



MR. CHAIRMAN, DISTINGUISHED MEMBERS OF THE COMMITTEE, I am pleased to have the opportunity to offer the testimony of the Family Research Council on the nomination of Dr. Henry W. Foster to be Surgeon General of the United States. The Family Research Council is a nonpartisan, nonprofit organization dedicated to analysis of the impact of public policy on the traditional family. We place particular emphasis on the ways in which society can preserve and strengthen the two-parent family and maximize the benefits that stable, intact family structure can confer on this nation's economic vitality, social well-being and spiritual strength.

We believe that the position of Surgeon General of the United States now, more than ever, requires an individual who understands these dimensions of public policy. Evolution of the office of Surgeon General in the past two decades has diminished its direct policy-making and administrative role. Evolution of the nature of many of the public health threats facing this nation today has magnified the importance of the Surgeon General's office in articulating the essentials of healthy behavior. The intersection of individual health and moral responsibility has never been more obvious.

For this reason, it is critical that the office of Surgeon General be occupied by a person who has worked comfortably within that intersection. That person must possess a clear, and consistently expressed, vision of public health. He or she must be alive to the profound ethical dimensions of health issues in the late 20th century and have a proven track record of responding correctly to issues as they arise, not merely riding with the tide of public or professional opinion. In short, he or she must be a leader, not a follower, intellectually and instinctively true to the highest standards of ethical behavior in medicine.

As a threshold matter, a Surgeon General must know and be able to articulate who he is and what he believes. From the very beginning, when President Clinton announced his choice of Henry Foster on February 2, this nominee has been unable to articulate from one day to the next a consistent account even of his own career. At every turn, members of this committee, of our own organization, and of the press have elicited from Dr. Foster and the administration new and revised accounts of various dimensions of his creed and his practice. To this day, not one of these accounts fully squares with the other. To this day, not one of these accounts amounts to a full disclosure by the nominee regarding his personal involvement in the most wrenching health policy questions of our time.

The course of this nomination resembles a tent in spring rain. Touch its soggy canvas anywhere and more revelations seep through. It is hard to imagine an individual who has been implicated in more major public health controversies than Dr. Foster. From the Tuskegee syphilis experiment, to involuntary sterilization of mentally handicapped women, to the performance of abortions and advocacy of abortion on demand, to distribution of condoms

and other birth control devices to children, to the school-based clinic debate, to involvement with radical sex education programs, Dr. Foster has been on the cutting edge -- and nearly always on its wrong side.

As this testimony is written, it is impossible to say with assurance that he hasn't **always** been on the wrong side, because nothing of what is known about Dr. Foster's role in each of these controversies is the result of the nominee's frank and full disclosure. Everything that is known about them is the result of examination of the nominee's record and repeated questioning of that record by others, our-selves included. The Administration has been reluctant to take the first step to volunteer accurate information about any of the issues that have placed this nomination in jeopardy.

Before discussing those issues in detail, I want to make one final point. This nomination has not been, and is not being, "Borked." No one has led an advertising campaign distorting the nominee's record, impugning his character, or implying dreaded, unnamed consequences for the nation if he takes office. No one has scrolled through a list of his tastes in videos. The debate over this nomination is first and foremost about profoundly important questions of public policy, and this nomination is in difficulty first and fore-most because the nominee himself has been unable to provide a consistent and accurate account of where he has stood and what he has done regarding these questions. Even Robert Bork's most vociferous opponents will agree, I think, that he did not leave anyone in doubt about the authenticity of his beliefs.

Doubt, on the other hand, is the essence of Dr. Foster's nomination.

Biographical Omission

The difficulty with Dr. Foster's nomination began with the refusal of the White House to share with the public, and with this committee, his basic philosophy. The biography of Dr. Foster released by the White House mentioned his chronological affiliations, but totally ignored his lifelong ties to Planned Parenthood. That this would be the occasion for controversy can hardly be something the Administration would not recognize. *The Chronicle of Philanthropy* has noted on several occasions that the Planned Parenthood Federation of America is among the top 10 most frequently objected-to "charities" in the United States. *The Chronicle* has reported that no nonprofit in the United States is more commonly eschewed through "restricted" gifts to the nation's United Way agencies.

The reasons are simple, and to express them is to belie the White House's claim that Dr. Foster is a "mainstream" nominee. The nominee claims that he is committed to abstinence as the primary approach to sex education. Planned Parenthood has led the ideological and legal assault on abstinence education programs in the United States. The nominee claims that he desires to make abortion "safe, legal and rare." But he has served as a "Public Policy Advocate" for the Planned Parenthood Federation during a time when its national leadership had dedicated itself to opening 75 abortion clinics across the United States *merely to meet a numerical goal consonant with the 5th anniversary of its founding.*

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Dr. Foster has sought to portray himself as an advocate for the family, and for parent-child communication. But, during his time as an official of Planned Parenthood of Nashville, that organization filed suit against a Tennessee law requiring parental consent for abortion. Far from being a strict statute, that law provided for a judicial bypass procedure by which teenagers could seek abortions under court auspices without parental involvement. Such an arrangement was not liberal enough for Planned Parenthood, which has led the national legal fight to exclude parents from involvement with their minor children's abortion decisions. Again, this is not a mainstream position -- Americans support parental consent for abortion by margins of 2-1 or 3-1. Parents themselves show an even higher rate of support for such laws.

It is possible that Dr. Foster was and is ignorant of these positions taken by organizations with whom he has been associated for nearly two decades. But it is not likely. Ignorance is a valid defense in some circumstances, but it is not a valid credential for someone who seeks to become the "nation's doctor" and the leader of a national crusade against teenage pregnancy.

The American people had a right to know of Dr. Foster's association with this organization and its ideas. The White House had no right to omit it from the biographical information it provided the Congress and the nation.

Tuskegee Institute

"Ignorance" is also the nominee's defense against the circumstantial evidence, and the direct testimony of one individual, Dr. Luther McRae, that, as Vice President of the Macon County Medical Society in 1969, Dr. Foster participated in a Public Health Service briefing on the infamous Tuskegee syphilis experiments. It is not in dispute that Dr. Foster spoke out against the experiments in 1972, when they were publicly revealed in media accounts. It is precisely that public expression of outrage that provoked the reaction of Dr. McRae, who has stated that he is willing to testify to this committee under oath that Dr. Foster was indeed present at the meeting on May 12, 1969 where PHS officials sought the "surrogate informed consent" of the MCMS for continuation of the Tuskegee Study.

McRae is categorical, and here is what he told Carl Ramsey of Family News in Focus:

The most striking thing about it, when the news broke . . . I saw on television and read in the papers that Dr. Foster was involved in the public outrage about the study having been conducted. And I was struck by that, in that I knew he was at the meeting . . . I asked myself why Henry didn't go ahead and say something at the meeting that night in 1969. Because he had every opportunity, nobody had a muzzle on him.

McRae is also specific, recalling where Dr. Foster sat. Moreover, he holds no animus against his colleague and believes -- in contrast to my view -- that he would make an excellent Surgeon General. This fact lends added weight to his assertion regarding Dr. Foster's knowledge of the Tuskegee experiment in 1969.

Dr. McRae insists that Henry Foster did know about the existence of the experiment. But it is

equally important to recognize that he *should* have known, and that the May 12 meeting at a restaurant outside Tuskegee was not his only opportunity to inform himself about a PHS study that had been under way for nearly four decades. First, the study had been described in the medical journals; as an obstetrical chief working in a county with one of the nation's highest rates of syphilis (indeed, this was one reason PHS originally chose Macon County as the site of the nontreatment study), at perhaps that county's most prominent ob-gyn center, Dr. Foster would have reason to be well read in the literature of venereal disease.

Dr. McRae has noted, as does James Jones' account of the Tuskegee experiment, *Bad Blood*, that PHS officials supplied the Macon County Medical Society with a list of the individuals "participating" in the study, to assure that they would not obtain treatment, particularly antibiotics, by other means from local physicians.² Given the "zeal," as Jones puts it, with which PHS officials pursued the cooperation of Macon County physicians, it seems unlikely that distribution of this list to the Society's Vice President would be overlooked.

Jones also points out that in 1970 the PHS "also reestablished something of its former working relationship with medical personnel at John A. Andrew Hospital." A representative of PHS, Dr. Joseph G. Caldwell, met with the hospital's administrator and medical director and contracted to have the surviving men's X-rays taken there in the hospital's new facility. Again, it is possible that the presence of PHS officials and the conduct of examinations of the syphilitic men in the facility where he was chief of obstetrics would have entirely escaped the notice of Dr. Foster.

Assuming as much, however, it is hardly a flattering portrayal of Dr. Foster's engagement with public health issues when the most significant events of his time took place in his immediate vicinity, with the cooperation of the Medical Society of which he was Vice President, without his taking cognizance of them. Such a lapse may not amount to much for a physician who simply desires to continue his work serving the general population, it is a fatal failure of responsibility in an individual who claims to have the ability to serve as the nation's top spokesman on public health. Dr. Foster says that he did not know of the experiments. The key is that nearly all his colleagues did, that at least one says that he himself did, and that, in any case, he should have known.

Dr. Foster and Abortion

On the issue of abortion, Dr. Foster has taken the fifth. That is to say, he has taken at least five positions on the number of abortions he has performed or guided to completion. He has misstated not merely his own involvement in abortion, but inaccurately described the guidelines on medical education under which, he claims, a study of prostaglandin suppositories was conducted during his tenure at Meharry Medical School. Worse, he has used language in documents officially released by the Department of Health and Human Services that finesses the question of his involvement in abortion. These finesses put his veracity not merely in question, but in grave doubt.

Let me summarize:

Late January. A White House official informs Chairman Kassebaum that Dr. Foster had performed one abortion during his medical career. ("Foster Says He Performed Abortions," *The Washington Post*, Feb. 4, 1995).

February 3, 1995. The Department of Health and Human Services releases a statement by Dr. Foster which states, "I believe that I performed fewer than a dozen pregnancy terminations." ("Statement by Dr. Henry Foster, Nominee for U.S. Surgeon General.")

February 6, 1995. The International Foundation for Genetic Research/Michael Fund releases a transcript, first disputed by the White House but then acknowledged to be genuine, in which Foster states, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." (Department of Health, Education and Welfare, Office of the Secretary, Ethics Advisory Board, Meeting V, Friday November 10, 1978 Seattle, Washington, p. 180, 197).

The Foundation also releases a story from the November 1980 *ObGyn News* describing an abortion pill study conducted by Dr. Foster at Meharry on behalf of Upjohn Pharmaceuticals that resulted in 59 completed abortions on patients in the trial.

February 8, 1995. Appearing on *ABC's Nightline*, Dr. Foster acknowledges performing 39 abortions, but notes that this does not include any abortions he may have performed before 1973. Foster tells Koppel that this total also does not include the 59 abortions carried out under the trial he supervised, because he did not personally perform them.

Thus, in little more than a week, Dr. Foster deployed five different versions of his record regarding abortions. Volatility like this makes the Mexican peso look stable by comparison. It prompted even the spokeswoman for the Department of Health and Human Services, Avis LaVelle, to remark, "The next time we utter a number [of Foster's abortions], it won't be based on Dr. Foster's recollections."³ But if you take a closer look at the February 3 statement released over his name, it appears amply crafted to disguise the information that was released on February 6 by the International Foundation for Genetic Research.

As *The Washington Times* pointed out on February 7, Dr. Foster's artful February 3 statement offered circumlocutions regarding his term as chief of service at Tuskegee and Meharry. Of the "wide variety of medical procedures and research" performed at both, "all," he wrote, "were in accordance with the law and educational requirements."⁴ As the *Times* observed, "Abortion . . . has been legal for many years, and thus had Dr. Foster performed hundreds of abortions as chief of service -- as opposed to acting in his capacity as a private physician -- that fact would not have been actually lied about, given the statement's careful wording."

The same can be said about the prostaglandin suppository trial, which Dr. Foster was compelled to elaborate upon the following night in his exchange with Ted Koppel. There he launched the "educational requirements" explanation, citing alleged accreditation requirements

as the justification for seeking grant money to test the abortion suppository for Upjohn. There are two issues here. One is the intended evasion by Dr. Foster of a full accounting of his abortion activity in his February 3 statement. The second is his misunderstanding -- or possible evasion -- regarding the rationale for the prostaglandin trial.

As chief of obstetrics at two major medical institutions, Dr. Foster surely should have known that nothing in the then-extant accreditation guidelines from the Accreditation Council for Graduate Medical Education required any medical school to offer training in performing abortions, much less to conduct trials of experimental abortion drugs. In relevant part, the guidelines state that:

Resident education [in obstetrics and gynecology] 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.

Arguably this standard could be interpreted as requiring training in the management of complications resulting from botched abortions, although the term "abortion" (or any euphemism for it) is nowhere mentioned in the standards. Even under this reading of the standard, however, it would clearly be unethical for a program to arrange for a botched abortion to give the residents a training opportunity. Conducting a trial of a new drug (one that never did reach the market) would just as clearly be an unethical way to fulfill such an obligation.

But the bottom line is that no such obligation existed in the late 1970s when the trial was conducted, nor does one exist now, when Dr. Foster cites it as justification for Meharry's participation in the Phase 2 trial and uses it as a mask for a major abortion activity he obviously did not want disclosed. It is only an added insult to common knowledge when Foster continues to cite this erroneous account of accreditation requirements to justify a project that was clearly taken on because of Dr. Foster's lifelong commitment to abortion.

Finally, it should be pointed out that as of the date of this testimony, March 24, 1995, a complete accounting of Dr. Foster's activity on behalf of abortion is still not in the public record. He has specifically excluded revelations regarding any abortions he may have performed prior to 1973, when he began his association with Meharry. His basis for the exclusion is the unavailability of records prior to that date. Given how well Dr. Foster's "recollections" have served him and the administration on other issues, it's just as well.

Involuntary Sterilization

Dr. Foster's involvement in the possibly involuntary sterilization of four mentally handicapped women is the only controversial issue in his background that was placed before the public by action of the White House. Its discovery, however, was inevitable, as Dr. Foster himself described the procedures in an article entitled "Removal of the Normal Uterus" in the

Southern Medical Journal in 1976.⁵ Dr. Foster states in the article only that he had "begun to use hysterectomy in patients with severe mental retardation. Hysterectomy," he noted, "can be done *either* [emphasis added] for sterilization or to eliminate the menses[.]"⁶

Whatever the presumed indication for the procedure, obviously hysterectomy eliminates both fertility and the menses. This is important because hysterectomy carries significantly higher risks to the mother than the conventional means of sterilization (salpingectomy, i.e., removal of the Fallopian tubes). As Stephen Trombley's valuable history of coercive sterilization makes clear, the United States in the early 1970s experienced a "sterilization explosion."⁷ At least part of the impetus for the procedure (besides the desire of Planned Parenthood and other population control groups to promote permanent methods of sterilization, particularly on eugenic grounds) was the desire to provide medical students with the opportunity to perform hysterectomies.⁸

This "sterilization explosion" did not go unnoticed or unopposed. In fact, by 1973 the Health Research Group, affiliated with Ralph Nader's Public Citizen, Inc. had published a major report on sterilization abuse. The report documented the sudden rise in sterilization, particularly targeting the indigent, the uneducated and the young, and called for federal regulation, especially to ensure informed consent

This report provided the statistical and anecdotal basis for federal interest in sterilization reform, but, as Trombley writes, the report attained its full effect "only after the problem of sterilization abuse was heightened by the personal tragedy of the Relf family."⁹

Interestingly, the Relf case took place in Alabama in 1973. Once again a major public health controversy brewed virtually under Dr. Henry Foster's nose, without his being aware of it, and at a time when he had begun to perform hysterectomies. The Relf case deserves a brief synopsis. A poor black family living in Montgomery, the Relfs had three daughters, ages 12 to 16. At the behest of the local family planning service, the three girls were injected with the contraceptive drug Depo-Provera. In March 1973, the oldest girl, Katie was taken, without her parents' consent to a family planning clinic, where an IUD was inserted over her objections.

A series of events then brought the remaining two girls, along with their mother, to a local hospital, where the mother, unable to read or write, was induced to place an "X" on a document authorizing them, without her knowledge, to be sterilized. A subsequent effort by the family planning service to sterilize Katie failed.

That summer, the Relf case came to the attention of Sen. Edward Kennedy, who on July 10, 1973 invited the Relfs to his office. By happenstance, Sen. Kennedy's committee was at that same time engaged in the hearings on health care and human experimentation spawned by the Tuskegee incident. The Relfs proceeded to file suit against the Department of Health, Education and Welfare, resulting in a judgment requiring the federal government to issue guidelines providing for the protection of minors from sterilization and for informed consent

Contemporaneous with *Relf* was the *Wyatt* case, in which a federal court declared

unconstitutional an Alabama law that permitted the sterilization of mentally retarded inmates of state institutions. Although compulsory sterilization remained legal in many states during the 1970s, the issues raised by the Health Research Group and debated in the federal courts in Alabama had risen to national prominence two to three years before Dr. Foster's article appeared in the *Southern Medical Journal*. Despite this fact, Foster's article makes no mention of these developments and betrays no awareness of any kind that, even in his own state, he was part of a rapidly dying consensus that such sterilizations as he had "begun" to perform were medically and morally unacceptable.

As columnist Charles Krauthammer wrote on February 17, the circumstances surrounding these surgical sterilizations (why higher-risk hysterectomies were performed, whether informed consent was obtained, and from whom) involve serious questions. The apologia that Foster performed only four such sterilizations does not answer these questions; in fact, as Krauthammer notes, "It betrays an obvious discomfort with what Foster did. It reinforces the sense that the moral climate of the 1970s was not nearly as alien as some pretend and that, even in that ancient time, surgically sterilizing the retarded was a morally troubling act."¹⁰

I only note in passing that Dr. Foster's first account of abortions he performed was one. Once again, Foster failed to notice a major public health controversy that sprung up largely as a result of incidents just down the road from the institutions he helped to lead.

I Have a Future

The plausibility of Dr. Foster's commitment to abstinence as his first priority in educating young people about sexuality was discussed above. One example should suffice.

In 1987 the Planned Parenthood Federation of America distributed a report written for it by Marie Haviland-James, apparently affiliated with Michigan Planned Parenthood. The report was an ideological assault on "Sex Respect," one of the most venerable abstinence education programs in the United States. The following account of the Haviland-James report appears in an analysis of sex education programs written by a member of my staff and published in 1991

The Haviland-James report provided guidance to Planned Parenthood sex educators opposing *Sex Respect* and seeking its removal from the schools. The memo urged opponents of *Sex Respect* to argue that it "violates the separation of church and state" and risks litigation from the American Civil Liberties Union [whose late counsel, Harriet Pilpel, once represented both organizations]. It charged that the program is faulty because it contained "many references...to a 'spiritual' dimension of sexuality; contained use of the word 'baby' for fetus"; expressed "bias...against people who are sexually active and unmarried"; "compared stealing of money continually with continued sexual activity"; contained "a description of a woman haunted by guilt"; omitted "pro-choice material"; and, of greatest interest, included "unsubstantiated claims" such as "abstinence has future benefits for teens" and "because of the special nature of human sexuality, there's no way to have premarital sex without hurting

someone." The memo concluded that *Sex Respect* "appeals...to the lowest common denominator of mentality."¹¹

Once again, the most charitable interpretation that can be put on Dr. Foster's involvement with an organization that takes this aggressive stance against abstinence education is that he is wholly unaware of it. Fortunately, there is more direct evidence of Dr. Foster's approach, which is, at best, "abstinence-plus," with the abstinence part thrust with embarrassment up his sleeve.

The Family Research Council has obtained a copy of the eight-page brochure produced by Foster's "I Have a Future" program to introduce the program. Over a couple of thousand of texts, the word "abstinence," or its equivalents, is not mentioned once. The phrase, "delaying the initiation of sexual activity," common in all true abstinence materials, is not mentioned once. On the other hand, the brochure repeatedly stresses the objective of the program to enhance "contraceptive availability," to address the problem of "poor" "contraceptive practices"; and to promote "distribution of contraceptives."¹²

Efforts by the Council and the media to obtain a full copy of the "I Have a Future" curriculum have been rebuffed.¹³ If the curriculum is as its sponsors say it is, this reaction to public curiosity is itself curious. In fact, one would expect that, upon his elevation to Surgeon General, Dr. Foster would proudly promote the "I Have a Future" curriculum as a model abstinence program. His pride should be just as great before this committee votes.

Conclusion

These are but a few of the issues that attend the nomination of Dr. Henry Foster. Their common link is that in 1995, the United States deserves to have in this position of authority an individual with a clear vision of the public health consequences of personal behavior, an abiding commitment to marriage and the family, an alertness to the ethical dimensions of today's contemporary controversies in medicine and public policy, an unblemished record of candor and truth-telling to the American people and a concern for every mother and child

Henry Foster has shown that he is not that person.

ENDNOTES

1. Transcript of conversation, Dr. Luther McRae, with Carl Ramsey, Washington Bureau Chief, Family News in Focus, released March 1, 1993 (embargoed press release, Family News in Focus, Washington, D.C.).
2. James, James. *Bad Blood: The Tuskegee Syphilis Experiment* (The Free Press, a division of Macmillan, Inc., New York 198), p. 199; citing a letter from Dr. William Brown, U.S. Public Health Service, to Alexander Robertson, Executive Director, the Milbank Memorial Fund, November 19, 1969 and the author's interview with Dr. Brown.
3. "Divisive Issue Imperils Surgeon General Choice," *The Washington Post*, February 8, 1995, A12.
4. "Dr. Foster and the Art of the Statement," *The Washington Times*, February 7, 1995, p. A18.
5. Foster, Henry, M.D., "Removal of the Normal Uterus," *Southern Medical Journal*, 69(1): 13-15, January 1976.
6. *Ibid.*, at 14.
7. Trombley, Stephen, *The Right to Reproduce: A History of Coercive Sterilization*, manuscript copy, in the possession of the Family Research Council, p. 178ff.
8. *Ibid.*, at 179.
9. *Ibid.*, at 181.
10. Krauthammer, Charles, "A Troubling Medical Act," *The Washington Post*, February 17, 1995, A25.
11. Marshall, Robert and Charles Donovan, *Blessed Are the Barren: The Social Policy of Planned Parenthood*, Ignatius Press, San Francisco, 1991, p. 85.
12. "I Have a Future," brochure provided by Meharry Medical College. References to various pages.
13. See "Proof of Foster Effort's Success Elusive," *The Washington Times*, February 24, 1995, A1.

CLINTON TO NAME SURGEON GENERAL**BAUER SAYS PRO-FAMILY AMERICANS
WILL LOOK TO NEW CONGRESS
TO DEFEND THEIR CHILDREN,
FIGHT NOMINATION****"Dr. Foster appears to be Elders-Lite."**

WASHINGTON, D.C. -- Family Research Council President Gary Bauer said Thursday that the musical chairs in the U.S. Surgeon General's office will not change opposition to the same old song in the Clinton Administration's social policies. Bauer noted that President Clinton is said to be ready to announce Dr. Henry W. Foster, Jr. of Nashville, Tennessee, as his new surgeon general.

"Dr. Foster appears to be Elders-Lite. He may not have her methods, but he has supported the same failed policies," Bauer said.

Dr. Foster has long been a supporter of contraceptive-based sex education and distribution programs, and of school based clinics. His abortion activism includes serving as a board member of Planned Parenthood and working on a Planned Parenthood committee dedicated solely to furthering abortion. (Note: a fact sheet is available.)

Bauer continued, "Clearly, Dr. Foster has shown his support for the failed sexual politics of the last 30 years," Bauer said. "But the Clinton Administration is not the only branch of government to have a say on this possible nomination. We will count on the new U.S. Congress that was elected with the votes of millions of pro-family Americans not to repeat the mistake that was made when Dr. Joycelyn Elders was inflicted on our children. FRC will call on the new Congress to fight this possible nomination.

"President Clinton has shown himself as the most pro-condom, pro-abortion president in U.S. history. From executive orders during his first days in office, to his proposed big-government takeover of health care, Bill Clinton has supported taxpayer funding for ultra-liberal policies on life issues. Family Research Council will continue to fight the failed social policies that have marked the Clinton Administration no matter whom its spokesman is."

For more information or interviews, call the FRC media office.

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Gary L. Bauer
 President

Dr. Henry Foster Surgeon General Nominee

In addition to his radical ideology, Dr. Henry Foster's integrity should raise questions. The American people do not know the real story. Even The New York Times (Feb. 10, 1995) urged President Clinton to "withdraw" the nomination because "misleading statements by candidates for high position cannot be condoned."

Dr. Henry Foster claims he "abhors" abortions, yet he is an abortion activist and promotes the radical ideology of Planned Parenthood.

- Foster was a board member of Planned Parenthood Federation of America for seven years beginning in 1975. He acted as a public policy advocate for the group which made him a spokesman for abortion and its related issues.
- Foster was on the National Leadership Committee of Planned Parenthood's campaign to Keep Abortion Safe and Legal with the purpose of fighting any abortion restrictions such as parental consent.
- For example, Foster was a board member of the Nashville Planned Parenthood in 1989 when the group filed a lawsuit challenging a Tennessee law that required parental consent before a teenage girl could obtain an abortion.
- Dr. Foster said on ABC's *Nightline* (Feb. 8, 1995) that he "abhors abortion," although he has admitted performing at least 39 abortions. The precise number is in dispute. On February 3, he issued a statement in which he said, "I believed I performed fewer than a dozen pregnancy terminations -- primarily to save the lives of the women or because of the women had been victims of rape or incest." But that contradicts a 1978 transcript of a federal Ethics Advisory Board meeting at which Dr. Foster testified, "I have done a lot of amniocentesis and therapeutic abortions, probably 700."

White House claims Dr. Foster's sterilizations of mentally retarded women was the "mainstream of medicine."

- The Washington Post reported on Feb. 12, 1995 that Dr. Foster performed hysterectomies "on severely mentally retarded women for sterilization and hygienic reasons" in 1976 without their consent. This is illegal in most states today. The White House claims this practice was considered "mainstream" medicine in the 1970s.

Dr. Foster claims abortion-drug experiment necessary for Meharry Medical College accreditation.

- Dr. Foster offered his concern over accreditation of Meharry's residency program in obstetrics and gynecology as the reason for seeking a grant in 1980 from Upjohn Company to participate in a field test of Upjohn's experimental abortion drug.
- Abortion training has not been a requirement for medical school accreditation. Although, the Accreditation Council for Graduate Medical Education voted recently to change this policy and force teaching hospitals to train residents how to perform abortions. In 1991, approximately 12% of residents in obstetrics and gynecology received routine training in abortion.
- For unrelated reasons, Meharry residency program in obstetrics and gynecology lost its accreditation in 1991. There may be any number of reasons why the program lost its accreditation, and it would be unfair to lay responsibility solely at the feet of Dr. Foster. Nonetheless, this is a serious negative on his record.

Dr. Foster claims he supports abstinence to combat teenage out of wedlock pregnancy.

- The "I Have a Future" program, which Foster set up at Meharry Medical College in Nashville for teens is cited as Foster's major accomplishment. Foster said on *Nightline* that "abstinence is the bedrock of our program." The official IHAF eight page brochure and other fact sheets do not mention the word "abstinence" or any synonym for abstinence. No organized effort to offer instruction or support for young people to resist sexual activity appears to be part of the program.
- On the other hand, one of the five state objectives of the project is "to provide greater access to, and increase utilization of...contraceptive availability." The IHAF staff are directly involved in running a school-based health clinic at Nashville's Pearl-Cohn High School.

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SAME MESSAGE, NEW SPOKESPERSON

NEW SURGEON GENERAL NOMINEE SHARES THE RADICAL VIEWS OF ELDERS

The Clinton Administration claimed that it understood why Joycelyn Elders was not suitable for the position of Surgeon General. But the Administration hasn't proven its comprehension in its new choice for Surgeon General, Dr. Henry Foster, Jr. Like Joycelyn Elders, Dr. Foster's message is far out of the mainstream of American public thought. And the Family Research Council wants the Clinton Administration to be held accountable. The American people will not be fooled by cosmetic changes.

As Dr. Foster is an ob/gyn, his views on teenage sexual activity and reproductive health are especially noteworthy...and troubling.

Long-time Affiliation with Planned Parenthood

- **Board Member** -- According to the 16th edition of American Men & Women of Science (1992-93), Dr. Foster was a member of the Board of Directors for the Planned Parenthood Federation of America (PPFA) for several years beginning in 1975. While Dr. Foster is not currently on the Board of Directors, his affiliation with Planned Parenthood has continued.
- **Favors Abortion on Demand Without Restriction** -- According to PPFA's 1989 Annual Report, Dr. Foster served on the National Leadership Committee of Planned Parenthood's Campaign to Keep Abortion Safe and Legal. The main purpose of this Committee was to campaign against the *Webster* decision -- the decision which allowed for individual states to set restrictions on abortion, such as parental consent and notification laws, a ban on third trimester abortions, waiting periods, etc. In other words, Dr. Foster believes that mothers have the right to kill their pre-born babies during all 9 months of pregnancy for any reason without restriction.
- **Public Policy Advocate** -- According to PPFA's 1992 Annual Report, Dr. Foster is one of Planned Parenthood's Public Policy Advocates -- a group comprised of PPFA's Board of Advocates and National Leadership Committee to Keep Abortion Safe and Legal. His role is to promote PPFA's goals and programs in the public policy realm -- the same goals which are embodied in the Freedom of Choice Act (FOCA)

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- **Favors Explicit Sex Education, Including the Teaching of Masturbation** -- As a public policy advocate, Dr. Foster embraces all of the goals and objectives of Planned Parenthood, including those related to sex education. PPFA is on the National Coalition to Support Sexuality Education, a group of organizations that endorse the Sex Information and Education Council of the United States (SIECUS) Guidelines for Comprehensive Sexuality Education. And to say that these guidelines are extreme is a vast understatement. For example, teachers are to discuss masturbation with children aged 5-8; this same age group is also taught that homosexuality and heterosexuality are equal and that families can be "friends or other combinations of adults and children." These guidelines undermine the values of family, marriage, and religion, but promote homosexuality, abortion, and pornography. (A more detailed fact sheet on the SIECUS guidelines is available from FRC.)

Planned Parenthood's assaults on the value of chastity, the sanctity of human life, and parental consent and notification laws for minors' abortions are well-known. That Dr. Foster is involved in an organization that (1) brings suit against local parents' groups for implementing abstinence-centered curriculum in their school, (2) profits from performing abortions, and (3) fights very popular parental consent/notification legislation, clearly shows that Dr. Foster is outside of the American mainstream and should not be appointed to represent the American people on health issues.

Beyond his involvement in Planned Parenthood, Dr. Foster also promotes the contraceptive philosophy and school-based clinics.

- **Advocate of the Contraceptive Philosophy** -- Dr. Foster used to head Meharry Medical College's "I Have A Future" (IHAF) program, a health promotion initiative which targets adolescents aged 14-19 from 2 area public housing projects. A document obtained from "I Have A Future" states that one of the program's objectives is "to provide greater access to, and increase utilization of, comprehensive adolescent health services and social services, *including contraceptive availability*" (emphasis added). The IHAF health clinics commonly give condoms and other birth control devices to the adolescents. Furthermore, while the IHAF program seeks to delay the outcomes of "early pregnancy and childbearing" (among others), there is no mention in the entire document of *abstinence or delaying sexual activity*.
- **Advocate of School-Based Clinics** -- The staff of "I Have a Future" are directly involved in running a school-based clinic at Nashville's Pearl-Cohn High School. Dr. Foster also served as a program director for the Robert Wood Johnson Foundation, an organization which heavily funds school-based clinics. In fact, Dr. Foster headed another teen pregnancy prevention program that was funded by the Robert Wood Johnson Foundation.

It is all too obvious that Dr. Henry W. Foster, Jr., holds views outside of mainstream American culture. His involvement with Planned Parenthood and with school-based clinics expose his anti-family biases. The Clinton Administration continues to show the American public that it "just doesn't get it." Nominating Dr. Foster as the new surgeon general only confirms that fact.

Wash. Post A-1 2-9-95



Henry Foster Jr. would replace the outspoken Joycelyn Elders.

Gynecologist Chosen for Surgeon General

GOP Reaction Wavers; Groups That Opposed Elders Are Critical

By John F. Harris
and John Schwartz
Washington Post Staff Writers

President Clinton yesterday named Henry Foster Jr., a soft-spoken gynecologist from Tennessee, to replace fired surgeon general Joycelyn Elders.

"No comment," Foster quipped at the Oval Office when reporters asked Clinton if he would let Foster be as outspoken as Elders, who was shown the door in December after

saying that public schools should consider teaching about masturbation.

"I can't do better on that," Clinton said, throwing his head back in laughter.

The exchange was lighthearted, but White House officials are dead earnest in their hope that Foster can fashion a less controversial reputation than Elders. Her blunt pronouncements on abortion, teenage sexuality and the possible merits of legalizing drugs made her a

ripe target for cultural conservatives.

Many of the same groups that denounced Elders said yesterday they are no more satisfied with Foster. In his home town of Nashville, Foster was active in Planned Parenthood, which provides abortion counseling, and was a founder of a youth group operating out of two public housing projects that encouraged young people to delay sexual activity but also distributed condoms.

See FOSTER, A8, Col. 1

Gynecologist Is Chosen To Be Surgeon General

FOSTER. From A1

Gary Bauer, president of the conservative Family Research Council, called Foster "Elders Lite," and said he hoped senators would "go to the mat" in opposing his nomination.

Republicans yesterday showed uncertainty about whether to follow that advice.

Asked at a news conference whether he approved of Foster's appointment, Senate Majority Leader Robert J. Dole (R-Kan.) said he "sounded like a good replacement" for Elders. Told by a reporter that Foster is a supporter of abortion services, Dole grinned and said, "Well, I think I'll leave." Then he did.

Shortly before noon, Eric Ueland, spokesman for the Senate Republican Policy Committee, an arm of the Senate GOP, spoke favorably of Foster. He argued that Foster's work in building a sense of personal responsibility among teenagers, along with a focus on abstinence, makes him a better candidate than Elders, and noted that those views "resonate fairly well with Republicans and a broad majority of Americans."

Just an hour later, though, the GOP line was different.

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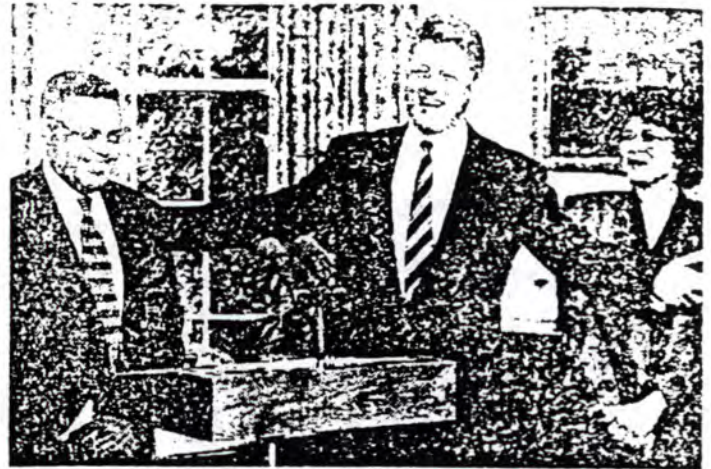
ously been aware of," Ueland said. "The hearings are going to have to delve into this pretty aggressively." He concluded: "It's just an open question mark at this point."

At the White House yesterday, spokesman Michael McCurry said he didn't know if Foster had ever performed abortions in his career as an obstetrician-gynecologist, but said he would find out. Later, a White House official said the question would be answered at Foster's Senate confirmation hearing.

Foster, 61, is a former acting president of Meharry Medical College in Nashville, one of four historically black medical schools in the United States. Like Elders, he is an Arkansas native. While at Meharry, he founded the "I Have a Future" program, which seeks to limit teen pregnancies by encouraging young people to delay sexual activity, and to develop job skills and self-esteem.

At the Oval Office yesterday, Foster said he intends to make a campaign against teenage pregnancy a theme of his term as surgeon general.

Clinton administration officials said yesterday the most important difference between Elders and Foster is stylistic. While Elders seemed to deliberately provoke, they said, Foster's approach favors understatement and consensus-building. Elders' message was enthusiastic. "I think he'll make



President Clinton enjoys a moment in the Oval Office while introducing Henry Foster Jr., his choice for surgeon general. At right is Foster's wife, St. Clair.

an excellent surgeon general. He's wonderful!" she said in an interview.

Elders said she knows that conservatives intend to confront Foster with "the same kinds of things that I went through. And I'm sorry that he has to go through that, because he's just an excellent, excellent candidate."

The American Medical Association came out strongly in support of Foster's nomination. "Dr. Foster's involvement in Meharry Medical College's 'I Have a Future' program has made him acutely aware of and personally concerned about the challenges facing our nation in the areas of teenage pregnancy, infant mortality, sexually transmitted diseases, drug and alcohol abuse, homicide and other forms of violence," the group said in a statement.

The surgeon general, who reports to the Department of Health and Human Services, is a relatively powerless position. There is no cabinet-level running federal agency charged with directing the activities of the commissioned officer corps of the Public Health Service. In-

stead, the surgeon general's chief power lies in the bully pulpit.

President Ronald Reagan's surgeon general, C. Everett Koop, served from 1981 to 1989 and became a national celebrity with his blunt, forceful warnings to Americans about the growing AIDS epidemic and the health risks of smoking.

David Satcher, head of the Centers for Disease Control and Prevention in Atlanta and Foster's predecessor as head of the agency, predicted that Foster would win the wins confirmation.

"He's a person who has a lot of very valuable experience. I think he brings that to the job along with difficult experience," Satcher said. "He's a person of a calm temperament who will deal in a calm way with making some of the very tough decisions. He's a person who is not afraid to speak his mind, but he's not a confrontational person. He's a team player."

Satcher said he will continue to contribute to the health of the nation.

BIOGRAPHY

Henry W. "Hank" Foster Jr., 61

■ **BORN:** Sept. 3, 1933, in Pine Bluff, Ark., to Henry W. Foster and Julia Hill Watson.

■ **FAMILY:** Married to St. Clair Anderson. Has one son, Wendell, research director of a Walt Disney Co. television unit in Burbank, Calif. and one daughter, Myrna, a middle-school teacher in McLean, Va.

■ **EDUCATION:** Graduated from Morehouse College, Atlanta, with a bachelor's degree in 1954. Received his MD from the University of Arkansas in 1958.

■ **MEDICAL CAREER:** Air Force, medical officer, 1959-61. Malden Hospital, Malden, Mass., surgical resident, 1962. Hubbard Hospital, Nashville, obstetrics/gynecology resident physician, 1962-65. J. A. Andrew Memorial Hospital at Tuskegee Institute, Tuskegee, Ala., chief of ob/gyn, 1965-73. Meharry Medical College, Nashville, chairman, ob/gyn, 1973-90. dean, School of Medicine and vice president for health affairs, 1990-94, acting president, January to July 1994. On sabbatical from Meharry, 1994-95, as health policy fellow at Association of Academic Health Centers.

SOURCES: Who's Who Among Black Americans, Department of Health and Human Services.

National Report

The New York Times

A14

FRIDAY, FEBRUARY 3, 1995

A Matter Of Balance

Henry W. Foster Jr.

By PHILIP J. HILTS

Special to The New York Times

WASHINGTON, Feb. 2 — President Clinton's choice to replace Dr. Joycelyn Elders, whom he dismissed last month as Surgeon General, is Dr. Henry W. Foster Jr., 61, acting director of Meharry Medical College in Nashville.

He is also an obstetrician who has specialized in the prevention of teen-age pregnancy and infant mortality.

When President Clinton introduced his new nominee in the Oval Office today, one of the first things Dr. Foster was asked was:

Did he have license to be as outspoken as Dr. Elders was or had the President asked him not to talk about certain subjects?

"No comment," Dr. Foster, who has a reputation for being practical and tactful, said with a smile.

Dr. Elders was dismissed after she suggested during questioning after a speech that, as tactic to avoid pregnancy, schoolchildren might have teacher-led discussions on masturbation. She had earlier been criticized for suggesting that condoms be made available in some schools.

Dr. James E. Word, a vice president of Baptist Hospital in Nashville, said in an interview today, that his colleague "walks with two feet on the ground."

"His head is not bumping the clouds," Dr. Word said. "In the job of Surgeon General you have to be able to voice your views and stay in the mainstream at the same time. Otherwise you'll lose your pulpit. Hank Foster can do that. He's a person in a class with Dr. Koop."

Dr. C. Everett Koop served as Surgeon General under President Ronald Reagan.

Dr. Foster is regarded as a conservative politically, but although his nomination was praised by mainstream medical groups like the American Medical Association and the American College of Obstetricians and Gynecologists, ultra-conservative groups criticized the choice. The nomination requires Senate confirmation.

The program in Tennessee for which Dr. Foster is best known, called I Have a Future, teaches teenagers in two Nashville housing projects to delay sex and childbearing as a crucial element in developing successful lives. The program, which Dr. Foster started in 1987 when he was head of the obstetrics and gynecology department at Meharry, mixes many services — tutoring, job training, family life classes, medical services — into an after-school program that serves about 150 children a week.

There have been few pregnancies among the participants in the program, and many continue their education after high school, said Lorraine Williams Greene, the current director of the program.

At today's news conference, Dr. Foster said that the I Have a Future model is being copied elsewhere. President Clinton said today that he wanted Dr. Foster to lead a national campaign against teen-age pregnancy.

But even as Dr. Foster was being introduced, some conservatives said they believed that Dr. Foster was not conservative enough.

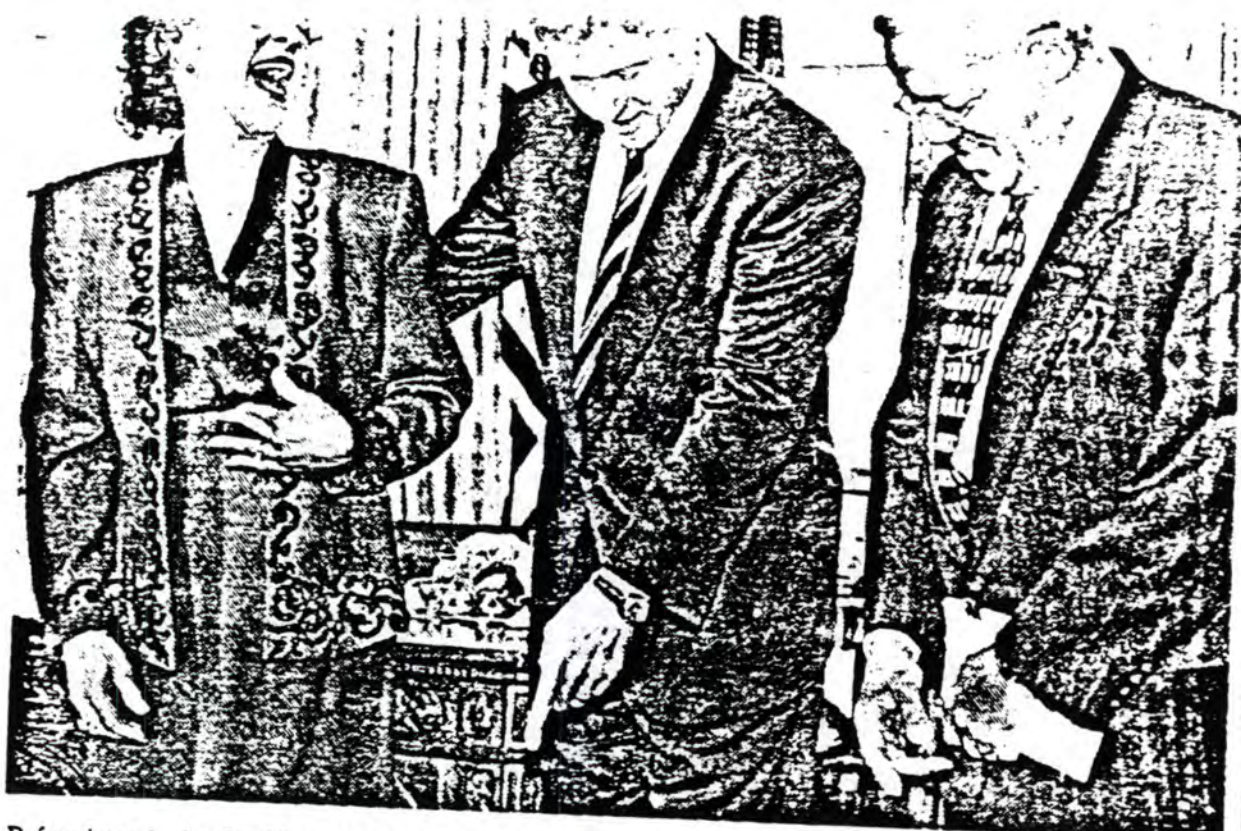
Gary Bauer, a former Bush White House official and now head of the Family Research Council, said in a statement today, "Dr. Foster appears to be Elders-Lite. He may not have her methods, but he has supported the same failed policies. Dr. Foster has long been a supporter of contraceptive-based sex education and distribution programs."

When Speaker Newt Gingrich, Republican of Georgia, was asked today about the nomination, he said that he would not comment specifically on Dr. Foster but that Americans would like to have "a Surgeon General who understands that salvation matters, that the human spirit is more important than mechanical knowledge and that there should be some kind of commitment to dealing with the entire human being, including the spiritual half of the human being, and not just to dealing with humans as biological organisms."

President Clinton invited Senator

* photocopies on A-1

Cont. next page →



Before introducing Dr. Henry W. Foster Jr. yesterday as the nominee for Surgeon General, President Clinton positioned Dr. Foster's wife, St. Clair, in the Oval Office of the White House. Associated Press

Bill Frist, a Tennessee Republican who is also a doctor, to take part in the Oval Office ceremony.

"I'm confident that thoughtful conservatives will have the same view of Dr. Foster as Senator Frist does when they have the same opportunity to review his whole record," Mr. Clinton said.

Mr. Bauer vowed a fierce fight in Congress against the nominee, pointing to Dr. Foster's lengthy service on the board of Planned Parenthood in Tennessee as a sign that Dr. Foster was an "abortion activist."

But Republican leaders in Congress today avoided criticizing Dr. Foster, and said they looked forward to talking to him to find out more about his views.

Senator Bob Dole of Kansas, the majority leader, said that the appointment of Dr. Foster sounded like a good one, "but I haven't talked to him."

Late in the day, Mr. Gingrich and other Republican leaders in the House, Representative Thomas J. Bliley Jr. of Virginia and Representative Michael Bilirakis of Florida issued a statement that did not comment on Dr. Foster but suggested that the job of Surgeon General should be merged with that of Assistant Secretary for Health.

Such a move would eliminate the bully pulpit first used by Dr. Koop to press forward on public health issues and return the post to its pre-Reagan status in which the largely symbolic job of Surgeon General was handled by the person in charge of such programs as the Public

Health Service, the Centers for Disease Control, the Food and Drug Administration, and the National Institutes of Health.

Dr. Foster, who became the acting director at Meharry last year when Dr. David Satcher left to become director of the Centers for Disease Control and Prevention in Atlanta, was born in Pine Bluff, Ark. on Sept. 8, 1933, and earned his bachelor's degree at Morehouse College in 1954. He earned his medical degree from the University of Arkansas in 1958.

His internship was at Detroit Receiving Hospital, and then he served two years as a medical officer in the United States Air Force. After leaving the Air Force, he had a one-year residency at Malden Hospital in Malden, Mass., before joining the staff at Meharry Medical College.

He is married to the former St. Clair Anderson, who was a critical-care nurse until her retirement. They have two grown children, Myrna, a middle-school science teacher in McLean, Va., and Wendell, the research director of Walt Disney Company television in California.

Dr. Eugene Fowinkle, a vice chancellor at Vanderbilt University and former Tennessee health commissioner said he believed that Dr. Foster would find the conservative and contentious climate in Washington familiar.

"He has been through this before," Dr. Fowinkle said. "He is bold enough to speak the truth, has a very effective sense of humor, and has great respect for different opinions. He'll be fine."

WASHINGTON AND THE WORLD

Surgeon general nominee could face rough road

By Richard Benedetto
USA TODAY

President Clinton's naming of Nashville gynecologist and medical educator Henry Foster on Thursday to be surgeon general could face a bumpy road to approval in the Republican-controlled Senate.

While his nomination of Robert Rubin as Treasury secretary sailed through, conservatives oppose Foster.

Gary Bauer of the Family Research Council says Foster supports contraceptive-based sex education and is a proponent of abortion rights.

And while Clinton is confident Foster will win bipartisan approval, the nomination is likely to rekindle old battles over government's role in sex education and abortion.

"Clinton has shown himself

as the most pro-condom, pro-abortion president in U.S. history," Bauer says.

Brushing off the charge, Clinton pointed to Foster's endorsement by Sen. Bill Frist, R-Tenn., a heart surgeon, to show bipartisan support. Bush administration HHS secretary Louis Sullivan also backs him.

"I'm confident that thoughtful conservatives will have the same view of Dr. Foster ... when they have the same opportunity to review his whole record," Clinton said.

Foster "has won hearts and minds for his innovation and his dedication to saving the lives of young people."

Senate Majority Leader Bob Dole said Foster "sounded like a good appointment."

Asked if Foster's past support of distributing condoms in schools could hurt the nomina-



By Tim Dillon, USA TODAY

NOMINATED: President Clinton with Nashville gynecologist and medical educator Henry Foster at the White House Thursday.

tion, Clinton made it clear administration policy is that the question of contraceptive use should be decided locally.

"There is no national policy on that, and there will not be," Clinton asserted.

Foster, 61, will succeed Joycelyn Elders, fired by Clinton in December after a string of controversial remarks on mas-

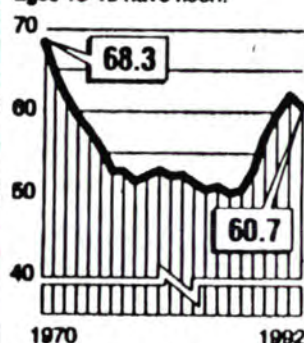
turbation, condoms in schools and drug legalization.

Asked if he will be as outspoken as Elders, Foster drew a laugh from Clinton when he answered, "No comment."

Foster is charged with leading a national effort to combat what has become a U.S. epidemic: 2,800 teen pregnancies a day.

Rising teen pregnancy

Births per 1,000 teen-agers ages 15-19 have risen:



Source: National Center for Health Statistics

By Marty Baumann, USA TODAY

Foster, acting president of Meharry Medical College, developed and directed the "I Have A Future" program aimed at cutting teen pregnancy rates in Nashville.

The 8-year-old program, honored in 1991 as one of President Bush's "Thousand Points of Light," stresses sex abstinence for teens.

It operates out of two public housing projects and is designed to bolster self-esteem and develop job skills among at-risk youths.

Clinton nominee has done abortions

Surgeon general pick controversial

By Paul Bedard
THE WASHINGTON TIMES

President Clinton yesterday chose medical educator Henry W. Foster Jr. to be surgeon general, a nomination that sparked controversy when the White House confirmed that his medical practice included performing abortions.

"His practice included a whole range of reproductive activities, including abortion," a senior administration official said last night.

The White House anticipates pro-life protests against the appointment, the official said, adding that any questions about the medical practice of the obstetrician and gynecologist should wait for his Senate confirmation hearings.

In addition to his medical practice, Dr. Foster came under attack yesterday for having sponsored a program that distributes condoms to teen-agers.

Even before Mr. Clinton announced his selection of the former Planned Parenthood board member, opposition groups began mounting a campaign to label Dr. Foster, 61, as "Elders Lite" — a reference to former Surgeon General Joycelyn Elders. She was fired in December after saying it might be a good idea to teach schoolchildren about masturbation.

The Family Research Council, headed by former Reagan aide Gary Bauer, distributed documents claiming that Dr. Foster supported a Planned Parenthood spinoff group that advocates explaining masturbation to kindergartners, discussing orgasm with 12-year-olds, and teaching that homosexual and heterosexual family lifestyles are equal.

A Planned Parenthood official said the group's board of directors, on which Dr. Foster served from

see FOSTER, page A16

The Washington Times

FROM PAGE ONE

FRIDAY, FEBRUARY 3, 1995 ★★



Photo by Cliff Owen/The Washington Times

President Clinton applauds his nominee for surgeon general, Dr. Henry W. Foster Jr., during an Oval Office news conference yesterday

DR. HENRY W. FOSTER

Nominee for surgeon general

Born: Sept. 8, 1933

Education: B.S., Morehouse College, 1954; M.D., University of Arkansas, 1958.

Experience: Medical officer, U.S. Air Force, 1959-61; chief of obstetrics-gynecology, John A. Andrew Memorial Hospital, Tuskegee University, 1965-present; professor and chairman, department of obstetrics and gynecology, Meharry Medical College, 1973-90; member of the national board of directors of Planned Parenthood, 1978-81; member of the national advisory council of Planned Parenthood, 1981-95; dean of the School of Medicine and vice president for health services at Meharry, 1990-93; acting president of Meharry, 1993-94; health policy fellow, Association of Academic Health Centers, Washington, 1994-present.

Family: Wife, St. Clair. Two grown children, a son and a daughter.

Source: Associated Press, Who's Who Among Black Americans

FOSTER

From page A1

1978 to 1981, backed those policies advocated by the Sex Information and Education Council of the U.S.

Mr. Clinton, who supports abortion, asked that "thoughtful conservatives" give a fair hearing to his choice for surgeon general.

"I thank him for his willingness to serve to try to make a difference in the health care of the people of this country, and especially to try to make a difference in the future of the people of this country," said Mr. Clinton.

Dr. Foster, the former acting president and dean of Meharry Medical College in Nashville, Tenn., said he would focus on cutting the teen pregnancy rate, now at 2,800 a day.

"We have the highest teen pregnancy rate in the Western world—twice that of the nearest Western nation," he said at an Oval Office ceremony. "Be assured, this is a problem that cuts across all socioeconomic strata. There are, however, demonstrated ways that this problem can be mitigated."

Dr. Foster has been on Planned Parenthood's advisory board since 1981.

Since 1989, he has served on the National Leadership Committee to Keep Abortion Safe and Legal—a Planned Parenthood subpanel that includes former Rep. Bella Abzug, TV producer Diane English, cellist Yo Yo Ma, and TV chef Julia Child as members, among others.

"Dr. Foster appears to be 'Elders Lite.' He may not have her methods, but he has supported the same failed policies," said Mr. Bauer.

Planned Parenthood spokeswoman Mona Miller said Mr. Bauer's efforts are "really a smear."

The White House did not make Dr. Foster available for interviews, but a senior administration official said: "This guy is solid. We are an administration that believes abortion should be safe and rare. His thing is abstinence."

The White House and the Department of Health and Human Services, where the surgeon general works, mounted their own campaign to win support for the nominee, who has been scholar-in-residence at the Association of Academic Health Centers here since July.

Several officials noted that Dr. Foster was a "Points of Light" winner during the Bush administration and is supported by several major medical groups and colleges.

They also avoid noting Dr. Foster's work with Planned Parenthood: Neither Mr. Clinton nor HHS nor the Tennessee doctor's official biography mentioned his 17-year

association with the group.

White House spokesman Michael McCurry said that question should be asked during nomination hearings now being scheduled before the Senate Labor and Human Resources Committee, chaired by Sen. Nancy Landon Kassebaum, Kansas Republican.

Mr. McCurry also condemned efforts by conservatives to raise Dr. Foster's link to Planned Parenthood and that group's pro-choice policies. "It would be unfortunate if issues extraneous to the consideration of a nominee to be surgeon general were raised," he said.

Mr. Clinton highlighted Dr. Foster's efforts to curb teen-age pregnancy and the "I Have a Future Program" the doctor started in Nashville.

The program educates children in two public housing projects about "personal health, human sexuality, drug and alcohol abuse, homicide and violence reduction, and other factors which may place adolescents at risk," according to a program brochure.

The program also advocated condom distribution to teens.

"I want Dr. Foster to use what he's learned to help America attack the epidemic of teen pregnancies and unmarried pregnancies," said the president.

Dr. Foster said: "We must assure healthier starts for our children."

He also announced plans to focus on AIDS and smoking.

While the president said there is "no national policy" on condom distribution, his administration a year ago introduced an \$800,000 condom advertising campaign.

At least two Republicans on the Senate Labor and Human Resources Committee raised concerns about Dr. Foster, who won the backing of freshman Sen. Bill Frist, Tennessee Republican.

Sens. Spencer Abraham of Michigan and Daniel R. Coats of Indiana said they are concerned about Dr. Foster's program to distribute condoms and his association with Planned Parenthood.

"It is one thing to be an advocate for a major anti-smoking campaign. It is quite another to be an advocate for an 'every child must have a condom' campaign," Mr. Coats said.

Pro-life groups have been calling for the appointment of a cancer or heart surgeon as a replacement for Dr. Elders.

While conservatives were raising questions about Dr. Foster, the liberals weighed in yesterday with objections of their own.

Steve Michael of ACT UP, the AIDS activist group, said: "We wanted an eagle and Clinton gave us an ostrich with his head in the sand about HIV and AIDS policy."



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Gynecologist Chosen for Surgeon General

GOP Reaction Wavers; Groups That Opposed Elders Are Critical

By John F. Harris
and John Schwartz
Washington Post Staff Writers

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See FOSTER, A8, Col. 1

BIOGRAPHY

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- **FAMILY:** Married to St. Clair Anderson. Has one son, Wendell, research director of a Walt Disney Co. television unit in Burbank, Calif., and one daughter, Myrna, a middle-school teacher in McLean, Va.
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SOURCES: Who's Who Among Black Americans, Department of Health and Human Services

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FOSTER, From A1

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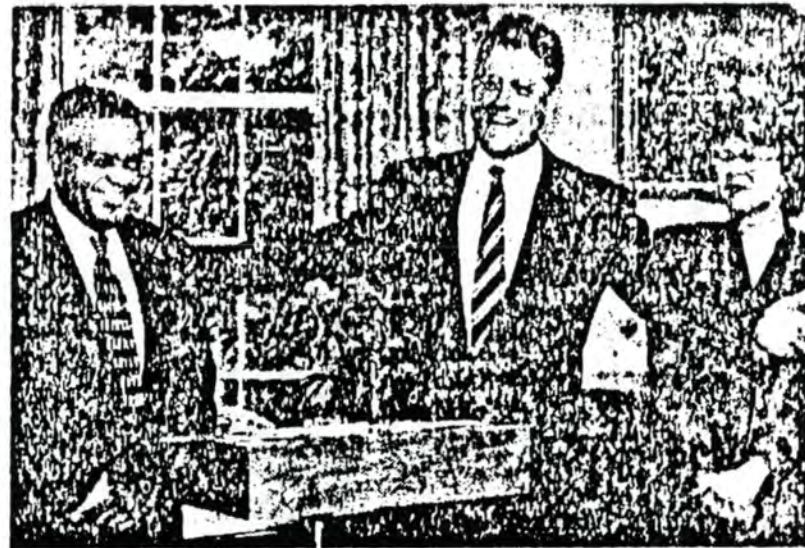
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BY LARRY MORRIS—THE WASHINGTON POST

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President Ronald Reagan's surgeon general, C. Everett Koop, served from 1981 to 1989 and became a national celebrity with his no-nonsense wake-up calls to Americans about the growing AIDS epidemic and the health risks of smoking.

David Satcher, head of the Centers for Disease Control and Prevention in Atlanta and Foster's predecessor as head of Meharry, predicted that Foster will excel if he wins confirmation.

"He's a person who has had a lot of very valuable experiences and I think he brings that to bear when dealing with difficult issues." Just as important, Satcher said, Foster has the temperament that will allow him to deal in controversial issues without making himself the object of controversy: "He's a very pleasant person. He doesn't take himself too seriously but he takes his work very seriously. He's a great person for joking."

Staff researcher Barbara J. Saffir contributed to this report.

Henry Foster

Why I Want to Be Surgeon General

Just a little over a week ago, few people outside Nashville knew anything about me. But after President Clinton announced his intention to nominate Dr. Henry Foster for surgeon general on Feb. 2, it seems like everybody thinks they know everything about me.

Two weeks ago, no one, not even my wife, St. Clair, my daughter, Myrna, and my son, Wendell—as devoted as they are—followed my very move and every word with rapt attention. Now, when I wake up in the morning and look out my window, the press is out there waiting and watching. When I go to my office, they follow me into the elevator. And walking down the street, I have been punched in the face, inadvertently, I think, with one of those huge microphones you see on TV. I have never seen anything like it.

I have even picked up a new lexicon. Words that matter in Washington are not in dictionaries in the rest of America. They certainly never taught me these words in medical school or the delivery room: Sound bites. Boom mikes. Stakeouts. Live shots. Talking heads. On-air analysis. It dissecting me over and over again. And all before I've uttered one word at my confirmation hearings before the Senate.

People who have never met me analyze my character and my life's work. They attack me personally before they ever give me a chance to introduce myself or tell my story. But those attacks do not define me. I know who I am and what I stand for. I also know that I am a symbol of a larger debate that has polarized this country in many years. But the attacks do hurt.

I cannot say that my work as a doctor entirely prepared me for these two turbulent weeks. But I have learned a few things during my 38 years as a doctor, a teacher and a crusader against teen pregnancy that have prepared me to be a good surgeon general.

I have been face to face with real life-and-death challenges. When you see low birth-weight babies born to mothers not yet old enough to drive a car, you have an appreciation

of what trauma really means. When you visit the homes of families living in grinding poverty and feel the palpable sense of hopelessness in their lives, you begin to understand what it is to be up against the odds. Compared to that, shouted questions and overheated rhetoric may be uncivil, but I can handle them. When people ask me why I want to be surgeon general, I know the answer.

When you've had the good fortune to participate in the miracle of birth as many times as I have, it is difficult to stand on the sidelines and watch so many people wasting the precious gift of life.

It is difficult to look around America today and see so much needless suffering. Too many children suffer, because their parents have not been taught the value of prevention. Too many people don't have access to quality health care. And too many of us have turned away from those basic American values that can prevent violence or abuse of any kind from taking root.

But all is not lost. America is moving forward to confront both our health care crisis and the crisis of values that has led to far too much irresponsible behavior. As your surgeon general, I believe I can turn the small ripples of success that we have produced into great waves of progress. I believe that I can draw attention and help develop lasting solutions to the tragic public health problems confronting us—from the epidemic of violence to the spread of AIDS to the terrible problem of substance abuse. But I will be giving my greatest attention to what the president has called "our most serious social problem," the epidemic of teen pregnancy in this country.

It's ironic that my work fighting teen pregnancy has been overshadowed by my opponents' talk about abortion. I do believe in the right of a woman to choose. And I also support the president's belief that abortions should be safe, legal and rare. But my life's work has been dedicated to making sure that young people don't have to face the choice of having abortions.

I have some ideas about how young people can avoid that difficult choice. We are reducing



THE WASHINGTON POST

teen pregnancy in the Nashville housing projects through "I Have a Future"—a program we started at Meharry Medical College back in 1987. Our approach is to expand adolescent health care programs beyond the schools and bring them to the community, where they can become a part of the fabric of everyday life. Encouraging abstinence and involving the entire community, we have begun to replace a culture of hopelessness with one that gives young people clear pathways to healthy futures.

In my work with young people in Nashville, there is one lesson I stress above all others. To break the cycle of despair, you must learn that

there is a reward for sacrifice. And earning that reward has a fringe benefit. It allows you to give something back. That is a hard lesson to learn, but it is one that has kept me going through these difficult weeks. Having President Clinton place his faith in me is something I could never have imagined as a young boy growing up in the segregated South. Now, I want to give something back to a country that has rewarded my work and sacrifice, and God willing, I'll have that opportunity.

The writer is a nominee for surgeon general.

S. surgeon

FOR IMMEDIATE RELEASE:
February 6, 1995

CONTACT: Kristi S. Hamrick or
Kristin Hansen for radio

AMERICA TO FOSTER: HOW MANY WAS IT?
BAUER REPORTS NEW INFORMATION
CONNECTS FOSTER TO POSSIBLY
700 ABORTIONS

**"Americans don't want an Abortionist Activist
General," Bauer says**

Foster, 1978:

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

WASHINGTON, D.C. -- Family Research Council President Gary Bauer called again on Monday for the President to withdraw his nomination of Dr. Henry Foster as the nation's next surgeon general - after newly discovered information linked him to many more than the "fewer than a dozen" abortions he admitted performing as a "private practicing" physician, according to a statement he released last week.

"First Dr. Foster told Senator Kassebaum he had done one abortion, then he told the American people he had done 'possibly' 12 abortions ... Today the number is 700," Bauer said. "If Dr. Foster isn't sure about his own medical record as an abortionist, how can pro-family Americans be comfortable with his appointment to the nation's highest medical position?"

Bauer was referring to a transcript from the Department of Health, Education and Welfare office of the Secretary, Ethics Advisory Board Meeting on Friday, Nov. 10, 1978, in Seattle, Washington. (Quotes from Pages 180.)

"Once again, pro-family Americans are reminded of the Clinton Administration's total commitment to the failed social policies of the last 30 years," Bauer said.

- END -



FAMILY
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COUNCIL

Gary L. Bauer
President

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FOR IMMEDIATE RELEASE:
Feb. 8, 1995

CONTACT: Kristi S. Hamrick
or Kristin Hansen for radio

WHO BELIEVES HENRY FOSTER?

"I believed that I performed fewer than a dozen pregnancy terminations....primarily to save the lives of the women or because the women had been the victims of rape or incest." -- Dr. Henry Foster, 2/3/95

"If what he has done is what he has said he has done, I don't think that would disqualify him ... If the facts are no different than I understand them to be, I don't understand why he'd be in trouble." -- Pres. Clinton, 2/6/95

"I have done a lot of amniocentesis and therapeutic abortions, probably near 700." -- Dr. Henry Foster, 11/10/78

"I talked to Dr. Foster about this. He flatly and totally insists that he has not done 700 of these procedures. He says the entire statement is untrue." -- Avis LaVelle, HHS, 2/6/95

"Administration officials said the transcript could be mistaken, released out of context, or doctored." -- Wash. Post

Pharmaceutical Corp. funds research on a 'do it yourself' abortion drug involving 59 abortions -- NC News, 1981

"Frankly, the number of abortions that Dr. Foster performed is irrelevant." -- Rep. Nita Lowey, 2/7/95

WASHINGTON, D.C. -- On Wednesday, Family Research Council President Gary Bauer called again on the Clinton White House to withdraw the controversial nomination of Dr. Henry Foster to the nation's highest health office -- U.S. Surgeon General.

"One of the first criteria for a national health leader should be credibility," said Bauer. "And frankly, reports on Dr. Foster's record, released over the last few days, raise serious questions about his ability to be trusted by Americans concerned for their family's health."

"The defenders of Dr. Foster's nomination have fallen back to the position of saying that the number of abortions he has performed is 'irrelevant.' But Foster himself has made this a defining issue by attempting to hide and then minimize his radically pro-abortion record."

Bauer noted media reports that when Foster nomination was first announced, the subject of abortion was avoided. Senator Nancy Kassebaum, chairman of the Labor and Human Resources Committee, was led to believe that Dr. Foster had committed one abortion. Then, as evidence began to emerge, a formal, public statement from Dr. Foster claims the number was "fewer than a dozen."

Next, the transcript of a 1978 meeting appears to reveal Dr. Foster claiming to have performed "probably near 700" abortions. He flatly denies making a statement that is on the record. Then, a 1985 medical journal article by Dr. Foster and four co-authors describes a medical experiment involving 59 abortions.

"After all this, Rep. Lowey says the number is 'irrelevant.' But is the credibility and even the veracity of the nominee 'irrelevant'?" Bauer asked. "Did Dr. Foster lie to Senator Kassebaum? Did he lie to President Clinton? Did he lie to the public?"

Bauer continued, "Based on his record, Dr. Foster seems to be no different from former Surgeon General Joycelyn Elders when it comes to supporting abortion, promoting condom distribution to youths, favoring the establishment of school-based clinics, and recommending masturbation to children. There is one difference, however. Americans always knew where Elders stood."

Alert



**FAMILY
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FOR IMMEDIATE RELEASE:
February 13, 1995

CONTACT: Kristin Hansen
(202) 393-2100

FOSTER'S COMMENTS ON MED SCHOOL ACCREDITATION RAISE NEW QUESTIONS ABOUT HIS CANDOR, COMPETENCE

WASHINGTON, D.C.-- In his appearance on ABC's NIGHTLINE program on Wednesday evening, February 8, Dr. Henry Foster implied that his and Meharry Medical College's involvement in an experiment with an abortion-inducing drug was necessitated by his responsibility to maintain the accreditation of Meharry's residency program in obstetrics and gynecology.

In raising this matter, Dr. Foster has added yet another complication to his already troubled nomination to the position of Surgeon General.

"We have to train our residents, all residents. how they manage the complications of abortion. That's a part of keeping our program accredited." -- Dr. Henry Foster, NIGHTLINE, February 8, 1995.

Dr. Foster offered his concern over accreditation as the reason for seeking a grant in 1980 from the Upjohn Company to participate in a field test of Upjohn's experimental abortion drug. Even if the accreditation requirements were a factor, the solicitation of this particular grant was purely voluntary on the part of Dr. Foster and Meharry, and any attempt to shift responsibility elsewhere would seem to be disingenuous.

Dr. Foster noted that 20 per cent of all universities (presumably including Meharry) survive on grant funds and that this project involved a grant. Perhaps, then, he solicited this grant for the sake of the financial health of his institution, rather than to meet some accreditation standard. Even in that case, however, it was completely discretionary on his part to seek this grant and participate in this research when there are hundreds of other grants and research projects available.

The actual accreditation standards from the Accreditation Council for Graduate Medical Education require that

"Resident education [in obstetrics and gynecology]
must include, but not necessarily be limited to
the following:



FAMILY
PARCH
NCIL

Gary L. Bauer
President

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AX (202) 393-2134



STATE OF ARKANSAS
OFFICE OF THE GOVERNOR
State Capitol
Little Rock 72201

Bill Clinton
Governor

September 26, 1986

Arkansas Right To Life
P.O. Box 1697
Little Rock, AR 72203

Dear Mrs. 1

Thank you for giving me the opportunity to respond to the Arkansas Right to Life Questionnaire. However, most of the questions address federal issues outside the authority of a governor or the state.

Because many of the questions do concern the issue of abortion, I would like for your members to be informed of my position on the state's responsibility in that area. I am opposed to abortion and to government funding of abortions. We should not spend state funds on abortions because so many people believe abortion is wrong. I do support the concept of the proposed Arkansas Constitutional Amendment C3 and agree with its stated purpose. As I have said, I am concerned that some questions about the amendment's impact appear to remain unanswered.

Again, thank you for allowing me to share my position on this important issue.

Sincerely,

Bill Clinton
Bill Clinton

BC:kt

United States Senate

WASHINGTON, D.C. 20510

January 24, 1986

Dear :

Thank you for contacting my office recently regarding funding of abortions. I appreciate hearing from you.

As you know, I have strongly opposed federal funding of abortions. In my opinion, it is wrong to spend federal funds for what is arguably the taking of a human life. I have been encouraged by recent action in the Congress, particularly in the House, that has indicated greater acceptance of our position with respect to federal funding of abortions.

It is my deep personal conviction that abortion is wrong. I hope that some day we will see a drop in the outrageously large number of abortions which currently take place.

Let me assure you that I share your belief that innocent human life must be protected and I have an open mind on how to further this goal.

Again, thank you for letting me hear from you. I hope you will continue to share your views with me on other matters of concern to you.

Sincerely,


Albert Gore, Jr.
United States Senator

AG/tmj



Suite 500, 419 7th Street N.W.
Washington, D.C. 20004-2293 — (202) 626-8800 — FAX: 777 9189 or 347 5907

To: Interested Parties

From: Douglas Johnson, NRLC Legislative Director
(202) 626-8820, (301) 502-1170, fax (202) 347-3668

Date: Sept. 14, 1992

Re: Senator Gore

Here is a rundown on Senator Gore's "evolution" on abortion-related issues:

SUMMARY: Senator Gore says "I have had the same position [on abortion] since the beginning" (*Meet the Press*, Sept. 6, 1992). But scrutiny of Gore's record demonstrates that he has shifted drastically. Gore had a strong pro-life voting record when he represented a conservative district in the House of Representatives. He shifted markedly in the pro-abortion direction after being elected to the Senate, and he embraced the extreme pro-abortion position by co-sponsoring the "Freedom of Choice Act" on June 25-- just two weeks before being picked as Gov. Clinton's running mate.

Gore's Overall House Voting Record

Gore served in the House from 1977 through 1984. On all roll calls scored by the National Right to Life Committee (NRLC), Gore voted pro-life 27 times and pro-abortion 5 times, for pro-life voting record of 84%. Congressional scorecards issued by the National Abortion Rights Action League (NARAL) for 1977-84 credit Gore with 28 "anti-choice" votes, 7 "pro-choice" votes, and one absence, for an overall House percentage of 80%.

Gore on the Humanity of Unborn Children

On June 26, 1984, Gore voted in favor of the one-sentence Siljander Amendment, to amend the federal Civil Rights Act to declare "the term 'person' shall include unborn children from the moment of conception." Congressman Siljander explained that the amendment would "deny Federal funds to any institution performing abortions." On *Meet the Press* on Feb. 21, 1988, Gore simply denied that he had cast such a vote; a Gore campaign advisor later told *U.S. News and World Report* (March 7, 1988, page 29), "Since there's a record of that vote, we have only one choice. In effect, what we have to do is deny, deny, deny... We've muddled the point, and with luck, attention will turn elsewhere..."

On *Meet the Press* on September 6, 1992, Gore insisted that the Siljander Amendment dealt only with "procedures in the third trimester." There is no factual basis for this claim; the amendment explicitly states "... from the moment of conception." [*Congressional Record*, June 26, 1984, p. H 7047]

(continued)

Gore on the "Freedom of Choice Act"

On June 25, Gore co-sponsored the version of the "Freedom of Choice Act" that was approved 8 days later by the Senate Labor and Human Resources Committee. This bill would prohibit any restrictions on abortion up to "viability," and would prohibit limits even after viability if sought on the basis of emotional "health." (See below.) The bill would, for example, invalidate all laws requiring mandatory waiting periods prior to abortion, even as short as 24 hours. Gore's opposition even to a simple waiting period makes it clear that he has indeed embraced legal abortion *on demand*.

Gore on Third-Trimester Abortions

On *Meet the Press*, Sept. 6, 1992, NBC News correspondent Lisa Myers asked Gore about his recent co-sponsorship of the "Freedom of Choice Act," which, she noted, "would prohibit states from restricting abortion, *even after the fetus can live outside the womb*, if the abortion is necessary for the life or health of the mother... which the committee report defines [as] *emotional* as well as physical health." (emphasis added) Gore did not dispute this (accurate) characterization of the bill, but merely reiterated that "I believe that the woman ought to have the right to choose."

Gore on Federal Funding of Abortion

On *This Week With David Brinkley* on July 12, Gore embraced Gov. Clinton's position in favor of a national health insurance plan that covers elective abortions. However, in the House, Gore voted in favor of the Hyde Amendment, which prohibits federal funding of abortion, except to save the life of the mother. On two occasions in 1977, Gore voted in favor of rape and incest exceptions, but he later consistently voted against all attempts to weaken the Hyde Amendment and similar enactments. For example, during consideration of a proposal to codify the Hyde Amendment in 1980, Gore voted against an amendment to allow Medicaid funding of abortions in cases of rape and incest [roll call on Waxman Amendment to HR 4962, Dec. 6, 1979].

In a 1980 letter, Gore stated. "I am a firm supporter of the Hyde Amendment." As late as 1987, as a senator, Gore wrote, "During my 11 years in Congress, I have consistently opposed federal funding of abortion. In my opinion, it is wrong to spend federal funds for what is arguably the taking of a human life." Nevertheless, Gore now claims that he has "always" supported more liberal language on federal funding.

Gore on Parental Notification for Abortion

During 1991, the Senate voted twice on amendments to require certain federally funded organizations to notify one parent prior to performing an abortion on a minor girl, except in cases of medical emergency, sexual abuse, child abuse, or child neglect. Gore voted against these parental notification amendments. Gore voted for alternative amendments to allow many classes of non-parents to routinely authorize abortions-- including the abortionists themselves!

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June 26, 1984

CONGRESSIONAL RECORD — HOUSE

File Siljander Amt
(1984) H 7047

see that it does any harm and I will accept the amendment.

The letter follows:

NATIONAL ASSOCIATION FOR EQUAL
OPPORTUNITY IN HIGHER EDUCATION,
Washington, DC, June 24, 1984.

HON. PAUL SIMON,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE SIMON: The National Association for Equal Opportunity in Higher Education (NAPEO) supports the Civil Rights Act of 1984. The Civil Rights Act of 1984 will guarantee equal educational access for students of color, sex, age, and/or physical condition throughout the country. The Nation's historically black colleges and universities have, since their establishment, upheld the belief in equal access. As a representative for the historically black colleges and universities, NAPEO, therefore, does not support any exception to the enforcement and/or applicability of the Civil Rights Act of 1984 to any sector of higher education including the historically black colleges and universities.

Cordially,

SAMUEL L. MYERS,
President.

Mr. FISH. Will the gentleman yield?

Mr. WALKER. I yield to the gentleman from New York.

Mr. FISH. As I indicated to the gentleman, neither the charter nor the practices of the black colleges and universities of the United States have ever been criticized as being discriminatory but I will be happy to accept the amendment.

Mr. WALKER. The gentleman is absolutely correct.

This gentleman has offered this language because the President of Lincoln University in my district had some concerns about the provisions contained in the bill and this clarifies it.

I thank both gentlemen for accepting the amendment.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. WALKER).

The amendment was agreed to.

AMENDMENT OFFERED BY MR. SILJANDER

Mr. SILJANDER. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. SILJANDER:
Page 10, after line 22, insert the following:
Sec. 8. For the purposes of this act, the term "person" shall include unborn children from the moment of conception.

POINT OF ORDER

Mr. SIMON. Mr. Chairman, I make a point of order against the amendment.

This is different in wording from the previous amendment but the same point of order rests against this amendment.

It is an attempt to expand with a new definition beyond the scope of this act. It is not germane as the previous amendment was not germane.

It is an extremely important issue that this body has debated many times and will debate many more. But this is not the place where it should go.

The CHAIRMAN. Does the gentleman from Michigan (Mr. SILJANDER)

wish to be heard on the point of order?

Mr. SILJANDER. I do, Mr. Chairman.

The CHAIRMAN. The Chair recognizes the gentleman from Michigan.

Mr. SILJANDER. Chapter 28 of the procedures of the House, section 9.12, says " * * * to a bill containing definitions of several of the terms used therein, an amendment modifying one of the definitions and adding another may be germane."

On page 3, on page 6 and page 8 and page 10 the word "person" is used, which is substantially different from the former amendment.

I yield to the chairman.

The CHAIRMAN. The Chair is prepared to rule.

On page 8, line 24, the bill uses the term "person."

In the gentleman's amendment he says for the purposes of this bill the term "person" shall, and defines the term "person" and, therefore, the amendment is germane.

The gentleman is recognized for 5 minutes.

Mr. SILJANDER. Mr. Chairman, my amendment would deny Federal funds to any institution performing abortions, by defining the word person in the Civil Rights Act to include unborn children from the moment of conception.

This amendment is consistent with current Federal policy which prohibits the use of other Federal funds to directly or indirectly pay for abortions.

There is a notable exception, however, to current policy. If any abortion can be worse than another, and that is a little like saying hanging is worse than the firing squad, this amendment would cut off the most hideous and cruel of all abortions in taxpayer subsidized hospitals. The abortions I am talking about are those performed in the second and third trimester of pregnancy.

As most of my colleagues should know, the earliest abortions are done by private, profitmaking merchants in abortion clinics. What many of my colleagues don't know, but should, is that late-term abortions, frequently after 26 weeks of pregnancy are performed in those institutions subsidized by the taxpayers.

Since the issue of slavery, there has not been a greater civil rights issue than the slaughter of the unborn in the womb. There have been over 15 million abortions since the 1973 Roe against Wade decision. Perhaps some of my colleagues might draw a historical parallel to the original Constitution and say that an abortion done in the fifth month is done on a citizen who is only three-fifths human, as the slaves were considered. Mr. Speaker, there can be no issue more relevant to this bill than this issue.

Let me tell my colleagues about second and third trimester abortions. There are over 400 performed each and every day in this Nation. In each

case, there is indisputable medical evidence that demonstrates that the unborn child feels pain. Mr. Chairman, I would like to insert following my remarks, a medical affidavit by Dr. Vincent J. Collins, the foremost expert on anesthesiology in this Nation, documenting the medical fact that these children feel pain after the 19th week of pregnancy. This pain can be excruciating and prolonged in the abortion process.

The saline abortion, burns the outer layer of the child's skin, until death and then spontaneous expulsion result. This process can last several hours. The baby fights this and reacts with self-defensive actions. In fact, according to the Atlanta Center for Disease Control, 500 children survive this method of abortion each year. Even Hitler's mad doctors would be embarrassed by this medical procedure.

According to an article in the New York Times of February 15, 1984, doctors are so concerned about these live births that they are changing to another procedure called a dilation and evacuation, which rips the child apart in the womb, thereby insuring it's death. One can only imagine the horrible pain the victim of this procedure must feel. It certainly exceeds any concept we have of cruel and unusual punishment.

If we chose to ignore the civil rights of a speechless and defenseless class of American citizens—those of the unborn—then the civil rights of all are in danger.

If we give the State the power to bequeath civil rights then the State has the same power to take those rights away.

Our rights are not a gift of the State or even of the Constitution—they are a birthright from God that no State, no court, and yes, no Congress can take away.

There is no way to justify the Government's participation in this travesty, of civil and human rights. There is no way that this Congress can justify making the public an accomplice in this.

If it is the right to privacy that some of my colleagues so dearly want to defend then let them keep abortion private. Don't ask the taxpayers to pay for the tools needed to destroy human life, whether it be buildings, supplies, scalpels, or the poisons used in the abortion process. The taxpayers should not be forced to pay for indirectly, as the entire recipient changes in this bill make clear, the discrimination that destroys the civil rights, the human rights, the very lives of 1.5 million of our fellow human beings every year.

I urge adoption of the amendment.
Mr. GUNDERSON. Will the gentleman yield?

Mr. SILJANDER. I will be happy to yield to the gentleman from Wisconsin.



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FOR IMMEDIATE RELEASE:
Friday, February 3, 1995

FOR FURTHER INFORMATION:
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Clinton Nominates Pro-Abortion Activist as Doctor-in-Chief

The National Right to Life Committee (NRLC), the nation's largest pro-life organization, today announced that the group will ask senators to vote against confirmation of Dr. Henry W. Foster Jr. as Surgeon General of the United States.

"President Clinton claims that he's not pro-abortion-- but with 700,000 American physicians to choose from, he's chosen a pro-abortion activist as the nation's doctor-in-chief," commented NRLC Legislative Director Douglas Johnson.

According to today's *Washington Times*, a "senior administration official" acknowledged last night that Dr. Foster's own medical practice "included a whole range of reproductive services, including abortion." In a statement released today, Dr. Foster acknowledged that he had performed what he called "pregnancy terminations," but claimed they were "primarily" to "save the lives of women" or in cases of rape and incest.

Besides performing abortions himself, Dr. Foster also has a long history as an activist against legal limitations on abortion. In the past, he has served on the board of directors of the Planned Parenthood Federation of America (PPFA), which operates the largest chain of abortion clinics in the United States. In recent years, PPFA reports have listed Dr. Foster as a member of the National Leadership Committee of PPFA's "Campaign to Keep Abortion Safe and Legal," and as one of PPFA's national "Public Policy Advocates."

"This nomination is one more evidence that Clinton is the captive of groups that regard abortion as just another birth control method," Johnson commented.

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SOURCE: DEPARTMENT OF HEALTH, EDUCATION AND WELFARE OFFICE OF THE
SECRETARY, ETHICS ADVISORY BOARD, MEETING V, FRIDAY NOVEMBER 10,
1978 SEATTLE WASHINGTON, QUOTES FROM PAGES 180, 197

8 DR. FOSTER: Now, the next question I have --
9 and then I will make my comments -- now, I read the research
10 proposal, and I missed this delay. That bothers me a
11 little bit, first. I have got to really clear that in my
12 mind.

13 I have done a lot of amniocentesis and therapeutic
14 abortions, probably near 700. As I read the protocol,
15 the patient would be brought in the hospital, and that would
16 be a 24 hour delay, which was not inordinate, based on the
17 information that we have. It is very reasonable. But the
18 clinical part, a catheter is introduced into the amniotic
19 cavity, and that is the time when the fetus is studied,
20 the blood vessels, and the sample is taken. Then the
21 fetoscope is withdrawn, but the catheter is left in place,
22 which is quite acceptable. In fact, this is one of the
23 techniques we use for continuous prostaglandin infusion.

24 their fetoscopy work was therapeutic. The work on
25 thalassemia was clearly therapeutic. It was done for
26 the same reasons that we do amniocentesis, to decide
27 whether or not the pregnancy should continue, and to
28 provide a therapeutic abortion. In fact, I know much
29 of that.

FOR IMMEDIATE RELEASE
Friday, Feb. 3, 1995

Contact: Avis LaVelle
(202) 690-7050

Statement by Dr. Henry Foster, Nominee for U.S. Surgeon General

My specialty in the practice of medicine is obstetrics/gynecology. I have personally delivered more than 10,000 babies in nearly 30 years of practice including my service in the military.

In that period of almost three decades as a private practicing physician, I believed that I performed fewer than a dozen pregnancy terminations. None were in out-patient settings; all were in hospitals and were primarily to save the lives of the women or because the women had been the victims of rape or incest.

I was also Chief of Service at two major teaching institutions where many physicians held hospital privileges. A wide variety of medical procedures and research was performed at both. To my knowledge, all were in accordance with the law and educational requirements.

I have dedicated my life's work to improving access to medical care and improving quality of life for women and children, a passion rooted in my early years of practice in the rural South. I have placed particular emphasis on prevention, especially in such areas as teen pregnancy, drug abuse and smoking cessation in children. In my work with teenagers, abstinence has always been stressed as my first priority.

Through my long affiliation with Planned Parenthood Federation of America, my personal goal has always been to provide education, counseling, preventive health care and contraceptive access to patients needing such services. If abortion is provided, my wish is that it be safe, legal and rare.

I am proud of my affiliation with Planned Parenthood just as I am of my affiliation with many other prestigious organizations such as the March of Dimes Foundation, the American Cancer Society, the Y.M.C.A. and my church.

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News Release

American Life League, Inc. • National Headquarters: P.O. Box 1350, Stafford, VA 22555
Phone (703)659-4171 • Metro D.C.(703)690-2049 • Fax (703) 659-2586

FOR IMMEDIATE RELEASE
February 7, 1995

CONTACT: Jerry Horn
(703) 659-4171 - (703) 786-9454

More Skeletons in Foster's Closet

Recent research data provided to American Life League paint a sordid picture of Henry Foster Jr.'s, professional background. Clearly, the man who has been nominated by President Clinton for U.S. Surgeon General is totally committed to surgical abortion, chemical abortion, live non-therapeutic fetal experimentation and the use of "surplus" in vitro fertilization children for lethal experimentation and destruction.

Randy Engel, Founder of the Michael Fund (the International Foundation for Genetic Research) has discovered that in 1978 (Transcripts of Public Hearing of the Ethics Advisory Board, Bethesda, MD, hearing record, 11/10/78, page to follow, U.S. Department of Commerce National Technical Information Service, Document Number PB-288 405), during a discussion on a pending grant on fetoscopy, Dr. Henry W. Foster Jr. told his fellow members of the DHEW Ethics Advisory Board that he had "done a lot of amniocentesis and therapeutic abortions, probably near 700."

America was given the impression from recent White House reports that Dr. Foster had killed perhaps 12 preborn. Why the deception?

Further, Mrs. Engel's research reveals that in 1981 Dr. Foster presided over a "do it yourself" abortion research project that was funded by Upjohn Pharmaceutical Corporation. The project took place at Meharry Medical College and Hubbard Hospital, and Mrs. Engel points out that the "do it yourself" abortion suppository (15-methyl prostaglandin F2 methyl ester) was designed to kill preborn babies up to 63 days old.

One must ask, and we do, how a man can possibly be approved as America's doctor, which is what the U.S. Surgeon General should be, when that man has been deeply involved in testing efficient ways to take the lives of tiny babies while at the same time testing chemicals that are hazardous to women as well. Dr. Foster has admitted to killing some babies, and if he had taken the life of only one, that would have been a tragedy. But Dr. Foster is not merely someone who committed abortion on "rare" occasions; he is a man who is obviously committed to death.

America does not want Dr. Foster—not now, not ever!

For documentation and verification on transcript information contact National Institutes of Health, Peggy Schnoor (301) 496-1454.

Please contact Mrs. Randy Engel, Founder, The Michael Fund at (412) 327-7379 or
(Mrs.) Judie Brown, President, American Life League at (703) 659-4171.



News Release

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FOR IMMEDIATE RELEASE
February 9, 1995

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If It Was 1000 or 1 America Is Frosted with Foster

Henry Foster, Jr., is a physician who has, during the course of his medical career, opted out of the Hippocratic Oath and bought the lie that abortion is a good thing. His nomination by pro-abortion President William Jefferson Clinton for the office of Surgeon General of the United States is a joke, a very bad joke that could cost the lives of many more preborn human beings if Foster is confirmed.

America now knows his dirty little secret, that during his medical career he personally aborted several little children. This admission alone must cause every responsible politician to pause. A doctor who has already perpetrated an act that is diabolical to millions of Americans is not a doctor who will be trusted, regardless of his political mantle of respectability. After all, do we really want a United States Surgeon General who has already proven his "compassion" with instruments designed to kill?

Foster is not qualified to be Surgeon General of the United States. He is a man who has admitted to taking the lives of preborn children, and he has made no apologies for his grisly action. He committed abortion in a hospital setting, and we surmise that he somehow feels this is an acceptable thing. It is not. Foster's basic studies in biology and his early medical training taught him that a person exists at fertilization. Destroying that person is not a "reproductive activity," as administration officials have suggested, it is a tragedy. A preborn child is not a cancerous growth or a disease. A preborn child is a human being and Foster just doesn't get it.

Morally and ethically, regardless of what the law says or does not say, no physician is ever forced to abort a child. Obviously, Foster wanted to do those abortions, and he did do them. A man who can find reasons to eliminate a tiny baby, a fellow human being, is a man who has trouble separating rhetoric from reality. An abortion destroys somebody! Face it Abortion kills.

America does not need a Surgeon General who denies such a basic truth in his professional practice, even if all of his other qualifications elevate him to sainthood—which, I might add, they do not.

Henry Foster must be rejected by the Senate and, most important, by the American people. His prescription for solving women's problems is deadly.

As President of American Life League, the nation's largest pro-life organization with 350,000 supporters, (Mrs.) Judie Brown is the leading public educator and combatant of the dangerous pro-death "quality of life" ethic in America.

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HEADLINE: STATEMENT BY DR. HENRY FOSTER, NOMINEE FOR U.S. SURGEON GENERAL

BODY:

The U.S. Department of Health and Human Services issued the following statement by Dr. Henry Foster, nominee for U.S. Surgeon General:

"My specialty in the practice of medicine is obstetrics/gynecology. I have personally delivered more than 10,000 babies in nearly 30 years of practice including my service in the military. WASHINGTON, Feb. 3

"In that period of almost three decades as a private practicing physician, I believed that I performed fewer than a dozen pregnancy terminations. None were in out-patient settings; all were in hospitals and were primarily to save the lives of the women or because the women had been the victims of rape or incest.

"I was also Chief of Service at two major teaching institutions where many physicians held hospital privileges. A wide variety of medical procedures and research was performed at both. To my knowledge, all were in accordance with the law and educational requirements.

"I have dedicated my life's work to improving access to medical care and improving quality of life for women and children, a passion rooted in my early years of practice in the rural South. I have placed particular emphasis on prevention, especially in such areas as teen pregnancy, drug abuse and smoking cessation in children. In my work with teenagers, abstinence has always been stressed as my first priority.

"Through my long affiliation with Planned Parenthood Federation of America, my personal goal has always been to provide education, counseling, preventive health care and contraceptive access to patients needing such services. If abortion is provided, my wish is that it be safe, legal and rare.

"I am proud of my affiliation with Planned Parenthood just as I am of my affiliation with many other prestigious organizations such as the March of Dimes Foundation, the American Cancer Society, the Y.W.C.A. and my church."

CONTACT: Avis Lavelle of the U.S. Department of Health and Human Services, 202-690-7850

LANGUAGE: ENGLISH

LOAD-DATE-MDC: February 3, 1995

Clinton nominee has done abortions

Surgeon general pick controversial

By Paul Bedard
THE WASHINGTON TIMES A-1 2-3-95

President Clinton yesterday chose medical educator Henry W. Foster Jr. to be surgeon general, a nomination that sparked controversy when the White House confirmed that his medical practice included performing abortions.

"His practice included a whole range of reproductive activities, including abortion," a senior administration official said last night.

The White House anticipates pro-life protests against the appointment, the official said, adding that any questions about the medical practice of the obstetrician and gynecologist should wait for his Senate confirmation hearings.

In addition to his medical practice, Dr. Foster came under attack yesterday for having sponsored a program that distributes condoms to teenagers.

Even before Mr. Clinton announced his selection of the former Planned Parenthood board member, opposition groups began mounting a campaign to label Dr. Foster, 61, as "Elders Lite" — a reference to former Surgeon General Joycelyn Elders. She was fired in December after saying it might be a good idea to teach schoolchildren about masturbation.

The Family Research Council, headed by former Reagan aide Gary Bauer, distributed documents claiming that Dr. Foster supported a Planned Parenthood spinoff group that advocates explaining masturbation to kindergartners, discussing orgasm with 12-year-olds, and teaching that homosexual and heterosexual family lifestyles are equal.

A Planned Parenthood official said the group's board of directors, on which Dr. Foster served from

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1978 to 1981, backed those policies advocated by the Sex Information and Education Council of the U.S. — Mr. Clinton, who supports abortion, asked that "thoughtful conservatives" give a fair hearing to his choice for surgeon general.

"I thank him for his willingness to serve to try to make a difference in the health care of the people of this country, and especially to try to make a difference in the future of the people of this country," said Mr. Clinton.

Dr. Foster, the former acting president and dean of Meharry Medical College in Nashville, Tenn., said he would focus on cutting the teen pregnancy rate, now at 2,800 a day.

"We have the highest teen pregnancy rate in the Western world — twice that of the nearest Western nation," he said at an Oval Office ceremony. "Be assured, this is a problem that cuts across all socioeconomic strata. There are, however, demonstrated ways that this problem can be mitigated."

Dr. Foster has been on Planned Parenthood's advisory board since 1981.

Since 1989, he has served on the National Leadership Committee to Keep Abortion Safe and Legal — a Planned Parenthood subpanel that includes former Rep. Bella Abzug, TV producer Diane English, cellist Yo Yo Ma, and TV chef Julia Child as members, among others.

"Dr. Foster appears to be 'Elders Lite.' He may not have her methods, but he has supported the same failed policies," said Mr. Bauer.

Planned Parenthood spokeswoman Mona Miller said Mr. Bauer's efforts are "really a smear."

The White House did not make Dr. Foster available for interviews, but a senior administration official said: "This guy is solid. We are an administration that believes abortion should be safe and rare. His thing is abstinence."

The White House and the Department of Health and Human Services, where the surgeon general works, mounted their own campaign to win support for the nominee, who has been scholar-in-residence at the Association of Academic Health Centers here since July.

Several officials noted that Dr. Foster was a "Points of Light" winner during the Bush administration and is supported by several major medical groups and colleges.

They also avoid noting Dr. Foster's work with Planned Parenthood. Neither Mr. Clinton nor HHS nor the Tennessee doctor's official biography mentioned his 17-year

association with the group.

White House spokesman Michael McCurry said that question should be asked during nomination hearings now being scheduled before the Senate Labor and Human Resources Committee, chaired by Sen. Nancy Landon Kassebaum, Kansas Republican.

Mr. McCurry also condemned efforts by conservatives to raise Dr. Foster's link to Planned Parenthood and that group's pro-choice policies. "It would be unfortunate if issues extraneous to the consideration of a nominee to be surgeon general were raised," he said.

Mr. Clinton highlighted Dr. Foster's efforts to curb teen-age pregnancy and the "I Have a Future Program" the doctor started in Nashville.

The program educates children in two public housing projects about "personal health, human sexuality, drug and alcohol abuse, homicide and violence reduction, and other factors which may place adolescents at risk," according to a program brochure.

The program also advocated condom distribution to teens.

"I want Dr. Foster to use what he's learned to help America attack the epidemic of teen pregnancies and unmarried pregnancies," said the president.

Dr. Foster said: "We must assure healthier starts for our children."

He also announced plans to focus on AIDS and smoking.

While the president said there is "no national policy" on condom distribution, his administration a year ago introduced an \$800,000 condom advertising campaign.

At least two Republicans on the Senate Labor and Human Resources Committee raised concerns about Dr. Foster, who won the backing of freshman Sen. Bill Frist, Tennessee Republican.

Sens. Spencer Abraham of Michigan and Daniel R. Coats of Indiana said they are concerned about Dr. Foster's program to distribute condoms and his association with Planned Parenthood.

"It is one thing to be an advocate for a major anti-smoking campaign. It is quite another to be an advocate for an 'every child must have a condom' campaign," Mr. Coats said.

Pro-life groups have been calling for the appointment of a cancer or heart surgeon as a replacement for Dr. Elders.

While conservatives were raising questions about Dr. Foster, the liberals weighed in yesterday with objections of their own.

Steve Michael of ACT UP, the AIDS activist group, said: "We wanted an eagle and Clinton gave us an ostrich with his head in the sand about HIV and AIDS policy."



Photo by Cliff Owen The Washington Times

President Clinton applauds his nominee for surgeon general, Dr. Henry W. Foster Jr., during an Oval Office news conference yesterday.

DR. HENRY W. FOSTER

Nominee for surgeon general

Born: Sept. 8, 1933

Education: B.S., Morehouse College, 1954; M.D., University of Arkansas, 1958.

Experience: Medical officer, U.S. Air Force, 1959-61; chief of obstetrics-gynecology, John A. Andrew Memorial Hospital, Tuskegee University, 1965-present; professor and chairman, department of obstetrics and gynecology, Meharry Medical College, 1973-90; member of the national board of directors of Planned Parenthood, 1978-81; member of the national advisory council of Planned Parenthood, 1981-95; dean of the School of Medicine and vice president for health services at Meharry, 1990-93; acting president of Meharry, 1993-94; health policy fellow, Association of Academic Health Centers, Washington, 1994-present.

Family: Wife, St. Clair. Two grown children, a son and a daughter.

Source: Associated Press, Who's Who Among Black Americans

The Washington Times

Foster Says He Performed Abortions

Revelation Prompts Effort to Reject Clinton Surgeon General Choice

By John F. Harris

Washington Post Staff Writer

A-1
2-4-95

President Clinton's surgeon general nominee Henry Foster Jr. said yesterday that he has performed abortions in his Tennessee gynecology practice, prompting antiabortion activists to flood Capitol Hill with telephone calls urging senators not to confirm him.

After initially saying Foster would not address the issue of whether he had performed abortions before his confirmation hearing, the Clinton administration released a statement from Foster acknowledging that in 30 years as a physician, "I believed that I performed fewer than a dozen pregnancy terminations," all of which "were primarily to save the lives of the

women or because the women had been the victims of rape or incest."

The revelation's political hazards became clear almost instantly. Senate Labor and Human Resources Committee Chairman Nancy Landon Kassebaum (R-Kan.), whose panel will vote on the nomination, said she had been misled by Clinton administration officials about Foster's background regarding abortions, and called his history "a potential damaging diversion. . . . It's going to be a problem."

Kassebaum, who generally supports abortion rights, said she asked administration officials last Saturday, after Foster's likely nomination had been made known, whether he had performed abortions. A cou-

See FOSTER, A8, Col. 5



HENRY FOSTER JR.

... "fewer than a dozen"

Surgeon General Choice Has Performed Abortions

FOSTER, From A1

ple of days later, she recalled, an administration official told her that Foster had performed just one. Kassebaum expressed surprise yesterday that the administration's story has now changed.

"I can't tell you how disappointed I am in the White House," she said.

Health and Human Services Department spokeswoman Avis LaVelle said, "There obviously was some misinformation conveyed, but there was no deliberate attempt to mislead."

Calls to Kassebaum's office started pouring in immediately after Foster made his announcement, and were running about 400 to 1 against his confirmation, according to the senator's staff.

There was no mystery as to why: Antiabortion groups say they have been exhorting their members to make their feelings known, promptly and vociferously.

Concerned Women for America, a group that claims 600,000 members, began running on 100 Christian-oriented radio stations condemnations of Foster's past practices and urging his defeat, spokeswoman Caia Mockaitis said.

"We don't believe that an obstetrician-gynecologist who would take the life of his second patient—a pregnant mother's unborn child—should become the nation's physician," Mockaitis said.

Some on Capitol Hill vigorously came to Foster's defense.

"The idea that performing a legal medical procedure could even possibly disqualify Dr. Foster from serving as the surgeon general is an absolute outrage," Rep. Nita M. Lowey (D-N.Y.), co-chair of the Congressional Women's Caucus, said in a statement.

Foster, 61, who has served as dean and acting president of Meharry Medical College in Nashville, has been active in Planned Parenthood and other groups seeking to encourage young people to avoid becoming pregnant out of wedlock. Speaking at the White House on Thursday, he said he hopes to make this a theme

of his tenure if he is confirmed as surgeon general.

The last surgeon general, Joycelyn Elders, was fired by Clinton after a long series of impolitic statements that culminated in her saying that public schools should consider teaching about masturbation.

White House press secretary Michael McCurry said Clinton remains supportive of Foster and was not worried about a lobbying campaign against him by antiabortion activists.

"Given Dr. Foster's enormously impressive record in the area of reproductive health and the work that he has done to counsel those teenagers who face pregnancy situations and the work he's done to discourage people from having births out of wedlock," McCurry said, "the president was well satisfied that that record would stand up, even to those who might criticize him from that particular perspective."

Foster, in his statement, said that he has "personally delivered more than 10,000 babies."

That a gynecologist of Foster's age would have performed several abortions, even though that is not his specialty, is not unusual, medical experts said. Particularly in the years immediately after the Supreme Court's *Roe v. Wade* decision, abortion clinics were uncommon in many states, and pregnancy terminations often were performed by physicians whose specialty was general gynecology.

The American College of Obstetricians and Gynecologists (ACOG) does not have statistics on how many practitioners of Foster's age have performed abortions. However, the executive director of the organization, Ralph W. Hale, said he would guess that about half have.

Hale said an informal survey of ACOG members eight years ago revealed that three-quarters approved of legal abortion, but only one-third were performing the procedure. Hale estimated that because of ethical objections, one-quarter of obstetrics and gynecology residents refuse to do abortions during their residencies.

Staff writers David Brown and John Schwartz contributed to this report.

The Washington Times

WASHINGTON, D.C., SATURDAY, FEBRUARY 4, 1995 **

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Dr. Henry W. Foster Jr.

Multiple abortions hurt nomination

Surgeon general pick contradicts White House claim he'd done only one

By Paul Bedard
THE WASHINGTON TIMES

The nomination of Dr. Henry W. Foster Jr. to be surgeon general was imperiled yesterday when he conceded he had performed "fewer than a dozen" abortions after senators were told he had performed only one "therapeutic" abortion.

Several senators yesterday raised doubts that Dr. Foster, an obstetrician gynecologist, will be confirmed.

Dr. Foster named a doctor of

through the Department of Health and Human Services that "most" of his abortions were done to save the lives of women or because the women had been rape victims. He did not say how many abortions on demand he had conducted.

His statement, which followed a disclosure yesterday in The Washington Times that his Nashville, Tenn., practice included abortions, read:

"I have personally delivered more than 10,000 babies in nearly 20 years of practice including my service in the military.

"In that period of almost three decades as a private practicing physician, I believed that I performed fewer than a dozen pregnancy terminations. None were in outpatient settings; all were in hospitals and were primarily to save the lives of the women or because the women had been the victims of rape or incest."

It was not clear how many — if any — abortions he had performed outside his medical practice as an instructor at Meharry Medical College in Nashville and at Tuskegee University in Alabama.

The letter was received grimly at the White House, which attempted to avoid questions about the nomination and the confirmation hearings to be held by the Senate Labor and Human Resources Committee.

Sen. Nancy Landon Kassebaum, Kansas Republican and committee chairman, criticized the White House for giving her misleading information about the number of abortions Dr. Foster had performed.

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Sen. Bill Frist

A spokesman for the Senate said the White House had told her Dr. Foster had performed one therapeutic abortion, and now she hears today that many more had been performed, some ostensibly not therapeutic.

Kassebaum spokesman Mike Horak added "She is extremely disappointed in how the White House handled the nomination. She places the blame directly on the White House."

Mrs. Kassebaum has a pro-choice voting record.

Sen. Bill Frist, the freshman GOP senator from Tennessee who was counted on by Mr. Clinton to help guide the Foster nomination to confirmation, retreated from his endorsement of Dr. Foster.

"I know Hank Foster as a physician and friend and can speak only of his credibility as a doctor and integrity as an individual," the senator said late yesterday.

Other committee members raised new concerns about Dr. Foster, well-known for his Nashville program I Have a Future, which seeks to reduce teen pregnancy through education and the distribution of condoms in two public housing projects.

"This nomination is highly, highly disturbing, and I strongly question why the president continues to make controversial appointments after the highly divisive tone of his last surgeon general's tenure," said Sen. Daniel R. Coats, Indiana Republican.

Mr. Coats is expected to lead the committee opposition to the nomination.

Dr. Foster, 61, a health policy fellow at the Washington-based Association of Academic Health Centers, was nominated to replace Dr. Joycelyn Elders, who was fired in December after she advocated teaching schoolchildren about masturbation. She has returned to her former job as an instructor in pediatrics at the University of Arkansas School of Medicine in Little Rock.

On the House side, pro-life representatives reacted strongly.

"This proves Bill Clinton is the abortion president," said Rep. Christopher H. Smith, New Jersey Republican and one of the leading pro-life voices in Congress. "Here we have the highest health care professional in the land, and he's an abortionist who kills children. This is part of a methodical assault on family values."

Cardinal James A. Hickey, the archbishop of Washington, took up the fight against the nominee one critic labeled "Elders Lite."

"It appears that Dr. Henry Foster's views on matters of importance to the family are very similar to those of his predecessor, Dr. Elders," he said. "This is disappointing. I had been hoping for a change in direction, a change more reflective of the values of most Americans."

White House spokesman Michael McCurry defended the president's choice.

"Given Dr. Foster's enormously impressive record in the area of



"My personal goal has always been to provide education, counseling, preventive health care and contraceptive access."

— Dr. Henry W. Foster Jr.

reproductive health and the work that he has done to counsel those teen-agers who face pregnancy situations and the work he's done to discourage people from having births out of wedlock," he said. "The president was well satisfied that that record would stand up, even to those who might criticize him from that particular perspective."

Mr. McCurry urged opposition groups to focus on the efforts by Dr. Foster to reduce teen pregnancy. "Abortion does not define what this nomination is all about," the spokesman said.

In his letter, Dr. Foster also revealed his affiliation with the Planned Parenthood Federation of America, a 17-year relationship not mentioned in his official White House biography or by Mr. Clinton at Thursday's Oval Office ceremony to nominate Dr. Foster.

"Through my long affiliation with Planned Parenthood Federation of America, my personal goal has always been to provide education, counseling, preventive health care and contraceptive access to patients needing such services," he said. "If abortion is provided, my wish is that it be safe, legal and rare."

In recent years he has been a member of Planned Parenthood's National Leadership Committee to Keep Abortion Safe and Legal.

Dr. Foster noted his role as "chief of service" at two teaching institutions, Meharry and Tuskegee.

In a statement that opponents said suggests he taught students to perform abortions, Mr. Foster wrote "A wide variety of medical procedures and researches was performed at both. To my knowledge, all were in accordance with the law and educational requirements."

• Joyce Price contributed to this report.

Critics of Dr. Foster look beyond abortions

Research, management also scrutinized

By Paul Bedard
THE WASHINGTON TIMES A-1 2-7-95

Opposition to President Clinton's nominee for surgeon general mounted yesterday over a 1978 hearing transcript that raised questions about the number of abortions he has performed and a report he helped develop a "do-it-yourself" abortion pill.

As Catholic and anti-abortion groups stepped up their attacks on Dr. Henry W. Foster Jr., a Nashville, Tenn., gynecologist and medical educator, Senate GOP leaders privately said the nomination is in jeopardy because the White House has provided conflicting stories about his medical background.

"There are some very troubling things concerning his nomination," said Sen. Orrin Hatch, Utah Republican.

Senate leaders said no member had expressed support for the black educator. Aides to the leaders also said the doctor's manage-

ment of financially troubled Meharry Medical College of Nashville and his 17-year tie to Planned Parenthood would be probed in Senate hearings.

The White House conceded yesterday that it misled Senate leaders last week when it said Dr. Foster performed just one abortion during his 30-year medical career. Anti-abortion groups provided Senate opponents documents that detail the gynecologist's record.

The papers, supplied by the International Foundation for Genetic Research, commonly known as the Michael Fund, raised new concerns in the Senate about the credibility of Dr. Foster, 61, and the administration's reports on his medical career, Republicans said.

For example, the group distributed an April 1981 Catholic News Service report that mentioned Dr. Foster's efforts to help the Upjohn Pharmaceutical Co. develop an abortion pill that he said women

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FOSTER

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could use at home.

According to the article, Dr. Foster, who at the time was chairman of Meharry's department of obstetrics and gynecology, headed an Upjohn research team.

An Upjohn spokesman said that the drug, meant for use by women who were up to five weeks pregnant, wasn't produced. Joe Heywood added that the drug was never designed for use without medical supervision, as Dr. Foster claimed.

Also, the Michael Fund released a partial transcript from a Nov. 10, 1978, Department of Health, Education and Welfare hearing of the Ethics Advisory Board in Seattle in which Dr. Foster is quoted as saying: "I have done a lot of amniocentesis and therapeutic abortions, probably 700."

Avis LaVelle, spokeswoman for the Department of Health and Human Services, said Dr. Foster denies ever making that statement. "I absolutely did not say that," Ms. LaVelle quoted Dr. Foster as telling her.

Mr. Clinton urged critics to wait for the hearings. "We're going to have hearings. It's going to go forward," he told reporters in the Oval Office. "If the facts are no different than I understand them to be, I don't understand why he'd be in trouble."

"I'm going to fight for it," the president said, noting that the right to abortion "is the law of the land."

Under pressure from Republican Senate critics and dozens of Catholic and anti-abortion groups, Dr. Foster released a statement last week in which he said he performed "fewer than a dozen" abortions in his career.

A day earlier, administration officials said he had performed only one abortion.

"First they said he didn't do abortions, then they said he did one, then he says he did less than a dozen, now this. What's going on?" asked a key Republican Senate aide.

"Credibility has become the top issue," added an official in the Republican leadership's office. "Abortion isn't the only issue. We're looking now into what he told the White House, his financial management at Meharry and malpractice," said the official, who spoke on the condition of anonymity. "This nomination is in very serious trouble."

At the White House, spokesman Michael McCurry expressed concern over the questions raised by Republicans about Dr. Foster, a former acting president of Meharry and director of the acclaimed "I Have a Future" program, which helps teach Nashville teens to avoid drugs, physical violence and pregnancy. It also encourages the distribution of condoms to teens.

"Sure, we are always concerned when people indicate opposition to such a highly qualified and respected nominee. It would be unfortunate if they take the nomination of Dr. Foster and turn that into a litmus test on choice. But apparently in some quarters on Capitol Hill there is a desire to do that," he said.

Mr. McCurry added that "President Clinton remains very firmly committed" to supporting Dr. Foster, named Thursday to replace Joycelyn Elders, who was fired for saying it was a good idea to teach schoolchildren about masturbation.

At least one group came to Dr. Foster's defense.

Kate Michelman, president of the National Abortion and Reproductive Rights Action League, said at a news conference: "This is just another effort at intimidation by a radical minority that wants to deny American women their right to choose. This anti-choice McCarthyism is abhorrent and has absolutely no place in our pluralistic democracy."

But Senate Republicans continued to raise concerns.

Senate Majority Leader Bob Dole, Kansas Republican, said the nomination is in jeopardy.

Also, Sen. Bill Frist, the Tennessee Republican who joined Dr. Foster in Thursday's Oval Office nominating ceremony, announced he won't decide how to vote until the Senate Labor and Human Resources Committee hearings are over. He had been expected to shepherd the nomination.

"While I would like to be able to support Dr. Foster, I will not make a decision on his nomination until complete information on his background, his proposals if confirmed and the administration's plans for his role as surgeon general are made available," Mr. Frist said in a prepared statement yesterday.

An aide to a key Republican senator said if the nomination comes down to a debate about abortion, "the nomination will go forward. Many people feel the president should have his nomination unless there is some illegality or unethical behavior. That's what we are looking at."

Republicans are teaming up with pro-life groups to research Dr. Foster's medical background before the nomination hearings.

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Dr. Foster and the art of the statement

On Friday, Dr. Henry Foster, President Clinton's nominee for surgeon general, released a statement evidently intended to put to rest a brewing controversy about abortions he has performed. Originally, Senate Republicans were told Dr. Foster had done only one abortion. But on Friday, Dr. Foster owned up to having performed more. The statement said, in pertinent part: "I have personally delivered more than 10,000 babies in nearly 30 years of practice including my service in the military."

"In that period of almost three decades as a private practicing physician, I believed [sic] that I performed fewer than a dozen pregnancy terminations. None were in out-patient settings; all were in hospitals and were primarily to save the lives of the women or because the women had been victims of rape or incest."

"I was also Chief of Service at two major teaching institutions where many physicians had hospital privileges. A wide variety of medical procedures and research was performed at both. To my knowledge, all were in accordance with the law and educational requirements."

Yesterday, Clinton spokesman Mike McCurry tried to bolster Dr. Foster by apologizing for the initial one-abortion claim, saying it was an honest mistake.

Well, maybe. But the Clintons and their team do have a lengthy record of carefully crafting statements so as to hide, obfuscate and mislead. And facts unearthed since Friday suggest that Dr. Foster's statement bears close reading.

At a 1978 meeting of the Health, Education and Welfare Department's Ethics Advisory Board, of which he was a member, Dr. Foster offered an interesting aside. In attempting to establish his professional bona fides regarding fetal procedures, Dr. Foster said: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." Never mind that Dr. Foster's 1978 definition of a "therapeutic" abortion is far broader than the definition he gave in his statement Friday: The "therapeutic abortions" Dr. Foster was talking about in 1978 were not just those to protect the life of the mother, but rather, included removing fetuses that showed developmental abnormalities. We are still left with nearly 700 therapeutic abortions. How can this possibly square with Dr. Foster's statement from last Friday? Easily, it turns out.

In relation to the "fewer than a dozen" claim, Dr. Foster's statement refers to his status "as a private practicing physician." But the next paragraph points out that Dr. Foster was Chief of Service at two teaching hospitals, and "A wide variety of medical procedures and research was performed at both. To my knowledge, all were in accordance with the law and educational requirements." Abortion, of course, has been legal for many years, and thus had Dr. Foster performed hundreds of abortions as chief of service — as opposed to acting in his capacity as a private physician — that fact would not have been actually lied about, given the statement's careful wording.

Notice, as well, that the language about "educational requirements" suggests that the doctor may have performed abortions in the course of teaching the procedure to students. If this is the case, strictly speaking, Dr. Foster's statement Friday that he had performed less than a dozen abortions would not be a lie. But that is only strictly speaking, of course.

The administration was saying late yesterday that Dr. Foster claimed he was misquoted in the 1978 transcript. Maybe he was. But another interesting fact about Dr. Foster's work in the realm of pregnancy termination has also come to light. In the early 1980s, Dr. Foster was head of a research team in Nashville for the Upjohn Pharmaceutical Company that conducted experiments administering an abortion pill. Once again, this was not activity undertaken as a "private practicing physician" and so — strictly speaking — it doesn't count against his dozen-abortion limit. But in reality, a large number of abortions seems to have been involved.

The abortion pill research being conducted by Dr. Foster's team appears to have been what is known as "second phase" research. That is, it was not laboratory development of the pill itself. Instead, it consisted of giving the drug to pregnant women to induce abortion. If the drug failed, it seems likely that the protocol would have called for surgical abortions (Upjohn didn't return calls yesterday.)

If Mr. Clinton thought Dr. Foster's qualifications were so overwhelming that he could overlook the fact that the doctor had performed a large number of abortions, fair enough. But he and the doctor should be willing to make that case forthrightly. Legalese in the service of creating a false impression just won't cut it. This nomination shouldn't go forward.

Surgeon General Pick Gets Cautious Support

Foster Denies Allegation by Abortion Foes

By Ann Devroy and John Schwartz
Washington Post Staff Writers

President Clinton yesterday said he would stand behind his nominee for surgeon general, Tennessee physician Henry Foster Jr., if the doctor's assertions of last week that he performed fewer than a dozen abortions are true.

Clinton offered his conditional backing of Foster as the administration dismissed as untrue an allegation by anti-abortion groups that Foster has been heavily involved in abortion.

Foster, through a spokeswoman, flatly denied that. White House press secretary Michael McCurry said the president's caution was based on a "weird" transcript of a 1978 meeting that suggests Foster performed many therapeutic abortions. McCurry said the president's comments should not be construed as displaying anything but "full support," and some congressional Democrats and abortion rights organizations said they have been flooded with calls from around the country supporting Foster.

Clinton was asked in an Oval Office exchange with reporters whether he stands behind Foster, who has been the subject of a furious lobbying campaign by abortion foes since the president announced last week his intention to nominate him for the surgeon general post. "If what he has done is what he has said he has done, I don't think that would disqualify him," Clinton said.

He said he would fight for Foster "if the facts are as I understand them to be."

"We're going to have hearings. It's going to go forward," Clinton said. "If the facts are no different than I understand them to be, I don't understand why he'd be in trouble."

Clinton noted that Foster had delivered 10,000 babies and "devoted his life to bringing babies into the world." As for abortion, Clinton said, "It is after all the law of the land."

The newest issue is a transcript purporting to be of Foster statements during a meeting of an ethics advisory board to the then-Department of Health, Education and Welfare. The transcript, circulated by two anti-abortion groups, quotes Foster as discussing a proposal for therapeutic abortions and noting, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."

Foster, through HHS spokeswoman Avis LaVelle, "absolutely" denied the statement. LaVelle said, "I talked to Dr. Foster about this. He flatly and totally insists that he has not done 700 of these procedures." He says the entire statement is untrue.

Amniocentesis and therapeutic—or induced—abortion are two different procedures. In amniocentesis, a doctor inserts a needle into the uterus around the 15th week of pregnancy and draws out a sample of amniotic fluid. In some cases, women make the decision to have an abortion on the basis of information gained from testing of the fluid, such as the presence of a birth defect.

A method sometimes used for late-term abortions involves injecting saline solution or hormones called prostaglandins to stimulate labor.

The transcript could not be independently verified. White House and Health and Human Services officials said they were searching their own records to find the advisory meeting records that the National Right to Life Committee and the International Foundation for Genetic Research were circulating yesterday. Administration officials suggested the transcript could be mistaken, released out of context or doctored.

But the allegation caused a new storm of protest by anti-abortion groups and warnings from senators that they want a full vetting of the nominee and access to a full FBI background check—a process that takes six to eight weeks—before going forward with hearings on the nomination.

The administration has been on the defensive over Foster since announcing his selection and declining to say whether he had performed abortions. A day later, Foster put out a formal statement saying he had performed fewer than a dozen such procedures. Senate Labor and Human Resources Committee Chairman Nancy Landon Kassebaum (R-Kan.), whose committee will handle the nomination, said she had been told he had done only one abortion and she had been misled by the White House.

Officials last night said HHS officials had misunderstood Foster's answer to a question on whether he had performed abortions and construed his answer to be one abortion, and passed that information along. The White House yesterday said it regretted offering erroneous information, but one official not directly involved in the nomination raised questions about whether Foster had been thoroughly vetted as to the full facts of his career before the announcement.

A senior administration official said yesterday that the "confusion" over Foster's history had caused "a lot of anxiety in Congress" and in the administration. The official said that Clinton was "fully aware" when he announced Foster's selection that he had performed abortions and "it does not matter if it was one or many. . . . It is a legal procedure."

Foster received renewed support yesterday from the medical community and from abortion rights organizations. William Andrews, president of the American College of Obstetrics and Gynecology, said yesterday, "He's a very worthwhile man who's done a great deal of good," especially in the area of reducing unintended pregnancies among teens through his "I Have a Future" foundation, which he founded in 1988 and which was recognized by the Bush administration as one of the "Points of Light."

Andrews said "a majority of ob-gyns would have done that many or more" abortions in the course of a career, especially in the years before the proliferation of relatively inexpensive abortion clinics. Andrews said "it was considered in the past part of your responsibility to your patients unless you had moral or religious objections." Recent polls of obstetricians and gynecologists show that about 15 percent have strong objections to abortion.

Judith M. DeSarno, president of the National Family Planning and Reproductive Health Association, said that Foster's years of work to prevent unintended teen pregnancy far outweighed the importance of any abortions he may have performed. "All of a sudden for this to get focused on abortion is a tragedy," she said. "It's a tiny, minor piece of his background."

Conservative groups tried to capitalize on the confusion at the White House. Ralph Reed, head of the Christian Coalition, criticized the White House for what he called "abysmally poor staff work" in preparing the nomination without ascertaining Foster's full record on the controversial abortion issue.

"This nomination is being presented to a new confident conservative Republican Congress and certain political realities accompany that change," Reed said. "I don't believe this president or this administration fully grasped that reality" putting together the nomination.

Senate Democrats said that their support for Foster was unchanged. Sen. Barbara A. Mikulski (D-Md.) said in a statement, "It is unthinkable to me that Dr. Foster would be kept from being the surgeon general because he performed legal medical procedures."

In the abortion rights community, the attacks on Foster sparked expressions of outrage. Ann Lewis, vice president for public policy for Planned Parenthood, said yesterday that its offices were "flooded with calls" from around the country supporting Foster. "The idea that a doctor with that kind of record would be somehow barred from holding public office is outrageous," she said.

Republican senators said the mysterious transcript could seriously affect the nomination. Sen. Don Nickles (Okla.), chairman of the Senate Republican Policy Committee, said that if the transcript is correct, "I don't think he's going to be confirmed, because he has a real credibility problem."

Sen. William H. Frist (R-Tenn.), who accompanied Foster to the White House for the nomination announcement, reserved judgment on voting for him. "I know Hank Foster as a physician and friend and can speak only of his credibility as a doctor and integrity as an individual. I look forward to learning more about Dr. Foster's background and his plans as surgeon general," he said.

USA Today A1 2-7-95
Group suggests Foster performed many abortions

By Mimi Hall and Judy Keen
USA TODAY

Abortion rights opponents Monday escalated the battle over Henry Foster's nomination as surgeon general, claiming he once said he performed possibly hundreds of abortions, not "fewer than a dozen" as he said last week.

The White House says Fos-

ter flatly denies making a statement attributed to him in a paper distributed by the National Right to Life Committee.

And President Clinton said he'd fight for the nominee as long as "the facts are as I understand them to be."

The 1978 transcript includes part of testimony the group says Foster gave as a member of the Ethics Advisory Board of

the Department of Health, Education and Welfare.

In an apparent discussion of amniocentesis — a genetic test done during pregnancy — a "Dr. Foster" said, "I have performed many amniocentesis and therapeutic abortions, probably near 700."

Late Monday, White House spokesman Mike McCurry said Foster "assures the administra-

tion in no uncertain terms he has not performed 700 abortions or 700 amniocentesis."

The number doesn't matter, says commentator Patrick Buchanan: "Even a part-time abortionist is, de facto, unqualified to ascend the bully pulpit of surgeon general and lecture as a moral teacher."

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Anti-Abortion Group Uses Transcript of 1978 Hearing to Attack Surgeon General Nominee

By JERRY GRAY

Special to The New York Times

WASHINGTON, Feb. 6 — A partial transcript from a 1978 Federal hearing made public today by an anti-abortion group created new problems for the nomination of President Clinton's choice for Surgeon General, suggesting he had performed many more abortions than he had acknowledged.

The nominee, Dr. Henry W. Foster Jr., vehemently denied through a spokeswoman that the transcript revealed his record, which he accused anti-abortion forces of misrepresenting. But as controversy grew over the obstetrician and gynecologist from Tennessee, Mr. Clinton appeared to soften in his support, telling reporters that he would back Dr. Foster "if the facts are as I understand them to be."

According to the one-page transcript released by the National Right to Life Committee, a speaker identified as Dr. Foster is quoted as say-

ing, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." According to a notation at the top of the page, the transcript was of a meeting of the Ethics Advisory Board of the Department of Health, Education and Welfare in Seattle on Nov. 10, 1978.

That panel was formed to research whether Federal grants should be made available for research on fetal tissue. Such research was ultimately approved.

"He flatly denies that this is a representation of his record in this transcript," said Avis LaVelle, the spokeswoman. "The transcript does not indicate what Dr. Foster this might be, but nowhere on that page does it say Dr. Henry Foster. But we are researching to see just what the facts are."

The transcript appears to deal with a procedure for studying fetuses, as well as various techniques for inducing abortion. The comments are only those of the speaker identi-

fied as Dr. Foster and do not make clear whether the speaker was a member of the panel or a witness.

Both Ms. LaVelle and the White House chief spokesman, Michael McCurry, acknowledged that Dr. Foster was a member of the ethics advisory board from which the transcript was produced, and neither questioned that the document was part of the official record. But they said they were checking to see if Dr. Foster attended the Nov. 10, 1978, hearing in Seattle. In any case, they said, he "flat outright denied" making the statement.

"Since he is pretty adamant that he didn't do 700 therapeutic abortions or amniocentesis, we are trying to figure out if this was a garbled transcript or what," Mr. McCurry said. "We're still trying to get more information on this transcript."

A therapeutic abortion is one loosely defined as considered necessary by a doctor. An amniocentesis is a procedure by which doctors

draw amniotic fluid during pregnancy to determine a genetic disorder in a fetus.

Nowhere in the portion of the transcript that is in dispute does the speaker give a breakdown of how many of either procedure the doctor had performed.

The nomination of Dr. Foster as the nation's chief medical officer had already turned into a crucial political battle over the abortion issue, and the disputed page of testimony from 16 years ago could doom his chances for Senate confirmation and spell another embarrassing political defeat for Mr. Clinton.

As both sides in the abortion debate began drumming up national support today for a fight over the nomination, the White House sought to avoid having it become a "litmus test" over the question of choice. Whatever slim chance of avoiding that disappeared with the latest revelations made public by one of the country's most vocal anti-abortion

groups.

"It does suggest that Dr. Foster has been far from candid," said Douglas Johnson, the legislative director of the National Right to Life Committee. "It certainly raises questions that some of the senators are going to want to follow up."

Dr. Foster was nominated last Thursday to succeed Dr. Joycelyn Elders, whom Mr. Clinton dismissed as the nation's chief health officer on Dec. 9 of last year. On Friday the 61-year-old obstetrician said that during his 30-year medical career, "as a private practicing physician," he had delivered more than 10,000 babies, but had also performed some abortions.

Initially, the White House had told Senator Nancy Landon Kassebaum, Republican of Kansas, that Dr. Foster had performed only one abortion. Ms. Kassebaum heads the Senate committee that will consider the nomination.

But in Friday's statement the

tor said, "In that period of a three decades as a private practicing physician I believe that I performed fewer than a dozen pregnancy terminations." He added that were in hospitals and were primed to save the lives of the women because the women had been "victims of rape or incest."

In the Senate, the majority leader, Bob Dole, Republican of Kansas, and other top Republicans warned during the weekend that the nominee would face a difficult time on Capitol Hill. Under the immediate and intense pressure from religious and right-wing political groups opposed to abortion, some moderate Republicans who will likely be the deciding voice in Dr. Foster's nomination

More national news
appears on page B7

Attack on nomination intensifies

By Mimi Hall and Judy Keen
USA TODAY

Eager to sink Henry Foster's nomination as surgeon general, conservatives Monday issued a partial transcript seeming to contain an admission that he performed many more abortions than he has acknowledged.

Foster denied the accusation, and the single page did not further identify "Dr. Foster," letting his backers question whether the statements attributed to him are his.

But the transcript, which White House spokesman Mike McCurry called "weird," raised another round of questions for an already troubled nomination.

Faxed to reporters and senators by the National Right to Life Committee and other groups against abortion, the testimony is given in 1978 by a "Dr. Foster," who says he'd performed up to 700 amniocentesis genetic tests and therapeutic abortions. The groups wouldn't supply the rest of the transcript.

President Clinton knew Foster, a Nashville obstetrician-gynecologist who developed a teen pregnancy program that gave out condoms, would be controversial.

But the transcript is "directly at odds with what we have been told by the nominee," McCurry said.

Despite Foster's denial that he ever performed that many

tests or abortions, the transcript raised concerns at the White House and eyebrows on Capitol Hill, where Foster needs Senate approval.

McCurry said Clinton knew before he announced the nomination that Foster, 61, had done abortions. Friday, Foster told the White House it was "fewer than a dozen."

If Foster's nomination is derailed, it will be the latest in a series of troubles Clinton has had with nominees and Cabinet members.



USA TODAY

FOSTER: Document raises questions

Foster, conservative critics like to say, is "Elders Lite," a man with similar views to those of former surgeon general Joycelyn Elders, fired by Clinton in December after she said schools might consider teaching about masturbation.

Senate Majority Leader Bob Dole and others said earlier that they'd hold a hearing, probably in March. But Republicans are under pressure from conservatives to oppose the nomination.

"The final vote will tell us more about the U.S. Senate than it will about Dr. Foster, about whom we already know enough," said commentator Patrick Buchanan.

"To me, it's sort of strange that people are attacking him, because he's been preaching abstinence, which the right-wing groups also are preaching," said William Andrews, president of the American College of Obstetricians and Gynecologists.

► Clinton will fight, 1A

Washington Post 2-8-95 A1

Abortion Issue Surprised White House

Trouble for Surgeon General-Designate Reflects Lack of Preparation

By Ann Devroy
Washington Post Staff Writer

When President Clinton settled on Tennessee physician Henry W. Foster Jr. as his nominee for surgeon general, he thought he had a candidate with a "perfect profile," a man heavily involved in curbing teenage pregnancy who had delivered thousands of babies and had even been cited as a hero by then-President George Bush.

But what Clinton and his aides did not fully debate is abortion, one of the most emotional issues in the country, and whether they were prepared for a battle over it.

Now the president, hobbled by incomplete information on his nominee and embarrassed by erroneous in-

formation dispensed once and maybe twice about Foster, has been thrust into an unwelcome and uncomfortable political fight that shows no signs of abating.

Yesterday, Clinton repeated that he stands behind his nominee and will fight for him. But faced with a gush of allegations about Foster's record, the White House put deputy chief of staff Erskine Bowles in charge of an emergency fact-gathering mission: summoning Foster to the White House on Monday night to answer questions; dispatching aides to Tennessee to examine his record; and assigning a half-dozen aides to find out the facts that were not examined before Clinton announced his intention to nominate Foster in an Oval Office ceremony last week.

See FOSTER, A12, Col 1

Divisive Issue Imperils Surgeon General Choice

FOSTER, From A1

"The next time we utter a number" of abortions performed by Foster, said Avis LaVelle, spokeswoman for the Department of Health and Human Services, "it won't be based on Dr. Foster's recollection. It will be based on a thorough review of all the records so he is not vulnerable to these allegations."

Some administration officials, and Clinton's abortion rights allies, are perplexed and angered that he is now in the situation of arguing over how many abortions Foster has performed. They argue that having Foster issue a statement saying that he performed "less than a dozen" abortions, mostly in cases of rape, incest or to protect the health of the woman, plays into the hands of abortion foes.

"We should have said all medical procedures he performed were legal and ethical and left it at that," said one official. But White House press secretary Michael McCurry said the Senate wanted to know the details so the administration had no choice but to gather them and make them public.

Yesterday, the National Coalition of Abortion Providers said in a statement that Foster's "equivocation and political cowardice in the face of criticism for doing what is legal . . . is inappropriate." The group called for Foster to step down.

Rep. Louise M. Slaughter (D-N.Y.), one of a group of Democratic members of Congress who called a news conference yesterday to support Foster, said it was "deplorable" that the administration had helped undercut Foster's nomination by getting into a debate over how many and what kind of abortions he performed.

The Clinton administration has a history of troubled nominations, from two failed choices for attorney general to civil rights enforcement chief nominee Lani Guinier, to last year's withdrawn nomination of Bobby Ray Inman to head the Defense Department. Many of the problems of those nominations were laid to in-

complete examination of the candidate's background.

Interviews with a number of White House, HHS and congressional officials suggest that Foster's selection, aimed to be noncontroversial after the stormy tenure of his predecessor, Joycelyn Elders, began normally. Officials said Foster was recommended by David Satcher, head of the Center for Communicable Diseases in Atlanta, and received glowing tributes from a variety of health professionals.

HHS officials, who compiled the original list of potential nominees for the White House and sent the list over in January, said the fact he had performed abortions was known but, as LaVelle put it, "It was such a minuscule part of his record."

HHS officials said that the White House did "the serious vetting" and was in charge of any serious examination of Foster's abortion background. "We answered the general question," McCurry said in defense of the operation there, "and now we are answering the specific question" of how many, what kind, under what circumstances abortions were performed.

Administration officials said yesterday that Clinton's top aides did not believe abortion would turn into a big issue because, as one put it, "the guy had a perfect profile, the Republicans don't want a fight now over this, and we were lulled into thinking if we went forward with a perfect person for this post that we would not be caught up in a huge fight."

What was not added to the White House calculation was that even if congressional Republicans did not want a fight, antiabortion groups always do. A congressional Republican said yesterday that the antiabortion and religious conservative groups were "spoiling for a debate, salivating for a debate," but had agreed to forgo one while Republicans worked on their major concern, budget and economic issues in the "Contract With America." The White House, the Republican said, "has given them the fight we did not."

An administration official, only marginally involved in this nomination, called the White House rationale "incomprehensible." He added, "There are certain questions in the current political climate you check 10 times and then 10 times more because of their resonance. The question of whether he performed abortions, under what circumstances, the public record in this area, you check them all so you can make an informed judgment going in. We're saying here that we did not do the proper vetting again."

The first result of incomplete information was to pass it along to Sen. Nancy Landon Kassebaum (R-Kan.), an abortion rights supporter who heads the committee Foster would face first in confirmation. Sources said HHS Secretary Donna E. Shalala, in a phone conversation with Kassebaum, gave the senator what all now say was the wrong information—that Foster had performed only one abortion—at a time the president and his senior aides knew Foster had done more than one abortion.

Kassebaum accused the White House of handing out wrong information and thus turning Foster's nomination into an abortion fight nobody wanted. The White House, she said yesterday, has made the Foster nomination a "litmus test" on abortion. "I am not saying it should be; I'm saying it is," she said.

"Why do they keep going to nominees who have problems?" asked Majority Whip Trent Lott (R-Miss.).

Clinton had hoped this winter to stick to his message of helping the middle class and to avoid fights that were not of his strategic choosing.

White House officials insisted yesterday that Clinton would not withdraw Foster's nomination. "The president does not feel that the number of abortions is a factor," said McCurry, even though it was the administration that first offered that Foster had performed fewer than a dozen abortions.

McCurry yesterday described Clinton as being ready to oppose "those who would suggest that anything Dr. Foster has done, which is certainly legal and certainly within the bounds of medical ethics, ought to be made illegal, and that ultimately is what those fighting this nomination are raising."

Staff writers Helen Dewar and Kevin Merida contributed to this report.

Abortion Foes Attack Record Of a Nominee -

By JERRY GRAY

Special to The New York Times

WASHINGTON, Feb. 7 — President Clinton's nominee for Surgeon General was dealt another blow today as anti-abortion forces stepped up their assault on his record, saying he had participated in a study designed to help women induce their own abortions.

Congressional Democrats complained that the White House was not adequately defending Dr. Henry W. Foster Jr., an obstetrician and gynecologist from Tennessee, and even some of his supporters warned that his veracity was in doubt and his nomination could be in trouble.

Besieged by a debate over how many legal abortions Dr. Foster has performed in a 30-year career in a field in which abortions are common, supporters argued that the debate over numbers was a diversionary tactic and should not be the test in choosing a nominee.

The White House, which had earlier stressed Dr. Foster's insistence he had performed fewer than a dozen abortions, agreed that the baton over numbers was a diversionary tactic. "The Administration believes the number of pregnancy terminations conducted by a highly qualified physician ought not to be a factor," said Michael McCurry, the White House spokesman.

The White House did not attempt today to offer any definitive count. Nor did it try to clarify apparent contradictions between Dr. Foster's statements and documents suggesting that he had performed far more abortions than he acknowledged.

Although the President and various White House officials issued statements supporting Dr. Foster,

Nominee for Surgeon General Faces New Wave of Criticism

Continued From Page A1

Democrats and Republican alike were predicting a troubled confirmation, particularly if the veracity of the candidate became an issue. Even some initial supporters were beginning to doubt his prospects.

"While I would like to be able to support Dr. Foster, I will not make a decision on his nomination until complete information on his background" becomes available, said Senator Bill Frist, a Republican freshman from Tennessee who is a doctor and a friend of Dr. Foster. Mr. Frist had initially applauded the choice of Dr. Foster for the job.

Speaking of Dr. Foster's prospects, Senator John B. Breaux, Democrat of Louisiana, said: "Rough seas. He's got a rocky road ahead of him."

The anti-abortion groups trying to block Dr. Foster's Senate confirmation released new documents showing that Dr. Foster had directed a study in the 1980's to test drugs designed to let women induce their own abortions. On Monday they released a transcript of a 1978 hearing at which Dr. Foster was quoted as saying, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700."

The speaker did not give a breakdown of how many of either procedures had been performed. An amniocentesis rarely causes an abortion.

But on Monday, Dr. Foster denied making those comments and the White House stood by him. Today the White House said it was aware of the abortion study and defended it as a research program that was approved by the Federal Drug Administration.

But the anti-abortion groups' strategy appeared to have struck a political nerve and left the White House looking vulnerable as it first asserted that Dr. Foster had performed only one abortion, then said he had performed about a dozen, then declined to comment on numbers while it compiled a study of his medical practice.

President Clinton, who said on Monday that he would continue to back Dr. Foster "if the facts are as I understand them to be," was more supportive today. Asked about the varying reports of abortions Dr. Foster had performed, he said, "I be-

lieve that they've been cleared up, and I certainly support him."

But Michael McCurry, the White House spokesman, said, "It's clear that there are questions arising on Capitol Hill about his medical practice and for that reason the administration is now compiling an exhaustive and complete analysis of that practice which we will be able to share with members of the Senate."

Dr. Foster has not commented directly on any of the controversies that have surrounded his nomination and he has declined to be interviewed. That has left the field largely to his opponents and there were signs today that they have been able to plant seeds of doubt in the minds of those who are inclined to support the nomination, including some moderate Republicans who may hold the deciding votes.

"I urge my colleagues in the Senate to withhold judgment on Dr. Henry Foster Jr. until we know all the facts," said Senator Arlen Specter, a Republican from Pennsylvania.

But Mr. Specter, a candidate for the Republican Presidential nomination, said he was "very concerned about allegations that Dr. Foster misrepresented his record."

"If the issue is veracity and character, that may be a basis for disqualification," he said.

Concerned that Mr. Clinton might be waffling in his support and perplexed by the near silence of Senate Democrats, a group of House Democrats today began their own campaign in support of Dr. Foster.

"The majority of Americans will not allow a narrow band of extremist special interest groups to derail Dr. Foster's nomination," said Representative Nita M. Lowey, a Democrat from New York and the co-chairwoman of the House Pro-Choice Task Force. "We will not tolerate the harassment of doctors, whether it occurs in front of clinics or on Capitol Hill."

A handful of Senate Democrats, Barbara Boxer of California among them, have spoken out in support of Dr. Foster.

Groups as varied as an association of medical school deans and the American Jewish Congress rushed to the nominee's defense. But one group of abortion supporters, angry with both the White House and Dr. Foster, called for the nomination to be withdrawn, saying it was no longer appropriate.

Washington Times 2-2-85 A1

Foster abortion-pill work puts confirmation in deeper doubt

By Paul Bedard
THE WASHINGTON TIMES

President Clinton's nominee for surgeon general, Dr. Henry W. Foster Jr., tells in a 1985 medical study how he and his research team induced abortions in 55 of 60 patients, further discrediting his claim of performing "fewer than a dozen" abortions and creating new problems for the nomination on Capitol Hill.

House and Senate Republicans, armed with news articles, a scientific study on abortion authored by Dr. Foster and a transcript in which he reports doing "a lot of amniocentesis and therapeutic abortions — probably near 700," said that the doctor's credibility

Statements raise 'character issue'

and truthfulness are now in doubt.

Sen. Connie Mack, Florida Republican, said more troublesome than the abortions Mr. Foster performed is the charge that the former Planned Parenthood board director may have lied about it. "That creates a problem for me because it raises the whole character issue," he said.

"Unless some of these disturbing questions can be answered satisfactorily, his confirmation is in serious jeopardy," said Sen. Dan Coats, Indiana Republican.

"The White House has badly

mishandled a nomination in which they should have been sensitive to the issues that would be raised," said Sen. Nancy Landon Kassebaum, Kansas Republican and chairman of the Labor and Human Resources Committee, which will hold hearings next month on Dr. Foster's nomination.

House Democrats and liberal groups, such as the National Abortion and Reproductive Rights Action League and the National Organization for Women, met to map a strategy to save the Foster nomination. A NARAL leader said at a private meeting of activists that actress Barbra Streisand had called Mr. Clinton to express sup-

see FOSTER, page A12

FOSTER

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port for Dr. Foster.

Both Republicans and Democrats said the administration's changing stories on the number of abortions performed by Dr. Foster has made the issue key to the debate over his nomination.

Mrs. Kassebaum said there "should not be a litmus-test issue regarding Dr. Foster, but whether the White House or myself or anyone else believes it should be, it is."

In addition to the numbers issue, Senate Republican leaders said the nomination is faltering because of new evidence that Dr. Foster was deeply involved in fetal research.

Among the new developments:

- In the May 1985 issue of *Obstetrics & Gynecology*, Dr. Foster said a study team he headed worked on a "do-it-yourself" abortion suppository that resulted in terminating the pregnancies of 55 of 60 women tested. In a Feb. 5, 1981, Nashville Banner news story describing the ongoing study, Dr. Foster said the medication had resulted in 75 abortions.

Avis LaVelle, spokeswoman for the Department of Health and Human Services (HHS), which is belatedly looking into Dr. Foster's medical background, explained that Dr. Foster was the study's administrator and didn't actually handle the experiments himself. Victor Zonana, an HHS spokesman, said Dr. Foster "may have administered some of the medication."

- The White House and HHS backtracked from charges that the 1978 transcript statement regarding "probably near 700" amniocentesis and therapeutic abortions was fake.

Amniocentesis involves inserting a hollow needle into the uterus of a pregnant woman and extracting amniotic fluid to check for disease or genetic defects or to determine the sex of the fetus.

The transcript was provided to *The Washington Times* along with a Federal Register notice for June 18, 1978, noting that Dr. Foster would testify in Seattle at a hearing of the Ethics Advisory Board of the Department of Health, Education and Welfare, the predecessor to HHS.

On Monday, Dr. Foster denied mentioning conducting up to 700 abortions or amniocentesis procedures. The White House suggested yesterday that Dr. Foster wasn't even at the hearing. Spokesman Michael McCurry suggested that the transcript was a fraud.

Late yesterday, Ms. LaVelle conceded that the transcript was real, but she said Dr. Foster was misquoted. "The transcript says what it says," she said. Dr. Foster "can't account for what's in the transcript. It could be an error. . . . The transcript is absolutely wrong."

Eric Ueland, a spokesman for the Republican Policy Committee,

said of the transcript: "If it is a forgery, it rivals the Hitler diaries."

- In the transcript, Dr. Foster also discusses testing a fetus before the 13th week for sickle cell anemia. "The struggle has been to try and be able to diagnose sickle cell . . . at a point at which therapeutic abortion could be offered," he said.

- Dr. Foster asked others at the hearing for their views on the possibility of doing "basic research" on fertilized eggs collected for in-vitro fertilization that are not implanted in a woman's womb.

For a second day, Mr. Clinton defended Dr. Foster. Asked about the conflicting numbers of abortions, Mr. Clinton said, "I believe they have been cleared up and I certainly support him."

But Republican congressional leaders weren't accepting the White House or HHS explanations. House Speaker Newt Gingrich, Georgia Republican, said, "The burden of proof has shifted from 'We ought to approve him because he seems like a good guy' to 'He'd better prove the case or he's not going to make it.'"

Rep. John Boehner, Ohio Republican and chairman of the Republican Conference, said: "Mr. President, withdraw your nominee and start anew. The Clinton adminis-

tration appears to have difficulty telling the whole truth when it comes to its nominees."

Mr. McCurry said an FBI background check has been ordered.

Meanwhile, Republican Senate staff aides are conducting their own investigation into the doctor's medical practice and his management of the financially troubled Meharry Medical College in Nashville, Tenn. He was acting president of the school in 1993 and 1994 and was head of the school's obstetrics and gynecology department from 1973 to 1990, the period during which he conducted the abortion-pill tests.

Liberal House Democrats lined up to slam the White House handling of the nomination and charged that Dr. Foster, who is black, was the victim of a modern-day lynching.

"He's having his character assassinated without a trial," said Rep. Sheila Jackson Lee, Texas Democrat. "This is not the time for a 1995 lynching."

Liberal groups compared the fight for Dr. Foster's confirmation to President Reagan's losing 1987 battle for Supreme Court nominee Robert Bork.

- Nancy Roman contributed to this report.

Abortion Foes Find Old Files Useful

Clippings From 1981, Transcripts From 1978 Brandished Against Foster

By John Schwartz
Washington Post Staff Writer

Members of the antiabortion movement tend to have long memories—and excellent filing systems.

That's why, soon after President Clinton announced that he would nominate Nashville gynecologist Henry W. Foster Jr. as his new surgeon general, reporters' fax machines were spewing out 14-year-old clippings from the National Catholic News Service and 17-year-old transcripts from federal ethics advisory panels. The resulting flurry of calls sent government officials and executives of a major drug company scurrying to find documents that none of them seemed to have known existed. The allegations: that despite the administration's statements that Foster had performed fewer than 12 abortions in his career, he had actually been responsible for hundreds more in the course of his biomedical research.

Randy Engel, executive director of a Pittsburgh anti-abortion group known as the International Foundation for Genetic Research/Michael Fund, said that as soon as she saw the picture of Foster standing next to Clinton in her local newspaper, she thought that Foster's name was familiar. She turned to a pink, 400-page volume of the 1978 proceedings of a Carter administration panel on biomedical ethics and found pages that she had underlined and starred heavily.

To Engel, one sentence jumped off the pages. According to the transcript, panel member Foster was discussing a proposal from researchers who wanted to test a fetal observation technique, fetoscopy, on pregnant women who were planning to have abortions. He was quoted as saying, "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." Foster has said through White House spokesmen that the quote must be incorrect since it in no way describes his career.

Even if the transcript is correct, it is impossible to tell from the statement how many abortions Foster performed. Amniocentesis is a common test for diagnosing genetic problems in a fetus. In 1978, Foster and other researchers were studying it and other methods in an effort to find an accurate way to diagnose sickle-cell anemia during pregnancy. Elsewhere in the transcript of the meeting, Foster is reported as saying, "The struggle has been to try and be able to diagnose sickle-cell . . . disease at a point at which therapeutic abortion could be offered."

For Engel, the pairing of the words "therapeutic" and "abortion" constituted a red flag, even though the term "therapeutic abortion" is widely used in the medical community to designate an induced abortion. Although genetic diseases such as Tay-Sachs have virtually disappeared in the United States because of the availability of abortion, Engel rejected the idea that the practice could

be therapeutic. "It struck me at the time," she recalled. "How could he say that?"

"Curing disease does not mean killing the patient," Engel said. "If killing in general is a form of therapy, then every disease becomes 'curable.'" The group is currently battling the National Institutes of Health over proposed guidelines for federal funding of research on human embryos.

The Foster nomination, intended by the Clinton administration as an olive branch for conservatives who want teenagers to be taught about sexual abstinence, has instead become a blundering run into the decades-old minefield of abortion politics.

Engel also pulled out an April 1981 story from the National Catholic News Service that cited Foster as head of a clinical trial then being conducted at Meharry Medical College of an abortion-inducing drug. The article called the drug, a member of the family of hormones called prostaglandins, which stimulate uterine contractions, "a 'do-it-yourself' abortion drug." It quoted Foster as saying the drug might eventually be obtained by prescription and administered at home.

Yesterday, the National Right to Life Committee was faxing other articles about the Meharry experiments, part of a larger multicenter trial of the drug. "It's revolutionary," the Feb. 5, 1981, Nashville Banner quoted Foster as saying about the experimental treatment.

The packet also included an article in the journal *Obstetrics & Gynecology* cowritten by Foster on the prostaglandin research. It described a study conducted on 60 women, 55 of whom ended their pregnancies using the drug.

Douglas Johnson, legislative director of the National Right to Life Committee, said, "This is not 'life of the mother,' rape and incest. This is routine abortion."

Officials at Upjohn said that they did not have ready access to information on the drug trial. They said the company never brought the drug to market and abandoned research on abortifacient drugs more than five years ago. It still markets a few prostaglandins already approved for a variety of uses, including abortion. Upjohn spokesman Joe Heywood bristled at the notion that the company would have marketed an at-home abortion kit, saying the drug was "not a 'do-it-yourself.'" The right-to-life people said that a lot in those days and it wasn't true.

The growing controversy surrounding the Foster nomination led Louis W. Sullivan, former secretary of the Department of Health and Human Services and a longtime friend of Foster's, to denounce the harsh attack on the proposed nominee. He called the nominations process "barbaric" and "not the sort of thing that any sane person would willingly expose himself to."

Staff researcher Barbara J. Saffir contributed to this report.

Nominee-directed pill study resulted in 59 abortions

HHS denies active role by Foster

By Joyce Price
THE WASHINGTON TIMES

Dr. Henry W. Foster Jr. led a research team that used an experimental drug to induce abortions in 55 of 60 pregnant females, the nominee for surgeon general wrote in a medical journal in 1985.

The researchers performed surgical abortions on four in whom the drug had failed, Dr. Foster wrote in the report, published in *Obstetrics & Gynecology*. The 60 females ranged in age from 15 to 31.

"Eligible patients included those in good health who were voluntarily seeking pregnancy interruption and were no more than eight weeks pregnant," wrote Dr. Foster, who was chairman of the department of obstetrics and gynecology at Meharry Medical College in Nashville, Tenn.

Dr. Foster's biography identifies him as the leader of the research, which the report said was conducted to "evaluate the safety, efficacy and patient acceptability of this mode of noninvasive early abortion."

That and other revelations yesterday turned up the heat and the volume in the debate over the obstetrician-gynecologist's nomination to be surgeon general.

Douglas Johnson, federal legislative director for the National Right to Life Committee, said the medical journal proves Dr. Foster "was directly responsible for at least 59 elective abortions, contrary to his claims last Friday that he was involved in only a dozen abortions and that those were performed either to save the life of the mother or in cases of rape or incest."

But Avis LaVelle, spokeswoman for the Department of Health and Human Services, the agency in which the surgeon general serves, said Dr. Foster was "just an administrator" in the abortion-pill research.

The research trials, conducted in the early 1980s, were financed by the pharmaceutical company Upjohn. Two combinations of the hormone prostaglandin were administered in a vaginal suppository.

Prostaglandin, which triggers labor contractions, is used in conjunction with RU-486, the French abortion pill being tested in this country. Without prostaglandin, RU-486 is far less effective, studies have shown.

An Upjohn spokesman said the

drug tested at Meharry was never produced for sale, although the researchers concluded it was safe and effective.

The published research was one of several revelations Dr. Foster's opponents used yesterday as evidence against his nomination.

They noted statements attributed to Dr. Foster in a November 1978 meeting of the Department of Health, Education and Welfare's Ethics Advisory Board, of which he was a member.

According to a transcript of the meeting, Dr. Foster said he had "done a lot of amniocentesis and therapeutic abortions, probably near 700." He has denied making that statement.

The transcript also attributes to Dr. Foster a discussion on fetoscopy — a biopsy of a fetus — and a catheter used in the procedure.

It is "quite acceptable" to leave the catheter in the womb after the fetoscope is removed, "in fact, that is one of the techniques we use for continuous prostaglandin infusion," the transcript quotes him as saying.

Judie Brown, president of the American Life League, said Dr. Foster was discussing a process that kills fetuses.

Also in the transcript, Dr. Foster is quoted as saying: "We do amniocentesis to decide whether or not the pregnancy should continue and to provide a therapeutic abortion. In fact, I know much of that."

He cited research at other institutions to diagnose sickle-cell anemia in fetuses before the 13th week of pregnancy. "The struggle has been to try and be able to diagnose sickle cell ... at a point at which therapeutic abortion could be offered," Dr. Foster said, according to the transcript.

Dr. Foster asked others at the meeting for their views on doing "basic research (on) fertilized eggs" — human embryos collected for in-vitro fertilization.

The Rev. Richard McCormick, who was professor of Christian ethics at the Kennedy Institute for the Study of Reproduction and Bioethics, made it clear at the meeting he believed such research would be inappropriate.

Mrs. Brown called Dr. Foster "your worst nightmare come true a ghoul." She added that "all hell is going to break loose" if the administration proceeds with the nomination.

• Paul Bedard contributed to this report

Cultural windshift

The pro-life movement must measure its victories in nuances. *Roe vs. Wade* will not be overturned any time soon. But there is movement in the culture.

The flap over the appointment of Dr. Henry Foster Jr. is an example of the progress made. When it was revealed that Dr. Foster had performed abortions, some commentators shrugged, saying, "What else can you expect? This is an administration wedded to the idea that abortion is a solemn right. Why should we be surprised that an appointee shares that view?"

But that isn't the point. The cheering news is that having performed abortions is now considered to be a stain on a physician's record. Even the White House was at pains to point out that Dr. Foster had delivered more than 10,000 babies — and stressed (beyond the point of credibility in my judgment) that the few abortions Dr. Foster did perform were all in cases of rape, incest or risk to the mother.

The White House also released an Orwellian statement saying Dr. Foster had "performed a full range of reproductive services." What, exactly, is "reproductive" about abortion?

The more the pro-choice forces are required to retreat into euphemism, evasion and obfuscation, the stronger the pro-life movement becomes. That the White House was embarrassed and defensive is a sign of movement.

Pro-choicers would love to keep the focus of debate on the stray acts of violence at abortion clinics. That's understandable. Only when they are being shot at can pro-abortion forces hold the moral high ground.

While it is undeniably important for pro-lifers to distance themselves from the violent fringe — indeed, to condemn it unambiguously — it is just as crucial to keep the focus of the abortion debate on the act itself.

Pro-choice groups call themselves "pro-choice" because they cannot bring themselves to admit that they are pro-abortion. They have had terrific success, thanks to a sympathetic press, in keeping the focus of discussion on the exceedingly rare instances of rape and incest rather than on the roughly

1.5 million abortions for convenience each year that this society tolerates.

In the February issue of *First Things*, Amherst College Professor Hadley Arkes is quoted as making the following suggestion: Wherever possible, legislatures should introduce laws outlawing third-trimester abortions. (*Roe vs. Wade* permits states to regulate abortions in the third trimester.) Mr. Arkes' point is not just to succeed — though, if enacted, such a law would bring to an end the 17,000 third-trimester abortions that are performed each year in the United States. But Mr. Arkes thinks the debate over such a law would have a wonderfully clarifying effect.

Pro-choice groups would almost certainly oppose such legislation. But on what grounds? Invoking the right of privacy would ring pretty hollow when the subject is a 7-, 8- or 9-month-old fetus — a baby in every way. Even if the continuation of the pregnancy presents a threat to the mother's life, there is every possibility that in the third trimester the child can be born alive.

Would pro-choicers argue that no one can force a woman to carry a child she does not want? That argument, too, loses much of its power when the pregnancy is already nearly complete. If the mother has managed this long, why not ask her to hang in there for a couple more months? Is that such a burden, compared with the child's right to life?

Nor can pro-choice types maintain that a woman cannot be unwillingly saddled with a child to raise. If the mother does not want the baby after birth, the child can be placed for adoption immediately.

The beauty of Mr. Arkes' idea is that it would force the debate in the direction it needs to go — toward the child at risk and away from bizarre and wrenching situations like rape and incest. A late-term fetus is very recognizably a baby. It is clear even to the most ardent abortionist that this is more than "a clump of protoplasm."

Dr. Foster will probably be confirmed. But there is no question that he would have emerged on the national scene with greater stature if probes of his past had revealed that he had declined to perform abortions. That is progress indeed.

Mona Charen is a nationally syndicated columnist.

COVER STORY

Using post as a bully pulpit adds visibility

Ability 'to deal with medical issues, not politics,' may be a thing of the past

By Anita Manning
USA TODAY

The nomination of the first obstetrician/gynecologist to fill what used to be a ho-hum administrative position — the post of surgeon general — has ignited another national controversy.

The reason: The nominee has performed abortions.

Doctors and health advocates watching the furor over Henry Foster say these may be the best and worst of times for an ob/gyn to take the job. "It's very difficult, given the political climate, for an obstetrician-gynecologist to be considered for the post," says S. Paul Ehrlich, a Nixon appointee who served as acting surgeon general from 1973 to 1977.

Then who can be?

The ideal candidate, says former Health, Education and Welfare secretary Joseph Califano Jr., is "part Florence Nightingale, part Jesse Jackson and part Billy Graham." "If the issue is the surgeon general as bully pulpit," he

Please see COVER STORY next page ►

Foster admits 39 abortions

By Mimi Hall
USA TODAY

Dr. Henry Foster guaranteed even more controversy over his nomination as surgeon general, admitting Wednesday night he has done 39 abortions.

President Clinton's nominee previously said he had performed "fewer than a dozen."

Foster made the admission on ABC's *Nightline*. He also said he won't bow to criticism: "I'm a big fighter. I'm going to

go with the process all the way. ... I feel the president is totally committed to my nomination."

The gradual release of information about Foster's abortion history has drawn almost as much criticism as the fact that he performed them.

Sen. Barbara Mikulski, D-Md., told *Nightline* the White House "bungled the process" and said there is only "a 50-50 chance" he'll be confirmed.

► Foster's teen program, 2A

COVER STORY

If you 'have strong views, you're going to upset somebody'

Continued from 1A

says, "It's irrelevant whether he's an obstetrician or a surgeon or a family practitioner. A charismatic nurse would be terrific."

And possibly less controversial than Foster, who is widely praised for his work on teen pregnancy prevention, but has run into a Mount McKinley-sized road bump over the fact that during his 37-year career, he has performed abortions.

Critics say that alone is enough of a moral obstacle to disqualify him from the post.

Still, fellow physicians are not surprised Foster performed abortions. In the years following the 1973 Supreme Court decision that made abortion legal, most doctors specializing in obstetrics and gynecology performed them routinely.

"Certainly anybody in Dr. Foster's age group, the great majority would have done abortions," says William Andrews, president of the American College of Obstetrics and Gynecology.

gy. "It was a mainstream thing. ... Almost everybody did them."

Even before *Roe vs. Wade*, says Jeannie Rosoff, president of the Alan Guttmacher Institute, many doctors were involved with abortion.

"Nowadays an abortion to save the woman's life is very rare, but 30 years ago there were very different medical considerations," she says.

"Also, there were women who showed up ... with botched abortions that one had to finish. It was impossible to avoid. I imagine even the right-to-life people did some."

"No programs ever forced staunch Catholics or others with strong reservations to do abortions," says Phillip Darney, ob/gyn at San Francisco General, "but most large programs made it a routine."

Today, many medical schools don't even teach it and nearly half of the ob/gyn chief residents graduating each year have never performed a first-trimester abortion, according to a Columbia University survey.

If it's not scheduled into regular

training programs, Darney says, most already overworked residents forgo it. "When you have residents working 100 hours a week, you'll find few who take time for an elective."

As a result, there's a shrinking pool of doctors who've performed abortions, and many are retiring or giving up the practice because it's a flashpoint in many communities.

The number of abortion providers dropped 8% between 1988-92, from 2,582 to 2,380, says the Guttmacher Institute. Nine states — Arkansas, Delaware, Indiana, Iowa, Kansas, Missouri, Tennessee, Utah and Wyoming — lost 20%-40% of their providers. North Dakota and South Dakota are down to just one facility each.

"I don't like to acknowledge it, because it gives joy to the people who want to restrict or eliminate access to abortion," says Darney, "but I think the violence and murders do have a chilling effect."

The controversy over Foster's nomination to succeed Joycelyn Elders is seen by ob/gyns as "a tempest

in a teapot," says Andrews. "It's a shame to assault a doctor for something that is a normal part of his responsibilities."

If anyone who has performed an abortion is ruled out as a possible surgeon general, Darney says, "you'd be hard pressed to find a gynecologist who would be qualified. Certainly there are ob/gyns who haven't done abortions, but they're not likely to be distinguished academicians or have stature in public health, as Henry Foster does."

An obstetrician is a good choice for the job, says Sally Olexia, director of the Health Science Program at Kalamazoo (Mich.) College.

"Ob/gyns are primary care physicians, and children bearing children has been targeted as one of our society's health problems. (Foster's nomination) would seem to me to be carrying on with (C. Everett) Koop's role as focusing on the American community's health problems."

The role of surgeon general changed dramatically with Koop's

1981 appointment by President Reagan, says Donald Wilson, dean of the University of Maryland School of Medicine. "Prior to that, it was a low-key ceremonial title, but they really did not play much of a visible role."

Koop changed that by taking on the bully pulpit. People have gotten used to that now. They expect the surgeon general will continue to do that. He or she is expected to know what's best for public health, and to take a stand on that."

That's where some surgeons general get in trouble. Elders lost her job over remarks on sex education. And Koop was criticized for his stand on AIDS education and smoking.

But, says Ehrlich, who is grateful to be retired and out of the fray, it's "unfortunate the president picked (an ob/gyn) because of the political controversy around abortion. It's unfortunate, but that's the case."

A more easily confirmable nominee, he says, would be "someone like myself who has boards in preventive medicine and public health. And cer-

tainly an internist, even a pediatrician, given some of the problems of immunization or teen pregnancy."

A doctor in that post, Ehrlich says, "can serve to deal with the nation's health problems in a nonpartisan manner. That was the beauty of the position." The role is "to deal with medical issues, not politics," he says.

It may be, though, that the two are now forever entwined. And what that means for the future of the position remains to be seen.

"It's difficult to get a perfect person," says Wilson, "unless the person has no strong views, has done nothing of significance and is willing to stand again in a ceremonial position. If you're going to have strong views, you're going to upset somebody."

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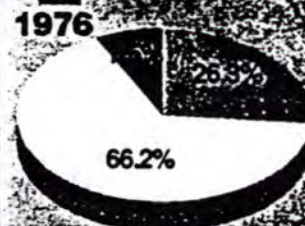
USA Today A-1 2-9-95

Abortion barrier to job?



Surgeon general nominee faces heat but 'almost everybody did them'

Almost one-third of ob/gyn residents in 1991 did not get training to perform abortions. How available is this training?



By Tim Dillon, USA TODAY
HENRY FOSTER: Doctor now says he has performed 39 abortions after admitting to 'fewer than a dozen.'

Source: The Alan Guttmacher Institute

Acknowledging Its Errors, White House Goes to Bat for Foster

By Ann Devroy and John Schwartz
Washington Post Staff Writers

After conceding mistakes in handling the nomination of Tennessee physician Henry W. Foster Jr. to be surgeon general, the White House went on the offensive yesterday, scheduling Foster for television appearances to defend himself and offering him unequivocal backing.

Abortion rights advocates also began an offensive after days in which abortion foes distributed Foster's prior statements and transcripts indicating he performed many more abortions than the fewer than a dozen he recently has stated. Abortion rights groups accused Foster opponents of demonizing doctors who perform legal medical procedures and of unfairly attacking Foster.

President Clinton strongly defended his announced nominee. "He is a good man who has delivered thousands of babies and devoted his life to trying to prevent the kind of problems that he is now being criticized for. I believe he should be confirmed and I believe he will."

Foster has not made public appearances since Clinton last week announced his intention to nominate Foster and the decision quickly exploded in controversy over the issue of abortion. As an obstetrician-gynecologist, Foster performed what he said were fewer than a dozen abortions in a career that includes delivering thousands of babies and involvement in teenage pregnancy prevention and in Planned Parenthood programs.

But transcripts and other information distributed by his foes indicated Foster once said in a 1978 hearing by a government board: "I have done a lot of amniocentesis and therapeutic abortions, probably near 700." His opponents also said Foster directed a Meharry Medical College clinical test of an abortion-inducing drug. In an article he co-wrote, Foster described the test in which 55 women ended their pregnancies using the drug.

White House press secretary Michael McCurry offered a public mea culpa in the unraveling of the Foster nomination. "I think the point of it is that there's no one on staff who would say that we served the president and the nominee as best we could. We should have done a better job," he said. "And we're now looking forward and getting everything prepared for what we know will be a hard fight, but we believe will be a very successful and effective fight on behalf of the nominee."

White House officials yesterday insisted that Foster had not misled the administration because the issue

was one of interpretation and the White House had not probed further into information Foster provided. McCurry said yesterday that much of the conflicting information about Foster's medical practice had occurred because the White House "speaks the language of politics and policy, and Doctor Foster speaks the language of his profession, medicine."

On the drug tests, an official said Foster did not see drug testing as fitting into the question of whether he had performed abortions. On the question of the 700 procedures, the White House is adhering to its original statement: that it must be an error in transcription or in identifying the speakers because Foster flatly denies he performed 700 procedures and does not recall having said so.

Foster was brought to the White House again Wednesday for addi-

tional questioning about his medical practice over 38 years. McCurry

"No one ... would say that we served the president and the nominee as best we could. We should have done a better job."

—Michael McCurry,
White House spokesman

said a team was "putting together information" on Foster's career "that would help us understand and more

completely catalogue his medical practice" and aid Foster in publicly answering questions.

In Washington, the abortion rights groups held news conferences, issued statements and rallied for Foster. The Planned Parenthood Federation of America brought 100 representatives from around the country to Capitol Hill to form what it called a "Foster Truth Squad" to counter allegations by antiabortion groups.

"Doctor Foster is a caring, compassionate, common-sense physician who has been working on public health problems for decades," said Janet Lubow, who served with Foster on a regional Planned Parenthood board. The group urged Americans to look at Foster's record in working to prevent unwanted teenage pregnancies through programs that encourage abstinence, staying in school and making smart choices.

The National Abortion and Reproductive Rights Action League announced that it had set up phone bank to encourage local activist groups around the country to voice their support for Foster. "There has been a lot of attention given to anti-abortion voices in this," said the group's president, Kate Michelman. "The right wing is using this nomination to make abortion unavailable" and dangerous. She said that the attack on Foster was part of a broader attempt to "demonize" physicians who perform abortions.

Sen. Arlen Specter (Pa.), one of the few congressional Republicans who supports abortion rights, spoke at the Planned Parenthood rally to express qualified support for Foster, saying that while he was concerned Foster misrepresented his record, the fact of his having performed abortions should not disqualify him.



HENRY W. FOSTER JR.
... taking the offensive

FROM PAGE ONE

Pro-lifers hope to quash Foster just as foes did to Bork

By Joyce Price
THE WASHINGTON TIMES

Pro-lifers are showing the same political fury in fighting the nomination of Dr. Henry W. Foster Jr., a surgeon general that pro-choicers unleashed in 1987 to defeat Supreme Court nominee Robert Bork.

And just as pro-choicers did when they derailed the Bork nomination, pro-lifers are using the issue of abortion as a political tool that they hope will kill the Foster nomination.

"We're doing phone banking and focusing on members of the Senate Labor and Human Resources Committee. . . . Over the course of two days, we're able to make 20,000 calls," said Marshall Wittmann, legislative affairs director for Pat Robertson's 14-million member Christian Coalition, one of many pro-life, family groups actively trying to block Dr. Foster's nomination.

Other groups, such as the National Right to Life Committee and the International Foundation for Genetic Research, commonly known as the Michael Fund, are spending their time researching Dr. Foster's record and amassing information, including research studies and newspaper articles, that challenge or contradict statements the nominee and the White House have made about his background and position on abortion.

As quickly as they uncover material they see as helpful to their cause, the groups have shared it with the media, other pro-life organizations and members of the Senate, which is responsible for confirming nominees for surgeon general. "There's been a lot of faxing going on," Mr. Wittmann said.

One group, the Family Research Council, headed by Gary Bauer, who was domestic policy adviser in the Reagan administration, was ready with ammunition

against Dr. Foster even before President Clinton publicly identified him as his choice. The FRC documented Dr. Foster's long, close and high-level involvement with the Planned Parenthood Federation of America, a group that provides abortions and favors explicit sex education and condom availability for adolescents.

Dr. Foster's ties to Planned Parenthood were not mentioned in the White House biography of him.

Yesterday, Planned Parenthood held a news conference in which it announced support for Dr. Foster and disclosed its plans to contact black leaders, women's groups, and pro-choice members of the business, medical, political and religious communities to urge them to lobby for Dr. Foster's confirmation.

Dr. Foster, 61, is black. And pro-choicers hope blacks will rally behind the man who would become the nation's second black surgeon general. Dr. Joycelyn Elders, who

was fired in December, was the first.

Planned Parenthood billed the news conference as an attempt to "set the record straight" about Dr. Foster, whose nomination has been damaged by pro-life and pro-family organizations.

In Congress, both Republicans and Democrats have said the White House's changing stories about the number of abortions Dr. Foster has performed has made that the key issue in the debate over his confirmation. Liberal pro-choice advocates in the House also slammed the White House handling of the nomination, charging that Dr. Foster was the victim of a modern-day lynching.

Many groups opposing Dr. Foster are targeting the Senate Labor and Human Resources Committee and, particularly, its pro-choice chairman, Nancy Landon Kassebaum, Kansas Republican, because that panel will hold confirmation hearings on the Foster

nomination next month.

Joel Bacon, a spokesman for Mrs. Kassebaum, said her office has received hundreds of phone calls in the past few days. "They've been pretty much evenly divided between opponents and supporters of Dr. Foster," he said.

The strategies pro-lifers are using against the Foster nomination are reminiscent of those employed by pro-choicers in their successful 1987 campaign against Judge Bork and their unsuccessful one in 1981 against Ronald Reagan's nomination of Dr. C. Everett Koop as surgeon general.

Abortion was the key issue in both campaigns. And although pro-choicers failed to prevent Dr. Koop's confirmation, they delayed it for at least six months.

Bork opponents attributed at least part of their success to the "paper trail" against abortion the judge left in his writings and rulings.

Pro-lifers are making similar use of Dr. Foster's paper trail. They challenge his credibility, citing an initial White House claim that he had performed only one therapeutic abortion; his own later admission he had performed about a dozen abortions, including some that were non-therapeutic, in his private practice as an obstetrician-gynecologist; and a published medical research study he led in which an experimental drug induced abortions in 55 women.

On Tuesday, a variety of pro-life groups had copies of the research study as well as the transcript of a 1978 meeting of an ethics advisory panel Dr. Foster was on in which he was quoted as saying he had performed 700 abortions. The groups made the studies and transcript available to reporters. Dr. Foster has denied making the statement contained in the transcript.

Foster offers new count of his abortions

More senators urge withdrawal

By Paul Bedard
THE WASHINGTON TIMES

Dr. Henry W. Foster Jr., President Clinton's nominee for surgeon general, last night gave a fifth accounting of the number of abortions he has performed — 39.

The statement, in an interview on ABC-TV's "Nightline," came hours after Sen. Don Nickles of Oklahoma, the influential chairman of the Senate Republican Conference, urged Mr. Clinton to withdraw the nomination.

"The president should withdraw the nomination or Dr. Foster should withdraw his name," Mr. Nickles said.

The new accounting was the fifth number that either Dr. Foster or the White House has given as the number of abortions he has performed. They have ranged from one, to "fewer than a dozen," to 55, to about 700, and now 39. Senators who must vote accuse the White House of fumbling the nomination by offering these wildly varying numbers.

In the hastily arranged "Nightline" interview, the Tennessee doctor said from the White House's Roosevelt Room that he also oversaw a study on an abortion drug that led to another 55 abortions, but he emphasized that he wasn't responsible for those because college students did the work.

"Those were not patients I knew," he said of the 55 women involved in the study. "They weren't my private patients."

The 61-year-old nominee sug-

gested that the White House never asked for a full accounting of the abortions he performed during his 37-year career, but he said he has spent the past few days going over his files.

Records dating back to 1973 have revealed that I was listed as the physician of record on 39 of those cases," he said, but he did not discuss his abortion record from the 1960s.

"It's more than a bungled nomination. Dr. Foster has serious credibility problems," Mr. Nickles said.

He said the Tennessee doctor and educator has tried to "mislead Congress and the American people" about his record on abortion.

Sen. Orrin Hatch, Utah Republican, also questioned certain statements by Dr. Foster. "It does not appear that he has been candid," he said.

The White House has badly mishandled the nomination," said Sen. Nancy Landon Kassebaum, Kansas Republican and chairman of the Labor and Human Resources Committee, which would hold the Foster confirmation hearings.

She will wait for further information from the White House before she decides how to cast her vote.

Sen. Arlen Specter, Pennsylvania Republican, said Dr. Foster should not be disqualified for "performing a legal medical procedure" but reflecting similar sen-

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FOSTER

From page A1

timont on Capitol Hill, he said he questions the candor of the doctor and the White House about his record.

Republicans and Democrats expressed dismay yesterday over the changing recollections by Dr. Foster and the White House about how many abortions he performed in his 37 years as a gynecologist in private practice in Nashville and as a teacher at Meharry Medical Center in Nashville and at Tuskegee University in Alabama.

Sen. John B. Breaux, Louisiana Democrat, said the nomination faces rough going in the Senate. "He's got a rocky road ahead of him."

The prospect of having to record a vote linked to abortion was viewed with dread by many senators.

"They would be well advised to find someone everybody could live with," said Sen. Phil Gramm, Texas Republican. "There are thousands of doctors."

Across the aisle, Sen. Joseph R. Biden Jr., Delaware Democrat, said: "They should have taken the finest doctor they could find in the country, someone near retirement without any controversy. It's not like this is the only doctor in the world."

Dr. Foster, a former member of the board of Planned Parenthood in Nashville, tried to use the "Nightline" interview to clear his name and his view of abortion.

"I abhor abortion. I abhor war. To me, abortion is failure. I don't like failure," he said. Dr. Foster added: "Now my credibility is at stake, and I have to do something about it."

Sen. Connie Mack, Florida Republican, expressed disbelief that the White House continues to have problems choosing successful nominees for high government po-

sitions. "It's incredible now they do this," he said.

When Dr. Foster's nomination was announced last Thursday, White House officials avoided the abortion issue, erasing from his official biography his 17-year tie to Planned Parenthood.

What's more, the White House initially reported Dr. Foster had been involved in only one surgical abortion in his long career. Dr. Foster later changed the estimate to "fewer than a dozen." Most, he said, were performed in cases of incest or to protect the mother's own health.

Anti-abortion groups uncovered a 1985 medical journal article in which Dr. Foster writes of testing a drug that induced abortions in 55 of 60 women. They also released a 1978 transcript of a Department of Health, Education and Welfare hearing in which he discusses conducting nearly 700 abortions and amniocentesis procedures, a test of the fetus for genetic defects, which can also detect the sex of the child.

As a result of the damaging and conflicting stories, the White House has assembled a team to do the background check normally completed before nominees are announced.

White House spokesman Michael McCurry conceded that the usual background checking system broke down in the case of Dr. Foster.

"I think the point of it all is that there's no one on staff who would say that we served the president and the nominee as best we could. We should have done a better job," Mr. McCurry said.

"It's good common sense that we need to do a better job, and I don't think anyone would say we've done the best job we could in this circumstance."

• Nancy Roman contributed to this report.

U.S. Defends Choice of Foster As It Copes With New Attack

Continued From Page A1

Panetta said. "I mean, that's essentially what they're saying. They're basically saying, 'God, why do I have to face this kind of controversial issue?' Because it is a controversial issue. Because dealing with teen-age pregnancies is a controversial issue. Because dealing with doctors that have to confront those issues is controversial. So what? That's what the name of the game is all about."

But Senator Phil Gramm, Republican of Texas, an abortion opponent who is seeking his party's Presidential nomination in 1996, predicted that Dr. Foster could not win Senate confirmation and said that he was too controversial to succeed Dr. Joycelyn Elders, who was dismissed by Mr. Clinton in December after a string of outspoken statements on sexual issues.

"I think that there's too much dispute about his record," Mr. Gramm said on the ABC News program "This Week." "I think that in the wake of Dr. Elders that it's been too divisive a position, and I think people are ready for a Dr. Welby, M.D., who can work with every element of American society."

Mr. Panetta insisted that the focus should not be on how many abortions or other procedures Dr. Foster had performed, or on the White House's acknowledged mistakes in vetting him and explaining his record, but on his overall career as an obstetrician and gynecologist who sought to prevent teen-age pregnancy by counseling abstinence.

"This isn't a vote about White House process, this is a vote about the qualifications of this Surgeon General," he said.

The White House chose Dr. Foster, the acting director of Meharry Medical College in Nashville, precisely because it hoped that background would enable him to lead a nationwide crusade against teen-age pregnancy.

But at the same time, the Administration today appeared eager to engage the Republicans in an open fight over abortion rights, a debate it had seemed intent on avoiding by initially focusing on the relatively small number of abortions Dr. Foster said he had performed and by emphasizing that he had performed them mostly in cases of rape or incest or to save the life of the woman.

"It's a debate about abortion," the Secretary of Health and Human Services, Donna E. Shalala, said today, also speaking on "This Week." "This is about a woman's right to have an abortion in this country, to make the most private of decisions."

Dr. Shalala acknowledged that an initial misstatement by the Administration to Senator Nancy Landon Kassebaum, a Kansas Republican, that Dr. Foster had performed only a single abortion had damaged the credibility of the nominee and the White House. Mr. Panetta attributed that mixup in part to allowing Dr. Shalala's department, not the White House, to conduct the initial background check. "That shouldn't happen," he said.

Dr. Foster himself first said he had performed fewer than a dozen abortions. He amended that last week to say that he had been the doctor of record on 39 abortions since going to Meharry in 1973 and had supervised a drug trial of a vaginal suppository in the early 1980's in which 55 more women ended pregnancies. An article by Dr. Foster on the study released by the White House this weekend showed that the suppository alone ended pregnancy in 55 of the 60 women to whom it was given, while 4 others underwent suction abortions and 1 had a baby.

Dr. Foster has not said how many, if any, abortions he may have performed while working in the 1960's at a hospital in Tuskegee, Ala., which has long since closed and for which records are incomplete.

Having initially contributed to the numbers debate, the White House decided toward the end of last week that it would be better off arguing that Dr. Foster had done nothing wrong and portraying his opponents as extremists.

By that point, the Administration was under sharp criticism not only from abortion opponents but also from some abortion rights supporters, who faulted Dr. Foster for lack of candor and Mr. Clinton for seeming to waffle in his support for a procedure that has been constitutionally protected since 1973. At the same time, Republicans like the Sen-

ate majority leader, Bob Dole of Kansas, who had adopted a wait-and-see attitude about Dr. Foster's prospects, were under intense pressure from Mr. Gramm and others to take a harsher stance.

"This was basically the extreme right wing of the right-to-life movement hijacking the Republican Party," one senior White House official said today. Indeed, the White House tried today to turn its initial trepidation about the abortion issue on its head, with the same top officials who once sought to play down the issue predicting, on condition of anonymity, that it could end up helping Dr. Foster by driving a wedge between Republicans.

The officials pointed to two developments: Mr. Gramm's acknowledgment today that the National Republican Senatorial Committee, which he headed, donated \$175,000 to an anti-abortion group in last fall's elections, and the vow on Friday by Ralph Reed, executive director of Christian Coalition, to withhold the group's endorsement from any Republican Presidential ticket on which either candidate favored abortion rights.

While the nomination of Dr. Foster dominated the television news programs, The Associated Press reported that he attended church at home in Nashville today and asked the congregation to pray for him. The sermon by the Rev. Sherman Tribble at First Baptist Church deplored "the high-tech lynching" of public servants.

Supporters, Foes of Foster Nomination Suggest Debate Is About Abortion Issue

By GERALD F. SEIB
And LAURIE MCGINLEY

Staff Reporters of THE WALL STREET JOURNAL

WASHINGTON—Combatants in the debate over Henry Foster's nomination as surgeon general hardened their positions, making it clear they are willing to fight the battle directly over abortion.

Administration officials, caught in their own inconsistencies about Dr. Foster's record and wishing they had never been trapped into becoming defensive over his performance of abortions, now stress that the fight is over a woman's right to choose—not the Tennessee doctor's credibility problems. "It's a debate about abortion," Donna Shalala, the secretary of health and human resources, said flatly yesterday on ABC-TV's "This Week with David Brinkley."

Similarly, White House Chief of Staff Leon Panetta, affirming President Clinton's support of the nominee, said on NBC-TV's "Meet the Press" that many of the attacks on Dr. Foster are coming from "the extreme right," which wants "to end women's right to choose."

Opportunity Ripens for Debate

At the same time, abortion foes are seizing the controversy as an opportunity to debate abortion practices in the U.S., a framework that is uncomfortable for many Republicans who would prefer simply to avoid the issue.

The stark example of how the Foster



Henry Foster

debate is helping drive abortion to the surface of political debate came Friday, when Ralph Reed, executive director of the Christian Coalition, bluntly warned would-be GOP presidential and vice presidential contenders against straying from the party's antiabortion platforms of recent years. "Pro-life and pro-family voters, a third of the electorate, will not support a party that retreats from its noble and historic defense of traditional values and which has a national ticket or a platform that does not share Ronald Reagan's belief in the sanctity of innocent human life," Mr. Reed said in a speech at a conservative conference.

While his remarks weren't specifically about the Foster controversy, they warned of a conservative backlash against Republican leaders if they move away from an antiabortion position. Indeed, Christian Coalition officials earlier last week privately urged Senate Majority Leader Robert Dole, a 1996 contender, to take the lead in opposing the Foster nomination. Sen. Dole remained equivocal in his position on the Foster nomination, however; and on Thursday it was his main Republican presidential rival, Texas Sen. Phil Gramm, who unequivocally announced his opposition to Dr. Foster.

Discomfort With Focus on Abortion

But even Sen. Gramm, who late last year directed an infusion of campaign money toward the antiabortion movement while he was head of the GOP's Senate campaign committee, seemed a bit uncomfortable with the sharp focus on abortion. While insisting that Republicans "can't take the position that unborn children aren't people," Sen. Gramm yesterday declined to say he would demand that his presidential running mate hew to a staunch antiabortion line. Also appearing on ABC-TV's "This Week," Sen. Gramm

said, "I'm not going to get into the business of trying to name" the person he would pick.

Many Republicans are struggling to bridge the gap between their party's strong antiabortion wing and a considerable slice of the party that is more liberal on social issues. Mr. Reed's remarks on abortion appeared designed to head off the choice of one of several potential GOP candidates or running mates who favor abortion rights. They include New Jersey Gov. Christine Whitman, Massachusetts Gov. William Weld and California Gov. Pete Wilson. One openly abortion-rights Republican, Pennsylvania Sen. Arlen Specter, already is testing the presidential waters.

In a straw poll of those attending the Conservative Political Action Conference, where Mr. Reed spoke, Sen. Gramm was a clear winner. He was the choice of 39.7% of those who participated, while Sen.

Dole got 12.4% of the vote.

Meanwhile, White House officials over the weekend provided new information about Dr. Foster's record and attempted to play down the controversial parts. The administration released speeches and articles written by the obstetrician-gynecologist, including one in 1976, in which he said that he had performed hysterectomies on some severely retarded women to sterilize them. Mr. Panetta said yesterday that performing hysterectomies under such circumstances "was accepted practice at the time." Officials also said that Dr. Foster's thinking on the matter, like those of other doctors, has changed since then.

Nevertheless, the new disclosures probably won't help the nominee. Sen. Gramm said yesterday that he doubts Dr. Foster will be confirmed, adding that after the controversy surrounding former surgeon general Joycelyn Elders, "People are ready for Dr. Welby, M.D."

Surgeon-General Nomination Presents Clinton With New Problems, While Troubling the GOP

By LAURIE MCGINLEY
And RICK WARTZMAN

WASHINGTON—The troubled nomination of Henry Foster as surgeon general ran into even more problems for President Clinton yesterday. At the same time, though, the nomination fight also is creating plenty of headaches for Republicans.

The Foster debate is bringing to the top of the national agenda a hot-button issue that few lawmakers—and Republicans in particular—care to confront: abortion. Moderate Republicans, who at first may have been inclined to support someone like Dr. Foster, now run the risk of being bludgeoned by a key part of the party's base, Christian conservatives.



Henry Foster

More generally, the Foster nomination is a distraction for the GOP. It has energized religious conservatives, who had been largely persuaded to stand silent on social issues during the first 100 days of Congress and let the Republicans focus on their agenda of shrinking the government and cutting taxes. "This gets us off-message," grumbled Sen. Connie Mack, a Florida Republican.

The uproar over Dr. Foster has even pushed the abortion issue into the realm of Republican presidential politics. It arises just as former Vice President Dan Quayle has decided to depart from the race for the 1996 nomination, freeing up the support of antiabortion voters who favored him. It's probably not a coincidence that yesterday, the day of Mr. Quayle's exit, Phil Gramm, the senator from Texas and presidential aspirant, announced his clear opposition to Dr. Foster.

Attack From Gramm

"The nomination of a physician whose medical practice has included the routine performance of abortion to serve as America's chief spokesman on public health is clearly inappropriate and divisive," Sen. Gramm asserted.

Of course, it still is President Clinton, whose staff once again seems to have bungled a highly sensitive appointment, who has the most at stake. Yesterday, in the wake of Dr. Foster's disclosure on the ABC News program "Nightline" that he had performed 39 abortions—not "fewer than a dozen" as he had said in a statement the administration released last week—White House officials were hopeful that he had finally put to rest nagging questions about the details of his abortion record.

Speaking to reporters yesterday, President Clinton pledged to stand by Dr. Foster. "I don't believe anything I have heard about him disqualifies him from serving as surgeon general," the president said. He added that antiabortion activists were trying to define Dr. Foster, a Tennessee obstetrician and gynecologist, "in cardboard cutout terms. I think that is wrong." Meanwhile, a group of Democratic senators and several abortion-rights organizations rallied yesterday behind Dr. Foster.

But Republicans seemed to harden against the nomination. Senate Majority

Leader Robert Dole of Kansas, a chief rival of Sen. Gramm's for the GOP presidential nomination, said that "if it gets any worse, they probably shouldn't send it up here." Sen. Mack said while his initial impressions of the nominee had been favorable, he now has "serious questions about the integrity and character of Dr. Foster."

Still, even among Republicans, the view is far from unanimous, underscoring the divisiveness of the abortion issue. Republican Sen. Bob Packwood of Oregon said that it was "outrageous" that Dr. Foster was being attacked for performing a "constitutionally protected procedure," adding that "perhaps Clinton should appoint an orthopedist." Sen. Jim Jeffords, a Vermont Republican, said while he is reserving judgment about Dr. Foster, he is inclined to support him.

The Foster controversy makes clear that in the more than two decades since the Supreme Court's landmark *Roe v. Wade* decision legalizing abortion, the issue remains the political equivalent of a live grenade. While some interest groups and certain ideologically inclined politicians on both sides of the abortion issue relish the fight, most would rather avoid it. "There's no winning position on it," says political analyst Doug Bailey.

That's especially true these days when some of those who oppose abortion worry about being associated with extremists who have shot and killed doctors at abortion clinics. And even among many people who are in favor of abortion rights, it remains an undesirable option. Indeed, Dr. Foster himself told "Nightline" that "I abhor abortion.... To me, abortion is failure."

"It's a hot-button issue, whether you are for it, against it, or somewhere in between," says Sen. Richard Shelby, an Alabama Republican. "It's something that sets off a lot of emotions." Republicans, in particular, have been hoping to find a way to keep the issue from driving a wedge into their party, which has struggled with the question for years.

Sen. Dole, for one, knows the unease the abortion issue can create for even a politician with antiabortion views. Twenty years ago, he was locked in a nasty re-election campaign against Bill Roy, another obstetrician who acknowledged performing some abortions. Sen. Dole didn't directly attack Dr. Roy on the abortion issue, though he did raise it. But antiabortion forces distributed grisly flyers attacking Dr. Roy—a move that most observers thought helped Sen. Dole

win an extremely close race. Sen. Dole was uncomfortable with charges that his campaign had indirectly encouraged the attacks, and he later said he had tried to discourage the antiabortion forces from their sharpest attacks.

The Credibility Issue

With the abortion issue difficult for Republicans, many would like to see President Clinton, or Dr. Foster himself, simply pull the plug on the nomination so they won't have to confront the matter in a confirmation vote. The next best thing, however, is for them to find other grounds on which to oppose Dr. Foster. And thanks to his equivocation about how many abortions he performed, they've been handed another reason to raise questions about his nomination: credibility.

"The problem isn't whether he performed abortions, it's what he told the White House and the American people," said Republican Sen. John McCain of Arizona. Even a more moderate Republican who supports abortion rights, Sen. William Cohen of Maine, agrees. "The real issue is one of credibility," he said.

Yesterday, groups opposing Dr. Foster tried to raise new questions about his assertion on "Nightline" that teenage abstinence has been his top priority by maintaining that promotional material from an adolescent health program he spearheaded doesn't specifically mention abstinence. "The question remains: Is Dr. Foster's priority abstinence or distribution of condoms to kids?" asked Sen. Dan Coats, an Indiana Republican.

For his part, Dr. Foster will try further to clarify his record—and erase any doubts about his candor—in a speech scheduled for today before a group of George Washington University medical students. He also may begin making courtesy calls on Capitol Hill today.

Regardless of what others may do, of course, religious conservatives don't intend to brush aside the abortion question. Working out of a yellow townhouse on Capitol Hill this week, Andrea Sheldon of the Traditional Values Coalition spoke out against the nomination in radio interviews, bluntly describing Dr. Foster as a Dr. Kervorian with "blood on his hands." But at the same time, the religious activist acknowledges that the more the central issue becomes the nominee's veracity—and not abortion itself—the easier it will be to defeat him.

"There are some senators who will use the lack-of-credibility issue to vote against him," says Ms. Sheldon, whose coalition represents some 31,000 churches. "It helps."

White House Shifts Battle On Foster

Nominee Defends Performing Abortions

By David Brown and Ann Devroy
Washington Post Staff Writers

President Clinton's embattled nominee for surgeon general, Henry W. Foster Jr., defended his performance of abortions yesterday, saying "I believe in a woman's right to choose."

Foster's remarks in a speech at George Washington University came on a day the White House changed strategy and insisted that abortion, far from being irrelevant, was central to the growing debate over Foster's nomination.

"Ultimately, this fight is not about all the extraneous issues that are being cited," said Michael McCurry, the White House press secretary. "Nobody should be under the illusion that these groups that are working with the Republican majority . . . are fighting this nomination for any reason but to make criminal the procedure of abortion."

Until yesterday, the White House had focused on clarifying



President Clinton's choice for surgeon general, Henry W. Foster Jr., says in speech at George Washington University: "I believe in a woman's right to choose. And . . . that abortions should be safe, legal and rare."

the number of abortions Foster had performed, rather than making abortion the central issue in his nomination. As the White House prepared to confront Foster's opponents more aggressively, the 61-year-old nominee spent part of the day meeting with groups expected to fight on his behalf in Congress, and he prepared for piv-

otal initial courtesy calls scheduled for next week with senators who will decide on his nomination.

An indication of the uphill struggle he faces came from Sen. Joseph R. Biden Jr. (Del.), a leading Democrat who said yesterday he would vote against Foster but then hedged under pressure from the White House.

Foster, a prominent obstetrician and gynecologist, told students at GWU's School of Public Health that he has "dedicated my entire career to taking all medical steps to meet the needs of my patients, and that includes performing legal abortions. I believe in the right of a woman to choose. And I also support the president's belief that abortions should be safe, legal and rare."

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■ Christian Coalition warns GOP about nominating candidates who favor abortion rights. Page A9

White House Shifts Tactic On Nominee

FOSTER, From A1

He added, however, that "my life's work has been dedicated to making sure that young people don't have to face the choice of having abortions." Most of the speech was spent describing Foster's "I Have a Future" program, aimed at reducing pregnancy, improving self-image and encouraging education among poor teenagers in Nashville, where he is a professor at Meharry Medical College.

Among these young men and women "the emphasis first and foremost is always placed on abstinence," he said. "I believe that abstinence and aspiration are inextricably linked."

Foster has been attacked, mostly by abortion opponents, for not being candid about the number of abortions he's performed in 38 years as a physician. His nomination has been criticized, as well, by those who consider it an example of poor planning and research by the Clinton White House.

Among the letter was Biden, who bluntly stated yesterday, "I am not going to vote for a nominee where no deep thought was given before the nomination was sent up." He suggested the White House declare Foster an honorable man who became the victim of circumstances, and move on to another nominee.

Later in the day, however, Biden said his comment was "a reflection of my anger and great frustration with the way the White House has handled this nomination. . . . In fairness to Dr. Foster, I will withhold my final judgment until the vote on his nomination."

Sen. Nancy Landon Kassebaum (R-Kan.), chairwoman of the Labor and Human Resources Committee that will handle the nomination, said yesterday she favors allowing the hearings to go forward. "We've got to get the facts straight," she said.

Kassebaum, however, suggested it was up to Foster to determine whether the controversy surrounding his nomination was such that he should withdraw from the process. "It's a decision Dr. Foster has to make," she said. "If everybody would stop commenting it would be easier for Dr. Foster to make that decision."

Kassebaum added she wished Foster had kept his plans to vacation in Mexico "and let some of this sub-



From left, Reps. Kwolek (D-Md.), Patricia Schroeder (D-Colo.), Dr. Henry W. Foster Jr. and Rep. Donald M. Payne (D-N.J.) meet on Capitol Hill.

side." Conservative Republican senators have already vowed to defeat Foster and some Republicans have suggested that the White House, which by its own public admission mishandled the nomination, should withdraw it. The White House said Clinton intends to stick with Foster.

White House Chief of Staff Leon E. Panetta and others have said the staff bungled the nomination by failing to fully explore Foster's career and the role abortion played in it, and then by putting out an incorrect estimate of the number of abortions Foster had performed.

The nominee said this week that operating room logs at Meharry showed he was the physician-of-record in 39 abortions. When he was interviewed by the Clinton staff earlier, he estimated, from memory, that he'd performed a dozen or fewer of the procedures.

He also headed a clinical experiment in which 60 women who wanted to end their pregnancies were given a drug to abort the fetuses, according to a paper he published on the research.

McCurry, in an unusually confrontational stance, portrayed the Republicans as being captive of the "extreme right-to-life view" that he said was "taking hold" of both Congress and GOP presidential politics.

"You can easily see the emergence now of a dynamic in which these groups, having a taste for the blood of this fight, will now work to make this a dominant issue on the Republican political agenda," he said.

Abortion opponents and abortion-rights advocates yesterday continued their barrage of statements and news conferences for and against Foster. Eight medical associations hosted a news conference to endorse Foster and offer their support.

Foster's career "should be celebrated, not defended," said Ralph W. Hale, executive director of the American College of Obstetricians and Gynecologists.

In his GWU address, Foster said that preventing teenagers from con-

ceiving or fathering children requires efforts rooted in individual neighborhoods and involving entire families.

"Too many children today believe their only hope is having babies. . . . That's a dead-end dream and we've got to replace it with a dream of hope and unlimited achievement," he said.

The "I Have a Future" program is directed primarily at teenagers in Nashville's housing projects. They are taught about health, human sexuality, drug and alcohol use "so they understand the benefits of abstinence, and the consequences of early sexual activity and other risky behavior." They are provided health care, with access to birth control but a focus on abstinence. They run small projects, such as making T-shirts, that encourage self-reliance and expose them to such skills as balancing a checkbook.

The program does not treat the young people "as collections of problems," Foster said.

"We have a job readiness day, where the teenagers learn about job interviews and things like that. But there's one thing I told our staff we would never do—we would never tell them they spoke bad. . . . That's their cultural heritage, that's how their grandmothers speak," he told the GW students. "What we tell them is, 'You people must become bilingual. You must learn operative English.'"

He said only one of the program's participants got pregnant between 1988 and 1991, compared with 89 teenagers in a "control" housing project where "I Have a Future" was not offered. (He did not say how many people were in the two groups.)

Foster said that if he becomes surgeon general, he will meet with governors and mayors interested in the Nashville experience. He said he hoped to help establish similar programs elsewhere, although he warned that programs can't simply be transplanted from one place to another.

"It has to be a community effort," he said.

Christian Coalition Threatens GOP

Evangelicals Will Not Vote for Abortion-Rights Backer, Reed Says

SAT. 2-11, 1995 A-9

By Thomas B. Edsall
Washington Post Staff Writer

Ralph Reed, executive director of the Christian Coalition, yesterday warned the Republican Party that evangelical Christians and antiabortion Catholics will abandon the GOP if the party nominates a candidate for president or vice president who supports abortion rights.

Reed declined to specify any prospective candidates, but his remarks to the Conservative Political Action Committee conference here appeared to be directed at three prominent governors: Pete Wilson (Calif.), Christine Todd Whitman (N.J.) and William F. Weld (Mass.), all of whom favor abortion rights.

"Let me be sincere today," Reed told the gathering of conservative activists. "Pro-life and pro-family voters, one-third of the electorate, will not support a party that retreats from its noble and historic defense of traditional values and which has a national ticket or a platform that does not share Ronald Reagan's belief in the sanctity of human life."

In a well-received speech, Reed, who runs what is perhaps the most powerful organization within the Republican Party structure, said that exit polls from last year's elections showed that "33 percent of all voters... were either born again evangelicals or pro-life Catholics, and they voted 69 percent Republican. They are the key to this conservative landslide."

Despite that, he said: "There are still those who claim to be our leaders, and even those who aspire to be our president, who state that the social issues must ride at the back of the bus, and that innocent human life simply doesn't matter. And they even propose that they balance the ticket in 1996 by choosing someone who is liberal on the issue of human life."

Antiabortion forces have been recently energized by President Clinton's selection of Tennessee physician



RALPH REED

... evangelicals "key" to GOP victory

Henry W. Foster Jr. to be surgeon general, although it is far from clear that all the conservative voters Reed talked about—and other Republicans—want to reopen the battle over abortion. In the past, Reed has shown a willingness to mute the abortion issue and the Christian Coalition has endorsed congressional candidates who support abortion rights.

Ray Howell, Weld's former campaign manager, said Weld believes the party cannot afford to start excluding people in order to win back the White House in '96. Weld, who has been mentioned as both a possible presidential and vice presidential candidate, supports both abortion and gay rights.

A spokesman for Wilson declined to comment, but he sent a transcript of an interview in which Wilson said: "I think that there is an understanding on the part of a lot of people who don't agree on that issue [abortion] that they have been wise to deal with issues on which they do agree.... I don't think it's an accident that some of the major social issues aren't... in the 'Contract With America.'"

Whitman, who has been prominently discussed as a possible vice presidential candidate, was sharply criticized by David Keene, chairman of the American Conservative Union, on Thursday. Keene said she would be a "very bad selection.... She represents the old Republican establishment, pre-1960 in terms of her cultural and class background."

Reed declined to say if his remarks were directed at any specific individuals. "Let the statement stand for itself, rather than particularize it.... We support the sanctity of innocent human life, and we seek to support candidates and parties that advocate that principle."

The CPAC convention has hosted a number of prospective Republican presidential candidates, but by far the strongest welcome was given House Speaker Newt Gingrich (R-Ga.) who spoke to a packed hotel ballroom yesterday afternoon.

In his speech, Gingrich raised further the likelihood that the Republican-controlled House and Senate will take up the issue of racial preferences and quotas. Gingrich said reform of government must be guided by the goal of equal opportunity without regard to the race, sex or ethnic background of any individual or group. "Any effort to rig the game for one American is an effort to rig the game against any other American."

Along the same lines, Senate Majority Leader Robert J. Dole (R-Kan.) last night indicated he will support legislation restricting preferences and quotas. "Do we want an America that lives up to the dream of Martin Luther King, an America in which each of us is judged by the content of our character and not by the color of our skin? Or do we want to embrace the liberal vision of an America in which individual rights are trampled by the newly discovered rights of groups, an America beset by sanctions and grievance groups competing for the special favors of government?"

Wash. Times Allg
2-11-95

Hill's doctors split on Foster nomination

Party, abortion lines divide lawmakers

ASSOCIATED PRESS

Congress' five doctors are divided on the nomination of Dr. Henry W. Foster Jr. to be surgeon general, reflecting splits not only between parties but in attitudes toward abortion.

Freshman Republican Reps. David Weldon of Florida and Tom Coburn of Oklahoma, both outspoken foes of abortion, call Dr. Foster unsuited to be the country's chief public health advocate.

But Rep. Jim McDermott, a liberal Democrat and psychiatrist from Seattle, said Dr. Foster did "what any obstetrician might do, all of it legal" in performing abortions.

"There's no claim that this man is not a good physician or anything else," said Mr. McDermott, a four-term congressman. "From my standpoint, the decision shouldn't be based on whether he did this or that kind of thing. It's just another bogus argument."

Two other doctors who are new to Congress, Sen. Bill Frist of Tennessee and Rep. Greg Ganske of Iowa, are reserving judgment but voicing concerns about the varying accounts Dr. Foster and the White House have given.

Mr. Ganske, a surgeon from Des Moines, Iowa, who supports a woman's right to abortion in the first trimester, said, "We may find that Foster has not leveled with the White House. The issue then becomes a matter of trust. If Dr. Foster has not been forthright with his background, then I would certainly call into question the nomination."

Mr. Frist, a cardiac surgeon from Nashville and the only doctor with a vote on the nomination, said of abortion, "It's a little unfair to Dr. Foster to focus just on that issue."

But Mr. Frist, who opposes abortion, said he wanted to know the precise number of abortions Dr. Foster performed and "the indications for those procedures."

Mr. McDermott questioned

whether some would blackball a physician who engaged in fetal tissue research to find a cure for juvenile diabetes.

"Whatever his particular professional responsibility was, as long as it's ethical and within the law, to me that's immaterial," said the former Foreign Service psychiatrist. "To start trying to find a politically correct doctor who believes X, Y or Z is simply to take away from the office."

Mr. Coburn, a family practitioner who delivered up to 300 babies a year in Muskogee, Okla., and lectured teens in schools and churches on abstinence, said, "Political correctness is the reason we have an AIDS epidemic today."

Mr. Coburn says being in favor of abortion rights does not "automatically disqualify someone" for surgeon general.

"But I absolutely don't think that's what we need in this country at this time," said the 46-year-old physician, who backs abortion only to save the life of the mother.

He questioned Dr. Foster's work on trying "to make a home abortion pill feasible," and wondered whether Dr. Foster stood for abstinence or safe sex.

"The safe sex message has not worked. It's full of holes," said Mr. Coburn. "It's like sending kids out to skydive with parachutes that only open five times out of six."

"That's exactly what a condom is for a teen-ager. It only works five out of six times," he added.

Mr. Weldon is even blunter in dismissing Mr. Clinton's choice and "the whole left-wing agenda."

No one who performed abortions should be surgeon general, he said.

"It's the taking of human life. Granted, it's not like shooting your neighbor with a sawed-off shotgun, but there's nobody in the medical profession who can justifiably stand up and say, 'It's not human. It's not alive,'" said Mr. Weldon, an internist.

Many OB-GYNs avoid abortion

Professional colleagues of all sorts rush to defend Foster

By Joyce Price
THE WASHINGTON TIMES

Although the White House says abortions are "part of the job" for obstetrician-gynecologists, only about a third of OB-GYNs are now performing them.

So says Dr. Ralph W. Hale, executive director of the 35,000-member American College of Obstetricians and Gynecologists (ACOG), which represents more than 90 percent of the board-certified OB-GYNs in the United States.

"We estimate that the majority [of OB-GYNs], or over 50 percent, have at one time or another done an abortion" during their careers, Dr. Hale said, but he added:

"Our best guesstimate now is that a third of our members still do abortions — some do a fair number while others do only a few a year ... and we know that 13 to 15 percent of our members are actively against abortions" and have not performed them.

The right of doctors not to perform abortions is recognized in ACOG's Policy Statement on Abortions. "We say in our documents that no one should be forced to do abortions and that the beliefs of people who object to doing abortions on moral, religious, or other personal grounds should be respected," Dr. Hale said.

He and representatives of other medical groups, including the American Medical Association, also spoke at a news conference yesterday to defend the nomination as surgeon general of Dr. Henry W. Foster Jr., an OB-GYN who has performed abortions.

Dr. Foster's nomination is in jeopardy because of differing accounts he and the White House have given over the number of abortions he has performed in a 37-year medical career.

In an interview Tuesday on

ABORTION TRAINING

The data below show the percentage of U.S. medical schools that provided to resident obstetrician-gynecologists training in first- and second-trimester abortion procedures in 1976, 1985 and 1991.

First-trimester training

	1976	1985	1991
Routine training	26.3%	22.6%	12.4%
Optional training	66.2%	49.6%	56.4%
Total offering training	92.5%	72.2%	68.8%
No training offered	7.5%	27.8%	31.2%

Second-trimester training

	1976	1985	1991
Routine training	22.5%	20.6%	6.7%
Optional training	61.5%	44.0%	58.7%
Total offering training	84.0%	64.6%	65.4%
No training offered	16.0%	35.5%	34.6%

Source: The A. Guttmacher Institute

The Washington Times

NBC-TV's "Today" show, White House Chief of Staff Leon Panetta said performing abortions is "part of the job" of an OB-GYN and would "not undercut" Dr. Foster's ability to lead a campaign to reduce teen pregnancy.

At yesterday's press conference, Dr. Hale said "many" of ACOG's members who oppose abortion have called him this week "to say that Dr. Foster is a fine man who deserves a fair hearing."

He distributed copies of a statement by Dr. James P. Youngblood, a pro-life obstetrician-gynecologist and chairman of the department of obstetrics and gynecology at the Truman Medical Center in Kansas City, Mo.

Dr. Youngblood said he "does not condone" the fact that Dr. Foster has performed abortions. Nevertheless, he said Dr. Foster is a "kind, caring, sensitive, compassionate ... and respected obstetrician and gynecologist" who deserves to be surgeon general.

"As an obstetrician-gynecologist, the abortion issue has been

for me a lifelong, philosophic inner struggle of turmoil continually ending in my coming down in a pro-life stance. I will not and I cannot do an abortion for any reason," Dr. Youngblood said.

"Knowing Henry Foster as I do, I know he has had the same lifelong struggle ... and he has come down in a pro-choice stance."

Dr. Hale said there are other reasons that many OB-GYNs decline to perform abortions.

Abortion, Dr. Hale said, requires counseling and other support for patients. He said many doctors in individual practices are not equipped to provide such services and refer their patients to facilities that do.

Some older OB-GYNs are no longer performing abortions, he said, simply because their patients are older and are past childbearing years. And many young ones have never started because, in the past 20 years, the number of OB-GYN residency programs that either require or offer abortion training has dropped sharply.

E. J. Dionne Jr.

Stopped by Abortion

Wash. Post

Most politicians hate the issue. Most voters don't like to think about it. Yet the matter of abortion just keeps coming back, gnawing in quite different ways at the consciences of both political parties.

The most obvious manifestation of the power of the issue is the controversy surrounding Dr. Henry Foster, President Clinton's choice to be surgeon general. The fact that Foster performed abortions made him instantly unacceptable to the right-to-life movement. The fact that the administration and the doctor seemed to miscount exactly how many abortions he had performed moved the fight toward matters with which Washington is more comfortable—"credibility," "bungled nominations," "poor staff work" etc. But none of this would have mattered if the miscounted procedure had involved, say, appendectomies. The issue here is abortion.

Abortion has also arisen as a concern in the welfare reform debate. Some very conservative Republicans, notably Rep. Henry Hyde, are dead set against a Republican proposal to eliminate welfare assistance to mothers who have children before their 18th year. Hyde and the right-to-life movement worry, reasonably, that government will thereby hugely increase the pressure for abortion.

Then, at last weekend's Conservative Political Action Conference, Ralph Reed, the executive director of the Christian Coalition, warned that evangelical Christians and antiabortion Catholics would abandon the Republicans if the party nominated a supporter of abortion rights for either president or vice president. Reed's statement was significant because, for the past two years, he has played down abortion and stressed concerns—school vouchers, low taxes, balanced budgets—that appeal across much of the Republican spectrum.

Indeed, in an editorial-page article in Monday's Wall Street Journal—printed after he issued his warning—Reed was anomalously arguing that all was well between social and economic conservatives inside the Republican Party and that Republicans could remain "civil" in disagreeing about "issues like abortion." One of two things is true: (1) Reed regards threats to bolt his party as lying within his definition of "civility," or more likely, (2) Reed knows how strongly many evangelicals feel against abortion and he has to pursue a two-step on the issue (sometimes playing it down, sometimes playing it up) so he can try to broker peace in his party without looking like a sellout to his followers.

Abortion creates all these contortions partly because it's a hard issue. As Charles Krauthammer pointed out recently, majorities of Americans think simultaneously that abortion should remain legal and that it is wrong. But abortion is also difficult because it raises questions that go directly to the contradictions in what both Republicans and Democrats claim they stand for. Both parties love to invoke "community" as an ideal. But neither party is willing to pay much of a price on behalf of "community" when its imperatives come into conflict with other aspects of party doctrine.

In nominating Foster, the Clinton administration thought it had found someone whose story and record matched the country's desire to temper the rights acquired over the past two decades (on abortion, for example) with a sense of responsibility rooted in old-fashioned virtues. Foster supported birth control efforts, but he did not pretend that birth control and sex education on their own would solve the teen pregnancy problem. He has long argued, correctly, that the values and aspirations of individuals matter far more than the mechanics of human sexuality.

But no one in the administration went much beyond this appealing story line—by asking much about what this Ob-Gyn physician's practice was on abortion—and so Clinton is smack up against the great tension in the Democratic creed: that Democrats are big on "community" when what's at stake involves sharing money across classes or healing racial wounds, but become staunch individualists when matters turn toward sexuality or abortion rights. Now, Clinton has to stick with Foster because not to do so would make the president look inconsistent, as he has on other nominations, while alienating the powerful pro-choice wing of his coalition.

But the Republicans have their own contradictions to deal with. The Republicans talk a good communitarian game when they are giving sermons about "values," but their individualism trumps those values whenever they conflict with free market economics. The family is a wonderful institution, they say, but most Republicans fought against giving the mothers of newborns 12 weeks of unpaid leave. Motherhood is fine as long as it doesn't interfere with the prerogatives of employers. It's also fine, as Hyde implicitly notes, unless it interferes with efforts to cut welfare.

On abortion, the Republicans have won loyal support from right-to-lifers for years, but party strategists constantly speak of the need to play the issue down, lest pro-choice Republicans and independents be "alienated." Many Republicans seem to want pro-life votes without having to do anything of substance to earn them. The most the Clintonites can hope for from the Foster nomination is that the longer the controversy goes on, the more it will expose this tension inside the Republican Party.

There ought to be no pretending. These are difficult issues. It's easy to see how people of various philosophical orientations can think their way to either side of the abortion question—or, as Krauthammer notes, to both sides at once. But please, dear politicians, the next time you want to preach about the joys of community and the urgency of "good values," how about being a trifle explicit about the terrible choices that underlie the soothing words? Don't ask of Foster at his hearings what you're not willing to ask of yourselves.

On My Mind

A. M. ROSENTHAL

The Wrong Target

SAN FRANCISCO

For the first couple of days, the issue seemed quite clear — and the adversary.

The anti-abortion movement is using all its power to kill the nomination as Surgeon General of a respected physician because he has carried out a medical procedure not only legal but constitutionally upheld by the Supreme Court.

So I reacted simply against the anti-abortionists for using their political clout to block Dr. Henry W. Foster Jr. Where would it leave us if a nominee were blocked for acting completely within the law?

My mind was poised for the keyboard when it struck me that I had the wrong target.

Like most Americans I'm not "pro-abortion" but I am pro the right of women to make their own decisions, whether or not the reason or the social esthetic coincides with my tastes.

The unrelenting pressure by the pro-life movement disgusts me. I do not mean only the murders at clinics. I think they come from a fringe for whom the only answer is life imprisonment, at least.

But blocking access to the clinics, thrusting disgusting posters, shouting threats and hounding clinic employees — that is a deliberate tactic of the anti-abortion movement itself.

Have we forgotten when blockade, vilification and harassment were the weapons of the left, particularly in the universities? They brought the same results the pro-lifers now bestow upon the country — contempt for law, hatred as a substitute for civil discourse and ugliness, mean indelible ugliness.

But thinking through the Foster case I realized that like pro-life Americans there are acts and beliefs, however legal, that would make me oppose a nominee and fight his election or confirmation.

I would fight anybody with a Fascist, Stalinist or racist record. And I suggested the ouster of Dr. Joycelyn Elders as Surgeon General because I thought she was helping open the door to drug legalization.

To the pro-life movement the act of abortion itself, not just the Supreme Court's opinion, touches passions. Anti-abortionists are no more likely to change than I am to support a PAC for Louis Farrakhan.

So the target of those who support Dr. Foster — particularly in the White House — should be not just the unconvertible pro-life movement but

members of Congress who were pro-choice when they contemplated the women's vote at election time but now edge away from Dr. Foster because the anti-abortionists are showing how hard they will fight.

There is nervous hoo-ha among some pro-choice people about how many abortions Dr. Foster performed and whether he gave an accurate accounting in the beginning.

The only worthwhile answer is that he performed as many as he thought he had to. But the goal of his professional life was getting young

Fighting for Dr. Foster.

women to understand the theory, once grasped in this country, that for youngsters the way to avoid pregnancies is not to have sexual intercourse. Failing that — condoms.

The remarkable thing is not his own teaching on abstinence but that he got many young women to agree. He should get a medal for that silly Surgeon General's uniform.

Dr. Foster denies he said he performed only one abortion but that he remembers one most — for a woman with AIDS. Of course he does. One day I walked through a pediatrics ward in a New York hospital and saw two babies, brother and sister about a year apart. Both were dying of AIDS. I think still about the mother and wonder if by now she had a third AIDS baby, as the ward pediatrician thought she would.

So let the hearings decide whether he should be Surgeon General or that an abortion audit is more important than his life's work.

Let's hope Dr. Foster has the courage to refuse any suggestions that may come from the Administration or elsewhere that he should withdraw before or during the hearings.

President Clinton has promised to stick by him. Mr. Clinton has several times failed to stay the route on issues ranging from nominations to human rights. So he has to pay the reasonable price of lingering skepticism about his promises.

The hearings are as much about the constancy of pro-choice politicians, including the President of the United States, as about Dr. Henry W. Foster Jr. — more. □

Mandatory Abortion Training For Obstetricians Is Approved

By JAMES BARRON

The group that supervises graduate medical education voted yesterday to require that prospective obstetricians be taught abortion skills, saying it wanted them to receive the fullest possible training from the teaching hospitals where they work as medical residents.

The new requirement applies only to programs that train obstetricians and gynecologists, and spells out alternatives for hospitals with moral or religious objections.

Programs that refuse to provide the new abortion training could be stripped of their accreditation, which teaching hospitals need to qualify for Federal reimbursements for the services medical residents provide to patients.

Dr. John C. Gienapp, the executive director of the Accreditation Council for Graduate Medical Education said the new standards were the first specifically mentioning abortion. Until now, he said, the standards have said residents were to receive clinical experience in family planning. That implied but did not spell out competence in performing abortions, he said.

But with fewer abortions being performed at hospitals, some doctors have come to believe that they need to reassure patients about the competence of a doctor who may

have to treat a woman who has had a spontaneous abortion or recommend that a patient undergo an abortion to save her life.

Abortion opponents immediately denounced the move. "Coercing people and institutions to participate in the destruction of innocent life is a great evil," said Roger Cardinal Mahony of Los Angeles, chairman of the National Conference of Catholic Bishops' Committee for Pro-Life Activities.

Dr. Gienapp said there was no discussion about the abortion issue before the vote was taken, in part

Continued on Page A14, Column 3

Delay for Hearings On Clinton Nominee

Citing unfinished F.B.I. background checks, the White House said it would not send the nomination of Dr. Henry W. Foster Jr. to be Surgeon General to the Senate until mid-March. Administration officials said the delay in the start of hearings would leave Dr. Foster in better shape to confront his critics.

Article, page A14.

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Those trying to ram through the appointment of Dr. Henry W. Foster Jr. as surgeon general say the abortions he performed and his involuntary sterilization of retarded women are (in the case of abortion) or were (in the case of the sterilization) "accepted medical procedure" at the time.

This reasoning is what is wrong with our culture. It reflects our spiritual malnutrition, which has led to many of the social problems we now lament.

Even a spokesperson for the National Organization for Women was shocked when she heard about Dr. Foster's sterilization procedures. "I'm appalled," said Diane Welsh, president of the New York City chapter of NOW. "NOW is an organization that's for choice for women in any reproductive health matter, and we're utterly opposed to anything resembling forced ster-

Might abortion, like sterilization, someday be regarded with the horror and revulsion we now feel about once accepted medical procedures in Germany?

ilization."

(Does this mean NOW can be expected to withdraw its support of Dr. Foster? No, because abortion is more important to NOW than forced sterilization.)

In defending the administration's choice of Dr. Foster and his sterilizations of the retarded, Health and Human Services Secretary Donna Shalala said, "Medicine has changed. ... In the '60s (Dr. Foster did) a procedure that was legal at the time." She is certainly right about medicine changing. Throughout most of the profession's history a doctor swore an oath never to perform or assist in an abortion. When the Supreme Court ruled in 1973 that abortion could not be made illegal, Hippocrates was rewritten along with the law.

We've seen before what happens when medicine changes based on shifting moral standards rather than absolutes. The eugenics movement came of age in the 1930s, and its practice of ensuring sound offspring was nowhere more effectively applied than in Germany.

When the Prussian Council on Health met on July 2, 1932, its goal was to relate eugenics to public welfare. (Isn't that what the Dr. Fosters of our time do with the "unfit" and the unborn?) According to members present who reported on the meeting, "the legal approval of a strict eugenic sterilization (not castration), under suitable controls, is demanded."

On July 14, 1933, the Law for the Prevention of Hereditary Disease in Posterity was enacted, effectively legalizing voluntary and forced sterilization for individuals with afflictions defined by the state as contributing to a dilution of the gene pool. This law was necessary, according to its backers, to guard against an explosion of "defective" people who might soon outnumber and overrun the "normal" Germans.

The Journal of the American Medical Association carried an article in its Sept. 9, 1933, issue called "Sterilization to Improve the Race," which helped form part of the rationale accompanying the sterilization law: "Countless individuals of inferior type and possessing serious hereditary defects are propagating unchecked, with the result that their diseased progeny becomes a burden to society and is threatening, within three generations, to overwhelm completely the valuable strata ... sterilization is the only sure means of preventing the further hereditary transmission of mental disease and serious defects."

Accepted medical procedure at the time.

Perhaps during Dr. Foster's confirmation hearing (if the nomination gets that far) someone might ask him what caused the change in accepted medical procedure of sterilization and whether he now views that practice as wrong and immoral. Someone might also ask him if, in view of the history of Germany, acceptability and legality ought to be the only criteria by which a physician decides whether to engage in certain practices. Might abortion, like sterilization, someday be regarded with the horror and revulsion we now feel about once accepted medical procedures in Germany?

The goal of public health should be preserving the welfare of the least fortunate and the weakest, from the unborn to the mentally and physically handicapped. That is accepted medical procedure.

Cal Thomas is a nationally syndicated columnist.

Abortion foes hope parental-consent flap will sink Foster

By DEBORAH ORIN
Bureau Chief

WASHINGTON — Right-to-life activists said yesterday that the issue of parental consent for teen abortions will become a major battleground in the fight over Henry Foster's confirmation as surgeon general.

Nashville Planned Parenthood confirmed that Foster was on its board in 1989 when the group filed suit to challenge a strict Tennessee law that required consent from both parents of a teen-ager before most abortions.

Foster's credibility has come under fire due to conflicting accounts about how many abortions he performed in his 38 years as an obstetrician.

The White House is seeking to turn his nomination into a test of abortion rights.

Polls show most Americans support a woman's

right to choose abortion. But a large majority also backs laws requiring parental consent when teens under 18 seek abortion.

"For most Americans, opposing parental-consent laws isn't their concept of family values," said Doug Johnson, legislative director of the National Right to Life Committee.

One-time Reagan adviser Gary Bauer, head of the Family Research Council, contended that opposition to parental-consent laws is an "extremist" stance — borrowing the word Vice President Gore used a day earlier to attack foes of abortion rights.

President Clinton has supported parental notification when teen-age girls seek abortions, but hasn't taken a clear position on laws requiring parental consent.

The White House didn't immediately respond to requests for comment on how



DR. HENRY FOSTER
Center of storm.

Clinton and Foster felt about parental-consent laws.

Many abortion-rights advocates say such laws aren't needed, because most teens will seek parental advice if they want abortions — and those who don't have good reasons, such as abuse or incest.

Most parental-consent laws allow a teen-ager to get permission from a judge if she feels she can't tell her parents. But critics say many teens wouldn't know how to do that.

The parental-consent law challenged by Nashville Planned Parenthood ultimately was replaced by a less-stringent one. Tennessee's top court later ruled that the tougher law had been effectively repealed by the subsequent passage of the parental-notification law.

The Tennessee law had such a "judicial bypass" provision.

In an October 25, 1992 interview with the Catholic News Service, candidate Bill Clinton said, "I think states should absolutely have the freedom to have parental notice." Four days later, in a broadcast on WWOR-TV in Secaucus, New Jersey, Clinton reiterated that he supports "a requirement of parental notice for custodial parents-- if a child is going to have an abortion and is living at home..." For further documentation, contact the National Right to Life Committee, (202) 626-8820.

WASHINGTON

Gingrich wants shift on Foster

Abortion too divisive, he tells GOP

By Mimi Hall
USA TODAY

House Speaker Newt Gingrich, concerned that GOP unity once again will fray over abortion, is urging Republicans to avoid the divisive issue during hearings on surgeon general nominee Henry Foster.

"There's no point in picking fights inside your own majority if you can avoid it," Gingrich said Wednesday. "I would focus in on the incompetence of the White House and the potential dishonesty and I would never touch the abortion issue."

But Republicans — whose alliance with abortion opponents has caused much internal upheaval — cannot avoid the issue even if they try.

Stumbling into a fight, the White House nominated Foster, a doctor who had spent a career battling teen pregnancy, but who had also performed abortions. In doing so, Clinton re-ignited the internal fight the GOP has battled since the Supreme Court legalized abortion in 1973.

In the past week alone:

► Christian Coalition leader Ralph Reed threatened that his members would not support the GOP ticket in 1996 if either the presidential or vice presidential nominee supported abortion rights.

► Sen. Arlen Specter, R-Pa., an abortion-rights supporter launching a long-shot bid for the presidency, said he would "go to the mat" to make sure abortion does not become a "litmus test" for nominees.

► Conservative commentator Pat Buchanan, who is to announce his candidacy for president today, said he'll fight any effort to remove a section from the GOP platform that calls for a constitutional amendment to ban abortion.

"Anybody who tries to rip that plank out of that platform will have to go over Pat Buchanan," he said.



WEDNESDAY BRIEFING: 'Embittered Democrats, various folks that ideologically disagree with me, have each come up with spurious charges,' Speaker Newt Gingrich tells reporters.

Speaker's records under ethics review

By Jessica Lee
USA TODAY

Complaints about the financial dealings of Speaker Newt Gingrich will be taken up by the House ethics committee next week.

Committee chairwoman Nancy Johnson, R-Conn., announced the investigation Wednesday — the first sign the panel of five Republicans and five Democrats was ready to deal with the sensitive issue.

Gingrich has been accused of improprieties involving fund-raising by his political organizations, the use of his congressional staff, his contract for two books, and tax-deductible donations to a Gingrich-taught college course.

"We are discharging our duties with regard to the Gingrich complaint with thoroughness," Johnson said.

Earlier in the day, Gingrich accused "embittered Democrats" of filing false charges against him and said he hadn't been contacted by the panel for a response.

► Sen. Phil Gramm, R-Texas, a conservative abortion opponent also running for president, refused to say if he would name a running mate who opposes abortion rights.

On Capitol Hill Wednesday, Foster spent the day defending his troubled nomination.

"There's a lot of lies out there," he said before a meeting with Senate Minority Leader Thomas Daschle, D-S.D. "But I'm going to have my day, that is what the hearings are for. I want people to see my entire record."

Daschle said Foster's nomination is gaining support, even as Republicans have pronounced it dead on arrival.

The nomination ran into trouble after the White House



FOSTER: Surgeon general nominee

said he had performed only one abortion in his 38-year career. Foster first revised that number to "fewer than a dozen" but later revised it again to 39. He also said he supervised a medical school study of an abortion drug.

As House speaker, Gingrich has no control over the Senate, which will vote next month on Foster's nomination.

But as a party leader, Gingrich clearly hopes his voice will help silence those who would keep the GOP abortion battle in the news.

Democrats are reveling in the GOP discord.

"You're already seeing the beginnings of the 1996 campaign," said Democratic consultant Paul Begala.

"The 1996 campaign by the Republicans is going to make the Houston convention look like a lovefest. This is a major problem for the Republican Party."

For some GOP leaders, the battle is a painful reminder of the 1992 Republican convention when the abortion issue tore the GOP apart.

"One of the great successes of the last two years for Republicans has been the unity we have had — the support of pro-life Republicans for pro-choice Republicans, and pro-choice Republicans for pro-life Republicans," said GOP Chairman Haley Barbour.

To highlight the party's diversity, Barbour and congressional leaders picked New Jersey Gov. Christie Whitman, who supports abortion rights, to respond to Clinton's State of the Union address last month.

The GOP also is home to other prominent abortion rights

supporters. Among them: governors Pete Wilson of California and William Weld of Massachusetts.

Some Republicans say the party should avoid a fight — and mollify abortion rights supporters — by softening the GOP platform.

"The platform will and should remain pro-life, but I think it should be changed from the '92 platform," said GOP strategist William Kristol. "It should be less harsh."

But conservatives oppose any change. Reed says the GOP shouldn't forget who got out the vote for them in 1994.

"I'm not issuing a threat, I'm offering a word of caution as a friend," he said. "As the party moves toward 1996," Reed said, "it needs to remember that pro-life, pro-family activists are the ones who burn the shoe leather in the precincts."

Contributing: Richard Benedetto and Judy Kean

Avoid Focus On Abortion, Gingrich Says

White House Is Called Target in Foster Fight

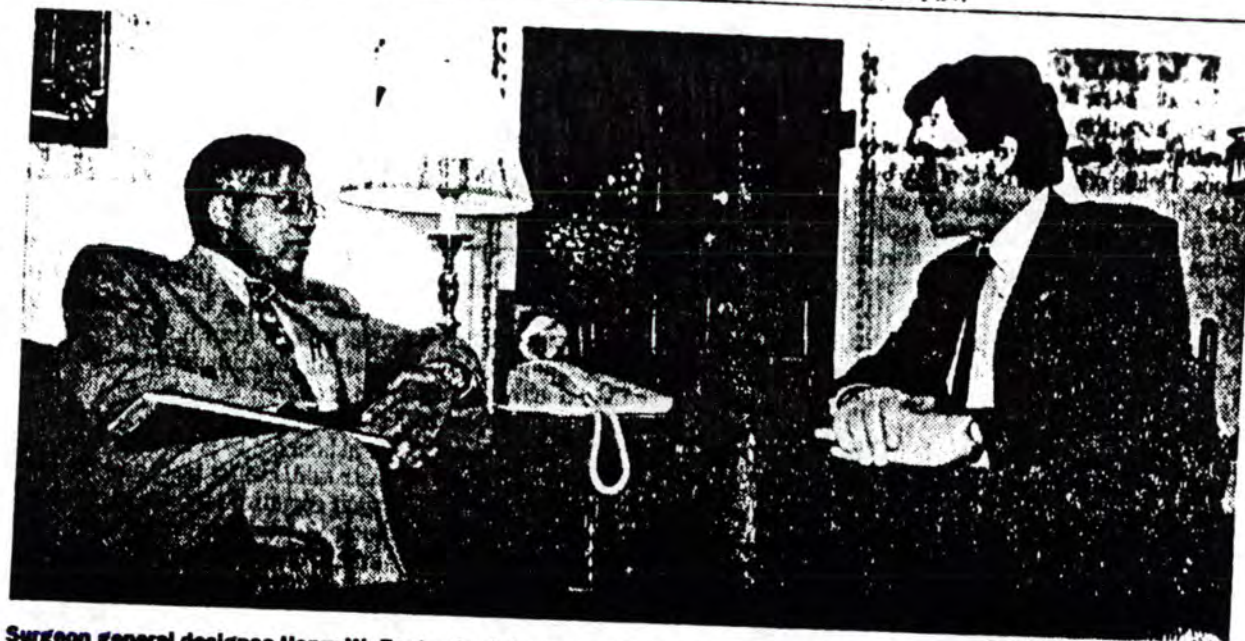
By Ann Devroy
Washington Post Staff Writer

House Speaker Newt Gingrich (R-Ga.) yesterday said Republicans should not accept the White House's challenge to turn the nomination of Henry W. Foster Jr. as surgeon general into a fight over abortion.

As Foster, the Tennessee obstetrician-gynecologist, held his first round of meetings with senators who will decide his nomination, Gingrich offered the Senate some advice: Try to make the hearings a fight over White House dishonesty and incompetence, not over abortion. "There is no point in picking fights inside your own majority if you can avoid it," he said.

"I would focus in on the incompetence of the White House and the potential dishonesty and I would never touch the abortion issue," Gingrich told questioners after a speech to insurance executives.

Gingrich agreed with a questioner that a fight between the GOP's abortion opponents and abortion rights advocates could interfere with efforts on economic and government reform. The House has no role in the Foster nomination, but the speaker's comments reflect a fear within the GOP that a fight over the performance of



Surgeon general designee Henry W. Foster Jr., left, meets with Senate Minority Leader Thomas A. Daschle (D-S.D.).

routine, legal abortions could play into the White House effort to make Republicans appear to be extremists.

Sen. Patty Murray (D-Wash.), one of the senators with whom Foster met yesterday, said, "Obviously the strategy [of Republicans] was to make the president pull this so we don't have to deal with abortion." That, she said, did not work because of Clinton's commitment to stick with Foster and with the doctor's "ability to deal with the issue honestly and intelligently."

The National Right to Life Committee, which has vowed to fight Foster's nomination, yesterday turned to an issue that polls show most Americans are more united on: the right of parents to be notified and give consent when teenager daughters seek abortions. The group faxed articles and statements outlining a 1989 effort by the Nashville chapter of Planned Parenthood to overturn in court a state law that required consent from both

parents of a teenager before most abortions. Foster was on the board at the time.

"For most Americans, opposing parental-consent laws isn't their concept of family values," said Doug Johnson, legislative director of the National Right to Life Committee. Foster is not on the record on his view of parental consent outside his service on the Planned Parenthood board.

White House officials said yesterday that Foster expects to be asked questions on a broad range of issues during confirmation and would make his views clear then. In a brief statement as he made his rounds in Congress, Foster said he would answer what he called "lies" about his record during confirmation hearings.

"There's a lot of lies out there. But I'm going to have my day, that is what the hearings are for. I want people to see my entire record, my whole life's work, see me in toto," Foster said.

Senate Minority Leader Thomas A. Daschle (D-S.D.), with whom Foster met, said he was "encouraged" the Senate would confirm him. "I'm convinced in the last 48 hours I have witnessed a turnaround in the strength of ... support for your nomination," he said in a picture session with the doctor. Foster's formal nomination will not be sent to the Senate until mid-March, after the FBI has concluded its routine background check.

The Foster nomination ran into sharp GOP opposition after it was revealed that he had performed abortions and the number kept changing, from one to fewer than a dozen to last week's count of 39. The Republicans quickly tried to make the battle into one over White House competence and veracity; the White House sought to make it a fight over abortion.

Staff writer Helen Dewar
contributed to this report.



By Web Bryant, USA TODAY

'Roe vs. Wade' dead? Foster debate says so

Battle for abortion rights has been won in the courts but lost in the streets.

LOS ANGELES — If Dr. Henry Foster cannot serve as surgeon general because he performed 39 abortions, then *Roe vs. Wade* is dead regardless of what the Supreme Court says.

The battle for abortion rights has been won in the courts and lost in the streets. Two decades after *Roe*, access to abortion is increasingly difficult and dangerous.

Last year, 20,000 medical students received a mailing that asked: What would you do if you found yourself in a room with Hitler, Mussolini and an abortionist, and you had a gun with two bullets?

Answer: Shoot the abortionist twice.

A week later, a doctor was killed in Florida.

In 1976, over a quarter of the residency programs in gynecology required that doctors learn to perform abortions; another 66% at least offered it as an option. By 1992, the number requiring training had dropped to 12%; in nearly one-third of the programs, it no longer is offered even as an option.

No doctor should be required to perform abortions if doing so conflicts with his or her moral beliefs. But you shouldn't have to risk your life to practice gynecology. And you shouldn't have to



COUNTERPOINTS
By Susan Estrich

give up on public service because you help women exercise their constitutional rights.

Over one-fourth of all abortion clinics reported death threats last year. The Massachusetts clinics where two receptionists were killed had been targets of daily picketing for over a year. Many clinics routinely issue bullet-proof vests to doctors who perform abortions. Some fly doctors in from out of state because no one locally will do the procedures. In much of the country, there are no clinics and no hospitals where abortions are performed.

What message does it send to young doctors if 39 abortions cost Dr. Henry Foster his chance to serve his country? Here is a man whose program to reduce teenage pregnancy was one of George Bush's points of light, who has done more to reduce the need for abortions than most of his critics combined. If he is vulnerable, so is every doctor once he performs his first abortion.

And what message does it send to the women Foster helped, many of them victims of rape and incest? Did he do the wrong thing? Was respecting their choice a mistake? If not, why is he being punished?

Access to abortion

► In five states and the District of Columbia, the number of abortion providers increased between 1982 and 1992. The states: Delaware, Hawaii, Nebraska, Rhode Island and South Carolina.

► The other 45 states saw a decrease.

► Nationwide, the number of abortion providers decreased 18% during that period.

► Eighty-four percent of counties have no provider.

Source: National Abortion Rights Action League

No one likes abortion, least of all the women who make the difficult choice to terminate a pregnancy. Most Americans, like Foster, believe abortion should be safe, legal and rare. But most don't participate as actively in politics as do the minority who oppose abortion rights does.

The religious right may not control the Republican Party. But it wields enormous power within it, power with a clearly religious objective.

In 1994, one-third of the electorate identified themselves as white, evangelical born-again. 69% of them voted Republican. Religious con-

servatives claim they made the difference in 25 House races and at least six Senate campaigns. The Christian Coalition distributed 33 million voter guides to churches. It ran a massive Election Day operation.

It'll do even more in 1996. Presidential politics rewards intensity. In each party, activists tend to dominate the nomination process. Who else goes to caucuses? Who else works in primaries? That's why the coalition's demand that the GOP presidential and vice presidential nominees both be anti-abortion carries so much weight.

Religious conservatives have every right to participate in the political process. The challenge they pose is not to the system but to the rest of us.

COUNTERPOINTS' four columnists provide diverse perspectives on today's issues. Mondays: Tony Snow. Tuesdays: Michael Garner. Wednesdays: Linda Chavez. Thursdays: Susan Estrich.

Willard Gaylin and Allan Rosenfield

Wash. Post 3-2-95 A21

Medical Morality: When Consent Is Not Informed

Every week seems to bring a new undocumented assault on the character of Dr. Henry Foster, the U.S. surgeon general nominee.

In response to the disclosure that in 1974 Foster performed a "small number" of sterilizations on severely retarded women (four seems to be the number), Charles Krauthammer asked whether it was "ethical to perform surgery and permanently sterilize women in no position to give consent" [op-ed, Feb. 17]. Krauthammer, who is not only a respected journalist but also a physician with a well-known interest in and sensitivity to moral problems in medicine, raised precisely the right question. Unfortunately he came to an uncharacteristically simplistic judgment.

Medical ethics in this most individualistic of all modern cultures has been "autonomy"-driven. Informed consent is at the heart of it. But with the seriously mentally impaired, consent itself can be immoral—if not impossible—to obtain. For example, one would not allow a significantly impaired person to sign away her fortune and her security. Nor, by the same token, should she be allowed to make major decisions that infringe on her health and survival. Whether she is to be subjected to an amputation, a coronary bypass or a sterilization procedure will all be decided by others.

In the case of the mentally impaired, we are

forced to violate a cardinal principle of medical ethics: We abrogate her authority to decide for herself, assigning this right to others—the family or institutions of society and the state.

Sterilization procedures have traditionally aroused anxiety and distrust, particularly

Taking Exception

since the World War II horrors of Nazi "eugenics" and the complicity of German doctors in racial experiments. So strong was the fear of eugenics that even authentic research in genetic influences on behavior was viewed with distrust. As distinguished a biologist as E. O. Wilson was assaulted by some of his colleagues as a fascist for daring to present the data (suggesting that human beings, like insects, have genetic directives) that have since built his reputation as one of the great and humane scientists of our day.

But in the 1970s a counter-trend emerged. The civil rights movement had become a model for many disenfranchised populations other than African Americans, among them the handicapped. Consumer advocacy groups were being formed. The rights of the mentally retarded were freshly reasserted by organiza-

tions formed to defend them, which questioned even the definition of retardation. Mainstreaming became the order of the day.

Oddly enough, this new attitude created an atmosphere in which such extreme measures as permanent sterilization for the retarded were discussed in terms of their beneficence and as promoting the rights of the individual. The argument was that they would offer retarded persons an opportunity to participate in the new sexual freedom, unfettered by fears of pregnancies and child-rearing, which they might not be able to manage.

All this is by way of pointing out that what was morally correct and incorrect had hardly been settled by 1974, when Dr. Foster performed his operations. The law was confused, the philosophical community was divided, and the medical community was uncertain. Even the advocacy groups for the mentally retarded were deeply divided.

So great was the confusion that in 1976 a grant was given by the National Science Foundation to the Hastings Center (a nonpartisan, non-doctrinaire research institute concerned with society, ethics and the life sciences) to convene a group of scholars and advocates to help sort out the moral contradictions in this complex area.

The nature of that ethical discourse is too

extended to be encompassed in this article, but a number of variables obviously would determine moral justification for sterilization procedures: Who initiated it, the government or the individual's family? If the government, what action: the punitive branch of the Justice Department in a criminal case or some paternalistic (although not necessarily more to be trusted) institution of mental care?

Also to be considered: Things done to a person to serve her interest are judged by different standards from those done her in the interest of her family, other like individuals, the institution or the state. Moral dilemmas exist under all these conditions, and the proper resolutions in each case may be entirely different.

In that debate a distinguished liberal philosopher argued that sterilization of mentally retarded persons would be morally mandated if it would "enhance their position in the moral community" by facilitating their living together at home or in small communities outside traditional institutions. We do not have to accept that particular argument, but what is clear to those of us who were privy to these discussions is that the moral question was not settled then, as it is probably not settled now. It is particularly unjust to equate a doctor who

performs sterilization procedures for therapeutic reasons—even if you feel he is misguided—with doctors who participated in radiation experiments on unconsenting, unsuspecting subjects during the Cold War years, let alone the obscene Nazi camp experiments.

Krauthammer argues that "sterilization of the mentally infirm is a morally problematic procedure"; with that we heartily concur. But it is clearly immoral (nothing problematic here) to impugn the ethical character of Henry Foster on the basis of sterilization procedures he has performed or, for that matter, on abortions he has performed.

People of goodwill and good heart are entitled to hold differing views on emotionally charged social issues (in-vitro fertilization, assisted suicide, organ transplants, genetic engineering or, for that matter, divorce, capital punishment and gun control) without being demonized. For the Senate to form a judgment on Dr. Foster's character on the basis of his having performed such procedures would be undesirable and indecent.

Willard Gaylin is professor of psychiatry at Columbia University and co-founder of the Hastings Center. Allan Rosenfield is dean of the Columbia School of Public Health.

AM 3-1-95 Wash. Post

Foster Is Official Nominee as Papers Go to Congress

By John F. Harris
Washington Post Staff Writer

President Clinton yesterday sent the official papers nominating Henry W. Foster Jr. for surgeon general to Capitol Hill, a formality that will allow confirmation hearings to be scheduled—although Foster's appearance is likely to be a month or more away.

Sen. Nancy Landon Kassebaum (R-Kan.) said last month that she hoped Foster's confirmation hearing could take place before the Labor and Human Resources Committee, which she chairs, by mid-March. But a Kassebaum spokesman backed away from that date yesterday, and administration officials said they expect the hearing in late March or early April.

Although Clinton said a month ago that he planned to name Foster as Joycelyn Elders's

replacement, it did not become official until the nomination papers were sent to Congress.

Nominations are not sent formally to Capitol Hill until FBI background checks are complete. Although administration officials were caught flat-footed by news that Foster—an obstetrician-gynecologist—has performed, by his estimate, 39 abortions, the official check apparently found nothing more to give them pause.

Antiabortion groups, meanwhile, are fuming at Kassebaum and other Republicans for their decision not to allow anyone but Foster and members of Congress to appear at the confirmation hearing. The decision means that opponents will not have a visible platform from which to fire away at Foster.

"I wonder exactly what the Republican majority in the Senate is trying to conceal," Judie Brown, head of the Virginia-based American

Life League complained in a statement. "Is placating President Clinton and his fascination with abortion more important than listening to the representatives of millions of pro-life Americans during the confirmation hearings?"

Joel Brown, a spokesman for Kassebaum, said she was simply following tradition for the Labor Committee during nomination hearings.

Foster, according to White House officials, will head to Capitol Hill today for meetings with Sens. Tom Harkin (D-Iowa), Olympia J. Snowe (R-Maine) and Paul Simon (D-Ill.).

John Podesta, the administration official who is helping guide the nomination process, said the office visits with senators have helped soften some of the opposition.

"I think he has a great story to tell," Podesta said. "We would like an early hearing so we can wash away some of the distortions."



HENRY W. FOSTER JR.

... confirmation hearing to be set

Looking out for No. 1

Since the White House tripped itself coming out of the starting gate, maybe there is some consolation in the news that the nomination of Henry Foster to be surgeon general might be salvaged. Bill Clinton has taken a stand against the "extremists" who would deny Foster the job simply because he has performed abortions. Divided Republicans are tied in knots over how hard to pursue the abortion issue. And players at both the White House and the Department of Health and Human Services—all of whom researched the Foster nomination—have apologized for bungling the affair. "The staff did not serve the president well," said White House Chief of Staff Leon Panetta, again and again.

Of course that's true: The "vetting" process was uncoordinated, incomplete and tardy. And it's no shock that a deal was cut so that HHS would take most of the blame. But predictable *mea culpas* aside, what about the rest of the story—the part that explains why the president went ahead with the nomination even though he had been warned about its potential hazards? The Foster nomination is not just about bad staff work; it is also about how Bill Clinton works.

Clinton's insistence on rushing to name a surgeon general remains a mystery even to those who were involved. Maybe, they say, the Joycelyn Elders fiasco left him feeling an urgency no staffers shared. "There weren't complaints out there that we didn't have another surgeon general," says one insider. "But the boss wanted one." The president chose Foster from a list of six names. Yet when the red flags went up, Clinton pressed ahead even though aides Harold Ickes and Erskine Bowles and HHS Secretary Donna Shalala wanted to slow down.

Cooling his heels. The worry was partly about leaks and partly about looking indecisive. By the eleventh hour, the nomination had acquired a life of its own: Although senior aides had not read all the paperwork, a press conference had already been scheduled. While the arguments raged, poor Foster was kept waiting for 90 minutes. Vice President Al Gore, who had favored another candidate for the job (which he also wanted to reinvent), wanted an announcement. So did Clinton; Panetta had his orders.

The president is the boss, but his aides are expected to shoulder the blame. Many of Clinton's acolytes have spent much of their careers doing just that. Examples run rampant in David Maraniss's impressive Clinton biography, *First in His Class*. Betsey Wright, Clinton's onetime guber-

natorial chief of staff, is the most obvious example. He [Clinton] was going through a severe midlife crisis, having a serious affair ... and not even being discreet about it. Everyone knew, she said. She knew, the troopers knew. Hillary knew." Less eye popping, but just as telling is a story of Clinton's propensity to blame others. In 1981 Clinton staffer Rudy Moore listened as the defeated governor publicly blamed his staff for his first-term mistakes. "I'm getting the feeling that for his own well-being the staff becomes expendable," Moore told Maraniss. Clinton claimed he was misunderstood.

The staff is still catching it. "There is not a single person in the White House who hasn't disappointed Clinton at some stage," says one insider. Panetta, well liked and respected, has three bosses (the president, the vice president and the first lady)—and that means he isn't always in the room when decisions get made. The closest thing to a *consigliere* is Gore, and some are now sniping at his political acumen. "When the boss is unhappy," says one official, "the staff starts pointing fingers." That's OK, says the boss. After two years, however, a leader is responsible for his staff.

The last thing the White House needs is a revival of the competence issue, but here it is. Ironically, it comes at a moment when Clinton is on solid ground on the ideological front—bashing the Republicans on crime, on welfare reform, on the balanced budget amendment. Now that he is

in opposition, the president's waffling has disappeared. The magic. Yet in its place is another botched nomination, and the best explanation Democrats offer publicly is staff ineptitude. Privately, though, their ire is reserved for Clinton. Why would senators like Joe Biden of Delaware or John Kerry of Massachusetts, up for re-election in 1996, want to raise the abortion issue when it is bound to anger Roman Catholic and fundamentalist constituents? Remember the Southern Democrats, whom the White House asked to support an assault-weapons ban last year? They knew

the president, we are now told, is passionate about saving Foster. The truth is that Foster's fate and integrity are incidental to the Clinton White House. Winning the fight for Foster is just a way for Clinton to extricate himself from another mess, rail against the "extremists" and keep his liberal Democratic base happy. "The fight is our victory," says one strategist. "It may make sense—but only if Bill Clinton is the one who really care about saving."



No. 1. President Clinton in California last week

The Foster nomination is also about how Bill Clinton works.

White House Is Counting on Month's Delay to Dull Criticism of Nominee for Surgeon General

By DOUGLAS J. HILL

WASHINGTON

WASHINGTON, Feb. 14—The White House will not ask the Senate to begin hearings on the nomination of Dr. Henry W. Foster Jr. as Surgeon General until at least mid-March, a move that Administration officials believe will leave the nominee in better shape to confront his critics.

The four-week delay was demanded by White House aides today as necessary to let the Federal Bureau of Investigation complete its check into Dr. Foster's background. But they also made clear that they were not at all unhappy about such a waiting period.

Indeed, aides to President Clinton made clear that they believed that Dr. Foster's prospects for winning Senate confirmation would improve with time. Some said Dr. Foster, a 64-year-old obstetrician-gynecologist, would benefit by gaining distance from episodes that have raised questions about his candor concerning abortions he has performed. The aides also suggested that the lag would help the White House effort to portray his Senate critics as captives of the anti-abortion movement.

No Republicans and only a handful of Senate Democrats have voiced support for Dr. Foster since President Clinton announced the nomination nearly two weeks ago.

Today, the White House chief of staff, Leon E. Panetta, said he believed that more senators were now "keeping an open mind" about Dr. Foster, who has acknowledged performing abortions but has given conflicting accounts of their numbers. Mr. Panetta said he believed that a White House orchestrated campaign to help Dr. Foster sought to defend

his record had helped turn some of the momentum around.

That view was echoed by Senator Tom Daschle of South Dakota, the Democratic leader, who said that he and other supporters were "becoming more upbeat each day."

While the White House has not yet formally sent its nomination of Dr. Foster to the Senate, officials emphasized that the President was determined to do so. They also said that they would not press the FBI to hurry its background check.

As Dr. Foster prepared to pay his first courtesy calls in the Senate on Wednesday, White House officials said they would take their time in trying to build support for him. They said they would schedule no more than six meetings between Dr. Foster and individual senators by week's end.

"You just want a pace that works for him," a senior White House official said.

And even as he begins his tour to court quest for more support, Dr. Foster's only visit Wednesday will be with two declared champions, Mr. Daschle and Senator Patty Murray, Democrat of Washington. But he is scheduled to move on the next day to meet one-on-one with Senator Edward M. Kennedy of Massachusetts, the ranking Democrat on the committee that will consider Dr. Foster's nomination, and with the committee's chairman, Senator Nancy Landon Kassebaum, Republican of Kansas, who has criticized White House handling of the nomination.

A spokesman for Senator Kassebaum said today that she had requested "a very candid and open discussion" with Dr. Foster, and that

the White House had agreed. Several Republican senators have said that Dr. Foster's performance of abortions should disqualify him as Surgeon General, but Senator Kassebaum, who supports abortion rights, has said she will withhold judgment until after the meeting. But she has expressed anger at what she said was misleading information initially

provided to her about Dr. Foster's abortion record.

At the White House gathering to announce the Surgeon General nomination, several doctors' groups, including the American Medical Association and the American College of Obstetrics and Gynecology, met today for a meeting in which Dr. Foster asked for their backing and made clear that President Clinton would take the fight to the Senate even if his nominee might be defeated.

Accreditation Group Requires Abortion Training for Obstetricians

Continued From Page A1

because the language approved yesterday had been drafted, edited and agreed to by lower-level committees. The changes take effect next Jan. 1.

It was coincidental, he and officials of other medical groups said, that the council's action came as the White House and Congress were contending with questions about the abortion issue as it relates to President Clinton's nominee to be the new surgeon general. The nomination of Dr. Henry W. Foster Jr. has been attacked by abortion opponents since he acknowledged performing a number of abortions in his 30-year career as an obstetrician-gynecologist.

Dr. Gienapp said the group had been more concerned about revising the accreditation standards to end the perception that prospective obstetricians and gynecologists were not required to undergo "much of what is now coming to be called generalist's training." An obstetrician or gynecologist has become the first doctor many women see, he

said, "so the standards were broadened to provide some of the things ob-gyns now need." These include training in doing a normal physical and treating common presenting infections, like the flu.

Alexander Sanger, the president and chief executive of Planned Parenthood of New York City, called the vote "gratifying."

"The action underscores the medical community's long commitment to protecting women's health by providing access to safe, legal abortion," he said. "It also makes clear that abortion is a standard part of OB-GYN practice."

The doctors' group said it believed the change in the standards validated laws in roughly half the states where hospitals that approve abortions are exempted from making referrals for abortions and other procedures.

Dr. Gienapp denied that his group was coercing institutions or individuals. "No institution is required by anybody to offer residency training," he said. "They don't have to do anything they have objections about."

Under the revised standards, a resident with moral or religious ob-

jections can be excluded from the training. "We believe this means they would not perform abortions during their active practice," he said.

The revision also includes a provision that institutions with moral or religious objections can arrange to have the abortion training done at some other institution. "We are not forcing even an institution that decides to offer a program in obstetrics and gynecology to do this," he said.

However, he added, "it is the brief of obstetricians and gynecologists in this country involved in education that residents need to know how to do the technical procedures and make judgments about those matters because it's likely during course of practice that they'd have to confront those issues."

The revision was supported by the American Board of Obstetrics and Gynecology, which certifies obstetricians, and by the American College of Obstetricians and Gynecologists. The change also had the support of the American Medical Association, one of the council's five parent organizations.

House officials, who are working on a bill to ease the abortion issue, have said the measure would be introduced in the House in the next few weeks. The bill would require that physicians providing abortion services are trained and competent. Therefore, the A.M.A. believes this requirement is necessary for the health and well-being of patients.

The number of doctors available to perform abortions has fallen by 8 percent since 1980, according to the Alan Guttmacher Institute, a non-profit group that does research on reproductive issues. But the percentage of abortion and gynecology residency programs that require first trimester abortion training has declined to 17 percent, half what it was in 1985, the institute says.

One reason for the decline in abortion training is that fewer hospitals are performing abortions. The Guttmacher Institute found that hospitals provided only 7 percent of abortions in 1992. In 1973, they accounted for more than half of all abortions in 1973, accounted for just 7 percent of abortions in 1992.

FOSTER

From page A1

and chairman of the committee that will hold the confirmation hearings.

Mrs. Kassebaum, who has complained about White House handling of the nomination, had no comment after the meeting. But she said hearings would be in early April at the soonest.

Dr. Foster's nomination first hit troubled waters when it was revealed that he had performed abortions in his gynecological practice.

Several senators and staffers speculated that if the nomination got through committee, Senate Majority Leader Bob Dole, Kansas Republican, who is expected to run for president and is wooing the conservative Christian vote, would be unwilling to let the nomination come to the floor unless he could kill it.

Clarkson Hine, spokesman for Mr. Dole, said the nomination will be treated like any other.

"Right from the start, Sen. Dole said the nomination is in trouble because of the credibility problem," Mr. Clarkson said last night.

The "credibility problem" refers to a series of differing statements the White House and Dr. Foster have made about the numbers of abortions he has performed.

Ralph Reed, head of the Christian Coalition, earlier this week praised Mr. Dole for writing a letter to the Clinton administration urging that the nomination be withdrawn. He said the action would help Mr. Dole pick up "pro-family votes" in his bid for president.

Mr. Dole's office said it was "unaware" of any such letter.

Michael Russell, a spokesman for Mr. Reed, said yesterday that Mr. Reed had been mistakenly informed by someone on Mr. Dole's staff that such a letter had been sent.

"We were under the impression from a staffer that letter had gone," Mr. Russell said. "It may



Photo by Carl Owen/The Washington Times
Jesse Jackson talks yesterday about his White House meeting.

still, I don't know."

The episode illustrates the pressure pro-life Christians are putting on Mr. Dole and the discomfort it would cause him to allow the confirmation of a pro-choice gynecologist who has performed abortions.

The nomination will not be formally sent to Congress until the FBI completes a background investigation of Dr. Foster. Administration officials have said that could take four or five weeks.

The White House continued its offensive in support of the nominee yesterday, saying the delay works to his advantage, allowing senators to get to know Dr. Foster better.

Patrick J. Griffin, White House legislative director, said President Clinton would publicly fight for his embattled nominee.

"Once they understand this man individually and what he's done in terms of teen-age pregnancy, which is why the president was so interested in him, I think it is going to be compelling, and I'm confident we will be successful in the end," Mr. Griffin said in an interview with The Washington Times.

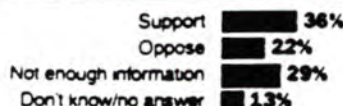
Michael McCurry, presidential spokesman, said the White House is hopeful of confirmation. He noted that several Democrats have come out in favor of the 61-year-old doctor from Nashville, Tenn.

Dr. Foster also paid visits to Sens. Arlen Specter, a pro-choice Pennsylvania Republican, Barbara Mikulski, Maryland Demo-

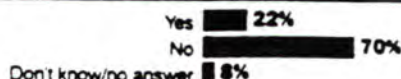
WEIGHING FOSTER'S SUPPORT

An Associated Press poll of 1,008 adult Americans on the nomination of Dr. Henry W. Foster Jr. to be surgeon general was conducted Feb. 10-14 by ICR Survey Research Group of Media, Pa. Margin of error: 3 percentage points. Due to rounding, sums may not total 100.

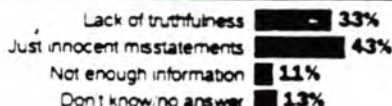
Do you support or oppose Dr. Henry W. Foster Jr. to be surgeon general?



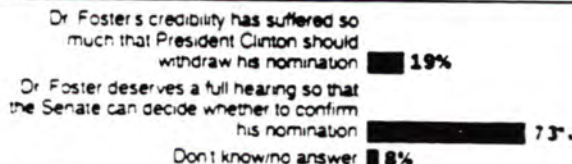
Do you think the fact that Dr. Foster has performed abortions should disqualify him from serving as surgeon general?



As you probably know, Dr. Foster has given different accounts of the number of abortions he has performed. Do you think this represents a lack of truthfulness on Dr. Foster's part, or just innocent misstatements?



Which comes closer to your view?



crat and Edward Kennedy, a Massachusetts Democrat.

Mr. Specter said Dr. Foster is still a viable nominee.

"I think that putting the nomination on hold, so to speak, is helping Foster," Mr. Specter said. "I think because he wasn't knocked out of the box initially, it helps him."

Mr. Kennedy said Dr. Foster's record on preventive health care for women and children, reducing infant mortality, reducing teen-age pregnancy and training physicians make him a strong nominee.

He deserves a chance to be heard at a confirmation hearing," Mr. Kennedy said. "I am confident

that fair-minded people will give him that chance."

Just a week after the nomination, House members charged that the White House was driving the Rev. Jesse Jackson to the White House yesterday, saying they are hiding their dissenting attitudes behind claims that the White House isn't an honest candidate.

"There is an underlying agenda being driven by the White House publican cadre, there is no question about that," Mr. Jackson said after a 45-minute meeting at the White House.

• Laurie Kellman contributed this report.

Senate hearings on Dr. Foster put off till April

GOP sees choice as doomed

By Nancy E. Roman
and Paul Bedard
THE WASHINGTON TIMES

Senate confirmation hearings for embattled surgeon general nominee Dr. Henry W. Foster Jr. yesterday were delayed until April "at the earliest," while GOP senators said publicly and privately that the nomination appears doomed.

Under the best-case scenario, there will be a bruising fight in the Senate Labor and Human Resources Committee over the nomination and then it will die on the floor, a senior Senate aide close to the process said yesterday.

"This nomination is dead, and the White House has come to that realization," said the aide. "They are hearing from members, and the reality of the matter is in the best-case scenario there is going to be a contentious fight in the la-

Brown probe

The Justice Department is considering an independent counsel for criminal allegations against Commerce Secretary Ron Brown. A3

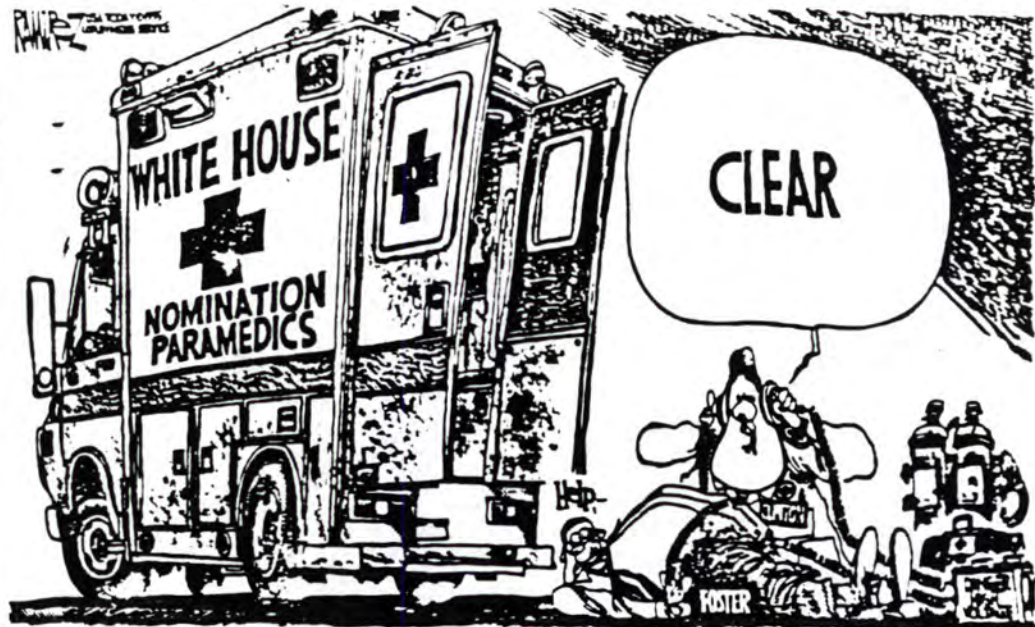
bor committee."

Sen. John Ashcroft, Missouri Republican, who has previously said little about the Foster nomination, yesterday predicted that it would be withdrawn by the White House before committee hearings.

Asked whether the nomination would get out of committee, Mr. Ashcroft, who serves on the labor panel, said, "I would say this may not get to the committee, if I had to rate the likelihood here."

Dr. Foster met for 30 minutes yesterday with Sen. Nancy Landon Kassebaum, Kansas Republican

see FOSTER, page A15



As media attention has shifted away from President Clinton's choice of Dr. Henry Foster to be surgeon general, administration officials say the nomination's chances are improving. But appearances may be deceiving; the Southern Baptist Convention, America's largest Protestant denomination, has just come out in opposition to the appointment. And the Senate continues to have more than sufficient cause to reject Dr. Foster.

Perhaps the least of Dr. Foster's problems is his veracity. Did he perform one abortion? A dozen? Was it 39? Or hundreds? At best, his memory is suspect. More likely, his truthfulness quotient ran a bit low this month.

But then, dissembling is nothing new in government. While Dr. Foster's tarnished start would hinder his ability to man the bully pulpit of surgeon general, this kind of taint has become depressingly common in Washington.

Also swirling around Dr. Foster are questions involving his ties to Planned Parenthood, a federally subsidized pro-abortion lobby, work with Upjohn Pharmaceutical Co. to develop a new abortion pill, views about sex education and condom distribution for teens; and sterilization of mentally retarded women. None of these controversies bring credit to the nominee.

The most important issue, however, is that Dr. Foster did perform abortions, whether few or many. The mere fact Dr. Foster suffered a convenient memory loss about the number suggests some embarrassment, if not shame, over his actions. The administration's mad scramble to finalize the count and label opponents as "extremists" indicates that the president, despite his protestations to the contrary, also worries about people believing abortion to be a disqualification for office.

Thus, naturally, has the pro-abor-

Checking vital signs of the nomination

issued a statement complaining that Dr. Foster's "equivocation and political cowardice in the face of criticism for doing what is legal... is inappropriate." To not forthrightly support the principle of killing the unborn is, in its view, disqualifying.

Most pro-abortion activists are less extreme, simply arguing that the procedure is legal, so what's the big deal? The National Abortion and Reproductive Rights Action League warned against "isolating and demonizing doctors who provide a legal medical service." In short, the law becomes the definition of morality.

And that's the way it has long been in Washington. If you aren't indicted, you proclaim yourself to be vindicated. If you aren't convicted, you declare yourself to be certified innocent. If you aren't found to have transgressed one section or another of the U.S. Code, you assert that you deserve wealth, acclaim and position.

But moral standards transcend the positive law, as legislative enactments are known. Certain things, like murder, theft and fraud, are punished because they are widely acknowledged to be immoral. Other actions — say, adultery — are also morally wrong, but are properly left outside the law. The fact they are not illegal does not legitimize

criminal actions by others, not mold sinners' souls.

The Supreme Court has made it unlikely that abortion will ever again be prohibited by law, even though abortion involves the taking of another life. The judiciary's position does not, however, mean terminating a pregnancy — a euphemism for killing the unborn — should be viewed as good, moral or acceptable. The issue is not choice, since choice is exercised when people have sex. Rather the issue is responsibility: a willingness to accept the natural consequences of voluntarily having sex. For the putative parents to destroy the product of a sexual union because it is unplanned, a girl, or otherwise inconvenient, is wrong. For a doctor to become the means of destruction is also wrong.

Indeed, Dr. Foster himself says "I abhor abortion." He adds, "To me abortion is failure." Moreover, President Clinton has long said he wants abortion to be "rare."

Well, one way to demonstrate abhorrence of abortion and make it rare is to apply social sanctions against those who perform it, by law, instance, disfavoring them when it comes to public rewards, like federal appointments. Dr. Foster may be a smart professional, competent doctor, and kind human being. But he has devoted part of his medical career to taking life, and that is morally, if not legally, wrong. For this reason, he should not serve as surgeon general.

Abortion is truly a clash of irreconcilable absolutes, the slavery debate of our day. Even though legal sanctions against abortion may be impermissible, moral sanctions remain available. And we as a people, and the Senate as our representatives, should exercise them against Dr. Foster.

Doug Bandow, a senior fellow at the Heritage Foundation



Dr. Henry W. Foster Jr. walks through the Capitol to visit Senate Minority Leader Tom Daschle, a supporter.

A-3 Wash. Times 2-16-95

White House ready to fight Foster battle on abortion issue

By Paul Bedard
THE WASHINGTON TIMES

The White House charged yesterday that troubled surgeon general nominee Henry W. Foster Jr. has been sabotaged by extremist "fax attacks" and warned that GOP welfare reform plans will push poor women to have more abortions.

Senior White House political adviser George Stephanopoulos also said the White House is willing to let abortion become the focus of the debate over Dr. Foster.

"When you're faced with that kind of fight, it's critically important to stand up for what you believe in," Mr. Stephanopoulos said in an interview with reporters and editors of The Washington Times.

Dr. Foster, 61, made courtesy calls yesterday on two Democratic supporters: Senate Minority Leader Tom Daschle of South Dakota and Sen. Patty Murray of Washington.

Today, he meets with Sen. Nancy Landon Kassebaum, Kansas Republican and chairman of the Labor and Human Resources Committee, which will hold hearings on his nomination. Mrs. Kassebaum has sharply criticized the White House's handling of the nomination and the differing counts of the abortions Dr. Foster has performed.

Some Democratic senators are refusing to commit on the nomination. "It's a rocky, rocky road," said Sen. John B. Breaux, Louisiana Democrat. "Myself and other senators still have concerns."

Democratic Sens. Richard C. Bryan of Nevada, Bob Graham of Florida and Joseph I. Lieberman of Connecticut are withholding support for Dr. Foster and are

awaiting more information.

Sen. John D. Rockefeller IV, West Virginia Democrat, said Dr. Foster would be helped by the slower pace the White House has sought for consideration of his nomination.

Support from these Democrats and other centrists will be crucial to Dr. Foster if he is to have a chance of winning confirmation in the Republican-led Senate. At this moment, no Republicans are enthusiastic about Dr. Foster's chances.

At his meeting yesterday with Mr. Daschle, Dr. Foster said: "There's a lot of lies out there. But I'm going to have my day, that is what the hearings are for. I want people to see my entire record, my whole life's work, see me in toto."

Mr. Daschle said: "I am convinced once they do, you are going to be a successful nominee. I think in just the last 48 hours I have witnessed a turnaround in the strength of, in public support for your nomination."

Mr. Stephanopoulos suggested that the GOP is being hypocritical on the issue of abortion and Dr. Foster. He said Republican welfare proposals would hurt teen-age mothers and probably lead to more abortions if benefits are cut for unwed teens having children.

"If you look at the Republican welfare bills, even as we're getting this attack on the one hand, many people have stated, and I think it's at least a reasonable argument, that the... likely result of a lot of their more draconian cutoffs of aid to pregnant teen-agers will be more abortions, not fewer abortions," he said.

Mr. Stephanopoulos said the White House is trying to steer the debate to Dr. Foster's Nashville,

Tenn., teen pregnancy prevention program, I Have a Future. That program preaches abstinence but distributes condoms.

He said the White House is deeply concerned about teen pregnancy and that Dr. Foster is the best choice to fight it.

Mr. Stephanopoulos conceded that "bad staff work" contributed to Dr. Foster's problems but said "let's get to the hearings and have the real debate."

Dr. Foster's critics have accused the obstetrician-gynecologist and former head of Meharry Medical College of misstating the number of abortions he has performed. They have also criticized him for sterilizing retarded women.

But Mr. Stephanopoulos said critics have distorted Dr. Foster's record and used inflammatory sentences from his writings out of context to attack the nomination.

"Clearly just taking lines out of articles and starting a fax attack is wrong," he said.

President Clinton's top political adviser also said Dr. Foster's critics are radicals who simply want to make abortion illegal.

"I think it's out of the mainstream and extremist when people suggest that a man who's got a 38-year career, a distinguished career in medicine, has been a pioneer in efforts to fight teen pregnancy, who's had a distinguished career as a medical administrator, as an obstetrician and gynecologist, should be disqualified from the post of surgeon general because he's performed legal abortions. That is an extremist view," he said.

If abortion is to be the focus of the Foster debates, that's fine with the president, Mr. Stephanopoulos said.

A-2 2-18-95

OB-GYN trainees don't have to learn abortion

Wash. Times

CHICAGO (Reuters) — Doctors in training who are opposed to abortion on moral grounds do not have to undergo training in the procedure, the medical accreditation council said yesterday in clarifying its controversial recommendation earlier this week.

The council's recommendation that resident gynecologists and obstetricians receive training in abortion procedures triggered an angry response from pro-life advocates.

"The Accreditation Council for Graduate Medical Education's recent recommendation in no way forces or coerces any individual or institution to perform abortion. Any resident who holds any moral or religious objection to abortion

is allowed to be excused from the training requirement," John Gienapp, the council's executive director, said in a statement.

Mr. Gienapp said the uproar led him to clarify the council's position and assure teaching hospitals where abortions are not performed that residents wishing the training can be sent elsewhere to get it.

Teaching hospitals need the council's accreditation to qualify for federal funding. The recommendation was designed "to address the need for enhanced education in the provision of primary and preventive health care for women by obstetricians and gynecologists," the council's statement said.

A-4 Wash. Times 2-20-95

Dole says Clinton is using Foster flap as soapbox to slander pro-life activists

ASSOCIATED PRESS

President Clinton is making a "grave mistake" in using the troubled nomination of Dr. Henry W. Foster Jr. as surgeon general to brand pro-life groups as extremists, Senate Majority Leader Bob Dole said yesterday.

The Kansas Republican, speaking on ABC-TV's "This Week," urged the president to drop the nomination if it becomes clear Dr. Foster doesn't have enough votes in the Senate to be confirmed. He said Mr. Clinton is using the nomination to "make abortion an issue to divide Republicans."

Mr. Clinton "makes a grave mistake when he refers to pro-life supporters as extremists," Mr. Dole added.

Dr. Foster's nomination ran into trouble after it was revealed that the Tennessee obstetrician-gynecologist either misstated or lied about how many abortions he performed during a career of almost 40 years.

The president, in an interview

scheduled for broadcast today, reiterated his support for Dr. Foster. "I don't think that he has done anything that disqualifies him," Mr. Clinton told "CBS This Morning."

"I don't think it's dead," he said of Dr. Foster's nomination. "I wouldn't be surprised if he did get confirmed."

Mr. Clinton also criticized lawmakers, including Democrats, who have spoken against the nomination. "This is an outstanding man with an outstanding record who deserves to be confirmed. If they don't want to vote for him, that's their problem, not mine," he said in the interview taped last week.

Senate Republicans opposed to Dr. Foster have sought to avoid a showdown over abortion, pointing instead to the issue of credibility resulting from conflicting statements from Dr. Foster and the White House on the number of abortions he had performed.

The White House, however, is asserting that Republicans are op-

posing Dr. Foster, a man with a long career in reducing teen-age pregnancies, in order to stay in the good graces of the pro-life right.

Mr. Dole said Senate Majority Whip Trent Lott of Mississippi is trying to ascertain how GOP and Democratic senators will vote on Dr. Foster.

"When I make that determination, I'll pass the information on to the president," Mr. Dole said.

Lamar Alexander, a potential rival of Mr. Dole's in the contest for the 1996 Republican presidential nomination, said he knows Dr. Foster well and "I think he's a good man." As governor of Tennessee, Mr. Alexander appointed Dr. Foster chairman of a commission on infant mortality.

But Mr. Alexander, also appearing on ABC, said: "Putting an ob-gyn into the surgeon general's position right now is a very bad idea unless all you are trying to do is introduce a huge debate in this country over abortion rights, which you really don't need."

Trapped in a moral dilemma

Abortion has become one of the most divisive words in the nation's vocabulary. It was not always so.

Before Roe vs. Wade, abortion was spoken of mostly in whispers, usually introducing the fear of both



Suzanne Fields

God and government. Visual images of an abortion were absent. Abortion was too rare, too remote for most of us to consider or confront. Legalization changed all that, creating repetitious pictures of what we'd rather not look at. Soaring rates of abortion cheapen the fundamental issues of life and birth. The moral inhibition which disallowed abortion, except for certain mental and physical exceptions, was reduced to commonplace surgery which makes the moral the exception. Abortions late in a pregnancy, legal or not, contribute to sadness, horror

and outrage.

In the 1950s, women who had abortions were afraid of the moral stigma, what it said about them both as sexual and moral beings. The memories of it recalled both physical and emotional pain. Women also worried about how an abortion would affect a future pregnancy. Once a discussion of abortion got started, there was always a story about a woman, usually married, often a distant cousin or emotionally troubled aunt, who died from one because the abortion was the work of a butcher.

In those days in Washington, where I grew up, it was inconceivable, as it were, that if abortion were ever legal that in a single year there would be more abortions than live births. But it's happened.

Numbers do change perspectives, despite the Clinton administration's defense of Henry W. Foster Jr., the Nashville obstetrician nominated to be surgeon general. The White House was initially satisfied when it was thought that Dr. Foster had performed only one abortion. The White House was even prepared to defend a dozen. But even defenders of legal abortions become squeamish when talking about 39 or 700.

Such numbers neuter the vocabulary. Instead of talking about right and wrong, politicians on both sides

of the issue begin to discuss the nomination of Dr. Foster as "appropriate" or "inappropriate" — at worst, "politically stupid," at best, "politically naive." Even those who want to fight for the doctor empha-

Before Roe vs. Wade, abortion was spoken of mostly in whispers, usually introducing the fear of both God and government.

size that while they like him, they also "abhor abortion."

The social conservatives, it seems to me, benefit from this controversy because it makes the case for how awful abortion really is, strengthening the moral, if not necessarily the legal arguments against it. Discrimination and discernment are added to the polling statistics that 75 percent of us support abortion. Conservatives get an opportunity to express "tolerance" for debate.

Republicans shouldn't want to show the intolerance the Democ-

rats exhibited toward Robert Casey, then-governor of Pennsylvania, at their 1992 convention when he was not allowed to speak because he, opposing abortion, wouldn't say the approved thing. Since Roe vs. Wade is the law of the land, debate and argument might refine the moral and the legal for everyone.

That's why conservatives are winning on this issue. Abortion is legal, but the states are more or less free to place restrictions on it. The will of the people can work closer to home where distinctions can be more closely drawn.

Harder to "refine" is the message we send to the young. It's now arguable that welfare for unmarried teen-age girls has made it easier for them to get pregnant. A corollary is that abortion also makes it easier for young women to engage in casual sexual relations, for young men to abandon them to abortion.

Thus the painful — and unnecessary — contradiction of the appointment to surgeon general of an abortionist who preaches abstinence. For all the undoubted good he has done, he cannot be the man for the position this has become.

What he could do in Tennessee, with a small program pushing abstinence, is impossible when magnified on the larger national screen. His message is easily lost in the moral blur of abhorrence become acceptance. That makes him a dismally ineffective candidate.

Suzanne Fields, a columnist for The Washington Times, is nationally syndicated. Her column appears here Monday and Thursday.

Foster furor bears a reminder

The nomination of Dr. Henry Foster is the best news in years for people who oppose abortion on moral grounds. To the amazement of both sides of this long dispute, it has revealed that a great many Americans really don't think an abortion practitioner ought to be surgeon general.

Especially since C. Everett Koop served in this office, it has become clear that the main function of the

The public's resistance to Dr. Foster is based on a very simple premise: that an administration stacks the deck in favor of abortion when it names an abortionist to a job known primarily for its moral preaching.

office of surgeon general is moral exhortation. On the basis of popular reaction to this nominee, the nation wants its medical preaching done by someone who comes to the job with cleaner hands than Henry Foster.

Proponents of abortion have been blindsided by this, largely because they came to believe their own press releases that only a tiny fringe of "out of the mainstream," "anti-choice" zealots still resist the hardening pro-abortion consensus.

What the pro-choicers rarely acknowledge is that the nation is much more troubled than that about abortion. Depending on how the pollsters frame their questions, up to 75 percent of Americans have moral objections to abortion on demand. Because Donna Shalala and her staff don't seem to know any of these people, they think what everyone in their circle thinks: Abortion is a non-issue now.

This is a bit like the embarrassment suffered by The Washington Post when it failed to notice a huge anti-abortion rally a few blocks away because nobody on staff seemed to know anyone who planned to attend. In some tight little circles, it takes a huge act of imagination to notice what the rest of America thinks.

The public's resistance to Dr. Foster is based on a very simple premise: that an administration stacks the deck in favor of abortion when it names an abortionist to a job known primarily for its moral preaching.

This reaction has been obscured, in part, by Dr. Foster's apparent inability to come clean on the number of abortions he has performed, and by the news that he performed

operations before 1974: the sterilization of four healthy but mentally retarded women.

But this has just reinforced the strong feelings about Dr. Foster. It has associated abortion with furtiveness, evasiveness, and an apparently casual attitude about involuntary sterilization.

Dr. Foster is not going to be surgeon general, but his nomination has accomplished two things. It assures us that the next surgeon general will be someone who has no record of performing abortions, and it opens the door to the use of stigma as an organized anti-abortion tactic.

Stigma doesn't get very good press in America. The left keeps insisting it is an attempt by the powerful to assail the behavior of the powerless. But the left conducts stigma campaigns of its own all the time — against smoking tobacco and wearing wearing fur, for example. We are on the brink of a broad effort to re-stigmatize easy divorce and the intentional bearing of children out of wedlock. Why not a campaign to stigmatize something even more dubious: solving a problem by killing a developing form of human life?

Some anti-abortion activists have been pursuing a stigma policy by publicizing the names of abortion doctors. Nothing wrong with that, unless the effort veers over into the harassment of families and threats against doctors' lives. It's probably true that many doctors have stopped performing abortions out of fear of quasi-terrorist tactics against them. But many more doctors are shying away because of the stigma.

The truth is that abortion is generating a generally bad odor in the medical profession, in large part because doctors understand very well that it is a morally dubious procedure. Dr. Ralph Hale, executive director of the American College of Obstetricians and Gynecologists, estimates that more than half of the group's 35,000 members have performed abortions in the past, but only a third are doing abortions now. That would be roughly 5,000 OBGYNs who have stopped doing abortions. Some are older doctors with patients past their childbearing years. But these older doctors are not being replaced by younger ones as eager to do abortions. Is this because they are all terrified of anti-abortion violence, or is the shame of performing this operation beginning to take a heavier toll?

The current effort by pro-choicers to force medical students to learn how to perform abortions is a way of saying that the money to be made in performing abortions is not drawing enough doctors into the field.

Anti-abortion forces would be better off abandoning harassment at the clinics and the futile efforts to get an anti-abortion amendment or Supreme Court ruling. What we need is steady moral pressure, built around stigma, to reduce the number of abortions and to depict abortion as a primitive form of violence that society will eventually outgrow, just as it outgrew infanticide and slavery.

This would mean no state funds at all for abortion, and no more state-supported abortion festivals like the population conferences in Cairo. The state would have to stay totally neutral, and not pretend, as it did in the foolish Foster nomination, that the issue is somehow behind us.

John Leo is a contributing editor of U.S. News & World Report and a nationally syndicated columnist.



A-BOMBS: "I abhor abortions. To me abortion is failure," Foster said. But his history made the topic an issue before hearings even began

■ POLITICS

SURGICAL STRIKE

Wrangling over Henry Foster's abortion record puts the Clinton nominee at risk

By ELIZABETH GLEICK

BEFORE HEADING OVER TO THE OLD Executive Office Building for a joint press conference with German Chancellor Helmut Kohl last week, President Clinton met privately with several top aides, as usual, to discuss what questions might arise and what his answers should be. Once again in the middle of a debacle in the making—this time over the suddenly controversial nomination of Dr. Henry W. Foster Jr. for Surgeon General—an irritated Clinton

turned to his advisers and asked, "How do I answer the question that either this guy's lying or I've got an incredibly inept White House staff?"

Unfortunately, neither response is pretty—though the President chose the latter. Even as Clinton was reaffirming his support for his nominee, even as Foster was tallying and retallying the number of abortions he has performed in his career as an obstetrician-gynecologist in Nashville, Tennessee, and making public appearances to plead his cause, behind the scenes those inclined to support Foster were pro-

claiming the nomination dead on arrival—and the Clinton Administration humiliated once again. The ghosts of botched Clinton nominees past—Zoë Baird, Lani Guinier, Bobby Ray Inman—seemed to float through the White House halls. "You can't help but wonder if there isn't someone making decisions who is trying to destroy it from within," admits a disgusted Democrat. "Could there be a mole?"

Almost as soon as Clinton settled on Foster, whose "I Have a Future" program for pregnant teenagers dovetails with the Administration's plans for a national initiative

on teen pregnancy, the nomination was in jeopardy. On Jan. 28, Senator Nancy Landon Kassebaum of Kansas, a pro-choice Republican and chair of the Senate Labor and Human Resources Committee, which will oversee the confirmation hearings, asked Health and Human Services Secretary Donna Shalala whether Foster had ever performed abortions. Shalala said she did not know but would look into the matter. Later that week, Shalala told Kassebaum that Foster had said he performed "only one abortion." Quickly, that number was revised up, and up again, to 39, according to Foster, and 700, according to antiabortion groups, which also revealed that Foster had conducted clinical trials on an abortion drug in 1981 and perhaps sterilized severely retarded women.

One thing that has observers bewildered is how the White House could have put forward Foster's nomination without getting the abortion issue squared away in advance. "It wasn't the first question, and it was closer than it should have been to the last, but it was asked," a senior White House official told TIME about the vetting process. Why anyone believed even for a little while that the pro-choice Foster in 30 years of medical practice could have managed to perform only one abortion is another mystery. Privately, some officials are implicating Shalala and HHS aides for not questioning Foster's initial response.

Wherever the blame belongs, a senior aide says that Clinton did know Foster had performed abortions but that the President had decided that fact—and his pro-choice stance—would simply not be a problem. "We incorrectly assumed that if you had a candidate like Foster with impeccable credentials, we would weather any attack from the right-to-lifers," the aide explains. "We believed there wouldn't be a fire storm because the Republican majority doesn't want to have this fight."

In theory, that reasoning makes sense. During the mid-term elections, G.O.P. leaders let such potentially divisive issues as abortion fade into the background as welfare reform and the Republican economic agenda grabbed headlines and votes. There is no mention of abortion in the "Contract with America," and Gingrich made it clear, in his first few weeks as Speaker, that he hoped to sidestep the issue. The White House bungling, however, has given Republicans an irresistible opportunity to appease the anti-abortion crowd on the ground that they were deceived. As Christian Coalition head Ralph Reed puts it, "This nomination is dead. It is not about ideology. It's about competence."

There has been a tragic level of poor staffing by the White House and HHS. Barely uttering the A word, Gingrich told reporters last Friday that "the most disturbing thing... is the quality of the staff work. After two years, how could they be this grotesquely wrong and stumble into a fight of this proportion?" Senate majority leader and presidential hopeful Bob Dole, while not announcing full opposi-

move his back away from the wall as best he can. His initial efforts on Foster's behalf were hesitant. To many pro-choice advocates, he was uncomfortably slow in remembering to mention that abortion is in fact a legal procedure; but by the end of the week he was offering a more spirited defense of his nominee. But key support from such Democratic Senators as Edward Ken-

"My life's work has been dedicated to making sure young people don't have to face the choice of abortion."



STRAIGHT TALK: In Foster's program, teens learn why not to get pregnant

tion to Foster, said that "if it gets any worse, they probably shouldn't send [the nomination] up here."

Before the Foster controversy blew up—and gave them a common enemy—the abortion issue was threatening to scatter and distract the G.O.P. Both the Roman Catholic Church and the National Right to Life Committee recently declared their opposition to the part of the Republican welfare bill that calls for cutting off aid to pregnant teens because they fear it will encourage abortions. "There is a concern that it will increase the likelihood that poor women, including teen moms, may see few options besides aborting their child, particularly if there is a prohibition on increasing benefits for additional children born to women who are already welfare recipients," says Patricia King, policy adviser for health and welfare issues for the U.S. Catholic Conference. And even those conservatives who insist that private charities can help fill the void left by welfare acknowledge that existing facilities must be dramatically expanded.

Until the welfare debate begins in earnest, however, it is left to the President to

nedy and Patrick Leahy has been noticeably tepid, and Joseph Biden grumped publicly that Clinton should withdraw Foster's nomination; then he flip-flopped and said he would reserve judgment.

Too late perhaps, White House advisers decided to try to make the charged politics of abortion work for them. Though some concede they would have preferred to save a defining battle over abortion for the 1996 presidential campaign, the President's inner circle hopes at least to inflict pain on the Republicans by forcing the debate now. "We stumbled into the fight, but now that we're in it, we see that it's a fight we want to have," says an aide. "[It] will speak volumes about who controls the Republican Party." He adds, "We may not win it, but it's worth pointing out that one side of the party—the right-to-lifers—are leading the Republicans by the nose." Christian Coalition leader Reed plunged into this strategy by declaring last Friday that—for his 1.5 million members—abortion would be a litmus-test issue in 1996.

By week's end, the White House had sent Foster out to defend himself—though not. Washington insiders point out, to anyone

who will actually decide his fate. The doctor appeared first on ABC's *Nightline*—"a pretty dignified public forum," in the words of an Administration source. As a sign of support, Administration officials insisted that host Ted Koppel interview Foster in the White House; when Lani Guinier found herself fighting to save her nomination as head of the civil rights division of the Justice Department in 1993, she appeared on *Nightline* against Administration wishes. Foster also spoke last Friday with members of the Congressional Black Caucus and with medical students at George Washington University. "I believe in the right of a woman to choose," he told the students. "And I also support the President's belief that abortions should be safe, legal and rare. The irony of the debate is that my life's work has been dedicated to making sure young people don't have to face the choice of abortion."

The wisest thing to do may be to let Foster's record speak for itself. For in many ways, according to those who have worked with him, Foster seems an ideal candidate for Surgeon General. He was one of President Bush's "Points of Light"—a man who has spent most of his career tending to the poor in the inner city of Nashville and preaching abstinence to teenagers. In 1987, as chief of the obstetrics and gynecology department at Meharry Medical College, where he is now acting director, he started the "I Have a Future" program in two housing projects near the hospital. The program, says director Lorraine Greene, offers participants art, dance and creative writing lessons, computer and vocational training, and counseling. "You have to get young people to want to delay pregnancy by making it unattractive because they've got so much to look forward to," Greene explains.

Foster's confirmation hearings—if it comes to that—are still weeks away, and it is unclear whether the White House can right itself, or whether the nominee will be left to dangle. A source close to the process tells *TIME* that the Administration is also prepping a backup choice just in case. "No one believes the White House will stick by Foster," says an aide to a liberal Senate Democrat. "Even if they stand by him today, nobody up here has the faith that they won't pull the rug out from under him tomorrow." And if the past is any guide, the good doctor may be the last to know. —Reported by Ann Blackman, Nina Burleigh and James Carney/Washington, Janice Castro/New York and Elisabeth Kauffman/Knoxville

Where Can Pregnant Teens Turn?

A WOMAN ENTERING THE CRISIS PREGNANCY CENTER, IN A MODERN MEDICAL building in Poughkeepsie, New York, is greeted by a staff member seated behind a sliding glass window who hands her a clipboard with forms to fill out. In the bathroom, a chrome-and-glass cart holds a medicine jar full of cotton. But this is no doctor's office. The center—affiliated with the Christian Action Council's Care Net, a nonprofit organization based in Sterling, Virginia—has no staff members with medical training. Rather, any woman who drops by is offered a free over-the-counter pregnancy test and a good dose of antiabortion counseling using plastic fetuses, pamphlets and videos.

If she's financially distressed and not already on welfare—as half the C.P.C. clients are—she will be tutored in applying for AFDC and food stamps. "We find that women don't even know what welfare assistance is available now," says Judy Brown, general counsel of Care Net. "We act as a referral system."

This, then, is where the goals of the antiabortion movement collide headon with the Gingrich agenda. The volunteers at roughly 3,000 crisis pregnancy centers nationwide (465 of them sponsored by Care Net) are promoting childbirth among the very women the Contract with America hopes to discourage from motherhood: unwed teens and welfare mothers having additional children. Could the centers make up the difference if, as Newt proposes, welfare benefits

to such women were cut back? "Absolutely not," says Linda Cochrane, executive director of the Poughkeepsie center. "What clients get from the government far exceeds what we provide."

What the center does provide is used baby and maternity clothes, toys, diapers and formula. "They call you and say, 'Do you need any stuff?'" says Cindy Raabe, a pregnant 22-year-old single mother of two. "I love this place." Last year counselors at the Poughkeepsie center saw about 850 women, most between the ages of 15 and 22.

The Care Net staff is almost entirely volunteer and operates on a shoestring: the Poughkeepsie center's annual budget is \$59,000. Staff members must undergo 14 to 24 hours of in-house training before they can advise pregnant women. The pregnancy center does

Judy Cook, director of the Marietta center, holds a demonstration fetus

not dispense information about birth control, other than a brochure about "natural family planning."

But Planned Parenthood's Leslie Sebastian, who has monitored these unlicensed centers, warns that they have a history of deception. As the result of a 1991 congressional investigation, the Yellow Pages Publishers Association agreed to divide listings into "abortion providers" and "abortion alternatives," but this does not always work. "The way the ad read, I didn't know a Christian woman would be on the other end of the phone," says a 40-year-old woman who called Cobb Pregnancy Services in Marietta, Georgia (which is not a Care Net facility), looking for an abortion. "I told her I didn't call to get a lecture." (This woman did visit Cobb and decided to keep her baby.) According to Sebastian, there have also been at least a dozen lawsuits against pregnancy centers, filed by women who claim they were coerced into giving up their babies for adoption.

If welfare benefits—and crucial Medicaid eligibility—are drastically curtailed, says Care Net's Judy Brown, "we're going to have to be more creative in helping women pay their bills, and get job training and pre- and postnatal care. We'll have to be more assertive."

—By Elizabeth Gleick. Reported by Saphronia Scott Gregory/Marietta and Andrea Sachs/Poughkeepsie



Foster Follies

White House: How bungling and abortion politics imperiled a nomination

BY BILL TURQUE AND BOB COHN

ROBERT BORK, JOHN TOWER, CLARENCE THOMAS, ZOË BAIRD, LANI GUINIER. They belong to a special branch of Washingtonology: the presidential appointment turned fiasco. Henry Foster, President Bill Clinton's nominee for surgeon general, joined the list last week. Every troubled nomination comes with its own blend of miscommunication, miscalculation, cynicism and ideological strife. In the end, Foster's merits as a physician and educator were unfairly eclipsed by the White House's inept handling of a politically incendiary issue—abortion. Here's the diary of a Washington disaster:

It began, like most Washington tales, with a leak. On Jan. 27, Foster's name surfaced in *The Washington Post* as a "leading contender" to replace Joycelyn Elders, fired by Clinton last December for musing publicly about the virtues of teaching masturbation to schoolchildren. A soft-spoken obstetrician-gynecologist and acting director of Nashville's Meharry Medical College, Foster looked like a sure thing politically: an African-American who stressed abstinence to teenagers in a program to discourage pregnancy. His work earned him recognition in 1991 as one of President George Bush's "Thousand Points of Light."

Foster's three decades as a practicing gynecologist should have been a warning to the White House. It was to Kansas Sen. Nancy Kassebaum, a pro-choice Republican experienced in the treacherous crosscurrents of abortion politics. After learning of Foster's impending nomination from an administration official at the Jan. 28 White House welfare summit, Kassebaum, who chairs the Labor and Human Resources Committee that will hold confirmation hearings, quickly asked how many abortions Foster had performed. The official didn't know, but promised to get back to her.

The task of vetting Foster fell to the White House Counsel's Office. With lawyers in charge, the inquiry never focused on a political strategy to deal with a contentious issue. Instead, a White House attorney named Marvin Krislov pursued narrow legalisms, like how many abortions Foster performed, if any, before the Supreme



■ served:
Blaming
the staff

Court's 1973 *Roe v. Wade* ruling legalized the procedure.

In retrospect, the White House made two blunders. It overestimated the appeal of Foster's teen-abstinence message and underestimated the willingness of congressional Republicans, preoccupied by budget issues, to engage over abortion. "They didn't realize that anytime this issue comes up, it's a battle," says a lobbyist for a pro-choice group. "You don't just slip it through like a fix in an appropriations bill."

The White House had help in bungling the nomination. Aides to Health and Human Services Secretary Donna Shalala (the surgeon general works for the HHS) held their own vetting sessions with Foster. Asked how many abortions he'd performed, Foster recalled instead one especially troubling procedure, involving a woman who was HIV-positive. Incredibly, the HHS staff construed this to mean that he had done just one abortion. Aides passed their findings on to Shalala, who told Kassebaum.

Oblivious to the misinformation it had circulated, the administration pressed ahead and unveiled Foster Minutes after Clinton and Shalala introduced him in an Oval Office session on Feb. 2, reporters jumped on the abortion issue. Now it was Press Secretary Mike McCurry's turn to shrug his shoulders. He said he didn't know how many abortions Foster had performed, but would try to find out. On Capitol Hill, cautious Republican support for Foster began to crumble. Senate Majority Leader Bob Dole said Foster "sounded like a good replacement" for Elders. When told that the nominee was a supporter of abortion services, Dole smiled and said, "Well, I think I'll leave."

The next day the HHS staff grilled Foster and issued a statement over his name attempting to clarify the abortion question. But the wording was Clintonesque—technically accurate but with vague, coded qualifications. In 30 years as a "private" physician, he said, "I believed that I performed fewer than a dozen pregnancy terminations." He added that during his career as chief of medicine at two hospitals, "a wide variety of medical procedures and research" were performed.

Pro-choice and anti-abortion groups dug in for a Bork-style war of attrition. The National Abortion and Reproductive Rights Action League announced plans for a nationwide effort to "prevent opponents of choice from isolating and demonizing doctors" who provide abortions. Early last week The National Right to Life Committee released a partial transcript from a 1978 hearing that quotes Foster as saying he has "done a lot of amniocentesis and therapeutic abortions, probably near 700." Foster denies making the statement.

The White House finally sensed that another nomination was heading over the cliff. It summoned Foster on Monday evening to the Roosevelt Room for a crisis-management meeting led by deputy chief of staff Erskine Bowles. Their mission clear up once and for all just how many abortions Foster had performed. They assigned a group of Meharry officials to examine Foster's records.

By Tuesday, the administration had decided it could ill afford another Lani Guinier episode—to be seen walking away once again from a heavily contested nominee. Chief of staff Leon Panetta announced at the morning senior-staff meeting that Clinton intended to stick with Foster regardless of the tally the Bowles team developed.

While presidential aides were long ago

'Your house is going to be staked out,' Foster was told. 'The tempest is just beginning.'



Badly prepped?
Nominee
under fire

PHOTOS BY LARRY DOWNING—NEWSWEEK

hardened to the incivilities of confirmation politics, the rules were new to Foster. Tennessee Republican Sen. Bill Frist, a physician and friend who ran for office last year bragging about his Washington outsiderhood, demonstrated a mastery of the D.C. duck-and-cover. After praising Foster and joining him in the Oval Office the previous week, Frist announced that he would wait for an FBI report before deciding how to vote. White House Communications Director Mark Gearan braced Foster. "Your house is going to be staked out," he warned him. "The tempest is just beginning."

Burial ground: On Wednesday, Meharry officials reported back: Foster had performed 39 abortions in private practice and oversaw 55 others while managing clinical trials of an experimental vaginal suppository. Armed with what it believed to be a reliable census, the administration launched a counteroffensive. It began by offering Ted Koppel a White House interview with Foster. By the standards of Washingtonology, it was a peculiar choice, carrying the whiff of endgame. From Baird to Bobby Ray Inman, "Nightline" has become a burial ground for collapsed Clinton appointments.

Tensions over the nomination spawned the usual finger-pointing. As Foster fielded mock "Nightline" questions from White House aides on Wednesday evening, HHS officials also present turned "snippy," according to one source, when Foster blamed them for bullying him into his inaccurate "less than 12" statement. On the air that night he said: "I should have refused, Mr. Koppel, to answer that question until I knew the exact number." Clinton was also ready to blame aides. On Thursday, while preparing for his joint appearance with German Chancellor Helmut Kohl, he asked McCurry for the latest on Foster. McCurry told him he had been talking to reporters about the poor staff work. "Good," the president replied.

By the end of the week, crucial allies started to fall away. A New York Times editorial called on Clinton to pull the nomination. Democratic Sen. Joe Biden announced he would oppose Foster. He said unabashedly that his decision was based "not on the merits," but on his anger with the White House for giving "no obvious deep thought" to Foster's selection. (He retreated later and said he would withhold judgment.) The administration had to scramble to respond to new disclosures—that Foster performed hysterectomies to sterilize six severely retarded women between 1963 and 1973. Foster tried to save himself with visits on Capitol Hill and a speech at George Washington University. "I am standing strong," he told the audience, and talked about his Tennessee anti-teen-pregnancy campaign. The program is called "I Have a Future." In Washington, Henry Foster's future may soon be history. ■

Get Ready for Mr. Relentless

Politics: Phil Gramm wants to be in your face



By HOWARD FINEMAN

WHEN DAN QUAYLE DECIDED not to run for president, most of his competitors performed the usual ritual of homage to the departed: issue a statement, praise his wisdom and don't claim his supporters. "Dan Quayle is a good friend who would have been a formidable candidate," said Bob Dole, last week's model of old-school grace. Cornered by the cameras, the senator was diplomatic. "I don't know who it helps," he said.

Then there's Phil Gramm, the screeching

heavy metal in what was once the stately opera of presidential politics. As soon as word leaked that Quayle would not run, Senator Gramm was out and about. For the cameras, he got right to the point. "I think many people who would have supported Dan Quayle will be inclined to support me," he said. Gramm was the first to hit CNN with a sound bite—only hours after the Quayle news moved on the wire.

On the facts, Gramm was wrong. The first national polls showed that Dole, the best-known name in the field, for now had picked up most of Quayle's support. But

In Washington

Lead our lips: "Pro-life and pro-family voters, a third of the electorate, will not support a party that... has a national ticket or a platform that does not share Ronald Reagan's belief in the sanctity of innocent human life," said the Christian Coalition's Ralph Reed in a Feb. 10 speech to the Conservative Political Action Committee. Mr. Reed's address also put GOP

presidential contenders on notice that pro-lifers will not accept a national ticket balanced with a pro-abortion vice presidential candidate. The three most mentioned pro-abortion running mates: Governors Pete Wilson (California), William Weld (Massachusetts), and Christine

Todd Whitman (New Jersey).

...Texas Sen. Phil Gramm won the CPAC presidential straw poll with 40 percent of the vote; Bob Dole was first runner-up with 12 percent; commentator Pat Buchanan collected 11 percent; Dan Quayle, who withdrew before the voting, still received 8 percent. California congressman Bob Dornan and former Tennessee Gov. Lamar Alexander brought up the rear.

Contract watch: The Washington welfare-reform debate officially began with the unveiling of the GOP plan to turn federal welfare spending over to states in the form of block grants; minority Democrats introduced their own proposal, but conceded they would not be able to stop the Republican legislation.

...By a vote of 294-134, the House voted to approve a measure giving the president a line-item veto, which gives him the authority to cut out specific spending programs without vetoing an entire bill.

...The House gave approval to a variety of measures that would rewrite Mr. Clinton's controversial crime bill that was passed last year. Lawmakers voted to spend more on prison construction; limit appeals; require restitution on federal crimes; and loosen evidence rules.

...Senate backers of the Balanced Budget Amendment claimed Feb. 10 to have garnered enough votes (66) to give final passage to the measure. But *The Washington Post* reported Democrat support was "soft" and could be vulnerable to the debate over exempting Social Security from the constitutional budget ax.



No VP: Whitman. [AP]



Still rolling: Gingrich. [AP]



POLITICS

Why did Dan Quayle drop out?

DEPENDS ON WHO YOU ASK: Many of the stories last weekend quoted pundits and insiders who attributed the withdrawal to the potential fundraising difficulties Mr. Quayle would have faced. *Time* magazine's weekly "Chronicles" said that in his announcement, the former vice president was "claiming" to be putting his family first; the item concluded, "Political insiders said Quayle faced bleak fund-raising prospects."

AT WISCONSIN LUTHERAN COLLEGE last Friday, Mr. Quayle said he expected no trouble raising the necessary funds to win the

presidency, and he ripped press coverage of his withdrawal announcement: "Why can't the media accept that many of us do make decisions based on our family? Why do they always have to listen to the handlers, the pundits, the spinmeisters that didn't make the decision for what happened? Why don't they listen to the people who made the decision and why we made the decision? Maybe they really don't believe that some of us make decisions by putting our family first... My decision will make me a better husband and a better father and, perhaps someday, a better president."

Surprise exit: Reporters won't have Quayle to kick around. [AP]



THE ABORTION-ABHORRING abortion activist Henry Foster, who seeks to follow in the footsteps of former Surgeon General Joycelyn Elders, took to the airwaves—complete with White House backdrop—to defend himself against charges that he is an experienced abortionist. "I abhor abortions," he declared. "I abhor war." Turns out he's performed at least 39 of those abhorrent acts. Then there were 55 others he supervised as part of a training program Dr. Foster was involved in; it's not clear whether he actually performed any as part of the program—and in any case, he doesn't count those in his official tally of 39.

IF DR. FOSTER THOUGHT HE ABHORRED WAR before, the next few weeks of Senate scrutiny may leave him shell-shocked and hating war more than ever.

NEWS RELEASE

The Michael Fund/IFGR
500 A Garden City Drive
Pittsburgh, Pa. 15146

Monday
February 6, 1995

For Immediate Release

Contact Person: Randy Engel
Phone Office 412/823-6380
Media Hotline 412/327/7379

FOUNDATION CONNECTS FOSTER TO LARGE SCALE EUGENIC AND "DO-IT-YOURSELF" ABORTION PROGRAMS

Pittsburgh, Pa. The International Foundation for Genetic Research/Michael Fund released documents today connecting President Clinton's nominee for surgeon general, Dr. Henry Foster, Jr., to a large number of eugenic and "do-it-yourself" abortions while Foster was Chairman of the Department of Ob/Gyn at Meharry Medical College, Nashville, TN.

Among the documents released by Randy Engel, Executive Director for the pro-life genetic research agency, was a publicly recorded statement by Foster in November 1978 at a meeting of the HEW Ethics Advisory Board in which he claims expertise in the field of prenatal diagnosis and eugenic abortion -

"I have done a lot of amniocentesis and therapeutic abortions, probably near 700," Foster said.

"Contrary to Foster's February 4 HHS statement that he did only a few therapeutic abortions to save maternal lives," Mrs. Engel said, "he has, by his own admission, carried out many eugenic abortions to prevent suspected handicapped pre-born children with sickle cell or Down Syndrome from being born."

"As a member of the HEW Ethics Advisory Board, Foster is also on record as favoring the use of TBAs [to-be-aborted children] in non-therapeutic, lethal, fetal experimentation, such as fetoscopy," she said, "while at the earliest end of the spectrum he is in favor of using 'spare' in-vitro [IVF] human embryos as research objects."

(cont.)

the
Michael
Fund

INTERNATIONAL FOUNDATION
FOR GENETIC RESEARCH

NEWS RELEASE

Page 2.

"Again, in 1981, we find Foster presiding over a "do-it-yourself" abortion research project funded by UpJohn Pharmaceuticals at Meharry Medical College and Hubbard Hospital and designed to kill babies up to 63 days old," Engel continued.

"If ever a Surgeon General Nominee deserved to be rejected by the United States Senate as being dangerous to the health and welfare of this nation, Foster is that man," the director noted especially with regard to the most vulnerable of our kin - the IVF human embryo and the handicapped pre-born child, and the unmarried teen. "As an advocate for the handicapped child -born and pre-born," the director said, "we reject absolutely this Health by Death ethic which eliminates the patient rather than curing the disorder."

Last June, the International Foundation for Genetic Research brought suit against the HHS-NIH Human Embryo Research Panel charging gross violations of FACA (The Federal Advisory Committee Act) and directed at protecting so-called "spare" IVF cryogenically-preserved human embryos from being used in lethal research programs by federal and private corporations. The law suit is currently pending in the Fourth Circuit Court in Richmond.

-30-

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SOURCE: DEPARTMENT OF HEALTH, EDUCATION AND WELFARE OFFICE OF THE SECRETARY, ETHICS ADVISORY BOARD, MEETING V, FRIDAY NOVEMBER 10, 1978 SEATTLE WASHINGTON, QUOTES FROM PAGES 180, 197

8 DR. FOSTER: Now, the next question I have --
9 and then I will make my comments -- now, I read the research
10 proposal, and I missed this delay. That bothers me a
11 little bit, first. I have got to really clear that in my
12 mind.

13 I have done a lot of amniocentesis and therapeutic
14 abortions, probably near 700. As I read the protocol,
15 the patient would be brought in the hospital, and that would
16 be a 24 hour delay, which was not inordinate, based on the
17 information that we have. It is very reasonable. But the
18 clinical part, a catheter is introduced into the amniotic
19 cavity, and that is the time when the fetus is studied,
20 the blood vessels, and the sample is taken. Then the
21 fetoscope is withdrawn, but the catheter is left in place,
22 which is quite acceptable. In fact, this is one of the
23 techniques we use for continuous prostaglandin infusion.

9 their fetoscopy work was therapeutic. The work on
10 thalassemia was clearly therapeutic. It was done for
11 the same reasons that we do amniocentesis, to decide
12 whether or not the pregnancy should continue, and to
13 provide a therapeutic abortion. In fact, I know much
14 of that.

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 F₂ 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 inves-

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.

Secundigravidae 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.



Dr. Foster

tigated for safety, efficacy, and patient acceptance in studies supported by the Upjohn Company. If results are positive, phase 3 nationwide clinical trials can begin.

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

PUBLIC POLICY ADVOCATES

PPFA's Board of Advocates and National Leadership Committee to Keep Abortion Safe and Legal constitute a diverse group of individuals united by their national renown, personal integrity, and commitment to individual rights. Their promotion of Planned Parenthood's goals and programs both strengthens and exemplifies the broad base of support for reproductive rights among Americans.

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The Hon. Bala S. Abzug
Sara Allen
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Edward Asner
Mrs. Vincent Ascor
Bylyse Avery
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Kim Basinger
Meredith Baxter
Harry Belafonte
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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. Deryck 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.

AMERICAN MEN & WOMEN OF SCIENCE

**PHYSICAL AND BIOLOGICAL
SCIENCES**

**16TH EDITION
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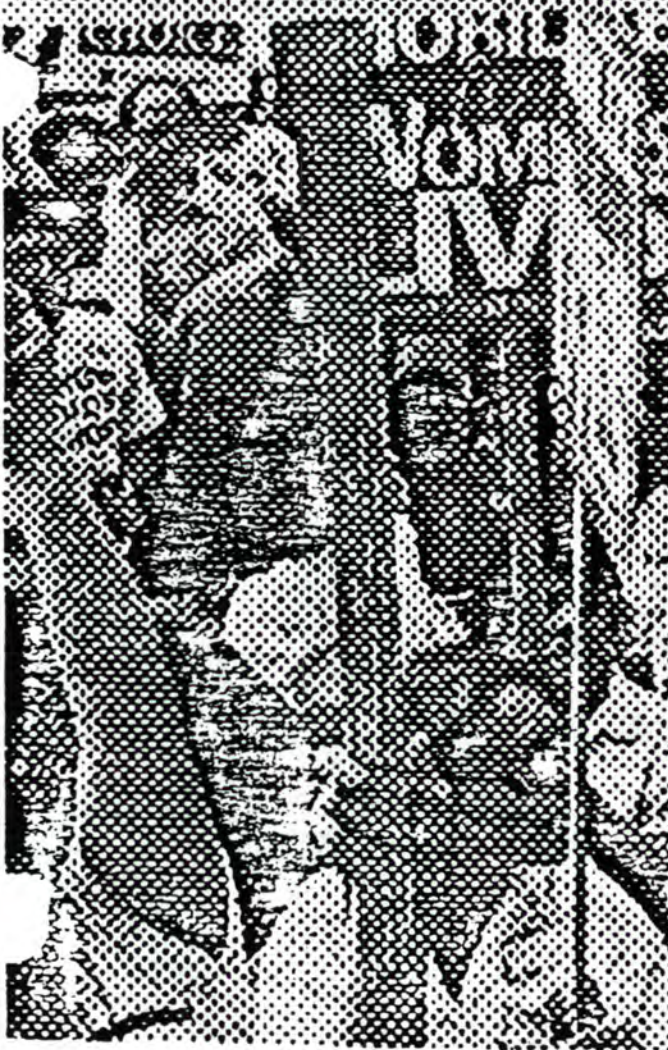
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 Planned Parenthood® Federation of America, Inc.

1989 Annual Report

with local media to shape the public debate about reproductive rights issues.

In addition to the April 9 and November 12 events, affiliate campaign activities included:

Planned Parenthood of San Diego and Riverside Counties (Calif.) generated 63,000 signatures — the most of any affiliate — petitioning Congress to uphold the right to make personal decisions about pregnancy and childbearing.

Planned Parenthood of Seattle-King County (Wash.) sponsored a con-

test among staff and board members to send to the April 9 march the individual who collected the largest number of petition signatures.

Ad campaigns identified thousands of new supporters and increased public recognition of Planned Parenthood's role in the battle for reproductive rights. As part of the Campaign to Keep Abortion Safe and Legal, more than 30 affiliates in targeted areas participated with the national office in placing full-page newspaper ads responding to the Webster decision and urging grass-roots advocacy in countering the threat to reproductive choice.

Planned Parenthood Action Fund

To counter the expanded threat to reproductive freedom represented by the Webster decision, PPFA announced in October 1989 the formation of a new political arm, the Planned Parenthood Action Fund. An adjunct to Planned Parenthood's long-standing public education and lobbying activities, the Action Fund is a financially independent organization, structured as a 501(c)(4) corporation, in which contributions are not tax deductible. This allows the Action Fund to engage in unlimited lobbying and limited electoral campaign activity, publicize the voting records of candidates for public office, and conduct voter education and identification drives, among other activities.

In 1989 the Planned Parenthood Action Fund was incorporated under the New York not-for-profit corporation law; tax-exempt status under the Internal Revenue Code was granted in 1990. With first-year funding set at \$1 million, implementation of the Action Fund's lobbying, advertising, and advocacy agenda began in 1990.

National Leadership Committee: Campaign to Keep Abortion Safe and Legal

As part of its Campaign to Keep Abortion Safe and Legal, Planned Parenthood's national office recruited more than 200 nationally recognized individuals to serve on a National Leadership Committee. Katherine Hepburn, along with Anne Archer, Julian Bond, Helen Milliken, The Hon. William C. Milliken, Arthur C. Nielsen, Jr., Rosa Parks, Lee Salk, Ph.D., and Kathleen Turner, spearheaded the formation of this prestigious group of advocates for reproductive rights, representing the fields of politics, science, religion, the arts, entertainment, and countless areas of distinguished personal achievement.

The following women and men serve on the National Leadership Committee of PPFA's Campaign to Keep Abortion Safe and Legal:



The Family Institute

The Family Institute in Association with Focus on the Family

February 1, 1993

TO: Carl Ramsey, Family News in Focus/FRC
Kristi Hamrick, FRC
Frank York, FOF
Diane Hesselberg, FOF

FROM: Mark Tolt 

RE: Dr. Henry Foster/"I Have A Future" UPDATE

The Family Institute has just spoken to the resident directors of the two public housing projects in Nashville where Dr. Henry Foster's program "I Have A Future" is sited.

The health clinics in these housing projects, set up by "I Have A Future," distribute birth control devices and educate about those devices.

In particular, the health clinic at John Henry Hale Homes in Nashville is open every Wednesday. Birth control devices will be given to any interested individual who has a parent's permission. The resident director at this location is a "graduate" of the "I Have A Future" program.

In the Preston Taylor Homes in Nashville, the issue of teaching about birth control devices "comes up regularly on the monthly programming schedule."

The Family Institute has found that "I Have A Future" has started a school-based health clinic at Pearl-Cohn High School in Nashville. We were told that the nature of this clinic is "counseling" and "education." No other specifics are available at this time, but we were told by the executive principal of the school, and by a local educator, that birth control devices are "absolutely not distributed." The principal told the Family Institute that the "education" stresses abstinence. However, due to "I Have A Future's" other activities, we could assume that if a student wanted a birth control device, they may be referred to a clinic in the housing projects or another location...possibly even a facility within Meharry Medical College itself. We are in the process of determining this.

The resident director of Preston Taylor Homes said that if an individual asks her about where to get condoms or birth control devices, she "gives them 'I Have A Future's' number, or Meharry Hospital." "I Have A Future" is located at Meharry Medical College, School of Medicine. Dr. Foster was former acting president of Meharry Medical College.

Additionally, "I Have A Future" has an internship-oriented program for nursing students at Tennessee State University, where the students can work either in the public housing clinics or the school-based clinic at Pearl-Cohn High School.

post-secondary education. Twelve participants (12) will attend four-year colleges and four (4) will attend vocational/junior colleges. Four participants will be entering the Armed Services. Also, very striking is the fact that eight (8) of the college-bound students are African American males.

-31-95 TUE 11:23 I HAVE A FUTURE

"I HAVE A FUTURE" Program

February, 1988, marked the beginning of the Meharry Medical College "I Have A Future" (IHAF) Comprehensive Adolescent Health Promotion Initiative based in two public housing developments in Nashville, Tennessee. This nationally recognized, award-winning program has positively impacted over 850 young peoples' lives.

"I Have A Future" has been in the forefront in the battle to delay early pregnancy and childbearing, sexually transmitted diseases, homicide and violence and enhancing young peoples' self-image and presenting positive alternatives for the future. To meet this goal, the program has instituted the following objectives:

- *To improve knowledge, attitudes and behaviors related to personal health, human sexuality, drug and alcohol abuse, homicide and violence reduction and other factors which may place adolescents at risk.

- ✓ *To provide greater access to, and increase utilization of, comprehensive adolescent health services and social services, including contraceptive availability.

- *To improve socially adaptive/appropriate behaviors with particular focus on school achievement, pre-vocational skill development, and delinquency rates.

- *To enhance the ability of high-risk adolescents to overcome environmental barriers in attaining the skills necessary to pursue meaningful employment and educational opportunities with the promise of upward mobility.

- *To engender a more positive self-concept and constructive attitude toward community, family life, and the future through the use of the Nguzo Saba Principles.

IHAF has demonstrated a capability which heretofore has been extremely difficult for service programs of this type to achieve -- that has been to attract and retain the participation of older adolescents (14-19 years of age) and a large number of African American males (54%).

This results-oriented program has an impressive track record. Research thus far involves comparing youth in two intervention and two comparison sites for 30 months. There was only one known pregnancy among those in the high participant group and 59 known pregnancies in the low-level and comparison site groups. There was also greater knowledge about human sexuality and family life among the high participant group.

Most interesting is the that there were statistically significant differences between the intervention and comparison communities. Young people who resided in the intervention site had higher self-esteem, a stronger belief in the Nguzo Saba values -- a stronger sense of community, and a greater belief in the responsibility one has for self, family and community. Most importantly, they believed they had more life-options -- compelling futures.

This sense of having a future was also demonstrated in 1993 when nine IHAF participants graduated from high school. Of this number, seven (7) attended college and remain enrolled. This year 24 of the participants are graduating from high school, and remarkably, 16 have been accepted for



The Family Institute

The Family Institute in Association with Focus on the Family

January 31, 1995

TO: Frank York, Focus on the Family
Diane Hesselberg, Focus on the Family

FROM: Mark Tolf, Communications Manager 

RE: Dr. Henry W. Foster, Jr.

The Family Institute is in the process of obtaining information about Dr. Henry W. Foster, Jr. and his pregnancy prevention program "I Have a Future." Dr. Foster is from Nashville and is being considered for the surgeon general post.

"I Have a Future" works in two public housing projects in Nashville. Start-up money was provided by the Carnegie Foundation. We were told that they also have a health clinic at a Nashville high school.

Main concerns at this point are Dr. Foster's ties with CDC President Dr. David Satcher, who also was president of Meharry Medical College. Satcher was Foster's former boss. Also, a fact sheet we received from "I Have a Future" includes "contraceptive availability" as an objective of the program. It appears that the program could be an "abstinence-plus" program. We hope to learn more tomorrow.

Dr. Foster also led a national teen-age pregnancy prevention program for the Robert Wood Johnson Foundation.

Central High Little Rock

Enclosed please find newspapers stories from the Nashville press, and the fact sheet from "I Have a Future."

cc: Carl Ramsey, Family News in Focus/FRC

AMERICAN MEN & WOMEN OF SCIENCE

**PHYSICAL AND BIOLOGICAL
SCIENCES**

**16TH EDITION
VOLUME II
C-F**

**EDITED BY
JAQUES CATTELL PRESS**

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NEW YORK**

4, 30, m 55; c 3. INTERNAL MEDICINE. Western Cal. BA, 51; Univ Tex up Internat med, Portland del residents, 58-59; fel biochem, restr. Nat Inst Arthritis & Metab 1-69. PROF INTERNAL MED. 69. Concurrent Pos: Mem metab assoc ed. J Clin Invest, 72-77 & J Am, Portland Mem Hosp, ed. 81-84, chair, sci adv bd, Hartford 84; Joslin Medal, 84. Mem: Am L Am Diabetes Ass; Am A Endocrinology and Metabolism; re body formation. Mailing Add: So Cir Dallas TX 75233

ny, Mich, May 28, 14; m 38; c 3. AB, 35; Univ Mich, MD, 38, MS, v Mich, 41-44; dir div neurol & Menninger Found, 47-67, m ger Clin, 67-72; staff neurologist, ADMIN HOSP, TOPEKA, 81-84 Hosp, 47-72, actg chief neurol; locat, Med Sch, Univ Kans, 49-60; Neurologist. Res: Clinical ed. 3111 SW Jewell Ave Topeka

ny, Mich, Nov 2, 28; m 37; c 1. MORPHOLOGY. Educ: Univ oi, 64. Prof Exp: Teacher pub sch, 67; assoc prof bot, 67-77, ASSOC AAAS, But Soc Am. Res: Growth hrm, especially in relation to spore vouch processes and phylogenetic f symbiosis in the gametophyte; 14 W Church Elm St NY 10901

Be, Minn, Mar 21, 38; m 64; c 2. PHARMACOLOGY. Educ: Dula 7, PhD(biol sci), 69. Prof Exp: Fed one assoc cation transport ATP-ers chemist, Vet Admin Hosp, SAGUE VET CTR, 76; ASSOC TEX A&M UNIV, 80-Concurrent, Univ Minn, Minneapolis, 75-76; Am Chem Soc; Sigma Xi; Am An d function as related to actions of and mechanisms of active cation & Lab SVC Otis E Tague Vet Ce

Jags, SDak, Apr 15, 64. Y, PHYSIOLOGY. Educ: Univ 70. Prof Exp: NIH fel child health 3, ADV ASST PROF, 72; ASSOC IYET & GYN, DIV BIOL SCI, restr Pos: Pac res grant, 74-75; Nat Inst, 74-77, 73-77, 79-80, 80-84. USDA, 83. Mem: Soc Study Fertility; Int Soc Neuroendocrinol; reproduction; neuroendocrinology; on of reproductive neuroendocrine external signals which control onset control of adult ovulatory cycle and & Dept Obstet & Gynec Univ Mich

Philadelphia, Pa, Sept 20, 29; m 53; c 1. DATA EVALUATION. Educ: D(esp physics), 54. Prof Exp: Res m Inst, 56-69; STAFF MEM, LOS Pos. Inst, Cir Grad Study, Univ Nuclear Soc. Res: Monomeric in of neutron cross sections; last-very application calculations; post-neutron spectra from actinide fragments. Mailing Add: 3153

XI. Res: Applied spectroscopy; peaceful uses of nuclear energy; applied meteorology; atmospheric stability; vacuum. Mailing Add: Dept Eng Physics Univ Toledo Toledo OH 43606

POSTER, EDWIN MICHAEL, b Alta, Tex, Jan 1, 37; m 41; c 1. BACTERIOLOGY. Educ: NTEX State Teachers Col, BA, MA, 37; Univ Wn, PhD(bact), 40. Prof Exp: Inst bact, Univ Wn, 49-51 & Univ Tex, 41-42; from inst prof to assoc prof, 45-52. PROF BACT, UNIV WIS-MADISON, 52-57. DIR, FOOD RES INST, 66-Concurrent Pos: Mem expert comm food byg, WHO, 67; mem, Nat Adv Food & Drug Comm, Food & Drug Admin, 72-76; mem, Food & Nutrit Bd, Nat Acad Sci-Nat Res Comm, 73-76. Honors & Awards: Nicholas Appert Award Medal, Inst Food Tech, 69. Mem: Am Soc Microbiol (secy, 57-61, pres, 69-70); Am Acad Microbiol (secy-treas, 62-63, pres, 64-67); Inst Food Tech. Res: Food borne disease; safety of food additives. Mailing Add: Bacteriol-176 Goodnight Univ Wn Madison WI 53706

POSTER, ELLIS LOUIS, b Louisville, Ky, Oct 2, 33; m 30; c 2. METALLURGICAL ENGINEERING. Educ: Univ Ky, BS, 50. Prof Exp: Pen metallurgist, Battelle Mem Inst, 50-54, inst div chief, 54-66, dept tech adv, 66-71, or adv, 71-73, pres exp, Thermal Protection System, 73-75; res staff, Inst for Defense Anal, 71-77, MGR, DEFENSE/SPACE SYST MAT REQUIREMENTS PROG OFF, BATTELLE COLUMBUS LABS, 77-Mem: Am Soc Metals; Am Vacuum Soc; Am Inst Aeronaut & Astronaut; Am Inst Mining & Metall Engrs. Res: Materials and processing research to it applies to reactive and refractory composite materials for use in nuclear, defense, aerospace, and industrial applications. Mailing Add: Battelle Columbus Labs 505 King Ave Columbus OH 43201-2893

POSTER, EUGENE A, b New York, NY, Apr 26, 37; m 52; c 3. PATHOLOGY. Educ: Washington Univ, AB, 47, MD, 51. Prof Exp: Intern, Salt Lake County Gen Hosp, 51-52; resident path, Peter Bent Brigham Hosp, Boston, 52-58; fel surg path, Barnes Hosp, St Louis, 58-59; from inst prof to assoc prof path, 59-71, prof, Sch Med, Univ Va, 71-76; PROF PATH, SCH MED, TUFTS UNIV, 76-Concurrent Pos: Teaching fel, Harvard Med Sch, 57-58; mem excc comm and resolu group, Nat Cancer Inst, 62-67, chair, 63-67; Nat Inst Allergy & Infectious Dis excc comm develop award, 67-72; res worker, Sir William Dunn Sch Path, Univ Oxford, 67-68. Mem: Am An Pathologists. Res: Mucosal history and epidemiology of cancer; experimental urinary tract infection; pathogenesis of staphylococcal infections. Mailing Add: Dept Path Sch Med Tufts Univ 171 Harrison Ave Boston MA 02111

POSTER, EUGENE LEWIS, b Chicago, Mass, Oct 9, 22; m 44; c 4. MECHANICAL ENGINEERING. Educ: Univ Mich, BS, 44, MS, 51; Mem Inst Technol, MechE, 53, ScD, 54. Prof Exp: Proj res engr, Procter & Gamble Co, 46; inst mech engr, Univ NH, 47-49; asst prof, Mass Inst Technol, 50-56; pres, Foster-Miller Assoc, Inc, 56-73; PRES, LTD CORP, 74. CHIEF EXEC OFFICER & CORP OFFICER, 80-Concurrent Pos: Inst mech, US MU Acad, 52-56; chair, Foster-Miller Assoc, Inc, 56-Mem: AAAS; Am Soc Eng Educ; Am Soc Mech Engrs; Am Soc Testing & Mst; NY Acad Sci; Sigma Xi. Res: Heat transfer; thermodynamics. Mailing Add: 3116 Wessington Way Alexandria VA 22309

POSTER, GEORGE A, JR, b Stockton, Kans, Aug 31, 38; m 38; c 3. BIOCHEMISTRY, SCIENCE INFORMATION. Educ: Univ Colo, BA, 60; Univ Wn, MS, 62, PhD(biochem), 64. Prof Exp: Sr res biochemist, Oron Mids, Inc, 64-69; info scientist, 69-74, patent liaison specialist, 74-78, superv stability & automation, 78-81, SUPVR SCT & PROD INFO LIBR, MILES LABS, INC, 81-Mem: Am Chem Soc. Res: Computerized data bases. Mailing Add: Miles Labs Inc PO Box 40 Elkhart IN 46515

POSTER, GERALD LAWRENCE, b Colony, Kans, Dec 27, 27; m 48; c 4. ORGANIC CHEMISTRY. Educ: Univ Ottawa, Kans, BS, 50; Kans State Univ, MS, 52. Prof Exp: Chemist, Dowell Inc, Okla, 52-54, group leader, 54-58; asst lab dir, Dowell Div, Dow Chem Co, 58-64, or aided specialist, 64-68; mgr foreign opers, Reiray Corp, 64-69; Europ rekt mgr, T D Williamson, Inc, 69-72, vpres, Williamson Int, 72-5, pres, Williamson Int, 75-76, VPRES, T D WILLIAMSON, INC, 78- Res: Inhibition of acid corrosion of ferrous metals; corrosion technology; water desalination. Mailing Add: Box 1 Raymond NH 03077

POSTER, GIRAUD VERNAN, b New York, NY, Jan 13, 28; m 32; c 3. ENDOCRINOLOGY. Educ: Trinity Col, BS, 52; Univ Md, MD, 54; Univ London, PhD(biochem), 64. Prof Exp: Intern, Univ Md Hosp, Baltimore, 56-57, from jr inst resident to sr inst resident med, 57-60; fel physiol chem, Sch Med, Johns Hopkins Univ, 60-62; personal physician to His Majesty Imam Ahmed of Yemen, 62; post med adv to Dept State, Tins, Yemen, 62-63; res asst, Dept Med, Royal Postgrad Med Sch, London, 63-64, inst inst lect, Dept

POSTER, HAROLD MARVIN, b Passaic, NJ, Aug 2, 28; m 54; c 4. INDUSTRIAL CHEMISTRY. Educ: Lehigh Univ, BS, 50; Univ Ill, PhD(chem), 53. Prof Exp: Res chemist, Am Cyanamid Co, 53-61; or res chemist & proj leader, Mobil Chem Co, 61-64; res group leader, Celanese & Chem Dept, Sherman-Williams Co, Chicago, 64-70, or pigment lab, Sherman-Williams Chem Div, 70-72, or res assoc, 72-73, res develop specialist, Sherman-Williams Co, Toledo, 73-76. ASST TECH DIR, PROMENTS DIV, BORDEN CHEM INC, CHICAGO, 76-CO. TOLEDO, 73-Mem: Am Chem Soc. Res: Organic synthetic process research; agricultural chemicals. Mailing Add: 909 Valley Rd Carthage IL 62901

POSTER, HELEN LAURA, b Adrian, Mich, Dec 15, 19. GEOLOGY. RECONNAISSANCE GEOLOGIC MAPPING ALASKA. Educ: Univ Mich, BS, 41, MS, 43, PhD(geol), 46. Prof Exp: Asst geol Univ Mich, 42-44, instr, Westbury Col, 46-48; geologist, Mil Geol B, Tokyo, 48-50, chief Ichigaki field party, 55-57 & DC 57-63. GEOLOGIST, ALASKAN GEOL BR, US GEOL SURV, CALIF, 65-Concurrent Pos: Geologist, US Geol Surv, Mich, 43-45, instr, Rocky Mts Field Sta, Univ Mich, 47. Mem: AAAS; Fed Geol Soc Am; Am Geophys Union; Arctic Inst; Am An Petrol Geologists. Res: Volcanoes of Japan; geology of Ryukyu Islands, Yulan-Tsuan Upland and East Central Alaska. Mailing Add: Alaskan Geol Br US Geol Surv 345 Middlefield Rd Menlo Park CA 94025

POSTER, HENRY DORRION, b Timmonsville, SC, Aug 14, 12; m 42; c 6. CHEMICAL ENGINEERING. Educ: Univ SC, BS, 33, Univ Ill, MS, 34, PhD(chem eng), 37. Prof Exp: Res chem engr, E I du Pont de Nemours & Co, 37-45, develop chem engr, 45-46, res super, 46-47, plant process super, Ohio & NJ, 47-48, am tech supt, NJ & Tex, 48, tech supt, 48-51, asst process mgr, Grinnell Chem Dept, 51-55, process engr, 55-61, asst mgr plant tech supt, Indust & Biochem Dept, 61-72; RETIRED. Mem: Am Chem Soc; Am Inst Chem Engrs. Res: Development of chemical manufacturing processes for plastics, insecticides, herbicides, pharmaceuticals, and heavy chemicals; catalytic oxidation in the vapor phase. Mailing Add: 1000 Wynton-ard Ave Wilmington DE 19803

POSTER, HENRY LOUIS, b Boston, Mass, Apr 6, 25; m 48; c 3. VETERINARY MEDICINE. Educ: Middlesex Col, DVM, 46; dipl Am Col Lab Animal Med, 61. Prof Exp: Consult vet, UNRA, 46-47; pres dir pos, Soc Des Elevages Charles River France, SA, 64-76, PRES, CHARLES RIVER BREEDING LABS, INC, 47-CANADA, 70-ITALY, 71-CHINA, UK LTD, 70-Concurrent Pos: Chair hrm transportation comm, Inst Lab Animal Resources Div, Nat Acad Sci-Nat Res Comm, 58-59, mem pres & stand comm, 58-59, microbiotics comm, 59, transportation comm, 60, mem ed comm, 59-64, mem excc comm, 63-64, vpres, Lab Animal Resources Am, 58-60, pres, 61-62, secy-treas, 64; mem comm communitaire condensed milk subcom microbiotics rubber & rubber procurement stand & stand for qual lab animal feed, Inst Lab Animal Resources, 67; vpres & chair race comm, Century Bank & Trust Co, Scituate, Mass, 69; trustee, Beaver Country Day Sch, 71-73; trustee & fel, Brandeis Univ & mem bd overseers, Rosemead Bone Med Sci Res Ctr, 73-Mem: Am Vet Med Ass; Am Inst Biol Sci; NY Acad Sci; Am An Lab Animal Sci; Am Cal Lab Animal Med. Res: Commercial production of casein-enriched, barrier-stained and microbiotic com, mice, rabbits, hamsters, guinea pigs and non-human primates; production methods; elimination of specific diseases; environmental control. Mailing Add: Charles River Breeding Labs Inc 251 Bedfordvale St North Wilmington MA 01887

POSTER, HENRY WENDELL, b Pine Bluff, Ark, Sept 8, 33; m 60; c 2. OBSTETRICS & GYN. Educ: Monmouth Col, BS, 54; Univ Ark, MD, 58; Am Bd Obstet & Gynec, dipl. Prof Exp: Intern, Receiving Hosp, Detroit, Mich, 58-59; resident, Meldon Hosp, Mass, 61-62 & Hubbard Hosp, Nashville, Tenn, 62-63; chief obstet & gynec, John A Andrew Mem Col, 63-73; asst prof, 67-73, PROF OBSTET & GYN, A CHMN DEPT, MEHARRY MED COL, 73-Concurrent Pos: Attend, Mecon County Hosp & consult staff, Vet Admin Hosp, Tuskegee, Ala; dir, Maternity & Infant Care Proj 354, John A Andrew Mem Hosp, 70-80; mem, Bd Dist, Planned Parenthood Feds Am, 75; examiner, Am Bd Obstet & Gynec, 76; mem, Ethics Adv Bd, 77-Mem: Inst Med Nat Acad Sci; fel Am Col Obstet & Gynec; AMA; Nat Med Ass. Mailing Add: Dept Obstet & Gynec Meharry Med Col 1005 Todd Blvd Nashville TN 37208

POSTER, IRVING GORDON, b Lynn, Mass, July 15, 12; m 37; c 3. MECHANICS. Educ: Va Mil Inst, BS, 35; Univ Wn, PhD, 37; Univ Va, PhD(physics), 48. Prof Exp: Res assoc, Westboro Observ, Univ Wn, 36-37; from inst to prof physics, Va Mil Inst, 37-59; chair div math & nat sci, Flo

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 E. Rossvik, 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 18 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.

he followed; what complications and adverse reactions he found; and when, where and to whom he reported such adverse reactions. There is no bona fide research unless proper methodologies are used and results reported.

Foster should be closely examined on those issues and the data from his studies. His reports, if any, should be subjected to the same rigorous academic scrutiny as any other research. Otherwise, we could be looking at abortifacient masquerading as research.

Patients and the public have the right to expect from physicians a high level of integrity and truthfulness. Based on reports in the media, the re-

used for abortions, while the Danes presented six cases of severe reactions which included loss of blood pressure and cardiac arrest, convulsions, explosive vomiting, and in one of these patients cerebral anoxia and permanent dementia.

The Norwegians reported they had used prostaglandins since 1975 and that according to their experience prostaglandins were superior to other methods of second trimester abortions. The Swedish hosts of the symposium went further and claimed that prostaglandins seemed good enough to even allow self-abortioning at home!

Since 1981 the American prostaglan-

in Foster's records, there are a number of ways disguised abortions may be uncovered if the records are examined for the medical indications for the various procedures. That is why it would take a trained medical investigator to recognize possibly scores of other abortions lurking in Foster's records.

If the senators learn what questions to ask, we may yet get some interesting answers. This is far more important than the numbers game into which the White House wants to turn Foster's confirmation.

Rosenfelt is professor of obstetrics and gynecology at The University of Oklahoma. Twerdy is an Oklahoma City attorney specializing in medical law.

FUTURE

"I HAVE A FUTURE" BROCHURE MISSING ABSTINENCE MESSAGE

The chief issue Dr. Henry Foster backers cite as the reason why he should be confirmed as Surgeon General is his support for sexual abstinence as the antidote to teenage pregnancy. In a formal statement on February 3, 1995, Foster said, "In my work with teenagers, abstinence has always been stressed as my first priority."

The "I Have a Future" program, which Meharry Medical College operates in two housing projects in Nashville, has been cited repeatedly as the concrete example of Dr. Foster's approach to teenage pregnancy.

Attached is the official descriptive brochure issued by the "I Have a Future" program. **In the brochure's eight pages, neither the word "abstinence" nor any synonym for abstinence appears.** Although the program, as described in this brochure, touches on a number of different topics, **no organized effort to offer instruction or support for young people to resist sexual activity appears to be part of the program.** This is particularly curious in light of the fact that the program is quite explicit in its directive education and counseling against alcohol and drug abuse.

On the other hand, one of the five stated objectives of the project is "to provide greater access to, and increase utilization of.... contraceptive availability" (page 2). In addition, the brochure mentions that each week contraceptives are distributed to the young people at clinics within the housing projects (page 4). The brochure also laments the finding that "Contraceptive practices are very poor" (page 6).

In its official literature, the program openly discusses contraception three times; it mentions sixteen different planned and on-going activities; it sets forth seven principles and five objectives; and it is unabashedly directive in its counseling against drug and alcohol abuse.

Yet it includes not the slightest reference to abstinence.

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Il Flavo a Firenze



Background

As part of its historic mission to serve the disadvantaged, Meharry Medical College has a strong commitment to preventing damaging lifestyles and health behaviors among adolescents.

As the nation's only historically black, independent academic health services center, Meharry has a long history of community concern and involvement. Thus, Meharry has taken this opportunity to develop model programs which provide life-enhancement experiences and health services to high-risk adolescents while preparing health professionals to address relevant issues associated with the youth population.

The Department of Obstetrics and Gynecology has initiated "I Have A Future," a program which addresses a burgeoning problem in our communities — adolescent pregnancy. Frequently, life-threatening and health-threatening consequences of early pregnancy and childbearing are devastating for both the young mother and child. When compounded by the emotional, social and economic traumas faced by the teenage father, families and the community as a whole, the problems of adolescent pregnancy impose an imperative for innovative solutions.

The challenge is to develop a system which successfully educates and motivates adolescents to pursue a myriad of constructive life options and delay parenthood. The program was built on the premise that changes in sexual behavior should be addressed within a framework that provides strategies for positive decision-making while enhancing self-image.

Program Description

The major thrust of this longitudinal, research-intervention project is to develop a model program to prevent teenage pregnancy, substance abuse, and unemployment. Since 1987, the Department of Obstetrics and Gynecology of Meharry Medical College has developed and instituted a comprehensive community-based adolescent pregnancy prevention program involving four municipal housing developments in Nashville, Tennessee.

Previous efforts to prevent teenage pregnancy have focused on giving adolescents the capacity to control their fertility. It has been clear from pregnancy and fertility rates that many high-risk youth are not being reached effectively. Economically disadvantaged adolescents with little hope and limited aspirations frequently cannot understand that having a baby can adversely affect their lives. To the contrary, it is often viewed as an enhancement.

Those who have been at the forefront in the battle to delay early pregnancy and childbearing advocate enhancing self-image and presenting positive alternatives for the future. Subsequently, the program attempts to address the issues surrounding adolescent pregnancy from a broader psychosocial context. Success then rests on convincing youth that the future is theirs to control. The name of the project itself — **"I Have A Future"** — is based on this premise.

Project Objectives

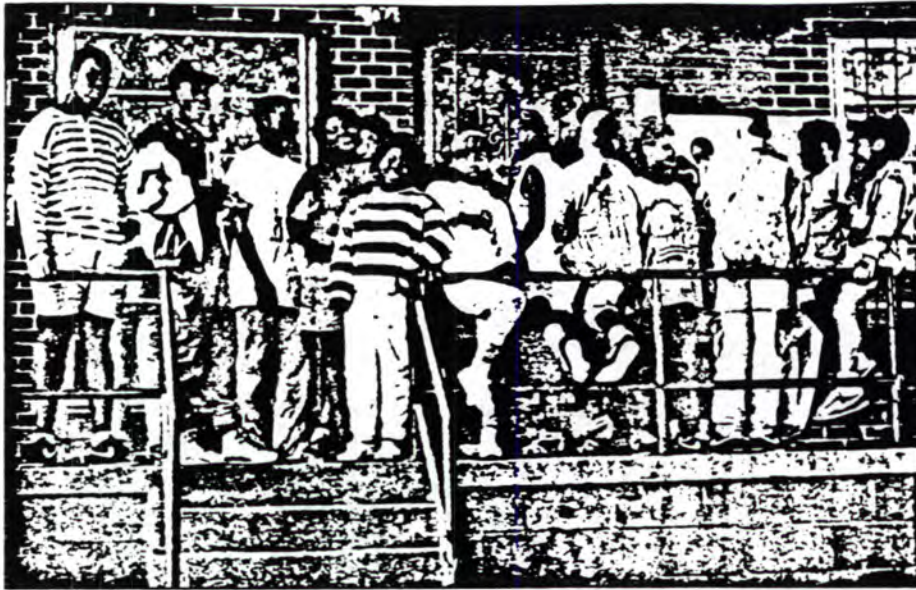
The **"I Have A Future"** program incorporates a two-pronged delivery system based in the community. Both individual and group interventions are used to meet the following project objectives:

- To develop a replicable community-based, life-enhancement program that promotes a significant reduction in the incidence of early pregnancy and childbearing among high-risk adolescents.
- To improve knowledge, attitudes and behaviors related to personal health, human sexuality, drug and alcohol abuse and other factors which may place them at risk.
- To provide greater access to, and increase utilization of, comprehensive adolescent health services and social services, including contraceptive availability.
- To improve socially adaptive/appropriate behaviors with particular focus on school achievement, pre-vocational skills development, and delinquency rates.
- To enhance the ability of high-risk adolescents to overcome environmental barriers in attaining the skills necessary to pursue meaningful employment and educational opportunities with the promise of upward mobility.
- To engender a more positive self-concept and constructive attitude towards community, family life and the future.

Each objective has been further delineated such that components may be addressed specifically via baseline-pre/post-measures as well as within specific interventions.

Setting

The **"I Have A Future"** program is located within the municipal housing projects to ensure the following: (a) Provision of services during the times that they are most accessible to all adolescents (without stigmatizing school drop-outs) through an adjunct program. (b) Close proximity to the families to increase opportunities for interaction within the context of the full range of situations that characterize life in the public housing projects.



Target Population

The participants in this program are from four public housing sites. Two sites receive the intervention and the others are considered control sites. Baseline data have been collected from all four sites.

Prior to the delivery of services, a "Quality of Life Needs Assessment" was conducted with 497 heads-of-households of homes which had youth between the ages of 10 and 17 residing in them. The assessment was designed to gather demographic information, residents' perception of problems impacting on the youth, community needs and ideas on how to resolve existing problems. Of the 497 completed surveys, we found that the majority of the respondents were females (87%), single head-of-households (83%), of African American origin (98%). Over one-half (58%) of the respondents completed high school, however, seventy-one percent were unemployed. Seventy-nine percent of the families had an annual income of less than \$5,000, however, only sixty-five percent received supplemental financial assistance. The participants reported the following problems as most pervasive: Drug and alcohol abuse (92%), adolescent pregnancy (76%), crime (48%), and youth unemployment (44%). Most importantly, seventy-seven percent of the participants indicated their willingness to be part of a program that strengthens families. This information was important, for it reflects the communities' commitment to work at improving their quality of life and their support for a community-based intervention program.

Description of Services

The program is designed to assist adolescents in learning good health practice and making positive choices. The basic service components are delivered in the context of the following areas of concentration:

Comprehensive Health Services

Currently, services are provided by the staff of the Department of Obstetrics and Gynecology of Meharry Medical College at "**I Have A Future**" clinics within the housing projects. Services are provided each week, with the clinics emphasizing primary health care and health screenings (e.g., physical examinations and lifestyle assessments) and on-going health services (e.g., screening for sexually transmitted diseases, pregnancy tests and distribution of contraceptives).

Organized Social-Learning Activities

Activities with structured educational and behavioral objectives are offered to "**I Have A Future**" participants. Emphasis is on creativity, physical awareness, nutrition and personal responsibility.

It is critical that the programming be age-appropriate since the target population spans the ages of 10 to 17. While the curriculum focuses on knowledge, attitudes, and behaviors for all groups, the emphasis is on behaviors for the older adolescent group (14 to 17).

The primary value orientation of the program focuses on the integration and implementation of the NGUZO SABA Principles (Seven Principles of Blackness) into each participant's role as a positive family member and in their practice of responsible health behavior. These principles are: NIA (Purpose), UMOJA (Unity), KUJICHAGULIA (Self-Determination), UJIMA (Collective Work and Responsibility), UJAMAA (Cooperative Economics), KULUMBA (Creativity) and IMANI (Faith).

All aspects of the program promote the following: Self-esteem and pride in individuality; physical and mental well-being; completing school; developing job skills and enhancing employability; sexual responsibility; self-control and handling interpersonal conflict; value of helping others and the community; responsible citizenry and family-life values/appropriate parenting. The adolescents are divided into mixed gender groups. Groups serve as the operating-structure for a majority of the programming, with specific activities serving as incentives and vehicles for discussion.



Examples of on-going and planned activities:

Pro-Social Skills Development

(Focusing on good decision-making and problem-solving with special emphasis on Alcohol and Drug Abuse Prevention)

Conflict Resolution Training/

Violence Prevention

Creative Movement/Dance

Sports

Tutoring

Family-Life Education

Self-defense class

Computer Skills

Outings

CHARM Class for Females

(Choosing How To Adorn & Refine Myself)

MATURE Class

(Males Adorning, Thinking and Using Refined Energies)

Rites of Passage Program

Art Classes

Entrepreneurship Program

(Includes Pre-employment Training)

Peer Counseling

Opportunities

Parent Involvement

Every effort is made to involve parents/residents, to make them feel that it is their program and to give them a sense of empowerment and ownership. One such example is the Parent Empowerment Program, a community-based family alternative program in which the parents receive training in family health promotion with emphasis on increasing their effectiveness in the battle to prevent substance abuse in their community. The training equips the parents with the knowledge and skills they need to run workshops and provide services to families that are in need of assistance on substance abuse issues. Some topics covered during their training include: Effective communication, group leadership, crisis intervention and parent effectiveness skills. Other parent-focused activities include: Parent appreciation nights, spaghetti dinners, weight management classes, etc.

Staffing

The "I Have A Future" staff consists of a multi-disciplinary team that includes psychologists, nurses, public health education specialists, counselors, physicians, tutors and volunteers (from the community and local colleges and universities).

Evaluation

The evaluation plan for the "I Have A Future" project incorporates a longitudinal, quasi-experimental design. There are two intervention sites located at two public housing projects and two comparison sites located at two other housing projects in the Nashville metropolitan area. All four sites are similar demographically. Annual assessments of the youth between the ages of 10 and 17 will be conducted for a minimum of three years. The assessment battery includes instruments for measuring knowledge, attitudes and behaviors related to sexuality, contraception, and pregnancy, as well as measures of self-concept, social support, family environment, and psychosocial maturity.

Baseline data collection was completed in 1989. Baseline data were collected from 998 adolescents within the four housing sites (555 study group, 443 control group). The second phase of data collection was completed in 1990. The third phase will begin in the winter of 1991. Preliminary analyses of the baseline data indicate that approximately seventy-five percent of the youth who are at least 15 years old have engaged in sexual intercourse. Contraceptive practices are very poor and twenty-seven percent of the sexually active females indi-

cated that they had been pregnant at least once. These data indicate a definite need for intervention.

In addition to the annual assessments at the intervention and comparison sites, a process evaluation is incorporated in the evaluation design. The number and type of services provided to youth by the "**I Have A Future**" program in the intervention sites are monitored. This information will be used to determine how much intervention each youth at the intervention sites received. These data will also be used to determine which services were the most effective in achieving the goals of "**I Have A Future**".

Finally, pre- and post-tests have been developed for each of the "**I Have A Future**" content-oriented modules. These tests are administered at the beginning and the end of each of the modules. These data have been used to refine the modules so that they are most effective in producing the desired outcomes, such as change in knowledge and attitudes.

Community Support

Resident associations at all housing projects are actively involved in the program. Community representatives are on the "**I Have A Future**" Advisory Committee.

Metropolitan Nashville development and housing agencies have assisted in obtaining office space within the community. With their staff acting as liaisons between residents and community centers, the agencies have collaborated with us and helped recruit youth into the program. Many program activities have been sponsored by both "**I Have A Future**" and the local community centers.

National and local advisory committees, representing a cross-section of organizations, institutions and disciplines assist in program planning and act as advocates for "**I Have A Future**."

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The "**I Have A Future**" staff has been documenting the development of the program from its inception. These chronicles are being developed into protocols for each of the program components. The "**I Have A Future**" staff is available for technical assistance in such areas as program planning, implementation and evaluation strategies.



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