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O

Divider Title: _____

Monday 10:12 a.m.

Sherman Tribble

(615) 254-7972
876-3862

I wanted to talk to with you about an idea I had; Ben Johnson, the liaison officer at the White House, talked with me about a week ago and asked us if we could consider doing as much as we could to support your nomination throughout the state of Tennessee. I talked with pastors in Memphis and in Knoxville about the possibility of us trying to hold large forums where we would feature you as the speaker some time over the course of the next few weeks. Our target audience would, of course be, persons in the religious community in not just the black religious community but throughout the community ~~but throughout the community~~ so that it could counter some of the negativity that has come from the religious right. The ultimate aim would be to get Senator ~~Friske~~ to see that there is a large grounds for support and to get him committed fairly early -- firmly committed to your candidacy because it would from my estimated it would end up being a major thing to do. Before we move any further with trying to pull something like this off, we need to get your input as to whether or not you think it is a good thing to do and if you would have the time to do it. I tried to call the White House today and forgot it was President's Day and naturally the White House would not be in session on its own day of celebration, but when you get an opportunity, please give me a call back at (615) 254-7972 is the church and home is (615) 876-3862. We can talk about the specifics later. Thanks so much...talk with you soon. Bye Bye

Planned Parenthood®
Federation of America, Inc.

TO: Planned Parenthood Republicans for Choice® Network

FROM: Darlee Crockett & Randall Moody, Co-chairs

RE: Foster Nomination

DATE: February 14, 1995

As you know, the nomination of Dr. Henry Foster for surgeon general is being challenged in Washington. Dr. Foster is an outstanding physician and community leader who would be a tremendous asset to the campaign to reduce teen pregnancy and unwanted childbearing. In fact, Dr. Foster's highly acclaimed "I Have a Future Project" was awarded a "point of light" by President Bush. Yet the small minority of Americans who oppose choice and access to contraception is attempting to derail his nomination. We cannot let that happen.

Now is the time for the new Republican leadership in Washington to hear your pro-choice Republican voice! Here's what you can do:

- **Call Sen. Dole (202-224-6521; fax 224-4639)** and encourage him to allow Dr. Foster's nomination to go forward. Identify yourself as a pro-choice Republican and let him know that Republicans nationwide care deeply about choice in America (also see attached talking points).
- **Call Sen. Kassebaum (202-224-4774; fax 224-3514)** chair of the Senate Labor Committee in which Dr. Foster's nomination will be confirmed.
- **Call your two home state senators. Capitol Switchboard 202-224-3121.**
- **Call the White House Comment Line at 202-456-1111; fax 456-2461.**
- **Write to Sen. Dole** and any or all of those mentioned above (see attached sample letter).
- **ENCOURAGE PRO-CHOICE GROUPS AND INDIVIDUALS YOU KNOW TO BE VOCAL AND ACTIVE IN SUPPORTING DR. FOSTER.**

Attached are talking points, a sample letter, and background information on the Foster nomination. Feel free to distribute these materials to others who support Dr. Foster and would like to participate in the campaign. Committee hearings on Dr. Foster's nomination will not begin until an FBI background check is completed -- about 4-6 weeks. We will be sure to keep you informed as the process goes along. Be sure to let us know you have contacted those listed above by sending us copies of your letters and any response you receive.

Also attached is a recent *New York Times* article "Christian Right Issues a Threat to the G.O.P." Please call Victoria Mackenzie, special projects coordinator, at 212-261-4603 if you have additional questions or suggestions.

THANK YOU -- YOUR SUPPORT ON THIS CAMPAIGN IS CRITICAL!

TALKING POINTS ON FOSTER NOMINATION

- As a respected member of the medical profession, Dr. Foster is highly qualified for the position of surgeon general. His leadership on preventing teen pregnancy -- one of the most troubling issues confronting this country -- has had highly successful results in Tennessee and elsewhere.

- Prevention efforts like Dr. Foster's "I Have a Future" program, which stress job skills, sexual responsibility, education, and self-control, have done far more to reduce teen pregnancy than the far-right's rhetoric. The "I Have a Future" program was awarded a point of light by President Bush.

- Thousands of Planned Parenthood volunteers and donors are Republicans. We find it disgraceful that anti-choice extremists would insinuate that Dr. Foster's association with Planned Parenthood is somehow shameful and should be condemned. Gary Bauer and other extremists waging the smear campaign against Dr. Foster do not represent our viewpoint. The majority of Americans are pro-choice, and we must not allow a small group of extremists to dictate American health policy.

- If the party leadership attempts to block Dr. Foster's confirmation, pro-choice Republicans will receive the message that we are neither wanted nor heard within our party. Yet even the RNC's own polling of active Republicans showed that almost half were pro-choice! Allowing a small vocal minority to dictate policy would be a serious mistake.

- The number of abortions Dr. Foster has performed is a false issue. What is relevant is that Dr. Foster provided abortions -- a legal, constitutionally-protected procedure -- when he and his patients deemed it to be medically necessary or appropriate. The idea that doctors would be barred from public service for providing a legal medical procedure is reprehensible and unacceptable.

- Planned Parenthood affiliates have been flooded with calls from people supporting Dr. Foster's nomination. These same callers are expressing outrage at the lies and distortions extremists are telling about Planned Parenthood -- our mission, our values, our policies, and our beliefs.

- Planned Parenthood has activated our health care membership base to support Dr. Foster: with nearly 1,000 health centers in 49 states across the country, Planned Parenthood represents millions of pro-choice, pro-family American women, men, and teens. This campaign will include Republicans, members of the medical community, African-Americans, and clergy -- many of whom have already begun to speak out.

SAMPLE LETTER
RE: FOSTER NOMINATION

(date)

The Honorable _____
U.S. Senate
Washington, D.C. 20510

Dear Senator _____:

As the members of Planned Parenthood's Republicans for Choice®, we urge your support for Dr. Henry W. Foster's nomination for surgeon general.

Dr. Foster is a highly qualified nominee, and has shown true leadership on the issue of teen pregnancy, one of the most troubling issues currently confronting our nation. The highly effective "I Have a Future" program, which Dr. Foster developed, stresses job skills, sexual responsibility, education, and self-control.

Teen pregnancy prevention is among Planned Parenthood's key goals. Planned Parenthood's medical and educational services help prevent nearly half a million unintended pregnancies each year, thereby averting more abortions than we provide. As a doctor, Dr. Foster has performed abortions -- a legal, constitutionally-protected procedure -- when he and his patient deemed it to be medically necessary or appropriate. Americans respect and carefully guard the doctor-patient relationship, and Dr. Foster has fulfilled his moral obligation to his patients by informing them of the full range of options, and providing the best care he personally could. What American would not wish for the same?

The overwhelming majority of Americans, including Republicans, support a woman's right to determine her reproductive future. Americans approve of Dr. Foster's record in practicing medicine and in preventing teen pregnancy. We urge you to examine his record of excellence, success, and integrity, and hope the Senate will confirm him.

Sincerely,

(your name)

Planned Parenthood®
Federation of America, Inc.

PLANNED PARENTHOOD SUPPORTS SURGEON GENERAL NOMINEE

Dr. Foster promotes healthy women, healthy families, healthy America.

Planned Parenthood Federation of America (PPFA) applauds the Clinton Administration for the nomination of Dr. Henry Foster to the position of U.S. Surgeon General. Dr. Foster is an eminently qualified physician, a driving force in the prevention of teen pregnancy, and a leader in the field of public health. Dr. Foster is an unwavering proponent of compassionate, comprehensive, and effective solutions to some of our nation's most troubling public health crises -- solutions that focus on prevention and personal responsibility. Planned Parenthood is proud of our long association with Dr. Foster and we vigorously support his nomination.

TWO DECADES OF COMMITMENT TO PLANNED PARENTHOOD

For two decades, Dr. Foster has aided Planned Parenthood in our mission to protect the reproductive health and freedom of all Americans. He has served on local and national Planned Parenthood boards since 1974. We are privileged that Dr. Foster continues his involvement in Planned Parenthood today as a member of the Board Advisory Council of Planned Parenthood of Middle Tennessee (Nashville), where he works tirelessly in the community to reduce the incidence of teenage pregnancy.

On the national level, Dr. Foster is a member of PPFA's Board of Advocates, which works to ensure access to reproductive health care, including abortion, for all women. The help of advocates like Dr. Foster was critical to the passage of the Freedom of Access to Clinic Entrances Act. The first pro-choice legislation passed by Congress, FACE is designed to protect patients and staff at women's health care centers.

PLANNED PARENTHOOD: AMERICA'S MOST TRUSTED NAME IN WOMEN'S HEALTH CARE

Planned Parenthood has become America's most trusted name in women's health care because of the services we provide: In nearly 1,000 health centers nationwide, Planned Parenthood serves four million women and men each year -- making us the nation's largest provider of comprehensive reproductive health care, including birth control methods and counseling, breast exams, PAP tests, testing and treatment for sexually transmitted infections, infertility services, and comprehensive sexuality education. Indeed, one in four American women is or has been a Planned Parenthood client.

Through these services, Planned Parenthood does more to prevent abortion than any anti-choice group. Each year, our health centers help women avert nearly half a

810 Seventh Avenue New York, New York 10019 212/541-7800 FAX 212/245-1845

million unintended pregnancies that otherwise would result in abortion or unwanted birth. Moreover, we provide these services in an increasingly hostile climate where our staff members are being harassed and even murdered as a result of extremist attacks.

FOSTER'S "I HAVE A FUTURE" PROGRAM GIVES TEENS HOPE

Dr. Foster is the creator of the highly successful "I Have a Future" program at Meharry Medical College. This much-acclaimed program stresses job skills, sexual responsibility, education, and self-control. In the six years since Dr. Foster developed the program, "I Have a Future" has worked to give Nashville teens complete and accurate information about sex and sexuality. An article in The Tennessean quoted several teens in the program who praise "I Have a Future" for "giving a lot of people a chance" and teaching them "how to be in relationships...and not necessarily have sexual intercourse."

FOSTER SUPPORTS EDUCATION AND HEALTH CARE FOR YOUNG PEOPLE

In nominating Dr. Foster, President Clinton praised his efforts in combatting "the epidemic of teen pregnancies" -- one of the most pressing issues confronting this country as well as one of Planned Parenthood's central concerns. Dr. Foster is a strong advocate of reality-based sexuality education programs in our nation's schools. Like most Americans, who want their children to have the facts they need to make wise and healthy choices, Dr. Foster and Planned Parenthood recognize that sexuality education must address the realities of our children's lives and prepare them to make informed and responsible decisions about their reproductive health.

Dr. Foster joins Planned Parenthood in supporting school-based clinics that expand teenagers' access to health services. School-based clinics are comprehensive health care centers providing medical and mental health services for young people at or near more than 600 schools across the nation. These clinics are designed to overcome the barriers to health care that many adolescents face, including lack of confidentiality, insurance coverage, prohibitive costs, and general apprehension about discussing personal health problems. While only 30 percent of these health centers in high schools make condoms available, a 1988 Harris poll found that 73 percent of Americans favor making birth control information and contraceptives available through school-based clinics.

THE RIGHT CHOICE FOR SURGEON GENERAL

Clearly, Dr. Foster's long history as a champion of public health makes him a highly qualified nominee for surgeon general. It is unconscionable that a small minority of extremists is attempting to block his confirmation by noting that Dr. Foster has performed abortions -- a legal, constitutionally-protected procedure -- when he and his patient deemed it to be medically necessary or appropriate. The idea that doctors

would be barred from public office for providing a legal service is reprehensible. Most Americans support the right to choose and will not allow a cadre of radicals to target and stigmatize any physician who has protected that right.

Dr. Foster, through his association with Planned Parenthood, his "I Have a Future" program, and his impeccable credentials as a health care provider, promotes a healthy future for America based on prevention and responsibility. The overwhelming majority of Americans support and approve of Dr. Foster's philosophy of health care and his focus on preventing teen pregnancy. In attempting to defeat his nomination, his critics are attacking the medical care that American women, men, and families want and need. It is these extremists who are out of touch with the American mainstream.

Christian Right Issues a Threat To the G.O.P.

NYT 2/11/95

By RICHARD L. BERKE
Special to The New York Times

WASHINGTON, Feb. 10 — The head of the Christian Coalition warned today that religious conservatives would not support the Republican Presidential ticket in 1996 unless both candidates opposed abortion rights, threatening to divide the party on the very issue many had hoped to keep out of the next campaign.

Ralph Reed, executive director of the coalition, which counts 1.5 million members in 1,200 chapters, drew cheers when he said at the Conservative Political Action Conference here that "pro-life and pro-family voters, a third of the electorate, will not support a party that retreats from its noble and historic defense of traditional values and which has a national ticket or a platform that does not share Ronald Reagan's belief in the sanctity of innocent human life."

The blunt declaration from Mr. Reed, which was apparently aimed at Republican hopefuls like Governors Pete Wilson of California, William F. Weld of Massachusetts and Christine Todd Whitman of New Jersey, is the latest indication that Republicans will be unsuccessful in their effort to avoid a noisy and potentially costly rift over abortion.

Republicans are already being forced to take positions on the fate of President Clinton's nominee for Surgeon General, Dr. Henry W. Foster Jr., who has been attacked by anti-abortion forces for performing abortions. And in Congress, a battle is forming over the question of whether Federal crime-prevention money can be used by states to protect abortion clinics.

One day after former Vice President Dan Quayle dropped out of the 1996 race, Mr. Reed seemed to be trying to set the ground rules for the contest for the allegiance of the Republican right, hastened by the withdrawal of Mr. Quayle, a favorite of many conservatives like Mr. Reed. He did not specify an alternative for religious conservatives in the event that the Republican ticket proved to be unacceptable.

Because the Christian Coalition is the most influential group of religious conservatives, several Presidential prospects have already begun wooing its members.

But the stand that Mr. Reed outlined today would eliminate some of the leading potential contenders for President or Vice President, including Mr. Wilson, Mr. Weld and Mrs. Whitman. All three have said anti-abortion language does not belong in the party platform as the Republicans try to recover from the 1992 campaign, in which fights over abortion and other social issues pushed the party to the right and helped to turn the Republicans out of the White House after 12 years in office.

None of the leading candidates at this early stage are known for being particularly vigorous in pressing their opposition to abortion. Senator Phil Gramm of Texas probably comes closest, and he was the clear favorite in an informal straw poll conducted here today at the conference.

But Mr. Reed's remarks may force other candidates who have sought to play down the issue and have not been fully clear on their positions — like former Gov. Lamar Alexander of Tennessee — to take harder stands.

Senator Bob Dole of Kansas, the majority leader, opposes abortion but has been less hard-line on the issue than Mr. Gramm, who supports a Constitutional amendment to ban abortion.

In an interview today, Mr. Dole cautioned the Christian Coalition against making too much of the issue. "In my view, we're all Republicans; we're trying to broaden the party," he said. "It seems to me we all ought to be out there discussing issues that bring us together, that increase our numbers."

Even Mr. Gramm said in a recent interview that the party would be smart not to dwell on abortion, and he has not ruled out picking a running-mate who supports abortion rights. "A political party should focus on unifying issues," he said.

The only expected candidate thus far who is explicitly for abortion rights is Senator Arlen Specter of Pennsylvania. "I think he's wrong and I'm out to prove it," Mr. Specter said of Mr. Reed's comments. "This is an issue we have to decide at the convention. We swept it under the rug in '92 and we lost.

Senator Specter also said Dr. Foster should not be "disqualified because he performs abortions — that is a medical procedure that is legal under the Constitution."

The Republican Party has sought to shift its focus away from litmus-test social issues like abortion since the 1992 convention, when conservative speeches struck many moderates as too harsh.

The Contract With America, the agenda on which many House Republicans campaigned and won last fall, did not mention abortion. And a survey conducted last year for the Republican National Committee found that active party members around the country were split on the issue.

Mr. Reed's remarks were a departure even for him. In recent years he has sought to depict the coalition as standing for more than social issues.

Suggesting that he would mobilize his followers to fight the Republicans even if they try to balance a ticket with a Republican who favors abortion rights, Mr. Reed said, "They've even proposed that they balance the ticket in 1996 by choosing someone who is a liberal on the issue of human life."

Mr. Reed also made clear that in general religious conservatives would do all they could to see to it that Senator John Warner, Republican of Virginia, did not get renominated in 1996. Mr. Warner opposed two statewide candidates in Virginia who were popular with religious conservatives but lost: Oliver L. North, who ran for Senate last year, and Michael P. Farris, who ran for Lieutenant Governor in 1993.

"Because Senator Warner was not there for his party or for religious conservatives in 1993 or 1994, they will not be there for him in 1996," Mr. Reed said.

He also mocked Mr. Clinton's recent appeals about the importance of faith, saying, "Bill Clinton has suddenly found religion — what a transformation from last fall's campaign."

HOWARD UNIVERSITY TO HOUSE ALPHA PHI ALPHA FRATERNITY ARCHIVES

The Moorland-Springarn Research Center at Howard University in Washington, D.C. has been selected as the official repository of historical records for the Alpha Phi Alpha Fraternity, Inc. The decision to house the Fraternity Archives at Howard University was made by the Board of Directors at its January meeting in Tuskegee, Alabama.

The establishment of the Alpha Phi Alpha Archives on the campus of Howard University marks a significant contribution to the efforts of African Americans to preserve our cultural legacy. As the oldest organization of its kind in the nation, Alpha Phi Alpha has taken steps to create an institutional resource to document its history and broad range of programs and activities.

The Moorland-Springarn Research Center is internationally recognized as one of the most comprehensive repositories for the preservation and study of African American culture in the United States.

The decision to establish the Alpha Phi Alpha Archives at Howard University--the seat of the organization's second chapter--was made after the Fraternity's National Archivist, Herman "Skip" Mason, first proposed the idea at the August 4, 1994 Board Meeting. In stating the need for a national archives, Brother Mason argued that much of the historical material supposedly in storage at the General Headquarters could not be found. Some items were lost during the move of the headquarters from Chicago to Baltimore, while other records and pictures were damaged or stolen.

Following the August meeting, Brother Mason investigated the possible placement of the Fraternity's historical records at several institutions with interests in handling African American Archives. The institutions included: the Amistad Research Center, New Orleans, Louisiana; Auburn Avenue Research Library, Atlanta, Georgia; Moorland-Springarn, Howard University, Washington, D.C.; Fisk University Library, Nashville, Tennessee; The Library of Congress, Washington, D.C.; Schomberg Center, New York, NY; Case Western Reserve, Cleveland, Ohio; and Hampton University Library, Hampton, Virginia.

The list later was narrowed to four institutions--Amistad, Moorland-Springarn, Fisk University and The Library of Congress with Moorland-Springarn winning the final recommendation as the best site to house the historical records.

CAREER EXPO

THERE WILL BE A JOB FAIR AS PART OF THE 1995 GENERAL CONVENTION IN ORLANDO, FLORIDA WITH MANY COMPANIES AND AGENCIES LOOKING FOR QUALIFIED CANDIDATES IN VARIOUS FIELDS. BROTHERS CAN HELP BY:

- SUBMITTING THEIR RESUMES TO THE GENERAL OFFICE FOR INCLUSION IN THE RESUME BOOK. PARTICIPATING ORGANIZATIONS WILL PURCHASE A COPY OF THE BOOK WITH THEIR CAREER EXPO REGISTRATION.
- GETTING A COMMITMENT FROM THEIR ORGANIZATION TO JOIN THE EVENT IN ORLANDO.

ORGANIZATIONS WHO WOULD LIKE TO BE A PART OF THE JOB FAIR SHOULD CONTACT BROTHER WILBUR JACKSON AT 408-256-6568 OR THE GENERAL HEADQUARTERS AT 310-554-0040.

1995 REGIONAL CONVENTIONS

- MIDWESTERN REGION / MARCH 9-12, 1995
  Stouffer's Renaissance Hotel
  24 Public Square
  Cleveland, OH 44113
  Phone: (216) 696-5600

  Convention Coordinator:
  Steve Sims (216) 397-1147-Home
  (216) 689-4899-Work

- WESTERN REGION / MARCH 16-19, 1995
  Parc Oakland Hotel
  1001 Broadway
  Oakland, CA 94607
  Phone: (510) 451-4000

  Convention Coordinator:
  Robert H. Williams (510) 782-5350-Home
  (510) 464-6761-Work

- SOUTHERN REGION / MARCH 23-26, 1995
  North Raleigh Hilton
  3415 Wake Forest Road
  Raleigh, NC 27609
  Phone: (919) 872-2323

  Convention Coordinator:
  Mingo Clark (205) 852-6480-Home

- SOUTHWESTERN REGION / APRIL 6-8, 1995
  Bentley Hotel
  200 Desoto Street
  Alexandria, LA 71301
  Phone: (318) 448-9600

  Convention Coordinator:
  George Thompson (318) 487-5417-Home
  (318) 473-6759-Work

- EASTERN REGION / APRIL 20-23, 1995
  Westchester Marriott
  670 White Plains Road
  Terrytown, NY 10591
  Phone: (914) 631-2200

  Convention Coordinator:
  Darren Morton (914) 667-3775-Home
  (718) 990-6707-Work

Mother African Zoar United Methodist Church
12th and Melon Streets, Philadelphia, PA 19123
(215) 769-3899 (215) 769-3883 FAX
Ralph E. Blanks, Pastor

The Bicentennial Celebration -- 1994

February 13, 1995

President Bill Clinton
The White House
Washington, D.C.

FAX 202-456-6218

Dear President Clinton:

The officers and members of Mother African Zoar United Methodist Church applauds and supports your nominee for Surgeon General, Dr. Henry Foster. We implore you, Mr. President, not to withdraw your nomination but to forge ahead knowing of our prayers and support. The radical right needs to know of our unequivocal support for Dr. Foster and that "Dr. Welby, M.D." does not exist in the real world.

Sincerely,

Estelle Bonaparte

Estelle Bonaparte, Chairlady
Administrative Council

Ralph E. Blanks

Ralph E. Blanks, Pastor

Press Release
National Medical Association
1012 Tenth Street, N.W.
Washington, D.C. 20001
(202) 347-1895 • FAX (202) 842-3293

MEDIA ADVISORY

FOR IMMEDIATE RELEASE
Thursday, February 9, 1995

Contact: Janice Brown-Glasgow
202-347-1895
No. 295-01

Statement From The National Medical Association on The Nomination of Henry W. Foster, M.D. for U.S. Surgeon General

Washington, D.C., February 9, 1995 -- The National Medical Association strongly supports the nomination of Henry W. Foster, M.D. as United States Surgeon General. Dr. Foster is a long standing member of the National Medical Association. He has served as the Dean and Acting President of Meharry Medical College and he has been a practicing Obstetrician and Gynecologist for more than 30 years. He is a man of integrity, compassion and is an extremely qualified candidate.

Dr. Foster is a competent physician who has been working on public health problems for decades. He has delivered thousands of babies and has been involved in programs working to prevent teenage pregnancy by encouraging abstinence, staying in school and making good choices. The National Medical Association feels that the controversy over Dr. Foster's candidacy is misguided and views his ultimate appointment as U.S. Surgeon General as an opportunity to improve the quality of care for people across the country.

The National Medical Association represents the interests of more than 20,000 African American physicians who promote the science and art of medicine. We enthusiastically support Dr. Foster's nomination.

XXXXX

ABC

February 20, 1995

President Bill Clinton
The White House
1600 Pennsylvania Avenue
Washington, DC

Dear President Clinton:

The injustice of the controversy regarding Dr. Henry Foster's appointment as Surgeon General of the United States is an issue in which our membership is keenly interested. The Association of Black Cardiologists wholeheartedly supports Dr. Foster's appointment and take the position that the fact that Dr. Foster performed abortions and sterilizations is irrelevant, because they were both the standard of health care and was legal during the time period in which they were performed.

Dr. Foster has broken no laws and has done nothing that would disqualify or otherwise make him ineligible to effectively serve as Surgeon General. Dr. Foster is a brilliant administrator, physician, and colleague to many of us. He would bring an enlightened perspective to the job, especially in the area of patient education and sex education for teens.

We know Dr. Foster well and support this nomination 100 percent. We have no reservations about recommending Dr. Foster and trust that you will stand by him as you can count on us to stand by you in the months and years ahead.

Sincerely,

Paul L Douglass

Paul L. Douglass, M.D.
M.D. President

Joe Hargrave

Joe L. Hargrove,
Chairman of the Board

cc: Senator Robert Dole
Senator Paul Coverdell
Senator Arlen Specter
Rep. John Lewis
Congressman Donald Payne
Senator Nancy Kassenbaum
Senator Sam Nunn
Rep. Cynthia McKinney
Congressman Newt Gingrich
Singleton McAllister, Esq.

PLD/smd

A New Agenda:
The Challenge for the 90's

OPERATION PUSH INC.
930 EAST 50th STREET • CHICAGO, ILLINOIS 60615 • 312/373-3366 • FAX 312/373-3571

February 10, 1995

The Honorable William Clinton
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear President Clinton:

This letter is written to your attention to encourage no urge you to stand behind your nomination of Dr. Henry W. Foster, to be our next U. S. Surgeon General. Dr. Foster's 30 years of experience as a respected Obstetrician/Gynecologist and his long demonstrated commitment to combatting the problem of adolescent pregnancy with innovative, sensitive and common sense approaches make him more than a wise choice. President Clinton, we are poised to submit petitions, letters, postcards, etc., to the Senate Labor and Human Resources Committee to show our commitment to and support of this nominee.

Despite his excellent credentials, certain anti-choice proponents plan to oppose Dr. Foster's nomination simply because he has performed a purely legal act, and performed abortions. We believe this fact is being used as a political tactic to derail his nomination. Given that the decision to undergo an abortion remains a constitutionally protected choice, Dr. Foster should be praised, not attacked or condemned for his willingness to provide this service to his patients. In reality, by fighting to prevent teen pregnancy, Dr. Foster has has deterred abortions not encouraged them.

As opposition to Dr. Foster's nomination mounts, we cannot help but be concerned about your commitment to him. Our concerns are heightened because we have seen how your administration has handled other African Americans. We watched with pride as you praised Professor Lani Guinier to head the Civil Rights Division of the Justice Department, and then with dismay as your support for her dissipated in the face of unfair, inflammatory distortions of her scholarly articles. We also watched with as you appointed the courageous, no-nonsense Dr. Joycelyn Elders, a woman who dared to speak forthrightly about delicate issues, to be Surgeon General only to abandon her when it became politically expedient to do so. We will be watching, closely, how you handle the nomination of Dr. Foster. We, therefore, urge you to stand by your decision and the validity of your choice to name Dr. Foster as United States Surgeon General.

Sincerely,

Willie T. Barrow

Rev. Willie T. Barrow, D.D.
Chair, Board of Directors

Jimmie Daniels

Rev. Jimmie Daniels
National President

THE PLAIN DEALER

Our 154th Year

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Director of the Editorial Page

THOMAS H. GREER
Vice President, Senior Editor

Letters to the editor

The right to oppose, not destroy, Foster

Dr. Henry Foster is one of America's most renowned physicians. His life is a long list of service and achievement. His record of excellence is exemplary. Few professionals can claim such a demonstration of distinguished community service. The nation, including former President George Bush, has honored his "I Have a Future" program and its focus on preventing teenage pregnancy.

At a time when people of good will, moral integrity and intellectual honesty should be praising the qualifications and excellence of Foster, some have chosen to persecute and vilify him out of partisan expediency. The greater danger here is not simply the damage these vicious attacks are doing to Foster, but the corrupting of the democratic process itself. This mean-spirited demoralizing of the confirmation procedure diminishes respect for the process. The right to oppose and the plot to destroy are morally exclusive. Truth and fairness should never be sacrificed for short-term partisan political advantage.

When this bloody and muddy assault on this good and decent African-American man is over, thousands of outstanding men and women will have been turned away from honorable public service for the sake of their families and careers. Foster should be confirmed not because he needs the job, but because we need his excellence, commitment and service in public life.

REV. DR. OTIS MOSS JR.
Cleveland
Rev. Moss is chairman of the Civil Rights Commission of the Progressive National Baptist Convention and pastor of the Olivet Institutional Baptist Church.

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
– NASHVILLE BRANCH –
1308 JEFFERSON STREET ● NASHVILLE, TENN. 37208 ● 615-329-0999

February 17, 1995

Dr. Henry W. Foster, Jr.
4140 W. Hamilton Road
Nashville, TN 37218

Dear Dr. Foster:

The Nashville Branch of the NAACP is proud to inform you that you are the worthy recipient of the 1995 NAACP Image Award for outstanding contributions to medicine. your exemplary career focuses on addressing the needs of the poor and underserved is an accomplishment that can not go unnoticed. A large portion of the Nashville community and many of the " I Have A Future" participants will be attending this historic event.

The 1995 Image Awards will be held on Friday, February 25th at the Baptist world Center at 7:30 p.m. The Nashville Peace Officers Association will provide transportation and security from your home to the event and back home.

We are looking forward to sharing a memorable occasion with you and Mrs. foster. the Nashville community wants to show their humble appreciation to you. We are all doing our part to insure that you receive a fair and objective hearing before the Senate. We are assured that absolute justice will be yours in the end.

If you have any questions regarding this event, please do not hesitate to contact me at 615-329-0999 or 615-299-9568.

Yours in the struggle,

Sheila R. Peters

Sheila R. Peters, Ph.D.
President
Nashville Branch of the NAACP

ΦΒΣ

Phi Beta Sigma Fraternity, Inc.

Dr. Lawrence E. Miller
National Executive Director
145 Kennedy Street, N.W.
Washington, D.C. 20011
(202) 726-5424
(202) 726-5434

February 22, 1995

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

Dear Mr. President:

This letter is written on behalf of our President, William E. Stanley, Jr., General Board members and the 95,000 members of Phi Beta Sigma Fraternity, Inc. to register our support for your nomination of Dr. Henry Foster, Jr. as the United States Surgeon General.

Dr. Foster's long-standing commitment to promoting and providing quality maternal and child health care is to be commended and applauded. It is our firm belief that he possesses the professional qualifications, the vision and the untiring devotion to enable him to serve our nation in the capacity of US Surgeon General.

Phi Beta Sigma Fraternity, Inc.'s mission is to render service throughout this country and foreign nations, and to select leaders who are committed and have demonstrated the ability "to lead".

Dr. Foster's ideas have inspired and materialized into actual programs that our members are currently implementing.

"I Have a Future" program demonstrated that one person can make a difference over 40 years in the area of Public Health. Dr. Foster made a difference in the lives of children, teens, mothers and yes, fathers through his outstanding work and leadership.

We commend you for Dr. Foster's nomination and assure you that our chapters and entire membership have instituted a nationwide concerted effort to secure his confirmation.

Sincerely,

Dr. Lawrence E. Miller
National Executive Director

Attest: Mr. William E. Stanley, Jr.
National President

ΦΒΣ

ATTENTION ALL BROTHERS!!

THE NOMINATION OF DR. HENRY FOSTER

FOR

U.S. SURGEON GENERAL IS BEING THREATENED.

PLEASE ACT NOW!!

CALL THE FOLLOWING NUMBERS IN SUPPORT
OF DR. FOSTER'S NOMINATION.

MEMBERS OF THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE

Senator Nancy Kassebaum, Chairperson
202-224-4774

- Sen. John Ashcroft (R-MO) 202-224-6154
- Sen. Dan Coats (R-IN) 202-224-5623
- Sen. Mike DeWine (R-OH) 202-224-2315
- Sen. Bill Frist (R-TN) 202-224-3344
- Sen. Judd Gregg (R-NH) 202-224-3324
- Sen. Slade Gorton (R-WA) 202-224-3441
- Sen. Jim Jeffords (R-VT) 202-224-5141
- Sen. Christopher Dodd (D-CT) 202-224-2832
- Sen. Tom Harkin (D-IA) 202-224-3254
- Sen. Edward Kennedy (D-MA) 202-224-4543
- Sen Barbara Mikulski (D-MD) 202-224-4654
- Sen Clairborne Pell (D-RI) 202-224-4642
- Sen. Paul Simon (D-IL) 202-224-2152
- Sen. Paul Wellston (D-MN) 202-224-5641

AND
THE WHITE HOUSE SWITCHBOARD
202-224-3121

Established 1914 • Washington, D.C.

Third Baptist Church, Inc.

1399 McAllister Street • San Francisco, California 94115 • (415) 346-4426 • Rev. Amos C. Brown, Pastor

FACSIMILE COVER PAGE

DATE: Feb. 21, 1995

TO: Mr. Ben Johnson
White House

FAX #: 202-456-6218

FROM: Amos C. Brown

PLEASE ADVISE OUR OFFICE IF THE 3 PAGE(S) INCLUDING THE COVER SHEET HAVE NOT BEEN RECEIVED AT THE END OF TRANSMISSION. IF YOU NEED TO REACH THE SENDER, PLEASE CALL (415) 346-4426. OUR FAX NUMBER IS (415) 346-4259.

COMMENTS:

BEWARE OF MODERN-DAY PROCRUSTES

by Amos C. Brown, Pastor
Third Baptist Church
&
Assistant Director of Civil Rights, National Baptist Convention

Procrustes, a robber who lived in ancient Greece, was your classic either/or thinker. He placed all who fell into his hands upon an iron bed. If they were longer than the bed, he lopped off the overhanging parts. If they were shorter than it, he stretched them until they fit.

Although he temporarily achieved the uniformity he desired, his either/or approach, which refused to tolerate even an inch of difference, stifled any serious human discussion.

Today Procrustes' descendants, the more rabid elements of the religious right and the politicians who exploit them, oppose the appointment of Dr. Henry Foster, Jr., dean of the school of medicine at Meharry Medical College, as surgeon general. Their Procrustes' bed, in this case, is abortion. If you perform one, you don't measure up to their standard.

Even though abortion is accepted as the law of the land, these zealots are attacking Dr. Foster personally, ignoring the solutions he's brought to problems they profess to be concerned about. Dr. Foster's Nashville-based "I Have a Future" program, a pioneering effort, has reduced teen pregnancies and given teenagers a vision of the possibilities that lie ahead of them, leading them away from a life on welfare. In 1991, President George Bush named "I Have a Future" as one of America's "Thousand Points of Light".

Dr. Foster's vision encompasses the entire life span of the

teenagers he helps. His opponents, despite their pious mouthings about saving fetuses, are quite willing to let the children and adults they grow into die by neglect and by the law of the jungle. Unfortunately, most of the religious right, fails to see the inconsistency between its professed concern for life and its support for war, capital punishment, and murder at abortion clinics. Even worse, its ethics are situational. It kept its collective mouth closed, for example, when Clarence Thomas lied during his confirmation hearings and unjustly accused his sister of being on welfare. Moreover, the American public should see the persistent moral inconsistences of the religious right. It is immoral to withhold support for a nominee who is a gynecologist, and who by profession and education must learn and perform abortions to graduate and be certified; while at the same time supporting and deifying the current Speaker of the House, who is a confessed divorcee, adulterer, and supports legislation that is not Pro-Life, but Anti-Life.

To zealots such as these, Dr. Foster is anathema, for he recognizes that life is not the simple either/or proposition we'd often like it to be. Like most of us, he feels that abstinence is the best way to prevent unwanted pregnancy; yet aware of the real world, he supports a woman's right to choose, believing that abortion should be safe, legal, and rare.

The neo-Procrustean opposition to Dr. Foster--a voice of reason, moderation, and vision--has been polluting the debate over his confirmation with its ad hominems, either/or arguments, and veiled racism. It's ironic that men and women who claim to speak

for God resort to tactics that are so short-sighted and mean-spirited. Their refusal to recognize the shades of gray in any issue robs us of our birthright by undermining the political process essential to our national survival.

We must redeem and strengthen that process by standing with President William Clinton and making sure that Dr. Foster's nomination is confirmed.

for God resort to tactics that are so short-sighted and mean-spirited. Their refusal to recognize the shades of gray in any issue robs us of our birthright by undermining the political process essential to our national survival.

We must redeem and strengthen that process by standing with President William Clinton and making sure that Dr. Foster's nomination is confirmed.

CHARLES R. STITH

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

To [illegible]	From Stith
Co. [illegible]	Co. ONE
Dept.	Phone # (617)424-6631
Fax # (202) 456-6703	Fax # (617)424-7643

TO: The Honorable William J. Clinton
President of the United States
FR: CRS
RE: The Foster Nomination for Surgeon General

Mr. President,

In the next few days you need to "come out swinging" in support of your nomination for Foster. What we seem to be hearing from the White House staff is too apologetic and too tepid.

Your position needs to be -- "Foster is my candidate; and I'm sticking with him."

What follows are three(3) talking points to support that stand:

• First of all, there has been bipartisan recognition of Doctor Foster's contributions to our nation. Several years ago he was recognized as one of President Bush's 1000 points of Light. I agree; he is one of America's real points of light. His past work in founding the *I Have A Future* Project reflects this. And, his present leadership at Meharry Medical School, which is one of this nation's premier institutions in training doctors to serve in underserved communities, also reflects his continuing contributions to this nation.

• Secondly, this matter about the number of abortions is not a numbers game, it is a political game. Doctors can not, and should not, wet their finger to test the political wind as a part of the protocol for practicing medicine. They have an obligation to provide for their patients the best medical (not political) options available under the law to those who come to see them for medical care. Roe v. Wade is the law; thus the only question is not whether he performed

364 BOYLSTON STREET, THIRD FLOOR, BOSTON, MASSACHUSETTS 02116

1, 101, or a 1001 abortions. The only issue is, that as a Doctor responding to the needs of his patients he offered them the best medical option under the law.

• Thirdly, going forward with this nomination represents a refusal to continue to play this game of "gotcha ya" that has come to define the nomination process in this country. If we continue to play this "game" fewer and fewer citizens who are willing and able to serve this nation with distinction are going to step forward to do so. Dr. Foster is a first class doctor, a first class citizen, and a first class person. I believe he will make a first class Surgeon General. He's my man; and I'm sticking with him. Let the hearings begin!

If the nomination is confirmed you win and if Congress refuses to approve the nomination, you win. Force them to do their own dirty work of declaring war on women, Don't do it for them.

I would suggest taking such a stand in a press conference format; with no questions. It should be made clear, in both tone and body language, that you are prepared to do battle.

Obviously, I am available to discuss this further if you would like.

Greater Love Missionary Baptist Church

Rev. Eugene W. Ward Jr., Pastor

"The Church With the People at Heart"

February 14, 1995

The Honorable William J. Clinton
The White House
Washington, D.C. 20500

Dear Mr. President,

I have probably sent more correspondence to you than I have any other political official in my lifetime, but I am determined to be an encouragement to you and am in support of your nomination to place Dr. Henry W. Foster, Jr. on your cabinet as our new Surgeon General.

It amazes me that many, who are leaders, fail to remember some mistakes that they may have made in life. In most cases they are probably hoping that no one will expose them or that hopefully amnesia has set in.

We all have done something which I am sure we wish had never crossed our minds as well as become active in our world of reality. We are thankful to God that He gives us an opportunity to be forgiven and to repent. Some of our dignitaries in Washington have evidently become so quick to sign up for a membership in the stone throwing club, that they have neglected to ensure that they are without sin.

Dr. Henry Foster is a credit to America with his outstanding medical record and his impeccable character in the community of life. To deny him the opportunity to serve his country and be the health conscience of America is a disservice to all who are in need of his sensitivity, honesty and concern.

3630 East 116th Street • Cleveland, Ohio 44105 • Phone (216) 752-9659

My prayer is that those who would seek to destroy his character would awaken and realize the significance of having a man of his integrity, who has made some regretful decisions of which he is sorry, but who will serve his country and its people well.

You have my prayers and support in your choice, and I believe it is a sound decision.

Sincerely,

Pastor Eugene W. Ward, Jr.
City Chaplain, City of Cleveland
Northern District Elder, Full Gospel Baptist Fellowship

MOREHOUSE SCHOOL OF MEDICINE

Office of the President

MSM PRESIDENT ENDORSES SURGEON GENERAL NOMINEE

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

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

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

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

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

THE ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS
711 Second Street, N.E.
Suite 200
Washington, D.C. 20002

(202) 544-7499
Fax (202) 546-7105

February 2, 1995

The Association of Minority Health Professions Schools (AMHPS) today expressed its support for the nomination of Henry Foster, MD as the Surgeon General of the United States.

AMHPS President, Dr. Henry Lewis stated, "Dr. Foster is a national leader in medicine and research. His efforts to develop programs for the education and academic enrichment of young people, particularly minorities, have been commendable. Dr. Foster's "I Have a Future" program at Nashville's Meharry Medical College is truly a national model."

Dr. Foster is a former acting president of Meharry Medical College. Meharry is an institutional member of AMHPS, which represents the nation's Historically Black medical, dental, pharmacy and veterinary schools.

For more information
contact: Dale Dirks
(202) 544-7499

AFRICAN METHODIST EPISCOPAL CHURCH

Second Episcopal District

Frederick Calhoun James, *Presiding Bishop*

1134 11th Street N.W. • Washington, DC 20001 • (202) 842-3788 • FAX (202) 289-1942
3700 Forest Drive, Suite 502 • Columbia, SC 29204 • (803) 787-8201 • FAX (803) 787-8215

February 15, 1995

AFRICAN METHODIST EPISCOPAL CHURCH SUPPORTS NOMINATION OF DR. HENRY FOSTER FOR SURGEON-GENERAL

Bishop Frederick C. James, Presiding Bishop of The African Methodist Episcopal Church in The States of North Carolina, Virginia, Maryland and The District of Columbia, informed the leaders of (34) thirty-four African-American-led national organizations, that The African Methodist Episcopal Church is forming a "network of support" of the nomination of Dr. Henry Foster as Surgeon-General of The United States of America.

The AME Church commends the Clinton Administration upon its resolve in taking a strong stand behind the nomination of Dr. Foster.

We, as a Religious Denomination, affirm the impeccable character of the nominee.

We are impressed by the superior qualifications which he brings to the office.

We strongly recommend the adoption of the initiatives of Dr. Foster, in the reduction of teenage pregnancy on a national scale.

We view, with appreciation, the sterling career of Dr. Foster in the fields of medical research, higher educational administration, social sensitivity, character building and role modeling.

We call upon the Congress of The United States of America to rise above partisan issues, which are sure to further divide our country, and to confirm a nominee, whose qualifications for Surgeon-General, unmistakably, indicate that our country needs him today!

Delta Sigma Theta Sorority, Incorporated

A Public Service Sorority Founded in 1913

1707 New Hampshire Avenue, N.W. ▲ Washington, DC 20009 ▲ (202) 986-2400 ▲ Telefax (202) 986-2513

February 16, 1995

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

Dear Mr. President:

This letter is written on behalf of the 185,000 members of Delta Sigma Theta Sorority, Inc. to register our support for your nomination of Dr. Henry Foster, Jr. as United States Surgeon General. Dr. Foster's long-standing commitment to promoting and providing quality maternal and child health care is to be commended and applauded. It is our firm belief that he possesses the professional qualifications, the vision and the untiring devotion to enable him to serve our nation in the capacity of Surgeon General.

As a public service organization, our mission is to render public service in rural and urban communities throughout this country and in several foreign nations. In many instances, Dr. Foster's ideas have inspired and materialized into actual programs that our members are currently implementing. He has demonstrated through his "I Have a Future" program that one person can make a difference. Dr. Foster has made a difference in the lives of children, teens, mothers and yes, fathers through his work over 40 years in the area of Public Health.

We commend you on Dr. Foster's nomination and assure you that we have instituted a nation-wide concerted effort to secure his confirmation.

Sincerely,

Bertha M. Roddey

Bertha M. Roddey, Ph.D.
National President

Attachment: Resolution

Delta Sigma Theta Sorority, Incorporated

A Public Service Sorority Founded in 1913

1707 New Hampshire Avenue, N.W. ▲ Washington, DC 20009 ▲ (202) 986-2400 ▲ Telefax (202) 986-2513

16. Support Of Programs To Reduce The High Incidence Of Teen-Age Pregnancies

WHEREAS, the United States has the highest rate of teen-age pregnancies in the world and black teen-age pregnancy represents the highest incidence of teen-age pregnancies in the United States; and,

WHEREAS, 57% of births to teenage mothers are to black teens under age 17 and 33% of these pregnancies are to teens between the ages of 15 and 17, most of whom are single, and never marry; and,

WHEREAS, the problem of black teen pregnancy is pervasive and has had an adverse effect on the entire community, particularly since the black female teen-agers are out of school and out of work, thus depriving them of an opportunity to obtain life development skills and work experience; and,

WHEREAS, children born to teen-age mothers face an increased risk of disease, untimely death, poor health and education, economic deprivation, and other attendant ills of poverty; and,

WHEREAS, among the many difficulties faced by the young parents are poverty, which becomes a way of life, and dependency on government assistance, which becomes a must; and,

WHEREAS, the extended family structure has become a victim of the hardships of urban community life and anti-family policies of public assistance agencies; and,

WHEREAS, the family of today, when it is the victim of unemployment and economic depression, consists of the young single mother who seldom turns to the father of her children for help; and,

WHEREAS, the problem has reached epidemic proportions and will only be reversed through massive effort;

NOW THEREFORE BE IT RESOLVED, that the members of Delta Sigma Theta Sorority, Inc. continue to address the problems of black teen pregnancy and make this issue a high priority program and policy concern;

BE IT FURTHER RESOLVED, that Delta Sigma Theta Sorority, Inc. develop strategies to break the cycle of children having children by creating model educational programs and funding pilot programs that will address the following issues;

1. effective sex education for all teens, male and female; to make them aware of the consequences of unwanted pregnancies;
2. the necessity of preventing further pregnancies of teen mothers;
3. enlightened school policies that will motivate teens to stay in school and that will make opportunities available to continue their education;

Delta Sigma Theta Sorority, Incorporated

A Public Service Sorority Founded in 1913

1707 New Hampshire Avenue, N.W. ▲ Washington, DC 20009 ▲ (202) 986-2400 ▲ Telefax (202) 986-2513

4. career counseling so that teens will be aware of the possibilities of better-paying jobs or careers;
5. societal attitudes toward sex;
6. strengthening the family structure through counseling and value clarification programs to provide caring and nurturing to the extended family; and,
7. creation of incentives to keep teen-age parents in school and motivate them to return to school after delivery;

BE IT FURTHER RESOLVED, that Delta Sigma Theta Sorority, Inc. mount a nationwide campaign to demand that;

1. the federal, state and local governments enact laws and provide appropriate funding for special job training programs, continued basic education and child care for high risk teens;
2. the federal government refrain from cutting any funds now appropriated for health care for high risk infants and infants of teen-age mothers;

BE IT ALSO RESOLVED, that Delta Sigma Theta Sorority, Inc. support the on-going and future efforts of other national organizations that sponsor and conduct programs to decrease the high incidence of teen-age pregnancy;

BE IT FINALLY RESOLVED, that Delta Sigma Theta Sorority, Inc. utilize the findings of Summit II to seek funding sources to carry out this activity and aid in the development of innovative solutions. 1985

Adopted by the National Convention of Delta Sigma Theta Sorority, Inc. in session at Dallas, Texas 1985.

CBTU
COALITION OF BLACK TRADE UNIONISTS

NEWS RELEASE

FOR IMMEDIATE RELEASE
Friday, February 17, 1995

FOR MORE INFORMATION CALL:
Dwight Kirk (202) 429-1138

STATEMENT
of
COALITION OF BLACK TRADE UNIONISTS (CBTU)
on the
NOMINATION OF DR. HENRY FOSTER
as
SURGEON GENERAL OF THE UNITED STATES

The Coalition of Black Trade Unionists (CBTU) strongly endorses the nomination of Dr. Henry Foster as the next Surgeon General of the United States.

Dr. Foster would bring to this position the same energy, the same dedication, the same leadership that has earned him national acclaim throughout his distinguished medical career, spanning nearly four decades. He has developed and directed innovative programs aimed at preventing drug abuse and teenage pregnancy, such as the "I Have a Future Program," which encourages youngsters to delay child-bearing by boosting their self-esteem.

Dr. Foster has played a significant role in training hundreds of African American medical professionals who provide health care services for medically underserved communities in the inner city or poor rural areas. He is role model, especially for minority students, in a profession still lacking diversity.

It is disgraceful that Dr. Foster has been the victim of a smear campaign by radical right-wing groups. The abortion issue is being used to demonize doctors like Dr. Foster who perform a legal medical service. CBTU has long advocated responsible reproductive health policies that protect a woman's right to choose.

The United States Senate should not allow the nomination of Dr. Henry Foster to become a litmus test for the radical right. CBTU urges the Senate to confirm Dr. Foster as Surgeon General of the United States.

####

Founded in 1972, CBTU is the largest African American labor organization in the United States, representing 2.4 million organized workers in 77 international and national unions. The president of CBTU is William Lucy, who also serves as International Secretary-Treasurer of the 1.3-million member American Federation of State, County and Municipal Employees (AFSCME).

NAACP RESOLUTION IN SUPPORT OF THE CONFIRMATION OF DR. HENRY W. FOSTER TO SERVE AS THE U.S. SURGEON GENERAL

PROPOSED BY THE LEGISLATIVE COMMITTEE OF THE NAACP NATIONAL BOARD OF DIRECTORS, LEON RUSSELL, CHAIRPERSON FEBRUARY 18, 1995.

WHEREAS: HENRY W. FOSTER, JR., M.D. has been nominated by President Clinton to serve as the U.S. Surgeon General; and

WHEREAS: the Surgeon General has been, among other things, the national spokesperson on health promotion and disease prevention activities that are critically needed in the African American community; and

WHEREAS: DR. FOSTER has demonstrated throughout his exceptional career his professional ability and willingness to confront some of the most distressing health problems of our time; and

WHEREAS: DR. FOSTER has a long history of working with the NAACP on improving the health status of African Americans, including his participation in an NAACP-sponsored Family Life Conference in 1984 at Fisk University; and

WHEREAS: DR. FOSTER has a long and distinguished medical career in which he has been a practicing physician, scholar and academic administrator of national stature; and

WHEREAS: DR. FOSTER has earned and received strong support for his confirmation to serve as the U.S. Surgeon General from the medical community around the country, including from the National Medical Association (NMA), the American Medical Association (AMA), and the American College of Obstetrician and Gynecologists; and

WHEREAS: DR. FOSTER is one of the nation's leading experts in the area of maternal and child health and a leading authority on prevention programs pertaining to infant mortality, teen pregnancy and drug abuse; and

WHEREAS: DR. FOSTER's *"I HAVE A FUTURE"* program, aimed at curbing teen pregnancy, has targeted at-risk young people, instilling in them a sense of responsibility, a program that hailed by the Bush Administration as one of its *"1000 Points of Light"*; and

WHEREAS: the U.S. Senate Labor and Human Resources Committee will begin confirmation hearings on the pending nomination of DR. FOSTER in approximately 3-4 weeks and then will recommend to the full Senate whether to confirm the nominee; and

WHEREAS: narrowly-focussed, "single-issue" opponents of DR. FOSTER are urging the Senate to decline to review the entire record of the nominee, and have mounted a major campaign in an effort to defeat his confirmation;

BE IT THEREFORE RESOLVED: that the NAACP will strongly support the confirmation of DR. FOSTER as the nation's Surgeon General; and

BE IT FURTHER RESOLVED: that the NAACP will urge Members of the Senate Labor and Human Resources Committee to honestly evaluate the entire record of DR. FOSTER and for the full Senate to swiftly confirm his nomination; and

BE IT FINALLY RESOLVED: that all NAACP units are urged to promote substantial "grassroots" strategies in support of this nomination by writing, calling and visiting their Senators to express NAACP support for the confirmation of DR. FOSTER and to engage in public education activities in their communities, including writing Editors of newspapers and participating on local radio and television shows, etc., to make certain that the entire record of the nominee is fully and truthfully revealed.

PRESIDENTIAL CALL TO ACTION

Davis to Brotherhood: "We cannot stand idle"

General President Brother Milton C. Davis

My Brothers,

This letter comes to you for two reasons: first, to endorse President Clinton's nomination of Dr. Henry W. Foster as the next Surgeon General of the United States and secondly, to ask each individual Brother to support this nomination by immediately contacting your U.S. Senator and Congressional Representative to express support for Dr. Foster. I have personally known Dr. Henry Foster for several years. Dr. Foster practiced medicine in Tuskegee, Alabama for many years and for a large part of the time, he was the only board certified obstetrician and gynecologist who treated black women in the four surrounding counties. Dr. Foster's reputation is stellar. His professionalism and stature as a physician and distinguished professor at Meharry Medical College for over 37 years qualifies him to be Surgeon General of the United States.

Dr. Foster's reputation now is being smeared by a vicious campaign from a determined, narrow-interest group. This extremist group apparently believes that no one coming from the African American community can be qualified for the position of Surgeon General. They, therefore, make such individuals the targets of media criticism and assassination. As members of a Fraternity recognized as a significant organization in this country, we cannot stand by and allow this injustice to take place. Dr. Foster deserves a fair hearing before the United States Senate and an opportunity to present his life's work and record in an atmosphere devoid of passion, emotion and character assassination. The people of the United States deserve to hear and see his record presented without distortion.

I am requesting that each Brother individually or collectively, working within his chapter, take the following action:

- Write or call your U.S. Senator or Congressman requesting that Dr. Foster receive a fair hearing before the U.S. Senate.
- Write letters to the editor of the local newspaper demanding a fair process for Dr. Foster and defending his qualifications.
- Respond to media and extremist criticism by calling radio-talk shows and other media expressing positive points about Dr. Foster.

Brothers, we simply cannot stand idle and not respond while poison such as this spreads about one of our finest citizens. I urge all Alphas to act in support of this effort.

Fraternally,

Milton C. Davis

Milton C. Davis
General President

89th Anniversary Convention
Orlando, Florida
August 3-August 8, 1995
The Peabody Orlando

PRESIDENT DAVIS RE-INSTALLED AT HOMETOWN ALMA MATER

The Alpha Phi Alpha Fraternity and its men of conviction have participated in the leadership and development of Tuskegee University since the early days of the school, General President Milton C. Davis stated during his re-installation speech. Brother Davis delivered the address after being sworn in for his second term of office during a luncheon held January 20, 1995 at the Tuskegee University Kellogg Center where the Fraternity Board of Directors' Meeting was held.

"Alpha's presence at Tuskegee is not new," the General President said. "When we look at our history we note with pride and distinction that Tuskegee has always needed an Alpha man." Alpha Brother Dr. Emmit J. Scott served as confidential executive secretary to Dr. Booker T. Washington, Brother Davis said. Dr. Frederick Patterson, the third president of Tuskegee and founder of the United Negro College Fund, was a member of Alpha Phi Alpha. Dr. Luther Hilton Foster, Jr., president of Tuskegee Institute from 1953-1981 was an Alpha.

Dr. Benjamin F. Payton, current president at the university, also is a member of the Fraternity and is a newly paid life member. Dr. Henry Arthur Callis, one of our Jewel Founders, served as physician for many years at the Tuskegee's Veteran's Administration Hospital. In fact, three of the university's five presidents were Alpha Brothers and "the other two had Alphas help them do the right thing," said Brother Davis. The General President is a product of Tuskegee Institute High and Tuskegee University. He later earned a law degree from the University of Iowa.

The entire text from Brother Milton C. Davis' re-installation speech will be published in the next edition of The Sphinx.

National Association For Equal Opportunity In Higher Education
NAFEO • Black Higher Education Center • Lovejoy Building • 400 12th Street, N.E.
Washington, D.C. 20002 • Telephone (202) 543-9111 • Fax No. (202) 543-9113

TO WHOM IT MAY CONCERN

On behalf of the National Association for Equal Opportunity in Higher Education (NAFEO), the membership association of 117 historically and predominantly Black colleges and universities (HBCUs), we are pleased to know that Dr. Henry W. Foster, Jr. has been recommended to become the Surgeon General of the United States of America.

I have known Dr. Foster for many years and have long been impressed by his commitment to the health and well-being of all Americans. He has served in a variety of administrative and professional capacities in the Higher Education community including that of Acting President of Meharry Medical College. In addition, his involvement with several organizations and foundations attests to his being able to keep abreast of issues in the medical areas. These accomplishments should serve him well in his new role as Surgeon General.

On behalf of NAFEO, we wholeheartedly endorse and support the appointment of Dr. Henry W. Foster, Jr. as Surgeon General of the United States.

Cordially,

Samuel L. Myers
President

National Medical Association

2 Tenth Street, Northwest • Washington, D.C. 20001
2) 347-1895 • FAX: (202) 842-3293

TRACY M. WALTON, JR., M.D.
PRESIDENT

February 2, 1995

The President
The White House
Washington, D.C. 20500

Dear Mr President:

The National Medical Association (NMA) strongly supports the nomination of Henry Foster, M.D. as United States Surgeon General. As an active NMA member, Dr. Foster's service has been exemplary and his work has served as a national model that is being replicated in various segments of health care.

The NMA believes that Dr. Foster's presence as U.S. Surgeon General will greatly enhance the Administration's ability and capacity to protect the health and welfare of our nation and applauds your excellent selection.

Sincerely,

Tracy M Walton, M.D.

Tracy M. Walton, Jr., M.D.
President

THE ASSOCIATION OF MINORITY HEALTH PROFESSIONS SCHOOLS
711 Second Street, N.E.
Suite 200
Washington, D.C. 20002

(202) 544-7499
Fax (202) 546-7105

February 2, 1995

The Association of Minority Health Professions Schools (AMHPS) today expressed its support for the nomination of Henry Foster, MD as the Surgeon General of the United States.

AMHPS President, Dr. Henry Lewis stated, "Dr. Foster is a national leader in medicine and research. His efforts to develop programs for the education and academic enrichment of young people, particularly minorities, have been commendable. Dr. Foster's "I Have a Future" program at Nashville's Meharry Medical College is truly a national model."

Dr. Foster is a former acting president of Meharry Medical College. Meharry is an institutional member of AMHPS, which represents the nation's Historically Black medical, dental, pharmacy and veterinary schools.

For more information
contact: Dale Dirks
(202) 544-7499

FIRST BAPTIST CHURCH, CAPITOL HILL
900 James Robertson Parkway
at Nelson Merry Street
Nashville, Tennessee 37203
(615) 255-8757
FAX (615) 255-1925

DATE: Feb 21, 1995 . TOTAL PAGES: 5 (including cover page)

TO: Dr. Henry Wendell Foster, Jr.

NAME OF COMPANY OR ORGANIZATION: Academic Health Centers

FROM: J. Roscoe Hill

MESSAGE: The college correspondence is directed to churches. The other letter will be sent to major papers in the hope that the editor/publisher will print them. Advise me concerning additions/deletions.

FIRST BAPTIST CHURCH, CAPITOL HILL

SHERMAN R. TRIBBLE
PASTOR

615-255-8757
900 JAMES ROBERTSON PARKWAY
AT NELSON MERRY STREET
NASHVILLE, TENNESSEE 37203

February 20, 1995

Dear Colleague:

I am directing this correspondence to you to solicit your vital support concerning the nomination of Dr. Henry W. Foster, Jr. as the next Surgeon General of the United States of America. Dr. Foster and his wife, St. Clair, are members in good standing of First Baptist Church, Capitol Hill in Nashville, TN where I serve as pastor. We are pleased that President Clinton has offered this astute educator and medical practitioner to the nation. During the last several days, I have been in contact with clergy and other persons of faith in various places around the country. There are many persons who recognize the wisdom of this nomination. It is my sincere hope that this exemplary nominee who has delivered thousands of children; provided superior service to babies and families; served as a medical educator, researcher, and administrator; has published over 40 articles in scholarly journals as well as numerous chapters for medical textbooks; has lectured to medical/academic audiences across the country as well as in Madrid, Spain, Mexico City, Mexico, the Republic of Malawi, Greece, Turkey, Israel, and Egypt, Mainland China, Montreal Canada, Singapore, London, Sydney, Australia, Vienna, Austria, and Venice, Italy; demonstrated his vision and resourcefulness by creating the "I Have A Future" program, a program acclaimed by the Bush administration as being the 404th point of light; loyally served his country as an Captain in the US Air Force and has served in the National Guard; and a person of Christian faith and courage would be confirmed by the United States Senate to serve the nation as the Surgeon General.

During the last several days, I have had ample occasion to ponder a phrase uttered by Justice Clarence Thomas during the process of his confirmation to the bench of the Supreme Court. Justice Thomas referred to the process as a "high tech lynching." It was his contention that the blessing of technology was harnessed to unfairly castigate him in the public arena. Unfortunately, his critical observation is an apt characterization of the fiery trial of national confirmation. It seems that the narrow prism of sound bites is the medium for the exchange of ideas and information. This, unfortunately, provides the opportunity to sensationalize minor points and punish persons who offer themselves to serve the public. Yes, the public has a right and responsibility to scrutinize those who would dare lead. Nonetheless, the full scope of their careers, family lives, scholarly observations, professional accomplishments, spiritual maturity, and other pertinent issues ought to enter into the revelatory process. When this does not occur and it often does not, then "lynchings" are performed by mobs who masquerade as defenders of the public interest.

My most recent reflection on the utterance of Justice Thomas has occurred because of the nomination of Dr. Henry W. Foster, Jr. as the next Surgeon General

of the United States. Since Henry and St. Clair are members of our church, many of us are aware of the superior skills which he brings to the scholarly community as well as his stellar record as a health professional. It was a proud day for America when President Clinton offered Dr. Foster to the nation. It became a sad day when a single, legal, medical procedure became the focal point by which a person's entire record is judged. Parenthetically, I have wondered more than a few times that if Dr. Foster had not been African American, if there would have been fewer comparisons with the outspokenness and policies of the embattled Dr. Jocelyn Elders. As the fire of media lights blaze brightly, the desire for the best qualified dims as the public cries for politically correct candidates rather than brilliant professionals who offer themselves to serve this nation.

As the Senate prepares for the confirmation hearings, it is of paramount importance that your senators are aware of your support for the Foster nomination. Have campaigns in your church and community to write, phone, or fax your senators to voice your sentiments. The American public has a major role to play in this process. Let your Senators hear from you!.

As I pray for the Fosters, I pray for their strength. I pray that their sense of humor would not be diminished. I pray that their commitment to serving God and others through the health profession would be renewed. I pray that this fiery trial would burn away the dross to reveal the golden resources that are being offered to a nation in need of brilliance, competence, compassion, caring, and faith. Finally, I pray that other quality persons would not find themselves so discouraged that they would shrink from the high calling of public service because of the abhorrent practice of lynching those who offer themselves as servants.

Sincerely,

Sherman R. Tribble, Ph.D.,
Senior Minister
First Baptist Church, Capitol Hill
Nashville, Tennessee

FIRST BAPTIST CHURCH, CAPITOL HILL

SHERMAN R. TRIBBLE
PASTOR

615-256-8757
900 JAMES ROBERTSON PARKWAY
AT NELSON MERRY STREET
NASHVILLE, TENNESSEE 37203

February 20, 1995

Dear Ladies/Gentlemen:

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Sincerely,

Sherman R. Tribble, Ph.D.,
Senior Minister
First Baptist Church, Capitol Hill
Nashville, Tennessee

National Association For Equal Opportunity In Higher Education
NAFEO • Black Higher Education Center • Lovejoy Building • 400 12th Street, N.E.
Washington, D.C. 20002 • Telephone (202) 543-9111 • Fax No. (202) 543-9113

MEMORANDUM

TO: Presidents/Chancellors
NAFEO Member Institutions

FROM: Samuel L. Myers
President

DATE: February 21, 1995

RE: **Nomination of Dr. Henry W. Foster, Former Acting President, Meharry Medical College**

NAFEO is reaching out to its membership to inform you of the nomination of a fellow colleague, Dr. Henry W. Foster, to be Surgeon General of the United States.

Dr. Foster was named acting president of Meharry Medical College by the Board of Trustees in October 1993. Prior to this appointment, Dr. Foster served as dean of the School of Medicine and Vice President for Health Service (1990-93), and professor and chairman, Department of OB/GYN (1973-90).

A Long and Distinguished Medical Career. Henry W. "Hank" Foster, Jr., M.D. is a practicing physician, a scholar and academic administrator of national stature. Dr. Foster has practiced medicine for 37 years, and for the past 21 years, he helped train hundreds of America's finest medical practitioners at Meharry Medical College, where he has been a professor, a department chairman, dean of medicine and acting president. Dr. Foster is one of the nation's leading experts, and advocates for maternal and child health. He has developed and directed teen pregnancy and drug-abuse prevention programs, that bolster self-esteem, and encourage abstinence and personal responsibility. For GOP Governor Lamar Alexander appointed Dr. Foster to his Task Force on Health Children, where he chaired a committee on infant mortality.

Devoted to Preventing Pregnancies. Dr. Foster has been widely recognized for his "I Have a Future Program." a pioneering effort to reduce the number of teen pregnancies. "I Have a Future" is devoted to a new approach to preventing teen pregnancy, delaying child-bearing among teens by improving their self-esteem. Previous efforts to control pregnancy had focused largely on contraception. Dr. Foster was convinced that a much broader approach was necessary, one that cultivated a sense of optimism in improvised youngsters about their lives

and gave them incentives to delay having a child. That approach has recorded some remarkable successes. In one study, only one pregnancy was recorded among girls who took active part in the program, while 59 were registered in a comparison group. President George Bush named "I Have a Future" as one of America's "Thousand Points of Light" in 1991.

NAFEO is reaching out to its membership for support for a former colleague who is fortunate in being nominated as Surgeon General of the United States. Dr. Foster's nomination is supported by the Congressional Black Caucus.

Dr. Foster will appreciate your supporting his nomination as U.S. Surgeon General by (1) writing directly to Senate Labor Committee (See Exhibit A); (2) Writing to your Congressional Representative; and (3) encouraging your faculty and students to write also. Please send copies of your correspondence to: Dr. Alexis Herman, Assistant to the President, Director Public Liaison, The White House, Washington, DC 20500; FAX (202) 456-6218.

Thank you for your attention to this information.

Enc.

National Association For Equal Opportunity In Higher Education
NAFEO • Black Higher Education Center • Lovejoy Building • 400 12th Street, N.E.
Washington, D.C. 20002 • Telephone (202) 543-9111 • Fax No. (202) 543-9113

SENATE LABOR COMMITTEE (EXHIBIT A)
WASHINGTON, DC 20510

Name	Phone	Office No.
Sen. Nancy Kassebaum (R-KS)	224-4774	R-302
Sen. James Jeffords (R-VT)	224-5141	H-513
Sen. Daniel Coats (R-IN)	224-5623	R-404
Sen. Judd Gregg (R-NH)	224-3324	R-393
Sen. Bill Frist (R-TN)	224-3344	H-825
Sen. Mike DeWine (R-OH)	224-2315	R-140
Sen. John Ashcroft (R-MO)	224-6154	H-705
Sen. Spencer Abraham (R-MI)	224-4822	D-1334-4
Sen. Slade Gorton (R-WA)	224-3441	H-730
Sen. Edward Kennedy (D-MA)	224-4543	R-315
Sen. Claiborne Pell (D-RI)	224-4642	R335
Sen. Christopher Dodd (D-CT)	224-2823	R-444
Sen. Paul Simon (D-IL)	224-2152	D-462
Sen. Tom Harkin (I-IA)	224-3254	H-531
Sen. Barbara Mikulski (D-MD)	224-4654	H-709
Sen. Paul Wellstone (D-MN)	224-5641	H-717

Legend:
R - Russell Building
D - Dirksen Building
H - Hart Building

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Washington, D.C. 20002 • Telephone (202) 543-9111 • Fax No. (202) 543-9113

February 23, 1995

MEMORANDUM TO JOHN PODESTA

FROM: BARBARA WOOLLEY

RE: MEETING WITH PROVIDERS REGARDING FOSTER NOMINATION

Purpose:

* Talk through best approach for organizations to proceed with Foster nomination.

* Answer questions.

* Update providers on time frame of nomination.

Groups Participating:

ACOG (Host)
American Medical Association
American Academy of Child Psychiatry
American Academy of Facial Plastic and Reconstructive Surgery
American Society of Reproductive Medicine
American Psychiatric Association
American Association of Anesthesiologists
American Society Cataract and Refractive Surgery
American Society of Clinical Pathologists
Society of Cardiovascular Intervental Radiology

Staff:

Dr. Phil Lee
John Podesta
Flo McAfee
Barbara Woolley

MEDICAL SPECIALTY SOCIETIES MEETING
ON
HENRY W. FOSTER, MD - SURGEON GENERAL NOMINEE
February 23, 1995

Attendance

NAME	ORGANIZATION
Phil Lee, MD	Public Health Service
John Podesta	White House
Barbara Wooley	White House
Flo McAfee	White House
Marjorie Tharp	American Academy of Pediatrics
Karen Hendricks	American Academy of Pediatrics
Katie Orrico	American Society of Neurological Surgeons
Nancy McCann	American Society of Cataract and Refractive Surgery
Michael Scott	American Society of Anesthesiologists
Bob Rigney	American Academy of Dermatology
Stacy Bohlen	American Osteopathic Association
Jennifer Thomas	American Society of Clinical Pathologists
Margaret Garikes	American Medical Association
Lynne Lawrence	American Society for Reproductive Medicine
[redacted]at O'Connor	American College of Occupational and Environmental Medicine
Terry Carr	College of American Pathologists
Bob Bolan	Society of Cardiovascular and Interventional Radiology
Janice Brown-Glasgow	National Medical Association
Shaun Hill	National Medical Association

The American College of Obstetricians and Gynecologists

DEPARTMENT OF GOVERNMENT RELATIONS

DEPARTMENT FAX NUMBER: (202) 488-3985

DATE: 2/24/95

TO: John Podesta

FROM: Kathy Brycent

RE: Dr. Foster/Medical Specialty Society Mtg. Follow Up

NUMBER OF PAGES (including this page): 5

RECIPIENT'S FAX NUMBER: 456-2215

COMMENTS:

IF THERE IS A TRANSMISSION PROBLEM, OR IF YOU WOULD LIKE TO SPEAK WITH SOMEONE AT ACOG, PLEASE CALL (202) 863-2509.

409 12th Street, SW, Washington, DC 20024-2188 (202)638-5577

The American College of Obstetricians and Gynecologists

~~CONFIDENTIAL~~ MEMORANDUM

BY FAX

TO: Phil Lee, MD
John Podesta
Marilyn Yager

FROM: Kathy Bryant, MD

DATE: February 24, 1995

RE: Follow up from Yesterday's Medical Specialty Societies Meeting

Thank you very much for attending the meeting we hosted yesterday. You all did a wonderful job. We were disappointed that the attendance was not better but, based upon my calls to many of my colleagues, they felt this nomination did not affect them or was too controversial to get involved.

After you left the meeting, we had a frank conversation about the role of medicine in the confirmation process. I wish I had better news to report. Although many were interested, they saw many problems. "White House credibility and mishandling" was raised. I reassured the group that I personally believed that the President was in this fight until the end.

In my view, we will never convince conservative Republicans that this is not about abortion and that Dr. Foster is a mainstream physician without being able to demonstrate that medicine supports him. Most of the medical groups that support him are thought of as liberal public health groups. Without a physician umbrella group to lead the charge, we must all work extra hard to obtain the support of other groups. Quite frankly, if you don't get their support, Dr. Foster's nomination will be in more trouble than it is at the present.

Based upon the conversation, I have a few ideas of things to do, which I believe are critical to obtain medical support. They clearly feel that the White House has been defensive and, to this point, only reacts to deal with problems rather than be on the offense. To address this, we need to make them comfortable with Dr. Foster. Specific items to court the medical specialty societies are:

409 12th Street, SW Washington, DC 20024-2188 (202)638-5577

1. Descriptions of what types of issues Dr. Foster will tackle as Surgeon General. While there may be a need to address teenage pregnancy, it would be helpful for the other specialty societies to hear what other broad public health concerns may possibly be addressed (ie; continued clinical research, emerging medical technologies, stroke research, preventive health, smoking cessation, etc.) THIS NEEDS TO BE DONE AS SOON AS POSSIBLE TO HELP WASHINGTON REPRESENTATIVES GET THEIR ORGANIZATIONS ON BOARD -- IT SHOULD BE DONE NO LATER THAN TUESDAY.

2. A broader Q&A document than the one that was passed out at the meeting on 2/14. Many of the specialty societies complained that it was too narrow in its focus, and thought that general public health questions could be raised and answered in another document. This would be helpful in getting their Board members to see Dr. Foster as being a representative for physicians and not merely an advocate on women's health.

3. A description of Dr. Lee's vision of what a Surgeon General does.

4. Dr. Foster **himself** needs to be exposed to medical groups.

   a. Set a date for the meet-and-greet Dr. Foster reception for medical specialty society Executive Directors and Presidents that ACOG is willing to host. Available dates are March 22, 27, or 28. I realize the White House often has to set things at the last minute. However, I often tell my Fellows that when they deal with Congress, they have to play by Congress' rules. However, since you're actively trying to court medicine, this is a time you need to play by theirs by giving them at least 2 weeks' notice. Otherwise, we will have no one attend the reception. LET'S CONFIRM A DATE BY MONDAY OR TUESDAY OF NEXT WEEK.

   b. The American Society of Anesthesiologists (ASA) is having their Legislative Conference in Washington from April 9 through 11. This would be an ideal way to showcase Dr. Foster and prove that he is a spokesman for the <u>entire</u> medical community, not just women's health, teen pregnancy, abortion, etc. Mike Scott is ASA's director of government relations, and you may contact him to make arrangements for Dr. Foster to speak at their Conference, if possible. He is eager to help and I believe this opportunity is in Dr. Foster's benefit.

5. Sample op-ed pieces that any physician, regardless of specialty, could place in local newspapers. These could especially be helpful over the Easter break if the Labor and Human Resources Committee hasn't completed its process.

Most of those in attendance yesterday still must confer with their Boards and Committee structures before they're able to take a position on Dr. Foster's nomination. That is why

the sooner we can schedule our meet-and-greet reception the better. I firmly believe that once the Executive Directors and/or Presidents of these societies meet Dr. Foster, we will have an easier time in getting a broad-base of physician support for his nomination.

Since yesterday's meeting, the American Society of Anesthesiologists and the American Society of Cataract and Refractive Surgery have both said that they will support Dr. Foster's nomination. I think that your coming to the meeting and making yourself available for questions definitely helped get them on board, but much needs to be done to persuade the others.

Let's try to talk on Monday to see where we are on all of this. Of course, if you have questions in the meantime, please don't hesitate to call me.

February 25, 1995

Dear Colleague:

The Radical Right's opposition to Dr. Henry Foster becoming Surgeon General sunk to new lows with the latest barrage against his character. The distortions connecting Dr. Foster to the devastating Macon County Study, commonly referred to as the Tuskegee Study are outrageous and will not go unchallenged by the White House.

The attached talking points on the Tuskegee Syphilis Study, are being sent to you to set the record straight. After you review the material, it is extremely important that you mobilize your constituents to arm them with the truth about Dr. Foster's role in this matter.

Finally, we are seeking your strong support for this outstanding physician because he is superbly qualified to do the job. We are asking for letters to be written, press conferences held, and press statements issued in your area. Be sure to send copies of your statements to me as soon as possible. Thanks.

Sincerely,

Ben Johnson
Office of Public Liaison.

Zeta Phi Beta Sorority, Inc.

National Headquarters
1734 New Hampshire Avenue, N.W.
Washington, D.C. 20009
Area Code 202-387-3103-4-5
Fax 202-232-4593

om the office of:

_____

_____

_____

February 25, 1995

Mr. Ben Johnson, Associate Director
Office of Public Liaison
The White House
Old Executive Office Building, Room 121
Washington, DC 20500

RE: Support for Dr. Henry Foster, Jr. for U.S. Surgeon General

Dear Mr. Johnson:

Enclosed is a copy of the letter that was sent to The White House from Zeta Phi Beta Sorority, Inc. in support of Dr. Foster becoming the next U.S. Surgeon General.

A copy of this letter (and Dr. Foster's biography) has been mailed out to all of Zeta Phi Beta Sorority's members encouraging them to write letters to their respective congressmen and The White House to garner support for his nomination.

Please feel free to contact me if you have any questions, (202) 387-3103.

Sincerely,

Vickie L. Robinson
Deputy Executive Director

Zeta Phi Beta Sorority, Inc.

National Headquarters
1734 New Hampshire Avenue, N.W.
Washington, D.C. 20009
Area Code 202-387-3103-4-5
Fax 202-232-4593

Office of
Grand Basileus
JYLLA M. FOSTER
P.O. Box 945
Cincinnati, OH 45201
A/C 606-261-2538
FAX 606-261-2546

MARY E. FIELDS
Chairman, Executive Board

February 22, 1995

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, DC 20500

Dear Mr. President:

Zeta Phi Beta Sorority, Inc. enthusiastically endorses and supports your choice of Dr. Henry Foster, Jr. as United States Surgeon General.

This international organization is comprised of more than 85,000 women across the United States, the Caribbean, Europe and Africa. Our primary focus is on service, scholarship and finer womanhood. We are presently celebrating our 75th anniversary and are proud to know that the United States Government shares our concerns for the health and welfare of this nation.

Your nomination of Dr. Foster is indicative of a shared special concern for the children and youth of this country and we note that the nominee-designate has been instrumental in developing special projects for our children. His "I Have A Future" program is and has been a significant developmental factor for our youth.

His foresight coincides with many of the community health projects of this sorority. We have co-sponsored in partnership with the March of Dimes the "Stork's Nest", a project designed to promote prenatal and child care. We are now working in conjunction with the American Lung Association with the "Open Airways for Schools" project. Dr. Foster's positions are consistent with our youth programs in the prevention of drug abuse, teenage pregnancy and the development of self-awareness and skills in our young people.

We currently are focusing on the need for each member in our organization to give herself "the gift of health". We believe that with outstanding leadership in the health care field, through the appointment of the exceptional Dr. Henry Foster, Jr., the gift of health will be more available to all citizens of the United States.

Again, we commend you on your choice of Dr. Henry Foster, Jr. and urge you to maintain your unwavering support of him as the next United States Surgeon General. Our membership will be instituting a nationwide effort to support his nomination and confirmation.

Sincerely,

Jylla Moore Foster

Mrs. Jylla Moore Foster
International President
Zeta Phi Beta Sorority, Inc.

NEWS RELEASE

February 28, 1995

Ministerial Support Group
Rev. Fred C. Lofton - *Progressive Baptist Convention*
Rev. Leon Knowles - *President, Baptist Ministers Association*
Rev. James Adams - *National Baptist Convention, Inc.*
Rev. Ralph White - *Ecumenical Ministerial Association*

Contact Person: Rev. Samuel B. Kyles
704 South Parkway East
946-2529

Organizationally and individually, we cannot sit idly by and see a man of Dr. Foster's caliber vilified and demonized by the Christian Right.

Therefore, we add our voices and those of our various constituents to the thousands who support this caring man. We must not allow these extremists to define for us what Pro Life is. It is incumbent upon us to expose this hypocrisy that they wish to thrust upon us. Their claim is Pro Life but their actions show differently.

Pro Life, yet they support the death penalty. From their ranks, supporters have killed innocent doctors in cold blood. They seek to kill all programs essential to the child's life after birth. A few examples:

- 7.6 million children lost federally subsidized school lunches;
- 6.6 million children lost health care coverage through Medicaid;
- 5.1 million child support cases holding absent parents financially accountable for supporting their children, were dropped;
- 4.3 million children lost food stamps;
- 2.0 million young children and pregnant women lost nutritional assistance;
- 1.9 million children lost remedial education through Title 1.

We wish to further share with you some facts regarding the latest smear campaign with respect to Tuskegee.

ACTIVITIES AND OUTREACH RE: FOSTER

Week of March 6

Monday - NACHRI ENDORSEMENT (Children's Hospitals)(OPL)
- Children's Hospital Event (Research)

Tuesday - Meeting with Senior Groups (OPL)

Wednesday- Foster Speech to APGO/CREOG in Florida (OPL/Research)
- Meeting with Education Groups (OPL)
- Meeting with Allied Health Groups (OPL)

Thursday - Interdenominationl Press Conference (OPL)
- Tennessee Clergy Hill Visits and Press (Research)
- Meeting with AIDS Groups (OPL)

Friday - Meeting with Alcohol and Drug Abuse Groups (OPL)

Week of March 13

Monday - Wednesday - Broad Based Press Conferences in Louisiana, Alabama, Georgia, Kansas, Vermont, Oregon, Indiana, Rhode Island, Maine (OPL)

Thursday - Meharry Alumni and former students Visit to the Hill and Press Conference (OPL)

Week of March 20

The "I Have a Future" graduates visit to Washington (Research)

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

08-Mar-1995 12:39pm

TO: John Podesta
TO: Jennifer D. Dudley

FROM: Marilyn Yager
Office of Public Liaison

SUBJECT: Foster Meetings

1). We have the senior groups coming in tomorrow (Thursday) at 4:00pm, Room 180 for a combined briefing on Rescission and Foster. We are doing to do Foster at 4:30pm and John, I was hoping you could stop by at 4:30 to participate in the discussion.

Please advise if you can plan to stop by? I will followup with more information if you are attending.

2). I am trying to set up a meeting with the education groups for Friday from either 1:00 - 2:00pm, or 3:00 - 4:00pm. Can you stop by during any of these time frames?

DR. D. LEE OWENS
Civil Rights and Social Justice Commission
of the National Baptist Convention, USA, Inc.
P.O. Box 48458 - Washington, D.C. 20002

Facsimile Cover Sheet

To:	**Ms. Flo McAfee**
For:	**Dr. Henry Foster, Jr.**
Organization:	
Phone:	**202-456-2930**
Fax:	**202-456-6218**

From:	**Carlita Smith**
For:	**Dr. D. Lee Owens**
Organization:	**CR&SJ Commission**
Phone:	**301-322-4775**
Fax:	**301-772-1516**

Date: **04/25/95**

Pages including cover: **4**

Comments:

Civil Rights and Social Justice Commission

National Baptist Convention, USA, Inc.
P.O. Box 48458
Washington, D.C. 20002

MEMORANDUM

TO: **Dr. Henry Foster, Jr. c/o Ms. Flo McAfee**

FROM: **Dr. D. Lee Owens, Director of the Civil Rights and Social Justice Commission of the National Baptist Convention, USA, Inc.**

SUB: **Press Conference Information**

DATE: **April 24, 1995**

Place of Conference Moved to: Pleasant Lane Baptist Church
501 E Street, S.E., Washington, D.C.
Dr. John D. Chaplin, Pastor 202-547-8969

Press Conference Format:

- o Open with a Hymn, Scripture and Prayer
- o Speakers: Dr. Henry J. Lyons, President of the Convention
  Dr. D. Lee Owens, Director of the Conference
- o Photo Session

Press Conference Participants:

- o Dr. Henry J. Lyons, President, National Baptist Convention, USA, Inc. is planning to be in attendance
- o Dr. D. Lee Owens, Director of the Civil Rights and Social Justice Commission of the National Baptist Convention, USA, Inc.
- o The Civil Rights and Social Justice Commission Commissioners and Staff Persons from across the Nation
- o Dr. John D. Chaplin, President, National Capitol Baptist Convention, D.C. and Vicinity
- o Reverend Walter Fauntroy, Pastor of the New Bethel Baptist Church

Press Conference Participants (Cont'd):

- o Reverend Jesse L. Jackson, President, National Rainbow Coalition
- o Local Pastors from the D.C. Metropolitan Area

Time: 11:45 a.m.

Duration: Approximately 20 to 30 minutes.

Hill Visits:

We have begun make calls to schedule Hill Visits with some of the Senators, more specifically, the Senators from Alabama, Georgia and West Virginia between April 27 and May 5.

If you have any additional questions, please feel free to contact my office at **301-322-4775**. You may also correspond with me via facsimile at **301-772-1516**.

Yours In The Fight,

Dr. D. Lee Owens, Director
Civil Rights and Social Justice Commission

MEDIA ALERT!!

WHAT: **The Civil Rights and Social Justice Commission of the National Baptist Convention, USA, Inc. holds PRESS CONFERENCE**

The National Baptist Convention, USA, Inc (the largest Black organization in the world who represents approximately 8.5 million members) will give its statement of support for the confirmation of **Dr. Henry W. Foster. Jr. as Surgeon General** of the United States.

WHERE: **Pleasant Lane Baptist Church**
501 E Street, S.E., Washington, D.C. 20002
Dr. John D. Chaplin, Pastor

WHEN: **Wednesday, April 26, 1995 at 11:45 am**

WHO: **Dr. Henry J. Lyons**, President, National Baptist Convention, USA, Inc.

Dr. D. Lee Owens, Director of the Civil Rights and Social Justice Commission of the National Baptist Convention, USA, Inc.

Commissioners and Staff Persons from across the Nation of the Civil Rights and Social Justice Commission

Dr. John D. Chaplin, President, National Capitol Baptist Convention, D.C. and Vicinity

Reverend Walter Fauntroy, Pastor of the New Bethel Baptist Church (Former D.C. Congressman)

Reverend Jesse L. Jackson, President, National Rainbow Coalition

Local Pastors from the D.C. Metropolitan Area

POC: **Melanie Howard 301-322-4775**

Questions and draft answers for AMA News

1. Q: What is the role of the surgeon general today? How is it carried out effectively, given the limited authority of the position? Could the SG's role be performed effectively by the assistant secretary of health, as some have proposed?

A: The Surgeon General has a dual role.

The first, and the one for which the Surgeon General is best known, is that of an educator. The Surgeon General is the nation's senior spokesperson on health issues. He or she must mount the "bully pulpit" to educate and empower Americans to embrace healthful behaviors.

The Surgeon General's other role is as head of the U.S. Commissioned Corps. The Corps, whose structure resembles that of the armed services, is comprised of 6,500 health officers who are assigned throughout the federal, state and local health care system.

To be an effective surgeon general today, one must be a good doctor, a good teacher, a good communicator, and a good administrator. During my 38 years as a physician, I have been called on in each of these capacities and forced to develop these traits. From my work in rural and inner-city areas, to my work at Meharry and the "I Have A Future" program I founded, I have consistently endeavored to teach, to mentor, and to provide the best possible environment for health education and promotion.

As to whether the nation needs a separate Surgeon General, the answer is yes. The assistant secretary for health is the chief executive officer of the Public Health Service. The PHS has eight agencies, 51,000 employees, and a budget of about $20 billion. The administrative and program responsibilities are so great that the Assistant Secretary simply would not have enough time to fulfill the additional responsibilities of Surgeon General.

2. Q: Can you point to examples of how a strong Surgeon General has advanced public health goals?

A: As Surgeon General Dr. Luther Terry's groundbreaking report on cigarette smoking in the early 1960s had a clear and long-lasting effect on both public attitudes and cigarette consumption. He is responsible for the "Surgeon General's Warning" on every package of cigarettes sold today.

And thank goodness we had Dr. C. Everett Koop to sound the alarm on HIV and AIDS.

Dr. Koop was years ahead of his time when he began urging sexually active Americans to use latex condoms, consistently and correctly. AIDS is a serious public health issue and we should be grateful that Dr. Koop had the courage to tackle it.

3. Q: On which specific issues do you hope to make a difference, and what goals do you hope to achieve for each issue?

A: As you know, the President has asked me to make the prevention of teen pregnancy a top priority. As an OB/GYN, I also hope to continue to stress maternal and child health.

The other areas in which I hope to make a difference come under the heading of health promotion and disease prevention.

When you've been involved in the miracle of birth as many times as I have, you can't stand on the sidelines and watch people throw their lives away with illegal drugs, risky sexual behavior and violence.

So some of my other areas of concern will be drug abuse, HIV/AIDS and violence prevention, as well as smoking cessation and prevention, especially among our children. And my goals would spring from these priorities: fewer teen pregnancies, fewer abortions, less drug abuse, and fewer low-birthweight babies.

4. Q: Should the federal government support a national needle exchange program to curb the spread of HIV infection?

A: As you know, several dozen local communities are experimenting with needle exchanges. This, we hope, will ultimately give us conclusive data to determine whether this approach is truly effective.

But for now, the federal legislation on this matter is clear. Until there is conclusive data that such programs both reduce the spread of HIV and reduce the use of illicit drugs, federal funds cannot -- and will not -- be expended. ~~I have not seen such evidence.~~

5. Q: How would you rate medicine's performance to date in helping achieve public health goals such as Healthy People 2000? What are specific ways it can be improved? What role do you envision for the Surgeon General in helping to bring about improvement?

A: I don't think we as a profession have always put enough emphasis on prevention. We're getting better, but we're far from where we need to be.

Healthy People 2000 provides us lofty goals for which we must aim. To help get there, the Surgeon General must be out there exhorting not only the general public -- but also ~~the~~ our medical ~~profession~~ colleagues -- to pay more attention to prevention.

I also don't think the medical profession has made a maximum effort to harness "the power of the people" in health promotion and disease prevention. Good health is no accident. Doctors are key ~~need to inspire and empower~~ to inspiring + empowering people to become active partners in taking responsibility for their health.

6. Q: What relationship would you work to establish between the Surgeon General and organized medicine, and between the Surgeon General and practicing physicians?

A: I'd work to establish the best possible relationships, based on two-way communications and mutual respect.

Leadership is a two way street. Those who aspire to be leaders must often take their cues from those on the front lines, in medicine and elsewhere.

I want to make sure that what I recommend makes sense to doctors and the public. The Surgeon General's pronouncements must have practical applications for the lives of everyday people.

7. A: How does politics help or hinder the nomination and confirmation process in its goal to produce a qualified, effective surgeon general?

Q: It's a double-edged sword. To the extent that the political process sheds light on a candidate's character and qualifications for office, I think it's helpful.

But I must say that the 'take-no-prisoners' style of politics we've witnessed in recent weeks is neither helpful nor, in my opinion, in the nation's best interests.

We need to learn to lower our voices and listen to one another, not to shout each other down with irresponsible, reckless and false charges.

years

8. Q: What is your personal reaction to the intrusion of politics into your own nomination? Were you prepared for its intensity? Would you have accepted the nomination had you known what lay in store?

A: It has been fascinating and, at times, frustrating. I don't recognize the Henry Foster I read about in some of these articles and columns. People who've never met me or talked to me are making all kinds of sweeping judgement based on the most superficial and, at times, distorted accounts.

I don't think anybody can be prepared for the scrutiny and the process until it happens to them.

I can take it, but I feel badly that my wife, who is a very private person, is being subjected to all of this.

That's not to say I wouldn't have gone forward had I known what was in store. For everyone who's taken an unfair shot, there's been someone else who's been extraordinarily supportive.

And I also happen to believe in public service. This country has been very good to me since I grew up as a poor boy in the segregated South. I've made something of my life. I feel an obligation to give something back to this great country.

Being Surgeon General is hard work and if this process helps to prepare + strengthen me for the job, then the struggle is certainly worth the effort.

9. Q: Why do you think political opponents continue to attack your "credibility," rather than your professional qualifications?

A: I admit that I contributed to some of the confusion about numbers because I relied on my memory rather than checking hospital records. I've learned an important lesson about Washington, D.C: if you don't know something, say you don't know it.

But I think a large part of it is that my professional qualifications are hard to attack.

I've been an educator, an academic administrator, and a physician. I was one of the youngest doctors ever named to the National Institute of Medicine. My "I Have a Future" Program was selected by President George Bush as one of this nation's "Thousand Points of Light." [Point Number 404, as a matter of fact.] So I think all this talk about credibility is just a diversionary tactic.

The great majority of those who oppose me have really made me a symbol of a far larger dispute -- the controversy over legalized abortion.

It really isn't about me so much as the fact that they want to send President Clinton a message that they will continue to fight hammer and tong against his ~~pro-choice~~ position -- which I, as his nominee, represent.

on choice & other issues

10. Q: In retrospect, could you and/or the White House have handled matters differently so that the issues of credibility and character could not have been raised to this extent?

A: Oh, absolutely. Hindsight is 20/20. But I also think that even if we'd have handled everything perfectly, the anti-choice radical right would still have jumped on this nomination as a tremendous rallying point for them.

11. Q: To what extent does politics affect a Surgeon General's ability to carry out his or her duties? Can you cite examples?

A: I don't know yet. Give me a year on the job, and I might be able to give a better answer.

I can only speculate that the ~~Surgeon General must be~~ POTUS prepared to stand firm on positions he or she believes are important. And that he or she must ~~stand firm even though~~ there may be great pressure to cave in.

At the same time, the Surgeon General must also listen to those around him. A good leader has to do both.

12. Q: Can and should the Surgeon General's office be protected from political pressures? How could that be done?

A: The Surgeon General should be guided by the best science, not politics.

I know the Clinton Administration shares this view, and I hope members of Congress do too.

13. Q: What standard would you use to balance the political considerations inherent in the surgeon general's job against its scientific, moral and ethical obligations. Can you cite experiences at Meharry that influenced the development of these standards?

A: The standard I'd use is: Is this program or policy or report or recommendation I'm considering in the best interests of the health of the American people?

For example, at Meharry, we took some political flak when we stressed abstinence in the "I Have A Future" program. Some people said we were being too conservative. My view is that a teen-pregnancy prevention program isn't about being conservative or liberal, Republican or Democratic.

It is about saving childrens' futures, so you've got to take politics out of the process and do what's best for kids.

14. Q: How is Republican control of Congress and many state legislatures likely to affect social policies and programs that have a direct or indirect impact on the nation's health? Do you see yourself as Surgeon General playing a role in the legislative process?

A: I would hope not at all. Disease and illness know no party affiliation, and as Surgeon General I will ally myself with non-partisan efforts to promote better health for all Americans.

I would see myself testifying before Congress, as have previous Surgeons General, where appropriate.

To the extent that I influence legislation, I think it would be through the process of educating Congress and the American people about policies that promote public health and well-being.

15. Q: Why did it take you so long to provide an accurate estimate of the number of abortions you performed, and why the earlier discrepancies (first one abortion, then 12, then 39)?

A: Part of it was miscommunication, and part of it was relying on my memory instead of hospital records.

But let's be clear about what this numbers game is all about. These issues are nothing more than a smokescreen raised by anti-choice rightwing extremists.

I am an obstetrician/gynecologist. As an ob/gyn, I offered women the full range of reproductive health services, including, on rare occasion, abortion.

But more important, I am a baby doctor. My hands have delivered over 10,000 babies -- including some who, in the professional opinion of other doctors, were candidates for abortion. So I resent being called an abortionist.

This fight is not about numbers. It's about a woman's right to choose. I happen to believe abortion should be safe, legal and rare. Safe and legal, because I've had to deal with the consequences of botched, back-alley abortions. Rare, because I believe in preventing unwanted pregnancies in the first place.

16. Q: Exactly how and when did you learn about the Tuskegee syphilis study, and why the discrepancy over the date now? How was the information presented, and in what detail? Were its implications as an unethical, racially biased project immediately apparent to you? In your opinion, how could the federal government have justified such a project, even given the social climate in the era in which it began?

A: I can't presume to explain how the federal government justified this terrible experiment. It was unethical and immoral to withhold treatment from these men.

I first learned the details of the experiment in 1972, and I became outraged that treatment had been withheld.

I can't explain the discrepancy over the date now, but I can tell you this: had I learned the facts of the study any earlier, I would have been equally outraged then, and would have insisted on appropriate treatment, as I did in 1972. That's for certain.

17. Q: What were the factors that made the involuntary sterilization of mentally handicapped women ethically acceptable to you in the 1970s? Are there any circumstances under which you would view such sterilizations as acceptable today?

A: As you know, the concept of informed consent has evolved considerably over the years, and I think that we as a society are the better for it.

There are many things that doctors did 20 or 30 years ago that aren't considered acceptable today.

For example, some physicians used to routinely withhold cancer diagnoses from their patients. In some countries, they still do. That is not acceptable to us in this country today.

(NOTE:
We're trying to refine this answer to make it at least somewhat responsive -- any suggestions?)

Dr. Henry Foster
U.S. Surgeon General Nominee

Bulk Rate
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Frederick, MD

A CALL TO ACTION!

The Senate will soon confirm the most radical Surgeon General in U.S. history unless you and millions of Christian Americans act NOW.

FRONT of Window Envelope

Christian Coalition

Pat Robertson
President

Ralph Reed
Executive Director

Dear Friend of Christian Coalition,

Will you please take a moment right now to sign and mail to me the enclosed letters to your two Senators urging them to vigorously OPPOSE and VOTE AGAINST the confirmation of Dr. Henry Foster?

Who is Dr. Henry Foster, and why is he so dangerous?

Dr. Foster is President Clinton's choice to replace his extremist Surgeon General, Dr. Joycelyn Elders (recently fired).

Now it turns out that Dr. Foster (though his rhetoric is less extreme) is at least as radical in his views as Elders.

For example, Dr. Foster served for many years on the Board of Directors of Planned Parenthood, an organization which ...

>> advocates explicit sex education for children as young as kindergarten;

>> supports teaching young children a positive view of the homosexual life; and

>> promotes the mass distribution of condoms and contraceptives to children (with or without the consent of parents).

Dr. Foster's organization, Planned Parenthood, is also the largest provider of abortion services in the nation.

Just as alarming, Dr. Foster, if confirmed, will be the first Surgeon General to have actually personally performed abortions.

He then misled members of Congress as to the number of abortions he performed.

First he said he performed one or two abortions. Then, when it was discovered he had performed more, he claimed he had performed "fewer than a dozen."

Then he was forced to admit that he had performed 39 abortions. Now we find out that Dr. Foster may have performed upwards of 700 abortions.

But that's not all!

In the 1970s, Dr. Foster sterilized mentally handicapped women without their consent. (If this had been discovered about a

Christian or conservative nominee, the nomination would certainly have been immediately withdrawn.)

Dr. Foster is the darling of radical special interest organizations like the NATIONAL ABORTION RIGHTS ACTION LEAGUE, THE NATIONAL ORGANIZATION FOR WOMEN and the militant homosexual lobby.

The Foster nomination is, in my view, a deliberate attempt by the Clinton Administration and the Left to shock and offend Christian and pro-family Americans.

We cannot afford to let the Foster nomination stand.

If Dr. Foster is confirmed, the liberal news media will trumpet this as a devastating defeat for the pro-family cause.

If Dr. Foster is confirmed, many of our friends in Congress will run and hide from the moral issues that you and I care about so much.

And if Dr. Foster is confirmed, this will send a signal to candidates running for President in 1996 that they should ignore the issues that are of most concern to Christian and pro-family Americans.

I promise you, this battle is that important.

That's why Christian Coalition has launched an EMERGENCY CAMPAIGN TO STOP THE CONFIRMATION OF DR. HENRY FOSTER.

And that's why I very much hope you will please,

1) Sign and mail me your letters, which are addressed to your two U.S. Senators. As soon as they arrive in our offices, we will rush them to Capitol Hill; and

2) Please send your best gift of $20, $50 or perhaps even $100 to Christian Coalition today to help us swamp Capitol Hill with hundreds of thousands of messages of protest urging the Senate to REJECT Dr. Foster as U.S. Surgeon General.

Your gift will also help us cover costs we've already incurred to get the facts out about Dr. Foster to millions Americans -- on the faith that you will understand the urgency and help.

You see, we are right now sending out millions of information packets and have launched a major media effort designed to alert Americans to Henry Foster's radical record.

We have been forced to spend hundreds of thousands of dollars to defeat the Foster nomination because the Foster nomination came up so suddenly and because the Senate will be voting any day now.

If I had waited to write to you and receive your reply before launching this emergency campaign, we would not have had the time

 (Please continue ...)

we need to mobilize Christian Coalition's 1,500,000 members to oppose the Foster nomination.

And we would not have had the time we need to get the facts out about Foster to America's 40,000,0000 Christian voters. That's why I had to make the decision to launch this effort and spend the funds even before writing you.

I had faith that you would understand and that, as one of Christian Coalition's most loyal and faithful supporters, you would come through and help us.

I'm sure that, like me, you are asking ...

Why couldn't President Clinton have selected a cancer expert or perhaps a specialist in heart disease as Surgeon General?

Why couldn't he have selected a Surgeon General who has devoted his or her life to helping people live, instead of giving us a Surgeon General who is best known for the abortions he's performed ...

... and who, in fact, is known as a pioneer of the modern abortion industry?

I believe I know the answer.

The Foster nomination is President Clinton's way of reassuring the Left that (despite Clinton's recent moderate-sounding rhetoric) he is still just as committed as ever to move full speed ahead on his radical social agenda.

In other words, President Clinton is just as committed as ever to a social agenda which includes ...

-- Guaranteeing abortion-on-demand (without restriction) right on up through the ninth month of pregnancy;

-- Expanding the distribution of condoms to young children in the schools (over the objections of parents who want their children to appreciate the benefits of abstaining from having sex before marriage); and

-- Indoctrinating school children into the so-called "safe sex" philosophy which preaches that there need be no consequences to premarital sex if they do it right.

That, in my view, is what the entire "abortion-on-demand" and "condoms-for-kids" movement is about -- telling children they can engage in sex all they want without worrying about consequences.

That is also what the Dr. Foster nomination is about!

And this brings me to why I have also taken this opportunity to enclose for you a set of Christian Coalition stickers (similar

(Please continue ...)

to stickers I've sent our supporters in the past).

Please put these stickers on the outside envelopes of your personal correspondence, on bills you pay, or when you write your elected representatives.

Our goal with our STICKER PROGRAM is to flood the U.S. mail system continuously with these Christian Coalition stickers.

We have seen in the past how this program has sent a powerful message to businesses, to politicians and to everyone who sees these stickers that they cannot afford to ignore the concerns of Christian and pro-family Americans.

And I can't think of a better time to send you a batch of these stickers than right now -- in conjunction with our campaign to stop the Senate from confirming Dr. Henry Foster.

I'm counting on every Christian Coalition friend and supporter to respond to this appeal for help.

If you can't contribute $20, $50, or $100, perhaps you could give $15 or even just $10.

Anything you can afford today will help us recover costs we've already incurred to jam Capitol Hill phones and flood Senate mailrooms with hundreds of thousands of messages of protest from Christians voters.

We must act now if we're to have any chance of stopping this disastrous Surgeon General nomination.

I will anxiously look for your signed letters to your Senators and your urgently needed gift of support to arrive in the next few days. Thank you so much. I am

Sincerely,

Pat Robertson
President

P.S. We are right now sending out information packets to millions of Americans, and we are also launching a major media campaign ... all designed to ignite a prairie fire of public opposition to the confirmation of Dr. Henry Foster to be the next Surgeon General. We urgently need your help to offset this emergency expense which we've already undertaken. I will be so grateful if you will send whatever gift of support you possibly can today.

And please don't forget to include your signed letters of protest. As soon as we receive your signed letters of protest, we'll rush them to your two U.S. Senators. Remember, the Senate will vote any day now. So please hurry. Time is of the essence.

Emergency Campaign to STOP The Confirmation of Dr. Henry Foster

a project of the Christian Coalition

Reply to Pat Robertson, President

☐ **YES,** I received my Christian Coalition stickers and will use them on my personal mail, bills I pay each month, and letters I write to Congress as a way to send a powerful message to businesses, to politicians and to everyone who sees these stickers that they cannot afford to ignore the concerns of Christian and pro-family Americans.

FROM:

[redacted]
Denver, CO [redacted]

How to reach?

HF0653

DO NOT DETACH. PLEASE SIGN AND RETURN LETTERS ALONG WITH THIS REPLY DOCUMENT.

Dear Pat,

I agree, we cannot afford to allow the confirmation of a man for this powerful office who has personally performed upwards of 700 abortions, who favors explicit sex education for young children, and who supports the so-called "safe sex" philosophy, including the mass-distribution of contraceptives to young children in school.

To help cover costs you have already undertaken to mobilize millions of Christians and pro-family Americans to defeat Foster's confirmation, I have enclosed my emergency contribution of:

☐ **$20** ☐ **$40** ☐ **$80** ☐ **Other $____**

Please make your check payable to: ***Christian Coalition***

How You Can Help Us Win!

1. Please sign your letters to your two Senators and return them with this form. As soon as Christian Coalition receives your signed letters, we will rush them immediately to Capitol Hill along with hundreds of thousands of letters we expect to collect.

2. When you mail us your signed letters, please include any gift you can possibly afford to send. Your gift will help Christian Coalition cover costs we have already undertaken to bury the Senate with messages of protest, publish advertisements in newspapers across America and send out millions information packets designed to give Americans the facts about Dr. Henry Foster.

3. Please call your two Senators at (202) 224-3121 and urge them to VOTE AGAINST the confirmation of Dr. Henry Foster as Surgeon General. Your two Senators are:

Sen. Hank Brown
Sen. Ben Nighthorse Campbell

Thank you so much, and please pray for victory!

Christian Coalition • P.O. Box 1990, Chesapeake, Virginia 23327-1990

[redacted]

Denver, Colorado

Dear Senator Brown:

I urge you in the strongest possible terms to OPPOSE and VOTE AGAINST the confirmation of Dr. Henry Foster to be the next Surgeon General of the United States.

America does not need another Joycelyn Elders, or a Surgeon General who is best known as a pioneer of the modern abortion industry. And America does not need a Surgeon General who thinks the answer to epidemic teen-pregnancy is more contraceptives for children and more explicit sex-education classes designed to indoctrinate children with the failed "safe-sex" philosophy.

Why not have a Surgeon General who is dedicated to eliminating cancer or heart disease instead of one who is determined to push a radical social agenda on America's children? I will be watching your vote closely.

Sincerely,

_____

Sign Here

[redacted]

Denver, Colorado

Dear Senator Campbell:

I urge you in the strongest possible terms to OPPOSE and VOTE AGAINST the confirmation of Dr. Henry Foster to be the next Surgeon General of the United States.

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Why not have a Surgeon General who is dedicated to eliminating cancer or heart disease instead of one who is determined to push a radical social agenda on America's children? I will be watching your vote closely.

Sincerely,

_____

Sign Here

June 2, 1995

MEMORANDUM TO SUPPORTERS OF DR. HENRY FOSTER

FROM: MARILYN YAGER
Special Assistant to the President
Office of Public Liaison
(202)456-6683

I am pleased to report that on Friday, May 26, 1995, the Senate Committee on Labor and Human Resources voted favorably on the nomination of Dr. Foster for Surgeon General. The 9 to 7 vote included bipartisan support came from: Kennedy (MA), Pell (RI), Dodd (CT), Simon (IL), Harkin (IA), Milkulski (MD), Wellstone (MN), Frist (R-TN), and Jeffords (R-VT). Votes against Dr. Foster were from Republican Senators Kassebaum (KS), Coates (IN), Gregg (NH), DeWine (OH), Ashcroft (MO), Abraham (MI), and Gorton (WA).

Despite an affirmative vote from the Committee, the fight for a confirmation is far from over. Republicans and Democrats are now calling on Senate Majority Leader Bob Dole (KS) to allow Dr. Foster to receive the floor vote he deserves. Dole's recent request to meet privately with Dr. Foster is encouraging, but it should not be interpreted as a change in attitude toward the nomination. It is crucial that the American public communicate to their representatives in the Senate that they want the nomination to be voted on promptly by the full Senate and that they oppose a filibuster. The is in recess until June 5, and we are hoping for the floor debate to begin soon after they return.

In order to block a filibuster, sixty senators must vote to end it. According to President Clinton, "The Democrats are not numerous enough to overcome a filibuster," the effort must be bipartisan. "There may even be some who may not think they should vote for him -- Dr. Foster -- who believe that it's wrong to filibuster a nomination of this kind. ...It would be unusual and unwarranted if this fine man were denied his day in court in the Senate, and I don't believe the American people want that to happen, and I don't believe that a majority of the Senate wants that to happen."

Thank you for your continued support and hard work on this nomination. The efforts made by many groups and their members have proven to be invaluable. I hope that we can count on your continued support and enthusiasm as we prepare for the final stage of the nomination process.

At a press conference following the Committee's hearing, Dr. Foster remarked: "I am gratified by the committee's decision and look forward to a prompt vote by a full Senate. ...I an grateful to President Clinton and his administration for their unwavering support and to members of the Committee for affording me a fair hearing. ...I also want to thank my family and the countless other individuals and organizations who have supported me during this process."

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.

P

Divider Title: _____

I HAVE A FUTURE:

Preventing Teen Pregnancy Through Abstinence and Hope

INNOVATIVE PROGRAM FOUNDED IN INNER-CITY HOUSING PROJECTS:

- In 1987, Dr. Henry Foster -- then Chairman of the Ob/Gyn Department at Meharry Medical College -- founded a program for teenagers in two housing developments in Nashville, Tennessee. It was a pioneering effort to reduce the number of teen pregnancies while also addressing other serious problems of inner-city youth -- drugs, violence, alcohol abuse, homicide, unemployment.
- The prevention of teen pregnancy is a critical focus because early childbearing is so often linked -- either as a cause or a consequence -- to violence, drug abuse, tobacco and alcohol use, sexually-transmitted diseases, AIDS, poverty, and welfare.
- The goal of the I Have A Future program is to address these inter-related problems by enhancing the young people's self-image, stressing personal responsibility, and giving teens *reasons* to delay pregnancy by presenting positive alternatives for the future.

IHAF GIVES TEENS REASONS TO WANT TO DELAY SEX & PREGNANCY:

- Dr. Foster founded IHAF because he saw that most teen pregnancy programs at that time were limited to advocating contraception. But these programs did not have a significant impact on teen pregnancy because they only addressed the *capacity* to have a child, without addressing the *desire* to have a child. Research has shown that many impoverished teenagers in inner-city neighborhoods think their futures hold little hope other than having babies.
- Dr. Foster was convinced that a much broader approach was needed, one that empowered inner-city teens to take control of their own futures -- giving them incentives to delay childbearing until a more appropriate time. IHAF was designed on the premise that changes in behavior should be addressed within a framework that provides strategies for positive decision making, while enhancing self-image.
- In this way, I Have A Future is much more than a conventional pledge-signing abstinence program. It is a life-options program. It helps teenagers understand what they should say "no" to -- stressing abstinence throughout the curriculum. But, equally importantly, it also gives them something to say "yes" to -- education, jobs, and successful futures within their reach.

FAMILY AND COMMUNITY INVOLVEMENT AT ALL LEVELS:

- Dr. Foster wanted the community to play a key role in designing the program from the start, so that they would have ownership of it. He met with key community leaders and the Presidents of the Resident Associations. He then commissioned a *Community Needs Assessment* -- asking parents and community leaders the main problems their teenagers faced and what programs might help solve them.
  - -- The three biggest problems they identified were: drug and alcohol abuse, teen pregnancy, and crime. To solve these, they recommended: tutoring and job training, drug prevention programs, and sexual education.
  - -- And 91% of the parents responded that they would like the program to make it easier for sexually active teenagers to get birth control.

-- The survey also revealed the socio-economic status of this community. It consists of predominately black [98%], single [83%], female [87%] heads of households, with low education and employment status. Over three quarters [79%] of them reported household earnings of less than 5,000; 93% with less than 10,000.

- IHAF is now part of the fabric of the community itself, with a role for everyone -- from parents and grandparents, to clergy and business leaders, to volunteers and teachers. Because they were involved in designing the program from the start and because it responded to needs they identified, the parents in the community are very involved in the program.

WHO? WHAT? WHERE? WHEN? HOW? – THE DETAILS

- *Who May Join*? Any teenager, aged 10 - 17, who lives in or near the *John Henry Hale* or the *Preston Taylor* housing projects may participate in IHAF -- which attracts an average of 150 youth each week. More than half of the participants are African American males. Over 850 youths have participated since the program was founded.
- *When Is It Open?* IHAF is open in the afternoon, on weekends, and all summer -- times when teenagers are not in school, often get in trouble, and need a place to go.
- *Values*: IHAF is a value-based program, with these values permeating all aspects of the curriculum -- self-esteem; physical and mental well-being; completion of school; abstinence; sexual responsibility; self control; ability to handle inter-personal conflict; and the value of helping others.
- *Curriculum*: The program is sensitive to different developmental needs and abilities. Consequently the curriculum emphasizes knowledge, attitude, and awareness for early adolescents, and behavioral skills for older adolescents. Classes include:
  - After-School Tutoring / Computer Training
  - Pre-Employment Training [Job Readiness/Career Development]
  - Alcohol And Drug Abuse Prevention
  - Conflict Resolution Training / Violence Prevention
  - Sports
  - Comprehensive Adolescent Health Services (including contraceptives)
- *Activities*: IHAF makes a special effort to take the teens on trips outside of Nashville. Many of these young people had never left Davidson County. Now, they visit colleges, speak to successful African-American role models, and tour the nation's capitol. Their view of the world -- and what their role in it can be -- grows with every trip.
- *The Entrepreneur Program:* One of the most popular programs helps teenagers learn more about the working world -- and about personal responsibility -- by giving them the tools to start their own businesses in the communities where they live. To participate in the program, they also must sign a contract -- with their parents and the program -- agreeing to stay in school, maintain a passing average, not use alcohol or drugs, and not get pregnant or impregnate someone.

THE RESULTS SPEAK FOR THEMSELVES – FEWER MOMS, MORE GRADS:

- Thus far, the program has dedicated the majority of their resources -- not to research and evaluation -- but to investments in the teenagers. Based on internal evaluations however, preliminary results show significant differences between young people in the IHAF program and those who did not participate. Teens who actively participate in IHAF had higher self-esteem, fewer pregnancies, a stronger sense of responsibility, and a greater sense of a promising future. IHAF is actively seeking grants to fund outside research that would track the participants over time.
  - *Fewer Pregnant Teens*: One 30-month internal study reported only one known pregnancy among active participants in the two IHAF housing projects.
  - *More College Students*: A surprise result of the life-options program was the number of inner-city teens that began going to college, demonstrating the program's rare capacity to hold the attention of older adolescents. This is traditionally very difficult, particularly in the case of African-American males. In 1994, 24 participants graduated from high school. And -- even more impressive -- 16 of these inner-city youths, including 8 males, went on to college while another 4 entered the Armed Forces.

IHAF IS A NATIONALLY RECOGNIZED AWARD-WINNING PROGRAM:

- "Point of Light": IHAF's innovative approach to preventing teen pregnancy was honored by President George Bush who selected IHAF in 1991 to be one of America's *"Thousand Points of Light."* [Point #404]
  - -- President Bush gave these awards to "*talented community leaders and successful initiatives that are solving the nation's most critical social problems."* They were designed *"to honor those people . . . who have worked together to rebuild families and to revitalize communities."* [White House Fact Sheet, 6/22/89]
  - -- In his April 15, 1991 letter to the IHAF program, President Bush commended the program as a *"shining example"* for the nation. [White House, 4/15/91]
- Louis Sullivan, President Bush's Secretary of Health: *"It turns young people's lives around. [It's] the kind of program that the country needs."* [*"Teens Have A Future, Thanks to Foster Program,"* USA Today, 2/9/95]
- American Medical Association: The AMA's National Congress for Adolescent Health gave an award to IHAF specifically for its approach to preventing teen pregnancy

FUNDED BY PRESTIGIOUS ORGANIZATIONS AROUND THE COUNTRY:

- Carnegie Corporation of New York
- William T. Grant Foundation
- Bill and Camille Cosby
- State of Tennessee, Department of Health, Alcohol and Drug Abuse
- United Way of Middle Tennessee
- The Middle Tennessee Chapter of the March of Dimes

SUCCESSFUL TEEN SEX PROGRAMS

THE DOOR- Provides a comprehensive range of services in an exciting youth oriented environment. The door is able to provide comprehensive health benefits without red tape and enjoys a large, dedicated and diverse teen membership and has had a measurable impact on teen pregnancy among its members.

COMMUNITY SCHOOL PREGNANCY INTERVENTION PROGRAM- Administered by the John Hopkins School of Medicine. The theory behind the program was to reach students who were already sexually active and teach them about prevention. A control group of schools with similar sexual activity in its student population were chosen for comparative purposes. In the test school, nurse practitioners and health educators targeted these students for intense prevention information. At the end of the test period, these students were far more successful in avoiding pregnancy than their counterparts in the control group. This kind of program points to early prevention and the need to have trained healthcare personnel located in the school to provide comprehensive health and preventive education services.

GRADY MEMORIAL TEEN INTERVENTION- This program initiated by Grady Memorial Hospital in Atlanta, Ga. was designed to reach eight graders using health educators and peer counselors. The program was successful for students who had not participated in the program were as much as five times more likely to have sexual intercourse than those not in the program.

DRAFT

TEEN PREGNANCY RATES: AN AMERICAN EPIDEMIC

OVERVIEW: Today's teenagers, regardless of race, gender or economic circumstances are living in a more troubled time than previous generations:

-- The onetime norm of a stable two-parent family is becoming less common across all racial and income groups-- Between the 1950's and the 1980's the number of 14 yr. old girls who did not live with both parents rose from 21% to 38%..most with their unmarried mother.

-- Our children live in a far more violent society than previous generations-- 2 million cases of child abuse, including sexual abuse are reported annually...adolescents (teens) are more likely to be abused than younger children.

-- The risk of violent death has been on the upswing among teens...a report for calendar year 1988 found 10% of adolescents had been physically assaulted in school... one half of the deaths of African-American men age 15-19 are homicides...and black teenage women are more than 4 times as likely to be murdered as their white counterparts...

-- Alcohol and drug abuse coupled with risky behavior is taking its toll on our youth....17% of those classified as heavy smokers are under 19 years of age;...One-third of the students in grades 9-12 are considered heavy drinkers.... and by grade 12, 8% of the students have tried cocaine and 14% have used marijuana in the last 30 days....

The Teen Sex Crisis: The social and cultural norms under which our young people are behaving is reflected in the teen sexual crisis we are experiencing; here is what we now know:

-- Sex is still very rare among young teenagers, however among 16-18 year old it increases significantly.

-- While intercourse among teens increases with age...20% of teens do not have sex at all during their teen years.

-- But there are some disturbing statistics.....at each age between 15 and 20, higher proportions of teenage men and women are sexually experienced today than they were in the early 70's.

-- More than half of the adolescent girls and three-quarters of the males have had intercourse before their 18th birthday.

-- Adolescent male and females are experiencing sexual activity roughly eight years before marriage.

-- The likelihood of a white teenage women to have sex before marriage more than doubled between the 1950's and the 1980's.

--The proportion of white male teens 17-19 never married rose from 65% to 73% in 1988.

-- Among never married african-american teens (17-19) went from 65% to 73% in the same period.

TEEN PREGNANCY: The current crisis in teen pregnancies can be easily defined and quantified through statistics-- Overall teen pregnancy rates for teen who have had intercourse has declined; however, since more proportionately more adolescents are having intercourse, the pregnancy rates among all teens has increased.

--Nearly two thirds of teenage pregnancies occur among 18-19 year-old women.

-- The proportion of sexually experienced teenagers, who become pregnant increase with age are more likely to be fertile and to want to get pregnant.

-- Pregnancy rates vary by considerably by race and ethnicity:

-- Black teenagers have higher pregnancy rates than their Hispanic and white peers. This can be attributed to earlier sexual experiences and failure to use contraception.

-- Young black women who teenagers in general who are poor or low-income are especially likely to get pregnant early in life

-- Typically, there is a gap of three years between first intercourse and first pregnancies for the poor, higher income teens have a four year gap on average; blacks and hispanics more often fit the three year period.

-- Unintended pregnancies are highest among higher income teens than they are among poorer and lower income persons

-- Hispanics are more likely to have intended pregnancies than blacks or whites.

-- Only 26% of the men involved in the pregnancies of women under 18 are themselves under 18. The majority of men involved in these pregnancies are between 18-20 years of age.

-- However, of all births in U.S., only 4% are to those under 18.

-- In the period of the early 1960's 59% of first births occurred to women outside of marriage, however, 29% of those teen mothers married before delivery. By the late 1980's 95% of the births occurred outside of marriage and only 11% elected to marry among teen 15-17 years of age. Out-of-wedlock births account for 7 in 10 teen birth. In 1990, nine out of ten black teens were not married at the time of delivery.

-- However, only half of teen births are out of wedlock for low income teens, as opposed to three fourths of the births to high income and poor teens.

-- White adolescents and those from more affluent backgrounds tend to terminate their pregnancies leaving teen childbirth who are poor and disproportional black.

TEEN SEXUAL BEHAVIOR NORMS: There are some normative behavior associated with teen sexuality that may guide future planning"

-- We know that half of the sexually experienced teen women wait 18 months between their first sexual encounter and their second encounter; the wait is almost two years for another 25% of teen women.

-- Teen women who have sex at an earlier age move more quickly to a second partner than others who have not had sex as early.

-- U.S. unintended pregnancy rates are higher than those of other industrialized nations.

-- Today there is little distinction between rural and urban unintended birth rates.

"I Have A Future" Funding

Grants:

Carnegie #627262	1986 to 1989	$750,000
Carnegie #524364	7/01/89 to 6/30/92	$500,000
Carnegie #524555	7/01/92 to 6/30/94	$550,000
Cosby #524359	____/89 to Present	$600,000
Hewlett #524506	6/01/90 to 6/30/92	$186,000
Hewlett #524380	2/01/93 to 4/30/95	$285,000
United Way #524408	7/01/94 to 6/30/95	$ 35,000
		$2,906,000

Contracts:

Latchkey #523831	7/01/90 to 6/30/91	$ 40,000
Latchkey #523849	7/01/91 to 6/30/92	$ 40,000
Latchkey #523867	7/01/92 to 6/30/93	$ 40,000
Latchkey #523882	7/01/93 to 6/30/94	$ 40,000
Latchkey #523897	7/01/94 to 6/30/95	$ 40,000
JTPA #523146	5/21/91 to 8/02/91	$ 21,798
JTPA #523169	6/22/92 to 8/28/92	$ 37,267
JTPA #523200	6/14/93 to 8/20/93	$ 53,231
JTPA #523222	6/13/94 to 8/05/94	$ 65,910
		$378,206

Research Grants:

WT Grant #524361	9/01/88 to 8/31/91	$229,909

Total $ 3,284,206 *

Research was only 7.0% of the total $ spent!

FYI - as I beeped it's $3.3 million! But the interesting thing I noticed was that

* Parent Grants Listed seperately did not fund IHAF but Special Parent Program

Parent Empowerment Contracts:

Parent #523804	9/01/89	to	6/30/90	$ 48,300
Parent #523820	7/01/90	to	6/30/91	$ 45,000
Parent #523846	7/01/91	to	6/30/92	$ 45,000
Parent #523866	7/01/92	to	6/30/93	$ 45,000
				$183,300

Who knows what time frame/date this is? It was in the middle of other stuff. Maybe T1 - T2 M—

Family Life Education Analyses

Attendence

One hundred twenty (120) youth attended at least one Family Life Education (FLE) session including the testing sessions. Ninety-seven (97) youth attended at least one content-oriented session. The range of attendence for this group was from 1 to 13. The modal attendence was 1 and the mean was 3.17. There were only 12 youths who took both the pre-test and the post-test. Of these youth the average level of attendence was 8.5 with a range of 0 to 13 content-oriented sessions.

It is important that we work on keeping youth who take the pre-test involved in the module and on getting as many youth as possible back in for post-testing.

Paired T-tests

Paired t-tests were run for the attitude measures, Nguzo Saba measure, communication with parents, frequency of sexual intercourse within the last month, and frequency of using contraception within the last month. There were no significant differences on any of these variables. As mentioned above, only 12 adolescents took both sets of tests and thus, the power of the analyses was not very strong.

Of these 12, only one became sexually active who was not sexually active at the pre-test. The majority (75%) indicated that they were sexually active at the pre-test. (One youth claimed to have engaged in sexual intercourse at the pre-test but not at the post-test.) Little change was evident with respect to having used birth control the last time they had sexual intercourse. Fifty percent of those who were sexually active at both times used some form of contraception. These same 50% (n-4) responded at the post-test that they had used some form of contraception. Those who did not use contraception at the pre-test also did not indicate that they had used contraception the last time they had sex at the post-test. The one youth who became sexually active did not use contraception the last time s/he had sex at the post-test.

Correlations with Attendence

Pearson product-moment correlations were computed between the attendence scores and the pre- and post-test sexual attitudes scale, the communication with parents scale, the number of times having engaged in sex in the last month, knowledge, Nguzo Saba, and how frequently they use birth control. There was a significant correlation between attendence and the post-test sexual attitudes scale ($r=.50$, $p<.02$), the post-test Nguzo Saba

scale ($r=.46$, $p<.05$), and both the pre-test and the post-test knowledge scale ($r=.35$, $p<.05$ for the pre-test; $r=.44$, $p<.05$ for the post-test). These correlations indicate that those who attended more of the FLE sessions were more likely to report attitudes that were positive for delaying sexually activity and using contraception. They were also more likely to endorse prosocial attitudes. Those who attended more sessions also knew more at the post-test than those who did not attend as many sessions; however, it is important to note that those who attended more sessions were also likely to know more at the beginning of the FLE module.

Clear this out. It is the critical review to which Dr. Greene's 2/3/92 letter responded. Not great stuff! M—

Carnegie Corporation of New York

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Gloria Primm Brown
Program Officer

January 30, 1992

Lorraine Greene
Meharry Medical College
1005 D.B. Todd Boulevard
Nashville, TN 37208

Dear Lorraine:

I am writing to provide you with some feedback from Carnegie Corporation staff and outside reviewers regarding Meharry's proposal for continued support of the "I Have a Future" project.

After very careful review and discussion, staff of the Education for Healthy Development of Children and Youth committee believe that the project has made much progress in the last two years but are very concerned about the evaluation, the kinds of data being collected, and the slowness with which the data are being analyzed. Without an evaluation report, staff found it difficult to determine what is going on exactly in terms of hard outcomes. The program's institutionalization and funding from other sources also were questioned.

It is not clear why the project is not being replicated in Nashville first, instead of Memphis, since it seems that Nashville needs more help. Staff members also questioned whether this project should be replicated at this time since the project is still having problems with the evaluation and cannot point to definite outcomes that show positive impact on the students who participate.

Copies of the proposal and the supporting materials were sent to several outside reviewers and their edited comments are attached. We will need to receive responses to the questions they raise, particularly about the evaluation, no later than Wednesday, February 5. You also need to list your current funding sources and the amounts and where you have proposals pending. Sorry, but there is no flexibility regarding this date.

Sincerely,

Gloria

GPB:cs
Encl.

Review #1

Evaluation of the "I Have a Future" Program
at Meharry Medical College, Nashville, Tennessee

Program Assessment

In general, the "I Have a Future" program has developed a sound, albeit diffuse approach to adolescent pregnancy. The program's location in a housing project is beneficial to adolescents who might not access another health facility for these services. Unlike school-based clinics, programs such as the "I Have A Future" program are accessible to adolescents who do not attend school and to school students alike.

The program provides a variety of activities for adolescents, which are adjusted based on the age of the adolescent. Training modules should be suggested based upon the adolescent's level of psychosocial maturity and the degree of risk-taking behavior exhibited by the adolescent. This is an important consideration when designing programs of this nature.

The "I Have a Future" program has a long list of required activities which may make the program less attractive to the target population and which may ultimately hamper the program's success. It is frequently useful to have a membership contract for program participants with some program expectations included in the contract. A required physical examination and participation in one core training/educational module should be sufficient. Presumably, one of the courses such as the Family Life Education module or the pro-social skills program should be a sufficient requirement. This would allow the staff to focus upon a more narrow range of core information, and it would increase the likelihood that adolescents will successfully complete the program requirements. Based upon data of Table Nine of the report, it appears that many participants do not complete all the required courses anyway. This may be frustrating to both staff and adolescents when program expectations cannot be met.

This reviewer was astonished to find so many courses offered by the staff of this program. This reflects an admirable effort on the part of the project's directors. However, such a diffuse offering of programs may dilute the effort to focus on adolescent pregnancy prevention. The program should strongly consider limiting the number of activities to include those which have been most successful in promoting positive behavior change. Based upon the data provided, the Family Life Education and the CHARM/MATURE programs are most attractive to the youth enrolled (Table Nine). Those programs should sufficiently address the outlined objectives of the "I Have a Future" program. The principles of Nguzo Saba were important objectives for the program, thus they should also be a focus of the courses.

The "I Have a Future" project has devoted considerable time to administering psychologic and sociologic tests to adolescents who desire to participate in the program. It is not clear why adolescents at risk for pregnancy need to be given such a battery of tests upon entry into their program. Baseline data collection should be limited to those parameters which the program truly intends to influence. Specifically, careful evaluation of reproductive health behaviors is needed, such as delay of initiating sexual relations and effective use of contraceptives by sexually experienced youth.

This project has accepted the ambitious goals of conducting research, evaluating program development, and providing service to adolescents. It would be wise for the program to focus primarily on research or service activities, rather than attempt to provide a full complement of both types of activities.

The project appears to have a large administrative staff to supervise the project and a relatively small counseling staff which actually provide the program's activities. The large number of administrators may be due to the program's desire to conduct research and provide service. It is not clear that the research component of the program requires a full-time research team. At the same time, the counseling staff appears to be stretched thinly over a broad range of course requirements. Some effort should be made to reconcile these staffing issues.

The health component should be strengthened to provide comprehensive health care for adolescent men and women. Services provided are limited to those provided by a nurse-midwife, who is probably not able to provide health services to young men. If the grant provides funding for 50% of a practitioner's salary, each center should get a minimum of health services one full day per week. (Currently, the health services are limited to one-half day per week.) Health services should be available to men and women, and should include reproductive health care rather than general primary care. To this end, the practitioner should be a family nurse practitioner, a pediatric nurse practitioner, or a physician's assistant. In addition, the program should establish ties with the division of family medicine or pediatrics (adolescent medicine).

The "I Have a Future" program has many interesting components which were not described in the materials provided. It appears that the program has established a multitude of linkages with other programs and providers in their area. They appear to have a strong volunteer component. It would be helpful to know the extent to which such efforts have enhanced their program's effectiveness.

Summary

This reviewer would recommend some modification of the project design, in order to provide greater focus on its goal of reducing adolescent pregnancy. The project should limit the battery of tests required prior to participation in the project. Only those tests which truly evaluate this program's effectiveness in reducing adolescent pregnancy are needed. Most adolescent pregnancy prevention programs limit such testing to a needs assessment or a reproductive health history.

Additionally, the program should limit its course offerings rather than offer such a diffuse, diverse selection of modules. This should help reduce demands on the small counseling staff at each housing project.

Ultimately, the project will need to focus on either research or service as its primary goal. The program may have encountered difficulties because it has sought to provide a broad base of behavioral research for adolescents who need health services. Research activities targeted toward program evaluation may allow for more successful development of both service delivery and research. Presently, the program has a lot of data which has not been successfully integrated into program development. The technical assistance team provided by Carnegie Corporation should help to correct these deficiencies.

Review #2

Comments on the "I Have a Future" Proposal
Meharry Medical College Proposal to Carnegie Corporation
January, 1992

There are many strengths of the program being run by Meharry. While there has been much rhetoric about the need for comprehensive, early, continuous and individualized interventions for youth, few programs incorporating these characteristics have actually been created. Meharry is correct in arguing that it must have been one of the first. Surely such a model makes sense, although it imposes special challenges for those who would really try to implement it. Collaboration, coordination, holistic (non-specialized) views of young people, are all required and Meharry is to be congratulated for giving it a try.

Another strength of this program is its realistic view of the complex nature of the prevention of adolescent pregnancy. Its prose about the need for motivation, as well as means, among young people, is right on target and persuasive.

While the proposal suggests that Meharry feels the need to justify its use of a housing project as a site rather than a school, the listing of the advantages of a housing project is excellent. Of course, the use of the housing project has had challenges of its own, like turnover, and thus the high loss to follow-up experienced by the project. Meharry could contribute something important to the field by documenting both the advantages and the disadvantages of offering these services in such a site. They need to share how they are overcoming the disadvantages with others working in such settings.

Meharry is also to be commended for its early use of evaluation in this project. While this evaluation has obviously had its problems, they were foresighted to at least try to gather some data over time.

The weaknesses of this proposal seem to stem largely from lack of information on some critical points and in its concentration on staff, rather than youth. In evaluation terminology, the proposal is long on process (what the staff have done) but short on outcomes (or the results of their efforts). It is difficult to judge whether funding should continue in the absence of some of the items that will be listed below:

Services delivered to date: Meharry says that it is delivering comprehensive services and indeed, has a long list of program interventions available to young people. What seems to be missing is any accounting of how many young people received how many services. In the methodology section, it is possible to find out how many youth received each service (e.g., 178 received substance abuse prevention between 1988 and 1990). What we do not see is how many youth received more than one service, what

combinations are received, etc. Moreover, the definitions of what receiving each of these services actually means is not clear--does Table 9 mean that 178 youth received the whole substance abuse program, or that 178 attended at least one session, or what? In other words, it is not possible to tell if Meharry is actually delivering comprehensive services. It is important to make absolutely clear what progress has been made to date in order to assess this relative to future plans and expenditures. The proposal needs to give us a much clearer picture of this.

Evaluation Results: It seems clear that the Meharry evaluation has run into some problems--mostly with attrition--and secondly with trying to be too ambitious. The attrition in the project is not only extensive but selective (those lost are significantly different from those followed over time). But also, there are too many measures here--especially psychologically oriented ones. The testing would seem to constitute a burden to the children. I would think a more behaviorally-oriented evaluation would be more interesting. We are interested in whether these children are showing better progress in school, having fewer pregnancies, getting arrested less often, and staying away from drugs. Since self concept is NOT always well related to these behaviors, changes in self concepts are frankly not very interesting, unless the project can show that such changes result in something more real in terms of progress. Similar comments could be made about many of the psychological measures and scales chosen.

Most importantly, however, after four years of program activity and three rounds of data collection, there are no evaluation results here. Could we not at least see Round II results, since this phase of data collection ended in the Fall of 1989? The third phase of data collection ended in July, 1991-five months ago. Are no data available from this round either? How can we evaluate progress in this project without such information?

The Plan for Year 5: I found it hard from the information offered, to get a clear picture of what the project plans to accomplish with new money. There are some clues here and there in the Program Methodology section but what I can't find located in one simple summary is 1)exactly which programs will continue; 2)which ones will be added; 3)how many youth will be served; and 4)what will happen to the evaluation. Can we get more specific information on how the extensive personnel will be used? How many young people will they each see, each day? On an average day in this project how many group activities are offered to how many youth? How does Carnegie funding fit in with other sources of funding? Exactly how will case management be used? How many youth will receive it?

Omission of answers to these questions is worrisome for continued funding in such large amounts.

Review #3

"I Have a Future" Proposal
Meharry Medical College, Nashville, Tennessee

It is obvious the project has made progress. The proposal is well done. The rationale is excellent, covering the really important behaviors. It is clever the way the Nguzo Saba principles are used throughout the curriculum materials. The entrepreneurial component is particularly good.

The evaluation is perplexing. Too much time has been spent on psychological scales.

1. There is no mention of how many kids participated in the evaluation and what services were provided to them.

2. Forty percent of the kids were lost, including many of the highest risk kids who were older.

3. There is one set of data that show community variables, but it is not clear if the highest risk kids participated.

4. There are very small numbers of kids participating in each of the services and there is no mention of how many kids received multiple services.

5. Why are Meharry staff members so far behind on data analysis? If the evaluator is spending 100 percent time on this project, that is ample time to get more of this data analyzed.

Unless project staff can offer substantial proof that they are having an impact, funding should be wound down.

Review #4

"I Have a Future" Project (IHAF)
Meharry Medical College

The introduction, problem, and qualifications of Meharry Medical College to implement the proposed activities were well outlined. The goal of IHAF is to develop a community-based life enhancement program that promotes a reduction in the incidence of early pregnancy and childbearing among high-risk adolescents. The success of the program depends upon Meharry's ability to show that the adolescent participants have changed their risky behaviors as a result of this intervention program

STRENGTHS OF THE PROJECT

1. IHAF is indeed community-based: located in four housing developments.

2. The target population is defined as adolescents living in the housing developments who may be at-risk for pregnancy or impregnating someone else.

3. The program activities are "culturally sensitive" with a focus on the teaching of the Nguzo Saba or Dr. Maulana Karnega Principles.

4. A variety of activities are included throughout the different modules, and consist of field trips outside of the participants' environment.

5. Other health professional trainees, i.e., medical and graduate students, are interacting with adolescents who are disadvantaged and/or engaging in risk taking behaviors. The project will be an invaluable experience in their training.

6. A research component is present with control sites to look at comparisons. The measurements are appropriate for the goals of the program.

7. The project involves to some extent networking with other community agencies who serve adolescents.

WEAKNESSES OF THE PROJECT

1. The IHAF project does not indicate that they have made an effort to involve the adolescents they are trying to serve in the planning of the project activities: adolescents should be given some ownership of the project. The peer counselors are involved but only after they have become a part of the program. Teen ownership is very important if you are to maintain active participation.

2. If behavioral change is a major mission of the program, the project has not made a strong effort to keep the participants active in the activities. Recruitment and attrition are major flaws in the project. What other methods might be utilized to recruit adolescents other than the door-to-door leaflets? Can a teen self refer into the program? If so, how is this message getting to the target population? What is in place to keep those at risk active in the project activities? Are the ones at risk receiving pre- and posttests to determine behavior change after they receive the intervention activities?

3. Groups serve as the operating structure of the majority of the programming. Not all teens function well in group dynamic structures, especially those who are most vulnerable to poor self esteem. Some teens require one-to-one attention and counseling. This is mentioned briefly in the proposal but I am not sure it is a major issue for the applicants.

4. The health services component is described as "comprehensive" at the apartment sites. Comprehensive services should address other areas of concern in an adolescent's life over and above the GYN services being given. If you are to address the adolescent holistically, you must put into place a formal referral system to link with other community agencies that serve adolescents, i.e,. social services, health department, juvenile justice system, recreational department, and schools. I do not feel after reading the past year accomplishments that this link is strong. On site services of four and one-half hours once a week appear to be inadequate to address the needs of high risk adolescents in a comprehensive fashion. There is no indication in the proposal how many adolescents are using or expected to use the health services at the apartments. How are the case managers used to follow up on the problems identified by the clinic? How are case managers used to help obtain the information and document services that are important to assessing the impact of the program longitudinally?

5. Networking between community agencies and organizations should be strengthened. According to the applicants, volunteers have been the reason for the success of the program, yet due to lack of funding from other sources, this component seems to be weak. Linking with other agencies with volunteers and other resources can be an answer to this problem.

Research

MEHARRY MEDICAL COLLEGE

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

"I HAVE A FUTURE"

Please file

Henry W. Foster, M.D.
Director

Lorraine Williams Greene, Ph.D.
Deputy Director

February 3, 1992

Ms. Gloria Primm-Brown
Program Officer
Carnegie Corporation
437 Madison Avenue
New York, NY 10022

Dear Gloria:

This letter is in response to your January 30, 1992 correspondence regarding the IHAF proposal. First, I would like to thank you and Carnegie Corporation for your continued support and interest in this important project. Given that Meharry and Carnegie are developing one of the first multi-faceted, comprehensive, community-based, pregnancy prevention programs we did not anticipate several challenges. However, we have successfully addressed several anticipated barriers and continue to creatively address obstacles as they develop.

We are pleased the reviewers all recognized the strengths of the program and that we are aware of the complex nature of adolescent pregnancy. Not only are we addressing the capacity but also the desire to prevent early pregnancy. A strength of the program is that we do provide culturally appropriate, experiential activities and health services at a location easily accessible to adolescents and their families. We have formed linkages with agencies and service providers and have provided an opportunity for health professionals, including medical students and resident physicians, to receive training in population-based medicine in a low-income community. We were also pleased the reviewers recognized we had the foresight to try to evaluate the program's effectiveness by using control groups and measure change across time.

We are however, concerned about several misconceptions and would like to provide some clarification. The first is about the research team, since the evaluation appears to be of major concern. The first reviewer suggests we did not require a full-time research team; to the contrary we have found that additional support has been necessary for such a huge undertaking. Currently, the "team" consists of two people (one research coordinator and one research assistant). Prior to March 1989, there was only a research coordinator and

volunteers to assist in data collection. The lack of funding for personnel for this aspect of the project led to a delay in data collection and data entry of the baseline data. Consequently, the evaluation team (2 individuals) had a backlog of work which had to be completed as well as attempt to continue to conduct the evaluation according to the procedures and timeline of the William T. Grant Foundation. Data collection in the housing projects is a time-consuming process. Youth are not centrally located and must be contacted at their homes. Many do not have phones and must be contacted through home visits. Most of the data collection has been conducted during the school year, limiting the time that youth are available for testing. Group administration of questionnaires requires at least two people in order to maintain discipline and to administer the questionnaires. During the Wave 3 data collection, interviewers were hired to conduct individual interviews and interview teams went to the sites six-days a week for four months. Hard-to-reach youth and conflicts in scheduling with one of the comparison sites caused data collection for Wave 3 to be extended into the summer of 1991 as well. Supervision of these interview teams required at least one of the full-time personnel during this period. Data entry is also time- consuming with only two people to enter data. The research team has been conducting the necessary analyses for the construction of scales, descriptive information, and the conditioning of the data for the appropriate analyses.

The evaluation plan had proposed the administration of psychological measures as well as behavioral measures and the evaluation was conducted according to the William T. Grant proposal. We are grateful for the program funding we have received from the Carnegie Corporation. As you recall, Gloria, when the technical assistance team was being developed, I requested an expert in program evaluation be included, however, you made it clear Carnegie would only support technical assistance in program development, subsequently, we have not asked for research support. We are seeking funding from other sources and have not requested funding for the research coordinator or research assistant. The following is a detail description of our evaluation.

Research and Evaluation

We would also like to clarify that we continue to provide services in two public housing developments, not in four as suggested by one reviewer. We are collecting data in four developments as planned (2 intervention sites and 2 control sites).

The primary concerns about the evaluation can be classified along two dimensions: (1) the inclusion of psychological measures as opposed to behavioral measures and (2) the lack of information from the evaluation at this time. To address these concerns an explanation for the inclusion of the psychological measures will be given, and analyses conducted thus far will be reported.

Psychological Measures and Behavioral Measures

Reproductive health behaviors are a considerable portion of the evaluation data. These questions are covered in the Minnesota Adolescent Health Survey as well as with additional questions recommended by the Data Archive on Adolescent Pregnancy and Pregnancy Prevention. These behavior measures are discussed within the proposal. The inclusion of psychological measures did

not preclude the inclusion of behavioral measures as well.

The psychological assessments were included for several reasons:

a. The evaluation plan, which was funded by the William T. Grant Foundation, had proposed the administration of the psychological measures. The evaluation was conducted according to the proposal submitted and accepted by the W.T. Grant Foundation.

b. The purpose of including psychological measures, along with the behavioral measures, is to assess whether the program is successful due to the hypothesized mechanisms based on the theoretical rationale for the program. Additionally, if the program is or is not successful, it is important to determine why.

c. These measures provide information about the characteristics of youth who choose to participate in the program. Selection biases will always present a problem for programs that are based on voluntary participation. It is important to know what the selection biases are that are operating. These psychological measures provide a broader picture of the youth who do and do not participate.

d. Due to the non-equivalent comparison groups design, as much information as possible is necessary in order to deal with the non-equivalence of groups. Baseline differences on attitudes and knowledge as well as behavior can have an impact on the outcome. If these differences are not examined and controlled for when analyzing the outcome data, alternative explanations for any differences that may exist between groups on the outcome variables cannot be eliminated.

Participation Analyses and Preliminary Outcome Analyses

The following analyses were conducted with those subjects who had completed both the baseline and the Wave 2 surveys. Please note the program modules were in the development and pilot testing stages during this time. Based on their participation rates, subjects in the intervention sites were divided into two groups--active participants and low-level participants. Active participation is defined as minimum of one-half content of a core module. Table 1 reports the minimum and maximum participation scores and the median score for each of the major modules and activities of the program for the two groups. Table 2 reports the results of the t-tests conducted comparing the participation scores of the two groups for each of the activities. These tests were conducted to confirm whether the level of activity was different. Only a very limited number of sessions of the Prosocial Skills Module had occurred at that time. Also, the Job Readiness Module had been poorly attended at one of the sites.

Table 1

Maximum and Minimum Participation Rates and Median Participation Level for Each Activity By Participation Group

Activity	PARTICIPATION GROUP					
	Active (n=39)			Low-Level (n=218)		
	Min	Max	Median	Min	Max	Median
Alcohol and Drug Module	0	24	5	0	5	0
Prosocial Skills Module	0	7	2	0	1	0
Family Life Education	0	25	8	0	4	0
Entrepreneurship	0	21	6	0	10	0
Tutoring	0	63	9	0	32	0
CHARM/MATURE	0	19	4	0	11	0
Dance	0	32	2	0	56	0
Karate	0	14	0	0	12	0
Job Readiness	0	13	0	0	3	0
Sports Activities	0	16	5	0	12	0
Peer Counselor Activities	0	25	3	0	7	0
Recreational Field Trips	0	21	7	0	8	1
Educational Field Trips	0	23	5	0	11	0

Table 2

Means and Standard Deviations of Participation Rates in Activities Between Baseline and Wave 2 Data Collection by Participation Group

Activity	PARTICIPATION GROUP				
	Active (n=39)		Low-Level (n=218)		
	X	SD	X	SD	t
Alcohol and Drug Module	7.33	7.07	0.39	1.11	6.11***
Prosocial Skills Module	2.00	1.70	0.01	0.12	7.29***
Family Life Education	8.97	7.86	0.53	0.94	6.70***
Entrepreneurship	7.33	6.56	0.12	0.81	6.85***
Tutoring	13.64	13.46	1.31	3.82	5.68***
CHARM/MATURE	5.21	4.61	0.33	1.13	6.57***
Dance	4.62	7.27	1.26	4.27	2.80**
Karate	1.28	3.49	0.37	1.30	1.62
Job Readiness	1.49	3.54	0.13	0.44	2.39*
Sports Activities	4.85	3.42	0.55	1.70	7.67***
Peer Counselor Activities	4.38	5.49	0.11	0.56	4.86***
Recreational Field Trips	8.44	4.56	1.22	1.61	9.77***
Educational Field Trips	6.46	5.19	0.66	1.43	6.94***

Note: T-tests were conducted using separate variance estimates due to significant differences between groups on variances.

*p<.05
**p<.01
***p<.001

Tables 3 and 4 report similar information as that of Table 1 and Table 2 except that only those youth who have participated in the evaluation for all of the three data collection periods were included. The two participation groups differed on attendance at all of the activities with the exception of Karate. Karate was an intermittent activity and is no longer being offered. The Job Readiness Module was poorly attended at one of the sites, as was mentioned earlier and therefore, shows one of the lower participation scores even among the activities participants.

Table 3

Maximum and Minimum Participation Rates and Median Participation Level For Each Activity by Participation Group for Those Subjects Tested at All Three Data Points

Activity	PARTICIPATION GROUP					
	Active (n=65)			Low-Level (n=665)		
	Min	Max	Median	Min	Max	Median
Alcohol and Drug Module	0	24	5	0	8	0
Prosocial Skills Module	0	7	2	0	2	0
Family Life Education	0	25	4	0	4	0
Entrepreneurship	0	21	8	0	10	0
Tutoring	0	63	9	0	24	0
CHARM/MATURE	0	19	4	0	5	0
Dance	0	32	2	0	30	0
Karate	0	14	0	0	10	0
Job Readiness	0	12	0	0	2	0
Sports Activities	0	16	5	0	11	0
Peer Counselor Activities	0	25	3	0	2	0
Recreational Field Trips	0	21	8	0	8	1
Educational Field Trips	0	23	4	0	11	0

Table 4

Means and Standard Deviations for Participation in Activities Between Baseline and Wave 2 Data Collection by Participation Group for Subjects Tested at all Three Data Points

Activity	PARTICIPATION GROUP				
	Active (n=65) X	SD	Low-Level (n=665) X	SD	t
Alcohol and Drug Module	6.76	7.00	0.37	1.13	5.22***
Prosocial Skills Module	1.94	1.66	0.01	0.09	6.69***
Family Life Education	7.91	7.70	0.60	1.05	5.45***
Entrepreneurship	8.30	6.46	0.18	1.04	7.19***
Tutoring	13.33	14.27	1.60	3.90	4.71***
CHARM/MATURE	5.18	4.78	0.34	0.95	5.79***
Dance	4.45	7.67	1.18	3.84	2.37*
Karate	1.12	3.15	0.37	1.23	1.34
Job Readiness	1.27	3.21	0.14	0.43	2.02
Sports Activities	5.21	3.19	0.69	1.79	7.81***
Peer Counselor Activities	4.48	5.71	0.06	0.27	4.45***
Recreational Field Trips	8.82	4.73	1.41	1.78	8.83***
Educational Field Trips	6.45	5.44	0.72	1.61	5.99***

Note: T-tests were conducted using separate variance estimates due to significant differences between groups on variances.

*p<.05

***p<.001

Outcome Analyses Between Baseline and Wave 2

The next set of analyses examined the differences between the two participation groups and the comparison site youth on pregnancy and reproductive behavior. The first analysis involves the number of youth who either cause or experience a pregnancy between baseline and Wave 2. Table 5 reports the number of youth in each group who had one and two pregnancies within that time period. There were no significant differences between the groups on this variable; although, within the active participant group only two pregnancies occurred as compared to a total of 43 pregnancies that occurred in the other two groups combined. Ten youth in the low-level and comparison site groups experienced more than one pregnancy within that time period. Although not statistically significant, these results are promising enough to encourage continuation of the IHAF program, with its resultant refinement.

Table 5

Number and Percentages of Youth Experiencing or Causing Pregnancies Between Baseline and Wave 2 by Group

Group Participation	Number of Pregnancies		
	0	1	2
Active	37 (94.9%)	2 (5.1%)	0 (0.0%)
Low-Level	189 (91.7%)	13 (6.3%)	4 (1.9%)
Comparison	160 (90.9%)	10 (5.7%)	6 (3.4%).

In the second analysis, a composite variable representing pregnancy risk was the dependent variable. This composite is a multiplicative score combining frequency of sexual intercourse, frequency of birth control use, and adequacy of most frequentlv used form of contraception. The possible range for this variable is 0 to 100. Higher scores indicate greater risk. For those who have never had sexual intercourse, pregnancy risk is scored as 0.

The three groups varied significantly on age, $F(2, 442)=15.91$, $p<.001$. The mean age for the active participation group at the Wave 2 data point was 13.03; for the low-level participation group, mean age was 14.40, and for the comparison group, mean age was 13.33. The groups also varied on sex, $\chi^2(2)=6.52$, $p<.05$ (See Table 6 for a breakdown of subjects by sex and participation group). Age and sex were also related to the composite pregnancy risk variable. Age was correlated .18($p<.001$) with pregnancy risk. Males had an average pregnancy risk score of 15.08 while females had an average score of 7.50. This difference was statistically significant, $t(427)=3.84$, $p<.001$. Because age and sex were related to pregnancy risk and the three groups varied significantly on age and sex, these two variables served as covariates in the analysis. A one-way analysis of covariance was conducted. There were no significant differences between the three groups on pregnancy risk at either baseline or at Wave 2. (See Table 7 for the means standard deviations, and adjusted means).

Table 6

Gender by Group Sample Sizes

Group	Male	Female
Active	20	19
Low-Level	91	127
Comparison	103	87

Table 7

Means, Standard Deviations, and Adjusted Means for Pregnancy Risk at Baseline and Wave 2

Group	Pregnancy Risk Baseline			Pregnancy Risk Wave 2		
	X	SD	Adjusted X	X	SD	Adjusted X
Active	5.10	11.68	6.94	11.37	20.65	12.30
Low-Level	8.92	18.65	7.91	11.51	19.47	10.64
Comparison	8.49	20.08	7.65	10.67	22.33	10.60

Specific reproductive behaviors were examined next through chi-square analyses and analysis of variance. These behaviors included (1) whether or not they had had sexual intercourse, (2) frequency of sexual intercourse, (3) frequency of birth control use and (4) adequacy of contraception. For those who had not had sex at the baseline survey, the number of youth who had had sexual intercourse by the Wave 2 survey was compared across the three groups. For those who first had sexual intercourse in the time period between Baseline and Wave 2, the first time they used contraception was another dependent variable.

The only baseline difference between the groups was on frequency of sexual intercourse, $\chi^2(4)=11.55$, $p<.05$. The active participants who had had sexual intercourse were less likely to report having sex frequently (See Table 8). There were no other baseline difference between the groups on this set of variables.

Table 8

Percentage of Sexually Experienced Subjects Indicating That They Have Sexual Intercourse Never, Sometimes, or Frequently at Baseline

Group	Never	Sometimes	Frequently
Active	71.4%	28.6%	0.0%
Low-Level	54.1%	35.1%	10.8%
Comparison	38.8%	28.6%	32.7%

For the Wave 2 analyses, there was a significant difference between the three groups on whether or not they had had sexual intercourse, $\chi^2(2)=9.08$, $p=.01$. Sixty-one percent (60.5%) of the active participants reported having had sexual intercourse; 55.6% of the low-level participants reported having had sexual intercourse, and 42.1% of the comparison site youth reported having had sexual intercourse. The intervention site youth as compared to the comparison site youth appear to have engaged in sexual intercourse more. There also continued to be a significant difference between the groups on how frequently the sexually active youth reported having sex, $\chi^2(6)=13.44$, $p<.05$. Those youth living in the comparison site were more likely to report having sex frequently (See Table 9). There were no other significant differences between the groups on reproductive behavior.

Table 9

Percentage of Sexually Experienced Subjects Indicating That They Have Sexual Intercourse Never, Sometimes, or Frequently At Wave 2

Group	Never	Sometimes	Frequently
Active	54.5%	31.8%	39.7%
Low-Level	43.2%	39.0%	23.1%
Comparison	39.7%	23.1%	37.2%

For those youth who had not had sex at the Baseline survey, a chi-square analysis was conducted comparing the three groups on how many of these youth reported having had sex by the Wave 2 survey. There was a significant difference between the groups on this range in status, $\chi^2(2)=7.93$, $p<.05$. More of the active participants (51.6%) were likely to report having first had sex between the baseline and the Wave 2 surveys than the low-level participants (39.6%) and the comparison site youth (27.8%). Although it was not a significant difference, there were fewer active participants (17.9%) who reported having had sex at the baseline survey than the low-level participants (34.7%) and the comparison site youth (29.3%). thus, there was a greater opportunity for change among the active participants than the other two groups. This may account for the significant difference in change in status.

For those youth who did engage in first intercourse during the period between baseline and Wave 2, an analysis of variance was conducted with the time period between first intercourse and first use of contraception as the dependent variable. There were no significant differences between the groups on this variable. On average all three groups report using birth control for the first time between 9 and 12 months following first intercourse.

There is an additional evaluation concern made by Reviewer #2 that needs to be addressed separately. Reviewer #2 comments upon the differential attrition that occurred between the baseline data collection and the second wave of data collection. There are several points that need to be made regarding this issue. First the greatest attrition occurred between baseline and Wave 2.

During that period, the program was in its earliest, planning, and developing stages. The attrition that occurred during this time period refers to the data collection sample and not to the active participants in the program. The majority of the subject lost were never involved with the program or had very limited involvement. The majority of the active participants have been followed for the three time periods. Second, the differential attrition occurred in a similar fashion across all the sites. It appears that the same mechanisms that led to attrition applied at both the intervention sites and the comparison sites. Concerns about the generalizability of the results to those youth who could not be followed may apply due to the differential attrition. However, the sample was not a randomly selected sample; therefore, generalizability has always been an issue. The issue of generalizability will apply to any situation in which subjects were not randomly chosen from a population. Caution will be taken when interpreting the results of the evaluation so that over-generalization does not occur.

The more important concern regarding evaluation the effectiveness of the intervention is whether the attrition reduced the comparability of the intervention site youth and the comparison site youth. The results reported in the proposal indicated that there were no interaction effects between site and follow-up group on the dependent variable. These results indicate that the attrition affected the intervention and comparison sites fairly equally. Consequently, the youth who could be followed at the intervention sites are similar to the youth who could be followed at the comparison sites.

Program Issues

There appears to be a misconception that health services are only provided by the nurse/midwife practitioner and the service provider is only working a total of two one-half days. Health services are also provided by male and female medical students. We also have a registered nurse who volunteers one afternoon a week to assist in the clinic coordination. In addition, a full range of services are provided to males by the nurse/midwife. It should not be assumed that the nurse/midwife practitioner would not be able to provide services to males. It is not outside of the norm for young males to seek advise from senior women who are considered informed elders in an African-American community. Ms. Vassal has over 30 years of experience working within the Meharry/Hubbard Hospital health care system. Our referral system is well structured and utilizes the full range of consultative services available at Meharry Medical College.

There was some concern about the number of hours the clinic staff provide services. First, the nurse/midwife works twenty hours per week, not eight hours as suggested by Reviewer #1. Most of the participants attend school during the day and clinic services are available when most needed (after 3:00 pm). The nurse/midwife practitioner is available four days per week. Second, we view clinic staff as a part of the multi- disciplinary team. The clinic coordinator attends staff and organization meetings in addition to client staffings which are held twice per week. Third, as coordinator, the nurse/midwife arranges and coordinates services as needed from the various hospital departments. Fourth, the nurse/midwife practitioner co-leads several sessions within the Family Life Education Module.

It was suggested by one reviewer that door-to-door leafleting was the major

recruitment mechanism. This was a major recruitment strategy by the research team, however, youth are self-referred into the program, referred by parents, peers, other agencies including the schools and Juvenile Court. Currently, the Nashville/Davidson County Juvenile Court is utilizing the program as an alternative to incarceration for first time offenders. IHAF staff alternate on the Nashville/Davidson School Board's Attendance and Review Board and youth are oftentimes flagged for enrollment in the program. Most importantly, many youth have referred their friends to the program. Our older high school participants have frequently asked staff to speak at their high schools about the program and issues surrounding teenage pregnancy. This has served as endorsement by participants.

Finally, it is a misconception that groups are the only mode of service delivery. We do provide individual counseling, as we have from the program conception, and view it as an important component of the program. The case management model requires that each counselor completes at least one individual counseling contact with their designated clients on a monthly basis. Individual counseling is provided on an as needed basis. In addition, when clients require more intensive counseling, counselors work collaboratively with other service providers in providing the necessary continuum of care. However, we are aware that group activities among youth who live in close proximity is an excellent mechanism to address negative peer pressure and more importantly, an arena to practice prosocial skills with peers. With the group emphasis it is necessary for preadolescents and adolescents to participate in a basic Prosocial Skills module in order to develop appropriate, supportive group behavior skills.

We disagree that the "diffuse offering of programs may dilute the effort to focus on adolescent pregnancy prevention" as suggested by Reviewer #1. We believe that teenage pregnancy must be addressed in its broader psychosocial context. Completion of school, employability, the ability to be alcohol and drug free, the ability to handle interpersonal conflict, the value of helping others, and sexual responsibility are all interrelated. Experts such as Joy Dryfoos and the Human Services Secretary's Panel on Teen Pregnancy Prevention all conclude that a multifaceted community approach is needed. As Reviewer #2 indicated, "there has been much rhetoric about he need for comprehensive, early, continuous and individualized interventions for youth, few programs incorporating these characteristics have actually been created. Meharry is correct in arguing that it must have been one of the first." We understand there is a need for a thorough evaluation to refine the program and determine if one needs "to do it all" to make a significant impact in young peoples' lives. We are attempting to find out what works but in our attempt we must address the pertinent problems facing our youth. It costs money to successfully accomplish our mission. With the assistance of the Technical Assistance Team, we now have a set of modules that have been refined and will effectively address the needs of participants. We are now in the position to determine their effectiveness. It will be such a loss if our efforts thus far are now truncated.

During the next two years we would like the opportunity to further determine the program's effectiveness by providing the services that we currently provide with a minimum of 200 participants. The staff will continue to provide group and individual health related services. As with any program that uses a case management approach, this project is labor intensive with a

number of services provided each day (See Appendix A for a copy of January 1992 Monthly Schedule of Activities). Community networking and collaboration will continue, especially with the local school system and youth correctional system. We are currently attempting to be an alternative school placement for young people living in the area. We have a number of participants who have been expelled or are not attending school and would like to be able to provide educational services since there are limited alternative school placements in Nashville.

We agree that adolescent involvement in programming can be enhanced. However, during 1990 an adolescent advisory council was formed and met sporadically during the past two years. When they did convene, they were very helpful and we agree that the youth advisory council needs to be better institutionalized. Outside of the advisory council, youth provide feedback on individual module sessions, program activities, site plans and incentive activities. Youth recommendations are incorporated into the ongoing program planning.

Currently, adolescents are actively involved in the Ujima Board, a disciplinary board composed of adolescents, staff and two community representatives (presidents of the public housing resident associations). Adolescents function as peer reviewers on a monthly rotation.

Volunteer support has been most helpful. As previously indicated, the volunteers have provided tutorial services, **CHARM** and **MATURE** module co-leadership, leadership in special cultural projects, supervision on field trips and recreational leadership. We receive volunteer support from several of the local universities. It was recommended by a reviewer that we establish linkages with other agencies with volunteers. We are a member of a mentoring coalition which attempts to share information on how to attract and maintain mentors for at-risk adolescents. This coalition is headed by the Buddies of Nashville. The dilemma is that these agencies too are struggling to maintain volunteers. The State Department of Mental Health and Retardation Volunteer Coordinator has volunteered to train and assist our public health education intern in formalizing our volunteer program. Currently, volunteers participate in an orientation seminar and additional training as needed, however, our tracking system and volunteer formalized recruitment program needs further development.

In response to the question of why are we considering replicating the program in Memphis and not Nashville, we would like to replicate in other housing developments in Nashville, however, currently, do not have the funding. The Kaiser Corporation has a special project targeting youth and families in North Memphis and there is no adolescent program there currently instituted to deal with issues of adolescent pregnancy. Subsequently, the Kaiser Foundation is interested in the feasibility of a similar program for adolescents in the North Memphis area.

Financial Resources

I have attached a list of our current funding resources (See Appendix B).

The following corporations, foundations and individuals have received proposals requesting support for the **"I Have A Future"** Program:

Metropolitan Life Insurance
Adolph Coors Company
Beatrice Foundation
Buffett Foundation
Clorox Company
Bill and Camilie Cosby
The Harris Foundation
William and Flora Hewlett Foundation
William T. Grant Foundation
The Joyce Foundation
Henry J. Kaiser Family Foundation
Mattell Foundation
North Carolina National Bank
Pew/Rockefeller health of the Public
Public Welfare Foundation
The Skillman Foundation
The Tennessean
Toys R Us Company
UPS Foundation
Whirlpool Foundation

Additionally, the "I Have A Future" Program has been submitted to the Alma Haas Milham Trust for possible support. Meharry Medical College is one of four beneficiaries of this trust.

Currently, we are preparing several proposals for federal funding. First, we are submitting a proposal to the National Institute of Health for the Minority Youth Health Research: The Development and Evaluation of Interventions due May 15, 1992. They are interested in strategies for decreasing unwanted pregnancies, sexually transmitted diseases, violence-related injuries and death among minority youth 10-24 years old. We will also be submitting a proposal to the Department of Health and Human Services Office of Treatment Improvement of ADAMHA. They are interested in funding comprehensive programs for critical populations-adolescents and have funded similar programs in Chicago with a primary emphasis on alcohol and other substance abuse.

We are submitting a proposal to the National Institute of Health Agency for Health Care Policy and Research in March 1992 for a two-year grant for the continuation of the evaluation. The decision will be made within 90 to 120 days of submission.

We are also responding to a request for proposals by the National Institute of Mental Health (NIMH), Perpetrators of Violence Research Program due October 1992. The focus of this grant submission is to conduct an analysis of the conflict resolution strategies and values of adolescents residing in high crime communities. No intervention will be evaluated. A longitudinal analysis of responses to violence exposure, and conflict resolution values and attitudes will be conducted. We will also be submitting a proposal to the Office of Minority Health, African-American Male Initiative this Spring 1992. The major emphasis of this initiative is the evaluation of the implementation of the IHAF Conflict Resolution Module with new IHAF participants and other Nashville community agencies. We are currently contacting the Office of Juvenile Justice and Delinquency Prevention for information about their upcoming request for proposals.

We are hopeful that the State of Tennessee funding for the Parent Empowerment Program and Latchkey Program will continue. However, Tennessee like many other states experienced draconian fiscal constraints. The Pew and Rockefeller Health of the Public Program will have a request for proposals in the spring/early summer and we project that they would be a major source of funding for program replication given their interest in medical schools working in communities.

I hope that we have been able to answer your questions. We believe that we are providing a valuable and difficult service to the community, positively influencing young people's lives and contributing to the small body of knowledge available as to how to intervene in the lives of poor, inner-city youth who are considered at-risk for early pregnancy, alcohol/and other substance abuse, delinquency and school dropouts.

If you have any questions please do not hesitate in contacting me. Gloria, thank you and the Carnegie Corporation for all of your support.

Sincerely,

Lorraine

Lorraine Williams Greene, Ph.D.
IHAF Deputy Director

LWG/ajl

cc: Henry W. Foster, M.D.
Dean, School of Medicine

Washington Hill, M.D.
Chairman, Dept. of OB/GYN