THE WHITE HOUSE
WASHINGTON

PREP QUESTIONS

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QUESTIONS

OFFICE OF THE SURGEON GENERAL

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

2. What public health causes do you plan to advocate?

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

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

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

6. What will your priorities be with regard to the Public Health Service's Commissioned Corps?

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

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

ABORTION

1. What is your position on abortion?

2. Do you believe a woman should have a right to an abortion, for any reason, throughout the entire pregnancy?

3. Do you support reasonable restrictions on abortion such as parental consent or notification for minors?

4. Have you ever performed an abortion on a minor without

parental consent?

5. How many abortions have you performed?

6. Do you support the "Hyde" amendment which prohibits the expenditure of federal funds for abortion except in those cases where the woman's life is endangered, or in cases of rape or incest?

7. What is your position on the use of RU-486?

8. Should Medicaid pay for prenatal care and delivery, but not for family planning or abortions?

9. Do you think that the use of abortion, in cases where genetic defects might be passed on such as sickle cell anemia or Downs syndrome, should be encouraged?

10. Do you consider abortion a legitimate form of family planning?

CONDOMS AND STDs

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

2. How will you promote truly "safe sex" as surgeon general?

3. Is the transmission of Chlamydia infection prevented by condoms? What is the rate of Chlamydia infection among teenagers? What are the consequences of such an infection on teenagers?

4. What is human papilloma virus and its associated consequences? Is its transmission prevented by condoms? What percent of sexually active teenagers carry the virus? Is it curable?

FAMILY PLANNING

1. Do you support the distribution of Norplant to teenage girls, as has been done in Baltimore City Schools? Would you support federal funding for this type of distribution?

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

3. Section 1008 of the PHS Act implementing the Title X Family Planning Act provides as follows: "None of the funds

appropriated under this Title shall be used in programs where abortion is a method of family planning." What is your interpretation of this provision?

4. Do you support regulations such as the so called "Gag rule" which aim to separate abortion activities from federally supported family planning services?

5. Do you support any limitation on the ability of clinics receiving federal funds to counsel or refer women for abortion in federally funded Title X clinics?

6. Do you view the federal family planning program as preventive in nature?

7. Should Title X clinics be permitted to perform abortions on the same site as the federally funded Title X clinics?

8. Since its involvement in funding contraceptives and family planning, the Federal government has invested over $2 billion to curb teenage pregnancy. Yet the rate of teenage pregnancy and sexually transmitted diseases afflicting teens continue to rise. What, if anything, will you direct the Department of Health and Human Services to do to curb the rate of teen sexual activity? What role should schools play in this effort?

9. Do you know the statistics on how many children in this country that are "unplanned and unwanted"?

MARIJUANA AND OTHER NARCOTICS

1. If confirmed as Surgeon General, would you advocate the use of narcotics that are currently prohibited by the federal government for medical use? Do you support a physician's right to prescribe marijuana for their patients if it would be "beneficial"?

2. Your predecessor suggested that we study legalizing drugs as a way to combat violence and other social ills. Should we study the legalization of drugs?

3. Are you at all concerned about linkages between drug abuse, prostitution and the spread of AIDS?

4. What public health strategies should we pursue to combat the use of illegal drugs?

SEX EDUCATION

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

TEEN PREGNANCY

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

2. What are the best methods to reduce the rise in teen pregnancy across the country? Which of these do you advocate?

3. If you had success in Tennessee in reducing the rate of teen pregnancy, how will you have success in implementing the same plan on a national level?

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

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

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

PUBLIC HEALTH

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

2. What were the most successful initiatives you undertook in Tennessee to improve the health of teenagers, and why do you think they were effective?

3. In your role as surgeon general, what special initiatives do you plan for prenatal care and reducing infant mortality?

4. What other children's health issues will you address as surgeon general?

5. What are the current pregnancy rates and rates of sexually transmitted diseases among teenager in the United States?

6. What should we do about the growing threat of multi-drug-

resistant TB?

7. Do you believe that domestic violence is a public health issue? If so, do you propose making it part of your agenda as Surgeon General?

SCHOOL-BASED CLINICS

1. Do you plan to advocate for a Federal program of school-based clinics? If so, what role should parents play in these settings?

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

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

AIDS AND HIV

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

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

3. Isn't it true that the homosexual lobby has seen to it that AIDS is treated as a civil rights issue rather than as a public health issue?

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

5. Dr. Koop and Dr. Novello each issued Surgeon General's reports on AIDS. Would you issue a similar report? Why or why not?

HEALTH CARE REFORM

1. What role, if any, will you play in discussions on health reform?

BREAST CANCER

1. The incidence of breast cancer among women is disturbing. As Surgeon General, what type of strategy would you pursue to improve educational efforts and access to health care in this regard?

TOBACCO

1. It's clear that the tobacco industry can't police itself and is aiming messages to our youngsters through such campaigns as "Joe Camel." Should cigarette advertising be banned?

2. Should the manufacture or sale of cigarettes be regulated in any way by the federal government?

MASTURBATION

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

FETAL TISSUE AND EMBRYO RESEARCH

1. What is your position on fetal tissue and embryo research?

GUN CONTROL

1. What is your position on gun control?

SUICIDE

1. What is your position on physician assisted suicide?

MISCELLANEOUS

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

SURGEON GENERAL OFFICE - GOALS

QUESTION:

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

ANSWER:

- I have devoted my career as a physician to serving women and children. Beginning with my practice in the rural South, teen pregnancy has been a major focus of my life's work and the President has asked me to make prevention of teen pregnancy a top priority.

- In addition, I expect to have goals in other public health issues like drug abuse, smoking cessation and violence prevention.

ROLE OF SURGEON GENERAL -- PUBLIC HEALTH ISSUES

QUESTION:

What public health causes do you plan to advocate?

ANSWER:

While my major emphasis will be maternal and child health and teen pregnancy, I expect to play a role in other issues affecting the health of our citizens -- especially prevention and lifestyle changes, where individuals have the capacity to improve their health status. Examples would include prevention of HIV transmission, violence prevention, smoking prevention, and nutrition awareness.

SURGEON GENERAL ROLE - DIFFERENT FROM PREDECESSOR

QUESTION:

How will your role be different that the previous surgeon general? To whom will you report -- the Secretary or Dr. Lee?

ANSWER:

No change has been made in the positioning of my office. Like my predecessors, I will report to the Assistant Secretary for Health, but I will have direct access to and frequent contact with the Secretary. And, like those who have preceded me, I will be a senior spokesperson on health issues of special significance to the Nation.

IS THE SURGEON GENERAL POSITION NECESSARY?

QUESTION:

Is there a need for a surgeon general? Must we maintain a surgeon general separate from the assistant secretary for health? Can't the same person fulfill both roles? Perhaps this change should be considered as part of government streamlining.

ANSWER:

The Assistant Secretary for Health has the role of chief executive officer of the Public Health Service which is composed of eight agencies including over 51,000 employees and a budget of about $20 billion. The administrative and program responsibilities of this position are so demanding that this individual would not be able to fulfill the additional duties of the surgeon general.

BACKGROUND

The eight PHS agencies are: National Institutes of Health, Food and Drug Administration, the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Health Resources and Services Administration, Indian Health Service, Agency for Health Care Policy Research, and Substance Abuse and Mental Health Services Administration.

CHANGE IN ROLE OF SURGEON GENERAL

QUESTION:

During the confirmation hearing for Dr. Elders, we learned that the Surgeon General was taking on several new responsibilities -- namely the direct program supervision for the offices of minority health, women's health, disease prevention and health promotion, and population affairs (family planning).

Will your role include the program management of these offices?

ANSWER:

I expect to be a key party to the policy discussions in each of these program areas, as well as many others, but I will not be responsible for supervising these offices.

COMMISSIONED CORPS

QUESTION:

What will be your priorities with regard to the Public Health Service's Commissioned Corps?

ANSWER:

- I am pleased to have the opportunity to serve as head of the U.S. Commissioned Corps. As you may be aware, the structure of the Corps is similar to that of the Armed Services. Its mission is to attract and retain qualified health professionals who are assigned throughout the federal, state and local health care system. These 6,500 health officers administer a wide array of programs important to our nation.

- The Corps officers are often detailed in support of the Armed Services in military operations such as Desert Storm and they are also deployed in natural disasters like the floods and hurricanes of recent years.

- As I learn more about the Commissioned Corps my priorities will be to ensure that the resources of the Corps are utilized as efficiently as possible and that officers with medical training are appropriately placed in positions where they provide medical care services as opposed to administrative positions.

- If you have particular concerns regarding the Commissioned Corps, I will be pleased to work with you in those areas.

SURGEON GENERAL --BUDGET AND FTEs

QUESTION:

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

ANSWER:

The immediate office of the surgeon general has 7 FTEs (including the SG position) and the budget request for FY 96 is $867,000.

SURGEON GENERAL REPORTS

QUESTION:

Some of your predecessors have issued major reports on such public health topics as smoking, drunk driving, nutrition, domestic violence, and adolescent health. What would be the subject of your major report?

ANSWER:

I'll be assessing needs and health priorities and issuing reports as appropriate. However, I expect to make teen pregnancy and maternal and child health my top priorities.

ABORTION

QUESTION:

What is your position on abortion?

ANSWER:

I have repeatedly stated that I am not about abortion. I believe in preventing unplanned, unwanted pregnancies. If that is accomplished, the need for abortion is greatly diminished. However, I believe strongly in a woman's right to choose as set forth in the U.S. Supreme Court decision of Roe v. Wade. So I believe abortions should be safe, legal, and rare.

ABORTION

QUESTION:

Do you believe a woman should have a right to an abortion, for any reason, throughout the entire pregnancy?

ANSWER:

Same response:

I do believe in the legal framework for a woman's right to choose as set forth in the U.S. Supreme Court decision of Roe v. Wade. We should, however, make every effort to prevent unplanned, unwanted pregnancies and to make abortion safe and rare.

ABORTION

QUESTION:

Do you support reasonable restrictions on abortion such as parental consent or notification for minors?

ANSWER:

It is my understanding that the Administration opposes any Federal attempts to limit access to abortion through mandatory waiting periods or parental or spousal consent requirements. The Administration does not oppose State efforts to require some form of adult counseling or consultation for underage girls who choose to have an abortion - as long as workable and effective bypass provisions are attached to such laws.

I fully support the Administration's views.

ABORTION

QUESTION:

Have you ever performed an abortion on a minor without parental consent?

ANSWER:

ABORTION

QUESTION:

How many abortions have you performed?

ANSWER:

ABORTION

QUESTION:

Do you support the "Hyde" amendment which prohibits the expenditure of federal funds for abortion except in those cases where the mother's life is in danger, or in cases of rape or incest?

ANSWER:

The Administration does not support the "Hyde" amendment and is working with congressional leaders to facilitate an approach that is consistent with both Federal and State law.

My views on the Hyde amendment are consistent with the Administration's position.

ABORTION / RU-486

QUESTION:

What is your position on RU-486?

ANSWER:

If RU-486 is proven to be safe and effective in clinical trials, and after careful review, it receives FDA approval, I believe that we should work to make RU-486 available to women in the United States. It would be a safe, non-surgical alternative to abortion.

BACKGROUND:

- Roussel-Uclaf has now agreed to supply RU-486 to the Population Council of New York to study it on a minimum of 2,000 patients to test the safety and efficacy of the drug as an abortifacient under the condition of an agreed to protocol. In 1994, the Population Council submitted a protocol for this study under its IND and the clinical trial is underway.

- The Population Council has been granted permission by Roussel-Uclaf to seek a manufacturer for mifepristone which will be independent of RU-486. Roussel-Uclaf will supply the technology information required for the manufacture of mifepristone starting from a chemical intermediate which is available on the open market. Also, the prostaglandin to be used in conjunction with mifepritsone will be misopostil.

- The other indications for mifepristone continue to be studied in the United States, notably in Cushings Syndrome and meningioma.

- Once the clinical data have been collected and the application is filed with FDA, it will be approved on a fast track.

ABORTION

QUESTION:

Should Medicaid pay for prenatal care and delivery, but not for family planning or abortions?

ANSWER:

I am a proponent of access to family planning services and preventing pregnancy. We, as a nation, focus time and resources on health care for pregnant women and their children, yet do not focus enough on preventative health measures such as family planning that can assist women in planning or delaying their pregnancies until they are best able to care for their children. This is why I will make maternal and child health a top priority.

ABORTION

QUESTION:

Do you think that the use of abortion, in cases where genetic defects might be passed on such as sickle cell anemia or Downs syndrome, should be encouraged?

ANSWER:

As a physician, I value all human life. I very much support these children and their families. However, I feel strongly that parents, if they desire, should have access to relevant information and non-directive counseling. They should be able to make any decision based on their own circumstances.

ABORTION

QUESTION:

Do you consider abortion a legitimate form of family planning?

ANSWER:

As a doctor, my view is that we need to emphasize abstinence and safe sex, which are our best means of preventing women from having to make the difficult choice about abortion. We need to work harder to prevent unplanned, unwanted pregnancies -- that's effective family planning. It is an important component of a comprehensive public health strategy to protect and promote the health of women ... the standard by which any attempt to regulate abortion must be measured.

Let me reiterate that abortion is part of a comprehensive health strategy for women.

CONDOMS

QUESTION:

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

ANSWER:

- Frankly it is only very recent that consistent information about the public health importance of using condoms has been made available to many adolescents.

- Unfortunately, teenagers continue to engage in a wide-range of risky behaviors including unprotected sexual intercourse.

- Society's historic aversion and in some areas refusal to provide adequate sexual education continues to hamper sound public health efforts to protect against unintended pregnancies and the transmission of sexually transmitted diseases.

- However, there is hope. From 1990 to 1993 the percentage of high-school students who reported ever having intercourse did not increase or decrease, and at the same time the percentage of sexually active students who used condoms at last sexual intercourse increased.

- We must continue our efforts to assist all adolescents in delaying their first sexual intercourse and increasing condom use among those who do engage in sexual intercourse must be emphasized by health, education, and social service agencies and providers.

SEXUALLY TRANSMITTED DISEASES

QUESTION:

Is the transmission of Chlamydia infection reduced by condoms? What is the rate of Chlamydia infection among teenagers? What are the consequences of a Chlamydia infection for a teenager?

ANSWER:

- Research has shown that the transmission of Chlamydia trachomatis infection is reduced by latex condoms used correctly and consistently.
- Although the rate of Chlamydia trachomatis infection is 10-15 percent nationwide, data are not recorded nationally in an age specific manner.
- Infection with Chlamydia trachomatis can result in pelvic inflammatory disease (PID), sterility, ectopic pregnancy, and other srious new born infections.

SEXUALLY TRANSMITTED DISEASES

QUESTION:

What is the human papilloma virus and its associated consequences? Is this transmission of human papilloma virus risk reduced by condoms? What percent of sexually active teens carry this virus? Is it curable?

ANSWER:

- There are many types of the human papilloma virus (HPV). Types 6 and 11 are associated with what is commonly known as genital warts, which may be removed in an office setting. HPV types 16 and 18 have been associated with cervical dysplasia and malignancies.
- Yes, transmission of HPV is prevented by condoms.
- Ten to fifteen percent of sexually active teens carry HPV.
- There are many procedures and treatments for cervical dysplasia and early stages of malignancies which attain cure.

CONDOMS AND STD'S

QUESTION:

How will you promote truly "safe sex" as surgeon general?

ANSWER:

- Last year the CDC launched the Prevention Marketing Initiative the goal of which is to educate the American public how to reduce their risk of exposure to HIV/AIDS and other sexually transmitted diseases.

- These messages encourage young people to abstain from sexual contact and to postpone initial sexual activity and urge adults to maintain a mutual monogamous relationship.

- I plan on building on these efforts and involve all the agencies of the Public Health Service to reinforce these messages.

- Refraining from having sexual intercourse with an infected partner is the best way to prevent transmission of HIV and other sexually transmitted diseases.

- But for those who have sexual intercourse, latex condoms are highly effective when used consistently and correctly.

- For those who choose not to abstain, we recommend the consistent and correct use of condoms.

NORPLANT - DISTRIBUTION IN SCHOOLS

QUESTION:

Do you support the distribution of Norplant to teenage girls as has been done in Baltimore City schools? Would you support federal funding for this type of distribution?

ANSWER:

Norplant, an implantable hormonal, long-term contraceptive, is approved by the FDA. However, decisions on the distribution of Norplant in the school setting should be left to the local community officials and parents. Local communities should have the right to provide voluntary contraceptive services to individuals in compliance with any relevant federal, state or local requirements, including informed consent requirements.

With respect to federal funding, I believe norplant should not be treated any differently than other methods of contraception.

For teens, remember Norplant can protect against pregnancy but not against sexually transmitted diseases.

BACKGROUND:

Contraceptives are a covered service under Medicaid and the Federal share of reimbursement is at a higher ratio than other services (90%).

NORPLANT - PARENTAL CONSENT

QUESTION:

Should Norplant be given to minors without parental consent?

ANSWER:

There are no federal laws requiring parental consent or notification for the provision of contraceptive services to minors. Norplant should not be singled out for special requirements.

TITLE X AND ABORTION FUNDING

QUESTION:

Section 1008 of the PHS Act implementing the Title X family planning act says:"None of the funds appropriated under this Title shall be used in programs where abortion is a method of family planning." What is your interpretation of this provision?

ANSWER:

The statute has always prohibited the use of funds for abortion. The Administration is not seeking any change in that prohibition.

"GAG RULE"

QUESTION:

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

ANSWER:

On January 22, 1993 one of the President's first actions was to issue a Memorandum directing HHS to suspend the so-called "gag rule".

Under suspension of the "gag rule", Title X family planning projects must provide medically-accurate information on all pregnancy options for managing an unintended pregnancy when asked by a client.

FAMILY PLANNING PROGRAM - PREVENTION

QUESTION:

Do you view the federal family planning program as preventive in nature?

ANSWER:

Yes, family planning is our best means of planning pregnancies and avoiding the need for dealing with the consequences of unintended pregnancies. I support making family planning services even more accessible. For many, and often, disadvantaged and minority teenage women, the family planning clinic often serves as the primary point of access to the health care system. It is important to encourage and nurture this access point.

TITLE X CLINICS/ABORTION ON SITE

QUESTION:

Should Title X clinics be permitted to perform abortions on the same site as the federally funded Title X clinic?

ANSWER:

Title X projects have always been required to maintain separation from abortion activity. I believe this is a reasonable approach.

TEEN PREGNANCY PREVENTION

QUESTION:

Despite the expenditure of massive amounts of spending by the federal government and other entities, little progress is made in curbing the teenage pregnancy. What ideas do you have for curbing the teen pregnancy problem? What would you do differently than we are doing now? And, what role should schools play in this problem? What role should abstinence education play in this effort?

ANSWER:

- As you may be aware, I directed a teen pregnancy program in Tennessee called "I Have a Future" which addressed the teen pregnancy issue on a number of fronts.

- This program provided comprehensive sexuality education, including abstinence education, and information on contraceptives where appropriate. The program was community-based and it's clients came primarily from housing projects.

- In addition we offered school tutoring programs and other activities to promote self esteem and to encourage teens to stay in school.

- The key lies in the title of the program -- I have a Future. If you can instill the hope and confidence in teenagers that they have a future, they will largely care for themselves and attempt to avoid unintended pregnancies.

- I strongly believe in the role of abstinence education. This should be our first line of defense. However, we know that not all teenagers will abide by the abstinence message. And, for those who chose to ignore it, we must provide age- appropriate sexuality education and contraceptive information so that sexually active teens can protect themselves from serious sexually transmitted diseases and HIV infection. To do otherwise, would be irresponsible and adverse to good public health policy.

STATISTICS ON UNINTENDED PREGNANCIES

QUESTION:

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

ANSWER:

- The best data are from a 1988 survey conducted by the National Center for Health Statistics of CDC consisting of a random sample of never-married women age 15-44. Within this group of women, 65 percent of the births were classified as unplanned and unwanted.

- A pregnancy was classified as "unwanted" at conception if the woman had stopped, or had not used, contraception for reasons other than seeking pregnancy, or if she had become pregnant while using contraception and reported not wanting a baby. Births that were wanted but occurred sooner than desired where classified as "mistimed." Unintended births are those that were either unwanted or mistimed. (the 65% breakdown to 40% mistimed and 25% unwanted)

MARIJUANA

QUESTION:

If confirmed as Surgeon General, would you advocate the use of Schedule I (narcotics with no known medical use) controlled substances that are currently prohibited from being prescribed in medical practice? Do you support a physician's right to prescribe marijuana for their patients if it would be "beneficial."

ANSWER:

I do not support the prescribing of any drugs that have not been found to be safe and beneficial, including the use of Schedule I controlled substances. With regard to marijuana, specifically, there is no scientifically sound evidence regarding its efficacy; what information does exist is anecdotal. If clinical trials did prove that it was effective, then the issue of use in medical practice should be reexamined.

LEGALIZING DRUGS

QUESTION:

Your predecessor suggested that we study legalizing drugs as a way to combat violence and other social ills. Should we study the legalization of drugs?

ANSWER:

I believe strongly that the Federal government should not be sending mixed signals regarding the use of illegal substances -- we should be very unequivocal in stating that the use of illegal drugs is wrong.

DRUG USE AND AIDS

QUESTION:

Are you concerned about the linkage between the use of IV and other drugs, and the spread of AIDS?

ANSWER:

As you know, the major increase in AIDS incidence is now found among those who are IV drug users. If confirmed, it is one of the issues that I will need to address as I move forward to deal with the public health problems that impact the citizens of our communities.

STRATEGIES TO COMBAT ILLEGAL DRUG USE

QUESTION:

What public health strategies should we pursue to combat the use of illegal drugs?

ANSWER:

Let me begin my answer by saying that I am greatly disturbed by the recent upsurge in the use of illegal drugs by our young people and, at the same time, a decrease in the belief that drugs are harmful. I think we need to renew our efforts to place an emphasis on the message that the use of drugs is harmful and wrong.

SEX EDUCATION

QUESTION:

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

ANSWER:

- Teaching children about good health must begin early if it is to have a positive effect on their behavior. The sooner that age appropritate education begins, the greater the chance that it will have a lasting impression.

- I believe in age-appropriate, comprehensive health education. Children need to know information concerning their health, their bodies and themselves.

- For very young children that means teaching them that there are places on their bodies that nobody should touch and they should tell someone about it if someone does that. It means teaching them about nutrition, personal hygiene, the health consequences of tobacco use, alcohol abuse and drug abuse.

- I believe the sooner children begin to learn about their health and how to safeguard it the better.

REDUCING TEEN PREGNANCY THROUGH ABSTINENCE

QUESTION:

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

ANSWER:

- I support abstinence as a sound for many people, especially young people. I believe that message must be strongly reinforced with messages about all the more attractive life options to early parenthood.

- I do not feel that we can rely only on abstinence messages because this does not provide enough help to those young persons who do decide to become sexually active. For this reason I believe that information on sexuality and contraception must be provided along with abstinence information.

BEST METHODS FOR REDUCING TEEN PREGNANCY

QUESTION:

What are the best methods to reduce the rise in teen pregnancy across the country? Which of these do you advocate?

ANSWER:

I believe that the best methods include:

(1) Education: Children who are doing well in school are three times less likely to be teen parents. If children are to do well in school, we must start with early childhood education for all children, especially for those at greatest risk. Children that live in poor socioeconomic environments are also more likely to be teen parents. The combination of doing poorly in school and low socioeconomic status increases risk nine fold. We must also educate parents - on how to be good parents and how to educate their children. We need multiple strategies for most adolescents, nurturing parents, supportive community, education, early and continuous availability of health and contraceptive services,- in addition to hope for the future;

(2) Encouraging health education curricula: These curricula would be part of a comprehensive health education program which begins in the early grades at age-appropriate levels. I would include education on reasons to delay sexual activity, especially targeted to younger adolescents, but also including complete information on contraceptives;

(3) Support for school based and school linked services: Funding support would ensure the provision of comprehensive health education and services. This support would be provided for those communities that request it;

(4) Increase outreach efforts: Outreach efforts would include disseminating information to demystify clinic procedure as well as to dispel myths and incorrect information about sexuality and contraceptives. Information would be delivered to adolescents through group education and familiarization sessions at clinics, presentations in schools and in other community centers;

(5) Enhanced counseling services; and

(6) Making contraceptives available and accessible to every person who is at risk of having an unintended pregnancy.

I advocate any and all of these methods in order to help reduce the incidence of adolescent pregnancy.

TENNESSEE PROGRAM AS NATIONAL MODEL

QUESTION:

If you had success in Tennessee reducing the rate of teen pregnancy, how will you have success in implementing the same plan on a national level?

ANSWER:

CAUSES OF TEENAGE PREGNANCY

QUESTION:

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

ANSWER:

- Each year in America more than one million girls between the ages of 10 - 19 years become pregnant. Many of these young women are unmarried. The causes of rising teenage pregnancy are:

  (1) increasing sexual activity among teens;

  (2) earlier age of starting sexual activity; often induced at the insistence of partners who are much older

  (3) younger teens are less likely to use contraceptives;

  (4) lack of knowledge of contraceptives; and

  (5) increasing social problems impacting the behavior of adolescents.

- In addition, to these we must add a lower level of educational attainment, increased drug and alcohol abuse, lower socio-economic status, the lack of health education in our homes and in our schools, and less community involvement and family support for adolescents.

TEENAGE PREGNANCY RATES -- HOW TO REDUCE THEM

QUESTION:

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

ANSWER:

- The well known Kantner and Zelnik surveys of adolescent women found that more than 75 percent reported their first sexual encounter occurred in either their own home, their partner's home or a friend's home. A comparable proportion reported their most recent sexual encounter also occurring in one of those three places.

- The most important point, however, is the absence of parental supervision. For example, a classic study (Hogan and Kitagawa) found that adolescent girls were 76 percent more likely to be sexually active if parental supervision of dating was lax rather than strict.

ABSTINENCE TEACHING UNREALISTIC APPROACH

QUESTION:

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

ANSWER:

- Given that AIDS is currently the number one killer of young people between the ages of 15-24, I don't see how anyone can say that stressing abstinence could be deadly.

- Promoting abstinence can and will save lives, we just need to do a better job of getting that message across. And, again, I stress that its not just the abstinence message in isolation -- there are many components to a successful effort to delay teenage sexual activity.

HEALTH PROBLEMS OF TEENAGERS

QUESTION:

What are the most pressing health problems facing teens today?

ANSWER:

- The overall health profile of teenagers is distressing especially when reviewing the morbidity and mortality associated with adolescent's poor or high-risk health behaviors:

  (1) According to data from the CDC, in 1992 about three-fourths of all deaths among U.S. young people aged 10-24 years were related to only four major causes: motor vehicle accidents, homicide, suicide, and other injury.

  (2) In addition, over the last decade, drug abuse, alcohol and cigarette use and unprotected sexual intercourse among adolescents have become a significant health problem contributing to high rates of adolescent morbidity.

  (3) All too frequently, these health and social problems are interrelated - As many as one in four adolescents are considered to be "at-risk" for school failure, delinquency, early unprotected sexual intercourse and substance abuse.

"I HAVE A FUTURE PROGRAM" -- WHY WAS IT EFFECTIVE

QUESTION:

What were the most successful initiatives you undertook in Tennessee to improve the health of teenagers, and why do you think they were effective?

ANSWER:

INITIATIVES TO REDUCE INFANT MORTALITY

QUESTION:

In your role as surgeon general, what special initiatives do you plan for prenatal care and reducing infant mortality?

ANSWER:

- I think that there are numerous approaches to improving prenatal care and reducing infant mortality that have worked at the local level that serve as models for the entire nation.

- One such example is the Healthy Babies campaign which has been used in several large cities including Washington, DC. Mothers-to-be are rewarded with coupon books for coming in early for prenatal care. Programs such as this increase the awareness of the entire community of the need for early prenatal care by involving businesses, schools, churches, civic groups and others.

OTHER CHILDREN'S HEALTH ISSUES

QUESTION:

What other children's health issues will you address as surgeon general?

ANSWER:

- Two years ago the President launched his childhood immunization initiative. The goal of the program is to ensure that 90% of our children are immunized by the year 2000.

- I believe this is a vital program and will work diligently to see that our goals are met.

- Another important initiative I want to pursue, if confirmed, is educating young people about the need to maintain healthy lifestyles. In addition, to teaching them about why drugs, alcohol, and tobacco are bad for them, we need to educate them about the positive aspects of having a healthy diet and the importance of exercise.

TEENAGE PREGNANCY RATES / STD RATES

QUESTION:

What are the current pregnancy rates and rates of sexually transmitted diseases among teenager in the United States?

ANSWER:

- The most current data available (1990) reflect a pregnancy rate of 95.9 per 1,000 teenagers aged 15-19 years.
- U.S. teenage pregnancy rates for women ages 15-19 years remained fairly stable from 1980 to 1985, but they increased by 9% during the last half of the decade.
- From 1980 to 1990, the pregnancy rate among girls younger than 15 increased 13%, totaling 7.1 pregnancies per 1,000 girls by 1990.
- Gonorrhea rates for 1993 for 15- to 19-year-olds were 742.1 cases per 100,000 persons.
- Primary and secondary syphilis rates for 1993 for 15- to 19-year olds were 17.2 cases per 100,000 persons.
- In 1994, 13,615 AIDS cases were reported for 13- to 29-year-olds, representing 16.9 % of all reported cases. For the same age group in 1993, 19,788 cases were reported, representing 18.6% of all reported cases. AIDS was the fourth leading cause of death among women aged 25-44 years in the United States. Many of these cases become HIV infected as adolescents.

BACKGROUND:

Teen Pregnancy

Despite national goals to reduce teen pregnancy in the United States, approximately 1 of every 10 teenagers aged 15-19 becomes pregnant every year. Of the estimated one million teen pregnancies each year, more than 500,000 result in live births.

Rates of teenage pregnancy and birth in the United States exceed those in most developed countries. An estimated 95% of teenage pregnancies are unintended. However, 21% of sexually active teenagers use no contraception.

From 1985 to 1990, the public costs related to teenage childbearing (e.g. AFDC, Medicaid, and Food Stamps) totaled $120.3 billion.

Efforts to assist all adolescents in delaying first sexual intercourse and increasing condom use among those who do engage in sexual intercourse must be emphasized by health, education, and social service agencies and providers.

Sexually Transmitted Diseases

For most STDs in the 15- to 19-year-old age group, rates tend to be higher for women than for men. Women tend to be at highest risk for STD at ages <25 years; they have lower rates after age 35. Adolescent men have lower rates than women, but have higher rates in their 20's which continues through their 30's. This is why overall rates are higher for men than for women.

Approximately 12 million cases of sexually transmitted diseases (STD) occur in the United States each year. 2.5 million teenagers each year are infected with an STD.

Age-specific national rates for chlamydia are not available. In most areas however, rates are expected to exceed the rate for gonorrhea. No age-specific data are available for other bacterial and viral STDs. Under reporting of STDs is a problem.

DRUG RESISTANT TUBERCULOSIS

QUESTION:

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

ANSWER:

- Most importantly, all patients with TB must receive appropriate treatment, preferably under directly observed therapy (DOT), to reduce the emergence of multi-drug resistant TB (MDR TB), and contacts of TB cases must be provided with appropriate preventive therapy.

- Drug susceptibility testing of all culture-positive TB cases and prompt feedback of results must guide therapy.

- The guidelines to prevent transmission of TB in health care facilities, published by CDC in October 1994, must be promptly implemented.

BACKGROUND:

The paramount goal of TB-control programs is to ensure that TB patients complete their prescribed course of therapy. Directly observed therapy (DOT) has been shown to be the most cost-effective method of increasing patient-adherence to therapy.

It is essential that all infectious TB patients complete therapy so they can be cured, transmission to others stopped, and drug resistance prevented from occurring. This requires a sustained effort at the federal, state, and local level. MDR TB can develop when patients do not complete adequate treatment.

Multidrug-resistant TB is a serious threat -- it is more difficult and costly to treat than regular (non-resistant) TB. In response to this threat, CDC published in 1992 the "National Action Plan to Combat Multidrug-Resistant Tuberculosis" which supplements the "Strategic Plan for the Elimination of Tuberculosis in the United States" published in 1989. Both plans have provided the basis for public health strategies at federal, state and local levels.

DOMESTIC VIOLENCE -- A PUBLIC HEALTH ISSUE?

QUESTION:

Do you believe that domestic violence is a public health issue? If so, do you propose making it part of your agenda as Surgeon General?

ANSWER:

- Yes, domestic violence is a public health problem.
- I believe almost every American by now has heard about domestic violence through the reporting related to the O.J. Simpson trial.
- In 1992, 5,400 women in United States were murdered, 6 of every 10 of these women were killed by someone they knew. Of those, who knew their assailant, about half were killed by their spouse, or someone with whom they had been intimate. Studies also indicate similarly high levels of physical aggression in adolescent dating relationships.
- Estimates show that between 8.5 and 11.3 of every 100 women in the U.S. are abused by husbands or boyfriends.
- Over 99% of assaults on women do not result in death, but rather in physical injury and severe emotional distress.
- Witnessing spousal violence has significant negative effects on children in the family, and there is increased likelihood of child abuse in homes where there is already spouse abuse.
- Although exact figures are not available, the financial burden to the health care system is undoubtedly enormous, as well as related costs to the educational, legal, and social service systems.

SCHOOL-BASED CLINICS

QUESTIONS:

Do you plan to advocate for a Federal program of school-based clinics? If so, what role should parents play in these settings?

ANSWER:

I believe school-based clinics can play an important role in providing health services to children who might not otherwise receive them. When I speak of school-based clinics, I am not speaking of clinics which provide contraception only. School-based clinics generally provide a wide range of health care services including immunizations, nutrition, and weight control, sports physicals, mental health and counseling services, and programs directed at reduction of risk behaviors including violence, suicide, and substance abuse.

The most crucial factor in determining whether a school-based clinic is the appropriate answer for a particular community is whether the school board, and by extension, the parents of the students, support such an approach. Any school board I have ever been acquainted with has wanted to ensure that parents are in agreement with their plans, particularly when such have to do with issues such as provision of heath care, and especially when this involves sensitive issues such as sexuality education, or information, referral, or provision of contraceptive services to prevent pregnancy and sexually transmitted disease. I absolutely support the right of parents to determine -- and be fully aware of -- services their children receive in a school setting.

SCHOOL-BASED CLINICS

QUESTION:

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

ANSWER:

I would like adolescents to abstain from sexual activity until they are married. However, despite our efforts to encourage abstinence and delay, we know that many choose to become sexually active early (more than 50% of females and almost 75% of males have had intercourse before their 18th birthday). It is, therefore, important that we provide the information they need to reduce their risk of pregnancy and sexually transmitted disease.

The question of whether these contraceptive and disease prevention services should be provided in schools is best decided by the school authorities, their communities, and the parents of the children. Most school-based clinics do not provide contraceptives on site. It may be decided that it is more appropriate to refer sexually active students to community clinics separate from the school premises. That seems like a reasonable approach to me.

SCHOOL-BASED HEALTH

QUESTION:

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

ANSWER:

According to the Robert Wood Johnson Foundation, as of October 1994, there were six school-based clinics in Tennessee.

I do not know of any evaluation of school-based clinics that have been able to determine their effect on adolescent pregnancy rates. An accurate count of pregnancies must include births, abortions, and fetal losses. Making such a count is difficult for a number of reasons and would be especially so for a school. For example, students who became pregnant and decided to carry the pregnancy to term might choose to drop out of school before the birth. Students who became pregnant and miscarried or decided to terminate the pregnancy might not report this to the school. It is easy to see why calculating pregnancy rates for a school population is very problematic and, without these rates, it is impossible to assess the effect of a clinic on adolescent pregnancy.

In addition, school-based clinics are often cited in higher risk communities where there are high drop out rates because of poor academic performance, financial difficulty, family transience, pregnancy or any number of other reasons, making it particularly difficult to track students for evaluation purposes. Also, not all students in a school will use clinic services and those that do will use different mixes of services. In addition, school officials and parents often object to asking students questions about sexual behavior. These factors, added to the limited resources available to assessing the full impact of school-based clinics.

I would add, however, that there is a growing body of research that indicates providing sexuality education and school-based health services do not increase levels of sexual activity among adolescents.

AIDS

QUESTION:

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

ANSWER:

The results of the 076 trial are indeed encouraging. The trial showed that in certain HIV-infected pregnant women, a treatment regimen of AZT reduced the risk of HIV transmission from mother to baby by two-thirds.

I believe the Public Health Service is following a wise course by recommending that doctors counsel women and offer voluntary testing to pregnant women. Studies show the overwhelming majority of women choose to be tested when they learn the facts. Mandatory testing, on the other hand, could drive women away from the health-care system and result in less pre-natal care.

QUESTION:

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

ANSWER:

Ideally, patients should feel comfortable sharing this information with their health practicioners, who could use the knowledge to improve care and treatment. But even if patients do not volunteer this information, health care practicioners who follow universal precautions are not at risk.

HIV-positive health care practicioners who follow universal precautions do not risk infecting their patients.

AIDS

QUESTION:

Isn't it true that the homosexual lobby has seen to it that AIDS is treated as a civil rights issue rather than as a public health issue?

ANSWER:

No.

AIDS

QUESTIONS:

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

ANSWER:

Several dozen local communities are experimenting with needle exchange programs at their own expense. But federal legislation on this matter is clear. Until there is conclusive data that such programs both reduce the spread of HIV and do not result in increased drug usage, federal funding cannot be expended.

AIDS

QUESTION:

Dr. Koop and Dr. Novello each issued Surgeon General's reports on AIDS. Would you issue a similar report? Why or why not?

ANSWER:

I can't answer that yet. I'll consult Patsy Fleming and the Public Health Service to see whether that's the best way to go. You're basically asking a resource allocation question. But rest assured that AIDS prevention -- indeed, the prevention of all needless suffering -- will be among my priorities.

HEALTH CARE REFORM

QUESTION:

What role, if any, will you play in discussions on health reform?

ANSWER:

- At this time, I don't know what role I would have in such discussions.

BREAST CANCER -- EDUCATIONAL STRATEGY

QUESTION:

The incidence of breast cancer among women is disturbing. As Surgeon General, what type of strategy would you pursue to improve educational efforts and access to health care in this regard?

ANSWER:

- I know that women's health, including the problem of breast cancer prevention and control, are a major priority for First Lady Hillary Rodham Clinton, Secretary Shalala and the Public Health Service.

- The Centers for Disease Control and Prevention (CDC) in collaboration with the Food and Drug Administration, the National Cancer Institute and outside activists have developed the National Strategic Plan for Early Detection and Control of Breast and Cervical Cancer and Mrs. Clinton herself has launched a campaign to help make older women aware of the increased risks for breast cancer.

- The Department-wide efforts address such areas as public education, professional education and practices, and quality assurance. The Public Health Service, in particular CDC, is working with the States as well as professional and voluntary organizations to assure that an organized system of services are made available to all women.

TOBACCO - CIGARETTE ADVERTISING

QUESTION:

It's clear that the tobacco industry can't police itself and is aiming messages to our youngsters through such campaigns as "Joe Camel." Should cigarette advertising be banned?

ANSWER:

- I strongly support efforts to reduce the appeal of tobacco advertising to youth and to reduce young people's exposure to tobacco product advertising and promotion. Strong action clearly is needed to protect our children from misleading messages in cigarette advertising and promotional campaigns. Tobacco use is a teenage epidemic; we need to act quickly and decisively to counter this deadly addiction.

- Tobacco advertising campaigns, such as Joe Camel, do reach youth. Cigarette advertising appears to increase young people's risk of smoking by affecting their perceptions of the pervasiveness, image, and function of smoking.

- Youth smokers are more likely to smoke the most advertised cigarette brands than are adult smokers.

BACKGROUND:

One of the Healthy People 2000 Objectives is to eliminate or severely restrict all forms of tobacco product advertising and promotion to which youth younger than 18 are likely to be exposed.

Last year, the Federal Trade Commission decided not to take action against R.J. Reynolds regarding the Joe Camel advertising campaign.

The Institute of Medicine has recommended the following:

1. Congress should repeal federal law preempting state regulation of tobacco advertising and promotion;

2. States should then ban all tobacco advertising and promotion, or restrict such advertising to a "tombstone" format, in which all images and pictures are removed from the advertising message and the tobacco product package; and
3. Congress should enact comprehensive legislation establishing a timetable for gradual implementation of a plan for restricting tobacco advertising and promotion in interstate commerce.

A recent poll by the Robert Wood Johnson Foundation found that the overwhelming

majority of adults support restrictions on young people's exposure to tobacco advertising.

FEDERAL REGULATION OF CIGARETTES

QUESTION:

Should the manufacture or sale of cigarettes be regulated in any way by the federal government?

ANSWER:

- Current federal regulations require states to enact and enforce laws restricting the sale and distribution of tobacco products to individuals under the age of 18.

- One of the Department's Healthy People 2000 Objectives is to eliminate or severely restrict all forms of tobacco product advertising and promotion to which youth younger than 18 are likely to be exposed.

- I fully support this particular objective and believe that it is imperative that our efforts be focused on preventing teenagers from every starting to smoke.

- I think that there are numerous approaches to improving prenatal care and reducing infant mortality that have worked at the local level that serve as models for the entire nation. For example

MASTURBATION

QUESTION:

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

ANSWER:

I wouldn't presume to lay out a precise curriculum for every community. The question of whether masturbation should be part of comprehensive age-appropriate sex education is best decided by the school authorities, their communities, and the parents of the children.

FETAL TISSUE AND EMBRYO RESEARCH

QUESTION:

What is your position on the use of fetal tissue in human transplantation research and research involving human embryos?

ANSWER:

With regard to both of these issues my knowledge is really based on what I have read in the press.

-- My understanding is that federally funded fetal tissue transplantation research may go forward consistent with the President's Executive Order and through legislation passed by the Congress requiring that protections exist to separate the decision to abort from the research process.

-- With regard to embryo research, I agree with the President's statement that it raises ethical and moral issues that need to be examined and that Federal funds should not be used to create human embryos for research purposes.

GUN CONTROL

QUESTION:

What is your position on gun control?

ANSWER:

Firearms are a problem in our society, particularly when they are in the hands of children, when they are guns designed only as weapons of war, and when they can be purchased in the "heat of the moment".

Each year, approximately 25,500 people die from homicide and roughly 30,500 die from suicide in the United States. Violence is the second leading cause of death for Americans between the ages of 15 and 24, and the leading cause of death for young African Americans in this age group.

Violence is a multifaceted problem that is intertwined with a variety of major social problems, such as poverty, unemployment, and racism. Public health can bring a broad array of existing resources in medicine, mental health, social services, education, and substance abuse prevention to bear on preventing injuries and death from violence. Public health works in partnership with communities to design programs that fit their unique problems and culture.

I believe reasonable, but limited, restrictions on guns are necessary. For example, I fully support the Administration's efforts, on the Brady bill and the assault weapons ban legislation included in the Violent Crime Control Act of last year, to keep guns out of the hands of criminals. I would support similar measures to bring an end to gun violence.

PHYSICIAN ASSISTED SUICIDE

QUESTION:

What is your position on physician-assisted suicide?

ANSWER:

There is no Administration position on physician-assisted suicide.

SALARY ARRANGEMENT

QUESTION:

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

ANSWER:

I am currently an unsalaried consultant at the Department of Health and Human Services.

Abortion

1. Dr. Foster, do you believe that life begins at conception? If not, when do you believe that it begins?

2. In your opinion, Dr. Foster, is abortion the taking of a human life?

3. If abortion is not the taking of a human life, then why do you find abortion "abhorrent" and a "failure".

4. You have said that you believe that abortion should be "safe, legal and rare." Since you have stated that abortion is not the taking of a human life, why do you believe that abortion should be rare?

5. When a woman comes to you when she first discovers that she is pregnant, what are some of the basic pieces of advice that you give her? Do you advise them on their diet? Do you advise them not to drink? Not to smoke?

6. Would you advise your patients any differently depending on the term of the pregnancy? For instance, would you advise a woman not to smoke or drink in first trimester, as well as the second or the third?

7. So it's your opinion that behavior such as smoking or drinking is potentially damaging to the baby, and that it is not advisable during any portion of the pregnancy?

8. Dr. Foster, what then is the difference between an abortion which would end the baby's life, and smoking or drinking, which can be harmful to the baby's health?

9. Dr. Foster, in your opinion, is abortion moral?

10. Dr. Foster, in your 39 year career as a doctor have you ever refused to perform an abortion? Why?

11. Have you ever in your career counseled a patient against abortion? Why?

12. Dr. Foster, do you support efforts to counsel women against abortion?

13. If you do support such counselling, who do you think would be appropriate to provide such counselling?

14. Does the state have an obligation to pass legislation to insure that women get such counselling? Don't you think that all women would be better served if they had all the information before they made such a fateful decision?

15. Dr. Foster, in your view, is abortion just another of an array of services that an obstetrician-gynecologist should provide to women?

16. In your Nightline interview, you stated that you oversaw a study in which some 55 abortions were induced by students that you supervised. You further stated that these abortions were done with a drug in the form of a suppository, and "not a mechanical procedure". Over the years, what are the different mechanical procedures that you have taught to your students?

17. Could you describe each of these procedures?

18. During your teaching career, have you ever supervised a medical student performing an abortion?

19. Did you count these abortions when you gave 55 as the number of abortions you had overseen but not performed? If not, why not?

20. Now as I understand it you said that over your career you have performed 39 abortions, not counting the 55 that you oversaw as part of the study. Which of the "mechanical procedures" did you employ in order to terminate the pregnancies? Could you please describe the different procedures you personally have employed over your career?

21. Were there any complications during any of the different procedures that you used in these abortions? Could you describe them?

22. Of the procedures that you have used over your career, is there any one method that you find preferable over the others? Why?

23. In your opinion, Dr. Foster, is abortion one of the standard medical procedures that should be included in any woman's basic health benefits package?

24. If the Congress should enact a reform of the health care system, should abortion be included in the standard benefit package, if the Congress were to set such minimum standards?

25. Dr. Foster, when you say that abortion should be "safe, legal and rare", do you believe that all women should have access to such safe and legal abortions? Should a state be required to provide for those women who cannot afford to have an abortion? Should it be required even if such a state has decided, either through its legislature or by referendum, that it will not fund such abortions?

26. Aside from counselling, what other methods would you advise in order to insure that abortions are "rare"?

27. Do you believe that counselling or any of these methods should be mandatory? If not, how would you insure that abortions will be "rare"?

28. Do you believe that a minor should be required to receive the consent of her parents in order to have an abortion?

29. Do you favor mandatory counselling for minors who wish to have an abortion? After all, you can't expect a person who society doesn't trust to drink, or vote, or in some cases even drive, to be able to make such an important decision without some adult advice.

30. In your program, if a child has become pregnant and is considering abortion, do you require parental involvement? Do you require parental consent? Do you require any kind of counselling for the young woman?

February 24, 1995

QUESTIONS

OFFICE OF THE SURGEON GENERAL

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

2. What public health causes do you plan to advocate?

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

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

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

6. What will your priorities be with regard to the Public Health Service's Commissioned Corps?

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

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

ABORTION

1. What is your position on abortion?

2. Do you believe a woman should have a right to an abortion, for any reason, throughout the entire pregnancy?

3. Do you support reasonable restrictions on abortion such as parental consent or notification for minors?

4. Have you ever performed an abortion on a minor without

parental consent?

5. How many abortions have you performed?

6. Do you support the "Hyde" amendment which prohibits the expenditure of federal funds for abortion except in those cases where the woman's life is endangered, or in cases of rape or incest?

7. What is your position on the use of RU-486?

8. Should Medicaid pay for prenatal care and delivery, but not for family planning or abortions?

9. Do you think that the use of abortion, in cases where genetic defects might be passed on such as sickle cell anemia or Downs syndrome, should be encouraged?

10. Do you consider abortion a legitimate form of family planning?

CONDOMS AND STDs

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

2. How will you promote truly "safe sex" as surgeon general?

3. Is the transmission of Chlamydia infection prevented by condoms? What is the rate of Chlamydia infection among teenagers? What are the consequences of such an infection on teenagers?

4. What is human papilloma virus and its associated consequences? Is its transmission prevented by condoms? What percent of sexually active teenagers carry the virus? Is it curable?

FAMILY PLANNING

1. Do you support the distribution of Norplant to teenage girls, as has been done in Baltimore City Schools? Would you support federal funding for this type of distribution?

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

3. Section 1008 of the PHS Act implementing the Title X Family Planning Act provides as follows: "None of the funds

appropriated under this Title shall be used in programs where abortion is a method of family planning." What is your interpretation of this provision?

4. Do you support regulations such as the so called "Gag rule" which aim to separate abortion activities from federally supported family planning services?

5. Do you support any limitation on the ability of clinics receiving federal funds to counsel or refer women for abortion in federally funded Title X clinics?

6. Do you view the federal family planning program as preventive in nature?

7. Should Title X clinics be permitted to perform abortions on the same site as the federally funded Title X clinics?

8. Since its involvement in funding contraceptives and family planning, the Federal government has invested over $2 billion to curb teenage pregnancy. Yet the rate of teenage pregnancy and sexually transmitted diseases afflicting teens continue to rise. What, if anything, will you direct the Department of Health and Human Services to do to curb the rate of teen sexual activity? What role should schools play in this effort?

9. Do you know the statistics on how many children in this country that are "unplanned and unwanted"?

MARIJUANA AND OTHER NARCOTICS

1. If confirmed as Surgeon General, would you advocate the use of narcotics that are currently prohibited by the federal government for medical use? Do you support a physician's right to prescribe marijuana for their patients if it would be "beneficial"?

2. Your predecessor suggested that we study legalizing drugs as a way to combat violence and other social ills. Should we study the legalization of drugs?

3. Are you at all concerned about linkages between drug abuse, prostitution and the spread of AIDS?

4. What public health strategies should we pursue to combat the use of illegal drugs?

SEX EDUCATION

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

TEEN PREGNANCY

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

2. What are the best methods to reduce the rise in teen pregnancy across the country? Which of these do you advocate?

3. If you had success in Tennessee in reducing the rate of teen pregnancy, how will you have success in implementing the same plan on a national level?

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

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

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

PUBLIC HEALTH

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

2. What were the most successful initiatives you undertook in Tennessee to improve the health of teenagers, and why do you think they were effective?

3. In your role as surgeon general, what special initiatives do you plan for prenatal care and reducing infant mortality?

4. What other children's health issues will you address as surgeon general?

5. What are the current pregnancy rates and rates of sexually transmitted diseases among teenager in the United States?

6. What should we do about the growing threat of multi-drug-

resistant TB?

7. Do you believe that domestic violence is a public health issue? If so, do you propose making it part of your agenda as Surgeon General?

SCHOOL-BASED CLINICS

1. Do you plan to advocate for a Federal program of school-based clinics? If so, what role should parents play in these settings?

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

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

AIDS AND HIV

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

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

3. Isn't it true that the homosexual lobby has seen to it that AIDS is treated as a civil rights issue rather than as a public health issue?

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

5. Dr. Koop and Dr. Novello each issued Surgeon General's reports on AIDS. Would you issue a similar report? Why or why not?

HEALTH CARE REFORM

1. What role, if any, will you play in discussions on health reform?

BREAST CANCER

1. The incidence of breast cancer among women is disturbing. As Surgeon General, what type of strategy would you pursue to improve educational efforts and access to health care in this regard?

TOBACCO

1. It's clear that the tobacco industry can't police itself and is aiming messages to our youngsters through such campaigns as "Joe Camel." Should cigarette advertising be banned?

2. Should the manufacture or sale of cigarettes be regulated in any way by the federal government?

MASTURBATION

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

FETAL TISSUE AND EMBRYO RESEARCH

1. What is your position on fetal tissue and embryo research?

GUN CONTROL

1. What is your position on gun control?

SUICIDE

1. What is your position on physician assisted suicide?

MISCELLANEOUS

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