JOHN PODESTA - STAFF SECRETARY

Dr. Henry W. Foster, Jr.

Box 1

- Newspaper Clips regarding Henry Foster
- Cases in which Henry Foster. Meharry Medical College or Hubbard Hospital were parties
- Memorandum regarding Kwanzaa Celebration
- Prep Questions
- Two speeches by Henry Foster with a one page summary on each
- Additional Writings by Henry Foster
- Testimony Submitted to the Senate Labor and Human Resources Committee
- Testimony Submitted by the Family Research Council to the Senate Labor and Human Resources Committee
- Edited Transcript of Dr. Henry Foster's hearing for Surgeon General [May 2 and May 3, 1995]
- Distributed Information
- Research

w/ 4 copies of binders and folders on Dr. Foster

5489 NARA 3909
5490 3910
5491 3911
5492 3912
5493 3913

ENCLOSURES FILED OVERSIZE ATTACHMENTS

5 copies read and filed 7/3/95

Dr. Henry W. Foster, Jr.

BOOK VI

Nomination of Henry W. Foster, Jr.

May 2, 1995

A. ABORTION
- Dr. Foster and His Record on Abortion
- Abortion Q & A
- Meigs' Syndrome Complicated by Pregnancy article
- Meharry Letter from General Counsel Richard Jackson
- Meharry letter from Theresa Perkins
- Meharry Consent Form
- Letter for Tuskegee University from Judge Mikva
- Letter from Tuskegee University
- Hostile Foster Questions

-Possible Response to Question re parental notice or consent to abortion
-Tennessee Law on parental consent or notification

B. COMMITTEE QUESTIONS AND RESPONSES

C. CREDIBILITY

D. GENERAL BACKGROUND
-Dr. Foster: Educator and Medical Scholar
-Curriculum Vitae

E. GENERAL TALKING POINTS
- The Nomination of Dr. Henry Foster, Jr.
- Dr. Foster: A Lifetime of Leadership
- Prominent Republicans Call for Foster Floor Vote

F. I HAVE A FUTURE PROGRAM
- 3-page background information
- Draft of 'Dear Colleague' Abstinence Letter
- February 3, 1992 Letter to the Carnegie Corporation
- Long-Version of the 1994 Progress Report
- Short-Version of the 1994 Progress Report
- Successful Teen Sex Programs
- Teen Pregnancy Rates; An American Epidemic
- Mortality Rates by HCFA
- Purchase Order & Invoice for pamphlets

G. MALPRACTICE RECORD
- One Pager
- Letter from Senator Mike Dewine
- Response to Senator Mike Dewine

-Letter to Henry Foster from State Volunteer Mutual Insurance Company

H. MEHARRY
- Finances - Accreditation
- The Meharry-Metro General Merger
- AIDS patient
- Meharry Audit

- Foster Article on Meharry Merger

I. **PLANNED PARENTHOOD**
- One Pager
- Malpractice Suit Against Planned Parenthood of Middle Tennessee

J. **QUESTIONNAIRE**

K. **ROLE OF THE SURGEON GENERAL**

L. **ALL STATEMENTS BY HENRY FOSTER**

M. **STATEMENTS SUBMITTED TO THE COMMITTEE**
- In Their Own Words - Statements of Support for Dr. Foster
-Document on Statements Submitted to the Committee

N. **STERILIZATION**
-Southern Medical Journal: Removal of the Normal Uterus
- Article by Te Linde in Operative Gynecology

O **TUSKEGEE SYPHILIS**
- Tuskegee Study Talking Points
- The Tuskegee Study One Pager
- Ashcroft Letter
- Talking Points -- Ashcroft Letter
- Kennedy 'Dear Colleague' Letter
- The Tuskegee Study - Long Version
-Statement of Minnie Capleton Jamison
-Letter from the Alabama Center for Health Statistics
-1974 Deposition of Ira Myers - one pager
-Ira Myers Deposition (full version)
-Cases against Luther McRae

P. **UPJOHN STUDY**
- Prostaglandin Vaginal Suppositories Article
- UpJohn Study Q&A
- Foster writing on Upjohn Study
- History of the Study
- Articles

Q. **VETTING ISSUES**

R. **WOMEN AND CHILDREN**
- Dr. Foster: A Baby Doctor
-Dr. Foster's Maternal & Infant Care Program
-Foster article on Maternity and Infant Care
-Women's Health Issues

Clinton Presidential Records
Digital Records Marker

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

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

A

Divider Title: _____

DRAFT

DR. HENRY FOSTER AND HIS RECORD ON ABORTION

Dr. Henry Foster is one of the nation's leading physicians and medical educators. During his 38-year career as an obstetrician/gynecologist, he has delivered thousands of babies and instructed hundreds of young physicians. From 1990-93, Dr. Foster served as the Dean, School of Medicine, Meharry Medical College in Nashville, after having served as the Chairman of the Department of Obstetrics and Gynecology and Chief of the Obstetrics Unit of the Hubbard Hospital for seventeen years. Before coming to Meharry, Dr. Foster served as the Chief of Obstetrics and Gynecology at the John A. Andrew Memorial Hospital at Tuskegee Institute, Alabama, where he also established and was the Director of the Maternity and Infant Care Project. In these programs and through the creation of the "I Have a Future" Program in lower-income areas of Nashville, Dr. Foster has worked to prevent unwanted pregnancies.

Much debate over the nomination of Dr. Foster to be Surgeon General of the United States has centered on the issue of abortion. Critics charge that Dr. Foster has promoted abortion, provided misleading accounts of his abortion practices, and has encouraged the development of drugs for abortion. This paper examines Dr. Foster's views on abortion, his practices, and his participation in a nationwide clinical trial funded by the Upjohn Company.

I. Statements and Writings

Critics contend that Dr. Foster has encouraged the use of abortion as a contraceptive and has promoted abortion in his speeches, writings and activities such as Planned Parenthood.

Dr. Foster has consistently advocated greater access to maternal and child health care, particularly for low-income communities. He also has encouraged both abstinence, as in the "I Have a Future" program, and family planning where appropriate.

However, he has explicitly disavowed the use of abortion as a contraceptive. In a 1975 presentation entitled "Family Planning and the Black Community," Dr. Foster voiced his belief that women should use birth control measures to prevent unwanted pregnancies, rather than rely on abortions.

Dr. Foster also has consistently supported adequate counseling for patients who are considering pregnancy termination. He has vocalized the need for informed consent for a patient to make this personal decision. As the account of one

former patient demonstrates, Dr. Foster has in fact counseled women not to terminate their pregnancy. [attach article?]

Dr. Foster's association with Planned Parenthood demonstrates his belief that Roe v. Wade struck an appropriate balance between the state's interest in health and the patient's interest in making a decision about her pregnancy. Dr. Foster has repeatedly voiced his concern that women be afforded their constitutional right to choose whether or not to terminate their pregnancies. He has stated that "abortions should be safe, legal and rare." In a speech to Planned Parenthood in 1984, Dr. Foster argued against overly burdensome state-imposed barriers to access to abortion, because they would have encouraged resort to unsafe, clandestine abortions.

Thus, an examination of Dr. Foster's statements, writings, and activities shows that he has supported access to abortion, but has not promoted the procedure as a substitute for abstinence, education or family planning.

II. Participation in Abortions

Dr. Foster has admitted that he made a mistake by guessing the number of abortions he performed without first consulting the medical records. To rectify that problem, he asked Meharry Medical College to search its records to determine the number of abortion procedures that he performed or participated.

As the attached letter from the General Counsel of the Meharry Medical College states, Meharry Medical College/Hubbard Hospital searched its records and found that Dr. Foster had performed or participated in 39 abortions during his tenure from 1973-1990. It should be noted that this period includes the entire post-Roe v. Wade era. Additionally, Meharry Medical College records indicate that for approximately three-quarters of these 39 patients, another physician or resident participated in or performed the abortion procedure.

The John Andrew Memorial Hospital in Tuskegee Institute has been closed for several years and records covering Dr. Foster's tenure were not available for a search.

III. Medical Research and the Upjohn Study

During the 1980's, the Upjohn Company sponsored an FDA-approved, multi-center clinical trial throughout the country to determine the safety and efficacy of a drug--methyl ester prostaglandin--for use in inducing abortions. Upjohn's study tested whether administering this drug in a suppository form could provide a safe and less expensive way of performing a legal, medically accepted procedure.

While Chairman of the Department of Obstetrics and Gynecology at Meharry Medical College and Hubbard Hospital, Dr. Foster served as the principal investigator for the Meharry site, one of numerous sites for the Upjohn study throughout the country. The clinical trial at the Meharry site was part of a research project conducted in an academic setting. All medical procedures were performed in the university hospital. All patients were volunteers who were legally approved for pregnancy termination in the State of Tennessee.

The clinical trial at the Meharry site was subjected to outside oversight and review. FDA regulations require that an institutional review board review and approve all clinical trials such as the Upjohn study. FDA regulations at the time required that the institutional review board consist of lay persons of various expertise and backgrounds. The Meharry site had such institutional review panels overseeing the Upjohn study.

Dr. Foster served as the principal investigator or grant administrator for the Meharry site. Residents administered the suppositories. As grant administrator, Dr. Foster did have certain responsibilities. FDA regulations specify that the duties of the investigator include ensuring the consistency of the investigation with the FDA-approved plan and applicable regulations, ensuring proper procedures are followed as well as protecting the rights, safety and welfare of those taking part in the clinical trial.

Dr. Foster published in 1985 an article summarizing the results of the administration of the Upjohn product to a group of 60 women who were eight or fewer weeks' pregnant. As discussed in the article, the study criteria for success included safety, efficacy and patient acceptability. Fifty-five of the women had successful results measured by these criteria; four women required hospitalization and follow up procedures. One woman withdrew from the study.

Dr. Foster's work as the principal investigator for the Meharry site was consistent with his responsibilities as Department Head to allow opportunities for research into methods for improving legal, medically accepted procedures. Such research projects also are consistent with the standards for accreditation of medical schools. Guidelines published by the Accreditation Council for Graduate Medical Education state:

> The quality of the educational experience within a department of obstetrics and gynecology is enhanced by an active research environment. It is highly desirable that every program encourage each resident to be involved in a research project.

Additionally, these guidelines provide that teaching staff should take part in scholarly activity, including research projects that result in publications.

As a postscript, it is worth noting that Upjohn eventually determined not to seek FDA approval for the drug that was the subject of the study.

DRAFT

ABORTION Q & A

MESSAGE: I am proud of my life and the choices I have made. My 38 year career as a doctor has been about bringing life into this world and helping our nation's youth achieve their full potential. I am not about abortion, although I believe strongly in a woman's right to choose. I believe abortion should be safe, legal, and rare. I have dedicated my life to trying to make sure none of my patients ever has to have an abortion.

I am also proud of my life-long record of integrity. In the 1970s, I was appointed to the Ethics Advisory Board of the Department of Health by Secretary Califano. I am currently serving my second term on the Ethics Committee of the Nashville Academy of Medicine -- a position that has to be voted on by my peers who have seen my every professional move for 20 years. When I first came to DC, I made a mistake which I sincerely regret by guessing in response to a question. I should have known I couldn't remember a 38 year career off the top of my head and I again apologize.

- I have dedicated my life to ensuring that none of my patients ever has to face that decision. When we discuss abortion, we enter the debate too late. We are already discussing a child that is not wanted. I want to get to teenagers before they have sex, before they get pregnant. My program for teens in Nashville's housing projects stresses abstinence and gives the teens positive options for their future so they delay sex and delay parenting until a more appropriate time.

- I believe in a woman's right to choose and think that a woman and her doctor -- not the government and not politicians -- should make these difficult decisions.

- I believe that abortion should be safe, legal, and rare. Safe and legal, because -- as a physician -- I've had to deal with the consequences of botched, back-alley abortions. Rare, because I believe in preventing unwanted pregnancies in the first place.

NUMBERS / CREDIBILITY

Q: How many abortions have you performed? Why do the numbers keep changing?

- Let me explain what happened. When I first started this process, I was asked, in the middle of a casual conversation whether I had ever performed an abortion. I said that I had and the one that I remember in particular involved a woman with AIDS. We went on to other subjects. A couple days later, I was asked if I had performed more than one abortion. I answered, "Yes. Most ob/gyns who have been practicing for as long as myself have performed abortions, which is a legal medical procedure." They asked me how many. And that's where I made a big mistake, Senator. I guessed. I relied on my memory from 38 years of medical practice and I was wrong. I regret that.

- Let me now be clear. So that I could give you a final, correct answer, I asked that the medical records from my twenty two years at Meharry Medical College be checked. Since I joined the staff of Meharry in 1973, I have been listed as the physician of record on 39 abortions.

Q: What about before that? Did you perform any abortions at Tuskegee?

- John A. Andrew Hospital -- where I worked while I was at Tuskegee -- did not provide abortion services. Our obstetrics department was not about abortion. In fact, we had a hard time getting women in for pre-natal care or to deliver their children. Most women did not come to us until late in the pregnancy and then if there was a problem.

- The only occasion where we would do a pregnancy termination was in a life threatening situation.

- I remember one occasion where this was necessary. A woman who had Meigs syndrome was rushed into the hospital in a traumatic state. She was dying and we rushed her into surgery. I had to perform an emergency hysterectomy to save her life. We discovered afterwards that she was in the early stages of pregnancy. I didn't think then and don't think now that was an abortion. It was an unfortunate termination of a pregnancy to save a woman's life.

Q: So you only did one?

- That is the only one that I remember.

Q: Is possible you did more – perhaps to gave the life of the woman again?

- I don't remember any others. I would be guessing and I have assured you I would not do that.

Q: Why didn't you check the Tuskegee records as you promised me in our courtesy call that you would?

- I have tried, Senator. As you may know, John A. Andrew Hospital, where I worked in Tuskegee, was closed 12 years ago and the records were put into storage. They were difficult to locate after all this time.

- When we finally did located them at Tuskeegee University, I consented -- and in fact requested -- to have them fully reviewed.

- The White House and HHS asked University officials to grant us permission to have professionals look through all the records from my 8 years there.

- The University President -- Benjamin F. Payton -- sent us a letter which I believe you have. After consulting with legal counsel, the University concluded that they could not grant access to the record due to legal concerns about patient confidentiality.

Q: [FOLLOW-UP Q&A ON TUSKEGEE] But Dr. Foster, you must remember if you performed even one abortion. I don't need the total, just give me an idea.

- Senator, I apologize but I cannot answer that question. It would be another guess. I did that when I first got to Washington and I made a mistake. I tried to answer from memory and I regret that. I don't want it to happen again.

Q: In the [date] HHS release where you claimed to have down "fewer than a dozen" abortions, you maintained that these were done only in the case of rape, incest, or to save the life of the mother. The first part was obviously incorrect, was the second as well?

- No Senator. As that statement says, the few abortions I have performed have primarily fallen under these categories.

- Let me tell you how I know this is true. You may know that most abortions take place outside of hospitals -- in clinics or other outpatient settings. Hospitals usually only provide abortion services for certain reasons, primarily health. If a woman came to me in the early stages of a healthy pregnancy and wanted to get an abortion, I would refer her to a service outside of the hospital. I never did performed abortion services outside of a hospital setting.

- The cases I did were therapeutic abortions, in the case of the life or the health of the mother or -- in very rare cases -- rape or incest. These are procedures done in a hospital.

Q: Why did you lie when you were first asked how many abortions you performed?

- I did not lie, Senator. I am an honest man who is proud of my life-long record of integrity. I did make a mistake when I first got to Washington. I was asked that question and tried to answer from memory -- trying to remember my 38 years of practice. I regret that and I assure you that I won't let it to happen again.

Q: You have given several numbers in response to questions of how many abortions you've performed. You seem to have a credibility problem, Dr. Foster. Why should we trust you?

- Because you should look at my record and my lifelong reputation of integrity. I was appointed to the National Ethics Advisory Committee for Secretary Califano-- Secretary of Heath under President Carter.

- I am currently serving my second term on the Ethics Committee of the Nashville Academy of Medicine. That appointment is actually more important than the national position because I was chosen by my peers -- who have had the opportunity to watch my every professional and personal move for over 20 years.

- I did give an incorrect answer at one point, Senator, and I regret it. I tried to answer from memory and made a mistake. But I can assure you, Senator, it was not out of any intent to deceive.

Q: [IF QUESTION AFTER QUESTION IS ABOUT NUMBERS] Why did it take you so long to provide an accurate estimate of the number of abortions you performed, and why the earlier discrepancies (first one abortion, then 12, then 39)?

- Part of it was miscommunication, and part of it was relying on my memory instead of hospital records. That was clearly a mistake -- which I regret.

- I am an obstetrician/gynecologist. As an ob/gyn, I offered -- and felt it was my obligation to offer -- women the full range of reproductive health services, including, on occasion, abortion.

- But more important, I am a baby doctor. That's what I'm about -- bringing life into this world. My hands have delivered thousands of babies. In fact, many times women came to me after being told that it would be impossible to bear their child to term, and I helped them deliver a healthy child. I call these my miracle babies; they are the reason I love being a doctor and am proud of what my life has been about.

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

UPJOHN STUDY

Q: Aren't you really responsible for many more abortions? You have claimed responsibility for the Upjohn study which caused at least 55 abortions.

- Let me explain. As Chairman of the Department of Obstetrics and Gynecology, I was the principal investigator, or grant administrator, at Meharry Medical College for an FDA-approved clinical trial -- conducted in many medical centers throughout the country -- to test the efficacy and safety of an abortifacient suppository administered during early pregnancy. The trial was a research project conducted in an academic medical center, all medical procedures were performed in the hospital, and all patients were volunteers.

- I had responsibility for administering the contract. That meant that I administered the funds, assured that procedures were proper, and published results.

Q: Why did you do the study?

- I believe that abortions should be safe, legal and rare. I believe that when abortions are done, they should be performed in the safest manner possible. Therefore, as an expert in the field of maternal health, I support research into safer methods.

Q: Why did you say on Nightline that you had to do it for accreditation? This has since been widely disputed.

- My work as the principal investigator for the Meharry site was consistent with my responsibilities as Department Head to allow opportunities for research into methods for improving legal, medically accepted procedures. Such research projects also are consistent with the standards for accreditation of medical schools. Guidelines published by the Accreditation Council for Graduate Medical Education state:

> *The quality of the educational experience within a department of obstetrics and gynecology is enhanced by an active research environment. It is highly desirable that every program encourage each resident to be involved in a research project.*

Q: Do you support testing the "Morning After" Pill?

- I think abortions should be safe, legal, and rare. I support research that will make any medical procedure -- not just abortion --safer. As I understand it, the FDA is responsible for making the final determination in this case.

MORAL QUESTIONS

Q: Dr. Foster, if you are pro-choice – meaning you believe that a women can choose to have an abortion at any point – why do you consider an abortion a weighty decision? Why is it different from any other medical procedure, like a tonsillectomy?

- Abortion *is* a "difficult" decision. It is different than many other medical procedures. How? In my 38 years as a doctor, I have never seen a woman who has not given this decision a lot of thought and reflection. I have learned from years of experience that it is not a decision any woman comes to lightly. It's because it is such an important decision, Senator, that it should be made by a woman and her doctor -- not the government.

Q: Do you believe in abortion on demand?

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

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

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

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

Q: You are a doctor. You must have an opinion on this. When do you think life begins?

- I don't know, Senator. As you know, there is not a scientific consensus on this question. It is not something that is definitively known -- one way or the other. People make their own decisions based on their personal religious beliefs. I also have moral and religious beliefs but they are private and I would never impose that morality on anyone else.

Q: But you do know that it must have begun by the third trimester as you've stated that you believe a fetus is viable in the 3rd trimester?

- Abortion regulations in this country should follow the decision reached by the U.S. Supreme Court in *Roe v. Wade*. In *Roe*, the court ruled a state may ban abortion after viability - except in cases where the life or health of the woman is endangered. Prior to viability, states are not permitted to interfere with a woman's decision.

FEDERAL FUNDING

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

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

Q: But what about abortions for other reasons besides rape, incest or life of mother?

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

RESTRICTIONS [Consent / Notification / Waiting Periods]

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

- I believe that parents should be involved when their teenage daughter faces a crisis pregnancy and will do everything I can to encourage that. The program I founded -- "I Have A Future" -- does everything possible to involve parents in the lives of their teenage children. But I believe that there are some cases -- such as abuse in the home -- where family communication is not possible. In those cases, I think there must be some other avenue for a teenager to get adult counseling or judicial approval.

Q: Do you favor mandatory waiting periods?

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

Meigs' Syndrome Complicated by Pregnancy

HENRY W. FOSTER, M.D., F.A.C.O.G.

Reprinted from
JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION
September, 1971, Vol. 63, No. 5, pp. 372-373

Meigs' Syndrome Complicated by Pregnancy

HENRY W. FOSTER, M.D., F.A.C.O.G.,

John A. Andrew Memorial Hospital,
Tuskegee Institute, Alabama

IN 1937, Meigs and Cass reported seven cases of fibroma of the ovary accompanied by ascites and hydrothorax. Though rare, the importance of this condition should be fully appreciated. Solid tumors are far less common than benign cystic tumors and for that reason, should be generally considered as potentially malignant. Meigs' Syndrome, therefore, points out the fact that a solid ovarian neoplasm can be responsible for ascites and hydrothorax and yet be completely benign.

Since 1937, there have been many subsequent reports of this condition. However, its association with pregnancy is, indeed, an infrequent occurrence. During the 35-month period from January 1966, through November 1968, computer analysis of the world literature revealed but a single naturally occurring case of Meigs' syndrome and pregnancy co-existing. The author here adds another case to the literature.

CASE REPORT

O.B., a 35-year-old unmarried black woman, gravida 9, para 5, abortus 3, was admitted on Feb. 15, 1968, having been referred from her county health department with a diagnosis of "polyhydramnios." She was well until three weeks prior to admission, at which time her abdomen began to enlarge rapidly. Her last normal menstrual period had begun sometime in Nov. of 1967. A week after the onset of her abdominal enlargement she developed increasing chest pain, shortness of breath and nausea and vomiting which followed most meals. She denied other gastrointestinal, renal, cardiovascular, respiratory or pelvic complaints.

Her past medical history and systems review were essentially noncontributory and her previous pregnancies were uncomplicated aside from three spontaneous abortions occurring in the first trimester. However, her social history revealed that she was the head of a two-room household composed of one adult, that being herself, and four children ranging in age from three to 16 years. She was unemployed and received no welfare assistance.

On admission her blood pressure was 110/80, temperature 98.4, pulse 76 minutes, weight 205 pounds, and height 64 inches. Positive findings were limited to the lungs, abdomen and pelvis. The lower one-fourth of the left lung field presented percussion dullness both anteriorly and posteriorly. There were no rales or rhonchi and the right side was completely clear to percussion and auscultation. The abdomen was markedly distended to the xiphoid process approximately the girth of a term pregnancy, but different in contour. No fetal heart tones were audible and there was a positive fluid wave. On the left side, mostly in the lower quadrant, there was a firm ballottable mass whose size could not then be ascertained. Pelvic examination revealed a normal introitus. The vaginal mucosa was blue and the cervix was soft, blue and enlarged with the external os closed. The corpus and adnexa could not be accurately assessed, nor could the origin of the ballottable mass be established.

Hospital Course: Hematologic studies revealed the following: Hemoglobin 10.4 gms.% hematocrit 36 vol.%, white cell count 8,450, blood type O-Rh positive, and sickle cell preparation negative. Other test results were: pregnacy test positive; creatinine .95; potassium 3.1 mEq/L.; chloride 96 mEq./L; carbon dioxide 21 mEq/L.; total serum protein 5.9 gms.%, albumin 1.9 gms.%, globulin 4.0 gms.%, amylase 26 units, urinalysis—pH 5.0, specific gravity 1.023, albumin trace, glocose negative, acetone negative, and numerous white blood cells. Papanicolaou stain of the ascitic fluid showed Class I (absence of neoplastic or atypical cells), many mesothelial cells, histocytes and lymphocytes. Anterior-posterior and lateral x-ray views of the pelvis revealed no fetal skeleton and only "a general haziness over the abdomen due, very likely, to a mass or ascites or both. Chest x-ray on Feb. 23, 1968, showed the left costophrenic angle to be filled with a density and some fluid extending up the lateral chest wall from the surface of the density (Fig. 1). The electrocardiogram was reported as normal.

Fig. 1. Chest x-ray showing a density in the left costophrenic angle and fluid extending up the lateral chest wall.

On Feb. 26, 1968, abdominal paracentesis was performed and 2,500 mls. of a straw colored fluid were removed. Repeat pelvic examination at this time revealed more clearly a pelvic mass thought to be at least 12 cm. in diameter. Medical and urological consultations were obtained and on March 8, 1968, an exploratory laparotomy was performed. Upon entering the peritoneal cavity, a serosanguineous fluid was encountered which measured 1,500 ml. Arising from the left infundibulopelvic ligament completely replacing the ovary was a solid ovoid mass measuring 24.0 x 20.0 x 12.0 cm. and weighing 2,200 gms. Its surface presented rough excrescences and extensive loose omental adhesions. The uterus appeared gravid though no corpus luteum could be identified. A total abdominal hysterectomy, right salpingo—oopherectomy, left salpingectomy, left ovarian cystectomy and partial omentectomy were performed (Fig. 2).

Fig. 2. Specimens removed at [illegible]. The ovarian mass is noted on the left and the [illegible] with the fetus are on the right.

Her postoperative course was one of progressive improvement and she was discharged completely asymptomatic on her 9th postoperative day. Estrogen replacement was instituted prior to discharge. She has since been seen on several occasions and eight months later remained asymptomatic.

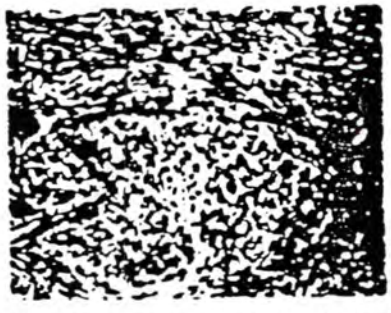


Fig. 3. Photomicrograph of the ovarian fibroma. Note the uniformity of the cells. H. & E. X350.

Pathological diagnoses were: Fibroma of ovary (Fig. 3), intrauterine gestation approximately 18 weeks, chronic cervicitis, normal tubes and oviducts and hemorrhagic omentum.

COMMENTS

The size of the ovarian fibroma would indicate that it antedated the pregnancy even though the ascites and hydrothorax did not become manifest until the pregnancy was well established; consequently, it is felt that this is a case of Meigs' syndrome complicated by pregnancy rather than the reverse.

Approximately 40 per cent of all ovarian fibromas over 6.0 cm. in diameter will be accompanied by excessive peritoneal fluid. The added element of fluid in the pleural cavity appears with only 3 per cent of cases and the association with pregnancy is indeed a most infrequent occurrence.

Unfortunately, at our hospital, immediate frozen sections are not available. At laparotomy, the solid tumor, the extensive excrescences and omental adhesions pointed to a strong possibility of malignancy; consequently, total extirpation of the pelvic organs was carried out. The dismal social history made this decision just a bit less difficult.

In addition to the solid ovarian tumor, ascites and hydrothorax, this case fulfills a fourth criterion setforth by Meigs in 1954, that of being cured after removal of the tumor.

LITERATURE CITED

1. MEIGS, J. V. Pelvic Tumors other than Fibromas of the Ovary with Ascites and Hydrothorax. Obstet. Gynecol. 3:471, 1954.
2. MEIGS, J. V., and S. H. ARMSTRONG, and H. H. HAMILTON. A Further Contribution to the Syndrome of Fibroma of the Ovary with Fluid in Abdomen and Chest. Meigs' Syndrome. Amer. J. Obstet. Gyn., 46:19, 1943.
3. MEIGS, J. V. and J. W. CASS. Fibroma of the Ovary with Ascites and Hydrothorax, with a Report of 7 Cases. Amer. J. Obstet. Gyn., 33:249, 1937.
4. NOVAK, E. R. and J. D. WOODRUFF. Other Tumors of the Ovary. Gynecologic and Obstetric Pathology, 5th Ed., W. B. Saunders Company, Philadelphia, 1957, p. 365.
5. PARSON, L. and S. C. SOMMERS. Solid Benign Tumors of the Ovary. Gynecology, 1st Ed., W. B. Saunders Company, Philadelphia, 1962, p. 774.
6. TAYLOR, E. S. Benign Tumors of the Ovary. Essentials of Gynecology, 3rd Ed., Lea and Febiger, Philadelphia, 1965, p. 256.

MEHARRY MEDICAL COLLEGE
OFFICE OF THE GENERAL COUNSEL

To Whom It May Concern:

Pursuant to a request by Dr. Henry Foster, Jr., we have undertaken a search of the medical records of Meharry Medical College pertaining to operations performed by Dr. Foster during the years 1973-90. Our records indicate that Dr. Foster participated in or performed 39 abortions, not including termination of tubal pregnancies or follow-up procedures made necessary by incomplete and/or spontaneous abortions. Our records also indicate that in approximately three quarters of these procedures, at least one other physician or a resident performed or participated in the surgery, in addition to Dr. Foster.

Sincerely yours,

Richard E. Jackson, J.D.
General Counsel

REJ:sh

1005 D.B. TODD BOULEVARD • NASHVILLE, TENNESSEE 37208 • (615) 327-6921
FAX (615) 327-6540

THE WHITE HOUSE

WASHINGTON

April 10, 1995

Dr. Benjamin F. Payton
President
Tuskegee University
Tuskegee Institute, Alabama 36088

Dear Dr. Payton:

In connection with the nomination of Dr. Henry W. Foster to be Surgeon General of the United States, the United States Senate Labor and Human Services Committee has indicated its interest in the number of abortion procedures in which Dr. Foster may have participated while at John A. Andrew Memorial Hospital. In order to cooperate fully with the Committee, Dr. Foster has authorized a review of all existing records that may shed light on this matter.

We recognize that this is a considerable undertaking. In order to avoid any unnecessary burden on your University, the Department of Health and Human Services is prepared to pay the full cost of the review.

To assure your interest, and that of Dr. Foster, in protecting the privacy of the patients, the reviewers will not disclose information pertaining to individual patients. Rather, they will extract from the records the summary information that will answer the Committee's questions.

I have enclosed an authorization by Dr. Foster for the release of the records. Thank you for your coopeation.

Sincerely,

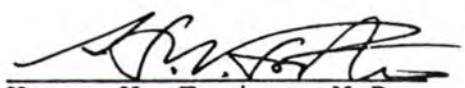
Abner J. Mikva

Abner J. Mikva
Counsel to the President

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:



Henry W. Foster, M.D.

April 10, 1995

Tuskegee University

Founded by Booker T. Washington

Office of the President

April 20, 1995

The Hon. Abner J. Mikva
Counsel to the President
The White House
Washington, DC

Dear Judge Mikva:

This responds to your letter of April 10, 1995, and modifies my letter of April 13 to John D. Podesta concerning your request that Tuskegee University undertake or authorize a review of certain medical records. The contemplated review would encompass the records of all patients of the now-closed John A. Andrew Memorial Hospital, during the period from 1965-1973. We understand that the review has been requested by Dr. Henry Foster and the White House, for the purpose of determining the number of certain surgical procedures performed by Dr. Foster during the period in question.

Although we understand the purpose of the review, and support the goal of assuring that Dr. Foster receives a fair hearing on his nomination to be the Surgeon General, we now find that we cannot comply with your request. This conclusion supersedes the initial response in my April 13 letter to John Podesta. We have searched both our conscience and the law, and we are responding now as well to questions raised by some of Dr. Foster's former patients.

Our conclusion is based on the moral and legal principle that patients' records must remain confidential, and may not be disclosed to third parties without the patients' written consent. Were the hospital still in operation, conceivably hospital personnel could perform the review. Since it is no longer in existence, the review necessarily would have to be performed by third parties.

We fully understand that those who would be reviewing the records have promised not to record personal identifiers, that no copies would be made, and that the individuals performing the review would be bound by a promise of confidentiality not to disclose any information contained in the records. We also

Tuskegee, Alabama 36088
(205) 727-8501

know that Dr. Foster has authorized the review. However, we have been advised by legal counsel that Dr. Foster has no legal authority to authorize release of patients' records to third parties. Under the circumstances, we believe that providing the records to the designated reviewers, in and of itself, may constitute a violation of the duty of confidentiality that is owed to the former patients of the hospital. National standards, such as those established by the Joint Commission on the Accreditation of Healthcare Organizations and the American Medical Record Association are unambiguous on this point. So, too, is Alabama common law, which holds that disclosure of medical information without the patient's consent constitutes both a violation of the fiduciary duty owed by health care providers to their patients, and a breach of an implied contract to maintain confidentiality. See, e.g., Crippen v. Charter Southland Hospital, 534 So.2d 286 (Ala. 1988); Mull v. String, 448 So.2d 952 (Ala. 1984); Horne v. Patton, 287 So.2d 824 (Ala. 1973, *reh'g denied*, 1974).

As you know, Tuskegee University is the leading institution in this community. It seems clear that we would violate the trust of this community, as well as our moral and legal obligation to the former patients of the John A. Andrew Hospital, if we were to permit third parties access to these highly sensitive records.

Despite the good faith and energetic efforts of the Department of Health and Human Services and your staff, I deeply regret that we are unable to assist you in the manner in which you requested. If you have any further suggestions as to how we could respond more favorably, without breaching our fiduciary duties, we would be glad to consider them.

Sincerely,

Benjamin F. Payton

Benjamin F. Payton

cc: Dr. Andrew F. Brimmer
Dr. Mary F. Berry

Tuskegee University

Founded by Booker T. Washington

Office of the President

April 20, 1995

The Hon. Abner J. Mikva
Counsel to the President
The White House
Washington, DC

Dear Judge Mikva:

This responds to your letter of April 10, 1995, and modifies my letter of April 13 to John D. Podesta concerning your request that Tuskegee University undertake or authorize a review of certain medical records. The contemplated review would encompass the records of all patients of the now-closed John A. Andrew Memorial Hospital, during the period from 1965-1973. We understand that the review has been requested by Dr. Henry Foster and the White House, for the purpose of determining the number of certain surgical procedures performed by Dr. Foster during the period in question.

Although we understand the purpose of the review, and support the goal of assuring that Dr. Foster receives a fair hearing on his nomination to be the Surgeon General, we now find that we cannot comply with your request. This conclusion supersedes the initial response in my April 13 letter to John Podesta. We have searched both our conscience and the law, and we are responding now as well to questions raised by some of Dr. Foster's former patients.

Our conclusion is based on the moral and legal principle that patients' records must remain confidential, and may not be disclosed to third parties without the patients' written consent. Were the hospital still in operation, conceivably hospital personnel could perform the review. Since it is no longer in existence, the review necessarily would have to be performed by third parties.

We fully understand that those who would be reviewing the records have promised not to record personal identifiers, that no copies would be made, and that the individuals performing the review would be bound by a promise of confidentiality not to disclose any information contained in the records. We also

Tuskegee, Alabama 36088
(205) 727-8501

know that Dr. Foster has authorized the review. However, we have been advised by legal counsel that Dr. Foster has no legal authority to authorize release of patients' records to third parties. Under the circumstances, we believe that providing the records to the designated reviewers, in and of itself, may constitute a violation of the duty of confidentiality that is owed to the former patients of the hospital. National standards, such as those established by the Joint Commission on the Accreditation of Healthcare Organizations and the American Medical Record Association are unambiguous on this point. So, too, is Alabama common law, which holds that disclosure of medical information without the patient's consent constitutes both a violation of the fiduciary duty owed by health care providers to their patients, and a breach of an implied contract to maintain confidentiality. See, e.g., Crippen v. Charter Southland Hospital, 534 So.2d 286 (Ala. 1988); Mull v. String, 448 So.2d 952 (Ala. 1984); Horne v. Patton, 287 So.2d 824 (Ala. 1973, *reh'g denied*, 1974).

As you know, Tuskegee University is the leading institution in this community. It seems clear that we would violate the trust of this community, as well as our moral and legal obligation to the former patients of the John A. Andrew Hospital, if we were to permit third parties access to these highly sensitive records.

Despite the good faith and energetic efforts of the Department of Health and Human Services and your staff, I deeply regret that we are unable to assist you in the manner in which you requested. If you have any further suggestions as to how we could respond more favorably, without breaching our fiduciary duties, we would be glad to consider them.

Sincerely,

Benjamin F. Payton

cc: Dr. Andrew F. Brimmer
Dr. Mary F. Berry

HOSTILE FOSTER QUESTIONS

I. ABORTION

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

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

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

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

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

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

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

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

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

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

- PPFA opposes waiting periods, do you?

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

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

II. TUSKEGEE

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

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

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

III. I HAVE A FUTURE/SEX EDUCATION

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

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

abstinence is not.

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

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

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

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

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

- Doesn't SIECUS actually promote teenage sexual activity?

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

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

STERILIZATION

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

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

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

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

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

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

MEHARRY

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

April 26, 1995

Possible Response To Question Regarding Parental Notice or Consent to Abortion

- Responsible parents should be involved when their young daughters face crisis pregnancies. It is the hope of every parent that a child confronting a crisis will seek the advice and counsel of those who care for her most and know her best. Most young women do turn to their parents when they are considering an abortion.

- Currently the Supreme Court permits states to enforce parental notice and consent laws so long as they include a confidential, expeditious bypass procedure. As a physician, of course, I would follow the law.

- Unfortunately, some young women cannot because they come from homes where physical violence or emotional abuse are prevalent or because their pregnancy is the result of incest. The government cannot mandate healthy family communication where it does not already exist. Laws mandating parental notice or consent actually harm the young women they purport to protect by increasing illegal and self-induced abortion, family violence, suicide, later abortions, and unwanted childbirth.

PRIVILEGED AND ~~CONFIDENTIAL~~

April 11, 1995

MEMORANDUM FOR MARVIN KRISLOV

FROM: KURT H. KUHN

Subject: Tennessee Law on Parental Consent or Notification

1. Since 1971, a Tennessee statute has mandated that the age of majority for consenting to a **medical procedure** is 18. As discussed below, however, different rules apply for dispensing contraceptives and for abortions.

2. Since 1971, Tennessee law has permitted a physician to provide a minor with **contraceptive supplies or information** if either of the following conditions is present: (a) the minor requests and is in need of contraceptive supplies or information; or (b) the minor is referred to the physician by another physician, a member of the clergy, a family planning clinic, a school or institution of higher learning, or any agency or instrumentality of the state or any subdivision thereof. T.C.A. § 68-34-107 (copy attached). Only if neither of these conditions can be met is parental consent required. See id. We have found no definition of "in need" in the law or any reported cases.

3. Since 1979 (with the possible exception of a few weeks in July 1989), Tennessee law has required **parental notification** (but not consent) before a minor obtains an **abortion.*** Parental notification is required two days before the procedure, unless (a) the minor is emancipated by marriage or (b) the attending physician determines, in his best medical judgment, that the abortion is necessary to preserve the life or health of the woman. T.C.A. § 39-15-202 (copy attached).-

---

* Because of a peculiar technical issue in a Davidson County case, which includes Nashville, it is possible that even parental notification was not required in Nashville from 1979 to 1989.

- From 1973 to 1979, **parental consent** was presumably required by Tennessee common law, but no reported cases tested this requirement. Tennessee also had a statutory consent requirement in effect for a few weeks in July 1989, before the statute was struck down as unconstitutional. In any event, United States Supreme Court precedent since 1976 has prohibited the states from imposing blanket parental-consent requirements because provisions must be made for mature minors to obtain abortions without parental consent.

Clinton Presidential Records
Digital Records Marker

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

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

B

Divider Title: _____

Questions Submitted
to
Henry W. Foster, Jr., M.D.
by
Chairman Nancy Landon Kassebaum

ACCREDITATION

1. You have indicated during your confirmation hearing that the OB\GYN residency program at Meharry Medical College was placed on accreditation probation in 1984 because of insufficient patient numbers. In that case, why was the Internal Medicine program at Meharry--which would be drawing from the same audit population--able to retain its full accreditation?

When compared with residency programs in internal medicine, which teach primarily cognitive skills, residency programs based on surgical skills, such as those in OB/GYN and general surgery, require a greater volume of patients in order to give physicians the required training. Therefore, when the patient volume declined, residency programs in OB/GYN and surgery were more vulnerable to losing their accreditation than the more cognitively-based programs. In addition, while certain residency programs benefitted when Meharry Medical College received limited access to patients at the Alvin C. York VA hospital in Murfreesboro, Tennessee, the OB/GYN program did not, because the VA hospital did not have patients requiring obstetrical and gynecological care.

2. As OB\GYN Department Chairman at Meharry for six of the seven years its residency program was on probationary status, what actions did you take to try to correct any deficiencies necessary to regain full accreditation, and when did you take them?

3. From information provided to the Committee, it appears that other residency programs at Meharry besides OB\GYN were also having problems. Once you took over as Dean in 1990, what actions did you take to make across-the-board improvements in and regain accreditation for Pediatrics, Psychiatry, Surgery, and Family Medicine?

Answer to questions 2 and 3:

The ultimate solution to the accreditation problem was merging Meharry with the city-run Metro General Hospital, and, after being appointed by Dr. Satcher to serve as his Special Assistant for Hospital Merger Planning and Development in 1989, the merger became my top responsibility. First, I worked with Dr. Satcher and Nashville's Mayor, Philip Bredesen, in negotiating the conditions under which the City would accept the merger. Second, I entered into negotiations with Vanderbilt University Medical Center which had been staffing Metro General.

Third, I was responsible for ensuring that Meharry met those conditions, such a recruiting an additional faculty of 56 physicians and 18 residents to staff the consolidated hospital, a task I accomplished ahead of schedule. Pending the completion of the merger, I found outside medical institutions, such as the Fort Campbell Army Hospital in Kentucky, to give our residents training opportunities they could not get at Meharry. Through such arrangements, our residents were able to get training required by the Accreditation Council for Graduate Medical Education. As I stated in my testimony, Meharry has applied for reaccreditation of its OB\GYN and Surgery residencies.

4. You said during your February 8, 1995, appearance on ABC's "Nightline" that Meharry's participation in the abortifacient research study for the Upjohn Company (1979-82) was necessary to maintain your accreditation status because "We have a responsibility to teach all residents how to manage the complications of abortion." Would you please explain the connection between the two?

My work as the principal investigator in the Upjohn Study was consistent with my responsibilities as Chairman of the OB\GYN Department and head of Meharry's OB\GYN residency program to pursue research aimed at improving legal and medically-accepted procedures. The Accreditation Council for Graduate Medical Education encourages OB\GYN residents to participate in such research projects. Such research projects also are consistent with the standards for accreditation of medical schools. Guidelines published by the Accreditation Council for Graduate Medical Education state: "The quality of the educational experience within a department of obstetrics and gynecology is enhanced by an active research environment. It is highly desirable that every program encourage each resident to be involved in a research project." Additionally, these guidelines provide that teaching staff should take part in scholarly activity, including research projects that result in publications. In order to maintain an accredited OB\GYN residency program, it was also necessary to train residents in the complications associated with pregnancy, including incomplete abortions.

STERILIZATION

5. You served as a member of the Department of Health, Education and Welfare (HEW) Ethics Advisory Board during the years 1978-80. That was the period during which HEW guidelines restricting federal funding of sterilizations were finalized. Were you as a Board member involved in any discussions on those guidelines, and if so, were you at odds with the outcome?

During its existence from 1978-1980, the Ethics Advisory Board (EAB) focused on three issues, at the request of then Health, Education and Welfare Secretary

Joseph Califano: (1) whether to recommend federal funding of research involving human in vitro fertilization; (2) whether to recommend federal funding for research involving fetoscopy for prenatal diagnosis of sickle cell disease; and (3) whether to grant requests from the Centers for Disease Control and the National Institutes of Health for limited exceptions from the Freedom of Information Act. To the best of my recollection, these were the only matters discussed at the EAB's meetings and hearings, all of which resulted in the issuance of EAB reports.

I HAVE A FUTURE

6. Does the "I Have a Future" program pay participants for coming to class? If so, please elaborate.

No. There is no payment for attending any of the IHAF activities. However, anyone trying to provide services to this high risk community knows that it is critical to keep the interest of the young people. To this end, we have incentives for good attendance. At times, these are vouchers that can be used to bid on items at our auction [e.g., school supplies.] Other times, it is the opportunity to go on a trip with the group and experience another city or tour college campuses.

It is important to note that, as part of the research and evaluation component, teens at both the control and intervention sites received a $10 stipend upon completing all of the research survey. This particular dimension of the research design is a significant incentive which motivates the youth to patiently and conscientiously participate in a testing situation requiring a minimum of two hours of their time to complete. These funds are standard and integral to such evaluations, and were factored into the initial budget calculations.

There are also some occasions where IHAF offers some of the teens an opportunity for service. For example, a few students are chosen each year to become peer counselors. Peer counselors are employed 10 hours a week by IHAF to tutor, make presentations in the community [e.g., on preventing alcohol abuse], and help oversee the "Latchkey" program for children aged 6-10. They must agree to remain in school, attend class, maintain a passing average, not get pregnant or impregnate someone, and not use drugs or alcohol.

IHAF also runs an Entrepreneurship program -- funded by the William & Flora Hewlett Foundation -- to help teens learn more about the working world by giving them the tools to start their own business. They produce, market, sell, and distribute products to help their communities and earn money through this venture [on average $20 per week.] They also receive between $50 and $100 in

"seed money" for their business. They must open a bank account and deposit at least 10% of their earnings, which cannot be withdrawn for two years. They thus learn responsibility and the value of saving for the future. Again, to participate in the program, they also must sign a contract agreeing to maintain a passing average, not use alcohol or drugs, and not get pregnant or impregnate someone.

Finally, "I Have A Future" participates in the summer JTPA program which enables teens to work in the summer at jobs throughout Meharry College.

7. When the difficulties with "I Have a Future" identified in the Carnegie Corporation evaluation (February 3, 1992, letter from Dr. Greene) were brought to your attention at your confirmation hearing, you spoke prospectively of several changes that might be instituted to correct them. However, you said nothing of remedial actions that were taken at the time they arose. Exactly what did you do when you first became aware of these problems in 1992?

I apologize if there was a misunderstanding during my testimony. I was attempting to outline several things we had already begun to do to improve the program. In my testimony, I then went on to describe a few areas where I would still like to see more improvement. I did not mean to give the impression that all of these suggestions remained to be implemented. For example, with the help of a Technical Assistance Team sent by Carnegie, which we requested, "I Have a Future" refined the Family Life Education Module by holding focus groups with the students to help them develop better decision-making skills in dealing with difficult situations. The young people are now more adept at problem-solving and may find it easier to say "no" in the face of difficult situations. Similarly, the program revised its pre-employment Module with input from the Vice President of Manpower New York.

As is the case in all projects which venture into uncharted waters, "I Have A Future" was an ongoing learning process between the staff at Meharry and the Carnegie Corporation throughout the duration of the grant. The extensive correspondence IHAF has sent you gives significant evidence of this interchange of ideas. On numerous occasions, Carnegie helped IHAF develop, modify, and improve the program. On other occasions, IHAF identified weaknesses on its own and took steps to correct them. For example, the program initially contracted out services by making arrangements for other organizations to teach the teens in our facilities. IHAF soon realized, however, that these outside organizations were not able to specifically address the culture and community that are an integral part of the teens' identity. Therefore, the program developed its own modules to reflect the values of Nguzo Saba [community, responsibility, family] which are based in the African American experience, to ensure that the cultural strengths of this community were highlighted.

Based on our ability to strengthen the program over time and as sign of their confidence and support after the 1992 exchange, Carnegie continued its funding until 1994, as proposed in our initial seven-year grant. In a letter released last week, Carnegie said they had *"worked with Meharry Medical College in developing the program, and Meharry has been responsive to recommendations for ways to improve the research design and curriculum. The Meharry team has courageously and thoughtfully tackled an important and difficult problem. "I Have A Future" should have useful lessons to impart to others attempting to enhance the life options of young people caught in adverse circumstances."* [Carnegie Corp., 5/3/95]

8. The "I Have a Future" program has been in existence for eight years. It has had over 700 study and control participants. It has had seventeen full or part-time staff. It has spent nearly $3,000,000. Yet you said at your confirmation hearing that it needs more time, more participants, more staff, and more money before it can be fairly and effectively evaluated--and show some meaningful statistical results on teen pregnancy prevention. How much more time, staff, and money are needed?

When I originally developed the proposal for "I Have A Future," it was intended to have two parts: 1) a service component to enhance the lives of impoverished inner-city teens in order to prevent teen pregnancy; and 2) a research component to measure our success. However, in implementing the proposal -- as the program was funded far below the original request -- we were forced to make some modifications. Only a small portion of the funding ever went to the research and evaluation activities; most went to services. For example, in the original proposal, we requested a full-time research coordinator, a full-time research assistant, and two part-time research clerks. In hindsight, that probably *under*estimated the actual needs, now that we know the challenges of data collection in this highly mobile, transient community. But IHAF was forced to use just a research coordinator and a research assistant, which was simply not enough.

To be frank, IHAF could have made other choices given the restricted funding -- for example, limiting services to just one housing project. We felt, however, that we had commitments to families and young people in both places. And, in addition, Carnegie -- IHAF's major funder -- specifically provided funding for services, not for research. We recognized immediately that the budget realities would result in a weaker evaluation process. At one point quite early in the grant, IHAF asked Carnegie to supply a researcher as part of their Technical Assistance Team to strengthen the evaluation component. They rejected that request because services for the young people were their priority.

Much of the initial funding therefore was used for program design -- as no models existed at that time to adopt materials from -- as well as training staff and sponsoring programs to involve the youth and their families in this new project.

Over time, most of the funds have been used to provide services [teaching modules, trips and activities, etc.] to this population. In addition, each young person is assigned a case manager, which is very labor intensive. And we feel that these services have paid off. Our evaluation has shown that IHAF teens have a more positive sense of their future options and higher self-esteem. This can be seen in the number of young people going to college, which was frankly one result of our intervention that we did not predict -- although it also accomplishes our primary goal of reducing teen pregnancy. By entering college, these teens are taking responsibility for their futures by delaying pregnancy until a more appropriate time.

To get the kind of results which we both would like to see, we would need -- as I said at my hearing -- a longitudinal, multi-centered study that would ensure similar participants at the control and intervention sites and follow them consistently for many years. However, the amount of money and staff this would require is difficult to ascertain at this point as it would depend on many factors such as the populations involved, their ages, the degree of intervention thus far, the hypothesis being tested, the proposed length of the study, and the ambitiousness of the intervention.

9. During your confirmation hearing, I made reference to a community-wide (teens, parents, schools, churches, workplace, media, civic and professional groups) prevention program in my state (Topeka, Kansas) that succeeded in reducing the number of teenage pregnancies by 23% in one year (1991-92). This was accomplished by serving a greater number of participants than involved in "I Have a Future" with only one full-time staff person and a budget of $50,000. Why is the "I Have a Future" program unable to demonstrate a comparable level of success?

Without knowing many more details about the particulars of this Topeka program [the socioeconomic background of the teens, the number of teens involved, their ages, etc.] or the particulars of the evaluation process, it would be impossible for me to compare the two approaches. I am, however, encouraged by the results you referenced. I particularly commend its community focus, which is also an integral component of "I Have A Future" and essential to any effort of this sort. If I am confirmed to serve as Surgeon General, I will be very interested in seeking out such successful programs across the country and, together with national leaders in this area, learning from these programs what works and what doesn't in fighting this epidemic of teen pregnancy.

TUSKEGEE SYPHILIS STUDY

10. You indicated you were "outraged" when you learned of the Tuskegee Syphilis study in 1972. Do you have anything in the way of contemporary media clippings, letters, memos, or other corroboration for that description of your reaction 23 years ago?

Two contemporary media clippings are attached. No other records from that time appear to exist. I understand that, after an exhaustive investigation, it has been determined that the minutes and other records of the Macon County Medical Society from that period were lost some time ago. I have not maintained any relevant letters or memoranda from that time.

11. When asked at your confirmation hearing what action you took as President of the Macon County Medical Society to demonstrate your outrage, you said you immediately called a meeting of your members and issued a statement. That statement read, "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." How long was it before those victims were so identified and treated--and by whom?

I called the meeting of the Macon County Medical Society in order to initiate efforts to identify and treat the men, not in order to express my outrage.

I do not have any records which would detail the specific dates of the identification of the men, or details of the course of treatment of any of them. As an obstetrician-gynecologist, I did not treat any of the men myself. As noted above, the records of the Macon County Medical Society from that period are no longer in existence, and I do not know if any special records were made. I cannot say with any assurance that any of the local doctors or the Society would have made special charts, memoranda or records of their own treatment of these men, beyond the individual medical records. The Society members would have provided treatment on an individual basis as they identified the men, and as the medical conditions of the individual patients warranted.

The Society fully cooperated with members of Dr. Broadus Butler's committee, the Tuskegee Syphilis Study Ad-Hoc Advisory Panel. To the best of my recollection, all of representatives of the Ad-Hoc Panel and other federal officials with whom the Society dealt at that point appeared genuinely interested in identifying and treating the men. Within a short period they stopped the study and recommended treatment of the men for syphilis. As an OB/GYN, I was not involved directly in the CDC treatment activities and cannot provide details as to the timing of treatment they provided. I left Tuskegee in May 1973 to become head of OB/GYN at Meharry Medical College.

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, 1968, suggesting that federal public health officials discuss pl. s 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 1968 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 opthamalogist, 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 the remaining living members 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."

A motion to refer the matter to the Macon County Medical Society carried by unanimous vote, according to the minutes.

State Health Officer Dr. Ira Myers, who presided over the 1969 board meeting, was not available for comment Friday.

The only possible indirect mention of the federal experiment found by The Advertiser in reviewing more than 40 years of records came at a meeting in 1935 when it was reported that a Public Health Service official who conducted a blood test for syphilis five years earlier at the Macon County Selective Service System received positive reactions in about 10 per cent of those tested.

Minutes of that meeting said the same public health officer had performed a similar test in 1929 and found positive reactions in 25 per cent of those sampled. For the next eight 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 subects by providing referral services.

The official said the 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.

Mgmy. Advertiser — Sunday, July 30, 1972

ATLA Const. - 7/30/72

Syphilitics 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 1933.

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.

ABORTION, SEX EDUCATION, AND FAMILY PLANNING

12. Near the end of a speech you gave to the Planned Parenthood Association of East Tennessee on September 7, 1984, you proclaimed that the future of abortion in this country may depend on the next nominee to the Supreme Court. That would seem to indicate that you have no problem with an abortion "litmus test" for Supreme Court Justices. Do you feel that such a "test" is equally appropriate for a Surgeon General nominee?

In my speech, I was simply emphasizing that judicial appointments would greatly affect case law regarding access to abortions. I did not and would not advocate any so-called "litmus test" for judicial appointees, nor would I advocate any such "litmus test" for a nominee to the position of Surgeon General.

13. Since 1973, you have been associated with Planned Parenthood of Middle Tennessee. During the period 1975-1981, you also held national level leadership positions with the Planned Parenthood Federation of America. If confirmed by the Senate, to what extent do you plan to promote the Planned Parenthood agenda as Surgeon General?

If confirmed, I shall endeavor to improve the lives of all Americans in the many different areas of health care and prevention needs. I will not promote the agenda as such of any private organization.

14. What is your position on laws which require parental consent or notification before a minor may obtain an abortion? Please be specific.

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

15. Have you been associated at any point in the past with the Sex Information and Education Council of the United States (SIECUS)? If so, please elaborate regarding the nature and extent of your association.

I have not been a member of SIECUS nor have I had any direct involvement in the organization. SIECUS ia a coalition of more than 80 national organizations, including the American Medical Association, the American Nurses Association, American College of Obstetricians and Gynecologists, the Planned Parenthood

Federation of America and the Child Welfare League of America. I am a member of the AMA and ACOG and served on the national Board of Directors of the Planned Parenthood Federation of America from 1975 - 1981.

OTHER

16. Can you assure the Committee that rental property you own is well maintained and in compliance with health and safety codes?

I can assure this Committee that all of my rental property is well maintained and in compliance with health and safety codes.

Series I Questions
Submitted by Senator Abraham

1. An official transcript (page 180, lines 13-14) of a November 10, 1978 meeting of the Ethics Advisory Board of the U.S. Department of Health Education an Welfare quotes you as stating: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."

The White House initially suggested that the transcript was a fraud. Only after the authenticity of the transcript was established did the White House retract its charges of fraud.

a. Please identify and provide all documents you provided the White House concerning the transcript.

I did not provide any documents to the White House concerning the transcript.

When asked about the 700 therapeutic and amniocentesis abortions quote during your nomination hearings, you attributed the statement to the transcribers not being able to hear: "In the transcript, it was stated a couple of times that they had hired transcribers and they were having difficultly hearing." (FNS 5/2/95 at 121.) And you further said, "[T]he transcribers said that they were having trouble hearing. They said it. I did not. It was in the record. So you know it was there. And maybe they--they were hired people." (FNH 5/3/95 at 115.)

b. Please identify all places in the transcript where it says the transcribers were having difficulty hearing.

Places in the transcript of the Ethics Advisory Board meeting of November 10, 1978, where it indicates that the reporter was having difficulty transcribing:

1. **page 208, lines 19-21. The reporter said: "I don't know what happened, because everybody talked at once. You will have to watch that."**

2. **page 321, lines 19-20. The reporter said: "Too many people are speaking at once. We are not getting anything on the record."**

c. Please identify all portions of the transcript that demonstrate inaccurate transcription.

The transcript is a transcription of statements that were made at a meeting in November 1978, almost 17 years ago. I do not recall every statement made at the meeting or the exact words used by each speaker, so I am incapable of identifying portions of the transcript that demonstrate inaccurate transcription.

Also on Tuesday of the hearings, you stated: "My honest feeling is the word 'I' should have been 'they' and that makes all the sense in the world. It was Drew Hospital in Los Angeles that was applying for the grant."

But then on Wednesday of the hearing, you stated "[T]he people who are applying for the grant itself, that statement would have made all the sense in the world if it had said "we have done" and did not just say abortions, but said amniocentesis because that is what they were applying for the research for, and they did not have a huge service where they were doing this. That is what I said."

2. Please explain the meaning of both "we" and "they" as a substitute for "I" in the context of the entire paragraph on page 180 of the transcript.

In particular:

a. Please identify and provide documents concerning the number of amniocentesis abortions and therapeutic abortions that Drew Hospital in Los Angeles had done by 1978 and your knowledge thereof in 1978.

b. Please identify and provide documents concerning your knowledge of the number of therapeutic and amniocentesis abortions that Drew Hospital had done by 1978.

c. Please explain the relevance of the number of abortions Drew Hospital had done, to the rest of your remarks, including: your opinion that the Hospital's proposed 24 hour delay in abortion would be reasonable; your opinion that it was acceptable for the catheter to be left in place after the fetoscope is withdrawn; and your description of the techniques for continuous prostaglandin infusion.

d. If the word should have been "We," please explain why you would be referring to Drew Hospital in Los Angeles, where you have never worked, as "we."

3. Please state which word you now believe you said:

Answer to Questions 2 [a-d] and 3:

When I answered the question on Tuesday, I had a copy of the 1978 transcript before me. When I answered the question on Wednesday, I did not have a copy of the 1978 transcript before me, and became slightly confused about the context of the sentence in question. My answer on Tuesday is the accurate description of what I believe I may have said. I believe that I may have said:

"They have done a lot of amniocentesis and therapeutic abortions, probably near 700."

In this context, "they" would have referred to the grant applicants at Drew Hospital in Los Angeles. I cannot state with certainty that this is what I said. Whatever statement I made was made almost 17 years ago, and I saw the transcript for the first time in February of this year. I know I did not make the statement as it appears, and I know it does not reflect my record at that time or any time since. As I mentioned at the hearing, the then-Chairman of the Ethics Advisory Board has stated that had I made the statement as it appears, it would have engendered quite a bit of controversy at the meeting. It did not.

Because of the passage of time, it is difficult for me to explain why the transcript reads as it does. As I noted at the hearing, one plausible explanation is a transcription error, and that the word "I" appeared in the transcript although I said "they." This is only conjecture. I do recall that I was somewhat familiar with the work that was being done at Drew at the time, but I have no recollection that I had any precise knowledge of the number of amniocentesis and/or abortion procedures that had been performed at Drew. I may have had documents before me at the meeting that were presented in connection with the application, but I do not have such documents in my possession at this time and did not consult any such documents in trying to determine what might account for the statement in the transcript.

You have asked me to explain the relevance to the rest of my remarks of the number of abortions performed by Drew. Once again, I am trying to reconstruct what I was thinking 17 years ago. It is a difficult, if not impossible, task, particularly since I cannot now be sure what documents I had before me at the time. My conjecture is as follows: We were discussing the protocol proposed by Drew and the possibility of complications resulting from a 24-hour delay proposed in the protocol. The number of amniocentesis and/or abortion procedures performed at Drew would be relevant to my assessment of the ability of the applicants to gauge the magnitude of that risk and to perform the proposed procedures in a way that would minimize that risk.

4. Did you compose the February 3, 1995 written statement on your abortion record, which the White House issued in your name to the national press, in which you stated that you had "performed fewer than a dozen" abortions?

Yes, I composed the February 3, 1995, written statement with the assistance of several officials of the Department of Health and Human Services.

5. If not, who did the drafting?

I composed the February 3, 1995, written statement with the assistance of several officials of the Department of Health and Human Services.

6. Please identify and provide all documents concerning this statement and its drafting.

There are no documents concerning this statement and its drafting. As I stated in my testimony, I made the statement based on my best recollection at the time, without reviewing any records.

7. That written statement also said that all the abortions you have performed "were primarily to save the lives of the women or because the women had been the victim of rape or incest."

a. How many of the 39 abortions you now state you performed were done to save the life of the mother?

b. How many of these 39 abortions were in cases where the pregnancy resulted from rape?

c. How many of these 39 abortions were in cases where the pregnancy resulted from incest?

d. How many of these 39 abortions were elective?

e. Could you please identify and provide relevant records concerning these 39 abortions?

Answer for Question 7 [a-e]:

The 39 abortions on which I was listed as physician of record took place at Meharry Medical College/Hubbard Hospital. Hospitals, including Meharry/Hubbard, usually provide abortion services only under limited circumstances, primarily to preserve the health or life of the pregnant woman. If a woman had consulted me in the early stages of a healthy pregnancy and had requested an abortion, I would have counseled her and, as appropriate, referred her to a service outside the hospital.

Meharry Medical College is the custodian of all records relating to these 39 abortions. Attached is a letter from the General Counsel regarding these procedures.

MEHARRY MEDICAL COLLEGE
OFFICE OF THE GENERAL COUNSEL

To Whom It May Concern:

Pursuant to a request by Dr. Henry Foster, Jr., we have undertaken a search of the medical records of Meharry Medical College pertaining to operations performed by Dr. Foster during the years 1973-90. Our records indicate that Dr. Foster participated in or performed 39 abortions, not including termination of tubal pregnancies or follow-up procedures made necessary by incomplete and/or spontaneous abortions. Our records also indicate that in approximately three quarters of these procedures, at least one other physician or a resident performed or participated in the surgery, in addition to Dr. Foster.

Sincerely yours,

Richard E. Jackson, J.D.
General Counsel

REJ:sh

1005 D.B. TODD BOULEVARD • NASHVILLE, TENNESSEE 37208 • (615) 327-6921
FAX (615) 327-6540

Tuskegee University

Founded by Booker T. Washington

Office of the President

April 20, 1995

The Hon. Abner J. Mikva
Counsel to the President
The White House
Washington, DC

Dear Judge Mikva:

This responds to your letter of April 10, 1995, and modifies my letter of April 13 to John D. Podesta concerning your request that Tuskegee University undertake or authorize a review of certain medical records. The contemplated review would encompass the records of all patients of the now-closed John A. Andrew Memorial Hospital, during the period from 1965-1973. We understand that the review has been requested by Dr. Henry Foster and the White House, for the purpose of determining the number of certain surgical procedures performed by Dr. Foster during the period in question.

Although we understand the purpose of the review, and support the goal of assuring that Dr. Foster receives a fair hearing on his nomination to be the Surgeon General, we now find that we cannot comply with your request. This conclusion supersedes the initial response in my April 13 letter to John Podesta. We have searched both our conscience and the law, and we are responding now as well to questions raised by some of Dr. Foster's former patients.

Our conclusion is based on the moral and legal principle that patients' records must remain confidential, and may not be disclosed to third parties without the patients' written consent. Were the hospital still in operation, conceivably hospital personnel could perform the review. Since it is no longer in existence, the review necessarily would have to be performed by third parties.

We fully understand that those who would be reviewing the records have promised not to record personal identifiers, that no copies would be made, and that the individuals performing the review would be bound by a promise of confidentiality not to disclose any information contained in the records. We also

Tuskegee, Alabama 36088
(205) 727-8501

know that Dr. Foster has authorized the review. However, we have been advised by legal counsel that Dr. Foster has no legal authority to authorize release of patients' records to third parties. Under the circumstances, we believe that providing the records to the designated reviewers, in and of itself, may constitute a violation of the duty of confidentiality that is owed to the former patients of the hospital. National standards, such as those established by the Joint Commission on the Accreditation of Healthcare Organizations and the American Medical Record Association are unambiguous on this point. So, too, is Alabama common law, which holds that disclosure of medical information without the patient's consent constitutes both a violation of the fiduciary duty owed by health care providers to their patients, and a breach of an implied contract to maintain confidentiality. See, e.g., Crippen v. Charter Southland Hospital, 534 So.2d 286 (Ala. 1988); Mull v. String, 448 So.2d 952 (Ala. 1984); Horne v. Patton, 287 So.2d 824 (Ala. 1973, *reh'g denied*, 1974).

As you know, Tuskegee University is the leading institution in this community. It seems clear that we would violate the trust of this community, as well as our moral and legal obligation to the former patients of the John A. Andrew Hospital, if we were to permit third parties access to these highly sensitive records.

Despite the good faith and energetic efforts of the Department of Health and Human Services and your staff, I deeply regret that we are unable to assist you in the manner in which you requested. If you have any further suggestions as to how we could respond more favorably, without breaching our fiduciary duties, we would be glad to consider them.

Sincerely,

Benjamin F. Payton

cc: Dr. Andrew F. Brimmer
Dr. Mary F. Berry

8. Please explain why none of your various calculations of the number of abortions you have done includes the 55 chemical abortions and at least four D&C abortions done as part of the abortifacient suppository experiment in the early 1980s in which you were the principal investigator.

I did not perform the procedures to which you refer that were part of the multi-center site clinical trial sponsored by the Upjohn Company.

9. Did the woman who later gave birth give birth to a healthy child?

The article published in the May 1985 issue of Obstetrics and Gynecology notes that one woman withdrew from the study and had a vaginal delivery of a baby. The article states, "There was no evidence of teratogenesis, and his development thus far remains normal."

10. Following the failure of the abortifacient suppository, did you or anyone else advise this woman that she should consider submitting to a surgical abortion?

Not that I recall.

11. How many abortions or terminations of pregnancies were you in the operating room for?

I have been listed as physician of record for 39 abortions during my tenure at Meharry Medical College from 1973 to the present. These cases were my direct responsibility although resident physicians were also listed on the records of 3/4 of the cases. I also described for the Committee my recollection of performing major surgery during my tenure at John Andrew Memorial Hospital in Alabama to save the life of a woman with Meigs' Syndrome that resulted in a pregnancy termination.

12. Please identify and provide all documents concerning any procedures involving the termination of a pregnancy in which you have been involved in your 38 years of practice, including prior to 1973 and including cases in which you were not the physician of record.

As noted above, Meharry Medical College has custody of all documents and records pertaining to the 39 abortion procedures in which I was listed as a physician of record. Attached are a letter from the General Counsel of Meharry, as well as a letter from Tuskegee University explaining the unavailability of any records regarding John Andrew Memorial Hospital, which is now closed.

13. Please identify and provide all calendars, appointment books, schedules, datebooks, and any other documents concerning your whereabouts during 1969.

I have not kept any calendars or other documents recording my whereabouts on specific dates during 1969, when I was a resident of Tuskegee, Alabama. I attach, however, two documents which are responsive to your question as to May 18-20, 1969.

You have said: "In 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. I must admit that these apprehensions are quite understandable and often not without foundation."

14. Please explain your statement that "these apprehensions are . . . often not without foundation."

These remarks responded to various concerns about family planning services that were well established in black communities at that time when comprehensive health care was insufficient or absent. As indicated above, while I did not agree with the extreme conclusions some people drew from these concerns, I recognized that the concerns themselves reflected problems that deserved attention. For this reason, I identified the three basic conditions necessary to support family planning programs: (1) programs must be completely voluntary and noncoercive; (2) comprehensive health care must be a component of a family planning program; and (3) any family planning program for minorities must include the effective participation of minorities in policy and administration.

In Obstetrics and Gynecology, you wrote that of the 60 patients in your abortifacient suppository experiment, 58 (97%) were black. Foster, et al., Postconception Menses Induction Using Prostaglandin Vaginal Suppositories O&G, 65: 683, 1985]

15. What percentage of the 39 abortions you have done involved African-American women seeking to terminate a pregnancy?

Meharry Medical College and Hubbard Hospital are historically black institutions, established at a time when the races were segregated by law. Hubbard Hospital was established because of the official denial of access to Nashville General Hospital, the city-run facility, for Meharry staff and students on account of their race. The hospital has welcomed patients and staff of all races. Meharry and Hubbard share a strong commitment to providing services to all persons without regard to their race. That is a commitment which I fully share. Most but by no means all of the Hubbard Hospital patients have been African-American. It would be fair to assume that most of the 39 cases you refer to were African-Americans.

Statement of Minnie Capleton Jamison

My name is Minnie Capleton Jamison, and I am a resident of Tuskegee, Macon County, Alabama. I reside at 1307 Gregory Street in Tuskegee.

On the evening of May 19, 1969, I gave birth to my son, Steven Darryl Jamison. Dr. Henry W. Foster was my obstetrician and guided me along the entire course of my pregnancy and delivered the baby. It had been a difficult pregnancy. I was confined to bed for seven of the nine months, and during the fourth month it was necessary for Dr. Foster to perform a surgical procedure to prevent a miscarriage. I had had two miscarriages before this.

I went into labor on May 18, 1969. I was admitted to John A. Andrew Memorial Hospital in Tuskegee that evening, and I was given medicine to slow labor. My baby was delivered by Dr. Foster on the next evening, May 19, 1969. The delivery was by Caesarean section.

I remember the evening well, but I do not remember all of the specific details. I know that Dr. Foster looked in on me from time to time, but I do not recall exactly what time he looked in or exactly how often he checked on me. I remember that the delivery took place at night, and that I was in surgery for approximately two hours. I recall specifically that part of the procedure was at 7:00. I recall that I was very nervous and I was hyperventilating. I was doing breathing exercises and I tried to focus on a clock at 7:00 p.m. I remember that the anesthesiologist was trying to calm me at the time, and that Dr. Foster joined and helped to calm me. I recall that all of this was before Dr. Foster started to operate, but I do not recall more specifically at what point this was in the procedure. I understand that the medical record indicates that the delivery took place at 9:17 p.m., and I do not dispute that record.

I also remember well what fine care Dr. Foster gave to me and my son. I remember that throughout a difficult time for me Dr. Foster was warm and attentive. I had been told by another obstetrician that I could never have a child. Dr. Foster told me that he would work with me and do everything humanly possible to make sure I could have a child, and he did. He was a very busy man with many patients, but he always took time and was always there to help. He was always very human and very professional. He is a fine man and will make a fine Surgeon General.

SIGNED: Minnie Capleton Jamison
Minnie Capleton Jamison

DATE: 4/28/95

STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
DONALD E. WILLIAMSON, M.D. • STATE HEALTH OFFICER
CENTER FOR HEALTH STATISTICS
DOROTHY S. HARSHBARGER • 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) 613-5300
Physical Location:
Normandale Mall
502 E. Parker Avenue
Montgomery, Alabama 36111

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

Dorothy S. Harshbarger
State Registrar and Director

16. In your 1984 keynote address to Planned Parenthood, you commended the Supreme Court for striking down hospitalization requirements for second trimester abortions. You then stated: "We must work to prevent the erection of such barriers to late abortion access."

a. Please state at what stage, if any, in the development of a fetus, an intentional termination of the life of the fetus should be legally prohibited.

b. Please state at what stage, if any, in a pregnancy, you believe elective abortions should legally prohibited.

Answer to Questions 16 [a and b]:

I fully support the framework laid down by the Supreme Court in Roe v. Wade for determining the legality of restrictions on abortion.

Series II Questions
Submitted by Senator Abraham

1978 H.E.W. ETHICS BOARD MEETING

Dr. Foster, with respect to the transcript from the 1978 H.E.W. Ethics Board meeting, you claim that you must have been misquoted when the transcript on page 180 quoted you stating, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."

1. Do you also deny making the statement attributed to you on page 197, where you are quoted as saying, "Let me address one other question regarding therapy versus research. I have not seen the research proposals that John Hobbins had at Yale, or what Kan has done at U.S.C. But I do know that a lot of their fetoscopy was therapeutic , the work on thalassemia was clearly therapeutic. It was done for the same reasons we do amniocentesis, to decide whether or not the pregnancy should continue and to provide a therapeutic abortion. In fact, I know much of that."?

   The transcript relates to statements made almost 17 years ago. I do not recall making the statement attributed to me on page 197, but I do not deny making it.

2. If the answer to question #1 is "No," please provide a specific accounting (including date, location and your position at the time) of those instances in which you provided a therapeutic abortion after performing amniocentesis and what indications, based on the amniocentesis, warranted the performing of the ensuing therapeutic abortions.

   I cannot recall the number of instances in which I performed a therapeutic abortion after performing amniocentesis, but I can explain the role amniocentesis played in my treatment of patients. Amniocentesis is typically performed to detect genetic disorders such as Down Syndrome, Tay Sachs disease, thalassemia, and homozygous or doubly heterozygous sickle cell disease, as well as neural tube defects such as spina bifida. I used the information from the amniocentesis to help inform the patient as fully as possible about the condition of the fetus she was carrying, all the options available to her, and the risks and benefits associated with each of those options. The decision whether or not to terminate the pregnancy was always made by the patient (usually in consultation with her husband, family or other supportive persons). In the event the patient decided to carry the pregnancy to term, the information gained through the amniocentesis was very valuable to me in treating the woman in the manner calculated to bring about the best health outcome for her and the child.

Dr. Foster, on page 199 of the 1978 H.E.W. Ethics Review Board meeting transcript, you were quoted as saying, "The only thing that I do know is that the struggle has been to try and be able to diagnose sickle cell--homozygous **[sickle cell disease]**[1] at a point at which therapeutic abortions could be offered. Right now we don't have that capability, and it was my understanding that one of the thrusts of this research proposal was to help to try and find that capability."

3. Dr. Foster, do you deny making this statement at the 1978 meeting?

The transcript relates to statements made almost 17 years ago. I do not recall making the statement attributed to me on page 199, but I do not deny making it.

4. If the answer to Question #3 is "No," would you please provide a specific accounting of how many times you performed abortions after you had ascertained the existence of "sickle cell" disease.

5. If the answer to Question #3 is "No," would you please explain whether in those instances in which an abortion was performed following the diagnosis of sickle cell, did you ever counsel the women you were treating to obtain an abortion?

Answer to Questions 4 and 5

I cannot recall the number of instances in which I performed a therapeutic abortion following a diagnosis of sickle cell, but I can tell you how I approached the care of a patient who received a diagnosis that the fetus she was carrying suffered from sickle cell disease. I informed the patient as fully as possible about the disease, all the options available to her, and the risks and benefits associated with each of those options. The decision whether or not to terminate the pregnancy was made by the patient (usually after consultation with her husband, family or other supportive persons).

Not all patients who received a sickle cell diagnosis decided to terminate their pregnancies. In the event the patient decided to carry the pregnancy to term, the knowledge of the sickle cell problem enabled me to treat the woman in the manner calculated to bring about the best health outcome for her and the child.

---

[1]Deleted from the question, but contained in the transcript.

6. Have you ever performed "therapeutic abortions" after examining the results from amniocentesis in which you discovered indications of other genetic disorders such as Down Syndrome or Tay Sachs?

I do not believe that I ever performed a therapeutic abortion following an amniocentesis that indicated Down Syndrome or Tay Sachs.

7. Dr. Foster, do you believe that "therapeutic abortion" is a legitimate form of therapy for preventing birth defects such as Down Syndrome?

I believe that the choice whether to carry a pregnancy to term after diagnosis of a birth defect is one to be made by the woman (preferably in consultation with her husband, family or other supportive persons). Before making that decision, the woman should be informed by her physician as fully as possible about her condition and the condition of the fetus she is carrying, all the options available to her, and the risks and benefits associated with each of those options.

8. Dr. Foster, please indicate where in the transcript -- other than page 323 -- there is any indication the transcription reporter was having difficulty hearing clearing the discussion taking place at the meeting?

Places in the transcript of the Ethics Advisory Board meeting of November 10, 1978, where it indicates that the reporter was having difficulty transcribing:

1. **page 208, lines 19-21. The reporter said: "I don't know what happened, because everybody talked at once. You will have to watch that."**

2. **page 321, lines 19-20. The reporter said: "Too many people are speaking at once. We are not getting anything on the record."**

II. STERILIZATION

Dr. Foster, in your testimony before the Labor Committee, you stated that, with respect to obtaining the informed consent for the purposes of sterilizing the individuals mentioned in your 1976 article, that you assiduously followed whatever Joint Commission on Accreditation of Hospitals guidelines were in place at the time.

9. Dr. Foster, would you provide for the Committee the pertinent JCAH guidelines at the time you undertook the sterilization procedures and what specific actions you took in these cases to comply with those guidelines?

I performed the sterilization procedures discussed in my 1976 article prior to 1973. In response to your request, I have attached the Formulation of Medical Staff Bylaws, Rules, and Regulations of the Joint Commission on Accreditation of Hospitals from 1971.

The guidelines do not deal specifically with sterilization, but do call for informed consent for any kind of surgical care, including the consent of a parent or guardian in the case of surgery involving a minor or unconscious patient. As I testified, the article was based on literature review. In the two cases I recall performing, the patients were brought to me by their parents. I believed at the time that performing the sterilizations was the morally and medically right thing to do, and the manner in which I did so was fully consistent with prevailing rules governing informed consent. This was never questioned during the entire course of peer review of my 1976 article.

III. I HAVE A FUTURE PROGRAM

Dr. Foster, during the February 8th "Nightline" interview, you also made it clear that, even provided "parental involvement," you did not favor the widespread distribution of condoms. You also stated unequivocally, "I favor abstinence. Abstinence, that's what I favor. That's the bedrock of our program." However, in your article which appeared in the Summer 1990 issue of the Journal of Health Care for the Poor and Underserved, you described the "I Have a Future" program quite differently.

In that article, "A Model for Increasing Access: Teenage Pregnancy Prevention," you and two of your colleagues wrote that one of the principal objectives of the "I Have a Future" program was "to provide ready access to and to increase utilization of comprehensive adolescent health services." Later, you define "comprehensive health services" as "including contraceptive availability."

GUIDELINES for the Formulation of Medical Staff Bylaws, Rules and Regulations 1971

Non-Departmentalized Hospitals

Joint Commission on Accreditation of Hospitals

(e) In instances in which the patient exhibits severe psychiatric symptoms;

(f) When requested by the patient or his family.

8. The attending practitioner is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant. He will provide written authorization to permit another attending practitioner to attend or examine his patient, except in an emergency.

9. If a nurse has any reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, she shall call this to the attention of her superior who in turn may refer the matter to the director of the nursing service. If warranted, the Director of Nursing may bring the matter to the attention of the chief of the service wherein the practitioner has clinical privileges. Where circumstances are such as to justify such action, the chief of the service may himself request a consultation.

Adaptation Notes

D. GENERAL RULES REGARDING SURGICAL CARE

Comment

Policies, regulations and rules for the surgical suite should cover at least the following:

1. General considerations
2. Scheduling operations
   - (a) Priority
     - (1) Definition of priority time
     - (2) First priority
     - (3) Second priority
   - (b) Scheduling periods
   - (c) Assignment of priority
   - (d) Loss of priority
3. Reservations for operations
4. Information required to make reservations
5. Change of schedules
6. Emergency operations
7. Requirements prior to anesthesia and operation
   - (a) Identification of patient
   - (b) Pre-operative evaluation and documentation
     - (1) Medical record content, including diagnosis

Adaptation Notes

(2) Laboratory procedures 21

(3) Informed consent forms 22

(c) Time of admission 23

8. Starting time of operations 24

9. Out-patient operations requiring general anesthesia 25

10. Care and transport of patients 26

(a) To the surgical suite 27

(b) Within the surgical suite 28

(c) To the recovery room 29

11. Efficient utilization of operating rooms 30

12. Contaminated cases 31

13. Conductivity and environmental control 32

14. Radiation safety 33

15. Other 34

1. Except in severe emergencies, the preoperative diagnosis and required laboratory tests must be recorded on the patient's medical record prior to any surgical procedure. If not recorded, the operation shall be cancelled. In any emergency the practitioner shall make at least a comprehensive note regarding the patient's condition prior to induction of anesthesia and start of surgery. 1 2 3 4 5 6 7

2. A patient admitted for dental care is a dual responsibility involving the dentist and physician member of the medical staff. 1 2 3

(a) Dentists' responsibilities: 4

(1) A detailed dental history justifying hospital admission. 5 6

(2) A detailed description of the examination of the oral cavity and a pre-operative diagnosis. 7 8

(3) A complete operative report, describing the finding and technique. In cases of extraction of teeth the dentist shall clearly state the number of teeth and fragments removed. All tissue including teeth and fragments shall be sent to the hospital pathologist for examination. 9 10 11 12 13 14

(4) Progress notes as are pertinent to the oral condition. 15 16

(5) Clinical resume (or summary statement). 17

(b) Physicians' responsibilities: 18

(1) Medical history pertinent to the patient's general health. 19 20

(2) A physical examination to determine the patient's condition prior to anesthesia and surgery.

(3) Supervision of the patient's general health status while hospitalized.

(c) The discharge of the patient shall be on written order of the dentist member of the medical staff.

Comment

When podiatrists have surgical privileges the method of patient management must be detailed in much the same manner as the above. Mechanism of admission is detailed in an earlier section. The discharge of the patient shall be on the written concurrence of both the podiatrist and the physician involved.

3. Written, signed, informed, surgical consent shall be obtained prior to the operative procedure except in those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained due to the condition of the patient. In emergencies involving a minor or unconscious patient in which consent for surgery cannot be immediately obtained from parents, guardian or next of kin, these circumstances should be fully explained on the patient's medical record. A consultation in such instances may be desirable before the emergency operative procedure is undertaken if time permits.

Comment

Should a second operation be required during the patient's stay in the hospital, a second consent specifically worded should be obtained. If two or more specific procedures are to be carried out at the same time and this is known in advance, they may all be described and consented to on the same form.

4. The anesthetist shall maintain a complete anesthesia record to include evidence of pre-anesthetic evalnation and post-anesthetic follow-up of the patient's condition.

5. In any surgical procedure with unusual hazard to life there must be a qualified assistant present and scrubbed.

Comment

The term "qualified assistant" must be defined in the rules and regulations. It is generally acknowledged that where a procedure predictably involves risk to the patient's life, the assistant should be a qualified physician.

6. All tissues removed at the operation shall be sent to the hospital pathologist who shall make such examination as he may consider necessary to arrive at a tissue diagnosis. His authenticated report shall be made a part of the patient's medical record.

10. Dr. Foster, how do you square your strong pro-abstinence, anti-condom distribution comments on "Nightline" with this article which ignores abstinence and promotes "ready access to" and "increase[d] utilization" of contraceptives for teenagers?

The article you mention does not ignore abstinence -- it actually mentions it three times ["abstinence," p. 142; "reducing the frequency of sexual activity," p. 143; "delaying sexual activity," p. 143] **-- highlighting the emphasis "I Have A Future" places on this important value. The main point of the article is neither abstinence -- although integral to IHAF's teaching -- nor contraception -- also a component of the program. The focus of the article is preventing teen pregnancy by giving teens hope, self-esteem, and life options.**

At the very beginning of the article, long before we discuss the role of contraceptives in the IHAF program, we clearly state that previous efforts to prevent teen pregnancy -- which basically provide access to contraception and/or sex education -- have <u>not</u> been successful. We say that *"The IHAF program is built on the premise that changes in sexual behavior should be pursued within a framework that enhances self-image and presents positive alternative futures."*

That is what "I Have A Future" is about. The emphasis in the article -- and, indeed, in the program -- is on how we can raise the self-esteem of these teenagers and let them know that their futures are unlimited. Those who would call IHAF a contraceptive program miss the point entirely. Contraceptive only programs have <u>not</u> been successful. They address the *capacity* to have a child, but ignore the *desire* to have a child. I have seen that many impoverished teenagers in inner-city neighborhoods think their futures hold little hope other than having babies. That's why IHAF has a different approach. We address the reasons these children want to have children. The bedrock of our strategy to prevent teen pregnancy is to convince teenagers that their futures will be more full and more rewarding if they delay sex and delay pregnancy until a more appropriate time. We teach them what to say "no" to -- stressing abstinence throughout our curriculum -- but then give them something to say "yes" to -- responsibility, education, jobs.

IHAF does distribute contraceptives to those teens who ignore our advice and choose to have sex. It is by no means the purpose of the program, but it is one element in our effort to help these young people have positive futures. When we first went into the Nashville housing projects in 1987, we surveyed the parents in the community. And 91% of these parents asked us to provide contraceptives to sexually-active teens. Perhaps their response was so overwhelming because 73% of these mothers had their first children between the ages of 13 and 19 -- and they know the limitations early pregnancy places on teenage lives. We feel that, if the teens ignore our abstinence advice, it would be irresponsible as adults not to help our young people protect themselves from the horror of AIDS, the dangers of sexually transmitted diseases, and the epidemic of teen pregnancy.

11. Dr. Foster, was contraception distribution to minors a component of the "I Have a Future" program under your tutelage?

12. If the answer to Question #11 is "Yes," please describe in detail the types of contraception made available to minors, the age range of the minors who were recipients of contraceptive devices, specific details as to what steps were taken to obtain parental consent or notification before contraception was distributed to minors participating in the program.

13. Were birth control pills ever distributed to minor females as part of the "I Have a Future" program?

14. If the answer to Question #13 is "Yes," were parents ever notified before the birth control pills were dispensed to minors involved and was a doctor's examination and/or prescription necessary before the pills were dispensed?

Answers 11-14:

As I noted in response to question number 10, for those teens who ignore our abstinence advice and choose to be sexually active, the program has mechanisms for distributing contraceptives, including birth control pills. In checking with the program staff -- who are more involved in the day-to-day running of the program -- they inform me that birth control pills have not been given to a teenager younger than 15 [the program services teenagers up until age 18].

Tennessee State Law does not require parents to be informed regarding the distribution of contraceptives. However, we encourage our young people to talk about these issues openly and honestly with their families and involve their parents in these decisions. In addition, as mentioned above, the vast majority of the parents in the community have asked us to make this service available.

As you know, "I Have A Future" exists under the auspices of the Obstetrics and Gynecology Department of Meharry Medical College. A woman seeking birth control pills would receive a complete pelvic examination from qualified medical staff under the supervision of one of Meharry's Ob/Gyn physicians. A physician's prescription would also be necessary to obtain these contraceptives.

IV. DELETION OF PLANNED PARENTHOOD FROM BIOGRAPHY

15. Dr. Foster, at the time of the initial announcement of President Clinton's intention to nominate you, were you aware that your 17-year affiliation with Planned Parenthood had been deleted from the biography of you handed out to the press?

I was not aware that my affiliation with Planned Parenthood was not included in the biography handed out to the press. My curriculum vitae is 26 pages long. I assume that much of the information it contains was not included in the condensed biography handed out to the press, but that my entire curriculum vitae was made available to any interested person.

16. Whose decision was it to delete the reference to Planned Parenthood from your biography?

I do not know.

17. Did you ever inquire as to why this was being done or why it had been done?

18. What rationale was given to you as to why your affiliation with Planned Parenthood was deleted from your biography?

Answer to Questions 17 and 18:

Since I was not aware of the situation, I did not make any inquiries relating to it, and so sought and received no rationale.

V. VETTING OF NOMINEE

19. Dr. Foster, in the course of your preliminary discussions with Administration officials about your being nominated to the position of Surgeon General, was the issue of you being an OB-GYN or your having performed abortions ever raised?

Yes.

20. If the answer to Question #19 is "Yes," what information did you provide the Administration prior to your being publicly announced as the nominee for the position of Surgeon General?

I discussed my practice as an Ob/Gyn and discussed the fact that I had performed or participated in abortion procedures during my 38 years of practice.

21. Prior to the initial announcement ceremony at the White House, were you ever told by anyone in the Administration -- including the President -- that they desired to use your nomination as a referendum on choice or to raise the issue of abortion rights to a higher profile in our national political discourse?

No.

Additional Questions For Dr. Henry Foster
From Senator Mike Dewine

STERILIZATIONS

In August, 1970, the executive board of the American College of Obstetricians and Gynecologists issued the following statement of policy:

> "If an operation to accomplish sterilization is recommended by the physician for medical indications, the recorded opinion of a knowledge consultant should be obtained."

1. Were you aware of this statement of policy? If not, why not?

   I was generally aware of ACOG policies, but I do not recall specifically when I became aware of that statement of policy.

2. What is your understanding regarding the obligation of a member of the American College of Obstetricians and Gynecologists to be informed of, and comply with, the policy statements of the American College of Obstetricians and Gynecologists?

   A member of any medical association should seek to be informed of association policy statements, but such statements are not binding.

3. Did you obtain the **recorded opinion** of a consultant prior to performing the sterilizations on the four mentally retarded women just prior to 1974?

   In the two cases I recall performing, I do not believe I obtained the recorded opinion of a consultant. I was the only doctor in that part of Alabama to whom the parents of these severely retarded women could turn; a second medical opinion was not readily available. At the time I performed these procedures, I believed that performing them was the morally and medically right thing to do, and the manner in which they were performed was fully consistent with prevailing rules governing informed consent. This was never questioned during the entire course of peer review of my 1976 article.

On July 19, 1973, in response to the public reaction to the involuntary sterilization of two young girls in Alabama, the U.S. Department of Health, Education, and Welfare (HEW) issued proposed guidelines for sterilization procedures. Those guidelines read, in part:

> A review committee comprised of 5 individuals, must review and approve a sterilization of a minor or legally incompetent person, and consider:

1. the medical, social and psychological information regarding the patient, including the age, alternatives in family planning;
2. the sufficiency of consent; and
3. whether the proposed sterilization was in the best interest of the patient.

And, **a court of competent jurisdiction** must review the committee recommendation to permit sterilization if an individual was legally incompetent.

4. When did you become aware that two Alabama girls, Mary Alice Relf and Minnie Relf, were involuntarily sterilized?

My best recollection is that I learned of the sterilization of the Relfs from news accounts sometime after I had moved to Tennessee in May, 1973.

5. Were you aware of these proposed HEW guidelines for sterilization procedures? If not, why not?

The proposed HEW guidelines for sterilization were issued after I performed the sterilization procedures described in my article. I do not recall when I became specifically aware of the HEW proposed guidelines.

6. Do you know whether the sterilizations you performed on the four mentally incompetent women were provided under Medicaid or other federally funded programs?

I do not believe my patients were covered by Medicaid or other federally funded programs.

On January 8, 1974, U.S. District Judge Frank Johnson, in Wyatt v. Aderholt, entered an order setting sterilization standards for the state of Alabama that read in part:

A determination must be made that:

1. the proposed sterilization is in the best interest of the patient;
2. the patient has consented in writing;
3. if the patient cannot consent in writing, a court of competent jurisdiction must determine that the patient is, in fact, incompetent;
4. a review committee must approve such sterilization; and
5. a court must find that the sterilization is in the best interest of the patient.

7. Were you aware of Judge Johnson's order regarding sterilizations? If not, why not?

I do not recall when I became aware of Judge Johnson's order in *Wyatt v. Aderholt*, which was issued on January 8, 1974. I moved to Nashville, Tennessee in 1973, and I was no longer practicing in Alabama at the time Judge Johnson's order was entered.

8. We understand fully that Judge Johnson's order dealt with Alabama state institutions. Understanding that Judge Johnson's order dealt with minimum acceptable standards for state action, what was the duty, if any, of an Alabama obstetrician-gynecologist -- practicing at that time -- to be informed of, and to meet, the standards enunciated by Judge Johnson?

I am not able to offer an opinion about any duty Judge Johnson's order might have imposed on Alabama obstetrician-gynecologists practicing at that time. As my answer above indicates, I was not practicing in Alabama at the time the order was entered. As your question suggests, however, it is clear that the order applied to the sterilization of patients under the care of the state in institutionalized settings, specifically "mentally retarded residents of the Alabama retardation facilities," [the Partlow State School and Hospital], and not to Alabama doctors generally. *See Wyatt v. Aderholt*, 368 F. Supp. 1383 (M.D. Ala. 1974).

PARENTAL CONSENT

In response to a question from Senator Abraham regarding parental consent with regard to abortion in the case of minors, you said:

> "I am going to be honest with you, Senator. The concept, I support. I would have to see the legislation."

Attached is a copy of the Ohio statute regarding parental notification of an unmarried minor's intention to have an abortion.

9. Do you support this specific parental notification statute?

10. If not, which specific provision do you find objectionable?

I have had an opportunity to review the Ohio statute and -- from my vantage point as a doctor -- I am pleased to see that it makes provisions for a judicial bypass as well as for notification of several categories of adults in addition to parents. Effective bypass procedures are necessary to protect young people who may have abusive situations in the home. I am also, however, not an attorney and am unqualified to comment on the constitutional validity of this law.

11. Do you support parental notification regarding the provision of contraceptives to minors?

As I said at the hearings, I believe that parents should be closely involved in the lives and decisions of their teenage children. The program I founded -- "I Have A Future" -- does everything possible to involve parents in activities with IHAF teens and to foster open communication within the families in our community. We encourage our teens to discuss these sensitive issues openly and honestly with their parents and involve them in the decision-making process. However, I do not think it is necessary to require parental notification regarding the provision of contraceptives. This view -- promoted by organized medicine, including the American Medical Association, over the years -- is reflected in current state law.

TEEN PREGNANCY PROGRAMS

12. Do you believe that we could reduce teen pregnancy rates in the U.S. -- as a part of a larger effort that includes abstinence -- by making prescription contraceptives available over-the-counter?

I am not certain whether making prescription contraceptives over-the-counter would reduce teen pregnancy in the United States. As public health officials have come to realize over the years -- and as we recognized in developing the "I Have A Future" program -- there are many, many issues that factor into the epidemic of teen pregnancy that the United States is experiencing. These range from tangible, measurable factors such as socioeconomic background to other, more difficult factors such as self-esteem and sense of positive future options. It is impossible to determine which of these factors is strongest and how to best address each one. I personally think that programs which focus solely on addressing the *capacity* to bear a child -- and by this I mean contraceptive programs such as you suggest -- cannot be successful. Any successful attempt to solve this problem will address the *desire* of teens to bear children by showing them the future rewards to postponing sex and pregnancy.

13. Do you believe that we could reduce teen pregnancy rates in the U.S. -- as a part of a larger effort that includes abstinence -- by providing school-based contraceptive services?

Again, my strategy for attacking the teen pregnancy problem will first attempt to address the *desire* of teens to bear children by building their self-esteem and showing them that their futures can be more successful if they delay sex and pregnancy until they are married.

I'm again uncertain as to whether your proposal would result in reduced rates, as it does not address the reason many of our young people *choose* to have babies when they see nothing else in their futures. I do believe strongly, however, that school-based health services are a matter for local communities and parents, in conjunction with their local school districts, to determine for themselves. These decisions should not be made by the federal government.

Clinton Presidential Records
Digital Records Marker

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

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

C

Divider Title: _____

Dr. Foster and Credibility

- Dr. Henry Foster's career in medicine has been a model of integrity and commitment to ethical conduct.

- It is, by now, well known that Dr. Foster has devoted his 38 years of practice to improving the health care of mothers and babies, reducing teenage pregnancy and caring for those who too often go without care.

- What may be less well known is that Dr. Foster has been recognized by his peers, time and again, as a leader in his profession, a man of unusual stature, a physician whose judgment is trusted in grappling with the ethics of medicine and medical practice. If the truest test of professional character is the esteem with which one is held by his colleagues, Dr. Foster stands in the top rank.

- <u>The Institute of Medicine</u>. Dr. Foster has served on the prestigious Institute of Medicine since 1972. The Institute was chartered in 1970 by the National Academy of Science to promote the advancement of the health sciences and the improvement of health care. The Institute was designed to enlist distinguished members of the medical and other professions in pursuit of these goals.

- The Institute is a highly selective professional body, with only 500 regular members, each of whom must be nominated by a current member and elected by the full membership. The Institute is governed by a Council of just 21 members, elected by the entire membership.

- In 1992, the full membership recognized Dr. Foster's distinguished service for the Institute -- where he has served on numerous committees and boards -- by electing him to the governing Council. The membership elected him to a second term on the Council in November 1994.

- <u>The Ethics Advisory Board</u>. In 1978, then HEW Secretary Joe Califano created the Ethics Advisory Board to examine the moral and ethical questions raised by the historic breakthroughs being made in the world of medical science. He appointed Dr. Foster as one of the Board's 15 members from a large group of nominations submitted by professional associations, scientific societies, public interest groups and Members of Congress.

- The Board was an extraordinary collection of doctors, lawyers, clinicians, researchers and even a leading theologian, Rev. Richard McCormick of Georgetown University. Members included James Gaither, a former advisor to President Johnson and subsequent President of the Stanford University Board of Trustees; Dr. David Hamburg, a former

President of the Institute of Medicine and now President of the Carnegie Corporation of New York; Dr. Daniel Tosteson, Dean of the Harvard Medical School for the past 20 years; and Dr. Sissela Bok, Harvard ethicist and philosopher.

- The Ethics Advisory Board was active from 1978 to 1980. In 1980, Congress established its own commission on medical ethics (the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research) and the EAB's appropriations were shifted to this new body.

- Nashville Academy of Medicine -- Ethics Committee. Dr. Foster is one of 10 members of the 1400-member Nashville Academy of Medicine who serve on the Academy's Ethics Committee.

- The function of the Ethics Committee is to act as a tribunal for the discipline of Academy members when complaints are received by other physicians concerning a member's professional conduct.

- According to the Academy's Executive Director, Dr. Foster was chosen by the Board of Directors to serve on the Ethics Committee because of his "outstanding reputation in the medical community." Dr. Foster has served on the Committee for 10 years.

- In short, those opponents of Dr. Foster's nomination who pretend to base their opposition on his lack of credibility or integrity are flying in the face of a career's worth of honorable and distinguished conduct, recognized as such by Dr. Foster's professional colleagues and peers.

Clinton Presidential Records
Digital Records Marker

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

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

D

Divider Title: _____

DR. FOSTER: EDUCATOR AND MEDICAL SCHOLAR

Dr. Foster's life work has revolved around the "study" of medicine. He has been both teacher and mentor to hundreds of medical practitioners while simultaneously and continuously expanding his own level of knowledge. He is on the leading edge of the latest developments in medicine and has been active in pursuing better and more effective methods of diagnosis and treatment.

In 1973, when Dr. Foster was selected to chair the Department of OB/GYN at Meharry Medical College, the students and faculty alike were thrilled. According to Benetta Bashaw-Waller, a Meharry staff member at the time, the student were "extremely happy and electrified over the announcement of Dr. Foster's appointment to the faculty because most of the students had studied under him during their Ob/Gyn rotation at Tuskegee and felt he was the type of mentor and educator they needed in the classroom." He was known for involving his doctors in the communities they served.

Dr. Floyd Richard, a former student, says hat Dr. Foster "demonstrates what addressing problems within the community is all about." Whether it was in the classroom or in the neighborhood, Dr. Foster "made all the difference in the philosophies of life." To this day, Dr. Richard says he "continues to emulate Dr. Foster."

Since that time, Dr. Foster has trained hundreds of America's finest medical practitioners at Meharry, which has produced nearly 40% of the nation's African American doctors and dentists. In 1990, Dr. Foster was selected Dean of the School of Medicine at Meharry and in 1993, Dr. Foster was appointed Acting President of the College.

Dr. Foster has often been referred to as the doctors' doctor and serves on numerous medical boards and associations. Some of the positions Dr. Foster has held include:

- President of the Association of Professors of Gynecology and Obstetrics
- Examiner of the American Board of Obstetrics and Gynecology
- Councilmember on the Institute of Medicine
- Editorial boardmember of ACADEMIA (published by the American Association of Medical Colleges)
- Senior Scholar in Residence, Association of Academic Health Centers

His active involvement in leadership positions within the medical community, as well as his numerous writing and frequent lectures, have earned him the title of both life-long teacher and student.

EDUCATION AND TRAINING (Continued)

Residency	Malden Hospital Malden, Massachusetts General Surgery, 1961-1962
	George W. Hubbard Hospital Nashville, Tennessee Obstetrics and Gynecology 1962-1965
Military Experience	Captain, U.S. Air Force Medical Officer Larson Air Force Base Moses Lake, WA 1959-1961

LICENSURE

Arkansas
Alabama
California
Tennessee - No. MD8133 (Active)

PRESENT POSITION

Senior Scholar-in-Residence
Association of Academic Health Centers
July 1, 1994 - June 30, 1995 (sabbatical leave)

Professor
Department of Obstetrics & Gynecology
Meharry Medical College
July 1973 - Present

Clinical Professor
Department of Obstetrics and Gynecology
Vanderbilt University
Nashville, Tennessee - 1975 - Present

PAST POSITIONS

Acting President
Meharry Medical College
October 1993 - June 30, 1994

PAST POSITIONS (Continued)

Dean, School of Medicine &
Vice President for Health Services
Meharry Medical College - 1990 - 1993

Professor and Chairman
Department of Obstetrics and Gynecology
Meharry Medical College
Nashville, Tennessee - 1973-1990

Chief, Obstetrics and Gynecology
John A. Andrew Memorial Hospital
Tuskegee Institute, Alabama - 1965-1973

and

Director, Maternity and Infant Care Project #556
Tuskegee Institute, Alabama - 1970-1973

INSTITUTIONAL APPOINTMENTS

Chairman, Advisory Committee, Institutional Self-Study
Southern Association of Colleges and Schools (SACS) - 1975

Chairman, Board of Directors, Meharry Medical Group, P.C.
(Institution's Practice Plan) - 1985-88

Chairman, Institution's Budget Committee - 1989 and 1990

Special Assistant to the President for Hospital Merger
Planning and Development - 1989-1990

HOSPITAL APPOINTMENTS

Chief, Obstetrics and Gynecology
Larson Air Force Base
Moses Lake, Washington - 1959-1961

Chief, Obstetrics and Gynecology (1973-1990)
George W. Hubbard Hospital of
Meharry Medical College
Nashville, Tennessee - Active Staff

Vanderbilt University Hospital
Nashville, Tennessee - Active Staff

HOSPITAL APPOINTMENTS (Continued)

Blanchfield Army Hospital
Fort Campbell, Kentucky - Consultant

Metropolitan Nashville General Hospital
Nashville, Tennessee - Active Staff

Veterans Administration Hospital
Murfreesboro, Tennessee - Consultant

Baptist Hospital
Nashville, Tennessee - Courtesy Staff

MEDICAL SOCIETY MEMBERSHIPS

Local and Regional

R.F. Boyd Medical Society, Treasurer

Volunteer State Medical Society

Nashville Academy of Medicine, Ethics Committee, Alternate Delegate, Tennessee Medical Association

Tennessee Medical Association

Macon County (Tuskegee, Alabama) Medical Society, Past President

Nashville-Davidson County Obstetrical and Gynecological Society, Past President

OTHER PROFESSIONAL MEMBERSHIPS AND ACTIVITIES (PAST AND PRESENT)

Local and Regional

Alabama Advisory Council for Comprehensive Health Planning

Tuskegee Area Health Education Center, Advisory Board

Private Resources Advisory Committee, Office of Economic Opportunity (OEO) Regional; Past Chairman

Council of Community Services, Board of Directors

Tennessee Department of Public Health, Perinatal Advisory Committee, Task Force on Genetics

OTHER PROFESSIONAL MEMBERSHIPS AND ACTIVITIES (PAST AND PRESENT)

Local and Regional (continued)

Tennessee Public Health Association

Leadership Nashville, Civic Improvement Program; Program Committee; Selection Committee

Tennessee State University, Advisory Board, Medical Records Administration

WDCN Nashville, Telecommunications Advisory Board

March of Dimes Birth Defects Foundation, Music City Chapter; Medical Advisor; Executive Committee, Nominating Committee; Health Professional Advisory Committee, Chairman

Center for Fertility and Reproductive Research, Advisory Board, Vanderbilt University Medical Center

Cumberland Museum Health Hall, Task Force Committee on the Human Growth and Development

Meharry Medical Group (Institutional Medical Practice Plan), Member, Board of Directors; Past Chairman and Vice Chairman; Board of Directors

Tennessee Primary Managed Care Network (formerly Tennessee Primary Care Network), Medical Advisory Board

Metropolitan Richland Village, Advisory Committee

University School of Nashville, Board of Directors

Governor's Task Force on Healthy Children; Chairman Subcommittee on Nonwhite Infant Mortality

Maternal and Child Health Medicaid Advisory Committee

Southeastern Regional Council on the Development of Nurse Midwifery

Southern Perinatal Association, Advisory Board

American Cancer Society, Board of Directors, Nashville Chapter

OTHER PROFESSIONAL MEMBERSHIPS AND ACTIVITIES (PAST AND PRESENT)

Local and Regional (Continued)

Young Women's Christian Association (YWCA), Advisory Committee, Nashville Chapter

Success by Six - A Family Life Enhancement Community Intervention

Partnership 2000 - A City Planning Project for the Year 2000 and Beyond

100 Black Men of Middle Tennessee, Inc.

National

Institute of Medicine of the National Academy of Sciences, Elected to Membership 1972; Steering Committee, Study of Legalized Abortion and the Public Health; Program Committee; Council Member, 1991-Present; Planning Committee Chairman, "Communicating Health Promotion, Disease Prevention to Underrepresented Minorities"

Academic Medicine (formerly Journal of Medical Education for the Association of American Medical Colleges [AAMC]), Editorial Board Member

Association of Professors of Gynecology and Obsetrics (APGO) Undergraduate Medical Education Committee; President 1993-94

American Board of Obstetrics and Gynecology, Examiner

Robert Wood Johnson Foundation, Advisory Committee Memberships-Program to Regionalize Perinatal Health Services; Rural Infant Care Program; Program to Consolidate Health Services for High-Risk Young People (Director); The School-Based Adolescent Health Care Program Technical Review Committee; Clinical Scholars Program, Advisory Committee

National Medical Association, Obstetrics and Gynecology Section; Executive Committee Chairman, Committee Member; Committee on Maternal and Child Health Council

The Alan Guttmacher Institute, Board of Directors; Nominating Committee

OTHER PROFESSIONAL MEMBERSHIPS AND ACTIVITIES (PAST AND PRESENT)

National (Continued)

American Fertility Society

Southern Medical Association

Armed Forces Institute of Pathology, Obstetrics and Gynecology, Advisory Committee

American Association of University Professors

Planned Parenthood Federation of America, Board of Directors; Executive Committee; Community Affairs Committee; Chairman, Nominating Committee

Department of Health, Education and Welfare, Ethics Advisory Board for the Secretary

Food and Drug Administration, Fertility and Maternal Health Drug Advisory Committee

American Medical Association
Nomination Committee, Section on Medical Schools

American College of Obstetricians and Gynecologists, Fellow; Committee on Education in Family Life; Task Force on Public Image; Task Force on Ambulatory Reproductive Health Care; Task Force on National Maternal Health Policy, Member; Education Commission, Vice Chairman; ACOG/ORTHO Academic Training Award Committee, Chairman

National Board of Medical Examiners, OB-GYN Test Committee

March of Dimes Birth Defects Foundation, Medical Service Advisory Committee

Accreditation Council for Graduate Medical Education (ACGME), Residency Review for Obstetrics and Gynecology, Specialist Site Visitor

Maternal and Child Health, Department of Health and Human Services, Public Health Service, National Institutes of Health; Member of Board, Member of Research Committee, Member of Search Committee for a Director of MCH,

GLAXO Pathway Evaluation Program Advisory Board

OTHER PROFESSIONAL MEMBERSHIPS AND ACTIVITIES (Continued)

National (Continued)

Council on Resident Education in Obstetrics and Gynecology (CREOG), Council Member

Pathfinder International, Member, Board of Directors

National Advisory Child Health and Human Development Council, National Institutes of Health

BOARD CERTIFICATION

1967 - Certified, American Board of Obstetrics & Gynecology
1979 - Recertified, American Board of Obstetrics & Gynecology
1989 - Recertified, American Board of Obstetrics & Gynecology

HONORS, AWARDS

1958 - Alpha Omega Alpha

1958 - Scholastic Achievement Award, Little Rock Alumni Chapter, Kappa Alpha Psi Fraternity

1976 - One of Meharry's 100 Most Valuable Employees Award

1977 - Professional Achievement Award, Kappa Chapter Kappa Alpha Psi Fraternity

1978 - Dean's Special Recognition Award, University of Arkansas

1980 - Appreciation Award for Research and Teaching in Sickle Cell Anemia, Sisters United Social and Service Club, Tuskegee Institute, Alabama

1982 - Man of the Year, Music City Chapter, March of Dimes Birth Defects Foundation

1983 - Who's Who in America, Forty-Third Edition

1988 - First White House Initiative on Historically Black Colleges and Universities Faculty Award for Excellence in Science and Technology - September 25, 1988

Clinton Presidential Records
Digital Records Marker

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

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

E

Divider Title: _____

PROMINENT REPUBLICANS CALL FOR FOSTER FLOOR VOTE

"It'll be a sad day if he's defeated, but a very, very sad day if we don't give Henry Foster a vote on the floor of the United States Senate."
Sen. Arlen Specter [PR Newswire, 5/9/95]

Dr. Foster testified for two full days before the Senate Labor and Human Resources Committee. He thoughtfully and thoroughly addressed each of the questions that have been raised about his nomination -- defining and defending himself well. After the hearing, Dr. Foster answered additional written questions submitted by Senators.

Dr. Foster now deserves a vote by the entire Senate. Republicans and Democrats alike agree. He's earned it. It's fair. And it's the tradition of the United States Congress. As Majority Leader Dole said in February, "*The general rule is that the President is entitled to his nominees, and that's been the general rule around here forever.*"

SENATOR BOB DOLE

- In February, Senate Majority Leader Bob Dole refused to play politics: *"Let's see what the testimony is... We shouldn't shoot down somebody before they've even had a hearing. ... The general rule is that the President is entitled to his nominees, and that's been the general rule around here forever."* [Meet the Press, 2/5/95]

SENATOR JUDD GREGG

- "Even many of Foster's opponents say he deserves a vote on the floor. Sen. Judd Gregg said he recently spoke with Dole, and '*I just said I thought we should have a vote on him, that we might as well put it out and have a vote on it.*'" [Associated Press, 5/9/95]

SENATOR JOHN CHAFEE

- "'*I say, let's get on with it,*' said Sen. John Chafee (R-RI), one of the Senate's leading experts on health care, said Tuesday. '*I think that he's a person with suitable experience. He's made efforts in areas that I believe are important -- doing something about teen-age pregnancy. The fact that he's performed an abortion doesn't bother me. I guess the amazing thing is he's done so few abortions over such a long period.*'" [Associated Press, 5/9/95]

SENATOR BOB PACKWOOD

- *"I think he's a qualified man. His background I think is excellent from a standpoint of what we'd be looking for, and I'm going to support him. . . My hunch is on this one the filibuster won't last."* [*Meet The Press*, 5/14/95]

SENATOR BILL FRIST

- "*The American people want Doctor Foster to be given a fair shot, even if they disagree with him vehemently. And secondly, I think they do want it to come to a vote in the United States Senate. I'm not sure if that was the case three weeks ago, but as the way things have evolved, the American people would like to see a vote."* [CNBC, *"Equal Time,"* 5/4/95]

SENATOR JAMES JEFFORDS

- *"I am confident in my own mind that you ought to be approved by this committee, and I hope you are approved by this committee and I hope that you do go before the full Senate and let them examine the facts that we all have here."* [Closing Statement at Dr. Foster's Hearings, 5/3/95]

SENATOR ARLEN SPECTER

- *"It'll be a sad day if he's defeated, but a very, very sad day if we don't give Henry Foster a vote on the floor of the United States Senate."* [PR Newswire, 5/9/95]

SENATOR FRED THOMPSON

- When asked whether a strong performance by Dr. Foster at the hearing would make a difference, "Tennessee senator, Fred Thompson, says, with regret,. . . *`I'd like to say yes, but I really don't know. At this stage of the game it might not. . . Frankly, I think that presidential politics is part of the picture.'"* [The Commercial Appeal, 5/1/95]

SENATOR JAMES INHOFE

- "...freshman Inhofe of Oklahoma calls it '*shallow on courage*' to deny him his chance." [Wall Street Journal, 5/9/95]

SENATOR RICHARD LUGAR

- "*Even Foster opponent. . . Lugar. . . say(s) he deserves a floor vote.*" [Wall Street Journal, 5/9/95]

SENATOR NANCY KASSEBAUM

- "...Mrs. Kassebaum, who remains uncommitted on the Foster nomination, said she wants it to go to the Senate floor and believes there are enough votes to override a filibuster." [Washington Times, 5/4/95]

SENATOR JOHN MCCAIN

- "*Even Foster opponent...McCain say(s) he deserves a floor vote.*" [Wall Street Journal, 5/9/95]

SENATOR BEN NIGHTHORSE-CAMPBELL

- "As for Nighthorse-Campbell, press secretary Alton Dillard said, *'He will support the nomination, and he doesn't favor any filibuster, any blockage of action, anything like that.'"* [Associated Press, 5/9/95]

SENATOR ALAN SIMPSON

- *"It's about a person's reputation. It's like Bob Bork. You may not have liked Judge Bork, but at least he got to come to the floor for a vote."* [Washington Post, 5/4/95]

SENATOR OLYMPIA SNOWE

- *"Overall, I found him to be an impressive individual. A very dedicated professional, and very thoughtful."* After meeting with Foster at her office, Snowe said the White House nominee deserves *"a full and fair confirmation hearing."* [Bangor Daily News, 3/2/95]

JACK KEMP

- *"(Republicans) shouldn't demonize him. He is a decent, honorable person. I'm pro-life. I think the Republican Party should remain pro-life....(But) I think it would be unseemly to filibuster this. As far as I'm concerned, it ought to go to a vote."* [Washington Times, 5/4/95]

THE NOMINATION OF DR. HENRY FOSTER, JR.

May 22, 1995

"Henry Foster's record should be seen in the lives of thousands of babies that he has helped come into this world in a healthy way and the people he has tried to educate and the people he has tried to help. And he deserves to be more than a political football in the emerging politics of this season." [President Clinton, 5/1/95]

DR. FOSTER PROVED HE IS WELL QUALIFIED TO BE "AMERICA'S DOCTOR":

- Dr. Foster's 38-year medical career has given him the leadership abilities to be the doctor for all the American people. As President Clinton said, *"He has spent a lifetime addressing the problems that are now engulfing our country."* He has dedicated his life to improving the health of the women and children in his care. He has delivered thousands of babies and trained hundreds of young doctors. He has worked work hand-in-hand with people in underserved communities to solve their health problems.
- In Tuskegee Alabama, Dr. Foster established a program to bring pre-natal care to poor rural women which became a national model. He was asked by the Robert Woods Johnson Foundation to head a national multi-million dollar program to expand health services for high-risk youth. His *"I Have A Future"* program and its approach to addressing our nation's teen pregnancy problem was honored by President George Bush who named it one of America's *Thousand Points of Light*. In 1992, Dr. Foster directed a successful process that helped save one of the nation's foremost black hospitals.

IN HEARING, AMERICA FINALLY SAW THE REAL DOCTOR HENRY FOSTER:

- As the recent Washington Post editorial said: *"Henry Foster finally got a chance to present his own case to be Surgeon General of the United States, and he made the most of it. . . [coming across as an] open and dedicated practicing physician and medical educator. . . "* Dr. Foster described for the American people his distinguished 38-year career and the choices he's made to serve those who too often get too little care. [5/7/95]
- The Post also praised Dr. Foster for *"directly confronting, and. . . persuasively handling, the charges that have been raised against his candidacy."* In announcing his support for Dr. Foster, Republican Senator James Jeffords said that Dr. Foster had done a *"superb job in taking care of the lingering, critical issues"* during his testimony. [W. Times, 5/8/95]

DR FOSTER HAS NOW EARNED THE RIGHT TO A VOTE BY FULL SENATE:

- Now, as Senator Chafee said, *"Let's get on with it."* Republicans and Democrats alike are now calling on Majority Leader Dole to allow Dr. Foster to receive the floor vote he deserves. Even some Senators who oppose the nomination -- and still others who haven't decided -- say that it's the fair thing to do.
- One GOP Senator summarized the current debate -- for some Republicans, it's a choice between, *'Do we try to get even [for the failed Bork nomination] or do we say that's not the way we do business?"* The issue now is the credibility of those Senators who would deny Dr. Foster a fair vote. If this nomination is about his record and his qualifications to lead the nation as Surgeon General, Dr. Foster has made a compelling case and deserves an up or down vote. As Alan Simpson said: *"It's about a person's reputation. . . You may not have liked Judge Bork, but at least he got to come to the floor for a vote."*

DR. FOSTER: A LIFETIME OF LEADERSHIP

It is ironic that questions have arisen about Dr. Foster's leadership. In fact, Dr. Foster has an exemplary record of leadership in his community and his profession.

I Have a Future -- Innovation and Response

Dr. Foster has shown leadership in creating the I have a Future program, earning a "Point of Light" from President Bush. He also has looked for and implemented ways in which to improve the program. In response to the program's evaluation, he refined Family Life Modules and developed new modules, and obtained the help of a Technical Assistance Team for the program. The reaction of the funding source was unequivocal:

> Meharry has been responsive to recommendations for ways to improve the research design and curriculum. The Meharry team has courageously and thoughtfully tackled an important and difficult problem.

Tuskegee -- Taking the Initiative

The real story of Tuskegee is Dr. Foster's leadership and real ingenuity in addressing the problems of an underserved community, whether in bringing first-time medical services to poor women in the rural South, in understanding the need for an "ounce of prevention," or in developing a model pre-natal care program. In the Maternal and Infant Care Program he developed and administered, Dr. Foster directly addressed root causes of infant mortality, mental retardation and birth defects, and brought comprehensive pre-natal and post-partum care to thousands of needy women in a three-county area.

When the Tuskegee Study came to light, Dr. Foster moved immediately, not to recriminate but to provide treatment. It took eight months for HEW to act. It is simply unfair to blame Dr. Foster for HEW's delay.

A Leader in His Community

Dr. Foster's life is a testiment to his willingness to take on tough problems and his ability to inspire others.

- When Meharry and Hubbard Hospital faced complex patient volume and financial problems, Dr. Foster looked toward a structural solution, not a band-aid approach. He overcame racial and political divisions and built a consensus to bring to pass an exceptionally difficult hospital merger.

- Elected to the Institute of Medicine, 1972 (one of the youngest physicians ever so honored). Twice elected by his peers to the Board of the Institute.

- Man of the Year, March of Dimes Foundation, Nashville, 1982.

Dr. Henry Foster Honors and Awards (Continued)

- Faculty Award for Excellence in Science and Technology, first White House Initiative on Historically Black Colleges and Universities, 1988.
- Dean of the School of Medicine, Meharry Medical College, 1990-1993.
- Honorary Doctor of Science, University of Arkansas, 1993.
- Physician, Teacher and Scholar Award, National Medical Association, 1993.
- Acting President, Meharry Medical College, 1993-1994.
- In addition to the "Point of Light" award from President Bush, Dr. Foster's I Have a Future program has received the National Congress of Adolescent Health Award from the American Medical Association.

Clinton Presidential Records
Digital Records Marker

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

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

F

Divider Title: _____

I HAVE A FUTURE:

Preventing Teen Pregnancy Through Abstinence and Hope

INNOVATIVE PROGRAM FOUNDED IN INNER-CITY HOUSING PROJECTS:

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

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

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

FAMILY AND COMMUNITY INVOLVEMENT AT ALL LEVELS:

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

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

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

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

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

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

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

IHAF IS A NATIONALLY RECOGNIZED AWARD-WINNING PROGRAM:

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

FUNDED BY PRESTIGIOUS ORGANIZATIONS AROUND THE COUNTRY:

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

May 20, 1995

Dear Colleague:

In establishing the "I Have A Future" program in Nashville's housing projects in 1987, Dr. Henry Foster showed the vision and the leadership that qualify him so well for the position of U.S. Surgeon General. He knew that young people in Nashville's poorest neighborhoods could see few positive choices for their futures, so they allowed themselves to fall into the established patterns of teen pregnancy, drug abuse, and violence that have come to characterize these neighborhoods. Current programs were having no apparent effect. Dr. Foster saw that he needed a new approach to break this pattern -- by showing these young people that their futures could be bright and unlimited, if they took responsibility for their lives.

Dr. Foster did not try to impose his ideas on the community; rather he went to the families and community leaders *first* and asked them what programs they thought their teens needed. "I Have A Future" was born of those discussions and, over the last seven years, has touched the lives of hundreds of young people. Dr. Foster's approach to preventing teen pregnancy was recognized by President George Bush who chose "I Have A Future" to be one of America's *"Thousand Points of Light"* as well as by his former Secretary of Health who said, "*It turns young people's lives around. [It's] the kind of program that the country needs.*"[1] And it is.

The latest tactic of Dr. Foster's opponents -- employed first in his hearing and escalating last week as momentum seemed to turn in favor of the nominee -- has been to suggest that Dr. Foster's "I Have A Future" program does not really have a strong abstinence message. Some have gone so far as to claim that no materials have been made available to support this claim.[2] This is just not true. Even a cursory look at the many materials that have been provided to the Committee provides overwhelming evidence to the contrary. To permit members of the Senate to move beyond this diversion, I have taken the liberty of compiling selections from IHAF's teaching modules, as well as from the many supplemental materials [brochures, videos, games, posters] that the program uses to promote its message of abstinence and sexual responsibility. The IHAF program has made all of these materials available to the Committee.

---

[1] USA Today, 2/9/95
[2] Senator Coats, Washington Times, 5/17/95

Following please find a small sample of the abstinence language found throughout the IHAF curriculum:

In the *Staff Manual* for IHAF's Family Life Module, the very first mention of sexually responsible behavior for teens states that the number one way is abstinence: *"Responsible sexual behavior is defined as abstinence..."*[3] Staff are later instructed to teach the teens how to say no and stand up for their beliefs:

> *"Emphasize that when we choose tough values such as abstinence, our choice may not be the most popular choice. We are likely to receive little positive reinforcement for these choices. Therefore, we must develop the capacity to praise ourselves for courage in living the values we believe are best for us."*[4] [and]
>
> *"There is no reason for adolescents to feel different or strange if they say 'No'. Because of peer pressure, adolescents need to master the assertive communication skills of knowing how to say 'No'. They may often worry about hurting friends' feelings if they say 'No'. Hurt feelings go away but an unintended pregnancy and a baby don't go away."*[4]

The training manual for Meharry Medical College residents, who provide health services in the program, teaches residents how to counsel the teens against sexual activity and to "*Legitimize [the] decision not to have sex. . .*"

Brochures distributed to the teens state that:

> *"[... if I decide not to have sex?]* ***Congratulations!!*** *Contrary to rumor, so have lots of other teens. It's not so hard to say "NO" and still remain friends if you are careful not to hurt the other person. For example you might say: ...`I don't believe in having sex before marriage. I want to wait.'"*[5]

And a game purchased by the program instructs teenagers that:

> *"Sexual abstinence is important because it provides an opportunity to practice self-control, self-respect, respect for others and other important moral and religious values. It decreases the occurrence of teen pregnancy and sexually transmitted diseases and increases your opportunity to complete educational and vocational goals."*[6]

The list goes on and on. I have attached 26 pages, outlining some of the ways a strong message to delay sexual activity has been integrated into the curriculum.

---

[3]Family Life Education Module, October 1994, p. 2
[4]Family Life Education Module, October 1994, p. 28, p. 70
[5]"*Many Teens Are Saying `No'*" U.S. Department of Health and Human Services, 1986
[6]"Crossroads -- *Teen Relationships And Teen Sexuality*" [Diane Bailey, Ph.D., no date]

Dr. Henry Foster – A Leader in the Battle Against Teen Pregnancy

Dr. Foster has long been at the forefront of the battle to prevent teen pregnancy by giving young people reasons to delay sexual activity. As early as 1984[7], Dr. Foster testified before a Congressional Committee that *"early childbearing is a significant problem for our nation,"* recognizing the need for a new way to approach the problem of teen pregnancy. In his testimony, Dr. Foster clearly rejected traditional teen pregnancy programs (distributing contraceptives or sex education) which only addressed how to control the *capacity* to get pregnant, because they did not address the *desire* to have a child. Research has shown that many impoverished teenagers in inner-city neighborhoods think their futures hold little hope other than having babies. Dr. Foster saw that a successful strategy to prevent teen pregnancy must begin by challenging this sense of hopelessness.

Each of you should read the 1984 testimony. Ten years ago, Dr. Foster rejected programs that solely *"provide access to contraception"* in favor of programs that focus on ways to *"improve marketable skills."* The article made eight recommendations to solve the teen pregnancy problem -- none of which mentioned contraception. Instead he wrote of offering positive alternatives to early sexual activity. The very first suggestion was: *"Provision of incentives to teenagers not to get pregnant and not to impregnate, e.g. the provision of such rewards as scholarships, jobs and job training opportunities."* He also suggested *"communicating the values of deferred gratification"* and *". . . sharing resources to counteract negative group persuasion"* [i.e., learning to stand up to peer pressure]

Again, in "I Have A Future's" promotional brochure, Dr. Foster says on page 1 that traditional birth control teen pregnancy programs have failed high-risk teens. It continues: *"The program was built on the premise that changes in sexual behavior should be addressed within a framework that provides strategies for positive decision-making while enhancing self-image."* That is what "I Have A Future" is all about -- giving these teenagers values and self-discipline while raising their self-esteem. IHAF addresses the reasons these children want to have children. The bedrock of their strategy to prevent teen pregnancy is to convince teenagers that their futures will be more full and more rewarding if they delay sex and delay pregnancy until a more appropriate time. Thus, IHAF teaches them what to say "no" to -- stressing abstinence thought the curriculum -- and then gives them something to say "yes" to -- education, jobs, responsibility, and values.

It is important to note that the program does not just say the word "abstinence" a few times and leave it at that. "I Have A Future" devotes considerable time and effort to giving teens the tools they need to be responsible, to make good decisions and then stand up for what they believe in, and, most important, to resist social pressures to engage in sexual activity.

---

[7]"Legislative Forum Statement on Teenage Pregnancy, 7/20/84

Also attached, please find a compilation of quotations from the "I Have A Future" teens themselves -- drawn from news accounts and statements they provided to the Committee. In addition, many newspapers sent reporters to Nashville to research the program and selections from their stories are also attached.

I am hopeful that this abundance of material will clear up some of this misinformation once and for all and allow Senators to focus on the real issues before us: the vision and leadership Dr. Henry Foster has exhibited throughout his 38-year career and his impressive qualifications for the position of United States Surgeon General. The "I Have A Future" program and the difference Dr. Foster has made in the lives of these inner-city teens -- who are now delaying pregnancy, graduating from high school, and going to college -- is powerful evidence of that.

Sincerely,

Senator Christopher Dodd

"I HAVE A FUTURE":
USING ABSTINENCE TO PREVENT TEEN PREGNANCY

An examination of *"I Have A Future's"* teaching modules -- as well as the many supplemental materials [brochures, videos, games, posters] they utilize -- evidences the strong abstinence message that is integral to the program. IHAF promotes abstinence to prevent teen pregnancy in several ways:

- First, by stressing the value of abstinence and explaining *why* it is so important.
- Second, by involving the family and community in promoting this value.
- Most important, the program does **not** just say the word "abstinence" a few times and leave it at that. IHAF devotes considerable time and effort to giving teens the tools they need to be responsible, to make good decisions and then stand up for what they believe in, and, most importantly, to resist social pressures to engage in sexual activity.

This compilation has been divided into the following categories:

I. IHAF'S CURRICULUM

A. FAMILY LIFE EDUCATION MODULE [Staff Manual]

Final Copyrighted Version; September 1994

Abstinence Message:

- *"Responsible sexual behavior is defined as abstinence or acting upon the decision to participate in sexual intimacy while maintaining a healthy body and exercising assertive family planning."* [p. 2]

- *"It is important for people to practice responsible sexual behavior. . . 1) Refrain from having sexual intercourse. . . However, it is best for children to postpone initiating sexual intercourse and other risky sexual behaviors beyond the early adolescent years."* [p. 2]

- Kujichagulia [Self-Determination] - *"...one needs to have Kujichagulia (Self-Determination) in order to cope with the negative peer pressure toward early sexual intercourse, and careless sexual activity."* [p. 58]

- *"Adolescents often have the impression that 'everyone is doing it'. Surveys show that more than half of all adolescents do indeed say 'No' to sex."* [p. 70]

- "*Discussion:* `*Encourage the participants to do their best to postpone having sex at an early age. Before making up their mind to have sex now or wait, they should ask themselves the following questions*:

  1. *"Can I take full responsibility for my actions?"*
  2. *"Am I willing to risk STDs, pregnancy, future infertility?"*
  3. *"Can I handle being a single parent or placing my child for adoption?"*
  4. *"Am I ready and able to support a child on my own?"*
  5. *"Can I handle the guilt and conflict I may feel?"*
  6. *"Will my decision hurt others? My parents? My friends?"* [p. 60]

- *"DECISIONS ABOUT SEX MAY BE THE MOST IMPORTANT DECISIONS ONE WILL EVER MAKE. SO, THINK BEFORE YOU ACT!"* [p. 60-1]

- One exercise is called the "STD Handshake." It asks the teens to pick an index card from a bag. Some say *"STDs"* and others say "*Abstinence.*" The point of this exercise is that Abstinence is the only way to completely avoid the risk of Sexually Transmitted Diseases. [p. 65]

- "***Young men and women can say 'no' and postpone sexual intercourse.*** *But, if they do intend to have sex, they must be informed of the possible consequences of sexual behavior. [If participants are not ready for the responsibility of parenthood, they must consider the various ways of acting sexually responsible.]"* [p. 58]

- *"There are two ways of exercising responsible sexual behavior. One can abstain from sexual intercourse or one can use contraceptives/condoms effectively."* [p. 75]

- *"In order to promote the value of sexually responsibility, it is critical that the community seeks to uplift this value in a unified manner.* [p. 32]

- *"Each participant is encouraged to discuss values around sexuality with their parents and/or other adults whose values are important to the participant."* [p. 32]

- *"Educate participants regarding responsible sexual decision-making."* [p. 11]

- *"The teenage years are a good time to assist others with child care responsibilities but not to take on the full responsibility of being a parent."* [p. 46]

- *"It is important to remember that the purpose of being a teenager is to finish the process of becoming an adult and not to create children before achieving adulthood."* [p. 53]

- To show teenagers what having a baby can do to their lives, one of the exercises is a "*Job Interview for Parent."* It discusses issues like financial resources, time required, emotional needs, etc. to try to convince teenagers to postpone early sex and pregnancy until a more appropriate time. [p. 50]

Teaching Teens To Say No:

- *"There is no reason for adolescents to feel different or strange if they say 'No'. Because of peer pressure, adolescents need to master the assertive communication skills of knowing how to say 'No'. They may often worry about hurting friends' feelings if they say 'No'. Hurt feelings go away but an unintended pregnancy and a baby don't go away."* [p. 70]

- *"Goals: `Using assertiveness skills to avoid unwanted sexual behavior [and to insist that contraception be utilized.]'"* [p. 70]

- Motto: *"IF YOU DON'T STAND FOR SOMETHING, YOU CAN FALL FOR ANYTHING."* [p. 32]

- *"To provide participants with options for confronting pressure to do something that they are uncertain they want to do."* [p. 35]
- *"Definition of Assertive: `to exhibit confidence and adherence to decision despite others' opinion.'"* [p. 38]
- *"Example of an assertive technique is to `Use broken record technique (Keep repeating a simple* ***negative*** *response, don't provide excuses).'"* [p. 38]
- *"Emphasize that when a person feels good about him/herself, that person can express themselves openly, honestly, and assertively."* [p. 39]
- *"Remind participants that their purpose is to develop positive assertive skills for responding to pressure as an adolescent and an adult."* [p. 39]

B. FAMILY LIFE EDUCATION MODULE [Staff Manual][1] November 1991

Abstinence Message:

- *"Responsible sexual behavior is defined as abstinence or acting upon the decision to participate in sexual intimacy while maintaining a healthy body and exercising assertive family planning."* [p. 3]
- Kujichagulia [Self-Determination] - *"...one needs to have Kujichagulia (Self-Determination) in order to cope with the negative peer pressure toward early sexual intercourse, and careless sexual activity."* [p. 58]
- *"Adolescents often have the impression that 'everyone is doing it'. Surveys show that more than half of all adolescents do indeed say 'No' to sex."* [p. 70]
- *"<u>Discussion:</u> `Encourage the participants that they should do their best to postpone having sex at an early age. Before making up their mind to have sex now or to wait, they should ask themselves these questions:*

  1. *"Can I take full responsibility for my actions?"*
  2. *"Am I willing to risk STD, pregnancy, future infertility?"*
  3. *"Can I handle being a single parent or placing my child for adoption?"*
  4. *"Am I ready and able to support a child on my own?"*
  5. *"Can I handle the guilt and conflict I may feel?"*
  6. *"Will my decision hurt others? My parents? My friends?"* [pp. 60-61]

---

[1]Many of these quotes also appear in the final [September 1994] version of the Family Life Module.

- *"DECISIONS ABOUT SEX MAY BE THE MOST IMPORTANT DECISIONS ONE WILL EVER MAKE. SO, THINK BEFORE YOU ACT!"* [p. 61]

- One exercise is called the "STD Handshake." It asks the teens to pick an index card from a bag. Some say *"STDs"* and others say "*Abstinence."* The point of this exercise is that Abstinence is the only way to completely avoid the risk of Sexually Transmitted Diseases. [p. 65]

- "***Young men and women can say 'no' and postpone sexual intercourse.*** *But, if they do intend to have sex, they must be informed of the possible consequences of sexual behavior. [If participants are not ready for the responsibility of parenthood, they must consider the various ways of acting sexually responsible.]"* [p. 58]

- "*There are two ways of exercising responsible sexual behavior. One can abstain from sexual intercourse or one can use contraceptives/condoms effectively."* [p. 75]

- "*Educate participants regarding responsible sexual decision-making."* [p. 11]

- *"The teenage years are a good time to assist others with child care responsibilities but not to take on the full responsibility of being a parent."* [p. 46]

- *"It is important to remember that the purpose of being a teenager is to finish the process of becoming an adult and not to create children before achieving adulthood."* [p. 53]

- To show teenagers what having a baby can do to their lives, one of the exercises is a "*Job Interview for Parent."* It discusses issues like financial resources, time required, emotional needs, etc. to try to convince teenagers to postpone early sex and pregnancy until a more appropriate time. [p. 50]

Teaching Teens To Say No:

- *"There is no reason for adolescents to feel different or strange if they say 'No'. Because of peer pressure, adolescents need to master the assertive communication skills of knowing how to say 'No'. They may often worry about hurting friends' feelings if they say 'No'. Hurt feelings go away but an unintended pregnancy and a baby don't go away."* [p. 70]

- *"Goals: `Using assertiveness skills to avoid unwanted sexual behavior [and to insist that contraception be utilized.]'"* [p. 70]

- Motto: *"IF YOU DON'T STAND FOR SOMETHING, YOU CAN FALL FOR ANYTHING."* [p. 32]

- *"To provide participants with options for confronting pressure to do something that they are uncertain they want to do."* [p. 35]

- *"Definition of Assertive: `to exhibit confidence and adherence to decision despite others' opinion.'"* [p. 38]

- *"Example of an assertive technique is to `Use broken record technique (Keep repeating a simple* ***negative*** *response, don't provide excuses).'"* [p. 38]

- *"Emphasize that when a person feels good about him/herself, that person can express themselves openly, honestly, and assertively."* [p. 39]

- *"Remind participants that their purpose is to develop positive assertive skills for responding to pressure as an adolescent and an adult."* [p. 39]

C. FAMILY LIFE EDUCATION MODULE [Staff Manual][1] September 1989

Abstinence Message:

- Suggests handing out pamphlet: *"Many Teens Are Saying No"*[2]

- *"The Family Life Education Module is designed to help...generate attitudes and values positive toward contraception and abstinence."* [1st page after course outline, no page #s]

- *"Deep love between close friends can exist without the presence of open or conscious sexual desire... Sex is not what makes a relationship work. Sharing thoughts, beliefs, feelings, and most of all, mutual respect, is what makes a relationship strong."* [Session IX]

- *"Sexual feelings may be expressed in a variety of ways, only one of which is sexual intercourse."* [Session IX]

- *"Decisions about sex may be the most important decisions you'll ever make. So, think before you act!"* [Decision-Making Handout]

---

[2]This pamphlet -- produced by HHS in 1986 -- has been given to the Committee and is excerpted on pps. 10-11.

- *Should you have sex now or should you wait? Ask yourself these questions before making up your mind?*

  1. *"Can I take full responsibility for my actions?"*
  2. *"Am I willing to risk STD, pregnancy, future infertility?"*
  3. *"Can I handle being a single parent or placing my child for adoption?"*
  4. *"Am I ready and able to support a child on my own?"*
  5. *"Can I handle the guilt and conflict I may feel?"*
  6. *"Will my decision hurt others? My parents? My friends?"*

Teaching Teens To Say No:

- *"Let the youth know that it's okay to say 'no'. There is nothing wrong with saying it. Even more important, there is no reason for them to feel different or strange if they do say 'no'."* [Assertive Communication]

- *"Because of pressure from their friends (peer pressure) the youngsters need guidance in knowing how to say 'no'. Young people often worry about hurting friends' feelings if they say 'no'. Hurt feelings go away but an unintended pregnancy and a baby don't."* [Assertive Communication]

D. PROSOCIAL SKILLS MODULE [Staff Manual] October 1994

- *"Emphasize that when we choose tough values such as abstinence, our choice may not be the most popular choice. We are likely to receive little positive reinforcement for these choices. Therefore, we must develop the capacity to praise ourselves for courage in living the values we believe are best for us."* [p. 28]

- *"To provide a framework for adolescents to understand that to say 'no' is not abnormal but normal."* [p. 19]

- *"Emphasize the need to make your own decisions and to take responsibility for the outcome."* [p. 19]

- *"To assist participants in developing skills to resist group pressure."* [p. 28]

- *"To increase participants' positive refusal skills."* [p. 28]

- *"To teach participants how to look beyond the immediate benefits and consider the long-term consequences."* [p. 28]

- *"To assist participants in developing coping strategies when their peer group does not positively reinforce him/her for standing up for his/her beliefs."* [p. 31]
- *"To teach participants how to cope with group pressure."* [p. 33]
- Quote from Malcolm X: *'It is always better to form the habit of learning how to see things for yourself, listen to things for yourself, and think for yourself; then you are in a better position to judge for yourself.'* [p. 36]

E. PROSOCIAL SKILLS MODULE [Staff Manual][3] November 1991

- *"Emphasize that when we choose tough values such as abstinence, our choice may not be the most popular choice. We are likely to receive little positive reinforcement for these choices. Therefore, we must develop the capacity to praise ourselves for courage in living the values we believe are best for us."* [p. 28]
- *"To emphasize that even when you make a decision, you are not always totally locked into that decision if you have reservations."* [p. 19]
- *"To provide a framework for adolescents to understand that to say 'no' is not abnormal but normal."* [p. 19]
- *"Emphasize the need to make your own decisions and to take responsibility for the outcome."* [p. 19]
- *"To assist participants in developing skills to resist group pressure."* [p. 28]
- *"To increase participants' positive refusal skills."* [p. 28]
- *"To teach participants how to look beyond the immediate benefits and consider the long-term consequences."* [p. 28]
- *"To assist participants in developing coping strategies when their peer group does not positively reinforce him/her for standing up for his/her beliefs."* [p. 31]
- *"To assist participants in confronting those feelings which may prompt them into responding impulsively and giving in to the group."* [p. 31]

---

[3]Many of these quotes also appear in the final [October 1994] version of the Prosocial Skills Module

- *"Emphasize that no one has to fall prey to persuasion. By getting the facts, one can make their own decisions and define for themselves what they will do and who they will be."* [p. 33]

- Quote from Malcolm X: *'It is always better to form the habit of learning how to see things for yourself, listen to things for yourself, and think for yourself; then you are in a better position to judge for yourself.'* [p. 36]

F. "I HAVE A FUTURE" PROGRAM EVALUATION: Renewal Grant Proposal to W.T. Grant Foundation April 1991

- One Goal [Hypothesis] of The Program: *"Active participants will delay the initiation of sexual intercourse longer than youth who do not participate and comparison site youth."*

II. BROCHURES

As Dr. Foster mentioned during his hearings, since its inception "I Have A Future" has distributed brochures to the teenagers -- and even to their parents -- that have a strong abstinence message. A variety of brochures have been used over the years, as can be seen below. IHAF staff is always looking for new brochures and teaching materials to catch the teens attention and get the message out in different ways.[4]

A. "MANY TEENS ARE SAYING `NO'" [*U.S. Department of Health and Human Services*, 1986][5]

- *"DON'T BE FOOLED into thinking most teenagers are having sex. THEY AREN'T!! There's a lot to know before you say 'yes' to having sex."*

- *"Face it! Sex for young people is pretty risky!"*

- *"Sexual feelings can be pretty strong! So think before you act. Think about your future. Think about the consequences. In other words,* ***think about yourself!*** *Ask yourself, 'Am I ready to have sex now?' To answer this question you need to decide which is more important to you -- giving in to your sexual feelings or being true to your inner feelings that may be telling you to 'wait.'"*

- *"There's a lot to know before making your decision about whether or not to say "yes" to sex:*
  - -- *Is having sex in agreement with my own moral values?*
  - -- *Would my parents approve of my having sex now?*
  - -- *If I have a child, am I responsible enough to provide for its emotional and financial support?*
  - -- *If the relationship breaks up, will I be glad I had sex with this person?*
  - -- *Am I sure no one is pushing me to have sex? [...]*

  If any of your answers are NO, then you'd better WAIT."

---

[4]The new brochures Dr. Greene ordered in March 1995 were the first she had seen which a) showed African American role models; and b) had a message targeted specifically to teenage *males*. The publisher of the pamphlets said in a letter to Senator Dodd that *"I have long known Dr. Foster to be a strong advocate for abstinence . . . When these pamphlets were first published. . . I immediately requested my staff to send copies to his program because I knew they would be interested in seeing them... His program immediately purchased and began using them . . . reflection of their interest in keeping their program up to date..."* [May 5, 1995 letter from Journeyworks Publishing]

[5]This pamphlet is referenced in the September 1989 draft of the Family Life Education Module [Staff Manual] which was given to the Committee

- *"Decisions about sex may be the most important decisions you'll ever make. So, think before you act."*

- *"What should I know if I decide not to have sex? Congratulations... contrary to rumor, so have lots of other teens. It's not so hard to say "NO" and still remain friends if you are careful not to hurt the other person. For example you might say:*

  -- *`I like you a lot but I'm just not ready to have sex'*
  -- *`I don't believe in having sex before marriage. I want to wait.'*
  -- *`I enjoy being with you but I don't think I'm old enough to have sex.'*
  -- *`I don't feel like I have to give you a reason for not having sex. It's just my decision.'*

- *"Also, there are different ways to show affection for another person without having sexual intercourse."*

- *"Try to avoid situations where sexual feelings become strong. "Stopping" is much harder then."*

- *"Talk about your feelings and what seems right for you. If you and your partner can't agree, then maybe you need to find someone else whose beliefs are closer to your own."*

- *"Will having sex really make you more popular, more mature, more desirable? Probably not. In fact, having sex may even cause your partner to lose interest. The one sure thing about having sex is that you may be in for problems you don't know how to handle."*

- *"Sex is not what makes a relationship work."*

- *Watch out for lines like, "If you care about me, you'll have sex with me."*

  -- *You don't have to have sex with someone to prove you like them.*
  -- *Sex should never be used to pay someone back for something . . . all you have to say is, "Thank you."*
  -- *Sharing thoughts, beliefs, feelings and most of all mutual respect is what makes a relationship strong.*
  -- *Saying "No" can be the best way to say, "I love you."*

B. "AIDS AND SEX: WHAT YOU SHOULD KNOW"
[*Tennessee Responds to AIDS*, December 1992]

- *"WHAT DO I DO?: First, understand it's okay to say 'No' to sex. Get to know the person better. Date. Don't be afraid to talk about your choices with your friends. Have respect for your body. This way, you can avoid HIV and problems like unplanned pregnancy and other sexually transmitted diseases like gonorrhea and syphilis."*

C. "AIDS: WHAT YOU SHOULD KNOW"
[*Tennessee Responds to AIDS*, July 1989]

- *"HOW CAN I PROTECT MYSELF... The only way to be absolutely safe is to avoid all drug needles and not have sex until you are in a marriage or permanent relationship with a faithful, uninfected partner.*

  Until this is possible . . . Say 'No' to sex."

- *"REMEMBER: Alcohol and drugs make it harder to say no to dangerous behavior."*

D. "AIDS AND TEENS: WHAT YOU SHOULD KNOW"
[*Tennessee Responds to AIDS*, June 1991]

- *"HOW DO I PROTECT MYSELF? Don't have sex. Express your affection in other ways such as holding hands or hugging."*

- *"The safest way to protect yourself from becoming infected with HIV is by avoiding sex and drugs. Because this is your life and your body, you have a right to say NO. Remember, you can't tell by looking at someone if they are infected with the virus."*

- *"Remember the best protection against getting HIV is to avoid sex and drugs. Both drugs and alcohol will affect your judgment and you will be less likely to take steps to protect yourself."*

E. "AIDS AND THE BLACK COMMUNITY: WHAT YOU SHOULD KNOW"
[*Tennessee Responds to AIDS*, June 1991]

- *"HOW DO I AVOID HIV?*
  -- *Say `No' to sex.*
  -- *Alcohol and drugs make it harder to say no to dangerous behavior."*

F. "A PARENTS' GUIDE TO THE FACTS: ***TO HELP MOTHERS AND FATHERS TALK TO THEIR TEENAGERS ABOUT SEXUAL RESPONSIBILITY*****"**
[*American College of Obstetrics and Gynecology (ACOG)*, 1986]

- *THE FACTS: NO. 1: YOUNG PEOPLE CAN POSTPONE SEX.*

- *"Fact: Today's youngsters often have the impression that 'everyone is doing it.' Surveys show that more than half of all teenagers do indeed say 'no.' The 'everyone is doing it' comment is typical big talk by young people who want to make themselves look important in the eyes of their friends."*

- *"Let your children know that it's okay to say 'no.' There's nothing wrong with saying it. Even more important, there's no reason for your children to feel different or strange if they do say 'no'."*

- *"Because of pressure from their friends your children need guidance* ***in knowing how to say 'no.'*** *Explain to your children that the best way to say 'no' is to decide before they get into a situation that might force that decision."*

- *"Young people often worry about hurting friends' feelings if they say 'no.' Hurt feelings go away but an unintended pregnancy and a baby don't."*

- *"WRAPPING UP THE FACTS: When parents can establish themselves as the best source of information on sex, the chances of misinformation are reduced. . . When they (your children) have the Facts, you can help guide them in making the decisions that are best for them. They can say 'no' and postpone having sex. . . "*

G. "A MESSAGE FOR TEENS FROM TEENS"
[*March of Dimes Birth Defects Foundation*, November 1986]

- *"We all know how difficult peer pressure can be -- people our own age telling us to do something that we don't really feel good about doing. We don't want to feel different. We don't want to feel left out. But there is such a thing as positive peer pressure. Our true friends wouldn't want us to do anything that would hurt us or get us into trouble."*

- *No one should try to rush you into anything. That's not the way to express your love for someone."*

- *"Guys take it less seriously because they're not the ones who get pregnant."*

H. "SEXUALLY TRANSMITTED DISEASES" [*March of Dimes Birth Defects Foundation*, October 1986]

- *"Obviously, there is no risk of infection if there is no sexual contact."*

III. SUPPLEMENTAL TEACHING MATERIALS

A: GAME: CROSSROADS – *TEEN RELATIONSHIPS AND TEEN SEXUALITY*

1. OBJECTIVE:

- *"The objective of CROSSROADS is to encourage sexual abstinence, goal-setting, parent-teen communications, strong moral values, self-control, responsibility, self-respect, and respect for others."*

- *"Sexual abstinence is important because it provides an opportunity to practice self-control, self-respect, respect for others and other important moral and religious values. It decreases the occurrence of teen pregnancy and sexually transmitted diseases and increases your opportunity to complete educational and vocational goals."*

- *"Teens should be very careful about the selection of their peers. They should choose friends and dates who value sexual abstinence and other positive moral standards."*

2. SAMPLE GAME CARDS[6]

a. "If parents find out that their son or daughter is sexually active, they should discuss birth control because it is too late to discuss abstinence. TRUE OR FALSE

Answer: False...It is never to late to discuss abstinence."

b. "It is important for both males and females to keep their virginity because (a) it decreases the chances of getting sexually transmitted diseases (b) takes away the possibility of unwanted children (c) both a and b

Answer: (c)"

c. "What is the best method a teen may use to keep from getting a sexually transmitted disease? (a) condoms (b) abstinence (c) frequent visits to the doctor

Answer: (b)"

---

[6]These are only a small selection of the cards focusing on abstinence. Many more were given to the committee. The game also had cards addressing AIDS and STDs.

d. *"Why do you think a male or female teen would choose to abstain from sex until marriage? Explain your answer..."*

e. *"Which two methods can be used to control your sexual feelings? (a) maintain the value of abstinence (b) take a cold shower (c) don't deny your feelings, talk to your parents (d) ignore your feelings, they will go away*

Answers: (a) and (c)"

f. *"What are the advantages for males and females who abstain from sex until marriage? (a) no advantages (b) they can set goals and achieve them through self-control (c) no children born before marriage" Which statement was INCORRECT?*

Answer: (a)"

g. *"What is SEXUAL ABSTINENCE? Please explain your answer...*

Answer: Sexual abstinence means to refrain from sexual activities, including the more advanced stages of petting and sexual intercourse."

h. *"Can you truly love someone and abstain from premarital sex with that person? Yes or No?*

Answer: Yes... Love is a strong affectionate bond that consists of respect, trust and commitment."

B. VIDEO: ***"WHO DO YOU LISTEN TO? CHOOSING SEXUAL ABSTINENCE"***
Note: ***There is no date on the invoice [which was enclosed in the video sent to the Committee.] A fax – apparently sent to the program from the video company – is dated 8-21-92.***

- *"It gives them the facts and feelings teens must confront in order to take responsibility for their own sexual activity, and presents a healthy option for them to consider -- sexual abstinence before marriage."*

- *OBJECTIVES: "To help students: [...]*
  -- *Explain the physical, emotional, and psychological risks of premarital sexual activity.*

  -- *Make more responsible decisions about their sexual behavior."*

- *DISCUSSION TOPICS AND ACTIVITIES: [...]*

  4. *Psychological Risks: Consider the psychological risks involved in having sex before marriage, such as feelings of guilt, doubt, fear, disappointment and even the pain of being used. Why do these feelings often follow pre-marital sex? Could they possibly interfere with your ability to concentrate on other things, like building friendships, studying or working?*

  5. *Physical Risks: Consider some of the physical risks involved in having sex . . .*

  6. *Practicing Sexual Abstinence: Discuss the advantages and disadvantages of practicing sexual abstinence before marriage . List some concrete reasons for saying "no" to pre-marital sex that you have learned from the video. . . Why would it be a good idea to refrain from sexual activity, despite what your body may be saying to you? List four activities that can constructively channel your time and energy.*

  7. *Saying No: What are the most common ways others might try to convince you that you should have sex? Practice avoiding the pressure to have pre-marital sex by coming up with reasons to say "no".*

- *SUGGESTIONS FOR GROUP LEADERS*

  -- *Share some adult pressures that you face, such as belonging to a certain club, going out for a drink when you'd rather not, etc. Tell a story illustrating an effective way that you have handled peer pressure, and ask your group to tell you about situations they have seen or been involved in having to do with peer pressure.*

  -- *Encourage adolescents to talk to their parents, school counselors, health teachers or physicians . . . Offer a supportive environment for them to share the information they find. Encouraging them to discuss these issues with their parents can help bridge any embarrassment they may feel regarding these intimate matters."*

C. VIDEO: *"IT ONLY TAKES ONCE"*[7]

The main theme of this video is abstinence, following a young woman -- who has decided with her boyfriend not to be sexually active -- through a variety of social settings. She speaks to a group of teens saying that it's possible to be a virgin and still be cool. [referenced in Family Life Module, p.59]

---

[7]The Committee has the only copy of this video so I was not able to quote directly.

D. <u>AIDS POSTER</u>: ***"WITH AIDS AROUND, GONORRHEA, SYPHILIS & HERPES ARE FAIR WARNING"***

- Poster shows a STOP sign and at the bottom it says: ***"You want to be risk-free from AIDS? Don't have sex.*** *And as long as you aren't shooting drugs, you'll be fine. No worries about who's slept around, who's had blood tests, and whether your condoms are latex are not."*

IV. MEDICAL STUDENT HANDBOOK

As "I Have A Future" falls under the Department of Obstetrics and Gynecology at Meharry Medical College, medical residents and students often rotate through the program's clinics. The IHAF staff prepared a handbook[8] to train the residents before they begin their rotation. The handbook gives specific guidelines for providing counseling -- stressing abstinence as the first and best option.

- *DISCUSSION OF QUESTIONS ON "PERSONAL INFORMATION FORM"*

  "The following questions are sensitive and emotional and could take much more time than is available at the clinic. It is important to schedule a special session with the client to talk in more depth if necessary." [...]

  "2. Have You Talked to Either of Your Parents About Coming Here?

  - *"Determine teen's comfort level in talking with parents" [...]*
  - *"Provide teen with "Can I Tell My Parents?" brochure and encourage her to tell her parents in the future. Emphasize that parents can be a source of support for them. If they can't talk to them now, maybe they will be able to some time later. (Don't give up!) [...]*

  "4. Have you ever had sexual intercourse?

  - *If yes, discuss how she made the decision to have sex and ask how often she has intercourse. If the teen felt pressure to have intercourse, let her know that she can stop if it doesn't seem right for her. You can say "no" after saying "yes".*
  - *You shouldn't have sex: 1) just for another person or 2) to be like your friends. What you really want is most important. This is your decision. . .*
  - *If no, discuss teen's feelings about her decision. Legitimize decision not to have sex . . ."*

  "15. The goal of this [sic] questions is to increase the client's realistic understanding of how a pregnancy would affect her life. . .

---

[8]*Final Report To Health Of The Public;* Submitted by "I Have A Future", Department of Obstetrics & Gynecology, Meharry Medical College; October 1992

- *Have you thought about when you will be ready to have a baby? Deal with a pregnancy? When do you think you will be ready? Imagine for a moment that you were pregnant? How would you feel?*

- *Discuss wide range of emotions involved in hearing news like this. What kind of reaction would she have? Who could she turn to for information and support? What options would she have?*

- *Have she and boyfriend discussed possibility of pregnancy with sexual relationship?*

- *How would pregnancy/parenthood affect their goals?*

- *Possible role-play situation [unplanned pregnancy]*

"INITIAL VISIT INTERVIEW/COUNSELING SESSION

- *CONTRACEPTION AND STD'S (USING PROTOCOL GUIDELINES):*

The manual lists a number of options for avoiding Sexually Transmitted Diseases -- the first of which is *"abstinence."*

"Provide the following brochures for the teen to take with her:
-- *AIDS Brochure*
-- *What Every Teen Needs To Know*
-- *Your Pelvic Exam -- the 1st or 21st*
-- *Can I tell my Parents?*
-- *The Facts [STDs]*
— ***NO and Other Methods of Birth Control"***

V. LISTEN TO TEENAGERS WHO ARE IN THE PROGRAM...

"But if you let the youngsters tell it, there is less sexual activity among those in the program. Part of it is knowing they are not the only one deciding on abstinence. Part of it is having adults they can talk to openly. Part of it is realizing the repercussions of early sexual activity."
[The Tennessean, 2/5/95]

RHIANNON WILSON:

- *"In 'I Have A Future' I have learned why it's best to abstain from sexual activities through a class called Family Life. With me being a young lady, this class and all the other very* ***positive*** *things we do has helped me realize that I truly do have a future and a bright one at that."* [Personal Statement]

- *"Dr. Foster always tells us that abstinence is what we should follow."* [Testimony to Senate Committee]

JASON GORDON:

- *"The program stresses abstinence to the fullest extent, it is the major goal of the program."* [Testimony to Senate Committee]

- "The program taught him one thing most of all, [Jason Gordon, 18] said. *`I know I'm not ready to have a child.'"* [New York Times, 2/11/95]

- *"I Have A Future tells inner-city youth that their futures can be more positive and more successful if they delay sex and pregnancy until they are adults and can handle the responsibilities of a family."* [Statement at White House, 5/1/95]

- *"I know that I would not be where I am if I had gotten shot, gotten someone pregnant, or dropped out of school. That is what IHAF tells us -- if we stay out of trouble, abstain from sex, and avoid drugs and alcohol, our futures can be anything we want. Having a child can limit us forever. Taking responsibility for our lives puts us in charge and lets us define our lives ourselves."* [Statement at White House, 5/1/95]

- *"It's a lot more than just delaying pregnancy and not having sex. It's a lot about responsibility, about having dreams, about having goals."* [AP, 5/1/95]

DEANNA GARRETT:

- *"The 'I Have A Future' program tries to teach the teens that abstinence is the only way that we can put a stop to teen pregnancy, the spread of sexually transmitted diseases, and the transmission of the HIV virus."*. [Testimony to Senate Committee]

GARY HICKS:

- *"Dr. Foster is doing a good deal by teaching kids to wait before they have sex. He would rather the young kids not have sex at all, because they still have a lot of things to look forward to in life. The 'I Have A Future' program teaches you that you don't have to do what everyone else is doing."* [Testimony to Senate Committee]

TERRELL CARTER:

- Terrell Carter said the program has given him a new perspective on interaction between the sexes. *"I thought that having sex was part of everyday life. It showed me abstinence is cool . . ."* [The Commercial Appeal, 2/14/95]

- Terrell Carter, 18, credits the program for teaching him that fathering a child is *"nothing to be proud of."* He now has *"more respect for girls. They're not just sex objects."* [USA Today, 2/9/95]

CHARMAINE HARRIS:

- Charmaine Harris, 18, says that the program taught her skills she could use to resist pressure to have sex: *"Let's say you have a date, dancing, and things start getting hot. Are you going to be passive or stand up for what you believe in?"* [The Tennessean, 2/5/95]

- *"As a member of the 'I Have A Future' program, I have learned how to choose and make decisions that will have a positive effect on my life and benefit me as well as others around me. I learned that it is alright to be different because the only person I need to please is me."* [Testimony to Senate Committee]

TONYA RUTLEDGE:

- Tonya Rutledge, 17, thinks that her life would be different if she hadn't been in the program. *"I think I would probably be like my other friends which have children or they're about to have a child...."* [USA Today, 2/9/95]

AMELIA TURNER:

- *"When I first moved to Nashville. . . I was confronted daily with negative influences such as pressure to have sex and use drugs and alcohol. Fortunately, people like Dr. Foster realized those kinds of pressures, and they did something about it. Joining 'I Have A Future' gave me a safe alternative to doing those negative things. It taught me how to resist the peer pressures in order to be the best person I can be by not letting others pull me down."* [Statement at D.C. Arrival Event, 5/1/95]

- *"'It kept me busy. I had friends trying to take me in the wrong direction,"* said Amelia Turner, 18, who joined the program when her family moved to Nashville five years ago. *'[The program leaders] constantly stressed the importance of higher education... having a child is down the road.'"* [The Commercial Appeal, 2/14/95]

- *"This would be a nice program to have in other cities,"* said Amelia Turner, who wants to major in both medicine and biomedical engineering. *"In the little town I came from, there is nothing to do, so you may go over to your boyfriend's house. This takes you away from that. You don't have time to do crazy things."* [The Boston Globe, 2/10/95]

- Eighteen year old Amelia Turner says that in her life she is under *"a lot of pressure"* to have sex. I Have A Future counselors *"let us know that if you want to have sex, here's what you can use. But,* ***the best sex is no sex.***" [USA Today, 2/9/95]

FLOYD STEWART:

- Floyd Stewart has been in the "I have A Future" program for 4 years and says that unfortunately most people *"don't know about how [Dr. Foster] preaches abstinence."* [Testimony to Senate Committee]

JOHNETTA NELSON:

- Johnetta Nelson, a student, believes that the program taught her many things. *"I chose to further my education, and I knew that if I was to become impregnated that it would probably hold me back. And I know that I want a lot of things out of life, so I figured that it's not the time.* [CNN, 2/13/95]

- *"I owe a great deal of credit to "I Have A Future" for keeping me active and busy. The program helped me keep my focus on my future and kept me from straying away. It taught me that your education comes first and having children comes later."* [Statement at D.C. Arrival Event, 5/1/95]

MELISSA HUNTER:

- "Melissa Hunter . . . said [Dr. Foster's] brainchild gives her and her friends a choice they seldom had before. A few make it out of the projects and their teen-age years without a baby and the limitations that babies bring, purely on strength of character alone, she said. But it is hard. *'Here they keep you too busy to get into trouble.'"* [The New York Times, 2/11/95]

LATARA GOOCH:

- The "I Have A Future" program has *"taught me how to think of myself, and not let everyone think for me. It also has kept me from making a big mistake in my life. The mistake is having sex at an early age."* [Personal Statement]

TYRECA BOWERS:

- *"I have been in the 'I Have A Future' program for approximately 2 years. This program has helped me to prepare for the real world. It teaches me to be responsible."* [Personal Statement]

LASHONDA MARYLAND:

- *". . . the program helps build skills that are essential in everyday living. By acquiring these skills many of the children who go through the program have higher self-esteems, better manners, respect for themselves and others, excellent communication skills, and the ability to cope with problems."* [Testimony to Senate Committee]

TASAUNDRA DOOLEY

- "Tasaundra Dooley, 16, said, *`They taught us that we don't have to be pregnant.'* Although birth control and abstinence are part of this plan, what the program really does is give her a reason not to join the ranks of unwed mothers, she says." [New York Times, 2/11/95]

MELISSA HUNTER:

- *"'I Have A Future' has helped me escape the peer pressure that takes over most children in our community."* [Personal Statement]

NAKEETA HUNTER:

- *"I've been in 'I Have A Future' for 3 years. 'I Have A Future' has been a great help to me. We call it 'The Future'. 'The Future' talks about just what it says, 'The Future'"* [Personal Statement]

VI. QUOTES FROM MEDIA:
OBJECTIVE SOURCES CONFIRM IHAF'S ABSTINENCE FOCUS

Many members of the media -- objective voices in this ideological battle -- traveled to Nashville and interviewed the staff and students of the "I Have A Future" program. It was clear to all observers that abstinence is a major focus of the program.

- **The Tennessean:** *"R-E-S-P-E-C-T, It Means A Lot to 'Future' Kids,"* 11/14/94[9]

  "The goal was to get kids age 10-17 to **forgo risky behavior, like having sex** and using drugs, that could alter their lives forever. In doing so, values like self-esteem, respect for others and responsibility are instilled...For example, Nelson said she learned a lot from an exercise where she cared for an egg as though it were a child. It helped illustrate that she wasn't ready to have a baby."

- **The Tennessean:** *"Teens Say Foster's Vision Brightens Future,"* 2/5/95

  "We deal with issues such as how to be in relationships, how to be intimate with someone and not necessarily have intercourse, Green explained. *"How do you deal with social situations where you find yourself needing to refuse things?"* Or as Charmaine Harris, 18, said: *"Let's say you are on a date, dancing and things start getting hot. Are you going to be passive, or stand up for what you believe?"*...Greene says their message to the young people is simple: Sex just doesn't fit into your lives right now. But it's not just talk, Greene added. Counselors give teens reasons to want to delay sex and parenthood. Youths are kept busy with field trips, after school activities such as dance and karate classes, support groups, tutoring sessions and jobs... **But if you let the youngsters tell it there is less sexual activity among those in the program. Part of it is knowing they are not the only one deciding on abstinence. Part of it is having adults they can talk to openly. Part of it is realizing the repercussions of early sexual activity."**

- **National Public Radio:** *"Dr. Foster's Work In Nashville Praised,"* 2/17/95

  "NPR:. . . *Every day Joe Jenkins [IHAF Instructor] starts the class the same way.*

  JOE JENKINS: *Once again, welcome to Family Life Education. . . Everybody understand this is a teen pregnant prevention program? Everybody understand the best way to prevent pregnancy is --*

  STUDENTS IN CLASS: **Abstinence.**

  JOE JENKINS: *Abstinence. Once again, always understand,* ***no matter what you hear from everybody else, there are more people not having sex than there are having sex."***

---

[9]Pre Doctor Foster's February 1995 nomination.

- **New York Times:** *"Nominee's School Program Offers Alternatives to Teens,"* 2/11/95

"... I Have A Future, an after-school program that teaches teen-agers to delay sex and childbearing, allowing them to build careers and lives...Dr. Lorraine Green, the project's director, stressed that the program does not work with pregnant girls or offer abortion counseling. Rather, she said counselors teach the young people about **abstinence**, responsibility and self-control. . . It addresses much more than sex, said Dr. Satcher and teen-agers involved in the program. It is based on common sense and self-esteem, and slowly, steadily -- through informal classes almost every day after school -- teaches them how a baby can forever limit their lives, and how to value their own lives...*'They felt that if they could do that, the teen-pregnancy problem would be taken care of , too, because the* ***young people would have a reason for delaying sexual behavior.*** *You weren't just saying,* ***'Say no to sex.'*** *You were saying, 'You have a reason to value yourself.'"*

- **Washington Post:** *"In Nashville, A Portrait of Compassion,"* 2/12/95

"Just two weeks ago, Foster was mainly known for the seven-year-old program preaching values such as cooperation and personal esteem that he had brought to teenagers . . . in Nashville's public housing projects. . . Again and again he heard the same story: Just as much as good health, the kids of the projects needed hope, a commodity in short supply in the drug-ridden, violent neighborhoods. . . Based in the housing projects it serves, **the program preaches sexual abstinence** and a strong anti-drug message, and stresses such values as cooperation, personal responsibility and self-esteem. . . The program has earned national recognition. President George Bush named the program one of the thousand 'Points of Light.'"

- **USA Today:** *"Teens Have A Future, Thanks to Foster Program,"* 2/9/95

"A takeoff on Martin Luther King Jr.'s 'I Have a Dream,' the program was founded in 1988 to stress abstinence and responsibility to adolescents . . . When Foster and others started IHAF, says David Satcher, director of Centers for Disease Control and Prevention, *'They sat down with the parents and found out what they wanted. They came out really pushing abstinence, but they also had condoms available.' . . .* Amelia Turner, 18. Program counselors *'let us know that if you want to have sex, here's what you can use.* ***But the best sex is no sex.'***