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Divider Title: _____

ROLE OF THE SURGEON GENERAL

The Surgeon General holds a major and historic position within the Public Health Service acting as the "people's doctor," as some have described it. The Surgeon General has been the national spokesperson to promote good health activities, alert the nation on things that are harmful or potentially harmful. It was Surgeon General Luther Terry who issued the first Surgeon General's Report on Smoking and Health. More recently, it was Surgeon General C. Everett Koop who wrote the report on AIDS that was mailed to every household in the United States in a major effort to educate the public on the AIDS issue.

The efforts of the Surgeon General to keep this country informed on a variety of health issues is a key responsibility of the office. However, to call the Surgeon General the principal health official/officer of the United States is a misnomer. The Surgeon General serves at the pleasure of the President and under the direction of the Secretary of Health and Human Services, reporting directly to the Assistant Secretary for Health, who also holds the title, Director of the U.S. Public Health Service. The organizational changes that placed the overall authority for the Public Health Service in the office of the Assistant Secretary, was initiated in the 1960's, in response to the increasingly complex development of the PHS, which has grown to eight separate agencies. Section 201 of Title II of the Public Health Service Act specifically required that the overall leadership and direction of the Public Health Service reside with the Assistant Secretary for Health under the supervision of the Secretary of Health and Human Services.

The Surgeon General's current duties and responsibilities include the direction of the active Commissioned Corps, the component of the Public Health Service that provides medical and allied health professionals for a variety of public health duties throughout the U.S. and overseas.

On July 16, 1798, Congress passed the act for the Relief of Sick and Disabled Seamen. This act called for the federal government to construct marine hospitals and provide medical care, to and for, merchant seamen. By the end of the Civil War, it was felt that the Marine Hospital Fund was in need of major reform. The reform was led by John Maynard Woodworth who was appointed the first Surgeon General of the Marine Hospital Fund in 1871. The name was then changed to Marine Hospital Service, and the scope of duties assigned to the agency quickly expanded to keep pace with the new nation. In 1912, its name was formally changed to that of Public Health Service to reflect its expanding public health role. The 1994 PHS Act created the modern Public Health Service, expanded PHS authority to award grants for research, construction, and support of state and local health programs.

SURGEONS GENERAL OF THE PUBLIC HEALTH SERVICES

1. John Maynard Woodworth
   Dates in Office: 1871-1879

2. John B. Hamilton
   Dates in Office: 1879-1891

3. Walter Wyman
   Dates in Office: 1891-1902

4. Rupert Blue
   Dates in Office: 1912-1920

5. Hugh Smith Cumining
   Dates in Office: 1920-1936

6. Thomas Parran
   Dates in Office: 1936-1948

7. Leonard Andrew Scheele
   Dates in Office: 1948-1956

8. Leroy Edgar Burney
   Dates in Office: 1956-1961

9. Luther Leonidas Terry
   Dates in Office: 1961-1965

10. William Huffman Steward
    Dates in Office: 1965-1969

11. Jesse L. Steinfeld
    Dates in Office: 1969-1973

12. S. Paul Ehrilich
    Dates in Office: 1973-1977

13. Julius Benjamin Richmond
    Dates in Office: 1977-1981

14. C. Everett Koop
    Dates in Office: 1981-1989

15. Antonia C. Novello
    Dates in Office: 1990-1993

16. M. Joycelyn Elders
    Dates in Office: 1993- 1994

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February 2, 1995

Statement

Surgeon General Designate

Henry W. Foster, Jr.

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

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

- More -

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

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

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

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

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

Thank you very much.

ABC NEWS

SHOW: Nightline (ABC 11:30 pm ET)

February 8, 1995

Transcript # 3578

BODY:

ANNOUNCER: February 8th, 1995.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TED KOPPEL: Cokie, thanks very much.

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

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

TED KOPPEL: Thank you, sir.

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

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

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

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

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

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

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

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

[Commercial break]

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

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

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

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

Dr. HENRY FOSTER: Yes.

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

Dr. HENRY FOSTER: Right.

TED KOPPEL: Is that correct?

Dr. HENRY FOSTER: Yes. Let me tell-

TED KOPPEL: Fewer than a dozen?

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

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

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

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

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

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

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

Dr. HENRY FOSTER: Okay.

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

Dr. HENRY FOSTER: Right.

TED KOPPEL: Do you have a number now?

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

TED KOPPEL: Please.

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

TED KOPPEL: Right. A vaginal suppository.

Dr. HENRY FOSTER: A vaginal suppository.

TED KOPPEL: Which could induce-

Dr. HENRY FOSTER: Early abortion.

TED KOPPEL: Early abortion.

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

TED KOPPEL: Right.

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

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

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

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

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

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

Dr. HENRY FOSTER: Fifty-five.

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

Dr. HENRY FOSTER: No, no.

TED KOPPEL: You don't consider those abortions?

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

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

[Commercial break]

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

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

Dr. HENRY FOSTER: That is correct.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dr. HENRY FOSTER: I think so.

TED KOPPEL: Where?

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

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

Dr. HENRY FOSTER: No.

TED KOPPEL: No?

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

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

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

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

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

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

[Commercial break]

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

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

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

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

REMARKS BY DR. HENRY FOSTER, SURGEON GENERAL NOMINEE; GEORGE WASHINGTON MEDICAL SCHOOL, WASHINGTON, DC / FRIDAY, FEBRUARY 10, 1995
GW-10-01 page# 1

dest=notvpol,ussurgen,abort,popcont,womenrts,hlth,hlthcr
data

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

THIS IS A RUSH TRANSCRIPT.

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

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

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

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

- More -

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. FOSTER: The program involves entire --

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you very much. (Applause.)

# # # # #

EMBARGOED FOR RELEASE UNTIL DELIVERED

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

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

You guys gave me a lot of inspiration.

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

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

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

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

I feel a little bit like that groundhog.

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

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

And that means Spring is just around the corner.

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

I thought I knew what he meant at the time.

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

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

Let me tell you.

But all is not lost.

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

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

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

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

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

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

Take violence, for example.

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

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

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

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

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

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

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

Then there's drug and alcohol abuse.

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

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

Every day 8,400 teenagers become sexually active.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

But let me be clear:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

what we've done.

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

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

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

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

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

rural South.

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

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

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

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

Again Sandy and I thank you so very much.

DR. HENRY FOSTER

REMARKS TO SASHA BRUCE FOUNDATION

March 3, 1995

INTRODUCTION AND ACKNOWLEDGMENTS

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

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

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

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

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

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

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

I'm here to help you.

WHY I WANT TO BE SURGEON GENERAL

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

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

In crowded cities and in places you can't even find on a map -- I have come face to face with real life and death challenges.

Low birthweight babies born to mothers not yet old enough to drive a car.

Low income women in the rural south with no access to prenatal care and no one but a lay midwife at their side at the time of delivery.

I know that these impediments not only stunt the growth of children, they inevitably stunt the growth of this nation.

There is nothing more in the national self-interest than the protection and nurturing of our children.

And I have devoted my entire career to this goal.

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

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

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

Let me tell you something else -- something I am very proud of. I have never once asked a woman who came to me for medical care if she had money or insurance before I treated her. Do you know why? Because it wouldn't have mattered. I was going to treat her anyway.

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

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

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

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

MATERNAL AND INFANT CARE PROGRAM

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

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

Our program took a proactive approach.

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

Some of these women had never seen a doctor.

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

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

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

HIGH RISK YOUTH PROGRAM

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

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

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

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

I HAVE A FUTURE

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

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

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

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

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

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

And we must expect them to succeed.

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

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

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

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

And the program is working.

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

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

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

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

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

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

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

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

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

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

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

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

Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you very much.

DR. HENRY FOSTER

NOMINEE FOR U.S. SURGEON GENERAL

ANNUAL CONVENTION
OF THE
NATIONAL NEWSPAPER PUBLISHERS ASSOCIATION

Washington, D.C.
March 16, 1995

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

That's right: Tuskegee, Alabama.

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

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

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

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

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

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

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

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

Now that's the Tuskegee story.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Keep lighting that road to freedom.

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

Thank you, and God bless you all.

March 10, 1995

Patricia S. Fleming
National AIDS Policy Director
The White House
Washington, D.C.

Dear Ms. Fleming,

Thank you very much for taking the time last week to share your perspectives on the HIV/AIDS pandemic. Your leadership in directing the federal response to this killer disease is inspirational.

I am proud to be allied with you in this struggle. I write to unequivocally assure you that AIDS will be one of my highest priorities. For I have seen, first hand, this disease's terrible impact on individuals, families, communities, and, indeed, the nation.

As a physician, I have treated patients with HIV and AIDS. This is a trying event for both patient and physician. As a professor, I have taught my students to open their hearts to people with HIV and AIDS. These individuals need more than just medical help. And as a medical administrator, I have opened Meharry Medical College's doors to people with HIV and AIDS, even as other hospitals shunned these patients.

As Surgeon General -- the nation's primary teacher on public health issues -- I will use my "bully pulpit" to continue to fight fear with facts. For AIDS is a disease -- not a moral judgment -- and we must not allow fear and ignorance to interfere with humane and sound public health policies.

I applaud the Clinton Administration for re-focusing and re-energizing federal AIDS research, treatment, and prevention efforts. I reject the idea that we must pit one disease against another. All people who are ill deserve our passion and our compassion, our resources and our energy.

But AIDS must remain a special concern because it is an infectious disease that is fatal, that has no cure, and that typically strikes people in the prime of life.

Few people realize that in the past year, AIDS surpassed avoidable injuries to become the leading killer of Americans aged 25 to 44. Since first being recognized in 1981, AIDS has killed a quarter of a million Americans, a grim tally that continues to climb at the rate of 100 people a day.

Some 40,000 Americans are expected to become newly infected with HIV this year alone -- one quarter of them under the age of 20, and half of them under the age of 25. Barring some medical breakthrough, this will insure that this pandemic will continue into the next millennium.

Compounding the tragedy is that every new HIV infection is a needless infection. We have the knowledge and technology to stop the spread of HIV. What we need to do is to educate people, and to empower them to act in their best interest on what they have learned.

I am, by training and temperament, a teacher. We must teach all Americans -- young and old -- to avoid risky behavior that can lead to HIV/AIDS. This means continuing to spread the word that illegal drugs kill. It means continuing to spread the word that the surest way to avoid the sexual transmission of HIV is to abstain from sexual activity. And it means continuing to spread the word to those who are sexually active that the correct and consistent use of latex condoms is highly effective in preventing HIV transmission.

When you've been involved in the miracle of birth as many times as I have, you can't just stand on the sidelines and watch people put their lives at risk with dangerous behavior. As a physician, I have to act.

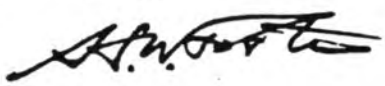
My special focus as Surgeon General will be our nation's young people. I have dedicated my life to helping young people to make positive life choices. That's why I founded the "I Have a Future" program for teenagers in the Nashville housing projects. The program stresses abstinence, first and foremost -- echoing the Administration's advice that delaying sexual activity is the surest way of preventing HIV transmission. But when teenagers, against our counsel, are sexually active, it is irresponsible as adults not to help them protect themselves.

My work fighting health problems in rural and inner-city America has taught me that every American has a role to play in this struggle. While the federal government can and must provide financial resources and leadership, many of the strongest and most effective HIV/AIDS prevention programs have sprung from local communities. From these communities, we have learned that targeted, culturally-sensitive educational approaches work best in encouraging and empowering people to adopt healthy behaviors.

I look forward to working with you in our battle of this insidious disease. The road ahead will be long and difficult. We must continue to aggressively pursue treatments, vaccines and, ultimately, a cure to HIV/AIDS. We must provide those living with HIV the services they need to remain healthy, and we must continue our vital work in AIDS education so that fewer and fewer Americans are infected with this killer.

In the absence of a vaccine or cure, prevention and education are our best weapons. As Surgeon General, I will do all I can to help.

Sincerely,



Henry W. Foster Jr., MD

April 3, 1995

Dr. Lee Brown
Director
Office of National Drug Control Policy
Executive Office of the President
Washington, DC 20500

Dear Dr. Brown:

Thank you for the excellent meeting which we had recently to discuss the enormous challenges involved in confronting the serious problem of drug abuse. You have provided outstanding leadership on this issue and I look forward to joining you and working with you. Your leadership is helping Americans to understand that treatment, prevention, and research are vital components of an effective strategy against substance abuse. Our strategy must reflect a genuine balance which combines strong law enforcement with determined efforts to reduce the demand for illegal drugs.

I am deeply concerned, as I know you are, by the recent increases in illegal drug usage by young people, as indicated by the Monitoring the Future Survey. There has been a resurgence of favorable reference to illegal drug use in popular culture and, at the same time, a marked reduction in news coverage of the drug problem. I have seen the terrible harm drugs do to our nation's youth. It is clear that the primary role of the Surgeon General is to educate and I will make it a high priority in this role to send the message to young people and to their parents that drugs are dangerous and deadly. I will use my bully pulpit to join you in re-enlisting community leaders from all walks of life to come together in sending a renewed message about the corrosion and chaos that come from drug abuse.

Drug and alcohol abuse are also connected intimately to so much of the violence that is tearing at our country's social fabric. Substance abuse is involved in an estimated 50 percent of domestic violence cases and an even greater percentage of child abuse and neglect situations. Adolescent deaths from violence and automobile accidents are disproportionately related to alcohol and drug abuse. And the overall cost to the economy of drug and alcohol abuse is nearly $170 billion annually.

Hence the stakes are high. And we need to understand that, for too many of our young people who come to abuse drugs or alcohol, the abuse is a symptom of other problems -- either in their own families or in their own perception that their future lacks opportunities and possibilities, or both. Community coalitions and community partnerships to prevent substance abuse are vital, but we need to understand that helping families function better and making sure that positive future opportunities are available are also essential parts of the agenda.

That is what we tried to do in 1987 when parents in the Nashville housing projects told us that drug and alcohol abuse was the biggest problem their teenagers faced. We established the I Have A Future program -- based in the housing projects where the teens live -- involving the entire community in teaching a strong anti-drug message. Parents and teachers and clergy work together to communicate values -- teaching our young people responsibility and self-respect, and showing them the damage to their communities, their families, and their futures that can result from drug abuse. Most important, we raise their self-esteem and teach them skills -- so that drugs do not seem an attractive choice, or their only choice. Before they use drugs to block out the pain of their present, we offer them hope for their future. I know that communities all over the country can come together in the same way and fight this problem that threatens us all.

We know that real prevention -- such as the I Have A Future program -- works. Equally important, we know that treatment works. Recovering drug abusers and alcoholics are the first to say that their personal commitment to recovery is crucial, but treatment -- in different forms and approaches for different people -- makes a huge difference. However, treatment can only work if we invest sufficient resources to make it available to those who need it. I will join you in educating policy makers at all levels that investing in treatment is cost-effective. You and I know this, but those of us who know the facts have not been as effective as we would like to be in communicating them to those who make decisions about these critical matters.

I am emboldened at the prospect of joining an Administration that believes in a policy which combines intelligent law enforcement with investments in prevention, treatment, and research. As one example, this Administration's commitment to innovative drug courts represents exactly the kind of partnership between law enforcement and public health that we need to have if we're going to make any progress in reducing the levels of drug and alcohol abuse. Drugs like cocaine, heroin, and marijuana are illegal and should remain illegal. There should be no question about that. The question should be how do we obtain an adequate investment in everything that we need to be doing to help solve the problem.

I look forward to working with you on this great challenge.

Sincerely,

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

STATEMENT BY DR. HENRY W. FOSTER
U.S. SURGEON GENERAL NOMINEE
SENATE AND HUMAN RESOURCES COMMITTEE
MAY 2, 1995

Thank you, Senator Kassebaum and members of the committee for this opportunity to talk with you about my qualifications and vision for the role of U.S. Surgeon General. I also want to thank those committee members with whom I have met prior to these hearings.

I thank President Clinton for having nominated me for this post. I am honored by his confidence. And most importantly, I want to thank my wife St. Clair, my daughter Myrna, my son and his wife, Wendell and Ann, and all of the many hundreds of former patients, colleagues, students and other citizens who called, wrote, and spoke out on my behalf these past three months.

Since the President nominated me on February the second, there has been some confusion created about who I am and what I stand for. Today, I will set the record straight.

Let me begin by telling you a little about how I grew up and how my upbringing influenced the development of my values. I was fortunate to have had two very strong and loving parents who shared a deep and unshakable faith in the America Dream -- that America would indeed live up to its promise of opportunity, equality and justice for all.

As far back as I can remember, we had a copy of the American Constitution in our home. My father often told my sister and me that our freedom and justice were locked inside the Constitution. And then he would tap his temple and say, "The <u>key</u> to unlocking it is an educated mind."

Before his death, my father's faith in America was rewarded. He lived to see the armed forces integrated by President Truman. He witnessed the famous Brown vs. Topeka Board of Education decision. And he saw me accepted into the University of Arkansas School of Medicine -- the only African American student in my entering class of 96 students.

My paternal grandmother, Grandma Hattie, also had a great influence on me. She was born just 16 years after slavery ended in this country.

I doubt if she ever had any formal education. As a young schoolboy, I wondered why her handwriting was poor, but as I grew older and wiser, I came to appreciate her great intelligence and character. Grandma Hattie was not formally educated, but without doubt, she understood its value and its power. She worked as a domestic to make sure that her two children would earn college degrees. And she succeeded.

My father is now deceased, but his sister, my Aunt Mary Foster Cheatham, still lives independently in Pine Bluff, Arkansas, at the age of 92.

By the dignity and power of their lives, my mother and father and my Grandma Hattie taught me the values of education, hard work, and integrity. Also, I am so indebted to my wonderful teachers in Pine Bluff who believed so completely in me and my future that I would have done almost anything not to disappoint them. These are the people and the values that have sustained and guided me throughout almost four decades as a teacher, university leader, practicing obstetrician/gynecologist, researcher, and mentor for high-risk youth.

So I come to this challenge fully committed to be a strong, tireless, and ethical educator and advocate for improving the health of the American people.

It is important that this committee and the American people understand that as Surgeon General, I will focus on the full range of health challenges facing this nation. These include cancer, HIV/AIDS, heart disease, maternal and child health, mental health, aging, substance abuse, violence, and of course, the epidemic of teen pregnancy -- an issue with which I have had some success and which the President specifically asked me to confront.

And most importantly I must continue to educate the American people of the great utility of health promotion and disease prevention. It is health effective and cost effective.

But there are two issues which have clouded my nomination that I wish to deal with right up front. The first is the attempt, by some, to say that this nomination is about abortion. It is not. And the second is the issue of my credibility, which has never been questioned before.

First of all, I am a doctor who delivers babies.

My life's work has been devoted to bring healthy lives into this world, and trying to assure that every child born is a wanted child whose needs can be met by its parents. I have worked tirelessly to help assure that young people get a healthy start in life, and to ensure that they have access to quality health care throughout adulthood.

I have dedicated my career to taking all appropriate medical steps to meet the health needs of my patients, and that includes performing legal abortion. In America, a woman has a right to choose. And I support the President's position that abortions should be safe, legal and rare. But, again, my life's work has been dedicated to making sure that young people don't have to face that difficult choice.

Now, as to my credibility, let me be clear:

When I was asked, in the middle of a casual conversation whether I had ever performed abortions, I said that I had and the one that I remember in particular involved a woman with AIDS. A couple of days later, I was asked if I had performed more than one abortion. I answered, "Yes." I was then asked how many. And I answered based on my memory, without reviewing the record. That was a mistake. But, it was an honest mistake.

In my desire to provide instant answers to the barrage of questions coming at me, I spoke without having all the facts at my disposal. And since that time, I've made every effort to review the records so I could be as accurate as possible. Let me be clear now: In 22 years at Meharry Medical College I am listed as the physician of record on 39 abortion cases. I do regret the initial confusion on this issue. But there was never any intent to deceive. I had no reason to do so.

I have worked very hard to establish a record of credibility and ethical conduct. It is open to anyone who chooses to scrutinize it.

I was appointed to the National Ethics Advisory Board by Secretary Califano, then the Secretary of Health, Education and Welfare and I am very proud of the fact that my colleagues in the Nashville Academy of Medicine have chosen to include me as a member of its Ethics Committee for 10 consecutive years.

I am one of only 10 members who serve on the committe from a medical society consisting of nearly 1400 physicians. These are people who have observed my every personal and professional move, up close, for 22 uninterrupted years. Hence the issue of my nomination is not abortion or credibility. Rather, the issue is do my professional credentials qualify me to serve as Surgeon General. That is what I am here to discuss with you.

I believe that my training and experiences have prepared me well to take on this task. I have been a medical educator for 30 years.

In 1972, as a consequence of an innovative obstetrical outreach program I developed at Tuskegee, Alabama, I had the good fortune to become one of the youngest people ever inducted in the Institute of Medicine of the National Academy of Sciences.

In 1973, I was asked to chair the Department of obstetrics/gynecology at Meharry Medical College in Nashville. Over the course of three decades, I have taught hundreds of young men and women who have gone on to be doctors.

During my 22 year full-time association with Meharry, I have served as Acting President of the University, Vice President of Health Services, Dean of the School of Medicine and Chairman of the Department of Obstetrics and Gynecology. Currently, I am on a one-year sabbatical as Senior Scholar in Residence at the Association of Academic Health Centers, which concludes June 30, 1995.

But, of all my experiences, none compares to my service as a practicing OG-GYN. I have personally delivered thousands and thousands of babies. So when people ask me why I accepted the offer to be Surgeon General, I have a strong answer. When you've had the good fortune to participate in the miracle of birth as many times as I have, it is difficult to stand on the sidelines and watch so many people wasting the precious gift of life.

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

It is especially difficult to see the disparities in health status in this country. We have the finest health care system in the world. The finest health care professionals, the best technology, the best facilities, the best training. But sadly, there are places all across this country that do not have access to that excellence. What kind of health care you get should not depend on whether you are rich or poor, black or white, urban or rural. And as a doctor, I have deliberately chosen to work in places where there are serious health problems but little and few health care resources.

In rural Alabama and inner city Nashville, I served people whom others had forgotten. In the 1970s, I headed the Maternity and Infant Care Program at Tuskegee Institute -- bringing comprehensive health care to rural pregnant women, so many of whom had never seen a doctor.

In the early 80s, a major health care foundation asked that I run a national program which provided health services to more than 300,000 young people living in areas characterized by high rates of teen pregnancy, violence, drug and alcohol abuse, and mental illness.

And in 1987, I began the "I Have a Future" teen pregnancy reduction program in the housing projects of Nashville, Tennessee. The philosophy behind that program is that if parents and a broad cross-section of community leaders come together to give young people constructive guidance and positive outlets for their energies, those young people are far less likely to throw away their futures through early sex and other risky and potentially fatal behaviors.

That's why we've worked so hard to teach abstinence, responsibility and to let these kids know that they can have a brighter future. The program is working. Just last year, 24 of the program participants graduated from high school. And 16 of these young people, as I speak before you today, are now in college, while four others joined the Armed Forces.

In 1987, the Tennessee House of Representatives issued a proclamation recognizing the outstanding contributions of this program. In 1989, the American Medical Association awarded us their Adolescent Health Award. And in 1991, we had the honor of being selected by President Bush as one of America's "Thousand Points of Light", Point 404.

I believe this kind of success is possible in every community. And as Surgeon General, I want to lead a national crusade to prevent teen pregnancy. I will work to empower local community coalitions to develop comprehensive teen pregnancy programs that fit their individual needs. I know that what works in Nashville may not work completely in Chicago or Charlotte. But I have faith that every community can make a difference in the lives of its youth. It's imperative that we do so.

In conclusion, let me say that I am proud of my record of service and my commitment to medical education and trying to assure that every American has access to health care.

In 1959, I was also called on to serve my country, when I spent two years as a medical officer in the United States Air Force at the rank of captain, stationed at Larson Air Force Base, Washington. That experience, plus my subsequent service as an active reservist, will help me lead the men and women of the uniformed Public Health Service Commissioned Corps. And my military service also stands as a model of the kind of patriotic and honorable public service that I have performed and hope to provide as Surgeon General.

Again, I want to thank President Clinton for placing his confidence in me and for standing by me so strongly throughout this nomination process. I only hope to repay him, you and the American people by being the finest Surgeon General in the history of this great nation of ours. Thank you.

Clinton Presidential Records
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Divider Title: _____

In Their Own Words

Statements of Support for Dr. Foster

- "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." -- ***Charmaine Harris*, participant, I Have a Future program**

- "My name is Gary Hicks and I have been in I Have a Future for three years ... The program teaches you not to have sex. On the other hand if you feel your ready for sex the leaders talk to you and make sure your ready for that decision ... Foster is doing a good deed by teach kids to wait before they have sex. Foster 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." -- ***Gary Hicks*, participant, I Have a Future program**

- "I have known Henry Foster for more than 40 years, since our undergraduate days at Morehouse College in Atlanta. Our lives have continually intersected: as classmates under the mentorship of the late Morehouse President, Dr. Benjamin Elijah Mays; as young physicians joining the National Medical Association; as medical educators in demanding fields of specialization; and in later life as presidents of two of the nation's four predominantly black medical schools. As well, I was pleased to represent the Bush Administration when Dr. Foster was given a "Points of Light" award for his work on behalf of Nashville's low income teenagers through the "I Have a Future" program. In each phase of our long association, I have found Dr. Foster to be an extremely capable scholar, vigorously dedicated to his patients, an inspiring teacher, an innovative administrator, and a trusted friend of young people ... Dr. Henry Foster would be an able, credible, and trusted advocate. His warmth and sincerity make him an ideal spokesperson for good health and behavior change. I am pleased to urge the committee to confirm the nomination of Dr. Foster as Surgeon General."
  -- *Dr. Louis W. Sullivan*, President of Morehouse School of Medicine and Former Secretary of Health and Human Services

- "I graduated from Meharry Medical College, the class of 1974. ...[Dr. Foster] had tremendous influence on my desire to be an OB/GYN. He taught me at Meharry, and at our rotation at Tuskegee Institute. ...I offer, also, a unique perspective as I was one of about eight caucasian students in a class of about 90 blacks. I was the minority. And yet, I couldn't have felt more comfortable, mainly because of the efforts of men like Dr. Foster. This man is not only a good man, he is a great man. He represents to me what every student, at whatever level they would be at, should have -- a professor who puts his arm around your shoulder, who cares about you both personally and professionally, who takes you under his wing, and as a student you are proud to be under his wing." -- ***Terry Cole*, M.D., F.A.C.O.G., Ventura, CA**

- "Dear Dr. Foster: I am a private solo practice pediatrician in Puyallup, Washington located thousands of miles from Nashville. Your influence has had a positive impact upon physicians in our community. We commend you for your efforts to reduce the spread of teenage pregnancy. We believe your philosophy of approach is proper and our community would stand behind any national effort led by you to help our adolescents." -- ***DeMaurice Moses*, M.D., Puyallup, WA**

I. STATEMENTS OF SUPPORT THAT ARE NOTEWORTHY

This section highlights the favorable comments from individuals who know Dr. Foster. Danny Rose with the White House Office of Public Liaison has organized all the statements from groups.

"I HAVE A FUTURE" PARTICIPANTS:

"My name is Gary Hicks and I have been in I Have a Future for three years ... The program teachs you not to have sex. On the other hand if you feel your ready for sex the leaders talk to you and make sure your ready for that decision ... Dr. Foster has put excitement into learning. Learning could be fun if you do it in a fun way ... Foster is doing a good deed by teach kids to wait before they have sex. Foster 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."

-- Gary Hicks

"I am a three year participant in the "I Have A Future" Entrepreneurship Program. Dr. Foster's program had greatly helped me. I have developed a positive attitude, good morals, confidence, and the willingness to become a strong, successful, black female through this extraordinary program. Dr. Henry Foster is a caring, honorable man who considers the welfare of others. He takes time out to understand and help those who may not be as fortunate. He is an inspiration to me ... If Dr. Foster can change the lives of hundreds of children and give them the chance to prove themselves, why can't he be given the same opportunity? He can also help make decisions to change our world if given a chance to prove himself ... I am not only speaking as a person who has been affected by Dr. Foster's goodness, but also as a concerned teenager who will be affected by the decisions made in government."

-- LaShonda Maryland

"...In these classes everyone can speak their minds on things that's happening in our neighborhoods, community, and in our world. I think that is good because so many teenagers walk around with hatred and mixed emotions bottled up inside of them and they release their anger in a negative and sometimes violent way. Talking is sometimes the best solution to problems and the "I Have A Future" counselors are always there when you need to talk".

-- Floyd Stewart

"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."

-- Charmaine Harris

DR. FOSTER'S MEDICAL STUDENTS:

"I have known Dr. Foster for twelve years as a medical student, an obstetric and gynecology resident, and faculty colleague and can attest, without reservation to his integrity, credibility, and outstanding leadership qualities. He was an exemplary mentor during the years I trained under his leadership at Meharry Medical College. It was due to his encouragement and support that I sought and successfully completed sub-specialty training in Reproductive Endocrinology at Baylor College of Medicine in, Houston, TX. Dr. Foster has been an inspiration to students and residents who trained under his direction. He is a visionary who inspires those who work with him."

-- Lisa Pearsall Otey M.D., Houston, TX

"I graduated from Meharry Medical College, the class of 1974. I offer a unique perspective to Dr. Foster. He had tremendous influence on my desire to be an OB/GYN. He taught me while at Meharry, and at our rotation at Tuskegee Institute. His bedside manner was gentle, his surgical technique impeccable, his empathy for these young women having their babies exemplary. I would say it was he who had the most profound influence on me to go into Obstetrics. I offer, also, a unique perspective as I was one of about eight caucasian students in a class of about 90 Blacks. I was the minority. And yet, I couldn't have felt more comfortable, mainly because of the efforts of men like Dr. Foster. This man is not only a good man, he is a great man. He represents to me what every student, at whatever level they would be at, should have -- a professor who puts his arm around your shoulder, who cares about you both personally and professionally, who takes you under his wing, and as a student, you are proud to be under his wing. I have not seen Dr. Foster since I graduated from Meharry Medical College in June of 1974, but I have often thought of him as I have practiced medicine these past 17 years. To not allow him to serve this country would be a greater loss for our country than it would be for him."

-- Terry Cole, M.D., F.A.C.O.G., Ventura, CA

DR. FOSTER'S COLLEAGUES

"I have known Henry Foster for more than 40 years, since our undergraduate days at Morehouse College in Atlanta. Our lives have continually intersected: as classmates under the mentorship of the late Morehouse President, Dr. Benjamin Elijah Mays; as young physicians joining the National Medical Association; as medical educators in demanding fields of specialization; and later in life as presidents of two of the nation's four predominantly black medical schools. As well, I was pleased to represent the Bush Administration when Dr. Foster was given a "Points of Light" award for his work on behalf of Nashville's low income teenagers through the "I Have A Future" program. In each phase of our long association, I have found Dr. Foster to be an extremely capable scholar, vigorously dedicated to his patients, an inspiring teacher, an innovative administrator, and a trusted friend of young people ... Dr. Henry Foster would be an able, credible, and trusted advocate. His warmth and sincerity make him an ideal spokesperson for good health and behavior change. I am pleased to urge the committee to confirm the nomination of Dr. Foster as Surgeon General."

-- Louis W. Sullivan, President of Morehouse School of Medicine and Former Secretary of the Department of Health and Human Services

"I have known Dr. Foster since 1952 as a student at Morehouse College and remember vividly his scholastic and leadership accomplishments as well as his compassion for the disadvantaged ... I am personally thankful to Dr. Foster for the encouragement and professional support he gave both my daughter and son during their recent training at Meharry Medical College. He has high expectations of students and does not accept mediocrity. When encouraging words are important, Dr. Foster was there to offer that support."

-- Patricia Pearsall Sewing, Houston, TX

"...As one who worked closely with Dr. Foster at Meharry Medical College for almost 12 years, I believe I know Dr. Foster well as a human being and a professional ... Let me again say that I agree with all of those who have so enthusiastically spoken out in support of Dr. Foster's nomination. He is indeed a special human being -- in his intellect, fairness, integrity, talent as a medical professional, and as Americans have most recently witnessed, his fortitude is exceptional" [This statement is four pages long and filled with positive remarks].

-- Dr. David Satcher, Director of the Centers for Disease Control and Prevention

"As a young faculty member some fifteen years ago at the University of Illinois in Chicago, I had the responsibility for medical student education in obstetrics and gynecology. A troublesome issue for me was the learning problems faced by Afro-American medical students. Early on I came to learn of Dr. Foster's expertise and I approached him at a national meeting ... Dr. Foster took time then and in subsequent meetings to share some of his knowledge and experience. This was one of the pivotal early experiences in my career; first, because of the invaluable information which he provided, and second, because of the role model I observed in Henry Foster: unassuming, quiet, competent, caring."

-- Charles R.B. Beckman, M.D., M.H.P.E., F.A.C.O.G., Kansas City, MS

"Dear Dr. Foster: I am a private solo practice pediatrician in Puyallup, Washington located thousands of miles from Nashville. Your influence has had a positive impact upon physicians in our community. We commend you for your efforts to reduce the spread of teenage pregnancy. We believe your philosophy of approach is proper and our community would stand behind any national effort led by you to help our adolescents."

-- DeMaurice Moses, M.D., Puyallup, WA

"Senator Kassebaum, Dr. Foster represents what all good obstetricians and gynecologists should be. He is the doctor I want for my daughter and granddaughters."

-- Melvin Gerbie, M.D., President, the Central Association of Obstetricians and Gynecologists

II. STATEMENTS OF SUPPORT INCLUDING FACTUAL INACCURACIES OR TROUBLESOME COMMENTS

ABORTION:

"I have known Dr. Foster for the last eight years ... I am a pediatric geneticist. Consequently, my clinical practice requires me to have a close interaction with Ob-Gyn doctors, because I am responsible for assigning diagnosis of birth defects in unborn babies. Dr. Foster has consulted on several occasions for the detection of neuro-tube defects in pregnancy. We have performed the maternal serum alpha-fetoprotein as well as amniotic fluid alpha-fetoprotein, and chromosome of an unborn baby. The clinical decision to abort a severely malformed baby mainly rests on the decision made by the mother. As a pediatrician and geneticist at Meharry, the recommendation to perform an abortion to the obstetrician, is primarily determined by medical situations. Dr. Foster has not performed an abortion on a viable or non-deformed fetus. To my knowledge the only abortion that he has performed is for a fetus without a brain, ie., anencephaly; in anyway the fetus was not capable to survive more than 20 hours after birth."

-- Kuang-Tzu Lin, M.D., Ph.D., Director of Clinical Genetics, Department of Pediatrics, Meharry Medical College

"Dr. Foster realizes, as do most of us who practice Obstetrics and Gynecology, that if a physician does not have a strong religious reason for not performing pregnancy terminations, such an operation may be the lesser evil in the life of a woman and her physician than being asked to carry an unwanted pregnancy and bring into the world a child who may not be acceptable for adoption and may suffer a sad and unhappy life. This is particularly true when dealing with genetically anomalous children or the products of an incestuous relationship. A physician has a moral responsibility not to abandon his patient in crisis such as this and a caring physician must answer this moral responsibility even if he or she (as do most of us) finds this operation repugnant. I know for a fact that this is the way in which Dr. Foster has exercised his moral responsibilities and I believe the majority of obstetricians have done likewise. Abortion is a legal operation and was used judiciously by Dr. Foster in the best interest of his patients."

-- Morton Stenchever, Professor and Chairman, University of Washington School of Medicine

"During a recent conversation with a colleague about Dr. Foster, he mentioned that his son -- now in private practice -- had been a student of Dr. Foster's at Meharry. His son stated that on the first day of the class taught by Dr. Foster, he made it perfectly clear that he opposed elective abortions."

-- Vivian Fielder, Nashville, TN

As compared to a slightly different positive statement:

["I have had the pleasure of hearing firsthand about his outstanding teaching and his abhorrence of the use of abortion as a means of birth control. My son Don, II was one of his obstetric students at Meharry Medical College.

-- Don Coleman, Washington, DC]

PROBLEMS WITH THE CONFIRMATION PROCESS:

"Thirdly, there is no question that the White House bungled this nomination. They have said as much. This whole affair could have been handled better in a straight and clearer manner by presenting Dr. Foster as a nationally renowned medical practitioner who, over 30 years, has performed abortion procedures to save the life of the mother, or due to rape or incest ... Even though the straightforward approach was not chosen by the White House, I doubt there was an intent or motive to conceal his record that as an Obstetrician/Gynecologist at a predominantly Black teaching hospital, he would have been involved with abortion procedures. It is insane to suppose that the President's handlers chose to conceal this area of Dr. Foster's career and not expect a witch-hunting frenzy on the part of the press ... I accept the statements of the President's staff that they made a mistake in handling the nomination and concur with them that the strong credentials Dr. Foster brings to the position of Surgeon General outweighs presidential staff bungling and error or at worst misjudgment ... Also, the mistakes made by the White House staff must not be used to derail the nomination of one of America's finest and compassionate medical professionals. [In the same letter: ... "it is yet to proven that Dr. Henry Foster committed any crime or illegalities in the years he had practiced medicine as one of America's premier Board Certified Obstetrician/ Gynecologists."]

-- Henry Ponder, President, Fisk University, Nashville, TN

"Although Dr. Foster is a man for all people, the African American Community is once again reminded how the Clinton administration has succumbed to the pressure by removing support for dedicated African American public servants. We have not forgotten the mistreatment of Lani Guiner, Mike Espy, and Dr. Joycelyn Elders ... As some Tennesseans seek to maintain the symbols of a racist society, the Confederate flag, lets us stand tall with Dr. Foster in letting the White House and the Senate know we will not tolerate the dehumanizing treatment of Dr. Foster ... Some have suggested the Clinton administration has mishandled Dr. Foster's nomination process. It is cited as a "serious lack of judgement at the highest level". We believe it is a serious lack of judgement at the highest level if some believe that Tennesseans will remain silent on this matter ... Therefore, we stand firmly behind the man, Dr. henry Foster, Jr. We are living a Black History moment and we will not go down in history as a weak and apathetic people. But rather, we will dial every phone number, tie up every fax machine, and block every unjust effort to rob Dr. Foster of this right to serve America."

-- Neal Darby, Executive Director, Nashville Branch NAACP

"I have served with Dr. Foster for the past four years on the Council of Advisors for the National Center for Children in Poverty, Columbia University. Dr. Foster is a superb person who would bring both common sense and extensive experience to government. It would be a tragedy if the mistakes made in reviewing his background and handling his nomination caused his nomination to be rejected or withdrawn. [Also in the same letter: One final personal note: in 1989, I was deprived by an opportunity to serve in the Bush Administration by a campaign carried on by the National Right to Life Committee. I see the same people at work against Dr. Foster.]"

-- Robert Fulton, Patton, MO

MEHARRY:

"I have been a patient of Dr. Foster's for 15 years and I always had the utmost respect for him ... Perhaps you don't know much about Meharry Medical College and Meharry Hubbard Hospital ... Meharry Hubbard Hospital caters to the lower class Black community – particularly the poor, under privileged and elderly citizens. These people cannot afford the expensive services of the other hospitals in the area. Most even African Americans won't use Meharry Hubbard Hospital if they can afford to go elsewhere. I must admit, even I prefer to use another hospital. The ONLY reason I use Meharry Hubbard Hospital is because of Dr. Foster. ... The average patient at the hospital is uneducated, unemployed, and living on welfare or social security benefits ... Perhaps you don't know that in this community, probably 2 out of 3 of Dr. Foster's patients are unwed teens, welfare mothers, or mentally ill women. There is no telling how many of these women have come to Dr. Foster to request an abortion.

MINOR MISCELLANEOUS ITEMS:

"I met Dr. Foster as a medical student at Meharry Medical College ... My encounters with Dr. Foster were always stimulating as I found him to be an extraordinary person and physician. I was always impressed by Dr. Foster's ability to recall the smallest details of our previous conversations even though he was always extremely busy with a heavy patient load, departmental and student demands".

--Frederick Gilbeaux, D.D.S., Syracuse, NY

A letter from Girls Inc. to Senator Kassebaum is addressed: "Senator Kassebaum, The White House Office of Public Liaison". Attached to the letter is a fax sheet from the White House OPL, with directions about how to fax the letter to the Senate Labor Committee.

III. STATEMENTS AGAINST THE CONFIRMATION

The Senate Labor Committee received four statements against the confirmation of Dr. Foster. This section summarizes the issues the Family Research Council (FRC), "a nonpartisan, nonprofit organization dedicated to analysis of the impact of public policy on the traditional family," raised in some of its press releases opposing Dr. Foster's nomination. The other three letters echo the same concerns.

CREDIBILITY

- "The nominee has been unable to articulate from one day to the next a consistent account even of his own career."
- Biography of Foster released by White House did not mention his ties to Planned Parenthood.

ABORTION

- "Dr. Foster claims he 'abhors' abortions, yet he is an abortion activist and promotes the radical ideology of Planned Parenthood."
- Abortion is not a routine obstetrical procedure. "In 1991, approximately 12% of residents in obstetrics and gynecology received routine training in abortion."
- Dr. Foster favors abortion on demand without restriction. Cites fact that according to Planned Parenthood's 1989 annual report, Dr. Foster served on a Planned Parenthood committee whose main purpose was to campaign against the Webster decision (in which the Supreme Court upheld a state's right to set restrictions on abortion. "Dr. Foster believes that mother have the right to kill their pre-born babies all 9 months of pregnancy for any reason without restriction.
- Transcript of Ethics Advisory Board hearing on November 10, 1978 in Seattle, Washington shows Dr. Foster said, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."
- Article by Foster in ObGyn News (November 1980) regarding Upjohn Pharmaceuticals prostaglandin study.

TUSKEGEE SYPHILIS EXPERIMENT

- FRC says that in addition to Dr. McRae, the Secretary of the Macon County Medical Society, Dr. Sheridan Settler, affirmed that Dr. Foster was present at the May 1969 meeting with PHS officials. FRC writes: "Dr. McRae, president of the Macon County Medical Association in 1969, and secretary Dr. Sheridan Settler, remember that Foster was at the meeting, sitting 'two or three chairs down.'"

STERILIZATION OF MENTALLY HANDICAPPED WOMEN

- Article by Dr. Foster in the Southern Medical Journal, entitled "Removal of the Normal Uterus" (1976). He wrote that he had "begun to use hysterectomy in patients with severe mental retardation."

CONTRACEPTION AND ABSTINENCE

- Dr. Foster, as evidenced by the "I Have a Future" Program (IHAF), advocates distribution of condoms and other birth control devices to children.

- Questions Dr. Foster's commitment to abstinence.

- Advocates radical sex education programs.

- In 8 page brochure describing IHAF, "the word abstinence, or its equivalents, is not mentioned once." "No organized effort to offer instruction or support for young people to resist sexual activity appears to be part of the program. This is particularly curious in light of the fact that the program is quite explicit in its directive education and counseling against alcohol and drug abuse." However, the brochure makes considerable reference to increase access to contraceptives.

- He favors explicit sex education, including the teaching of abortion.

MEHARRY MEDICAL COLLEGE

- Meharry Medical College was ranked last in two national reports during Foster's service from 1973-1994.

- Cites Nashville Banner article from 4/17/79 alleging that Meharry had serious problems in its financial management leading to its "precarious" financial condition.

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Removal of the Normal Uterus*

HENRY W. FOSTER, JR., MD,† Tuskegee, Ala

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Removal of the Normal Uterus*

HENRY W. FOSTER, JR., MD,† Tuskegee, Ala

ABSTRACT: The uterus is often justifiably removed when anatomically it is a normal organ. Unfortunately, such surgery often is viewed with suspicion because there is failure to communicate the justification to patients and uninformed critics. An effort is made in this manuscript to categorize procedures and thus more clearly delineate the indications for removal of the normal uterus. Reviewed is a total of 485 hysterectomies performed over a ten-year period in a medical school affiliated hospital providing training in obstetrics and gynecology for second-year residents and for third- and fourth-year medical students. Eighty-two of the 485 uteri removed (16.9%) were considered anatomically normal by the criteria set forth. The morbidity associated with these cases was minimal.

OBSTETRICIANS AND GYNECOLOGISTS must guard vigilantly against the injudicious and indiscriminate removal of the normal uterus. Failure to do so will only serve to reinforce much of the hostility and suspicion currently directed toward our discipline. However, much of the hostility and suspicion is unneccesary and exists because there is failure to communicate the concept that removal of the anatomically normal uterus can be completely justifiable. In fact, in some circumstances it is imperative that this normal organ be extirpated. Consequently, efforts must be made to inform patients and uninformed critics.

Basic textbooks of gynecology make little or no reference to removal of a normal uterus per se. Therefore, I wish to delineate more clearly those conditions under which removal of the normal uterus constitutes acceptable surgical practice. I am cognizant that this involves much that is subjective and philosophical and that there will not be unanimous agreement with the opinions presented. I hope, though, that these opinions and judgments will serve as a point of reference to place this controversial subject in better perspective and to improve communications between physicians and patients regarding this surgical procedure.

To determine what constitutes a normal uterus is not always a simple task. Nonetheless, some criteria must be set. It is estimated that the adult nulliparous and parous uteri have average weights of 60 and 90 gm respectively. It also is estimated that one out of five women past the age of 30 has either clinical or subclinical myomas.[1] For the purpose of this paper, any uterus weighing less than 150 gm, possessing no myomas greater than 4 cm in diameter, and showing no abnormal microscopic change is considered normal.

It is believed that the first hysterectomy was performed in 1843 by Charles Clay of Manchester, England, although his patient died on the 15th postoperative day. The first completely successful hysterectomy was done by Dr. Walter Burnham of Lowell, Mass, in 1853.[2] However, it was well into this century before this procedure approached any acceptable mortality and morbidity figures. Thanks to the 20th Century advances in surgical technics, blood banking and infection control, hysterectomy has become a basically safe procedure, although mortality and morbidity have by no means been reduced to zero. In a large, well respected training hospital in this country, the mortality from this procedure was 0.5%.[3]

Moreover, the associated nonfatal complications are not to be taken lightly. Though infrequent, the most common serious complication of hysterectomy is bleeding requiring postoperative suturing in 0.8%.[4] Other frequently encountered complications occur in the urinary tract. A study in 1962 reported a 1% incidence of unilateral ureteral ligation associated with total hysterectomy.[5]

Fistula formation frequently complicates hysterectomy. Ureteral-vaginal fistula is rare except when the ureters are skeletonized as with radical cancer surgery. Also, rarely, rectovaginal fistulas result from injury to the sigmoid colon or rectum in the course of hysterectomy.

It has been shown that laceration of the urinary bladder occurs in 2% of hysterectomies.[6] Fistula formation here, however, can be essentially eliminated if the injury is recognized promptly and repaired properly.

Significant morbidity is thus a real threat whenever hysterectomy is undertaken and is reason enough to demand great care in patient selection.

INDICATIONS FOR OPERATION

The justification for removal of the normal uterus is clearer in some instances than in others. Table 1 lists what I have termed *established* indications for removal of the normal organ, as well as *relative* indications for this procedure.

Although hysterectomy, usually vaginal, is employed

TABLE 1. Indications for Removal of the Anatomically Normal Uterus

Established Indications	*Relative Indications*
Ovarian cancer	Sterilization
Oviduct cancer	Mental retardation
Vaginal cancer	Ectopic pregnancy
Chronic pelvic inflammation	Familial history of cancer
Endometriosis	Pelvic pain
Genital prolapse	Hydatid mole
	Postirradiation of uterus
	Benign ovarian disease
	Pelvic tuberculosis
	Postpartum hemorrhage
	Dysfunction bleeding

*Read before the Section on Obstetrics and Gynecology, National Medical Association, Seventy-ninth Annual Meeting, New Orleans, La, July 29-Aug 3, 1974.

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for sterilization it is not a universally accepted practice. Most gynecologists perform hysterectomy for sterilization only when there are other, more generalized indications for removal of the uterus. Recently, I have begun to use hysterectomy in patients with severe mental retardation. Hysterectomy can be done either for sterilization or to eliminate the menses, which is of significant hygienic benefit in these severly handicapped individuals.

Hysterectomy often is the procedure of choice in both interstitial pregnancy and ectopic pregnancy when a single remaining tube is involved and must be removed.

Whether to perform hysterectomy for dysmenorrhea or generalized intractable pelvic pain is a difficult decision because of the subjectivity of this complaint. It is recommended that a psychiatric perspective be sought when no organic cause for pain can be found.

More liberal use of hysterectomy in the presence of the normal uterus could be warranted in patients with a strong family history of genital malignancy, ie, in a sibling or parent. Such a change in philosophy may be plausible, and it is interesting to note that more women now die annually in this country from ovarian cancer than from cervical carcinoma.[7]

Fortunately, the intracavitary use of radium for the control of benign uterine bleeding has been abandoned. Studies have revealed a relatively high occurrence of carcinosarcoma in patients treated in this manner; consequently, prophylatic hysterectomy appears justified.[8]

Also, after evacuation of a molar pregnancy in a woman who has borne as many children as she desires, even in this day of effective chemotherapy, I can see no advantage in uterine conservation.

Possibly, in the patient over 35 with benign ovarian neoplastic cysts, hysterectomy should also be done. Secondary malignant degeneration may occur in any of these neoplastic tumors and they all possess a varying capacity for bilaterality.

Hysterectomy may be indicated in patients with diabetes mellitus. This consideration seems reasonable since it has been shown that the coexistence of this disease and endometrial carcinoma is frequent. It has been reported that 20% of all patients with endometrial carcinoma have overt diabetes and one half of these patients have abnormal glucose tolerance curves.[9]

The modern treatment of genital tuberculosis is active and prolonged therapy with streptomycin and isoniazid. However, operation becomes necessary if there is no change in the pelvic findings after four months of this regimen.

In the woman with severe dysfunctional bleeding, the number of children she has had should determine whether a hysterectomy is in order.

Again, reproductive desires dictate the course of action in severe postpartum hemorrhage. In the young patient who has further procreative desires, ligation of the internal iliac artery should be done. If necessary, both ovarian arteries in addition to both hypergastric arteries should be ligated. Pregnancy and delivery can follow these procedures and are completely uncomplicated.[10]

TABLE 2. Ten-Year Experience With Hysterectomy

Time Period Studied	Total No. Cases	Anatomically Normal Uteri No. Cases	Anatomically Normal Uteri % of Total
May 1963 – May 1964	64	8	12.5
May 1964 – May 1965	49	7	14.2
May 1965 – May 1966	38	7	18.4
May 1966 – May 1967	43	9	20.9
May 1967 – May 1968	50	13	26.0
May 1968 – May 1969	47	5	10.6
May 1969 – May 1970	51	6	11.7
May 1970 – May 1971	53	10	18.8
May 1971 – May 1972	38	11	28.9
May 1972 – May 1973	52	6	11.5
Totals	485	82	16.9

MATERIAL AND DISCUSSION

I have reviewed my experience with hysterectomy over the past ten years at the John A. Andrew Memorial Hospital in Tuskegee, Alabama (Table 2). Between May 1963 and May 1973, 485 hysterectomies were done. Of these, by the criteria set forth in this manuscript, 82 (16.9%) of the uteri removed were normal. Of these 82, 41 (50%) fell into the group defined as having established indications (Fig 1).

Pelvic inflammation by far was the most frequent

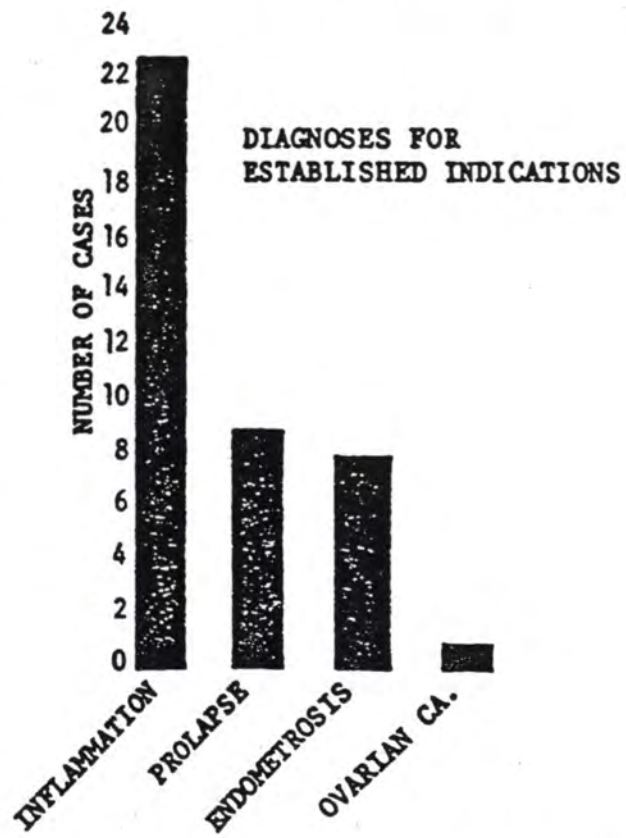

FIGURE 1. Diagnoses for established indications (n=41).

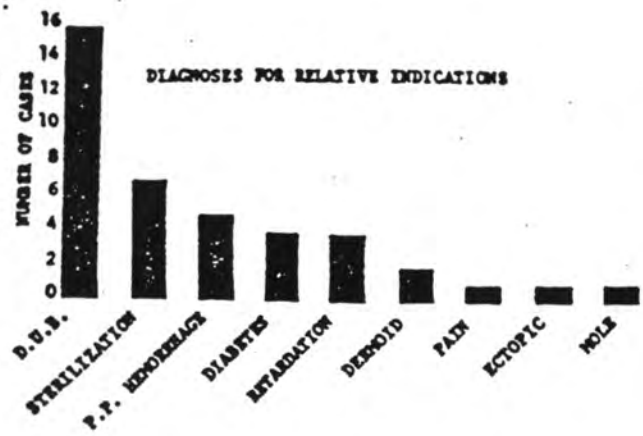

FIGURE 2. Diagnoses for relative indications (n=41).

indication for removal of the normal uterus. All nine hysterectomies for genital prolapse were by the vaginal route and were combined with anterior and posterior colporrhaphy. Of the eight cases of endometriosis (9.8%), only one patient was white. I believe the disease occurs more frequently in blacks than the literature suggests. The single case of ovarian cancer was a unilateral serous cystadenocarcinoma.

The 16 cases (19.5%) of dysfunctional uterine bleeding constituted the most frequent diagnosis in the group of relative indications (Fig 2). Admittedly, some may choose to put this diagnosis in the group of established indications. It is interesting that only one hysterectomy (1.2%) was done exclusively for intractable pelvic pain. Certainly, many of these patients had varying degrees of pain but when more than one symptom was present, only the predominant or primary symptom was recorded as the indicated cause for operation. The single hysterectomy done for ectopic pregnancy (1.2%) was a case of intraligamentous pregnancy.

There were no fatalities among the patients having normal uteri removed. In addition, there was only minimal morbidity. Only one patient (1.2%) developed significant postoperative bleeding, which was easily controlled with several sutures placed vaginally. There was no known injury of the urinary tract, and none of the 82 patients developed any clinical thromboembolic disease.

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OPERATIVE GYNECOLOGY

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tion can be divided into four groups: (1) psychiatric, (2) medical, obstetric, and gynecologic, (3) socioeconomic, and (4) potential fetal defect.

Psychiatric Indications. Psychiatric problems may be an indication for sterilization on either a mandatory or a voluntary basis. Several potential risks may present: the possibility of transmission of deficiency or susceptibility to mental illness to the child, the provision of a poor and damaging environment for children, and the exacerbation of maternal psychiatric illness by the stress of increasing responsibilities. Myerson, in summarizing the report of an investigation by a committee of the American Neurological Association, points out that though there are possibly some hereditary bases for schizophrenia, manic-depressive psychoses, some epilepsy, and feeblemindedness, heredity is by no means the whole picture. Such hereditary risk alone is often not definite enough to constitute strong indication for sterilization. Other factors are more evident and measurable, and certain practical considerations will indicate a reasonable course in most cases.

Young girls who are minors and childless should not be sterilized except under extreme circumstances. With psychological testing showing mental age under 6 years in individuals who are adolescent or older, few would oppose sterilization, as such persons cannot care for themselves or any children they might produce. Mildly retarded individuals usually should not be sterilized until they have a couple of children. They may manage a small family satisfactorily but usually welcome sterilization to avoid being overwhelmed by more than they can handle.

Women who are seriously psychiatrically ill on a chronic or recurrent basis may be candidates for sterilization, particularly if they are multiparous. Sterilization is preventive in that it reduces the number of children at risk and minimizes the deterioration of environment which larger numbers may produce. Since most women with psychiatric problems do not want large families, their voluntary sterilization does not deny essential human rights; in actual fact, it often extends their right of choice.

Medical, Gynecologic, and Obstetric Indications. Indications for therapeutic abortion in various medical conditions given in Chapter 22 are, with few exceptions, indications for sterilization as well. In most cases serious enough to require therapeutic abortion, sterilization is mandatory regardless of the parity. How and when it is accomplished will vary with the type of termination procedure and condition of the patient. Sterilization may be done with propriety more liberally than therapeutic abortion. Multiparous women with chronic hypertensive vascular disease, heart disease, chronic renal or pulmonary disease, diabetes, etc., not severe enough to demand abortion may often be well advised not to invite additional risks of future pregnancies.

Gynecologic plastic operations for extensive relaxations, prolapse, and the like are most often done in women of considerable parity when the family is complete, and sterilization is usually indicated to protect the repair. This indication is decreasing because of the wider use of vaginal hysterectomy in such situations.

The major obstetric indication is the presence of cesarean section scars. The danger of scar rupture is small (0.5 to 2.0%, depending on the type of scar) but is ever present. Repeated sections have additive risks of anesthesia and laparotomy as well. It is our practice to offer sterilization with the 3rd section and strongly recommend it with the 4th; in a woman of parity over 4 who requires primary cesarean section, it is justifiable to accompany it with sterilization if the patient desires to avoid risks.

Great multiparity has been widely considered an indication for sterilization, as supported by Eastman's demonstration in 1940 that the maternal mortality was 3 times as high in women of parity over 8 as in women of lesser parity. In 1955 he pointed out that improved obstetric management had reduced maternal mortality so that the risk of pregnancy did not significantly exceed the operative risk for

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TUSKEGEE STUDY TALKING POINTS

During two days of confirmation hearings, Dr. Foster effectively refuted unfounded charges that he was aware of the infamous Tuskegee Study prior to 1972, when the study became public. He showed the nation that he is a man of compassion deeply committed to providing medical services to underserved areas, and that in keeping with his character, Dr. Foster upon learning of the Study in 1972, immediately called a meeting of the medical society to identify and treat the men.

Efforts to link Dr. Foster to the Study have failed utterly.

- Dr. Foster did not attend the May 19, 1969 meeting of the Macon County Medical Society and PHS officials connected with the Study. State medical records show that he delivered a baby that evening, and the statement of the baby's mother convincingly places Dr. Foster in the midst of complex surgery throughout the meeting.
- Dr. Ira Myers did not testify in a 1974 deposition that he had spoken with Dr. Foster about the Study before 1972. The testimony at that time was unclear, and Dr. Myers has rejected the efforts to twist his testimony. Dr. Myers publicly has supported Dr. Foster's recollection that their meeting took place in 1972.
- The PHS officials never told the Society the details of the study. All investigations agree that nothing was said at the meeting about the lack of treatment or the lack of consent. Nor was any evidence at all found that any Society member at the meeting ever discussed it afterwards with Dr. Foster or any other person. Even Dr. McRae indicates that the PHS presentation was so unremarkable that he never mentioned it to anyone.
- The Study was not widely known in Tuskegee. The Study had ceased to be active locally long before Dr. Foster came to Tuskegee in 1965. It always had been run out of the research laboratories of the Public Health Service in Atlanta, not by doctors in Tuskegee. Local citizens and medical professionals never were fully informed of the study and did not knowingly participate in it.
- Tuskegee Institute was not involved in the Study. Even those providing services to PHS, such as X-rays, knew nothing: theirs was simply a business relationship with a federal agency with no explanation of the Study. Study leaders had taken steps to hide the Study form the Institute as early as the 1940s.

Ultimately, the effort to place the onus of the Study on black institutions or black individuals must be seen not only as misguided and completely incredible, but deeply offensive.

The Tuskegee Study

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

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

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

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

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

TALKING POINTS -- SENATOR ASHCROFT LETTER
May 22, 1995

Dr. Foster: Making every effort to provide the facts

- Dr. Foster has bent over backwards to clear up the confusion and misinformation that those opposed to his nomination has spread. It is a final irony, and a final unfairness, that his efforts to provide the facts are now being twisted. It seems that is all that his opponents have left.

- Dr. Foster testified before the Committee for two full days, fielding detailed and often hostile questions. He impressed the American people with clear fitness to be Surgeon General, and with his determination to "set the record straight." He was open, honest and forthright.

Clarifying technical terminology

- Dr. Foster was at pains to clarify points during the hearing, especially where the questions confused scientific and medical meanings with lay meanings. Dr. Foster paused to clarify an earlier exchange with Sen. Ashcroft with a scientific point.

- In going over the 350-plus pages of transcript, Dr, Foster noted an instance of possible confusion: A question had been asked by Senator Ashcroft in everyday language, and Dr. Foster instinctively had heard it in the language of a scientist. Sen. Ashcroft asked about "evaluations" of the I Have a Future program. To a researcher, I Have a Future had a single evaluation, with more than one reporting point, as Dr. Foster explained in detailed but scientific terms (T1, T2, T3, etc.). When Dr. Foster saw that Sen. Ashcroft **may have been** seeking information about each reporting point, he moved immediately to provide it and clarify any **possible** misunderstanding. Dr. Foster had no reason to hide this information. It actually was somewhat more positive than the analysis about which he was questioned during the hearing.

Dear Colleague:

You recently received a letter from Senator Coats concerning Dr. Henry Foster's nomination to be Surgeon General. You all saw or heard of Dr. Foster's testimony before the Labor and Human Resources Committee. He is a distinguished educator, a scholar, and a warm and caring physician, one whom I feel is eminently qualified to serve as Surgeon General.

Others oppose Dr. Foster, and we all agree to disagree at times. In dealing with a nomination, we each must make a choice. In one way the choice ultimately is one posed by Senator Coats himself recently in the Washington Post, recalling the hearings on Judge Bork: "Do we try to get even or do we say that's not the way we do business?"

I am concerned about Senator Coats' letter. It involves the infamous Tuskegee Study of Untreated Syphilis, a study commenced in 1932 without the informed consent of the men, who were left untreated while the course of their disease was studied by scientists in Atlanta with the Public Health Service. The study was not formally ended until 1972. Dr. Foster resided in Tuskegee from 1965 until 1973, and the men who were unwitting participants in the study lived in surrounding Macon County.

Tuskegee especially then was the cultural and medical center, and Dr. Foster was at the heart of medical servces for a multi-county area. He testified about his incredible workload. Indeed, at the time, 14 percent of all black children delivered in hospitals in the entire State of Alabama were delivered at his hospital, where he was the only obstetrician. Many of these deliveries were high-risk because of the widespread poverty and lack of prenatal care. Dr. Foster brought a program of prenatal care to the region, and patched together innovative techniques to bring service to an underserved area. His testimony at the hearing tells a truly remarkable story, and I invite each of you to read it.

When the study came to light in 1972, Dr. Foster as president of the local medical society called a special meeting and initiated efforts to locate and treat the men. Some eight months later, on the eve of hearings which I had scheduled, Secretary Weinberger committed HEW to provide full medical treatment for the study subjects for all conditions for the rest of their lives.

We know a great deal about the Tuskegee Study because a claim was raised that the local medical society was informed of the study by the Public Health Service at a May 19, 1969 meeting. One person, a Dr. Luther McRae, claimed that Dr. Foster attended that meeting. Chairman Kassebaum and I jointly requested that

the White House have the FBI conduct an investigation to determine:

1. Is there any evidence placing Dr. Foster at the 1969 meeting between the PHS officials and the Macon County Medical Society? If so, what is it?

2. Is there any evidence of the scope and details of the presentation by the PHS officials to the Medical Society in the 1969 meeting?

3. If Dr. Foster did not attend the 1969 briefing, is there any evidence indicating that he knew of the study prior to 1972? If so, what is it?

The White House cooperated fully and the FBI report was made available for all members of the Committee to study personally. I studied the report. At least four of my colleagues on the majority side of the Committee studied the report. Senator Coats did not. If he had, he would not have written the letter.

A complete and objective study of the voluminous documents obtained by the Committee investigators, either independently or with the close cooperation of the White House, shows that the study had ceased to be active locally long before Dr. Foster came to Tuskegee. The study always had been run out of the research laboratories of the Public Health Service in Atlanta, not by doctors in Tuskegee. Local citizens and medical professionals never were fully informed of the study, even when it began in 1932, and did not knowingly participate in it. By 1965, the study existed only vestigially, and in 1969 PHS was seeking to exit a deeply embarrassing situation.

The presentation of materials in Senator Coats' letter is highly selective, and in the ultimate analysis, genuinely unfair, not only to Dr. Foster but to Tuskegee University and all of Macon County. The letter culls a few documents from the mass of materials provided by the White House or obtained through the Committee's own investigation and presents them in a misleading fashion. To give a few examples, it cites selectively from a letter by a Dr. Myers to Dr. Brown, a study leader, which lists Dr. Foster as a Macon County Medical Society officer and underlines a portion regarding planned contacts "with local officers," implying that Dr. Foster was contacted. It fails to quote the handwritten notation that the conversation was had not with Dr. Foster but with Dr. Luther McRae (whom Dr. Brown noted as "white") and also fails to quote the portion of the letter which states of the local public health officer that "She feels that [the study] is not generally known or publicized. She doubts if the medical society is aware of its existence." Another letter is quoted in which Dr. Brown claims to have told the society of the study and to have given a list of the men to each society member. The same letter also states his view that publication of the study data "should await a more favorable

national climate." Cited portions of other documents omit the clear concern with the racial impact of the study and the trepidation of the study leaders in approaching what now was a predominantly black group of local physicians.

Their trepidation is entirely understandable. They were involved in a study commenced by others at a time when attitudes toward black Alabamians were, to say the least, not advanced. Tuskegee itself was a hotbed of civil rights activity, in the midst of breaking ground with the first black sheriff and state legislators in Alabama in the century. We all recall the mood in college towns such as Tuskegee in 1969, and the PHS officials were painfully aware of the local mood. Each of you can judge the likelihood that these nervous officials went before a group of black doctors in Tuskegee and asked them to join in denying needed medical treatment to black men without the mens' knowledge or consent. Each of you can judge the likelihood that each of these doctors -- and Tuskegee Institute and Macon County, as implied in the letter -- heard this or knew it and did nothing. In fact, all participants in the meeting agree that this did not happen. It is clear that nothing was said at the meeting to alert the doctors to the lack of treatment for the men or the failure to obtain their informed consent.

Senator Coats notes that "it approaches the inconceivable that the members of such a small society, following a visit from federal officials regarding a controversial, racially explosive study of local patients with syphilis, would not in two years have discussed the meeting." That is precisely the point. It would indeed be inconceivable -- if the federal officials did in fact did tell the doctors the full truth. The simple fact is that they did not. All participants agree that nothing was said about consent or treatment. All agree that no one ever discussed the meeting again. A portion (not quoted by Senator Coats) of Dr. David Sencer's deposition states that the reaction of the society to the presentation was a "total lack of interest."

There have been and I suppose are scientists, isolated in laboratories and focused entirely on their research, who are heedless of the sufferers of disease as individual human beings, who can hear of untreated illness and not be moved. Each of you can judge whether Dr. Foster is such a person. Each of you can judge whether Tuskegee and Macon County are communities filled with such people.

We all can understand that the scientists who ran the study might be anxious to minimize their culpability when the morality of the actions of their predecessors was thrust upon them, and we can understand them being less than forthright, and trying to shift responsibility elsewhere. That was the case here. They had misrepresented the study in print before it became public. A 1955 article states that the study began with "a group of Negro men over 25 years of age who **volunteered** for the examination. ... It is the practice of the Public Health Service officers to refer

men who develop syphilitic or nonsyphilitic conditions requiring therapy to the proper sources of treatment." Schuman et al., "Untreated Syphilis in the Negro: Background and Current Status of Patients in the Tuskegee Study," Journal of Chronic Diseases 2 (1955) 544 (emphasis added). They continued to misrepresent the study when it came to light. The July 27, 1972 Background Paper cited in part by Senator Coats also claims that "persons in the study were informed they had syphilis, [and] were informed that they could request and receive syphilis treatment at any time." The men on whom Senator Coats' theory relies simply were not telling the truth to anyone. They did not inform or involve the local community. The doctors, educators, students and residents of Tuskegee did not sit idly by knowing of this study. To suggest that they did is to insult the integrity and humanity of each of them, black or white.

The letter makes other charges. Without support or explanation, it claims that the "statement by the woman whose baby Dr. Foster delivered that evening (May 19, 1969) is not inconsistent with Dr. Foster's having attended the meeting." In fact, the mother's statement and the official state records place Dr. Foster in the midst of a surgical procedures to deliver a child after a difficult, high-risk pregnancy from the time the meeting started until after it concluded.

[One other charge deserves comment. The letter claims that "the public record shows that victims received no treatment for an additional seven to eight months." That is not accurate. It did take nearly eight months for HEW to take full responsibility for the lifetime medical care for all of the men. This is not to say, however, that the local doctors themselves did nothing in the meantime. Indeed, HEW's agreement to pay retroactively for medical care suggests that the local doctors were active before HEW. In any event it is hardly fair to blame Dr. Foster because he, as a very busy physician in a small town, was unable to make a huge federal agency spring into action faster than it did. The record is clear that Dr. Foster did everything he reasonably could be expected to do for these men.]

I believe that Dr. Foster has shown his deep commitment to serving people and the vision and ability to provide real leadership in important areas such as preventing teen pregnancy. He has shown himself a fair man and a consensus-builder. While others may take issue with his position on a woman's right to choose to terminate a pregnancy and see that, inappropriately I believe, as a disqualification for a public official, I hope that we all can agree to disagree in a straightforward manner. That is how we should do business.

Sincerely,

Edward M. Kennedy
United States Senator

THE TUSKEGEE SYPHILIS STUDY

April 25, 1995

In 1932, the Public Health Service (PHS) began a study of over 600 black men in Macon County, Alabama, including over 400 with latent syphilis. PHS followed the men over a period of 40 years, but never provided treatment; nor did they ever inform them that they were not being treated. The men, poor and ill-educated, trusted the study leaders as medical men and government officials. Their life expectancy was reduced by 17 percent.

The study became public in July 1972, with a New York Times story by Jean Heller. A firestorm of criticism erupted at the spectacle of a government health agency deceiving poor, ill-educated men into thinking that their government was providing them with medical treatment, when in fact it was watching with clinical dispassion as they died. The fact that all of the men were black prompted charges of racism in the medical establishment. The study became the subject of hearings chaired by Sen. Kennedy, and helped prompt a national reassessment of the use of human subjects in medical experimentation.

Among those expressing shock in 1972 was the president of the local medical society, Dr. Henry W. Foster. Critics have charged that the expression of shock was a sham: that Dr. Foster knew of the study well before 1972 and did nothing to stop it.

The argument that Dr. Foster knew of the Tuskegee Study depends upon three premises:

1. The study regularly was reported in medical journals which Dr. Foster likely read or should have read;
2. The study was well known locally, and local doctors were told not to treat the men in the study; and
3. Dr. Foster had learned of the study three years earlier when he attended a May 19, 1969 briefing on the study, and even if he did not attend, he would have known the subject of the meeting as vice-president of the local medical society;

Each of these premises is false. The medical articles on the study appeared primarily in specialty journals unlikely to be read by Dr. Foster, and in any event were written well before his time. They are arid and at times misleading, and in themselves did not spark the interest of anyone, including national newspapers provided with copies. To condemn Dr. Foster on the strength of these articles is to condemn literally every member of the medical profession who practiced prior to 1972.

Official state medical records provide strong evidence that Dr. Foster did not attend the May 19, 1969 meeting. State medical records show that he was delivering a baby at the time.

These records are far more reliable than the memory of the lone individual who places Dr. Foster at the meeting, Dr. Luther McRae; indeed, there are reasons to question the reliability of Dr. McRae. Nor is there any evidence at all that any local participant at the meeting ever discussed it afterwards with Dr. Foster or any other person.

The second premise treats the Tuskegee Study as a uniform project throughout its 40 year life. It was not. By the time Dr. Foster came to Tuskegee in 1965, the study was far different than at its inception or during its heyday, a period of roughly 10 years from 1935 to 1945 when PHS actively interfered with treatment of the men. By 1965, the barriers to treatment had crumbled from disuse; indeed, almost all of the men by then had received treatment from some source outside the study. The study was not widely known in Tuskegee, and existed only vestigially. When PHS finally met with the local doctors in 1969, they did not tell the black physicians that they were withholding treatment from black men without the mens' knowledge or consent. Indeed, as noted below, PHS appears to have reported that all of the men had received effective treatment, and to have given a report of procedures for their "continued" care.

I. MEDICAL JOURNALS

Most articles on the Tuskegee Study appeared in specialized journals not normally read by obstetrician-gynecologists. The study involved only men, none of whom ever would have been an OB/GYN patient. By Dr. Foster's graduation from medical school in 1958, moreover, penicillin largely had rendered the question of the long term effects of non-treatment moot, or of historical interest. Only one article, a 1964 article in the Archives of Internal Medicine, was published between Dr. Foster's 1958 graduation and 1973. There is no indication that he would or should have read any of the articles.

Indeed, the articles tended to obscure the factors that made the study shocking when disclosed in 1972. The 1964 article reported that 96 percent of the men actually had received treatment by that time. The issue of the men's consent often was overlooked or misrepresented. A 1955 article states that the study began with "a group of Negro men over 25 years of age who **volunteered** for the examination." Schuman et al., "Untreated Syphilis in the Negro: Background and current status of Patients in the Tuskegee Study," Journal of Chronic Diseases 2 (1955) 544 (emphasis added). The same article also confused the issue of treatment. Although minimal scientific control standards would appear to require that the men in the untreated study group not be treated, the article indicates that they were.

> It was expected that medical histories of the men in the study would reveal that they had received large amounts of antibiotic therapy for nonsyphlitic as well as syphilitic

> conditions. ...27.5 percent of the syphilitic patients examined in 1952 had received penicillin in varying amounts as compared with 32.6 percent of the nonsyphlitic patients examined. ... It is the practice of the Public Health Service officers to refer men who develop syphilitic or nonsyphlitic conditions requiring therapy to the proper sources of treatment.

The reader would assume that the study involved informed volunteers and that appropriate treatment was being provided.

In 1969, Dr. William Jenkins, an epidemiologist at PHS, attempted to expose the study, but he was inspired not by the articles but by a colleague at PHS who had survived a Nazi concentration camp. Dr. Jenkins himself did not understand the import of the study until it was explained to him from the survivor's special perspective. Dr. Jenkins sent copies of each published article on the study along with a cover note to 20 or more newspapers, including the Washington Post and New York Times. None of the newspapers printed a story on the study.

II. GENERAL KNOWLEDGE OF THE STUDY

The Tuskegee Study began in 1933 as a temporary expedient when funds for treatment of the men were not available, possibly with the expectation that treatment would be given when funding was found. When treatment became available in 1935, however, PHS withheld it and, through the end of World War II, actively prevented the men from receiving treatment. After the war the barriers to treatment relaxed, and by Dr. Foster's arrival in Tuskegee had disappeared. All but one of the men received penicillin. By the May 19, 1969 meeting, PHS was sensitive to the issues which it had so callously overlooked a generation earlier, and was trying to extricate itself from the problem it had created.

Background

As described in Bad Blood by James Jones, the Tuskegee Study grew out of a project to treat syphilis among rural blacks following the 1926 cut-off of federal funding for venereal disease treatment. In 1929 the Rosenwald Foundation set up a $50,000 demonstration project to treat syphilis in Macon County and five other southern counties. The Foundation could not maintain such a funding level, and when Congress denied funding for continuing treatment in 1932, PHS determined to study the untreated men for six months. This temporary expedient lasted for 40 years.

The study evolved in a haphazard manner with no written protocol. The 1972 post-disclosure HEW advisory panel identified six different rationales for the study at various times. Men were shifted between the syphilitic and control groups, and the study focus shifted from one field to another with little

scientific, let alone moral integrity. Indeed, the most recent medical commentator writes that its purpose was not to study the men at all, but merely to obtain syphilis-positive blood samples for serological studies. Roy, "The Tuskegee Syphilis Experiment: Biotechnology and the Administrative State," Journal of the National Medical Association, Vol. 87, No. 1. (January 1995).

Local Involvement

The local medical community never was accurately informed of the study. When the study began as a six-month effort in 1933, the State of Alabama gave its blessing on the condition that "[e]veryone examined and found to be syphilitic would have to be treated." (Jones at 98-99). Jones notes a PHS "desire to conceal the true purpose of the study." (Jones at 99-100). State law mandated treatment of syphilitics (but provided no funds for such treatment at the time). It may well be that all parties initially hoped and expected that funds would become available as prosperity, then "just around the corner," returned.

PHS also met with the Macon County Medical Society in 1933. "Treatment was not discussed." In 1933, PHS "did not intend that anyone be denied treatment on a long-term basis; the experiment was supposed to last only six months to a year," (Jones at 95) or until the lack of funding for treatment was resolved. As Jones notes, "there was no reason to ask these physicians to withhold treatment; there was no real danger they would provide it. The subjects were medically indigent. They had not received medical care in the past and there was no reason to think they would in the future." (Jones 144-145) The local doctors were not given any reason to believe that treatment would be withheld when it became available and efficacious. The lack of treatment at this point was a "natural" product of the limited access to health care. The men, like other poor blacks, were neglected by the medical community.

They also were deceived. The men were not told of the nature of their disease or the study in which they were to be participants. While there was mention of "bad blood," a lay catch-all for everything from syphilis to anemia, the men were never told of the dangers of their disease. Indeed, they were told that they were being treated, and given aspirin and "spring tonic." PHS also arranged for their burial.

The Tuskegee Study continued beyond six months with little apparent explanation to anyone in Macon County beyond a handful of persons -- Nurse Rivers, local medical board physician Dr. Murray Smith, and a few others. In 1935-1936, the study underwent a change from neglect to active prevention of available treatment. The men were kept out of the regular VD treatment program initiated under the New Deal in 1935, and Dr. Smith arranged with the local draft board during World War II to exempt the men from military service, and thus from the physical

examinations which would have led them into the nation's VD treatment program. These steps were taken even though the early results of the study clearly showed the deadly results of untreated syphilis. From roughly 1935 to 1945 the Tuskegee Study was thus transformed from a study of the effects of the inadequate delivery of health care in the rural deep South into an exercise in watching black men die.

As the study took on this sinister character, local knowledge narrowed to a small circle. With no treatment, there was little local activity. "By the 1938 checkup inertia was working to keep the experiment stable. The tasks were so well delineated that they could be carried on by new personnel with or without full knowledge of the ramifications of the study." In 1941, Jones quotes Dr. Smith: "The officials at Tuskegee Institute ... know nothing about the study." Jones at 176-77). In 1946, as penicillin was becoming widely available, the study disappeared from the annual reports of the Surgeon General.

The circle was kept small by PHS as a matter of policy. When Dr. John Kenney returned as Medical Director of Tuskegee, The PHS moved its autopsies from Tuskegee to funeral homes, and curtailed burial payments directly to Tuskegee to escape detection by Kenney. These extraordinary maneuvers must have been political subterfuge to keep the study covert. This suggests fear that Kenney (who was at odds with the American Medical Association by his espousal of national health care and criticism of its exclusion of blacks) would oppose the Tuskegee Syphilis experiment.
Roy, pp. 59-60. The move to funeral homes was at considerable sacrifice. A 1955 article in the Journal of Chronic Diseases noted that "none of the undertaking establishments has refrigeration, and the postmortem examinations often are made under inconceivably adverse conditions."

Treatment

Following the war, however, the barriers to treatment relaxed just as penicillin was becoming widely available. By 1955 the rate of antibiotic treatment of the study members was substantial, and rate for the syphilitic men (27.5%) in the study differed far less from that of the control group (32.6%) than would be expected if the local physicians had known of and participated in the study. After the final, 1970 survey of the men, "only one of the Tuskegee syphilitics has apparently received no treatment." Caldwell, et al., "Aortic Regurgitation in the Tuskegee Study of Untreated Syphilis," Journal of Chronic Diseases 26 (1973). Such treatment was as haphazard as the study itself, however, and the policy of PHS had returned to one of neglect. PHS never provided or encouraged treatment nor did they inform the men of their condition.

By the 1960s there is very little evidence that local

doctors ever brushed against the study. Peter Buxton, a former PHS worker who was instrumental in breaking the story in 1972, became interested in 1966 when he heard from a co-worker that a Macon County doctor was "sanctioned" by the local medical board and perhaps the local medical society for treating a study subject in 1965. The specific story appears unreliable both from the lack of direct or circumstantial corroboration and specific inaccuracies (there was no local medical society in 1965). One incident that did occur shows the vestigial nature of the study. Dr. Robert Story was urged by a nurse not to give a patient penicillin because he was "one of Nurse Rivers' patients." Dr. Story could extract no further details from the nurse, and was unable to reach Nurse Rivers. After satisfying himself that there was no medical reason to withhold penicillin, Dr. Story administered the medicine and moved on to his next patient. He was never contacted by Nurse Rivers or any other person about the treatment and never pursued the issue himself. Dr. Story remained unaware of the study until it became public in 1972.

Such lack of awareness was the rule. Dr. David Sencer, later Assistant Surgeon General, was completely unaware of the study even while working for PHS in an adjacent county for five years in the late 1950s. Jones notes that "[f]ollowing the retirement of Dr. Dibble, none of the staff [at Tuskegee-John Andrew] had been involved directly with the study." Dr. Dibble retired in 1964, as did Dr. Murray Smith and Nurse Rivers. By 1965, when Dr. Foster came to Tuskegee, the men in the study were elderly. They would, as men, have no direct contact with OB/GYN or Dr. Foster, and indirect contact as parents or partners was unlikely because the men's syphilis was latent rather than infectious. It could not be transmitted to women, and the now elderly men were unlikely to father new children.

PHS Reassessment in 1969

At PHS, the study was coming under increasing scrutiny. Peter Buxton had written a series of letters to the PHS leadership and an internal group of black employees had raised the issue. Dr. Jenkins had confronted Dr. Sencer at an EEO retreat. PHS called an ad hoc committee to reassess the study.

The group met on February 6, 1969, and realized immediately that it faced a sensitive situation. The members saw "that a Study of this type would never be repeated. Public conscience would not condone carrying a group of people through lifetime with untreated syphilis." (Kiser memorandum.) The notes of the meeting are spotty and confused, but it appears that the committee opposed automatic treatment of all members of the group, with Dr. Eugene Stollerman dissenting, because of potentially "catastrophic" reactions. They were willing, however, to provide treatment where appropriate. Dr. Stollerman pressed for criteria for determining whether to treat, and the discussion shifted to local involvement and the local medical

society. It was suggested that the men themselves be informed of the study. They were not.

Arrangements to meet with the Macon County Medical Society were made with its president, Dr. Luther McRae. McRae received a call from Alabama State Health Officer Dr. Ira Myers, and a letter from assistant Surgeon General David Sencer, and the meeting was set for May 19, 1969. As they set up the meeting, the PHS officials were especially sensitive to the racial aspect of the Study. They faced not the all-white medical society of 1933, but a predominantly black group. The ad hoc group anxiously consulted with Dr. Myers on the attitude of the black physicians, and approached them one step at a time, beginning with Dr. McRae. Dr. Brown noted "white" next to McRae's name in the margin of a letter on the meeting with the Medical Society.

Their concerns were not idle. Macon County at that time was a hotbed of civil rights activity. There was contest for Mayor of Tuskegee between black and white candidates in 1968, and the county was achieving a number of electoral "firsts": the state's first black sheriff in 1966, and the first black state legislators in 1970. The movement even swept up the men in the study. One, Charlie Pollard, was a precinct captain for the black voters league.

The May 19, 1969 Meeting

Into this atmosphere PHS sent Dr. William Brown, Chief of the VD branch of PHS, Dr. Leslie Norins, and Dr. Alfonso Holguin. Based on extensive interviews, it appears that the meeting was held at 7:00 p.m. at a restaurant four miles outside of Tuskegee. The entire group of perhaps 10 persons sat at a single table. There was no formal presentation, no one rose to speak, and there was no prepared text. The dinner lasted one to 1 1/2 hours, with estimates of the time for any presentation and discussion ranging from five to 45 minutes. There is no known record of the meeting, and Dr. Settler, then Society secretary, states that it is unlikely that he took any notes. Those who were present remember little. Dr. Norins remembers it as a purely social affair, with no substantive presentation at all. Dr. Settler does remember being told that the subjects already had received broad-spectrum antibiotics by local physicians for treatment of other ailments.

The most detailed substantive recollection is that of Dr. Holguin, whose responsibilities at PHS only recently had been expanded to include the VD branch. Dr. Holguin states that he had been told in an initial briefing that PHS had decided to continue the study primarily because by then any harm to the men already had been done, and they now received significant benefits in terms of medical care (medical visits and treatment normally not open to the rural black poor), and without the study, PHS had no authority to provide such care. Dr. Holguin understood that

PHS had established a relationship of sorts with the men and did not see how to terminate it.

According to Dr. Holguin, he was told (as was the Medical Society) that PHS also wished to avoid duplicative and thus potentially lethal treatment of the men. They were told specifically that all of the men had received penicillin adequate for the treatment of late latent syphilis. Holguin agrees that additional doses of penicillin might, without adequate precautions, have resulted in fatal reactions in the elderly men, and that for the at-risk men, further penicillin should be given only by those with special training, i.e., doctors in the local VD clinics. In the case of such high-risk patients (those with heart problems) doctors would make such referrals regardless of any study, and that in any comparable area of black, low-income rural population, there would be numbers of men whose syphilis had not been treated promptly or intentionally: there was nothing unusual in their advice to the Society.

Dr. McRae states categorically that there was no statement that any of the men had been denied treatment, and no instruction not to treat the men or to direct them to PHS for treatment. There was no mention of informed consent, which Dr. McRae assumed had been obtained. Dr. McRae remembers receiving a list of 25 participants in the study (of whom he personally had treated several); however, PHS knew of at least 86 surviving men at the time. By all accounts, the presentation was sufficiently unremarkable that none of the doctors present thought it merited comment. The doctors agree that it was never discussed at any subsequent Society meeting. Indeed, none ever mentioned it to another person afterwards. As Dr. Sencer later testified, Brown and Holguin reported back a "total lack of interest." Such a total lack of interest is a compelling indication that the study was not presented in the full detail that made it so shocking in 1972.

Post-Meeting Actions

The records following the meeting are consistent with the Holguin version of the meeting. PHS records contain, for the first time, letters to the mens' doctors alerting them to conditions found in the PHS examinations. The conditions include syphilis indicators, but there are no instruction not to treat the conditions. A letter to Dr. H. S. Blanton (actually Banton) of neighboring Union Springs, Alabama, includes a diagnosis of paresis. The letter includes no caution against treatment and Dr. Banton states that he never received any. (Banton, too, had never heard of the study although he had practiced general medicine in the neighboring county since 1948.) When Nurse Kennebrew was hired to replace Nurse Rivers, her job briefings did not involve any mention of consent or treatment. She was not told that the men should not be given penicillin.

The record also shows a pattern of suppression of information by PHS. Dr. Brown embargoed publication of the results of the study, noting that publication should await "a more favorable national climate." (Brown to Robertson, 11-16-69). A 1971 paper based on study data omitted any mention of the study (and recommended treatment of the subjects.) Dr. Brown wrote to an associate dean of the University of Michigan School of Public Health who had inquired about the results of the study, "The climate in recent years -- disfavor of research involving human volunteers as well as racial tension -- has not been conducive to wide publicity of the Tuskegee findings." (Brown to Magnuson, 2-16-70).[1]

Disclosure of the Study

Depite Dr. Brown's efforts, the study was exposed in 1972. Dr. Foster publicly expressed his shock and expectation that the study would be discontinued. Dr. Foster called a meeting of the Macon County Medical Society, which voted to try to find as many of the participants as possible and give them treatment if it was needed. Dr. Settler expressed concern that because of the stigma associated with syphilis, some men may have withheld information of the disease in giving their medical histories to him and others. The advisory panel established by HEW to assess treatment options which hurried to Tuskegee in the wake of disclosure found the Society and John Andrew Hospital eager to cooperate with HEW treatment efforts.

The initial reaction of PHS was to deny the charges. Their July 27, 1972, post-disclosure "Administrative Details Concerning Tuskegee Study" states:

> Participation in the study by both syphilitic and non-syphilitic persons was voluntary. The syphilitic group was informed that they had syphilis, and informed that they would be treated for the disease if they so requested.

The same document claims that the Macon County Medical Society was "fully informed of the study," but this clearly was no more true than the other claims.

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[1] Jones suggests (at 200) that a "revitalized relationship" arose between the study and the Tuskegee Institute, based on an April 1970 PHS contract through hospital administrator Luis Rabb for PHS to have the men's X-rays done at John Andrew Hospital. Mr. Rabb, however, states that he was told nothing of the nature of the study. He received an offer from PHS to pay for X-ray support and he was happy to obtain the revenue. Mr. Rabb says that he had no reason to question officials from the nation's leading health organization as to their motives.

III. DR. FOSTER AND THE MAY 19, 1969 MEETING

State medical records give strong evidence that Dr. Foster was not at the May 19, 1969 meeting of PHS officials and the Macon County Medical Society. While he was Vice-President of the Society, Dr. Foster's schedule did not permit his attendance at all meetings, and he did not attend this one. Indeed, among all of those present, the only person who places him at the meeting is Dr. Luther McRae.

Dr. McRae's memory of the meeting is highly precise as to small details (the seating arrangements, the color of a shirt), but not entirely consistent or as detailed as to the substance of the meeting. (He does not recall the telephone call or calls from state and national medical leaders to set up the meeting and preliminarily explain the study to him.) While Dr. McRae places Dr. Foster at the entire meeting (sitting precisely two seats to his left, leaning back with a troubled look on his face), State of Alabama birth records place him at John Andrew Hospital in Tuskegee, delivering the baby of Ms. Minnie Jamison.

The delivery was far from routine. It involved a Caesarean section after a long and high-risk pregnancy. Ms. Jamison had suffered two miscarriages, and problems developed early on. Ms. Jamison was bedridden for seven of the nine months prior to delivery, and it was necessary to perform a surgical procedure in the fourth month to prevent a spontaneous abortion. Ms. Jamison went into labor and was hospitalized on the evening of May 18, and, after being given medicine to slow labor, stayed there through her delivery and recuperation.

The birth certificate shows that the delivery occurred at 9:17 p.m. Ms. Jamison and her husband recall the delivery occurring at 7:00 p.m., and that it was nighttime. (The sun sets at 7:43 p.m. CDT on May 19.) She recalls that the surgery took approximately two hours, and does not contest the medical record of a 9:17 p.m. birth. At any event, the complex delivery of a high risk pregnancy occupied Dr. Foster at the very minimum for the great bulk of the period of the meeting with PHS. Dr. Foster had another delivery later that evening, at 1:32 a.m., and the mother likely was at or on the way to the hospital.

There are additional reasons for concern as to Dr. McRae's recollections. Dr. McRae was the chief of staff at Macon County Hospital, where black doctors were not allowed to practice. (Black physicians ultimately were given staff privileges at the hospital during McRae's tenure but only under the pressure of federal law and under intense economic pressure: the white population of the county was declining, and the absence of black staff effectively shut the hospital off from the large pool of well-insured black Veterans Administration employees.) Dr. McRae's hospital finally closed, the last straw being a lawsuit

(filed after McRae's departure) blocking federal funds for upgrading-expansion of the white facility on grounds that the plans, drafted during McRae's tenure, would perpetuate racially segregated medical care in the community.

Dr. McRae left Tuskegee suddenly in 1970, according to other doctors, closely followed by reports of substantial unpaid debts, including an airplane which was repossessed. Later, in 1985, Dr. McRae's license was suspended for illegal prescription of schedule II controlled substances. The suspension in Georgia, where Dr. McRae had moved, was for 30 days, with a one year ban on prescribing or possessing controlled substances, and a requirement for 50 hours of education. Dr. McRae's license was revoked entirely in Alabama after he failed to attend a scheduled hearing and failed to present exculpatory evidence. He applied for reinstatement in 1990, but again failed to attend the evidentiary hearing, and the revocation continues.

The facts give no assurance that Dr. McRae's reports of the meeting, initially broadcast through extreme anti-abortion groups rather than mainstream media, are entirely disinterested or at all reliable. They clearly are less reliable than state medical records, which place Dr. Foster at John Andrew Hospital successfully performing a high-risk birth.

No other doctor places Dr. Foster at the meeting, nor is there any evidence that any participant spoke to him of the meeting afterwards. Even Dr. McRae raises no such claim; indeed, whatever was presented at the meeting (which certainly omitted the issues of consent and treatment) was sufficiently unremarkable that not one of the doctors mentioned it to a single living soul afterwards, or connected Dr. Foster with the meeting until his nomination to be Surgeon General.

CONCLUSION

The facts show the complete absence of any connection between Dr. Foster and the Tuskegee Study. The evidence indicates strongly that study was not a matter of public knowledge in Tuskegee by the time Dr. Foster arrived, that he did not attend the May 19, 1969 meeting, and that no report was given to him afterwards. Given the heightened racial and political sensitivities in Tuskegee at the time, it is inconceivable that the PHS officials who were directly misleading about the study afterwards told the full story of the study to a group of black physicians, or that if they had, that no one would have batted an eyelash.

That the study was discussed in medical journals raises different questions. There is no indication that Dr. Foster ever would have or should have read any of the articles. To indict Dr. Foster on the strength of these articles is to indict the

entire medical profession.

The more troubling question lies outside the issue of Dr. Foster's knowledge. Many people did read the articles, but no one seems to have noticed the moral issues. The articles themselves seem never to have shocked anyone, not even the New York Times or Washington Post. Only when the study was put into context -- the report to Buxton of a doctor sanctioned for treating a patient, or the concentration camp survivor's explanation to Jenkins -- did anyone see through the murk of clinical language to the larger social and moral context. The key is the sad fact that our medical system did not assume or assure that all sickness would be treated. Not only these 400 men, but thousands of other Americans went untreated for a host of afflictions during the course of the study.

Far from ignoring the untreated, Dr. Foster has spent his career bringing treatment to them. One bright spot appears in the Tuskegee Study documents. When the HEW advisory panel came to Tuskegee in the wake of disclosure, panel member Dr. Vernal Cave pointed, amid the evidence of inadequate services and facilities, one "delightful experience," a presentation on, the Maternal and Infant Care project at John Andrew,

> a comprehensive medical and health care program made possible by a five year grant ... with Tuskegee Institute providing matching funds. ... On the basis of the performance described, citing this one example, the John A. Andrew Memorial Hospital has an admirable record for the utilization of grant funds.

Dr. Foster directed the project. Dr. Foster, indeed, has spent his career delivering excellent health care to high-risk patients in underserved areas, and training other doctors for such service. Three out of four Meharry graduates have gone on to practice in underserved communities.

The Tuskegee Study recalls that even the Public Health Service has been a part of the culture of non-treatment. The confirmation of Dr. Foster would be a step away from the Tuskegee Study, and an affirmation of the national commitment to health care for all 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:
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Montgomery, Alabama 36103-5625
(205) 613-5400
Physical Location:
Normandale Mall
502 E. Patton 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

1974 Deposition of Dr. Ira Myers

During two days of confirmation hearings, Dr. Foster effectively refuted unfounded charges that he was aware of the infamous Tuskegee Study of Untreatred Syphilis prior to 1972, when the study became public. He let the nation know that he is a man of compassion deeply commited to providing medica services to a badly underserved area, and that in keeping with his character, he in fact had immediately led efforts to locate and treat the men.

The facts also have defeated recent attempts to link not only Dr. Foster, but also Tuskegee University and all of Macon County to knowledge of and participation in the Study. Dr. Ira Myers, then Alabama State Health Officer, testified in a 1974 deposition that he had discussed the Tuskegee Syphilis Study with Dr. Foster. Specifically, Dr. Myers testified, "I had discussed this matter with him (Dr. Foster) on a subsequent time in connection with a comprehensive health planning meeting, as I recall now; and he (Dr. Foster) says, 'Well, we think we ought to treat them.'" Dr. Myers has rejected the strained efforts to use this deposition to link Dr. Foster to the Study.

As Dr. Foster testified, in July, 1972, when the story of the Tuskegee Study first came to light, he was at a meeting of the Alabama Advisory Council for Comprehensive Health Planning, of which he was then a member. Dr. Foster was called out of the meeting by the press to comment on the Study. This was the first time that Dr. Foster had heard of the Study, and he remembers the meeting clearly because he was so shocked and amazed by the revelation. At the time he expressed his determination to see that the men were treated, just as Dr. Myers testified in his 1974 deposition.

Dr. Myers testified that he spoke to Dr. Foster concerning the Study at only one such meeting, and at the time he had difficulty identifying the specific time of that meeting. Dr. Myers has since rejected the attempt by some to twist the testimony to place the date of the meeting before 1972, and has gone on the record to support Dr. Foster's recollection.

Dr. Foster's and Dr. Myers' recollections are confirmed by contemporaneous press accounts. The Atlanta Constitution (UPI) and Montgomery Advertiser both reported on the following Sunday, July 30, 1972, that the Macon County Medical Society already had met and had voted to attempt to locate the men and provide them with treatment forthwith.

1974 Deposition of Dr. Ira Myers

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

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

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

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

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

CHARLIE W. POLLARD,
et al,

Plaintiff

CARRIE BELL GRIFFIN,

Plaintiff
intervenor

Vs

UNITED STATES OF AMERICA,
et al,

Defendants.

FYI

D E P O S I T I O N

of DR. IRA L. MYERS, taken pursuant to stipulation and agreement on behalf of the Plaintiff at the offices of Dr. Myers, Health Department, State Office Building. Montgomery, Alabama; before Brenda Evans, Court Reporter and Notary Public for the State of Alabama at Large, on Tuesday, October 15, 1974, commencing at 10:00 a.m.

to be referred to the Macon County Medical Society. Did you personally refer it to them?

A The best of my memory, I did; and that's probably by a call to Dr. Barrett and a call to the Public Health Service.

Q By a call to Dr. Barrett?

A Yes, to at least advise her of what the issues were. She had been the County Health Officer, and, of course, she should be--- should know what was coming.

Q What did you--

A Now--

Q Go ahead.

A I no doubt talked with the president of the County Society, and I can't recall who it was at this point.

Q My information is it was Dr. McCray?

A Dr. McCray? Now, Dr. Foster was the one that followed him.

Q He was president after him?

A Because I had discussed this matter with him on a subsequent time in connection with a comprehensive health planning meeting, as I recall now: and he

says, "Well, we think we ought to treat them." And I said, "If you think we ought to treat them, then that's what you ought to do."

Q But how long was this after?

A I don't have any idea, but it is-- If my memory serves me, he was the president of the society at that time; so it may be that McCray was going out and that he came in that year. I don't know.

Q Doctor, did you write anybody or give anybody or is there any written memorandum that we can go to and see which indicates or shows that the action taken by the Board of Censors was in fact carried out?

A Goodness, I don't believe we found-- I don't know whether it was written, because I would think if there had of been, we would have furnished it.

Q Doctor, did you consider this matter to be important enough to put something in writing to somebody at the Macon County Medical Society so that they would have something in writing about the request?

A I considered it important, but a lot of times we handle very important matters by personal phone

call, especially if it is something that needs to be followed up by somebody else.

Q What happened? Do you know what Dr. Barrett did?

A No, I don't.

Q Did you send a representative to the Macon County Health Department to discuss with them the meeting and the problem?

A No.

Q Did you direct anyone under your supervision to go to Macon County and discuss this matter with the Macon County Board of Health?

A A call-- A call from me to the County Health Officer is usually sufficient, because the County Health Officer is the one that I give my direct supervision through to the County Health Department activities.

Q Of course, this County Health Officer is not dead, is he?

A Yes.

Q Dr. Barrett? Now, Doctor, was there any written communication to the County Medical Society referring this matter to them?

A I don't recall.

Q Did you consider it important enough to put in writing to the Medical Society, the director of the State Board of Censors?

MR. HAMILTON: I object.

MR. PONS: I object to this question. You asked the same one before, and are you still 'beating your wife' type of thing?

MR. GRAY: I didn't mean to do that.

MR. PONS: I know you don't, but please rephrase your question where he can give a definitive answer.

BY MR. GRAY:

Q Doctor, did you or anyone under your supervision give any written instructions or directive in referring this matter to either the Macon County Medical Society or the Macon County Board of Health?

A I don't recall.

Q If there had been any such written document, you would have copies in your file?

A There should be.

Q And the file does not disclose any such copies?

A They haven't found them.

Q Have you received back any response from the Macon County Health Department as a result of this referral?

A In writing or verbally?

Q Yes, sir.

A No, I don't recall.

Q Have you received anything in writing back from the Macon County Medical Society as a result of this referral?

A No, other than my personal discussion with Dr. Foster.

Q Now, when you talked to Dr. Foster, that was some time later, and I believe--

A Yes, and, of course, it would have been later, because the plan was for the Public Health Service to go ahead with their-- We gave them leave to go ahead and made their contacts directly with the county. That's where the individual was. They had a person there already, and so it wasn't like a new type of activity in which you document everything. It was on-going activity.

Q Does the State Board of Censors have any policy

with respect to how it acts when it refers matters to the certain County Boards? Is there any written policy as to how it ought to be done?

A No.

Q Now, Doctor, did you follow up this matter and make a subsequent report back to the State Board of Censors telling them what you had done or what someone under your supervision had done with reference to carrying out the action after the February, 1969, meeting?

A I don't recall that, because if it would-- It should have been shown in the minutes if such had been done.

Q And the minutes from that point up to the date shows nothing else?

A I don't see it, but that's not unusual. There are so many activities, you could fill up your minutes with a lot of things saying this has been done.

Q Do you know what action the Macon County Medical Society took?

A Other than that they met with some representatives of Public Health Service, according to what Dr. Foster told me at a later time.

Q So you received--

A And I can't recall what information I got back from the County Health Officer in that regard.

Q So you received no official response from this referral?

A That's not unusual.

Q But you are saying you didn't receive any?

A Not that I can recall.

Q All right. Dr. Myers, did you as State Officer do anything else with reference to the Tuskegee Syphilis Study after you became aware of it in '69, other than the action that's reflected by the February, 1969, minutes?

A I don't believe so.

Q Did the Board of Censors or the members of the State Committee do anything else other than the action taken at the February 19th meeting?

A No.

Q Now, Doctor, I believe there was some system worked out between the State Health Department and the Public Health Service, whereby the Public Health Service employed a nurse, whose primary responsibility was to see about the patients in the

Tuskegee Syphilis Study and who in her spare time worked as a regular county health nurse. Is that right?

A Yes.

Q Was not someone in the state-- Wasn't she responsible to them in the sense of committing her time and leave to someone in the state who, in turn, communicated that to the people in Atlanta?

A I don't know about that.

Q If such were the case, who would be responsible for it and who in your organization would know?

A If she were an employee of the county or state merit system, then it would be the responsibility of the personnel officer to keep those leave records. However, to my knowledge we have not had an employee who has been assigned to this particular duty.

MR. GRAY: Let's go off the record a minute.

(WHEREUPON, there was an off-the-record discussion.)

BY MR. GRAY:

Q Doctor, let me get back to one more thing on this

February 19th, 1969, meeting. Can you tell us why the State Board of Censors after having acted on February 19th of '69, referred it to the Macon County Medical Society, why the matter never came up again?

A Very often, even in very important matters, when they are referred to the local body that is responsible for carrying out the law, unless they need assistance, it would not come back to them.

Q And the Board of Censors didn't feel any necessity for any follow-up on the matter?

A I don't know what the Board felt.

Q Well, you as State Health Officer did not feel any duty or any obligation to pursue it further?

A I followed up on it personally, but I did not report it back to the Committee of Public Health.

Q When you say you followed it, you--

A I made my contacts on an individual basis, and I did not get a formal reply.

Q When you said "on an individual basis," you said that you contacted Dr. Barrett individually.

A That's right.

Q There was no meeting you did not attend -- didn't-

see anybody attend a Board meeting. You mentioned that you contacted Dr. Foster, who was a member of the Macon County Society, but who was not the president at that time.

A Well--

Q And this was some time later?

A I was thinking I was present when I was talking to him, but at least I was talking to an individual who was knowledgeable about the problem and that he was familiar with the issue.

Q Did he tell you that there had been any official action by the Macon County Medical Society one way or the other on this matter?

A He said they still had it under consideration.

Q And approximately when was that with respect to the February 19, 1969, meeting?

A I don't remember.

Q In your best judgement.

A Sometime within the next six months, I would think.

Q All right.

A But that would be a guess.

Q Now, the Dr. Foster you are referring to is Dr.

Henry Foster, who used to be at Tuskegee Institute, who is now at Meharry Medical College in Nashville?

A And he was a member of our comprehensive health practice advisory committee, and I talked with him about this at one of those meetings.

(WHEREUPON, there was a short recess.)

BY MR. GRAY:

Q Doctor, you filed an affidavit in support of one of your motions for summary judgment, and Item seven states, part of it: "I recommend that the matter be referred to the Macon County Board of Health as provided by law, Code of Alabama, Title 22, Section 264, and to investigate and insure the follow-up of medical care and services that might be indicated from a public health standpoint."

A Yes.

Q Did you instruct them, the Macon County Board of Health, to follow-up and provide medical care and services that might be necessary from a public health point of view?

A I suggested to them that the thing that they should

do was consider the interest of the patients, the total interest of the patients, which would include that.

Q Did you request them to give you a follow-up report?

A I did not.

Q And did you receive any such report?

A (Nodding head negatively) This would be, if the study were continued, of course you would expect follow-up through the Public Health Service of what they were doing, too.

Q All right, but your affidavit indicates that you were instructing the Macon County Board of Health to investigate and follow through on it.

A On the individual needs of the patients.

Q Right.

A That's really where you-- The responsibility ordinarily lies for medical care, is with the doctor and the patient.

Q All right, and I think you further testifed that you carried out this particular recommendation by your phone call to Dr. Barrett?

A Yes, it's hard to remember who-all I made phone

calls to because we use the phone rather -- rather loosely. We don't hesitate.

Q All right. Let me ask you one other thing. Doctor, let me show you what has been marked as "Exhibit A" and "Exhibit B" to the affidavit of Dr. Caife, which affidavit was filed by the Plaintiff in response to the motion for summary judgment; and it has two articles, pamphlets. I ask you to look at them and tell us whether or not you are generally familiar with those publications on the treatment of venereal diseases.

A Who is Dr. Caife?

Q Dr. Caife is a doctor in New York who is incharge of venereal diseases for the City of New York and who was a member of the adhoc committee that was appointed by the secretary to investigate the Tuskegee Syphilis Study.

A I am not -- not really familiar with this particular document. I have seen what appears to be similiar documents, but I am not sure whether I have seen that one before or not.

Q All right. I have no further questions on that, but let me ask you one final set of questions. Are

you, Doctor, or have you seen the final report of the Tuskegee Syphilis Adhoc Advisory Pamphlet?

A Yes.

Q You have seen that?

A Yes.

Q Are you reasonably familiar with it?

A I haven't looked at it for several months.

Q Let me ask you one or two questions about it. As you know, you know the purpose of the committee generally -- what it was set up to do?

A I think so.

Q Are you familiar with its findings generally?

A Only generally.

Q And based on your knowledge and information which you have received of the Tuskegee Syphilis Study, I want to ask you whether or not you are in a position to give an opinion on some of the conclusions that they reached based on their investigation. Some you may be able to, and some you may not; but let me ask you individually.

A Okay.

Q They indicate, Item one on Page six, that there was no prodigal which documents the original intent of

the study.

A I don't have any information on that.

Q You don't have any information on that. All right. They mention on Page 12, one of their conclusions was that penicillin therapy should have been made available to the participants in the study not later than 1953. Do you have any opinion as to whether or not you feel that they should have been treated after penicillin generally became available?

A I don't, because I heard differences of opinions from the experts on that particular area at the 1969 meeting.

Q Do you have or has any information come to your attention concerning the whole question of their consent, one way or the other?

A No, I don't have any information on their consent or whether there was consent or the degree of the consent, because I looked for it to see if I could find any evidence in our files, and I did not.

Q You did not find any evidence of consent?

A I didn't find any evidence one way or the other.

MR. GRAY: I have no further questions at this time.