

**Dr. Henry W.
Foster, Jr.**

BOOK III

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

Book III

- S. Malpractice
- T. Meharry Merger
- U. OP EDs
- V. Planned Parenthood
- W. Points of Light
- X. Positive Articles
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MALPRACTICE RECORD

Dr. Foster has been named as a defendant only once in his 38-year career in a malpractice suit. For an obstetrician/gynecologist, this number falls well below the average. On average, obstetrician/gynecologists have had almost three lawsuits filed against them, according to the American College of Obstetricians and Gynecologists. Moreover, nearly eighty per cent of all obstetricians/gynecologists have had at least one lawsuit filed against them.

In the 1984 lawsuit where Dr. Foster was named as a defendant, the defendants included other physicians and Meharry Medical College/Hubbard Hospital. Any claims against Dr. Foster were dismissed without prejudice by agreement of the parties. No money was paid on Dr. Foster's behalf to the plaintiffs. In that case, parents complained that Dr. Foster and the other physicians at Meharry Medical College had negligently delayed performing a caesarean section and had failed to take proper care of an infant who died less than twenty four after being delivered. The case was settled and dismissed by the remaining parties.

For a career in which Dr. Foster has delivered thousands of babies, including many in high-risk situations, this record is remarkable. Obstetrician-gynecologists have been plagued by vulnerability to lawsuits, forcing many family physicians to discontinue obstetrics because of the high cost of liability insurance. As of 1992, over twelve per cent of obstetrician-gynecologists had given obstetrics due to the liability concerns and nearly twenty three per cent had decreased the level of high-risk obstetric care they provide (according to the American College of Obstetricians and Gynecologists). In his teaching and in his commitment to providing quality maternal and child health care to underserved populations, Dr. Foster has served as a role model for those entering his profession.

United States Senate

WASHINGTON, DC 20510-3503

April 27, 1995

John Podesta
Assistant to the President
The White House
Washington, D.C. 20500

Dear John:

In order to fully prepare for the confirmation hearings for Dr. Henry Foster, Jr., nominee for Surgeon General which will begin May 2, 1995, I would be appreciative if you could assist with obtaining supplementary background information. Please provide a written response to the following questions:

- 1) Has Dr. Foster ever been sued for malpractice?
- 2) Has any medical professional corporation or practice to which Dr. Foster belonged ever been named in a malpractice suit?
- 3) Has any doctor affiliated with a medical professional corporation or practice to which Dr. Foster belonged ever been sued for malpractice?

For each lawsuit referred to in numbers 1-3, please provide the following:
- the substance or claim of the lawsuit,
- the date the lawsuit was filed and date it was closed,
- how the case was resolved,
- whether damages were paid, either in court or out of court, and the amount of the damages, and
- any other remedy awarded, or cost or penalty imposed.

- 4) Please provide detailed information relating to any other legal or professional investigations or actions which have been taken against Dr. Foster during the course of his career, including, but not limited to, actions by governmental and professional associations.

Thank you in advance for your time and cooperation. Your prompt response to my request is greatly appreciated.

Very respectfully yours,



Mike DeWine
United State Senator

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THE MEHARRY-METRO GENERAL MERGER

Since its founding in 1876, Meharry Medical College has dedicated itself to providing health care to the poor and underserved and to educating health care professionals who would carry on this tradition. Because of its unique and critical role in American medical education, Meharry has been recognized as a "national resource," and in 1983, President Reagan wrote: "The contributions of Meharry Medical College to the health and welfare of this country over the past one hundred years are immeasurable. You have surmounted obstacles that would have defeated lesser institutions and leaders."

Unfortunately, Meharry's commitment to serving those most in need brought with it tremendous financial insecurity. Due to segregation policies, Meharry's repeated requests for staffing and teaching privileges at the city hospital were rebuffed, and, therefore, Meharry was forced to build and operate its own facility, the George W. Hubbard Hospital. It was not until 1948, when Meharry threatened to close Hubbard, that the city agreed to reimburse Meharry for indigent care. But the city's payments were never adequate, causing Meharry to lose millions of dollars every year in unreimbursed care for its indigent patients. Meharry was in danger of following the lead of dozens of other collapsing health care institutions.

The solution to Meharry's problem of maintaining an inner-city hospital while competing with the city-financed Metro General was clear: the two institutions must merge. The merger would benefit both Meharry and the city. Metro General was an old facility which the city needed to replace. The merger, therefore, would save the taxpayers the cost of building a new hospital, roughly \$100 million. At the same time, Meharry would be relieved of its financial drain associated with caring for Nashville's poor, and it would gain an increased patient volume. Most significantly, this important institution's survival would be ensured.

Meharry proposed the merger to the Nashville city council in 1988: in essence, the city would lease Hubbard from Meharry and Meharry, replacing Vanderbilt's School of Medicine, would staff the merged hospital. Dr. Henry Foster, named Dean of Meharry's School of Medicine and Vice President for Health Services in 1990, worked with then Meharry President Dr. David Satcher to negotiate with the city council and Metro General.

Initially, the city council opposed the merger primarily because it doubted whether Meharry could attract sufficient staff to serve the institution's expanded patient pool. In light of these concerns and at the suggestion of Nashville Mayor Philip Bredesen, the city council would test Meharry's mettle by making final acceptance of the merger contingent on Dr. Foster's recruiting a full faculty of 56 physicians and 18 residents to staff the consolidated hospital. The plan was accepted by the city council in August 1992, and Dr. Foster was given one year to accomplish the task.

Dr. Foster played a key role in every element of the process: communicating with medical school deans throughout the nation and attracting an applicant pool of over 400 physicians,

interviewing candidates, and working to ease the transition of the prospective faculty members and their families. Keeping within the timetable set by the city council, Dr. Foster recruited top-flight physicians from throughout the country and assured the council that the merged hospital would provide the people of Nashville with the high quality of patient care it demanded while preserving the city's resources. The merger marked the first time a public hospital merged with a historically black hospital.

The people most familiar with the merger, attribute the merger's success to Dr. Foster's leadership.

Dr. John Maupin, Meharry's current President, said, "Dr. Foster led that recruitment and brought some outstanding physicians from around the country who were dedicated to the mission of Meharry to serve the underserved. . . Many people didn't believe we would be able to recruit people like that."

Dr. Cleo Carter, a former chief of Obstetrics at Meharry who trained under Dr. Foster, recognized, "Probably without him or somebody with his abilities . . . the merger would have fallen by the wayside."

Henry A. Moses, Meharry's Director of Continuing Education said, "It's unbelievable . . . the people he brought on. It's a tribute to his leadership."

Even opponents of the merger, such as William Willis, a Nashville lawyer and former chairman of Metro General, applauded Dr. Foster's tenacity and negotiating skills.

Largely due to Dr. Foster's leadership and vision, the merger of Meharry and Metro General will succeed, resulting in the establishment of a thriving health services campus pledged to providing the highest quality health care to the citizens of Tennessee. Meharry continues to be a national resource, and the city of Nashville will be more prepared than ever to meet its responsibilities to its poorest citizens.

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From: Dr. Broadus N. Butler

Fax No: 301-431-3066

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This is what I sent to Meg Greenfield

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Attn: Mrs. Meg Greenfield, Washington Post

Fax No: 202-334-5269

From: Dr. Broadus N. Butler *BNB*

Fax No: 301-431-3066

Notes: I hope you will be kind enough to print the attached on your Op-Ed page. Thank you in advance. If you do not receive 3 pages in addition to the cover sheet, please call me at 301-431-0643.

Dr. Broadus N. Butler
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Silver Spring, Maryland 20903

March 4, 1995

Meg Greenfield
Editorial Page Editor
The Washington Post
1150 15th St., N.W.
Washington, D.C. 20071

Dear Ms. Greenfield:

As Chairman of the Ad Hoc Committee assembled in 1972 by President Nixon's Department of Health, Education and Welfare to review the Tuskegee Syphilis Study, I was troubled by your editorial of March 1 raising questions about whether Dr. Henry Foster knew about the study in 1969.

I should say that, in the course of our review, I came across absolutely no evidence that would suggest that Dr. Foster was informed about the facts of the Study before the Study was publicly exposed in 1972. But what concerned me most about your editorial was the lack of context. The Tuskegee Study was a terribly misguided episode in which the federal government's white medical establishment used a group of poor, rural black men as human guinea pigs. It is unfortunate to say the least for the focus of blame to have turned toward a committed black doctor who had nothing to do with it.

I have prepared the enclosed op-ed setting forth my views on this matter and I would ask that you give it your full consideration. Thank you very much.

Sincerely,

Broadus N. Butler
Dr. Broadus N. Butler

op-ed by Dr. Broadus M. Butler

For those of us who live outside the Beltway, it is sobering indeed to keep watching, as if on reruns, the Washington ritual of devouring nominees whose only sin is a willingness to serve their country. The most recent victim is President Clinton's nominee for Surgeon General, Dr. Henry Foster, and the treatment he is getting -- particularly as it regards the infamous Tuskegee Syphilis Study -- may have taken us to a new low.

I am the former President of Dillard University and was Chairman of the Ad Hoc Committee assembled in 1972 by President Nixon's Department of Health, Education and Welfare to review the Tuskegee Study. The notion that the finger of blame for this misguided episode of pseudo-science could now be pointed at Dr. Foster is truly remarkable.

Let us remember what the Tuskegee Study was about. In 1932, the federal government's medical establishment designed a study to deliberately withhold treatment of syphilis from poor black men in Tuskegee, Alabama without their knowledge so the doctors could observe the long-term effects of the disease. Even after penicillin became widely available in the 1950s, these federal doctors continued to withhold treatment.

This wasn't science. There was no adequate protocol for the study, which would have defined its objectives and methodology. It was not a legitimate comparison between treated and untreated men, since the so-called control group was just a group selected from the general population. It was not an experiment by any scientifically defensible definition. Our Panel's firm conclusion was that the study never should have been undertaken in the first place and should have been terminated immediately once penicillin became available for treatment.

But what about the recent claim that the local Tuskegee doctors in the Macon County Medical Society actually approved the study? The truth is that the Macon County Medical Society did approve the study -- in 1932, when the Society was all white.

A serious review of the study and whether it should go forward took place in February 1969, when racial sensitivities had progressed far enough to make the federal government's doctors nervous about what had been and was still being done to a bunch of poor, black sharecroppers in Alabama. But, of course, no doctor from the Macon County Medical Society -- at that point, a mostly black organization -- protested because none was invited to the February 6, 1969 meeting in Atlanta where the larger issues were candidly discussed. Indeed no African-American was invited to that meeting.

Why no member of the local Medical Society was invited to that February 6 meeting -- whose purpose was supposed to be to

fully consider whether or not the study should be continued -- is the real question that ought to be asked. The answer that appears inescapable is that a candid discussion in front of local doctors or any African-Americans was not what the federal medical establishment had in mind. They had understood, at last, that they were staring a public relations disaster in the face and their purpose, at that point, was damage avoidance, not full disclosure to the local doctors. Indeed, I am aware of no evidence to suggest that local Macon County doctors -- at least the African-American doctors -- were made aware of the real facts of the Tuskegee Study until the Study was publicly exposed in 1972.

The bottom line is that this was a garbled, guarded, secretive study by the federal government itself, which local doctors, including Henry Foster, had nothing to do with, did not participate in and, to my knowledge, were not informed about.

The irony of trying to blame Dr. Foster for the travesty that the federal government visited upon Tuskegee is all the more striking when we pause to reflect upon what Dr. Foster was doing in that small town. After serving as a medical officer in the Air Force, he came to Tuskegee in 1964 as the only obstetrician-gynecologist at the John A. Andrew Memorial Hospital. The population was 87% black. The median income was \$2,500. What he did was devote himself to caring for poor, rural women and babies. His caseload was said to number in the hundreds. He delivered countless babies for the poor. He is remembered by the local people as Tuskegee's "baby doctor".

Thus, I find it nothing short of appalling that critics, who, I am confident, have never shown the slightest concern about the well-being of poor southern blacks, are now trying to smear Dr. Foster -- of all people! -- for his alleged insensitivity to the poor black people of Tuskegee. And it is shocking that these reprehensible tactics might actually work.

If we keep up this sort of thing, treating honorable nominees as so much fodder for the latest round of character assassination, our best and most dedicated people are going to stay home. They will simply refuse to submit themselves to a process in which they get treated as co-conspirators and are forced to spend their lives under a cloud of suspicion. That would be a result our nation could ill afford.

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Attn: Mr. John Podesta and Ms. Flo McAfee

Fax No: 202-456-2215

From: Dr. Broadus N. Butler

Fax No: 301-431-3066

Notes: I regret very much that it has taken this long to prepare the attached statement. Even so, it was done in a sense of haste and needs careful grammatical and editorial scrutiny which I will appreciate your kindness to do, considering the potential importance of it with respect to Dr. Foster. I have a printed copy of the final report of the Ad Hoc Panel I chaired and, in a separate Fax, I will send to you a copy of my separate memo dated April 23, 1973 regarding the conduct of the Ad Hoc Panel itself. I will be at home and available for call on tomorrow morning. My telephone number is 301-431-0643.

Please call immediately if all pages are not received.

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

STATEMENT BY DR. BROADUS N. BUTLER IN RE: THE MACON COUNTY
SYPHILIS STUDY OF 1932 1972 AND DR. HENRY W. FOSTER

(As the former Chairman of the Department of Health Education and Welfare Ad Hoc Committee to Study the Tuskegee Syphilis Study, I have a public service responsibility to issue the following statement from my own personal experience with the Ad Hoc Committee to Study the so-called Tuskegee Syphilis Study and the questioning of the integrity of Dr. Henry W. Foster with respect to his knowledge or judgment of it in 1969.)

I strongly support the appointment of Dr. Henry W. Foster for the position of Surgeon General of the United States and am not surprised that he is under vicious attack for making professional judgments and engaging in legal and approved professional practices in the context of their times and with integrity and high public service concern. These are judgments and practices for which the professional integrity of others has been neither questioned nor condemned; and, indeed, some have been acclaimed heroes.

It does not surprise me that the press and conservative politicians are reaching for any straw or innuendo to derogate his character and deprive the nation of his services as Surgeon General. In rapid succession, this has been the fate of too many honorable and distinguished African Americans who have given themselves to the high service of this nation in recent years. But reaching to the so-called Tuskegee Syphilis Study, which was a misnomer, a scientific travesty and a garbled, guarded secretive study by the federal government itself about which even now there is as much misinformation as credible fact is a new low to besmirch the character of an honorable man who had nothing to do with the study which had been arranged at a time and under a circumstance that African American physicians were members of the National Medical Association, but not members of the Macon County Medical Society, and affiliate of the American Medical Association.

I reviewed my copy of the April 23, 1973 *Final Report of the Tuskegee Syphilis Study Ad Hoc Advisory Panel*; and, on page 3 under the heading "Meetings," there is mention of a subcommittee meeting on Charge III at the Holiday Inn—La Guardia Airport on September 22, 1972 apparently before the first recorded Panel meeting at the National Institutes of Health on September 27, 1972. As Chairman, I neither attended nor knew about such a meeting at

La Guardia Airport to the best of my knowledge. My first meeting was on the date of the swearing in of the Panel and its briefing as a whole at HEW in Washington, D.C. and that briefing is not listed in the Final Report as a meeting. Yet that report will be considered the "official" record. It is even the case that all of the meetings, including the date of the final meeting may not be accurate, by the way that the Panel operated.

It does not surprise me also that a meeting took place in 1969 in Macon County which is different from the one reported in the Final Report of the Ad Hoc Panel. On page 10 of that report, there is reference to a meeting of an Ad Hoc Committee to review the Tuskegee Study on February 6, 1969. It listed the participants and resource persons, including the State of Alabama Health Officer, Professors and Department Chairmen from the Medical Schools of the University of Tennessee, University of Pennsylvania, University of Miami, Emory University, a senior member of the technical staff of the Milbank Memorial Fund and members of the National Centers for Disease Control of the U.S. Public Health Service. No African American physician or medical school professor is listed as being present even from the Andrew Memorial Hospital or the Veterans Hospital of Tuskegee, Alabama do I recognize on the list. The other meeting with the Macon County Medical Society is not recorded in the Final Report of the Ad Hoc Panel and probably was not in the information provided the panel by the staff of HEW at that time. Strangely, the February 6, 1969 meeting contains a statement: "At this time it was mentioned that both Macon County Health Department and Tuskegee Institute were cognizant of the Study." There is no verification of that statement provided, and it is contrary to all of the information received by the Ad Hoc Panel I chaired. Moreover, even after its first recommendation read: "This type of study would never be repeated" that same Ad Hoc Committee recommendation number four was that: "More contact should be established between PHS (Public Health Service) and Macon County Health Department and Medical Society so they would cooperate in the continuance of the study." This is typical of the contradictions which permeate all of the history of that study and which indicated the predisposition of the Public Health Service in whatever brief meeting it may have held in that year with the Macon County Medical Society.

It does not surprise me, then, that no one of the Macon County Medical Society members would immediately have protested, since no officer of the Macon County Medical Society is listed as having been invited to the February 6, 1969 meeting where the larger

issues were discussed and a statement representing that organization and Tuskegee institute was made as a part of the report without the presence of a representative of either institution. The question which should be asked is "Why was not a member of the Macon County Medical Society invited to the February 6, 1969 meeting if the purpose of the meeting was to determine whether the study should be continued or terminated?"

If indeed a meeting did take place between the U.S. Public Health Service or the Centers for Disease Control and the Macon County Medical Society in 1969, there probably are as many credible versions of who was in attendance and what was the content of the meeting as there are political, racial, scientific and emotional attitudes about the study itself regardless of the facts. It does not impress me as being worthy of condemnation of the integrity or character of any member of the 1969 Macon County Medical Society as distinguished from the 1932 Macon County Medical Society or that any responsible person would have immediately protested based upon the limited amount and kind of information presented by the U.S. government at that time, or the way that it probably was presented. It was not until the later broader public revelations of the racial, moral and ethical that even the 1969 members of the Macon County Medical Society became aware of those dimensions of the study, and only after high visibility public exposure was the HEW Ad Hoc Panel which I chaired was formed in 1972.

The Panel I chaired for HEW from 1972-73 to study the Syphilis Study actually wound up in disarray and with individuals and factions varying widely in their own interpretations of the incomplete data it had available to it and the failure to further pursue and to receive answers to fundamental questions within the context of the three charges even before it. The Panel did visit Macon County, Alabama for a brief day or so and it visited the Archives of Fisk University to review the report and records of Dr. Charles S. Johnson, former President of Fisk University, Director of the Fisk University Human Relations Institute and distinguished sociologist who had been commissioned by the Medical Director of the Rosenwald Fund to review and evaluate the conditions of Macon County and, presumably, of the syphilis study. The published version of the Johnson report to the Rosenwald Fund was titled *Shadow of the Plantation*. As chairman, I noted that two of the most vocal and presumable authoritative members of the Panel did not visit the Fisk Archives or bother to read Dr. Johnson's observations.

What set the Ad Hoc Panel at odds was the revelation that the syphilis study was not a Tuskegee Study or even exclusively a Macon

County study. It was revealed that one county in each of some eight southern states had been selected and that prominent universities such as Harvard, Yale, Stanford, Michigan, Virginia and even indirectly Howard University professors were engaged in syphilis studies and that a university represented by a prominent member of the Ad Hoc Panel had been engaged in autopsy studies as was those at Macon County attitudes on the Panel about whether the sole focus of the Panel should be upon "Tuskegee" or whether the total scope of the syphilis studies, including other autopsy studies should be examined seriously affected the subsequent performance of the Panel. At least one member of the Panel was both a Medical Doctor and a Professor of Law at Yale and an authority on human experimentation. Yale was mentioned as having conducted autopsy studies. The then Attorney General of Pennsylvania was a member of the Panel and a Professor of the University of Pennsylvania Medical School was listed on the 1969 Ad Hoc Committee. A theologian of Princeton University, the Director of one of the largest venereal disease programs in the nation (that of the City of New York) and a contender for the presidency of the National Medical Association. All of those appeared to have interests which differed from those of the Chair of the Howard University Dental School, the Chair of the National Medical Foundation, Chief Counsel of the National Urban League and the President of the Alabama Labor Council AFL-CIO, all of whom were members of the Panel. Even the chairman of the Panel felt that there was not sufficient, consistent and non-conflicting information across the membership of the committee itself on its last day of meeting to make definitive or opinionated recommendations beyond those required in response to Charges I, II and III which had the unanimous prior concurrence of all of the members and very early in the deliberations. The recommendations with respect to Charge III had to take into account the present interpretation of the ethical standards of "informed consent" and the deeper question of the involvement of human beings at all in certain kinds of studies and experimentation. There was even the fundamental scientific question of the distinction between a longitudinal study such as this one was interpreted to be and a project which can be scientifically defined as an experiment. That distinction remained and is still confused with respect to the Macon County Syphilis Study.

I must say that the integrity of the Panel and the honest differences among the panelists with respect to their knowledge and understanding of the facts made available to them by the Public Health Service can hardly be fairly assessed or portrayed at this time

or in the present context of political rhetoric. Even the rhetoric of the news media and the racial implications inherent in the language of choice in 1972 made it difficult for the Panel members to communicate with each other. I remember distinctly that in the last meeting, I was surprised that the Attorney General of Pennsylvania asked, "What is an ethical question?" I listened, but heard no answer. My own academic field was philosophy, and my area of interest in philosophy was and still is ethics and value language; yet, I volunteered no answer knowing that whatever I would have said would not have been appreciated at that point. There appeared to be at that meeting more interest in public posturing than in concentration on the study itself. I was happy to find the final recommendations were responsibly worded and approved, even though, as chairman, I myself abstained from the voting process because of my dissatisfaction with the way that several members were determined to make a public show in spite of our commitment to report only to the Department of Health Education and Welfare and not directly to the public.

A Panel member or members even had invited the young man who had discovered the body of data on the study at the CDC while employed there and decided to go to Law School with the notion of using the data as a basis for building a later law career. Neither the Chairman had been informed nor had the Panel voted to invite the person, but there was insistence by the member or members that the person be given a stage in the final meeting. That for me was the last straw. I indicated my reluctance to be involved in what I considered to be a violation of my own trust as chairman and indicated that, as chairman, I would report faithfully the recommendations of the Panel, but that I would abstain from the further proceedings of that day.

That wide range of "interests" was inevitable, and it included the reluctance of the chairman to go public with information which had the potential only to further confuse. There were serious questions of the lack of early protocol for the study which would have defined its objectives and methodology, we learned that the study had been reviewed presumably at five year intervals and that the protocol changed in the process. There was no exact scientific interpretation possible for the study since it was not a comparison between a treated and an untreated group of men, and that the so-called control group was just a group of men selected from the general population unrelated to the disease entity in question. It was not an experiment by any scientifically defensible definition, and its results were inconclusive as to the presumed measures by which they were

supposed to have been evaluated. The only firm conclusions by the panel were that the process was seriously flawed, it should not have been undertaken, it should have been concluded at the outset when penicillin became available in the 1950's and that it had a linkage to a prior study, the Burke-Bruusgaard study in Norway from 1890 to 1910 and resumed in 1927 which itself was based on an earlier study of a comparison between untreated Portuguese soldiers and treated British soldiers where the survival rate among the untreated seemed to have been higher among the untreated because of the risks associated with the drugs of choice at that early time as distinguished from the more recent time. Even that connection as a justification for the study was not clear and was not adequately pursued.

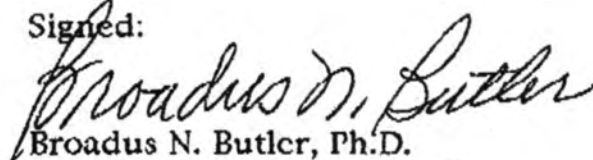
All of this is cited because we are now in a climate of entirely different standards of judgment and of the state of the medical arts and sciences while looking in hindsight upon efforts to undertake studies, however well or ill intended, and to use that hindsight for purely political purposes. This is also a climate of vicious assaults upon respected African Americans, even for things for which the accusers themselves are responsible. They themselves have the controls and exploit the capabilities to distort information and the engineer confusions and doubts to deceive the public at the expense of the character and reputations of perfectly honorable, dedicated and highly competent African Americans, and those considered to be members of all other so-called minority groups and poor. African American women are even distinguished in their minds from women when they use the term "women."

Until we get beyond the present wave of reprehensible connotations, all language will continue to be twisted and distorted and reputations will continue to be destroyed. Perfectly good people will continue to be under such vicious attack that I would not blame them for not offering their services. That in itself is and has been a costly loss to this nation in the underutilization of dedicated and highly competent African Americans and other minority Americans for purely racial and political purposes. Some of the great minds and dedicated potential public servants in our nation refuse to submit themselves to that process which is no less reprehensible and morally indefensible than the so-called Tuskegee Syphilis Study itself, for these honorable persons spend the rest of their lives under suspicion and "study" as though they were the perpetrators of or the willing cooperators in some wrong rather than the victims. Dr. Foster is no exception, he is only one among many who come immediately to my mind.

It is ironic that other researchers who used members of the U. S. military, who used and still use prisoners, who used and still use unsuspecting poor are among our most honored national heroes. That category includes those who developed and persuaded the most humane President of the United States of this century, President Harry S. Truman, to approve and order the use of the most destructive weapon ever used against humankind, the Atomic Bomb. Those researchers are either acclaimed as heroes or protected by anonymity under the vague cover-all of National Security. Still others apparently are still engaged in experiments and studies in violation on the Helsinki Declarations and of the American Medical Association codes as revealed by recent reports from the US. Department of Energy, headed by a distinguished African American as its whose whole Department is now threatened with closure by the same political forces.

Services to the nation which can be credited to the Syphilis Studies as catalysts are the White House Conference on Communicable Diseases of 1937 and the Communicable Disease Act of 1938 which established the Centers for Communicable Disease Control and the present public consciousness of the need to monitor and curb the involvement of our government in the use of human beings in experimentation. If Dr. Foster will provide that service as, indeed, has Secretary of Energy Hazel O'Leary; he, too, even if confirmed, will continue to be under unremitting attack. But he will provide a valuable and needed service to the future of our nation just as she has done.

Signed:



Broadus N. Butler, Ph.D.
Former Chairman, HEW AD
Hoc Panel on the Study of
the Tuskegee Syphilis Study

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Date: 3/1/95

Attn: Mr. John Podesta and Ms. Flo McAfee

Fax No: 202-456-2215

From: Dr. Broadus N. Butler

Fax No: 301-431-3066

Notes: This is a copy of my final letter to Dr. Charles C. Edwards dated April 23, 1973 regarding the breakdown in the Ad Hoc Panel itself over the issue of maintaining its responsibility to report directly to the Assistant Secretary of HEW and not to go public on its own, which it violated.

DILLARD UNIVERSITY

NEW ORLEANS, LOUISIANA 70122

OFFICE OF THE PRESIDENT

April 23, 1973

Dr. Charles C. Edwards
Assistant Secretary for Health and Scientific Affairs
U.S. Department of Health, Education and Welfare
Washington, D.C. 20202

Dear Doctor Edwards:

You will be able to determine from a review of my initial conversations with Dr. Merlin K. DeVal, then Assistant Secretary for Health and Scientific Affairs, and the members of his staff who were assigned the responsibility for the Ad Hoc Advisory Panel on the Tuskegee Syphilis Study that I accepted the chairmanship of that Panel under specific conditions which I hoped and expected would be respected both by the Panel members and by the Department in the interest of achieving as nearly as possible an objective and fair report on the three charges which were placed before the Panel.

I especially requested that the Panel be permitted to do its work in an atmosphere of reasonable detachment from politics and the news media and with a commitment by the panel members that they would respect the fact that their function as prescribed in Section 2(4) of Executive Order 11671 is solely advisory and that the committee should not be used for functions not solely advisory. Secondly, it was expected that the members would accept a commitment to base the Panel reports upon a responsible analysis of the data which would be made available to them on the historical setting; the disease and its treatment history; related studies of the disease at that time, prior to that time and subsequent to the advent of penicillin; and upon such other information as would enable the Panel's reports to be both objectively and responsibly advisory to the Assistant Secretary at a level of maturity above that which was already current in the political and news media arenas.

These conditions were accepted in the initial orientation session and re-confirmed in the first meeting. In addition, a code of protocol and conduct for each panel member with respect both to the handling of the data and documents which members would receive and to abstention from public airing of the issues except through the Office of the Assistant Secretary was accepted by each member as binding for the duration of the tenure of the Panel.



Straight College chartered June 12, 1869; New Orleans University chartered July 8, 1869;

Dillard University chartered June 6, 1930 to succeed to and continue their work.

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Unfortunately, these conditions did not prevail after December 31, 1972; and, indeed, some of them had been violated by one or two panel members themselves even before December 31 while we were operating fully within the context of the original understanding. Subsequent to December 31, my efforts to maintain a semblance of the original conditions of the Panel operations were to no avail. As I predicted, both the character of the Panel behavior and the character of the final report were affected by the change. The position of chairman itself became untenable in the face of the combination of the behaviors of several Panel members and the changed context of interpretation of the conditions under which the work of the Panel was to be done.

I realized that some aspects of this combination may have been unavoidable in view of the provisions of the new Public Information Act, but I also know that it would have been possible to maintain the integrity of the work of the Panel had there been a will to do so. Indeed, I was serving on another Advisory Committee at the same time in which the problems posed by the act were handled without complication and without impairment to the integrity of the work of that committee. I believe that the integrity of the work of this Panel could have been preserved except for the deliberate behaviors by several committee members who saw opportunity in the changed conditions to reinforce the interests of their own personal agendas. To be sure, the recommendations which you will receive as representing the Panel, though well written, will reflect basically their postures which came to dominate the entire Panel.

I should respectfully suggest that there is a serious conflict between the requirements of informed, responsible and detached judgment as a responsibility of such an Advisory Panel as this one and the operation of such a Panel or committee in the public arena. The dilemma warrants re-study if for no less serious reason than that persons who cannot resist the temptation to notoriety and persons who see themselves as functioning in other than advisory roles will always have an advantage over panel members who wish to address themselves either seriously or exclusively to the advisory function.

I withdrew from participation except to remain present in the room during the afternoon session of the final meeting of the Panel on March 28, 1973, because by the interpretation of Mr. Joel Mangel, the Department of H.E.W. Attorney there present, a decision to change that final part of the meeting (which was supposed to be the last opportunity for deliberation and writing of the final recommendations) from closed to open after it had been announced as closed, would constitute a breach of the requirement of prior notice that the session would be open; and, because in spite of this admonition, the Panel not only voted the meeting open, but denied the Chairman the privilege of any response. My withdrawal constituted a de facto resignation from the committee, and I determined then that I would make the resignation formally to you. However, after days of reflection and serious conversations with Dr. Backus, I determined that I was neither appointed nor elected to the Chairmanship by that Panel. While I had no further responsibility to its membership, I did have a responsibility to the Department of Health, Education and Welfare. Hence the present letter.

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It must be noted that the report which you will read as the response to Charge I was prepared by Dr. Jeanne Sinkford after that March 28 meeting. It represents a sincere effort to salvage some sense of respectability in response to the charge while deferring to the conclusions imposed upon her report by the Panel in its final meeting. It also represents her sincere effort to recognize that there were complex historical and medical considerations surrounding the study itself, that there is an absence of specific substantive data on some key questions, and that other data leave too many open questions for Panel judgments to be so conclusory on the moral issues. She was bound by and did report the conclusory judgments of the Panel as they were communicated and adopted in the final meeting. The fact is that the documents contain strong supports for several different moral and scientific judgments. A fair report by the Panel would have exhibited the several possible moral positions reflected in the data itself, including divergent ethical codes as represented in documents which were in our possession for study and deliberation as ethical codes quite apart from the Helinski, Nurenborg and American Medical Association codes. One interesting fact is that the Macon County Medical Society had an Ethics Committee in 1932. The Study was initially approved by that committee as well as by the State of Alabama Health Department. An examination of ethical systems including the criteria used by the Macon County Committee would have been appropriate prior to the summary issue of a moral judgment upon the study itself.

One Panel member was interested to learn whether there is a difference between a moral judgment and an ethical judgment. I was surprised that he asked the question so late, but even more surprised that an answer was not provided, especially in view of the fact that the issue of the summary judgment as a moral judgment upon the study was made very shortly thereafter. There is a very important difference between a moral judgment and an ethical principle. Ethical theory addresses itself to the systematic effort to determine what is good, while moral norms use ethical principles as points of reference for the determination of what is right to do or more specifically what ought to be done. In some cases, and specifically is this recognized in the two religiously based ethical documents governing the practice of medicine in hospitals which were made available to us, what is morally required may conflict with an ethical code. The moral requirement may then be judged to supersede the ethical code under prescribed conditions. On the other hand, it may be judged that an ethical principle is absolute with respect to certain values as being good or bad and that no conduct or behavior is considered to be either morally or ethically justifiable which contravenes those absolute standards. It would have been worthwhile for the Panel to have considered whether any norms are sufficiently absolute or inherent in the American Ethic (explicit or implied) which would provide a specific source of normative address to the Macon County study beyond the still vague standard of informed consent and the hindsight reference to the Helinski and Nurenborg codes. Incidentally, there is no documentation that the doctrine of informed consent had evolved at the time of the initiation of the Macon County study nor that it could

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be made retroactively applicable as a criterion for moral judgment, although it is without doubt that some moral criteria were applicable and were indeed entertained at the time the study was initiated. Nor would the concept of informed consent itself have been adequate to base a moral judgment even after it evolved. For even the strictly religiously based ethical codes recognize specific functional limitations of the concept when it is to be applied as moral doctrine. Nevertheless, we are grateful that Dr. Sinkford made the effort to frame the dilemma and to suggest the need for further study of the question.

With respect to Charge II, the preliminary recommendations were based on humane considerations which recommended in effect that the subject participants, both presumed infected and presumed non-infected persons, be relieved of any further involvement as study subjects. But even this recommendation left open the possibility that further study and analysis of the presently accumulated data and patient records may yield information or results beneficial either to the participants or to society or to both. That set of recommendations did not deny the values which may yet accrue from further study of already accumulated data. Moreover, there was at the time of the submission of the recommendations on Charge II an explicit promise to later document the basis for those recommendations. I regret that the promised full documentation was not produced by that Subcommittee or by the Panel.

One of the main thrusts of the report on Charge III is the recommendation that there be established a National Human Investigation Board to establish policy with respect to the involvement of human beings in the total range of studies not only in the field of medicine, but in the many other fields in which the advancement of knowledge requires the involvement of human beings as objects of study, investigation or experimentation. Even that recommendation did not originate with the Subcommittee as it was already contained in a bill prepared by Senator Hubert H. Humphrey. The recommendation is prima facie good, but my own observation of this Panel of professional persons suggests that even the adoption of such a recommendation should be preceded by studied consideration of a code of conduct and of integrity for the membership of such a Board as well as of the conditions under which such a Board should engage its deliberations. In addition, a determination should be made at some point as to which among the varied and conflicting ethical systems will be given priority as the system of reference for policies. Policies pronounced by such a Board inevitably will be translated into moral norms and standards within which studies, research, and experiments will be required to be conducted; if, indeed, they are permitted to be conducted at all involving human beings as objects of study. Such moral standards must ultimately refer to some ethical system which must serve as the system of common reference. I hope, therefore, that as much attention will be given to the Board membership as to the Board itself and to the prior establishment of both a proper code of personal conduct and a uniformly applicable code of common ethical reference

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which would be binding upon each member individually as a condition of the member's participation on such a Board. This is all the more imperative in the light of the reports about presently existing ethics committees both within and across professional fields.

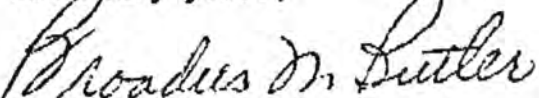
Having said all of these things, I respectfully submit that the three reports are to be interpreted as the Panel reports without personal concurrence on my part or further comment upon them at this time. I wish to reserve judgment, and I will do so until I am satisfied that I can make an informed judgment in good and independent conscience. I am not prepared to do that at the present time.

At an earlier time, I recommended to Dr. Backus and to Dr. Cohart that the valuable mass of data and documents so diligently assembled, systematized and coded by the staff be made available in toto to selected archival libraries and through them to serious scholars in the hope that some future more studied attention to them may bring forth a better and more comprehensive analysis than the Panel was able to produce. One thing is clear: a better and more definitive analysis of that total complex which is presently over-simplified as the Tuskegee Syphilis Study is still needed. I hope that some future effort by some scholar or scholars under more concentrated and objective circumstances may produce a better result. Would that we had a man of the gift of the late Dr. Charles S. Johnson who made the original study titled Shadow of the Plantation.

The accumulated and systematized present data which could serve as the basis for such a future effort may well be the best single contribution associated with the existence of this Panel. I hope that future attention to these and other data now known to be available for serious study may produce that better understanding which eluded the Panel.

In spite of the unfortunate turn of events in the final weeks of the Panel tenure, it was a genuine pleasure to work with Dr. Robert C. Backus, Dr. Paul Cohart, Mrs. Jacqueline Eagle, Mrs. Bernice M. Lee, Mr. Robert Rowles, Mr. James Morant, and Attorney Joel Mangel of the U.S. Department of H.E.W. Washington staff; Dr. David Sencer, Mr. William C. Watson, Jr., and Mr. Franklin Miller of the Communicable Disease Center in Atlanta. All of them gave an extraordinary measure of themselves to the full and fair execution of their responsibilities to the Panel. I wish also to thank those members of the Panel who tried in good faith to fulfill their responsibilities in the face of the difficult and changing circumstances of the operation of the Panel.

Sincerely yours,



Broadus N. Butler, Ph.D.
Chairman, Tuskegee Syphilis Study
Ad Hoc Advisory Panel

BNB:db

cc: Dr. Robert C. Backus



FAX TRANSMISSION

U.S. Department of Health and Human Services
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COMMENTS:

John - Here is the
Gaylin - Rosenfield op-ed
on sterilization, and related
fax cover sheets.

We're checking to see if Meg

200 Independence Avenue, S.W., HHH Bldg., Room 638-E, Washington, D.C. 20201

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WILLARD GAYLIN

PAGE 04

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Judging Other People's Ethics

With friends like his, Dr. Henry Foster, Surgeon General-designate, needs no enemies. Certainly not one as imposing as Charles Krauthammer. Dr. Krauthammer is not only a distinguished and respected journalist, but also a physician with an acknowledged interest in, and sensitivity to, moral problems in medicine.

In response to the revelation that in 1974 Dr. Foster had performed a "small number" of sterilizations on severely retarded women (four seems to be the number), Krauthammer posed the question (in the February 17th issue of this paper) of whether it was "ethical to perform surgery and permanently sterilize women in no position to give consent." Krauthammer, the ethicist, raised precisely the right question. Unfortunately--wanting specific information of the nature of those times--he came to an uncharacteristically simplistic judgment.

Medical ethics in this the most individualistic of all modern cultures has been "autonomy" driven. Informed consent is at the heart of our medical ethics. With the seriously mentally impaired, however, consent itself can be immoral, if not impossible. One would not allow a significantly impaired individual to sign away her fortune and her security. Nor by the same token should she be allowed to make major decisions that infringe on her health and survival. Whether she is to be subjected to an amputation, a coronary bypass or a sterilization procedure will all be decided by others. In the case of the mentally impaired (whether a product of genes, development, mental illness, brain trauma, or senility) we will be forced to violate a cardinal principle of medical ethics. We will abrogate her authority to decide for herself, assigning this right to others: the family or institutions of society and the state.

Sterilization procedures have traditionally aroused anxiety and distrust, particularly in the aftermath of World War II. The horror of Nazi "eugenics" and the complicity of German doctors in the racial experiments of the Third Reich offended the morality of the entire decent world and dominated the sensibilities of medical and behavioral scientists. So strong was the fear of eugenics that even authentic research in genetic influences on behavior was viewed with distrust. As distinguished a biologist as E.O. Wilson was assaulted by some of his colleagues as a fascist for daring to present the data that has since built his reputation as one of the great and humane scientists of our day.

In the 1970s, however, there emerged a counter-trend. The civil rights movement had become a model for all other disenfranchised populations, including the handicapped. Consumer advocacy groups were being formed. The rights of the mentally retarded were freshly reasserted by organizations formed to defend them. They questioned even the definition of mental retardation: the level of impairment at which individuals ought or ought not be labelled, ought or ought not be granted

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WILLARD GAYLIN

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autonomous rights. Mainstreaming was the order of the day. Even such hitherto unthought of extremes as permanent sterilization for the retarded were now being cast in terms of beneficence and the rights of the individual. It would offer them an opportunity to participate in the new sexual freedom, unfettered by fears of pregnancies and child-rearing which they might not be able to manage. Health and custodial problems had always been justifying arguments with the severely retarded.

That which was morally correct and incorrect had hardly been settled by 1973 when Dr. Foster performed his operations (nor for that matter is it, today). Quite the contrary. The law was confused, the philosophical community was divided, and the medical community was uncertain. Even the advocacy groups of the mentally retarded were in dispute and disarray. So great was the confusion, so unsettled the proper moral decision in 1976 that a grant was given by the National Science Foundation to the Hastings Center (a nonpartisan, nondoctrinaire research institute concerned with society, ethics and the life sciences), to convene a group of scholars and advocates across the field in order to help sort out the moral contradictions in this complex area with their sticky problem.

The nature of the ethical discourse is too extended to be encompassed in their article (those interested may inspect the book MENTAL RETARDATION AND STERILIZATION; A PROBLEM OF COMPETENCY AND PATERNALISM, Macklin and Gaylin) but a number of variables obviously would determine moral justification for sterilization procedures. Who initiated it, the government or the individual's family? If the government, what section: the punitive branch of the Justice Department in a criminal case or some paternalistic --- although not necessarily more to be trusted -- institution of mental care?

Also, what is done to an individual to serve her interest is judged by different standards from that which is done to her in the interest of her family; other like individuals; the institution; or the state. Moral dilemmas exist under all these conditions, although the proper resolutions may be entirely different.

In that debate a distinguished liberal philosopher argued that sterilization of the mentally retarded, would be morally mandated if it would "enhance their position in the moral community" by facilitating their living together at home or in small communities outside of traditional institutions. We do not have to accept that argument, then or now, but what is clear to those of us who were privy to those arguments is that the moral question was not settled then, as it is probably not settled now.

Obstetrician/gynecologists are called upon in the performance of their professional duties to help their patients and their families to make difficult decisions, and it is their duty to supply the necessary medical services. It is, therefore, particularly unjust to equate a doctor who performs sterilization procedures for therapeutic reasons -- even if you feel he is

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WILLARD GAYLIN

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misguided -- with doctors who participated in radiation experiments on unconsenting, unsuspecting subjects during the cold war years, let alone, the obscene Nazi camp experiments. Krauthammer argued that "sterilization of the mentally infirm is a morally problematic procedure", with that we heartily concur. But it is clearly immoral (nothing problematic here) to impugn the ethical character of Dr. Henry Foster on the basis of the sterilization procedures he has performed or -- equally unfair -- on the abortions he has performed. People of good will and good heart are entitled to differing views on emotionally charged social issues (in-vitro fertilization, assisted suicide, organ transplants, genetic engineering, or, for that matter, divorce, capital punishment and gun control) without being demonized. For the Senate to form a judgment on Dr. Foster's character on the basis of his having performed such procedures would be indefensible and indecent.

Willard Gaylin, M.D.
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**Columbia University School of Public Health**

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(INCLUDING THIS PAGE)

MESSAGE:

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FGB. 21

TO: MEG GREENFIELD

I hope you like this and can use it.
If not would you kindly notify me
(W.G.) as soon as a decision is made.

For queries or editing contact
me at above number.

For I.D. Purposes

Dr. Gaylin is Professor of Psychiatry at
Columbia U. and co-founder of The Hastings
Center

Dr. Rosenfield is Delamater Professor and Dean
Columbia School of Public Health

GUEST EDITORIAL SUBMITTED BY JERRY CRAWFORD

95 FEB 23 A 9:13

Dr. Henry Foster Jr. should be confirmed as Surgeon General. Regardless of the outcome, however, President Clinton is already a winner for making the decision to stand behind his nominee.

Three reasons compel Dr. Foster's confirmation.

First, Dr. Foster (and his nomination) are NOT about abortion. If it were I would not, as a person with pro-life views, support it. Any objective review of Dr. Foster's career makes it clear that he abhors abortion and believes that it should be rare in America. Strident abortion rights activists have done Dr. Foster no favor with their shrill effort to turn his nomination into an abortion debate.

Second, Dr. Foster's nomination IS about life. Foster has spent his lengthy and distinguished medical career celebrating life: The lives of mothers; the lives of countless thousands of babies he has brought into the world; and, perhaps most importantly, the quality of life of teenage women he has worked to preserve by working to prevent teenage pregnancy.

How has Dr. Foster attempted to prevent teenage pregnancy? By encouraging abstinence; a position that has earned him the opposition of groups who prefer condom distribution by the schools.

Third, Dr. Foster is a proven leader in public health education. Is this the assertion of a partisan Democrat? No. It was the conclusion of President George Bush in awarding Dr. Foster one of the "thousand points of light" award for his creation and leadership of the "I Have a Future" program. "I Have a Future" is Dr. Foster's effort to teach personal responsibility and self esteem in poor black neighborhoods of his community by teaching the value of work and education and productivity. These are the very goals that have been championed by many prominent Republican leaders including Jack Kemp. This is what Dr. Foster's career has been about - NOT abortion.

President Clinton's decision to stand strong for the Foster nomination breathes new wind into his presidential sails.

President Clinton has often been characterized as too willing to compromise and back away from a fight. The decision to stand by Foster shows a firm resolve.

The President occupies the crucial political center with his support of Foster. Some left-leaning Democratic Senators have shown their re-election paranoia by whining about being forced to vote on a "controversial" nominee (never mind his qualifications). White House Chief of Staff Leon Panetta says "God Forbid!" a senator should have to take a controversial stand. (Panetta appears to be steering a steadier course at the White House).

But the real opportunity in the President's solidarity with his nominee comes from one prominent Republican presidential candidate after another elbowing their way to the extreme right in an effort to prove themselves "most worthy" of the support of the

leadership of the Christian Coalition. I believe both the would-be Republican Presidents AND the leadership of the Christian Coalition are out of step with their constituencies. How many American citizens who view themselves as supportive of "family values" are going to feel anything other than respect and admiration for a black man who pulled himself up by his bootstraps and was the only African American in his deep south medical school over forty years ago? Who has been married to the same woman for thirty-five years? Who has won the thousand points of light award from President Bush? Who has preached abstinence and avoidance of teenage pregnancy? Whose entire career is about work ethic and personal responsibility?

President Clinton finds himself anchored in the political center. He should now fight like hell. First for Dr. Foster, and second, to keep his Republican challengers anchored far to his right.

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Jerry Crawford is a Des Moines Attorney who recently served as Chairman of the "NO Commonwealth Committee".

612 words.

Issues Raised in Nickles OpEd
(2/15/95 - "The Hill")

In his OpEd, Senator Don Nickles of Oklahoma asks the President or Henry Foster to withdraw his nomination. He believes that Dr. Foster "has trouble with the truth". Here are the three issues that trouble him:

Credibility

3 different estimates of the number of abortions performed

- initially told administration officials that he performed just one
- then he issued a statement saying, "As a private practicing physician, I believe that I performed fewer than a dozen pregnancy terminations."
- Later on "Nightline," he said that he had performed 39 abortions in 38 years of practice.

-Two days later the AP reports the clinical trials story - 55 abortions of the 60 studied.

-Nickles believes that there are still unanswered questions about the transcript from HEW's ethics advisory Board.

Nickles: "At first, the administration suggested the transcripts were counterfeit, that Dr. Foster may not have attended the meeting and that the statement may have been made by a different Dr. Foster. They have since conceded that the transcripts are genuine, but the nominee categorically denies having made the statement, despite official government transcripts to the contrary."

Accreditation

-According to Nickles: "Foster has also had trouble with the truth in discussing his records as an administrator at Meharry Medical College."

-Foster: "I maintained an accredited residence program for 17 years." (Nightline)

-The Washington Times reported that the obstetrics residency program lost accreditation in 1990 when Foster was department chair.

-USA Today reports that two other Meharry medical residency programs - pediatrics and surgery - also lost accreditation when Foster was the Dean of the medical college.

Sterilization

-WH confirmed that Foster had been involved in sterilizing mentally retarded during the 60's and 70's.

Clinton should withdraw Foster's nomination

By Sen. Don Nickles

Over the past week, a firestorm has erupted over President Clinton's nomination of Henry W. Foster as surgeon general of the United States. I believe that the president erred when he chose Dr. Foster as surgeon general and I believe that the president should withdraw his nomination immediately.

President Clinton has said that the only people who are fighting this nomination are those who oppose abortion. He is wrong. I oppose abortion, but I believe the nomination should be withdrawn because of the nominee's lack of credibility. Dr. Foster has shown he has trouble with the truth.

In the space of less than a week, Dr. Foster has given three different estimates of the numbers of abortions he's performed. Initially, he told administration officials that he'd performed just one abortion. Then, he issued a statement that said, "As a private practicing physician, I believe that I performed fewer than a dozen pregnancy terminations." Later on ABC's "Nightline," Dr. Foster recanted his earlier estimates and provided a new estimate of the number of abortions he's performed: "39 of those cases in 38 years in practice."

But two days later, the Associated Press reported Dr. Foster had performed an undetermined number of abortions prior to 1973 — abortions that are not included in the 39 abortions he admitted to having performed on "Nightline." Dr. Foster also does not count abortions performed on women who participated in clinical trials of an experimental drug. Dr. Foster was chief investigator for those trials in which the drug successfully induced abortions in 55 of the 60 pregnant women who participated. Four others had to undergo surgical abortions, and one carried her baby to term. Nor does the "Nightline" statement square with records of Dr. Foster's earlier statements about abortions. In 1978, Dr. Foster was a member of HEW's Ethics Advisory Board. Transcripts of one meeting of the board indicate the Dr. Foster made the following statement: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."

At first, the administration suggested the transcripts were counterfeit, that Dr. Foster may not have attended the meeting and that the statement may have been made by a different Dr. Foster. They have since conceded that the transcripts are genuine, but the nominee categorically denies having made the statement, despite official government transcripts to the contrary.

The nominee has trouble with the truth

Despite three separate estimates supplied by the nominee, we still do not know how many abortions Dr. Foster has performed. Dr. Foster has also had trouble with the truth in discussing his records as an administrator at Meharry Medical College. On "Nightline" Foster said, "We have a responsibility in training residents to maintain our accreditation. Very difficult job. I maintained an accredited residence program for 17 years." But The Washington Times later reported the obstetrics residency program lost accreditation in 1990 when Foster was department chair. That accreditation, the article says, has not been recovered, meaning that Meharry Medical College cannot place students in hospital residency programs in obstetrics.

There's more to that story. Dr. Foster became Dean of Meharry Medical College later in 1990. The following year, according to USA Today, two other medical residency programs at Meharry also lost accreditation: pediatrics and surgery. This raises further questions about Dr. Foster's credibility. On "Nightline" he presented himself as someone who had maintained accreditation of Meharry's obstetrics residency program. But he neglected to mention that he was department chairman when that accreditation was lost.

Still another chapter to this story was added this weekend when the White House confirmed that Dr. Foster had been involved in sterilizing mentally retarded women during the 60s and the 70s. This nomination should not go forward. I have never met Dr. Foster. I am told that he is a good physician, and I am sure that is true. He evidently has done a great deal throughout his medical career to help the poor and disadvantaged. I compliment him on his record of public service. But I cannot support his confirmation as surgeon general because he has trouble with the truth.

Dr. Foster or President Clinton should withdraw this nomination immediately.

Don Nickles is a senator from Oklahoma.

Mailbox

AOC cutbacks called unfair

To the Editor:

Back before working for your government was a crime for which penalties had to be paid, such as arbitrarily mandated unemployment or underemployment, thousands of workers served the Congress of the United States, Democrats and Republicans, with the Architect of the Capitol.

As The Hill reported on Feb. 8, hundreds of those employees, who are people, not just numbers, face the wreckage of their lives through no fault of their own. People with families, mortgages, car notes, children in school and college. Tax-paying citizens who believed in the value of work over the dole, who contributed to the government rather than taking away from it. Heads of house-

holds, some of whom would be on the welfare rolls except for their AOC employment.

And, for the many AOC employees who have suffered the indignity of racism and discrimination over the years, there looms the ultimate indignity of unemployment, or employment at less than a living wage.

Work with dignity has heretofore been the American way. We castigate those who do not work. Where is the fairness in taking away jobs from those who do want to work? There must be a more humane way to reduce government employment that is bloated than this present policy of pillage.

Sincerely,
Solomon Landers
Assistant Night Superintendent
House Office Buildings
Architect of the Capitol

Clinton Presidential Records Digital Records Marker

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PLANNED PARENTHOOD

Planned Parenthood is a health care organization which manages nearly 1,000 health centers in 49 states and the District of Columbia. Planned Parenthood serves four million women and men each year, making it the nation's largest provider of comprehensive reproductive health care, including breast examinations, PAP tests, testing and treatment for sexually transmitted diseases, infertility services, birth control methods and counseling, and comprehensive sexuality education. Dr. Foster has served on local and national Planned Parenthood boards since 1974.

Planned Parenthood and Dr. Foster share the mission of resolving our nation's most troubling health crises by providing effective solutions which focus on prevention and responsibility. Throughout his career, Dr. Foster has been a driving force in the prevention of teen pregnancy and a leader in the field of public health. The highly effective, "I Have a Future" program, which Dr. Foster developed, stresses sexual responsibility, self-control, education, and job skills and provides positive alternatives to having children. Similarly, Planned Parenthood's medical and educational services help prevent nearly half a million unintended pregnancies each year.

Although Dr. Foster does not advocate abortion as a substitute for family planning, he supports Planned Parenthood's efforts to provide abortion services when a woman chooses to have the legal, constitutionally-protected procedure. Dr. Foster has repeatedly voiced his concern that all women have access to reproductive health care, including abortion. He also has supported Planned Parenthood's efforts to secure the passage of the Freedom of Access to Clinic Entrances Act, legislation designed to protect patients and staff at women's health care centers.

While Dr. Foster was a member of the organization's Board of Directors, the Nashville affiliate filed a lawsuit challenging a Tennessee law requiring parental notice before a teenage girl could obtain an abortion. Dr. Foster has sought to involve parents in their children's decisions to obtain contraceptive or abortion services and strongly believes that parents should be involved in these decisions. He has worked to limit the number of abortions performed on teenagers by promoting abstinence and alternatives to having children through programs such as the "I Have a Future" program. Dr. Foster realizes, however, that some young women cannot notify their parents, because they come from homes where physical violence or emotional abuse is prevalent or because their pregnancy is the result of incest. Dr. Foster opposed the Tennessee law because it required parental notice for a minor seeking abortion with no exception for minors from abusive homes and no bypass mechanism as required by the United States Supreme Court.

To prevent unwanted pregnancies and to provide alternatives to sexual activity, Dr. Foster looks primarily to parents and families. He encourages parents to educate their children about sexuality and reproductive health and to promote the need to postpone premature sexual activity. Dr. Foster also realizes that schools may play an important role in the process and advocates developing age-appropriate educational programs which promote abstinence and which prepare teenagers for responsible sexual involvement as adults.



Planned Parenthood
OF MIDDLE TENNESSEE
HEALTH SERVICES

95 White Bridge Road, Ste. 312
Nashville, Tennessee 37205
615-353-0755 Administration
615-356-5326 Education
615-356-6616 Fax

4/14/95

TO: Dr. Henry Foster

FR: Shelby Tabeling *ST*
Associate Executive Director

*95 White Bridge Rd.
312
Nash; 37215*

RE: Malpractice Suit Against Planned Parenthood of
Middle Tennessee

Dr. Peter Cartwright suggested that we alert you to the renewed interest in the suit currently under litigation against PPMT referred to in the Sunday, April 9, 1995 edition of the New York Times.

We know your attention during the time when the incident occurred and the suit filed was consumed by the merger of Meharry and General Hospitals. I am forwarding information about the suit both to you and to Todd Stern in John Podesta's office so that we may be prepared in case you are asked about it at any time.

We have talked with the attorney handling the case, Steven Heard, who advised that any response should be primarily limited to "I cannot discuss the affiliate's pending litigation." and "Planned Parenthood looks forward to having the matter resolved in court." If you would like to contact Mr. Heard, he may be reached at Heard, Estes and Donnell (615-244-6538). Please let us know if we can be of further help.

On another note, we have continued to work hard behind the scenes and have just completed the video, which is a fine testimony to you and your accomplishments. Janet Lubow, our Board member in charge of the project, will send you a copy when it is finalized at the end of the week. Next week PPFA will be distributing it in Washington as a video postcard from Tennesseans.

All the best, especially in the next few weeks - do know there are thousands who stand behind you.

→ 1 million!

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Peter Cartwright, M.D.

Girl, 14, given abortion she didn't want, suit charges

FROM PAGE 1B

she finally had an abortion, "despite [her] repeated statements" that she did not want to go through with it, the lawsuit said.

The lawsuit charged that Planned Parenthood violated a Tennessee statute requiring that a minor's parents or legal guardian be given two days' notice before an abortion is performed.

Davidson County Circuit Judge Hamilton Gayden affirmed the parental notification requirement when Planned Parenthood challenged parts of the Tennessee abortion statute in 1992.

But Gayden said the parental notification rule could be waived if a minor's life or health — including "emotional and psychological factors" — would be endangered by delaying an abortion.

Smotherman sued Planned Parenthood of Middle Tennessee; its local medical director, Dr. Peter

Cartwright, who performed the abortion; and Planned Parenthood Federation of America Inc. for \$3.5 million in compensatory and \$12 million in punitive damages.

Elena Love, director of Planned Parenthood of Middle Tennessee, said yesterday that she had not received a copy of the lawsuit and could not comment on it.

Love refused to comment on Sandy Millikan's involvement in the case, or to confirm that Millikan still works for Planned Parenthood of Middle Tennessee.

Neither Sandy nor Jason Millikan could be reached yesterday for comment on the lawsuit.

The lawsuit was prepared by attorneys Theodore H. Amshoff Jr. of Louisville, Ky., who specializes in abortion malpractice litigation, and J. Thomas Smith Jr. of Franklin.

Smaller

ar welcome

January 28, 1994

Nashville Banner 1/28/94

23rd 27th

Apartment fire s; no one hurt

fighters said, it began in apartment L-101. Fire officials were still investigating the cause.

"I think it started in the apartment beside us," Armstrong said. "Smoke was coming through the kitchen ceiling. My husband grabbed the fire extinguisher, but what do you spray?"

"We never saw flames, but the smoke kept coming out of the roof."

The fire was "sneaky," Hudson said, not sending flames through the walls or roof, but hiding and burning.

"At first, we thought we had it confined in a closet area," Hudson said. "We had a problem with it. There was a lot of fire in the concealed spaces between apartments."

When the nature of the fire became apparent, Hudson called in more equipment, eventually filling the parking lot with more than 10 firefighting units.

Teen forced to have abortion; suit

By Toni Dew
Banner Staff Writer

A Rutherford County woman's \$15.5 million lawsuit against Planned Parenthood of Middle Tennessee alleges that a teen-age relative was forced to have an abortion against her will.

The suit filed Wednesday in Davidson County Circuit Court alleges Planned Parenthood officials violated state law by failing to notify the teen's legal guardian concerning the abortion.

Clara Smotherman's suit also alleges officials broke the law by pressuring the girl into the abortion and by performing the procedure without her consent.

Shelby Tabling, an official with Planned Parenthood, said of the suit: "We've not seen it, so really, until we see it, we really can't comment."

J. Thomas Smith, the Franklin attorney representing the plaintiff, also refused comment on the case.

According to the lawsuit, the girl's stepfather murdered her biological mother and then committed suicide after sexu-

ally abusing the girl's sister.

In 1990, the girl's biological father killed himself after the girl refused to live with him.

At that point, the girl went to live with the plaintiff.

In January 1993, the girl learned she was pregnant and told her boyfriend of one year, who took her to Planned Parenthood for a pregnancy test.

The test indicated she was 11 to 12 weeks pregnant.

"At that time, she told (Planned Parenthood) that she did not want to have the abortion," the suit states.

After that visit, her boyfriend called her "every night urging her to get an abortion during which he repeatedly threatened to commit suicide if she did not have an abortion," the suit states.

The suit alleges the boy's mother, an employee of Planned Parenthood, told the girl she was "not thinking of the best interests of her son" and that her refusal to have an abortion "would impair her and (her boyfriend's) prospects of future edu-

cation."

On Jan. 25, 1993, the boyfriend again took the girl to Planned Parenthood, where she talked to another counselor.

But again the girl said she didn't want to have an abortion, the suit states.

Two days later, her boyfriend again took her to Planned Parenthood, where the suit alleges clinic officials performed an abortion on her without her consent.

In February 1993, the girl's relative learned the girl had had an abortion after meeting with school officials concerning her repeated absences.

By Feb. 10, 1993, the girl "became increasingly depressed and suicidal," so she was admitted to Tennessee Christian Medical Center until March 9, 1993.

After being discharged from the hospital, "disruptions in the family relations" prompted her to be placed in temporary custody of the Department of Human Services.

The girl visits her family but still does not live with them, her attorney said.

open new \$1M chapel to public



RELIGION
Frances Mc...

She says women of the church are planning an event soon of "food, fun and entertainment" for homeless women and their children in keeping with the 1994 focus of women's work, which is to aid the homeless.

Heralds sing

The acclaimed Heralds Quartet will perform at Madison Campus Seventh-day Adventist Church, 319 Hospital Drive in Madison, at 7 Monday.

will be a big-screen television, and members are asked to bring containers of soup to be served at 5 p.m. A worship service will follow.

■ Lincoya Hills Baptist Church will host a "Super Bowl Spectacular" at 5 p.m. at Donelson Station Center. A highlight will be the showing of a video in which National Football League players share their Christian testimonies.

Food is free, but reservations must be made by calling 883-7111.

■ First Baptist Church, Frank- will hold "Super



Kids Kids Kids

STUDENT MODEL SEARCH

The World Famous Barbizon School of Modeling is looking for new faces, KIDS Ages 5 yrs and up to train for Music Videos, Movies, Commercials and Print!!!

Audition and interviews by appointment only.

ment fire

bles, and fled.
ere on the scene for nearly three
to District Chief Charles Hudson.
two ladder trucks responded.
"orse," he said.
and only two apartments
amaged. Four others were dam-
nd water, Hudson said.
concealed in the crawl space,
through the building, he said.
d pulled ceilings down from the
" he said. "And we were pretty
ig that."
ne fire is under investigation. ■



Rick Musacchio ● Staff

Firefighters battle the airport-area blaze at Hidden Valley Apartments. They pulled down ceilings to reach the fire, which raced through the building's crawl space.



Ricky Rogers ● Staff
se on Cross Plains Road
tle.

the county's control, county
ry officials are also helping
the seeds of population
recently concluded a study
ed to determine what the
needs to attract more indus-
the area.
study — co-sponsored by
Central Bell and the Tennes-
to PAGE 2B, Column 1

2/28/94 Tennessee Girl given abortion she didn't want, suit charges Family accuses boy, mother of pressure

By KIRK LOGGINS
Staff Writer

A woman has charged that her 14-year-old granddaughter was pressured to have an abortion by her boyfriend and his mother, who works as a counselor for Planned Parenthood of Middle Tennessee.
The girl, now 15, became depressed and suicidal two weeks after having an abortion at Planned Parenthood's clinic here last Jan. 27, her grandmother, Clara Smotherman of La Vergne, said in a lawsuit filed Wednesday in Davidson County Circuit Court.
The girl, Charity Edmonds, is now in the custody of the Tennessee Department of Human Services and is living in an unnamed DHS group home, according to the suit.
It blamed the girl's subsequent psychological problems, including "increasing alcohol and drug abuse," on the abortion.
Smotherman charged that Planned Parenthood officials performed the abortion without considering the girl's psychological history — including the suicides of

her mother, stepfather and father — and her boyfriend's threats of suicide if she did not have an abortion.
Smotherman said in the lawsuit that her granddaughter's boyfriend, Jason Millikan, then 17, drove Edmonds to a Planned Parenthood clinic on Jan. 19, 1993, for a pregnancy test. The test showed that Edmonds was 11-12 weeks pregnant, according to the lawsuit.
Millikan called Edmonds every night for the next week, urging her to have an abortion and threatening to kill himself if she did not do so, Smotherman said in the lawsuit.
Millikan's mother, Sandy Millikan, who works as a Planned Parenthood counselor, told Edmonds that her refusal to abort the fetus "would impair her and Jason's prospects of future education," Smotherman said in the lawsuit.
Jason Millikan drove Edmonds to Planned Parenthood's main Nashville clinic, at 211 21st Ave. S., on Jan. 25 and Jan. 27, 1993, where
♦ Turn to PAGE 2B, Column 2



-8095.
Tommy Gold-
-8095; Robert
-8090; Dwight
7, 259-8090;
3093.

MIDSTATE

Brace yourself. Another blast of cold air is headed for Middle Tennessee. But it won't be nearly as cold as last week's single-digit lows. The National Weather Service is predicting snow late Saturday and early Sunday, but it's too soon to guess at accumulation. "It's looking pretty likely....," said Ralph Troutman, a weather service specialist. Temperatures are expected to drop from the 50s this morning to the 40s this afternoon and close to freezing tonight.
— LINDA A. MOORE

RUTHERFORD

He still needs support. Sgt. Lee Winnett of the Murfreesboro Police Department is battling soft-cell sarcoma, a cancer that destroys the body's soft tissues, with experimental medical treatments. The Rutherford County NAACP is sponsoring a fund-raiser to offset Winnett's medical bills beginning at 10 a.m. tomorrow at the Patterson Center Pavilion, 604 E. Castle St. Hot dogs, hamburgers, fish sandwiches and cold drinks will be sold. For information, call 895-8555.
— JENNIFER GOODE

Anti-Abortion Move: Malpractice Suits

By TAMAR LEWIN

PHOENIX — Dr. Brian Finkel, whose practice consists mostly of performing abortions, sounds matter of fact when he talks about the bullet-proof window in his office, the bullet-proof vest and helmet he wears walking to his car, the guns he carries, the years of demonstrations outside his office and the threats he has received.

But he sounds thoroughly outraged — and, in his own bluff way, hurt — when he gets on to the subject of John Joseph Jakubczyk, general counsel to Arizona Right to Life, and the newest anti-abortion strategy:

A New Weapon In an Old War

A special report.

malpractice suits against the doctors who perform abortions.

"John Jakubczyk is a lawyer, an officer of the court, who has abused his professional power to harass me and intimidate my patients," Dr. Finkel said. "The suits he filed against me have dirtied my name. They have made me uninsurable for most insurance carriers. They made me pay legal fees to defend myself. I

am committed to providing women with a service they need, but I have begun to wonder if it's worth it. You get hit about the head with a two-by-four long enough and you finally say ouch, that hurts."

While abortion-malpractice law suits are a new phenomenon in much of the country, they are almost routine for Mr. Jakubczyk, who has filed nine of them in the last decade. Besides two against Dr. Finkel, Mr. Jakubczyk has also filed malpractice claims against the local Planned Parenthood affiliate, the A-Z Women

Continued on Page 14, Column 1

NY Times National

Sunday 4/9/95

14

New Tactic on Abortion: Malpractice Accusation

Continued From Page 1

en's Center, a doctor at Abortion Services of Phoenix, a doctor at the Family Planning Institute.

So far, Mr. Jakubczyk has had little success. He lost the only case that went to trial. Most have been dismissed or withdrawn. And in one case against Dr. Finkel, the judge thought the charges so flimsy that he fined Mr. Jakubczyk for filing a frivolous suit, but the fine was later overturned by an appeals court.

"The problem is, even if they lose, they win," said Dr. Finkel, who has faced six abortion malpractice suits, some filed by other lawyers than Mr. Jakubczyk, which were all dismissed. "Whatever happens in court, they've had the press conference, and I've been damaged. I'm paying \$25,000 a year for insurance now, and I'm not allowed to practice out of state, all because of this developing art form of legal misconduct."

In response to Dr. Finkel's complaint, the Arizona bar is investigating whether Mr. Jakubczyk's lawsuits violate ethical standards.

Like any other surgery, abortion carries its risks. And there is nothing new about an occasional malpractice suit when a doctor's bad care has caused severe injury or death.

What is new is the number of abortion malpractice suits now being filed — and who is filing them. Increasingly, lawyers associated with anti-abortion groups, rather than malpractice specialists, are seeking out claims against doctors who do abortions.

According to J. Thomas Smith, a partner in a new law firm devoted to abortion malpractice, only 86 abortion-malpractice verdicts have been issued in the last 10 years. While no one knows how many current cases will end in verdicts, Life Dynamics Inc., an anti-abortion group in Denton, Tex., that is encouraging such suits, says it is involved in 80 cases:

Pamela Maraldo, president of Planned Parenthood Federation of America. "Where there is malpractice, where a bad doctor is injuring women — of course we want that stopped. But in the current war-zone climate of bombings and shootings at abortion clinics, with the active campaigns to threaten doctors who perform abortions, I can't believe these lawsuits are aimed at protecting women. I believe they are part of an overall strategy to take away women's right to choose."

In a 1992 anti-abortion manual, Mr. Crutcher urged support for abortion malpractice suits "to protect women, but also to force abortionists out of business by driving up their insurance rates."

But the lawyers who handle abortion-malpractice cases — Mr. Crutcher is not a lawyer — say filing lawsuits to harass doctors would be an abuse of the courts. They say they are filing the cases not as anti-abortion advocates, but simply as advocates for injured women.

And, they say, they have a strong incentive to avoid frivolous claims, or harassment suits, since the cases are handled on a contingency basis, with the lawyers getting paid only if they win money for their clients.

"I bring cases only where there was a failure to meet the standard of care, and a woman was injured as a result," said Mr. Jakubczyk, who spoke at the Life Dynamics seminar. "For every woman for whom I file a claim, there are many more I tell that no matter how bad their abortion left them feeling, they don't have a case. People see me as John Jakubczyk, pro-life advocate. But in these cases, I'm just John Jakubczyk, representing a woman."

Ted Amshoff, a Louisville, Ky., a partner in Swendsen, Amshoff, who would not discuss his personal views on abortion, calling them irrelevant to his legal work, said some of the women he represents had found



Photographs by Jeff Topping for The New York Times

John Joseph Jakubczyk, general counsel to Arizona Right to Life, who has filed nine suits against abortion doctors in the past decade.

women who have chosen abortions to lawyers who oppose them, who must then argue to the jury that the women should not be judged harshly for having an abortion.

And malpractice litigation has created some strange alliances. Dr. Warren Hern of Boulder, Colo., has for years been a prime target of the anti-abortion movement, both because he is an outspoken advocate of abortion rights and because he performs late abortions.

But Dr. Hern, who wrote the most widely used textbook on abortion, supports many malpractice claims.

"There's a lot of bad medicine being practiced out there in the name of choice," said Dr. Hern, who estimates that lawyers interested in filing abortion-malpractice suits now account for about 5 percent of the sales of his textbook. "I testified in an Oregon case against a doctor who really did not do well by a patient. As a society, I think we've been in denial about the risks of abortion, both because of ideology, and because of economics. There are a lot of respectable doctors doing a lousy job. It's not a sin to have a complication, but it is a sin if you have not tried to prevent it. And it's a very serious sin if you abandon it."

kill myself.' She wanted the baby had already chosen a name. But she got pulled into having an abortion. Within a week she was admitted to the emergency room, crying uncontrollably. She's been in psychiatric care for more than a year now."

Planned Parenthood said it could not discuss the case while it was pending, but disputes the the lawsuit's account. And mental health experts say any girl who lost both parents so brutally might have emotional problems, abortion or no.

Mr. Smith said that, for him, abortion malpractice is both a legal specialty and a ministry.

"A great many women are injured by abortion, but in the past, very few have filed suit," Mr. Smith said. "So as a lawyer I see it as potentially a very lucrative specialty. And as a byproduct, it's a form of ministry. I've been working with this little 15-year old for a year, and it's a way of ministering to the second victims of abortion, the women who've been damaged."

The religious overlap was plain in a prayer request Mr. Smith made to Operation Prayer Storm, a group he describes as "a loose coalition of 2 ministries seeking revival and a end to abortion."

Legal Advice

A Wide Variety Of Services



PHOTOCOPY PRESERVATION

Legal Advice

A Wide Variety Of Services

Many new cases go beyond traditional malpractice claims. Life Dynamics, which attracted 125 people to Dallas for a two-day seminar last year on abortion malpractice, has provided much of the impetus and legal research for expanding the kinds of cases brought against doctors who do abortions.

For example, it offers research and expert witnesses on post-abortion trauma who say women often suffer the same kind of long-term psychological problems after abortions as soldiers do after wars, a concept that was examined and rejected by both former Surgeon General C. Everett Koop and the American Psychological Association.

Life Dynamics advises lawyers to consider charging doctors with battery if the woman's formal consent can be challenged.

In a mass mailing to doctors, Life Dynamics advised them to tell women of studies tying abortions to a higher risk of breast cancer and asked them to refer any patients who have had an abortion and are now diagnosed with breast cancer to Life Dynamics for "inclusion in a proposed class-action lawsuit."

Mark Crutcher, the president of Life Dynamics, said his group had more than 600 lawyers in its "Ab-mal" network, 40 percent of whom, he said, support abortion rights. The network offers lawyers ads soliciting clients ("Don't be a victim for the rest of your life"), expert witnesses, courses to teach women how to testify effectively, dossiers on abortion doctors and even a loan of the medical instruments used in abortion for lawyers to use in showing a jury what was done.

"There are more women than we ever dreamed of getting killed, raped, assaulted and severely injured by abortionists," Mr. Crutcher said. "We've got over 2,500 examples now."

Life Dynamics is not the only group encouraging these suits. In Pensacola, Fla., Mike Conroy says his organization, Legal Action for Women, gets about 10 calls a day on its toll-free line, 1-800-U-CAN-SUE, from women who say they have been injured by an abortion.

Mr. Conroy's group, like Life Dynamics, refers women to lawyers who will handle such cases, and both groups provide materials to hand out to women leaving abortion clinics.

Last year, several lawyers from different states established a firm, Swendsen, Amshoff, Donovan & Smith, to handle abortion malpractice work. Ted Amshoff, of Louisville, Ky., said the firm had 20 open cases, including 4 in which women died as a result of abortions.



Dr. Brian Finkel outside his office in Phoenix. He does abortions and has been accused of malpractice by an anti-abortion lawyer.

other lawyers unwilling to handle their cases for fear that they would be seen as opposing abortion.

"I would think it would be a meeting ground for both sides to try to identify doctors who are not providing good care to women," said Mr. Amshoff, who has served as counsel to Kentucky Right to Life. "If this office alone has four death cases, and others where a hysterectomy and colostomy were needed, there's something wrong."

No Man's Land

Personal Dilemmas Over Abortion

In the bitterly divisive landscape of abortion, there is a no man's land, occupied by women who oppose abortion on moral or religious grounds, but nonetheless choose it when they find themselves pregnant. Anti-abortion groups, doctors and abortion-rights groups alike say those women are most likely to sue.

The whole malpractice issue turns abortion politics on its head, sending

and because of economics. There are a lot of respectable doctors doing a lousy job. It's not a sin to have a complication, but it is a sin if you have not tried to prevent it. And it's a very serious sin if you abandon it."

Even with the best care, Dr. Hern and others said, 5 to 10 percent of first-trimester abortions are incomplete, leaving behind a few grams of tissue, or even the whole fetal sac. More rarely, abortion causes perforation of the uterus, hemorrhage or infection. Without proper follow-up care, such complications can cause serious injury.

Grounds to Sue

Lawsuits Focus On Emotions

Some anti-abortion lawyers are now filing claims based more on emotional than physical injuries. In one Phoenix case, for example, Mr. Jakubczyk charges that Dr. Joel Bettigole performed an abortion on a patient who did not want one.

"From her point of view, she went in, mixed up and confused, and didn't get any real counseling," Mr. Jakubczyk said. "From her point of view, she changed her mind, and withdrew her consent. She began to cry and scream, and they told her to shut up or she'd scare the other girls."

Dr. Bettigole would not discuss the case because it is in litigation.

"All I can say is that it never happened," he said. "I don't remember this particular patient, but I know it never happened because I have never treated any patient like that."

While that case and others like a pending Tennessee case against Planned Parenthood raise the question of valid consent, they are largely based on claims for emotional injuries and post-abortion trauma.

The Tennessee case involves a 15-year-old who became pregnant by the son of a Planned Parenthood official.

"The girl's mother had been shot and killed by her stepfather, and her grandmother got custody of her," said Mr. Smith, the Swendsen, Amshoff lawyer handling the case. "Her dad said come live with him or he would kill himself. She said she couldn't and he did kill himself. Four months later, she got pregnant, and the boy said, 'Have an abortion or I'll

damaged."

The religious overlap was plain in a prayer request Mr. Smith made to Operation Prayer Storm, a group he describes as "a loose coalition of 2 ministries seeking revival and a end to abortion."

Last April, Operation Prayer Storm sent out to those on its mailing list requests to pray for students who want prayer at school graduations to stop the Federal Government from mandating "religion free" workplaces and for Swendsen, Amshoff to "get revelation of ALL information they need in each abortion malpractice case."

"They request we PRAY for GOD to raise up HIS strong plaintiff(s) to stop the deception in the abortion clinics," it said.

Swendsen, Amshoff lawyers have appeared on the evangelist Pat Robertson's television show, the 70 Club, in a segment that also featured a Life Dynamics ad.

Just who provides the money for the abortion-malpractice campaign of Life Dynamics remains a mystery. Mr. Crutcher, 47, said his organization depended on donations. He would not identify any donors, but said some had gave more than \$100,000. He said the group spent more than \$1 million last year to support a staff of seven and a steady barrage of mass mailings.

Mr. Crutcher said Life Dynamics would not take a share of the court awards in any cases it helps to prepare.

If the Phoenix experience is any guide, the new abortion-malpractice suits will take a toll, even on doctors who are not found to have committed malpractice and on their insurers.

"In the mid-80's, when John Jakubczyk was head of Right to Life here, we were one of the abortion clinics targeted to be closed down," said Constance Bennett, the former executive director of the Family Practice Institute. "It was like being under siege. Demonstrators hatched the roof, they Super Glue'd the doors shut, they broke in and chained themselves to the tables. We were burglarized. I got death threats, and my dog was drowned in the pool."

"In the middle of all that, John Jakubczyk filed his first abortion-malpractice case, against one of our doctors, for a perforated uterus. The doctor was investigated and exonerated, but the insurance company paid about \$5,000 to settle."

By all accounts, that is the only money Mr. Jakubczyk has ever recovered in these cases.

Motives

Legal Harassment Or Honest Claims?



Clinton Presidential Records Digital Records Marker

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THE WHITE HOUSE
WASHINGTON

May 2, 1995

MEMORANDUM FOR HON. CHRISTOPHER DODD
JOHN PODESTA

FROM: RICK ALLEN RA

SUBJECT: PAST REPUBLICAN HONORS FOR DR. FOSTER

Attached are excerpts from the January 1993 *President's Report to the Nation: The Points of Light Movement* which magnifies the importance of the Points of Light winners (Dr. Foster's "I Have a Future" program was awardee no. 404). I have marked especially juicy quotes.

The daily Points of Light awards were selected by the White House (Office of National Service) and announced with great pomp and press outreach. We do not have access to the press releases from this period (I believe that the Bush Library has them), but the attached indicates the interest in holding winners up as exemplars of the types of efforts that President Bush believed would revitalize America.

The booklet from whence these excerpts came was one of the last acts of the Bush Presidency. Thus, just two years ago, the head of the Republican Party was telling the nation that Dr. Foster's organization and efforts were "the soul of America...what is best in our heritage", and describing "America's mission" in the 21st Century to be "the multiplication and magnification" of such efforts. Now, the same party would extinguish this Point of Light.

Hope this helps.

The Points of Light Movement



The President's Report
to the Nation

January 1993



THE WHITE HOUSE
WASHINGTON

January 8, 1993

This is my report to the Nation on the Points of Light movement. It outlines the movement's purpose, its national strategy, the accomplishments of the last four years, and the challenges of the years to come.

Points of Light are the soul of America. They are ordinary people who reach beyond themselves to touch the lives of those in need, bringing hope and opportunity, care and friendship. By giving so generously of themselves, these remarkable individuals show us not only what is best in our heritage but what all of us are called to become.

During the last four years, much energy has been devoted to encouraging, supporting, enlarging, and multiplying Points of Light. I am convinced that the efforts of Points of Light are the source of our country's greatness. They are the promise of America's future.

Ly Burt

Introduction

"It is increasingly clear to more and more Americans that our greatest social problems will only be solved by the active engagement of millions of individuals and tens of thousands of groups and institutions who have never been involved in these problems, and who will never be compensated one nickel for their work."

*President Bush
June 4, 1990*

From his first day in office, President Bush devoted very special attention to voluntary community service as a means of helping to solve some of America's most serious social problems. He was the first President in history to establish a White House office exclusively charged with this work, and none of his predecessors had engaged the "bully pulpit" so fully on the subject. His leadership resulted in the creation of the Points of Light Foundation, the Commission on National and Community Service, and the National Center for Community Risk Management and Insurance, as well as in the recognition of thousands of volunteers whose stories were shared widely as examples for others. Indeed, between 1989 and 1993, the Points of Light movement became a defining mission of the Bush Administration.

This level of Presidential attention did not create the vast scale of voluntary service that has always been a part of American life, but has built upon it. Indeed, it is Points of Light themselves -- ordinary Americans from all walks of life taking direct and consequential voluntary action in their communities to solve serious social problems -- who are the power of the movement and the hope of the Nation. The President has focused great attention on these individuals and organizations, both to honor them for their tremendous work and to call the nation to join them and multiply their efforts.

Re-inventing Communities

"Look at these Points of Light for themselves. But also try to imagine something more. Imagine if all of them... moved to one community. What would happen? In a few weeks that place would be utterly transformed....[It] would become a 'community of light.'"

*President Bush
September 30, 1991*

Imagine what America would be like if every American was a Point of Light. Imagine if all Americans applied their unique talents, and if every business, group, and organization used its distinctive capabilities to help solve our serious social problems.

- Imagine if every American claimed society's serious social problems as his or her own and made community service a part of their daily pattern of living, using his or her unique gifts to raise up another in need; if every family made community service a regular family activity and reached out to another family in need, offering guidance, support, and love; and if every community had a local volunteer center which promoted voluntary service and linked those who wanted to serve with service opportunities.

Three Engines

No one who cares about solving our most serious social problems can ignore the critical role that government action must play. But nearly everyone also realizes that the problems we face in our communities exceed the capacity of government alone to solve them. Indeed, even if the government did everything it could, it would not be enough. Lack of sufficient funds is not the only reason government can not solve all our problems. Some problems are inherently resistant to government programs, regardless of the level of funding. In fact, what many Americans need is not another program, but a set of meaningful relationships that helps them see that their future is not limited by their present circumstances.

A strong, growing economy that provides opportunity to all citizens is the best social program of all, yet it, too, is insufficient. It can not mend broken families, provide role models for young people, or build communities where neighbors know and help one another.

We will solve our most serious social problems only when we apply the full measure of our resources to those problems. Although government action and economic growth are essential engines of progress, America is much larger than either of them. America's forward movement has always been in large part the result of an infinite number of individuals and groups working voluntarily in communities to solve our problems.

On Inauguration Day 1989, the Wall Street Journal commented that President Bush believes that "all the established institutions of a society bear as much moral legitimacy and responsibility for civil progress as the state." Community action, engaged in by every group, business and organization, is our third great engine of progress. Within every business, school, place of worship, association, or other group, many kinds of action can be taken to solve our most serious social problems. These are the forces that the Points of Light movement has sought to mobilize fully.

The Mission

The mission of the Points of Light movement has been to bring what is already working in communities to a scale that solves our most critical social problems. To accomplish this mission, each individual, business, group, and organization must play a direct and consequential role in community problem-solving. The capabilities of communities must be awakened, mobilized, and channeled to overwhelm the multiple problems of individuals in need.

Nearly every American and nearly every business, group, and organization has an innate desire to help. As we enter the new century, the multiplication and magnification of "Points of Light" across the nation must be America's mission.

Assessing America's Strengths

America does not come to this task unprepared. Many of the elements needed to solve serious social problems are already in place; others only require an infusion of leadership and the addition of helping hands to be effective. We possess real strengths we can build upon in a concerted fashion to achieve the scale needed to overwhelm our problems with effective solutions.

Appendix E — Daily Points of Light for the Nation

President Bush recognized the first Daily Point of Light for the Nation on November 22, 1989, in Memphis, Tennessee. He has continued this recognition throughout his Presidency, naming the final Daily Point of Light - number 1,020 - on January 20, 1993.

Although there is no precedent for the White House administering a daily recognition program of any kind, the President has used this story-telling process to define what he meant by the phrase, "Points of Light." Daily Points of Light also have made a critical contribution to the movement's national strategy:

- Changing attitudes, by establishing a drumbeat of news about the volume and types of voluntary service in America.

By developing a large assortment of groups and individuals engaged in such a wide variety of activities, the President also has been able to paint a picture of what any community might look like if all the Points of Light lived there. In such a place, a "Community of Light," lives would be transformed and serious social problems would be overwhelmed by solutions.

- Identifying "what works" in communities, by sharing stories about successful programs so that those efforts could be multiplied and tried elsewhere.
- Discovering new leaders in community service, by highlighting the remarkable stories of men and women from all walks of life who have claimed the problems of their community as their own.

The White House has never used the Daily Point of Light recognition to develop a hierarchy of the best service programs in America. Tens of thousands of groups and individuals across the country engage in work similar to that of Daily Point of Light recipients which is of enormous benefit to the nation and to their communities. In fact, the Daily Point of Light stories are intended not only to honor those recognized but to represent all efforts and to remind all Americans of the heroic actions of volunteers everywhere. Note

Daily Point of Light nominations have come from a variety of sources, but the bulk have come to the President by mail from the general public. Daily Points of Light have been designated strictly based on the merit of the volunteers' effort to solve serious social problems, never on the basis of who nominated or endorsed the group or on the basis of an individual's political affiliations or beliefs.

Before being forwarded to the President for approval and after thorough research, nominations determined to be particularly outstanding have been reviewed by a committee within the White House Office of National Service. Members of the committee have maintained anonymity to avoid outside pressure and lobbying of any kind.

The committee has used the following criteria to consider Daily Point of Light nominations:

- Volunteers engaged in hands-on, direct and consequential service.
- Work focused on solving a serious social problem in the community.
- Initiative replicable by others with similar resources.
- Initiative in place at least one year.
- Systemic work. In other words, an effort that actually solves a problem, rather than merely alleviates it. For example, many soup kitchens do wonderful work by feeding those who are homeless and hungry; the Daily Point of Light committee, however, has sought programs that combine that kind of work with job training, personal counseling, and other activities that transform lives, empower individuals, and offer hope for the future.

Daily Points of Light are found in all 50 states, the District of Columbia, and Puerto Rico. They represent Americans of all backgrounds, ages, and beliefs, working in a variety of ways to help those in need. While each of their stories is unique, they share a commitment to making a difference in the lives of others.

1. **The Memphis Commercial Appeal, Memphis, TN**
Wednesday, November 22, 1989

The Memphis Commercial Appeal, a Tennessee newspaper, answered the President's call on media institutions to recognize volunteers in their community.

On July 2, 1989, The Memphis Commercial Appeal began a series highlighting citizens who have made community service a central part of their lives. The series, entitled "A Thousand Points of Light," reflected the President's conviction that from now on in to you America, any definition of a successful life must include serving others."

As the rain streamed down on a chilly Thanksgiving Eve, President Bush addressed a crowd in front of The Commercial Appeal building. He congratulated the newspaper and its honorees, referring to them as "great American success stories."

President Bush closed his speech by announcing The Memphis Commercial Appeal as The Memphis Commercial his first "Daily Point of Light."

2. **William and Sandra Hale, Oklahoma City, OK**
Monday, November 27, 1989

The Hales, a doctor and nurse team, both afflicted with multiple sclerosis, operate a free medical clinic. For 15 years, the clinic has been located at the Baptist Mission Center in the crumbling neighborhood of Packingtown. Economically disadvantaged people live there out of necessity; Dr. and Mrs. Hale work there out of choice.

The all-volunteer clinic, open two nights a week, has treated nearly 43,000 indigent people since it opened. It consists of a network of medical specialists to whom patients are referred for free treatment. After finding a crumpled prescription outside the mission one night and realizing the patients could not afford medicine, the Hales arranged for donations from local pharmacies, doctors, and hospitals.

3. **Richard Andrew McDonough, Phoenix, AZ**
Tuesday, November 28, 1989

Richard McDonough founded Hotels/Motels in Partnership eight years ago, when he was only 22 years old. This program matches people in need of emergency shelter with hotels willing to donate empty rooms.

Hotels/Motels in Partnership has grown to include over 700 hotels nationwide. Each participating establishment commits a specific number of nights or provides lodging as needed. A local social service agency screens people and places them in participating hotels. More than 15,000 homeless families, disaster victims, battered individuals, and others in need have received free lodging.

Each day, the unit travels to a different location, where the volunteers provide medical examinations and perform simple procedures. They visit homeless shelters, migrant camps, homes and jails for juvenile offenders, and low-income schools. While waiting to see a doctor, the patients watch videos on AIDS prevention, dental care, substance abuse, and health tips.

404. "I Have A Future," Nashville, TN
Friday, March 15, 1991

"I Have A Future," an initiative of the Department of Obstetrics and Gynecology at the Meharry Medical College, an historically black college, addresses the issues which cause teen pregnancy, substance abuse, violence, and unemployment. Founded in 1987, "I Have A Future" is located in two municipal housing developments, serving the young residents, ages 10 - 17. More than 200 students from local community colleges and Meharry Medical College volunteer to work with the young people. They provide health screening and offer weekly classes on decision making, problem solving, conflict resolution, violence prevention techniques, resume writing, and nutrition.

405. Upsilon Eta Chapter of Phi Theta Kappa Honor Society, Jacksonville, FL
Saturday, March 16, 1991

The members of the Upsilon Eta Chapter, located at Florida Community College, believe that serving their college campus and its host community is an integral part of a well-rounded education.

Since 1969, the members of the Upsilon Eta Chapter have offered their knowledge and motivation to the community, helping with a variety of community service efforts. Some volunteers provide respite care to families with children who have spina bifida. They complete CPR and child care training to care for the children properly. Other volunteers offer informal peer counseling to the young people who live at a residential shelter for runaways, while others coordinate food and clothing drives.

406. Salt Lake Community Shelter and Resource Center, Salt Lake City, UT
Monday, March 19, 1991

The Salt Lake Community Shelter and Resource Center, a program of Travelers Aid, provides shelter and support services to men, women, and families who are homeless, serving over 300 individuals daily. More than 160 volunteers plan and participate in shelter activities and offer classes which teach skills needed to live independently.

Founded in 1988, the shelter consists of a medical clinic, a one-room school, an employment center, offices for counseling and crisis intervention, showers, and laundry facilities. Volunteers from the University of Utah serve as mentors for those seeking employment, teaching them interviewing skills and resume writing. Law students offer legal assistance, while nursing students provide health and nutrition workshops.

407. Love Yourself Foundation, Santa Barbara, CA
Tuesday, March 19, 1991

The Love Yourself Foundation gives special understanding and care to patients who are battling serious illnesses. The foundation was established in 1985 by Karen Fox, who felt compelled to support seriously ill patients after recovering from cancer herself.

Ms. Fox and 80 volunteers visit acute care, rehabilitation, and convalescent hospitals dressed as fictional characters to serve as non-threatening, anonymous friends to whom the patients may talk freely about their concerns and fears. The volunteers are trained in counseling those who are ill, enabling them to better interact with patients.

408. Alison Marcelle DeMarco, Rochester, NY
Wednesday, March 20, 1991

Ms. DeMarco, 18, has been volunteering since the age of 13, showing extraordinary maturity and exceptional commitment to helping others.

At a young age, Ms. DeMarco realized some of the difficulties experienced by her peers and the need to address these issues. She began volunteering for TAPSS (Teenage Parent Support System), a support program for teenage parents, where she offers a young person's perspective on good parenting and communicating effectively. Ms. DeMarco also visits an elderly individual on a weekly basis, and she has organized a "buddy" system for a community hospital, matching student volunteers to patients.

409. Project V.A.L. (Volunteers for Adult Literacy), Bozeman, MT
Thursday, March 21, 1991

Project V.A.L., a state-wide program coordinated through the Center for Community School Development at Montana State University, assists individuals who want to improve their reading and writing skills.

Founded in 1987, Project V.A.L. provides tutoring at 14 sites around the state. To date, over 1,000 tutors have been trained and matched with adult students. They meet twice a week for at least six months for one-to-one tutoring sessions. Project V.A.L. has recently expanded to teach literacy skills to individuals of all ages.

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OPEN FORUM

The Strategy of Foster's Foes

By Kate Michelman

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

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

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

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

There are chilling indications that their strategy is succeeding. The horrifying escalation of anti-choice violence and terrorism — the stalkings, arson, bombings, shootings and murders — are already deterring doctors from performing abortion services.

HEALTH



At the same time, fewer and fewer doctors are being trained to perform the procedure. A survey by the National Abortion and Reproductive Rights League released last month found that the number of abortion providers declined in 45 states from 1982 to 1992. Today in America, 84 percent of counties have no abortion provider.

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

Foster has been subjected to an anti-choice litmus test that is aimed at preventing doctors from holding public office if they provide the full range of reproductive health care to women. If anti-choice lawmakers defeat

Foster, they will succeed in sending a chilling message to every medical student and doctor who considers providing abortion services.

If the radical right truly wanted to lower the number of abortions, they should join — not pillory — Foster's efforts to address the millions of unintended pregnancies that occur each year, a crisis as pressing as any facing the nation today.

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

Listening to the frenzy created by anti-choice leaders, it would be easy to forget that abortion is legal in the United States. This is no "nanny-gate." Foster broke no laws nor stretched any ethical bounds. Rather, he faithfully fulfilled his responsibility to his patients.

As surgeon general, Foster can be expected to bring his considerable experience to bear on some of the most pressing public-health issues of our time. He deserves to be evaluated based on his entire body of work, not denied this position because opponents of choice will consider nothing but one small part of his record.

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

Kate Michelman is president of the National Abortion and Reproductive Rights Action League in Washington.

San Francisco Chronicle 2/14/95

P. A19

The Miami Herald

MONDAY, FEBRUARY 13, 1995 P. 15A

Foster is right for the job

Kate Michelman is president of the National Abortion and Reproductive Rights Action League.

JUST HOURS after President Clinton nominated Dr. Henry W. Foster Jr. to serve as surgeon general, leaders of the radical right declared war on the new nominee. Yet he is a man who has dedicated his life to developing innovative and effective ways to address some of our nation's most pressing problems: combating teen pregnancy and helping inner-city youth stay off drugs, delay sex, and build self-esteem. He has also provided essential health care to women, bringing an estimated 10,000 babies into the world.



KATE MICHELMAN

None of this matters to the radical right, which is attempting to brand Foster with a modern-day "scarlet letter."

The number of abortions that Foster performed should not matter. Like most

obstetricians and gynecologists, he has provided his patients with a full range of reproductive health care. His mistake was in trying to estimate the number of abortions that he performed — a clumsy mistake that somebody more familiar with the politics of the volatile issue would be unlikely to make. Because his estimate was not perfect, enemies of women's right to choose now claim cause to question his veracity.

They're using Foster as a pawn in a campaign to ostracize, isolate, and demonize doctors who provide a legal medical service; it is a campaign designed to drive doctors out of the field and to make abortion unavailable in this country.

Unfortunately, there are chilling indications that this strategy is succeeding: The horrifying escalation of anti-choice violence and terrorism — stalkings, arson, bombings, shootings, murders — is already deterring doctors from performing abortions. At the same time, fewer doctors are being trained to perform the procedure.

A National Abortion and Reproductive Rights Action League survey released last month found that the num-

ber of abortion providers declined between 1982 and 1992 in 45 states. Today, 84 percent of the counties in America have no abortion provider. Compounding the access problem, anti-choice lawmakers in statehouses across the country are trying to enact onerous new restrictions. The long-term consequence could be that desperate women will once again risk their lives obtaining unsafe abortions.

Foster is being subjected to an anti-choice litmus test, clearly aimed at preventing any physician who offers women a full range of reproductive health care from holding public office. If anti-choice senators defeat Foster's nomination, they will send a chilling message to every medical student and doctor in the country.

In truth, Foster is an expert in his field who has long advocated responsible reproductive health policies to protect women's health, strengthen families, combat teenage pregnancy, and reduce the need for abortion.

If the radical right truly wanted to reduce the number of abortions, it would join — not pillory — Foster's efforts to address the millions of unin-

tended pregnancies that occur each year, a crisis as pressing as any facing the nation today. It would laud his nationally celebrated program, "I Have a Future," which won a Points of Light award during the Bush administration.

Listening to the rhetorical frenzy of anti-choice leaders, it would be easy to forget that abortion is legal. This is no nannygate. Foster broke no laws, neither did he stretch any ethical bounds. Rather, he faithfully fulfilled his responsibility to his patients. He provided the care that his patients needed at the time: birth control, childbirth assistance, abortion.

Americans did not elect this Congress to take away women's access to abortion services. It would be deplorable for Congress to become collaborators with anti-choice extremists who want to isolate and punish doctors performing a legal medical service. The Senate should consider this nominee's lifetime of work and refrain from contributing to the climate of intolerance.

Dr. Henry W. Foster Jr. is an accomplished leader with a background that fully qualifies him to serve as surgeon general.

Date: 03/11/95 Time: 07:40

Alabama Woman Says Foster Refused To Perform Abortion For Her

(Tuskegee, Alabama) -- President Clinton's choice for surgeon general has come under fire for performing a limited number of abortions. But a former patient is telling a different side of the story -- she says Dr. Henry Foster once refused to perform an abortion for her.

Joyce German tells Alabama's ``Birmingham Post-Herald'' that Foster instead counseled her that the child would be a blessing.

German says she and her husband were struggling to get through school and care for an infant daughter in 1970 when she found out she was pregnant again.

The newspaper reports Foster refused to give her an abortion and delivered the baby without charge.

The daughter he delivered is now a doctoral candidate in behavior and neuroscience at the University of Alabama at Birmingham.

APNP-03-11-95 0745EST

DR. FOSTER'S MIRACLE BABIES

CHRISTOPHER HIGHT

Age 25

Architecture Student - Rice University

Parents: Charles and Jeannette Hight
Charlotte, NC

"Without you, there would not be a Christopher Hight. You will be proud to know that your extraordinary efforts resulted in us having a son who is excelling at Rice University in architecture. His teachers, who are nationally renown, have told us that he has special talents." (February 15, 1995 letter to Dr. Foster from parents, Charles and Jeannette Hight.)

Jeannette Hight was helped by Dr. Foster in Tuskegee, Alabama, more than 25 years ago, when she was 3 1/2 months pregnant. She began bleeding in the middle of the night and had to be rushed to the hospital where Dr. Foster, still wearing his bedroom slippers, met her and helped her avert a miscarriage. Now, Mrs. Hight's only child is grown and married. [The Charlotte Observer, "Foster Treatment Angers Charlotte Woman", Feb. 14, 1995]

GREG HAYES

Age 31 (?)

Grandparents: Cliff and Wilda Denton
Mases Lake, WA

"I can say in all humility, without you we could have lost our only daughter and first born grandson. Wilma was so very ill and dehydrated. All I had to do was call you. You would nourish her back to normal. This was thirty some years ago. When you were a doctor in the Air Force at Larson Air Force Base. Her husband was away fighting a war." (February 8, 1995 letter to Dr. Foster from Cliff and Wilda Denton.)

CAROLINE WILLIAMS

Age 7

Parents: Avon Williams and Alice Randall
Nashville, TN

After having a very difficult early pregnancy, several doctors recommended abortion -- predicting she would not be able to carry this child to term. Today the parents have a beautiful intelligent 7 year old little girl. The father, Avon Williams, is a Republican and member of the Christian right. He is very supportive of Dr. Foster's nomination.

Avon Williams III, the son of the first African-American state senator in Tennessee, is a Republican and a member of the Christian right. Williams has known Dr. Foster his whole life, and despite the fact that Williams does not agree with the abortions that Dr. Foster has performed, he believes that Dr. Foster would make a good surgeon general. Williams knows this first-hand: Dr. Foster helped William's wife through a tough pregnancy. [*All Things Considered*, National Public Radio, Feb. 17, 1995]

MICHAEL

Age 5

Parents: Donna Maria Board
Nashville, TN

"I had severe complications prior to my pregnancy and doctors were surprised when I became pregnant. Four of these doctors told me I would never be able to carry this child to term and recommended an abortion and complete hysterectomy. Dr. Foster was the only person who was willing to help me understand the risks, what was happening to me and made me educated myself on the medical concerns and possible complications. Because of Dr. Foster, I am now the mother of a beautiful 5 year old little boy who wants to be a doctor when he grows up." (Ms. Donna Board.)

JAMAL

Age 15

Parents: Mr. and Mrs. Smith (mother Genevive Smith)
Nashville, TN

"When she called her husband to ask if they should participate in the media support for Dr. Foster he responded, "Of course, we have a son because of Dr. Foster." " Mrs. Genevive Smith had many problems conceiving and had several operations prior to becoming pregnant. Says Dr. Foster was very informative and forced her to independently research her condition, provided her with numerous materials and discussed each aspect of treatment with her.

SUSAN

Age 5

Parents: Mrs. Pauline Wilson-York
Nashville, TN

When they moved from Trinidad-Tobago, her doctor, who had been Dr. Foster's student, recommended him. At that time, Dr. Foster was no longer taking new patients but he agreed to see them. Mr. Yorke was in medical school at Meharry (still is) and the family was broke. Dr. Foster delivered their daughter and they never received a bill. She is still a patient of Dr. Foster's.

JOHNNY JR.

Age 23 (?)

Parents: Mayor Johnny Ford and Frances Ford
Tuskegee, Alabama

Johnny Ford, the first black mayor of Tuskegee credits Dr. Foster with saving their son's life. For a while, Mrs. Ford was bedridden because she was having trouble with her pregnancy. The baby was delivered early and Mrs. Ford credits Dr. Foster with successfully delivering their son.

[Los Angeles Times, "Tuskegee Still Holds Dr. Foster in Its Heart", Feb. 19, 1995]

INEZ CRUTCHFIELD (Cancer Patient)

Nashville, Tennessee

Because of Dr. Foster, Inez Crutchfield believes she is alive today. He diagnosed her cancer at an early stage, and he performed the surgery. [*All Things Considered*, National Public Radio, Feb. 17, 1995]

MARISSA L. CAMBELL (Patient)

Nashville, Tennessee

Marissa L. Campbell, a former patient of Dr. Foster's, supports his nomination to be surgeon general. [Letter from Marissa L. Campbell to HHS, Feb. 15, 1995]

JOYCE GERMAN (Patient as a young mother)
Tuskegee, Alabama

Joyce German, a scared and confused patient of Dr. Foster's, was deciding whether to terminate her pregnancy, but Dr. Foster talked her out of having an abortion. At 20 she was a student at Tuskegee. She was unmarried and pregnant with her second child. She asked Dr. Foster for an abortion because she didn't want to have another child, but he refused. He told her that everything would be alright. Everything did work out, and Joyce's daughter graduated from high school where she was valedictorian. [Los Angeles Times, "Tuskegee Still Holds Dr. Foster in Its Heart", Feb. 19, 1995]

- Dr. Foster arrived at John A. Andrew Memorial Hospital, which is in an area of Alabama that in 1964 had a median income less than \$2,500 a year. Dr. Foster was very busy there, and on some days he delivered as many as 3 babies. The hospital received patients from 5 counties, and it expanded a program which helped rural women's clinics. Dr. Foster would spend afternoons driving out into these rural areas where he would teach young women how to care for themselves. [Los Angeles Times, "Tuskegee Still Holds Dr. Foster in Its Heart", Feb. 19, 1995]
- Some doctors turn patients away, but Dr. Foster isn't one of them. When patients come to see him, he doesn't ask them whether they have insurance or not: He treats them no matter what. [Story from Dr. Foster interview, Feb. 21, 1995]

March 1, 1995

MEMORANDUM TO JOHN PODESTA

FROM: ANN WALKER

RE: Dr. Foster's Miracles

CHRISTOPHER HIGHT

Age 25

Architecture Student - Rice University

Parents: Charles and Jeannette Hight

2017 Matheson Avenue

Charlotte, NC

704-334-2344

704-547-4024

"Without you, there would not be a Christopher Hight. You will be proud to know that your extraordinary efforts resulted in us having a son who is excelling at Rice University in architecture. His teachers, who are nationally renown, have told us that he has special talents." (February 15, 1995 letter to Dr. Foster from parents, Charles and Jeannette Hight.)

Jeannette Hight was helped by Dr. Foster in Tuskegee, Alabama, more than 25 years ago, when she was 3 1/2 months pregnant. She began bleeding in the middle of the night and had to be rushed to the hospital where Dr. Foster, still wearing his bedroom slippers, met her and helped her avert a miscarriage. Now, Mrs. Hight's only child is grown and married. [The Charlotte Observer, "Foster Treatment Angers Charlotte Woman", Feb. 14, 1995]

GREG HAYES

Age 31 (?)

Grandparents: Cliff and Wilda Denton
2710 Lakeside
Mases Lake, WA 98837
509-765-6638

"I can say in all humility, without you we could have lost our only daughter and first born grandson. Wilma was so very ill and dehydrated. All I had to do was call you. You would nourish her back to normal. This was thirty some years ago. When you were a doctor in the Air Force at Larson Air Force Base. Her husband was away fighting a war." (February 8, 1995 letter to Dr. Foster from Cliff and Wilda Denton.)

CAROLINE WILLIAMS

Age 7

Parents: Avon Williams and Alice Randall
615-269-7787 (Alice)
Nashville, TN

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Avon Williams III, the son of the first African-American state senator in Tennessee, is a Republican and a member of the Christian right. Williams has known Dr. Foster his whole life, and despite the fact that Williams does not agree with the abortions that Dr. Foster has performed, he believes that Dr. Foster would make a good surgeon general. Williams knows this first-hand: Dr. Foster helped William's wife through a tough pregnancy. [*All Things Considered*, National Public Radio, Feb. 17, 1995]

MICHAEL

Age 5

Parent: Donna Maria Board
1724 Windover Drive
Nashville, TN 37218
615-726-4888

"I had severe complications prior to my pregnancy and doctors were surprised when I became pregnant. Four of these doctors told me I would never be able to carry this child to term and recommended an abortion and complete hysterectomy. Dr. Foster was the only person who was willing to help me understand the risks, what was happening to me and made me educated myself on the medical concerns and possible complications. Because of Dr. Foster, I am now the mother of a beautiful 5 year old little boy who wants to be a doctor when he grows up." (Ms. Donna Board.)

JAMAL

Age 15

Parents: Mr. and Mrs. Smith (mother Genevive Smith)
3037 Anderson Rd.
Nashville, TN 37217
615-367-1286

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SUSAN (?)

Age 5

Parent: Mrs. Pauline Wilson-Yorke
276 Stewarts Ferry Pike
Apt. G-3
Nashville, TN 37214
615-885-2695

When they moved from Trinidad-Tobago, her doctor, who had been Dr. Foster's student, recommended him. At that time, Dr. foster was no longer taking new patients but he agreed to see them. Mr. Yorke was in medical school at Meharry (still is) and the family was broke. Dr. Foster delivered their daughter and they never received a bill. She is still a patient of Dr. Foster's.

JOHNNY JR.

Age 23 (?)

Parents: Mayor Johnny Ford and Frances Ford
Tuskegee, Alabama

Johnny Ford, the first black mayor of Tuskegee credits Dr. Foster with saving their son's life. For a while, Mrs. Ford was bedridden because she was having trouble with her pregnancy. The baby was delivered early and Mrs. Ford credits Dr. Foster with successfully delivering their son.

[Los Angeles Times, "Tuskegee Still Holds Dr. Foster in Its Heart", Feb. 19, 1995]

INEZ CRUTCHFIELD (Cancer Patient)

Nashville, Tennessee

Because of Dr. Foster, Inez Crutchfield believes she is alive today. He diagnosed her cancer at an early stage, and he performed the surgery. [*All Things Considered*, National Public Radio, Feb. 17, 1995]

Marissa L. Campbell (Patient)

Nashville, Tennessee

Marissa L. Campbell, a former patient of Dr. Foster's, supports his nomination to be surgeon general. [Letter from Marissa L. Campbell to HHS, Feb. 15, 1995]

Joyce German (Patient as a young mother)

Tuskegee, Alabama

Joyce German, a scared and confused patient of Dr. Foster's, was deciding whether to terminate her pregnancy, but Dr. Foster talked her out of having an abortion. At 20 she was a student at Tuskegee. She was unmarried and pregnant with her second child. She asked Dr. Foster for an abortion because she didn't want to have another child, but he refused. He told her that everything would be alright. Everything did work out, and Joyce's daughter graduated from high school where she was valedictorian. [Los Angeles Times, "Tuskegee Still Holds Dr. Foster in Its Heart", Feb. 19, 1995]

- Dr. Foster arrived at John A. Andrew Memorial Hospital, which is in an area of Alabama that in 1964 had a median income less than \$2,500 a year. Dr. Foster was very busy there, and on some days he delivered as many as 3 babies. The hospital received patients from 5 counties, and it expanded a program which helped rural women's clinics. Dr. Foster would spend afternoons driving out into these rural areas where he would teach young women how to care for themselves. [Los Angeles Times, "Tuskegee Still Holds Dr. Foster in Its Heart", Feb. 19, 1995]
- Some doctors turn patients away, but Dr. Foster isn't one of them. When patients come to see him, he doesn't ask them whether they have insurance or not: He treats them no matter what. [Story from Dr. Foster interview, Feb. 21, 1995]

2/8/5 Cliff Walda and Trisma

Dearest Dr & Mrs Foster

I'm sure with your busy schedule you won't have time to read but please do.

I can say in all humility, without you we could have lost our only daughter and first born grandson. Trisma was so very ill and dehydrated from morning sickness. all I had do was call you and you would say the bud is ready. you would nourish her back to normal. This was thirty some years ago. when you were a doctor in the air force at Larson air base. Her husband was away fighting a war. That's when we got acquainted with you. After the birth and both were well and healthy I wrote you a letter, Thanking you for all your good care. you told me I was the first person (white that is) to ever give you a compliment. Greg is now over thirty years old.

We were so impressed when we visited you a few years ago and found you had dedicated your entire life to humanity.

I have prayed for President Clinton every day since elected and now I have included you.

My highest hopes is meet him some day.

I feel confident you will be confirmed. I know for sure you will be if its in Gods masterplan.

Cliff & Hilma joins me in saying
God speed to you and yours

regards
Cliff Hilma Denton
Hilma R Haynes
2710 Lakeside
Mass Lake WA
phone 509 765 6638/98837

P.S.

Cliff & Hilma will
be enjoying 56 yrs
married bliss
Feb 24 -



CHARLES C. HIGHT, AIA, PE
2017 MATHESON AVENUE

ARCHITECT - ENGINEER
CHARLOTTE, NC 28205

TEL D 704-547-4024
TEL N 704-334-2344

February 15, 1995

Dr. Henry Foster
Meharry Medical Center
Nashville, TN

Dear Hank:

Our support, love and thoughts are with you. We are doing what we can. This includes writing to the papers and senators, and telling all our friends of your remarkable abilities and dedication to caring for people.

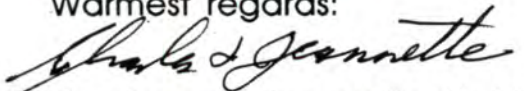
Without you, there would not be a Christopher Hight. Your talents and work have brought joy to our lives. You will be proud to know that your extraordinary efforts resulted in us having a son who is excelling at Rice University in architecture. His teachers, who are nationally renown, have told us that he has very special talents. He was selected to intern with internationally acclaimed architect Renzo Piano in his Paris office. Enclosed are photos of him and his wife Kimberly.-they were married this summer. Jeannette directs an early child education school and I remain as dean at UNCC.

Also, enclosed are letters and articles written in support of you. The one appeared in the Charlotte Observer. Jeannette has received many positive calls from friends and strangers. We have submitted the other article to the Washington Post.

Please don't hesitate to call upon us in anyway to support you. This includes writing additional letters, telling the Congress of your contributions, and anything else.

No matter what happens, we are with you. We will always remember your special dedication, caring nature and skills.

Warmest regards:


Charles and Jeannette Hight

Attachments

LEVEL 1 - 2 OF 33 STORIES

Copyright 1995 The Times Mirror Company
Los Angeles Times

February 19, 1995, Sunday, Home Edition

SECTION: Part A; Page 1; Column 5; National Desk

LENGTH: 1621 words

HEADLINE: TUSKEGEE STILL HOLDS DR. FOSTER IN ITS HEART

BYLINE: By RICHARD A. SERRANO, TIMES STAFF WRITER

DATeline: TUSKEGEE, Ala.

BODY:

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

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

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

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

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

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

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

*

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

Los Angeles Times, February 19, 1995

Opponents do not argue that Foster did nothing good; those for whom abortion is an issue of uncompromisable morality believe that he was part of one thing so bad that nothing else matters. And some contend that the Clinton White House's bungling -- particularly its failure to give an accurate, forthright account of Foster's record at the outset -- has contaminated the nomination process beyond repair.

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

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

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

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

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

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

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

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

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

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

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

*

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

Los Angeles Times, February 19, 1995

countryside and teaching young women how to care for themselves properly.

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

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

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

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

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

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

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

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

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

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

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

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

Los Angeles Times, February 19, 1995

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

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

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

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

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

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

"There has been an outcry by various groups that the intent of family planning is black genocide, and that the ultimate effect will be black genocide," Foster said in a speech while still in Tuskegee.

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

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

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

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

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

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

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

GRAPHIC: Photo, Nominee's uncle and aunt, William and Sadie Hill of Tuskegee, Ala. JAMIE STURTEVANT / For The Times

^AM-AL--Foster-Tuskegee, Ala Bjt,580<

^Alabama Woman Says Foster Refused to Perform Abortion for Her<

^With AP Photo<

^bmpost0729<

TUSKEGEE, Ala. (AP) A former patient of Dr. Henry Foster Jr. said the embattled surgeon general nominee once refused her request for an abortion, counseling instead that the unborn child was a "blessing."

Joyce German told the Birmingham Post-Herald in a story published Friday that critics of Foster are wrong for attempting to portray him as an abortion doctor.

"To even classify him as that ... was silly, it was ridiculous," said Ms. German, a laboratory scientist in Tuskegee, where Foster worked as an obstetrician from 1965 to 1973.

Ms. German's 23-year-old daughter said she owes her life to Foster's treatment of her mother more than two decades ago.

"If he hadn't said what he did, I wouldn't be here," said Anisha German, a doctoral candidate in behavior and neuroscience at the University of Alabama at Birmingham. "I guess he did save my life."

A Senate committee is expected to begin confirmation hearings soon on President Clinton's nomination of Foster to replace fired Surgeon General Joycelyn Elders, a longtime friend of Foster.

Abortion has been an issue in the nomination because of varied accounts of the number of abortions Foster performed as an obstetrician-gynecologist.

The doctor's admission that he had performed any abortions also became a point of contention. Abortion opponents contend no one who has performed the procedure should serve as surgeon general, while Foster supporters say he performed abortions only when medically necessary and generally opposes the procedure.

Ms. German said she and her husband were struggling to get through what is now Tuskegee University and care for an infant daughter in 1970 when she found out she was once again pregnant. They are no longer married.

Ms. German said she went to see Foster, her obstetrician and gynecologist, hoping he would terminate the pregnancy.

"He said, 'You can handle this,'" Ms. German, 45, told the newspaper in an interview this week. "This child is a blessing to you. I'm not going to do anything to stop that."

"I was hoping he would see it my way and say, 'Well, however you feel.' But he didn't blink. He would not do it."

Foster later delivered Anisha and refused to take any money, Ms. German said.

White House Press Secretary Mike McCurry said he was not surprised by Ms. German's story.

"He believes that the outcome (of abortion) is one in which there has been a failure somewhere along the way," said McCurry.

But an Alabama leader of abortion protests said Foster's counsel to Ms. German did not excuse other abortions Foster has acknowledged performing during his 38-year career.<

"If you've done abortions, then you're an abortionist," said the Rev. Jim Pinto of suburban Birmingham. "He's an abortionist and he's someone who should not be a leader in this nation."<

While in Alabama Foster worked at the now-closed John A. Andrew Hospital in Tuskegee, and he was the lone obstetrician serving hundreds of black women in rural east Alabama for about a year.<

Ms. German recalled babysitting for Foster's two young children, spending Sunday mornings with him at Greater St. Mark Missionary Baptist Church, and seeing him at his office during her pregnancies.<

Foster went on to become a dean and acting president at Meharry Medical College in Nashville, Tenn. While there he began a program to fight teen pregnancy that attracted the administration's attention.<

<

Surgeon general nominee not about to give up now

■ From Alabama to Tennessee, Foster's skills have survived the tests of time

MARY OTTO WASHINGTON BUREAU

Dr. Henry Foster Jr. has long, tapered, very fine hands that have drawn thousands of babies into this world.

He wants to be judged in this context. His conservative critics have other ideas. He is determined to be the next surgeon general; confirmation hearings begin May 2. He may be, but first there is certain to be a huge battle over the moral issues his career in medicine has confronted.

Over his 37 years as a doctor, he's been a healer to people without bus fare, or even roads. Half the battle has been just reaching them, not just getting to their rural shacks and urban ghettos, but reaching their hearts and minds.

"These were people who were dispossessed," he said. He sought to educate them, to give them power over their lives.

WASHINGTON

OUTLOOK

"We have shown them new values. ... This is a great world and they need to see it."

—Dr. Foster

FOSTER CONTINUED ON 10A ▶

▼ CONTINUED FROM 1A

He's tried to teach hundreds of younger doctors to take the same approach.

As surgeon general, he says, he would continue to seek out the neglected. He would give a special emphasis to women's health, which he says has been ignored. And he would continue his crusades against infant mortality and teen pregnancy.

Foster, 61, sits in a cramped office in the Old Executive Office Building for a rare interview, a break between courtesy calls to members of Congress. His face is round and smooth, chestnut colored, and he wears small, square spectacles. He wears a pinstriped suit with a pink breast cancer prevention ribbon on his lapel.

He speaks in talking points and statistics, drawn from deep experience but washed of emotion. These days there is a sense of self-protection and some indignation about having to defend his life.

He recalls how he was raised in a home with a copy of the Constitution on the wall.

His father would point to the document and say, "Your freedom is here." Then he'd point to his brow and say "The key to unlock it is here."

But what is freedom, Foster wonders, without health?

Commitment to the poor

Foster was born during the Great Depression in Pine Bluff, Ark., where life centered on the river and the cotton fields and a black college. Both his parents were teachers.

"We lived a sheltered life," recalls Emory Mazique, a lifelong friend, now also a doctor. "We never considered if we were going to college," says Mazique. "Our problem was which college were we going to."

Foster went to Morehouse College and to the University of Arkansas, where he was the only African-American in his medical school class.

After a stint as a medical officer in the Air Force, he went to Alabama.

Foster arrived at the Tuskegee Institute's John A. Andrew Memorial Hospital in 1965 and took charge of obstetrics and gynecology.

"Bright and smart. He looked like he was about 16," recalls Thelma Walker-Brown, a nurse, sitting in her rural home



Dr. Henry Foster Jr. believes there is no freedom without health.

one evening a few miles from the campus. Foster got to work, she says, and never stopped.

It was the year of the Bloody Sunday and the Selma March and the passage of the Voting Rights Act. Black women were not allowed in white hospitals then. Women and their babies were dying.

"He was the only ob-gyn that was seeing black mammas and babies," says Walker-Brown.

And there were thousands of them, many of them penniless country women.

The doctor put together a team of nurses, social workers and other specialists and they went out to where the patients were, setting up rural clinics.

In the dry language of clinical papers, Foster described the primitive conditions, the deprivation, the sense of fatalism he found.

He understood the urge to give birth, in the midst of grinding poverty.

"Every human being has the need to feel creative," he wrote. "It is a drive not easily relinquished. The challenge is to make available other avenues of expression for this creative need."

The team's approach to coping with high-risk pregnancies gained national attention. Foster, working with the Robert Wood Johnson Foundation, helped replicate the methods on a national scale.

And back at the hospital, they delivered babies. Hundreds. Thousands of babies.

"Mothers came from all over to Tuskegee if there were complications. ... There was every kind of complication you could think of," says Walker-Brown.

Infections and abdominal pregnancies and ruptured wombs and seizures. Some of the women had never seen a doctor before.

Sterling Roaf, a medical student from Foster's home town, went to work with Foster at Tuskegee. He recalls asking the older doctor why he had chosen this place, this job with impossible demands.

Foster told him: "This is how you prove how good you are. When everything is against you."

Then, Roaf says, Foster offered him a challenge: "Let's see if we can bring some positive people into the world."

Battling teen-pregnancy

On another soft evening, this one in Nashville, a pale moon is rising over drab blocks of public housing.

"Reality is what works," says Joe Jenkins, a case manager for I Have a Future, which Foster established to discourage teen pregnancy. It's hard to convince the kids at Preston Taylor Homes that there are roads out of here. Most families live on \$10,000 or less. Most people are jobless. Young men hang out on the corner of the known world, 40th and Clifton.

"Basically this community says, 'You are supposed to fail,'" says Jenkins. Girl-mothers sit on doorsteps. Babies are ev-

erywhere. It's hard to believe that there are routes to love besides sex, things to create besides babies.

"It's giving them the facts," says Jenkins. And a sense of pride, Foster says.

He came to Nashville's Meharry Medical College, like Tuskegee a century-old smelting of black thought, in 1973 and tackled the problems of another group that was, in some ways, just as isolated and desperate as the poor rural women of Alabama: the teen-agers of the inner city.

For the Robert Wood Johnson Foundation, he headed an effort to expand health services to poor young people at risk from violence and disease and train doctors and nurses to care for them. The program reached 300,000 young people in 18 cities.

Working with Nashville community leaders and parents, Foster developed the I Have A Future program to provide poor teens with tutoring, sports and field trips, and training in job preparedness and etiquette, family life and computer skills.

"You have to have a tremendous heart to care about some kids who come from the housing projects," explains LeRuan Nicholson, 15.

"He has brought many people into the world, and prepared a great future for us," says Charmaine Harris, 18. She, like the others, has watched Foster's travail in Washington with dismay. But she believes he will prevail.

She whispers, "The truth will set you free."

Conservative resistance

When Foster was tapped for the job of surgeon general early in February, President Clinton hailed him as the man who could lead a national campaign to fight teen-age pregnancy.

But conservatives have lashed out at him almost ceaselessly since then, incensed because he has conceded performing 39 abortions and has headed testing on a suppository used to terminate pregnancies.

Since he has been a longtime board member of the Planned Parenthood Federation of America and since the I Have a Future program makes contraceptives available to teen-agers not practicing abstinence, he has drawn further fury.

"His past work in supporting abortion-on-demand, flawed sex education programs and school-based birth control clinics should worry all American parents," said Beverly LaHaye, president of Concerned Women for America, an anti-abortion group.

Foster says he hates abortion and has spent his career trying to make it unnecessary.

But the questions that make him angriest have to do with the notorious Tuskegee experiment.

During the 40-year experiment, begun in 1932, more than 400 black men were denied treatment for syphilis by federal scientists.

The Family Research Council claims that in 1969, Foster may have attended a meeting where government officials disclosed the nature of the experiment to the local medical society, seeking to doctors' compliance for continuing the secret study.

The allegation has been resoundingly rejected by the White House and by Foster. He denied he knew of the study until 1972, when it was revealed and outrage brought it to a halt.

"Why would I have turned my back on the very people I had come to serve?" asked Foster.

"How dare these groups accuse me? I was serving the people of Tuskegee. What were they doing? Who were they helping?"

Ready for a fight

When his day before the Senate comes, Foster swears he will fight like he always has fought.

"Our president, I think correctly, has said teen pregnancy is an epidemic. The United States teen pregnancy rate is more than double that of the next closest western nation," he says.

"We have over a million pregnancies a year among our teen-agers. Over 400,000 of them get abortions. What I want to do is to have these young people not be in a position where they have to subject themselves to this."

Nashville Academy of Medicine



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FAX TRANSMISSION

TO: Dr. Henry Foster

COMPANY: _____

DEPARTMENT: _____

FAX NUMBER: 202-265-7514FROM: Margaret Chisholm

DEPARTMENT: _____

NUMBER OF PAGES TO FOLLOW: 3

MESSAGE: Dr. Foster - Hope this is
helpful - I also faxed this
to Senator Jeffords

faxed to
Marilyn 1:15 pm
3/23

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Excerpt from

Nashville Academy of Medicine And Davidson County Medical Society CONSTITUTION

BY-LAWS

CHAPTER II Discipline

ETHICS COMMITTEE

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

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

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

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

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

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



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STATEMENT OF SUPPORT OF CONFIRMATION OF HENRY W. FOSTER, M.D., AS U.S. SURGEON GENERAL

Ann H. Price, M.D.

President

Nashville Academy of Medicine

February 8, 1995

DR. FOSTER HAS BEEN A VALUABLE MEMBER OF THE NASHVILLE MEDICAL COMMUNITY FOR MANY YEARS. HE IS AN EXCELLENT PHYSICIAN AND AN EFFECTIVE ADMINISTRATOR - SOMEONE WHOSE INTELLECT AND CAPABILITIES ARE MATCHED ONLY BY HIS COMMITMENT TO HUMANITY. THE NASHVILLE ACADEMY OF MEDICINE UNRESERVEDLY ENDORSES THE APPOINTMENT OF DR. FOSTER TO THE POSITION OF U.S. SURGEON GENERAL AND URGES THE SPEEDY CONFIRMATION OF THIS APPOINTMENT.



This endorsement is based upon the following:

- * During his 23-year membership of the Nashville Academy of Medicine, Dr. Foster has consistently demonstrated a high degree of professional competence and excellent judgement.
- * As Dean of the School of Medicine, Vice President for Health Services and Professor of Obstetrics and Gynecology at Meharry Medical College, Dr. Foster has played a pivotal role in the education of countless physicians. The high risk of heart disease and cancer, among other health-related problems, found among many African-

Americans calls for a Surgeon General with a deep understanding of this community.

- * The high rate of teenage pregnancies facing America is a public health issue of the highest order. Dr. Foster has consistently demonstrated that he has the understanding necessary to address this problem, and the compassion to design a program that treats the spiritual, as well as the physical side of this social dilemma.

IT IS THE ACADEMY'S BELIEF THAT THE U.S. SURGEON GENERAL SHOULD HAVE AN EXCELLENT UNDERSTANDING OF MEDICINE, WELL-HONED ORGANIZATIONAL AND ADMINISTRATIVE SKILLS, A FIRM GRASP OF PUBLIC HEALTH ISSUES AND THE WISDOM THAT CAN BE ACQUIRED ONLY THROUGH YEARS OF PRACTICING MEDICINE AT ALL LEVELS. DR. FOSTER EMBODIES THESE SKILLS AND, WE BELIEVE, WILL BE AN EXCELLENT SURGEON GENERAL.

6-6218

Jay says he backs Foster

By JACK DEITZCH
DAILY MAIL WASHINGTON REPORTER

WASHINGTON — Sen. Jay Rockefeller says he hopes to have an opportunity to vote for surgeon general nominee Henry Foster.

"I'm completely for him," the West Virginia Democrat said Wednesday.

The Senate Labor and Human Resources Committee is considering the Foster nomination. Rockefeller and Sen. Robert C. Byrd won't be able to vote on Foster unless the nomination reaches the floor of the Senate.

Rockefeller called Foster an "extraordinarily qualified person" to become the next chief health officer for the nation.

President Clinton nominated Foster, a 61-year-old obstetrician and gynecologist from Tennessee, to replace Dr. Joycelyn Elders, who was fired after making remarks suggesting she approved of teaching students about masturbation.

Opponents of Foster have focused on abortions he has performed during his 28-year medical career. Opponents also have questioned his knowledge of a federal government study in which black men in Alabama suffering from syphilis were left untreated as medical officials would study the effects of the disease.

Anti-abortion groups have mounted a strong campaign against the nomination.

Rockefeller, who supports abortion rights, said the nominating process has become so confrontational that distinguished people are retreating from public service.

"In today's climate, I doubt George Washington could be confirmed as deputy undersecretary of agriculture," Rockefeller said.

Even if Foster wins the panel's endorsement, his nomination could still be blocked. Senate Majority Leader Bob Dole has threatened to keep the nomination from reaching the floor. Texas Sen. Phil Gramm, who is challenging Dole for the Republican presidential nomination, has pledged to block Foster's nomination with a filibuster on the Senate floor.

To John P.
From Tamera

Tamera —

TELL THE SENATOR
THAT THEY WOULD
CERTAINLY INQUIRE
INTO WHY HE MARRIED
HIS BEST FRIEND'S WIFE
SO SOON AFTER MR. CUSTIS'
DEMISE
JOHN

Daily Mail
05/04/95
Pg. 10-A

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FRIDAY, MAY 12, 1995

ST. LOUIS POST-DISPATCH

7A

Ashcroft Says He's Undecided On Surgeon General Nomination

By Tim Poor

Post-Dispatch Washington Bureau

WASHINGTON — Sen. John Ashcroft, R-Mo., says he's still undecided on the nomination of Dr. Henry Foster to be surgeon general.

Ashcroft is a member of the Senate Committee on Labor and Human Resources, which held a hearing on the nomination last week and is expected to vote soon on its recommendation to the full Senate.

In an interview Thursday, Ashcroft said that before he makes up his mind, he wants to see more background material on a program Foster headed while working in Alabama to reduce teen pregnancy.

Ashcroft said he wanted to find out whether those running the program had urged the teens not to have sex, as Foster testified.

Ashcroft said the changing information the committee got on Foster's record appeared to have been the result of misuses by the White House and Senate supporters, rather than Foster.

"There are credibility issues about



Ashcroft



Foster

the nomination that need to be resolved ... The nominee was misled by those who handled the process," said Ashcroft, who added that Foster had "conducted himself well" during the hearing.

"We'd like to see what the facts are," the senator said, adding that the committee should not vote on the nomination until it gets the information on abstinence.

If that information shows that supporters had "cooked-up" claims on Foster's behalf, Ashcroft said, it would threaten whether the full Senate should vote at all on the nomination.

The legal abortions Foster per-

formed as an obstetrician-gynecologist were "a factor" against him, said Ashcroft, who has been a strong opponent of legalized abortion except in cases of rape and incest and when the life of the mother is at stake.

"The optimal candidate should not be someone who has committed abortions," Ashcroft said, because he would not be an effective leader for abortion opponents.

All seven Democrats on the committee and one Republican, James Jeffords of Vermont, have said they will vote to confirm Foster, with several other committee members undecided. If the rest of the Republicans vote against the nomination, there would be an 8-8 tie, and it could go to the floor without a recommendation.

Senate Majority Leader Rob Dole, R-Kan., has recently backed away from statements that he would block the floor vote, saying he wanted to meet with Foster first. His fellow Kansan, Sen. Nancy Kassebaum, heads the committee and says the full Senate should vote on Foster.



UNIVERSITY OF FLORIDA

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May 12, 1995

Honorable Robert Dole
United States Senate
141 Senate House Office Building
Washington, DC 20515

Dear Senator Dole:

My wife is proud to be one of your first contributors for your Presidential Campaign. Both she and I met you at the University of Kansas Medical Center where we worked and I had a most memorable visit with you on the beach at Key Biscayne Bay many years ago. We will be more substantial supporters as the race matures.

I write you now about another important matter, the nomination of Dr. Henry Foster. He and I interned together and I know him as a man of exceptional accomplishment and impeccable character.

He, like you, and I as well, are grounded in small town America values which built this country. To deny his nomination for some spurious twenty year old occurrence to which he was not even remotely related is an affront to those values which we all learned in Russell, Kansas; Hayti, Missouri; and Pine Bluff, Arkansas.

I urge you to support Dr. Foster. He will do such a good job, you may even want him for your own Surgeon General.

Sincerely,

Byron J. Masterson, MD
President and Chief Executive Officer

DR. FOSTER'S "MATERNAL AND INFANT CARE" PROGRAM Tuskegee, Alabama

"In crowded cities and in places you can't even find on a map -- I have come face to face with real life and death challenges. . . Low birthweight babies born to mothers not yet old enough to drive a car. . . Low income women in the rural south with no access to prenatal care, and no one but a lay midwife at their side at the time of delivery.

I know that these impediments not only stunt the growth of children, they inevitably stunt the growth of this nation. There is nothing more in the national self-interest than the protection and nurturing of our children. And I have devoted my entire career to this goal."

Dr. Henry W. Foster, Nominee for U. S. Surgeon General¹

LATE 1960s, SOUTH HAD LITTLE HEALTH CARE, MANY HEALTH PROBLEMS:

- Dr. Foster is one of the nation's leading experts on, and advocates for, maternal and child health. Immediately after completing his medical training, Dr. Foster returned to the rural south -- Tuskegee, Alabama -- and began his lifelong crusade against infant mortality. At that time, rural areas suffered from a severe shortage of doctors; most poor women had no access to health care until it was time to deliver their babies with lay midwives at home. Many of the women had never seen a doctor.

DR. FOSTER FOUNDED PROGRAM TO ADDRESS HIGH INFANT MORTALITY:

- To address Alabama's high level of infant mortality, Dr. Foster applied for a grant from the Department of Health to expand the *Maternity and Infant Care Program* at Tuskegee Institute, and directed the development of this program from 1970 - 1973.

HEALTH CARE TEAMS WENT TO WOMEN WHO COULDN'T COME TO THEM:

- Dr. Foster developed a comprehensive approach to maternal and child health care -- involving teams of doctors, nurses, social workers and nutritionists -- with the ambitious goal of preventing health problems in mothers and newborn children. To reach these women, Dr. Foster sent the teams out into the countryside on buses, carrying with them all the supplies they would need.
- The teams worked with the rural communities to reach women early in their pregnancies, identify those women with a high potential for complication, and ensure they received specialized attention throughout their pregnancy and following the birth.

BECAME NATIONAL MODEL FOR HEALTH CARE IN UNDERSERVED AREAS:

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

¹Remarks at Sasha Bruce Foundation, Washington, D.C., 3/3/95

DR. FOSTER: A "BABY DOCTOR"

THELMA WALKER-BROWN, Dr. Foster's Former Nurse

Los Angeles Times

- "Dr. Henry W. Foster Jr. saved the life of the mayor's infant son. He talked a scared and confused Joyce German out of an abortion. He ran a network of prenatal clinics that persuaded young, poor women to abandon their midwives. And he delivered babies. *'Oh, the babies,'* recalled his nurse, Thelma Walker-Brown. *'Lots of babies. Babies, babies, babies'...* He is remembered in Tuskegee as the town *"baby doctor"*. . .

He was just out of medical school when he came to Tuskegee. Young, ambitious, trained in modern medicine. Among the poor, the uneducated and the sick living on the red clay soil of east-central Alabama, among the women who didn't know or couldn't afford to call a doctor, Foster was the best they had. This was Alabama in the 1960s . . . *'So Dr. Foster came in and he had all these pressures and he said he wanted to do it all,'* Walker-Brown said. *'He said he was young and he could do it all.'*

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

'It's hard to even visualize now,' Walker-Brown said. *'Women didn't have running water. They didn't have indoor toilets. They didn't have any stable income.'* They were the poorest of the poor. Women who didn't have anything. Women who didn't come to the hospital until the last minute. [*"Tuskegee Still Holds Dr. Foster in Its Heart"*, *Los Angeles Times*, February 19, 1995]

St. Paul Pioneer Express:

- *"He was the only ob-gyn that was seeing black mammas and babies,"* says [Thelma] Walker-Brown [Dr. Foster's nurse from Tuskegee, Alabama]. And there were thousands of them, many of them penniless country women. The doctor put together a team of nurses, social workers and other specialists and they went out to where the patients were, setting up rural clinics. . . Foster's medical team from Tuskegee brought the message of better nutrition and hygiene and health to poor women of rural Alabama. . . And back at the hospital, they delivered babies. Hundreds. Thousands of babies. *"Mothers came from all over to Tuskegee if there were complications...There was every kind of complication you could think of,"* says Walker-Brown. . . [*"From Alabama to Tennessee, Foster's Skills Have Survived The Tests of Time"* *St. Paul Pioneer Express*, 3/28/95]

Dr. Foster's former patients have been coming forward to tell about the children he's delivered and the lives he's saved. Many of these mothers had very difficult pregnancies and credit Dr. Foster with saving the lives of their babies. In other cases, he talked them out of having abortions saying this baby was "a blessing" to them. In most cases, these are direct quotes from papers. In a few others, they are from letter of support sent to Dr. Foster.

CHRISTOPHER HIGHT

Age 25

Letter to Dr. Foster

- *"Without you, there would not be a Christopher Hight. You will be proud to know that your extraordinary efforts resulted in us having a son who is excelling at Rice University in architecture. His teachers, who are nationally renown, have told us that he has special talents."* [Letter to Dr. Foster from parents, Charles and Jeannette Hight, 2/15/95]

The Houston Chronicle

- *"Jeannette Hight was 3 1/2 months' pregnant when she began bleeding in the middle of the night. Frantic, she called her obstetrician at home. 'He met us in the hospital in his bedroom slippers,' Hight recalls.*

With her doctor's careful help, Hight averted a miscarriage. That was more than 25 years ago. The boy who was born that December 1969 is now grown and married. The place was Tuskegee, Ala. The doctor was Henry Foster, President Clinton's nominee for surgeon general.

Hight, 57, wants the nation to know that the man who saved the life of her only child is no 'abortion doctor.' She remembers Foster as a compassionate man committed to ushering in new life. *'What I've heard is a one-sided story,'* says Hight, director of Charlotte's Plaza Presbyterian Church day-care center. *'I haven't heard anything about all the lives that came into this world because of him.'...*

Hight hadn't thought about Foster in years until she saw his picture in the paper 10 days ago. *'I was just so excited for him,'* she says. As the days passed, Hight says she watched his image turn into a caricature of an 'abortion doctor.'

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

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

It was a difficult pregnancy. At six months, Hight went into early labor. On Dec. 27, 1969, Hight went to see him for her regular checkup. After he examined her, he said, 'Woman, don't you know you're in labor?' Three hours later, Christopher was born. 'He was a healthy boy,' Hight says. 'Dr. Foster had given us so much joy.'

'A nomination like this should be above politics,' she adds. 'I hope Dr. Foster will stick with it. I hope he will actually be our surgeon general.' ["Patient Says Foster No 'Abortion Doctor'", The Houston Chronicle, 2/15/95]

CAROLINE WILLIAMS

Age 7

Testimony to Committee

- "I have known Dr. Hank Foster since 1983 when I became his patient. He saw me through a high risk pregnancy and delivered my beautiful daughter... I cannot think of a more highly qualified candidate for surgeon general... Hank Foster is one of God's finer creations, and I believe with all my heart God smiles on this nomination." [Alice Randall, Testimony to Committee, 3/24/95]

All Things Considered, NPR

- "Avon Williams III is the son of the first African-American state senator in Tennessee, and has known Foster his whole life. Foster nursed Williams' wife through a tough pregnancy and delivered his daughter. Williams is a Republican, a member of the Christian right. He thinks abortion should only be considered when the mother's life is at stake. Williams says Foster shouldn't have done any abortions, but that all the other things that he has done would make him a good surgeon general.
- 'If you're going to make this a referendum on abortion, and on doctors who perform abortions, Hank Foster is probably the worst choice you could possibly make. I mean, from a standpoint of political strategy, as a pro-lifer, Hank Foster is not-would not be the guy I'd be trying to bring down. Hank Foster has not been an abortionist. He's been promoting life most of his career. Why would we choose somebody like Hank Foster to vilify? It just doesn't make sense to me,' " says Avon Williams. ["Dr. Foster's Work in Nashville Praised", All Things Considered, NPR, 2/17/95]

JOHNNY FORD JR.

Age 23

Los Angeles Times

- "... the year before Foster left, Johnny Ford became the first black mayor of Tuskegee -- an office he still holds . . . Ford said he also feels deeply indebted to Foster. The doctor saved his son's life.

Before he became mayor, Ford worked in New Orleans. His wife, Frances, who was pregnant with their first child, developed complications. They quickly returned to Tuskegee and Foster's care. *'She was bedridden for a while because she was carrying the child low and if she stood up it would cause her to go into labor. It was a very delicate situation,' Ford said. 'It turned out he had to deliver the child early, and it took his skill to know when to take the child at exactly the right time.'*

Later, when Ford became mayor, Jet magazine put him on the cover with his wife and son. Foster liked to point to John Jr.'s picture and tell everyone: *'That's my boy.'* Ford says to this day: *'I owe my son's life to Dr. Hank.'* ["*Tuskegee Still Holds Dr. Foster in Its Heart*", Los Angeles Times, 2/19/95]

ANISHA GERMAN

Age 25

Los Angeles Times

- "In her own way, Joyce German credits Foster with saving her child as well. She was 20, a student at Tuskegee, unmarried and pregnant with her second child. She knew Foster from services at the Missionary Baptist Church here. One day she knocked on his door at the hospital.
- *'I didn't want to have another child,'* she said. *'I asked for an abortion, but he refused. He said this child was a blessing to me. He said to have the child and it would turn out all right. Today I have a beautiful daughter who went on to become the valedictorian at her high school.'* ["*Tuskegee Still Holds Dr. Foster In Its Heart*", Los Angeles Times, 2/19/95]

Associated Press

- "Foster, her obstetrician and gynecologist, refused to give her an abortion and instead delivered the baby girl without charge... The daughter Foster delivered, Anisha German, is now a doctoral candidate in behavior and neuroscience at the University of Alabama at Birmingham. ["*Woman: Foster Refused Abortion*", Associated Press, March 10, 1995]

GREG HAYNES

Age 33

Letter to Dr. Foster

- *"I can say in all humility, without you we could have lost our only daughter and first born grandson. Wilma was so very ill and dehydrated. All I had to do was call you. You would nourish her back to normal. This was thirty some years ago. When you were a doctor in the Air Force at Larson Air Force Base. Her husband was away fighting a war."* [Letter to Dr. Foster from Cliff and Wilda Denton, 2/8/95]

MICHAEL BOARD

Age 5

Personal Statement

- *"I had severe complications prior to my pregnancy and doctors were surprised when I became pregnant. Four of these doctors told me I would never be able to carry this child to term and recommended an abortion and complete hysterectomy. Dr. Foster was the only person who was willing to help me understand the risks, what was happening to me and made me educated myself on the medical concerns and possible complications. Because of Dr. Foster, I am now the mother of a beautiful 5 year old little boy who wants to be a doctor when he grows up."* [Ms. Donna Board]

SUSAN WILSON-YORKE

Age 5

Personal Statement

- When they moved from Trinidad-Tobago, her doctor -- a former student of Dr. Foster's -- recommended him. At that time, Dr. Foster was no longer taking new patients, but he agreed to see them. Mr. Yorke was in medical school at Meharry -- and still is -- and the family was broke. Dr. Foster delivered their daughter and they never received a bill. She is still a patient of Dr. Foster's. [Pauline Wilson-Yorke]

On Paying for Medical Care, Dr. Foster Said:

"...let me tell you something else -- something I am very proud of. I have never once asked a woman who came to me for medical care if she had money or insurance before I treated her. Do you know why? Because it wouldn't have mattered. I was going to treat her anyway."
[Remarks, Sasha Bruce Foundation, Wash., DC, 3/3/95]

FRANCINA REGENA WILLIAMS

Age 29

Francina's mother, Maggie Neal Williams, called the White House operator to express her support and read this poem over the phone, as she did not have access to a typewriter or fax machine. Francina Regena Williams was delivered by Dr. Foster in 1966 at John Andrew Hospital Tuskegee Institute

Doctor Henry Foster

I visited Dr. Foster in 1965
He could well be the reason that I am still alive.
I thought I was going through an early change
If not, I wanted everything rearranged.

He examined me and gave me a pregnancy test.
Then soon he was telling me that I was pregnant and he wished me the best.

I say, "Dr. Foster, that really can't be."
And that he could change that whatever his fee.
'Cause I didn't want to have a baby at the age of 39.
But it was Dr. Foster who really changed my mind.

He said that his mission was to preserve life and not to destroy;
That God was blessing us with a sweet bundle of joy.
He took me in his office and he picked up a pad,
Then he gave me more assurance about my baby's normality than I ever had.

Dr. Foster saved my daughter who is almost 29.
She is beautiful, she is wonderful and Lord knows she is fine.
Had it not been for Dr. Foster, she would have been gone.
He really talked me into letting her be born.

He was my doctor. He was my friend.
And I will love and respect him even until the end.
For the United States Surgeon General, he would be the best
because through his practice he has stood every test.
For his nation, he would right many wrongs.
Because the man is intelligent, kind hearted and strong.
To deny him of this position, would be so unfair.
Just give him a chance.
He'll be perfect I swear.

THE Quarterly Report

Association of Professors of Gynecology and Obstetrics

Volume XXIII, NO. 1, 1995



APGO Past President Nominated U.S. Surgeon General

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

—Henry Foster, Jr., MD, Nominee for U.S. Surgeon General
Reprinted with permission from The Washington Post



Henry W. Foster, Jr., MD

President Bill Clinton called a White House press conference on Wednesday, February 2, 1995, to nominate Henry Foster, Jr., MD, APGO's immediate past president and an APGO Foundation board member, to the post of U.S. Surgeon General.

Doctor Foster's nomination has been sent to Capitol Hill where it will be reviewed by a Senate committee. His appointment must be confirmed by the Senate. If confirmed, he will follow the ousted Joycelyn Elders, MD, in the position as the nation's top physician.

Prior to his current position as Scholar-in-Residence at the Association of Academic Health Centers in Washington, DC, Doctor Foster served for six months as acting president of Meharry Medical College in Nashville, Tennessee. He served as chair of the department of obstetrics and gynecology from 1973-1990, and as dean and vice president for Meharry Medical College from 1990-1993.

Doctor Foster received his B.S. from Morehouse College in 1954 and his medical degree from the University of Arkansas School of Medicine in 1958. He served his ob/gyn residency at Meharry's Hubbard Hospital in Nashville. Doctor Foster played a key role in the merger of the city-owned Metropolitan General Hospital with Meharry Hubbard Hospital.

Continued on page 3

*"Listen to the MUSTN'TS, child,
Listen to the DON'TS,
Listen to the SHOULDN'TS,
The IMPOSSIBLES, the WON'TS.
Listen to the NEVER HAVES
Then listen close to me—
Anything can happen, child
ANYTHING can be."*

"Sheldon Silverstein's words, from his book Where the Sidewalk Ends, have always reminded me of Doctor Henry Foster. Henry's strength in transforming ideas to reality is firmly rooted in listening. He listens well and, quite uniquely, hears what can be. His teaching, patient care, education, leadership and life are all marked by fresh, cerebral, yet highly practical contributions of what can be. The immeasurable beneficial impact he has had on inner city women and children, on the poor, on his students, as well as on his grateful colleagues, is the measure of this man who knows what can be. Doctor Foster's presidential nomination for surgeon general is a glorious and momentous recognition of what can be."

—Martin L. Pernoll, MD, APGO Medical Education Foundation President

APGO Past President Nominated U.S. Surgeon General (Continued from cover)

"Doctor Foster has established his integrity through his various academic activities, appointments and awards. His moral ethic is beyond reproach and he has consistently demonstrated good citizenship throughout his career. He is a visionary who has anticipated the health care needs of women in distinctive fashion."

—R. Jeffrey Chang, MD, APGO President

Doctor Foster's career work is resonant of the current White House agenda to battle against teenage pregnancy and strive for sexual responsibility. At Meharry, Doctor Foster initiated an anti-pregnancy program for low-income adolescents called "I Have A Future." In his recent State of the Union address, President Clinton brought to America's attention the need to curb teenage pregnancy by supporting education, building self-confidence and instilling family values in young teens—a focus

similar to Doctor Foster's Tennessee program.

Doctor Foster's nomination is an honor for obstetrics and gynecology, for academic medicine and for APGO and the APGO Medical Education Foundation.

Editor's note: As this issue went to press, Doctor Foster's nomination was being vigorously contested due, in part, to abortion-related issues.

The Obstetrician-Gynecologist — Gatekeeper of Primary Care (Continued from page 2)

cited in several recent reports showing the lack of ob/gyn participation in primary care.

While federal and health care legislation has tended to include ob/gyn as a primary care discipline, we have not yet been highly successful in convincing managed care payor plans that we can serve as gatekeepers while performing the necessary primary care to women. Herein lies the greatest threat to our specialty. As we have been excluded from the primary care designation, family physicians and internists have sought to broaden their clinical activities crossing over into several other disciplines including obstetrics and gynecology. Managed care organizations seemingly have encouraged this behavior. If this pattern of health care delivery persists, it may have far reaching consequences for the future identity of our specialty.

The medical student can be somewhat naive as to what constitutes an obstetrician-gynecologist today. Observing the birthing experience, assisting in gynecologic surgery, treating the "entire" female admittedly is enticing and seductive for the medical student, but it seems as if ob/gyn today will not, or cannot, be what it was yesterday. If we are to advertise the specialty as a primary care discipline, then certainly the glimpses of practice to which medical students are exposed shall not comprise the entire scope of service. Medical students are beginning to recognize our current practice patterns compared to those which are deemed

primary care. When medical students are rotated to volunteer ob/gyn faculty in the community who do not practice primary care, it becomes obvious to the student. This is occurring with greater frequency. As a result, ob/gyn is labeled as a non-primary care discipline by our future providers. At my institution, Family Practice has a program which introduces medical students to primary care within the first two years of medical school. This emphasis continues through the remainder of medical school so that students are extremely aware of what constitutes primary care and the opportunities primary care providers realize during a lifetime. There must be equal emphasis on how ob/gyn can provide similar opportunities for those medical students who wish to pursue a career in women's health care.

To include primary care as an integral part of obstetrics and gynecology, we must look at several measures that can be taken and how they will be accomplished. First, it is important to recognize that there is a vast majority of physicians who provide the essential core of ob/gyn care. This work force must be respected for their efforts regardless of whether they choose to broaden their practice to include primary care. Second, for those who wish to adopt primary care skills, the educational and training opportunities must exist or be developed in order to realize this goal. Third, there must be a continued effort to increase or introduce primary care training in residency curricula. This effort could be facilitated by establishing continuity care

by housestaff. Fourth, we must make the effort to advise our medical students that ob/gyn does include a primary care base from which to provide comprehensive medical care for women. Fifth, at the same time, we must recognize that subspecialties are important since they bring advanced knowledge and skills to the obstetrician-gynecologist by virtue of invention and new discovery.

There is no question that 1994 was a significant year for the practice of medicine, including obstetrics and gynecology. In many ways, the implication and implementation of health care reform represented the most notable changes in the mechanisms underlying health care delivery in nearly a century. Accordingly, medical education has been forced to reassess methods of teaching and instruction. In particular, with the inevitable drive toward managed care, ob/gyn educators must integrate primary care into both undergraduate and resident medical education.

I cannot stress enough the need for educators to be inventive in planning and implementing teaching programs with limited patient volume and limited funding. It is these challenges that inspire us to become creative.

It has been a privilege to serve as your president during a year of continuing change. Thank you for being active members in an organization as important as APGO. Each of you acts as a leader by helping to promote excellence in teaching total women's health care in your own academic institutions. Thank you for your support.

Clinton Presidential Records Digital Records Marker

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

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As of
March 1, 195
AW

NEWSPAPER COVERAGE OF THE NOMINATION OF
DR. HENRY W. FOSTER, J.R.

Henry
File

NEWSPAPERS IN SUPPORT OF DR. FOSTER:

Boston Globe
Chicago Defender
Chicago Sun-Times
The Denver Post
The Des Moines Register
The Detroit Free Press
Hartford Courant
The Kansas City Star
Milwaukee Journal
Oakland Tribune
The Oregonian
Sacramento Bee
San Francisco Chronicle
San Francisco Examiner
San Jose Mercury News
The Seattle Times
Star Tribune
The Tennessean
Times Picayune
USA Today
The Washington Afro-American

NEWSPAPERS IN FAVOR OF A FAIR HEARING:

Arizona Republic
The Atlanta Journal-Constitution
Chicago Tribune
Clarion Ledger
Los Angeles Times
The Miami Herald
The Omaha World-Herald
The Reporter Dispatch
St. Louis Post-Dispatch
St. Paul Pioneer Press
Sunday World-Herald
Wisconsin Journal

NEWSPAPERS NOT TAKING A POSITION:

Wall Street Journal
Washington Post

NEWSPAPERS OPPOSING THE NOMINATION:

Boston Herald
New York Post
The New York Times
Washington Times



Nashville Banner

1100 BROADWAY
NASHVILLE, TENNESSEE 37203

1 March 1995

John Podesta
The White House

Dear Mr. Podesta:

Could you elaborate on your comments to the Los Angeles Times yesterday about Dr. Luther McRae?

Can you give specifics about how McRae's recollections were "inconsistent with the facts?" When was he interviewed?

Would you give Dr. Foster permission to talk to me?

We are the afternoon daily in Nashville. As the paper's medical writer, I have covered Dr. Foster and Meharry Medical College since 1980. I have been writing about Foster's nomination almost full time for a month, and have been trying to give more balance to the news accounts that have been coming out.

Thanks for your help. I will try to publish our story on Thursday. My deadlines are 8 a.m. (9 a.m. Eastern) and 11 a.m. (noon Eastern) on Thursday.

I can be reached at 615-259-8226 until 3:45 p.m. (Eastern) today. After 4:30 p.m. (Eastern) I will be at home at 615-371-8565.

Thanks again.

Sincerely,

Bill Snyder
Senior Medical Writer

PROOF of Story 'Foster such' (413025) Requested by MNCBENEE (41902) on 3/01/95 10:15:21

Entered 3/01/95 at 00:00:00 by MNCBENEE Char 3:965
 Entered 3/01/95 at 00:00:00 by BSNYDER Lines 57
 Story Foster such Title: Keyword BURNBLUN
 Basket ML1RDJ Desk NEWSDESK Author APN3166
 Expires 3/08/95 at 10:12
 Inside NR-bureau - 02-24 0660 Job 243 AP FEATURES 2/28/95 17:08:47

IN4 TEXT

1 <02>De-bureau = 4190301
 2 (ATTN: National editors) (Includes national trials)01
 3 Doctor Claims Foster Did Not Object to Syphilis Study in '69(Mayh)01
 4 Re Marlene Cimons02
 5 (c) 1995, Los Angeles Times01000
 6 C00
 7 WASHINGTON -- The physician who was president of the Mason County, Ala., Medical Society in
 8 1969 insisted Tuesday that Bernard Beigel-designate Henry Foster Jr. was present at a meeting
 9 in which a controversial syphilis study was discussed and said Foster expressed no opposition
 10 to the research at the time.C00
 11 "I know he was there," said Dr. Luther C. McKee Jr., "He just looked up at the ceiling,
 12 leaned back in his chair and kind of rolled his eyes -- it was clear he was disgusted by what he
 13 was hearing, but he voiced no objections."C00
 14 When questions first arose about the study last week, Foster denied any knowledge of it
 15 before 1972, when it was publicly disclosed and condemned as a breach of medical ethics. He
 16 said he shared the feelings of outrage over the experiment, which deliberately denied medical
 17 treatment to a group of illiterate black men suffering from syphilis so scientists could study
 18 the effects of the disease.C00
 19 The White House also disputed McKee's recollections Tuesday, saying his account is
 20 contradicted by the facts surrounding the 1969 meeting. Both sides acknowledged, however, that
 21 minutes of the session have either been lost or destroyed.C00
 22 Allegations that Foster gave tacit approval to the now-condemned study are the latest in a
 23 series of questions being raised about his record and veracity. Within hours of his nomination
 24 last month, he was forced to correct a statement that he had performed fewer than a dozen
 25 abortions over his 30 years as an obstetrician-gynecologist, acknowledging that the number was
 26 several times that. Shortly thereafter, critics challenged the practice, not uncommon in the
 27 early days of his career, of performing hysterectomies on mentally retarded women.C00
 28 The nomination to serve, the White House has used an unusual campaign, arranging speaking
 29 engagements and other public appearances for Foster in an effort to win favorable votes when
 30 his nomination is voted upon by the Senate.C00
 31 McKee's allegations, first circulated on Friday, provoked an angry response from Foster,
 32 who, in a speech Sunday to the First Baptist Church Capitol Hill accused "right-wing
 33 extremists" of attacking his nomination. McKee elaborated on his recollection of the meeting
 34 in a letter released Tuesday on his behalf by the conservative American Life League.C00
 35 In a subsequent interview, McKee said he was surprised at Foster's denial and at his
 36 criticism of the study.C00
 37 "I said to myself 'Gosh, Henry, who are you kidding so much hell now when you could have
 38 voiced hell at that meeting in 1969?'" McKee said.C00
 39 The study, sponsored by the Public Health Service, was begun in 1932 on 412 men used as
 40 human experiments in the study of syphilis.C00
 41 Revelations of the study in 1972 were pivotal in establishing the concept of "informed
 42 consent," which requires full disclosure to patients and research subjects of the risks and
 43 benefits of a treatment or experiment.C00
 44 C00
 45 C00
 46 <02>(Optional add end)00
 47 <01>00
 48 John Podesta, an assistant to President Clinton, said that when McKee was first
 49 interviewed, his recollections "on a number of points ... (were) all inconsistent with the
 50 facts as established by documentary evidence."C00
 51 Podesta said the White House was "uncertain" of McKee's motives for disputing Foster's
 52 account. "But it's not surprising that there's some confusion and mixing of memories after 26
 53 years," Podesta said.C00
 54 Foster had "stated unequivocally" that he knew nothing of the study until 1972, he said.C00
 55 "His whole life's work testifies to the fact that had he known about this study before
 56 that, he would have done what he did in 1972, which was to call for its end, and the immediate
 57 treatment of the men who were still alive," Podesta said.C00
 58 <02>AP-WY-02-28-95 20058701
 59 <02>INR21 From Job 243.

SLUG: FOSQUES QUEUE: EEG-PVT
 OR: EEG ;02/ OP: EEG ;02/23,09:52

To: John Podesta
 From: Erica Goode, U.S. News & World Report

Dear Mr. Podesta:

As you know, I'm writing a story for next week's magazine about Dr. Foster, which I hope will allow our readers to see him as a real person, and to have some understanding of his background and his career. I would love to be able to speak with Dr. Foster personally, especially since I've now talked to many of the people he grew up with in Pine Bluff. I hope you will consider arranging an interview. In the meantime, Matt suggested that I fax you these brief biographical questions, which Dr. Foster is probably in the best position to answer. Thanks again for your consideration of our interview request.

1. Was Dr. Foster's uncle (on his mother's side) one of the Tuskegee airmen? If so, is this uncle still alive?

2. How old was Dr. Foster when his father died? - 21

3. How old was Dr. Foster when he moved into the house on Ohio St.? 3 yrs. old

4. Does Dr. Foster still own an airplane and what kind? NO - sold in 1991

5. How old was Dr. Foster when he was a freshman at Corbin High? - 13 years

6. What year did Dr. Foster work with Dr. Frank Bryant in Pine Bluff? Did not work with Dr. F. Bryant
 Was it during medical school?

7. Does Dr. Foster remember a case during the year he worked with Dr. Bryant of a 9-year old girl having a baby? Can Dr. Foster provide any details about this, in terms of how it affected him, and whether it played a part in his commitment to reducing teenage pregnancy, or his decision to specialize in obstetrics?

8. Where did Dr. Foster learn to fly, and how old was he? - March AFB, Ca
 -- END --

I was 19 years old - I was a civilian employee and as such was eligible to fly at a nominal cost through the March AFB flying club.

I studied Commercial Aviation at Auburn U. in Ala. and then moved to Nashville where I obtained my instrument rating through adult education classes offered in part by Middle Tenn. State U. I bought a new 1970 Cessna Cardinal which I flew for 21 years.

Paternal Aunt
 92

Mary Foster Cheatham

Wiley Bryant Jr. - Black
 civil rights lawyer
 Pine Bluff

Science Class
 7 years old

728-1100

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: 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 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 medical profession -- 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 need to inspire and empower 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.

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.

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.

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 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?)



February 13, 1995

Dr. Henry W. Foster, Jr.
Association of Academic Health Centers
1400 16th Street, N.W.
Washington, D.C. 20036

Dear Dr. Foster:

DATELINE NBC has been in regular contact with the White House press office to request an interview with you. However, I believe that as a courtesy, we should also extend the invitation to you personally.

Unless there is something in particular you would like to focus on, we find ourselves once again intrigued by how citizens who have volunteered for public service become victimized by the political process. Running this gauntlet with the dignity you have demonstrated is particularly admirable and inspiring.

With that in mind, DATELINE would like to do a "process" piece which would follow you up to the confirmation hearings in mid-March. Aside from the political obstacles, we would like to be able to give viewers a fuller view of you and your work, perhaps going to Tennessee with you and talking directly to the many people you have helped. The piece could be aired before, during, or after the confirmation hearings, as you and the White House see fit.

I thank you for your attention and look forward to your response. Best of luck in the weeks ahead.

Sincerely,

A handwritten signature in cursive script that reads "Florence Squassi".

Florence Squassi
Booking Producer
DATELINE NBC

cc: Ms. Vicki Rivas-Vazquez
Assistant Press Secretary
The White House

THE ATLANTA CONSTITUTION

The South's Standard Newspaper

P.O. BOX 4689
ATLANTA, GEORGIA 30302

95 FEB 15 All : 35

Cynthia Tucker
Editorial Page Editor

(404) 526-5432

February 15, 1995

Ms. Lieberman:

I have spoken to Veronica Biggins about my desire to conduct a ten-minute telephone interview with Dr. Henry Foster sometime today, and she suggested I talk to you. I am sending along a couple of our editorials on the Foster nomination for your review.

Please get back to me as soon as you can. My phone number is (404) 526-5084.

Thanks,

Cynthia A. Tucker

Cynthia A. Tucker

*McCurry
I spoke to her and Barbara
Harrison (wcc here) and
told them thanks for offers
of help, but not now. Let's
keep in mind.*

E.

Podesta -

fji

Encln

*Constitution's done
two good
editorials*

Department of Health & Human Services



A Fax Message from:

Avis LaVelle AL 95 MAR 6 P1: 18Assistant Secretary
For Public Affairs

200 Independence Ave, SW,

Room 647-D

Hubert H. Humphrey Building

Washington, DC 20201

Phone: (202) 690-7850

Fax: (202) 690-5673

PRIORITY

TO:

John PodestaAsst to President and Staff Secretary

FAX:

456 - 2215

PHONE:

456 - 2102

DATE:

6 March '95

TIME:

TOTAL number of pages sent,
including this one:4

Remarks:

Attached are the Q's for Dr. Foster's interview with the AMA newsletter. We're working on a tight deadline — must get approved Q's back to AMA by March 14! Please look at these and determine any problem areas. Call if you have concerns and once you've reviewed these.

American Medical Association

Physicians dedicated to the health of America



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

Avis, Thanks so much!

Date: 3/3/95

To: AVIS LaVELLE
Public Affairs, HHS

From: Wayne Hearn
American Medical News

Following are the questions for Dr. Foster, per your offer of March 3. We intend to use his responses in our issue of March 27, which is the week you and other observers predict the hearings will begin. We tentatively envision one story focusing on the status of the nomination at the time, and possibly another on the surgeon general's office itself -- its purpose, role, potential, etc. If we go with two stories, one might run the following week. Either way, Dr. Foster's comments would be important components of each.

In order for us to meet our production deadlines, we ask that Dr. Foster address the questions at his earliest possible convenience. Would it be reasonable, then, to have his responses faxed back to us on Wednesday, March 8? With our schedule, that would give me three days to craft a story around them and to check back if I'm unclear about anything. If at all possible, I'd like the opportunity to pose any follow-up questions to him directly by phone, for the sake of both accuracy and expediency. We do want the story to accurately reflect his views and opinions on the issues surrounding his nomination.

As you know, American Medical News is published by the American Medical Association. We are the nation's most widely circulated publication covering socioeconomic issues in medicine. Every week, AMNews goes to some 370,000 physicians, health care policymakers and opinion leaders, journalists and others. That is the audience Dr. Foster is reaching through our coverage. For your convenience, I've overnighted to you the issues containing our first two stories on his nomination. You should receive them Monday.

Total pages (Including cover sheet)

3

Reply Fax Number

312) 464-4445

464-4434 (phone)
784-7422 (home)

Fax Transmission

JUN-09-'00 SUN 22:40 ID:

TEL NO:

H025 P02

00000000

QUESTIONS FOR HENRY W. FOSTER JR, MD, FOR AMERICAN MEDICAL NEWS.

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

Can you point to examples of how a strong surgeon general has advanced public health goals?

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

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

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 that improvement?

What relationship would you work to establish between the surgeon general and organized medicine, and between the surgeon general and practicing physicians?

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

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?

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

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?

To what extent does politics affect a surgeon general's ability to carry out his or her duties? Can you cite examples?

Can and should the surgeon general's office be protected from political pressures? How could that be done?

What standards 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?

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 playing a role as surgeon general in the legislative process?

Why did it take 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)?

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?

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?

Editorial Page Editors from Oregon

<u>Newspaper</u>	<u>Editorial Page Editor</u>	<u>Phone #</u>
Register Guard	Don Robinson	503-485-1234
see attached The Oregonian	Robert Landauer	503-221-8327
pro-ed Statesman Journal	Don Scarborough	503-399-6611

Editorial Page Editors from Colorado

<u>Newspaper</u>	<u>Editorial Page Editor</u>	<u>Phone#</u>
nothing Boulder Daily Camera	Glennys McPhillmy	303-442-1202
Republican Springs Gazette	Dan Griswold	719-636-0266
Rocky Mtn. News	Vincent Carroll	303-892-5477
Rep- Denver Post	Chuck Green	303-820-1935

Editorial Page Editors from Delaware

<u>Newspaper</u>	<u>Editorial Page Editor</u>	<u>Phone#</u>
Wilmington News	Mark Wert	302-324-2774

~~HERB RENDLER~~

John Taylor

Editorial Page Editors from Tennessee

<u>Newspaper</u>	<u>Editorial Page Editor</u>	<u>Phone#</u>
N/A Chattanooga News	Lee Anderson	615-756-6900
WORKING ON MAKING SPACE Chattanooga Times POSITIVE	Michael Loftin	615-752-3340
GET ALL SCRIPTS-HOWARD EDS. Knoxville News Sentinel	Hoyt Canady	615-521-1861
NOT DOING ANYTHING - THOMPSON DOESN'T LISTEN TO THEM Memphis Comm. Appeal	David Vincent	901-529-2788
POSITIVE PIECE The Tennessean	Sandra Roberts	615-259-8025

Nashville Banner

[Publisher talked w/ Thompson & doesn't think he'll change his mind]

WORKING ON MAKING SPACE

GET ALL SCRIPTS-HOWARD EDS.

NOT DOING ANYTHING - THOMPSON DOESN'T LISTEN TO THEM

POSITIVE PIECE

DOING NOTHING

Editorial Page Editors from Virginia

<u>Newspaper</u>	<u>Editorial Page Editor</u>	<u>Phone#</u>
nothing Daily Press	Will Molineux	804-247-4627
Virginian Pilot	William Wood Glen Scott (intercom)	804-446-2305
nothing Richmond Times Dispatch	Ross Mackenzie	804-649-6404
maybe Roanoke Times	Alan Sorensen	703-981-3326

Editorial Page Editors from Philadelphia

<u>Newspaper</u>	<u>Editorial Page Editor</u>	<u>Phone#</u>
afternoon paper - nothing Philadelphia Daily	Richard Aregood	215-854-5912
p no-ed Philadelphia Inquirer	David Boldt	215-854-4530

June 23, 1995

MEMORANDUM FOR JOHN PODESTA

FROM: Vicki Rivas-Vazquez

RE : "George" Magazine interview request

TIME magazine's Nina Burley would like a 15 minute telephone interview with Dr. Foster for her article on "nominees who didn't make it" to appear in the first edition of John Kennedy, Jr.'s new magazine "George".

The article consists of a set of 10 questions with answers in the "nominees' own words". It is straight forward Q and A's, the nominees' answers will not be edited. The same questions will be asked of each nominee i.e. When do you get the first call from the White House regarding your nomination? How did you feel? What was the process like? Where do you go from here?

Others interviewees responding to the same set of questions include Judge Bork, Lani Guanier and Bobby Ray Inman. The magazine premieres this September.

Nina's interview was originally scheduled for today. But, she can push the deadline to Tuesday night, if Dr. Foster wants to do it Monday or Tuesday.

Nina Burley 861-4024

St. Clare Foster 7/2/36
466-8437

June 22, 1995

MEMORANDUM FOR MIKE MCCURRY, MARK GEARAN, JOHN PODESTA, LORRIE MCHUGH, MARY ELLEN GLYNN

FROM: Vicki Rivas-Vazquez

RE : Dr. Foster's Interview Schedule

THURSDAY, JUNE 22ND

5:30/5:45pm New York Times interview

6:30pm CBS Evening News with Dan Rather
3-4 minute live interview
Room 459 OEOB

9:00pm *Pete Wilson 1st half hour*
9:30-9:40 Larry King Live (CNN)
10 minute interview via satellite
CNN Studios, 820 1st Street, N.E.

ELLEN BEARD
11th FLOOR
898-7900

FRIDAY, JUNE 23RD

6:30am *6 mins.* CBS This Morning
Pretape interview with Paula Zahn
3-4 minutes, NW Lawn

CNN -
4 minutes

6:45am TODAY Show (NBC)
Pretape interview with Bryant Gumbel or
Katie Couric
3-4 minutes, NW Lawn

7:09am Good Morning America (ABC)
Live interview with Chris Wallace or Joan Lunden
3-4 minutes, NW Lawn

Lawn
Room 100 10-10:30
Tennessee print roundtable
Tennessee local affiliates

(no radio)

LAURA
SCHWARTZ

MONDAY, JUNE 24TH

8pm Dateline (NBC)
one-on-one taped interview with Jane Pauley
Airdate: Tuesday, June 25th

THE WHITE HOUSE
WASHINGTON

MEMORANDUM TO DR. HENRY FOSTER

FR: LAURA SCHWARTZ
OFFICE OF MEDIA AFFAIRS

DT: JUNE 22, 1995

RE: NASHVILLE AFFILIATES

You will be doing a series of one on one interviews with the three Nashville affiliates. Each interview will be approximately 6 minutes and filmed on the North Lawn of the White House. The stations are listed below. WTVF, the CBS affiliate, will be interrupting their broadcast of *CBS This Morning* to broadcast your interview LIVE.

9:30am	WTVF	CBS	LIVE
9:40am	WSMV	NBC	TAPED
9:50am	WKRN	ABC	TAPED

THE WHITE HOUSE
WASHINGTON

MEMORANDUM TO DR. HENRY FOSTER

FR: LAURA SCHWARTZ
OFFICE OF MEDIA AFFAIRS

DT: JUNE 22, 1995

RE: NASHVILLE ROUNDTABLE

Thank you for spending time with the Washington, DC reporters that cover for Tennessee papers. The following reporters will be present at the roundtable.

Woody Brosnan

Memphis Commercial Appeal

Penny Bender

The Tennessean

Richard Poulton

Knoxville News

Scott Greenberg

Nashville Banner

Liz Wyatt

Columbia Herald

Sean Loughlin

Dyersburg State Gazette