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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	[Personally Identifiable Information] [partial] (1 page)	03/15/1995	b(6)

COLLECTION:
Clinton Presidential Records
Staff Secretary
John Podesta (Foster Files)
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FOLDER TITLE:
Nomination of Dr. Henry Foster Jr. Book II [binder] [1]

2018-0662-S
rs3138

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Dr. Henry W. Foster, Jr.

BOOK II

The Nomination of Dr. Henry W.Foster, Jr.

Book II

PHOTOCOPY
PRESERVATION

Table of Contents

Book I

Book II

Book III

PHOTOCOPY
PRESERVATION

Clinton Presidential Records
Digital Records Marker

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

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

J

Divider Title: _____

THE NASHVILLE ACADEMY OF MEDICINE'S ETHICS COMMITTEE

The Nashville Academy of Medicine (hereinafter referred to as the "Academy"), founded in 1821, is a voluntary organization comprised of over 1,400 doctors in Davidson County, Tennessee. The organization serves the Nashville area by providing a forum for discussing issues pertaining to the medical community. Moreover, the Academy serves the community by acting as a tribunal for the discipline of its members. This function is carried out by the Ethics Committee, of which Dr. Foster is a member.

The Academy's By-Laws state that "the function of the Ethics Committee shall be to receive complaints from physicians concerning the professional activities of member physicians."[1]

The Ethics Committee is comprised of ten Academy-member-physicians who were selected by the Academy's Board of Directors for their dedication to the medical profession. According to Margaret Click, Executive Director of the Academy, Dr. Foster was asked to serve due to his "outstanding reputation in the medical community." Dr. Foster has dutifully served on the Committee for ten years.

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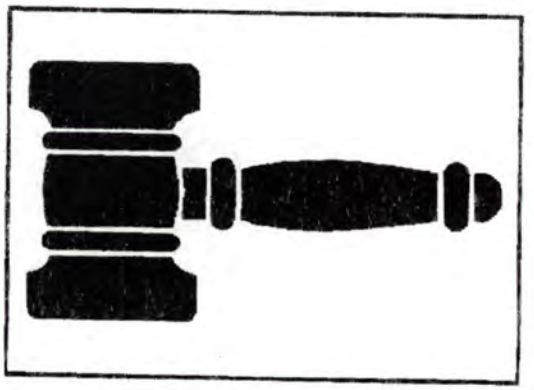
[1]According to the Academy's By-Laws, the Ethics Committee may consider a complaint made against a non-Academy member only if the physician agrees to be subjected to the rules and procedures of the Ethics Committee.

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE GENERAL COUNSEL

95 APR 21 P5:19

PHONE: (202) 690-6318
FAX: (202) 690-7998

DATE: April 21, 1995



TO: **JOHN PODESTA**
fax: 456-2215

FROM: ANDREW D. HYMAN
Special Assistant to the General Counsel
Office of the General Counsel, Room 707F
Department of Health and Human Services
200 Independence Ave., SW
Washington D.C. 20201

COMMENTS: The attached describes the Institute of Medicine and Dr. Foster's participation in it. I am in the process of doing a similar piece on the Ethics Advisory Board. In addition, I am waiting for a draft of a letter on Dr. Foster's behalf from Dr. David Hamburg, current President of the Carnegie Corporation, and former President of the IOM.

No. of Pages (including cover): 3

SENT BY: 4-21-95 ; 13:28 ;OGC IMMEDIATE OFFICE- 9456221S:# 1/ 3

Draft: April 21, 1995

INSTITUTE OF MEDICINE (IOM)

IOM GENERAL INFORMATION

- The IOM was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of the medical and other professions who have made significant contributions to human health care by focusing their expertise on the most pressing problems that affect public health. Its chartered purpose is the advancement of the health sciences and education and the improvement of health care.

- The IOM has approximately 500 regular members, 500 senior members and 33 foreign associates. Its charter stipulates that one-quarter of the IOM membership be elected from professions other than health and medicine.

- The process by which one becomes a member is highly selective. To become a member, one must be nominated by numerous current members, be interviewed by the membership committee and then be elected by the entire body. Typically, nominated individuals may have to wait years before being elected to the IOM.

- Members serve without compensation.

- The IOM is governed by a Council consisting of the president and 20 members elected by the membership to 3-year terms.

- The IOM examines virtually every topic related to human health and makes policy recommendations which frequently result in changes in laws and regulations.

- For more than 20 years, the IOM has responded to requests from Congress, the White House and executive agencies to study the most pressing health issues, such as cancer research, medicare and medicaid reimbursement policies, vaccine development and distribution, food safety, and the AIDS crisis.

DR. HENRY FOSTER AND THE IOM

- Having been recognized by his peers as someone who had made great contributions to health, Dr. Foster was elected to the IOM in 1972.

- Dr. Foster's active participation in the work of the IOM for the last twenty years has been particularly critical because of his unique knowledge and understanding of matters

pertaining to reproductive health and his work focused on improving health care for women and infants. A 1992 IOM report, entitled Strengthening Research in Academic OB/GYN Departments, noted that there is an urgent need to increase and expand what is currently an insufficient cadre of OB/GYN investigators to address the important clinical issues raised in reproductive health. "Only a handful of the nation's academic departments of OB/GYN host the kind of research enterprise that provides a truly vibrant environment for research training." (Report at 4). Dr. Foster is an example of one of the few physician scientists who has devoted a career to developing and evaluating programs that improve pregnancy outcome especially for rural populations and women in poverty.

- Since his admission to the IOM in 1972, Dr. Foster has served with distinction. He has served on numerous IOM committees and boards and participated in workshops. Most recently, he has been recognized for his accomplishments by being elected to the IOM Council, a body of 21 members, responsible for governing the IOM. Council members serve for three year terms. Dr. Foster was elected to the Council in 1992 and, in November 1994, was reelected to a second term, due to expire in 1997.

- Among the boards and committees on which Dr. Foster has served are the following:

  - Board on Health Promotion and Disease Prevention (1988-93)

  - Committee on Strategies for Supporting Graduate Medical Training in Primary Care (1988-89)

  - Committee on Oral Contraceptives and Breast Cancer (1989-91)

  - Lienhard Award Committee (1992-94)

  - Committee on Human Rights (1994-97)

  - Committee to Study Fetal Alcohol Syndrome (1994-95)

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]

DRAFT: April 23, 1995

ETHICS ADVISORY BOARD (EAB)

- The EAB was created at the recommendation of the National Commission of Human Subjects of Biomedical and Behavioral Research (the National Commission), a commission established by Congress in response to the 1972 disclosure of the highly controversial Tuskegee Syphilis Study. The National Commission, which brought its work to a close in 1978, envisioned the EAB as an ongoing government entity which would examine issues related to types of scientific research and specific research proposals and would advise the Secretary of the Department of Health, Education and Welfare (HEW) as to ethical issues related to the research. See 45 C.F.R. § 46.204 (1993) (attached).

- In 1978, then HEW Secretary Joseph Califano established the EAB largely in response to the breakthroughs being made throughout the world in research involving in vitro fertilization. That year, England made the astonishing announcement that the birth of Louise Brown, the first "test-tube baby", making the role of the EAB even more important. Secretary Califano wrote to the EAB Chair (attached):

  > This achievement has aroused great interest throughout the world. Research on in vitro fertilization and on embryo transplantation hold enormous promise. At the same time, it raises questions that reach to our most profound moral and ethical beliefs.

- Secretary Califano appointed the EAB members in February 1978 from nominations submitted by professional associations, scientific societies, public interest groups and members of Congress. Its 15 members included lawyers, physicians, clinicians, researchers, and a theologian.

- Because of the significance of the EAB's mission, Secretary Califano explained, "We need to bring the best thinking this nation has to offer to bear on these subjects. . ." Recognized by his peers for his work in the area of bioethics and reproductive health, Dr. Foster was selected by Secretary Califano to serve on the board.

- Among its members, this prominent board also included:

  - James C. Gaither, the Chair, a former advisor to President Johnson who thereafter served for six years as the President of the Stanford University Board of Trustees;

  - Dr. David A. Hamburg, the Vice Chair, a former

President of the Institute of Medicine at the National Academy of Sciences and currently President of the Carnegie Corporation of New York;

- Reverend Richard A. McCormick, one of the nation's leading theologians and Professor at Georgetown University's Kennedy Institute;
- Dr. Daniel C. Tosteson, who has served as the Dean of the Harvard Medical School for nearly twenty years;
- Dr. Sissela Bok, the renowned Harvard University ethicist and philosopher; and
- Dr. Donald A. Henderson, currently Deputy Assistant Secretary for Health and Sciences at HHS and the individual who is credited, more than any other, with wiping out smallpox.

- During its existence from 1978-1980, the EAB carried out a major study concerning the ethical acceptability of research involving human <u>in vitro</u> fertilization and embryo transfer. The EAB held hearings in eleven major cities, reviewed 2,000 letters from the public, and commissioned many scholarly papers in the fields of ethics, theology, law and sociology. The EAB concluded that, under certain well-defined conditions, such research is acceptable from an ethical standpoint.

- The EAB subsequently conducted studies and made recommendations concerning fetoscopy and the ethics of release of preliminary clinical trial data and data collected by the Center for Disease Control and Prevention pertaining to nosocomial (hospital-induced) infections.

- Meanwhile, in 1978, Congress established the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (the President's Commission), which, among others things, was to report on the protection of human subjects in research. In 1980, then HHS Secretary Harris, in consultation with the Congressional Appropriations Committees, decided to dissolve the EAB believing it was inappropriate to fund two committees focusing on medical ethics. Therefore, they approved the use of HHS' appropriations to fund the President's Commission and phase out the EAB by the end of 1980.

§ 46.202 Definitions.

As used in this subpart:

(a) *Secretary* means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom authority has been delegated.

(b) *Pregnancy* encompasses the period of time from confirmation of implantation (through any of the presumptive signs of pregnancy, such as missed menses, or by a medically acceptable pregnancy test), until expulsion or extraction of the fetus.

(c) *Fetus* means the product of conception from the time of implantation (as evidenced by any of the presumptive signs of pregnancy, such as missed menses, or a medically acceptable pregnancy test), until a determination is made, following expulsion or extraction of the fetus, that it is viable.

(d) *Viable* as it pertains to the fetus means being able, after either spontaneous or induced delivery, to survive (given the benefit of available medical therapy) to the point of independently maintaining heart beat and respiration. The Secretary may from time to time, taking into account medical advances, publish in the FEDERAL REGISTER guidelines to assist in determining whether a fetus is viable for purposes of this subpart. If a fetus is viable after delivery, it is a premature infant.

(e) *Nonviable fetus* means a fetus *ex utero* which, although living, is not viable.

(f) *Dead fetus* means a fetus *ex utero* which exhibits neither heartbeat, spontaneous respiratory activity, spontaneous movement of voluntary muscles, nor pulsation of the umbilical cord (if still attached).

(g) *In vitro fertilization* means any fertilization of human ova which occurs outside the body of a female, either through admixture of donor human sperm and ova or by any other means.

[40 FR 33528, Aug. 8, 1975, as amended at 43 FR 1759, Jan. 11, 1978]

§ 46.204 Ethical Advisory Boards.

(a) One or more Ethical Advisory Boards shall be established by the Secretary. Members of these board(s) shall be so selected that the board(s) will be competent to deal with medical, legal, social, ethical, and related issues and may include, for example, research scientists, physicians, psychologists, sociologists, educators, lawyers, and ethicists, as well as representatives of the general public. No board member may be a regular, full-time employee of the Department of Health and Human Services.

(b) At the request of the Secretary, the Ethical Advisory Board shall render advice consistent with the policies and requirements of this part as to ethical issues, involving activities covered by this subpart, raised by individual applications or proposals. In addition, upon request by the Secretary, the Board shall render advice as to classes of applications or proposals and general policies, guidelines, and procedures.

(c) A Board may establish, with the approval of the Secretary, classes of applications or proposals which: (1) Must be submitted to the Board, or (2) need not be submitted to the Board. Where the Board so establishes a class of applications or proposals which must be submitted, no application or proposal within the class may be funded by the Department or any component thereof until the application or proposal has been reviewed by the Board and the Board has rendered advice as to its acceptability from an ethical standpoint.

(d) No application or proposal involving human *in vitro* fertilization may be funded by the Department or any component thereof until the application or proposal has been reviewed by the Ethical Advisory Board and the Board has rendered advice as to its acceptability from an ethical standpoint.

[40 FR 33528, Aug. 8, 1975, as amended at 43 FR 1759, Jan. 11, 1978]

§ 46.205 Additional duties of the Institutional Review Boards in connection with activities involving fetuses, pregnant women, or human in vitro fertilization.

(a) In addition to the responsibilities prescribed for Institutional Review Boards under Subpart A of this part, the applicant's or offeror's Board shall, with respect to activities covered by

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

September 15, 1978

MEMORANDUM FOR THE HONORABLE JAMES C. GAITHER
Chairman, The Ethics Advisory Board of HEW

In May, I referred to the Ethics Advisory Board an application that sought funds from the National Institutes of Health to perform research involving human in vitro fertilization. At that time the practical application of the research seemed years away. We have now seen the work of Professor Edwards and Mr. Steptoe in England, and the birth of an apparently normal child following in vitro fertilization of the mother's egg in the laboratory and transplantation of the embryo into the mother's womb.

This achievement has aroused great interest throughout the world. Research on in vitro fertilization and on embryo transplantation holds enormous promise. At the same time, it raises questions that reach to our most profound moral and ethical beliefs.

From a medical perspective, advancing our knowledge of reproductive biology may contribute to reducing genetic diseases and infant mortality, and to improving health in ways that we can only speculate about at the present time. In addition, perfection of the techniques of in vitro fertilization and embryo transplantation holds out the possibility that certain couples who cannot otherwise have children may now be able to have children of their own.

On the other hand, these procedures raise serious moral and ethical questions. Does the perfection of these techniques create a potential for abuse so severe that the Federal government should not support or should strictly limit its support of the research? Can techniques of in vitro fertilization and transplantation of the embryo damage the resulting fetus and lead to abnormal children? Will this research lead to selective breeding, to attempts to control the genetic makeup of offspring or to the use of "surrogate parents," where, for example, rich women might pay poor women to carry their children?

Additionally, despite the promise that this research holds, the very research process itself raises a panoply of questions about the rights and responsibilities of those involved. Are any of the participants -- such as the research investigator, the clinical practitioner, the hospital or university, the government funding agency -- legally liable for defects of a child conceived in the course of such research?

These scientific, ethical and legal issues must be thoroughly aired. We need to bring the best thinking this nation has to offer to bear on these subjects, and we must debate these questions publicly and openly. I would like the Ethics Advisory Board to address all the issues associated with in vitro fertilization and to provide recommendations on broad principles to guide the Department in future decision making.

I know the Board will conduct a thorough examination of these very important and extraordinarily difficult issues. You should solicit the widest possible public comment on these questions, involve knowledgeable and concerned members of the research community, consult thoroughly with ethicists and social and political representatives concerned with these questions, and assure that your review of this subject is given as wide public dissemination as possible.

Only through the widest possible public involvement and debate can we hope to reach a conclusion which can win the confidence and support of the American people on issues involving such basic ethical concerns. In the course of your consultations, you should arrange for public hearings throughout the nation -- in every HEW region -- to stimulate a national debate on this subject, and to assure that all interested parties have an opportunity to make their views known.

I appreciate the Board's assistance on these complex and sensitive issues and look forward to receiving your advice.

Joseph A. Califano, Jr.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
REQUEST FOR APPROVAL OF NOMINEES
FOR PUBLIC ADVISORY COMMITTEES
(See reverse for instructions)

Date Prepared: September 9, 1977

[X] Principal [ ] Alternate

Name of Companion Nominee:

Name of Nominee: *(last, first, middle, prof. degrees)*
FOSTER, Henry Wendell M.D.

Business Title:
Chief, Obstetrics and Gynecology

Home Address:
4140 West Hamilton Road
Nashville, Tn. 37218

Business Address:
Meharry Medical School
Atlanta, Georgia

Date of Birth:
September 8, 1933

Place of Birth:
Pine Bluff, Arkansas

Agency:
HEW

Proposed Committee:
Ethical Advisory Board

[X] Initial Appointment
Proposed Term:
From: Immed.
To: 6/30/79

[ ] Reappointment
Proposed Term:
From:
To:
Current Term:
From:
To:

Name of Retiring Member:

Termination Date:

Sources of Recommendations:

Name	Title	Date
Joseph A. Califano, Jr.	Secretary, DHEW	8/77

Special Qualifications of Nominee *(briefly describe unique qualifications)*:

Dr. Foster is an eminent obstetrician and gynecologist who has spent most of his career in hospitals in the South. He is a member of the Institute of Medicine of the National Academy of Sciences, and is a minority nominee.

Type Qualifications Needed for Committee Position:

Medical member

Previous Membership on DHEW Committees and Terms of Office:

None

Program Director Recommendation/Approval
Date _____ BY: _____

Agency Head Recommendation/Approval
Date _____ BY: _____

Department Committee Management Office Concurrence
Date 9-26-77 BY: RH Tarr

Assistant Secretary Recommendation/Approval
Date _____ BY: _____

Assistant to the Secretary Recommendation
Date 9/26/77 BY: Gladys Demuth

SECRETARY'S APPROVAL
Date SEP 26 1977
Joseph A. Califano Jr.
Secretary

HEW-693 (Rev. 1/77)

N161

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

OFFICE OF THE GENERAL COUNSEL

December 14, 1978

NOTE TO BOB TARR

Re: Renewal of Charter and FY 1979 Budget for Ethics Advisory Board

The proposed renewal charter for the Ethics Advisory Board (copy attached) has been referred to this office for clearance. This is to inform you that the attached proposed renewal charter has been cleared by this office on the condition that sub-committees of the Board be chartered prior to functioning.

P.J. Winzer, Attorney
Administrative Law Branch
Business and Administrative
Law Division

Attachment

cc: W. Chalmers

SEP 8 1977

Henry W. Foster, M.D.
Professor and Chairman
Department of Obstetrics and Gynecology
Meharry Medical College
1005 - 18th Avenue North
Nashville, Tennessee 37208

Dear Dr. Foster:

The experience of my first months as Secretary of the Department of Health, Education, and Welfare has made it obvious to me that decisions in the public health arena are among the most difficult which I face. The difficulties lie not only in the technical nature of those decisions, but also in the complex ethical issues that are frequently involved. Ethical considerations are unavoidable in matters ranging from the sponsorship of laboratory research on recombinant DNA to the initiation of a massive immunization program.

Because these issues are so broad and so complex, I have asked Mr. James Gaither, a fine lawyer and former colleague on President Johnson's staff, to form an Ethics Advisory Board to assist me in making these difficult decisions. This Board will consist of a group of knowledgeable and distinguished citizens who will bring a variety of perspectives to help the Department confront these issues. I feel that your participation would contribute greatly to the work of this Board, and I would be most pleased if you would agree to serve as a member.

I anticipate that membership on the Ethics Advisory Board would require approximately two days of your time every three months for a meeting of the Board here in Washington, in addition to the time required to review the briefing materials which would be provided to you in advance of those meetings. The agenda items will be determined largely by the character of the issues

which are facing me at any particular time, and will be specifically selected a month prior to each meeting either by myself or by Mr. Gaither in consultation with the Board members and the principal health officials of the Department. For your information, I have included a sample list of possible agenda items.

If you are able to accept this invitation, please indicate your decision by signing and returning the enclosed Acknowledgement of Invitation. Upon learning of your acceptance, I will ask the Assistant Secretary for Health to supply you with further information relating to your appointment.

The first meeting of the Board is scheduled for October 14-15. I am most hopeful that you will accept this invitation and will join in the important work of the Board at that time.

Sincerely,

Joseph A. Califano, Jr.

Joseph A. Califano, Jr.

Enclosures

OS/McGinnis/gec/sw/9/6/77
OCMO ✓
CHU
Secretary's Reading Files
HEW Files

ACKNOWLEDGMENT OF INVITATION

Office of the Secretary
Department Committee Management Officer
Department of Health, Education, and Welfare
330 Independence Avenue, S.W.
Washington, D.C. 20201

Subject Committee:

Gentlemen:

☒ I am pleased to accept your invitation to serve on the committee named above, and await further instructions regarding the committee's agenda and schedule.

☐ I regret that I am unable to accept your invitation to serve on the committee named above.

Sincerely yours,

Signature

September 14, 1977
Date

MAILING ADDRESS:
Henry W. Foster, Jr., M.D.
Professor and Chairman
~~Department of Obstetrics~~ and Gynecology
Meharry Medical College
1005-18th Avenue North
Nashville, Tennessee 37208

HEW-863 (REV. 3/72)

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D. C. 20201

CHARTER

ETHICAL ADVISORY BOARD

CHARTER AMENDED --- See amendments dated 4-29-78

Purpose

In the Federal Register of August 8, 1975 (40 FR 33526), the Secretary of Health, Education, and Welfare published regulations regarding research, development, and related activities involving fetuses, pregnant women, and in vitro fertilization. The regulations, codified at 45 CFR Part 46, Subpart B, provide for the establishment by the Secretary of two Ethical Advisory Boards, one to be advisory to the Public Health Service and the other to the remaining components of the Department. Review of the current needs for such an advisory structure indicates that, for the time being, a single Board may be sufficient to meet the Department's needs. This Board will advise the Department regarding biomedical and behavioral research activities covered by Subpart B, in accordance with the provisions thereof. In addition, the Board will advise the Secretary, as requested, with respect to issues arising under Section 474(b) of the Public Health Service Act, as amended (42 U.S.C. 289l-3). The Board may also be assigned responsibility for advising with respect to ethical issues raised by other Departmental biomedical and behavioral research activities subject to the provisions of 45 CFR 46.

Authority

42 U.S. Code 217a. This Board is governed by the provisions of Public Law 92-463 which sets forth standards for the formation and use of advisory committees.

Function

At the request of the Secretary or his designee, the Ethical Advisory Board shall render advice consistent with the policies and requirements of 45 CFR Part 46, Subpart B as to ethical issues, involving activities covered by that subpart, raised by individual applications or proposals. In addition, upon request by the Secretary or his designee, the Board shall render advice as to classes of applications or proposals and general policies, guidelines, and procedures.

The Board may establish, with the approval of the Secretary or his designee, classes of applications or proposals involving activities covered by Subpart B which: (1) must be submitted to the Board, or (2) need not be submitted to the Board. Where the Board so establishes a class of applications or proposals which must be submitted, no application or proposal within the class may be funded by the Department of Health, Education, and Welfare or any component thereof until the application or proposal has been reviewed by the Board and the Board has rendered advice as to its acceptability from an ethical standpoint.

No application or proposal involving human in vitro fertilization may be funded by the Department of Health, Education, and Welfare or any component thereof until the application or proposal has been reviewed by the Ethical Advisory Board and the Board has rendered advice as to its acceptability from an ethical standpoint.

The Board must approve a request by the applicant or offeror to modify or waive requirements of Subpart B, in order for the Secretary or his designee to grant such a request.

At the request of the Secretary or his designee, the Board will provide advice with respect to issues arising under Section 474(b) of the Public Health Service Act, as amended (42 U.S.C. 289l-3).

The Secretary or his designee may assign the Board responsibility for advising the Department of Health, Education, and Welfare regarding ethical issues raised by other Department of Health, Education, and Welfare activities subject to the provisions of 45 CFR 46.

Structure

The Ethical Advisory Board shall consist of fourteen members, including the chairman, appointed by the Secretary or his designee. Members shall be so selected that the Board will be competent to deal with medical, legal, social, ethical, and related biomedical issues, provided that: (1) no more than seven may be scientists, of whom four shall be biomedical scientists and three social or behavioral scientists; and (2) the remainder shall be from other disciplines or representatives of the general public, except that at least one shall be an attorney and one shall be an ethicist. No Board member may be a regular, full-time employee of the Federal government.

Members shall be invited to serve for overlapping four-year terms, except that of these persons initially appointed to the Board, four shall be appointed for four-year terms, four for three-year terms, three for two-year terms, and three for one-year terms. Terms of more than two years are contingent upon renewal of the Board by appropriate action prior to its termination.

Management and staff services shall be provided by the Executive Secretary of the Ethical Advisory Board, Office of the Director, National Institutes of Health.

Meetings

Meetings will usually be held three times a year or at the call of the chairman, with the advance approval of a government official who shall also approve the agenda. A government official shall be present at all meetings.

Meetings shall be open to the public except as determined otherwise by the Secretary or his designee; notice of all meetings shall be given to the public.

Meetings shall be conducted, and records of proceedings kept, as required by applicable laws and Departmental regulations.

Decisions of the Board on matters of broad public interest shall be published in such form and manner as the Secretary may approve.

Compensation

Members shall be paid at the rate of $100 per day plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

Annual Cost Estimate

Estimated annual cost for operating the Board, including compensation and travel expenses but excluding staff support, is $50,000. Estimate of annual person years of staff support required is two, at a cost of $40,000.

Report

An annual report shall be submitted to the Secretary and the Assistant Secretary for Health not later than 60 days following the beginning of the next fiscal year which shall contain, as a minimum, a list of members and their business addresses, the Committee's functions, the dates and places of meetings, and a summary of the Committee's activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

Termination Date

Unless renewed by appropriate action prior to its expiration, the Ethical Advisory Board will terminate two years from the date this charter is approved, or, if earlier, the first day of the first month that follows the date on which all the members of the National Advisory Council for the Protection of Subjects of Biomedical and Behavioral Research (as provided for by Section 211 of the National Research Act) are appointed.

APPROVED:

DEC 27 1976
Date

David Mathews
Secretary

This charter was filed 1/14/77

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE

WASHINGTON, D. C. 20201

CHARTER

ETHICS ADVISORY BOARD

Purpose

The Ethics Advisory Board will review and advise the Secretary, as requested, with respect to the ethics of current and proposed departmental research and other activities, and of the missions, programs, agency assignments, or procedures that are proposed to, or are reviewed, supported, conducted, sponsored, monitored, or regulated by the Department or which may involve the Department directly or indirectly through other Federal, domestic, foreign, or international organizations, institutions, agencies or persons.

Department regulations (45 CFR 46) for the protection of human subjects involved in research, development or related activities conducted, supported, or sponsored by the Department provide for the establishment of one or more Ethics Advisory Boards within the Department. Review of the current needs for the prescribed functions indicates that, for the time being, a single Board may be sufficient to meet the Department's needs. This Board will advise the Department regarding research activities covered by applicable subparts and sections of 45 CFR 46, in accordance with the provisions thereof. In addition, the Board will advise the Secretary, as requested, with respect to issues arising under Section 474(b) of the Public Health Service Act, as amended (42 U.S.C. 289l-3).

The Board may initiate inquiries, hold hearings and conduct public meetings, symposia, or other means for the purpose of developing appropriate recommendations and to advise the Secretary.

Authority

42 U.S. Code 217a. This Board is governed by the provisions of Public Law 92-463 as amended which sets forth standards for the formation and use of advisory committees.

Functions

1. At the request of the Secretary, the Ethics Advisory Board shall advise, consult with, and make recommendations to the Secretary regarding the ethics of any research or other policy, or any mission, program, agency assignment, or activity.

2. The Board may conduct inquiries and hold hearings on proposed policies and regulations and on the interpretation, applicability, administration, and effectiveness of departmental regulations, policies or requirements and on the implementation of safeguards and assurances by institutions or by agencies within the Department for the purpose of protecting the rights and welfare of human subjects, or on other ethical matters and will report its findings and recommendations to the Secretary.

3. At the request of the Secretary, the Board will provide advice on ethical issues addressed to the Secretary regarding research, development or related activities involving human subjects.

4. The Board may advise, consult with and make recommendations to the Secretary on ethical issues that arise in regard to proposed or ongoing research, development or related activities involving human subjects that may be conducted, supported, sponsored or regulated by the Department.

5. The Board may consider appeals, requests and inquiries from Institutional Review Boards or comparable agency review committees that are addressed to the Secretary for guidance on ethical or policy questions regarding research activities or proposals involving human subjects when such referrals, in the judgment of the Secretary, present substantive ethical or related policy issues.

6. The Chairman of the Board shall report directly to the Secretary on all proposed agenda subjects, actions and recommendations of the Board on policy development or policy review matters.

Ethical reviews required by regulation or referred to or requested by the Board on specific proposals or ongoing activities will be reported through the Office of the Secretary to the head of the departmental agency or agencies involved.

Structure

The Ethics Advisory Board shall consist of no less than fourteen nor more than twenty members, including the Chairman, appointed by the Secretary.

Selection of members shall be made for representation from the legal, ethical, scientific, medical and social professions or from the general public, with special qualifications and competence to deal effectively

with ethical issues of concern to the Department, provided that at least one member shall be an attorney, at least one member shall be an ethicist, at least one member shall be a practicing physician, at least one member shall be a theologian, and that no less than one-third nor more than half the total membership shall be career scientists with substantial research accomplishments, each to be selected for competency in one or more of the following categories; (a) basic biomedical and behavioral (e.g., physiological, genetic, psychological, pathological or etiological) research; (b) pediatrics, developmental human biology, obstetrical or gynecological research; (c) epidemiology, population or health services research; (d) psychiatric, clinical psychology, behavioral or sociological research; and (e) design and conduct of large scale clinical research programs for improving the treatment of major diseases or disorders.

No Board member may be a regular, full time employee of the Federal government.

Members shall be appointed for four year terms except that of the members first appointed, approximately one fourth shall be appointed for terms of one year, one fourth for terms of two years, one fourth for terms of three years, and one fourth for terms of four years.

Any member appointed to fill a vacancy occurring prior to expiration of the term for which his predecessor was appointed shall serve for the remainder of such term. Appointed members shall be eligible for reappointment for one additional four year term. Members may serve after the expiration of their terms until their successors have taken office.

A majority of the appointed members shall constitute a quorum of the Board.

The Board may refer specific questions, problems, and issues to any other Departmental committee, agency or staff for advice and counsel.

On recommendations by the Board, the Secretary may approve the issuance of requests for proposals and make sole or multiple contracts for personal or institutional services for consultants to the Board, to sponsor or conduct appropriate meetings, workshops, symposia, studies or investigations and for preparation of transcripts, reports, and other documents to assist the Board in its assigned functions.

The Board is empowered to have access to all records within the Department and to all records outside the Department available to the Secretary under the provisions of 45 CFR 46, or as may be additionally authorized by the Secretary or his designee.

Management and staff services shall be provided by the Office of the Director, National Institutes of Health. The Chairman of the Board, after consultation with the Board, shall appoint a Staff Director and a Deputy Staff Director. Additional staff shall be appointed by the Staff Director. The Office of the Secretary, HEW, will, as justified and necessary, on request of the Chairman and with concurrence by the Secretary, authorize detail assignments of staff from departmental agencies to the staff of the Board. The Staff Director may enter into contracts for the purpose of assisting the Board in the performance of its functions.

Meetings

The Board may hold up to ten meetings a year or at the call of the Chairman. Subcommittee meetings may also be held three to six times a year. All meetings require advance approval by an authorized government official who shall also approve the agenda. An authorized government official shall be present at all meetings.

Meetings shall be conducted, and records of proceedings kept, as required by applicable laws and departmental regulations.

Compensation

Members shall be paid at the rate of $182.72 per day plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

Annual Cost Estimate

The estimated annual cost for the operations and functions of the Board including compensation, travel expenses and contract services but excluding staff support is estimated at $1,000,000. The estimated annual person years of staff support is ten, at a cost of approximately $270,000.

Report

An annual report shall be submitted to the Secretary no later than 60 days following the beginning of the next fiscal year which shall contain, as a minimum, a list of members and their business addresses, the Board's functions, the dates and places of meetings, and a summary of the Board's activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

Termination Date

Unless renewed by appropriate action prior to its expiration, the Ethics Advisory Board will terminate two years from the date this Charter is approved.

APPROVED:

JAN 11 1979
Date

Secretary

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

JAN 11 1979

The Library of Congress
Exchange and Gift Division
Federal Advisory Committee Desk
Washington, D.C. 20540

Gentlemen:

A copy of the charter for the Ethics Advisory Board is enclosed for your committee file in accordance with Section 9(c) of Public Law 92-463 (the Federal Advisory Committee Act).

The Act requires the Department to file a copy of the charter for each advisory committee it utilizes with the standing committee of the Senate and of the House of Representatives having legislative jurisdiction of the Department, and with the Library of Congress.

Sincerely,

Robert H. Tarr

Robert H. Tarr
Department Committee Management
Officer

Enclosure

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

JAN 11 1979

The Honorable Harley O. Staggers
Chairman
Committee on Interstate and
Foreign Commerce
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

A copy of the charter for the Ethics Advisory Board is enclosed for your committee file in accordance with Section 9(c) of Public Law 92-463 (the Federal Advisory Committee Act).

The Act requires the Department to file a copy of the charter for each advisory committee it utilizes with the standing committees of the Senate and of the House of Representatives having legislative jurisdiction of the Department, and with the Library of Congress.

Sincerely,

Robert H. Tarr

Robert H. Tarr
Department Committee Management
Officer

Enclosure

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

JAN 11 1979

The Honorable Harrison A. Williams
Chairman
Committee on Labor and Public Welfare
United States Senate
RSOB Room 4230
Washington, D.C. 20510

Dear Mr. Chairman:

A copy of the charter for the Ethics Advisory Board is enclosed for your committee file in accordance with Section 9(c) of Public Law 92-463 (the Federal Advisory Committee Act).

The Act requires the Department to file a copy of the charter for each advisory committee it utilizes with the standing committee of the Senate and of the House of Representatives having legislative jurisdiction of the Department, and with the Library of Congress.

Sincerely,

Robert H. Tarr
Department Committee Management Officer

Enclosure

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20201

FORMAL DETERMINATION

I hereby determine, after consultation with the Administrator, General Services Administration, that establishment of the Ethics Advisory Board is in the public interest in connection with the performance of duties imposed on the Department by law, and that such duties can best be performed through the advice and counsel of such a group.

I further deem that it is not feasible for the Department or any of its existing committees to perform these duties, and that a satisfactory plan for ppropriate balance of committee membership has been submitted.

JAN 11 1979
Date

Joseph A. Califano, Jr.
Secretary

PROPOSED PLAN FOR APPROPRIATE BALANCE OF COMMITTEE MEMBERSHIP ON THE

ETHICS ADVISORY BOARD

NAME	TERM 1/ ENDING	EXPERTISE	CLASSIFICATION 2/ A	B	PRINCIPLE	GEOGRAPHICAL DISTRIBUTION	MINORITY	FEMALE
Bok	6/30/79	Ethics		X	X	Massachusetts		X
Foster	6/30/79	Practicing OB/GYN	X		X	Tennessee	X	
Williams	6/30/79	Law		X	X	Maryland		X
Conway	6/30/80	Community Representative		X	X	Washington, D.C.		
Spellman	6/30/80	Surgery	X		X	Massachusetts	X	
Henderson	6/30/80	Epidemiology	X		X	Maryland		
Zweiback	6/30/80	Practicing Surgery		X	X	Nebraska		
Gaither	6/30/81	Law		X	X	California		
Hamburg	6/30/81	Psychiatry	X		X	Washington, D.C.		
McCormick	6/30/81	Theology		X	X	Washington, D.C.		
Murray	6/30/81	Genetics	X		X	Washington, D.C.	X	
Lazarus	6/30/82	Community Representative		X	X	Massachusetts		
Tosteson	6/30/82	Physiology/Med.Admin.	X		X	Massachusetts		
_____								
_____								
_____								
_____								
_____								
_____								
_____								

PROPOSED APPOINTMENTS FOR MEMBERS IN 1979

Reynoso	Pending	Law		X	X	California	X	

1/ Contingent upon re-establishment of Committee.

2/ A: Six members are authorities who are outstanding in the field of scientific research.
B. Seven members are from authorities knowledgeable in the fields of law, ethics, theology, public affairs and one practicing physician.

PLAN FOR APPROPRIATE BALANCE OF COMMITTEE MEMBERSHIP

The Ethics Advisory Board shall consist of 14 to 20 members and shall include at least one attorney, one ethicist, one practicing physician, one theologian, and no less than seven career scientists with substantial research competence in one or more of the following categories: (a) basic biomedical or behavioral research; (b) pediatrics, developmental human biology, obstetrics or gynecology; (c) epidemiology, population or health services; (d) psychiatry, psychology, or sociology; and (e) the design of large scale clinical research.

The Department will give close attention to equitable geographic distribution and to minority and female representation so long as the effectiveness of the committee is not impaired.

Appointments shall be made without discrimination on the basis of age, race, sex, cultural, religious, or socioeconomic status.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

TO : Ms. Yvonne C. Strahnke
Acting Director, Committee Management Secretariat

DATE: NOV 29 1978

FROM : Department Committee Management Officer

SUBJECT: Consultation Regarding Continuance of the Ethics Advisory Board

Attached is a copy of the memorandum of the Staff Director, Ethics Advisory Board to the Secretary requesting continuance of the Ethics Advisory Board within the National Institutes of Health. It is being transmitted as the basis for consultation between this Department, GSA, and OMB such as that mandated for the establishment of committees by Section 9(a)(2) of the Federal Advisory Committee Act, and in cooperation with GSA and OMB for the purpose of making the annual comprehensive reviews required by Section 7(b)(4) of the Act.

The Department considers that renewal of the Committee is necessary and is in the public interest, because advice from expertise existing outside government is essential to the program and can most effectively and economically be provided by this committee. The functions of this committee cannot be performed by the Department or by any other existing advisory committee, because essential additional expert knowledge in particular specialities of the disciplines needed in this program is unavailable in the Department and other committees but is required for the successful conduct of this program's mission.

The existing balance in the membership of this committee is indicated by the table attached at Tab D. It reflects as much balance in geographic, minority group, female, youth, professional, consumer, and other representation as the Departmental program officials responsible for the functions which are advised by this committee believe can reasonably be achieved at this time in the circumstances under which its operations are required without impairing the effectiveness of the committee or significantly reducing the quality of its expertise.

The Department actively and affirmatively seeks such balanced membership representation on each advisory committee it establishes or renews. Prior to consideration of prospective nominees for any committee membership vacancy, the program officials indicated above are required by the Department to review existing committee representation and to strive to achieve as full a continuing degree of such balance as feasible.

Robert H. Tarr

TO GSA - 11/30/78 via mail Robert H. Tarr

Attachment

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY

TO : The Secretary
Through: U _____
ES _____

DATE: November 22, 1978

FROM : Staff Director, Ethics Advisory Board

SUBJECT: Renewal of Charter and FY 1979 Budget for Ethics Advisory Board

Enclosed is a budget estimate for the Ethics Advisory Board for FY 1979. Present plans call for support of the Ethics Advisory Board by the National Institutes of Health. The two issues currently being addressed by the Board, namely in vitro fertilization and the ethics of clinical trials, pertain primarily to research conducted or supported by the NIH. If, in the future, the Board should consider issues which relate to the responsibilities and interests of other agencies, we will arrange to ask those agencies to defray a proportionate share of the Board's costs. We have discussed this budget with Dr. Fredrickson and Mr. Schwartz, Associate Director for Administration, NIH, and they have agreed to it, subject to your approval.

Also enclosed is the Charter of the Ethics Advisory Board which must be renewed by December 26, 1978. Mr. Gaither and Dr. Hamburg have reviewed and concurred with this Charter which has been revised to reflect the actual functioning of the Board.

Your approval of the budget and the Charter is respectfully requested.

Charles R. McCarthy, Ph.D.

FY 1979 BUDGET ESTIMATE - ETHICS ADVISORY BOARD

PERSONNEL: (o/c 11, 12)

Board: (15 members)
15 x 3 days/month avg. @ $200..... $108,000.00

Staff:

Staff director, GS-15.....	N/C
Deputy staff director, GS-14.....	39,254.00
Professional staff, GS-15 (lapsed 1/4).....	29,440.00
Professional staff, GS-14 (lapsed 1/4).....	16,800.00
Committee Assistant, GS-8.....	17,439.00
Secretary, GS-6.....	14,170.00
Travel/typist, GS-6.....	14,170.00
Clerk/typist, GS-5	12,713.00
Messenger/xerox, GS-3.....	8,099.00
Research Assistants (2), GS-7 (50% part-time).....	15,748.00
Staff total.....	167,842.00
Personnel total.....	$275,842.00

TRAVEL: (o/c 21)

Board (meetings, hearings, site visits, etc.)...	80,000.00	
Staff & consultants.....	25,000.00	
Travel total.....		105,000.00

CONTRACTURAL SERVICES: (o/c 25)

Research contracts.....	100,000.00	
Professional services.....	150,000.00	
Other miscellaneous	70,000.00	
Total.....		320,000.00

OTHER SUPPORT SERVICES:

Rent, communications, utilities.... (o/c 23)	80,000.00	
Printing and reproduction..... (o/c 24)	70,000.00	
Supplies and equipment.....(o/c 26, 31)	20,000.00	
Total.....		170,000.00

TOTAL BUDGET..... $870,842.00

Approved _____
Secretary

_____
Date

FAX COVER

TO:	TODD STERN
FROM:	ALAN HOFFMAN
DATE:	April 26, 1995
NUMBER OF PAGES:	5-EXCLUDING COVER
RE:	INFORMATION YOU REQUESTED
RECIPIENT'S FAX:	456-2215
SENDER'S TELEPHONE:	690-6786

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THE NASHVILLE ACADEMY OF MEDICINE'S ETHICS COMMITTEE

The Nashville Academy of Medicine, founded in 1821, is a voluntary organization comprised of over 1,400 doctors in Davidson County, Tennessee. The organization serves the Nashville area by providing a forum for discussing issues pertaining to the medical community. Moreover, the Academy serves the community by acting as a tribunal for the discipline of its members. This function is carried out by the Ethics Committee, of which Dr. Foster is a member.

The Academy's By-Laws state that "the function of the Ethics Committee shall be to receive complaints from physicians concerning the professional activities of member physicians."[1] While the Committee adjudicates these issues, it does not discipline the members, leaving this task for the Disciplinary Committee.

The Ethics Committee is comprised of ten Academy-member-physicians who were selected by the Academy's Board of Directors for their dedication to the medical profession. According to Margaret Click, Executive Director of the Academy, Dr. Foster was asked to serve due to his "outstanding reputation in the medical community." Dr. Foster has dutifully served on the Committee for ten years.

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[1]According to the Academy's By-Laws, the Ethics Committee may consider a complaint made against a non-Academy member only if the physician agrees to be subjected to the rules and procedures of the Ethics Committee.

NASHVILLE ACADEMY OF MEDICINE
ETHICS COMMITTEE

Kenneth M. Lloyd, M.D.
Radiation Oncology
2000 Church St., 37236
University of Nebraska, 1961
Fax: 329-7791
329 7766

COMMITTEE CHAIRMAN

COMMITTEE MEMBERS

William L. Downey, M.D.
Otolaryngology
Head & Neck Surgery
223 22nd Ave., N., Ste. 900, 37203
393 Wallace Rd., Ste. 202, 37211
Residence: 2128 Golf Club Ln., 37215
Vanderbilt University School of Medicine, 1963
284-5509

Michael H. Ebert, M.D.
Psychiatry
Dept. of Psychiatry, Vanderbilt Medical Center, 37232
Residence: 8121 Elizabethan Dr., 37205
Case Western Reserve University, 1966
322 2666

Roy O. Elam, III, M.D.
Internal Medicine
Ste. 303, St. Thomas Medical Plaza, West
4230 Harding Road, 37205
Residence: 5009 So. Stanford Ct., 37215
University of Tennessee College of Medicine, 1971
Fax: 222-5659
322 5662

Henry Wendell Foster, Jr., M.D.
Obstetrics and Gynecology
1006 D.B. Todd, Jr. Blvd., 37208
Residence: 4149 West Hamilton Rd., 37218
University of Arkansas School of Medicine, 1959
327-6664

William I. Lewis, M.D.
General Surgery
Transplant Surgery
626 Mid-State Medical Center,
2019 Church St., 37203
Residence: 2491 Deer Rd., 37215
University of Texas Medical School at San Antonio, 1976
Fax: 284-2927
284-2625

David E. McKee, M.D.
Plastic Surgery
610 W. Due West Ave., Madison, 37115
Residence: 8076 Cedarwood Dr., 37210
University of Kentucky School of Medicine, 1975
Fax: 868-8941
868-4091

Fernando T. Miranda, M.D.
Oncology & Hematology
Ste. G-34, 610 W. Due West, Madison, 37115
Residence: 415 Wilsonia Ave., 37205
University of Chile, 1978
860 1556

Frank Anthony Perry, Jr., M.D.
Internal Medicine
1916 Patterson St., Ste. 209, 37203
Residence: 3022 Smith Ln., Franklin, 37064
Meharry Medical College, 1976
321 3184

Lonnie S. Burnett, M.D.
Obstetrics and Gynecology
R-1217 Vanderbilt Medical Center North, 37232-2564
Residence: 78 Concord Park West, 37205
University of Texas Medical Branch, 1953
Fax: 343-5808
322-3305

BOARD REPRESENTATIVE

Nashville Academy of Medicine
SINCE 1821
205 23rd Avenue North • Nashville, Tennessee 37203 • 327-1236

Ann H. Dietz, M.D.
John L. Warner, M.D.
Doris L. Lasour, M.D.
Margaret Dick
Executive Director

Board of Governors

Darrell J. Rosen, M.D.
Chairman

Thomas S. Bunch, M.D.
John H. Calaway, M.D.
John W. Long, M.D.
C. Richard T. Treadway, M.D.
W. Carter Williams, Jr., M.D.
David R. Yates, M.D.

Excerpt from . . . . .

Nashville Academy of Medicine
And Davidson County Medical Society

CONSTITUTION

BY-LAWS

CHAPTER II
Discipline

ETHICS COMMITTEE

There shall be an Ethics Committee of the Nashville Academy of Medicine appointed by the Board of Directors. In the event that members of the Committee are not immediately available to perform the functions of the Committee; because of conflicts of interest or other reasons, temporary members may be appointed from the membership at large by the President or his designee to perform Committee functions. The Committee may appoint physicians or laypersons as Consultants or Advisers as necessary. Consultants and Advisers shall have no vote.

The function of the Ethics Committee shall be to receive complaints from physicians concerning the professional activities of member physicians.

In the event that the physician is not a member of the Nashville Academy of Medicine, the Ethics Committee may consider the complaint only if the physician agrees to be subject to the rules and procedures of the Ethics Committee.

Upon receipt of such complaints, the Ethics Committee shall screen, review, and attempt to mediate the complaints, as appropriate, pursuant to rules adopted by the Ethics Committee and approved by the Board of Directors of the Nashville Academy of Medicine.

The Ethics Committee may refer any complaint against a member to the Disciplinary Committee of the Nashville Academy of Medicine.

Dr. Henry W. Foster, Jr. has served on the Nashville Academy of Medicine Ethics Committee for a total of 10 (ten) years.

Nashville Academy of Medicine
SINCE 1821
205 23rd Avenue North • Nashville, Tennessee 37203 • 327-1236

Ann H. Price, M.D.
President
John J. Warner, M.D.
President-Elect
Dana L. Labour, M.D.
Secretary-Treasurer
Maryanne Clark
Executive Director
Board of Directors
Barnett B. Baron, M.D.
Chairman
Lonnie S. Burnett, M.D.
John H. Gibbon, M.D.
John W. Lentz, M.D.
C. Richard T. Trabue, M.D.
W. Carter Williams, Jr., M.D.
David E. Yates, M.D.

April 25, 1995

Mr. Alan Hoffman
Department of Health and Human Services
Washington, D. C.

FAX (202) 690-6351

Dear Mr. Hoffman:

I am writing in response to your questions regarding the Ethics Committee of the Nashville Academy of Medicine.

The Board of Directors of the Academy is responsible for the various committee appointments, including the Ethics Committee. I have been the chairman of the Ethics Committee since 1992. Dr. Foster is currently a member of the Ethics Committee and has been for ten years.

Within the structure of the Academy, issues of professional affairs are addressed by the Ethics Committee, the Grievance Committee, and the Medico-Legal Committee. The Ethics Committee serves to prospectively advise Academy members concerning "the Principles of Medical Ethics of the American Medical Association." In addition, the Committee receives, reviews, and mediates written complaints from physicians regarding the professional activities of member physicians, in view of the Current Opinions of the Council on Ethical and Judicial Affairs of the American Medical Association and applicable statutes. The Committee may, as deemed appropriate, refer any such complaint for disciplinary action to the Disciplinary Committee.

In summary, I hope that this answers your questions regarding the Ethics Committee.

Respectfully,

Kenneth M. Lloyd, M.D.
Chairman, Ethics Committee

KML/sw

ACADEMY HISTORY

On March 5, 1821, seven physicians met for the purpose of organizing the Nashville Medical Society, officially listed as the initial association of medical doctors in Nashville. Dr. Felix Robertson was elected president, and Dr. James Roane was named secretary. Dr. Robertson was the first white male born in Nashville and the son of General James Robertson, the Founder of Nashville. Others present were Drs. A. C. Goodlett, R. A. Higginbotham, Boyd McNairy, James Overton and John Waters. At that meeting the major item of business was to determine usual and customary fees for certain medical procedures.

By 1856 there were 30 members in the Society, although the number dropped to 15 by 1860. In 1868 The Davidson County Medical Society joined with the Nashville Academy of Medicine and Surgery to form one group. This consolidation enhanced the development of the organization's activities and its membership. It was not until 1889 that medical licensure was required in Tennessee. Prior to that time there were very few restrictions on a physician who desired to enter the practice of medicine in the state.

On September 4, 1906, the Nashville Academy of Medicine and Davidson County Medical Society was granted a general welfare charter by the State of Tennessee and became officially incorporated. Since its founding, the Academy has produced 8 presidents of the American Medical Association and 38 presidents of the Tennessee Medical Association. From its original 7 members, the Academy has grown steadily as follows: 1910—150 members, 1922—207 members, 1928—240 members, 1950—350 members, 1960—460 members, and 1968—600 members.

Today, the Academy is composed of 1600 members representing 70 fields of practice, all local hospital medical staffs, the faculties-administrations of Nashville's two medical schools, local and state health departments and boards, and numerous health and paramedical agencies and organizations. The members are graduates of 88 medical schools—84 in the United States and 14 in foreign countries.

PAST PRESIDENTS

Past Presidents of the Nashville Academy of Medicine

1943	Dr. Henry L. Douglass*	1968	Dr. Luther A. Beazley
1944	Dr. Murray B. Davis*	1969	Dr. Louis Rosenfeld
1945	Dr. Beverly Douglas*	1970	Dr. Robert L. Chalfant
1946	Dr. George K. Carpenter, Sr.*	1971	Dr. Robert L. McCracken
1947	Dr. John C. Burch*	1972	Dr. C. Gordon Peerman
1948	Dr. W. W. Wilkerson, Jr.*	1973	Dr. Frank C. Womack, Jr.
1949	Dr. Daugh W. Smith*	1974	Dr. George W. Holcomb, Jr.
1950	Dr. Cleo Miller*	1975	Dr. David R. Pickens, Jr.
1951	Dr. R. H. Kampmeier*	1976	Dr. Dan S. Sanders, Jr.
1952	Dr. Hollis E. Johnson*	1977	Dr. James W. Hays
1953	Dr. W. O. Tirrill, Jr.*	1978	Dr. John L. Sawyers
1954	Dr. Charles G. Trabue, IV*	1979	Dr. Charles M. Hamilton*
1955	Dr. Robert N. Buchanan, Jr.	1980	Dr. B. F. Byrd, Jr.
1956	Dr. James C. Gardner*	1981	Dr. Robert W. Ikard
1957	Dr. William O. Vaughan*	1982	Dr. Ronald E. Overfield
1958	Dr. William G. Kannon	1983	Dr. Paul R. Stumb
1959	Dr. Rollin S. Daniel, Jr.*	1984	Dr. John K. Wright
1960	Dr. Thomas S. Weaver*	1985	Dr. John B. Thomison
1961	Dr. Laurence A. Grosaman	1986	Dr. Kent Kyger
1962	Dr. Joseph M. Ivie	1987	Dr. Sarah H. Sell
1963	Dr. Walter Diveley*	1988	Dr. James M. High
1964	Dr. Addison B. Scoville	1989	Dr. Howard L. Selyer
1965	Dr. James N. Thomaseon*	1990	Dr. T. Guy Pennington
1966	Dr. William F. Meacham	1991	Dr. R. Benton Adkins, Jr.
1967	Dr. Greer Pickelsen	1992	Dr. Arthur G. Bond

(*Deceased Members)

ELECTION SCHEDULE

March 8: The Academy membership elects three members to each of two nominating committees to both of which the President and Board Chairman each appoint one member, the latter serving as committee chairman.

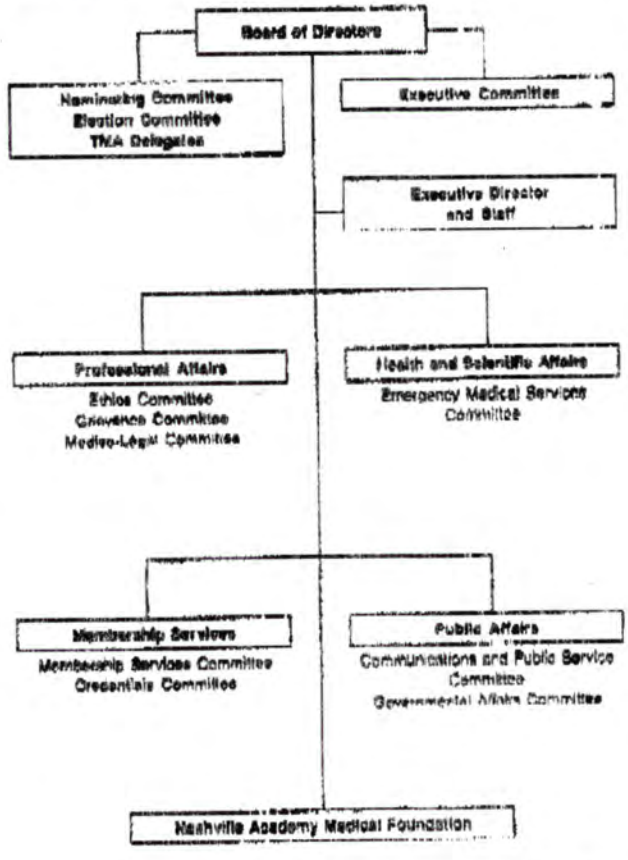
September: Each nominating committee holds an open meeting on dates announced in the Newsletter to hear recommendations for candidates for officers, Board members and delegates to the TMA House.

November 8: Each committee reports its nominations to which supplementary nominations from the floor may be added.

November 18 or sooner: Ballots are mailed to members eligible to vote.

December 6: The Election Committee tallies the votes, results of which are announced to the membership in the December Newsletter.

ORGANIZATIONAL STRUCTURE



LEADERSHIP

The policy-making body of the Academy is the Board of Directors which is composed of the president, immediate past president, president-elect, secretary-treasurer, and six other members elected to three-year terms. The Board meets monthly to conduct the affairs of the Academy. The Executive Committee exercises the powers of the Board in the interim between board sessions in an effort to expedite Academy business. This Committee is composed of the Chairman of the Board, president, president-elect, secretary-treasurer, and immediate past president.

Vital to the continued growth and development of the Academy is the committee system. Through standing and various special committees, manned by 160 working members, the Academy organizes and conducts a variety of scientific and socio-political-economic activities for the advancement of medicine and the betterment of public health.

The Academy is represented in the Tennessee Medical Association's House of Delegates, the policy-making and legislative body of the TMA, in the proportion of one delegate and one alternate for each 50 members of the Academy or a fraction thereof. In addition, Academy members who are TMA officers, TMA past-presidents, delegates to the AMA House of Delegates, Tennessee Public and Mental Health Commissioners, past-presidents of the AMA, and editor of the Journal of Tennessee Medical Association serve in the TMA House as ex-officio delegates. Continuous liaison is maintained with the Tennessee Medical Association and American Medical Association by some 70 Academy members who serve as board members, and delegates to both organizations.

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Divider Title: _____

March 30, 1995

MEMORANDUM TO DISTRIBUTION

FROM: **MEEGHAN PRUNTY**
JENNIFER DUDLEY

RE: **Dr. Foster Schedule: *April 1- May 2***

Please find attached the current *public* schedule for the period leading up to Dr. Foster's confirmation hearing [Monday, May 2, 1995]. This memo summarizes the current strategy, outlining the events and media opportunities that have been decided upon. It does not address preparation time, group receptions, or any Senate visits that will be needed. It also indicates who has responsibility for each activity.

I. STRATEGY

We have divided the period leading up to the hearing into two parts:

- April 1 -- April 19: Primarily media to redefine Dr. Foster and lay a foundation for the hearing;
- April 20 -- May 3: Intensifying the level of activity with big events and some media to ramp-up to the hearings, at a time when attention in DC will be intensely focused on Dr. Foster.

II. APRIL 1 – APRIL 19: *LAYING THE FOUNDATION*

A. EVENTS

- Women Members Announce Nashville Video -- Week of April 1 *[Marilyn/Tracey/Meeghan]*

B. MEDIA

NO

- Oprah Winfrey Show -- with former patients, students, IHAF teens *[Ann]*
- Washington Post *Style* piece[1] *[Ann]*
- AHA News [Written Q & A] *[Avis/Meeghan]*
- AMA News [Story from written Q & A] *[Avis/Meeghan]*
- Miracle Baby Story [AP -- Nancy Benac] *[Mark/Marilyn/Ann?]*

---

[1]When is this due to come out? Week before hearing?

III. APRIL 20 – MAY 3: *RAMP-UP TO HEARING*

A. EVENTS

- HRC Event on Women's Health Care[2] -- Thursday, April 20th *[Marilyn/Meeghan]*
- Civil Rights Day[3] -- Wednesday, April 26th *[Marilyn]*
- Meharry Medical Students, with VP[4] -- Thursday, April 27th *[Marilyn]*
- I Have A Future program[5] -- Monday, May 1 *[Meeghan/Marilyn]*
- Clergy Day[6] -- Wednesday, May 3 *[Marilyn]*

B. MEDIA

- Dwayne Wyckam column[7] *[Avis]*
- Morning Show[8]: *Under consideration*; last week in April *[Ann/Avis]*
- MacNeil Lehrer [PBS]: *Under consideration*; last week in April *[Ann/Avis]*
- Larry King Live[9]: *Under consideration*; last week in April *[Ann/Avis]*

DISTRIBUTION: Mike Berman, Leslie Dach, Mark Gearan, Frank Greer, Avis La Velle, Ray Martinez, John Podesta, Eric Senunas, Tracey Thornton, Ann Walker, Marilyn Yager

---

[2]To stress role of educator and women's health; Parenting class at local hospital? Heart disease screening?
[3]Religious civil rights coalition holds press conference to support HWF while in DC for annual conference.
[4]Press conference with hundreds of former students; greeted by AGJ and MEG; present letter they all signed on to; then visit their Members
[5]Representatives from IHAF community take bus from Nashville -- teens, parents, clergy, teachers, etc.; big arrival event with celebrities [Cosby, Oprah?]; roundtable with Senators and Hill visits; BC clutch; WH tour/briefing; Escort HWF to first day of hearing
[6] Second day of hearing; supportive clergy from across the country escort HWF; then visit members from their states
[7]USA Today, syndicated in 80 others across country through Gannett
[8]We have outstanding invitations from Good Morning America [ABC], Today Show [NBC], CBS This Morning, CNN Morning News, C-SPAN [daily or weekend]
[9]Pending invitation; one on one; very flexible as to format, can be with or without call-ins

John--HHS has reviewed and approved. Please review and comment.
Marvin

95 APR 5 A12:5.

FOR DISCUSSION ONLY
PRIVILEGED AND ~~CONFIDENTIAL~~

DRAFT

To Whom It May Concern:

Pursuant to a request by Dr. Henry Foster, Jr., we have undertaken a search of the medical records of Meharry Medical College pertaining to operations performed by Dr. Foster during the years 1973-1990. Our records indicate that Dr. Foster participated in or performed 39 abortions, not including termination of tubal pregnancies or follow-up procedures made necessary by incomplete and/or spontaneous abortions. Our records also indicate that in approximately three quarters of these procedures, at least one other physician or a resident performed or participated in the surgery, in addition to Dr. Foster.

Sincerely yours,

Richard Jackson
General Counsel
Meharry University

DETERMINED TO BE AN ADMINISTRATIVE

MARKING INITIALS: RB DATE: 5/31/18

THE WHITE HOUSE

WASHINGTON

February 17, 1995

MEMORANDUM TO JOHN PODESTA

FROM: ANN WALKER

RE: Dr. Foster

cc: Mark Gearan

The Sasha Bruce Youthwork, a private non-profit youth and family services agency that provides comprehensive services to young people at-risk and their families in Washington, D.C has offered to host a youth event in support of Dr. Foster's nomination. The executive director, Debbie Shore, attended in the briefing this week and contacted me today to propose a youth event in D.C. (similar to the event earlier in the week with Dr. Foster and the Vice President.)

Attached is information on the Sasha Bruce Youthwork. As you will see, they are a very well respected organization and have great credibility within the child welfare community. It would be a tremendous opportunity for us to have Dr. Foster with youth and leaders in the child welfare arena here in Washington.

I will work with Debbie Shore to developed a more detailed plan if this is something you think would be helpful.

Sasha Bruce Youthwork, Inc.

1022 Maryland Ave. NE/Washington, DC 20002/(202) 675-9340/fax (202) 675-9358

FAX TRANSMITTAL

Fax number:	Number of pages including this cover sheet:	Date:
	3	2/17/95

To:

Name Dan Walker

(The first paragraph can be used. The rest is fyi.)

From:

Name Debby Sturce

Phone 675-9340

Memo:

We will be happy to help facilitate an event in support of D. Foster at your convenience.

Best.

Debby

If you experienced problems with this transmission or did not receive all the pages please call 202/675 9340

ORGANIZATIONAL DESCRIPTION

Sasha Bruce Youthwork is a private, non-profit youth and family services agency established in 1974. The agency's mission is to provide comprehensive and coordinated services that meet the urgent needs of young people at risk and their families in Washington D.C. Sasha Bruce is committed to providing services that are cost effective and responsive to the unique needs of each young person and family, in coordination with other service providers, public agencies, and the school system.

The young people served by Sasha Bruce come from all over the Washington area, but most are from minority households in some of the most underserved areas in the city. They typically come from high risk environments which suffer disproportionately from poverty, drug-related activities, and violence. They are predominately children of single mothers. Many are victims of physical or sexual abuse. Virtually all are economically disadvantaged and often come from overcrowded homes.

Sasha Bruce offers children in crisis and their families a comprehensive array of services individually tailored to their specific needs. These services include:

- Emergency Shelter Care
- Individual and family counseling
- Educational services
- Life skills development
- Legal and medical advocacy
- Non-residential outreach counseling
- Long-term residential placement (group homes, foster care, supervised apartment living)
- AIDS prevention activities
- Substance abuse prevention activities
- Parenting skills training
- Youth and parent support groups
- Therapeutic recreation and enrichment activities
- Intensive, home-based family prevention services

Sasha Bruce currently administers thirteen residential and non-residential programs directed at homeless, runaway, and abandoned children; troubled youth referred by juvenile courts; teenage mothers and their babies; and other at risk youth and their families. These programs include:

Sasha Bruce House - Washington's only short - term crisis shelter for adolescents, Sasha Bruce House offers homeless, runaway, and abandoned children a caring alternative to the dangers of the streets. Counselors work with residents to plan for their return to home or to a relative or to independent living. Services include crisis intervention; respite care; individual, family, and group counseling; and art therapy. Providing a temporary place to live and supportive services helps nearly all of these young people reach a stable home life, most safely reunited with their families.

Zocalo Outreach - Sasha Bruce outreach staff counsel young people who are on the streets or whose family, friends, or school personnel request assistance. Outreach counselors work with the entire family and help prevent young people from running away from home, dropping out of school, or becoming involved in the juvenile justice system.

Independent and Transitional Living Programs (ILP &TLP) - These programs provide long-term housing, counseling, and a stable living environment for homeless 16 to 21 year olds who are not able to be reunited with their families or placed in other alternatives. The programs teach employment and life skills to prepare them for life on their own.

Consortium for Youth Alternatives (CYA) - This program diverts 235 young people from court prosecution each year and provides them with intensive individual, group, and family counseling. These young people live at home with their families and when they successfully complete the program, their court case is closed.

Residential Empowerment & Assistance Community Home (R.E.A.C.H.) - Set to open in December of 1994, this program is a residential facility for youth involved in the court system in D.C. Young people will live at the facility and be supervised by Sasha Bruce staff. There is also an intensive educational component to this program that involves basic literacy and GED preparation.

Computer Literacy Unit and Employment Skills (C.L.U.E.S.) - This program utilizes the same intensive educational component that is used at R.E.A.C.H. Participants in this program prepare to take the GED and learn skills that will be useful in the workplace, including resume writing and interviewing techniques.

Teenage Mother's Home - This is a long-term group home for unmarried teenage mothers and their babies. The teenage mothers in the program are victims of abuse and neglect and are wards of the city of D.C. The program is designed to keep mothers and their babies together, break the intergrational cycle of abuse, and help young mothers develop independence. Residents receive educational and career guidance, help with housing and employment, training in parenting and life skills, and pre- and post-natal support.

Families Together - This program provides short-term, intensive in-home counseling and support services to multiproblem families-in-crisis who are at risk of family dissolution through out-of-home placement of children or runaway behavior.

Necessary Intervention for Adolescents (NIA) - This is an outpatient substance abuse prevention program serving adolescents of D.C. between the ages of 12 and 18. This program also targets daily users of psychoactive substances who have a pattern of preoccupation with continued usage despite negative consequences in several areas of their lives.

AIDS Prevention Services (APS) - This program provides AIDS prevention and educational activities for runaway and homeless youth; teenage prostitutes; teenage mothers; court adjudicated youth; street youth; and youth in shelters, group homes, and other high risk situations. Services include street outreach, family support groups, educational presentations, referrals for testing and counseling, and a city-wide AIDS Awareness Day.

Project Safe Place - This is an outreach program which designates businesses, community organizations, and firehouses as "safe places" for young people in trouble. When a youth arrives, a safe place employee dials the Safe Place Hotline and a staff member then arranges to transport the youth to the Sasha Bruce House to immediately begin crisis intervention and assessment.

Turning Points - Sasha Bruce operates a school-based comprehensive services center at Evans Junior High School that provides integrated health, social, and recreation services to youth at risk and their families. This program also operates after-care components at Nalle, Shadd, and Drew Elementary Schools.

Supplemental Assistance for Facilities to Assist the Homeless (SAFAH) - This program works to identify families in transitional housing whose move to permanent housing could be accelerated. Once thay are identified, these families are assisted in intensifying their readiness to move into permanent housing. After they have moved into permanent housing, families are provided with coordinated and comprehensive support services designed to substantially reduce the risk of their becoming homeless again.

February 27, 1995

DRAFT

MEMORANDUM TO JOHN PODESTA
MARK GEARAN

FROM: ANN WALKER
MEEGHAN PRUNTY

RE: Dr. Foster Media and Event Options

Following are several ideas and recommendations for media activities in support of Dr. Foster's nomination. The recommendations are divided into two parts: 1) ideas for the next 2-3 weeks, to define/ redefine Dr. Foster and lay a better foundation for the hearing; and, 2) suggestions for the week immediately preceding the hearing, when attention in DC will be intensely focused on Dr. Foster. Given the current situation, we may want to re-evaluate those activities we originally thought should be closer to the hearings and move them up -- such as the op eds.

LAYING THE FOUNDATION

THE NEXT 2 - 3 WEEKS

Objective: Define Dr. Henry Foster -- the man, the doctor, the teacher, and the public servant.

Strategy: Develop targeted media opportunities to communicate our messages to key audiences (Senators, women, African Americans, religious community) With a series of good stories and detailed background pieces, we can fill out the picture of Dr. Foster.

Recommendations

Children's Hospital Visit: Dr. Foster could visit Children's Hospital with some of his former students (or students/interns at Children's) with the focus on the neonatal unit/at-risk babies and young children. We are investigating possible angles and existing events at the hospital this week. This would be open press.

Columbia Women's Hospital: This is another option that is being explored. We would chose between this location and the Children's Hospital event.

THURS 11:00 AM ✓ Speech to Child Welfare League: **(HHS investigating)**

Black Newspaper Conference Call: In making regular White House media calls, Media Affairs had found tremendous interest and support for Dr. Foster among black print media. They have suggested a conference call with the top 6-8 black newspapers..

FRIDAY OR MONDAY ✓

Trotter Group Media Roundtable Discussion: This is a prominent group of black columnists writing for general market newspapers. They received our editorial board mailing last week. We should arrange a roundtable meeting with Dr. Foster and this group.

NEXT WEEK?

Interdenominational Press Conference/Endorsement: Dr. Foster's minister in Nashville, Rev. Sherman Tribble, has organized an inter-denominational group of ministers in Tennessee in support of Dr. Foster's nomination. Additionally, People For the American Way has also been identifying and organizing religious leaders throughout the south. We should pull together a press event of national inter-faith religious leaders in support of Dr. Foster. Location TBD.

Fl[redacted]ING [redacted] IT

American Society of Magazine Editors Speech/Luncheon Discussion: This is a group of the senior editors and publishers of the leading magazines and is chaired by Ellen Levine of Good Housekeeping. Dr. Foster could go to New York to participate in a luncheon discussion that would be arranged by ASME. There would likely be approximately 75 people in attendance. While the majority of the monthly women's publications have a three month lead time, there are several other weekly and monthly publications with a shorter lead time. This group does **not** include "news" reporters therefore we should have a better opportunity to tell the "Hank Foster -- the person" story. In effort to also get immediate media coverage from the event, 5 or 6 selected reporters from dailies would be invited to attend. (We would select these individuals -- preferably "Style/Profile" writers.)

mark wants to do, BUT THINKS NOT THIS WEEK

SET UP A DAY IN NEW YORK

Dr. Foster's Miracle Baby Photo Op: There are numerous children whose parents credit Dr. Foster with "saving their child's life during pregnancy." Many mother's refer to these children as Dr. Foster's miracle children. For USA Today, Parade or USA Weekend magazines, we should put together a collage of photos of these many children. Short testimonials from the parents (one-line) could accompany each photo.

JOHN [redacted] TODAY [redacted] TODAY KEEN INSTEAD

CONTINUE TO EXPLORE ANN TO TALK TO CAPUTO NEXT WEEK

Appearance on The Oprah Show: Oprah Winfrey is from Nashville and has focused on children's issues. Her audience will be sympathetic to Dr. Foster and the situation he finds himself in. She can invite other guests on her show -- some of the mothers, the IHAF teenagers, and the young doctors. It is a great forum to highlight Dr. Foster's warmth and his inherent likability.

Appearance on Larry King Live: GET GORE TO CALL IN & MIRACLE BABY

Teen Pregnancy Event: To highlight Dr. Foster's commitment to this issue and present a forum to display the IHAF program. In DC, the Sasha Bruce organization has offered to host an event at their center with a consortium of other child welfare/advocacy groups in the DC area..

Tuskeegee Visit: It is a place where Dr. Foster did tremendous good and showed his earlier commitment to issues that qualify him to be Surgeon General. He is very well respected and remembered fondly. Would give us the opportunity to put him in the room with the other doctors who don't remember the meeting or don't remember the discussion of the Study taking place. We may get more national pieces like the L.A. Times story. (Risk factor: would focus attention on the syphilis study / Tuskegee records issues.)

Video: Some of the groups have suggested putting together a 10-minute video the highlights the stories that define Dr. Henry Foster. It will include sections on the women whose babies he's helped deliver; doctors he's trained; youths he's helped. Some very well known leaders -- from Nashville and elsewhere -- can also speak to his character. It may include a 2 minute intro. [closing? conversation?] with Dr. Foster. Ostensibly produced to "drop" on the hill to sway undecided Senators, the video would be introduced with a big press conference in DC with the people whose stories are highlighted in the video. [Issues: money? who produce? time?]

- AMA / AHA NEWS – WEEKLY OR MONTHLY NEWSLETTER
  MEEGHAN TO CALL ACOG TO PULL TOGETHER

- RADIO? possible conference calls

- ACOG Reception – FLO

- Press conference of former students

II. WEEK BEFORE HEARING: *THE ATTENTION INTENSIFIES*

Strategy: *To use our best material during a period when attention will be most intensely focused on Dr. Foster. To develop events/media opportunities that provide good stories/ammunition/defenses that friendly Senators can easily refer to in the hearing and that friendly columnists can use to write off of.*

Suggestions:

Press Conferences: It has been suggested that a series of press conferences be set up to highlight, again, the groups of people that truly define Dr. Foster's life: young doctors, mothers, teenagers. They could come to Washington the week before the hearing, have a press conference, do extensive media [print, radio, TV] and meet with their Senators to discuss their stories.

OpEd Strategy: Hand in hand with this would be an series of OpEds to appear in the major papers the week before the hearing. They would also come from the three groups and could be passed out on the Hill and referenced in the hearings.

Faye Waddleton should be solicited for an op ed.

III. OTHER IDEAS TO DISCUSS

Is there anything we can do with C. Everett Koop?

More to highlight support from medical community:

- -- Support from Former Surgeon Generals
- -- Support from Former Secretaries of Health

Anything to inoculate against the management stuff? [i.e., steer press to stories about Meharry merger]

March 13, 1995

MEMORANDUM TO JOHN PODESTA
MARK GEARAN

FROM: MEEGHAN PRUNTY
MARILYN YAGER

CC: JENNIFER DUDLEY
AVIS LA VELLE
TRACEY THORNTON
ANN WALKER

RE: Nomination of Dr. Foster – Scheduling Options [Revised]

This memo attempts to organize the discussion of scheduling options for the next six weeks, in light of the new date for Dr. Foster's confirmation hearing. It begins with an overview of the goals during this period, followed by a list of the various scheduling demands -- on Dr. Foster as well as the Administration. The bulk of the memo is a "laundry list" of all the events/media options that are currently being pursued or have been suggested. This is a working document, intended for discussion purposes. After the meeting, we will revise it to reflect the new scheduling plan produced therein.

I. OVERVIEW

A. GOALS OF PERIOD UP TO HEARING

- Satisfy Senate Meeting Requirements
- Prepare Nominee For Hearings
- Demonstrate Broad Support For Nominee
- Educate American Public about Nominee's Qualifications
  Emphasize Women's Health, Teen Pregnancy, Doctor/Educator

B. SCHEDULING CONSIDERATIONS

1. Nominee Activities

- Senate Visits
- Preparation Time
- Public Events
- Media

2. Administration Activities

- Public Liaison Support Events
- OpEd Strategy
- Media
- Testimony Strategy

C. OTHER CONSIDERATIONS

In discussing the schedule, it is important to keep a couple things in mind:

- Cost Of Event: If it costs money, who will pay?
- Preparation: What specific prep -- substantive or stylistic -- is needed?
- **Time/Roles: Who is responsible for event? What help is needed?**

II. SCHEDULING OPTIONS

A. NOMINEE'S ACTIVITIES

1. **Senate Meetings** [TT]
   - Committee
   - Other

2. **Preparation Time** [JD]
   - Greer Sessions
   - Substantive Practice
   - Mock Hearings

3. **Public Events** [MP?]
   Consideration: What will break through?
   Topics: Please see Section III -- Current Issues in Women's Health

   - HRC Women's' Health Care Event: Tour of women's clinic, followed by roundtable; rural or inner-city [??] [MY/MP]
   - Tipper/Shalala event: Mental health -- with women or children
   - Female Members of Congress: Press Conference to show support [i.e., Announce New Peri-Natal Aids Study]
   - National Black Newspapers Publishers Association: Speech [on schedule] [AL]

4. **Media** [AW?]
   TV
   - Morning Shows
     -- Bryant Gumbell expressed interest
   - Larry King Live
     -- 20 minutes -- 2-3 questions -- one from HRC or VP
   - Oprah Interview [AW]
     -- From Nashville, can invite former patients, doctors, etc.

Print

- Trotter Group -- major black print reporters [AW]
- Washington Post *Style* piece [AW]
- Similar Style-type articles targeted to particular states
- American Society of Magazine Editors -- NYC Roundtable [AW]
- Women's Health Care Conference Call
  - -- Women's reporters from major [or targeted] papers
  - -- Health reporters from major [or targeted] papers
- Seniors Health Issues Roundtable
- Education Reporters Roundtable
- National Association of Black Journalists Roundtable

B. ADMINISTRATION ACTIVITIES *[to support nominee's activities]*

1. Public Liaison Supportive Events [MY]

-- *I Have A Future* Teens [MP/MY]
-- Interfaith Press Conference [FM/AW]
-- Former Medical Students [MY]
-- Former Patients [AW?]
-- Medical Community -- Former SG's, HHS Secs, Koop [HHS?]

2. OpEd Strategy [MP]

-- Former Medical Students [MY?]
-- Former Patients [AW?]
-- *I Have A Future* Teens [MP]
-- One on Meharry Merger -- Sacher? [HHS?]

3. Media

-- Miracle Baby Photo -- USA Today / AP / Parade [JP/AW]
-- AHA News -- Written Q & A [AL/MY]
-- AARP News -- Written Q & A [MY]

4. Testimony Strategy [3/10/95 – 3/24/95] [MY]

Coordinated notification re. Labor Committee's testimony policy.

-- Medical groups	-- Religious Groups / Community
-- Nashville community [AW]	-- Tuskegee community [FM]
-- Meharry students	-- Former patients [AW]
-- IHAF community [MP]	-- Meharry Colleagues

-- Health Experts/Leaders -- Sacher, Sullivan, etc. [HHS]

III. WOMEN'S HEALTH CARE – CURRENT ISSUES

- Breast Cancer
  Big education role regarding prevention/screening -- Not have to be an HRC mammography event
- Older Women's Health Care
  Osteoporosis/Alzheimer's/Arthritis -- good outreach to senior community who could work to support nominee
- Coronary Heart Disease
  Leading killer of women; under-researched until BC administration
- Training Doctors for Women's Health
  Public/private partnership to address appropriate medical school curricula for women's health
- Low Birthweight Babies
  Current HHS study to try to prevent low birthweight babies; area of HWF expertise
- Peri-Natal AIDS Transmission
  Great study about the transmission of AIDS in pregnant women to their babies; big education role; ***caution***
- Domestic Violence
  Issue of women's health; very relevant; inner-city; rescission measures; ***caution***

Keynote Address
9/7/84

Members of the Board of Directors, Staff and Friends of Planned Parenthood Association of East Tennessee, I am indeed genuinely honored to have been chosen as the keynote speaker for this your 23rd Annual Dinner. You are to be congratulated for the productivity of this superb affiliate. The more than 13,000 clinic visits attest to this and the nearly 3,000 new patients, who received your services, are indeed fortunate.

My charge for tonight is broad in scope. I am to address for you trends in reproductive health care and their implications for our organization and our movement. This I will do, however, to simplify and facilitate this task, a brief review of the evolution of our current health care system seems in order.

Our current health care system has evolved through several tiers. I believe it fair to state that, by and large, our concept of a "health care system," certainly up to the 1950's, was that of

personnel and facilities. If these two components were in place, a health care system was then thought to exist.

About then, medical sociologists were beginning to educate us. They were helping us understand that adverse health care outcome resulted fundamentally from a failure to link those in need with the health care system whatever its configuration might be. Sociologists described barriers to health care and have categorized them as organizational and attitudinal barriers. The former being defined as obstacles to health care which are recognized but cannot be surmounted by the consumer. These are entities which usually occur as a result of inadequate economic resources. On the other hand, attitudinal barriers are described as those obstacles to health care which are not recognized by the consumer and result from such factors as fear, superstition, social deprivation and the like.

Well, with this recognition, the 1960's heralded "the access" to health care movement. We were finally beginning to realize that conduits had to exist between the health care system and those in need. And without question, most of you here are poignantly aware of the implications of the access issue as it relates to much of our movement--more about this later.

By the 1970's another term had crept into our provision of health care and was the issue of utilization. This could be called our third tier of recognition. We learned that the mere existence of facilities and personnel with structured conduits did not translate a priori into utilization. We have now realized that our access conduits cannot remain passive access ways which anticipate that those in need will flow into the health care system; but rather we now know that the conduits must allow for two way passage

which will facilitate the health care system's moving out into the community through outreach activities.

Perhaps the fourth and final tier in this scenario is that of evaluation. In order to truly be effective and to be fiscally responsible, it is not enough to have a system that affords access to care which is utilized; we must determine if this process, in fact, translates into improved health care outcomes. Much of what the Alan Guttmacher Institute is about addresses this aspect of the health care system. Hence, with this background in mind, the implications of changing reproductive health care trends should be better understood.

Trends in reproductive health care as they relate to the activities of Planned Parenthood can be placed into three broad categories, (1) fertility control, (2) obstetrical care, and (3) infertility services. Fertility control conveniently is subdivided

into temporary control i.e., contraception, abortion and permanent control or sterilization.

As an obstetrician-gynecologist, I am more than eager to share with you my views regarding the purely medical aspects of medical reproductive health care trends. However, for this presentation to be of greatest utility to most here, it is essential that I do this within a context that keeps sharply focused the operational format of Planned Parenthood. Basically, this operational format relates to the provision of direct services, education, advocacy and research. Hence, the implications of trends in reproductive health care will hold the most significance for these operational areas.

There is an adage that states when one makes chicken soup the most important ingredient is the chicken. To extrapolate this to Planned Parenthood it is clear that if we espouse reproductive freedom

then our most important activity is fertility control. Obstetrical care and infertility issues are no doubt important, but our true raison d'etre is indeed fertility control.

The perfect contraceptive can be defined as 100 percent effective all the time, free of side-effects, not interfering with the spontaneity of sex, with its actions being immediately reversible when conception is sought and its use the shared responsibility of both partners. Now, obviously, this is an ideal that is not likely attainable, but there are, however, numerous methods available each having its own advantages and disadvantages. Temporary contraceptive measures commonly used can be categorized as steroids (the pill), IUD (intrauterine device), and barrier methods (which include the diaphragm, condom, jells, foams and the sponge).

With any contraceptive, the major considerations

are effectiveness and safety which tend to act reciprocally, i.e. as effectiveness increases safety decreases. Convenience is also a very significant consideration.

By far, the pill continues to be the contraceptive of choice for the majority of new patients utilizing Planned Parenthood facilities. It has the best theoretical-effectiveness and the best use-effectiveness of all of the contraceptive modalities. As an attestation to this fact, more than 10 million women in this country are current users. In 1982, 61 percent of all new patients, cared for by Planned Parenthood, chose the pill as their contraceptive method. The second most frequently chosen method was barrier contraception, which was 35 percent of patients. This included all forms of barrier methods. It is important to note that 1974 was the peek year for pill usage for our patients at 79 percent. However, as more adverse

information reached the public regarding the pill's side-effects, there was a progressive reduction in pill usage, and by 1980, only 56 percent of our patients were choosing the pill. However, over the past 3 years, there has been a gradual increase to our current level of 61 percent.

Many of the past oral contraceptive side-effects have been reduced or eliminated and in great part explain the increasing pill usage. The dramatic decrease in the hormonal strength contained in these newer generation pills has often made many reports of side-effects outdated before they are published. Think how far we have come, moving from 10mg of the progestin down to 1 mg and decreasing the estrogen content from 100 micrograms down to 30 micrograms. The significance of this decreased dosage with its resultant decrease in side-effects is that more patients can now use these agents. More younger and more older women are now

candidates to use these compounds with much greater safety. This clearly has far reaching implications for us.

Beyond their increased safety, it is incumbent upon us to also promote the many positive benefits that are attendent to pill usage. There has been a significant reduction in the rate of hospitalization for a variety of problems including functional ovarian cysts, ectopic pregnancy and pelvic inflammatory disease just to name some. And you can quickly discern that the avoidance of these conditions will greatly enhance future fertility. Hence, this reproductive trend will impact what we do in education, and service delivery and will influence much of our research emphasis regarding low dose steroid contraceptive therapy.

Only 3.8 percent of our patients now choose the IUD as their contraceptive choice and that rate has declined steadily since 1977. Its peak usage

occurred in 1971 when 13.4 percent of all new patients choose this method. There are two primary reasons which explain this low and declining use of the IUD.

First the IUD is associated with an inordinate rate of pelvic inflammatory disease. Secondly, a large proportion of our patient population is young and nulliparous, hence, the relationship between infection and subsequent reproductive failure has significantly curtailed the use of this contraceptive method. Nearly 10 thousand women per year of this country's 2.3 million IUD users are hospitalized with pelvic inflammation.

The IUD does, however, have one very unique characteristic that is not present with any other form of contraception; it is the only contraceptive that requires positive action to discontinue its usage. It cannot be discontinued passively. One of the major implications for Planned Parenthood with respect to the IUD is our need to promote continued research in

the development of an effective gonococcal vaccine. Success here would greatly enhance the acceptability of this otherwise excellent contraceptive modality.

The barrier methods constitute the last group of temporary fertility control measures. This broad category encompasses the diaphragm, foams, jells, sponges and the condom; 34.9 percent of all of our new patients currently choose one of these for their fertility control method. Of this figure, one-third choose the diaphragm. In 1971, only 4 percent of the patients chose the diaphragm. In 1982, its use had climbed to 11.7 percent; a trend that started in 1976 when its use almost doubled going from 5.7 to 10.4 percent. This increase coincided in great part with publication of much of the data on the adverse effects of birth control pills.

Because of the rather high failure rate of the diaphragm, jells, foams and creams, it is not likely that their utilization should or will increase

significantly--particularly at the expense of more effective methods. The first year pregnancy rate with the diaphragm is 18.6 percent and for foams and jells, it is 17.9 percent. However, over time, particularly after the first year, the pregnancy rate decreases by 40 percent. Nonetheless, this rate remains inordinately high.

It is not commonly apparent, but worldwide, condoms are the most widely used contraceptive method. Historically, condoms were developed in the 1840's with the introduction of vulcanized rubber and their mass marketing became established by the 1870's. In 1936, the FDA began regulation of condoms and placed their effectiveness in preventing pregnancy at greater than 90 percent.

With introduction of the pill in the 1960's, condom use decreased sharply and by 1976, only 10.8 percent of married couples in the United States relied

on this method. However, with controversies regarding pill side-effects and the recognition of new sexually transmitted diseases such as herpes and Chlamydia, condom use has increased by a 100 percent over the 1976 figure.

Earlier in the year, I read John Naisbitt's number one best-seller, **Megatrends,** as perhaps did some of you. As you will recall, one of the ten megatrends addressed in his book is entitled, **"from institutional help to self-help."** It is my thinking that the new over-the-counter sponge contraceptive called **Today** is an expression of this self-help movement. Here we see the availability of a new, convenient and possibly more reliable barrier contraceptive method that can be obtained without the direct involvement of the established health care system. Planned Parenthood should support measures that facilitate increased utilization of contraceptive modalities even

if it follows a less traditional health care approach.

Other temporary contraceptive measures that warrant brief mention include some developments in the rhythm method and new aspects in male contraception. As mentioned earlier, this movement towards self help will make rhythmn methods more attractive to a larger segment of the population. Self-administered tests on the cervical mucus are being developed which will help better predict the presence or absence of ovulation or impending ovulation.

The biological responsibility of childbearing still resides with the female, at least for the present time. Again, however, I feel it is incumbent for Planned Parenthood to continue to forge ahead with those programs that promote increased male responsibility in contraception. And again, it has to be emphasized that worldwide condoms are still relied upon as the major form of contraception, and even today in this

country, one in five marriages depends upon this contraceptive method.

With an eye toward the future, there are already some exciting possibilities for male contraception. Some of you have probably heard of the compound "gossypol", which is extracted from cotton seeds. Chinese demographers noted and confirmed that men who worked in the cotton seed mills had a significantly higher rate of infertility than did their controls. A male birth control pill containing this substance has been used in China and without question it causes infertility. However, unanswered questions remain regarding its health hazards, reversibility, and possible genetic effects.

In Sweden, and here in the United States at our own Vanderbilt University in Nashville, experiments are being conducted to develop a nasal spray for men prepared from a hypothalamic hormone. This spray

decreases spermatogenesis to the point of infertility. Also, high-frequency ultrasound is being experimented with to reduce sperm formation in males. These are exciting trends but by and large will remain outside the major operational format of Planned Parenthood for some time to come.

Permanent fertility control or sterilization is a most important modality for Planned Parenthood. The majority of white married couples in this country, past the age of 30, have chosen this permanent form of fertility control and it is most encouraging that here males are participating almost equally. In 1983, 15 percent of women in marriages and 14 percent of men in marriages had opted for sterilization. This trend has shown a continued gradual increase over the past 20 years.

Planned Parenthood Affiliates are now providing both male and female outpatient sterilization procedures. The provision of this service both directly and by

referral linkages must remain a priority for our organization. With current efforts to control health care costs in this country, outpatient minilap sterilization procedures will become increasingly attractive--particularly to health care funders, as we move more into the area of DRG's and TEFRA.

Infertility and obstetrical care will receive only brief comments. It is absolutely essential that Planned Parenthood remain sensitive to that 10 percent of patients who suffer involuntary infertility. When infertility services are not otherwise available in a community, it is my strong feeling that Planned Parenthood has a significant responsibility to provide this service--this is particularly true for those affiliates who provide abortion services. In 1982, only 700 women chose to have a Planned Parenthood Clinic provide their prenatal care. And perhaps this is appropriate given the wide availability of prenatal

services. But here again, as with infertility services, when prenatal care is not otherwise available in a community, Planned Parenthood must give this need high priority. This also may be the time for us to demonstrate that our organization can provide prenatal service safely and conveniently at a lower cost.

Without question, as an organization we must commit a major share of our energies to assuring abortion availability to those unsuccessful at contraception. We must continue to the fullest extent possible to have these services provided within the first trimester. There are many exciting developments occurring with respect to noninvasive early pregnancy termination utilizing prostaglandins. Vaginal suppositories are being developed that eventually could render obsolete the majority of our current abortion methods that require mechanical evacuation of the uterus. We must continue

research in this area.

Although we have had some recent successes in assuring the continuation of the option of abortion access for American women, by no means can we become less vigilant in our efforts. It has long been my feeling that as an organization, our greatest utility lies in our advocacy role; the vehicle through which we accomplish this is you - the volunteers. You espouse and articulate the theme of our movement. For our organization and our movement, the most significant reproductive trend today is the unremitting forces that are in opposition to reproductive rights and the concept of personal freedom. The implications of this trend are clear--we must understand the issues and anticipate and not simply react to the opposition. Clearly, decisions by the Supreme Court last year provided a significant impetus to abortion access when it struck down in-hospital requirements for the performance of

second trimester abortion. However, the Court upheld consent laws for minors; hence, our opponents can still create abortion deterrents by seeking legislation which will necessitate such an approval.

Massachusetts has already enacted a minority consent requirement law which has been described as "an excruciating legislative failure". This statute has caused significant emotional stress for numerous pregnant adolescents and it appears that a considerable number of such patients are now leaving the state to obtain abortion services. There are data to support this contention. Health Departments from Massachusetts between 1980, just before the law took effect, and 1982 show a 45 percent decline in abortion services to patients 17 years and younger. This seems to be a particularly valid observation given the fact that births to minors during the same time period increased by only one percent.

Attorneys and Planned Parenthood officials in Massachusetts have characterized their State's minority consent requirements as a meaningless excercise and gratuitous burden because in more than 95 percent of cases judges have found the minors sufficiently mature to make their decisions. In the remaining 5 percent of cases in which the minor has not been found to be mature, it has nonetheless most often been decided that the bearing of a child would not be in her best interest and the abortion request has been granted.

The Supreme Court, in this decision (Akron and Ashcroft), upheld by a single vote margin the constitutionality of minority consent requirements, but in doing so, it did not examine how such laws work in actual practice. Hence, an opening has been left for those of us who would like to see such laws invalidated. This clearly has to be a future strategy

for us.

With respect to the issue of second trimester abortion, it is commendable that the Court struck down the in-hospital requirement. Their decision cancelled existing such laws in 18 states. Hence, there are now no laws governing this procedure in those states. Physicians in those states, however, are cautioned and must be extremely circumspect in providing this service. They cannot simply start performing any type of termination procedures at any gestational age. They would be well advised to be guided by acceptable medical standards and they must be mindful that the 1973 Roe vs. Wade decision indeed holds that the states have a legitimate interest and responsibility in protecting maternal health in second trimester abortions. However, these "protections" will not be legally valid if they are judged as being unduly burdensome or designed to confound and obfuscate access to the procedure. We,

in the movement, must work to prevent the erection of such barriers to late abortion access.

In closing, there is one other area of national activity that certainly will affect the future of our movement and that is the impending change that is most likely to occur in our United States' Supreme Court make up. With five current justices now past the age of 75, it should be apparent that the winner of this Fall's Presidential Election will be in a position to significantly shape abortion policies well into the next century. In my judgement, the threat or safeguard to the right to choose abortion resides in the next presidential appointees to our highest judicial body.

Obviously, there are many other areas of urgency and concern that simply cannot be addressed in a single presentation. However, I believe it is clear to all of us here that much has been accomplished and there is

much yet to be done. With the caliber of dedicated volunteers and competent staff which characterize our organization, I hold not the slighest reservation that we will prevail.

Thank you very much for allowing me to share these thoughts with you tonight.

People weekly

Time Inc.

People
1050 Connecticut Avenue NW
Suite 850
Washington, DC 20036

Feb.21,1995

Ms. Avis LaVelle
Assistant Secretary for Public Affairs
Department of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20201

Dear Ms. LaVelle,

It was good talking with you this afternoon about arranging time this Friday to photograph and interview Dr. Henry Foster. I thought perhaps it would clarify our needs by writing this letter.

We would like to photograph Dr. Foster in Nashville and humanize him in a story for our 30 million weekly readers out there in the heartland. What Americans want to know is where he came from, how he feels about being swept up in the nomination machine in Washington, and what his life's work is really about.

In the past few weeks, we have interviewed enough of Dr. Foster's friends and colleagues to know what they think of the man. Yet we are missing a human dimension to the story. We would like to photograph him with his patients and talk with them, and it would be wonderful to get a few shots of him relaxing at home with his wife.

If there are any family scrapbook photos of him during his childhood, his graduation photos, his days in the service and his early years as a doctor, we would also like to photocopy these to run with the piece.

In short, we would be quite interested in an exclusive with Dr. Foster. His first-person column in the Washington Post described his feelings in a way that most people in Middle America understand. And we found it quite revealing that he said "everyone is defining me before I've spoken." How true. We would like to hear him.

I thank you in advance for working on this request. I will look forward to hearing back from you and pulling the story together.

Sincerely,

Jane Sims Podesta
Washington Correspondent

EMBARGOED FOR RELEASE UNTIL DELIVERED

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 <u>my</u> 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 <u>really</u> 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.

Jenny
make 5
copies
Save original
this is text
Foster used
at church

DR. HENRY FOSTER
STATEMENT AT FIRST BAPTIST CHURCH CAPITOL HILL
SUNDAY, FEBRUARY 26, 1995

My fellow brothers and sisters. I cannot tell you how glad we are to be home with you this weekend. You have been our family and our friends since ~~Sandy~~ Sandy and I first arrived here in Nashville 22 years ago. When I'm here, I don't have to explain who Henry Foster is and what he has done. You know who I am and what I believe in.

As you know I've been in Washington ~~for~~ and the past few weeks. ~~They~~ have not been easy weeks. But we have felt your strong support and have been strengthened by your thoughts and your prayers. I want to thank you from the bottom of my heart for praying for us and encouraging us -- and defending us.

I want to tell you, my friends, that I believe in what I have done with my life. I believe in helping to bring healthy babies into this world. It is one of the greatest miracles a person can ~~witness~~ experience. I have ~~believe in~~ trained many fine young men and women to be doctors. I have encouraged ~~-- and to~~ particularly them to serve the rural communities and inner city neighborhoods that have too many health problems and too little health care. I believe in the work we have done together as a community to delay teen pregnancy -- not just by telling our young people what the cannot do, but by <u>showing</u> them what they can do. They <u>can</u> make other choices. They <u>can</u> get an education. They <u>can</u> have a future. We have worked hand in hand on this and I believe in what we've done.

I ask for your help and prayers in working with me again to fight this latest attack from the right wing extremists that are using my nomination to achieve their radical goals. They have used distortion after distortion in the past weeks. You've heard them.

But the most recent charge – that I, as a young black doctor in Tuskegee, Alabama, knowingly cooperated with the most cruel and inhumane experiment ever undertaken by ~~the~~ our federal government is outrageous. It is offensive. ~~And~~ It is dead wrong, and it is without substance.

To serve my community, I was President of the Macon County Medical Society in 1972. First When I learned that the federal government was conducting experiments on poor black men -- without their knowledge and without providing treatment -- ~~and~~ I was furious.

immediately

I called the medical society together for the purpose of trying to identify the men from whom treatment had been withheld. We demanded that immediate treatment be carried out for ~~the~~ those men ~~who were infected.~~

But ~~these~~ those radical groups would like you to believe something different – something other than the truth. Let me tell you what is the truth.

I am a doctor. I went to Alabama – rather than staying in Seattle where I had been stationed as an Airforce Officer ~~in Seattle~~ – because I wanted to improve the medical care of poor people in the rural south.

I arrived in Tuskegee when there was virtually no such thing as pre-natal care and infant mortality for black ~~babies was terribly high~~. I was working night and day – as a young doctor – to improve the health care of the women and children ~~who came to me.~~

Why would I have turned my back on the very people I had come to serve? What would I have gained?

And how dare these groups accuse me? I was serving the people of Tuskegee — What were they doing?

All I ask is that I be allowed to tell the truth of who I am, what I have done, and what I believe. And I ask that I be judged by the actions I have taken and the goals I have pursued throughout my entire life.

And all I ask of you, my brothers and sisters, is that you pray – as the Bible says – that I continue to bear with courage that which comes to me.

~~Thank~~ Again, Sandy and I thank you so very much. ~~for you~~

Do you have a blank check? #6748 #25 2/26/95

DR. HENRY FOSTER
STATEMENT AT FIRST BAPTIST CHURCH CAPITOL HILL
Sunday, February 26, 1995

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I want to tell you, my friends, that I believe in what I have done with my life. I believe in helping to bring healthy babies into this world. It is one of the greatest miracles a person can experience. I believe in training fine young women and men to be doctors. I have encouraged them to serve the rural communities and inner city neighborhoods which have too many health problems and too little health care. I believe in the work we have done together as a community to delay teen pregnancy -- not just by telling our young people what they cannot do, but by *showing* them what they can do. They can make other choices. They can get an education. They can have a future. We have worked hand in hand on this and I believe in what we've done.

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But the most recent charge -- that I, a young black doctor in Tuskegee, Alabama, knowingly cooperated with the most cruel and inhumane experiment ever undertaken by our government is outrageous. It is offensive. It is dead wrong. And it is without substance.

To serve my community, I was President of the Macon County Medical Society in 1972. When I first learned that the federal government was conducting experiments on poor black men -- without their knowledge and without providing treatment -- I was furious. I immediately called the medical society to try to identify the men from whom treatment had been withheld. We demanded that immediate treatment be given to these men.

But these radical groups would like you to believe something different -- something other than the truth. Let me tell you what the truth is.

I am a doctor. I went to Alabama -- rather than staying where I had been stationed in Seattle as an Air Force officer -- because I wanted to improve the medical care of poor people in the rural south. I arrived in Tuskegee when there was no such thing as pre-natal care, and maternal and infant mortality for blacks was overwhelming. I was the only ob/gyn for miles around. I was working night and day -- as a young doctor -- to improve the health of women and children, by establishing a system to improve the access to health care.

Why would I have turned my back on the very people I had come to serve? What would I have gained?

And how dare these groups accuse me? I was serving the people of Tuskegee. What were they doing? Who were they serving?

All I ask is that I be allowed to tell the truth of who I am, what I have done, and what I believe. And I ask that I be judged by the actions I have taken and the goals I have pursued throughout my entire life.

And all I ask of you, my brothers and sisters, is that you pray -- as the Bible says -- that I continue to "bear with good courage that which" comes to me.

Again, Sandy and I thank you so very much.

THE WHITE HOUSE
Office of Media Affairs

For Immediate Release March 7, 1995

****MEDIA ADVISORY****
DR. HENRY FOSTER TO ADDRESS OBGYN-PROFESSORS

Dr. Henry Foster, White House Nominee for U.S. Surgeon General will be addressing the Association of Professors of Gynecology and Obstetrics and the Council of Resident Education in Obstetrics and Gynecology at their annual meeting in Orlando, Florida. Dr. Foster is the Past President of APGO and a member of the APGO Foundation board.

When: Wednesday, March 8 at 2pm.

Where: The Peabody Hotel, in Plaza E
9801 International Drive
Orlando, Florida

Media who wish to cover the address will need valid media organization identification.

For more information contact Mary Ellen Glynn (202)456-2580 or Ann Walker (407) 352-4000.

###

MEMORANDUM

TO: Henry Foster, MD

FROM: Donna Wachter

DATE: March 1, 1995

SUBJECT: CREOG & APGO Annual Meeting

I was delighted to hear that you will be able to attend the APGO Council meeting and the Foundation Board meeting both of which will be held on Wednesday, March 8, 1995. I have attached an entire listing of all of the ancillary meetings which will be held during the week.

The CREOG Council, APGO Council and Foundation Board will all have dinner together on Wednesday evening after the Welcome Reception.

Do you want to have dinner on Tuesday evening? If so, give me a call when you get in.

ASSOCIATION OF PROFESSORS OF GYNECOLOGY & OBSTETRICS
409 12TH STREET, SW, WASHINGTON, DC 20024
(202) 863-2545

CREOG AND APGO ANNUAL MEETING
The Peabody Hotel
Orlando, Florida
March 8-11 1995

Wednesday, March 8, 1995	**Time**	**Room**
APGO Budget Committee	7:00am-8:00am	Fairview
→ APGO Council Meeting+	8:00am-12:00noon	Plaza H
→ Parke-Davis Scholars Lunch*	12:00pm-1:00pm	Butler
→ APGO Foundation Board Meeting*	2:00pm-5:00pm	Challenger
APGO/CREOG Program Committee	5:00pm-6:00pm	Conway
→ Welcome Reception+*	6:30pm - 7:30pm	Pool Deck or Florida I - III
→ Council/Board Joint Dinner+* (sponsored by Wyeth-Ayerst)	7:30pm-10:00pm	The Stouffer Hotel
Thursday, March 9, 1995		
Joint APGO & CREOG Council Breakfast+	7:00am-8:00am	Plaza F
Corporate Contributors Luncheon*	12:00pm-1:45pm	Butler
APGO Test Bank with Dinner	5:00pm-8:00pm	Bayhill I & II
CUCOG Reception and Dinner	6:00pm-9:00pm	Coconuts
Friday, March 10, 1995		
Women's Breakfast/Meeting	7:00am-8:00am	Orlando III
APGO & Foundation Business Mtg. & Awards+*	8:00am-9:00am	Plaza E
CUCOG Business Meeting	10:45am - 12:00noon	Orlando III
New Chair's Reception+*	5:00pm - 6:00pm	Chang's Suite
President's & Chair's Reception +*	6:00pm - 7:30pm	Florida I-III
President's & Chair's Dinner+*	7:30pm - 10:00pm	Coconuts
Saturday, March 11, 1995		
UMEC Breakfast Meeting	7:00am-8:00am	Fairview
Passing of Gavel APGO President+*	9:55am- 10:15am	Plaza F

\+ *APGO Council Members should attend*
* *Foundation Board Members should attend*

1/20/95

→ these are the meetings you should attend

DR. HENRY W. FOSTER, JR.
VISIT TO CHILDREN'S HOSPITAL
Remarks

- It is a privilege to be here today and to have this opportunity to address you all.

- I would like to welcome my former students from Meharry Medical College. Many times in over 20 years of teaching, I have looked out over a lecture hall and seen these faces. These people were my family -- we worked together and learned together for four years, and have been friends for many years since they graduated. They have gone on to serve their communities and their society -- as all of you residents here at Children's Hospital someday will. No doubt they will have heard what I'm going to say today many, many times.

- I have been an educator for 21 years. In 1973, I was asked to chair the Department of Ob/Gyn at Meharry Medical College in Nashville, Tennessee. I was chosen by the selection committee for a very specific reason. Because I was determined -- as I had been in Alabama -- that the doctors who worked with me would not be separate from the communities they served, estranged from the communities they served, or above the communities they served. I wanted myself and my doctors to be part of the fabric of the community itself -- involved in its daily tasks and its future hopes, in its dreams and aspirations.

- And, for over two decades, I have helped train hundreds of America's finest medical practitioners at Meharry. I stood up in front of class after class of young residents like you. And I told them all the same thing.

- I told my students that America has the finest health care system in the world. The best technology, the best facilities, the best training. But there were places all across this great country that did not have any -- never mind the best -- they did not have <u>any</u> doctors. I told them it was their role -- as healers and educators -- to seek out these places and serve those people.

- I told my students that Medicine is both a Science and an Art. You will have plenty of people instruct you as to the Science of Medicine. I want to tell you about the Art of Medicine.

- I told my students that they must care. Science is empty without caring. I know you are all going to pass your boards -- but that is not enough to make you a good doctor.

- I told my students that they must engage any activity they do with intelligence, energy, and integrity. That's how you make it through life.

- Before I begin my slide presentation, I would just like to make one final point. It is no accident that I am an educator -- by practice and by preference -- and that the President has asked me to be Surgeon General. The role of Surgeon General -- a role critically important to our nation -- is that of an educator. To educate the American people about positive health activities to embrace, preventive health measures to adopt, and negative health measures to avoid. But in a sense it is what we do every day in our practice and in our teaching.

- It is trying to use science to heal and to educate -- and to provide our communities and our society with the care they need when they need it. The Surgeon General's responsibility is to do this from the highest office. But it is also what all of you will do when you finish your training and serve the world as doctors. And it is what my former students practice every day.

- This is a very exciting time. Our challenges are great, but so are our opportunities. In America, we are free to make our country as good in practice as in promise, and I believe that working together we can do that.

- Now I'd like to turn to the slides. [Slide presentation -- Ann Walker]

DR. HENRY W. FOSTER, JR.
VISIT TO CHILDREN'S HOSPITAL
Talking Points

- Privilege to have opportunity to address you
- Welcome former students from Meharry Medical College
- I have been an educator for 21 years. I told all my students the same thing.

    1. Their role -- as healers and educators -- is to seek out those places with few doctors and serve those people.
    2. Medicine is as much an Art as a Science
    3. Most important thing is to care
    4. Engage any activity with intelligence, energy and integrity

- The role of Surgeon General is that of an educator.
- But, in a sense that is what my former students do every day -- and what you all will do when you graduate.
- Now I'd like to turn to the slides.

THE WHITE HOUSE

Office of the Press Secretary

March ??, 1995

REMARKS BY DR. HENRY FOSTER

(*Names spelled phonetically. Tape inaudible in parts.)

DR. FOSTER: Thank you very much for those kind words from (inaudible). I'm seldom at a loss for words, but I have learned in being in Washington, that might be to my benefit -- (laughter). But I want to thank all of my former students. I don't want to really single out anyone, but I have to single out my mentor's son, Dr. Carl Treehurn* who was a member of the faculty who taught me obstetrics and gynecology and delivered my son in Nashville, was my mentor. And I am so pleased that his son, Dr. Robert Treehurn* saw fit to choose OB/GYN as a discipline. So I'm doubly thrilled on that score.

I want to say to all gathered, Dr. Avery*, Dr. Fletcher*, Dr. Weiderman*, Zegman*, all of the people who have welcomed me here. It's a pleasure to be here. This is a fine institution. I don't need to tell you that. You're in your 125th year. And I can remember it, because you're just one year younger than Howard University's medical school. You've been here a long time. You've done so many wonderful things.

I also have a tie with this institution that some of you -- one or two of the residents might know this connection -- he's called Judd Randolph* -- the Judd Randolph* connection. Judd is from Nashville. And when I had the responsibility of trying to recruit 74 new faculty in a two-year period, FTE(?) faculty, 18 of which would be residents, the other would be senior staff members, Judd Randolph* agreed to come in our department of surgery. And as a matter of fact, he would have been here today, but he was performing surgery. And he's a great addition to your alma mater. And he carries on the great tradition of this institution.

I've been an educator, actually, for 30 years. When I first went to Tuskegee when I completed my residency, the first thing I did when I looked around, we were delivering 2,300 babies a year. I was the only obstetrician there. I had one third-year resident from Maharry, so I wrote Dr. W. F. James*, the chairman of the department at that time. And I remember basically the words. I said, it is academically unresourceful not to share this volume of clinically training with a larger cadre of people. So we set up a student rotation. Might be that one or two students here came to Tuskegee before I went to Maharry.

I'm also pleased to say that the chairman of OB/GYN at Maharry -- (inaudible) -- don't remember is Dr. Elwin Grimes*. And Dr. Grimes* saw his first delivery at Tuskegee after I had set up a student rotation. And I often tease him when I introduce him. I say, Grimes* was so green that I had -- (inaudible) -- you come to this end of the table -- (laughter) -- (inaudible). But Grimes* has subsequently distinguished himself. He graduated from Maharry, did his internship. And he did his residency at Women's and Brigham at Harvard and has brought distinguished leadership to Maharry.

My role as an educator, I saw always as being twofold. The academics were important. And all of my students will tell you, I stress academia. We stress our students getting their boards. You to have impeccable academic credentials. But that was not enough. I

had to stress the art of medicine, the art of caring. You have to care about your patients. You must -- (gap in tape) -- if you don't do that, you're incomplete. You're not fulfilled as a physician. My daughter often would tease me about spoiling my patients. But I would tell her, I said, well, you see, the children of my patients mean as much to them as you and your brother mean to me, so it has to be that way. There can be no other way.

So one thing I tried to impart with all of these students is to approach any task with energy, intelligence and integrity. That will carry you all the way through this tough world we're in. If you stick to those, you'll make it. And I think you've demonstrated that by being where you are today. (Applause.)

I should get on -- I don't know exactly what my time schedule is, but I'm going to move on. There are couple of other words -- I have something else I want to share with you.

Before I begin my slide presentation, though, I would like to make one final point. It is no accident that I am an educator, by practice and by preference, and that the President, President Clinton, has asked me to be surgeon general. The role of surgeon general, a role critically important to our nation, is that of an educator -- to educate the American people about positive health activities, health promotion, disease prevention. But in a sense, it is what we do everyday in our practice and in our teaching. It is trying to use science to heal and to educate, and to provide our communities and our society with the care they need when they need it.

The surgeon general's responsibility is to do this from the highest office. But it is also what all of us do when we finish our training and when we serve as doctors around the world. And is what my former students have all been taught to do with their lives.

These are very exciting times. Our challenges are great, but so are our opportunities. In America, we are free to make our country as good in practice as in promise. And I believe that working together we can achieve that. That certainly will be my goal this year as surgeon general.

March 11, 1995

MEETING WITH AIDS GROUPS ON FOSTER NOMINATION

DATE: Monday, March 13
TIME: 11:00am - 12:00 noon
LOCATION: Roosevelt Room
FROM: Marilyn Yager

I. PURPOSE

To build support within the AIDS community by responding to questions they may have about Dr. Foster, and to provide them with a copy of his letter to Patsy Flemming.

II. BACKGROUND

The AIDS community has been reluctant to support the Foster nomination due to concerns they have about the depth of his support for condom distribution, and the absence of his views in the public record on AIDS issues. The only groups currently supporting his nomination whose activities are largely focused on AIDS are the Human Rights Campaign Fund and SEICUS.

Most of these groups will have received a copy of the letter prior to the meeting (I am faxing them a copy over the weekend).

III. MEETING FORMAT

WELCOME AND INTRODUCTIONS — Marilyn Yager

OVERVIEW COMMENTS — John Podesta

- Importance of this nomination.
- Importance of their support to the President
- Timeline of the Nomination: March 24 deadline for written comments, hearing likely after the recess, etc.

AIDS ISSUES — Patsy Flemming

- Comment on Letter from Foster
- Emphasize his commitment to these issues, commenting on your meeting with Foster.
- Ask for questions or comments.

Closing Comments Marilyn Yager

- o Support activities necessary to win this nomination.

IV. PARTICIPANTS

Alexander Robinson, ACLU
Lynora Williams, AIDS Action Council
Joseph McGinty, AIDS National Interfaith Network
Jeannie Wong, AIDS Policy Center for Children, Youth and Families
Brian Smedley, American Psychological Assn.
Tammy Mann, American Psychological Assn.
Scott Sanders, American Foundation for AIDS Research
Rose Gonzalez, American Nurses Assn.
Seema Verma, Assn. for State and Territorial Health Officials
Dan Bross, Campaign for Fairness
Cynthia Stachelberg, Human Rights Campaign Fund
Ellen Weber, Legal Action Center
Rich Tafel, Log Cabin Republicans
Joseph Kelly, NASTAD
Letitia Gomez, National Latino/Latina Lesbian & Gay Organ.
Troy Papenbrink, National Assn. of People with AIDS
Megan Stocker, National Lesbian and Gay Health Assn.
Helen Fox, National Minority AIDS Council
Mario Solis-Marich, National Task Force on AIDS Prevention
Tim Westmorland, Pediatric AIDS Foundation
Dennis Gooding, Pediatric AIDS Foundation
Dan Zingale, Human Rights Campaign Fund
Matthew Syr, ?

March 10, 1995

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

Dear Ms. Fleming,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Henry W. Foster Jr., MD

March 15, 1995

MEETING WITH THE DEANS OF SCHOOLS OF PUBLIC HEALTH

DATE: Thursday, March 16
TIME: 4:00pm - 5:00pm
LOCATION: Room 476, OEOB
FROM: Marilyn Yager
x66683

I. PURPOSE/BACKGROUND

A briefing for the Association of Schools of Public Health, represented by 27 of their Deans, regarding health care, budget issues, and the Foster nomination. This group has been a consistent supporter of our health priorities, including the Health Security Act and the Foster nomination, however, they are concerned about the public health consolidations we proposed in the FY96 Budget.

II. MEETING FORMAT

Opening Remarks/Introductions	Marilyn Yager
Foster Comments (talking points attached)	Erskine Bowles (tentative)
General Health Issues	Chris Jennings

- o Health Reform/Managed Care/Primary Care update
- o Regulatory Reform
- o Questions or Comments

Budget/Rescission Issues — Barry Clendenin

- o Status of Rescission and budget activity on the Hill
- o What is being proposed in the public health area.
- o Questions or comments

III. PARTICIPANTS

List Attached.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	[Personally Identifiable Information] [partial] (1 page)	03/15/1995	b(6)

COLLECTION:
Clinton Presidential Records
Staff Secretary
John Podesta (Foster Files)
OA/Box Number: 5491

FOLDER TITLE:
Nomination of Dr. Henry Foster Jr. Book II [binder] [1]

2018-0662-S
rs3138

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

WHITE HOUSE ATTENDEES

Dean Palmer Beasley
University of Texas at Houston
DOB: (b)(6)

Dean David Carpenter
University at Albany
DOB:

Kevin Croke
University of Illinois at Chicago
DOB:

Dean Stephen H. Gehlbach
University of Massachusetts at Amherst
DOB:

Dean Richard S. Kurz
St. Louis University
DOB:

Dean Phillip Marty
University of South Florida
DOB:

Dean Gilbert S. Omenn
University of Washington
DOB:

Dean Allan Rosenfield
Columbia University
DOB:

Dean Susan Scrimshaw
University of Illinois at Chicago
DOB:

Director F. Douglas Scutchfield
San Diago State University
DOB:

Acting Dean Barbara Siegel
University of Hawaii
DOB:

ASPH Staff:

Michael K. Gemmell

Scott J. Becker DOB

Martha Levin DOB

Marissa Cortes DOB:

GENERAL BRIEFING FOR GROUPS ON FOSTER NOMINATION

ATTENDEES

Thursday, March 16
2:00pm
Roosevelt Room

Phillip Schneider, National Assn. of Chain Drug Stores
Thomas Sander, Youth Service America
Margaret Degnon, Ambulatory Pediatrics Assn.
Lawrence Lavin, National Health Law Program
Helen Mary Cody, Ambulatory Pediatrics Assn.
Florence Bonner, Association of Black Sociologists
Mark Kennedy, Food Research Action Center
Karen Lynn Probert, Assn. of State/Terr. Public Health Nutr. Dir.
Nancy Maddox, Assn. of Maternal and Child Health Programs
Ed Varga, Nat. Assn. of Community Health Agencies
Eileen Dillon, Nat. Assn. of Community Health Agencies
Brenda Nordlinger, Nat. Assn. of Homes and Services for Children
Susan Polan, American Cancer Assn.
Sandra Raymond, Nat. Osteoporosis Fund
Bente Cooney, Nat. Osteroporosis Fund
Judith Sherman, American Dental Assn.
Galen Willis Miller, Nat. Hospice Assn.
Amy Gotwals, Nat. Network of Runaway and Youth Services
Nancey McCann, American Cateract Society
David Hebert, Am. Assn. of Nurse Anethesists
Diane Maple, American Lung Assn.
Songa Borgonker, Women's Legal Defense Fund
Tavia Stampley, YWCA

JP — Can you look this over? Jody + I will talk tonight (she's out on podcast all day). Do we need to get Galston involved? M —

SCHEDULE PROPOSAL **TODAY'S DATE:** 3 / 16 / 95

__ACCEPT **__REGRET** **__PENDING**

TO:

Billy Webster
Director of Scheduling and Advance

FROM:

Mark D. Gearan
Assistant to the President
and Director of Long-Term Planning

John D. Podesta
Assistant to the President
and Staff Secretary

Erskine B. Bowles
Assistant to the President
and Deputy Chief of Staff

← Ok to put?

REQUEST:

Private Meeting with Dr. Henry Foster, Surgeon General nominee, and other national teen pregnancy experts

PURPOSE:

To discuss a National Strategy to Prevent Teen Pregnancy in an attempt to reinvigorate the Foster nomination. ~~The press is concentrating now on process and controversy stories and need a positive high-level event to turn their focus back to the issues~~. Although no media will be invited, they will be made aware such event is taking place.

BACKGROUND:

In the 1995 State of the Union, the President called for a "national campaign against teen pregnancy." He reaffirmed his emphasis on this issue in his nomination of Dr. Foster. To be seen actively addressing this issue fits in well with both the New Covenant message as well as the welfare reform discussions currently talking place.

— intel.

PREVIOUS PARTICIPATION:	N/A
DATE AND TIME:	Monday, March 20, 1995 Time is flexible
DURATION:	1 hour
LOCATION:	Residence
PARTICIPANTS:	President Clinton Dr. Henry Foster 4-5 leaders in the fight to prevent teen pregnancy
OUTLINE OF EVENTS:	The President meets the guests and Dr. Foster at the residence. The President and Dr. Foster both briefly welcome the experts, which leads to an open discussion lasting 45 minutes. Everyone is seated on couches and chairs.
REMARKS:	None needed; briefing and talking points will be supplied by Meeghan Prunty
MEDIA COVERAGE:	None
HRC ATTENDANCE:	None
AGJ ATTENDANCE:	None
MEG ATTENDANCE:	None
RECOMMENDED BY:	N/A
CONTACT:	John Podesta [6-2702] Mark Gearan [6-2640] Meeghan Prunty [6-5716]
ORIGIN OF THIS PROPOSAL:	White House Staff Generated