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February 27, 1995

MEMORANDUM TO DR. HENRY FOSTER

FROM: **MEEGHAN**

RE: **Questions & Answers**

As you requested, I have typed up the responses you've been developing to the questions you're likely to be asked during the confirmation process. Please look this over to make sure it captures what you intend to say.

I am, of course, happy to make any revisions you'd like.

John - Do you have time to look this over? I fixed it + added questions over the weekend.

If you'd like, we can give it to him at tomorrow's prep session.

Only Mike B has commented on it + then not on new ones.

Meeghan

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QUESTIONS AND ANSWERS

This is how you have answered these questions thus far in practice sessions.

WHO IS DR. HENRY FOSTER?

Q: ***Who are you?***

A: I am a obstetrician/gynecologist who has been practicing for 38 years. I have spent my career trying to improve the health of all the women and children in my care -- from fighting infant mortality in the rural south, to trying to expand health services for inner city adolescents. Women's health issues have always been a primary concern. Several years ago, I founded a program called "I Have a Future" in the Nashville housing projects to fight teen pregnancy by stressing abstinence and trying to build self-esteem.

ROLE OF SURGEON GENERAL [Substance]:

Q: ***Why do you want to be surgeon general?***

A: Because I think I have the experience and credentials to be the chief advocate for health in the United States. I have been a doctor for 38 years. I have worked in the rural and inner city urban areas which have many health problems but few doctors. I have delivered thousands of babies and trained hundreds of young doctors. As an ob/gyn, I have specialized in women's health care issues which too often receive too little attention. I think these experiences will serve me well as I work to improve the health care of all Americans.

Q: ***What will you do as Surgeon General?***

A: It is no accident that I am an educator -- by practice and by preference -- and that the President has asked me to be Surgeon General. The role of Surgeon General -- a role critically important to our nation -- is that of an educator. To educate the American people about positive health activities to embrace, preventive health measures to adopt, and negative health measures to avoid. *[continued]*

I will dedicate myself to improving the health of all of the people in the U.S. But I think every Surgeon General should have a focus -- and the best of them have. Dr. Koop's was AIDS, as we all know. My focus will be fighting teen pregnancy -- a problem that can be seen in every big city and rural town in America. Focusing on teenagers in an investment in the future. When you encourage them to avoid drugs and alcohol, you increase the chance they will delay early sexual activity. When they abstain from sexual activity, you help prevent future AIDS problems, future disease problems, and future poverty and welfare problems.

Q: ***Why did President Clinton nominate you?***

A: Because he thinks I have the credentials and the background to be Surgeon General. In the Oval Office, when he first nominated me, he said that I have shown "what one person can do." I saw that government could not solve all of our nation's problems so I worked with community and business leaders, families and churches to come up with our own solution. He may have first heard of me because of the success of "I Have A Future" -- the program I founded to fight teen pregnancy. President Bush chose this program to be one of his thousand points of light and it has gotten a lot of national recognition.

Q: ***Shouldn't the President just choose someone uncontroversial?***

A: You can't run from real problems. They will just get worse. I have tried to deal with real problems -- the real problem of infant mortality, the real problem of teen pregnancy, the real problem of women's health. It is hard for someone with this background -- of fighting for what I believe in for 38 years -- not to be controversial.

Q: ***Why should you be confirmed?***

A: Because I have the experience and the background -- and most important, the commitment needed to help educate the American people and solve our nation's health problems. I am a doctor with 38 years experience who has worked throughout his life in areas where health needs were high and resources low. I have worked with people as they dealt with real problems in their lives. I believe these experiences -- trying to solve real problems, working together with the communities in which they're found -- will help my advocacy and educational messages be heard and accepted.

POLITICS AND THE ROLE OF SURGEON GENERAL:

Q: What is your personal reaction to the role of politics in your 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 but frustrating. I don't recognize the Henry Foster I read about in some of these articles. People who've never met me are making all kinds of sweeping judgments based on the most superficial and, at times, distorted accounts of who I am.

For people like me -- I'm not a politician and I'm not from Washington -- its difficult to be truly prepared for this process. And I certainly wasn't prepared for the degree of distortion. I can take it, but I feel badly that my wife, who is a very private person, is being subjected to all of this.

Still there is no question I would have accepted the nomination even had I known what was in store. You see, I 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 and I feel an obligation to give something back to this great country. And let me also say that for everyone who's taken an unfair shot, there have been several others who've been extraordinarily supportive.

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. What I am sure of is that the Surgeon General must be prepared to stand firm on positions he or she thinks will improve the health of Americans. 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 and be sensitive to all sides of an issue. A good leader has to do both.

Q: How is Republican control of Congress likely to affect social policies that have an impact on the nation's health?

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.

Q: Do you see yourself as Surgeon General playing a role in the legislative process?

A: 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.

CREDIBILITY:

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

A: I'll be the first to 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 having said that, I do think that the attack on my credibility is largely a diversionary tactic because my opponents know that my professional qualifications are hard to attack.

I've been an educator, a physician, and an academic administrator. I was one of the youngest doctors ever named to the National Institute of Medicine. I've dedicated my life to improving the health of all the women and babies in my care. My "I Have a Future" Program was selected by President George Bush as one of this nation's "Thousand Points of Light." In short, I think my qualifications for the job speak for themselves.

The truth is that 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 take away a woman's right to choose and will try to make this a debate about abortion. America deserves a debate about the credentials of the person the President nominates for this important position.

ABORTION:

Note: We are not including Foster-specific abortion questions in this draft. They are being prepared separately.

Q: Do you believe in abortion on demand?

A: I believe in the right of a woman to choose. I also believe that abortions should be safe, legal and rare and have worked throughout my career to try to make them rare. I would like to ensure that none of my patients ever has to face the choice of abortion.

Q: If abhor abortion, why do you perform them?

A: Because I believe in a woman's right to choose. I think that whether or not to have an abortion is a difficult decision -- made by a woman, with her doctor, her family, and her church. My goal as a physician has always been to ensure that none of my patients ever has to face that decision. That's why I've focused my efforts on preventing teen pregnancy. Our nation's goal -- and one of mine as Surgeon General -- must be to make abortion rare.

But when a woman feels she must choose abortion, I believe it is my responsibility as her doctor to provide her access to safe medical procedures.

Q: Many people in this country have strong moral and religious objections to abortion. Do you think their tax dollars should be used to pay for abortions?

A: I think we all agree that the fewer abortions our nation has, the better we all are. As Surgeon General, I will continue to work with our nation's young people to ensure they never have to face the choice of abortion. I think we also agree that when a woman has been raped or is the victim of incest or her life is at stake, we as a nation have an obligation to help.

Q: ***So you think poor women should be denied the right to choose? [or "But what about abortions for other reasons besides rape, incest or life of mother?"]***

A: I believe all women should have the right to choose. Whether the government pays for it, is for Congress to decide. I do, however, strongly support private facilities that provide these services and think we have a responsibility to protect the people that provide these legal services.

Q: ***Do you support restrictions on abortion like parental consent and notification?***

A: I believe that parents should be involved when their teenage daughter faces a crisis pregnancy and will do everything I can to encourage that. In fact, it has been my experience that most young women do tell a parent when they are considering having an abortion. And the program I founded -- "I Have A Future" -- does everything possible to involve parents in the lives of their teenage children. But I believe that there are some cases -- such as abuse in the home -- where family communication is not possible. In those cases, I think there must be some other avenue for a teenager to get adult counseling or judicial approval.

Q: ***Do you favor mandatory waiting periods?***

A: It has been my experience from 38 years as a physician that by the time a woman chooses to have an abortion, she has already reflected on the moral, ethical, and religious questions involved in that decision. I do not approve of further government mandated waiting periods. They only serve to delay the procedure, which the American Medical Association says increases the health risks to women.

ACCREDITATION OF MEHARRY:

Q: ***Didn't the ob/gyn program at Meharry lose its accreditation while you were the Dean of the School of Medicine? Wasn't this because of your mismanagement?***

A: No this is not true. In fact, my management skills are widely credited with saving Meharry's medical program. Let me explain. When three of the ten residency programs at Meharry lost accreditation in the early 1990s, officials made it clear that quality was not the problem. The problem was that Meharry did not have enough patients to provide adequate training to its residents. Its residents were not able to train at other local hospitals. You cannot conduct a training program for doctors without patients.

I was one of the people who helped put together a merger of Meharry and Nashville General -- an overcrowded city hospital that was looking for more space. Meharry got more patients and General got newer facilities. The city council made the merger conditional upon the recruitment of a top flight faculty. I was put in charge of that process and successfully recruited an outstanding group of physicians.

OTHER QUESTIONS:

Q: ***Do you favor distribution of condoms?***

A: First and foremost, I believe in teaching our young men and women to abstain from sex. My "I Have A Future" program -- which was chosen by President Bush to be one of America's "Thousand Points of Light" -- promotes abstinence as the best way to prevent unwanted pregnancy. In fact, one of the reasons I established this program was because I saw that most efforts to control teen pregnancy focused only on distributing condoms, rather than empowering teenagers to take charge of their lives and consciously make other choices.

At the same time, we have to recognize that we will never be completely successful and that too many teenagers, despite our best efforts, will choose to be sexually active. We should provide access to condoms so that those teenagers can protect themselves from sexually transmitted diseases and lessen the likelihood that they will have an unplanned pregnancy.

I would like to add that before I established "I Have A Future," I asked the parents in the community what problems they saw and what solutions they wanted. In their responses, 93% of the parents said they thought too many teenagers were getting pregnant in their community and 91% said programs to fight teen pregnancy should make it easier for sexually active teenagers to get birth control.

> NOTE: President Clinton said upon Dr. Foster's nomination that this issue should be decided locally -- in consultation with families, schools, and communities. *"There is no national policy on that, and there will not be."*

Q: ***Dr. Foster, what is your position on needle exchange programs?***

A: I do not support federal funds being used for needle exchange programs. I have see no compelling evidence that these programs both stop the spread of the AIDS virus and curb the abuse of drugs. I understand there are private studies currently underway and, if confirmed as Surgeon General, I will examine the results of these.

Q: ***Why did you inject racism into this debate last Sunday when you accused white right-wing radical groups of attacking your nomination?***

A: I did no such thing. My statement in Nashville was an inadvertent slip. I was reading from prepared text and simply misspoke, which I regret. As far as I am concerned, race should have no place in this debate.

Q: ***Some have suggested legalizing drugs to get the criminal element out. What is your position on this?***

A: I do not support it.

Q: ***Do you think it should be studied further?***

A: No. I see no need for study. I do not support it. [*If asked to expand...* I've seen what drugs do to young people. Rather than studying decriminalizing drugs, we should be studying ways to help teenagers build their self-esteem and make choices to avoid drugs.]

STERILIZATION

Q: ***Why did you perform sterilizations on mentally handicapped women in the 1970's? Are there any circumstances under which you would view such sterilizations as acceptable today?***

A: I want to emphasize that I believe strongly in the individual rights of the disabled and am committed to informed consent. I have written repeatedly on the ethical demand for informed consent -- addressing this subject thoroughly in several articles as well as a 1980 textbook chapter I wrote.

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 were in the medical mainstream 20 or 30 years ago that aren't considered acceptable today.

Nearly twenty years ago, I discussed the practice of performing hysterectomies on women with severe mental retardation for sterilization or to eliminate the menses for hygienic purposes. As the American Medical Association has confirmed, this legal practice *"was thought to be the state of medicine back then."* Medical theory and practice have changed in the intervening decades, and I no longer accept the sterilization of a mentally retarded woman as appropriate.

Since this subject was introduced in the press, top medical ethicists have said the article I wrote was, in reality, ahead of its time.

TUSKEGEE SYPHILIS STUDY:

Q: ***Some people have been saying that you were briefed about the notorious Tuskegee Syphilis Study years before it became public and that you gave your approval to it. Is this true?***

A: It is not true. I first learned the facts of the Tuskegee Syphilis study in 1972 as head of the Macon County Medical Society and was outraged. I called the society together immediately and demanded appropriate treatment for the infected men. Had I learned the facts of the study any earlier, I would have been equally outraged then and I would have insisted on appropriate treatment, as I did in 1972.

Q: ***Were you at the meeting in 1969 when the CDC briefed the medical society about the Tuskegee syphilis study?***

A: I honestly have no memory of being at that meeting. I distinctly remember hearing about the Tuskegee study in 1972 and being horrified.

[Do we want to use Washington Post quote: *"There isn't any doubt in my mind I would have remembered a meeting at which the project was discussed"* ???]

Q: ***How could you not remember being at a meeting? Some of the other doctors remember?***

All I can tell you, Senator, is that I do not remember being there. I remember clearly the shock of first hearing about the study in 1972 and the horror I felt. I can't imagine having heard of it before and not having that response. But I was the only ob/gyn for several counties in rural Alabama. Sometimes I delivered 3 babies a day. I'm sure I missed several meetings and could easily have missed that meeting.

HOSTILE FOSTER QUESTIONS

I. ABORTION

- You have a serious credibility problem as a consequence of your inconsistent statements regarding the number of abortions you performed during your career. How can a public official who cannot be trusted to tell the truth expect to be trusted by the American people?

- Are you at all concerned that your credibility problem and the controversy that surrounds you will undermine your ability to be an effective surgeon general?

- If it is true as the White House and your supporters contend that the number of abortions you performed is irrelevant, then why did you make so many attempts to minimize those numbers?

- You say you believe abortion should be safe, legal and rare and yet you served as a "Public Policy Advocate" for Planned Parenthood Federation of America (PPFA) during a time when its national leadership dedicated itself to opening 75 abortion clinics across the U.S. to meet a numerical goal consonant with the 75th anniversary of its founding. Please explain.

- You have denied making a statement during a 1978 ethics advisory board meeting of the then Department of Health, Education and Welfare that you performed "a lot of amniocentesis and therapeutic abortions, probably near 700." Do you still deny it? Tell this committee why we should believe you given your inconsistent statements regarding the number of abortions you have performed.

- You cited accreditation requirements as your justification for soliciting Upjohn Pharmaceutical and for undertaking their research trials on the abortifacient prostaglandin. I am not aware of any such requirement that exists now or that existed when that research was conducted. What requirement were you referring to?

- If such requirements exist and we are to believe that your research trials were executed for compliance reasons only, does that mean that you personally oppose prostaglandin and other abortifacients?

- You served on the National Leadership Committee of Planned Parenthood's Campaign to Keep Abortion Safe and Legal, the main purpose of which was to campaign against the *Webster* decision. That decision allowed individual states to set restrictions on abortion such as parental consent and notification laws, a ban on third trimester abortions, waiting periods, etc. Do you still believe that states should not be allowed to impose restrictions on abortion?

- PPFA opposes parental consent for abortion, do you? Didn't you serve on the board of the Tennessee affiliate when they brought suit to overturn a state parental notice law?

- PPFA supports abortion on demand at anytime, including in the third trimester, do you? If you do not, why would you affiliate yourself with an organization that does?

- PPFA opposes waiting periods, do you?

- PPFA supports the Freedom of Choice Act which requires abortion on demand and prohibits laws mandating parental consent and waiting periods, do you?

- Do you still support the use of fertilized eggs that are not used during in vitro fertilization for research? What about fetoscopy and other forms of research on human embryos?

II. TUSKEGEE

- You say that you did not attend the May 19, 1969 meeting between the Macon County Medical Society and the Public Health Service at which the Tuskegee syphilis study was discussed. If it is true that you were not in attendance - a fact that is in dispute - is it really possible that as an officer of the society you were not later informed of something so controversial by your colleagues who did go to the meeting?

- You are obviously a man who takes his responsibilities and commitments very seriously. Would you not have made it your business to find out what went on at the meeting that you missed?

- You say that you do not recall being vice-president of the Society in 1969. Such a memory lapse defies credulity, does it not?

III. I HAVE A FUTURE/SEX EDUCATION

- In your work with the "I Have a Future" (IHAF) program, you say that you emphasize abstinence as the best and most effective way to avoid teenage pregnancy. Yet, in the program's eight page brochure, neither the word abstinence nor the concept of abstinence are mentioned even once. If abstinence really is your priority, why is it never mentioned in your literature?

- Although abstinence is never mentioned in the IHAF brochure it does state that one of the program's objectives is to "provide greater access to, and increase utilization of ...contraceptive availability." Dr. Foster, your words and your actions appear to contradict each other. Please explain why contraceptives are highlighted and

abstinence is not.

- On "Nightline" you said that you opposed condom distribution, yet the two health clinics which were set up by IHAF in housing projects distribute "birth control devices" and educate young people about them. Please comment.

- Since you track the progress of program participants, can you provide us with actual numbers regarding your success rate?
Why has IHAF been unwilling to provide these statistics?

- When you were on the Board of Planned Parenthood, the organization endorsed the Sex Information and Education Council of the United States (SIECUS) and its education guidelines which promote the teaching of masturbation. How do you defend these extreme views?

- According to the *Wall Street Journal*, SIECUS encourages masturbation even for five year-olds, endorses homosexuality and suggests the use of pornography as an aphrodisiac. Do you agree with these positions? If not, why did you lobby for their adoption?

- None of the SIECUS guidelines promote abstinence. Why didn't you lobby for the inclusion of abstinence-based guidelines?

- Doesn't SIECUS actually promote teenage sexual activity?

- Do you support parental consent for the distribution of contraceptives to minors?

- Do the school based health clinics associated with your program distribute contraceptives? Doesn't this contradict your assertion that your priority is abstinence?

STERILIZATION

- How many hysterectomies did you perform on mentally retarded women?

- Did you make any attempts to obtain consent? If they were unable to give consent, did you attempt to get consent from a guardian?

- You claim it was standard practice at the time. Did you have any ethical concerns about performing the procedure?

- Lobotomies used to be accepted medical practice too. Should that fact excuse doctors who performed them?

- What is it that you learned during the ensuing years that makes you now say that you

would not perform a hysterectomy on the healthy uterus of a retarded woman? Why didn't you know these facts then? Shouldn't you have made it your business to have all the facts before performing such a radical procedure?

MEHARRY

- Why did Meharry lose its accreditation?
- Do you assume any personal responsibility for Meharry's loss of accreditation?
- Why has Meharry been unable to get its accreditation reinstated?
- You have said that the hospital lost it's accreditation because it doesn't have enough patients. Why doesn't it? Is it because of hospital's reputation?
- In the 1980's Meharry was the lowest ranked medical school in the country. What is its ranking now?
- You were the Chairman of Meharry's Department of Obstetrics and Gynecology during a period when the school was involved with ethical and financial scandals. What was your role?
- Please tell the Committee about the 1981 malpractice case in which a woman was disabled after sterilization surgery at the hospital. What was your role? Did you take any actions against the surgeon and/or other responsible parties?

April 26, 1995

QUESTIONS

GENERAL

1. Why do you want to be Surgeon General?

2. What are your major qualifications for the job?

3. Does the controversy surrounding your nomination lessen your enthusiasm for the job?

OFFICE OF THE SURGEON GENERAL

1. What are your goals in the role as health advisor to the Nation?

2. What particular public health issues do you plan to advocate?

3. How will your role be different than the previous surgeons general? To whom will you report: Secretary Shalala? Dr. Lee?

4. During the Confirmation hearing for Dr. Elders, we learned that the Surgeon General was taking on several new responsibilities -- namely the direct program supervision for the office of minority health, women's health, disease prevention and health promotion, and population affairs (family planning). Will your role include the program management of these offices. Or any other offices?

5. Do you believe that a lack of program responsibility will limit your effectiveness?

6. Is there a need for a Surgeon General? Is it necessary to maintain the Surgeon General separate from the Assistant Secretary for Health? Can't the same person fulfill both roles? Perhaps the Secretary should consider such a consolidation as part of her efforts to streamline government.

7. What will be your priorities for the Public Health Service's Commissioned Corps?

8. What is the budget request for the immediate office of the Surgeon General for FY96 and how many FTEs does the office have?

9. Former Surgeons general have issued major reports on such public health issues as smoking, drunk driving, nutrition, domestic violence, and adolescent health and teen pregnancy. What would be the subject of your major report?

TEEN PREGNANCY

1. Despite massive spending by the federal government and other entities, little progress is made in area of teenage pregnancy. What ideas do you have for curbing the teen pregnancy problem?

2. Can you tell us about your program, "I Have a Future?"

3. What are the causes of the high teenage pregnancy rate in the U.S.?

4. Do you think that teaching abstinence will reduce teen pregnancy rates?

5. Isn't your stress on abstinence unrealistic and potentially deadly, given the fact that most young people are sexually active before the age of 18?

6. There is a statistic that says 70 percent of all teenage pregnancies occur between 3 and 5 in the afternoon. What is the source of this statistic and what does this mean to you in terms of your effort to remedy the problem of teenage pregnancy?

7. Do you know the statistics on how many children in this country are "unplanned and unwanted"? Isn't this rather difficult to measure?

CONTRACEPTION, SEXUALITY, AND HEALTH

1. What are the most pressing health problems facing teens today?

2. At what grade level do you think children should begin health/sex education?

3. Given the fact that condoms have been promoted, distributed and made available more in the last several years than in their entire history, why is it that sexually transmitted diseases, teen pregnancies, and AIDS continue to increase?

4. Why don't we make condoms available in the schools?

5. Do you support the distribution of Norplant to teenage girls as has been done in Baltimore City schools?

6. Would you support federal funding for the distribution of Norplant?

7. Should Norplant be given to minors without parental consent?

8. There are some that claim that Norplant is being used as a form of genocide against African Americans. How do you respond to this sentiment?

9. Do you believe that the teaching of masturbation should be part of the comprehensive, age-appropriate sex education you advocate?

10. Do you plan to support school-based clinics? If so, what role should parents play in these settings?

11. Should all school-based clinics distribute birth control on site? If not, who should decide which programs do?

12. Are there any school-based clinics in Tennessee? If there are any, what evidence is there to support the argument that they bring down the rate of teenage pregnancy?

AIDS AND HIV

1. The American public seems to think AIDS is not an important issue. How can you affect that?

2. Isn't your emphasis on abstinence unrealistic and potentially deadly, given the fact that so many young people are sexually active before the age of 18?

3. Do you support the distribution of clean needles to intravenous drug abusers as a means of slowing the spread of HIV?

4. Why should we spend so much money for AIDS, compared to cancer or heart disease, which kill so many more Americans?

5. How can you justify more of a spending increase in AIDS research at NIH than for the rest of NIH?

6. How do you answer those who suggest cutting the AIDS budget?

7. News reports on the statistics for AIDS in 1994 suggest that the AIDS rate is slowing down. Why do we need more money?

8. But hasn't there been a "relapse" into unsafe sex among gay men?

9. Last year the Administration proposed a freeze in AIDS prevention money. Why an increase this year?

10. Why hasn't the Administration proposed a Manhattan Project for AIDS?

11. There's been talk in Congress about doing away with OAR. What impact would that have?

12. Dr. Paul laid out an AIDS research program in a recent edition of Science magazine. Is there enough money in the President's budget to carry out that plan?

13. Dr. Paul just published an article in Science magazine suggesting that there is too much focused research at NIH. Doesn't that argue against a strong Office of AIDS Research?

14. Why have a special program for AIDS care when there isn't for any other disease?

15. Why not block grant Ryan White?

16. CDC is reorganizing its AIDS programs. How will that work?

17. Can you explain how the CDC block grant would work?

18. What will prevent HIV money from being diverted to other problems under the consolidation at CDC?

19. Why don't we just test everyone so that we know who is infected with HIV and who isn't?

20. The new proposed Public Health Service guidelines on HIV testing recommend that all pregnant women be tested for HIV, but they do not mandate it. Why not make it mandatory, especially given AZT's potential for significantly reducing perinatal transmission of the virus?

21. Shouldn't patients be required to tell health practitioners whether they are HIV-positive, and vice versa?

22. Shouldn't the President show more passion about AIDS?

23. Many AIDS activists and health professionals contend that U.S. immigration restrictions barring entrance to HIV-infected foreigners is a violation of their human rights and won't help slow the spread of AIDS. How do you feel about these restrictions?

24. Last year, waivers were made available to HIV-infected homosexuals attending the Gay Games. Wasn't it a stretch to say this event was in the public interest?

WOMEN'S HEALTH

1. What can we do about breast cancer?

2. What do you think of recent research showing that abortions increase the risk of breast cancer?

3. What is your position on how frequently and when women should get mammograms?

4. Does it make a difference if a woman is screened very year or every two years?

5. How can we account for the worse outcomes in cases of breast cancer among African-American women?

6. Do you support regulations such as the so-called "Gag Rule" which aim to separate abortion activities from federally supported family planning services? If not, do you support any limitation on the ability of clinics receiving federal funds to counsel or refer women for abortion?

MARIJUANA AND OTHER NARCOTICS

1. The recent Monitoring the Future (MTF) Survey shows that fewer students believe using marijuana is harmful to their health, and more young people are using marijuana. Is this evidence that the Administration is not sending out a tough enough message on drugs?

2. Do you believe we should legalize illicit drugs? Should we study the legalization of illicit drugs?

3. Do you support the medicinal use of marijuana?

4. Would you endorse allowing new patients into the single patient (compassionate) IND program for the use of marijuana?

5. Should the government support research into the medicinal use of marijuana?

TOBACCO

1. Every Surgeon General since Luther Terry in the mid-sixties has spoken out against smoking. In this tradition, what do you plan to do to get Americans to stop smoking?

2. Do you believe that nicotine is a drug? Do you believe that tobacco companies manipulate the nicotine-content of their tobacco products? Do you believe that tobacco products should be regulated by the FDA?

3. Do you believe that nicotine is addictive? If so, shouldn't tobacco products be banned, like other addictive drugs are?

4. Should tobacco be banned in the workplace? Do you see it as the responsibility of the Surgeon General to advocate the elimination of tobacco use when non-smokers might be affected?

5. Do you support increasing the tax on tobacco products to pay for health care reform initiatives? or for any reason?

6. What is the role of the federal government in regulating the advertising of tobacco products? Should cigarette warning labels be larger? More strongly worded? Should print advertising by tobacco companies be banned altogether? Should product-endorsements for sports and athletic activities be banned?

7. Do you believe that tobacco companies are tailoring their smokeless tobacco products to entice teenage users? Should such practices be controlled or prohibited?

8. How should the use of tobacco products by teenagers be controlled or eliminated? Should the federal government control advertising content, style, or markets?

9. Isn't the use of smokeless tobacco an acceptable alternative to smoking, since it doesn't affect the indoor air that others must breathe and won't cause lung cancer?

10. If you oppose smoking and tobacco use among Americans, will you also bring the message to stop smoking to other countries, especially in the emerging markets in Asia, that import American-grown tobacco? Isn't it hypocritical for the federal government to spend so much effort persuading Americans to stop smoking, meanwhile having the Commerce Department negotiating trade agreements to import American-grown tobacco?

11. Current federal law requires states to prohibit the sale or distribution of tobacco products to persons under the age of 18. How should that law be enforced? Should the local police be required to carry out "sting operations" in local convenience stores? Should vending machines be banned? Or should the federal government regulate their placement so that they are not available in facilities, like video arcades and grocery stores, that are accessible to teenagers?

VIOLENCE

1. Do you believe violence is a public health issue?

2. What can be done to reduce the violence being perpetrated by younger and younger offenders in our country?

3. What are your thoughts on what we should do to reduce domestic violence/violence against women in the United States? [Or, do you regard domestic violence as part of what you will address as Surgeon General?]

4. What is your position on gun control? [Or, Do you favor further regulations on gun ownership?]

5. Isn't the CDC engaged in a campaign to take away guns from Americans and stick its nose into people's lives in the name of stopping violence?

WELFARE REFORM

1. As you know, there are some who claim that denying aid to unmarried teenagers will reduce out-of-wedlock and teen births. How do you respond to that?

2. Do you believe that denying cash benefits to pregnant teenagers will reduce teen pregnancy?

3. Why should Medicaid be an entitlement? What do you think about making Medicaid a block grant?

4. What are the current teen pregnancy and childbearing trends?

5. In the State of the Union Address, President Clinton mentioned his National Teen Pregnancy Prevention Initiative. What exactly is it?

6. What is the Department currently doing to prevent teen pregnancy?

7. What is HHS currently doing in teen pregnancy prevention research?

HEALTH CARE REFORM

1. What will your role be in health care reform?

2. In the course of the health care debate, you charged that the President's health care reform had "the potential to negatively impact medical education." What did you mean?

3. But you criticized the Clinton bill for cutting Medicare funding for graduate medical education; ignoring undergraduate medical education and providing inadequate support for low-income students; and undermining academic health centers with the promotion of managed care.

   And you continually mentioned a "long and difficult session" with Ira Magaziner who wasn't listening to your point of view. Wasn't the Administration threatening the core of the nation's health care quality with its bill?

4. In discussions of health reform, you supported measures that would dictate to medical schools and teaching hospitals the kinds of doctors they could train. How can you advocate such interference with our nation's private health care system?

5. You have called for a physician "draft" to get providers to all parts of this country as we sometimes draft providers to other parts of the world. Do you advocate that policy?

6. You have suggested that Veterans Administration hospitals with empty beds should be used by the broader community. What do you mean?

7. In describing how health care reform would "play out," you talked about a two-tier system. You essentially argued that health care would be rationed; that the American system would and should look like the British system. How could you support such a policy or an Administration that would support such a policy?

8. You have expressed concerns about the impact of Tenncare on the financing of medical education in Tennessee. Isn't Tenncare a product of the Administration you're now going to represent?

9. If Tennessee can control its health care costs with a waiver, can we turn all of Medicaid into block grants and do a better job for the poor with less money?

FETAL TISSUE AND EMBRYO RESEARCH

1. Does the federal government currently fund human embryo research?

2. Wasn't there a recent report to or by the National Institutes of Health recommending that the federal government fund such research?

3. What research did the Panel and the Advisory Committee recommend for funding?

4. Wouldn't federal funding for human embryo research reverse twenty years of government policy?

5. If you believe human embryo research should be federally funded, are there limits to that funding? What standard should be applied to decide which research to fund?

6. Are there any good reasons to do human embryo research?

7. What will happen if there is not federal funding for human embryo research?

8. Has President Clinton authorized fetal tissue research?

MISCELLANEOUS ISSUES

1. You've talked a lot about teen pregnancy and other issues confronting young people. What other children's issues do you plan on addressing as Surgeon General?

2. What is the risk of getting TB on an airplane, and what is recommended to protect the public traveling by air?

3. What should we do about the growing threat of multi-drug-resistant TB?

4. Who has authority to quarantine an individual within a given State and when should quarantine be considered? Who has the authority to quarantine an individual if that person is traveling between states?

5. You said recently that minority youth have to learn "operative English." What did you mean by that?

6. What is your position on physician-assisted suicide?

7. What is your salary arrangement with the Department of Health and Human Services at this time?

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February 2, 1995

Statement

Surgeon General Designate

Henry W. Foster, Jr.

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

As an obstetrician/gynecologist, I can speak directly to the issue of infant mortality, where the U.S. ranks well down the list among western nations. In my view, you can judge the character of a nation by the manner in which it treats its elderly and its children. There is nothing more stifling than a compromised beginning. We must assure healthier starts in the lives of our children.

- More -

Another of my special concerns is the epidemic of adolescent pregnancies. We have the highest teen pregnancy rate in the western world -- twice that of the nearest western nation. Be assured, this is a problem that cuts across all socio-economic strata. There are, however, demonstrated ways that this problem can be mitigated.

It takes commitment and lots of hard work, but it is being done. As you have heard, the "I Have a Future" program is making a difference in Nashville because it has brought together a concerned community that's willing to put in the time and effort to tackle the many roots of the teenage pregnancy problem. As your Surgeon General, this issue will be among my highest priorities.

I will also put tremendous emphasis on other pressing health issues for which prevention can be very effective-- issues such as AIDS and tobacco consumption, especially among our children.

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

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

Thank you very much.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Friday, February 3, 1995

Contact: Avis LaVelle
202-690-7850

Statement by Dr. Henry Foster, Nominee for U.S. Surgeon General

My specialty in the practice of medicine is obstetrics/gynecology. I have personally delivered more than 10,000 babies in nearly 30 years of practice including my service in the military.

In that period of almost three decades as a private practicing physician, I believed that I performed fewer than a dozen pregnancy terminations. None were in out-patient settings; all were in hospitals and were primarily to save the lives of the women or because the women had been the victims of rape or incest.

I was also Chief of Service at two major teaching institutions where many physicians held hospital privileges. A wide variety of medical procedures and research was performed at both. To my knowledge, all were in accordance with the law and educational requirements.

I have dedicated my life's work to improving access to medical care and improving quality of life for women and children, a passion rooted in my early years of practice in the rural South. I have placed particular emphasis on prevention, especially in such areas as teen pregnancy, drug abuse and smoking cessation in children. In my work with teenagers, abstinence has always been stressed as my first priority.

Through my long affiliation with Planned Parenthood Federation of America, my personal goal has always been to provide education, counseling, preventive health care and contraceptive access to patients needing such services. If abortion is provided, my wish is that it be safe, legal and rare.

I am proud of my affiliation with Planned Parenthood just as I am of my affiliation with many other prestigious organizations such as the March of Dimes Foundation, the American Cancer Society, the Y.W.C.A. and my church.

ABC NEWS

SHOW: Nightline (ABC 11:30 pm ET)

February 8, 1995

Transcript # 3578

BODY:

ANNOUNCER: February 8th, 1995.

Pres. BILL CLINTON: He is a good man who has delivered thousands of babies.

TED KOPPEL: [voice-over] You've heard what the President said about his nominee for surgeon general.

Pres. BILL CLINTON: I believe he should be confirmed, and I believe he will.

TED KOPPEL: [voice-over] And you've heard what his opponents on Capitol Hill are saying.

Sen. TRENT LOTT, Majority Whip: Most senators so far have said, 'Look, I'm troubled about this, I think it is a problem.'

Sen. BARBARA MIKULSKI, (D), Maryland: I would say it would be a 50-50 chance of his nomination surviving.

TED KOPPEL: [voice-over] But until now you haven't heard from the nominee himself. Tonight, Dr. Henry Foster speaking in his own defense.

ANNOUNCER: This is ABC News Nightline. Reporting tonight from the White House, Ted Koppel.

TED KOPPEL: Two months ago, then-Surgeon General Dr. Joycelyn Elders was forced to retire because she had become too much of a political liability. Five days ago, President Clinton introduced his new nominee, Dr. Henry Foster, to the nation. Since Dr. Foster is an obstetrician, it probably should have occurred to someone doing advance work on the nomination that he had very likely performed a number of what are called therapeutic abortions over the years. Not that there is anything illegal about that, but it is, of course, a politically sensitive issue. What has complicated the matter is the confusion that has arisen over just how many such abortions Dr. Foster and performed, and why the matter wasn't clearly and forthrightly dealt with from the beginning.

[voice-over] That we are here in the Roosevelt Room of the White House with Dr. Foster is a sign of the times. There was a day when a presidential nominee might pay a courtesy call or two to a powerful committee chairman on Capitol Hill, but otherwise he or she would say nothing in public until the Senate had voted.

Dr. Foster, however, accepted our invitation to appear on Nightline this evening at the urging of the White House.

[on camera] The interview is being conducted here in the Roosevelt Room because this is where the White House wanted it. The Clinton administration is closely associating itself, in other words, with Dr. Foster's fight to save his nomination.

Dr. Foster's battle will be a difficult one. Cokie Roberts has been tracking the situation on Capitol Hill. Cokie?

COKIE ROBERTS, ABC News: Ted, it's a difficult nomination because members of Congress are upset, not just with Dr. Foster's own record, but much more so with the White House. They're talking about another botched nomination, saying that once again the White House did not properly vet this situation, and that they don't even know whether the President sticks behind the nominee. Because of those concerns, the President today was forced to make another statement of support.

Pres. BILL CLINTON: That he is a good man who has delivered thousands of babies and devoted his life to trying to prevent the kind of problems that he's now being criticized for. I believe he should be confirmed, and I believe he will. Thank you.

COKIE ROBERTS: [voice-over] That statement of support comes after almost a week of questions about how many abortions Dr. Foster has performed and under what circumstances, questions that started almost immediately after the President's announcement. The fact that there's no one answer has provided ammunition to anti-abortion activists.

MAUREEN MALLOY, National Right to Life Committee: First they were claiming that he'd only performed one abortion, then it was 12 last Friday, now we're seeing evidence of his having performed at least 60, and evidence of possibly up to 700. What's the real story?

COKIE ROBERTS: [voice-over] That's a question that's allowed the President's political opponents to steer clear of the sensitive issue of abortion, to focus instead on credibility.

Sen. TRENT LOTT, Majority Whip: It's not just an abortion question, it's how the facts have been presented, or the fact that the facts haven't been presented in some instances.

COKIE ROBERTS: [voice-over] Facts about questions the administration should have anticipated.

STEPHEN HESS, Brookings Institution: If you're going to appoint an obstetrician,you know what's going to happen, and you'd better have all your facts lined up. And, you know, we're into the third year of this administration. It's too late for amateur night at the White House.

LEON PANETTA, White House Chief of Staff: I have to tell you that the staff, in this situation, probably did not serve the President well, in terms of actually going into the full background here.

Sen. BARBARA MIKULSKI, (D), Maryland: There's no doubt that they didn't do the process as well as that they should, but the fact is that even if they bungled the process, this is an outstanding nominee.

COKIE ROBERTS: [voice-over] There's a strong sense among Democrats that the President cannot back away from this nominee, that Henry Foster should either take himself out of the process, or get his hearing before the Senate, unlike some previous nominees.

Sen. CAROL MOSELEY-BRAUN, (D), Illinois: Just as Lani Guinier was waylaid before she got to the Hill, before her nomination ever came to us and there was a hearing involved, it was waylaid at that point, and that's what's going on here again.

COKIE ROBERTS: [voice-over] The specter of Lani Guinier, Clinton's nominee for assistant attorney general, and the criticism the President came under for abandoning her, hangs over this nomination. So does the controversy surrounding the last surgeon general, Joycelyn Elders, which begs the question, why name anyone who creates a political firestorm? Why not pick someone like a cancer or heart specialist?

LEON PANETTA: We looked for the person that we thought was the best qualified to become surgeon general and deal with what we think is the principal problem in the country, the President thinks is the principal problem, is trying to prevent teenage pregnancy.

COKIE ROBERTS: [voice-over] Dr. Foster's teen pregnancy program was singled out for praise by then-President George Bush. That's something you hear over and over from Foster's supporters, who are now gearing up a campaign for his confirmation.

FOSTER SUPPORTER: It's very important that you call your senators and let them know how urgent the situation is, and that you support Dr. Foster's nomination.

COKIE ROBERTS: [voice-over] But for now, at least, the noise is coming from Foster's well-organized opponents.

RADIO TALK SHOW CALLER: And I don't think that they really want a surgeon general that's really a Dr. Kevorkian, who has the blood of potentially, you know, 700 babies on his hands.

COKIE ROBERTS: [voice-over] So, is it possible to salvage this nomination? Can Henry Foster be confirmed?

Sen. TRENT LOTT: I'd say his chances are certainly no better than 50-50 at this chance [sic], this moment.

COKIE ROBERTS: Fifty-fifty is what members are saying publicly into cameras, Ted. Privately, they're giving more pessimistic views. They don't know if there's more information to come out that can make things harder for the nominee. They don't know how much the President is going to stick with him, particularly if it distracts from other issues like welfare reform, which has to go through the same committee. And they don't know if Dr. Foster understands how really tough this can get, how nasty and poisonous this process can become, Ted.

TED KOPPEL: How solid is the- is the Democratic support, Cokie? And I suppose the other half of that question is, how solid is Republican opposition?

COKIE ROBERTS: Neither one is firmly solid yet, but they are- they are hardening up, but the Democrats are a lot softer than the Republicans at this point. And as we said, the Republicans have the excuse of saying they have a credibility problem so they can pull away from the abortion question, and the Democrats are just angry that they're being forced to go through this, that they- that they can't just have a nice, simple surgeon general nomination in the middle of a lot of other fights that they're having to have at the Capitol, and they thought the White House was getting its act together, and now they're wondering.

TED KOPPEL: Cokie, thanks very much.

As I mentioned before, I'm in the Roosevelt Room at the White House with Dr. Foster. Before we begin our interview in depth, Dr. Foster, I know you have some things you want to say about where you stand, at the moment, and indeed, that was the question that Cokie Roberts was raising that apparently a lot of people on Capitol Hill want to know. How committed are you to this fight?

Dr. HENRY FOSTER, U.S. Surgeon General Nominee: Well, thank you. First of all, I understand today's your birthday, I wish to wish you a happy birthday.

TED KOPPEL: Thank you, sir.

Dr. HENRY FOSTER: And thank you for having me on your show. What I'd like for you to do, Mr. Koppel, to indulge me for just a few moments. It seems that everyone in this country has been defining Henry Foster except Henry Foster. I'm an obstetrician- gynecologist. I have devoted my entire professional life to improving the lives of mothers, babies and their families. Mr. Koppel, I have done thousands of surgical procedures. I have delivered thousands and thousands of babies, all with the single goal to bring healthy babies and healthy mothers through this process.

I was very fortunate, I had excellent training. I went to the University of Arkansas, marvelous school. My OB chairman was president of the American College. I had training in Boston. I had training in Detroit, at Wayne State. But it was at Tuskegee, Alabama, when I was a resident, rotating, that I think my life was galvanized, in terms of what I wanted to do with it. My mentor, Dr. John Daniel Thompson, who was chairman of Emory University, he and his staff alternated every weekend, drove over 300 miles round-trip to come to Tuskegee to shepherd our training and to provide care for those poor women. He was a white Southerner. When I completed my training, I sat down with my family and said, 'I must go there. That is where the worst problems are.'

But it was a springboard. Shortly after I got there, Tuskegee Institute was successful in getting an MNI grant, maternity grant. It was a regionalized program. It was recognized in Washington as a forerunner to regionalized care. It got me elected to the National Academy of Sciences, then the youngest person ever admitted, in 1972. Then the Robert Wood Johnson Foundation recognized this concept of regionalized care, so they invited me onto their national advisory committee. That is now the standard for perinatal care.

TED KOPPEL: Dr. Foster, I don't want to prevent you from defining yourself, but as I told you before we began the program, we have a total of 11 minutes to talk to one another.

Dr. HENRY FOSTER: Yes. Good. Very good.

TED KOPPEL: So if you would wrap this part up, we'll take a break and get to the questions.

Dr. HENRY FOSTER: I will. I will. After Tuskegee, I went to Meharry, and I was fortunate there, when the Robert Wood Johnson Foundation said, 'Run this national program for us,' and from that I developed the program, 'I Have a Future.' It has been recognized by the AMA as a model program in teen sexuality and it was subsequently recognized and awarded by President Bush as a daily Point of Light. That's the context of my life, building. I abhor abortions. I abhor war. To me, abortion is failure. I don't like failure.

TED KOPPEL: All right, Doctor. Thank you very much. We're going to take a short break. When we come back, some questions, and in fact, I'll be repeating the one I asked you a moment ago, how much of a fight are you going to put up? We'll be back in a moment.

[Commercial break]

TED KOPPEL: And we're back once again in the Roosevelt Room at the White House with Dr. Henry Foster.

Dr. Foster, you defined yourself by your own terms. Now let me ask you to define yourself by mine. There is some question about your honesty, sir, or at least whether you were disingenuous when you spoke about the number of abortions that you have performed over the years. Initially, someone, in your name, said one. You were then quoted as saying you think it was less than a dozen. How many?

Dr. HENRY FOSTER: I'll tell you how many, but let me give you the scenario. The day before the President announced his intention to nominate, I was asked by someone in the administration had I done abortions, and I said yes, and the one I remembered most was a woman who had AIDS, and that was essentially the end of that conversation. Shortly thereafter, someone said 'Have you done more than one abortion?' I casually said 'Yes, most physicians have done more-obstetricians have done more than one abortion.' And they said, 'How many have you done?' Washington is a fast town. I've got- but I'm becoming a quick study. I should have refused, Mr. Koppel, to answer that question until I knew the exact number.

TED KOPPEL: Well, you did better than that. You issued a statement.

Dr. HENRY FOSTER: Yes.

TED KOPPEL: A written statement, and that's the one I was referring to a moment ago, when I referred to the fewer than a dozen.

Dr. HENRY FOSTER: Right.

TED KOPPEL: Is that correct?

Dr. HENRY FOSTER: Yes. Let me tell-

TED KOPPEL: Fewer than a dozen?

Dr. HENRY FOSTER: That's what I said. That's what I was asked how many had I done. I said, 'I really don't know.' They said, 'Was it a hundred?' I said,'Well, I don't think so.' So, as, again, I wish I had refused to say then. But they said 'A dozen?' I said, 'Yes, perhaps a dozen, maybe less than a dozen.' Then there's this furor. Now my credibility is at stake and I have to do something about it, the veracity of my statements.
This was all from memory. Mr. Koppel, I finished medical school 20- in 1958, 37 years ago. I finished 37 years ago.

TED KOPPEL: Thirty-five, 36, 37 years ago.

Dr. HENRY FOSTER: And I started doing procedures from the time I went into my internship. I was depending on memory. I shouldn't have done that. I wish- I wish I hadn't, but I was so-

TED KOPPEL: But if you had said, Dr. Foster, 'I have done scores, I have done dozens, I have done hundreds, I cannot give you the number,' the problem is, you were quite specific. Fewer than a dozen- Dr. HENRY FOSTER: Right.

TED KOPPEL: -is not just a vague number, it's a fairly precise number.

Dr. HENRY FOSTER: Yes, but it was a guess and I should not have made it, no.

TED KOPPEL: Let me- let me- I mean, you've had ample time to think about it now.

Dr. HENRY FOSTER: Okay.

TED KOPPEL: And you've had ample time to consult with your advisers here at the White House.

Dr. HENRY FOSTER: Right.

TED KOPPEL: Do you have a number now?

Dr. HENRY FOSTER: Yes, I do have a number now. For the last three days, I have worked furiously at the George W. Hubbard Hospital of Meharry Medical College, all of my patient records, and all of the operative logs from the time I went to Meharry in 1973 until tonight have revealed that I was listed as the physician of record on 39 of those cases in 38 years in practice and 22 years at Meharry. Further, I must add one other point.

TED KOPPEL: Please.

Dr. HENRY FOSTER: To keep- for my veracity. We are in a medical setting. We had a research grant. We have to do that to train our residents. We were in a multi-center study with the Upjohn Company, and we tested a product, a suppository, not a mechanical procedure, to train residents.

TED KOPPEL: Right. A vaginal suppository.

Dr. HENRY FOSTER: A vaginal suppository.

TED KOPPEL: Which could induce-

Dr. HENRY FOSTER: Early abortion.

TED KOPPEL: Early abortion.

Dr. HENRY FOSTER: That is correct. Legal- early legal abortion.

TED KOPPEL: Right.

Dr. HENRY FOSTER: And read by- we have to train our residents, all residents, how they manage the complications of abortion. That's a part of keeping our program accredited, and at that time, and like now, 20 percent of all universities survive on grant funds. That was a grant. The study was subsequently terminated because of what we found.

TED KOPPEL: Before- before that study was terminated, Dr. Foster - and I was just reading up on that particular study - you were in charge of the research on that study.

Dr. HENRY FOSTER: Yes, I was chairman of the study, that is correct.

TED KOPPEL: My recollection is that during the first year, there were some 80 women who used that suppository, and you are quoted as saying that 75 of those resulted in termination of pregnancy.

Dr. HENRY FOSTER: That's incorrect. My study is- for once this- the literature will be my ally. This was published in the Journal of Obstetrics and Gynecology, called the 'Green Journal.' There were 60 patients in the study.

TED KOPPEL: And how many of those resulted in successful terminations of pregnancy?

Dr. HENRY FOSTER: Fifty-five.

TED KOPPEL: And so you're not counting those when you speak of 39 abortions.

Dr. HENRY FOSTER: No, no.

TED KOPPEL: You don't consider those abortions?

Dr. HENRY FOSTER: Yes, but I've had- but many times I was not even in the country when they were done. This was a research program. All the doctors on staff received, were assigned patients when patients presented themselves. These were not patients I knew, they weren't my private patients, and the residents were the doctors who we were teaching to insert these suppositories.

TED KOPPEL: All right. We have to take a short break, Dr. Foster. We'll be back in just a moment.

[Commercial break]

TED KOPPEL: And we're back once again with Dr. Henry Foster at the Roosevelt Room inside the White House.

Dr. Foster, you said earlier on in this conversation, I'm not sure if I'm using precisely the term, but you said you abhor abortion.

Dr. HENRY FOSTER: That is correct.

TED KOPPEL: Why would you participate, not only participate in a study, but indeed, lead a study in behalf of a chemical company, the sole purpose of which was early abortion?

Dr. HENRY FOSTER: Right. As I explained earlier, we have a responsibility in training residents to maintain our accreditation. It's a very difficult job. I maintained an accredited residence program for 17 years. We have a responsibility to teach all residents how to manage the complications of abortion-

TED KOPPEL: But that doesn't suggest that you're going to create a number of abortions specifically so that they can handle the complications from them, does it?

Dr. HENRY FOSTER: No. But there are going to be some of their own. No, we don't make them, but you cannot have a situation where you can predict who will or who will not have complications.

TED KOPPEL: I guess the only thing I'm asking is, in this particular case, where we're talking about these vaginal suppositories, they are useful only during the first, I think, seven weeks of pregnancy, isn't that correct?

Dr. HENRY FOSTER: You're absolutely right, 42 days.

TED KOPPEL: So that we would not be talking here about women who were having abortions for reasons of incest or rape or danger to the mother, but more likely than not women who had just discovered that they were pregnant and wanted to terminate their pregnancy.

Dr. HENRY FOSTER: Yes. And the purpose of the study was to determine the safety, the efficacy, and the patient acceptability of this modality, so patients might be able to avoid having mechanical procedures when they were done for medical reasons or any other reasons. But I must emphasize that these were procedures done in a research institution. We- There were studies across the country, it was a multi-site study.

TED KOPPEL: We are down to our last three minutes or so. There are a number of other issues I want to touch with you quickly. The question that I asked you initially, you heard Cokie Roberts' report, even on the record, senators and congresspeople are saying they think you stand about a 50-50 chance. Off the record, they are not quite that optimistic. How much of a fighter are you?

Dr. HENRY FOSTER: I'm a big fighter. I'm looking forward to being touted around the Hill to get my message across. I'm going to go with the process all the way, primarily because this is an opportunity for me to improve the care of the people in this nation.

TED KOPPEL: And how committed do you feel that the President is? I mean, the fact that we are doing this interview here, as I said earlier, in the White House, suggests that for the moment, at least, the White House is certainly committed to your nomination. What conversations have you had with the President and his advisers that lead you to feel, that lead you to have any confidence, that they'll stick with you?

Dr. HENRY FOSTER: You answered the question for me. This is an example. I feel the President is totally committed to my nomination, based on what I define as what characterizes me at the beginning, at the top of this program, what I've done through the years in maternal and child health, health delivery, reducing teenage pregnancy, improving the lives of these young people. This is a program that can be replicated across the country.

TED KOPPEL: Your predecessor, as you know, ultimately was forced to resign because she simply became politically too controversial. Do you take great issue with anything that Joycelyn Elders did, as distinguished from what she said?

Dr. HENRY FOSTER: Process-wise, yes. But the goals were improving the quality of life, which I think, incidentally, is the goal of virtually most of the people watching this show. It's a matter of process, how do we get there.

TED KOPPEL: So that when we talk about teaching children sex education, when we talk about the distribution of condoms, for example, any- any difference between you and Dr. Elders?

Dr. HENRY FOSTER: I think so.

TED KOPPEL: Where?

Dr. HENRY FOSTER: I think that these issues have to be addressed at the family level. I do not feel schools or the health department can unilaterally do this without the involvement of parents.

TED KOPPEL: But with the involvement of parents, you do favor the widespread distribution of condoms?

Dr. HENRY FOSTER: No.

TED KOPPEL: No?

Dr. HENRY FOSTER: I favor abstinence. Abstinence, that's what I favor. That's the bedrock of our program. That's why we have 18 kids out, 16 kids out of 23 out of the inner city housing project that are going to college now, nine African-American males. We teach people abstinence. That's our first route.

TED KOPPEL: What's the- what's the main lesson that you have been taught here in your- in your five rather intense days in the Washington cauldron?

Dr. HENRY FOSTER: To make up my own mind about what I want to do. I will not be pushed again to do something or give numbers or depend on my memory. I will be much more factual, or I will refuse to respond.

TED KOPPEL: Dr. Foster, thank you very much. I appreciate your joining us on the program tonight.

Dr. HENRY FOSTER: Thank you so much for having me.

TED KOPPEL: I'll be back in a moment with a late-breaking news story.

[Commercial break]

TED KOPPEL: ABC News reported earlier this evening, and the White House has now confirmed-

[voice-over] -that Ramzi Ahmed Yousef, the alleged mastermind of the bombing of the World Trade Center, has been arrested in Pakistan. He has now been brought to New York's Metropolitan Correction Center, under indictment for his role in the bombing that killed six people and injured more than a thousand. Yousef had been on the FBI's most wanted list for nearly two years.

[on camera] In a statement released tonight, the President called the capture a major step forward in the fight against terrorism. Yousef is scheduled to appear in federal court for arraignment tomorrow.

That's our program for tonight. I'm Ted Koppel at the White House. For all of us here at ABC News, good night.

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data

TRANSCRIPT BY: FEDERAL NEWS SERVICE
620 NATIONAL PRESS BUILDING
WASHINGTON, DC 20045

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. FOSTER: The program involves entire --

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you very much. (Applause.)

# # # # #

EMBARGOED FOR RELEASE UNTIL DELIVERED

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

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

You guys gave me a lot of inspiration.

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

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

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

That's the day when, if the groundhog sees its shadow, we know we're in for six more weeks of winter. But if the groundhog doesn't see it, we know that spring is just around the corner.

I feel a little bit like that groundhog.

Because ever since February the second -- when President Clinton and Secretary Shalala publicly called me to service -- the descriptions of myself and my work that I have read in the papers and seen on TV have cast an unrecognizable shadow of the man I really am.

Yes, I see a shadow, but it's not <u>my</u> shadow.

And that means Spring is just around the corner.

In his announcement of my nomination, the President thanked me for taking on the difficult task of public service at a time when public service sometimes has a high price.

I thought I knew what he meant at the time.

But after the past week -- I <u>really</u> know what he meant.

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

Let me tell you.

But all is not lost.

America is moving forward to confront both our health care crisis and the crisis of values that has led to too much irresponsible behavior.

As your Surgeon General -- working with you and all Americans -- I believe that I can turn the small ripples of success that we have produced into great waves of progress.

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

... That I can help inspire people in communities all across this nation to put a stop to dangerous and destructive behaviors...

... That I can help draw more attention to the tragic public health problems confronting us -- From the epidemic of violence to the spread of AIDS to the terrible problem of substance abuse.

The biggest tragedy is that these conditions are largely preventable and the deaths they cause are so often unnecessary.

Take violence, for example.

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

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

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

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

It is also a major cause of the disintegration and the hopelessness that pervade so many of our communities.

We can dig at the root causes of this epidemic and we can weed it out of existence.

I know we can -- but it's going to take entire communities, working together.

Then there's drug and alcohol abuse.

All of them are linked to the unacceptably high teen pregnancy rate in this country.

Early sex and early pregnancy so often are linked -- either as a cause or a consequence -- of violence, drug use, AIDS, poverty, and so many other negative outcomes.

Every day 8,400 teenagers become sexually active.

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

This is bad for the teens and even worse for their children.

We know that children born to teenagers are more likely to have serious health problems, and are more likely to be poor.

We know that about 80 percent of children born to teenage parents who dropped out of high school now live in poverty.

If we want to prevent teen pregnancy, we must offer young people more than slogans and dependency.

We must offer them something that's worth more than gold -- We must offer them a quality education, a full array of health services, and enhanced self-esteem and life-options.

Too many children today believe their only hope is having babies.

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

That's the philosophy that embodies the "I Have a Future" program we started at Meharry Medical College back in 1987.

Our approach is to expand adolescent health care programs beyond the schools, and bring them to the community, where they can become a part of the fabric of everyday life.

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

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

Everybody from parents, grandparents to politicians, volunteers, and from the clergy to business leaders has a role to play.

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

But let me be clear:

As Surgeon General, I will work to empower local communities to develop comprehensive programs that fit their individual needs.

What works in Nashville may not work completely in Chicago or Charlotte.

It will be up to local communities to decide what is best for them.

The Administration and I are congruent in our emphasis on abstinence ...

... Because I believe that abstinence and aspiration are inextricably linked.

My opponents say that this nomination is about abortion. I have dedicated my medical career to taking all appropriate medical steps to meet the health needs of my patients, and that includes performing legal abortions.

I believe in the right of a woman to choose. And I also support the President's belief that abortions should be safe, legal and rare.

But my life's work has been dedicated to making sure that young people don't have to face the choice of having abortions.

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

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

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

Americans are demonstrating that, with quality leadership, we can make headway on major public health problems if we put our minds to it.

Since the President asked me to take on the job of Surgeon General, I have been in the fight of my life.

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

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

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

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

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

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

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

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

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

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

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

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

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

Statement of Dr. Henry W. Foster, Jr.

I have spent my life devoted to providing health care to those who might otherwise be denied such care. I was outraged in 1972 when, as President of the Macon County Medical Society, I first learned the facts of the Tuskegee Syphilis Study. Had I learned the facts of the Study any earlier, I would have been equally outraged then, and I would have insisted on appropriate treatment, as I did in 1972.

Statement of John D. Podesta, White House Official

Dr. Foster has stated unequivocally that he was not informed until 1972 that the federal government was conducting its study of untreated syphilis.

While we have no doubt that those opposed to this nomination will try to distort the facts and use the actions of the government against Dr. Foster, we are confident that fair-minded people will reject those distortions.

Statement of Sheridan Howard Settler, Jr., M.D.

I recall a meeting of the Macon County Medical Society in 1969 at which the Society received a brief report from federal officials about the ongoing Tuskegee Syphilis Study.

It is my recollection that the subject of treating the participants was not raised at this meeting. Further, I do not recall that the Society was asked to provide its consent to continue a study of untreated syphilis. Finally, I have no recollection, and do not know, that Dr. Henry Foster was present at this meeting. (2/24/95)

Statement of Broadus M. Butler, former president of Dillard University

I headed the Ad-Hoc Commission appointed by HEW in 1972 to review the Macon County Study, commonly referred to as the Tuskegee Study, on the effects of untreated syphilis on black men.

What was clear from our review is that this was a federal government study from start to finish, with no input or participation from local Tuskegee doctors. Any effort to assign blame to the local doctors -- most of whom weren't even aware of the study until the very end and then were not aware of critical details -- is terribly misplaced.

There were really only two issues concerning this study: first, whether it should ever have taken place; second, whether it should have been stopped in the late 1940s when penicillin became widely available. These decisions were made solely by the federal government. By 1968, one of the study researchers advised the team and the federal government that treatment was no longer a viable option. (2/24/95)

Statement of Mr. Fred D. Grey, the Tuskegee Study plaintiff's lawyer

I don't believe they were aware of the details of the study. I think they probably were as much victims as were the participants themselves. (CBS Evening News, 2/24/95)

Our research showed that the only ones who really made decisions were persons connected with the federal government and the (state) health department. Our research showed that none of the local doctors were responsible for the study.
(The Washington Post, 2/25/95)

Dr. Foster – Fact Statement

- In 1932, the federal government's Public Health Service commenced its "Study of Untreated Syphilis in the Male Negro in Macon County, Alabama." The subjects were not aware of the purpose of the study or even that they had syphilis. The study's purpose was to observe the effects of untreated syphilis, not to treat it.

- In February 1969, at least partially in response to concerns about the racial, social, and moral implications of the study, the CDC convened an Ad Hoc blue-ribbon panel to consider whether to continue the study. At that meeting, the panel discussed whether to commence treatment of the untreated subjects, and devoted considerable discussion to the fact that treatment at that point was unlikely to do much good and might be dangerous.

  They agreed to continue the study, but also to try to bring local physicians on board. Communications prior to the meeting as well as the minutes reflect that the CDC was concerned that it had a potentially explosive story on its hands, and several passages suggest that CDC doctors thought obtaining the concurrence of the Macon County doctors would provide protection from criticisms of the study. One comment referred to bringing the doctors on board as "good public relations."

- On May 19, 1969, a meeting was held in Tuskegee, Alabama between the CDC and some members of the Macon County Medical Society. The CDC was represented by Dr. William J. Brown and Dr. Alphonso Holguin. Exactly what occurred at the May meeting is unclear, but what does seem clear is that the briefing was relatively short -- the Macon County doctors who recall it estimate that it lasted between ten and twenty minutes -- *and that crucial details of the study were not disclosed.*

  Indeed, the Macon County doctors who recall the meeting, never understood the single most important fact about the study – namely that the study was designed to observe untreated syphilis and that participants were not supposed to be treated. Moreover, none of the doctors recalls that the members of the Medical Society were asked, or agreed, to withhold treatment from the subjects.

- Dr. Settler, the Secretary-Treasurer of the Medical Society in 1969, states that he remembers no discussion of treatment and no consent by the Medical Society to continuation of a study of untreated syphilis. In 1972, the *Montgomery Advertiser* reported that Dr. Settler had informed the *Advertiser* that Medical Society "members agreed to continue the program, but consented under the assumption that the patients were receiving treatment for the disease. 'We were never really informed of a project in which people were not being treated,' he said."

- The *Advertiser* also reported in 1972 that Dr. Brown, the former chief of the venereal disease branch of the Center for Disease Control, "conceded that there might have been a misunderstanding over certain details of the program discussed with Macon County physicians in 1969, but there was no intention on his or Dr. Holguin's part to mislead the society."

- Whatever the intentions of the CDC doctors, it seems clear that Dr. Brown's concession was accurate: there was a significant misunderstanding between federal officials and Macon County Medical Society members regarding the nature of the Tuskegee Syphilis Study. Any "consent" by the Medical Society to continuation of the study was based on incomplete and inadequate information.

- Who attended the May 19 meeting is also unclear. Ten doctors have been identified by at least one person as being present at a meeting of the Macon County Medical Society at which a briefing on the Tuskegee Syphilis Study was presented, but half do not remember being present at such a meeting. Most who remember the meeting could not place the meeting in 1969.

  Of those who recall being present at the meeting, each has memories of the meeting that differ significantly from the memories of the others. Only one -- Dr. McRae, President of the Medical Society in 1969 -- says that he recalls that Dr. Foster was present. Another recalls that Dr. Foster was *not* present. Moreover, Dr. McRae recalls the presence of other doctors who do not recall the meeting.

  Dr. McRae's recollections on a number of points ranging from how the May meeting was set up, to the nature of the Study, to Dr. Foster's role following the public disclosure of the Study in 1972 are all inconsistent with the facts as established by the documentary evidence. The confusion and mixing of memories after 26 years is not surprising.

- The CDC doctors have also indicated that they believe the local Macon County physicians must have known about the Tuskegee Study in 1969, even without the briefing from the CDC. But on March 13, 1969, Dr. Ira Myers, the Alabama State Health Officer, wrote to CDC's Dr. Brown that Dr. Myers had discussed the proposed meeting with Dr. Ruth Berrey, the County Health Officer, "and she knows of no opposition to the project at this time. *She feels that it is not generally known or publicized. She doubts if the Medical Society is aware of its existence* but hopes they will be sympathetic with the desires of the Public Health Service" (emphasis added). This contemporaneous evidence from a doctor who knew the local Macon County physicians clearly refutes the assumption of the federal officials that all the Medical Society doctors knew about, much less understood the details of, the Tuskegee Syphilis Study.

- This is what Fred Grey, the lawyer who sued the federal government on behalf of the Study participants, says about the local Tuskegee doctors:

  - "I don't believe they were aware of the details of the study. I think they probably were as much victims as were the participants themselves." (CBS Evening News, 2/24/95)

    "Our research showed that the only ones who really made decisions were persons connected with the federal government and the (state) health department. Our research showed that none of the local doctors were responsible for the study." (The Washington Post, 2/25/95)

- Broadus Butler, former President of Dillard University and head of the Ad-Hoc Commission appointed by HEW to review the Tuskegee Study, is equally clear that the local doctors had nothing to do with the Study:

  - "What was clear from our review is that this was a federal government study from start to finish, with no input or participation from local Tuskegee doctors. Any effort to assign blame to the local doctors -- most of whom weren't even aware of the study until the very end and then were not aware of critical details -- is terribly misplaced.

    "There were really only two issues concerning this study: first, whether it should ever have taken place; second, whether it should have been stopped in the late 1940s when penicillin became widely available. These decisions were made solely by the federal government. By 1968, one of the study researchers advised the team and the federal government that treatment was no longer a viable option." (2/24/95)

What Dr. Foster Really Did In Tuskegee

- Once again, the nomination of Dr. Henry Foster, a good, decent, dedicated physician, to be the Surgeon-General of the United States has entered the land of political distortion.

- The attack on Dr. Foster by right-wing critics like Gary Bauer for alleged insensitivity to poor, rural blacks in Tuskegee, Alabama is nothing short of grotesque.

- These critics would have us believe that Dr. Foster knowingly cooperated with the most notorious, racially insensitive experiment ever undertaken by the federal government. What the federal government's medical establishment did in 1932 was design a study to deliberately withhold treatment of syphilis from poor black men in Tuskegee without their knowledge so the doctors could observe the long-term effects of the disease. And even after penicillin became widely available in the late 1940s, these federal doctors continued to withhold treatment.

- To accuse Dr. Foster of complicity in this affair is not only slanderous, it is nonsensical in light of who Dr. Foster was and what he was doing in Tuskegee.

- Unlike the medical establishment working in the offices of Washington and Atlanta far from the people upon whom they were experimenting, Dr. Foster dedicated the first nine years of his career to serving the people of Tuskegee hands on, teaching them about preventive medicine, caring for them.

- After graduating as the only African-American in his medical school class at the University of Arkansas and serving as a medical officer in the Air Force, he came to Tuskegee in 1964 as the lone obstetrician-gynecologist at the John A. Andrew Memorial Hospital. His caseload ran into the hundreds.

- The population was 87% black. The median income was $2,500. Many families went without electricity, or phones, or even running water. And the local hospital served only white people -- because this was still the Jim Crow South.

- As a story in the Los Angeles Times said, "He was just out of 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."

- He is recalled by the people of Tuskegee as the town's "baby doctor" who delivered countless babies for the poor. A man who saved the life of the mayor's infant son. A man who talked a scared, 20-year old student out of an abortion, to see that student's daughter grow up to be the valedictorian of her high school. A man who devoted his young life to helping his own people.

- That's what Henry Foster did in Tuskegee. Latter-day critics who dare, for cheap political gain, to try to paint him as complicit in a federal government study that turned the people he tried to help into guinea pigs should be ashamed.

Dr. Foster Talking Points

- Dr. Foster never approved of or in any way cooperated with the federal government's 40-year study of untreated syphilis in African-American men in Tuskegee, Alabama.

- Indeed, Dr. Foster was never even informed of the facts of such a study until 1972, at which point he called for it to be stopped immediately and for the surviving men in the study to receive appropriate treatment. Dr. Foster was outraged when he first learned about the Tuskegee Syphilis Study.

- This was a federal government study premised on the **non-treatment** of poor, rural, black men who were never told what was being done to them. It is highly ironic that the finger of blame for this dubious study should now be pointed at a black doctor who was himself not informed about it, devoted his own practice to the care of mothers and babies, and objected to the study once he learned about it in 1972.

- Doctors from the federal government's Center for Disease Control in Atlanta, which had been conducting the Tuskegee Study, realized in February 1969 that they were facing a serious public relations problem if the facts of the Study became widely known. They decided to try to protect themselves by telling some of the local doctors part of the story, in order to get them "on board." But the evidence indicates that the local doctors in Tuskegee were *not* briefed about the crucial points -- that the men in the study were **untreated and uninformed.**

  - A meeting was held in May 1969 between CDC doctors and a few local doctors from Macon County Tuskegee, but, according to the Secretary of the Macon County Medical Society, Dr. S.H. Settler, "[w]e were never really informed of a project in which people were not being treated." Indeed, the senior CDC official at the meeting, Dr. William J. Brown, chief of the CDC's venereal disease branch, conceded that the local doctors may not have understood the details of the study.

- Contrary to the claims of some that the local doctors in Tuskegee must have known about the study well before 1969, Dr. Ruth Berrey, Macon County Health Officer, told federal government doctors in 1969 she doubted that local doctors were aware of the study.

Dr. Henry Foster
Statement at First Baptist Church Capitol Hill
Sunday, February 26, 1995
Nashville, TN

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

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

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

what we've done.

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

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

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

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

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

rural South.

I arrived in Tuskegee when there was virtually no such thing as pre-natal care and maternal infant mortality was overwhelming for blacks. I was the only OB/GYN for miles around. I was working night and day -- as a young doctor -- to improve the health care of the women and children, by establishing a system to improve access to health care.

Why would I have turned my back on the very people I had come to serve? What would I have gained? And how dare these groups accuse me? I was serving the people of Tuskegee -- What were they doing? Who were they serving?

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

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

Again Sandy and I thank you so very much.

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

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

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

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

Little story about Mark Twain

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not say "halt"

But these radical groups would like you to believe something different – something other than the truth.

Let me tell you what the truth is.

as an Air Force officer

I am a doctor. I went to Alabama – rather than staying where I had been stationed in Seattle – because I wanted to improve the medical care of poor people in the rural south. I arrived in Tuskegee when there was virtually no such thing as pre-natal care and infant mortality for black ~~babies~~ was ~~terribly high~~. I was working night and day – as a young doctor – to improve the health care of the women and children ~~who came to me~~.

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entire

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

Again Sandy + I thank you so very much. [Standing Ovation]

DR. HENRY FOSTER
REMARKS TO SASHA BRUCE FOUNDATION
March 3, 1995

INTRODUCTION AND ACKNOWLEDGMENTS

Thank you, Debbie Shore, for that gracious introduction and for giving me this opportunity to talk about my favorite subject -- the well-being of America's children.

I am very impressed with Sasha Bruce Youthwork and the good work you do. Your dedicated staff reaches out to the troubled young people of this city -- giving them a place to live, giving them a person to talk to, and most importantly, giving them hope that their tomorrow can be better than their today.

The young people I just met with in the roundtable remind me of the young people I work with in Nashville. Our young people across this country are all sending the same message: It's fine to tell us what we can't do. But you also need to show us what we can do.

Let me tell you a quick story. When I first saw that the teen pregnancy rate in the U.S. was twice as high as that in Great Britain and ten times as high as that in Japan, I was astounded. I went home to my wife and said, *"How could this be? Why are young women here getting pregnant, while young women there are not?"* My wife looked at me and simply said, *"Well, they must be doing something else."*

And she's right. Thank you for giving the young people of DC something else to do.

I would also like to welcome the people who have joined us today -- all hardworking advocates for children. I know that I am among colleagues. Like me, you have dedicated your lives to lifting our children out of a troubled present and helping them see a glorious future.

In this city which has so many problems, you are on the front lines every day -- trying to come up with the solutions for those who are most vulnerable.

I'm here to help you.

WHY I WANT TO BE SURGEON GENERAL

As your Surgeon General I will have multiple responsibilities -- but the health needs of America's children will one of my largest priorities.

I have seen first hand, what poverty, neglect, abuse, and lack of health care access can do to a young person.

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.

From quality pre-natal care to adolescent health -- I have worked to build clear pathways to healthy and productive adulthood.

For almost four decades, as a teacher, as a university leader, and as a practicing obstetrician/gynecologist, I have dedicated my entire professional life to reaching out to those who are too often left behind. As a doctor, I have deliberately chosen to work in places where there are serious health problems but little health care.

In rural Alabama and inner-city Nashville, I served the people whom others had forgotten. The people who others neglected, I helped.

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.

People ask me why I am so committed to this struggle to become the next Surgeon General.

Because I have worked for 38 years to come up with innovative solutions to our nation's most critical health care issues. And as your Surgeon General -- working with you and all Americans -- I believe that I can turn the small ripples of success that you and I have seen in our own communities into great waves of progress.

Since the President announced his intention to nominate me for Surgeon General, I have talked extensively about the teen pregnancy program I started in the Nashville housing projects called "I Have a Future."

But my interest in children begins with making sure that their mothers have access to the best prenatal care possible.

MATERNAL AND INFANT CARE PROGRAM

That was the purpose of the Maternity and Infant Care Program I headed at Tuskegee Institute in the 1970s.

Twenty years ago, rural Alabama suffered from extremely high levels of infant mortality, coupled with a shortage of doctors.

Our program took a proactive approach.

We put together teams of doctors, nurses, social workers and nutritionists to work in the rural communities -- to reach women early in their pregnancies and identify those women with a high potential for complications.

Some of these women had never seen a doctor.

We gave them specialized attention throughout their pregnancy and following the birth of their children.

This program was recognized by the Robert Wood Johnson Foundation, which asked us to help replicate it across the nation.

But prenatal care is only one step along the road to ensuring the health of children.

HIGH RISK YOUTH PROGRAM

My work in Alabama led to another project, funded by the Robert Wood Johnson Foundation, to increase health care services for teenagers throughout the United States.

This initiative targeted young people between the ages of 15 and 24 who lived in areas characterized by high rates of teen pregnancy, violence, drug and alcohol abuse, and mental illness.

Under my direction, comprehensive health programs were developed to expand services for young people in their own communities -- to improve their health, and to train doctors and nurses in the specialized care of high risk youth.

Between 1982 and 1986, these programs provided health services to more than 300,000 young people. In addition, formal training in adolescent care was given to hundreds of medical students and resident physicians.

I HAVE A FUTURE

In working with young people over the years, I have observed the truth of something Lady Bird Johnson once said, *"Children are likely to live up to what you believe of them."*

That has been proven by the "I Have a Future" teen pregnancy reduction program.

The prevention of teen pregnancy is critical because we know that early pregnancy is so often linked -- either as a cause or a consequence -- to violence, drug use, AIDS, poverty, welfare, and so many other negative outcomes.

But if we want to prevent teen pregnancy, we must offer young people more than most teen pregnancy programs do today. Too many programs simply offer contraception -- but that is not enough.

We must offer them something more -- enhanced self-esteem, quality education, and options for a productive future.

We must stress abstinence first and foremost and -- most important -- we must give them reasons to want to postpone early sexual activity.

And we must expect them to succeed.

Too many children today believe their future holds little for them except having babies.

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

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

Our program is anchored in Nashville's public housing projects, bringing constructive services for teenagers into their communities and making them a part of the fabric of everyday life. And we involve the entire community. Everybody -- from parents and grandparents to clergy and business leaders to volunteers and local government -- has a role to play.

And the program is working.

Just last year, 24 of the program participants graduated from high school. And 16 of these young people are now in college, while four others joined the Armed Forces. And I would like to mention a very significant fact -- eight of the young people that went to college were African American males. I Have A Future has shown a remarkable ability to keep the interest of African American males, which make up 56% of our participants.

And in 1989, the American Medical Association awarded us their Adolescent Health Award. Then, in 1991, we had the honor of being selected by President Bush as one of America's Thousand Points of Light.

This shows you what one community can do when it makes teenage well-being a real priority -- and I know you are doing similar things in your community.

Together we can work to bring this type of successful program to communities across the United States.

My life's work has been dedicated to making sure that young people get a healthy start in life and continue to have access to quality health care throughout adulthood.

Whether or not I become Surgeon General, those are the values that I hold dear and those are the values that I will continue to work for, for the rest of my life.

George Washington Carver -- the renowned Tuskegee scientist -- once said, *"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and strong. Because someday in life you will have been all of these."*

Unfortunately, that kind of wisdom is increasingly uncommon -- especially in these days of "survival of the fittest" politics and "take no prisoners" debate.

But it is the kind of quiet wisdom that still motivates most Americans.

And it is this kind of wisdom that brings you all here.

I want to thank you for holding fast to your dream of a compassionate and caring America.

And I want to let you know, you are not alone.

Thank you.

Dr. Henry Foster
Nominee for U.S. Surgeon General
"THE ROLE OF THE SURGEON GENERAL AS EDUCATOR"
Remarks at The Annual Meeting of APGO and CREOG
Orlando, Florida March 8, 1995

Thank you Dr. Chang (R. Jeffrey, APGO President) and Dr. Youngblood (James P., CREOG Chairman) for that gracious introduction. And to all of you -- my colleagues-- thank you as well. What a stroke of genius....To have a meeting of baby doctors in Orlando -- home of the Magic Kingdom. I am reminded of those TV commercials where after the big game the star player looks into the camera and says, "I'm on my way the to Disney World."

Well, as men and women who specialize in delivering healthy life into this world, you are without doubt, stars of the most important game of all.....and, for my money, you are some of the most valuable players in the medical profession. So, you've earned this trip to Disney World. Now some people say that the most exhilarating experience at Disney World is the Space Mountain roller coaster. But, after all the ups and downs I've been through the past month, I think they could really pack them in with a new ride called the Surgeon General lop dee loop.

Let me take a moment to thank all of you who have stood by me throughout this roller coaster ride. If it were not for the principled backing that I have received from my many friends in CREOG, APGO, ACOG and others, I would not be standing here today. I will never, ever forget your support.

Now that President Clinton has formally sent my nomination to the Senate, I want to focus the discussion on my vision for the job. But, let's start by defining the job.

About the only thing that is misunderstood more than Henry Foster is the role of the U.S. Surgeon General. Some people think the position of Surgeon General denotes the country's principal health official. It does not. Some people think that the Surgeon General is part of the military. It is not. And, rather than take the time to understand the proper role of the position, some people would just as soon see it abolished. This Administration will not.

The Surgeon General is first and foremost and educator. He or she has a bully pulpit to teach the nation about health promotion and disease prevention.

The position was first established in 1871. And the first Surgeon General, John Maynard Woodworth was a former medical officer -- hence the uniform. But just maybe Woodworth understood something we've all come to know -- people tend to listen a bit more closely to someone who's wearing a military uniform. I know -- I've been an active-duty military officer. The diseases we were fighting back then were cholera, yellow fever and smallpox.

Today, the major concerns are cancer, HIV/AIDS, heart disease, teen pregnancy and substance abuse -- and the need for a national educator to promote good health has never been greater. It was Surgeon General Luther Terry who issued the first Surgeon General's Report on Smoking and Health back in 1964 -- which boldly and crrectly stated that cigarette to lung cancer.smoking was linked.

It was Surgeon General C. Everett Koop who wrote the report on AIDS that was mailed to every household in the United States in a major effort to educate the public on the issue of AIDS. Let me repeat, the role of the Surgeon General -- first and foremost -- is to educate and to advocate.

As leaders in the world of academia, all of you understand the purpose and the power of that role. You wield that power everyday. And you use it to train students, to save lives and to change behaviors.

By temperament and training, I too am a teacher. And, like many of you, I have worn many hats. I have been a doctor for 38 years. I have run a major health sciences center, comprised of four schools: medicine, dentistry, allied health, and graduate studies.

As chair of the Department of OB-GYN at Meharry Medical College, I taught more than 1,500 young women and men who have gone on to be doctors. In its 120th year, Meharry is among the nation's finest teaching institutions. In 1972, I had the good fortune to become one of the youngest people ever inducted into the Institute of Medicine of the National Academy of Sciences. And, as the founder of the award-winning "I Have a Future Program," the program and I were recognized as one of this nation's "Thousand Points of Light" in 1991 by President George Bush. In fact, point 404.

Teacher. University leader. And participating obstetrician/gynecologist. I have dedicated my entire professional life to bringing healthy lives into this world -- and teaching people how to reach their full potential.

And for most of my career, I have gone where others have dared not go. I have gone into the rural, dusty backroads of Alabama to bring life-saving prenatal care to poor, pregnant women and their babies. Many of these women had never seen a doctor in their lives. I have gone into the high-risk, low-income projects of Nashville, to bring life affirming messages of abstinence and hope to kids in need. And I have gone into the health care wastelands around this country and challenged local teaching hospitals to expand services and the training of health care professionals. But, of all the things I've done, nothing has given me a greater sense of pride and accomplishment than delivering healthy babies into the world. I know you know what I mean.

I have personally delivered thousands and thousands of babies. So when people ask me why I want to be Surgeon General, I have a strong answer. When you had the good fortune to participate in the miracle of birth as many times as I have, it is difficult to stand on the sidelines and watch so many people wasting the precious gift of life...

It is difficult to look around America today and see so much needless suffering because of a lack of knowledge about prevention... or a lack of access and utilization of quality health care...or the lack of those basic values that prevent violence or abuse from taking root.

But all is not lost. America is moving forward to confront both our health care crisis and the crisis of values that has led to so much irresponsible behavior. As your Surgeon General -- working with you and all Americans -- I believe that I can turn the small ripples of success that we have produced into great waves of progress. I believe that I can help empower more people to reclaim the power over their own health.....That I can help inspire people in communities all across this nation to put a stop to dangerous and destructive behaviors... ...That I can help draw more attention to the tragic public health problems confronting us -- From the epidemic of violence to the spread of HIV/AIDS to the terrible problem of substance abuse.

The biggest tragedy is that these conditions are largely preventable and the deaths they cause are most often unnecessary. One of the reasons I have hope is because of educators like you and the positive trends we are now seeing: Like the steady decline in smoking over the past 20 years, the steep decline in the numbers of people drinking and driving, and the steady increase in the use of seat belts. Americans are demonstrating that, with quality leadership, we can make headway on major public health problems if we only put our minds to it.

That's why I am so confident we can make progress against what the President has called, "our most serious social problem" --the epidemic of teen pregnancy in this county.

Why is fighting teen pregnancy so critical? Because we know that early pregnancy is so often linked -- either as a cause or consequence -- to violence, early drug use, excessive alcohol use, HIV/AIDS, poverty and welfare. Let me tell you briefly what we did in Nashville.

We started the I Have a Future teen pregnancy prevention program at Meharry Medical College back in 1987. Anchored in Nashville's public housing projects, this program brings services for teenagers into their communities, where they can become a part of the fabric of their daily life. And we involve the entire community. Everybody -- from parents and grandparents to clergy and business leaders to volunteers and local government -- has a role to play.

One of the main reasons we started this program was because back then, too many programs simply gave teenagers contraceptives without giving them a vision of a successful future. That wasn't enough.

Programs that provide the capacity to prevent pregnancy will fail unless they also create the desire to prevent pregnancy. Too many children today believe their future holds little for them except having babies. For adolescents, that's a dead-end dream and we have got to replace it with a dream of hope and unlimited achievement. That's what I Have a Future is all about. Having a future.

We stress abstinence first and foremost. But -- most important -- we give young people reasons to want to postpone early sexual activity. We try to give our young people the self-esteem and self-respect and life options that they need to say "no" to sex and "yes" to their education and futures. But we live in the real world, dealing with the real problems teenagers face in the inner-city Nashville housing projects. If they insist on being sexually active, our program provides contraceptives. To do otherwise is grossly irresponsible.

Further, their parents have asked us to do so. Let me be clear -- Our goal is to prevent teen pregnancy so that these young people have every possible option available to them for their future.

And it's working. Just last year, 24 of the program participants graduated from high school. And 16 of these young people are now in college, while four others joined the Armed Forces. And I would like to mention a very significant fact -- eight of the young people that went to college are African American males. I Have a Future has shown a remarkable ability to keep the interest of African American males, which make up 56% of our participants.

I believe that, with the involvement and leadership of local people, the same thing can be done in communities all across this nation. Since the President asked me to take on the job of Surgeon General, I have been in the fight of my life. I am standing strong -- and I appreciate the strong support of the President. And I especially appreciate your support. One thing I know -- my fight is no tougher than the one I'm asking all of you to join: That's the fight to improve the health of all Americans and to prevent teen pregnancy.

As an educator, the Surgeon General must lead that effort from the highest office. But it is an extension of what you do every day -- in your practice and in your teaching. And it is timely and fitting that for the first time in history this position will be filled by an obstetrician/gynecologist. I am going to need all of you with me. In America, we are free to make our country as good in practice as in promise. I believe that working together we can accomplish that.

Thank you very much.

DR. HENRY FOSTER

NOMINEE FOR U.S. SURGEON GENERAL

ANNUAL CONVENTION
OF THE
NATIONAL NEWSPAPER PUBLISHERS ASSOCIATION

Washington, D.C.
March 16, 1995

Thank you, Mr. Page (Francis Page, Sr., publisher of the Houston News) for that gracious introduction.

You know, I've always felt a kinship with the press -- even before you all started camping on my doorstep and recording my every move.

But seriously....: I've always had a special place in my heart for your noble profession. It may be genetic: my son earned his undergraduate degree at Northwestern University's Medill School of Journalism, and my dad, a science teacher, was an avid newspaper reader.

In fact, one of my chores as a young boy in Pine Bluff, Arkansas, was to go down to the People's corner drug store to pick up the latest editions of the *Pittsburgh Courier* and the *Chicago Defender*, two of the great black newspapers.

Like most kids, I spent a portion of my allowance on comic books.

But it was your newspapers that I brought home, for it was the newspapers that were required reading in our household. My father insisted.

Looking back, I now understand why my Dad was so vehement that we read these papers. You really have to look no further than the slogan of the National Newspaper Publishers Association -- "Lighting the Road to Freedom."

The Chicago Defender was "lighting the road to freedom" when it taught this young son of the segregated south about successful role models like Congressman Bill Dawson.

The Pittsburgh Courier was "lighting the road to freedom" when it reinforced that African Americans had a history and culture that were worthy of respect.

Now, every day, in every corner of this country, you are "lighting the road to freedom" when you chronicle the on-going struggle of all people to achieve equal opportunity in our society.

I say without reservation that lessons learned from your news chronicles were pivotal in helping to prepare me for the rigor of medical school in the deep south. I was the only black student in a class of 96. I was just 20 years old when admitted to the University of Arkansas.

Now, I can't tell you how proud I am to be nominated to be Surgeon General by President Clinton, whose Administration is committed to making sure all Americans -- no matter what their income, no matter where they live, no matter what their race or religion -- have access to the best health care this great country has to offer.

As your Surgeon General, I will do my part to raise the health status of all Americans -- especially those who for too long have not gotten the health care they need.

It's a big job, but with your help I can succeed. Let's begin by defining the job. About the only thing that is misunderstood more than Henry Foster is the role of the U.S. Surgeon General.

The Surgeon General is -- first and foremost -- an educator. He or she has a bully pulpit to teach the nation about health promotion and disease prevention.

The position was first established in 1871. And the first Surgeon General, John Maynard Woodworth was a former medical officer -- hence the uniform.

And maybe Woodworth understood something we've all come to know -- people tend to listen a bit more closely to someone who's wearing a military uniform. I know -- I've been an active-duty military officer.

It was Surgeon General Luther Terry who issued the first Surgeon General's Report on Smoking and Health back in 1964 -- which boldly and correctly linked cigarette smoking to lung cancer.

And it was Surgeon General C. Everett Koop who wrote the report on AIDS that was mailed to every household in the United States in a major effort to educate the public about how to protect themselves from this deadly disease.

Let me repeat, the role of the Surgeon General -- first and foremost -- is to educate and to advocate.

As newspaper publishers, all of you understand the purpose and the power of that role.

By temperament and training, I am a teacher. In addition to being a doctor for 38 years, I have run a major health sciences center, comprised of four schools: medicine, dentistry, allied health, and graduate studies.

As chair of the Department of Ob/gyn at Meharry Medical College, I taught hundreds of young men and women who went on to become some of the nation's finest doctors. At Meharry, we encourage our medical students to seek out those areas where health needs are high and resources low. All Americans deserve the best doctors available, and we tell our students that it is the highest calling of the medical profession to serve those whom others may have forgotten.

I have done this. For most of my career, I have gone where few others dared to go -- from the dusty back roads of Alabama to the low-income housing projects of Nashville.

And I have gone into underserved areas and challenged local teaching hospitals to expand services and the training of health care professionals.

But, of all the things I've done, nothing has given me a greater sense of pride and accomplishment than delivering thousands of healthy babies into the world.

In short, I have dedicated my entire professional career to bringing healthy lives into this world -- and teaching people how to reach their full potential.

So when people ask me why I want to be Surgeon General, I have a strong and ready answer. When you had the good fortune to participate in the miracle of birth as many times as I have, it is difficult to stand on the sidelines and watch so many people wasting the precious gift of life...

It is difficult to look around America today and see so much needless suffering because of a lack of knowledge about prevention...
or a lack of access and utilization of quality health care...
or the lack of those basic values that prevent violence or abuse from taking root.

It is especially difficult as an African American physician to see the disparities in health status in this country. What kind of health care you get depends too often on whether you are rich or poor, urban or rural, black or white. We all know the statistics with regard to our own community:

Forty percent of African American and Hispanic women receive no prenatal care in the first trimester. Black infant mortality is more than double the rate of white babies.

The consequences of these compromised beginnings were starkly painted recently by the Children's Defense Fund in what it called "a continuing portrait of inequality":

Compared with white children, black children are twice as likely to be born to a teenage mother...
four times as likely to die of AIDS...
nine times as likely to be the teenage victim of a homicide.

This is an American scandal, but -- let us be clear -- it is also an African American scandal. We cannot play helpless victim. We must educate and empower our people to take responsibility for their own health and well-being.

Let me tell you how we did this in Tuskegee, Alabama.

That's right: Tuskegee, Alabama.

This is the Tuskegee story about Henry Foster that remains yet to be told.

I founded a Maternal and Infant Care Program at Tuskegee to give poor women in rural Alabama something they had gone without far too long -- pre-natal care.

I chose to go to Tuskegee because that region suffered from extremely high levels of infant and maternal mortality, but had very few health care providers.

We took a proactive approach. We put together teams of doctors, nurses, dentists, social workers and nutritionists. We sent them out from Tuskegee on buses -- to go to the women who couldn't come to us.

Many of these women had never, ever, seen a doctor.

We identified particularly high-risk women and gave them special attention early in their pregnancies and after the birth of their children -- which took place at Tuskegee's John Andrew Hospital.

And you know what happened? Maternal health improved; infant mortality went down.

This program was recognized by the Robert Wood Johnson Foundation, which asked us to help replicate it on a national scale.

Now that's the Tuskegee story.

But pre-natal care is only one step along the road to ensuring the health of children.

After I left Tuskegee to go to Meharry, the Robert Woods Johnson Foundation asked me to direct their High Risk Youth Program -- an initiative to increase health services to teenagers across the United States.

The High-Risk Youth Program targeted young people between the ages of 15 and 24 who lived in areas characterized by high rates of teen pregnancy, violence, drug and alcohol abuse, and mental illness.

Under my direction, comprehensive health programs were developed in 18 cities to expand health services for young people in their own communities and to train doctors and nurses in the specialized care of high-risk youth.

Between 1982 and 1986, these programs provided health services to more than 300,000 young people. In addition, formal training in adolescent care was given to hundreds of medical students and resident physicians.

Thus, my Maternal and Infant Care program helped give our children a good beginning.
My High Risk Youth Program helped give our children a healthy adolescence.
But I also wanted to help give our children a successful future.

Hence -- my "Point of Light": The "I Have a Future" teen-pregnancy prevention program I started at Meharry.

Why is fighting teen pregnancy so critical? Because we know that early pregnancy is so often linked -- either as a cause or consequence -- to violence, early drug use, excessive alcohol use, HIV/AIDS, poverty and welfare.

Anchored in Nashville's public housing projects, this program brings services for teenagers into their communities, where they become a part of the fabric of their daily lives.

And we involve the entire community. Everybody -- from parents and grandparents to clergy and business leaders to volunteers and local government. Each has a role to play.

Regrettably, too many children today believe their future holds little for them except having babies.

For adolescents, that's a dead-end dream and we have got to replace it with a dream of hope and unlimited achievement. That's what "I Have a Future" is all about. Having a future.

We stress abstinence -- first and foremost. For those who don't heed our advice, we offer contraceptives. It would be irresponsible not to. But -- most important -- we give young people reasons to want to postpone early sexual activity. We try to imbue our young people with the self-esteem and self-respect and life options that they need to say "no" to sex and "yes" to their education and futures.

And it's working. We have fewer teen mothers and more high school graduates. Just last year, 24 of the program participants graduated from high school. And 16 of these young people are now in college, while four others joined the Armed Forces.

And I would like to mention a very, very significant fact -- eight of these young people that are in college are African American males. I Have a Future has shown a remarkable ability to keep the interest of African American males, who make up 56% of our program participants.

And our approach to preventing teen pregnancy was honored by President George Bush -- who chose *"I Have A Future"* to be one of this nation's "Thousand Points of Light" in 1991.

I believe that the same thing can be done in communities all across this nation.

Since the President asked me to take on the job of Surgeon General, I have been in the fight of my life. I am standing strong -- and I appreciate the strong support of the President.

One thing I know -- my fight is no tougher than the one I'm asking all of you to join: That's the fight to improve the health of all Americans and to work together to give our young people a future.

Join me, and together let us "light the road to freedom" for all Americans. Freedom from illegal drugs.....Freedom from unwanted pregnancies.....Freedom from preventable disease and violence.

Join me, and together let us work to equalize the health status of all Americans.

Your credo says it all. "The Black Press strives to help every person in the firm belief that all are hurt as long as anyone is held back."

Keep lighting that road to freedom.

It's a long road, it's an arduous road, but in the end, it's our only road.

Thank you, and God bless you all.

ABSTRACT

Title: Sickle Cell Disease Complicated by Pregnancy

Few conditions are associated with greater maternal morbidity and mortality and fetal wastage than is sickle cell disease in the pregnant patient. Current maternal mortality is imprecise, but is believed to be in the range of 1 to 2 percent, and fetal wastage, including recognized spontaneous abortion and perinatal deaths exceeds 30 percent. Because of these adverse outcomes, exemplary perinatal care is essential for these patients if optimal results are to be realized. This presentation will provide a review of reproductive performance in patients primarily with SS and SC hemoglobinopathies. The clinical management of these patients, including patients with S-thal and sickle cell trait, will be reviewed. This review will also include discussions on the topics of genetic counseling, antenatal diagnosis, the controversial issue of prophylactic partial exchange transfusion, and fertility control.

Henry W. Foster, Jr., M.D.
Senior Scholar in Residence
Association of Academic Health Centers
Professor of Obstetrics and Gynecology
Meharry Medical College

Luncheon Conference
Discussion Outline
Sickle Cell Disease Complicated by Pregnancy
ACOG Annual Clinical Meeting
San Francisco, California
May 8, 1995

I. Introductory Statement

II. Reproductive Performance

A. Maternal, mortality and morbidity

B. Pregnancy loss (abortions and perinatal deaths)

C. Variations with different hemoglobinopathies

D. Fecundity

III. Screening and Counseling

A. Choice of screening tests (Types)

1. Accuracy (false neg/pos)

2. Complexity

3. Cost

4. Voluntary/mandatory

B. Counseling

1. Who should counsel (specialty trained personnel)

2. Audiovisual aids

3. Preconceptional sterilization

IV. Sickle Trait

A. Is there increased perinatal mortality/morbidity?

B. Should these patients be managed differently from the normal OB population?

C. Urinary tract

1. Type and frequency of testing

2. If therapy is indicated, type and how long?

V. Clinical Management (Sickle Disease)

A. Should iron therapy be used?

B. What is the role of prophylactic partial exchange transfusion (PPET) in these patients?

1. Advantages

2. Disadvantages

3. Is there a subgroup of hemoglobinopathy patients that are more likely candidates for PPET?

4. Technique of transfusion

5. Automated erythrocytaphoresis

C. Crisis management

1. Analgesics

2. Hydration

3. Oxygen therapy

4. Missed diagnosis

D. Route of delivery

1. What is the role of cesarean section?

2. Anesthetic choice

VI. Antenatal Diagnosis

A. Amniocentesis and restriction enzyme analysis

1. Extent of application

2. Accuracy

B. Chorion villus biopsy

1. Technique

2. Risk of abortion

C. Neonatal diagnosis

VII. Fertility Control

A. Role of steroid contraception

B. Other contraceptive methods

C. Sterilization procedures (minilap vs. laparoscopic)

VIII. Future Research Directions

PROPHYLACTIC PARTIAL EXCHANGE TRANSFUSION

Possible Advantages	Possible Disadvantages
Reduced HbS cells	Incompatibility
Increased HbA cells	Transfusion reaction
Suppressed HbS erythropoesis	Anaphylaxsis
Increased oxygenation	Hepatitis
Increased sense of well-being	Isosensitization
Improved perinatal outcome	Volume overload
Reduced infections	Febrile reaction
Reduced crises	Hemochromatosis
	Premature labor
	Phychological dependence
	HIV Transnission

GUIDE FOR PROPHYLACTIC PARTIAL EXCHANGE TRANSFUSION

1. Determine: HCT, HB-A, type and X-match, bilirubin retic ct., LDH, urine hemoglobin
2. Infuse 300 ml of normal saline (5ml/min)
3. Phlebotomize 500 ml blood opposite arm (10ml/min)
4. Transfuse 2 units of packed cells (buffy coat poor washed red cells) (5ml/min)
5. Repeat steps 2, 3 and 4
6. Determine HCT and Hb A by quantitative hemoglobin electrophoresis 12 hours later (Therapeutic objective: Hb A > 70%, Hct > 35%)
7. Repeat step 1 monthly thereafter
8. Repeat steps 2, 3 and 4 If:
   - (a) Hb-A < 30% or Hct < 25%;
   - (b) Crisis occurs;
   - (c) Labor ensues;
   - (d) Surgery becomes necessary

SICKLE HEMOGLOBIN

MUTATION DETECTION BY
DIRECT DNA ANALYSIS

SEQUENCE AT SITE OF RECOGNITION - Mst II

5'-CC^{+}T NAGG -3'

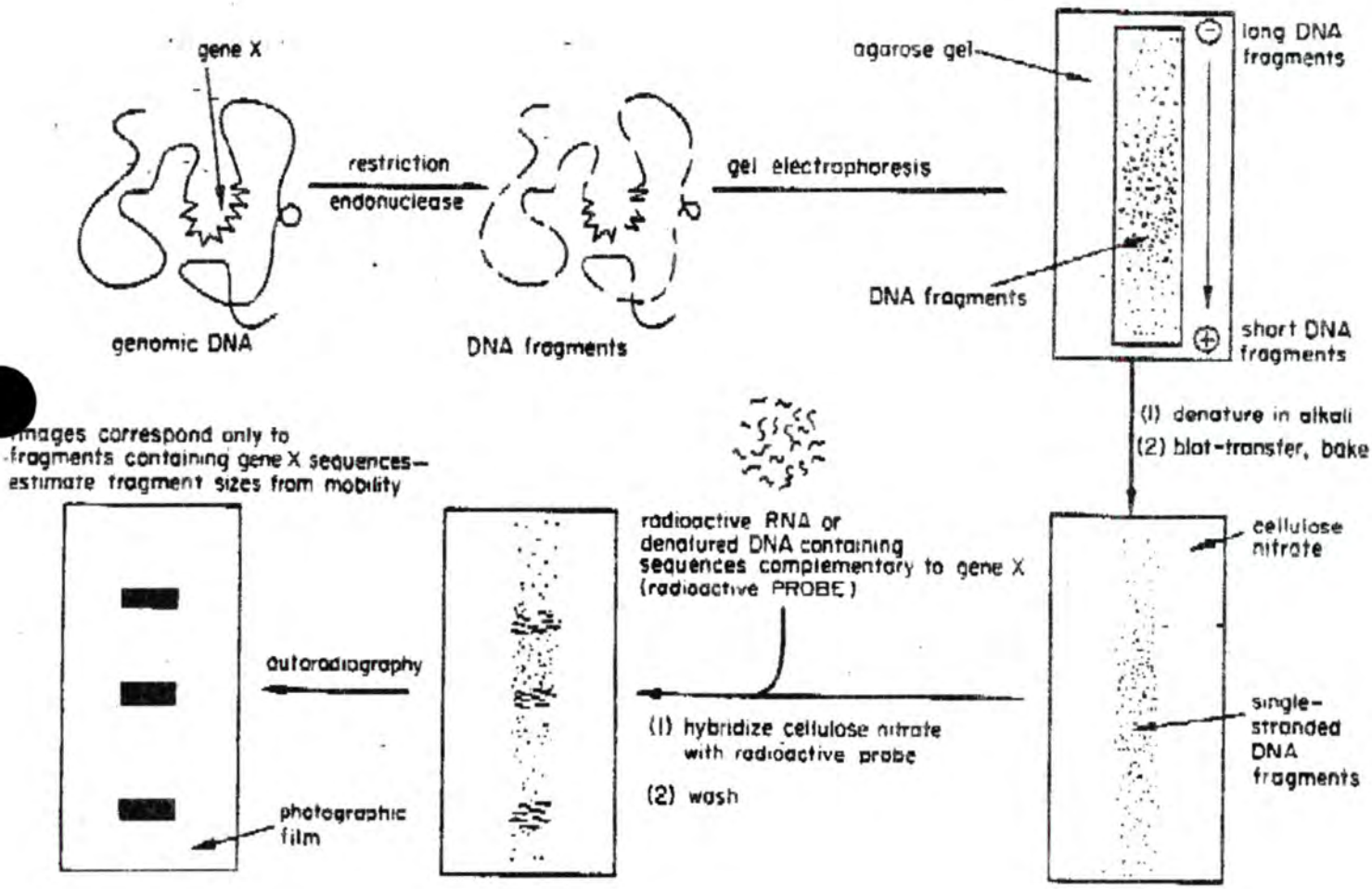
CCT GAG GAG

β^{A} Pro - Glu - Glu

CCT GTG GAG

β^{S} Pro - Val - Glu

SEQUENCIAL STEPS IN GENOMIC DNA ANALYSIS



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FCORRES/501

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Health
Washington DC 20201

May 16, 1995

Memorandum to: Mr. John Podesta
Assistant to the President
and Staff Secretary

Subject: Hampton University Commencement Address

Here is a copy of my speech with the final changes highlighted.

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

Attachment

COMMENCEMENT ADDRESS BY

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

HAMPTON UNIVERSITY, HAMPTON, VIRGINIA

"THE EXHILARATION OF LEARNING
THE FULFILLMENT FROM SERVING"

MAY 14, 1995

Thank you very much, Dr. Harvey, for your gracious introduction. Let me begin by extending my very best wishes to you the graduates, your families, President Harvey, faculty, trustees, students and friends. Additionally, I extend special best wishes to all mothers on this their special day. What a wonderful coincidence -- Mother's Day and graduation coinciding!

It is indeed an esteemed honor to have been asked to deliver your 125th Commencement Address. There have been few if any requests made of me that are more meaningful. I am speaking to you today on the subject: "The Exhilaration of Learning, the Fulfillment from Serving."

Many of you may know me only as a doctor, who because of principle is fighting fiercely to become the next Surgeon General of the United States. But I am also an educator. During my 22 years at Meharry, another outstanding Historically Black University, I have taught more than 1500 young men and women who have gone on to become fine physicians. Educating particularly, underrepresented minorities is my first love, hence, I am especially thrilled to be with you today.

My greatest joy today however comes from witnessing each of you take the first step towards becoming leaders in a society that has an increasing need for the kind of trained minds only Hampton can produce. Let's be honest, It hasn't been an easy ride. In fact, many of you were "not supposed to make it." You've heard the statistic: more Black men your age are in the penal system than are in college. But you didn't believe this hype. You thought too much of yourselves and families. You scrapped and saved and worked and prayed. You studied when you could have partied. And some of you partied when you should have studied. But, through it all, you kept your eye on the prize. For this I salute you one and all, men and women, for reaching this educational milestone.

I want to speak to you on three salient themes: (1) The power and the rewards of reading, (2) the challenge, the necessity and the benefit of life-long learning and (3) societal obligations that go beyond one's vocation.

Reading is the key to all education. Let me share with you one of my favorite quotes which reads as follows:

> "Education is companion which no misfortune can depress, no crime can destroy, no enemy can alienate, no despotism can enslave. At home a friend, abroad an introduction, in solitude a solace and in society an ornament. It chastens vice; it guides virtue; it gives, at once, grace and government to genius. Without it, what is man? A splendid slave, a reasoning savage."

This quote was written by Joseph Addison and appeared in the *Spectator* in November of 1711 -- nearly 300 years ago. I learned through the Library of Congress that the *Spectator* was a weekly publication out of London, England. The Library of Congress is truly one of this nation's finest resources.

We as African Americans should have an insatiable appetite for reading and learning. Remember our history on this continent. The power of education was so feared, that teaching slaves how to read and write was virtually an capital offense -- a status which ignobly held *de jure* and/or *de facto* existence for over 300 years. One might ask why am I emphasizing reading to those soon to have conferred upon them graduate and post graduate degrees -- I can name two major reasons quite quickly. First, your future effectiveness in your chosen vocations will be highly dependent upon your ability to acquire new knowledge as it flows rapidly over the information highway. More about this momentarily.

The second imperative reason to make reading an ongoing part of your lives is the fact that most of you likely will become

The second imperative reason to make reading an ongoing part of your lives is the fact that most of you likely will become parents. As such, your children ultimately will become the guardians of the future. I implore you, therefore, to develop the habit of reading in your homes -- and I mean the reading of scholarly materials. Not only will you be enriched by this habit, but it will also set an excellent example for your children. When you do become parents you will quickly learn that children pay much more attention to what you do than to what you say.

Just for a moment, let me speak about another value-setting activity that does not relate directly to reading, but is every bit as important for the entire family. On a personal level, from the time my own children were just infants, it was virtually a family ritual that the four of us: my wife, our two children and I, would take our dinner meal together with TV sets turned off. Such a setting provides an ideal opportunity for families to talk about a full range of issues from the serious to the comical. Even with the fast pace of life and all its demands, this time for the Foster family was sacrosanct. This kind of quiet reflection is what contributes to values clarification and critical thinking. If you graduates remember nothing else from my address today, do remember this.

In addition to broadening one's horizons, reading also allows one to become more analytical. I'll admit, I'm an avid reader and news junkie but I must warn you that everything you read or view on television must be critically analyzed. The need for analytical and critical thinking was never more apparent than during my recent Senate confirmation hearings. For three solid months up until the hearings, the Senators and the American people were bombarded with newspaper and TV reports which distorted both my record and my character. But, the system seems

to be working. Most of the Senators who had only read and heard about me, have kept open, critical minds. And once I was able to talk to them directly, many of them saw for the first time what my family, the people in Nashville, and hundreds of others had known all along: I am a competent, caring doctor who has devoted his entire life to saving lives and bringing health and hope to those who have been left out. I believe the tide is turning; I am confident I will get a full Senate vote on my confirmation.

Now let me turn to the second of my three themes -- the challenge, the necessity and the benefit of life-long learning, Today, as never before, you will be required to keep upgrading your knowledge and skills beyond college. You must see this as an opportunity, not a burden. After all, we should all want to be the best in our chosen fields. And we all want to be served by the best. When we board a commercial aircraft, don't we all expect that the pilots should be able to function at their highest level? Similarly, physicians are now required to take periodic recertification exams to demonstrate the currency of our competence. This type of recertification is also being required for school teachers and is spreading steadily to most other fields. You must welcome this responsibility as the opportunity it truly is. Life-long learning will not only make you a better professional, it will also enrich your life. My motto is: Live to learn and learn to live.

The last theme I want to address is the need to recognize your broad societal obligations, beyond your vocation. As a graduate of Hampton University, you are destined to become a part of the expanding African American middle class. Along with this status comes the responsibility to build for the future.

First and foremost, I must insist that you financially support Hampton University. It is critical that you do so. This school must be here for the next 127 years. You must make sure

that your children and grandchildren are able to get the same high quality education that has benefitted you. Make a commitment to give regularly which is commensurate with your income. Be reminded, my good graduates, when Dr. Harvey and members of his fundraising team approach foundations for support, one of the very first questions put to them is, "what percentage of your graduates support your institution financially?" Rarely do they first ask, "how much?" So, you must give something back and it must be done regularly. If a school's own graduates won't support it, how then can one logically expect others to do so. Make a life-long commitment to Hampton University. Hampton can remain strong academically only if it remains strong financially.

One other important point: As mentioned earlier, you are destined to become a part of that growing African American middle class, which has materialized mostly since the end of World War II. It is incumbent upon you, therefore, to actively reach back to assist those coming behind you. I am talking about our youth. And let be very clear, I am not challenging you to just give money. I'm challenging each of you to also give of yourselves -- your time and talents.

Here is an example of the type of concern and input we must assure on behalf of our youth. I was thrilled last week to see a picture of this beautiful 15-year-old sister on the front page of the *Washington Post*. She was there not because of her ability to run, jump or dance -- not that I have anything against these talents, but rather she was there because of her work ethic and brain power. The sister has just aced the SAT, a perfect 1600! I stopped then what I was doing and wrote her a letter. Here is part of what I said: "There is no doubt you are gifted; however, it is important for others, especially your peers to know that you value reading and possess a strong academic work ethic. I

know this because for years I have been a teacher of medical students and resident physicians." My Graduates, today remember, our communities and our young people will need your commitment and vision.

In closing, I must emphasize that the initiative for addressing the problems of African Americans rightfully must emanate from educated African Americans. As another great Hampton graduate, Booker T. Washington said, "If you want to lift yourself up, lift up someone else."

Again, my genuine congratulations to each and every one of you graduates. Go forth and attack each challenge with intelligence, energy and integrity thus bringing honor to yourselves and to your Alma Mater. I hold not the slightest reservation as to your ability to accomplish this end. Thanks for inviting me to share this special time with you. As you go forth from this place at this juncture of your lives I wish for you Godspeed.

Thank you very much.

The CHAIRMAN. Thank you very much, Senator Danforth. I know the nominee knows how fortunate he is to have a friend like you.

While you are on your feet, Judge, we will swear you.

Senator DANFORTH. Can you still see the nominee, Mr. Chairman? [Laughter.]

The CHAIRMAN. Judge, while we are just passing some time here, I just want you to know up until a few nominees ago this is what you would have faced the entire time of your questioning. They are all gentle souls, but they are anxious to see you, and we agreed that we would do this so they could have you sworn in.

Judge Thomas, do you solemnly swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Judge THOMAS. I do.

The CHAIRMAN. Please be seated.

[Pause.]

The CHAIRMAN. Well, Judge, Jack Danforth said—talked about what is at issue. I want to make it clear at the outset of my questioning that there is a great deal more at issue than whether or not your view on how to deal with the civil rights of Americans deviates from the view of any single group of people.

I beg your pardon?

So I would now like to invite you to—having been sworn, to, if you would, please introduce your family to us, who have been waiting patiently all morning and the committee is anxious to meet them, as I am sure everyone else is. So, would you please introduce your family to us, Judge?

Judge THOMAS. Thank you, Mr. Chairman.

I would like first to introduce my wife Virginia.

The CHAIRMAN. Welcome, Mrs. Thomas. It is a pleasure to have you here.

Judge THOMAS. My mother, Leola Williams; my sister, Emma May Martin; and my son Jamal.

The CHAIRMAN. Jamal, welcome. You look so much like your father that probably at a break you would be able to come back in and sit in there and answer questions. So, if he is not doing it the way you want it done, you just slide in that chair.

Judge THOMAS. He may not take it as a compliment if you say he looks like me.

The CHAIRMAN. He is young. He has a chance to grow out of it, as my father says about my sons.

Judge THOMAS. I would like to also introduce my mother-in-law and father-in-law, Donald and Marjorie Lamp, who are in the audience here.

The CHAIRMAN. Would you please stand, Mr. and Mrs. Lamp. Welcome to the hearing. Thank you very much for coming.

Do you have an opening statement, Judge?

Judge THOMAS. Yes, Mr. Chairman.

The CHAIRMAN. Please.

TESTIMONY OF HON. CLARENCE THOMAS, OF GEORGIA, TO BE ASSOCIATE JUSTICE OF THE U.S. SUPREME COURT

Judge THOMAS. Mr. Chairman, Senator Thurman, members of the committee, I am humbled and honored to have been nominated

by President Bush to be an Associate Justice of the Supreme Court of the United States. I would like to thank the committee, especially you, Chairman Biden, for your extraordinary fairness throughout this process, and I would like to thank each of you and so many of your colleagues here in the Senate for taking the time to visit with me.

There are not enough words to express my deep gratitude and appreciation to Senator Danforth, who gave me my first job out of Yale Law School. I have never forgotten the terms of his offer to me: more work for less pay than anyone in the country could offer. Believe me, he delivered on his promise, especially the less pay.

I appreciate his wise counsel and his example over the years, and his tireless efforts on my behalf during the confirmation process.

And I would like to thank Senators Bond, Nunn, Fowler, Warner, and Robb, for taking the time to introduce me today.

Much has been written about my family and me over the past 10 weeks. Through all that has happened throughout our lives and through all adversity, we have grown closer and our love for each other has grown stronger and deeper. I hope these hearings will help to show more clearly who this person Clarence Thomas is and what really makes me tick.

My earliest memories, as alluded to earlier, are those of Pin Point, GA, a life far removed in space and time from this room, this day and this moment. As kids, we caught minnows in the creeks, fiddler crabs in the marshes, we played with pluffers, and skipped shells across the water. It was a world so vastly different from all this.

In 1955, my brother and I went to live with my mother in Savannah. We lived in one room in a tenement. We shared a kitchen with other tenants and we had a common bathroom in the backyard which was unworkable and unusable. It was hard, but it was all we had and all there was.

Our mother only earned $20 every 2 weeks as a maid, not enough to take care of us. So she arranged for us to live with our grandparents later, in 1955. Imagine, if you will, two little boys with all their belongings in two grocery bags.

Our grandparents were two great and wonderful people who loved us dearly. I wish they were sitting here today. Sitting here so they could see that all their efforts, their hard work were not in vain, and so that they could see that hard work and strong values can make for a better life.

I am grateful that my mother and my sister could be here. Unfortunately, my brother could not be.

I attended segregated parochial schools and later attended a seminary near Savannah. The nuns gave us hope and belief in ourselves when society didn't. They reinforced the importance of religious beliefs in our personal lives. Sister Mary Virgilius, my eighth grade teacher, and the other nuns were unyielding in their expectations that we use all of our talents no matter what the rest of the world said or did.

After high school, I left Savannah and attended Immaculate Conception Seminary, then Holy Cross College. I attended Yale Law School. Yale had opened its doors, its heart, its conscience to recruit and admit minority students. I benefited from this effort.

My career has been delineated today. I was an assistant attorney general in the State of Missouri. I was an attorney in the corporate law department of Monsanto Co. I joined Senator Danforth's staff here in the Senate, was an Assistant Secretary in the Department of Education, Chairman of EEOC, and since 1990 a judge on the U.S. Court of Appeals for the District of Columbia Circuit.

But for the efforts of so many others who have gone before me, I would not be here today. It would be unimaginable. Only by standing on their shoulders could I be here. At each turn in my life, each obstacle confronted, each fork in the road someone came along to help.

I remember, for example, in 1974 after I completed law school I had no money, no place to live. Mrs. Margaret Bush Wilson, who would later become chairperson of the NAACP, allowed me to live at her house. She provided me not only with room and board, but advice, counsel and guidance.

As I left her house that summer, I asked her, "How much do I owe you?" Her response was, "Just along the way help someone who is in your position." I have tried to live by my promise to her to do just that, to help others.

So many others gave their lives, their blood, their talents. But for them I would not be here. Justice Marshall, whose seat I have been nominated to fill, is one of those who had the courage and the intellect. He is one of the great architects of the legal battles to open doors that seemed so hopelessly and permanently sealed and to knock down barriers that seemed so insurmountable to those of us in the Pin Point, GA's of the world.

The civil rights movement, Rev. Martin Luther King and the SCLC, Roy Wilkins and the NAACP, Whitney Young and the Urban League, Fannie Lou Haemer, Rosa Parks and Dorothy Hite, they changed society and made it reach out and affirmatively help. I have benefited greatly from their efforts. But for them there would have been no road to travel.

My grandparents always said there would be more opportunities for us. I can still hear my grandfather, "Y'all goin' have mo' of a chance then me," and he was right. He felt that if others sacrificed and created opportunities for us we had an obligation to work hard, to be decent citizens, to be fair and good people, and he was right.

You see, Mr. Chairman, my grandparents grew up and lived their lives in an era of blatant segregation and overt discrimination. Their sense of fairness was molded in a crucible of unfairness. I watched as my grandfather was called "boy." I watched as my grandmother suffered the indignity of being denied the use of a bathroom. But through it all they remained fair, decent, good people. Fair in spite of the terrible contradictions in our country.

They were hardworking, productive people who always gave back to others. They gave produce from the farm, fuel oil from the fuel oil truck. They bought groceries for those who were without, and they never lost sight of the promise of a better tomorrow. I follow in their footsteps and I have always tried to give back.

Over the years I have grown and matured. I have learned to listen carefully, carefully to other points of views and to others, to think through problems recognizing that there are no easy answers

to difficult problems, to think deeply about those who will be affected by the decisions that I make and the decisions made by others. But I have always carried in my heart the world, the life, the people, the values of my youth, the values of my grandparents and my neighbors, the values of people who believed so very deeply in this country in spite of all the contradictions.

It is my hope that when these hearings are completed that this committee will conclude that I am an honest, decent, fair person. I believe that the obligations and responsibilities of a judge, in essence, involve just such basic values. A judge must be fair and impartial. A judge must not bring to his job, to the court, the baggage of preconceived notions, of ideology, and certainly not an agenda, and the judge must get the decision right. Because when all is said and done, the little guy, the average person, the people of Pin Point, the real people of America will be affected not only by what we as judges do, but by the way we do our jobs.

If confirmed by the Senate, I pledge that I will preserve and protect our Constitution and carry with me the values of my heritage: fairness, integrity, openmindedness, honesty, and hard work.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very, very much for a moving statement, Judge.

Let me begin at the very outset by pointing out to you I, for one, do not in any way doubt your honesty, your decency, or your fairness. But, if I could make an analogy, I am interested in what you think, how you think. I don't doubt for a moment the honesty, decency, or fairness of Senator Hatch. I don't doubt for a moment the honesty, decency, or fairness of Senator Metzenbaum. But I sure have a choice of which one I would put on the bench.

Because they are both honest—I mean this sincerely now. It is an important point. At least you understand what I have in mind. The fact you are honest and the fact you are decent and the fact you are fair, the fact you have honed sensibilities mean a lot to me. But what I want to do the next half hour and the next several days is to go beyond that.

I will concede easily those points because it is true. No question. As we lawyers say, let's stipulate to the fact you are honest, decent, and fair, and let's get about the business of finding out why anyone who ever had the nuns can remember their eighth grade nun. Mine was Mother Agnes Constance. I don't know why I remember it so vividly. I suspect we both know why we remember so vividly.

Judge THOMAS. Dare not forget.

The CHAIRMAN. And we both know they never forget.

I made a speech not too many years ago, a commencement speech, at St. Joseph's University. After the speech was over I felt that finger that I am sure you felt in the middle of your back, and I heard, "Joey Biden, why did you say 'I' instead of 'me' " in such and such a sentence. It is a true story. I turned around and it was my seventh grade nun. So we both have at least that in common, and let's see what we can find out about whether or not we have in common, if anything, about the broader philosophic constructs upon which the Constitution can and must be informed.

Judge, as Senator Danforth said, he hopes we have read your speeches. I assure you I have read all of your speeches, and I have

read them in their entirety. And, as I indicated in my opening statement, what I want to talk about a little bit is one of the things you mention repeatedly in your speeches so that I can be better informed by what you mean by it.

Whether you are speaking in the speech you delivered on the occasion of Martin Luther King's birthday, a national holiday and whether it should be one, to a conservative audience, making the point that he should be looked to with more reverence or whether or not it was your speech to the Pacific Institute or whether or not it is the Harvard Journal, whatever it is you repeatedly invoke the phrase "natural rights" or "natural law."

And, as I said at the outset, here is good natural law, if you will, and bad natural law in terms of informing the Constitution, and there is a whole new school of thought in America that would like very much to use natural law to lower the protections for individuals in the zone of personal privacy, and I will speak to those later, and who want to heighten the protection for businesses and corporations.

Now, one of those people is a Professor Macedo, a fine first-class scholar at Harvard University. Another is Mr. Epstein, a professor at the University of Chicago. And, in the speech you gave in 1987 to the Pacific Research Institute you said, and I quote: "I find attractive the arguments of scholars such as Stephen Macedo who defend an activist Supreme Court that would"—not could, would—"strike down laws restricting property rights."

My question is a very simple one, Judge. What exactly do you find attractive about the arguments of Professor Macedo and other scholars like him?

Judge THOMAS. Senator, again, it has been quite some time since I have read Professor Macedo and others. That was, I believe, 1987 or 1988. My interest in the whole area was as a political philosophy. My interest was in reassessing and demonstrating a sense that we understood what our Founding Fathers were thinking when they used phrases such as "All men are created equal," and what that meant for our form of government.

I found Macedo interesting and his arguments interesting, as I remembered. Again, it has been quite some time. But I don't believe that in my writings I have indicated that we should have an activist Supreme Court or that we should have any form of activism on the Supreme Court. Again, I found his arguments interesting, and I was not talking particularly of natural law, Mr. Chairman, in the context of adjudication.

The CHAIRMAN. I am not quite sure I understand your answer, Judge. You indicated that you find the arguments—not interesting—attractive, and you explicitly say one of the things you find attractive—I am quoting from you: "I find attractive the arguments of scholars such as Steven Macedo who defend an activist Supreme Court that would strike down laws resisting property rights."

Now, it would seem to me what you were talking about is you find attractive the fact that they are activists and they would like to strike down existing laws that impact on restricting the use of property rights because, you know, that is what they write about.

Judge THOMAS. Well, let me clarify something. I think it is important, Mr. Chairman.

The CHAIRMAN. Please.

Judge THOMAS. As I indicated, I believe, or attempted to allude to in my confirmation to the Court of Appeals, I don't see a role for the use of natural law in constitutional adjudication. My interest in exploring natural law and natural rights was purely in the context of political theory. I was interested in that. There were debates that I had with individuals, and I pursued that on a part-time basis. I was an agency chairman.

The CHAIRMAN. Well, judge, in preparing for these hearings, some suggested that might be your answer. So I went back through some of your writings and speeches to see if I misread them. And, quite frankly, I find it hard to square your speeches, which I will discuss with you in a minute, with what you are telling me today.

Just let me read some of your quotes. In a speech before the Federalist Society at the University of Virginia, in a variation of that speech that you published in the Harvard Journal of Law and Policy, you praised the first Justice Harlan's opinion in *Plessy* v. *Ferguson*, and you said, "Implicit reliance on political first principles was implicit rather than explicit, as is generally appropriate for the Court's opinions. He gives us a foundation for interpreting not only cases involving race, but the entire Constitution in the scheme of protecting rights." You went on to say, "Harlan's opinion provides one of our best examples of natural law and higher law jurisprudence."

Then you say, "The higher law background of the American Government, whether explicitly appealed to or not, provides the only firm basis for a just and wise constitutional decision."

Judge, what I would like to know is, I find it hard to understand how you can say what you are now saying, that natural law was only a—you were only talking about the philosophy in a general philosophic sense, and not how it informed or impacted upon constitutional interpretation.

Judge THOMAS. Well, let me attempt to clarify. That, in fact, though, was my approach. I was interested in the political theory standpoint. I was not interested in constitutional adjudication. I was not at the time adjudicating cases. But with respect to the background, I think that we can both agree that the founders of our country, or at least some of the drafters of our Constitution and our Declaration, believed in natural rights. And my point was simply that in understanding overall our constitutional government, that it was important that we understood how they believed—or what they believed in natural law or natural rights.

The CHAIRMAN. For what purpose, Judge?

Judge THOMAS. My purpose was this, in looking at this entire area: The question for me was from a political theory standpoint. You and I are sitting here in Washington, DC, with Abraham Lincoln or with Frederick Douglass, and from a theory, how do we get out of slavery? There is no constitutional amendment. There is no provision in the Constitution. But by what theory? Repeatedly Lincoln referred to the notion that all men are created equal. And that was my attraction to, or beginning of my attraction to this approach. But I did not—I would maintain that I did not feel that

natural rights or natural law has a basis or has a use in constitutional adjudication.

The CHAIRMAN. Well, Judge, let's go back to Macedo, then. What was the political theory you found so attractive that Mr. Macedo is espousing?

Judge THOMAS. The only thing that I could think of with respect to—and I will tell you how I got to the issue of property rights and the issue of the approach or what I was concerned about. What I was concerned about was this: If you ended slavery—and it is something that I don't know whether I alluded to it in that speech, but it is something that troubled me even in my youth. If you ended slavery and you had black codes, for example, or you had laws that did not allow my grandfather to enjoy the fruits of his labor, prevented him from working—and you did have that. You had people who had to work for $3 a day. I told you what my mother's income was. By what theory do you protect that?

I don't think that I have explicitly endorsed Macedo. I found his arguments interesting, and, again, that is the——

The CHAIRMAN. But he doesn't argue about any of those things, Judge.

Judge THOMAS. I understand that. I read more explicit areas. I read about natural law even though my grandfather didn't talk about natural——

The CHAIRMAN. But, I mean, isn't it kind of—I guess I will come back to Macedo. You also said in that speech out at the Pacific Research Institute, you said, "I am far from being a scholar on Thomas Jefferson, but two of his statements suffice as a basis for restoring our original founding belief and reliance on natural law, and natural law, when applied to America, means not medieval stultification but the liberation of commerce." You speak many times—I won't bore you with them, but I have pages and pages of quotes where you talk about natural law not in the context of your grandfather, not in the context of race, not in the context of equality, but you talk about it in the context of commerce, just like it is talked in the context, that context, by Macedo and by Epstein and others in their various books, a new fervent area of scholarship that basically says, "Hey, look, we, the modern-day court, has not taken enough time to protect people's property, the property rights of corporations, the property rights of individuals, the property rights of businesses." And so what we have to do is we have to elevate the way we have treated protecting property. We have to elevate that to make it harder for governments to interfere with the ability of—in the case of Epstein the ability to have zoning laws, the ability to have pollution laws, the ability to have laws that protect the public welfare.

Then you say in another place in one of your speeches, you say, "Well, look, I think that property rights should be given"—let me find the exact quote—"should be given the exact same protection as"—you say, "Economic rights are as protected as much as any other rights," in a speech to the American Bar Association.

Now, Judge, understand my confusion. Economic rights now are not protected as much as any other rights. They are not protected that way now. They are given—if they pass a rational basis test, in effect, it is all right to restrict property. When you start to restrict

things that have to do with privacy and thought process, then you have to have a much stricter test. And so you quote Macedo. You talk about the liberation of commerce and natural law, whatever you want to call it, natural law or not. And then you say economic rights—and, by the way, you made that speech to the ABA the day after you made the speech where you praised Macedo.

Can you tell me, can you enlighten me on how this was just some sort of philosophic musing?

Judge THOMAS. Well, that is exactly what it was. I was interested in exactly what I have said I was interested in. And I think I have indicated in my confirmation to the court of appeals that I did not see a role for the application of natural rights to constitutional adjudication, and I stand by that.

The CHAIRMAN. Judge, you argue Harlan did just that and that it was a good thing for him to have done. He applied this theory of natural rights, as you say, in his dissent in *Plessy* v. *Ferguson.*

Judge THOMAS. I thought that——

The CHAIRMAN. He should have, you say.

Judge THOMAS. Well, the argument was I felt that slavery was wrong, that segregation was wrong.

The CHAIRMAN. Right.

Judge THOMAS. And, again, I argue—and I have stood by that—that these positions that I have taken, I have taken from the standpoint of philosophical or from the standpoint of political theory.

The CHAIRMAN. Well, Judge, let me find——

Judge THOMAS. Let me, if I could have an opportunity.

The CHAIRMAN. Sure, oh, please.

Judge THOMAS. My interest in this area started with the notion, with a simple question: How do you end slavery? By what theory do you end slavery? After you end slavery, by what theory do you protect the right of someone who was a former slave or someone like my grandfather, for example, to enjoy the fruits of his or her labor?

At no point did I or do I believe that the approach of natural law or that natural rights has a role in constitutional adjudication. I attempted to make that plain or to allude to that in my confirmation to the court of appeals. And I think that that is the position that I take here.

The CHAIRMAN. OK, Judge. Well, look, let's not call it natural law, natural rights, whatever. What do you mean when you say economic rights are protected as much as any other rights in the Constitution? What do you mean by that?

Judge THOMAS. Well, the simple point was that notions like—for me, at this point—and, again, I have not gone back and I don't know the text of all those speeches. But there are takings clauses—there is a taking clause in the Constitution, and there is also a reference to property in our Constitution. That does not necessarily mean that in constitutional adjudication that the protection would be at the same level that we protect other rights. Nor did I suggest that in constitutional adjudication that that would happen. But it certainly does deserve some protection. Certainly the right of my grandfather to work deserves protection.

The CHAIRMAN. The right of my Grandfather Finnegan, too, deserved protection and your grandfather to work. But the issue here

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Judge THOMAS. May I just

The CHAIRMAN. Yes, pleas

Judge THOMAS. First of al
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is whether or—look, let me explain to you why I am concerned about this. You know why. Let's make sure other people know why.

There is a whole new school of thought made up of individuals that up until about 5 years ago only spoke to one another. That school of thought is now receiving wider credence and credibility, to the point that former Solicitor General Charles Fried, in his book "Order and Law,"—not a liberal Democrat, Reagan's Solicitor General—said in his book about this group of scholars to whom Macedo and others like you refer—maybe you didn't mean the same thing, but this group of scholars, meaning Macedo and Epstein and others who I will mention in a moment. He says, "Fledgling federalist societies and often devotees of the extreme libertarian views of Chicago law professor Richard Epstein had a specific, aggressive and, it seemed to me, quite radical project in mind,"—meaning for the administration—"to use the takings clause"—I don't have much time so I won't go into it, but you and I both know the takings clause is that portion of the fifth amendment that has nothing to do with self-incrimination. It says if the government is going to take your property, they have to pay for it, except historically we have said if it is regulating your property, it is not taking it. If it is regulating under the police power to prevent pollution or whatever else, then it is not taking it and doesn't have to pay for it.

And what these guys want to do is they want to use that takings clause like the 14th amendment was used during the Lockner era. This is Fried speaking. It says "had a specific, aggressive, and, it seemed to me, quite radical project in mind to use the takings clause of the fifth amendment to serve as a brake upon Federal and State regulation of business and property. The grand plan was to make government pay compensation for taking property every time its regulation impinged."

Now, that is what this is all about, Judge. And, again, I am not saying that that is your view, but it seems to me when you say, which nobody else who writes in this area—I don't know anybody—and I have read a lot about this area. I don't know anybody else who uses the phrases "natural law," "property," "the takings clause," who doesn't stand for the proposition that Macedo and Epstein for, which is that we got this a little out of whack. We have got to elevate the standard of review we use when we look at property, just to the same standard, to use your phrase, the same rights as personal rights, that most Americans think to be personal, whether they can assemble, whether or not they can go out and speak, whether or not they can worship, whether or not they can have privacy in their own bedroom.

And so these guys want to change that balance, but that is why I am asking you this. I will come back to it in a minute in my second round. But let me shift, if I may——

Judge THOMAS. May I just respond?

The CHAIRMAN. Yes, please.

Judge THOMAS. First of all, I would like to just simply say, and I think it is appropriate, that I did not consider myself a member of that school of thought. And, secondly, I think that the post-Lockner era cases were correctly decided.

My interest in natural rights were purely from a political theory standpoint and as a part-time political theorist. I was not a law professor, nor was I adjudicating cases. And as I indicated and have indicated, I do not think that the natural rights or natural law has an appropriate use in constitutional adjudication.

The CHAIRMAN. Well, Judge, I would ask for the record, and I will make these available to you, that all the references you make that I have found—and there are pages of them—where you explicitly connect natural law with either specific cases or talk about informing specific aspects of constitutional interpretation be entered in the record. In my second round, I will be able to talk with you about them. You will have had a chance to read them.

[The documents follow:]

[THOMAS Q

KEYNOTE ADDRESS, PAC
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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 25, 1995

REMARKS BY THE PRESIDENT WITH DOCTOR HENRY FOSTER

THE PRESIDENT: Good morning ladies and gentlemen. Doctor Foster and I have just had coffee. We discussed some of the issues we always discuss in terms of the health challenges our country faces. And, of course, we discussed the upcoming vote in the Senate committee on the question of his confirmation. I want to say again, he has my strong support. I believe that he should be voted out of the committee and he certainly should be confirmed by the United States Senate.

In the hearings, he clearly demonstrated his qualifications to be America's doctor. And as I have said repeatedly, I hope the American people will never forget the group of young people who came up from his home state and his home town to talk about the work he has personally done to urge them to live upright and healthy and productive lives, and the work that he had done to rescue them from difficult circumstances. If he is not qualified to be America's doctor, it's hard to imagine who would be.

There have been a lot of politics and a lot of talk back and forth on this nomination, but now the time has come to do the right thing. And I trust that the committee and, ultimately, the Senate will do the right thing and confirm Dr. Foster as Surgeon General.

Q Do you think they will -- the committee and the Senate?

THE PRESIDENT: I believe they will.

Q What do you base your optimism on?

THE PRESIDENT: Well, I base my optimism on the fact that usually in this country, right prevails over political pressure over the long run. They have -- we have dragged this thing out. You know, Dr. Foster was never a political football before -- President Bush thought enough of him to make him one of the Points of Light -- and because we had a hearing, and he demonstrated in the hearing why he should be a Surgeon General and he answered all the questions.

Q Do you think you can overcome the filibuster, sir?

THE PRESIDENT: Let's get out of committee first. I think you've got to get out of the committee, and then I think he certainly should be. We'll have lots of arguments to make about that in the appropriate time. I think if the majority of the United States Senate is for him, he should certainly be confirmed.

PEARL-COHN HIGH SCHOOL GRADUATION CEREMONY

COMMENCEMENT ADDRESS

"THE UTILITY AND JOY OF READING"

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

Nashville, Tennessee

Wednesday, May 31, 1995

Thank you very much, Mr. Currie, for your kind introduction. First, let me extend my congratulations and very best wishes to you, the graduating seniors. This is an important and well-earned milestone for each of you. I have the honor of knowing some of you personally; hence, I share the pride that you, your families, Mr. Currie, teachers, administrators, and friends are experiencing tonight. You cannot fully appreciate how pleased I was to have been asked to address you this evening and how pleased that I am able to join you. You are our future. You did not have to be here tonight, but instead, you have kept your lives and your futures on course.

My message for you tonight is, "The Utility and Joy of Reading." Reading is the foundation of <u>all</u> learning. It matters not if you wish to be a scientist, clerk, teacher, member of the Armed Services,

a detective, or whatever, in our computerized technological society today, if you cannot read efficiently, you can't be competitive in the job market and once having entered that job market, your ability to remain there and subsequently progress will be directly dependent upon your reading skills.

You should be aware that the value and power of reading is nothing new. All you need do is to reflect on the long and difficult history of minorities in this country. The power of education was so feared that it was a major punishable offense for anyone found teaching slaves how to read and write. Even today equity does not exist in expenditures for education of minorities and other inner-city children when compared to that spent in most suburban areas. For these reasons alone, you should seek to read and grow intellectually at every opportunity.

Let me share a few thoughts with you. In this country there still are too many of our citizens who are functionally illiterate. Reading is no different from any other skill that is learned -- the more you do it, the more proficient you become and vice versa.

Let me tell you a personal story. The same year that I graduated from high school, as you are doing tonight, my only sister who was four years older than I, had just graduated from college. At the beginning of that summer following my graduation, she advised me strongly on how important it was for my reading efficiency to be the best possible for my upcoming college studies. She suggested that I read every and anything that I possibly could during that summer prior to going off to college. She stated that it didn't really matter what I read but simply it was important to read consistently to improve my reading ability.

I took her advice seriously and that summer I read many of the mystery novels by Mickey Spillane and some steamy novels by Erskine Caldwell about life in America's rural south in the 1920s and 1930s. They were fun, but more important, when I took my reading placement tests at Morehouse, I was just reading at the college level. I can be fairly sure that had I not concentrated on reading that summer as my sister had suggested, I would not have been reading at the college level. So, you can see that there is great utility to be gained from reading -- a utility that will relate to your function in the marketplace and will affect your ability to earn and sustain a decent living standard.

I am sure that you as I know that television time is a distraction that competes with reading time. TV, no doubt, can be enjoyable and on occasion, educational. I certainly don't recommend not viewing it.

But it is very important for me to list a sizable number of great advantages that reading holds over television. You may find them interesting:

1. **First, reading causes you to use your imagination much more, thus resulting in creative thinking.**

2. **Reading increases your ability to think critically and analytically.**

3. **Reading allows for repetition -- you can reread a sentence or paragraph as often as necessary for clarification.**

4. **Reading is the surest way to improve your vocabulary which also increases your capacity for writing and speaking.**

5. **As a consequence of the self-improvement resulting from reading, your self-esteem is strengthened which makes for a more positive life.**

6. **With reading, you are free to set your own schedule -- you don't need a *TV Guide* since you can read at your individually set agenda, and lastly,**

7. **Reading allows you to determine your own menu -- again, you are not bound by a scheduled dictated by someone else.**

Hence, as a consequence of my coming from Washington, D.C. to share this occasion with you tonight, I ask one promise of each of you. Within the next three weeks, I want everyone of you to go to a book store of your choosing. You don't have to buy anything, you can

simply "browse" if you wish. Owners of book stores expect people to browse; this is a common occurrence in such places. You should find the various reading sections quite interesting. Some examples are fiction, biography, mysteries, hobbies, sports, love stories, war and history, just to mention a few. But when you visit you will see for yourselves.

Let me share just one last story with you that relates to reading. A few years ago, the medical school admission test was redesigned and as a consequence, two one-half hour sections on writing were added. There was a curious observation -- female applicants have done far better on this segment of the test than their male counterparts. In analyzing this outcome, it was clearly shown that a female applicant was four times more likely than a male applicant to have read a book

in the preceding 6 months. Yes, reading is a major pathway to all knowledge.

Before I conclude my remarks, I would just like to say a special thank you to those students who traveled by to Washington, D.C., to tell their Senators about the Henry Foster they know. In life, there are some gestures -- often spaced years apart -- that are made on your behalf that go far beyond what words can express. Even if I read all day every day, I don't think I could ever fully find the words to tell you how much your gesture meant to me. Your support and your encouragement and your presence that important week sustained me, strengthened me, and uplifted me--and I will always be grateful for it. As I told you then, it meant a great deal to me. But more important, it *showed* a great deal about *you*. It showed your heart. And I thank you from the bottom of my <u>heart</u>.

I don't ever want you to forget the impact you had -- in a city which thinks it's seen it all. You should know that people there are still talking about you. Your conviction and your sincerity impressed the Vice President as well as the President, Senators as well as U.S. Representatives. The President of the United States told you that he has never been prouder to receive anyone in the White House more than he was to receive you that day. That is quite a statement -- about you. And then he said -- and I echo -- that *"you are carrying the future of America -- in your soul, in your spirit, in what you believe in, and in what you do. And America has a future if you have a future."* You all do have a future and -- if you believe in yourselves and in your futures as much as the President and I do -- there are no limits as to how high you can soar and no barriers as to how far you can go.

In closing, I wish again to congratulate each of you on your success. You make us all proud. As a token of recognition of your accomplishment tonight, my wife, Sandy, and I have made a personal donation of $500 to the "I Have A Future Pearl-Cohn Clinic." Thank you for allowing us to honor you in this manner.

For each of you graduates, I wish the very best future possible which is yours to develop and you're off to an excellent start. I have the highest confidence in your ability to succeed. Good luck and best wishes to each of you.

Thank you very much.

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release June 21, 1995

REMARKS BY THE PRESIDENT
ON DR. FOSTER NOMINATION
The Rose Garden

1:36 P.M. EDT

THE PRESIDENT: Good afternoon. I'd like to begin by saying that I was quite pleased that 57 members of the Senate today voted to allow a simple up or down, yes or no vote on the nomination of Dr. Foster. A strong majority -- 57 -- voted to give him a fair chance and a full vote. But a small minority are using this nomination to dictate a litmus test to the rest of America.

That is wrong. And the American people are not going to understand it. The senators who voted to deny Dr. Foster an up or down vote did a disservice to a good man. They also did a disservice to our whole system of democracy. And make no mistake about it, this was not a vote about the right of the President to choose a surgeon general. This was really a vote about every American woman's right to choose.

Henry Foster is qualified to be our surgeon general. He spent 38 years in medicine. He spent a lot of his time working to improve the health of women and children in poor and rural areas. He's delivered thousands of babies and trained hundreds of young doctors. His efforts to curb teen pregnancy have earned him high praise among Republicans and Democrats. He shares my view that abortion should be rare and safe and legal.

Don't you think it's interesting that we finally found a person in this country who has actually done something, actually done something to try to reduce teen pregnancy, actually done something to try to convince large numbers of young people that they should not have sex before they're married, who has actually done something to deal with this problem, but because he cannot pass the political litmus test that has a stranglehold on the other party, they cannot even allow a simple vote? Did the Democratic Senate deny a simply vote to their controversial nominees to the Supreme Court, a lifetime job? No.

This man got 57 votes -- 43 people say no because they are in the grip of people who don't question my right to choose him, but question American women's right to choose. It is wrong. What's fair is fair and he ought to get an up or down vote. He's actually done something about the problem they all claim to be concerned about, and he ought to be given a chance to do something about it for the whole country.

DR. FOSTER: Well, first of all, I must thank a few people. To you, Mr. President, for your firm and unwavering support of my nomination, thank you so very much. I would also like to thank all in the Senate who have stood by me and worked tirelessly to allow me a chance to be heard by the full Senate. And to my wife, Sandy, our two wonderful children and daughter-in-law, I cannot say enough to tell you how much your love and understanding has meant to me during these rather onerous times.

All I ask of the Senate is for the fairness that has been provided to previous nominations, the right to an up or down vote. Thank you.

THE PRESIDENT: Let me just say one other thing. Let me remind you that the committee approved Dr. Foster's nomination. This should be about whether the President has a right to make this decision if the person is qualified. The committee ruled that he was. The only other question worth asking and answering right now is, are we going to try for another vote. Yes, we are. Do I know what the outcome will be? No, I don't. But I'm not through yet and we're going to do our best to win it.

Thank you very much.

END 1:40 P.M. EDT

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