



DEPARTMENT OF HEALTH & HUMAN SERVICES

Chief of Staff

Washington, D.C. 20201

95 MAR 6 P7:36

FACSIMILE

DATE

3/6/95

TO:

(NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

JOHN PODESTA

FROM:

(NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

KEVIN THURN

RECIPIENT'S FAX NUMBER:

(202) 456-2215

NUMBER OF PAGES TO SEND (INCLUDING COVER SHEET):

8

COMMENTS:

DOCUMENTS FOR JEM WADE

CDC Funds Awarded to Tuskegee

<u>Project Description</u>	<u>Budget Period</u>	<u>Amount</u>
Summer Fellowship Program in CID Proj. No. 06	9/29/89-9/28/90	\$ 30,611
Subtotal - Year 01		<u>\$ 30,611</u>
Summer Fellowship Program in CID Proj. No. 06	9/29/90-9/28/91	\$ 34,873
Postdoctoral Study at CDC Proj. No. 13	9/29/90-9/28/91	15,000
Health Assessment Seminars Proj. No. 37	9/29/90-9/28/91	<u>4,000</u>
Subtotal - Year 02		<u>\$ 53,873</u>
Nutrition Systems in the U.S. Proj. No. 33	9/29/91-9/28/92	\$ 40,000
Subtotal - Year 03		<u>\$ 40,000</u>
Scientific Lecture Exchange Proj. No. 02	9/29/92-9/28/94	\$ 10,100
Summer Fellowship Program in CID Proj. No. 06	9/29/92-9/28/94	91,215
Postdoctoral Study at CDC Proj. No. 13	9/29/92-9/28/94	35,315
Nutrition Systems in the U.S. Proj. No. 33	9/29/92-9/28/94	30,213
Health Assessment Seminars Proj. No. 37	9/29/92-9/28/94	<u>2,447</u>
Subtotal - Year 04		<u>\$170,290</u>
Summer Fellowship Program in CID Proj. No. 06	9/29/94-9/28/95	12,000
Subtotal - Year 05		<u>\$ 12,000</u>

Scientific Lecture Exchange (Project No. 02) To provide the opportunity to exchange information/knowledge learned among member institutions.

Nutrition Systems in the U.S. (Project No. 33) Pilot studies to enrich current nutrition surveillance systems in the U.S.

Summer Research Fellowship at the CDC National Center for Infectious Disease (Project No. 06) To provide an opportunity for minority students (medical & veterinary) to strengthen their knowledge base in biomedical research.

Health Assessment Seminars for Minority Physicians (Project No. 37) This project is designed to provide seminars in health assessment for minority physicians.

Post Doctoral Studies at CDC (Project No. 13) To provide an opportunity for HBCUs faculty to participate in ongoing research at CDC and to enhance their research skills. Participating faculty members are expected to share their enhanced experience with their colleagues at their home institutions.

Superfunds Award from ATSDR

Cooperative Agreement Number U50/ATU392948

FUNDS AWARDED TO TUSKEGEE

<u>Project Description</u>	<u>Budget Period</u>	<u>Amount</u>
Multigenerational Study of Toxic Effects of Mercury and Zinc in Rats & Mice	9/09/92-9/08/93	\$472,976
Multigenerational Study of Toxic Effects of Mercury and Zinc in Rats & Mice	9/09/93-9/08/94	\$472,976
Multigenerational Study of Toxic Effects of Mercury and Zinc in Rats & Mice	9/09/94-9/08/95	\$472,976

STATUS OF FORMER TUSKEGEE STUDY PARTICIPANTS
DECEMBER 31, 1994

	<u>Syphilis Patients</u>	<u>Controls</u>	<u>Total</u>
Living	9	7	16
Deceased	435	169	604
Unable-to-Locate	<u>3</u>	<u>2</u>	<u>5</u>
Total	447	178	625

TUSKEGEE HEALTH BENEFIT PROGRAM BENEFICIARIES
DECEMBER 31, 1994

TYPE OF ELIGIBILITY	NUMBER OF BENFICIARIES
<u>Former Tuskegee Study Participants</u>	16
Age Range: 85-97	
Average Age: 89	
<u>Wives and Widows</u>	25
Age Range: 64-96	
Average Age: 86	
<u>Children</u>	17
Age Range: 42-61	
Average Age: 54	
<u>Grandchildren</u>	<u>2</u>
Age: 28 & 38	
Total	60

TUSKEGEE HEALTH BENEFIT PROGRAM BENEFICIARIES
LOCATION BY STATE
DECEMBER 31, 1994

STATE	PARTICIPANT	WIVES/ WIDOWS	CHILD	GRAND CHILD	TOTAL
Ala	10	12	5	0	27
Conn	0	0	1	0	1
Fla	0	3	0	0	3
Ga	0	2	4	2	8
Ill	2	2	2	0	6
Ind	1	0	0	0	1
Ky	0	0	1	0	1
Mass	1	0	0	0	1
NY	0	1	2	0	3
Okla	1	0	0	0	1
Ohio	0	5	2	0	7
Penn	1	0	0	0	1
Total	16	25	17	2	60

**MEDICAL STATUS OF TUSKEGEE BENEFICIARIES
DECEMBER 31, 1994**

	Nursing Homes	Home Health Aide	Skilled Nursing Service	#/Total
Study Participants	3	10	3	16/16
Wives and Widows	1	14	4	19/25
Children	0	0	0	0/17
Grandchildren	0	<u>0</u>	<u>0</u>	<u>0/2</u>
Total	4	24	7	35/60

APPROXIMATE YEARLY EXPENDITURES* FOR
TUSKEGEE HEALTH BENEFIT PROGRAM
DECEMBER 31, 1994

FY 1973 (10/25/72-6/30-73)	\$64,500
FY 1974	92,200
FY 1975	176,200
FY 1976	231,600
FY 1977	237,600
FY 1978	298,100
FY 1979	374,900
FY 1980	455,400
FY 1981	332,050
FY 1982	439,509
FY 1983	479,706
FY 1984	553,880
FY 1985	782,715
FY 1986	827,401
FY 1987	946,000
FY 1988	1,170,363
FY 1989	1,045,388
FY 1990	1,179,574

FY 1991	1,503,975
FY 1992	1,655,343
FY 1993	2,541,374
<u>FY 1994</u>	<u>1,812,553</u>
Total	\$17,200,331

* Including personnel, associated expenses, and payments of reimbursements for medical services

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PAGE 81

THE NEW YORK TIMES, WEDNESDAY, JULY 26, 1972

Syphilis Victims in U.S. Study Without Therapy for 40 Years

By JEAN HELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they

have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Merlin K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men.

SYPHILIS VICTIMS GOT NO THERAPY

Continued From Page 1, Col. 2

mostly poor and uneducated, from Tuskegee, Ala., an area that had the highest syphilis rate in the nation at the time.

Four hundred of the group had syphilis and never received deliberate treatment for the venereal infection. A control group of 200 had no syphilis and did not receive any specific therapy.

Some subjects were added to the study in its early years to replace men who had dropped out of the program, but the number added is not known. At the beginning of this year, 74 of those who received no treatment were still alive.

As incentives to enter the program, the men were promised free transportation to and from hospital, free hot lunches, free medicine for any disease other than syphilis and free burial after autopsy.

Continued on Page 1, Column 2

Dr. Miller said that the study was initiated in 1932 by Dr. J. K. Heller, assistant surgeon general in the service's venereal disease section, who subsequently became division chief.

Of the decision not to give penicillin to the untreated syphilis cases it became widely available, Dr. Miller said, "I doubt that it was a one-man decision. These things seldom are. Whoever was in charge of the VD section at the time, in 1946 or 1947, would be the most logical candidate if you had to pick a name."

The syphilis study "was never clandestine" and 15 scientific reports were published in the medical literature, Dr. Miller said in a telephone interview yesterday from Atlanta.

Officials who initiated the study in 1932 had informed the syphilis victims that they could get treatment for the infection at any time, Dr. Miller said.

"Patients were not denied drugs," Dr. Miller stressed. Rather, they were not offered drugs.

When the study began, doctors could offer only what is now regarded as poor therapy—injections of metals like bismuth, arsenic and mercury. Such treatments were known to be toxic.

Many doctors, Dr. Miller said, then thought "it better not to treat syphilis cases because of the mortality from" the metal therapies.

The critical period in ethics was in the late nineteenth century and early twentieth century when antibiotics could have been but were not prescribed for the syphilis patients.

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set of the Senate Appropriations Subcommittee that oversees Public Health Service budgets, called the study "a moral and ethical nightmare."

Syphilis is a highly contagious infection spread by sexual contact. If untreated, it can cause bone and dental deformations, deafness, blindness, heart disease and deterioration of the central nervous system.

No figures were available as to when the last death in the program occurred. One official said that no conscious effort was apparently made to halt the program after it got under way.

A 1969 study of 279 untreated syphilis cases participated in the Tuskegee Study showed that seven had died as a direct result of syphilis. The 1969 study was made by the Atlanta center, whose officials said they could not determine at this late date how many additional deaths had been caused by syphilis.

However, of the 400 men in the original syphilis group, 154 died of heart disease. That officials in Atlanta said was not specifically related to syphilis. Dr. Miller said that this rate was identical with the rate of cardio-vascular deaths in the control or non-syphilis group.

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Johnson



U.S. Defers to 3 White Ala. Doctors

By Jack Anderson

The government has agreed to put up \$750,000 to build a new hospital so that three white Alabama doctors will not have to share a spacious, ultramodern hospital with black doctors.

The costly project might mollify the whites but it would leave the 25,000 people of Macon County, Ala., with a lot of empty hospital beds.

The county is already served by John Andrew Hospital in Tuskegee, which was built with federal money just a few years ago. This highly-rated hospital has 140 beds, about 50 of which are usually vacant. Moreover, it has an unused floor designed to accommodate an additional 60 beds.

The county's eight black doctors, having helped initiate the construction of John Andrew, now control it. The idea of using a hospital run by blacks, however, apparently upset the three white doctors who have been sending their patients across town to the creaky, 32-bed Macon County Hospital.

As this old facility became increasingly obsolete, the county hospital administration got the Health, Education and Welfare Department to authorize a \$750,000 grant to build a new 32-bed hospital on the same site.

The total cost of the new hospital would be \$1.5 million,

or around \$50,000 for each of its 32 beds. The cost of adding 60 new beds at John Andrew, which isn't even crowded, would be only \$300,000 or \$5,000 a bed.

To soothe the white doctors' sensibilities, it seems, not only are the nation's taxpayers asked to put up \$750,000 but another \$500,000 will be squeezed out of the county's hard-pressed citizens.

False Claim

But this isn't the end of the scandal. It also appears the county hospital falsified its application in order to help get approval for this extraordinary project.

Under the law, hospital grants are supposed to have the approval of the local medical planning council or medical society. Not only has the Macon County Medical Society failed to approve this project, but on four occasions since 1968, it has voted specifically against having more than one general hospital in the county.

The man apparently responsible for getting the hospital approved is Clay Dean, a state Health Department official responsible for administering the federal program in Alabama. While we were unable to reach him for comment, it can be safely said that he knew full well the situation in Macon County when he put his signature on the application and sent it on to Washington, where it was rubber-

stamped by oblivious HEW bureaucrats.

For even the application, hoked up as it is, contains this candid statement about the county hospital: "The majority of hospital care provided for the white population of Macon County is accomplished at Macon County General Hospital."

Although state officials claim there are both white and black doctors on the staff at each hospital, this is highly misleading. For, in practice, the black doctors use John Andrew and the white doctors use the county hospital virtually exclusively.

Hospital administrator Wayne Pelouquin, asked how he could justify the new hospital since it would cost 10 times more per bed than expanding John Andrew, retorted: "I'm not even trying to justify it. I'm just telling you we're going to do it."

However, when we questioned McDonald Rimple, deputy director of the program in Washington, he had a different reaction. "It can be stopped," he said. "This does not represent good health facility planning." He promised a full investigation.

Footnote: Two crusading Alabama lawyers, Morris Dees and Joseph Levin, are preparing a suit to halt the project. The suit will be filed on behalf of the county medical society and a number of other citizens.

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Congressmen, meeting in secret, have now started to raise questions. They called Stephen Sachs, former U.S. attorney in Baltimore, behind closed doors of the House Administration Committee.

"Was it customary," demanded Chairman Wayne Hays (D-Ohio) "in the court that you represented for you to have a stack of blank, signed subpoenas on hand so you could fill in the name and serve them without a clerk, or the judge, or anybody else knowing about it?"

"The short answer to that question, Mr. Chairman, is yes," said Sachs. But he went on to explain, in detail, that it was all strictly legal. "Suffice it to say," he wound up, "that the Congress does see the rules and the Congress at least tacitly approves the rules."

"When the rules were written," agreed Rep. Bertram Podell (D-N.Y.) "they were written so that the clerk may sign a subpoena in blank. It did not give you the right to go ahead and sign a hundred subpoenas and keep them on hand as it would a stack of potato chips when you wanted to dip into a barrel."

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Syphilis Decision Left to Macon, Records Show

By M. P. WEISSKOPF
Advertiser Staff Writer

The Alabama Board of Health, asked more than three years ago by federal officials whether the U.S. Public Health Service should continue its program of denying proper medical treatment to syphilitics in Tuskegee, avoided the issue by referring questions to Macon County physicians.

The formal motion at a state Board of Health meeting Feb. 19, 1969, suggesting that federal public health officials discuss plans for pursuing the project, called the Tuskegee Study, with the Macon County Medical Society, was discovered Friday by The Advertiser in a review of board meeting records dating back to 1931.

According to minutes of the 1969 meeting, a search through records of the period, 1931-33,

failed to show any indication of formal approval by the state Board of Health for the federal experiment started in 1932 in which 200 known syphilis carriers living in Tuskegee were denied treatment, to determine by autopsies what damage untreated cases of the venereal disease does to the human body.

The 16-line passage, under the subtitle, "Tuskegee Untreated Syphilis Project," is the only specific reference found in minutes of more than 40 years of board meetings to the Public Health Service study in which at least seven men have reportedly died as direct result of syphilis.

Dr. S.H. Settler Jr., secretary of the Macon County Medical Society, said by telephone Friday he recalls a society meeting in May of 1969 in which Dr. David J. Sencer, director of the

Public Health Service's Center for Disease Control in Atlanta, asked members to endorse the continuation of a federal study of Tuskegee syphilitics.

Dr. Settler, a Tuskegee ophthalmologist, said 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.

Dr. Sencer, reached at his home in Atlanta Saturday, said he had not attended the May, 1969 meeting in Tuskegee, but sent two center officials involved at the time in venereal disease control to discuss plans for continuing the program. The officials were, according to Dr. Sencer, Dr. William J. Brown,

former chief of the center's venereal disease branch, and Dr. Alfonso H. Holguin, former director of the state and community division of communicable diseases.

Dr. Holguin, director of the Atlanta center's training program, said Saturday he remembers informing Macon County physicians in 1969 of the most recent developments in the Tuskegee Study, including recommendations made by a special ad hoc study committee assigned earlier that year to review the project.

Dr. Holguin said there must have been some indication during the meeting that some of the syphilitics in the project had not received treatment because one of the recommendations discussed was that therapy as late as 1969 would not benefit the patients.

Dr. Brown, current director of venereal disease control in the Georgia Department of Health, confirmed Dr. Holguin's statement by telephone Saturday.

Dr. Brown 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.

"This has been an open study going on for years," he said, pickup type beginning Dr. H.W. Foster

Dr. H.W. Foster, president of the Macon County society, said Friday he is under the impression that the Public Health Service will discontinue the project immediately.

The society drafted a statement at a meeting in Tuskegee Thursday night which said: "The members of the Macon

County Medical Society have unanimously agreed to identify to the Macon County Medical Society carried by unanimous vote, according to the minutes of this study and make available forthwith appropriate therapy."

The Tuskegee surgeon suggested that very large doses of penicillin may be necessary in the therapy.

Minutes of the 1969 state health board meeting report that the Public Health Service had expressed concern whether to perpetuate the project "since the numbers are small, adequate treatment is now available and there have been many social changes in Macon County."

"The State Health Officer has suggested to the Public Health Service," the minutes go on, "that continuity of the program and patient care be discussed with local physicians before a decision is made."

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years, the records said, the official carried on a "very intensive treatment program." There was no further description in the minutes of the treatment program lasting until 1937.

An official of the state Bureau of Preventable Diseases, Venereal Disease Division, said Friday that the Alabama Department of Health assisted the Public Health Service in its annual physical examination of syphilitic subjects by providing referral services.

The official said that state public health representatives assigned to the Macon County area helped locate the patients and transported them to the county health department for checkups.

The state assistance continued from the beginning of the project in 1932 to the present time, he said.

95 MAR 6 P 6:10

Montgomery Advertiser
July 30, 1972

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1.99	8' length	Regularly 2.24

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- February 23, 1995

NBC Nightly News

6:30-7:00 PM

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Segment: Commentary: Not all Southern Baptists oppose Dr. Henry Foster's nomination for Surgeon General as reported at Southern Baptist Convention.

TOM BROKAW, anchor:

As we reported earlier this week, the Southern Baptist Convention, that's America's largest Protestant denomination, has come out against the nomination of Dr. Henry Foster to be the US surgeon general. Well, tonight, Bill Moyers puts that in PERSPECTIVE.

BILL MOYERS reporting:

Let's begin with a quiz with some familiar photographs seen often in the news. What does this man have in common with this man? And this man with this man? And this man with this man? You win a pair of angel wings if you said that Bill Clinton and Newt Gingrich, Jesse Helms and Jesse Jackson, Pat Robertson and Al Gore are all Baptists. So are Sam Donaldson and yours truly. Clearly, Baptists are a motley crowd.

The free exercise of conscience is the heart of the faith, the priesthood of the believer. And every local church is a democracy. No one can speak for all Baptists. But in the last decade, the Southern Baptist Convention was captured by a political posse allied with the Republican Party. Their hierarchy wants to impose conformity on the churches.

Suddenly, the 39 legal abortions performed by Henry Foster, which he says he did reluctantly, are a theological sin and a political opportunity. Despite studies showing Southern Baptists hold varying opinions about abortion, the hierarchy has pronounced all 15 million of them opposed to Foster's nomination.

The irony is that Henry Foster MD, himself a Baptist, has been a lifelong crusader against teenage pregnancy and probably more successful at preaching abstinence than a dozen doctors of theology. But when God becomes a partisan, religion becomes unforgiving and all subtlety excommunicated.

Suppose, though, that instead of reading National Review, New Republic, or The Nation, God reads only the human heart and looks with mercy on mortals like Henry Foster making hard choices in the anguished trenches of life. Would God vote yea or nay on the nomination? I don't know. And neither does any other Baptist.

Date: 02/25/95 Time: 14:10

White House Accuses Foster Critics Of Distortion On Syphilis Study

WASHINGTON (AP) Defending its nominee for surgeon general, the White House on Saturday dismissed new questions raised by critics of Dr. Henry Foster as cynical distortions of his record.

Foster's nomination is expected to be formally forwarded to the Senate this week as the doctor continues a round of face-to-face meetings with the senators who will decide whether he should replace Dr. Joycelyn Elders.

The latest controversy revolves around questions raised by the conservative Family Research Council about Foster's connection with a federal study in which black men with syphilis were left untreated.

Council president Gary Bauer said a book on the study, known as the Tuskegee Project, reported that Foster had served on a 10-member local medical board in Alabama that was briefed on the project in 1969 by the Public Health Service.

Foster says he did not find out about the experiment until 1972 and was outraged when he did learn about it, pressing for proper treatment of the men.

Presidential aide John Podesta, who is coordinating the White House push for Foster's confirmation, dismissed Bauer as "an anti-abortion extremist who is committed to stopping this nomination from going forward."

"I think his false sense of outrage at the Tuskegee syphilis study has to be seen in that light," Podesta said.

The presidential aide predicted that, as Foster's record as a obstetrician-gynecologist and former medical school dean becomes better known, "these distortions will fade away."

Bauer urged Clinton to withdraw the nomination. He also briefed aides to several senators, including Sen. Don Nickles, R-Okla.

Eddie Schultz, a spokesman for Nickles, said the report "merely adds to the burden of evidence" against Foster. Nickles previously had announced he would oppose Foster's nomination.

"This certainly isn't decisive; this just makes it worse," Schultz said.

The Public Health Service conducted the Tuskegee Project from 1932 to 1972.

The White House released a statement by Broadus M. Butler, who headed a government commission that investigated the experiment, in which he said it was clear 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," said Butler, former president of Dillard University.

Dr. S.H. Settler, who was secretary of Macon County Medical Society in 1969, said local doctors knew little about the details of the study.

"None of us knew anything about the actual procedures until it came out in the court trials," Settler said. "It is kind of far-fetched to try to tie Dr. Foster into the syphilis study. It was started before he was born. He was no more aware than anyone in county of what was going on."

Fred Gray, an attorney in Tuskegee, Ala., who represented the black men in a class action suit, said, "We found no evidence

whatsoever that would indicate that any local person or any local doctor was legally responsible for the study."

"I never even heard Dr. Foster's name surface on this matter," Gray said, adding that he knew Foster and would have sued him or anybody else he believed had knowledge of the experiment.

Foster's nomination has been under fire from anti-abortion groups and conservative lawmakers since it was disclosed that he performed a limited number of abortions. Some have also questioned his credibility for giving varying answers about the numbers of the abortions he has performed.

The Senate Labor and Human Resources Committee is expected to hold hearings on the nomination next month.

APNP-02-25-95 1413EST

Foster Disputes Alleged Link to Tuskegee Syphi

By David Brown and Ann Devroy
Washington Post Staff Writers

Henry W. Foster Jr., President Clinton's nominee for surgeon general, was an officer of a county medical society in Alabama in May 1969 when the U.S. Public Health Service sought the group's cooperation in a notorious federal study of untreated syphilis in black men.

That much is certain.

Nearly everything else, however, about this brief encounter between government medical researchers and an organization of country doctors is in dispute.

That dispute has pulled the White House into another crash effort to defend the 61-year-old obstetrician—already under attack for having performed abortions during his 38-year career—in a new controversy questioning what and when he knew about the syphilis study.

In an interview last week, Foster said he had known nothing about the study until its public exposure in 1972, and had no recollection of attending a meeting about it three years earlier. One doctor who said he attended the 1969 meeting recalled Foster being there, but records of the meeting, and of other aspects of the controversy, are missing or inconclusive. A number of the participants in those events of more than two decades ago are dead. Among those with direct knowledge, accounts differ widely, leaving broad room for interpretation of what Foster might have known, and when.

The doctor's political critics, mostly in the antiabortion movement, already have seized on the long-ago study to suggest Foster is unfit to be surgeon general. White House officials said yesterday the doctor, in a Thursday visit to Senate Democrats, was asked to explain his role in the study. One official said the White House anticipates "that this will now move into the full political glare" leading to his confirmation hearings in the spring.

The study is particularly notorious in the black community, where it is considered a prime case of federal government mistreatment, even genocidal treatment, of black Americans. Foster's support in the black community is broad, and many groups have worked for his nomination. This week, for example, when the Southern Baptists voted to oppose Foster's nomination on abortion grounds, the National Baptists, to which many black Baptists belong, endorsed him.

Noting that Foster had said "unequivocally that he was not informed" of the study before 1972, John Podesta, the White House official handling the Foster controversies said, "While we have no doubt that those opposed

to this nomination will try to distort the facts... we are confident that fair-minded people will reject those distortions."

Unlike abortion, there is little debate about the 40-year syphilis study. Begun in 1932 and ended after a 1972 newspaper expose, the Tuskegee Syphilis Study often is cited as a classic example of scientific curiosity pursued at the expense of human suffering. It studied the progress of the disease in 400 black men who, at the beginning of the project, had had syphilis for more than two years but were without symptoms. The intention of the study was to withhold treatment from the men, and compare their long-term health to that of 200 non-syphilitic black men in a control group.

The study was launched at a time when treating syphilis was extremely difficult, and the usefulness of therapy in people with long-standing, symptom-free cases was a subject of much debate in medicine. The introduction of penicillin in the 1940s, and its acceptance a decade later as effective treatment for "latent" syphilis, however, made this question irrelevant. It also made virtually indefensible the researchers' failure to urge treatment on the infected subjects.

The study was centered in Macon

County, Ala., which at the time the study began had one of the highest rates of syphilis in the country. Its county seat, the town of Tuskegee, is the home of Tuskegee University, where Foster served as chief of obstetrics and gynecology at the John A. Andrew Memorial Hospital from the mid-1960s to 1973. Although the existence of the study was not widely known, Public Health Service documents indicate that by 1969 its leaders had become increasingly concerned about possible public revelations, and the moral defensibility of the project.

On Feb. 6, 1969, officials of the National Communicable Disease Center (a branch of the Public Health Service and forerunner of the Centers for Disease Control and Prevention) and several outside consultants met in Atlanta to talk about the future of the Tuskegee study.

NCDC Director David J. Sencer gave a brief history of the research and then, according to the minutes of that meeting, "said the question has come up: Should we terminate the Study or should we continue it? It becomes a political problem. At the time the Study was begun there was no concern about racial problems, discrimination, etc. At that time there was no problem about not treating the

disease. 'We want your advice in making a decision.'"

After some discussion, was reached that the study continue. It was agreed that the support of the local medical society was crucial, in part against criticism.

The minutes record that Sencer "asked how you could avoid criticisms for not treating these men." Dr. Sencer said if we establish an association with the local medical society there would be no need for criticism. Later, another that "if the local physicians there is no need for treating

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disease. 'We want your advice in making a decision.' "

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The minutes record that one person "asked how you could answer criticisms for not treating these patients. Dr. Sencer said if we establish good liaison with the local medical society there would be no need to answer criticisms." Later, another doctor said that "if the local physicians agree there is no need for treating these pa-

tients, this would be good public relations."

According to subsequent Public Health Service documents, service doctors arranged to meet with the medical society at its May 19, 1969, meeting. Foster was the vice president of the society, which at the time had fewer than a dozen members.

Foster said last week that he had no recollection of attending such a meeting, or even that he was an officer of the society in 1969. "My knowledge and memory began in 1972," he said, by which time he was president of the medical society. He recalled, and news accounts of the time indicate,

that he publicly demanded that the study be ended and the remaining patients treated.

Foster said he was certain he would have remembered the 1969 meeting if he had been told that possibly curative treatment was being withheld from patients in the name of medical research. Though the venereal infection had done the great bulk of its damage decades before, some patients might still have benefited from treatment with penicillin even that late.

"There isn't any doubt in my mind I would have remembered [a meeting at which the project was discussed]. It would have been a maelstrom . . . that would have blown the roof off the place," Foster said.

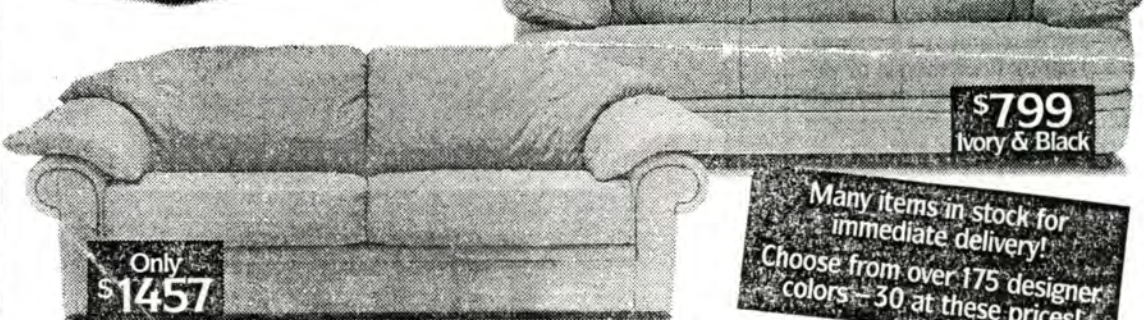
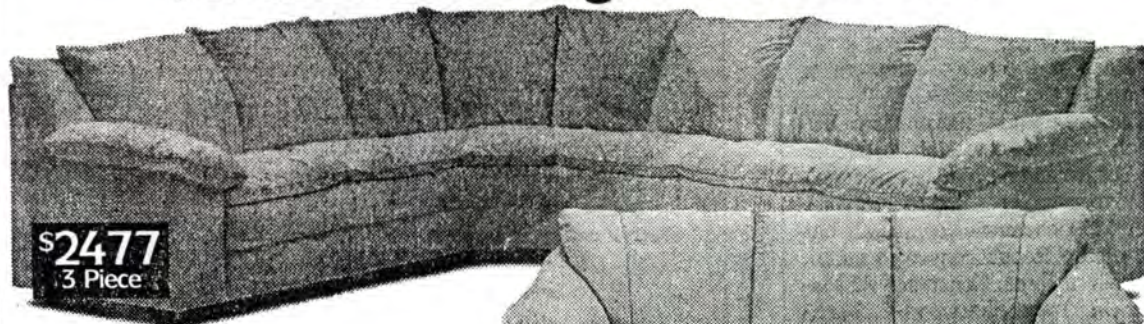
The memories of others are incon-

See FOSTER, A11, Col. 1

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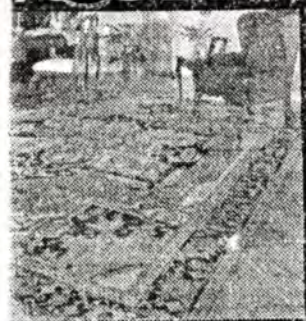
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Foster Says He Knew Nothing of Study

FOSTER, From A10

clusive, and to some extent contradictory, both in terms of who was at the meeting and what was discussed. The group's minutes from that era have been lost, its current president, Robert L. Story, said, and no contemporaneous accounts are available.

One former society member said he remembers Foster attending.

"There weren't too many of us. There were about three members who didn't show. I remember where Dr. Foster sat. I was at the end of the table, and to my left he was sitting two or three chairs down," recalled Luther C. McRae, a 64-year-old physician now practicing in Georgia. He was president of the medical society in 1969.

A 1981 account of the study, "Bad Blood", written by James H. Jones, a professor of history at the University of Houston, said the local doctors were provided names of roughly 90 surviving patients and instructions not to treat their syphilis should the men appear in the doctors' offices.

William J. Brown, one of the Public Health Service physi-

cians at the meeting, told Jones in a 1977 interview that the local doctors "volunteered cooperation and approval and support." The society members, he recalled, said "if they had a list of the individuals, that they would not knowingly give them antibiotics which were anti-treponemal [capable of killing the syphilis organism], but would refer them locally to the health department . . . so that we could follow them out."

McRae said in an interview this week that he remembered getting a list of about 25 patients, but said this was "just for our own information." He recalled nothing about being told to withhold treatment from people with latent syphilis, nor about referring the patients to the health department. In fact, he said he was under the impression that the three government doctors there did not know which people on the list had untreated syphilis and which didn't have syphilis at all.

McRae said he recognized three or four people on the list whom he had treated for latent—or long-standing and symptomless—syphilis, which he recalled was recommended by government venereal disease officials at the

time. He said he sensed that questions about the morality of the researchers never having explicitly treated all the study participants "was floating around in everyone's head" at the meeting.

"But the fact that the study had been going on so long, and was about to end, and that the study was endorsed by the federal government and conducted by the federal government" made it seem more reasonable. In addition, he said, all the physicians believed that "any damage that had been done by syphilis in the untreated patient had already been done."

Howard Settler, a Tuskegee ophthalmologist who said he was at the meeting, recalled the government officials "weren't really asking for our approval. They were just telling us about something that had been going on since before we were born. We didn't know they [the study subjects] hadn't been treated until it came out in the courts."

McRae recalled that Calvin R. Dowe, an internist, and John Hume, an orthopedic surgeon, also attended. Both said this week they did not remember anything about it. Another physician reportedly there could not be reached.

A letter written by Brown the following November suggested the government researchers had gotten what they considered endorsement from the medical society.

"Since the Advisory Committee meeting last February,

we have met with the Medical Society of Macon County, Alabama, and have furnished each of its members with a list of surviving participants in the Tuskegee study," Brown wrote to a foundation helping underwrite the study. "Although assured of their cooperation, we feel that analysis of the data assembled to date should await a more favorable national climate."

The study was closed on Oct. 27, 1972. A \$1.8 billion class-action suit on the patients' behalf against the government was settled out of court for \$12 million. Living syphilitics got \$37,500, and the non-syphilitic participants received \$15,000. The estates of the deceased got lesser amounts.

Fred D. Gray, the plaintiffs' lawyer, said recently he did not know how much the local doctors knew about the study. But he noted that none were listed as defendants.

"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," he said. In 1973, the year after the Tuskegee study was exposed, Foster left Macon County to return to Nashville's Meharry Medical College, where he had completed his residency in obstetrics and gynecology. Eventually, he became dean of the medical school.

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Clinton both defends affirmative action, orders review of such program By Robert A. Rankins Knight-Ridder Newspapers

WASHINGTON President Clinton unequivocally defended the principle of affirmative action Friday, even as he confirmed that he has ordered a White House review to see which ones effectively counter discrimination and which ones don't.

At a time when Republicans are suddenly threatening to end all race- and gender-preference programs in favor of "color-blind" law, Clinton scrambled to stake out a middle-ground position on the explosive issue.

"I believe that every American would acknowledge that there are affirmative action programs which have made a great deal of difference to the lives of Americans who had been disadvantaged, and who in turn made our country stronger," Clinton said.

The best examples are found in the U.S. military, Clinton said, where affirmative action programs have helped disadvantaged minorities "rise as high as their abilities could take them" so that "the military today is a model that looks like America, and it works."

But Clinton then said that affirmative action programs warranted a review.

"It is time to look at all these programs which have developed over the last 20 to 25 years and ask ourselves, 'do they work, are they fair, do they achieve the desired objectives?' That is very different from trying to use this issue as a political wedge one way or the other," Clinton stressed.

Without accusing Republicans directly, the president three times warned against the danger of cynical politicians using the emotional issue of affirmative action "to divide the American people."

Casting himself as a responsible moderate by contrast, Clinton said, "I think we need to have a national conversation, not only about affirmative action, but about what our obligations are to make sure every American has a chance to make it."

The president's remarks came at a press conference concluding his two-day visit to Ottawa.

His first public acknowledgement that affirmative action now requires a critical analysis was a marked political shift for a Democratic president to make, for affirmative action remains a moral imperative to many core Democratic support groups, including blacks, Hispanics, women and liberals.

Even before Clinton spoke, the Rev. Jesse Jackson voiced skepticism about Clinton's review order, according to the Associated Press.

"I want to make sure that review does not mean retreat," said Jackson, a potential challenger to Clinton's renomination next year. "People in the White House are reviewing polls, not principles."

But Ralph Neas, executive director of the Leadership Conference on Civil Rights, a broad-based coalition and leading defender of affirmative action programs, voiced confidence in Clinton's position.

"The president has long held an unswerving personal commitment to affirmative action ... We're confident he's going to adhere to that. We think of course any review will result in what we've always said: Affirmative action works well. It is necessary. And it benefits all Americans."

"In my mind there is no question; he would not retreat on such a fundamental commitment he's made for such a long time," Neas said.

(EDITORS: STORY CAN TRIM HERE)

Leading Republican candidates for president, including Sens. Bob Dole of Kansas

and Phil Gramm of Texas, have increasingly called for "color-blind" law. Gramm vows to repeal all affirmative action quotas, set-asides and racial and gender preferences in law by executive order if elected.

And both Dole and House Speaker Newt Gingrich of Georgia are working with GOP legal strategists on ways to overturn the 160 affirmative action provisions written into federal law and rules over the past quarter-century.

Most of those provisions tie strings around federal spending to require would-be private contractors or recipients of federal grants to expand the number of jobs held by minorities or women, or to set aside some portion of the money exclusively for subcontracting firms owned by minorities or women.

Opponents of those programs including some Democrats argue that such programs are unfair, have failed to help most underprivileged minorities, invite corruption and inflame social resentments. Defenders say they are necessary to help victims of past discrimination attain equal opportunities.

(EDITORS: STORY CAN TRIM HERE)

This week the House voted for the first time to kill an affirmative action program, one that reserved a tax break for broadcasters that sell their properties to minorities.

The case in question involved a \$2.3 billion deal between Viacom Inc., the world's second largest media company, and InterMedia Partners and Tele-Communications Inc., a giant cable TV company.

The beneficiary of the affirmative-action tax break was the deal's "investor of record" one Frank Washington a former Carter administration attorney who designed the tax break in 1978.

The House voted to scuttle it 381-44. Only seven white Democrats joined black and Hispanic lawmakers to retain the preference program, while 154 Democrats joined unanimous Republicans in voting to kill it.

2/25/95

Conservative group charges Foster condoned Tuskegee syphilis experiment By Angie Cannon, Mary Otto and Brigid Schulte Knight-Ridder Newspapers

WASHINGTON President Clinton's embattled nominee for surgeon general faced a new problem Friday evening: a conservative group charged that he may have condoned a government experiment in which more than 400 black men were denied treatment for syphilis.

The sensational allegation was immediately rejected by the White House, which had been quietly investigating rumors linking its nominee, Dr. Henry W. Foster Jr., with the notorious 40-year experiment.

And Foster, in a statement released by the White House, categorically denied that he went along with or even knew about the secret syphilis experiments before they were made public in 1972 and subsequently halted.

Nevertheless, the chairwoman of the Senate committee considering Foster's nomination said she had ordered her staff to examine the charges.

"This experiment was one of the most tragic episodes in the history of the Public Health Service. I have instructed my staff to begin investigating these reports to determine what role, if any, Dr. Foster played in this experiment," said Sen. Nancy Kassebaum, R-Kan.

At issue is whether Foster, while vice president of the local medical society in Tuskegee, Ala., in 1969, was informed by

fans who look beyond hip-hop's very serious image problem and understand rap's critical function as a cathartic outlet for black youth need also to look at the impact of the rappers' message on that same youth. It's unsettling to hear preteen kids quoting Snoop Doggy Dogg, "I promise that I'll smoke Chronic till the day that I die." Smoking marijuana provides these kids with an easy avenue to claim maturity, much as smoking cigarettes did 20 years ago.

Since rappers boast about being "real," we have to hold them responsible for telling the whole, real story about marijuana. The real story, says Health and Human Services Secretary Donna Shalala, is that "clear scientific evidence shows marijuana is a dangerous drug that can have acute and hazardous effects including impairment of learning, memory, perception, judgment and complex motor skills."

The black hip-hop community must find creative and forceful ways to deal with the marijuana problem. Rap journalists need to consistently take rap artists to task when their "real street" lyrics glorify marijuana but make no mention of the side effects like memory loss and impaired learning ability. We have to hold rappers responsible for telling this whole, real story because it may be the only news report that marijuana-smoking, schoolbook-toting black kids will listen to.

Dollars Buy Castro Breathing Room
Castaeda is a political scientist in Mexico and longtime Cuba-watcher. His latest book is "Utopia Unarmed: The Latin American Left After the Cold War" (1993). By Jorge G. Castaeda= Special to the Los Angeles Times=

Given the Castro regime's proclivity for making matters worse, and given the sometimes atrocious nature of scarcities and deprivation in Cuba today, it seems brash or imprudent to suggest that the situation on the island is improving. And yet several factors indicate that tensions have dropped, and that the economic outlook has changed slightly for the better since last summer. Three shifts in Cuban life explain this somewhat surprising turn of events.

First is the return of the peasant markets, now known as agro-mercados, and the opening of markets for individually manufactured crafts and goods. Food now can be obtained outside the rationing system and the black market; not everything is always available and some products vanish quickly, but fruit and vegetables, some meat, chicken and eggs and staples such as rice and potatoes can be purchased, a major improvement over the past few years.

Critics in Havana argue, not without reason, that prices at the peasant markets are outrageous: A pound of anything can cost the equivalent of half a week's minimum wage, or 20 percent of the average wage. And the markets encourage price-gouging and hoarding. But if one views the price issue in dollars, the perspective is quite different. In dollars, at the unofficial rate of exchange, the goods available at the agro-mercados are affordable, as are services provided by the newly authorized, so-called independent professions, such as plumbers and auto mechanics.

Here lies the second factor contributing to the slight Cuban upturn: the U.S. dollar.

Most of the dollars held by ordinary Cubans can be traced to three points of origin: remittances from Miami (the Clinton administration's restrictions notwithstanding); tourism, benefiting both the state, which receives payment for air fares and hotels, and society,

which rakes in cash for everything from art to prostitution; and spending by the burgeoning foreign non-tourist community in Havana.

The market works: Between the availability of dollars and the loosening of restrictions on business, demand has generated its own supply. The most convincing sign is the rise in the value of the Cuban peso, from more than 100 to the dollar a few months back to 40 to 1 today.

No doubt, the growing circulation of dollars has dealt a blow to what is left of the Cuban Revolution. Citizens are increasingly divided into two groups: those with access to dollars, thanks to family in Florida, wares or talents to peddle or jobs in certain sectors, and those lacking such access. Inequality, the bane of all Latin American societies, and the reduction of which has been the pride and joy of Fidel Castro's experiment, has returned to Cuba, with a vengeance. But it has accompanied a rise in living standards for some Cubans, a minority, but a substantial one.

Castro's uncanny and legendary political skill underlies the third and last factor that explains why life and politics are less tense in Cuba today than months ago. The rafter crisis of last August was no minor affair: Once again, the revolutionary regime projected to the world the dismal spectacle of a population willing to risk anything sharks, storms, exposure, life itself to leave a Caribbean inferno. Yet, as so many times in the past in 1959, with the exodus of the Cuban professional elite; in the early '60s, through the Camaguey airlift; in 1988, thanks to the Mariel boat exiles Castro put to good use the theory that to leave is to forsake opposition, political struggle and dissidence. The tens of thousands who took to the sea in August were not opposition leaders, but they did include many of the island's most fiercely discontent. As Castro cornered the Clinton administration into reopening a minimal legal emigration safety valve, the rafters' sea-lift gave others hope that they, too, soon would be able to leave Cuba for the land of milk and honey across the Florida Straits.

This expectation, of course, makes little rational sense. But Castro's genius always has been to sense and tap the passions and the dreams of the Cuban people. He hasn't lost his touch, even if the price of keeping it has stretched well beyond the bounds of any democratic acceptance or accountability. What the loosened restrictions have given Castro is what he needs most: time to outlast another American president, time to recover from the loss of his Soviet subsidy, time to restructure the Cuban economy before popular discontent forces open the political system and sweeps away the last vestiges of revolutionary rule.

Fidel Castro just may have bought himself breathing room, no small feat after 40 years of single-handed political survival.

Government officials of the secret syphilis experiments and sanctioned them.

A 1981 book written about the experiments states that the local medical society quietly went along with the syphilis experiments after being solicited for support by federal officials. The book, however, does not explicitly say Foster was involved.

Three physicians who served with Foster on the medical society told Knight-Ridder on Friday that the book was wrong. Dr. Howard Settler, an officer of the Macon County Medical Society at the time, said the medical society never sanctioned the experiments and, in fact, was essentially kept in the dark about them.

But the conservative advocacy group, called the Family Research Council, charged Friday that there was enough circumstantial evidence to suggest that Foster was told of the experiments while they were still under way.

"We have ... discovered that the Macon County Medical Society of which Dr. Foster was then vice president pledged its support and assistance in the completion of those experiments," Gary Bauer, president of the Family Research Council, wrote in a letter to President Clinton. Bauer was President Reagan's domestic policy adviser.

"Dr. Foster was an official of the group that assented to collusion in this monstrous violation of human rights. It is extremely likely that he would have been unaware of these events."

The White House quickly moved to defend Foster, whose nomination already is in trouble because of misstatements about the number of abortions he has performed, revelations that he headed a research effort on an abortion drug and disclosures that he sterilized some severely mentally retarded women in the 1970s.

"Dr. Foster has stated unequivocally that he was not informed until 1972 that the federal government was conducting its study of untreated syphilis," said White House spokesman John Podesta.

"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."

The White House also released a statement from Foster: "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.'"

In the Tuskegee study, the U.S. Public Health Service studied the effects of untreated syphilis on more than 400 black sharecroppers in Macon County, Ala., where Tuskegee is located.

For 40 years, beginning in 1932, the men were never informed about the disease they had and given placebos to "treat" it. Doctors watched the effects: blindness, paralysis, dementia and early death. The men were not told about penicillin even after it was shown to be effective.

(EDITORS: STORY CAN TRIM HERE)

The study was revealed in 1972 by an Associated Press reporter, and public outrage halted the experiments. It was decried as the most notorious example of human experimentation in the United States.

In his 1981 book "Bad Blood: The Tuskegee Syphilis Experiment," historian James H. Jones said federal doctors met with members of the Macon County Medical Society to win their approval of the project in February 1969 after some medical professionals around the country began raising ethical questions.

At that time, Foster was vice president of the medical society. He then was an obstetrician-gynecologist at the now defunct John A. Andrews Hospital in Tuskegee.

"Just as their white predecessors had done nearly four decades earlier, Macon County's black physicians promised to assist the PHS," wrote Jones, who teaches history at the University of Houston. He could not be reached for comment.

In his book, Jones quotes Dr. William J. Brown, a Public Health Service official who attended the meeting, as saying the Macon County doctors "listened attentively and immediately volunteered cooperation and approval and support" and agreed not to give the men antibiotics.

A White House official said the 1969 meeting lasted only 15 minutes and said Brown "conceded in 1972 that the (Macon County) doctors may not have understood the details of the study." Brown is now dead. The White House official said Foster did not recall being at the 1969 meeting.

The White House official, who asked not to be named, said: "The question of the meeting in 1969 is completely gray. It is clear that the CDC (Centers for Disease Control) consciously knew they had a public relations problem. I think they were using these guys as cover."

Settler, Foster's colleague on the Macon County Medical Society at the time, doesn't recall if Foster was at the meeting.

"As far as I can remember, there was a meeting of that society in which the state health department and people from the federal CDC ... came to the medical society, and they were telling us they had a study going on syphilis involving people in Macon County," he said. "It was sort of a cursory visit. They don't really ask our permission to do things."

Settler said when syphilis patients came to his office, they were told they had the disease. "They were treated with penicillin," he said, adding that other doctors followed the same practice.

Fred Gray Sr., a Tuskegee attorney who represented syphilis patients in their lawsuit against the government, said local physicians were not involved in the study.

"Our investigation did not show that any local doctors had any involvement," Gray said. "I can't tell what knowledge they had."

(EDITORS: STORY CAN TRIM HERE)

Documents obtained from the Centers for Disease Control archives in Atlanta shed some light on the events surrounding the meeting.

In a Nov. 19, 1969 letter, Brown wrote that he had "met with" the county medical society and "furnished each of its members with a list of surviving participants in the Tuskegee Study." He wrote that he had been "assured of their cooperation."

Earlier, on March 13, 1969, Dr. Ira Myers, then Alabama's state health officer, wrote to Brown listing the county health society's officers, including Foster, its vice president. "You may make contacts directly with local officers," Myers wrote. Brown jotted notes at the bottom of Myers' letter that Myers already had contacted the society's president, Dr. Luther McRae. "McRae was receptive to the idea of bringing the med. society on board," he wrote. McRae could not be reached for comment.

In an interview, Myers now says he does not remember whether he or Foster attended the subsequent May 19 meeting.

"I don't have a record of (Foster's) involvement at all," Myers said. "The only thing I can tell you, in anything of importance, I would hope that all physicians in the area would have known about it."

X X X

'Open Skies' Accord Ends Clinton's Canadian Visit (Ottawa) By Martin Kasindorf= (c) 1995, Newsday=

OTTAWA President Clinton concluded a two-day state visit to Canada Friday with the signing of an "open skies" air transport agreement and with welcome support from Prime Minister Jean Chretien for his policies of global engagement.

In the leaders' final working session Friday, the Canadian premier expressed concern about Republican sentiment in Congress for retrenchment abroad and for reducing U.S. participation in U.N. peacekeeping, a senior U.S. official said.

At a joint news conference with Clinton, Chretien said Asian and Latin American leaders have told him "they need America to be involved" as "the champion of democracy and human rights and economic and social progress."

Terming his talks with Chretien "immensely enjoyable and productive," Clinton acknowledged the "many debates" about the U.S. world role, but said domestic economic growth requires "an aggressive leadership on our part" internationally.

Clinton, in turn, supported Chretien by endorsing a re-examination of the financial institutions created at the 1944 Bretton Woods conference, including the World Bank and International Monetary Fund, at the coming June meeting of the Group of Seven industrialized nations in Halifax, Nova Scotia. Canada, its dollar weakened by a huge foreign debt and government deficit, wants currency and lending reforms.

With 2,000 Canadian troops on U.N. peacekeeping missions in Bosnia and Croatia, the former Yugoslavia was one focus of Friday's discussions. Chinese leadership succession, the Ukraine's Chernobyl nuclear cleanup and a nuclear agreement with North Korea also came up, officials said.

The aviation treaty, bringing U.S.-Canada air travel within the North American Free Trade Agreement's free-market philosophy, abolishes 29-year-old rules that have constrained transborder flying to protect Canadian airlines. Nearly 70 large U.S. cities currently are without non-stop service to Canada. No direct flights are available between the capitals, Washington and Ottawa.

Under the pact, virtually any U.S. or Canadian airline can fly to any point within the other country, except for a phase-in period of up to three years for U.S. carriers to gain full rights into Montreal, Toronto and Vancouver. Air Canada already has applied to start hourly Toronto-New York shuttle service.

(Optional add end)

For first lady Hillary Rodham Clinton, the trip's public highlight came Friday when she donned ice skates and led more than 100 skaters in a flawless half-mile jaunt down Ottawa's Rideau Canal into a biting Arctic wind. The outing ended at a canal-side restaurant, where the Clintons and Chretiens had lunch.

Secretary of State Warren Christopher, hospitalized here Thursday night for a bleeding ulcer, left the hospital Friday and flew home with Clinton. Described by Clinton as "doing well" and feeling chipper, Christopher later said he would spend a few days in a Washington hospital for observation before resuming a normal work schedule early next week and embarking on a tour of the Middle East and Persian Gulf next month.

Doctors said they had stopped the bleeding from the ulcer, which they attributed to an anti-inflammatory drug Christopher was taking for arthritis. He was ordered to stop taking the medication.

U.S. Embassy Blasts French Official Over Spy Scandal (Paris) By Eric Nagourney= Special to Newsday=

PARIS An episode that already has provided a casebook example of how not to conduct foreign affairs especially between allies took a turn for the worse Friday with the release of an astonishing gloves-off statement by the U.S. Embassy.

The statement virtually accused French Interior Minister Charles Pasqua of lying about the spy scandal and castigated him for publicizing and distorting discussions he had had over the matter with U.S. Ambassador Pamela Harriman.

"We regret very much a number of the statements made by Minister Pasqua," the statement said. "... In particular, we categorically reject the allegation that we are responsible for the detailed and totally regrettable press leaks that were published in a number of French newspapers, including Le Monde. The charge is neither true nor credible."

Pasqua's office had no immediate response Friday evening to the statement, the latest development in a dispute that began this week with the disclosure that French officials had asked the United States to withdraw four diplomats and one civilian they accused of engaging in political and industrial espionage for the CIA.

One expert in French affairs, Amherst College political science Professor Ronald Tiersky who helped brief Harriman before she was sent to Paris suggested that the tone of the American statement might be the result of suspicions that French officials went public with the spy incident to divert attention from a French political scandal.

"It is an extremely harshly worded statement," Tiersky said. "But I think it may be that the embassy doesn't want to be taken for a ride."

In January, Pasqua met twice with Harriman and demanded the return of the five Americans, one of whom has been identified as the CIA station chief, according to Le Monde. Pasqua also sent a letter to French President Francois Mitterrand, detailing the results of a two-year espionage investigation and accusing the Americans of interfering in French affairs.

On Tuesday, a detailed account of the French allegations appeared in Le Monde. But instead of causing an angry French response to the American espionage efforts, the revelations ended up damaging Pasqua politically. Opponents chided him for going public with such a sensitive diplomatic matter and accused him of leaking the story in the hope that it would shift public attention from a political scandal involving allegations of political wiretapping. The scandal has been hurting the presidential campaign of Prime Minister Edouard Balladur who, if he wins, has been expected to name Pasqua as his replacement.

U.S. officials have confirmed that the five Americans are intelligence officers but, calling the departure request "unwarranted," have said the four diplomats will not leave until their tours of duty are up. The fifth American has already left the country.

State Department spokeswoman Christine Shelly, meanwhile, said in Washington that the affair had caused temporary strains in Franco-U.S. relations but said she did not expect "a significant long-term impact."

Pasqua answered his critics Friday in the forum that seems to have replaced traditional diplomatic channels: Le Monde.

Reasserting that the spying matter was "serious, very serious," Pasqua said the French had never sought any publicity and went on to say: "There were many leaks from the American side." He also blamed the problem on the

THE WHITE HOUSE
Office of the Press Secretary

Internal Transcript

February 24, 1995

CBS NEWS REPORT REGARDING
SURGEON GENERAL NOMINEE DR. HENRY FOSTER

MS. CHUNG: As for Mr. Clinton's current campaign for his nominee to be Surgeon General, the White House tonight is trying to sink the latest charges to surface against Dr. Henry Foster.

Correspondent Jim Stewart has that story.

MR. STEWART: CBS News has learned Dr. Henry Foster, the man President Clinton wants for Surgeon General, has been questioned by the White House about what knowledge he had of a controversial study on 400 Alabama Black men suffering from syphilis in the 1960s. The White House told CBS it learned of Foster's potential involvement after the intent to nominate was announced, but that it is fully satisfied with Foster's answers and will proceed with the nomination.

At issue is a study begun by the U.S. Health Service in 1932 on Black males in Macon County, Alabama. The men were deliberately left untreated to determine what effect syphilis has on the human body. Several died.

With the study about to wind down, federal doctors went to Tuskegee, Alabama, in May 1969, to brief the local medical board. Records show Foster was then Vice President of the Board.

Newspaper reports at the time and a scholarly study later done, quote the federal doctors as saying, the local board volunteered cooperation and approval and support for the study's continuation and agreed that the survivors should not be treated.

In a statement released late today by the White House, Foster said he could not recall ever attending such a meeting and that he was outraged when he first learned of the Tuskegee study in 1972, after it became public knowledge. "Had I learned the facts any earlier, I would have been equally outraged then, and I would have insisted on appropriate treatment, as I did in 1972", he said.

Two other board members say they cannot recall if Foster was at the 1969 meeting, but they insist the board never endorsed continuing the study.

Opponents of Foster's nomination who uncovered the Tuskegee connection leaped on the latest developments.

MR. BAUER: As Vice President of that medical society, he must have become aware of the facts, if not on that day, then on the days that followed.

MR. STEWART: Fred Gray, an attorney that represented Tuskegee survivors, said his own investigation did not uncover any involvement by the local medical board.

MR. GRAY: I don't believe they were aware of the details of the study. I think they probably was as much victims as were the participants themselves.

MORE

MR. STEWART: Foster's nomination is already in trouble because of his performance of abortions. News of today's development may exhaust what little good will he still has on Capitol Hill.

Jim Stewart, CBS News, Washington.

END

HEADLINE Newscast: Surgeon-general nominee offers defense for part in Tuskegee project

LENGTH ESTIMATED INFORMATION UNITS: 3.4 Words: 428

DATE 02/28/95

SOURCE CBS, Inc. (CBSI)

Burrelle's Information Services (BRRL)

* CBS Evening News (CBSE)

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BILL LAGATTUTA, anchor:

Back in the United States, President Clinton's nominee for

- * surgeon general, Dr. Henry Foster, was at his hometown church today, and he was again defending himself. This time, his opponents charge, he took part in a human guinea pig experiment known as the Tuskegee project. Correspondent Linda Douglass has the story.

LINDA DOUGLASS reporting:

- * Surgeon-general nominee Henry Foster took the pulpit in Nashville today to defend himself against new charges about his medical career. Foster called them lies by his opponents in the anti-abortion movement.
- * Dr. HENRY FOSTER (Surgeon-General Nominee): I ask for your help and prayers in working with me again to fight the latest attack from the white right-wing extremists that are trying to use my nomination to achieve their radical goals.

DOUGLASS: The charges center around a secret and controversial federal government experiment on black men with syphilis in Tuskegee, Alabama, in the 1960s. Some of the men went untreated so doctors could observe the progression of the disease; several died. At the time, federal officials said a group of local doctors agreed the study should continue. One of those doctors in that group was

- * Henry Foster. But he argues he learned of the experiment later and then moved to stop it.
- * Dr. FOSTER: 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--these groups accuse me! I was serving the people of Tuskegee. What were they doing?

DOUGLASS: Though President Clinton today had no comment, the

- * White House agreed that Foster should defend himself publicly. The White House also released a statement from a federal investigator who years ago concluded that local doctors like Foster had 'no

- input' in the syphilis experiment. One Republican senator, who will
- * be voting on Foster's nomination soon, says he wants to hear the facts in a formal hearing.

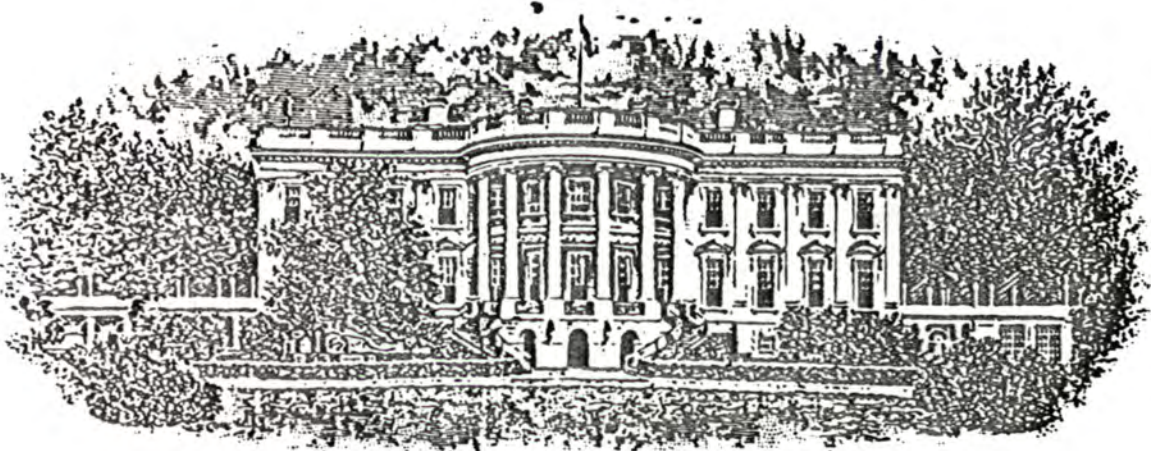
Senator JAMES JEFFORDS (Republican, Vermont): This man is putting himself up for public service, and he's being treated almost like a criminal on trial.

- DOUGLASS: White House officials say senators don't seem
- * concerned about these latest allegations against Foster, but they concede it may give ammunition to his opponents in the anti-abortion movement who are looking for reasons to defeat him. Linda Douglass, CBS News, Washington.

LAGATTUTA: Still to come on tonight's CBS EVENING NEWS, marking the second anniversary of the World Trade Center bombing. And looking for the roots of civic decline in America: the new study that has the political scientists bowled over.
Program Time: 6:00-6:30 PM
Nielson Rating 8764840

End of Story Reached

The White House



COUNSEL'S OFFICE

FACSIMILE TRANSMISSION COVER SHEET

DATE: 2/24/95

TO: John Podesta, Todd Stern

FACSIMILE NUMBER: 6-2215

TELEPHONE NUMBER: 6-2902

FROM: B. Nolan

TELEPHONE NUMBER: 6-6229

PAGES (WITH COVER): 3

COMMENTS: what do you think about something
along these lines? I'll add Ruth Berney,
but want to make sure I'm headed in right direction.

PLEASE DELIVER AS SOON AS POSSIBLE

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- We spoke with 7 doctors who were members of the Macon County Medical Society in 1969, 3 doctors who were at the U.S. Public Health Service's Center for Disease Control (CDC) in 1969, and 4 others who played a part in the Tuskegee study or its subsequent investigation and review. Each person's memory of these events, which took place a quarter century ago, differed from every other person's.

- Eleven of the doctors we interviewed were identified by at least one other person as being present at a meeting of the Macon County Medical Society at which a briefing on the Tuskegee Syphilis Study was presented. Only 4 of those 11 remembered being present at such a meeting. Most could not place the meeting in 1969. None could remember exactly when it was in 1969.

- Of those who recall being present at the meeting--Dr. Holguin, Dr. McRae, Dr. Settler, and Dr. Hume--each has memories of the meeting that differ significantly from the memories of the others. Only one--Dr. McRae--says that he recalls that Dr. Foster was present. Dr. McRae also recalled the presence of one or two other doctors who told us that they did not believe they had attended the meeting.

- All the other doctors with whom we spoke, including the other 3 who recall attending the meeting, have no recollection, and no knowledge, that Dr. Foster was present.

- Federal officials recall that they provided full information about the study, and obtained the consent of the Medical Society to continue the study. They also seemed to believe at the time that members of the Medical Society agreed to withhold treatment from the study subjects. These recollections are at odds with the memories of the members of the Medical Society.

- The Macon County doctors who remember a meeting recall that they received a cursory briefing from the federal doctors who were in charge of the study. None of the Macon County doctors recalls that the federal officials discussed the option of treating the study subjects for syphilis. None recalls that the members of the Medical Society were asked, or agreed, to withhold treatment from the subjects. Dr. McRae recalls that the Medical Society gave its consent to continue the study, but he recalls a study very different from the real Tuskegee Syphilis Study.

- Dr. McRae remembers that the study on which the Medical Society was briefed was a scientifically conducted double-blind study of treated and untreated syphilis. In fact, the study never had a formal protocol and studied only untreated syphilis (with a control group of disease-free men). As James H. Jones wrote in his 1981 book on the study, Bad Blood, "The Tuskegee Study had nothing to do with treatment. No new drugs were tested; neither was any effort made to establish the efficacy of old forms of treatment. It was a nontherapeutic experiment,

aimed at compiling data on the effects of the spontaneous evolution of syphilis on black males." (2)

- 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. William Brown, the former chief of the Public Health Service's 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 their intentions, 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 would have failed the most basic requirements for informed consent.

Montgomery Advertiser

July 30, 1972

Dr. H.W. Foster, president of the Macon County society, said Friday he is under the impression that the Public Health Service will discontinue the project immediately.

The Society drafted a statement at a meeting in Tuskegee Thursday night which said:

"The Members of the Macon County Medical Society have unanimously agreed to identify the remaining living members of this study and make available forthwith appropriate therapy."

Family



Research Council

Cary L. Bauer, President

February 24, 1995

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

Dear Mr. President,

It has been brought to our attention that Dr. Henry Foster has a connection to the notorious "Bad Blood" syphilis experiments at Tuskegee three years before that story became public. We have also discovered that the Macon County Medical Society of which Dr. Foster was then vice president pledged its support and assistance in the completion of those experiments, according to newspaper and book accounts. Dr. Foster was an official of the group that assented to collusion in this monstrous violation of human rights. It is extremely unlikely that he would have been unaware of these events.

Those experiments, which were the subject of widely publicized Senate hearings in 1973, involved the deliberate withholding of treatment from over 400 black men infected with syphilis. This was done without the informed consent of the men involved.

This information goes beyond casting another shadow on the nomination of Dr. Henry Foster. The exposure of this information will force the nation to revisit a disgraceful incident in our history. It has the potential to open up deep wounds over racial issues.

Now that we know that it is exceedingly likely that Dr. Foster was aware of these horrendous experiments, it would be morally wrong to permit him to become Surgeon General of the United States. We believe that a majority of the public and of the Senate would concur in this judgment.

Mr. President please spare the nation an ugly, divisive and ultimately futile confirmation battle. We appeal to you to withdraw the nomination of Dr. Henry Foster to be Surgeon General of the United States.

Sincerely,

Cary L. Bauer
President

Family Research Council

700 Thirteenth Street, NW, Suite 500 • Washington, DC 20005 • (202) 393-2100 • FAX (202) 393-2134

Family



Research Council

Gary L. Bauer, President

456-22157

FOSTER'S GROUP OKED 'BAD BLOOD' EXPERIMENTS

Begun in the 1930s, in 1969 the Public Health Service decided to continue the syphilis experiment.

From pages 196 and 197 of Bad Blood, "With the experiment's future settled, the ad hoc committee turned its attention to protecting the PHS. Having the men give their 'informed consent' in writing would have been ideal, but that would have required explaining the experiment to them in language they could understand, with special emphasis on the risk to which they had been exposed. No one brought up the possibility that the men might listen and understand all too well. Instead, most of the committee argued at the outset that it was impossible to obtain 'informed consent' from men of such limited education and low social status. In their judgment, the men were incapable of understanding the facts of the experiment and forming their own conclusions.

"The other possibility was to seek the approval of the Macon County Medical Society, obtaining, as it were, a type of 'surrogate informed consent' from local doctors. Dr. Meyers warned that the society's racial composition had completely changed in recent years, transforming it from an all-white organization in to a nearly all-black one. ... He recommended bringing the local doctors up to date on the experiment so that in the future federal and state health authorities could 'work very closely with them and keep them informed of everything we do.' Seconding the idea, Dr. Smith suggested sending someone to explain the experiment to the society's members.

Page, 198, "Dr. Myers forwarded the names of the of the officers of the society to the CDC, suggesting that Dr. Brown contact them directly to arrange an audience. (Footnote #24, "Minutes of the State Board of Censors," February 19, 1969, TF-CDC; Myers to Brown, March 13, 1969, TF-CDC.)

In 1969, just who was the Macon County Medical Society? According to the Alabama Roster of Associations by County, 1969, there were only 10 members. And in leadership was Dr. Henry W. Foster, of John A. Andrew Hospital, Tuskegee Institute. He was Vice-President.

From Bad Blood, pages 198-199.

"The 1969 meeting with the Macon County Medical Society ended in total victory for the (Public Health Service). Dr. Spencer dispatched Dr. Brown and two other federal officers. Drs. Leslie

Family Research Council

700 Thirteenth Street, NW, Suite 500 • Washington, DC 20005 • (202) 393-2100 • FAX (202) 393-2134

FEB 24 '95 16:35 TO:3347576

FROM:

T-082 P.03

Norins and Afonso H. Holguin, to Tuskegee, and Dr. Holguin, who was spokesman for the PHS delegation, explained the experiment in detail to the society's members. According to Dr. Brown, the directors listened attentively and immediately, 'volunteered cooperation and approval and support.' Indeed, just as their white predecessors had done nearly four decades earlier, Macon County's black physicians promised to assist the PHS. 'They actually agreed,' Dr. Brown continued, 'If they had a list of the individuals that they would not knowingly give them antibiotics ... but would refer them locally to the health department and to Nurse Rivers.' Needless to add, each of the local doctors was given a list. (Footnote 25, Brown Interview. See also Sencer Interview; Brown to Dr. Alexander Robertson, executive director, the Milbank Fund, November 19, 1969, TF-CDC.)

"Apparently, no one thought to question the morality of withholding treatment that was not specifically limited to syphilis. Antibiotics, it must be stressed, are given for a wide variety of infections."

After the media uncovered this human experimentation in July 1972, many of the medical personnel involved tried to distance themselves.

Again from Bad Blood, page 209, "The Macon County Medical Society responded to the experiment's disclosure with expressions of concern and pledges of help. Dr. H.W. Foster, the society's president, told reports that he was under the impressions that the PHS would stop the experiment immediately. For its part, the society had voted unanimously 'to identify the remaining living members of this study and make available forthwith appropriate therapy.' (Footnote #9, Ibid -- of Montgomery Advertiser, July 30, 1972.)

"A few days after the statement was released, however, the Montgomery Advertiser, pursuing its story on the state board of health, contacted a spokesman for the society and asked whether it had in fact approved the experiment back in 1969. Dr. S.H. Settler, the society's secretary, acknowledged that they had met with representatives of the PHS in 1969 and admitted agreeing to the study's continuation. He denied, however, that they had been informed about the withholding of treatment, a claim the PHS spokesman who had talked with the group promptly challenged. Dr. Alfonso H. Holguin and Dr. William J. Brown told the Advertiser that the local doctors had been apprised of the nature of the experiment and had agreed that the men should not be treated. (Footnote # 10, Ibid, of Advertiser article. Settler's statement was made a few days after Foster's announcement; however, both statements were released in the same news story.)

Senator Edward Kennedy held hearing on the Tuskegee Study, which resulted in legislation on informed consent.

From Bad Blood, page 214; In 1973, Kennedy "called the Tuskegee Study 'an outrageous and intolerable situation which this Government never should have been involved in.' The tragedy was compounded by the government's failure to provide health care to the men immediately after the study was disclosed, an injustice that had been left standing for 8 months despite the ad hoc panel's recommendation that health care be made available and despite Dr. Duval's assurances that it would be."

Date: 02/27/95 Time: 08:41

Foster, Angry at 'Right-Wing Extremists,' to Make Case With

WASHINGTON (AP) Dr. Henry Foster, whose nomination as surgeon general goes to the Senate this week, says he is fighting mad at right-wing extremists that are using my nomination to achieve their radical goals."

He will make his case Wednesday in another round of face-to-face meetings with senators. His formal nomination, held up three weeks by a standard background check, will be sent to Capitol Hill this week, the White House said Sunday.

Those plans come amid new questions about Foster's connection with the Tuskegee Project, a federal study in which black men with syphilis were left untreated.

Family Research Council, a conservative group opposing Foster for his abortion record, said last week that a book on the Tuskegee Project showed that Foster had served on a 10-member local medical board in Alabama that was briefed on the study in 1969.

Foster, who has said he found out about the project when it became public in 1972, defiantly defended himself Sunday in remarks at his Nashville, Tenn., church.

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

Reading from a text, Foster asked the First Baptist Church Capitol Hill congregation for its prayers and help "to fight the latest attack from the right-wing extremists that are using my nomination to achieve their radical goals."

He did not answer reporters' questions.

The White House has played down the flap, accusing conservatives of seizing on anything to torpedo Foster because the gynecologist performed some abortions. Foster's foes accuse him and the White House of not being forthcoming about his abortion record.

He would replace Dr. Joycelyn Elders, who was fired in December after saying school children should be taught about masturbation.

"The president still feels confident that when the nomination is carefully reviewed by the Senate, it will find him an excellent nominee," presidential spokesman Mike McCurry said Sunday.

Foster said he was furious when he learned about the syphilis study. "We demanded that immediate treatment be carried out for these men," he told the churchgoers. "But these radical groups would like you to believe something different something other than the truth."

APNP-02-27-95 0843EST



STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
DONALD E. WILLIAMSON, M.D. • STATE HEALTH OFFICER
CENTER FOR HEALTH STATISTICS
DOROTHY S. HARSHEBARGER • DIRECTOR

March 4, 1995

Ms. Beth Nolan
Associate Counsel to the President
The White House
Washington, D.C. 20500

Dear Ms. Nolan:

At the request of Henry W. Foster, M.D., I have examined birth certificates filed in the Center for Health Statistics in the Alabama Department of Public Health for births that occurred in Macon County, Alabama on May 18, 19, and 20, 1969. While information on the individuals whose births occurred on those days is confidential, information on the attendant at birth can be released upon the request of that attendant.

In examining the paper certificates for the births, I found several documents that had what appeared to be the time of birth typed in the margin outside of the standard form. For the dates requested, the following birth certificates were found that had a stamped signature of Henry W. Foster, M.D., as the attendant at birth:

One birth on May 18 showing the time as 12:38PM

Two births on May 19 showing the times as 3:33AM and 9:17PM

Two births on May 20 showing the times as 1:32AM and 3:18PM

All of the births giving Henry W. Foster, M.D., as the attending physician occurred at Tuskegee Institute in John A. Andrew Hospital.

In addition, there was another birth occurring on May 19, 1969, at Tuskegee Institute, but the original certificate of birth for this event has been replaced by a new certificate of birth after a legal action to the record. The new certificate gives an

Mailing Address:
P.O. Box 5625
Montgomery, Alabama 36103-5625

(205) 613-3418

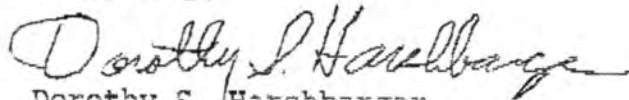
Physical Location:
Normandale Mall
572 E. Patton Avenue
Montgomery, Alabama 36111

March 4, 1995
Ms. Beth Nolan
Page 2

abstract of the information, and does not show the attendant at birth. The original certificate of birth has been placed in a sealed file that can only be opened by an order from a court of competent jurisdiction. While the attendant at birth will probably be shown on the original certificate, the time will most likely not be shown since the margins were usually cut off when the paper records were replaced in the files. I would need a court order to open and look at that record to determine who attended the birth.

If you have questions or need additional information, please call me at (334)613-5426.

Sincerely,



Dorothy S. Harshbarger
State Registrar and Director

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE GENERAL COUNSEL

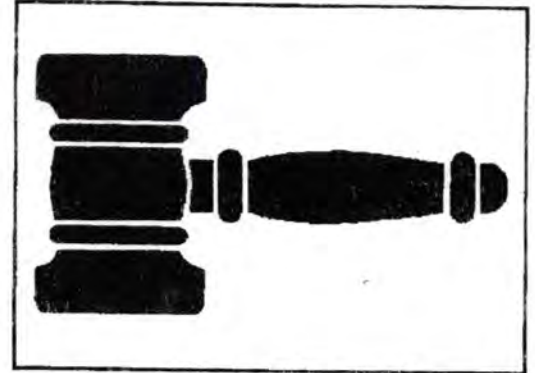
95 MAR 6 P 7:58

PHONE: (202) 690-6318

FAX: (202) 690-7998

DATE: March 6, 1995

TO: **JOHN PODESTA**
456-2215



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

COMMENTS: Attached are two documents Hal Edgar (Columbia Law Professor; represented plaintiffs in the Tuskegee suit in 70s) sent to me. It's just a sampling.

You should know that Hal and Jay Katz agree that the people in the Macon County Medical Society who participated in the May 1969 meeting would not have left the meeting thinking something diabolical had occurred (as suggested in last week's W. Post editorial). I think Hal would definitely go on record w/this. Rather, the CDC folks would have whitewashed the whole thing saying, in fact, that they had a moral duty to maintain the study and that treatment of the late syphilitics would have done more damage than good. As Katz put it: "I wouldn't be surprised if they [the CDC] threw pixie dust in their [medical society] faces."

No. of Pages (including cover): 5

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Date: September 10, 1970

Re: to
Attn of:

Subject: An analysis of the current status of the Tuskegee Study

To: William J. Brown, M.D.
Chief, Venereal Disease Branch

1. In recent years the Tuskegee Study has become an increasingly emotionally charged subject. This aura has in large measure prevented a rational appraisal of the situation. It is hoped that these remarks will aid in restoring our perspectives and lead to a reasonable course of future action.

2. Priority - Resources must follow priorities. While some medical knowledge has been gained from this study its volume and quality has been less than gleaned from the preceding Serck-Bruusgaard study. This is largely because effective and undocumented treatment has been given to the vast majority of patients in the syphilitic group. Most received this therapy in the "happenstance" manner while under treatment for other conditions. The impact of this inadvertent treatment will be almost impossible to assess, but without question the course of untreated syphilis (which the study was supposed to have delineated) has been radically altered. This is not to suggest that some contributions to medical knowledge do not yet lurk in the information gathered to date. However, it must be fully realized that the remaining contribution from this study will be largely of historical interest. Nothing learned will prevent, find, or cure a single case of infectious syphilis or bring us closer to our basic mission of controlling venereal disease in the United States.

3. Probably the greatest contribution that the Tuskegee Study has made and can continue to provide has been documented sera for study in our laboratory. Without these sera the problem of evaluating new serologic tests becomes much more difficult and the results less certain. In a great measure the development and our endorsement, of the FTA-ABS test tested on Tuskegee sera. The collection of future specimens hardly requires a special unit for that purpose.

4. To point up how obtunded the medical findings are currently one must only look to the special study carried out in 1967 by Dr. J. Lawton Smith. We permitted him to study these patients, but insisted on a "blind" study so he would not know who were syphilitic and who were controls. All available patients were rather elaborately studied for neurologic and ophthalmologic defects. When Dr. Smith presented his clinical findings we broke the code. Absolutely no correlation was discovered between the pathology uncovered in his study and the status of the patients.

*no conflict
except
except*

*non
than and
historical
initial*

*special
study
not stated
point*

*few patients
and ocular
syphilis anyway*

*which not
shows what what
outlet is
how to give
sufficiently
significant*

*Termination
no
natural
conclusion
4/50*

Page 2 - Dr. Brown

5. All of this simply serves to point out that neither major medical revolution nor program benefits are likely to be forthcoming irregardless of who supervises the study, and thus the overall priority of the Tuskegee Study from these viewpoints is relatively low.

6. Moral Obligation - Any question of termination hinges upon an obligation to the remaining syphilitic patients. This is both an implied and expressed obligation. The long continued assignment of Mrs. Laurie and now Mrs. Kennedrow to Tuskegee demonstrates our good faith and sincerity. The annual examination of survivors and referral of those with significant physical findings also clearly demonstrates our position and good will. Several recent pieces of correspondence indicate that termination is now desirable since many of the patients are now dead or that the deaths of those remaining will bring the study to a natural termination within the next few years. Certainly we are obligated to maintain our present level of observation as long as a significant number of patients remain alive.

7. A point may be reached where the number of survivors no longer justifies continued surveillance, but this might expose the program to justifiable criticism on grounds of the moral issue. What number of survivors would justify such a decision?

8. A more definite answer can be made concerning natural termination. One merely needs to know the current number of survivors, their average age, and have access to a life table for non-white males to definitely determine the number who will be living for any future year. Currently 149 syphilitics are alive and their average age is 71. In five years, 101 can be expected to still be alive. In 1980, sixty-eight of the syphilitics will still be living. In the years that follow the annual mortality will probably be no greater than 9-10 percent so that approximately 25 individuals may reasonably be expected to survive yet another decade (1990). This exercise simply points out that natural termination in the foreseeable future is an unlikely event.

9. It is also suggested that a lack of continuity on the part of VD personnel is a valid excuse for termination. I would like to point out that this study has not had a fulltime person (other than Nurse Laurie) handling this study for a great many years. Periodically medical officers have become interested or were assigned for short periods to the project, but there has been very little medical continuity since the inception of the study. It is true that Mrs. Price has handled the record keeping for many years, but this was only a small part of her duties. She is still readily available as a consultant should questions concerning the records arise. In essence then, there has long been a lack of medical continuity and the need for this now is debatable at best.

TO :
FROM :

PHONE NO. : 12026907998

MAR. 3, 1995 6:15PM P 4

Page 3 - Dr. Brown

10. Due to our present financial duress it hardly seems feasible to commit \$150,000 over a three or four-year period or even hire a GS-14 pathologist to oversee the study. It has also been suggested that a summary monograph extensively authored by appropriate experts be prepared. This raises several questions. Why outside experts, who have not been involved in the study? Such experts may very well prefer not to be associated with this study because of its sensitive nature. In any event there remains very little expertise on late syphilis.

11. More importantly, what would be the value of an elaborate and expensive monograph? The "green book" certainly adequately covers the pertinent aspects of late syphilis. Distribution of such a monograph might well cause more harm than good to the program.

12. A much more realistic approach would involve the preparation of a series of "in-house reports." Any findings of special interest or importance might then be published in appropriate journals as has been done in the past.

13. In summary, three distinct courses of action appear to be open:

(1) The study may be terminated. This is clearly not justified from the foregoing discussion. In fact the assignment of a new nurse already indicates our dedication to this study and its subjects.

(2) The study may be continued along its present lines with periodic clinical observation and serologic surveillance. On occasion the publication of any new significant finding may be considered. This can be handled by the present staff in clinical research with occasional supplementation by VDRL or VD Branch medical officers.

(3) A special unit with a fulltime director may be created. The costs, value and long term nature of this option have been discussed.

14. In my opinion, when all factors are considered, the second option appears to be the wisest course of action.

James B. Lucas, M.D.
Assistant Chief
Venereal Disease Branch
State and Community Services Division

TO :
FROM :

PHONE NO. : 12026907998

MAR. 3, 1995 5:13PM P 1

February 27, 1969

Mr. Peter J. Duxton
1730 Kearny Street
San Francisco, California 94133

Dear Mr. Duxton:

I have delayed answering your letter of late November 1968 until a planned review of the Tuskegee Study was completed.

Following the review, we assembled a committee of professionals from outside the National Communicable Disease Center to consider all aspects of this long-term study, including the point you have made in your letter: namely, treating the remaining persons in the study group.

After an examination of the data and a very lengthy discussion regarding treatment, our committee of highly competent professionals did not agree nor recommend that the study group be treated. The youngest living member of the study group is 69 years old. The question of treating persons of this age and older, unless it is demonstrated that active disease is present, is a matter of medical judgment since the benefits of such therapy must be offset against the risks to the individual.

We will be working with the State Health Department, the Mason County Health Department and the local Medical Society of Tuskegee to assure that all possible individual attention be given to people who participated in the study. To this end we will continue to augment the staff available in Mason County.

You can be assured that competent professionals have studied the point you made and that each person still in the study will be evaluated fully.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch

TO ANDREW
FROM HAY
Re-CDC story

To: John Podesta
From: Beth Nolan
Date: March 10, 1995

Here is the census data for Macon County and Tuskegee for 1970, and a 1973 estimate. Macon County had about 25,000 people, and Tuskegee about 11,000.

**Table 1. POPULATION, 1970 AND 1973, AND RELATED PER CAPITA INCOME (PCI)
FOR REVENUE SHARING AREAS—Continued**

(1970 population and related PCI figures may reflect corrections to census counts or annexations. Estimates of percent change for PCI for places of 500 or less are not applicable. See text.)

AREA	POPULATION			PER CAPITA MONEY INCOME (DOLLARS)		
	JULY 1, 1973 (ESTIMATE)	APRIL 1, 1970 (CENSUS)	PERCENT CHANGE	1972 (ESTIMATE)	1969 (CENSUS)	PERCENT CHANGE
LAUDERDALE COUNTY.....	70 787	68 111	3.9	3 068	2 391	28.3
ANDERSON.....	388	373	4.0	2 698	2 391	(NA)
FLORENCE.....	33 720	34 031	-0.9	3 477	2 688	29.4
KILLEN.....	711	683	4.1	2 915	2 262	28.9
LXINGTON.....	290	278	4.3	2 699	2 409	(NA)
ROGERSVILLE.....	988	950	4.0	3 409	2 646	28.8
ST FLORIAN.....	176	168	4.8	2 699	2 309	(NA)
WATERLOO.....	274	262	4.6	2 699	2 587	(NA)
LAWRENCE COUNTY.....	27 931	27 281	2.4	2 255	1 784	26.4
COURTLAND.....	556	547	1.6	4 019	3 175	26.6
HILLSBORO.....	227	222	2.3	2 255	1 681	(NA)
MOULTON.....	2 977	2 470	4.3	3 313	2 586	28.1
TOWN CREEK.....	1 166	1 203	-3.1	2 361	1 839	28.4
LEE COUNTY.....	62 632	61 268	2.2	2 871	2 300	24.8
AUBURN.....	22 862	22 767	0.4	3 012	2 397	25.7
OPELIKA.....	19 752	19 027	3.8	3 122	2 520	23.9
WAYERLY (PART).....	91	50	2.0	2 465	2 269	(NA)
LIMESTONE COUNTY.....	42 953	41 699	3.0	2 670	2 134	25.1
ARDMORE.....	778	761	2.2	2 662	2 085	27.7
ATHENS.....	13 992	14 360	-2.6	3 298	2 630	25.4
ELK MONT.....	402	394	2.0	2 399	3 474	(NA)
LESTER.....	71	70	1.4	2 399	1 942	(NA)
MOORESVILLE.....	72	72	(Z)	2 399	2 727	(NA)
LOWNDES COUNTY.....	13 510	12 897	4.8	1 614	1 176	37.2
BENTON.....	124	115	7.8	1 790	4 691	(NA)
FORT DEPOSIT.....	1 492	1 438	3.8	2 564	1 629	57.4
MAYNEVILLE.....	506	473	7.0	1 790	2 475	(NA)
LOWNDESBORO.....	234	219	6.8	1 790	2 862	(NA)
MACON COUNTY.....	25 267	24 841	1.7	2 229	1 687	32.1
NOTASULGA.....	842	833	1.1	3 141	2 290	37.2
TUSKEGEE.....	11 428	11 028	3.6	2 790	2 209	26.3
HADISON COUNTY.....	186 799	186 540	0.1	3 816	3 132	21.8
GURLEY.....	646	647	-0.2	3 277	2 548	28.6
HUNTSVILLE.....	137 750	139 282	-1.1	4 214	3 502	20.3
HADISON.....	3 385	3 086	9.7	3 626	2 798	29.6
NEW HOPE.....	1 302	1 300	0.2	3 376	2 459	37.3
OWENS CROSS ROADS.....	767	767	(Z)	2 092	1 627	28.6
TRIANA.....	227	228	-0.4	2 686	941	(NA)
HARENGO COUNTY.....	23 844	23 819	0.1	2 199	1 639	34.2
DAYTON.....	116	115	0.9	2 212	1 407	(NA)
DENOPOLIS.....	7 741	7 651	1.2	2 967	2 237	32.6
FAUNSDALE.....	228	227	0.4	2 212	1 205	(NA)
LINDEN.....	2 682	2 697	-0.6	2 660	1 983	34.1
MYRTLEWOOD.....	335	334	0.3	2 212	1 268	(NA)
PROVIDENCE.....	254	252	0.8	2 212	2 526	(NA)
SWEETWATER.....	266	265	0.4	2 212	2 287	(NA)
THOMASTON.....	823	824	-0.1	2 136	1 583	34.9
MARION COUNTY.....	26 056	23 788	9.5	2 528	1 956	29.2
BEAR CREEK.....	367	336	9.2	2 536	2 552	(NA)
BRILLIANT.....	792	726	9.1	2 253	1 737	29.7
GLEN ALLEN (PART).....	87	79	10.1	2 536	1 494	(NA)
QUIN.....	2 314	2 220	4.2	3 177	2 432	30.6
QUIN.....	250	231	8.2	2 536	1 699	(NA)
MACKLEBURG.....	792	726	9.1	1 922	1 481	29.8
HAMILTON.....	3 070	3 088	-0.6	3 322	2 469	34.5
WESTON.....	205	187	9.6	2 536	1 718	(NA)
WINFIELD (PART).....	3 207	3 133	1.7	3 271	2 371	38.0

SEE FOOTNOTES AT END OF TABLE.

REPORT OF DELEGATION II
of the *ADVISORY*
TUSKEGEE SYPHILIS STUDY AD HOC PANEL
for the
TUSKEGEE, ALABAMA VISIT OCTOBER 26 and 27, 1972

The mission of Delegation II, on its Tuskegee Visit of October 26 and 27, 1972, was set forth in the "Tentative Outline" as follows:

"Primary assignment is to determine suitable arrangements for access of medical specialists for facilities in Macon County for assessment, treatment and care. Visits to:

- a) J.A. Andrews Hospital
- b) V.A. Hospital
- c) County Health Department
- d) County Medical Society"

In the pursuit of this objective the delegation visited John A. Andrew Memorial Hospital, the Veterans Administration Hospital in Tuskegee, the Macon County Health Department and the secretary of the Macon County Medical Society. In addition, discussions were held with Mrs. Eunice Rivers Laurie, the Public Health Nurse, who worked with the subjects of the Tuskegee Study continuously from its onset at least until late 1965 and Mrs. Elizabeth Kennebrew who is currently

FBI INVESTIGATION OF DR. FOSTER

A. Key Individuals

1. Dr. L.C. McRae
2. Peter Buxton
3. Dr. James H. Jones
4. All living members of the Macon County Medical Society (1969-1972)
5. Vanessa Gamble
6. Jean Heller
7. Dr. David J. Sencer
8. Officials at Milbank
9. Nurse Killebrew
10. Dr. Robert Story
11. Dr. C. L. Hopper
11. Dr. Ira Meyers
12. Alabama State Medical Association
13. Dr. Alfonso Holguin

B. Records to Review

1. PHS records related to the Tuskegee Syphilis study.
2. Macon County Medical Society records.
3. Alabama State Medical Society records.
4. Alabama State Health Board.
5. Milbank records on the Tuskegee Study.
6. John Andrews Hospital pathology records
7. Tuskegee Institute

C. Questions

1. Based on your investigation, is there any evidence placing Dr. Foster at the 1969 meeting between the PHS officials and the Macon County Medical Society? If so, what is it?
2. Is there any evidence on the scope and details of the presentation by the PHS officials to the Medical Society in 1969?
3. If Dr. Foster did not attend the 1969 briefing, is there any evidence suggesting that he knew or should have known about the study prior to 1972? If so, what is it?



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Privileged/Attorney Work ProductOffice of the General Counsel
Washington, D.C. 20201

April 11, 1995

MEMORANDUM

TO: Marvin Krislov

FROM: Anna L. Durand *AL Durand*
Deputy General Counsel

SUBJECT: Access to Patient Records

As you requested, below is a summary of what was learned from our discussions regarding access to patient records in the custody of a hospital.

Question posed:

Under Alabama law, under what circumstances does a physician who had admitting privileges at a hospital have access (either personally or through a representative) to his patient records, which are still in the possession of the hospital?

Research done, contacts made in an attempt to answer this question:

The White House conducted research on Alabama law in this area. The research did not provide a definitive answer.

At the request of the White House, HHS contacted the following individuals to explore whether there was established law in this area in any jurisdiction:

Dr. Phil Lee, Assistant Secretary for Health
Dr. Felicia Stewart, Public Health Service
(The White House wanted to know the expectations of practitioners regarding access to such records.)

Nan Hunter, Deputy General Counsel, HHS
John Fanning, Public Health Service
(Nan and John are the two lawyers in the Department who have focused most intently and recently on issues related to the privacy of patient records.)
Richard Riseberg, Associate General Counsel, Public Health Division

Kathleen Frawley, General Counsel, American Health Information Management Association
Marjorie Carey, Assistant General Counsel, American Hospital Association

Page 2 - Marvin Krislov

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Dr. Richard Esham, University of Alabama

(Dr. Lee thought Dr. Esham might be able to steer us toward a person or committee in Alabama that deals with these issues. He could not.)

Discussions with the individuals listed above led to the conclusion that there is no definitive legal answer to the question posed. A synthesis of the views of the above sources on the question follows.

Although any hospital's records are subject to repeated review for various purposes, reviews are typically conducted by the custodian of the records and the custodian's agents. Since the search would not ordinarily come to the attention of patients who might want to object to the search on privacy grounds, such matters have not been litigated.

The custodian of records at a hospital has access to the records and is the "gatekeeper" who determines who else will be given access.

It is not unusual for the custodian of records or his agents at any particular hospital to conduct a review of the records at the request of a physician, who might, for example, need information about the number of a particular procedure he has performed for certification purposes or for purposes of touting his expertise. Most likely, the custodian of records would comply with such a request from a physician routinely and as promptly as resources permitted.

The custodian of records would probably allow the physician himself to review the records of his own patients, since the physician has a confidential relationship with the patients and participated in the compiling of the records. The question of access becomes less clear when the records of a physician's patients are intermingled with the records of other patients or when the physician requests that a third party be allowed access to the records for the purpose of conducting a review.

The custodian of records may look more favorably on a request for third-party access to intermingled records if certain safeguards could be built into the review process, e.g.:

- (1) The custodian could first segregate the records of the patients of the requesting physician.
- (2) The search could be conducted by physicians or by persons who work on a regular basis with patient records and are attuned to the confidentiality issues.

Page 3 - Marvin Krislov

Privileged/Attorney Work Product

- (3) The custodian could agree with the requesting physician that the searchers would examine only the relevant segment of each patient record (if that segment could be identified prior to the review).
- (4) The custodian could have a member of his staff present at all times during the search to ensure that the searchers were not reviewing information beyond that necessary to the search.

The Tuskegee Study

In 1932, the Public Health Service (PHS) began a study of 600 black men in Macon County, Alabama, some 400 of whom had syphilis. The disease was not infectious in the 400 men, but held real health dangers for them. PHS assured the State that it would treat the men, but did not, even when penicillin became available. The men were not informed of the study by PHS, but thought that they were being treated. From roughly 1935 to 1945, PHS actively interfered with treatment of the men.

By the time Dr. Foster came to Tuskegee in 1965, the Study was far different than in 1935-1945. Barriers to treatment had crumbled, and by 1965 all but one of the men had received treatment from some local doctor or other source outside the Study. PHS obscured the Study, with misleading information as to treatment and consent in medical journals and locally. Even those providing services to PHS, such as X-rays, knew nothing.

PHS re-examined the study in February 1969, and arranged to meet with the local Medical Society on May 19, 1969. The PHS officials were acutely aware of the racial aspect of the Study, and the strong evidence is that they did not tell the black Tuskegee physicians that they were withholding treatment from black men without the men's knowledge or consent, or ask the black doctors to endorse such practices. Indeed, the evidence is that PHS told them that all of the men had received effective treatment, and gave a report of procedures for their "continued" care. Indeed, PHS finally did begin to provide medical information about the men to their local physicians in 1970.

Of the six or more doctors present, only one, Dr. Luther McRae, has stated that Dr. Foster attended the May 19, 1969 meeting. No other person supports this recollection, and no document places Dr. Foster at the meeting. Official state medical records provide strong evidence that at the time of the May 19, 1969 meeting, Dr. Foster was delivering a baby. These records are far more reliable than the memory of Dr. McRae, whose license to practice medicine was revoked in 1985 for the improper distribution of controlled substances. Nor is there any evidence at all that any Society member at the meeting ever discussed it afterwards with Dr. Foster or any other person. Even Dr. McRae indicates that the PHS presentation was so unremarkable that he never mentioned it to anyone. When the full story of black men misled and untreated came to light in 1972, the shock of Dr. Foster and the other Macon County doctors was entirely genuine.

The other source of information about the Study was medical articles in specialty journals unlikely to be read by Dr. Foster. The articles are at times misleading, and in themselves did not alert even those national newspapers provided with copies in 1969 to the nature of the Study. To condemn Dr. Foster on the strength of these articles would be to condemn every member of the medical profession who practiced prior to 1972.

1974 Deposition of Dr. Ira Myers

Dr. Ira Myers, former Alabama State Health Officer, was deposed on October 15, 1974, in Pollard v. United States (M.D. Ala.), an action for damages filed on behalf of the subjects of the Tuskegee Study. Dr. Myers was a named defendant in the lawsuit. In his deposition, Dr. Myers stated that he had discussed the Tuskegee Study with Dr. Foster while they were at a state health planning meeting. Specifically, Dr. Myers testified that "I had discussed this matter with him (Dr. Foster) on a subsequent time in connection with a comprehensive health planning meeting, as I recall now; and he (Dr. Foster) says, 'Well, we think we ought to treat them.'"

This is correct. Dr. Foster remembers first learning of the Tuskegee Study when he was called out of a health planning meeting by the press to comment on it. At the time he expressed his shock upon learning of the Study and his determination to see that the men were treated. He promptly called a special meeting of the Macon County Medical Society to set treatment in motion. The Atlanta Constitution (UPI) and Montgomery Advertiser both reported on July 30, 1972, that the Macon County Medical Society had met and voted to attempt to locate the men and provide them with treatment forthwith.

The deposition continues and becomes somewhat confused as to the persons with whom Dr. Myers spoke at various times, and there appears to be some confusion of Dr. Foster and Dr. McRae. McRae was the previous Medical Society president, and it is established by contemporaneous documents that Dr. Myers and Dr. McRae spoke concerning the Tuskegee Study in 1969. The lawyers' questioning was focused on other issues, and did not dispel the uncertainty clearly felt by Dr. Myers; indeed, certain facts (e.g., that Dr. Foster had become president of the Society at the time of the conversation) are further confused and misstated by the attorneys. As they left the subject, however, Dr. Myers clearly stated his association of the conversation with Dr. Foster as linked to the planning group's meeting. Dr. Foster has a clear recollection of speaking with Dr. Myers at the health planning meeting at which he first learned of the Study, as the shocking nature of the information about the Study made that particular meeting especially memorable. Dr. Myers speaks of only one conversation with Dr. Foster, and there certainly was no discussion between the men which involved the implications of the Study prior to that time.

The planning group in question was the Alabama Advisory Council for Comprehensive Health Planning. The Council had responsibility for general state health issues. The Council had no connection with the Tuskegee Study.

March 3, 1995

Ms. Dorothy Harschbarger
Registrar
State of Alabama
572 East Patton Avenue
Montgomery, Alabama 36111

Dear Ms. Harschbarger:

By copy of this letter, I authorize you to release a summary of any birth certificates on file with the State of Alabama that indicate that I served as the attendant physician of record for any birth or births taking place in Macon County, Alabama, on May 18, 19, or 20, 1969.

Of course, I understand that you will preserve the confidentiality and not release the names of any persons involved in any such births. I request only that you release a summary of that information, in particular the time and place of any such births, in a letter faxed to the following individual:

Ms. Beth Nolan
Associate Counsel to the President
The White House
Washington, D.C. 20500
202-456-6229
202-456-2146 (fax)

Thank you very much for your assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "H. W. Foster, Jr.", is written over the printed name.

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

RELEASE OF RECORDS

I, Henry W. Foster, hereby authorize the review of medical records by Tuskegee University (formerly Tuskegee Institute), the John Andrew Memorial Hospital, and/or their authorized representatives, that concern my performance of or participation in any abortion procedures, not including termination of tubal pregnancies or follow up procedures made necessary by incomplete and/or spontaneous abortions, during my tenure at the John Andrew Memorial Hospital. I furthermore authorize Tuskegee University (formerly Tuskegee Institute), the John Andrew Memorial Hospital, and/or their authorized representatives, to provide me or my designated representative(s) with summary information from these records concerning my performance of or participation in any abortions, not including termination of tubal pregnancies or follow up procedures made necessary by incomplete and/or spontaneous abortions, during my tenure at the John Andrew Memorial Hospital. I understand that information pertaining to the identities of the individual patients shall not be made known to anyone following the review of such records. I further understand that any summary information obtained from this review shall not be released other than to me or to my designated representative(s).

Dated: MAR 16 1995


Henry W. Foster, M.D.

March 23, 1995

95 MAR 23 P5:35

NOTE TO JOHN PODESTA

As you requested, enclosed are documents excerpted from the documents submitted to the Senate Committee on Labor and Human Resources in response to its March 10 request. The documents have been flagged to indicate references to Dr. Foster, the Macon County Medical Society, or other items we thought you should see.

Anna L. Durand

Anna Durand
Deputy General Counsel
HHS

Acting Administrator, HSMHA

January 19, 1973

Acting Director, CDC

Medical Care for Surviving Participants - Tuskegee Study

Dr. Paul E. Cohart, OS-ASH, called me yesterday to inform me that the Acting Assistant Secretary for Health, in accepting the initial recommendation of the Tuskegee Syphilis Study Ad Hoc Advisory Panel (see attachment 1), has decided that the Department should assume responsibility for providing medical care for the surviving participants of the Tuskegee Study. This responsibility would extend to the controls as well as the infected individuals and to all medical problems, not just those related to syphilitic infections, and would provide continuing medical care for all participants for the remainder of their lives.

Dr. Cohart said that, after consultation with the General Counsel, it was apparent that additional legislative authority would be needed in order to carry out this decision. He asked that we at CDC prepare a draft of such legislation by the end of next week, if possible.

After careful consideration of this matter we at CDC are of the opinion that the best way in which to provide the necessary legislative authority would be to amend Section 322 of the Public Health Service Act which deals with "the care and treatment of seamen and certain other persons" in such a way to add the Tuskegee Study survivors as beneficiaries under this Section. As we see it, this could be accomplished by adding a paragraph, Section 322(a)(9), (see attachment 2), and using Section 322(e) to actually establish appropriate mechanisms with practitioners and/or institutions to provide care for the participants wherever they now reside.

If we can go this route, in our opinion, it naturally follows that the responsibility for administering such a program would fall to the Federal Health Programs Service which now administers the other portions of Section 322. Before making such a proposal to the Acting Assistant Secretary for Health we, of course, would like to have the concurrence and approval of the Federal Health Programs Service. We would appreciate your taking appropriate steps to secure their reaction to this idea as soon as possible so that we can proceed with the development of a complete legislative proposal for Dr. Cohart.

It is our understanding that the Acting Assistant Secretary for Health would support a request for additional funding in order to carry out this additional responsibility.

William C. Watson, Jr.

William C. Watson, Jr.

Attachments

cc: Dr. Robert E. Streicher, Director
Federal Health Programs Service, HSMHA

cc Mr. Dozonsky 1-23-73

WCWatson:mp

October 25, 1972

INITIAL RECOMMENDATION
OF THE
TUSKEGEE SYPHILIS STUDY AD HOC ADVISORY PANEL

The Charter of the Tuskegee Syphilis Study Ad Hoc Advisory Panel, issued on August 28, 1972, mandates advice on three specific aspects of the study of untreated syphilis initiated by the Public Health Service in 1932. Item two of the three charges requires the Panel to:

"Recommend whether the study should be continued at this point in time, and if not, how it should be terminated in a way consistent with the rights and health needs of its remaining participants."

Initially, the Panel has limited its deliberations and recommendations exclusively to this charge, and the recommendations contained in this report are intended to respond solely to this specific issue.

In determining our initial recommendations, the Panel has made inquiries which have led us to accept certain evidence outlined here. Though our research on the background and conduct of the Tuskegee Syphilis Study has not been completed, the Panel is satisfied that in the light of its preliminary findings, which will be fully documented at a later date, the recommendations set forth below are fully justified.

BACKGROUND

Since 1932, under the leadership, direction and guidance of the United States Public Health Service, there has been a continuing study, centered in Macon County, Alabama, of the effect of untreated syphilitic infection in approximately 400 Black male human beings previously infected with syphilis as subjects. In the pursuit of this study approximately 200 Black male human beings without syphilis were followed as controls. No convincing evidence has been presented to this Panel that participants in this study were adequately informed about the nature of the experiment, either at its inception or subsequently.

The United States Public Health Service from the onset of the study has maintained a continuous policy of withholding treatment for syphilis from the infected subjects. There was common medical knowledge, before this study, that untreated syphilitic infection produces disability and premature mortality. To date, including its earliest reports, this study has confirmed that untreated syphilitic infection produces disability and premature mortality. Since the late 1940's numerous medical authorities have recommended treatment for syphilis with penicillin in all stages of the disease, including late latent syphilis and tertiary syphilis.

A technical and medical advisory panel convened in 1969 by the United States Public Health Service is reported to have recommended, with some ambiguity, that the participants surviving at that time should not be treated. It is estimated that approximately 125 of the participants, including 50 of the controls, are still alive, and the current health status of the participants in the Tuskegee study is not known.

RECOMMENDATIONS

I. Termination:

The study of untreated syphilis in Black males in Macon County, Alabama, now known as the "Tuskegee Syphilis Study," should be terminated immediately. With this most basic recommendation, the participants involved in this study are to be given the care now required to treat any disabilities resulting from their participation. In furtherance of this goal we recommend:

- A. That Select Specialists Group, composed of competent doctors and other appropriate persons, with experience in the problems arising from this study, be appointed by the Assistant Secretary for Health and Scientific Affairs, DHEW, no later than fifteen days after the adoption of these recommendations.
- B. That the members of the Select Specialists Group have had no prior involvement in the Tuskegee Syphilis Study.
- C. That the Select Specialists Group be composed of, but not necessarily be limited to, a dermatologist with experience in syphilology who will serve as Chairman, two internists (at least one of whom shall be a cardiologist), a radiologist, a neurologist,

an ophthalmologist, a psychiatrist, a doctor of dental surgery, and a social worker. . .

- D. That the Select Specialists Group be solely charged to apply its expert diagnostic and therapeutic skills in order to safeguard the best interests of the participants and of others who may have been infected as a result of the withholding of treatment from the participants.
- E. That the Select Specialists Group be vested with the full legally permissible medical authority, medical supervision and medical judgment with regard to the treatment or referral of all of the surviving participants and others within and outside Macon County who may be identified, in cooperation with the appropriate medical societies and Health Departments.
- F. That the Public Health Service immediately inform all surviving participants of the nature of their participation in the study, and the desire of the Public Health Service to assess their current health status.
- G. That the members of the "Subcommittee on Medical Care" of the Tuskegee Syphilis Study Ad Hoc Panel be ex-officio members of the Select Specialists Group to function primarily as liaison between the Select Specialists Group and the entire Panel.
- H. That on completion of its charge, the Select Specialists Group submit a detailed report about its activities to the Tuskegee Syphilis Study Ad Hoc Advisory Panel through its Chairman. This report shall include, but by no means be limited to, the reasons for administering or withholding penicillin and other drug treatment for syphilis from untreated participants who are infected with syphilis.
- I. That the highest priorities be given to this mission so that the charge to the Select Specialists Group shall be completed at the earliest possible date consistent with the best interests of the participants and the ethical responsibilities of the Department of Health, Education, and Welfare.

II. Assessment, Treatment and Care:

- A. That arrangements be made with all speed for the immediate health assessment, treatment and care of all persons included in the study in a suitably adequate facility easily accessible to the surviving participants. That whenever a participant expresses the wish to be cared for or treated by physicians of his own choice, such choices be respected and given all necessary support.
- B. That every effort be made to preserve confidentiality with respect to the identification of any participant.
- C. That the United States Public Health Service's epidemiologists be mobilized, on a highest priority basis, to assist in locating all surviving participants as well as others who may have been infected as a result of the withholding of treatment, from the participants.

III. Encouragement of Participation:

- A. That adequate arrangements be provided for maintaining present standards of living during the evaluation and treatment periods in order to minimize any economic barriers to the cooperation of the participants.
- B. That at a minimum, any benefits which have been promised to the participants in the past continue to remain in effect.

Respectfully submitted,

Broadus N. Butler, Ph.D.
Fred Speaker
Ronald H. Brown
Barney H. Weeks
Jeanne C. Sinkford, D.D.S., Ph.D.
Jean L. Harris, M.D.
Vernal Cave, M.D.
Jay Katz, M.D.
Seward Hiltner, Ph.D., D.D.

Proposed Amendment to Section 322 of the
Public Health Service Act

322.(a)(9) Persons who were subject of study in the research project
"Untreated Syphilis in the Male Negro - A comparative
study of treated and untreated cases" which was initiated
by the Public Health Service in Macon County, Alabama in
1932 and was terminated in 1972.

REPORT OF DELEGATION II
of the *ADVISOR*
TUSKEGEE SYPHILIS STUDY AD HOC PANEL
for the
TUSKEGEE, ALABAMA VISIT OCTOBER 26 and 27, 1972

The mission of Delegation II, on its Tuskegee Visit of October 26 and 27, 1972, was set forth in the "Tentative Outline" as follows:

"Primary assignment is to determine suitable arrangements for access of medical specialists for facilities in Macon County for assessment, treatment and care. Visits to:

- a) J.A. Andrews Hospital
- b) V.A. Hospital
- c) County Health Department
- d) County Medical Society"

In the pursuit of this objective the delegation visited John A. Andrew Memorial Hospital, The Veterans Administration Hospital in Tuskegee, the Macon County Health Department and the secretary of the Macon County Medical Society. In addition, discussions were held with Mrs. Eunice Rivers Laurie, the Public Health Nurse, who worked with the subjects of the Tuskegee Study continuously from its onset at least until late 1965 and Mrs. Elizabeth Kennebrew who is currently

The Public Health Nurse following the ~~meeting~~ survivors.

The following observations are presented:

- 1) A conference was held with Mr. Lucius Green, Director of the Veterans Administration Hospital at Tuskegee. It was Mr. Green's opinion that, unless the subjects were veterans, the utilization of the Veterans Administration Hospital would be practically impossible.
- 2) A conference was held with Dr. Edward Lymans at the Macon County Health Department Office in Tuskegee. Dr. Lymans, in addition to covering ^{Macon} ~~Tuskegee~~ County as Health Officer is also the Health Officer for an adjacent county. So far as physicians are concerned, he is the ~~entire~~ staff. His facilities are extremely limited and totally inadequate for comprehensive health care. There is in Tuskegee, ^{the} Macon County Hospital which has 35 beds. However, it was felt that this facility would be also inadequate. In point of fact, it is an unaccredited hospital.
3. In our conversation with Dr. Lyman, we asked him about physicians in private practice in the area. He stated that he was aware of only five. Three of these were

in practice in a single center and considered to be working at full capacity. Another was an elderly practitioner whose practice was currently necessarily sharply restricted. In addition there was one other solo practitioner. From other sources we confirmed that there were more than these but the number would be inadequate from which to mobilize a health care team.

4. In a discussion with Dr. Howard Settler, an ophthalmologist and also Secretary of the Macon County Medical Society, he expressed the view that the society would warmly welcome the Select Specialists Group and that every cooperation would be extended.
5. Dr. Settler expressed his personal deep interest in being involved in the medical care of the subjects from the ophthalmologic aspect. This was stimulated by the fact that he has noted what he regards as an unusually large number of patients with optic atrophy. He currently has under observation some 75 patients with optic atrophy. Optic atrophy is one of the consequences of untreated

atrophy. Dr. Settler pointed out that his patients have great personal pride and ^{the diagnosis of} consider [^]syphilis stigmatizing.

Hence, he feels that his histories simply do not reflect accurate situations when it comes to previous luetic infection and possible treatment. He also feels very strongly that any program based on his evaluation and his management of optic atrophy and other eye disorders must be structured in a manner such as not to make apparent to the community any distinctions of persons clearly identifiable as part of the Tuskegee Study.

6. Discussions with Mrs. Laurie and Mrs. Kennebrew reveal that the survivors are mostly in the area or return to the geographical area on occasions. The available survivors could be expected almost unanimously to cooperate in a ^{7x} program of health evaluation and care that might be arranged. It was the impression of the observer, from the discussions with these two nurses, that both continued to have a rapport with the subjects which would render both invaluable in bringing to examination the vast majority of the survivors. This would not obviate the need for epidemio-

logists to identify and bring to treatment some of the survivors.

7. On both days, conferences were held with Dr. Cornelius L. Hopper and members of his staff. Dr. Hopper is Medical Director of John A. Andrew Memorial Hospital and Chairman of the Board of the Tuskegee Area Health Education Center. The hospital opened in 1912 as an integral part of Tuskegee Institute. Dr. Hopper stated that in the mid-1960's, with a most deplorable situation of health care in the community, with mothers and babies ~~dying~~^{dying} for lack of medical care, Tuskegee Institute made a major commitment to, in part, fill the health care breach. As a consequence the hospital was markedly expanded and now has a capacity of one hundred and fifty beds (150) with a considerable physical out-patient capacity. It is now greatly underutilized because of a lack of manpower and financial resources.

8. Dr. Hopper stated that he and his~~h~~staff would be most pleased to cooperate with the Tuskegee Syphilis Study Ad Hoc Advisory Panel, its Select Specialist Group, and

the Department of Health, Education and Welfare in providing for the comprehensive evaluation and continuing care of the survivors provided there was a full appreciation and understanding of what would be required in this situation including the necessity of consideration and respect for the dignity ~~of the human~~ ~~personalities~~ of the subjects. He considered it essential for new resources particularly in manpower and reimbursements be arranged. A mechanism for continuing care would have to be included to fulfill the commitment. It was his opinion that the care for the subjects of this study cannot be divorced from the care of thousands of others who are Black and poor in an area where racial attitudes are not ideal and where access to care for the poor is inadequate. In a vast area, many people look to John A. Andrew Memorial Hospital as their last hope. He stated that although he would warmly welcome and would greatly value the presence of the Select Specialist Group, there would also have to be provisions on a continuing basis for long after the Group

has left and long after the Panel has made its report and been dissolved. He thought that there was here an opportunity for improved health care for the Black poor, which might have implications for a health care system to meet deplorable health care situations that also exist elsewhere in the rural South. If ~~later~~ these factors could be fully appreciated, Dr. Hopper felt that he and his institution, with its personnel deeply rooted in the community and fully cognizant of the problems of the area, could provide key leadership in health care.

OPINION

A working relationship between the John A. Andrew Memorial Hospital and the Department of Health, Education and Welfare is the only ~~reasonable~~ viable, vehicle for the achievement of the recommendations ^{for} ~~and~~ health care ^{made} to the Assistant Secretary for Health and Scientific Affairs ^{as} adopted on October 25, 1972.

JOHN A. ANDREW MEMORIAL HOSPITAL

The John A. Andrew Memorial Hospital ^{an accredited institution,} has a capacity of

150 beds and a large, attractive out-patient section which in some respects is ²~~is~~ a well-equipped facility, (Exhibit A). It has eleven active physicians on its staff. In-patient services include: general medicine, general surgery, pediatrics, orthopedics, Ophthalmology, neurology, physical therapy and a Maternal and Infant Care Program. Out-patient services include: general medicine, pediatric obstetrics and gynecology, orthopedics, ophthalmology and mental hygiene. Supporting services include a clinical laboratory, and a well-equipped X-ray department. Social service is provided, but is considered currently grossly understaffed.

The Medical Director considered that a great weakness of the hospital was ~~in the area of~~ General Medicine. Another weakness ^{existed} ~~was~~ in Physical Medicine which is poorly supported and the equipment is obsolete. There is a need for refurbishing this area for physical and occupational therapy.

Dr. Hopper provided us with some insights into some of the social and health situations of the State of Alabama. As shown on the accompanying map, (Exhibit B) there ^{is} ~~is~~ what has been termed as a "Black Belt" that stretches across the width of Alabama from east

the original designation was ~~from~~ the color of the soil. However, there is a corresponding high concentration of Blacks in this area because of their utilization in agriculture. The John A Andrew Memorial Hospital is regarded in Alabama as the place of last resort for health care for Blacks, particularly the Black poor. Patients are said to come from 42 of the counties of Alabama. Fourteen percent of all Black babies delivered in hospitals in Alabama are delivered at the John A. Andrew Memorial Hospital.

The plight of the Black sick poor was illustrated in two poignant stories. One was of a premature infant in urgent need of hospitalization, who was transported from Autauga^{County} across other counties to Macon County and John A. Andrew^{Memorial} Hospital, reaching the hospital in a moribund state. The other told of a female who gave birth in Wilcox County after which there was excessive hemorrhaging. She was brought to John A. Andrew Memorial Hospital. In the process she was carried through Montgomery County which has five general hospitals. By the time she arrived at Andrew she had exsanguinated.

The hospital has recently been bolstered (July, 1972) by the acquisition of two physicians under the National Health Service Corps

Program. They are Drs. Kenneth Ducker and Allan Silverman. We had an opportunity to talk with Dr. Silverman. He is a young white physician with one year internship ^{experience} in internal medicine. He related some of his experiences and impressions in this setting. There were significant differences from his experiences in medical school and during his internship. He found that there was a large amount of psychosomatic disease. He spoke of his amazement at the large number of teenage females with symptoms of angina pectoris.

This condition is more common later in life and more common in males. Careful evaluation, however, revealed that these cases were not true angina pectoris but rather psychosomatic conversion. He spoke of the large amount of schizophrenia in ambulatory patients and of the fact that many of these would, in some other communities be hospitalized.

Mr. Jack Baily, the Assistant Administrator told us about the financial problems of the hospital. He stated that as a result of poor patients being routed to the hospital and of others unable to pay coming on their own, the hospital experienced a deficit last year of \$303,884.00. He noted that this was an agenda item for the Board of Trustees of Tuskegee Institute which was meeting in New

York City at the same time that we were making our visit to Tuskegee. Mr. Henry Wellings, the Administrator for the Out-Patient Department and coordinator for the National Health Service Corps, gave his evaluation that the Corps physicians had made a considerable impact on the care of patients because of the great need.

If a little editorializing is permitted at this juncture, perhaps the most delightful experience was the presentation made by the Chief Nurse Coordinator for the Maternal and Infant Care project. Mrs. Thelma P. Walker described a comprehensive medical and health care program made possible by a five year grant which is funded annually with a total budget authorized for 1971 of \$440,000 with Tuskegee Institute providing matching funds. On the basis of the performance described, citing just this one example, the John A. Andrew Memorial Hospital has an admirable "track record" for the utilization of grant funds. A brief description of this project is appended. (Exhibit C)

It is herein suggested that the only quality mechanism for implementation of the recommendations of the Tuskegee Syphilis Study Ad Hoc Advisory Panel for the medical care of the survivors is within the context of a comprehensive health care program for the area under the sponsorship of the John A. Andrew Memorial Hospital. It is suggested that there will be needed a grant that would roughly parallel in cost the Maternal and Infant Care grant which initially envisioned a program for five years. Several hundred thousand dollars per year would perhaps have to be allocated. Within a comprehensive health care program, the immediate needs for the survivors would be attended to and the commitment to continuing care may be addressed. Based on his considerable personal experience, the Medical Director of John A. Andrew Memorial Hospital will furnish concrete recommendations for implementation. A community with grossly inadequate health care and with a large potential for allied health and paraprofessional manpower would be provided a vitally needed service in a critical area. Physicians on a long-term basis will be required. One source for these physicians is via the mechanism of the National Health Service Corps. Other options are available. The Medical Director has expressed confidence in his

own ability to recruit physicians. This concept may be regarded as imaginative. ~~It should be applauded as laudatory.~~ It would provide a new thrust in a new time.

Some 40 years ago a study, philanthropically motivated, identified critical health needs and lack of access to care in a rural portion of Alabama. In 1972, critical health needs continue to exist in the same general area even though it may be said, with some justification with some differences. A unique and golden opportunity now exists for utilizing the observations in a creative and humanitarian fashion. No finer termination of a study that has been widely criticized comes to mind than one which addresses itself to moving in the direction of good health care for all regardless of sex, race, or economic circumstance.

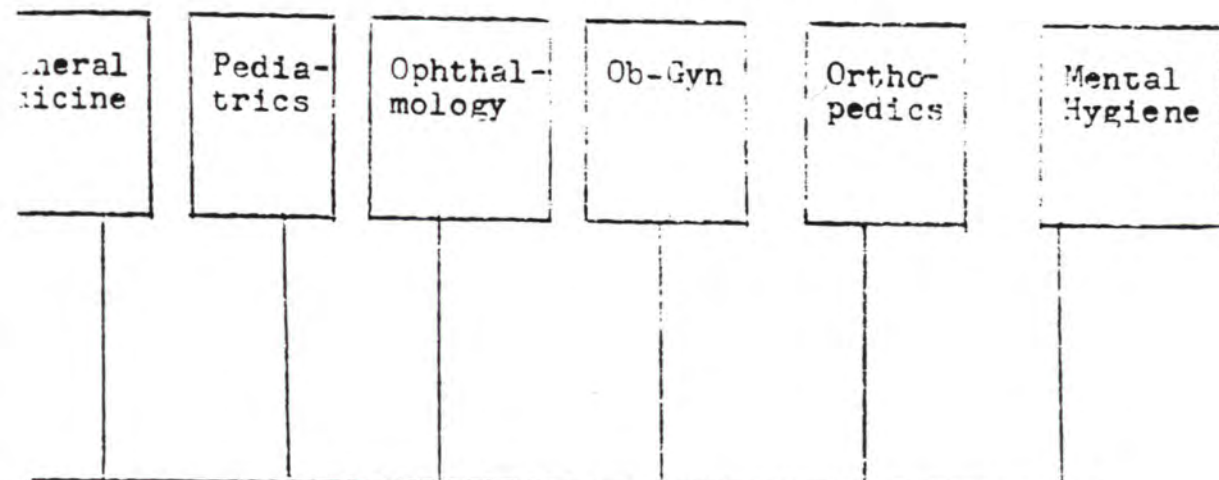
ACKNOWLEDGEMENTS

However, this report is received and viewed, I would be remiss if I did not acknowledge the wonderful cooperation, planning, assistance and support of staff including Dr. Robert C. Backus, Mr. Robert Rawles, Mr. James Morant, Mrs. Jacqueline E. Eagle and Mrs. Bernice M. Lee. To them I extend my heartfelt appreciation and thanks.

Respectfully submitted, *Robert J. Lee*

A HEALTH FACILITY IN MACON COUNTY, ALABAMA

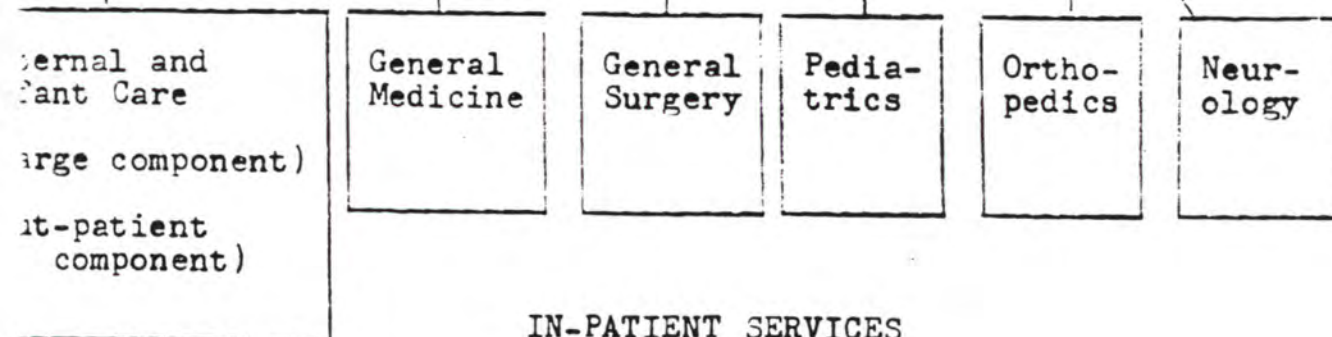
OUT-PATIENT SERVICES



John A. Andrew Memorial Hospital
Tuskegee, Alabama
Founded 1912
Expanded in mid- 1960's
In-Patient bed capacity - 150

Supporting Services

Clinical Laboratory
X-Ray Department
Social Services



IN-PATIENT SERVICES



ALABAMA

MATERNITY AND INFANT CARE PROJECT # 556
John A. Andrew Memorial Hospital
Tuskegee Institute, Alabama 36088

The purpose of the Maternity and Infant Care Program is to reduce incidence of mental retardation and birth defects resulting from complications associated with childbearing. To achieve this, comprehensive medical and health care is provided for prospective mothers and their infants for whom it is determined that necessary health care will not be received for reasons beyond their control.

The 1963, Maternal Child Health and Mental Retardation Planning Amendments provided a new authorization in Section 531, Part IV of Title V of the Social Security Act for Project Grants for Maternal and Infant Care. On July 1, 1970, John A. Andrew Memorial Hospital, Tuskegee Institute, received a Maternal and Infant Care Grant for five years, refunded annually. The total budget authorized for 1971, was \$440,000. Tuskegee Institute provided the matching funds.

Henry W. Foster, M.D., Chief, Obstetrics and Gynecology at John A. Andrew Memorial Hospital is Director of the Maternal and Infant Care Project.

This project encompasses three counties, Macon, Bullock, and Russell, and all clinical services are coordinated with the county health department in the respective counties.

Comprehensive health services are provided from identification of pregnancy, to three months post-partum, and to infants from birth to one year of age. Hospitalization is provided at John A. Andrew Memorial Hospital for medically indigent mothers and infants. Family planning and annual pap, is continuous. Comprehensive services to these mothers and infants include the following:

Out-Patient Clinic Services
(Prenatal, Post Partum, Family Planning and Pediatrics)

Home Visitation
(by all staff except physician)

Social Service Counselling
Nutritional Counselling

In Hospital Mothers Classes
 Classes for Out patient and community
 Laboratory Services
 Pharmaceutical Services
 Patient Transportation

As of January 1972, Sickle Cell screening is being done on all patients, and further study and counselling done as necessary.

In Macon County, Maternity, Post Partum, and Family Planning clinics are held at John A. Andrew Outpatient Clinical Facility, and Pediatric clinics are held in five clinics in addition to John A. Andrew Outpatient.

In Bullock County, Maternity, Post Partum, Family Planning and Pediatric clinics are held in the Bullock County Health Department.

Depicted below are the statistics for the period January 1, 1971 through December 31, 1971:

Total number admitted to Project	1,467
Total maternity clinic visits	3,350
Total maternity clinics held	144
Total deliveries at John Andrew Hospital	748
Total Pediatric clinic visits	2,066
Total pediatric clinics held	120
Total infant hospital admission	169
Total visits for family planning services	687

Personnel working with project as of January 1, 1972, are as follows:

Position	Name
Project Director	Henry W. Foster, M.D.
Assistant Project Director	Julius M. Martin, M.D.
Chief Pediatrician	Thomas M. Campbell, M.D.
Administrative Assistant	Curtis Brown, B.S.
Executive Secretary	Mamie Scott

Chief Nurse Coordinator

Junior Nurse Coordinators

Liaison Nurse

Clinic Coordinator

Staff Nurses

Chief Nutritionist

Staff Nutritionist

Chief Social Worker

Staff Social Worker

Clerk Typist

Statistical Clerk

Thelma P. Walker, R.N., M.P.H.

Dorothy Smith, R.N., B.S.N.

Dorothy Torrence, R.N., B.S.N.

Barbara Atkinson, R.N., B.S.N.

Claudia Stallworth, R.N.

Mary J. Jacobs, R.N.

Gail Scott, R.N.

Beatrice Phillips, R.D., M.S.

Juliette S. Bowles, B.S.

Grace P. Hooks, M.S.W.

Elaine Whitworth, M.S.W.

Ora Miller

Stephanie Harris

In addition to the above, medical students, professional nursing and practical nursing students are working with the project.

Syphilis Decision Left to Macon, Records Show

By M. P. WEISSKOPF
Advertiser Staff Writer

The Alabama Board of Health, asked more than three years ago by federal officials whether the U.S. Public Health Service should continue its program of denying proper medical treatment to syphilis in Tuskegee, avoided the issue by referring questions to Macon County physicians.

The formal motion at a state Board of Health meeting Feb. 19, 1960, suggesting that federal public health officials discuss the Macon County Medical Society, was discovered Friday by The Advertiser in a review of board meeting records dating back to 1931.

According to minutes of the 1960 meeting, a search through records of the period, 1931-33,

failed to show any indication of formal approval by the state Board of Health for the federal experiment started in 1932 in which 200 known syphilis carriers living in Tuskegee were denied treatment, to determine by autopsies what damage untreated cases of the venereal disease does to the human body.

The 16-line passage, under the subtitle, "Tuskegee Untreated Syphilis Project," is the only specific reference found in minutes of more than 40 years of board meetings to the Public Health Service study in which at least seven men have reportedly died as direct result of syphilis.

Dr. S.H. Settler Jr., secretary of the Macon County Medical Society, said by telephone Friday he recalls a society meeting in May of 1960 in which Dr. David J. Sencer, director of the

Public Health Service's Center for Disease Control in Atlanta, asked members to endorse the continuation of a federal study of Tuskegee syphilis.

Dr. Settler, a Tuskegee ophthalmologist, said 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.

Dr. Sencer, reached at his home in Atlanta Saturday, said he had not attended the May, 1960 meeting in Tuskegee, but sent two center officials involved at the time in venereal disease control to discuss plans for continuing the program. The officials were, according to Dr. Settler, Dr. William J. Brown, the patients'

former chief of the center's venereal disease branch, and Dr. Alfonso H. Holguin, former director of the state and community division of communicable diseases.

Dr. Holguin, director of the Atlanta center's training program, said Saturday he remembers informing Macon County physicians in 1960 of the most recent developments in the Tuskegee Study including recommendations made by a special ad hoc study committee assigned earlier that year to review the project.

Dr. Holguin said there must have been some indication during the meeting that some of the syphilis in the project had not received treatment because one of the recommendations discussed was that therapy as late as 1960 would not benefit the patients.

Dr. Brown, current director of the County Medical Society have unanimously agreed to identify the remaining living members of this study and make available forthwith appropriate comment by telephone Saturday.

Dr. Brown conceded that there might have been a misunderstanding over certain details of the program discussed with Macon County physicians in 1960, but there was no intention on his or Dr. Holguin's part to mislead the society.

"This has been an open study going on for years," he said. "The numbers are small, adequate treatment is available and there have been many social changes in Macon County."

Dr. H.W. Foster, president of the Macon County society, said Friday he is under the impression that the Public Health Service will discontinue the project immediately. The society drafted a statement at a meeting in Tuskegee Thursday night which said: "The members of the Macon decision is made."

A motion to refer the matter to the Macon County Medical Society carried by unanimous vote, according to the minutes. There was no further description in the minutes of the treatment program lasting until 1937.

An official of the state Bureau of Preventable Diseases, Venereal Disease Division, said Friday that the Alabama Department of Health assisted the Public Health Service in its annual physical examination of syphilitic subjects by providing referral services.

The official said that state public health representatives assigned to the Macon County area helped locate the patients and transported them to the county health department for checkups.

Minutes of that meeting said the same public health officer had performed a similar test in 1923 and found positive reactions in 36 per cent of those sampled. For the next eight years, the records said, the Society carried by unanimous vote, according to the minutes. There was no further description in the minutes of the treatment program lasting until 1937.

Macon Advertiser - Sunday, July 30, 1972

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ATLA CONST - 7/30/

Syphilitics 72

From Study Are Hunted

TUSKEGEE, Ala. (UPI)—Doctors in this small eastern Alabama town have started a search for elderly blacks who participated in a government sponsored syphilis experiment that started in 1932.

Dr. Henry Foster, president of the Macon County Medical Society, said Friday his group hopes to find as many of the participants as possible and give them treatment for the disease if it still was needed.

It was revealed this week that the program by the U. S. Public Health Service was never halted even when a cure for syphilis became available.

There have been charges that some 400 of the 600 original blacks that started the program were allowed to continue untreated. The program was designed to determine the long range effects of the disease.

Foster said the government agency would be asked to terminate the program.

A black state legislator charged that some of the participants did not know why they were being tested.

Rep. Fred Gray of Tuskegee, a civil rights attorney, said he had been retained to represent "several" of the participants. He declined to name his clients or say how many he represented, but said there was a possibility he would sue the Public Health Service to get damages for his clients.

PFF
V.D

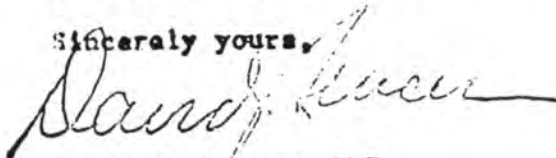
April 15, 1969

Dr. Luther Curtis McRae
President, Macon County Medical Society
Tuskegee, Alabama

Dear Dr. McRae:

Dr. Ira Myers has discussed with you the study that has been conducted in Macon County for the past 30 years. He has indicated that the County Medical Society would be interested in hearing a review of the details. I would be happy to do so at your May 19 meeting if you wish.

Sincerely yours,



David J. Sencer, M.D.
Assistant Surgeon General
Director, National Communicable
Disease Center

DJSencer:hb

↑

Nothing was attached. We
are attempting to locate
Dr. Sencer's chron files.

1

TO: Mr. Kenneth Vines
Assistant U.S. Attorney

DATE: September 27, 1974

FROM: David J. Sencer
Assistant Surgeon General
~~Director~~

SUBJECT: Presentation of TSS Review at Macon County Medical
Society Meeting, May 19, 1969

During my deposition in Atlanta, Georgia, on September 19, 1974, there seemed to have been some doubt as to whether the subject of continuation of the Tuskegee Syphilis Study was presented to the Macon County Medical Society. Attached are copies of letters arranging for ~~such a~~ presentation of a review of the Study details at the May 19, ~~Medical Society meeting~~.
1969, meeting of the Macon County Medical Society.

I was unable to attend the meeting, but Dr. Alfonso H. Holguin, the Director of the State and Community Services Division, and Dr. William J. Brown, the Chief of the VD Branch at that time, did attend. Attached are travel vouchers showing that they traveled to Macon County on May 19, 1969, and while this is probably not "absolute evidence" that they presented ~~this~~ *a study review* to the Macon County Medical Society as planned, it may be helpful.

Attached also are remarks prepared for this meeting and material to be handed out to members of the Macon County Medical Society.

CDC:BSS DBruce b. 9/27/74

APPROVED: _____ DATE _____
Director, CDC

APPROVED: _____ DATE _____
Director, BSS

Director CDC
Director B&S
approved by Sencer & Millar

Sally -

During my deposition in Atlanta, Georgia, on September 19, 1974, there seemed to have been some doubt as to whether the subject of continuation of the Tuskegee Syphilis Study was presented to the Macon County Medical Society. Attached are copies of letters ^{arranging} for the presentation of a review of the study details at the ~~up the department review presentation~~ May 19 medical society meeting.

Alfonso H:

I was unable to attend the meeting, but Dr. Halguin, the Director of the State and Community Service Division, and Dr. William J. Brown, the Chief of the V D Branch at that time did attend. Attached are travel vouchers showing that they traveled to Macon County on May 19, ~~1974~~ 1969, and while this is probably not "absolute evidence" that ^{they} presented this to the ~~Medical~~ Macon County Medical Society as planned, it may be helpful.

Attached also are remarks prepared for this
meeting and material to be handed out to
members of the Marion County Medical Society.

Administrative Details Concerning Tuskegee Study

Participation in the study by both syphilitic and non-syphilitic persons was voluntary. The syphilitic group was informed that they had syphilis, and informed that they would be treated for the disease if they so requested. (Because of the level of comprehension in this population group, this information may have been translated into a simple statement that the person had "bad blood"--a common synonym for syphilis--and could be treated if he desired.)

A public health nurse has been provided by the Public Health Service to the Macon County Health Department from 1932 to the present to assist in providing health care and follow up to the study group. Since 1932, the study group has received periodic physical and laboratory examinations (including blood tests), and members have been treated or referred for appropriate care when abnormalities other than positive serologies were noted. Since 1968, such examinations have been given every 2 years.

The study has received support from several groups. The Milbank Memorial Fund provides funds for pathological examinations and a burial allowance for those autopsied. (The allowance was \$50 for many years, and has been increased to \$100 within the last 2 years. About half the persons who have died have been autopsied, with the percentage of autopsies being approximately the same in the syphilitic and control groups.) The Tuskegee Institute assisted with the administration of the Milbank funds, and the Institute's hospital has provided care to persons referred from the study group. The Veterans Administration Hospital of Tuskegee also provided care for referred patients, and assisted with autopsies. The Macon County Health Department has been intimately involved with the follow up of study participants, and the Macon County Medical Society has been fully informed concerning the study.

The records reviewed to date present no evidence that a formal review of this study by an outside advisory group was undertaken prior to 1969, when such a group was convened by the Center for Disease Control. This group recommended that (1) the study be continued and (2) no treatment for syphilis be given unless evidence for active disease was present.



State of Alabama
Department of Public Health
State Office Building
Montgomery, Alabama 36104



IRA L. MYERS, M. D.
STATE HEALTH OFFICER

March 13, 1969

BUREAU OF ADMINISTRATION

William J. Brown, M. D.
Chief, Venereal Disease Branch
Department of Health, Education and Welfare
Public Health Service
National Communicable Disease Center
Atlanta, Georgia 30333

*File
B*

Dear Dr. Brown:

I have discussed the Macon County Untreated Syphilis Project with Dr. Ruth R. 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.

This matter has been discussed with the State Board of Health and, as we discussed at the Advisory Meeting, the Alabama State Board of Health refers this matter to the Macon County Medical Society for its decision regarding continuity. The present officers of the Society are as follows:

Luther Curtis McRae, Jr., M. D., President
Henry Wendell Foster, M. D., Vice-President
Sheridan Howard Settler, Jr., M. D., Secretary Treasurer

I shall attempt to discuss this matter and this action with Dr. McRae later today. You may proceed to make your contacts directly with local officers. Please keep us informed and if a visit is made we will provide someone to go along or meet you there, if possible.

Dr. W. H. Y. Smith is improving and out of intensive care. We are encouraged by his progress.

With kindest personal regards, I am

Sincerely yours,

MM:TS 10 02 AM '69

VIV:IV
CDC-AD

MM:TS 11

Ira L. Myers
Ira L. Myers, M. D.
State Health Officer

MM:TS

4/16 - Dr. Sencer was advised that Dr. Myers had talked to Dr. McRae and that Dr. McRae was receptive to the idea of bringing the Med. Society in board and suggested Mon May 19th for appearance before the Society.



DEPARTMENT OF PUBLIC HEALTH
 STATE OF ALABAMA
 BUREAU OF VETERINARY MEDICINE



4/14/68

With reference to the letterhead memorandum dated April 11, 1968, from the National Command Center for the Control of Zoonotic Diseases, Atlanta, Georgia, regarding the investigation of the source of the outbreak of salmonellosis in the State of Alabama, the following information is being furnished:

The investigation of the outbreak of salmonellosis in the State of Alabama is being conducted by the Alabama Department of Public Health, Bureau of Veterinary Medicine, in cooperation with the Centers for Disease Control, Atlanta, Georgia.

The following information was obtained from the investigation of the outbreak of salmonellosis in the State of Alabama:

The outbreak of salmonellosis in the State of Alabama is being investigated by the Alabama Department of Public Health, Bureau of Veterinary Medicine, in cooperation with the Centers for Disease Control, Atlanta, Georgia.

MA 21 10 08 AM '68
 ODO - VD
 ATLANTA

MA 14 5 28 PM '68
 ODO - VD
 ATLANTA

Letters sent, apparently to
the physicians of some of
the study participants. Note
that two are addressed to
Dr. McRae; none are
addressed to Dr. Foster.
There is no way of
determining whether these are
all the letters that were
sent or merely some that
happened to make it to the
file.

1

May 12, 1970

Dr. Luther McRae
P.O. Box 568
Tuskegee, Alabama 36083

Dear Dr. McRae:

During our recent survey of study patients in Macon County, we saw Mr. [REDACTED], who asked that we report our findings to you.

Except for hypertension and periarthritic about the shoulders, Mr. [REDACTED] noted few medical problems. On examination, he weighed 169 pounds; his pulse was 68 and regular; blood pressure was 166/104--the same in both arms. In the eyes he had grade II hypertensive sclerosis. The heart was moderately enlarged with the PMI being located at the anterior axillary line in the 6th left intercostal space. The aortic component of the second heart sound was markedly accentuated. Peripheral pulses were all present and normal. The prostate was 1+ enlarged and benign.

The electrocardiogram was abnormal with left axis deviation and voltage suggestive of left ventricular hypertrophy.

I suggested to Mr. [REDACTED] reduce his weight even further to perhaps 150 pounds in view of his hypertension and that he continue his anti-hypertensive therapy under your care.

Sincerely yours,

William J. Brown, M.D.
Chief, Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Euáice Laurie
Mrs. Price

JGCaldwell*pac

May 21, 1970.

Dr. Thomas J. Calhoun
319 Fonville Street
Tuskegee, Alabama 36083

Dear Dr. Calhoun:

During our recent survey of the Macon County patients, I examined Mr. [REDACTED], your patient, who asked that I send you a report of my findings.

Mr. [REDACTED] told me of recent problems with abdominal pains, waking him during the past couple of weeks at 12 p.m. to 2 a.m. in the night. He has obtained relief with milk of magnesia whenever the pains bothered him most. The pains, mainly in the midline epigastrium, have been of a "heaving" nature.

On examination, the patient weighed 155 pounds with a height of 69 inches. The blood pressure was 134/88 in both arms and the pulse rate 48 and markedly irregular. The cardiac exam was remarkable in that there was a grade 3/6 late diastolic rumble at the apex with a 4/6 opening snap. The rhythm was grossly irregular. There was point tenderness just to the right of midline in the epigastrium, at about the spot one would expect the duodenum to cross the vertebral column.

The electrocardiogram was abnormal with a right bundle branch block pattern with left axis deviation. There were multifocal premature ventricular contractions and a supraventricular arrhythmia of undetermined nature due to the shortness of our rhythm strips.

We have arranged for Mr. [REDACTED] to have a chest x-ray and barium swallow to better define the extent of his heart disease. I was unable to locate his John Andrew Hospital chart but assume that you diagnosed rheumatic fever when you treated him for arthritis in his feet and knees in 1950.

I also suggested to Mr. [REDACTED] that he consult you regarding his recent abdominal problem which suggests very much an active peptic ulcer.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

JGCaldwell*pac

wjs

May 22, 1970

Dr. H. S. Blanton
Union Springs, Alabama 36089

Dear Dr. Blanton:

During our recent survey of patients in the Macon County area of Alabama, I saw Mr. [REDACTED] of Fort Davis, who asked that I report my findings to you.

Mr. [REDACTED] reported that he continues to work as a trackman on the SCL Railroad and that he remains in good health except for left neck pains which he has had since 1961.

On examination, Mr. [REDACTED] appeared vigorous and had a blood pressure of 166/100 in both arms with a pulse of 72. There was a grade 3/6 to and fro bruit in the right common carotid artery area. All other positive findings were limited mainly to the knees and neck. The following restrictions of motion were noted in the neck: lateral tilting to 33% on both sides; lateral neck flexion to 50% bilaterally; posterior flexion to 50%; anterior flexion normal. The Spurling's sign was positive on the left side. The knees were hypertrophically deformed 2+ bilaterally with 2+ crepitation on passive motion. There was only minimal limitation of motion in either the hips or the knees. Mr. [REDACTED]'s electrocardiogram was normal.

I did not mention the carotid bruit to the patient, as he has had no symptoms of transient cerebral ischemia. However, you may wish to consider a corrective procedure if and when he ever does have such symptoms as transient paresthesias, paresis, etc. I advised him to continue under your care for his degenerative arthritis of the neck and knees.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Eunice Laurie
Mrs. Holcomb

JGCaldwell*pac

wfb

May 22, 1970

Dr. Luther McRae
P. O. Box 568
Tuskegee, Alabama 36083

Dear Dr. McRae:

During our recent survey of patients in the Tuskegee area, I saw Mr. [REDACTED] who asked that I report my findings to you.

Mr. [REDACTED] told us of his recent difficulties with dyspnea on effort, melena with resultant anemia during his most recent hospitalization and initial hematuria, occasional hesitancy, urgency, and frequent nocturia. He also told of stinging anterior chest pains with exertion.

On examination, the patient was thin, moderately deaf and appeared to be in poor general health. Blood pressure was 160/92 in both arms and the pulse, 68 and regular. Visual acuity was reduced to 20/50 in both eyes. The cardiac PMI was located in the 6th left intercostal space in the midclavicular line. There was a 2+ left ventricular heave. The left pulmonary base was elevated above that of the right posteriorly and there were scattered crackling rales in the left base both anteriorly and posteriorly. The chest A-P diameter was expanded, and the estimated FEVC was slowed 1-2+ with sibilant ronchi throughout the lungs. There was a 1½ cm. firmer nodule in the left lobe of the prostate.

Mr. [REDACTED]'s electrocardiogram was abnormal with right bundle branch block and as expected, left axis deviation.

I strongly urged Mr. [REDACTED] to stop smoking his one pack of cigarettes a day. This should be the treatment of top priority for both his chronic obstructive lung disease as well as for the angina pectoris, atypical as it is.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Eunice Laurie
Mrs. Holcomb

JGCaldwell*pac

[Handwritten signature]

May 22, 1970

Dr. Thomas J. Calhoun
319 Fonville Street
Tuskegee, Alabama 36083

Dear Dr. Calhoun:

During our recent survey of patients in the Tuskegee area, I saw Mr. [REDACTED] of Hurtsboro, who asked that I report my findings to you.

Mr. [REDACTED] reported that his chief difficulty is dyspnea with effort, which he has had for the past decade. Fortunately he related that you have been successful in persuading him to stop smoking.

On exam, he was slender and withered. Blood pressure was 136/94 in both arms with a pulse of 64. There was surgical aphakia in both eyes with a scarred iris in the left eye. Cardiac sounds were faint. Chest percussion yielded hyperresonance bilaterally with a barrel chest configuration on examination. The estimated FEVC was 3-4+ slowed; pulmonary auscultation revealed decreased breath sounds, and abdominal breathing was prominent. The prostate was 2+ enlarged and benign. The electrocardiogram was normal.

I praised Mr. [REDACTED] for his self restraint in stopping smoking and advised him to continue to see you, particularly when and if he develops symptoms of a respiratory infection.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

cc:
Mrs. Eunice Laurie
Mrs. Holcomb

JGCaldwell*Pac

WJS

May 25, 1970

Dr. Murray Smith
P.O. Box 732
Tuskegee, Alabama 36083

Dear Dr. Smith:

During our recent survey of patients in the Tuskegee area, I saw Mr. [REDACTED] of Shorter, Alabama, and he asked that I report my findings to you.

Mr. [REDACTED] related that he was in good health except for hypertension which has been sporadically treated for the past three years, non-bleeding hemorrhoids, and weight gain up to 265 pounds presently.

By examination, Mr. [REDACTED] was overweight even for his 6'5½" frame. His blood pressure was 178/106 in the right arm and 180/112 in the left. Pulse was 80 and regular. His eyes appeared to be proptotic, but there was no tremor, ophthalmoparesis, or history of excessive sweating. The heart was not enlarged; however, there was a grade 2/6 pansystolic murmur at the cardiac apex with a 2/6 late diastolic rumble. Both murmurs were accentuated in the left lateral position as well as by exercise. In retrospect, the patient admitted a bout of arthritis with aching in one of his knees 2-3 years ago. There was no known correlation with any streptococcal pharyngitis. The only other significant finding was internal hemorrhoids.

Mr. [REDACTED]'s electrocardiogram showed broad, flat P waves in Lead II and left axis deviation but was otherwise normal. We have arranged for a barium swallow and chest x-ray, but those are pending.

I did suggest to the patient that he consider returning to your care for antihypertensive therapy and that he needed to lose weight. His rheumatic heart disease is functional class I presently, and I certainly hope that it remains so, although the history of the arrhythmia which you treated recently may indicate that he may have more of the same difficulties in the future.

Sincerely yours,

Joseph G. Caldwell, M.D.
Assistant to the Chief
Venereal Disease Branch
State and Community Services Division

cc: Mrs. Laurie
Mrs. Holcomb

WGS

Study of the Advisory Committee
Agenda Book

TENTATIVE OUTLINE

TUSKEGEE VISIT

October 26-27, 1972

Delegation 1. Dr. Butler, Dr. Harris, Mr. Brown, Mr. Rawles, Mr. Morant.

Primary assignment is to obtain information on issues of concern to the Panel from:

- a. Interviews with Tuskegee Syphilis Study participants
- b. Interviews with Tuskegee Syphilis Study personnel
- c. Interviews with institutional representatives and community leaders. (This function to be coordinated if possible with Delegation 3, sub-assignment e.)

Delegation 2. Dr. Cave, Dr. Sinkford, Dr. Katz, Dr. Backus.

Primary assignment is to determine suitable arrangements for access of medical specialists to facilities in Macon County for assessment, treatment and care. Visits to:

- a. J. A. Andrews Hospital
- b. V. A. Hospital
- c. County Health Department
- d. County Medical Society

Delegation 3. Dr. Hiltner, Mr. Speaker, Mr. Weeks, Mrs. Eagle.

Primary assignment is to examine historical and sociological aspects of the study.

- a. State Civil Rights Commission
- b. Attorney Generals Office
- c. State V.C. Records - availability, etc.
- d. Tuskegee Institute records
- e. Coordinate with Group I on visits with Tuskegee community leaders and institutional representatives.

MATERNITY AND INFANT CARE PROJECT # 556
John A. Andrew Memorial Hospital
Tuskegee Institute, Alabama 36088

The purpose of the Maternity and Infant Care Program is to reduce incidence of mental retardation and birth defects resulting from complications associated with childbearing. To achieve this, comprehensive medical and health care is provided for prospective mothers and their infants for whom it is determined that necessary health care will not be received for reasons beyond their control.

The 1963, Maternal Child Health and Mental Retardation Planning Amendments provided a new authorization in Section 531, Part IV of Title V of the Social Security Act for Project Grants for Maternal and Infant Care. On July 1, 1970, John A. Andrew Memorial Hospital, Tuskegee Institute, received a Maternal and Infant Care Grant for five years, refunded annually. The total budget authorized for 1971, was \$440,000. Tuskegee Institute provided the matching funds.

Henry W. Foster, M.D., Chief, Obstetrics and Gynecology at John A. Andrew Memorial Hospital is Director of the Maternal and Infant Care Project.

This project encompasses three counties, Macon, Bullock, and Russell, and all clinical services are coordinated with the county health department in the respective counties.

Comprehensive health services are provided from identification of pregnancy, to three months post-partum, and to infants from birth to one year of age. Hospitalization is provided at John A. Andrew Memorial Hospital for medically indigent mothers and infants. Family planning and annual pap, is continuous. Comprehensive services to these mothers and infants include the following:

Out-Patient Clinic Services
(Prenatal, Post Partum, Family Planning and Pediatrics)

Home Visitation
(by all staff except physician)

Social Service Counselling
Nutritional Counselling

In Hospital Mothers Classes
Classes for Out patient and community
Laboratory Services
Pharmaceutical Services
Patient Transportation

As of January 1972, Sickle Cell screening is being done on all patients, and further study and counselling done as necessary.

In Macon County, Maternity, Post Partum, and Family Planning clinics are held at John A. Andrew Outpatient Clinical Facility, and Pediatric clinics are held in five clinics in addition to John A. Andrew Outpatient.

In Bullock County, Maternity, Post Partum, Family Planning and Pediatric clinics are held in the Bullock County Health Department.

Depicted below are the statistics for the period January 1, 1971 through December 31, 1971:

Total number admitted to Project	1,467
Total maternity clinic visits	3,350
Total maternity clinics held	144
Total deliveries at John Andrew Hospital	748
Total Pediatric clinic visits	2,066
Total pediatric clinics held	120
Total infant hospital admission	169
Total visits for family planning services	687

Personnel working with project as of January 1, 1972, are as follows:

Position	Name
Project Director	Henry W. Foster, M.D.
Assistant Project Director	Julius M. Martin, M.D.
Chief Pediatrician	Thomas M. Campbell, M.D.
Administrative Assistant	Curtis Brown, B.S.
Executive Secretary	Mamie Scott

Chief Nurse Coordinator

Junior Nurse Coordinators

Liaison Nurse

Clinic Coordinator

Staff Nurses

Chief Nutritionist

Staff Nutritionist

Chief Social Worker

Staff Social Worker

Clerk Typist

Statistical Clerk

Theima P. Walker, R.N., M.P.H.

Dorothy Smith, R.N., B.S.N.

Dorothy Torrence, R.N., B.S.N.

Barbara Atkinson, R.N., B.S.N.

Claudia Stallworth, R.N.

Mary J. Jacobs, R.N.

Gail Scott, R.N.

Beatrice Phillips, R.D., M.S.

Juliette S. Bowles, B.S.

Grace P. Hooks, M.S.W.

Elaine Whitworth, M.S.W.

Ora Miller

Stephanie Harris

In addition to the above, medical students, professional nursing and practical nursing students are working with the project.

Box 13
TSS-RESULTS EXPECTED
RESULTS OBTAINED
□-□

August 9, 1972

Names provided to Bill Watson for Tuskegee Study Investigation.

LOCAL - ALABAMA

Dr. Henry W. Foster
John A. Andrew Hospital
Tuskegee Institute
Tuskegee, Alabama 36088
(President of Macon County Medical Society)

B

Robert H. Story, M.D.
Chairman, Health Board of Censors
Macon County
P.O. #703
Tuskegee, Alabama 36083
(Vice President of Macon County Medical Society)

W

Dr. Ira L. Myers
State Health Officer
State Department of Public Health
State Office Building
Montgomery, Alabama 36104

W

KNOWLEDGEABLE ABOUT SYPHILIS

John A. Kenney, Jr., M.D.
Professor & Chairman
Division of Dermatology
Howard University
College of Medicine
Washington, D.C. 20001
(National Medical Association)

B

Dr. Vernal Cave, Chief
Social Hygiene Division
New York City Department of Health
93 Worth Street
New York, New York 10013

B

Dr. Rudolph H. Kampmeier
Professor Emeritus
Vanderbilt University School of Medicine
Nashville, Tennessee 37203

W

Box 15
TSS - RESULTS EXPECTED
RESULTS OBTAINED
21-0

2

KNOWLEDGEABLE ABOUT SYPHILIS continued

Dorothy R. Lynn, M.D.
245 North Broad Street
Philadelphia, Pennsylvania 19107
(home: 2401 Pennsylvania Avenue
Apt. 18A5
Philadelphia, Pa. 19150)

B-F

OTHER SUGGESTIONS

Dr. William Kirby
Chief, Division of Infectious Diseases
University of Washington
School of Medicine
Seattle, Washington

W

Dr. George Counts
Assistant Professor
School of Medicine
University of Miami
Miami, Florida

B

Dr. Peter Perine
Department of Microbiology
University of Washington
School of Medicine
Seattle, Washington

W

Dr. Robert Austrian
Head, Division of Clinical Research
Pennsylvania Medical Center
Philadelphia, Pennsylvania

W

Mildred M. Bateman, M.D.
Director, Department of Mental Health
1800 Washington Street, East
Charleston, West Virginia 25305

B-F

Robert N. Wilson, Ph.D.
Chairman, Department of Mental Health
School of Public Health
University of North Carolina
Chapel Hill, North Carolina 27514

W

Box 15
TEST RESULTS EXTRACTED
RESULTS OBTAINED

OTHER SUGGESTIONS continued

David Mechanic, Ph.D. W
Director, Graduate Training, Med Soc & Mental Health
Department of Sociology
University of Wisconsin
Madison, Wisconsin 53706

John A. Clausen W
Professor, Department of Sociology
University of California
Berkeley, California 94720

Dana Quade, Ph.D. W-F
Professor of Biostatistics
School of Public Health
University of North Carolina
Chapel Hill, North Carolina 27514

Richard G. Cornell, Ph.D. W
Chairman, Department of Biostatistics
School of Public Health
University of Michigan
Ann Arbor, Michigan 48104

Dr. James F. Jekel W
Associate Professor of Public Health Administration
Department of Epidemiology and Public Health
60 College Street
New Haven, Connecticut 06510

Dr. Mozell Hill, Ph.D. B
Professor of Educational Sociology
New York University
New York, New York

Joe H. Miller
Acting Program Management Officer
Venereal Disease Branch

cc:
Mr. Watson
Dr. Miller
Dr. Henderson
Mr. Hibbert

Clinton Presidential Records Digital Records Marker

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

F

Divider Title: _____

January 31, 1995

**MEMORANDUM FOR BETH NOLAN
ASSOCIATE COUNSEL TO THE PRESIDENT**

**MARVIN KRISLOV
ASSOCIATE COUNSEL TO THE PRESIDENT**

FROM: Stacy Reynolds *SR*
Office of Counsel to the President

SUBJECT: Results of Follow-up Interview with Dr. Henry W. Foster, Candidate
for Surgeon General

I conducted my initial interview with Dr. Foster on January 26, 1995. On January 31, 1995, I conducted a follow-up interview to ask Dr. Foster to respond to certain aspects of the articles and speeches by him as well as items revealed in the public record research. This memorandum contains a synopsis of the issues and Dr. Foster's responses to those issues. To conserve time, I have inserted Dr. Foster's responses after the relevant portion of the public record vet.

Clinical Trials for Non-invasive Abortion Technique

PUBLIC RECORD VET:

The May 1985 issue of the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS published the results of a clinical trial performed under the supervision of Dr. Foster at the Department of Obstetrics and Gynecology, Meharry Medical College, Nashville Tennessee. The study tested the use of naturally occurring hormones to induce abortion. The study was developed to evaluate the safety, efficacy, and patient acceptability of non-invasive abortion by inducing menstruation after conception by using vaginal suppositories in the early stages of pregnancy. Of the 60 subjects, fifty-eight of the patients were African-American and two patients were caucasian. All women were 49 days (seven weeks) pregnant with the exception of one woman who was actually 56 days (eight weeks) pregnant due to a miscalculation on her part. The report specifically noted that "because gestations were so early ... the passage of identifiable fetal tissue was not a usable endpoint." Accordingly, the study based therapeutic success of the drug on sustained menstruation and a decrease in a hormone found in pregnant females. The study resulted in 55 successes under the test criteria. Four persons required hospitalization and one patient withdrew and gave birth to a male infant. The study noted that simplicity of administration, avoidance of uterine instrumentation, and increased cost efficiency were potential advantages of the early abortion technique.

RESPONSE:

Dr. Foster stated that he had three responses to this: (1) The abortion procedure was a therapeutic measure; (2) He was in charge of a medical school with a residency program so he had an obligation to provide opportunities to teach the residents; (3) The study was an FDA approved trial.

On Abortion

PUBLIC RECORD VET:

In "Clinical Management: Sickle Cell State and Pregnancy," published in the March 1977 URBAN HEALTH, Dr. Foster wrote about the procedures used in his unit at Hubbard Hospital of Meharry Medical College and revealed that the pregnant sickle cell patients were "advised of the availability of pregnancy termination," which his unit performed into the second trimester.

Dr. Foster co-wrote "Reproductive Performance in Women with Sex Chromosome Mosaicism," published in the May 1980 OBSTETRICS AND GYNECOLOGY. The article addressed naturally occurring, spontaneous abortions. However, the final sentence stated that subsequent pregnancies of couples with a history of such spontaneous abortions should "be monitored by amniocentesis in such case so that abortion can be available for genetically abnormal fetuses when found."

Similarly, in a chapter Dr. Foster co-authored in the book Hematologic Problems in Pregnancy, he advised that "the couple [who are potential carriers for the genetic disorder thalassemia] must be provided with genetic counseling and offered antenatal diagnosis, with the option of pregnancy termination." The article did point out that certain types of this disorder result in fetal death in utero.

Also, in "Sickle Cell Anemia Not a Risk for PTL," published in the Fall 1991 ASK THE PERINATOLOGIST NEWSLETTER, Dr. Foster wrote that the ability to ascertain fetal hemoglobin status allowed for genetic counseling and, thus, the option of termination.

In his article, "Contraceptives in Sickle Cell Disease," published in the May 1981 SOUTHERN MEDICAL JOURNAL, Dr. Foster characterized abortion as a "contraceptive measure." But, he did state, "The use of abortion solely as a form of contraception, though acceptable in some parts of Europe, has not become prevalent in the United States. Clearly this would not be ideal in sickle cell disease."

In "Managing Sickle Cell Anemia in Pregnant Patients," an article by Dr. Foster published in the December 1980 CONTEMPORARY OB/GYN, Dr. Foster argued that, although pregnancy poses a significant risk to the mother with sickle cell anemia, the

decision to risk pregnancy is a viable option for those women. However, he continued by saying, "For patients who choose not to take this risk, the option of elective abortion must be available." Dr. Foster later explained that he prefers his patients use barrier contraceptives and have the option of "therapeutic abortion when contraception fails." Dr. Foster reasserted this idea in his article, "Contraceptives in Sickle Cell Disease," published in the May 1981 SOUTHERN MEDICAL JOURNAL.

In "Abdominal Pregnancy: Report of Twelve Cases," co-written by Dr. Foster and Dr. Donald T. Moore and published in August 1967 in OBSTETRICS AND GYNECOLOGY, the authors wrote that prompt termination of the pregnancy is the proper course of action in the case of abdominal pregnancy. However, they also recognized that in five of the twelve pregnancies observed, the baby was born, but died shortly after birth, and that another three of the twelve carried living fetuses to 39+ weeks, of those, two were completely normal and survived.

RESPONSE:

Considering the number of articles, I asked Dr. Foster to respond to more general questions about abortion, performing abortions, abortion as a contraceptive, and abortion after genetic testing. Dr. Foster stated that he definitely supports abortion in the case of rape, incest and threat to the health of the woman. He emphasized that abortion is legal. Dr. Foster stated that he has performed therapeutic abortions. He did not recall performing any purely elective abortions. He denied saying that abortion was a contraceptive measure but admitted that he could be taken out of context to that effect. He stated that abortion has been used in Europe (particularly in Germany) as a contraceptive method but that such use has never been accepted in the U.S. and he would not advocate it. Finally, as to genetic testing and abortion, Dr. Foster stated that Meharry has the capacity to perform antenatal diagnosis earlier than amniocentesis. He said it is up to the patient to decide if she wants to carry a child tested to possess a genetic disease to term or to terminate the pregnancy. According to Dr. Foster, most patients choose to have the baby. However, Meharry will perform the abortion if the patient chooses that route. Dr. Foster stated that he has never performed an abortion on a woman who chose to abort based on the genetic testing, but that he would have an obligation to do so if one of his patients so chose.

On Sterilization

PUBLIC RECORD VET:

Dr. Foster wrote "Removal of the Normal Uterus," published in the January 1976 SOUTHERN MEDICAL JOURNAL, in which he stated, "Recently, I have begun to use hysterectomy in patients with severe mental retardation. Hysterectomy can be done either for sterilization or to eliminate the menses, which is of significant hygienic benefit to these

severely [sic] handicapped individuals."

RESPONSE:

Dr. Foster stated that this quote was referring to one patient he had who was severely retarded and had cerebral palsy. He said she was a ward of her mother and the mother consented to the operation which he said was medically necessary. Dr. Foster explained that the woman broke out due to menstruation and suffered from bed sores and ulceration as a result. He stated that he would only perform such a procedure if it was therapeutic. He would never agree to sterilize a woman, even with the consent of her guardian, if there was no other reason than because she was handicapped. He did not see this as any different from a normal woman who asked for a hysterectomy or from a person who is mentally retarded who receives life saving surgery with the consent of his or her guardian.

PUBLIC RECORD VET:

"Meigs' Syndrome Complicated by Pregnancy," an article by Dr. Foster published in the September 1971 JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION, reported a case involving a rare type of tumor on a pregnant patient's ovary. In the article, Dr. Foster mentioned that the patient was a 35 year old unmarried black woman who was the head of a two-room, four child household, unemployed, and not on Welfare. Upon explaining that the patient's pelvic organs had to be totally removed, Dr. Foster added, "The dismal social history made this decision just a bit less difficult."

RESPONSE:

Dr. Foster stated that he believed that the woman would be put in a better condition to better care for the children she did have and that this was something the woman wanted but could not afford otherwise. It was a side benefit to her. Dr. Foster assured me that he would not do this without a medical reason.

On Family Planning

PUBLIC RECORD VET:

In April 1972, Dr. Foster participated in an Emory University symposium, Family Planning In the South. Dr. Foster gave a presentation entitled "A Rural Hospital and Family Planning." In his presentation, Dr. Foster addressed problems of family planning in a rural setting and a black physician's views on family planning. In his speech, Dr. Foster stated that, "[i]n recent years, there has been an outcry by various groups that the intent of family planning is black genocide and that the ultimate effect will be black genocide." He agreed that, "these apprehensions are quite understandable and often not

without foundation." In discussing this sentiment, Dr. Foster recounted a June 1970 meeting of the First National Congress on Optimal Population and Environment which invited participants including 45 blacks representing moderate black institutions. Dr. Foster noted that after the Congress convened the black participants formed a caucus which, "observed that the Congress had been derelict in obtaining significant black input to reflect black interest, and that the purpose of the conference was to use those delegates invited to legitimize a preconceived plan of vicious extermination." Dr. Foster believed that some might find the views irrational, as he recognized that, "the majority of this country's health providers have never even in the vaguest way planned a program of genocide for black people." He continued explaining that, "what has occurred, ... is that many well intentioned family planning programs have been set up for large segments of our black population without adequate consideration of many other factors." Dr. Foster concluded that "the end results of far-reaching family planning programs can have very disastrous consequences for black people. Nonetheless, I support family planning but this support is of necessity, conditional."

In addressing the conditions he would place on family planning, Dr. Foster emphasized that programs should be voluntary and that coercive family planning programs should not become national or local legislative policy. Dr. Foster felt that family planning should be voluntary and that coercive sterilization laws, if enacted, would amount to social welfare legislation which would remove the right of women on welfare to have children.

RESPONSE:

Dr. Foster explained that this speech was given at about the same time that people learned about the Relf sisters in Alabama and other women in South Carolina who were sent to be sterilized on the threat of losing their welfare benefits. He said that there was no structured, definitive plan to commit genocide but that many efforts to control fertility result in a sort of genocide by not taking into account the concomitant need to provide support (i.e. vaccines) for the existing children. He said that a high birth rate is often associated with a high infant mortality and that both problems need to be addressed, not just the birth rate. Dr. Foster said that he believes in educational programs, not coercion, in reducing the birth rate.

PUBLIC RECORD VET:

In his speech, Dr. Foster also pointed out that family planning programs are based on the erroneous assumption that there is a common national life style and, accordingly, blacks should be included at meaningful policy making and administrative levels when providing family planning services for black people. He stated that "to those that are deprived socially and economically the procreative processes often become the only fulfilling life experience available. To curtail or remove this avenue of expression is often tantamount to taking away the only need for existence....Every human being has the need

to feel creative."

RESPONSE:

As to the common national lifestyle, Dr. Foster stated that there is no common national lifestyle because we live in a heterogeneous society. As to the rest, Dr. Foster stated that everyone wants a sense of importance and of being needed. He said that, where there are no other options, teens will have children to achieve this. His emphasis is on providing teens with other options in order to delay this. He mentioned the efforts of his I Have a Future program, discussed later. Dr. Foster stated, "Procreation is a very creative thing." He believes that procreation is a method of expression of creativity and wants to show people that there are other methods of expression, such as education.

PUBLIC RECORD VET:

In discussing family planning in rural areas, Dr. Foster stated that "rurality is characterized by a relatively unsophisticated folk culture and at times is actually primitive." Dr. Foster recognized that the social organization of family, religion, government, and education reflect the deprivation caused by cultural, geographic, and economic isolation. He blames the isolation and resulting unsophistication as the reason the "rural psychology is strongly oriented to fatalism which...explains their strong resistance to any alteration in reproduction and reproductive process." Dr. Foster found a common genesis between delivery of family planning services to minorities and rural areas and noted the value of family planning but stressed the need to know the difference between family planning and population control.

RESPONSE:

Dr. Foster stated that this is true. He has been there. When he talks about "rurality," he is talking in the aggregate and he definitely realizes that individuals may not necessarily fit the mold. He kept referring to the fatalism of rural people.

On Affirmative Action

PUBLIC RECORD VET:

In a speech entitled, "Reaching Parity for Minority Medical Students: A Possibility or a Pipe Dream?" presented by Dr. Foster to the 105th Meeting of the Association of American Medical Colleges on November 1, 1994, he addressed the problem of lack of parity for underrepresented minorities in medical school, why the problem exists and how to change it. Dr. Foster stated, "This nation has a moral obligation to effect equal access to educational opportunities for all of its citizens." Dr. Foster acknowledged that there had been improvements in the numbers of underrepresented minorities in medical school,

but argued that the improvement was not enough and was moving too slow. He also argued that part of the problem was not just the number of minorities starting medical school, it was also the attrition of minorities in medical school. One of the problems Dr. Foster identified as causing the attrition was dismissal for inadequate academic performance. Dr. Foster blamed this on the inadequate preparation for the rigor of premedical curriculum that began in kindergarten and progressed through college.

As far as solutions, Dr. Foster stated, "What is needed will not likely occur and that is a domestic 'Marshall Plan.' The best teacher-pupil ratios should exist in the inner city rather than the reverse. The welfare system which now exists should be scuttled forthwith." Dr. Foster went on to advocate more modest efforts that were already in the works, including increasing the numbers of minority first-year medical students to 3000 by the year 2000, recruitment efforts involving cooperation between medical schools and undergraduate colleges, identification and recruitment of qualified college students who opt not to go to medical school, creating health sciences magnet schools in high schools with a high minority enrollment, and development of health sciences programs in existing high schools.

RESPONSE:

As to the moral obligation to allow equal access to educational opportunities, Dr. Foster stated that "opportunity" is the key word. He said there was no obligation to pay for education but that everyone must be provided the opportunity to get an education. He said this is true because it is the right thing to do. Dr. Foster did explain that public education at lower levels must be provided and that it strengthens the nation. In order for a nation to remain strong, it must maximize the educational potentials of its citizens. Thus, he argues that there is a need to "strengthen the pipeline." This will help reduce the attrition of minority students at medical schools. Another thing Dr. Foster spoke about in helping minority students is to teach them "operative English." He explained that his program approaches it by telling the students that they should become bilingual, speaking "Ghetto-English" and operative English. This approach avoids the negative judgement of telling people that they (and by inference, their family and friends) do not speak properly.

As to solutions, he reiterated that he is for a "domestic 'Marshall Plan'" but that no fiscal plan would permit it. He said that inner city schools are behind and that better teacher-pupil ratios are needed to catch up. Once they catch up, he would be happy to return to the current levels.

On Labor Law and Pregnant Women

PUBLIC RECORD VET:

In his Presidential Address to the Association of Professor of Gynecology and

Obstetrics, March 4, 1994, Dr. Foster generally defended the importance of OB/GYN clerkships against attacks by some people who were advocating taking it out of the required clerkships. In the speech, Dr. Foster said, "Obstetrics has, in my view, always been undervalued in our country. Look at the labor laws and practices--they single out and often punish expectant mothers. I have read that, during World War II in Great Britain, pregnant women received double food rations--I wonder if this logical and humane thought ever occurred to policy makers in this country." This seemed to be a digression, and he did not explain what the specific problems were.

RESPONSE:

Dr. Foster stated that he was talking about the need for employers to be more supportive of pregnant women. He said that he had a practice of writing to the supervisors of his patients to tell them that their employee was pregnant and to ask that they provide facilities for the woman to lie down during breaks. He always got consent from the patient and usually had them take the letters to their employers. Dr. Foster explained that he was concerned because employers were often unwilling to help pregnant women out of fear that something would happen and they would be liable.

On Health Care and Health Care Reform

PUBLIC RECORD VET:

In "How Can We Provide Good Health Care for Everyone?" a speech presented to the Lonnie S. Burnett Vanderbilt OB/GYN Society, on June 18, 1994, Dr. Foster generally hit on points relating to improving health care and access to health care. In the speech, Dr. Foster stated, "I cannot see how universal coverage can be successful without having employer-mandate as a component." He seemed to support a British-type healthcare reform in which adequate health care would be available to all, but the wealthier people could opt for additional coverage from a private-fee-for-service sector. He said, "I believe that adequate housing should be available to everyone in this country, but to have a Beverly Hills type home can only accrue through maximizing the free enterprise system."

RESPONSE:

Dr. Foster stated that he just felt that universal coverage would not be successful without employer mandate. He said he still believes that it would be more likely to be successful with employer mandates and that employer mandates would enhance it. As to the British-type health care, Dr. Foster said that it was going to happen and that it is already occurring with Medicare and Medi-Gap insurance. He also reiterated that he does believe that we must provide adequate health care to all. Dr. Foster went on to say that he believes that people have a right to adequate housing and that people should not be on the street. He said he agrees with his wife who suggests that we do like they did after WWII

and build barracks for the homeless to provide them with spartan but humane living conditions.

PUBLIC RECORD VET:

In an article entitled "A Black Health Crisis," the July 13, 1987 **NEWSDAY** quoted Dr. Foster as saying, "Until we make a national commitment, there won't be a sizable improvement in the health gap [between whites and African-Americans]."

RESPONSE:

Dr. Foster stated that this was correct and that this is what health care reform is about. He said this reform is how you get inclusion. Dr. Foster told me that he met with the President the other day to advocate focussing on getting universal coverage for mothers and babies since true universal coverage did not get passed.

PUBLIC RECORD VET:

Dr. Foster wrote a chapter, "Ambulatory Gynecologic Surgery," printed in Ambulatory Obstetrics and Gynecology in 1980. In the chapter, Dr. Foster argued that selective out-patient surgery was a means of lowering national health care costs and accused insurance companies, hospitals and physicians of opposing such a move because of financial incentives to utilize in-patient procedures and fill hospital beds.

RESPONSE:

Dr. Foster stated that this was true when he wrote it but that things have changed now. In his words, today we follow "ancient China" in paying for health services. He explained that people only paid doctors when they were well in ancient China.

On Human Research Subjects and Biomedical Research

PUBLIC RECORD VET:

In an editorial, "Biomedical Research Subjects: Who Should Be Exempt?" published in the November 1975 **JOURNAL OF MEDICAL EDUCATION**, Dr. Foster advocated the exemption of certain categories of people from serving as research subjects. He explained that he would exempt captive individuals such as the fetus, the child, the military/prisoner, and the poor. He would further exempt those non-captive people where there appears to be "a deficiency or absence of those biosocial defense mechanisms essential for coping with a very complex society." In this category, he included "the functionally illiterate, the senile, those who do not command the language, and the mentally incompetent."

RESPONSE:

Dr. Foster explained that he was on an Ethics Panel formed by then-Secretary Califano to look at the problems of researching on certain vulnerable populations. He advocated the total exclusion of these people from biomedical research because they cannot volunteer. He did say that an interpreter would probably be enough to allow research on a person who did not otherwise command the language, but that it would depend on the nature of the research. Dr. Foster that researchers have, more or less, adhered to this exclusion and that research must now be cleared by an Internal Review Board that would not allow research that was to be conducted on these groups.

PUBLIC RECORD VET:

Dr. Foster also wrote "Children and the Institutionalized Mentally Infirm," published in RESEARCH INVOLVING CHILDREN in 1976. Using a hypothetical research project, this article criticized the methods of obtaining informed consent from children and institutionalized mentally ill. While advocating the exemption discussed above, Dr. Foster stated that he would permit biomedical research on children with the informed consent of their parents. However, in determining who should be classified as a child he stated that "because of the differences in life styles between blacks and whites, quite possibly adulthood as a practical matter begins earlier for the former group and accordingly, a more workable definition of childhood may be appropriate."

In that article, Dr. Foster also suggested that the relationship between biomedical research and the financing of medical education should be examined because there can be pressure to lure the research dollar to fund education and that pressure may be detrimental to the rights of biomedical research subjects.

RESPONSE:

As to the latter point about research funding and financing of medical education, Dr. Foster stated that the Internal Review Board took care of that concern. As to the use of children as research subjects, Dr. Foster stated that he would permit them to be used as subjects only if the research cannot be done on other subjects. If the condition being studied was one which could only be studied in children, i.e. childhood leukemia, then he would allow children to serve as research subjects with the consent of their parent or guardian. As to defining "child" differently for whites and blacks, Dr. Foster stated that race is often used as a proxy for poverty and that what he really meant was that socio-economic differences may cause differences in how a person is defined. His example was two 17 year-old girls. One was the child of a two-parent family who is still emotionally and financially dependent on her parents. The other is the head of her own household and a mother herself. Dr. Foster argues that defining "child" by a strict chronological limit, such as younger than 18 years-old, would not take into account these other facts.

PUBLIC RECORD VET:

Finally, Dr. Foster pointed out some problem areas using the hypothetical case. In talking about the use of a placebo for a portion of those patients in a study, he asked, "Even when patients receive prior advice [that a placebo may be administered], is it just or fair to knowingly deny a potentially beneficial agent to one group and provide it for another - even if on a chance basis?"

RESPONSE:

Dr. Foster stated that he merely posed this question, he does not know if he has the answer. He explained that the question arose from a real situation in which he and other doctors wanted to set up a national program to study the use of Prophylactic Partial Exchange Transfusions (PPET) in sickle cell patients but that they could not structure a research protocol because they felt that they could not deny people the benefits of PPET. Dr. Foster explained that preliminary results showed that PPET was very beneficial and really made patients feel better. Dr. Foster did state that placebos were not a problem, and were even necessary, in initial studies to determine if there are benefits of a given procedure or drug. However, where a procedure has been proven to be beneficial, as with PPET, denying it might not be ethical.

On Sex Education

PUBLIC RECORD VET:

The Summer 1990 issue of the JOURNAL OF HEALTH CARE FOR THE POOR AND UNDERSERVED published a presentation by Dr. Foster entitled "A Model for Increasing Access: Teenage Pregnancy Prevention." The presentation recognized the gaps and disadvantages of school-based programs to provide pregnancy services and proposed a community-based intervention program. The I Have A Future (IHAF) Program at Meharry Medical College, discussed in the presentation, was anchored, not in schools, but in a residential setting: the public housing projects. The program was open to all adolescents, including students who had dropped out or been expelled from school, claimed to more adequately address idle time, and also was in closer proximity to families providing a better opportunity to involve parents and siblings. The presentation noted that "[i]nappropriate teen pregnancy has become a major social issue in this country."

The presentation continued, stating that "[Adolescent pregnancy] is a problem that affects all ethnic, social, and economic classes," and that "discounting the non-white contribution to our nation's teenage pregnancy and birth rate does not change our statistical ranking relative to other western nations." The article also stated that "abortion rates in the United States are substantially higher than those for other western countries."

In discussing the rationale for the program design, the presentation stated that "[d]espite the agreement that American youth need knowledge about human reproduction in order to act responsibly in matters of sexuality, there are nonetheless, continuing barriers to the availability of this education, and indeed conflicting studies as to its value." The article stated that "the literature does show that sex education programs are most likely to be effective when actively coupled with direct access to contraceptives." The highlighted program consisted of activities which included exercises to teach an edited version of Nguzo Saba, Seven Principles of Blackness-Pro-Social Attitudes drawn from Swahili.

RESPONSE:

Dr. Foster explained the IHAF program and its history. He stated that he got the idea for it from a program he conducted which sought to provide as many health programs as possible at a single point for teens. In that study he found four major gaps: (1) Program did not reach drop-outs, particularly when there was a 50% student drop-out rate in inner-city schools; (2) Schools were closed during critical times since studies showed that most pregnancies were conceived during unchaperoned hours between 4-7 pm; (3) Schools are closed summers and weekends; (4) Difficult to get parental involvement in school, especially in the inner-city. These problems led Dr. Foster to get a grant to establish a program in a residential venue. By placing the services in the housing project, Dr. Foster said the program is more accessible and gets more parental involvement. One aspect of the program is parental empowerment. The program is designed to increase life options through education, services and life enhancement. The program teaches operative English, includes a jobs program, and seeks to involve community volunteers of all races to show harmonious relations among races. Dr. Foster stated that a disproportionate number of those involved are going to college. Of the 23 teens involved, 17 are going to college, including nine males.

The program also teaches the seven principles of Blackness, the Kwanza principles. Dr. Foster stated that these were strong principles for all cultures and that they were not presented in such a way as to exclude white participants.

As to "inappropriate" teen pregnancies, Dr. Foster stated that he was referring to pregnancies in the context where there was not adequate financial, emotional or social support for a baby.

PUBLIC RECORD VET:

On August 5, 1986, the UNITED PRESS INTERNATIONAL reported that a Governor's Task Force on Healthy Children, of which Dr. Foster was Chairman, concluded that teaching sex education in public schools was one way to reduce the rising death rate among babies born to high-risk women, such as African-American teenagers and African-

American women of all ages who have previously given birth to low-birthweight babies or who have medical conditions particularly associated with reproductive problems.

RESPONSE:

Dr. Foster said he was not Chairman of the committee but of a subcommittee on non-white infant mortality. As to sex education in schools, Dr. Foster stated that he believes that knowledge of human sexuality, in all phases, is important but that implementation needs the involvement of parents and children. He stated that he believes that there should be greater decentralization of schools to allow individual schools to decide on school programs, such as sex education, based on their needs and values. That way an inner-city school where sexuality is an issue, would be free to have a sex education program even though a suburban school in the same district would not want one. This would also allow different schools to structure programs to meet their needs and values.

Not Chosen as President of Meharry Medical College

PUBLIC RECORD VET:

According to the November 9, 1993 NASHVILLE BUSINESS JOURNAL, Dr. Foster, who was the Acting President of Meharry Medical College, was a candidate to replace the previous President. However, later articles disclosed that a different candidate was chosen. No article explained the reason Dr. Foster was not selected.

RESPONSE:

Dr. Foster stated that he was never given a reason by the search committee. He did say that he was late putting his name in for consideration.

VETTING ISSUES

- First spoke with Phil Lee on the telephone regarding the possibility of being nominated for Surgeon General. Later had a more extended telephone call with Lee.

- Met with various HHS officials on January 13.

- Went to White House to meet President Clinton in mid-January.

- At some point, was asked by HHS officials about abortions. Dr. Foster described the one he remembers most vividly, but did not provide a specific number of abortions performed.

- In late January, spoke with White House Counsel staff regarding forms and writings and positions. Discussed abortion but did not get into numbers of abortions performed.

- Thurs. Feb. 2: Announcement at the White House

- Fri. Feb. 3: Issued statement based on his recollection of number of abortions performed (estimating fewer than a dozen) without consulting medical records.

- Shortly thereafter, requested Meharry Medical College to search his records to determine number of abortions.

- Feb. 6: Meharry Medical College gave Dr. Foster preliminary estimate of 39 abortions performed during his tenure there.

- Feb. 8: Appeared on Nightline.

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DR. FOSTER ON WOMEN'S HEALTH ISSUES

Throughout his 38-year-career as an ObGyn, Dr. Henry Foster has dedicated his life to improving women's health. Having been taught at an early age, if you do well, you must give something back, Dr. Foster, upon completing his medical training, returned to the rural south and began his work promoting healthy and successful pregnancies of poor and underserved women. First in Alabama at the Tuskegee Institute and then in Tennessee at Meharry Medical College, he developed medical practices which typically involved caring for women who were unable to pay.

While he was at Tuskegee in the 1960s and early 1970s, rural areas had high maternal and infant mortality rates, because many women in these areas never saw a doctor, and babies were often delivered by practitioners who lacked medical and prenatal training. Dr. Foster responded by expanding Tuskegee's Maternity and Infant Care Project which he directed. Dr. Foster's approach to women's health and obstetrics was the national model for "regionalized perinatal care" -- a program involving extensive community outreach, specialized services for high risk women, and comprehensive care of mothers and infants before and following birth. Dr. Foster was asked by the Robert Wood Johnson Foundation to replicate the program nationwide. As a result of his accomplishments in this area, Dr. Foster was elected to the prestigious Institute of Medicine of the National Academy of Sciences.

At Tuskegee and Meharry, Dr. Foster had also made important contributions to medicine by engaging in research aimed at helping women at risk -- such as women with sickle cell disease -- safely give birth to healthy babies. And significantly, as the head of Tuskegee's and Meharry's ObGyn Departments, Dr. Foster has been responsible for training hundreds of other physicians who will carry on his commitment to improving the health of poor and underserved women. Dr. Foster's contributions to medicine were recognized by his state when former Tennessee Governor Lamar Alexander appointed him to Tennessee's Task Force on Healthy Children.

As Surgeon General, Dr. Foster wants to focus on four other areas of women's health where, unfortunately, there is still much work to be done. The first is reproductive health ranging from reproductive cancers, to STDs, and HIV/AIDS. The second is promoting efforts to reduce high risk behavior, such as smoking and drug and alcohol abuse, that lead to some of the major health problems for women including heart disease, diabetes and unintended pregnancy. The third area is the prevention of physical and sexual abuse against women. Fourth, Dr. Foster will seek to focus attention on the rise in the rate of breast cancer, currently the second leading cause of cancer deaths among American women, and to educate women and health professionals about the need to make examinations and screenings a routine part of their care.