee, Ala. And the doctor was Henry Foster, President Clinton's nominee for surgeon general.

Hight, 57, who has lived in Charlotte for 19 years, wants the nation to know that the man who saved the life of her only child is no "abortion doctor."

She remembers Foster as a compassionate man committed to ushering in new life.

"What I've heard is a one-sided story," says Hight, director of Charlotte's Plaza Presbyterian Church day care center. "I haven't heard anything about all the lives that came into this world because of him. He is a man of great integrity."

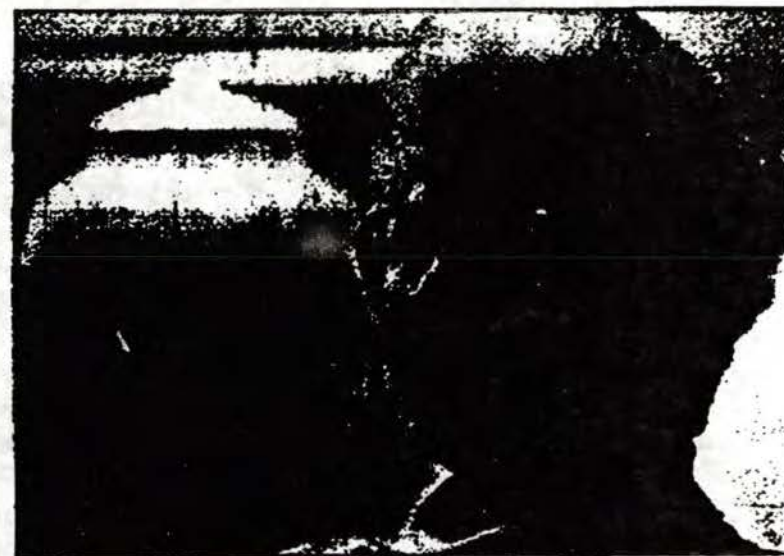
Foster, 61, former acting president at Meharry Medical College in

Nashville, worked at John A. Andrew Hospital in Tuskegee from 1965 to 1973.

Jeannette Hight and her husband moved to Tuskegee in 1965 from Baltimore. Charles Hight had been asked to start the architecture school at Tuskegee Institute. He is now dean of UNC Charlotte's school of architecture.

"My husband and I have both been very angry about what has been happening to Dr. Foster," Hight says. "My husband has con-

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T. ORTEGA GAINES/

Jeannette Hight remembers surgeon general nominee Henry Foster as committed to ushering in new life. He was her doctor in Alabama 25 years ago and saved her from a miscarriage.

CRITICS OF FOSTER AREN'T EASING UP/PAGE 2A

Treatment of surgeon general nominee angers Charlottean

Foster

Continued from page 1C

tacted all of our legislators. I've told everybody I know."

Clinton administration officials chose Foster because of his moderate views and impeccable medical reputation. But soon after they announced his nomination Feb. 2, anti-abortion activists attacked Foster because he had performed abortions. Clinton promises to stand by his nominee despite growing opposition.

Foster has defended a woman's right to an abortion and stressed that most of the abortions he performed were in cases of rape, incest or medical necessity.

Hight hadn't thought about Foster in years until she saw his picture in the paper 10 days ago. "I was just so excited for him," she says.

As the days passed, Hight says she watched the image of her doctor turn into a caricature of an "abortion doctor."

"That wasn't the doctor that I knew," Hight says. "I knew him as a doctor who would work as hard as he could to save a life. He was always available. He was easy to talk to. He didn't rush you in and out of your appointment. He was reassuring. And very calm."

Hight isn't a Clinton supporter — she's a registered independent who voted for Ross Perot. She supports Roe vs. Wade and a woman's right to choose an abortion. But she says, "I'm a pro-life person myself. For me, I could not have an abortion. For me I believe it is taking a life."

Hight is a member of St. Peter Catholic Church and worries she might be condemned for supporting abortion rights because the church opposes abortion.

"But I feel like it's the right thing to do," she says. "I don't care. I just feel like somebody had to say something for Dr. Foster."

Hight cared for Foster's children when she ran Tuskegee's pre-school program. Her husband designed Foster's house in Tuskegee. When the Hights found out they were going to have a child, they asked Foster to be their doctor.

It was a difficult pregnancy. At six months, Hight went into early



T. ORTEGA GARNES/Staff

Jeannette Hight of Charlotte says surgeon general nominee Henry Foster is "a man of great integrity." He was her doctor in Alabama 25 years ago and saved her from a miscarriage.

On Dec. 27, 1969, Hight went to see him for her regular checkup. After he examined her, he said, "Woman, don't you know you're in labor?"

Her husband was home working. "Call Charlie," Foster told her. "You're not going home."

Three hours later, Christopher was born.

"He was a healthy boy. I was so excited we had a child," Hight says. "Dr. Foster had given us so much joy."

Until the abortion controversy, Foster was known for his efforts fighting teenage pregnancy. He founded a national program — "I Have a Future" — that was recognized by the American Medical Association and by President George Bush as one of his "thousand points of light."

On Friday, Foster noted to a group at George Washington University that his nomination fell on Groundhog Day and that he feels "a little bit like that groundhog."

"Ever since Feb. 2 ... the descriptions of myself and my work that I have read in the papers and seen on TV have cast an unrecognizable shadow of the man I really am. Yes, I see a shadow, but it's not my shadow."

"A nomination like this should be above politics," she says. "I hope Dr. Foster will stick with it. I hope he will actually be our surgeon general. But I wouldn't hold it against him if he didn't want to be it anymore."

Los Angeles Times
February 19, 1995, Sunday, Home Edition

HEADLINE: TUSKEGEE STILL HOLDS DR. FOSTER IN ITS HEART

BYLINE: By RICHARD A. SERRANO, TIMES STAFF WRITER

BODY:

Dr. Henry W. Foster Jr. saved the life of the mayor's infant son. He talked a scared and confused Joyce German out of an abortion. He ran a network of prenatal clinics that persuaded young, poor women to abandon their midwives. And he delivered babies.

"Oh, the babies," recalled his nurse, Thelma Walker-Brown. "Lots of babies. Babies, babies, babies."

He was just out of medical school when he came to Tuskegee. Young, ambitious, trained in modern medicine. Among the poor, the uneducated and the sick living on the red clay soil of east-central Alabama, among the women who didn't know or couldn't afford to call a doctor, Foster was the best they had.

This was Alabama in the 1960s, a time and a place unlike the world today, long before the President of the United States would summon Foster to become the nation's surgeon general.

So great is the contrast between the political maelstrom of Washington and this community -- and what Foster meant to it -- that people in Tuskegee find it hard to grasp how the life of the "Dr. Hank" they grew to respect could be reduced to a question of how many abortions he may have performed in three decades of medical practice.

Indeed, the portrait of the young doctor that emerges in the recollections of old colleagues and others here serves as a sharp example of just how tortured the nation's struggle over abortion has become.

He is remembered in Tuskegee as the town "baby doctor" who, before Roe vs. Wade, performed abortions only in the rarest emergency of having to save a mother's life. As former colleague Dr. Thomas Calhoun said, he was not "an abortionist who works in an abortion clinic and all he does is abortions. . . ."

In the politics of this issue today, such distinctions tend to lose any meaning. Since Foster first acknowledged doing a small number of abortions, and later revised his estimate to 39, his chances of winning Senate confirmation next month have been in grave doubt.

Opponents do not argue that Foster did nothing good; those for whom abortion is an issue of uncompromisable morality believe that he was part of one thing so bad that nothing else matters. And some contend that the Clinton White House's bungling --

particularly its failure to give an accurate, forthright account of Foster's record at the outset -- has contaminated the nomination process beyond repair.

Those arguments may be the ones that determine Foster's fate as a candidate for surgeon general.

But they seem remote to those who remember how he labored to open the rural poor to the advantages of preventive medicine. How, through his satellite clinics and other outreach programs, Alabama women learned to take better care of themselves and their unborn children.

When Foster was back in Tuskegee last year to address a conference on rural health care, he reflected on the work he and his staff had done.

"I spent nine years of my life here in this most unique community," he said. "We were ahead of our time."

The native of Pine Bluff, Ark., who served in the Air Force as a medical officer, came here in 1964 as the lone obstetrician-gynecologist at the John A. Andrew Memorial Hospital -- a 180-bed, three-story brick facility on the campus of the famed Tuskegee University.

He was an African American doctor serving a black population. Tuskegee was about 87% black, as it remains today, and so were the vast majority of cottonseed farmers and loggers in the surrounding Tuskegee National Forest east of Montgomery, Ala.

The median income when Foster arrived here was less than \$2,500 a year. In the five-county rural area, families went without electricity, telephones and, in some cases, running water. Without jobs or education, how could you tell them modern health care was more important?

Foster took over for Dr. Joseph Mitchell, whom townspeople remember as overworked and stressed and who one day died of a heart attack.

"So Dr. Foster came in and he had all these pressures and he said he wanted to do it all," Walker-Brown said. "He said he was young and he could do it all."

His average caseload ran into the hundreds. He sometimes delivered three babies a day. In truth, the number of infants delivered under Foster's care simply cannot be counted.

Louis Rabb, administrator of the hospital before it closed in 1987, when too many charity cases drained its resources, remembered: "It was a tremendous number of babies. Probably thousands of them."

Taking in patients from Macon, Bullock, Russell, Lee and Elmore counties, Foster expanded Mitchell's program of women's clinics in the rural areas. Friends say he spent

afternoons in his Chevrolet Corvair, driving out into the countryside and teaching young women how to care for themselves properly.

The task was often daunting, his colleagues say. Women would wait the full nine months before they called a doctor, if they called one at all. For generations they had gone to a network of midwives operating throughout the region.

Foster sometimes found himself performing emergency surgery to repair a crudely done abortion. Or trying to save women with advanced eclampsia -- a disorder that may occur late in pregnancy -- who were rushed to his hospital in convulsions or already in a coma.

"It's hard to even visualize now," Walker-Brown said. "Women didn't have running water. They didn't have indoor toilets. They didn't have any stable income.

"They were the poorest of the poor. Women who didn't have anything. Women who didn't come to the hospital until the last minute.

"And they were brought here sometimes by lay midwives. They would physically bring them here. Or they'd bring them here with their premature babies. I mean, they'd put those babies in boxes with hot water bottles and bring them to us and ask us to save their lives."

Against this backdrop was the matter of race. The local hospital served only whites, except for a few black emergency patients that it took in and assigned to rooms normally used as closets. So the John A. Andrew Hospital became a mecca for Alabama blacks.

During Foster's time here, Tuskegee, like much of the South, underwent a metamorphosis.

There were civil rights demonstrations on the Tuskegee University campus. A young black man named Sammy Young was shot to death by a white assailant at the town bus depot in an incident that sparked protest marches. Voter-registration gerrymandering that shut blacks out of the polls was overturned by the Supreme Court.

Then the year before Foster left, Johnny Ford became the first black mayor of Tuskegee -- an office he still holds. In front of the Confederate statue that graced the town square, he placed a red-white-and-blue sign proclaiming: "Welcome to Tuskegee, Pride of the Growing South."

Ford said he also feels deeply indebted to Foster. The doctor saved his son's life.

Before he became mayor, Ford worked in New Orleans. His wife, Frances, who was pregnant with their first child, developed complications. They quickly returned to Tuskegee and Foster's care.

"She was bedridden for a while because she was carrying the child low and if she stood up it would cause her to go into labor. It was a very delicate situation," Ford said.

"It turned out he had to deliver the child early, and it took his skill to know when to take the child at exactly the right time."

Later, when Ford became mayor, Jet magazine put him on the cover with his wife and son. Foster liked to point to John Jr.'s picture and tell everyone: "That's my boy." Ford says to this day: "I owe my son's life to Dr. Hank."

In her own way, Joyce German credits Foster with saving her child as well.

She was 20, a student at Tuskegee, unmarried and pregnant with her second child. She knew Foster from services at the Missionary Baptist Church here. One day she knocked on his door at the hospital.

"I didn't want to have another child," she said. "I asked for an abortion, but he refused. He said this child was a blessing to me. He said to have the child and it would turn out all right. Today I have a beautiful daughter who went on to become the valedictorian at her high school."

But also while in Tuskegee, Foster did come under criticism for his efforts to spread the use of birth control. At that time in the rural South, many suspected that the white power structure was pushing birth control as a way to curb the number of black births, and maybe to kill off the black race altogether.

"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," Foster said in a speech while still in Tuskegee.

But he argued that acceptance of more birth control measures would only enhance the black population in Tuskegee, and bring it in line with modern life in the rest of the nation.

It was a delicate line for Foster, but one his colleagues said he balanced well.

"He was well-educated, but when he was with the people down here, he didn't set himself up in an ivory tower," said Dr. Calvin R. Dowe, who worked with Foster at the John A. Andrew Hospital.

Added Dr. Calhoun: "With Hank, we got a whole new dimension."

So when people in Tuskegee remember the good that Foster tried to accomplish, it becomes all the more troubling when they see the furor over his selection as surgeon general.

His uncle, William B. Hill, a 90-year-old retired farm extension service agent, saw his nephew come to Tuskegee and move on, and said he cannot understand what people would want in a surgeon general if not someone like Foster. Nor can his wife, 92-year-old Sadie Hill.

"We were all real poor people when Hank was here," Sadie said. "We were just people who needed help. He helped us."

SHOW: *All Things Considered*
National Public Radio (4:30 pm ET)
February 17, 1995

HEADLINE: Dr. Foster's Work in Nashville Praised

BYLINE: JOANNE SILBERNER

HIGHLIGHT:

Dr. Henry Foster's work in Nashville, Tennessee with teen programs and upgrading the Meharry Medical College, brings praise from those who know him. He is known as a quiet, unassuming doctor.

BODY:

NOAH ADAMS, Host: For the last two weeks, President Clinton's nominee to be U.S. Surgeon General, Dr. Henry Foster, has been in the middle of the controversy. It centers on procedures he did as a gynecologist, hysterectomies on retarded women, and abortions. Dr. Foster has said he wants the chance to tell Congress, and the American people, who he really is. A poll this week showed that even though Americans may not be clear about that, more support the nomination than oppose it. NPR's Joanne Silberner visited Dr. Foster's home town, Nashville, Tennessee, this week, to find out what people there think about it.

JOANNE SILBERNER, Reporter: If you want to know about Henry Foster, go to Meharry Medical College where he spent 21 years teaching medical students, taking care of patients, and as an administrator. At Meharry's Hubbard Hospital, workers have ripped out most of the walls and ceilings. Here on the fifth floor, the water pipes, the electrical lines, the heating ducts are all exposed. Hubbard Hospital has just begun an 18-month renovation.

WILLIAM HARVEY, Meharry-Hubbard Hospital Administrator: It will be a 150-bed hospital, completely renovated throughout, all new equipment. It'll be- it'll be a gorgeous new hospital for the city of Nashville.

JOANNE SILBERNER: Hospital administrator William Harvey shows us around what will be the pediatrics ward. The renovation is the final step in a bitterly contested merger between Meharry's Hubbard Hospital and Nashville's General Hospital, a merger that's happening largely because of Henry Foster.

While the merger will save the city money, it means closing down the white-run public hospital and bringing patients and city money to black-run Meharry - something some people in Nashville didn't want. The city went through months of public hearings on the merger. Republicans and Democrats both credit Foster with being able to bring all sides together. He worked behind the scenes in closed-door meetings, keeping people talking. Nashville mayor Phil Bredesen says Foster's quiet style worked.

PHIL BREDESEN, Mayor of Nashville, Tennessee: He has a very nice, low-key way of getting things done. What I found was that- that in a very political environment, which things like this merger were, he had a way of getting things done without being overtly political, that his kind of quietness and conservatism and competence was a very- it just was just a very politically effective approach.

JOANNE SILBERNER: For the merger to proceed, Meharry had to prove that highly qualified doctors would want to come to work here. John Mauppin [sp], head of Meharry, says it wasn't easy.

JOHN MAUPPIN, Meharry Hospital: Dr. Foster led that recruitment and brought some outstanding physicians from around this country who were dedicated to the mission of Meharry to serve the underserved and were willing to come to Nashville, Tennessee and work at General Hospital, even in the old facility. Most people didn't believe that we would be able to recruit people like that.

JOANNE SILBERNER: There are lots of reasons doctors might not want to come to Meharry. Some of the patients can't pay their doctors' bills at all, and many patients' bills are paid at low government rates. The medical school doesn't own a lot of fancy machines and didn't have enough patients to maintain accreditation for some of its teaching programs, and the emphasis here is on primary care, not the highly-specialized medicine that many doctors find more interesting. But Foster was able to meet the city's requirement of 56 doctors. One of the doctors who came was obstetrician-gynecologist Elwin Grimes [sp].

ELWIN GRIMES, Obstetrician-Gynecologist: First of all, he told me that he was going to present me with a challenge that would be one of the most difficult of my whole life. All right, and then he described the need that existed here, and from there, we got into discussions that have to do with what's important in regard to the contributions that we make as physicians. What are the things that we all do that make a difference?

JOANNE SILBERNER: What Foster is most known for in Nashville and what was supposed to sell him to the Congress is a local program called 'I Have a Future.'

JOE JENKINS, 'I Have a Future' Instructor: OK. Once again, welcome to family life education. Once again, for those who may have forgotten from week-to-week, I'm Joe Jenkins.

JOANNE SILBERNER: Twenty-five teens are sitting, boy-girl-boy-girl, in a classroom in a Nashville high school. It's an after school program Foster started eight years ago for teenagers from two city housing projects. Every day Joe Jenkins starts the class the same way.

JOE JENKINS: OK. Everybody understand this is a teen pregnant prevention program? Everybody understand the best way to prevent pregnancy is-

STUDENTS IN CLASS: Abstinence.

JOE JENKINS: Abstinence. Once again, always understand, no matter what you hear from everybody else, there are more people not having sex than there are having sex.

JOANNE SILBERNER: It's not just abstinence, the program also teaches birth control methods and sexual responsibility, something that conservatives raised concerns about the first day after Foster's nomination. But the focus of the program is life skills; teaching the teens how to conduct themselves in job interviews and on the job, having them run a small business, tutoring, taking them on trips, that sort of thing. The idea is to teach the teens that there are better ways to get attention than having a baby.

Tanya Rutledge [sp] is 17. She's been in the program eight years.

TANYA RUTLEDGE, 'I Have a Future' Student: I plan to graduate this year and go to college, and I want to own my own beauty shop.

JOANNE SILBERNER: If you hadn't been in the program, what do you think your life would be like?

TANYA RUTLEDGE: I think I would probably be like my other friends which have children or they're about to have a child.

JOANNE SILBERNER: What would that kind of life be like?

TANYA RUTLEDGE: It would be awful because I wouldn't be able to go to college and make the kind of money that I want to make.

JOANNE SILBERNER: More than 800 teens have gone through the program since Foster started it. There are no hard statistics on how well the program is doing, but during one 30-month period, only one girl got pregnant - much lower than in the past. In some circles, like the housing projects and the local medical community, Henry Foster is a hero. But citywide he is not that well known. Frank Gibson, political editor of one of Nashville's newspapers, The Tennessean, didn't expect even the nomination or what followed.

FRANK GIBSON, Political Editor, The Tennessean: I would- I would say that I was surprised, but only because I- I would not have thought about it. You know, he just did not have a very high profile in this community. No, you know- no controversy, certainly that this newspaper has known about and written about.

JOANNE SILBERNER: The national controversy over abortion, that started after the president named Foster, hasn't cost him support here. Gibson says the local community is continuing to back Foster. There were no major questions about the hysterectomies Foster performed on retarded women. The only opposition in Nashville to Foster's nomination seems to come from people who don't know him personally. They, like some

national leaders, strongly object to the abortions he's done. Bill Bomgardner [sp] leads the local chapter of an anti-abortion group, the Christian Action Council.

BILL BOMGARDNER, Local Leader Christian Action Council: I certainly have no personal ill will to Dr. Foster. I just think it's a poor decision to put a pro-abortionist on as the top doc. There are certain things that disqualify you, and this is one of those issues. Killing people is sort of permanent.

JOANNE SILBERNER: But not all abortion opponents feel that way. Avon Williams III [sp] is the son of the first African-American state senator in Tennessee, and has known Foster his whole life. Foster nursed Williams' wife through a tough pregnancy and delivered his daughter. Williams is a Republican, a member of the Christian right. He thinks abortion should only be considered when the mother's life is at stake. Williams says Foster shouldn't have done any abortions, but that all the other things that he has done would make him a good surgeon general.

AVON WILLIAMS III, Acquaintance of Dr. Foster: If you're going to make this a referendum on abortion, and on doctors who perform abortions, Hank Foster is probably the worst choice you could possibly make. I mean, from a standpoint of political strategy, as a pro-lifer, Hank Foster is not- would not be the guy I'd be trying to bring down. Hank Foster has not been an abortionist. He's been promoting life most of his career. Why would we choose somebody like Hank Foster to vilify? It just doesn't make sense to me.

JOANNE SILBERNER: On a cold and rainy Wednesday evening, the male chorus at the First Baptist Church on Nashville's Capitol Hill is rehearsing. Down the hall, the pastor Reverend Sherman Tribble [sp] has gathered a few people together to talk about Henry Foster. This is Foster's church. He's been a member since he arrived in Nashville in 1973. The congregation strongly supports him. Inez Crutchfield [sp] is a church member and a patient of Dr. Foster's.

INEZ CRUTCHFIELD, Patient of Dr. Foster: Because of him, I frequently say, 'I am alive today.' Because it was Dr. Foster who discovered that I had cancer at a very early stage, and it was Dr. Foster who did the surgery.

JOANNE SILBERNER: Crutchfield says she was thrilled when she heard her doctor had been nominated as surgeon general. But the political battle that began soon after upset her.

INEZ CRUTCHFIELD: I was very angry. I was just furious, to be very frank with you. That anyone would question- having known him as well as I did, I could not imagine persons questioning his professionalism, his reputation here, in Tennessee, in this city, was without blemishes, far as I- I would know.

JOANNE SILBERNER: Foster came back to the church last weekend. Reverend Sherman Tribble says he's in good spirits, his faith challenged, but not shaken.

Rev. SHERMAN TRIBBLE, Pastor, First Baptist Church: Sunday when we looked at our New Testament lesson, one of the verses from Luke, Chapter 12 said that, when persons come before the authorities to be tried, don't spend a lot of time concocting answers. Rely on the spirit, or the Holy Spirit to guide you. And as he looked at that particular verse, when we were leaving the service, he just kept pointing to it. He'd say, 'Reverend, that's it. That's it. That's it.' And, I guess, for him it said that, when I get a chance to present my views in the public forum, it'll be all right.

JOANNE SILBERNER: Foster began presenting his views this week. He spent two days on Capitol Hill in Washington, talking to senators, looking for the same kind of support he's gotten from his community. This is Joanne Silberner reporting.