ALABAMA BOARD OF MEDICAL EXAMINERS	)	
	)	
Complainant,	)	BEFORE THE MEDICAL LICENSURE
v.	)	COMMISSION OF ALABAMA
	)	
LUTHER C. MCRAE, JR., M.D.	)	CASE NO. 85-008
	)	
Respondent.	)	

ORDER

This matter is before the Medical Licensure Commission based upon a request by Luther C. McRae, Jr., M.D. for reinstatement of his license to practice medicine in the State of Alabama, Certificate Number 3549, which was revoked by Order of the Commission on March 5, 1986. The Commission received Dr. McRae's request for reinstatement on September 17, 1990. The record before the Commission reflects that Dr. McRae was properly served with notice of a reinstatement hearing scheduled for November 28, 1990 at 2:00 o'clock p.m. at the offices of the Medical Licensure Commission, 848 Washington Avenue, Montgomery, Alabama. The Medical Licensure Commission met on November 28, 1990 at the designated time and place to hear Dr. McRae's request for reinstatement of his license; however, Dr. McRae, who bears the burden of proof for reinstatement of his license, did not appear for the hearing. Consequently, it is the ORDER of the Commission that the request for reinstatement of license filed by Luther C. McRae, Jr., M.D. is hereby dismissed for failure to prosecute.

ENTERED this 3 day of December, 1990.

Leon C. Hamrick, M.D., Chairman
Medical Licensure Commission

ALABAMA BOARD OF MEDICAL EXAMINERS, Complainant, v. LUTHER C. MCRAE, JR., M.D., Respondent	)	BEFORE THE MEDICAL LICENSURE COMMISSION OF ALABAMA CASE NO. 85-008

O R D E R

This matter is before the Medical Licensure Commission based upon the Complaint and Petition for Revocation of the License of Luther C. McRae, Jr., M.D. which was filed by the Alabama Board of Medical Examiners on November 12, 1985. The Medical Licensure Commission entered an Order setting a hearing to consider this complaint on December 4, 1985 and the Order was sered upon the Respondent by certified mail, return receipt requested with the date of delivery shown as December 7, 1985. A hearing was held on January 22, 1986 pursuant to the Commission's Order Setting Hearing. The Respondent, Luther C. McRae, Jr., M.D. did not appear at this hearing. Mr. Wendell R. Morgan, Attorney for the Alabama Board of Medical Examiners presented the case to the Commission and Mark C. McDonald served as Hearing Officer. Subsequent to the receiving of evidence and at the conclusion of the hearing, the hearing officer received a telephone call from the Respondent in which the Respondent indicated that he had voluntarily chosen not to attend the hearing which had been scheduled. The Hearing Officer informed the Respondent that the Commission would hold the record open in the case in order for the Respondent to submit documents which might mitigate the evidence which was presented at the hearing.

At the February 26, 1986 meeting of the Medical Licensure Commission the Commission again considered the Complaint and Petition for Revocation of the medical license of Luther C. McRae, Jr., M.D. Present at this meeting were Jerry N. Gurley, M.D., Thomas H. Alphin, M.D., Dale E. Trammell, M.D., E. Gaylon

McCollough, M.D., and Leon C. Hamrick, M.D. Drs. Hamrick and McCollough were not present at the hearing held on January 22, 1986, yet having read the entire transcript and exhibits of the hearing participated in the deliberation and decision. Mr. McDonald, Hearing Officer was also present.

After reviewing all the testimony and exhibits now before the Commission, the Commission makes the following findings of fact:

1. That heretofore on or about June 12, 1985, the medical license of the Respondent Luther C. McRae, Jr., M.D. was suspended for thirty (30) days by the Composite State Board of Medical Examiners of the State of Georgia. Subsequently this suspension was stayed and the Respondent was placed on probation for a period of three (3) years.

2. The Final Order of the Georgia Composite State Board of Medical Examiners indicates that during 1984 the Respondent may have prescribed schedule II controlled substances for seven patients in a manner failing to conform to the minimal standards of acceptable and prevailing medical practice.

Based on the foregoing it is the conclusion of the Medical Licensure Commissio that the Respondent Luther C. McRae, Jr., M.D. had committed the following acts in violation of §34-24-360, Code of Alabama, 1975:

a. The distribution by prescribing, dispensing, furnishing or supplying of controlled substances to any person or patient for any reason other than a legitimate medical purpose as described in §34-24-360(8), Code of Alabama, 1975.

b. The suspension or revocation by another state of a license to practice medicine as described in §34-24-360(15), Code of Alabama, 1975.

Accordingly, it is the ORDER of the Medical Licensure Commission that the license to practice medicine, certificate number 3549, of Luther C. McRae, Jr., M.D. be hereby revoked.

DONE this the 5th day of March, 1986.

Leon C. Hamrick, M.D.

LEON C. HAMRICK, M.D.
Chairman
Medical Licensure Commission

ALABAMA BOARD OF MEDICAL EXAMINERS, Complainant	)	BEFORE THE MEDICAL LICENSURE
v.	)	COMMISSION OF ALABAMA
LUTHER C. MCRAE, JR., M.D., Respondent	)	CASE NUMBER 85-008

COMPLAINT AND PETITION FOR REVOCATION OF LICENSE

Comes now the Alabama State Board of Medical Examiners and submits herein its sworn petition, pursuant to the authority of §34-24-361(e)(1), Code of Alabama, 1975, and respectively represents unto the Medical Licensure Commission as follows:

1. The Respondent, Luther C. McRae, Jr., M.D., was duly licensed to practice medicine in the State of Alabama as a physician on the 18th day of November, 1965, having been duly issued license certificate number 3549.

2. There heretofore on or about June 12, 1985, the medical license of the Respondent, Luther C. McRae, Jr., M.D., was suspended for thirty (30) days by the Composite State Board of Medical Examiners of the State of Georgia. Subsequently, this suspension was stayed and the Respondent was placed on probation for a period of three (3) years, subject to terms and conditions which are outlined in the certified copy of the Consent Order issued by the Georgia Composite State Board of Medical Examiners which is attached hereto and incorporated herein as Exhibit A.

3. The final order of the Georgia Composite State Board of Medical Examiners which is attached indicates that during 1984 the Respondent may have prescribed schedule II controlled substances for seven patients in a

manner failing to conform to the minimal standards of acceptable and prevailing medical practice.

4. The Alabama Board of Medical Examiners has concluded that there exists probable cause to believe that the Respondent, Luther C. McRae, Jr., M.D., has committed the following acts or is under the disabilities as prescribed in §34-24-360, Code of Alabama, 1975:

   a. Distribution by prescribing, dispensing, furnishing or supplying of controlled substances to any person or patient for any reason other than a legitimate medical purpose as described in §34-24-360(8), Code of Alabama, 1975.

   b. The suspension or revocation by another state of a license to practice medicine as described in §34-24-360(15), Code of Alabama, 1975.

Wherefore the premises considered the Alabama Board of Medical Examiners respectfully requests that the Medical Licensure Commission take jurisdiction of this complaint and petition for revocation of license and set a hearing upon this complaint and issue the notice required by law and order that the Respondent, Luther C. McRae, Jr., M.D., appear and answer the allegations of the complaint. The Board further requests that at the conclusion of this hearing the Medical Licensure Commission revoke the license to practice medicine of Luther C. McRae, Jr., M.D., in the manner prescribed by law.

This complaint is executed for and on behalf of the Alabama Board of Medical Examiners by its Executive Director pursuant to the instructions of the Board as contained in a resolution of October 16, 1985, a copy of which is attached hereto and incorporated herein.

Executed this 12th day of November, 1985.

ALABAMA BOARD OF MEDICAL EXAMINERS

Larry D. Dixon, Executive Director

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

Before me, the undersigned, personally appeared Larry D. Dixon, who, being by me first duly sworn, deposes and says that he, in this capacity of Executive Director of the Alabama Board of Medical Examiners, has examined the contents of the foregoing complaint and petition and affirms that the contents thereof are true and correct to the best of his knowledge, information and belief.

Larry D. Dixon, Executive Director
Alabama Board of Medical Examiners

SWORN TO AND SUBSCRIBED before me this 12th day of November, 1985.

Notary Public
My Commission Expires: 3/11/87

Wendell R. Morgan
Attorney for the Board
19 South Jackson Street
Montgomery, AL 35197
(205) 263-6441

STATE OF ALABAMA)
)
MONTGOMERY COUNTY)

AFFIDAVIT

Before me, the undersigned, personally appeared Larry D. Dixon, Executive Director of the Alabama State Board of Medical Examiners, who, being by me dirst duly sworn, deposes and says as follows:

"The Alabama Board of Medical Examiners, in its regular monthly meeting of October 16, 1985, at Montgomery, Alabama, a quorum of the Board being present, in open meeting, conducted an investigation into the medical practices of Luther C. McRae, Jr., M.D., and that at the conclusion of the investigation, the Board adopted the following resolution:

Luther C. McRae, Jr., M.D., GA. After consideration of an Order from the Georgia Board relative to recent action taken against Dr. McRae's Georgia license, the Credentials Committee recommended a Complaint and Petition for Revocation of Dr. McRae;s license be filed with the Medical Licensure Commission. The motion was adopted.

I further certify that the foregoing resolution was adopted by the Alabama Board of Medical Examiners on the 16th day of October, 1985.

Larry D. Dixon, Executive Director
Alabama Board of Medical Examiners

SWORN TO AND SUBSCRIBED before me this 12th day of November, 1985.

Cindy L. Weber
Notary Public
My Commission Expires: 3/11/87

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
William G. Miller, Jr., Joint Secretary, State Examining Boards
166 Pryor Street, S.W.
Atlanta, Georgia 30303
(404) 656-3913

TO WHOM IT MAY CONCERN:

SEP 23 1985

I, William G. Miller, Jr., Joint Secretary of the COMPOSITE STATE BOARD OF MEDICAL EXAMINERS and chief records custodian of same, do hereby certify that the enclosed copy of Consent Order dated June 12, 1985 is a true and correct copy of the original document on file with the Georgia Medical Board, in the case of Luther C. McRae, Jr., M. D.

This 18TH day of September, 1985.

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

William G. Miller

William G. Miller, Jr., Joint Secretary
State Examining Boards

Sworn to and subscribed before me this
18 day of September, 1985.

Linda T. Miller
NOTARY PUBLIC

My Commission Expires 9-30-85

(BOARD SEAL)

Dr. McRae is currently licensed in Alabama for 1985.

BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

STATE OF GEORGIA

IN THE MATTER OF:	*	
LUTHER C. McRAE, JR., M.D.	*	AG FILE NO. 91481-85
License No. 9201	*	
	*	
Respondent.	*	

CONSENT ORDER

By agreement of the Composite State Board of Medical Examiners and Luther C. McRae, Jr., M.D., Respondent, the following disposition of this matter is entered pursuant to th provisions of the Georgia Administrative Procedure Act, codified as O.C.G.A. § 50-13-13(a)(4), formerly Ga. Code Ann. § 3A-114(a)(4) (Ga. Laws 1964, pp. 338, 348, as amended).

FINDINGS OF FACT

1.

The Respondent is licensed to practice medicine in the State of Georgia, and was so licensed at all times relative to tha matters stated herein.

2.

A review of patient records and prescriptions issued by Respondent during 1984 reveals that Respondent may have prescribed Schedule II controlled substances for seven patients audited in a manner failing to conform to the minimal standards of acceptable and prevailing medical practice.

3.

Respondent voluntarily appeared before the Investigative Cpmmittee of the Board to explain his conduct.

4.

The Respondent waives any further findings of fact with respect to the above matter. However, the Respondent shall be allowed to submit a statement in explanation and mitigation of

the matters stated herein for consideration by the Board prior to its review of this Consent Order.

CONCLUSIONS OF LAW

The Respondent's conduct constitutes sufficient grounds fc the imposition of sanctions upon his license to practice medicine in the State of Georgia under O.C.G.A. Ch. 34, T. 43, as amended, formerly Ga. Code Ch. 84-9. The Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

1.

The Respondent's license to practice medicine in the State of Georgia shall stand suspended, for a period of thirty (30) days, commencing on the effective date of this Consent Order. Provided, however, that said suspension is stayed and may be served on probation, under the terms and conditions outlined below. It is the intent of the Board that this sanction not affect the ability of the Respondent to practice medicine except as outlined herein.

2.

Commencing after the thirty (30) day suspension being probated, the Respondent's license shall be placed on probatic for a period of three (3) years, with the following terms and conditions of probation:

(a) For a period of one (1) year from the effective date of this Consent Order, the Respondent shall not prescribe, administer or dispense, in the course of his office practice, any controlled drug included in Schedule II, II-N, III or III-N. It is hereby understood that the Respondent may write orders for such Schedule II, II-N, III and III-N controlled substances on institutionalized patient's charts, in connection with the Respondent's hospital or nurisng home practice. If, at the end of such one (1) year

period, the Board's evaluation of the Respondent's prescribing practices relative to controlled substances reveals no irregularities, the Respondent shall be eligible to petition for restoration of office privileges with respect to Schedule II, II-N, III and III-N controlled substances. The Respondent's prescribing practices with respect to controlled substances shall continue to be closely monitored throughout the probationary period.

(b) The Respondent shall submit to the Board for its approval a program of continuing education in drug abuse and/or pharmacology, consisting of fifty (50) hours, which the Respondent shall complete within one (1) year of the effective date of this Consent Order, and provide documentation thereof to the Board.

(c) The Respondent shall permit the inspection of his office and hospital records during the period of probation by a representative of the Composite State Board of Medical Examiners at any reasonable time designated by the Composite State Board of Medical Examiners or its representative. The Respondent shall have the right to be present during such inspection of records, and the rights of privacy and confidentiality of patients shall be maintained. The Respondent shall also make himself available, upon reasonable notice, for personal interviews with the Medical Coordinator of the Board.

(d) In the event the Respondent should leave Georgia to reside or practice outside of Georgia for periods longer than thirty (30) consecutive days, the Respondent shall notify the Board in

writing of the dates of departure and return. Periods of residency or practice outside of Georgia will not apply to the reduction of the Respondent's probationary period. The Respondent shall advise the Board of any change in his residence and/or office address.

(e) If the Respondent shall fail to abide by all State and Federal laws relating to drugs or regulating the practice of medicine, the Rules and Regulations of the Composite State Board of Medical Examiners, or the terms of this Consent Order and probation, or if it should appear from monitoring reports submitted to the Board that the Respondent is unable to practice medicine with reasonable skill and safety to patients, the Respondent's license shall be subject to revocation, upon substantiation thereof, and shall not be subject to restoration. Summary suspension of the Respondent's license, pending any such proceeding, may be ordered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-18(c)(1), formerly Ga. Code Ann. § 3A-119(c)(1), or any other statute authorizing such emergency action.

(f) The Composite State Board of Medical Examiners shall review and evaluate the practice of the Respondent at the end of the probationary period. It is hereby understood that after this evaluation, the Board shall have the right to restore all rights and privileges incident to the license of the Respondent, but may also extend or modify the terms of probation, if extension or modification is warranted by evidence presented to the Board.

3.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a public reprimand to the Respondent for his conduct.

4.

Approval of this Consent Order by the Composite State Boar of Medical Examiners shall in no way be construed as condoning the Respondent's conduct, and shall not be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Order shall not become effective until approved b the Composite State Board of Medical Examiners.

Effective, this 12th day of June, 1985

COMPOSITE STATE BOARD OF MEDICAL EXAMINE

BY: S. Charlotte Neuberg M.D.
S. CHARLOTTE NEUBERG, M.D.
President

(BOARD SEAL)

ATTEST: William G. Miller
WILLIAM G. MILLER, JR.
Joint Secretary
State Examining Boards

Consented to:

Luther C. McRae, Jr.
LUTHER C. McRAE, JR., M.D.
Respondent

STIPULATION AND WAIVER

I, Luther C. McRae, Jr., M.D., have read this Consent Order, and understand its contents. I understand that I have the right to a hearing in this matter, and I freely, knowingly and voluntarily waive such right by entering into this Consent Order. I understand that this Consent Order will not become effective until approved by the Composite State Board of Medical Examiners. I further understand and agree that the Board shall have the authority to review the investigative fil and all relevant evidence in considering this Consent Order.

further understand that this Consent Order, once approved, shall constitute a public record which may be disseminated disciplinary action of the Board. However, if the Consent Order is not approved, it shall not constitute an admissior against interest in this proceeding. I consent to the tern and sanctions contained herein.

LUTHER C. McRAE, JR., M.D.
Respondent

Sworn to and subscribed
before me, this 12 day
of April, 1985.

Notary Public
My commission expires:

Notary Public, Georgia, State at Large
My Commission Expires Feb. 11, 1986

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

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

BUREAU OF ADMINISTRATION

March 13, 1969

File
B

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

Dear Dr. Brown:

I have discussed the Macon County Untreated Syphilis Project with Dr. Ruth R. Berrey, the County Health Officer, and she knows of no opposition to the project at this time. She feels that it is not generally known or publicized. She doubts if the Medical Society is aware of its existence but hopes they will be sympathetic with the desires of the Public Health Service.

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

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

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

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

With kindest personal regards, I am

Sincerely yours,

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

IMS:fs

4/16 – Mr. Sauer was advised that Dr. Myers had talked to Dr. McRae and that Dr. McRae was receptive to the idea of "bringing the Med. Society on board" and

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

P

Divider Title: _____

Postconception Menses Induction Using Prostaglandin Vaginal Suppositories

HENRY W. FOSTER, Jr, MD, MILTON SMITH, MD, CHARLES E. McGRUDER, MD, FLOYD RICHARD, MD, AND JULIAN McINTYRE, MD

Vaginal suppositories containing 15 methyl prostaglandin $F_{2\alpha}$ methyl ester in a high-melt base were administered to 60 women desiring early pregnancy interruption who were no more than 56 days' (eight weeks) pregnant as calculated from the first day of the last regular menstrual period (LMP). The purpose of this study was to evaluate the safety, efficacy, and patient acceptability of this mode of noninvasive early abortion. Some factors evaluated during the study included the time interval from insertion of the suppository to the onset of cramping and bleeding. Also measured were immediate and delayed blood loss, nausea, vomiting, and diarrhea. Of the 60 patients entered into the study, 55 procedures have been judged as successful by the prospective criteria set forth in the protocol. There were no deaths or serious complications. Four patients required hospitalization and follow-up dilatation and curettage (D&C). One patient withdrew from the study after receiving a suppository and subsequently delivered a preterm infant. *(Obstet Gynecol 65:682, 1985)*

Abortion is a widely practiced intervention measure in the United States. Based on several abortion surveillance reports, it is estimated that 1,500,000 such procedures will be performed in the United States in 1984.[1,2] Additionally, it is well established that abortion complications and gestational age are directly related, ie, as pregnancy advances, complications increase.[3-5] Given these circumstances, it is understandable that efforts are being directed towards developing earlier and thus safer abortion techniques.

Use of the naturally occurring prostaglandins E and $F_{2\alpha}$ to induce abortion, dates back nearly 15 years.[6-8] However, because of the rapidity with which these compounds are degradated by the enzyme prostaglandin, 15 dehydrogenase, they must be administered by continuous intravenous infusion or by repeated intramuscular or intravaginal methods. The introduction of a methyl group in the 15 position on the prostaglandin $F_{2\alpha}$ molecule results in its slower inactivation.

A protocol was developed to evaluate the safety, efficacy, and patient acceptability of postconceptional menses induction in very early pregnancy using (15S)-15-methyl ester prostaglandin $F_{2\alpha}$ vaginal suppositories.* The potential advantages of a noninvasive early abortion technique are obvious—simplicity of administration, avoidance of uterine instrumentation, and increased cost efficiency. An earlier study using this technique in a smaller group of patients reported a success rate of only 53%.[9] Presented are the results of 60 such patients who participated in this multicentered study.

Materials and Methods

Two suppository formulations were used: 3.0 mg of (15S)-15 methyl prostaglandin $F_{2\alpha}$ methyl ester in 2.2 g high-melt base, and 1 mg of (15-S)-15 methyl prostaglandin $F_{2\alpha}$ methyl ester in 800 mg high-melt base. Of the 60 patients studied, the first nine received a single 3-mg suppository and the remaining 51 received an initial 1-mg suppository followed three hours later by a 3-mg suppository.

Eligible patients included those in good health who were voluntarily seeking pregnancy interruption and were no more than 56 days' (eight weeks) pregnant as calculated from the first day of the last regular menstrual period. Establishing the existence of pregnancy this early is now practical given the ability to accurately measure human chorionic gonadotropin activity.[10,11] Additionally, uterine size was estimated by bimanual pelvic examination.

From the Department of Obstetrics and Gynecology, Meharry Medical College, Nashville, Tennessee.

Supported by the Upjohn Company Protocols 5241 and 5244

* Supplied by the Upjohn Company, Kalamazoo, MI.

Ultrasound was not used routinely. All patients were volunteers who provided informed written consent and were legally approved for pregnancy termination as applicable in the state of Tennessee. The investigational status of this drug was made known to all participants. Patients were excluded if they possessed any of the following: signs or symptoms of threatened or inevitable abortion, previous attempts to terminate the current pregnancy, clinical evidence of cervical incompetency, active or suspected gynecologic disease including inflammatory processes, any recognizable uterine anomalies, cardiac, renal or hepatic diseases, or pulmonary disease including asthma.

Patients were admitted to the hospital, at which time a full medical history was obtained, and physical and pelvic examinations were performed. Laboratory analyses were obtained on admission, ten hours after admission and at the two-week follow-up examination. Two sets of analyses were obtained. Those conducted by the investigators were as follows: hemoglobin, hematocrit, white blood count, differential platelet count, urine analysis including specific gravity, pH, acetone, glucose, protein, and microscopic analysis. The analyses done by the Upjohn laboratory were for bilirubin (direct and indirect), serum glutamic oxaloacetic transaminase, serum glutamic pyruvic transaminase, alkaline phosphatase, creatinine, blood urea nitrogen, electrolytes (including sodium, potassium, and chloride), and blood glucose.

The first nine patients were part of a single 3-mg suppository protocol. In the remaining 51 patients, the two-suppository protocol was used. It appeared that the two-suppository protocol allowed for a "preinduction ripening" effect on the cervix. All patients in both studies were administered pretreatment antiemetics in the form of diazepam* 10 mg and the antidiarrhea medication diphenoxylate hydrochloride,† one tablet by mouth, 30 to 60 minutes before the first suppository insertion.

Temperature, radial pulse, respiration, and recumbent blood pressure were taken and recorded initially, and then every hour thereafter for the remainder of the ten-hour observation period. The prostaglandin suppository was administered by digital separation of the labia and insertion high into the vagina in the region of the posterior fornix. The patient then was required to maintain the supine position for the ensuing 60 minutes; thereafter, she could ambulate as desired. For the two-suppository protocol, the second 3-mg suppository was inserted three hours after the first and again the patient was required to maintain the supine position for 60 minutes. The patient was then kept in the hospital under observation for at least ten hours, but was free to ambulate. Blood loss was estimated by measuring the dimensions on a sanitary napkin, using 10 mL of blood as a standard.

* Valium, Roache Laboratory, Nutley, NJ.
† Lomotil, Searle Pharmaceutical, Chicago, IL.

Results

For the purpose of this study, the criteria for a therapeutic success included evidence of sustained uterine bleeding characteristic of menses accompanied by significant and sustained decrease in the human chorionic gonadotropin (hCG) level after a period of two weeks. In this study, 55 of 60 patients achieved this end (91.6%). Four patients subsequently required suction dilation and evacuation—two because of positive hCG levels two weeks after the procedure and two because of continued vaginal bleeding at four weeks. The reason for the failures was not readily apparent. Two of the patients were in the single-suppository protocol, and the other two were in the two-suppository protocol. The average length of pregnancy for these patients who failed was slightly longer—46.2 days compared with 45.6 days for the entire study. There were no ectopic pregnancies. Most interestingly, a fifth patient whose hCG level remained elevated at two weeks opted to continue her pregnancy, which concluded with the vaginal delivery of a 1400-g male infant at 34 weeks' gestation. There was no evidence of teratogenesis, and his development thus far remains normal.

Of the 60 patients, 58 were black and two were white. The patients ranged in age from 15 to 31 years (mean 23.06 ± 4.2), in weight from 45 to 106.2 kg (mean 61.3 ± 12.2), and in height from 147.3 to 182.8 cm (mean 163.5 ± 6.8 cm). Gestational age ranged from 35 to 56 days (mean 45.6 ± 7.2). Originally the study was designed to accept patients who were no more than 49 days' (seven weeks') pregnant; however, after one patient was entered into the study, it was subsequently learned that her LMP had been incorrectly reported by one week, thus explaining the 56 days' gestational age. All other patients were 49 days' pregnant or less. The gravidity including the index pregnancy ranged from one to eight (mean 2.5 ± 1.62). Thirty-one patients (51.6%) were nulliparous. The hCG levels at entry into this study ranged from 16,000 to 65,000 mIU/mL (mean 22,634 ± 18,804).

Figure 1 summarizes the frequency of successful menses induction with respect to the time required. Because gestations were so early (all 49 days or less with the one exception cited above), the passage of identifiable fetal tissue was not a usable endpoint. In all cases, uterine contractions preceded uterine bleeding. The insertion to contraction time from the first

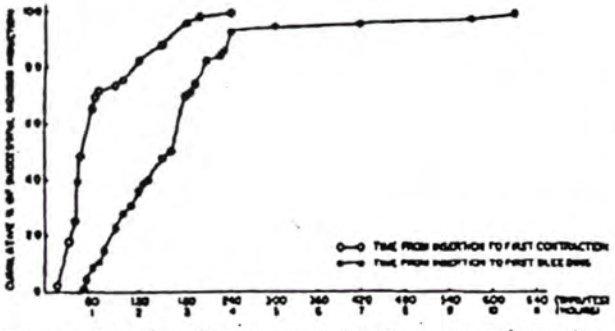

Figure 1. Time from first suppository insertion to onset of cramping and bleeding

suppository ranged from 15 to 240 minutes (four hours), the insertion to bleeding time ranged from 55 to 630 minutes (ten hours and 30 minutes). All patients had begun to have contractions by four hours after suppository insertion, and 93.3% had begun to bleed by then.

There were no deaths or serious side effects. However, the problems with diarrhea and vomiting were frequent despite the use of diphenoxylate hydrochloride and diazepam in all patients. Thirty-seven of the 60 patients (61%) had vomiting and or diarrhea. No patients had vomiting without diarrhea, although the reverse was true. The events of diarrhea and vomiting usually occurred within 30 minutes of each other, and these symptoms usually had their onset at approximately two hours after insertion of the first suppository. Three patients had four episodes of vomiting and one patient had three episodes of diarrhea (Table 1). Over 50% of patients who had either of these side effects only had a single episode. The average number of episodes of diarrhea and vomiting was 1.48 and 1.57, respectively. No patients developed any obvious dehydration or fluid and electrolyte imbalance as the results of these two side effects.

Blood loss was evaluated in two contexts: the estimated blood loss during the ten-hour in-hospital observation period, and the time at which the vaginal bleeding ceased during the 14-day postprocedural observation period. The estimated blood loss during the ten-hour observation period ranged from 35 to 250 mL

Table 1. Prostaglandin Suppository Side Effects

Vomiting		Diarrhea	
No. of episodes	No. of patients	No. of episodes	No. of patients
1	15	1	15
2	3	2	11
4	3	3	1

Average number of vomiting episodes, 1.57. Average number of diarrhea episodes, 1.48.

Table 2. Outcome Correlations

		Dependent variables*	
Independent variables	Insertion to contraction interval	Insertion to bleeding interval	In-hospital blood loss (10 h)
Age		Neg	
Abortions	Neg	Pos	Pos
Parity		Pos	Pos
Weeks' pregnant		Neg	

Neg = negative; Pos = positive.
* Significance level $P < .05$.

(mean 64.1 ± 31.43). The time frame in which va... bleeding ceased in the 14-day postprocedure ob... tion ranged from five to greater than 14 days. E... percent had stopped their bleeding by the 14th ... Five patients failed to return for followup. No pati... required blood transfusions, and there was no sig... cant decrease in the hematocrit level.

Discussion

To more objectively evaluate safety, efficacy, and ... tient acceptability, five dependent and four indepe... dent variables were identified (Table 2). The analy... applied was that of multiple regression analysis usin... the statistical package for the social sciences. As stat... earlier, the 60 patients were comprised of two groups... In nine patients, a single vaginal suppository was use... and in the remaining 51, the two-suppository regimen... was applied. The variable analyses were run separately... on the nine-patient group, the 51-patient group, and... then the 60-patient group as single groups. The only... trend noted in these separate analyses was that the... nine single-suppository cases showed a slightly longer... time interval from suppository insertion to uterine... bleeding. However, this difference was not statistically significant; therefore, the following discussion relates to the outcome of all 60 patients. Table 2 shows the results of five dependent and four independent variables. The dependent variable, insertion to first vaginal bleeding, revealed the largest number of significant correlations. Some of these warrant comment.

Age showed a negative correlation. Hence, the younger the patient the longer the time interval from suppository insertion to first vaginal bleeding. Both previous abortion (spontaneous and induced) and parity showed a positive correlation. The later the gestation (weeks' pregnant) the shorter the time interval from suppository insertion to first vaginal bleeding.

The correlation for insertion to contraction time was negative for the number of previous abortions that a

ient had had. This would suggest that previous ortions in some way make the uterus more sensitive to the onset of contractions.

Estimated blood loss during the ten-hour in-hospital observation period showed a positive correlation for both the number of previous abortions and parity, whereas the total estimated blood loss over a two-week period was negative for parity. This finding would imply that early blood loss was lower in patients of low parity but higher for them over the later postabortal period. Also, delayed blood loss increased with advancing gestational age, an expected finding.

This study demonstrates that postconceptional menses induction in early human pregnancy can be achieved with vaginally administered prostaglandins. Further, the current findings and observations now allow some expectations with respect to drug response by patients. This procedure appears to be safe, as there were no deaths or major complications. Hence, two of the objectives of the study, efficacy and safety, seem satisfied. All patients except one stated that they probably would again undergo the procedure if necessary; however, most found the vomiting and diarrhea objectionable. Hence, the issue of patient acceptability remains less clear and must await further investigation.

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UPJOHN STUDY

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

- Let me tell you a little about the Upjohn study, Senator. As a major health sciences center with a fully accredited ob/gyn residency program, Meharry Medical College has three functions: education, patient care, and research. It is that last function that pertains to the Upjohn Study: it was our obligation to give our residents research experience.

- As Chairman of the Department of Obstetrics and Gynecology, I applied for a grant from the Upjohn Company to conduct the trial. I was the principal investigator, or grant administrator, at Meharry Medical College for an FDA-approved clinical trial -- conducted in many medical centers throughout the country -- that took place over several years. It's purpose was to test the efficacy and safety of an abortifacient suppository. The trial was a research project conducted in an academic medical center, all medical procedures were performed in the hospital, and all patients were volunteers.

- I had responsibility for administering the grant. That meant that I administered the funds, assured that procedures were proper, and published results. The actual procedures were performed by residents. I wrote about preliminary results of the study covering 55 patients.

Q: Dr. Foster, did you ever personally perform one of these abortions [insert a suppository into a woman]?

- My role was to oversee and administer the project. We are a teaching hospital. The procedures were done by residents. In fact, I was only present on very few occasions and then it was in capacity of instructing the residents as the supervising faculty member.

Q: Did you ever perform the procedure?

A: No.

Q: So what you're saying is that we should add 55 to the 39?

- No, Senator, that's not what I'm saying. I've been trying to give you as good an idea of my medical practice over 38 years as possible. I've told you about Meharry, I've told you about the Upjohn study, and I've told you about Tuskegee. Ultimately, you need to make your own judgment about my record

Q: But the question remains, shouldn't we add 39 to the 55?

- I honestly don't see how you could, sir. I didn't perform those procedures. I've told you all the facts. I will let you make your own determination.

Q: What do you mean by "preliminary results". Were there additional patients?

- Yes, there were.

Q: How many additional patients?

- The study took place over a couple of years. I honestly don't know the exact number as I did not write about them.

Q: But, as chief investigator, aren't you responsible for every one of those 55 [or more] abortions?

- Senator, in one sense, as Head of the Ob/Gyn Department, I am responsible for every procedure performed by every medical practitioner in that department. But I was not even present at most of the Upjohn cases; there were times I was not even in the country.

- About the time I published the report of that 55, I was asked by the Robert Wood Johnson project to head a national multi-million dollar grant process. The grant was to provide health services for high risk youth around the country and my job was to publicize it, review all proposals, make the grant awards, and monitor over 20 projects in 18 cities around the nation. It really took all my remaining time.

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

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

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

Q: Why did you do the study?

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

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

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

4. Patient Responsibility/Supervision—Supervision of residents in obstetrics and gynecology is required to ensure proper (a) education, (b) quality of care, (c) patient safety, and (d) fulfillment of responsibility of the attending physicians to their patients. These considerations must be integrated with the goal of independent competence in the full range of obstetrics and gynecology at the completion of residency. This implies a graduated and increasing level of independent resident action which is complete at the end of residency. Each program director must balance quality assurance for patient care, resident education, and independent resident action. The level of resident supervision should be commensurate with the amount of independent function that is designated at each resident level. Residents, as well as faculty, may provide supervision.

On an obstetrics and gynecology service, adequate supervision requires the 24-hour presence of faculty in the hospital. Faculty must be immediately available to the resident if clinical activity is taking place in the operating rooms and/or labor and delivery areas. Faculty must be within easy walking distance of patient care units. Clinical services provided in ambulatory (office) locations require on-site supervision. Open and generously used lines of two-way communication are important and should be encouraged.

If it is judged by the program director that the size and nature of patient population does not require the 24-hour presence of faculty, this situation must be carefully defined and reviewed and should include information about the nature of the hospital, the patient population, the nature of attending staff, and the geographic and climatic situations.

Supervision of residents is a responsibility of the program director and teaching staff. It is the responsibility of the institution sponsoring a residency program to establish oversight to assure that programs meet the supervisory provisions of these Requirements.

5. Graded Responsibility—Complete management of a patient's care under adequate supervision should be considered the highest level of training. There are, however, circumstances under which the resident may not assume complete management:
   a. When the program director or his/her designee does not believe the resident's expertise or understanding is adequate to ensure the best care of the patient;
   b. When the attending physician is not willing to delegate the necessary degree of responsibility; and
   c. When the resident, for religious or moral reasons, does not wish to participate in the proposed procedures.

An essential feature of resident education is that a significant number of staff support the principle of delegation of complete management under supervision.

Increasing responsibility must progress in an orderly fashion, culminating in a senior resident year. The senior resident year consists of 12 months of clinical experience, in the last year of the resident's program. Elective time in the senior resident year requires the prior approval of the RRC. The senior resident must have sufficient independent operating experience to become technically competent, and have enough total responsibility for management of patients to ensure proficiency in the diagnostic and treatment skills that are required of a specialist in obstetrics-gynecology in office and hospital practice.

6. Duty Hours and Personal Responsibilities—On-call requirements are essential for an optimal educational environment and to assure continuity of patient care. The number of residents and faculty should be adequate to prevent excessive frequency and length of on-call. The scheduling of on-call duty should consider that clinical events in obstetrics and gynecology do take place at any time; that safe and effective patient care and a good learning environment both require adequate periods of rest; and that the residency program appointment is the resident's full-time compensated occupation. The frequency of on-call for residents should be, on the average, no more often than every third night. Residents should be allowed to spend, on the average, at least 1 full day out of 7 away from program duties. The program director must also ensure adequate backup if sudden and unexpected patient-care needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

B. Specific Training

Resident education must include, but not necessarily be limited to, the following:

1. Obstetrics
   a. The full range of obstetrics, including high-risk obstetrics and medical and surgical complications of pregnancy;
   b. Genetics, including the performance of genetic amniocentesis and patient counseling;
   c. Learning and performing operative vaginal deliveries, including obstetric forceps or vacuum extractor;
   d. Performing vaginal breech deliveries;
   e. Performing vaginal births after previous cesarean delivery;
   f. Obstetrical anesthesia. Residents must learn the principles of general and conduction anesthesia, together with the management and the complications of these techniques;
   g. Experience in the management of critically ill patients;
   h. Immediate care of the newborn. Every resident must have experience in resuscitation of the human newborn, including tracheal intubation. The principles of general neonatal complications must be learned as well; and
   i. The full range of commonly employed obstetrical diagnostic procedures, including imaging techniques.
2. Gynecology
   a. The full range of the content and patient age of medical and surgical gynecology;
   b. Diagnosis and medical and surgical management of urinary incontinence;
   c. Oncology, including radiation and chemotherapy;
   d. Diagnosis and non-surgical management of breast disease, including fine needle aspirations;
   e. Reproductive endocrinology and infertility;
   f. Clinical skills in family planning;
   g. Psychosomatic and psychosexual counseling;
   h. The full range of commonly employed gynecologic diagnostic procedures, including imaging techniques; and
   i. Experience in the management of critically ill patients.
3. Other
   a. Obstetric and gynecologic pathology;
   b. Emergency medicine;
   c. Basic medical epidemiology and statistics; and
   d. Ethics and medical jurisprudence.

C. Research

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

IV. Evaluation

A. Resident Performance

The program director must establish methods of periodically and systematically evaluating and documenting the level of performance, experience, and technical skills of the residents. One example of an acceptable mechanism helpful in evaluating cognitive

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications to instruct and supervise adequately all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.
2. All members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
3. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.
4. The teaching staff must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
5. The teaching staff should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

C. Other Program Personnel

Programs must be provided the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

III. Program Research and Scholarly Activity

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

A. Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice;
2. Participation in journal clubs and research conferences;
3. Active participation in regional or national professional and scientific societies, particularly through presentations at the organization's meetings and publications in their journals;
4. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings;
5. Offering of guidance and technical support, eg, research design, statistical analysis, for residents involved in research; and
6. Provision of support for resident participation in scholarly activities.

B. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.
2. Library services should include the electronic retrieval of information from medical databases.
3. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

IV. Resident Eligibility and Selection

A. Resident Selection

1. Programs should select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they are appointed. Aptitude, academic credentials, personal characteristics, and ability to communicate should be considered in the selection.
2. In selecting from among qualified applicants for first-year positions, institutions and all of their sponsored programs should participate in the National Resident Matching Program (NRMP). (Certain programs sponsored by the federal uniformed services may be exempe.)

B. Resident Eligibility

Applicants with one of the following qualifications are eligible for appointment to accredited residency programs:

1. Graduates of medical schools in the United States and Canada accredited by the LCME;
2. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA);
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
   a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates, or
   b. Have a full and unrestricted license to practice medicine in a US licensing jurisdiction;
4. United States citizen graduates from medical schools outside the United States and Canada who cannot qualify under VI.B.3, but who have successfully completed the licensure examination in a US jurisdiction in which the law or regulations provide that a full and unrestricted license to practice will be granted without further examination after successful completion of a specified period of graduate medical education;
5. Graduates of medical schools in the United States and its territories not accredited by the LCME, but recognized by the educational and licensure authorities in a medical licensing jurisdiction who have completed the procedures described in paragraph VI.B.4; and
6. Graduates of medical schools outside the US who have completed a Fifth Pathway[1] program provided by an LCME-accredited medical school.

C. Enrollment of Non-Eligibles

The enrollment of non-eligible residents may be a cause for withdrawal of accreditation of the involved program.

ACGME: February 1992 Effective: July 1992

1. A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: 1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited US medical school; 2) have studied at a medical school outside the United States and Canada but listed in the *World Health Organization Directory of Medical Schools*; 3) have completed all the formal requirements of the foreign medical school except internship and/or social service; 4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and 5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

file Upjohn

- In August 1979, The Economist ran an article about prostaglandin suppositories that when used can induce abortions. At the time, Upjohn was scheduled to submit results of clinical trials to the FDA within 18 months. The pill, which can be self-administered, was being considered as an alternative in third world countries where there are fewer doctors to perform surgical abortions.

- At an annual meeting of the Association of Planned Parenthood Physicians in Washington, D.C. in November 1981, Drs. Livia Wan, Andrew Stiber and Juana Turkel from New York University presented their study of 49 patients that took prostaglandin suppositories provided by the Upjohn Company. All but one person in their study had successful termination of pregnancy.

- In early January, G.D. Searle & Co. withdrew its request to market a cervical dilator because of fear over publicity about the drug's possible use during abortions. According to the January 13, 1985, Chicago Tribune article, the National Right to Life called for a national boycott in 1973 of products of the Upjohn Co. after the company introduced a prostaglandin to be used in midtrimester abortions.

- In it's April 1, 1985 issue, Business Week ran a story on an abortion pill being tested in France. At the time, the FDA had only three abortion inducing drugs approved -- all products of Upjohn.

- Even though there had been earlier reports of a National Right to Life Committee boycott of Upjohn products, the committee again announced a boycott in May of 1985: "There's a race out there by drug companies, that Upjohn is leading, to research, develop and market prostaglandin suppositories that can be administered easily at a doctor's office," said Dan Donehey, a spokesperson for the committee.

  The Upjohn Company denied that they had any plans to make or sell a suppository to induce abortions during the first three months of pregnancy. "The company is not developing nor does it intend to make a prostaglandin suppository for first trimester or do-it-yourself abortions." One of the Upjohn studies on the drug was detailed in the medical journal of Obstetrics and Gynecology for May 1985. Upjohn continues to manufacture a prostaglandin suppository, approved in 1977, for second-trimester abortions in hospitals. (AP, May 15, 1985)

- In an Upjohn statement issued on May 15, 1985, the company spoke to the boycott by the National Right to Life Committee: "the basis for the boycott is erroneous. The company has informed right-to-life groups repeatedly that it is not developing, nor does it intend to market, any product to be used for first-trimester or do-it-yourself abortions."

The company intends to seek government approval only for a suppository that would dilate a woman's cervix to make it easier for doctors to perform surgery in the uterus.

- Right to Life of Michigan joins national boycott of the Upjohn Company in May, 1985.

- May 19, 1985: nearly 300 abortion opponents hold a rally to protest Upjohn manufacture of abortion-inducing drugs. The rally is held during the firms annual meeting and centennial anniversary.

- October 29, 1986, the Upjohn Company decides to stop research on a drug that induces abortions. It had decided in June not to renew drug applications with the FDA. According to the company, research was discontinued because "mechanical techniques are clearly the method of choice for pre-surgical softening of the cervix."

- May 13, 1987, the Upjohn Company decides to phase out its domestic distribution of prostaglandin F2 Alpha because of low sales and alternative drugs available. Not because of a national boycott.

67TH STORY of Level 1 printed in FULL format.

The Economist

August 25, 1979

SECTION: BUSINESS, ECONOMICS AND SCIENCE; SCIENCE AND TECHNOLOGY; Pg. 53

LENGTH: 840 words

HEADLINE: A pill for abortion

BODY:

Do-it-yourself abortion pills could be on the market in two or three years. Politically and morally, such pills would be dynamite -- even if sold only on a doctor's prescription. But their advocates argue that in the third world they could meet a desperate need for simpler and more effective forms of birth control.

The drugs now being tested on patients are based on a class of natural compounds called prostaglandins. These are the compounds that induce a woman's normal menstrual bleeding and her labour in childbirth. They can also be administered to induce an artificial abortion. Indeed, many doctors already consider prostaglandins the safest means of abortion for a woman who is more than 12 weeks pregnant because they avoid surgery. The natural compounds are also used to empty the womb when a foetus dies naturally -- and to induce labour at a time convenient to doctor or mother.

None the less, until recently, each had drawbacks to its use:

Side effects. Most induce vomiting and diarrhoea and, especially late in pregnancy, can occasionally lead to injury of the cervix.

Short shelf life. Many prostaglandins do not keep. This rules them out for use, say, in remote villages.

They usually need to be injected. This requires medical expertise.

Several doses are required, repeated at regular intervals: again, too complicated for an Indian village.

Partly because of their side effects, prostaglandins have been used primarily for late abortions. They have not been administered as soon as a woman missed a menstrual period.

All these drawbacks -- as pro-abortionists see them -- are removed (or, in the case of side effects, radically reduced) by the new drugs, which are artificial analogues of natural prostaglandins. One drug company, Upjohn, expects to submit results of clinical trials to America's drug licensing authority in roughly 18 months' time. Other analogues, being tested at Oxford in England, could be ready for submission to drug authorities even earlier. Extensive trials are also being carried out at the Karolinska Institute in Sweden.

What is emerging is a suppository (or pessary) with a long shelf life. One dose, inserted in the vagina, will abort a foetus in around 90% of patients in

the first weeks of pregnancy. And do so with minimal side effects.

Such a pill could be administered by the pregnant woman herself in privacy. It could induce what would seem just an abnormally severe menstrual bleeding: in early pregnancy the fertilised egg is not yet shaped into a clearly identifiable human foetus.

One professor at the Karolinska Institute says that women could use this method as their only "contraceptive" precaution -- using a suppository whenever their period was delayed. He argues that this approach is not fundamentally different from the use of intra-uterine contraceptive devices. These devices do not necessarily prevent an egg being fertilised; rather, they prevent its implantation.

But it is the very ease of the new method that will most antagonise anti-abortonists -- who view "abortion on demand" as totally immoral and value the delay (for second thoughts) that present practices impose. Upjohn is sensitive enough about these issues not to advertise the prostaglandins that it already has on the market.

Pro-abortionists, on the other hand, may want to see the abortion pill vigorously promoted and will point to its enormous potential for the third world. Western morals, they maintain, should not be imposed on these societies in some of which infanticide used to be an accepted form of birth control.

The harsh fact is that deliberate abortion is already common. In some American cities there are now as many abortions as live births. In the world as a whole possibly one in four pregnancies ends in abortion -- often carried out without proper medical supervision.There is no medical help in most of the world's villages.

At least one other, less controversial, alternative is under development. This is the idea of a contraceptive pill that would have to be taken only once every few months and would release its contents very slowly. Conceivably, that would be more appropriate than are today's ordinary contraceptive pills to third-world villages; peasants often find it difficult to remember to take a daily pill. The snag is the danger that the pill might burst and release its contents all at once.

Some third-world politicians may not wait while the niceties of the abortion debate are settled elsewhere. They will see the population pressures in their own countries as their most pressing moral problem and welcome any effective new technique of birth control.

But will they be able to afford the drugs? Prostaglandins are expensive: typically $20 a dose. Mass production might bring the price down.Even so, there is a real possibility that the new pill will be limited to those who need it least: the urbanised middle classes.

GRAPHIC: Graph, Birth profiles, World Bank

LANGUAGE: ENGLISH

21ST STORY of Level 1 printed in FULL format.

November 20, 1981, Friday, BC cycle

ADVANCED-DATE: November 13, 1981, Friday, BC cycle

SECTION: Lifestyle

LENGTH: 1392 words

HEADLINE: Woman's World: Report on non-surgical abortion

BYLINE: By PATRICIA McCORMACK, UPI Health Editor

BODY:
Some day a woman may be able to obtain at a drug store vaginal suppositories that excite the uterus in early pregnancy, making it convulse somewhat -- resulting in expulsion of contents.

That's non-surgical abortion.

Such suppositories -- inserted one hour apart -- during a research project caused uterine contractions and non-surgical termination of early pregnancy in 49 of 50 patients, doctors from New York University said in Washington, D.C.

Another experimental study, referred to by the NYU doctors, tried to see how well women could administer the suppositories at home to terminate early pregnancy in the privacy of their bathrooms. The success rate was 98 percent.

The New York University team reported on their investigations with the not-yet-available for general use suppositories at the annual scientific meeting of the Association of Planned Parenthood Physicians.

The theme of the meeting was: ''Reproductive Freedom -- Worldwide Right.''

Attendees at the conference devoted to what's new in planned parenthood medicine also heard about other experimental techniques and took in talk ranging from marijuana and false-positive pregnancy tests to the proposed constitutional amendment to prohibit abortion.

The non-surgical abortion suppositories containing a prostaglandin-derivative came from Upjohn Company in Kalamazoo, Mich., said the report from Drs. Livia S. Wan and Andrew Stiber and Juana Turkel, N.Y.U. Medical School's Department of Obstetrics and Gynecology.

Here are some words from their report:

''A new approach to terminate very early pregnancy was tried on 49 healthy women who were proven to be pregnant from 31 to 47 days from their last menstrual period.

''Of the total 49 patients who participated in this study all but one had a successful termination of pregnancy; one required surgical termination.''

The modus operandi, as described in the report:

-Suppositiories containing the ingredient that made the uterus contract or pulse was given in two doses, one hour apart.

-Patients were kept under observation for eight hours then sent home.

-They were checked 14 days later to confirm that the pregnancy was successfully terminated.

There were side effects. The doctors reported:

''Most side effects such as nausea, vomiting, diarrhea and cramps, although clinically manageable, were still bothersome.''

Their report was limited to experiences of the 49 subjects who completed their follow-up to the onset of their first post-therapy menstrual period.

All subjects had vaginal bleeding. Patients with severe abdominal cramps were given Demerol.

Women in the clinical research study participated on a voluntary basis and had signed informed consent forms. They ranged in age in age from 18 to 39; 35 or 71.5 percent of the total study population was between 21 and 30 years old.

Why was the study done?

More words from the doctors:

''Over one million legal abortions are performed in the United States each year. Of these 50 percent are performed at less than 8 weeks gestation.

''Presently, 99 percent of these abortions are performed by suction curretage techniques.

''These techniques have proven to be safe and acceptable to most patients. However, the search for non-surgical, safe, and acceptable alternatives for termination of early gestation has been a continuous effort for many investigations.

''Prostaglandins and its newer derivates provide the most promising hope for the achievement of this purpose.

''The rate of success in our study was very encouraging. Only one patient required suction curettage.''

The doctors said the possibility of developing a safe, non-surgical, effective and acceptable method of termination of very early pregnancy is very real.

''It may become an attractive alternative to surgery for some patients,'' they said.

Another experiment -- this one involving baboons -- covered reversible ilization in the female. ''A Method for Reversible Sterilization in the

Female'' was the title of the report from Dr. C. Irving Meeker and Dr.Wilfred Roth.

Meeker is chairman of the department of obstetrics and gynecology at Maine Medical Center and professor of obstetrics and gynecology at the University of Vermont. Roth is professor of engineering there.

In the experiments, plugs were put in the fallopian tubes of baboons. The plugs are supposed to keep the baboons from becoming pregnant. When the plugs are removed, the idea is that the baboons can become pregnant. Reversible sterilization.

As to this being a viable technology for use with human females, the doctors said:

''There is no ethical way of testing the reversiblity of a sterilization human females.

''The possibility that this, or any other technique of (reversible) sterilization, may be offered to women who wish to maintain their long term fertility is remote at best.''

Why search for such a technology, anyway?

''More than 20 years after the introduction of oral contraceptives and the reintroduction of IUDs, an ideal contraceptive does not exist,'' the doctors said.

''Because of this, sterilization is steadily increasing in popularity and is already the leading method of fertility control among many segments of our population.

''Sterilization is being utilized by couples in their early 20s, with small families... as well as single individuals.

''Because of this there is also an increasing demand for reversal.''

The doctors said newer microsurgical techniques for reversal are promising but because they call for great skill and sophisticated equipment, the potential for such operations in developing countries is limited.

The question of marijuana smoking causing false-positive urine pregnancy tests was tackled by doctors from the Department of Obstetrics and Gynecology and the Department of Toxicology at Indiana University School of Medicine.

Dr. James Noland Jr. and associates reported on investigations during which they gave six men and eight surgically sterilized women one marijuana cigarette each.

Urine specimens were collected prior to smoking and 1, 5, and 24 hours later. Each urine was tested for the presence of cannabinoids, and a pregnancy test was also performed.

To investigate effects of marijuana under chronmioc conditions, three women smoked marijuana at least once per day over a 3-month period submitted to

urine specimens.

''All urines ... showed the presence of cannabinoids,'' the doctors reported. All urine pregnancy tests were negative.

''The study suggests that smoking marijuana does not result in a false positive urine pregnancy test.''

Proposals for a constitutional amendment that would prohibit abortion was brought up by Dr. Douglas H. Huber, of Baltimore, Md.

''The proposed Cosntitutional amendmendments against abortion would prohibit abortion at all stages of pregnancy,'' he said.

Over 45 bills proposing Constitutional amendments to prohibit abortion have been introduced in Congress since 1973, including 17 in the first three months of 1981.

''In addtion to reversing the 1973 Supreme Court ruling which made the abortion choice a private decision, the implications (of such an amendment) for reproductive health and medical practice would be far-reaching.

''Methods of family planning which may have several actions, including effects prior to and around the time of implantation, could be banned or regulated.

''Thse include the intra-uterine device, oral contraceptives, and natural family planning methods.

''Physicians and women would be at legal peril in continuing ot use IUDs, particularly with new pregnancy tests which may be able to detect transient implantation during the use of an IUD.

''With advancing medical knowledge, it has become increasingly difficult to make sharp distinctions between contraception and abortion.''

''The constricting effect on medical practice could be substantial.''

If such an amendment were authorized, Huber said psychological and social problems of criminal punishment for women obtaining illegal abortions would need to be weighed.

''The number of women who might be prosecuted could be very large,'' Huber said. ''Specific penalties have not yet been considered by Congress.

''However, some advocates of the amendments have called for severe punishment, similar to that for premeditated murder.''

adv for fri nov.

LANGUAGE: ENGLISH

62ND STORY of Level 1 printed in FULL format.

January 13, 1985 Sunday, FINAL EDITION

SECTION: BUSINESS; Pg. 1; ZONE: C

LENGTH: 1331 words

HEADLINE: PUBLICITY FEAR SPURS SEARLE TO SIDETRACK DRUG

BYLINE: By Michael L. Millenson.

BODY:

G.D. SEARLE & CO. quietly withdrew its request to market a drug to make a common gynecological procedure easier and less painful because of fear over publicity about the drug's possible use during abortions, The Tribune has learned.

The pharmaceutical firm, based in Skokie, withdrew its new drug application for gemeprost, a cervical dilator, in November. The action came after the Food and Drug Administration scheduled a public hearing on the drug by a scientific advisory committee, said Dr. George Tagatz. Tagatz is chairman of the FDA's Fertility and Maternal Health Drugs Advisory Committee and director of the University of Minnesota's division of reproductive endocrinology.

The hearing was canceled when Searle withdrew its application, but Tagatz said he was given no reason for the move. An FDA spokesman confirmed the cancellation, but declined to comment further.

HOWEVER, sources familiar with the Searle decision say one motive was fear of adverse publicity at a time when sensitive negotiations are underway to sell the company. An announcement of the sale of Searle's pharmaceutical, consumer products and aspartame sweetener businesses to one or more purchasers is expected shortly.

In addition, observers believe that hostility by antiabortion groups might prove damaging to the political aspirations of Searle's president and chief executive officer, Donald Rumsfeld. Rumsfeld, formerly a congressman, secretary of defense and, most recently, special presidential envoy in the Middle East, has been mentioned as a candidate for senator, president or top political appointment in President Reagan's second term.

The administration has made no secret of its opposition to abortions, and Reagan and the Republican Party have both endorsed a constitutional amendment outlawing them.

"At the present time, the drug is too controversial," said a source familiar with Searle's thinking.

A Searle spokesman confirmed that the application for FDA approval, submitted last February, had been withdrawn but denied it had anything to do with controversy over the drug's use in abortions. He said the company had differences with the FDA over what terms of use would appear in gemeprost's labeling, and he added that the drug would be resubmitted for approval at a later time.

SEARLE PLANS to sell gemeprost in a suppository form, under the brand name Cergem, to dilate the cervix, one of the most common gynecological procedures. Company officials say the drug would provide a less painful and safer alternative to the present use of metal rods or a slow-acting, seaweed-

based substance called laminaria.

Although cervical dilation is used in diagnostic or surgical procedures [redacted] nonpregnant women, one major use is to dilate the cervix prior to [redacted]rtions during the first three months of pregnancy. An initial Searle business plan for gemeprost, obtained by The Tribune, estimates that 26 percent of the 3.5 million to 4 million cervical dilations in 1981 were for abortions.

The plan makes clear that although the drug was not being marketed to induce abortions, physicians doing cervical dilations prior to performing abortions were to be a major source of sales.

Searle specifically asked Michael Reese Hospital and Medical Center in Chicago to study gemeprost's use as a cervical dilator on women having first-trimester abortions, The Tribune disclosed last May.

IN RESPONSE to questions from a reporter, William I. Greener Jr., vice president of corporate relations, initially said, "It was never the intent of the company that the drug be used in pregnant women." When asked why, then, Searle had funded extensive clinical studies of gemeprost on pregnant women, Greener said he had been mistaken.

"At the outset we decided to test (gemeprost) for its broadest uses; then a corporate decision was made recently that it would not be used in pregnant women," he said.

Searle licensed gemeprost for sale in the United States, West Germany and Canada from Ono Pharmaceutical, a Japanese firm. The drug is a type of prostaglandin, which refers to an endogenous hormone that can cause uterine contractions. In Japan, where abortions are a common form of birth control, Ono markets a strong form of the drug in order to cause abortions during the second three months of pregnancy. In different forms, prostaglandins are used in Europe as a way of inducing labor so that obstetricians don't have to [redacted]ort to caesarean births.

DR. J.C. Willke, president of the National Right to Life Committee, said his group has told Searle it is concerned about the drug. Willke noted that gemeprost in large doses could be used as an abortifacient--that is, to cause abortions--and that in normal doses it might make abortions easier by reducing the pain and discomfort of cervical dilation.

"If Searle sells the drug to abortionists to prepare for abortions, we will come down as hard as we can on Searle and boycott them," Willke said. "You can't say you don't want it used that way and sell it to a distributor" serving those who perform abortions.

Greener said he was unsure whether the company could refuse to sell the drug to any distributor without violating federal laws governing restraint of trade.

In 1973, the National Right to Life Committee called for a national boycott of products of the Upjohn Co. after the Kalamazoo, Mich., pharmaceutical firm introduced a prostaglandin to be used in midtrimester abortions. An Upjohn spokeswoman said sales of prostaglandin products are "small" because few abortions are done after the first three months of pregnancy. She added that the boycott had had only "minimal" impact on other Upjohn drugs.

GEMEPROST is not the first drug that has presented Searle with the possibility of religious and moral opposition. A recent history of the birth-control pill appearing in Science 84 magazine notes that in 1960 Searle became the first company to market an oral contraceptive "despite fears of a consumer backlash to Searle's other drugs that might result from the Catholic [redacted]rch's opposition to birth control."

In fact, Searle officials have said that the company's long experience

in the obstetric-gynecological market is one reason why gemeprost is being counted as an important product. The business plan shows that Searle expected to invest more than $1 million in licensing fees and research on the drug prior to its approval by the FDA. Part of the payments to be made to Ono included a planned $250,000 after the drug was approved "for use as a dilator in pregnant women," the plan noted.

The business plan, from late 1981, estimated that Searle could sell $3.7 million worth of gemeprost during its first year of marketing, then estimated to be 1984. For 1985, that estimate multiplied to $12.4 million and increased to $18.4 million for 1986.

"The upside potential is attractive. With proper pricing and maximum impact, (gemeprost) might be the largest dollar-volume product in the ethical (prescription) pharmaceutical line," one Searle manager wrote.

Greener, the Searle spokesman, said that the company still sees gemeprost as an important new drug. Older Searle products are facing fierce competition, exacerbated by loss of patent protection. Approval of new chemical entities developed internally appear to be several years away. Searle's sales of prescription pharmaceuticals in the U.S. dropped to $196 million in 1983 from $255 million in 1981, while operating earnings plunged to $96 million from $215 million.

Perhaps prophetically, the business plan cautioned of the review process for gemeprost: "All precautions should be taken to avoid making (it) a political issue."

GRAPHIC: PHOTO
PHOTO: Donald Rumsfeld.

LANGUAGE: LANGUAGE

LOAD-DATE-MDC: September 17, 1993

61ST STORY of Level 1 printed in FULL format.

Business Week

April 1, 1985

SECTION: MEDICINE; Pg. 85

LENGTH: 1024 words

HEADLINE: A PILL THAT 'MIGHT DEFUSE THE ABORTION ISSUE'

BYLINE: By Reginald Rhein Jr. in Washington, David Hunter im Paris, and Alan Hall in New York

BODY:

Even the most ardent feminists are somewhat ambivalent about abortion these days. "Nobody can be for abortion," concedes author Betty Friedan. But she adds: "It's simply a technological necessity."

Yet technology may provide a way out of the dilemma. Sterling Drug Inc. and French pharmaceutical maker Roussel Uclaf are both testing a new class of contraceptives that promise to reduce drastically the number of clinic abortions that are performed each year. The drugs induce abortion, but they can halt pregnancies in very early stages with minimal side effects. In fact, they could be taken regardless of whether a woman suspects she is pregnant, simply to regulate her menstrual period.

PASSING TESTS. Such drugs, nicknamed "morning-after" pills because they are taken after intercourse, have been the subject of an intense research effort for nearly two decades. But until now, researchers have failed to find substances that did not have serious side effects. The only abortion-inducing drugs currently approved by the U.S. Food & Drug Administration are three Upjohn Co. products based on prostaglandins. But prostaglandins are powerful hormones that induce uterine contractions and can cause serious side effects, including nausea, diarrhea, phlebitis, and fever. And the FDA allows them to be used only for midterm pregnancy.

The new morning-after pills, which are nonhormonal steroids, appear to have far fewer problems. They terminate pregnancy by blocking the action of progesterone, the reproductive hormone that prepares the uterus to receive a fertilized egg. "For the last 25 years people have been looking for an antiprogesterone," says Dr. Gabriel Bialy, director of contraceptive development at the National Institutes of Health. "All of a sudden there are two."

Sterling's experimental drug, called Epostane, inhibits progesterone formation. Roussel's drug, dubbed RU486, blocks the action of progesterone by binding lock-and-key fashion to progesterone receptor sites in the uterus. As a result, either the egg is prevented from attaching to the uterine wall or, if the drug is taken later, it induces menstruation and the fertilized egg is discharged.

GLOBAL SPONSORS. Farthest along is the Roussel product, which was discovered by French researchers in 1980 and tested in seven countries. In the U.S., tests headed by Dr. Daniel R. Mishell Jr., chairman of obstetrics and gynecology at the University of Southern California, are being sponsored by the Population Council, an organization devoted to developing better contraception. And the U.N.'s World Health Organization plans to launch tests of RU486 involving

about 700 women this year. Thousands more may be tested in China and India. Sterling is testing its drug in Europe and will conduct U.S. trials before [redacted]mitting it to the FDA for approval.

So far the researchers are encouraged by early clinical tests. In some tests, nearly 90% of the women successfully ended their pregnancies. Officials from both companies believe the success rate will approach 100% when they refine the dosage levels. In addition, few side effects have been reported. Although some women reported nausea, "it's possible it was morning sickness," says Dr. Monroe E. Trout, Sterling's senior vice-president for medical and scientific affairs. And, while bleeding can sometimes be excessive, in most cases it is "the same as a regular period or a spontaneous abortion," says Etienne-Emile Baulieu, a biochemistry professor at the University of Paris-Sud, who advised Roussel on the development of the drug.

Roussel is pushing to get its product on the market within three years, and while Sterling will not make any predictions, it praised the drug at a recent meeting with securities analysts. Both companies see a major market for their drugs as an alternative to the 50 million to 60 million surgical abortions performed annually worldwide. In the U.S. alone, the number has topped 1.7 million and is still growing. The drugmakers foresee the pills being used primarily as a backup to contraception when a woman's menstrual period is late. Sterling also thinks Epostane could treat the 68,000 women each year who have ectopic pregnancies, a dangerous condition in which the egg develops outside the uterus.

But some analysts predict that the new drugs could also make significant inroads into the $697 million market for oral contraceptives, now exclusively [redacted] province of drugs such as Ortho Pharmaceutical Corp.'s Ortho-Novum and Wyeth [redacted]oratories' Ovral. Even though the total dollar sales of oral contraceptives rose in 1984, the actual number of prescriptions written declined almost 2%, to 51.7 million, says David K. Crossen, an analyst with Sanford C. Bernstein & Co., a New York investment firm. With women worrying more about the long-term effects of birth control pills, "the oral contraceptive market is clearly tremendously ready for an alternative," says Crossen. The new contraceptive is expected to sell for $2.50 to $3.50 per pill, he predicts, so the potential market could approach $1 billion, not counting the estimated 3 million women who use intrauterine devices, diaphragms, or foam.

Right-to-life organizations, however, are certain to oppose the new drugs as a form of abortion that simply sweeps the issue under the rug. "We don't draw a line" between surgery that aborts the fetus and methods that act on the fertilized egg, insists Dr. Bernard Nathanson, the New York physician who narrates The Silent Scream, a controversial 28-minute film that purports to show the horrors of abortion.

But family planning experts are hoping that the new drugs will mute the increasingly strident debate. Such drugs, says Richard Lincoln, senior vice-president of the Alan Guttmacher Institute, a research and family planning organization, "might defuse the abortion issue. Silent Scream just wouldn't apply." The new pills do foreshadow the demise of the very visible targets for violence posed by abortion clinics. And the decision over whether or not to have a child may be a more private matter among a woman, her physician, and her [redacted]rmacist.

GRAPHIC: Picture, DR. MISHELL: TESTING A DRUG THAT KEEPS EGGS FROM ATTACHING TO UTERINE WALLS, KEN ROGERS

LANGUAGE: ENGLISH

59TH STORY of Level 1 printed in FULL format.

The Associated Press

May 15, 1985, Wednesday, PM cycle

SECTION: Washington Dateline

LENGTH: 396 words

HEADLINE: Group Concerned About Do-It-Youself Suppository For Abortion

BYLINE: By JAMES ROWLEY, Associated Press Writer

DATELINE: WASHINGTON

BODY:

Contending The Upjohn Co. is developing a suppository that women could use to give themselves abortions, a national anti-abortion group today announced a boycott of the drug company's products.

"There's a race out there by drug companies, that Upjohn is leading, to research, develop and market prostaglandin suppositories that can be administered easily at a doctor's office," said Dan Donehey, spokesman for the National Right To Life Committee.

Donehey said the suppository could also easily be used for do-it-yourself rtions in the early stages of pregnancy.

But Frankye Dussling, an Upjohn spokeswoman at the company's headquarters in Kalamazoo, Mich., denied the company has plans to make or sell a suppository to induce abortions during the first three months of pregnancy.

"The basis of the boycott is completely erroneous," she said.

"The company is not developing nor does it intend to make a prostaglandin suppository for first trimester abortions or do-it-yourself abortions," she said.

Donehey said research financed by Upjohn on the suppository for first-trimester abortions was detailed in the current issue of the medical journal Obstetrics and Gynecology.

Of the 60 women tested in the study financed by Upjohn, 55 were successfully given abortions with the suppository in the eighth week of pregnancy, Donehey said.

Four women had complications forcing them to undergo surgical abortions and one woman decided to carry her baby to full term, Donehey quoted the study as saying.

Upjohn "has been denying to the pro-life movement they they are intending it this use," he said. "But the cat's out of the bag."

Ms. Dussling said Upjohn already makes a prostaglandin suppository that was approved in 1977 for use in second-trimester abortions in hospitals. The company also makes two sterile solutions containing the prostaglandin used in second-trimester abortions, she said.

None of these products are advertised and are only used under a doctor's supervision, she said. Prostaglandin was introduced as an alternative to saline solutions as a safer way to induce abortions, she said.

Some 90 percent of abortions administered in the country each year are performed during the first three months of pregnancy.

Donehey said the boycott, to begin immediately, was being announced to the group's 100,000 members in its May 16 newspaper.

LANGUAGE: ENGLISH

58TH STORY of Level 1 printed in FULL format.

The Associated Press

May 15, 1985, Wednesday, AM cycle

SECTION: Washington Dateline

LENGTH: 585 words

HEADLINE: Upjohn Denies it Plans to Market Abortion Drug

BYLINE: By JAMES ROWLEY, Associated Press Writer

DATELINE: WASHINGTON

BODY:

An anti-abortion group charged Wednesday that the Upjohn Co. plans to market a suppository that women could use to give themselves abortions early in a pregnancy, but the drug firm denied it.

Dr. John C. Willke, president of the National Right to Life Committee, called for a boycott of Upjohn products because, he said, the company planned to market a prostaglandin suppository that could be inserted in a woman's vagina to induce abortions during the first three months of pregnancy.

In a statement, Upjohn said "the basis for the boycott is erroneous. The pany has informed right-to-life groups repeatedly that it is not developing, nor does it intend to market, any product to be used for first-trimester or do-it-yourself abortions."

Although Upjohn officials have told him the suppository would only be used to open the uterus for surgery, Willke, a physician, said "we are very, very concerned" it could be used to induce abortions.

If a woman were given a series of suppositories over several hours, abortion would be induced, he said.

Once approved for a very narrow use, Willke said, a drug can be used by physicians for a different purpose.

But Elizabeth L. Clark, a spokeswoman at Upjohn's headquarters in Kalamazoo, Mich., said the company plans to seek government approval only for a suppository that would dilate a woman's cervix to make it easier for doctors to perform surgery in the uterus.

"It's not going to be labeled for abortions," she said.

"It will not be used for first-trimester abortions and we have told that point blank to Dr. Willke," Ms. Clark said. She conceded that the suppository could be used by doctors to prepare a woman for an abortion in a hospital.

Like other prostaglandin products the company makes, "it will not be available except to approved hospital pharmacies," she said.

"It doesn't make sense ... that it would somehow get out in the stream of commerce" and be misused by women to give themselves abortions, she said.

The product, which has not yet been submitted for approval to the Food and Drug Administration, is not effective for inducing first-trimester abortions, Ms. Clark said.

There is no danger that women would use the suppositories to induce abortions because of the unpleasant side effects such as nausea, vomiting and diarrhea, she said.

"If you are going to go to the trouble to get an abortion, you might as well go to an abortion clinic and get one," she said.

Willke cited an article in the current issue of the medical journal Obstetrics and Gynecology stating that prostaglandin suppositories made by Upjohn were successfully used to induce abortions in 55 of 60 women in a test. Four women had complications and were given surgical abortions and a fifth women decided to carry her baby to term, the study said.

But Ms. Clark said the suppositories referred to in the article "are not the metene pros suppositories he (Willke) is talking about in his press release."

"They were never product candidates ... and were dropped a long time ago," she said.

Ms. Clark said the prostaglandin products Upjohn already markets are only used to perform second-trimester abortions in hospitals. The drugs are not advertised in company catalogues and are not mentioned by company salesmen during visits to doctors, she said.

They are only used in about 2 percent of the 1 million abortions performed each year in the nation, she said. Ninety percent of abortions are performed during the first three months of pregnancy.

LANGUAGE: ENGLISH

56TH STORY of Level 1 printed in FULL format.

May 20, 1985, Monday, BC cycle

SECTION: Financial

LENGTH: 372 words

HEADLINE: Right to Life boycotting Upjohn

BYLINE: By CHRIS PARKS

DATELINE: LANSING, Mich.

BODY:

Right to Life of Michigan Monday joined a national boycott of Upjohn Co. because of the Kalamazoo firm's involvement with drugs capable of inducing abortions.

The anti-abortion group said it is demanding that Upjohn withdraw a drug used to induce abortions in the fourth to sixth months of pregnancies and not seek federal approval for one that could be used for first to third-month abortions.

A spokeswoman for Upjohn said the boycott is based on erroneous information and will not affect the drug company's policies.

Barb Listing, president of Right to Life of Michigan, referred to Upjohn's involvement with prostaglandins as ''a so-called chemical warfare against the unborn child.'' Prostaglandins are drugs which artificially reproduce a chemical found naturally in the body.

One such drug, Prostin F2a, currently is being used in second-trimester abortions, although Listing admitted its use is not common.

Two other drugs, E2 and 15M, could cause abortions, although they currently are not used for that purpose, she said.

Right to Life's concern, however, has been focused on a prostaglandin drug called Meteneprost, which it says could be used for first-trimester abortions, possibly by the woman in her own home.

First-trimester abortions are much more common than later ones.

Listing said her organization believes the marketing of Meteneprost could lead to more abortions because its use would be both easier and dramatically less expensive than current procedures.

Upjohn insists it does not intend to market Meteneprost as an abortion agent, but Right to Life says the drug has been heavily tested in that role.

Frankye Dussline of Upjohn said the Right to Life announcement is ''obviously a distortion designed to gain publicity for their group rather than a serious attempt to change policy or reduce the number of abortions.''

Listing said the boycott, actually a revival of earlier unsuccessful efforts, will include passing out lists of alternatives to Upjohn drugs.

She made not specific predictions about its impact other than to say she is sure it will be felt.

Dussling said the previous boycott did not have any significant effect and she does not believe this one will either.

LANGUAGE: ENGLISH

50TH STORY of Level 1 printed in FULL format.

May 19, 1986, Monday, AM cycle

SECTION: Regional News

DISTRIBUTION: Michigan

LENGTH: 546 words

HEADLINE: Abortion foes rally against Upjohn

DATELINE: KALAMAZOO, Mich.

BODY:

About 300 abortion opponents rallied in a cold drizzle at a downtown park Monday to protest the manufacture of abortion-inducing drugs by the locally based Upjohn Co.

Right to Life and about a dozen other state and national anti-abortion groups were represented at the rally, which drew participants from Ohio, Indiana and other upper midwest regions, organizers said.

The protest coincides with a week-long observance of the pharmaceutical giant's centennial anniversary and with the firm's annual meeting Tuesday.

A small faction of protesters also picketed the Upjohn research facility in downtown Kalamazoo, yelling ''Don't be another Hitler'' and other admonishments employees entering and leaving the building.

Protesters gathered in Bronson Park at noon to hear speaches from Beverly LeHaye, president of concerned Women for America, Curtis Young of the Christian Action Council, Barbara Wilke of the National Right to Life Committee and Barbara Listing, president of Michigan's Right to Life organization.

Other groups which sent representatives included Americans United for Life Legal Defense Fund, Jews Against the Abortion Holocaust and World Federation of Doctors Who Respect Life.

Some protesters carried a large fetal head crafted from plaster and mounted on a stick, which they said was to ''personalize our message to Upjohn.''

Right to Life contends Upjohn is the only American firm that supplies prostaglandins for use in second-trimester abortions and claims the company also is involved in research on abortion-inducing drugs that could be used by women in their homes to terminate early pregnancies.

The firm currently markets three abortifacents -- Prostin F2 Alpha, Prostin E2 and Prostin 15M -- which have been approved by the U.S. Food and Drug Administration for use in second trimester abortions. The drugs are available only to physicians to be used in a hospital setting and are not advertised or promoted to doctors, Upjohn officials say.

Right to Life of Michigan last year joined an 11-year national boycott of the m by anti-abortion forces because of its involvement with abortion-inducing

drugs, claiming prostaglandins represented ''chemical warfare against the unborn child.''

Listing said abortion opponents are most concerned about a prostaglandin drug called meteneprost, which she says could be used for in-home, first-trimester abortions.

Upjohn officials claim the drug is awaiting FDA approval only for use as a pre-operative cervical dilator.

''We regret that these groups have chosen to focus their efforts on our centennial activities,'' said Upjohn spokesman Phillip Carra. ''We've informed them repeatedly that we're not carrying out any activitity to promote abortion, however they continue to use emotional tactics to try to gain support.''

He said the firm does not advertise the prostaglandins or promote them to doctors, so their availability provides no incentive to a woman to have an abortion or to a physician to perform one.

''We don't feel that we are affecting the women's choice,'' said Upjohn policy manager Elizabeth Clark. ''We supply drugs for venereal disease. It doesn't mean we support venereal disease or that we're in favor of it, but we supply drugs for the treatment of it.''

LANGUAGE: ENGLISH

48TH STORY of Level 1 printed in FULL format.

The Associated Press

October 29, 1986, Wednesday, PM cycle

SECTION: Domestic News

LENGTH: 305 words

HEADLINE: Upjohn Drops Research On Drug Criticized By Anti-Abortion Groups

DATELINE: KALAMAZOO, Mich.

BODY:

The Upjohn Co. has decided to stop research on a drug that critics said could have been marketed as a home abortion kit.

The company decided in June not to file a new drug application with the U.S. Food and Drug Administration for the drug, Upjohn spokeswoman Jessyl Bradford said Tuesday.

The drug, which didn't have a formal name but was referred to as meteneprost, was intended to be marketed as a cervical softener that could be used as a birth aid by helping the cervix dilate, Bradford said.

It never was intended to be sold as a contraceptive or abortion-inducing drug, as anti-abortion groups have claimed, she said.

Research was curtailed because "mechanical techniques are clearly the method of choice for pre-surgical softening of the cervix," she said.

Anti-abortion groups have protested development of meteneprost, claiming it could be used to cause abortions in the first three months of pregnancy. The drug had been targeted by Right to Life as the cornerstone of its boycott against Upjohn products.

"We are overjoyed" with the decision to discontinue research, Kalamazoo Right to Life President Constance Anders told a news conference Tuesday.

Bradford said the boycott had no effect on Upjohn's decision.

Meteneprost is a member of the prostaglandin family. The prostaglandin drugs that Upjohn makes are sold to help in the manangement of miscarriages, to help induce labor and to help extract a fetus from the uterus in the case of fetal death, Bradford said.

Prostaglandins have a number of additional uses, including treatment of ulcers, asthma and hypertension, she said.

Anders said she still opposes the production of prostaglandins used in second-trimester abortions.

The Associated Press, October 29, 1986

About 8,000 prostaglandin abortions are performed annually, according to the national Centers for Disease Control.

GUAGE: ENGLISH

46TH STORY of Level 1 printed in FULL format.

The Associated Press

May 13, 1987, Wednesday, AM cycle

SECTION: Washington Dateline

LENGTH: 332 words

HEADLINE: Anti-Abortion Group Claims Partial Victory in Drug Fight

BYLINE: By PHYLLIS MESSINGER, Associated Press Writer

DATELINE: WASHINGTON

BODY:
The National Right to Life Committee, the biggest of the anti-abortion groups, on Wednesday declared a partial victory in its efforts to get Upjohn Co. to remove an abortion-inducing drug from the market.

"Their pulling the drug is, I feel, a response to our activities," said Constance Anders, president of the Right to Life chapter in Kalamazoo, Mich., where Upjohn is based.

However, a spokesman for Upjohn said that while the company has decided to [redacted]se out domestic distribution of Prostaglandin F2 Alpha, it did so "not [redacted]ause of the boycott but because of low sales and because alternative drugs [redacted]re available."

Told of Upjohn's response, Dr. J.C. Willke, president of National Right to Life, responded, "It's significant that whatever reason they're giving, they're moving in our direction."

Willke said at a news conference that his group has been boycotting Upjohn for several years in hopes of convincing the company to pull F2 Alpha from the market and to relabel two other similar drugs E2 and 15M prostaglandin to show their "therapeutic rather than lethal uses."

Willke said the company also had decided to rename and relabel E2 and 15M to avoid mention of their use in inducing abortions.

Upjohn spokesman Phillip Cara said he had not heard of such a decision.

"The Upjohn Co. doesn't promote abortions. That's an individual decision, made with the help of a physician," Cara added.

Both Willke and Anders said they believe Right to Life's efforts have cut into Upjohn's drug sales, a claim Cara also discounted.

In addition, Cara said he had not heard of a claim by Denise Neary, president [redacted]the Pennsylvania Pro-Life Federation, that eight Catholic hospitals in her [redacted]te had agreed to boycott Upjohn products because of the abortion-inducing

drugs.

Cara said that although individual hospitals have notified Upjohn of their ns to use other companies' drug products, he did not know of any large-scale vement by hospitals to follow suit.

LANGUAGE: ENGLISH

Fenley
file
Up Stairs

April 25, 1995

TO: Marvin Krislov

FROM: Harriet Rabb

Here's a fresh set of the documents we talked about this morning. Let's talk later today to discuss them.

Suppository to Induce Abortion In 1-7 Hours Undergoing Trials

International Medical News Service

DALLAS — A single vaginal suppository that can induce abortion in 1-7 hours could be available for prescription in 36 months, Dr. Henry W. Foster said at the annual convention of the National Medical Association.

Currently, the 15-methyl prostaglandin F_2 methyl ester suppository is undergoing phase 2 clinical trials approved by the Food and Drug Administration, said Dr. Foster, professor and chairman of obstetrics and gynecology at Hubbard Hospital and Meharry Medical College in Nashville.

The noninvasive early pregnancy termination technique is being investigated for safety, efficacy, and patient acceptance in studies supported by the Upjohn Company. If results are positive, phase 3 nationwide clinical trials can begin.

Dr. Foster

If the suppository passes through the entire 5- to 6-year period from conceptualization on through the trials successfully, a woman who is up to 21 days past her first missed period would be able to go to her gynecologist and get a qualitative beta-subunit assay. If the test were positive, the suppository could be prescribed.

The patient could then go home, insert the suppository at night, remain in the supine position for 1 hour, and be expected to begin bleeding and having contractions usually within 2-4 hours, he said.

At his institution, 28 patients have undergone the trial and been documented. All the women were pregnant 49 days or less and had no asthma or any evidence of abortion or attempted abortion, incompetent cervix, or congenital uterine anomalies. Quantitative beta-subunit assays were carefully performed at that time and 2 weeks after they entered the study.

Because the state of Tennessee requires a 72-hour waiting period between the time of informed consent and the beginning of participation in such a trial, some women were narrowly excluded on the basis of time, Dr. Foster said.

The women who were cleared were admitted to the hospital without douching the night before and were carefully observed for a 10-hour period after the frozen vaginal suppository was thawed out and inserted high in the vagina. Bleeding onset, side effects, and vital signs were carefully monitored, and an extensive battery of laboratory tests was performed, he said.

The patients ranged in age from 16 to 32 years and averaged 23 years of age, 126 pounds, and 64 inches. Six patients were less than 7 weeks' gestation.

Every patient except one who was less than 7 weeks pregnant had beta-subunit assays less than 20,000 mIU; the one exception had 40,000 mIU. Although patients with high beta-subunit assays showed no trends in onset of bleeding, most of the women with less than 30,000 beta-subunits began to bleed early.

Secundigravidas generally began to bleed earlier, Dr. Foster said.

The insertion-to-bleeding time ranged from 1 to 7 hours, but for 22 patients, it was 2-4 hours after insertion.

Average blood loss was 68 ml, and five patients bled beyond 10 days. In some cases, supplemental iron may need to be considered, he said.

Diarrhea was the main side effect. Ten patients experienced diarrhea alone, and 10 others experienced diarrhea and vomiting. The remaining eight patients had no side effects.

It took 3 hours and 55 minutes for diarrhea to develop and 4 hours and 32 minutes for vomiting to begin, on the average.

Obgyn News Nov. 1980

In Council Race

By KURT SCHMALZ
Banner Staff Writer

A chain of controversies surrounding the Metro Council elections in the 17th and 18th Districts has had some candidates spending more time in the courtroom than on the campaign trail.

The Sept. 13 runoff pits incumbent Charles "Snooks" Cardwell against challenger Thomas "Nick" Wiggins in the 17th District.

In the neighboring 18th District, incumbent Robert "Dude" Reasoner, a charter council member, seems to have his hands full with Larry Rogers, a former Davidson County election commissioner.

But even though Rogers and Wiggins won the right to run against the incumbents in August, their status on the Sept. 13 ballot was undecided until last week.

State Attorney General William Leech ordered both the challengers off the runoff ballot because they failed to file their campaign financial disclosures before the August election.

However, Chancellor Ben Cantrell overruled Leech's opinion Friday, paving the way for Rogers and Wiggins to stay in the race.

Before the August election, two 17th District hopefuls found their way onto the ballot by way of the courtroom and not the campaign trail.

Gene "Little Evil" Jacobs and William Pruitt, both convicted felons, were at first barred from running for the council because of their past criminal offenses.

But after a controversy with the election commission, Jacobs, who was convicted of vote fraud, and Pruitt, convicted in connection with a robbery, had their citizenship rights restored by Circuit Judge Hamilton Gayden.

Pruitt and Jacobs never made it into the runoff, but Wiggins and Rogers feel they have overcome their controversies.

"I think this whole thing has helped me because the people rea-

See ELECTION, Page 8

Metro Election '79

✓ First in a series.
✓ Shriver to investigate absentee voting irregularities, Page 23.

Nashville Banner 9-6-79

College Doctor To Seek HEW Abortion Probe

By ELISE DAVID
Banner Medical Writer

A Meharry Medical College physician said today he will request the HEW Ethics Advisory Committee to look into allegations that physicians around the country are performing abortions because the baby would be the "wrong sex."

Dr. Henry Foster, a member of the panel of the U.S. Department of Health, Education and Welfare, said he will request that the topic is

See SEX, Page 8

✓ Vanderbilt researcher disputes right-to-life claims, Page 19.
✓ Abortion rulings stir controversy, Page 23.

Nashville Banner - Sept 6, 1979

From Page 1

. . . Sex

put on the agenda of upcoming meetings.

The committee is scheduled to meet Sept. 14 in Washington, D.C., and Oct. 12-13 at an undecided location.

"I think the majority of physicians find such a thing abhorrent," Foster said. "I can't believe it's an idea that's going to take hold immediately or even within the next decade."

Fosters's comments came in response to a copyrighted story by *The Washington Post* stating that doctors at several prominent medical centers around the country — and an unknown number of private physicians — have been helping some pregnant women abort their fetuses because the baby would be the wrong sex.

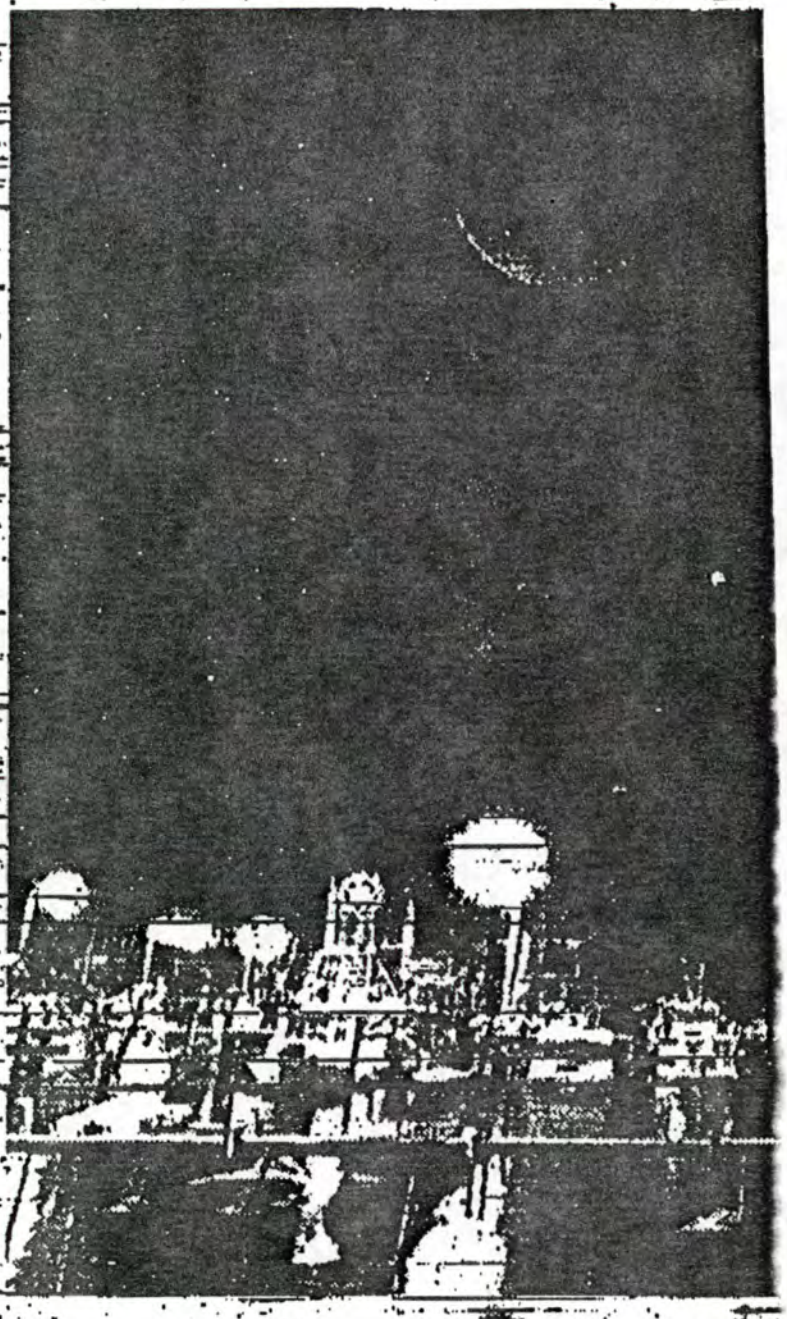
The number of these cases is small, according to the *Post* story, but some medical officials say there will be an increase in the tests and abortions to let parents select the sex of their children.

Through a prenatal test called amniocentesis, the baby's sex is revealed. In the test, physicians withdraw a sample of the womb's fluid to find gehetic and other information.

According to the *Post*, most physicians who agree to do the test to determine sex do it reluctantly.

The newspaper says doctors at Johns Hopkins, Yale, the University of California at Los Angeles and George Washington University will do the test in a few cases.

In the latest issue of the *New England Journal of Medicine*, Dr. John C. Fletcher, a bioethicist at the federal government's National



Stages Of To

Various stages of the lunar eclipse on tl Mississippi Gulf Coast are show in this phot graph taken of the Pass Christian harbor th morning. The photograph was made from tw

determine sex do it reluctantly.

The newspaper says doctors at Johns Hopkins, Yale, the University of California at Los Angeles and George Washington University will do the test in a few cases.

In the latest issue of the *New England Journal of Medicine*, Dr. John C. Fletcher, a bioethicist at the federal government's National Institutes of Health, advocates that parents be permitted to use such tests for determining sex.

Fletcher says he finally decided "it's a woman's right to decide her reproductive future and if she's going to seek this procedure and abortion anyway, she should at least be able to get the very best medical care."

According to the *Post*, an official with the Hastings Center and Institute for Science, Ethics and Life Sciences at Hastings-on-Hudson, N.Y., said she thinks the practice is not yet common, but could become so in another two or three years.

"We do indeed use amniocentesis for many reasons here at Meharry. But, we do not terminate a pregnancy based simply on a sexual preference," said Foster, head of Meharry's department of obstetrics and gynecology.

There may be cases where an abortion is performed when a disease is found through the tests that could only be transmitted to males, he said.

"But I personally think the idea of abortion because of sexual preference is abhorrent and unethical. I would absolutely not perform an abortion for that reason," Foster said.

"This is clearly an ethical question and I am going to try to get it on the agenda at our next advisory board meetings," he said.

"We've got to get some direction with regards to the future about this question," he said.

Stages Of Toc

Various stages of the lunar eclipse on th Mississippi Gulf Coast are show in this photo graph taken of the Pass Christian harbor thi morning. The photograph was made from tw

. . . TVA

tion would be given to retaining local employees.

"I'm surprised that they again have misinformed the Hartsville Project Committee," he said.

Kittrell said the effect of laying off 100 local residents would be to remove $1 million to $1.5 million in payroll revenues from the community.

"We're talking about $14 million to $20 million in lost payroll revenues per year," Kittrell said. "This is going to upset a heckuva lot of local people."

Schlatter said there is no system in the layoff schedule to retain local employees because "we have a firm agreement with the unions."

He said the first to be laid off would be employees with less than a year at Hartsville, and other factors would be the amount of service with TVA, the amount of service with any other federal agency, and the amount of military service. "Veterans would have preference over non-veterans," Schlatter said.

He said TVA has been in contact with the state Department of Employment Security and the Department of Economic and Community Development to offer unemployment benefits and to minimize the economic effect on the area.

TVA announced in May that it would delay c units at Hartsv Bend and one because the pc gently needed

. . . Clock

Better get this one in before Saturday.

Dud Lee tells it about himself: Dud came home late Wednesday

self." **More of Same — Almost —**

Read the other day there is no such word (?) as "I" in the Eskimo language. . . . And that perhaps is

13-3	Una School	132	686
13-4	Percy Priest Lake Center	47	293
13-5	Tenn. School For Blind	18	287
14-1	Donelson Elementary School	88	488
14-2	Hermitage School	116	650
14-3	Donelson Jr. High School	38	305
14-4	Hickman School	27	384
15-1	Margaret Allen School	36	273
15-2	Stanford School	85	699
15-3	Two Rivers Jr. High School	79	586
15-4	Donelson Library	107	826
16-1	T.P.S.	28	232
16-2	Glenview School	44	332
16-3	Glengarry School	56	474
16-4	Vultee Church of Christ	33	323
17-2	Napier School	20	65
17-3	Cameron School	44	146
17-4	Fall-Hamilton School	24	249
18-1	Fehr School	12	91
18-2	Headquarters Fire Hall	27	83
18-4	N.E.S. Building	20	32
19-1	Wharton School	81	123

32-1	Granbery School	16
32-2	Crieve Hall School	17
32-3	McMurray Jr. High School	3
32-4	Tusculum School	4
32-5	Tusculum School	13
33-1	Hillsboro High School	16
33-2	Moore Jr. High School	9
33-3	Robertson Academy	20
33-4	Glendale School	14
34-1	Belle Meade City Hall	15
34-2	Julia Green School	15
34-3	Percy Priest School	16
34-4	Parmer School	8
34-5	Percy Priest School	11
34-6	Richard Jones Fire Hall	11
35-1	Hillwood Jr. High School	7
35-2	Gower School	8
35-3	Bellevue High School	28
35-4	Harpeth Valley School	5
35-5	South Harpeth Club	1
35-6	St. Henry's School	22
35-7	Old Bellevue School	14
	METRO TOTAL	1196

Moral Majority magazine article is spurious

By Bill Snyder
Banner Medical Writer

A report by the Moral Majority that claims Meharry Medical College is using "poor blacks" to test abortion suppositories is "without foundation," Dr. Henry Foster, chairman of obstetrics and gynecology at the predominantly black college, said today.

The report, published in the Aug. 24 issue of *Moral Majority Report*, implies that the Meharry study — and other efforts at "promoting" permissive abortion — have many blacks concerned that they are the target of "genocide."

"I really don't think the perpetrators of this article are genuinely concerned for poor blacks," Foster said. "Women such as those treated at Meharry run a four- to five-time higher risk of dying during delivery" than the general population.

Babies born to poor women "run a three-times greater risk of dying during the first year," he said. "I think their concern of genocide is spurious."

The "investigative report," by reporter Dexter Duggan, cites a study of a hormone-containing suppository produced by Upjohn Co. of Kalamazoo, Mich., that is being tested at Meharry and other U.S. medical institutions.

The suppository contains prostaglandin, a natural hormone-like substance that stimulates uterine contractions.

By placing the suppository in the vagina, women can start a menstrual period, thereby terminating the pregnancy.

Foster said the suppository could free women from the expense, surgical risks and hospitalization required by conventional forms of abortion.

The Moral Majority titled *Abortion to be e pirin*, includes subtitl "Probe shows supposi on poor blacks" and " lieve abortion is used a against them."

The article's claim, t search was conducte blacks, apparently was comment by an unident physician" who was r say, "If it's at Meharry, to have a lot of blacks."

No statistics on the patient white or black

Nash Banner - Sept. 4, 1981

2-2	Drive Hall School	175	818
2-3	McMurray Jr. High School	30	195
2-4	Tusculum School	45	320
2-5	Tusculum School	130	517
3-1	Hillsboro High School	160	648
3-2	Moore Jr. High School	91	409
3-3	Robertson Academy	208	755
3-4	Glendale School	144	747
4-1	Belle Meade City Hall	151	564
4-2	Julia Green School	158	548
4-3	Percy Priest School	160	508
4-4	Parmer School	87	316
4-5	Percy Priest School	115	494
4-6	Richard Jones Fire Hall	118	430
5-1	Hillwood Jr. High School	74	334
5-2	Gower School	85	706
5-3	Bellevue High School	261	816
5-4	Harpeth Valley School	58	261
5-5	South Harpeth Club	18	133
5-6	St. Henry's School	220	640
5-7	Old Bellevue School	141	514
	METRO TOTAL	11965	58526

downgraded from a high school last year, the 3-1 margin against the tax hike surprisingly was less than in the county as a whole.

While overall turnout was low — 70,491, or about 29.5 percent of the county's 239,000 registered voters, went to the polls — it was higher than many observers had expected and higher than school tax supporters privately had hoped for.

"We're not making excuses around here," said Rick Scalf, campaign coordinator for the pro-tax Reach for Excellence Committee. "We think events kind of caught up with us. We started with an uphill fight and it got harder."

School board member Ted Ridings said he is not sorry the board, exercising a right granted to it by

"One of the tragedies of these results is we weren't going for a wish list. We were gong for a minimum amount of revenue to maintain the level of service," the schools director said.

About $2.7 million of the $5.5 million that was to be raised by the tax hike involves cuts in existing services, with special education and vocational education being hit the hardest. Those cuts already have been made with the expectation that they would be restored if the tax hike passed, Frazier said.

But the schools' money problems will be compounded by the fact that $1 million of the $128.4 million appropriated by the Metro Council was to come from sales of surplus school property.

article is spurious, Meharry doctor says

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The Moral Majority article, entitled *Abortion to be easy as aspirin*, includes subtitles such as "Probe shows suppository tested on poor blacks" and "Blacks believe abortion is used as genocide against them."

The article's claim, that the research was conducted on poor blacks, apparently was based on a comment by an unidentified "local physician" who was reported to say, "If it's at Meharry, you've got to have a lot of blacks."

No statistics on the number of patients, white or black, who participated in the study were given in the article because "Meharry nor Upjohn would comment to me on the race of the subjects being tested in this research," the reporter wrote.

However, Foster said he talked to a reporter from the Moral Majority paper three months ago and was not asked about the number of black women participating in the study.

So far, 105 women have participated in the abortion study, and 33 percent of them were white, he said. Only 2 percent of all obstetrical patients treated at Hubbard Hospital are white.

An additional 150 to 200 nonpregnant women have tested the suppository, Foster said.

Foster said he would have no further response to the article.

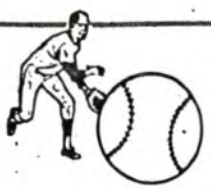
"They have a right to their opinion, but we have a responsibility to do constructive research," he said.

Abortion "is a very distasteful subject to anybody, but in the kind of culture we live in people must have equal access."

"When restrictive abortion laws exist it penalizes unfairly the access of the poor," Foster said.

Hank Jr. Back On Opry Stage

Plus Full Lineups/P-47



WEATHER

80s

See Page 24

THE TENNESSEAN

VOL. 76—No. 150 A GANNETT NEWSPAPER NASHVILLE, TENN FRIDAY, SEPTEMBER 4, 1981

Second Class Postage Paid at Nashville, Ten

Moral Majority Asserts Meharry 'Uses' P

By ED CROMER

The Moral Majority, in an "investigative" report in its monthly news tabloid, has accused the predominantly black Meharry Medical College here of using "poor blacks to test abortion suppositories."

"I'm outraged," said Dr. Henry Foster, chairman of obstetrics and gynecology at Meharry, "in that I really don't believe the Moral Majority's concern is for poor black people."

FOSTER HEADS a study at Meharry of a hormone suppository which terminates pregnancies by inducing a menstrual period. With the approval of the Food and Drug Administration, the test is being conducted under contract with the Upjohn Co. of Kalamazoo, Mich., producer of the vaginal suppository.

The idea behind the product, Foster said, is to make available an inexpensive form of abortion without surgical risks.

So far, he said, tests on volunteers at Meharry have produced no major complications. "We're finding it safe," he said.

THE LENGTHY article, which is the cover story in the current *Moral Majority Report*, does not make clear how it was concluded that participants in tests of an experimental abortion technique at Meharry are "poor." But a quotation in the article from an unnamed doctor shows how the Moral Majority determined the participants are black:

"If it's at Meharry, you've got to have a lot of blacks."

The tabloid, featuring a photograph of Meharry's Hubbard Hospital on the cover, includes among its several headlines to the story:

● "Reporter Discovers Nashville's Meharry College Uses Poor Blacks To Test Ab Suppositories"

● "Probe Shows Suppo Tested On Poor Blacks"

● "Blacks Believe Ab Is Used As Genocide A Them"

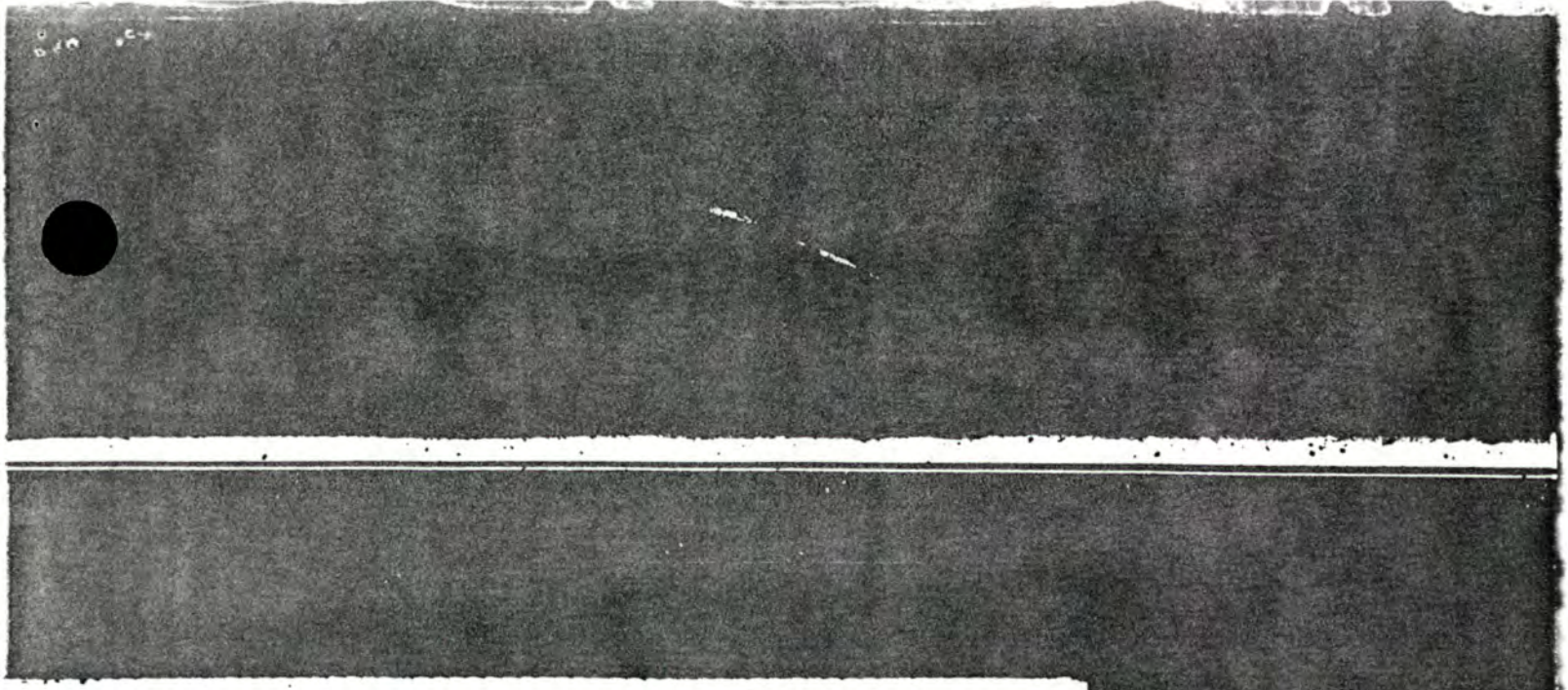
The tabloid article was ten by Dexter Duggan, w described elsewhere in the lication by Editor Harry vert as "an investigativ porter with outstan credentials."

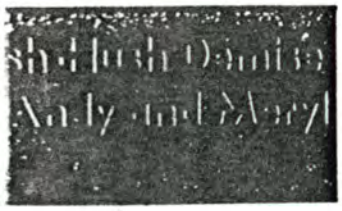
Pentagon Cites Military 'Dangers' In Proposed Cuts

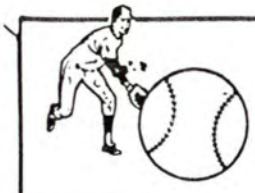
By FRED S. HOFFMAN

WASHINGTON (AP) — The Pentagon is telling the White House proposed cuts in projected defense spending increases could lead to one Army division elimination, retirement of warships and reductions in present fighter and B-52 bomber strength.

And in Honolulu, where he traveled to address the American Legion convention, Secretary of Defense Caspar Wein-







Sounds Overcome Memphis Whammy

Lead Playoffs 1-0/P-29

NESSEAN

LLE, TENN FRIDAY, SEPTEMBER 4, 1981

Second Class Postage Paid at Nashville, Tenn.

54 Pages

INDEX

SEP

'ts Meharry 'Uses' Poor Blacks

: surgical risks. . tests on volun- rry have pro- complications. : safe," he said.

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● "Probe Shows Suppository Tested On Poor Blacks"

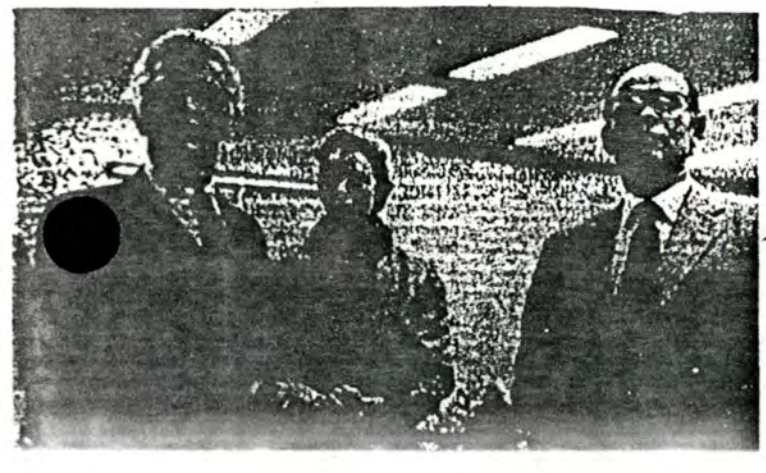
● "Blacks Believe Abortion Is Used As Genocide Against Them"

The tabloid article was written by Dexter Duggan, who is described elsewhere in the publication by Editor Harry Covert as "an investigative reporter with outstanding credentials."

The basis of the article's headlines concerning "poor blacks" and "genocide" apparently lies in four paragraphs on Page 4, in which the reporter tells how he learned from an unnamed doctor that Hubbard Hospital mainly treats black patients:

"MEHARRY Medical College and Hubbard Hospital are located together in a large black

(Turn to Page 10, Column 1)



Sadat Arrests Large Group Of Policy Foes

By WILLIAM E. FARRELL
The New York Times News Service

CAIRO — The Egyptian government has arrested a large group of Moslems and Christians accused of fomenting sectarian strife.

The arrests, announced yesterday, were made Wednesday night. They were seen as a clear indication that President Anwar Sadat intends to crack down on religious extremists and political figures who oppose his policies

Reag

By HOWELL RAINES
The New York Times News
CHICAGO — R
Reagan was given a cool reception yesterd lon audience that lat the Democratic nati man's attacks on Re- nomic policies and h the air controllers' str

In his first speech t nized labor group sin missed 12,000 strikin trollers, Reagan said bers of the controllers to be let go because the law. He went on some labor leaders fo ing what he termed or bor's traditional opp strikes by governme ees.

REAGAN departed text to mention the P Air Controllers Organ name, saying that strik ernment employees "li strike in PATCO were tion of the law and sworn to by individ members." He added, the means to change t they become unjust or We cannot, as citizens, choose the laws we w not obey."

The president defend reduction plan agains that it favors the rich said his economic pro permanently lower inte and relieve the unem that now has one in six tion workers out of wor

Members and officia United Brotherhood penters and Joiners sa lon took steps to avoi of hostility towards t dent. An AFL-CIO s here said the carpente dent, William Konyha, PATCO pickets to st from the convention ha Reagan's visit. Earlier, vention audience of ab shouted down an attem out buttons that said, "I

In Event To

SEP 4

Meharry Attacked By Moral Majority

(Continued From Page One)

area of Nashville. One local physician told me that Hubbard primarily treats black patients. Referring to who the subjects might be for the abortion suppository research, he said, 'If it's at Meharry, you've got to have a lot of blacks.'

"Meharry nor Upjohn would comment to me on the race of the subjects being tested in this research.

"Obviously, it could be argued that an institution with a very strong identification as a black facility was chosen to help perfect a new abortion procedure.

"MANY BLACKS, including civil rights leader, the Rev. Jesse Jackson, have charged at various times that blacks and other minorities have been targeted for 'genocide' by promotion of permissive abortion among them."

Foster said he had no idea how the Moral Majority reached the conclusion that women who have volunteered for the study are poor.

"We see only the patients who come to us, and we don't even make an inquiry into their financial status," he said. "There are no data on their financial status."

AS FOR THE race of the patients, he noted that — apart from the abortion study — only 2% of Hubbard's patients are white. But in the experimental abortion program, 33% have been white, he said.

Foster said virtually all abortions currently performed at Hubbard are by the suppository method. Women seeking another form of abortion usually are referred to outpatient clinics, he said, because hospitilization is "not economical" for abortions in the early stages of pregnancy.

Volunteers in the suppository program are given an explanation of the technique as well as of other abortion procedures, the doctor said.

"THEY ARE also provided information regarding options to abortion," he said. "They take a copy of a consent form home with them, then there is a 72-hour waiting period."

Efforts to reach the Rev. Jerry Falwell, founder and president of the Moral Majority, a right-wing, religious-political lobbying organization, were unsuccessful yesterday, as were attempts to contact Editor Covert.

Dr. Richard Lester, interim president of Meharry, declined comment on the tabloid article. But the college released this one-sentence statement through its public relations office:

"IT IS UNFORTUNATE that the *Moral Majority Report*, in characterizing Meharry Medical College as it did in this article, has little or no understanding of the history or mission of this institution."

The suppository being tested at Meharry contains prostaglandin, a hormone-like substance which usually induces menstrual bleeding and terminates pregnancy in four hours, according to Foster.

Marketing of the product, which is several years away, would make it possible for women to buy the suppositories with a prescription and insert them at home, he said.

Wilkinson Plane Paid Legal Fees

(Continued From Page One)

WILKINSON, who used to pilot the plane to Klan rallies in different parts of the country, gave it to Montgomery attorney Knox McLaney for representing him and 177 other Klan members arrested in August 1979 just outside the Montgomery city limits for marching without a permit.

"I agreed to accept the airplane in lieu of a check for my services," McLaney said yesterday.

"I still represent the Klan and had no idea the plane was being used in any way by others who might be opposing the Klan.

"I SOLD SHARES in the plane and what the other partners did when they used it was their business. I certainly would have never used the plane in such a way that it would have damaged my relationship with a client."

One of those who bought a share in the $10,000 plane, a four-passenger, Piper Cherokee 140-B, was Montgomery businessman Leslie Dees, a brother of Morris Dees Jr., a law center attorney.

"We needed to take a deposition from Stanley McCullom in Muscle Shoals," said Morris Dees, "and I called my brother and asked him if I could borrow the plane. Bill Stanton and I flew up there with a pilot we hired here at the center's expense."

McLANEY said he got the plane "almost a year ago" after reaching an agreement with Wilkinson over his legal fee.

"I just agreed to take the plane instead of a check," he said. "After we reached the agreement, Mr. Wilkinson brought it up here to me."

McLaney said the cases of the 178 marchers are pending. He said the Klan members initially were found guilty in Municipal Court of marching without a permit, and each was fined $500 and sentenced to six months in jail.

HE SAID the fines were reduced to $200 each and six months probation in subsequent appeals. However, the Court of Criminal Appeals and later the Alabama Supreme Court both refused to review the cases, letting the convictions stand.

The lawyer still has more than 20 days to appeal the convictions to the U.S. Supreme Court.

If, he says, the high court refuses to review the cases or if the Klan decides not to pursue the appeal any farther, the convictions will stand and the $200 fines, now being held by the court in escrow, will be turned over to the city of Montgomery.

"I have asked the Klan if it wants to continue the appeal," McLaney said, "but, so far, I don't have any indication what their intentions are."

School Vote in M

District, Precinct, Location	Yes	No
1-1 Cumberland School	230	526
1-2 Wade School	3	169
1-3 Morny School	79	343
1-4 Joelton School	67	949
1-5 Jordonia	10	92
2-1 St. Pius School	98	249
2-2 Haynes School	40	187
2-3 Shwab School	16	125
2-4 American Baptist Seminary	224	270
2-5 King's Lane School	133	231
3-1 Madison High School	104	774
3-2 Brick Church School	93	360
3-3 Bellshire School	67	732
3-4 Old Center School	45	472
4-1 Maplewood High School	74	629
4-2 Tom Joy School	13	297
4-3 Army Reserve Center	28	263
4-4 Gass State Office Building	22	327
5-1 Gallatin Road Fire Hall	45	209
5-2 McFerrin Park Center	30	67
5-3 Meigs Jr. High School	52	137
5-4 Cleveland St. Park Center	17	105
6-1 Kirkpatrick Center	19	23
6-2 East Nashville Head Start	37	335
6-3 Holly Street Fire Hall	28	371
7-1 Cora Howe School	42	345
7-2 Inglewood School	55	167
7-3 Metro Health Center	23	272
7-4 Bailey School	46	250
8-1 Lockeland School	61	585
8-2 Rosebank School	53	404
8-3 Stratford School	61	338
8-4 Dalewood School	84	655
8-5 Cornelia Fort Air Park	53	444
9-1 Jere Baxter School	45	470
9-2 Dan Mills School	74	561
9-3 Inglewood Library	80	730
9-4 St. Joseph School	45	295
10-1 Stratton School	31	345
10-2 Amqui School	36	395
10-3 Neely's Bend Jr. High	65	630
10-4 Madison Park Center	23	327
11-1 Gateway School	33	317
11-2 Goodlettsville Center	102	963
11-3 Little Creek Center	64	420
11-4 Union Hill School	31	[illegible]
11-5 B & W Service Station	19	218
12-1 Old Hickory Center	104	2,104
12-2 Lakewood City Hall	[illegible]	[illegible]
12-3 Andrew Jackson School	[illegible]	419
12-5 Du Pont High School	[illegible]	[illegible]
13-1 Dodson Chapel School	22	171
13-2 Bakers Grove Church	75	[illegible]
13-3 Una School	122	[illegible]
13-4 Percy Priest Lake Center	47	[illegible]
13-5 Tenn. School For Blind	18	247
14-1 Donelson Elementary School	[illegible]	[illegible]
14-2 Hermitage School	116	650
14-3 Donelson Jr. High School	38	305
14-4 Hickman School	27	384
15-1 Margaret Allen School	38	273
15-2 Stanford School	85	699
15-3 Two Rivers Jr. High School	79	586
15-4 Donelson Library	107	826
16-1 T.P.S.	28	232
16-2 Glenview School	44	332
16-3 Glengarry School	56	474
16-4 Vultee Church of Christ	23	323
17-2 Napier School	20	65
17-3 Cameron School	44	146
17-4 Fall-Hamilton School	24	249
18-1 Fehr School	12	91
18-2 Headquarters Fire Hall	27	83
18-4 N.E.S. Building	20	32

District, Precinct,
19-1 Wharton School
19-2 John Early Schoo
19-3 St. Vincent DePa
19-4 Jones School
20-1 Pearl High Schoo
20-2 Head School
20-3 Ford Greene Sch
20-4 Centennial Park
20-5 Lentz Health Cen
21-1 Hadley Park Cent
21-2 Park Avenue Sch
21-3 McKissack Schoo
22-1 West Park Center
22-2 Charlotte Park S
22-4 W.A. Bass Jr. Hig
23-1 Richland School
23-2 Hillwood High Sc
23-3 Westmeade Scho
23-4 Brookemeade Sc
24-1 McCabe Park Ce
24-2 Sylvan Park Scho
24-3 Martha Vaught S
24-4 Charlotte Avenue
25-1 Woodmont Schoo
25-2 West End Jr. Hig
25-3 Christ the King S
25-4 Stokes School
25-5 Green Hills Libra
26-1 Eakin School
26-2 Metro Police Cen
26-3 Hillsboro Fire Ha
27-1 Waverly-Belmont
27-2 Murrell School
27-3 Eighth Avenue F
27-5 Belmont College
28-1 Sevier Park Cent
28-2 Berry Hill City H
28-3 Turner School
28-4 Woodbine School
29-1 Whitsitt School
29-2 Glencliff High Sc
29-3 Paragon Mills Sc
29-4 Wright Jr. High
30-1 Norman Binkley
30-2 Haywood School
30-3 Haywood Lane F
30-4 Norman Binkley
31-1 Apollo Jr. High
31-2 Una-Antioch
31-3 Grace Cole Schoo
31-4 Cane Ridge Cent
31-5 Mt. View School
31-6 Cane Ridge Cent
32-1 Granbery School
32-2 Crieve Hall Scho
32-3 McMurray Jr. Hi
32-4 Tusculum School
32-5 Tusculum School
33-1 Hillsboro High Sc
33-2 Moore Jr. High S
33-3 Robertson Acad
33-4 Glendale School
34-1 Belle Meade City
34-2 Julia Green Scho
34-3 Percy Priest Sch
34-4 Parmer School
34-5 Percy Priest Sch
34-6 Richard Jones Re
35-1 Hillwood Jr. High
35-2 Gower School
35-3 Bellevue High Sc
35-4 Harpeth Valley S
35-5 South Harpeth C
35-6 St. Henry's Schoo
35-7 Old Bellevue Sch
METRO TOTAL

Voters Give Proposed Tax Increase Emphatic

(Continued From Page One)

Roger Bissell, whose Nashville Tax Alternatives Committee was the primary group to campaign against the referendum, said his organization "just focused the feelings of the community."

Bissell interpreted the vote as a combination of purely economic issues, especially for senior citizens whom he said have called his group to oppose increased taxes, and dissatisfaction with various aspects of the public schools.

RICK SCALE, coordinator of

little support for the tax increase among elderly voters.

"I own property and I don't have any children, so you know how I voted," said Ann Sklar, voting at McCabe Park Community Center, where another senior citizen, who declined to give her name, said, "My daughter's a teacher, but I'm not going to vote for this."

"I had to vote against that," said another elderly voter as she left Belle Meade City Hall in a chauffeur-driven car.

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Meharry Attacked By Moral Majority

(Continued From Page One)

area of Nashville. One local physician told me that Hubbard primarily treats black patients. Referring to who the subjects might be for the abortion suppository research, he said, 'If it's at Meharry, you've got to have a lot of blacks.'

"Meharry nor Upjohn would comment to me on the race of the subjects being tested in this research.

"Obviously, it could be argued that an institution with a very strong identification as a black facility was chosen to help perfect a new abortion procedure.

"MANY BLACKS, including civil rights leader, the Rev. Jesse Jackson, have charged at various times that blacks and other minorities have been targeted for 'genocide' by promotion of permissive abortion among them."

Foster said he had no idea how the Moral Majority reached the conclusion that women who have volunteered for the study are poor.

"We see only the patients who come to us, and we don't even make an inquiry into their financial status," he said. "There are no data on their financial status."

AS FOR THE race of the patients, he noted that — apart from the abortion study — only 2% of Hubbard's patients are white. But in the experimental abortion program, 33% have been white, he said.

Foster said virtually all abortions currently performed at Hubbard are by the suppository method. Women seeking another form of abortion usually are referred to outpatient clinics, he said, because hospitilization is "not economical" for abortions in the early stages of pregnancy.

Volunteers in the suppository program are given an explanation of the technique as well as of other abortion procedures, the doctor said.

"THEY ARE also provided information regarding options to abortion," he said. "They take a copy of a consent form home with them, then there is a 72-hour waiting period."

Efforts to reach the Rev. Jerry Falwell, founder and president of the Moral Majority, a right-wing, religious-political lobbying organization, were unsuccessful yesterday, as were attempts to contact Editor Covert.

Dr. Richard Lester, interim president of Meharry, declined comment on the tabloid article. But the college released this one-sentence statement through its public relations office:

"IT IS UNFORTUNATE that the *Moral Majority Report*, in characterizing Meharry Medical College as it did in this article, has little or no understanding of the history or mission of this institution."

The suppository being tested at Meharry contains prostaglandin, a hormone-like substance which usually induces menstrual bleeding and terminates pregnancy in four hours, according to Foster.

Marketing of the product, which is several years away, would make it possible for women to buy the suppositories with a prescription and insert them at home, he said.

Coats Suspended, Tests Ordered

(Continued From Page One)

regulations dealing with the responsibilities of a policeman in Coats' position and a section of the Metro Civil Service rules, dealing with incompetency and neglect of duties.

Coats referred all questions to one of his attorneys, Charles Williams.

Williams reacted sharply to Casey's decision.

"Officer Coats does not believe and I do not believe that he did anything to warrant disciplinary action," said Williams, who represented Coats on behalf of the Fraternal Order of Police.

"AND I frankly think the psychological examination — which he'll be happy to take — was an afterthought to this sentence that is really a cheap shot."

Casey said Coats was guilty of violating police regulations because of "the fact that in the incident of Aug. 1, 1981, you failed to take command of the situation or to offer any assistance to officer Joyce Allen."

"You did not in any way communicate to officer Allen that the people coming out of the market were unarmed nor communicate any information to of-

Wilkinson Plane Paid Legal Fees

(Continued From Page One)

WILKINSON, who used to pilot the plane to Klan rallies in different parts of the country, gave it to Montgomery attorney Knox McLaney for representing him and 177 other Klan members arrested in August 1979 just outside the Montgomery city limits for marching without a permit.

"I agreed to accept the airplane in lieu of a check for my services," McLaney said yesterday.

"I still represent the Klan and had no idea the plane was being used in any way by others who might be opposing the Klan.

"I SOLD SHARES in the plane and what the other partners did when they used it was their business. I certainly would have never used the plane in such a way that it would have damaged my relationship with a client."

One of those who bought a share in the $10,000 plane, a four-passenger, Piper Cherokee 140-B, was Montgomery businessman Leslie Dees, a brother of Morris Dees Jr., a law center attorney.

School Vote in Met

District, Precinct, Location		Yes	No
1-1	Cumberland School	230	526
1-2	Wade School	3	109
1-3	Moray School	79	343
1-4	Joelton School	67	649
1-5	Jordonia	10	92
2-1	St. Pius School	98	240
2-2	Haynes School	40	187
2-3	Shwab School	16	125
2-4	American Baptist Seminary	224	270
2-5	King's Lane School	133	231
3-1	Madison High School	104	774
3-2	Brick Church School	93	360
3-3	Bellshire School	67	732
3-4	Old Center School	65	472
4-1	Maplewood High School	74	628
4-2	Tom Joy School	13	297
4-3	Army Reserve Center	28	263
4-4	Gass State Office Building	22	327
5-1	Gallatin Road Fire Hall	45	200
5-2	McFerrin Park Center	38	67
5-3	Meigs Jr. High School	52	137
5-4	Cleveland St. Park Center	17	105
6-1	Kirkpatrick Center	19	123
6-2	East Nashville Head Start	37	335
6-3	Holly Street Fire Hall	28	371
7-1	Cora Howe School	42	345
7-2	Inglewood School	55	167
7-3	Metro Health Center	23	273
7-4	Bailey School	46	250
8-1	Lockeland School	61	585
8-2	Rosebank School	53	404
8-3	Stratford School	81	338
8-4	Dalewood School	84	655
8-5	Cornelia Fort Air Park	53	444
9-1	Joyo Baxter School	45	470
9-2	Dan Mills School	74	561
9-3	Inglewood Library	80	730
9-4	St. Joseph School	45	295
10-1	Stratton School	31	345
10-2	Amqui School	38	393
10-3	Neely's Bend Jr. High	65	630
10-4	Madison Park Center	23	327
11-1	Gateway School	33	317
11-2	Goodlettsville Center	102	963
11-3	Little Creek Center	64	426
11-4	Union Hill School	31	212
11-5	B & W Service Station	19	210
12-1	Old Hickory Center	108	1,104
12-2	Lakewood City Hall	39	398
12-3	Andrew Jackson School	81	419
12-5	Du Pont High School	205	687
13-1	Dodson Chapel School	23	171
13-2	Bakers Grove Church	75	304
13-3	Una School	132	696
13-4	Percy Priest Lake Center	47	283
13-5	Tenn. School For Blind	18	237
14-1	Donelson Elementary School	88	488
14-2	Hermitage School	116	650
14-3	Donelson Jr. High School	38	305
14-4	Hickman School	27	384
15-1	Margaret Allen School	34	273
15-2	Stanford School	85	600
15-3	Two Rivers Jr. High School	79	336
15-4	Donelson Library	107	836
16-1	T.P.S.	28	232
16-2	Glenview School	44	332
16-3	Glengarry School	56	474
16-4	Vultee Church of Christ	33	323
17-2	Napier School	29	65
17-3	Cameron School	44	146
17-4	Fall-Hamilton School	24	249
18-1	Fehr School	12	91
18-2	Headquarters Fire Hall	27	83
18-4	N.E.S. Building	20	32

District, Precinct, Location	
19-1	Wharton School
19-2	John Early School
19-3	St. Vincent DePaul School
19-4	Jones School
20-1	Pearl High School
20-2	Head School
20-3	Ford Greene School
20-4	Centennial Park Center
20-5	Lentz Health Center
21-1	Hadley Park Center
21-2	Park Avenue School
21-3	McKissack School
22-1	West Park Center
22-2	Charlotte Park School
22-4	W.A. Bass Jr. High School
23-1	Richland School
23-2	Hillwood High School
23-3	Westmeade School
23-4	Brookemeade School
24-1	McCabe Park Center
24-2	Sylvan Park School
24-3	Martha Vaught School
24-4	Charlotte Avenue Fire Hall
25-1	Woodmont School
25-2	West End Jr. High School
25-3	Christ the King School
25-4	Stokes School
25-5	Green Hills Library
26-1	Eakin School
26-2	Metro Police Center
26-3	Hillsboro Fire Hall
27-1	Waverly-Belmont School
27-2	Murrell School
27-3	Eighth Avenue Fire Hall
27-5	Belmont College Barn
28-1	Sevier Park Center
28-2	Berry Hill City Hall
28-3	Turner School
28-4	Woodbine School
29-1	Whitsitt School
29-2	Glencliff High School
29-3	Paragon Mills School
29-4	Wright Jr. High School
30-1	Norman Binkley School
30-2	Haywood School
30-3	Haywood Lane Fire Hall
30-4	Norman Binkley School
31-1	Apollo Jr. High School
31-2	Una-Antioch Fire Hall
31-3	Grace Cole School
31-4	Cane Ridge Center
31-5	Mt. View School
31-6	Cane Ridge Center
32-1	Granbery School
32-2	Crieve Hall School
32-3	McMurray Jr. High School
32-4	Tusculum School
32-5	Tusculum School
33-1	Hillsboro High School
33-2	Moore Jr. High School
33-3	Robertson Academy
33-4	Glendale School
34-1	Belle Meade City Hall
34-2	Julia Green School
34-3	Percy Priest School
34-4	Parmer School
34-5	Percy Priest School
34-6	Richard Jones Road
35-1	Hillwood Jr. High School
35-2	Gower School
35-3	Bellevue High School
35-4	Harpeth Valley School
35-5	South Harpeth Club
35-6	St. Henry's School
35-7	Old Bellevue School
	METRO TOTAL

Voters Give Proposed Pro Tax Increase Emphatic 'N

(Continued From Page One)

Nashville Tax Alternatives Committee was the primary group to campaign against the referendum, said his organization "just focused the feelings of the community."

He interpreted the vote as a combination of purely economic issues, especially for senior citizens whom he said had called his group to oppose increased taxes, and dissatisfaction with various aspects of the public schools.

"We started with an uphill fight, and things got worse."

Volunteers had expressed some hope the turmoil produced by the stay would elicit a "sympathy" vote from parents who admired the way officials coped with a delay in the opening of schools.

HOWEVER, THAT turmoil also produced confusion and hostility among parents whose comments were typified by a mother who said, after casting her no vote' yesterday. "First they

plies, and red had the refere

OTHER R became perm ferendum's de targeted for and counselin vision of the tary school o schedule ado round of budg

Those cuts bother a ma than 29% of voters who

Pharmaceutical corp. funds research on a 'do-it-yourself' abortion drug

Kansas Register Oct. 1981

NASHVILLE, Tenn. (NC) — Researchers at Nashville's Hubbard Hospital and Meharry Medical College are testing a "do-it-yourself" abortion drug for use by women up to five weeks pregnant.

The drug could make abortion the low-cost, at-home, non-surgical procedure abortion advocates dream of and could make abortion clinics necessary only for second and third trimester abortions.

The Upjohn Pharmaceutical Company of Kalamazoo, Mich., which is funding the research, is to be the sole manufacturer of the drug, called the 15-methyl prostaglandin F2 methyl ester suppository.

In Washington Father Edward M. Bryce, director of the U.S. bishops' Committee on Pro-Life Activities, commented, "It is difficult to find any redeeming feature in this sort of research or product."

In an interview with The Tennessee Register, Nashville diocesan newspaper, Joe Heywood, Upjohn public relations director, said the research is now being done in several locations across the nation besides Nashville.

He said the first phase of the testing process, already completed, involves administering the drug to "'normal' people, those not having the disease or condition a drug is meant to treat." Researchers monitor its effects on them.

The current second phase, Heywood said, involves testing the drug on about 150 to 200 pregnant women. The third phase will involve nationwide testing on 500 to 2,500 women.

Finally, he said, the company will present its findings to the federal Food and Drug Administration (FDA) for approval or disapproval for marketing. He said researchers now hope the drug will be ready for marketing within three years.

Dr. Henry Foster, chairman of the department of obstetrics and gynecology at Meharry Medical College, who heads the researchers in Nashville, said that when the drug has been approved, a woman could obtain it with a prescription from her doctor and administer it to herself.

Reports say the entire procedure takes about seven hours.

Heywood said Upjohn has determined that the drug can be used "safely" up to the 49th day past a woman's last menstrual period, or when the baby is about 63 days old. Use of the drug after that time would probably result in an incomplete abortion, requiring completion by surgery or suction, he said.

Heywood disagreed with Foster's claim that women could administer the drug to themselves at home. He predicted that the FDA would probably require that a physician insert the suppository and monitor the woman's condition before allowing her to return home.

Soon after the U.S. Supreme Court legalized abortion in 1973 the Upjohn company decided to develop what its president at the time, Dr. William Hubbard, called "the most effective and convenient means" for terminating life in the womb.

What many pro-life activists call "chemical warfare on the unborn" has been going on for several years. An article in 1979 in Ob-Gyn News by Dr. Derryck R. Kent described the testing of abortifacient drugs at the University of California, Irvine, College of Medicine.

Upjohn's annual report for 1979 said the ultimate targets for massive release of the drug would be Third World countries, China, India and Eastern European communist countries.

Trial testing and advance marketing in other countries is standard procedure for many drug manufacturers, because foreign regulations governing human experimentation are often less stringent than those in force in the United States.

To: Loreli Gillam
Family Research Council

From: Phyllis Bennett
405-475-3920

THE DAILY OKLAHOMAN

Thursday, March 2, 1995

Point of View

Dr. Foster: Disguised Abortions?

By Ivar K. Roosavik, M.D., Ph.D. and Stan Twardy, J.D., LL.M.

MANY Americans, especially those in the medical profession, had not yet stopped laughing at the grotesque appointment and performance of Dr. Joycelyn Elders as U.S. surgeon general, when President Clinton gave us an encore by nominating Dr. Henry Foster for the job.

If anyone in government should deal with abortions, it is hardly the surgeon general. As a legal issue, abortion may be more properly in the purview of the attorney general, if indeed we need an "abortion general."

Abortion becomes a medical issue when abortions are performed incompetently, are botched, are not medically indicated, involve fraud and deceit — or when medical procedures and drugs cause abortions without the proper safeguards for both the mother and the child.

With Foster, the issues are veracity, medical ethics and integrity of research, both in his abortion and sterilization record, and the more iniquitous human experimentation with poor black syphilis patients. Foster is alleged to have denied them treatment, while allowing free reign to the ravages of syphilis. Such deceit smacks of Nazi medicine. This record may yet unravel further, if Foster's involvement in the syphilis story is true and told in all its gory details and his hidden and disguised abortions are included.

These are abortions for which a variety of euphemisms are used, e.g. "dilation and evacuation," or "preterm deliveries," and otherwise unindicated medical procedures. A number of currently used abortifacients, cleverly disguised as "research" or "therapy," cause serious side effects and complications. Some of these studies, funded by pharmaceutical companies, often offer few benefits to patients and sometimes verge on medical prostitution.

If Foster conducted any scientific studies on abortifacients, as he admits doing with prostaglandins, questions must be asked to determine who funded those studies; what kind of protocol

tarded women whom Foster sterilized never knew what he did to them, and those who did probably never gave their informed consent. What did Foster tell them? Who, if anyone, signed their informed consent forms? Before they disappear, perhaps the Senate should subpoena the pertinent records. Even 25 years ago this was not an acceptable practice. Today, Foster would face well-deserved medical malpractice lawsuits for these surgeries.

Foster hasn't yet told the whole story. First, we heard of one abortion, then less than a dozen, then 38 or 39, then possibly as many as 700 according to an interview Foster gave — plus some 55 abortions in a prostaglandin experiment, plus the sterilizations of retarded women.

The use of prostaglandins deserves special attention because it is a bad drug, often used very injudiciously by many obstetricians.

In addition to being used to induce contractions (despite risks to mothers and babies), abortionists use prostaglandins to perform late abortions. These late abortions, which would be illegal under Oklahoma law, and in most other states, if performed after 23 weeks of pregnancy, are euphemistically called "preterm deliveries" and are followed by the inevitable death of the baby. Yet, they are never recorded anywhere as abortions.

How many of these can we find in Foster's records? The Senate would be remiss in its job if it doesn't inquire into Foster's dilation and evacuation abortions, "preterm" abortions and his overall use of prostaglandins.

Prostaglandin has a disquieting history of mercenary approach to research when pharmaceutical companies have a direct financial stake in the outcome.

This happened to prostaglandin in Scandinavia. The Nordic Prostaglandin Association held its first prostaglandin symposium in Aare, Sweden, in April 1981. The symposium was generously supported by drug companies.

At this symposium the Finns concluded that the incidence of side effects for prostaglandins was too high when

din articles frequently cite Swedish research and seldom mention complications. As far as it is known, Foster never reported any complications either.

First trimester abortions are currently performed as out-patient procedures with local anesthesia, using the vacuum aspiration method after dilation of the cervix. These procedures are relatively safe if done by competent physicians.

The procedure itself requires normally less than 15 minutes, and the patient may leave the clinic after an hour. The same procedure, but with the use of some additional instruments, is probably the method of choice until 16 weeks of pregnancy when it is performed by a skilled physician. The risks increase considerably after this gestational age for any method, but they can be minimized by doing a hysterotomy (i.e. a minor Caesarean section) which requires hospitalization.

Less invasive, but still requiring hospitalization, was the saline method used prior to the prostaglandins, where 20 percent sodium chloride was installed between the uterine wall and the membranes surrounding the amniotic cavity. Although this method was effective, it frequently took some time between the installation and the abortion — which also is the case of the prostaglandin methods used today. This method could have severe adverse reactions if the hypertonic saline was injected into a blood vessel.

The goal of the pharmaceutical companies has been to find a do-it-yourself abortion method to be used in the second trimester. Some of the most serious complications appear to have occurred as result of such attempts. Unsuccessful abortion attempts with prostaglandins may lead to anoxic brain injury in the surviving fetus. Unfortunately, such reports are seldom published.

Since Foster readily admits that he believes in abortions and has performed abortions, it is hard to believe that in all his years of practice, he didn't perform any disguised as abortions.

Clinton Presidential Records
Digital Records Marker

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

Q

Divider Title: _____

VETTING ISSUES

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

•Met with various HHS officials on January 13.

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

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

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

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

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

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

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

•Feb. 8: Appeared on Nightline.

Clinton Presidential Records
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Divider Title: _____

DR. FOSTER: A "BABY DOCTOR"

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

Los Angeles Times

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

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

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

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

St. Paul Pioneer Express:

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

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

CHRISTOPHER HIGHT
Age 25

Letter to Dr. Foster

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

The Houston Chronicle

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

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

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

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

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

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

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

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

CAROLINE WILLIAMS
Age 7

Testimony to Committee

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

All Things Considered, NPR

- "Avon Williams III is the son of the first African-American state senator in Tennessee, and has known Foster his whole life. Foster nursed Williams' wife through a tough pregnancy and delivered his daughter. Williams is a Republican, a member of the Christian right. He thinks abortion should only be considered when the mother's life is at stake. Williams says Foster shouldn't have done any abortions, but that all the other things that he has done would make him a good surgeon general.

- *'If you're going to make this a referendum on abortion, and on doctors who perform abortions, Hank Foster is probably the worst choice you could possibly make. I mean, from a standpoint of political strategy, as a pro-lifer, Hank Foster is not- would not be the guy I'd be trying to bring down. Hank Foster has not been an abortionist. He's been promoting life most of his career. Why would we choose somebody like Hank Foster to vilify? It just doesn't make sense to me,'* " says Avon Williams. [*"Dr. Foster's Work in Nashville Praised"*, All Things Considered, NPR, 2/17/95]

JOHNNY FORD JR.
Age 23

Los Angeles Times

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

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

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

ANISHA GERMAN
Age 25

Los Angeles Times

- "In her own way, Joyce German credits Foster with saving her child as well. She was 20, a student at Tuskegee, unmarried and pregnant with her second child. She knew Foster from services at the Missionary Baptist Church here. One day she knocked on his door at the hospital.

- *'I didn't want to have another child,"* she said. *"I asked for an abortion, but he refused. He said this child was a blessing to me. He said to have the child and it would turn out all right. Today I have a beautiful daughter who went on to become the valedictorian at her high school.'"* [*"Tuskegee Still Holds Dr. Foster In Its Heart"*, Los Angeles Times, 2/19/95]

Associated Press

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

GREG HAYNES
Age 33

Letter to Dr. Foster

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

MICHAEL BOARD
Age 5

Personal Statement

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

SUSAN WILSON-YORKE
Age 5

Personal Statement

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

On Paying for Medical Care, Dr. Foster Said:

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

FRANCINA REGENA WILLIAMS
Age 29

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

Doctor Henry Foster

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

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

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

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

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

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

DR. FOSTER ON WOMEN'S HEALTH ISSUES

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

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

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

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

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

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

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

Dr. Henry W. Foster, Nominee for U. S. Surgeon General[1]

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

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

DR. FOSTER FOUNDED PROGRAM TO ADDRESS HIGH INFANT MORTALITY:

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

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

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

BECAME NATIONAL MODEL FOR HEALTH CARE IN UNDERSERVED AREAS:

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

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

MATERNITY AND INFANT CARE AT TUSKEGEE INSTITUTE

by

Henry W. Foster, M.D., F.A.C.O.G.
Chief, Obstetrics and Gynecology
John A. Andrew Memorial Hospital
Assistant Professor, Meharry Medical College

During the past twenty-four years, the obstetrical service of the John A. Andrew Hospital has been actively engaged in the conduct of a Maternal and Child Health Care Program. The original program which commenced in 1947, involved eight counties which are in close geographic proximity. It was financed with an unmatched Federal Grant under Title V, Part 1, Sec. 502 (b) of the Social Security Act. The program's objective then was basically to treat complicated obstetrical patients and sick infants up to one year of age. It was not highly innovative nor really broad in scope. It functioned, however, in the capacity of only health care delivery for only a short period of time. The Macon County Medical Care of MCMC Program, as it became known soon, began to serve as a vehicle for training Tuskegee Institute nursing students both on an outpatient and inpatient basis. This was followed closely by the establishment of a certified school of nurse midwifery, and in 1949, an obstetrical residency affiliation was established with Meharry Medical College. The John A. Andrew Clinical Society utilized much of this MCMC Program in its continuing education for health practitioners.

Although this program quickly broadened in its scope and objectives, the funding was in no way proportionately increased. We now admit more than 2500 patients annually and we are anticipating nearly 2000 annual deliveries; our outpatient clinic has more than doubled. Nonetheless, we moved forward, and Tuskegee Institute with its keen sense of community responsibility bore most of this increased financial demand. However, it became more and more apparent that increased funding would be essential if we were to continue to function in an effective capacity. In 1970, a Maternal and Infant Care Grant Project #556, was funded by the Department of Health, Education, and Welfare with Tuskegee Institute putting up the required matching funds when no public funds could be found.

Today, our objectives are much broader in scope—our health care delivery is comprehensive in approach and our areas of teaching have increased. Our objectives now place primary emphasis on the prevention of maternal and infant complications through the early identification of patients with a high potential for complications. In addition to healthier mothers, there is a reduction in the incidence of mental and physical

retardation in the infants. This is quite a different concept than that of twenty-four years ago when we were funded to treat obstetrically complicated mothers and sick infants up to the age of one year.

Our method of health care delivery today is multidisciplinary involving, in addition to physicians, public health nurses, social workers, nutritionists, and a variety of supporting administrative and clerical personnel. Only this comprehensive approach can effectively achieve our objectives. Our Maternity and Infant Care Project is also unique in that unlike most existing M & I Programs, ours provides its own inpatient services thereby maintaining a total continuity of the patients care.

Our Maternity and Infant Care Project presents an excellent vehicle for teaching both inpatients and out patients. Presently we continue to train Tuskegee Institute nursing students, In addition to training residents in obstetrics and gynecology, we have conducted a medical student affiliation with Meharry Medical College since 1967, and we are hopeful of establishing the same with Howard and Emory Universities. Nutritionist's aids are now training in our outpatient clinics as a part of RMP. A half dozen major publications have come from the obstetrics and gynecology service in the past five years thereby indirectly contributing to the continuing education of practicing physicians.

In spite of these accomplishments, however, our future needs are increasing and require increasing funds. There are two types of barriers that prevent health services from reaching the patient. First, attitudinal barriers which preclude the patient's being motivated to seek the needed service. This barrier in our part of the country, especially, is created primarily by cultural and economic isolation. The erosion of this barrier can be speeded with an increase in the total number of personnel in all disciplines but especially in the area of social workers. More direct barriers, however, are what sociologists refer to as organizational barriers—those obstacles that prevent the motivated patient from receiving the desired service. These barriers, which constitute a large unmet need are many, less intangible; and, consequently, more readily identifiable. Care for our infants now still terminates at the age of one year. C and Y or Child and Youth Programs are sorely needed, but they require additional specialized personnel. Our present program needs a more realistic salary in order to attract a dentist. Ultra-modern dental equipment is needed.

Funds for our present consultant services are woefully inadequate and no provisions are made for outpatient consultations.

The quality of patient care could be increased and the cost of this care decreased if establishment and effective usage were made of intermediate and extended care facilities.

With few exceptions, the physical condition of most of our outpatient clinics is deplorable.

Funds for patient transportation must be given very high priority. The magnitude of thi. problem is amplified when the population density is low.

Family Planning Services need expanding. More needs to be done in the area of infertility and interconceptional nutrition.

There is a need fc the re-establishment of a nurse midwifery program now that this concept is no longer in disfavor.

Finally, there is a growing need for the expansion of staff education. These are but some of our needs. We have looked briefly at the past and present status of maternal and infant care rendered by the John A. Andrew Team. We are cognizant that the future presents many obstacles; however, with our past perfor nance, our existing resources in this community and with ample funding we are confident that we can adequately meet this challenge.

Thank You.

Presented at the Veterans Administration Hospital, Tuskegee Institute
July, 1971

While it is quite likely that tuberculous lesions will regress in the young, deterioration tends to occur in older people, particularly in men.

PRESENT STATUS OF TREATMENT OF DIABETIC RETINOPATHY

by

S. H. SETTLER, M.D.
Chief of Ophthalmology
VA Hospital and
John A. Andrew Hospital
Tuskegee, Alabama

During the past five years, persons with diabetic retinopathy have been treated with an increasing number of high energy light beams. Jepson at the University of Colorado and Meyer-Schwickeraft at the University of Essen, Essen, Germany have both used the xenon-arc, high intensity, white light instrument for the coagulation of haemorrhagic diabetic retinopathy. Jepson initially used treatments scattered over several visits and then changed to massive numbers of burns at one visit. Meyer-Schwickeraft, in a recent paper given at the Chicago Ophthalmological Society, continued to advocate judicious use of coagulation limited to areas of haemorrhage

The postulated theoretical basis underlying large numbers of burns made on diabetic retinas is that the O2 demands of the retina are decreased by the resulting areas of atrophy.

The argon laser acts in a manner similar to the xenon light coagulator. The laser has an additional advantage in that its wavelength is more specific for retinal vasculature and areas of retinal haemorrhage. Because of the extreme coherency of laser light, it is possible to focus a large amount of energy into a very small area. The laser is being used to coagulate microaneurysms close to the macula; a feat which was not possible with the light coagulator because of the diffuse nature of its burn.

The choice of patients for light coagulation or laser coagulation is best limited those persons who have early diabetic retinopathy with a preponderance of micro aneurysms and haemorrhages. Usually these persons have a visual acuity between 20/30 and 20/70. An effort is made to coagulate only those areas which are not included in the nerve bundle

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