

to any person or circumstance is held to be unconstitutional, the remainder of this Act, the amendments made by this Act, and the application of the provisions of such to any person or circumstance shall not be affected thereby.

NOMINATION OF DR. HENRY FOSTER

Mr. LEVIN. Mr. President, we debated today whether a minority of members of the Senate will permit Dr. Henry Foster a vote on the confirmation of his nomination.

Dr. Foster is qualified to be Surgeon General of the United States. His 38-year career as a physician has reflected his concern for the medically underserved in our society and most clearly for young people. He has delivered more than 10,000 babies and trained hundreds of young doctors.

Unfortunately, his nomination has become a pawn in the game of Presidential politics. Apparently, some of our colleagues see an advantage in the Republican Presidential nominating process to using the issue of abortion as a rallying cry to frustrate the confirmation process. If a bipartisan majority of the U.S. Senate is prepared to vote to confirm the President's appointment, that vote should occur and Dr. Foster should be Surgeon General.

Pure and simple, the excuse for denying a vote to Dr. Foster is that he has performed a legal medical procedure on behalf of a tiny percentage of his patients.

Some of my colleagues in the Senate oppose a woman's right to choose on abortion, and that is their right. As lawmakers, they have the right to try to regulate it within constitutional limits and indeed, through the route of a constitutional amendment, they may even try to prohibit it. We have debated, and I'm sure we will again, debate that issue in this Chamber.

However, we should not try to turn Dr. Foster's nomination into that debate, because doing so is neither fair to the nominee, nor wise for the Nation.

I think Dr. Foster's views on abortion echo that of the vast majority of Americans. Abortion should be safe, legal, and rare. Now that last word rare is important. It's a word many people use when they talk about abortion, but Dr. Foster hasn't just talked about making abortion rare—he has done something about it.

Dr. Foster's I Have a Future program in Tennessee is considered an effective approach to teen pregnancy prevention. Indeed President Bush considered Dr. Foster's program one of his Thousand Points of Light, an outstanding example of Americans taking their own initiatives to make our country healthier and stronger. In this program, Dr. Foster has focused on helping young people develop confidence and self-esteem, because he knows that the teenager who can say "I have a future" is the teenager who can say "I don't want to give up that future by having a baby."

The qualities of leadership and vision Dr. Foster demonstrated in creating this program will make him a fine Surgeon General.

I was moved by Dr. Foster's testimony before the Labor and Human Resources committee and paid a visit in my State to a program that shares many of the goals he has achieved in his I Have A Future program.

At Detroit's Northern High School, the Michigan Metro Girl Scout Council, with support from the W.K. Kellogg Foundation, has developed the Jayhawk Teen Center. The center provides young people with a safe, clean, and attractive place to come after school. It's a place to play a game of checkers' or a game of pool or to use a computer to log onto the Internet. It's also a place where young people learn how to resolve conflicts without violence, how to avoid the dead end street of substance abuse, and how to practice sexual responsibility. A team of four student managers runs this center, and I wish you could see the pride on their faces when they describe the difference it's made in their lives and the lives of their fellow student. Here too, young people are realizing they have a future.

When I met with these students, I told them about Dr. Foster, the work he had done and why I thought he would make an even greater contribution to our country as Surgeon General. But I also told them it was possible his nomination would not even be allowed to come up for a vote. They were puzzled by that. They couldn't understand how a good man, a man who had done all Dr. Foster has done, could be denied that opportunity. And, I do not think the American people will understand it either. They won't understand why Presidential politicking should prevent us from considering the nomination of a physician so qualified for this position.

Mr. President, I voted to invoke cloture on the nomination. The President is entitled to his nominee, if a majority of the Senate consent. We should have that vote and find out.

NOMINATION OF DR. HENRY W. FOSTER

Mr. KENNEDY. Mr. President, I strongly support the nomination of Dr. Henry Foster to be Surgeon General of the United States. Earlier today, the Senate narrowly rejected an attempt to cut off the unconscionable filibuster being waged against him. I want to take this opportunity to review the case in more detail for Dr. Foster.

Dr. Foster is a distinguished physician who has dedicated his career to improving the quality of health care for women and children. Throughout his 38-year career in medicine, he has had a substantial influence on the quality of health care through his own practice, his teaching, and his community leadership.

His outstanding record as a physician, community leader, medical edu-

cator, and public servant make him superbly qualified for this important position.

I am pleased that we have made it this far in the nomination process, and that we are on the road to bringing this nomination up for a final vote. But opponents to this nomination are intent on a filibuster, and we must invoke cloture in order to get the nomination to a vote. Those who believe that this nomination deserves a vote must vote for cloture to make that happen.

Cloture is only the first step on the road to fairness. The second step—the step that counts—is the up or down vote on the nomination by the entire Senate.

Throughout this nomination process, several Republicans have stated that, in fairness, the nomination should go before the entire Senate for a final vote. Some Members have suggested that by allowing a cloture vote, the majority leader will be giving the nomination the fair consideration it deserves. They have suggested that a vote on cloture is the same as a vote on the nomination. Obviously, that is wrong and misleading.

Senators who feel strongly about the issue of fairness should vote for cloture, even if they intend to vote against the nomination itself. It is wrong to filibuster this nomination, and Senators who believe in fairness will not let a minority of the Senate deny Dr. Foster his vote by the entire Senate.

We do a disservice to Dr. Foster, the Senate and the Nation as a whole by prolonging this process. The Nation has now been without a Surgeon General for 6 months, and there is no justification for further delay.

Dr. Foster has demonstrated his impressive qualifications, his character, and his vision for the future of health care in this country. During the committee hearings, he successfully put to rest the charges attacking his character and his ability. He earned the admiration and respect of the committee and the American public.

Dr. Foster has developed innovative and effective approaches to some of the most difficult medical and social challenges facing communities across the Nation today. He began his unselfish crusade early in his career, and at every stage, he has been an inspiring example of personal sacrifice and service to others.

During the Labor Committee hearings, Dr. Foster ran the gauntlet of the committee and emerged with flying colors. With real and very moving eloquence, he described his background, his career, and his vision for the future of health care in America.

In doing so, he demonstrated his impressive qualifications for Surgeon General, and successfully dismantled all of the objections raised against him. Dr. Foster had the opportunity to make his case, and he did so very well.

He developed a model prenatal care program to improve health care for expectant mothers and their babies. He

tried his best to confront the problems of infant mortality, mental retardation and birth defects by bringing comprehensive prenatal and postnatal health care to tens of thousands of poor women.

During his 38-year career, he has been nationally recognized for his leadership and research on sickle cell anemia, infant mortality, adolescent health care, women's health care, and teenage pregnancy.

He has made a significant difference in the lives and futures of those he has served throughout his career, and there is no question that he will do the same for the Nation.

In a sense, Dr. Foster has been a pioneer all his life. In the course of his career, he has met and mastered many difficult challenges in medicine, and has had a positive impact in every community and every environment he has served.

Dr. Foster was born in 1933 in Pine bluff, AR. He earned his undergraduate degree from Morehouse College, and was accepted to medical school at the age of 20—the only African-American in his class.

After earning his medical degree in 1958, Dr. Foster served his internship at Detroit Receiving Hospital in Michigan.

From 1959 to 1961, he also served as a captain and medical officer in the U.S. Air Force, and was stationed in the State of Washington. He came to Boston to begin his residency training in 1961, and also served in the active Air Force Reserve during that year. In 1962 he went to Hubbard Hospital in Nashville, TN, for 3 years to complete his training.

He decided to begin his practice of medicine in the rural South. During that time, few doctors set up practice in the disadvantaged rural areas. Young, able, and well-trained in modern medicine, Dr. Foster went to Tuskegee to work among the poor, the uneducated, and the isolated residents living in racially divided rural Alabama.

He practiced there until 1973, when he returned to Nashville as chairman of the Department of Obstetrics and Gynecology at Meharry Medical College.

During his years in Tuskegee, the main local hospital served only whites, except for a few black emergency patients who would be put in rooms normally used as closets. So black patients often went to the J.A. Andrew Hospital, where Dr. Foster was on duty and took care of them.

During that time, Tuskegee suffered from a severe shortage of doctors, and Dr. Foster filled an urgent need. Most of his patients were poor, black women who had never seen a doctor in their lives before being treated by Dr. Foster. Most of them lived without electricity, a telephone, and in some cases, running water.

Many were forced to deliver their babies at home with lay midwives. Access

to prenatal care was nonexistent. Dr. Foster provided this critical service, often in life or death situations and under the most difficult circumstances.

Conditions such as these would be a challenge for even a seasoned physician well into his practice.

But Dr. Foster took on this challenge at the very beginning of his career. He took sole responsibility for patients from five counties in rural Alabama, with a caseload well into the hundreds. He dedicated himself to providing adequate health care to these women and their children—sometimes delivering as many as three babies a day. The community remembers him as the town baby doctor—a doctor who has, in his 38-year career, delivered literally thousands of babies into the world.

As his practice and experience grew, Dr. Foster saw first hand how the lack of adequate health care contributed to an inordinately high level of infant mortality in the region. To deal with this problem, Dr. Foster applied for a grant from the Department of Health to expand the maternity and infant care program at Tuskegee Institute, and he directed this program from 1970 to 1973. Through this initiative, Dr. Foster made a significant impact on the effort to reduce infant mortality and give children a healthy start in life.

He brought together teams of doctors, nurses, social workers, and nutrition specialists to provide comprehensive services to women and children in rural communities. These teams worked to reach women early in their pregnancies, and to identify those with high potential for complications, so that they could receive proper health care throughout their pregnancy and following birth.

In his comprehensive approach to maternal and child care, Dr. Foster was well ahead of his time—so much so that it became a national model for what is now known as regional prenatal care. This kind of care involved extensive community outreach, specialized services for high risk women, and comprehensive care for mothers and infants both before and following birth. Very quickly, Dr. Foster became one of the Nation's leading experts on maternal and child health.

His initiatives helped Alabama women learn to take better care of themselves and their unborn children. He began working with the Robert Wood Johnson Foundation to extend his health care model to other parts of the country. In 1972, primarily because of his revolutionary work in this area, Dr. Foster received the high honor of being elected to the prestigious Institute of Medicine.

Dr. Foster has served on the Institute of Medicine since 1972. The Institute was chartered in 1970 by the National Academy of Science to promote the advancement of the health sciences and the improvement of health care. It enlists distinguished members of the medical and other professions in pursuit of these goals.

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

In 1992, the full membership recognized Dr. Foster's distinguished service for the institute—where he has served on numerous committees and boards—by electing him to the council. He was elected to a second term on the council in November 1994.

In 1978, Dr. Foster was also appointed by HEW Secretary Joe Califano to the Ethics Advisory Board, which was created to examine the moral and ethical questions raised by advances in medical science. Dr. Foster was appointed as one of the board's 15 members from a large group of nominations submitted by professional associations, scientific societies, public interest groups, and Members of Congress.

Members of the board included such leaders as James Gather, a former adviser to President Johnson and subsequent president of Stanford University board of trustees; Dr. David Hamburg, a former president of the Institute of Medicine and now president of the Carnegie Corporation of New York; Dr. Daniel Tosteson, dean of the Harvard Medical School for the past 20 years; and Dr. Sissela Bok, Harvard ethicist and philosopher.

Dr. Foster is also one of 10 members who serve on the Ethics Committee of the Nashville Academy of Medicine. The academy has over 1,400 members overall. The Ethics Committee acts as a tribunal for the discipline of academy members when complaints are received by other physicians concerning a member's ethical conduct.

According to the academy's executive director, Dr. Foster was chosen by the board of directors because of his "outstanding reputation in the medical community." Dr. Foster has served on the committee for 10 years.

In the 1970's Dr. Foster also began a crusade to provide quality health care to adolescents, whom he recognized as having inadequate access to care or to information about their health needs. He was chosen by the Robert Wood Johnson Foundation to direct a multi-million-dollar grant program to increase health services for teenagers and young men and women.

Dr. Foster concentrated on young persons between the ages of 15 and 24, who lived in areas characterized by high rates of teenage pregnancy, violence, drug and alcohol abuse, and mental illness. Under his guidance, 20 teaching hospitals developed comprehensive health programs to expand services for youths in their own communities and to train doctors and nurses in the specialized care of high risk youth.

As a result of Dr. Foster's initiative, between 1982 and 1986, these programs

provided health services to 306,000 young people.

In addition, the program significantly increased the number of professionals trained in providing health care to adolescents. Formal training in adolescent care was given to 115 adolescent medicine fellows, 974 medical residents, and 753 graduate trainees in nursing, medicine, psychology, and social work.

Many of the Nation's first school-based clinics were a direct result of this initiative. During this time, Dr. Foster began to develop his strategy for combating the problem that presents perhaps one of the gravest dangers to health, opportunity, and the future for adolescents in America—teenage pregnancy.

Teenage pregnancy has become a crisis of significant proportions in this country. More than a million teenagers become pregnant each year. For every 1,000 women between the ages of 15 and 19, 13 become pregnant—the highest rate of teen pregnancy in the industrial world.

In 1987, as chairman of the Obstetrics/Gynecology Department at Meharry Medical College, Dr. Foster began a landmark effort to reduce the rate of teenage pregnancy. He went into the community, working with parents and community leaders in Nashville to find solutions to the problem. He listened to teenagers themselves, and asked them what they needed to help them do better in school, stay out of trouble, and avoid pregnancy.

The result was the I Have A Future program, which Dr. Foster established at Meharry Medical College in Nashville. He recognized that school-based clinics were not easily accessible when schools were closed, so he developed a program to reach teenagers where they live, during times when they need it most—after school, on the weekends, and during the summer—when they have free time, need something to do, and are at greatest risk of getting into trouble.

The I Have A Future program targets teenagers in two public housing developments in inner-city Nashville. It works to reduce teenage pregnancy, while also addressing other serious problems facing inner-city youth—drugs, violence, alcohol abuse, homicide, unemployment, and lack of educational opportunity. The program raises participants' self-esteem, promotes abstinence, and offers positive options to help teenagers make sensible decisions.

One of the most important points is that the I Have A Future program encourages teenagers to make responsible and sensible decisions. It gives them a purpose for abstaining from sex and avoiding high risk sexual behavior.

It raises their self-esteem and confidence. It gives them incentives to delay early sexual involvement and childbearing, and to focus instead on education, job skills, and personal responsibility. In short, the program teaches teens to think hard in advance about their choices and their future.

It offers on-going activities, such as after-school tutoring, computer training, sports, art and dance activities, and other recreation. Because the program is based where teenagers live, it draws parents and communities together to provide comprehensive and complementary services to participants, creating a stable and positive environment.

Dr. Foster has convinced these youths that they have an opportunity and a right to positive, productive, and fulfilling futures. As one I Have A Future teenager said:

Dr. Foster has put excitement into learning. Learning could be fun if you do it in a fun way. Dr. Foster is doing a good deed by teaching kids to wait before they have sex. Dr. Foster would rather the young kids not have sex at all, because they still have a lot of things to look forward to in life. The "I Have A Future" program teaches you that you don't have to do what everyone else is doing.

Another teenager wrote:

I am a three-year participant in the "I Have A Future" entrepreneurship program. Dr. Foster's program has greatly helped me. I have developed a positive attitude, good morals, confidence, and the willingness to become a strong, successful, black female through this extraordinary program. Dr. Henry Foster is a caring, honorable man who considers the welfare of others. He takes time out to understand and help those who may not be as fortunate. He is an inspiration to me.

One need only look at the results to see the program's effectiveness in helping students reach their goals for positive futures. The program has had a significant impact on the number of inner-city teenagers who go to college. In 1993, nine I Have A Future participants graduated from high school, and of this number, seven attended college and remain enrolled. In 1994, 24 participants graduated from high school, and 16 went on to college. Another four entered the Armed Forces. The numbers in 1995 promise to be even higher.

With the help of the program, these students have learned to overcome the considerable barriers to achievement in their inner-city environments. They have learned that they can achieve goals that they once thought were impossible to attain.

This program has been so successful, and has had such a powerful impact on the community it serves, that it has been nationally recognized as an outstanding model to combat the problems facing American teenagers. It has won the support of prestigious national and local organizations.

It receives funding from the Carnegie Corporation of New York, the William T. Grant Foundation, Bill and Camille Cosby, the State of Tennessee Department of Health, the United Way of Middle Tennessee, and the Middle Tennessee Chapter of the March of Dimes.

The Tennessee Children Services Commission honored the program and named it one of six model teenage pregnancy programs in the State. The American Medical Association's National Congress for Adolescent Health

also gave the program an award in recognition of its success in preventing teenage pregnancy.

The I Have A Future program was honored by President George Bush in 1991, who designated it as one of the Nation's Thousand Points of Light. As President Bush wrote on March 15, 1991:

DEAR FRIENDS: I was delighted to learn of your outstanding work in behalf of your community. Your generosity and willingness to serve others merit the highest praise, and I am pleased to recognize you as the 404th "Daily Point of Light."

Since taking office as President, I have urged all Americans to make community service central to their lives and work. Judging by your active engagement in helping others, it is clear that you understand this obligation.

We must not allow ourselves to be measured by the sum of our possessions or the size of our bank accounts. The true measure of any individual is found in the way he or she treats others—and the person who regards other with love, respect, and charity holds a priceless treasure in his heart. With that in mind, I have often noted that, from now on in America, any definition of a successful life must include serving others. Your efforts provide a shining example of this standard.

Barbara joins me in congratulating you and in sending you our warm best wishes for the future. May God bless you always.

Sincerely,

GEORGE BUSH.

In addition to his role as a physician and community leader, Dr. Foster has had an illustrious career in academic medicine. In 1973, Dr. Foster became chairman of the Department of Obstetrics and Gynecology at Meharry Medical College in Nashville, TN. As chairman and teacher, he trained doctors to work intensively with the communities they served—to treat the whole patient, not just a narrow specialty—to understand the issues and attitudes of patients, and to identify the barriers that exist to the provision of quality health services.

As a medical educator, Dr. Foster made a lasting impact on the young physicians he trained. One of his students, now a practicing obstetrician-gynecologist in California, wrote to the committee to support his nomination:

I offer a unique perspective to Dr. Foster. He had a tremendous influence on my desire to be an OB/GYN. He taught me while at Meharry, and at our rotation at Tuskegee Institute. His bedside manner was gentle, his surgical technique impeccable, his empathy for these young women having their babies exemplary. I would say it was he who had the most profound influence on me to go into obstetrics.

This physician goes on to write:

I offer, also, a unique perspective as I was one of about eight Caucasian students in a class of about 90 Blacks. I was the minority. And yet, I couldn't have felt more comfortable, mainly because of the efforts of men like Dr. Foster.

As for the abortion issue, I would only state that he was training me right about the time Roe vs. Wade was in front of the Supreme Court. I am sure he often saw, as I did, the results of women taking medical care into their own hands when abortion was illegal. They would often be left permanently infertile, and some would even die.

This man is not only a good man, he is a great man. He represents to me what every student, at whatever level they would be at, should have—a professor who puts his arm around your shoulder, who cares about you both personally and professionally, who takes you under his wing; and as a student, you are proud to be under his wing.

I have not seen Dr. Foster since I graduated from Meharry Medical College in June of 1974, but I have often thought of him as I have practiced medicine these past 17 years. To not allow him to serve his country would be a greater loss for our country than it would be for him.

Senators, don't blow it, there are too few men like him.

For the past 21 years, Dr. Foster has trained hundreds of America's finest practitioners. He served as chairman of the Department of Obstetrics and Gynecology from 1973 to 1990, and went on to become dean of the School of Medicine and vice president for health services at Meharry from 1990 to 1993. Dr. Foster served as acting president of Meharry Medical College from October 1993 until he left for sabbatical in June 1994. Since that time, he has been a health policy fellow at the Association of Academic Health Centers.

Dr. David Satcher, director of the Federal Government's Centers for Disease Control and Prevention, also served as president of Meharry Medical College. He has testified to Dr. Foster's intellect, fairness, integrity, and talent as a medical professional.

Among many other of his colleagues, Dr. Louis Sullivan, president of Morehouse School of Medicine and the Secretary of Health and Human Services under President Bush, testifies to Dr. Foster's ability, intellect, fairness and talents as a medical professional. He writes:

I have known Henry Foster for more than 40 years since our undergraduate years at Morehouse College in Atlanta. In each phase of our long association, I have found Dr. Foster to be an extremely capable scholar, vigorously dedicated to his patients, an inspiring teacher, an innovative administrator, and a trusted friend of young people . . . Dr. Henry Foster would be an able, credible and trusted advocate. His warmth and sincerity make him an ideal spokesperson for good health and behavior change.

There is no question that Dr. Foster has devoted his life and career to improving the health of mothers and infants, reducing teenage pregnancy, and training skilled doctors in the responsible and competent practice of medicine. Through his work as a physician, as a medical educator, and as a community leader, he has made significant contributions that have improved the lives of those he has served.

Within the field of medicine, Dr. Foster has been recognized by his peers as a leader in his profession, a physician of unusual stature whose judgment is trusted in dealing with the most difficult questions of medical ethics and medical practice.

Any efforts to attack this nomination based on Dr. Foster's credibility are dead wrong.

Dr. Foster has had an honorable and distinguished career in medicine. He

has been recognized by his professional colleagues and peers, his community and his patients as having the highest ability, integrity and compassion worthy of the post of Surgeon General.

Dr. Foster's vision for the health care of America is impressive, innovative, practical, and progressive.

With this nomination, the nation has an unprecedented opportunity to deal more effectively with some of the most difficult challenges facing us in health care today, and to do so under the leadership of an outstanding physician and outstanding human being, who has devoted his life to providing health care and opportunity to those who need help the most.

Opponents of this nomination continue to raise irresponsible objections based on certain specific questions about Dr. Foster's record. They have selectively chosen issues on which to base their objections, but they refuse to tell the whole story of Dr. Foster's commitment, credibility, and extraordinary qualifications that make him an excellent choice for Surgeon General.

I would like to take this opportunity to address these objections again and shed light on the facts that opponents do not want illuminated to give the complete story on Dr. Foster's record.

THE TUSKEGEE SYPHILIS STUDY

Some opponents to this nomination allege that Dr. Foster, a black physician in the rural South in the late 1960's, knew about and acquiesced in one of the worst abuses ever committed by the U.S. Government against black Americans since the Civil War. The allegation is preposterous on its face. Dr. Foster convincingly refuted it.

The committee has documents which clearly show that Dr. Foster was delivering a baby in a complicated procedure at the time of the meeting he supposedly attended in 1969 between the Public Health Service and the Macon County Medical Society.

None of the doctors at the meeting, except for one, Dr. McRae, place Dr. Foster at the meeting. And even Dr. McRae himself has admitted that the Federal officials at the meeting did not disclose that the patients in the study were not being treated for their illness.

The record gives every indication that the PHS officials glossed over the details of the study, and did not give the local doctors the true facts. So even if Dr. Foster had been there, which he was not, he would not have learned enough about the study to raise suspicion.

A physician named Dr. Ira Myers testified in 1974 that he had spoken with Dr. Foster about the study. But the date of their conversation is unclear, and there is no evidence that it occurred before, rather than after, the public scandal first broke in 1972.

In fact, Dr. Myers has rejected efforts to twist his testimony, and he has publicly supported Dr. Foster's recollection of their meeting.

There is ample evidence that Dr. Foster had no knowledge of the study until

it was publicly disclosed in 1972, and that, upon learning of the study, he was outraged and called for the immediate treatment of the surviving patients.

Although it took 8 months for the U.S. Department of Health, Education and Welfare to provide that treatment, it is unfair to blame Dr. Foster for HEW's delay.

THE "I HAVE A FUTURE" PROGRAM

Some opponents of this nomination have chosen to attack Dr. Foster's I Have a Future Program, which he started in order to combat teenage pregnancy in the urban housing projects in Nashville in 1987.

Dr. Foster's opponents are reduced to the unseemly position of looking for bad news with a microscope. But Dr. Foster's program has worked. It has given teenagers hope. It helps them to make responsible and sensible decisions. It encourages abstinence.

In establishing the I Have a Future Program, Dr. Foster went to the families and community leaders first, and asked them what programs they thought teenagers needed. With the help of these parents and community leaders, he developed the program.

It gives teenagers a purpose for abstaining from sex and avoiding high risk sexual behavior. It helps them to focus instead on education, job skills, and personal responsibility.

In order to promote positive futures for its participants, the I Have a Future Program provides a wide variety of training, programs, and services. There is training in pre-employment skills; alcohol and drug use prevention; conflict resolution and violence prevention; and family life education.

Other activities include an entrepreneurship program, field trips and cultural outings, after-school tutoring, sports, art, and computer training.

The program has been criticized because it provides contraceptives to teenagers who choose to have sex. Distribution of contraceptives constitutes a small part of the overall program. Opponents must recognize, however, that this is the only responsible course to take in an environment where 74 percent of all teenagers have sex before the age of 15, and where 91 percent of their parents asked that a teen pregnancy program make it easier for sexually active teenagers to get birth control to prevent pregnancy and the spread of AIDs and other sexually transmitted diseases.

Those who say the program has been unsuccessful should talk to the teenagers in the program. There is no doubt that they think it works, especially when compared to their other options in the only world they know, which is full of violence, drug abuse, schools that do not teach, joblessness and hopelessness.

The participants are proud of their accomplishments. They have graduated from high school. They have gone on to college. They think they have a future—and in the real world they know,

thinking makes it so. Dr. Foster has lit a candle in their world—while his critics prefer to curse the remaining darkness.

President George Bush thought the program was such a success that he designated it as one of his well-known "Points of Light," a significant national honor.

ABORTION

Republican opponents of a woman's right to choose are filibustering this nomination because Dr. Foster, a distinguished obstetrician and gynecologist, participated in a small number of abortions during his long and brilliant career.

From the beginning, the only real issue in this controversy has been abortion. All the other issues raised against Dr. Foster have disappeared into thin air. They have no substance now, and they have never had any substance. Dr. Foster has dispelled all of those objections, and he has dispelled them beyond a reasonable doubt.

The die-hard opponents of a woman's right to choose are doing all they can to block this nomination, because Dr. Foster participated in this small number of abortions. But Dr. Foster is a baby doctor, not an abortion doctor. He has delivered thousands of healthy babies, often in the most difficult circumstances of poverty and neglect.

Dr. Foster has also been charged with misleading the public by giving conflicting information about the number of abortions he performed.

Dr. Foster has acknowledged that he mistakenly spoke from memory in a desire to provide immediate information. It is clear, and there is no doubt in my mind, that Dr. Foster never intended to deceive the public.

He has since reviewed all available medical records, and has determined the number of procedures for which he is listed as physician of record.

It is time to end this numbers game. The most important point is that abortion is a legal medical procedure and a constitutionally protected right. Dr. Foster is an obstetrician and gynecologist, and it should be no surprise to anyone that he has participated in this procedure. To have done so is not a disqualification for the Office of Surgeon General of the United States. There is no justification for our Republican colleagues to try to make it one.

In my view, it is Dr. Foster's opponents who have a credibility problem, not Dr. Foster. They pretend to challenge his credibility on abortion, when in reality, as all of us know, they are trying to make abortion the issue indirectly, in a way that will not embarrass them. One need only review Dr. Foster's record for the past 38 years to see that his integrity, honesty, and credibility are beyond reproach.

Dr. Foster is a highly qualified physician who has devoted his life to improving health care for his patients and his community. His integrity and ability shine through all the muck that has been raked against him. He will

serve the Nation well as Surgeon General, and he deserves the chance to do so.

He is a talented and passionate physician, a fine human being, and a remarkable role model of service to others. He has earned the right to have his nomination considered by the entire Senate, and I urge my colleagues to vote for cloture and give him the opportunity he deserves.

I ask unanimous consent that the text of President Bush's letter to the I Have a Future Program may be printed in the RECORD.

I also ask unanimous consent that a series of fact sheets on the nomination may be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

THE WHITE HOUSE,

Washington, March 15, 1991.

Volunteers and staff of the "I Have A Future" Program, Meharry Medical College, Nashville, TN.

DEAR FRIENDS: I was delighted to learn of your outstanding work in behalf of your community. Your generosity and willingness to serve others merit the highest praise, and I am pleased to recognize you as the 404th "Daily Point of Light."

Since taking office as President, I have urged all Americans to make community service central to their lives and work. Judging by your active engagement in helping others, it is clear that you understand this obligation.

We must not allow ourselves to be measured by the sum of our possessions or the size of our bank accounts. The true measure of an individual is found in the way he or she treats others—and the person who regards others with love, respect, and charity holds a priceless treasure in his heart. With that in mind, I have often noted that, from now on in America, any definition of a successful life must include serving others. Your efforts provide a shining example of this standard.

Barbara joins me in congratulating you in sending you our warm best wishes for the future. May God bless you always.

Sincerely,

GEORGE BUSH.

DR. FOSTER AND THE TUSKEGEE STUDY— SUMMARY

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

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

PHS re-examined the study in February 1969, and arranged to meet with the local Medical Society on May 19, 1969. The PHS officials were acutely aware of the racial as-

pect of the Study, and the strong evidence is that they did not tell the black Tuskegee physicians that they were withholding treatment from black men without the men's knowledge or consent, or ask the black doctors to endorse such practices. Indeed, the evidence is that PHS told them that all of the men had received effective treatment, and gave a report of procedures for their "continued" care. Indeed, PHS finally did begin to provide medical information about the men to their local physicians in 1970.

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

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

FACT STATEMENT

In 1932, the federal government's Public Health Service commenced its "Study of Untreated Syphilis in the Male Negro in Macon County, Alabama." The subjects were not aware of the purpose of the study or even that they had syphilis. The study's purpose was to observe the effects of untreated syphilis, not to treat it.

In February 1969, at least partially in response to concerns about the racial, social, and moral implications of the study, the CDC convened an Ad Hoc blue-ribbon panel to consider whether to continue the study. At that meeting, the panel discussed whether to commence treatment of the untreated subjects, and devoted considerable discussion to the fact that treatment at that point was unlikely to do much good and might be dangerous.

They agreed to continue the study, but also to try to bring local physicians on board. Communications prior to the meeting as well as the minutes reflect that the CDC was concerned that it had a potentially explosive story on its hands, and several passages suggest that CDC doctors thought obtaining the concurrence of the Macon County doctors would provide protection from criticisms of the study. One comment referred to bringing the doctors on board as "good public relations."

On May 19, 1969, a meeting was held in Tuskegee, Alabama between the CDC and some members of the Macon County Medical Society. The CDC was represented by Dr. William J. Brown and Dr. Alphonso Holguin. Exactly what occurred at the May meeting is unclear, but what does seem clear is that the briefing was relatively short—the Macon County doctors who recall it estimate that it

lasted between ten and twenty minutes—and that crucial details of the study were not disclosed.

Indeed, the Macon County doctors who recall the meeting, never understood the single most important fact about the study—namely that the study was designed to observe untreated syphilis and that participants were not supposed to be treated. Moreover, none of the doctors recalls that the members of the Medical Society were asked, or agreed, to withhold treatment from the subjects.

Dr. Settler, the Secretary-Treasurer of the Medical Society in 1969, states that he remembers no discussion of treatment and no consent by the Medical Society to continuation of a study of untreated syphilis. In 1972, the Montgomery Advertiser reported that Dr. Settler had informed the Advertiser that Medical Society “members agreed to continue the program, but consented under the assumption that the patients were receiving treatment for the disease. ‘We were never really informed of a project in which people were not being treated,’ he said.”

The Advertiser also reported in 1972 that Dr. Brown, the former chief of the venereal disease branch of the Center for Disease Control, “conceded that there might have been a misunderstanding over certain details of the program discussed with Macon County physicians in 1969, but there was no intention on his or Dr. Holguin’s part to mislead the society.”

Whatever the intentions of the CDC doctors, it seems clear that Dr. Brown’s concession was accurate: there was a significant misunderstanding between federal officials and Macon County Medical Society members regarding the nature of the Tuskegee Syphilis Study. Any “consent” by the Medical Society to continuation of the study was based on incomplete and inadequate information.

Who attended the May 19 meeting is also unclear. Ten doctors have been identified by at least one person as being present at a meeting of the Macon County Medical Society at which a briefing on the Tuskegee Syphilis Study was presented, but half do not remember being present at such a meeting. Most who remember the meeting could not place the meeting in 1969.

Of those who recall being present at the meeting, each has memories of the meeting that differ significantly from the memories of the others. Only one—Dr. McRae, President of the Medical Society in 1969—says that he recalls that Dr. Foster was present. Another recalls that Dr. Foster was not present. Moreover, Dr. McRae recalls the presence of other doctors who do not recall the meeting.

Dr. McRae’s recollections on a number of points ranging from how the May meeting was set up, to the nature of the Study, to Dr. Foster’s role following the public disclosure of the Study in 1972 are all inconsistent with the facts as established by the documentary evidence. The confusion and mixing of memories after 26 years is not surprising.

The CDC doctors have also indicated that they believe the local Macon County physicians must have known about the Tuskegee Study in 1969, even without the briefing from the CDC. But on March 13, 1969, Dr. Ira Myers, the Alabama State Health Officer, wrote to CDC’s Dr. Brown that Dr. Myers had discussed the proposed meeting with Dr. Ruth Berrey, the County Health Officer, “and she knows of no opposition to the project at this time. She feels that it is not generally known or publicized. She doubts if the Medical Society is aware of its existence but hopes they will be sympathetic with the desires of the Public Health Service” (emphasis added). This contemporaneous evidence from a doctor who knew the local Macon County physicians clearly refutes the

assumption of the federal officials that all the Medical Society doctors knew about, much less understood the details of, the Tuskegee Syphilis Study.

This is what Fred Grey, the lawyer who sued the federal government on behalf of the Study participants, says about the local Tuskegee doctors:

“I don’t believe they were aware of the details of the study. I think they probably were as much victims as were the participants themselves.” (CBS Evening News, 2/24/95)

“Our research showed that the only ones who really made decisions were persons connected with the federal government and the (state) health department. Our research showed that none of the local doctors were responsible for the study.” (The Washington Post, 2/25/95)

Broadus Butler, former President of Dillard University and head of the Ad-Hoc Commission appointed by HEW to review the Tuskegee Study, is equally clear that the local doctors had nothing to do with the Study:

“What was clear from our review is that this was a federal government study from start to finish, with no input or participation from local Tuskegee doctors. Any effort to assign blame to the local doctors—most of whom weren’t even aware of the study until the very end and then were not aware of critical details—is terribly misplaced.

“There were really only two issues concerning this study: first, whether it should ever have taken place; second, whether it should have been stopped in the late 1940s when penicillin became widely available. These decisions were made solely by the federal government. By 1968, one of the study researchers advised the team and the federal government that treatment was no longer a viable option.” (2/24/95)

DR. FOSTER AND HIS RECORD ON ABORTION

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

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

I. STATEMENTS AND WRITINGS

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

Dr. Foster has consistently advocated greater access to maternal and child health care, particularly for low-income commu-

nities. He also has encouraged both abstinence, as in the “I Have a Future” program, and family planning where appropriate.

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

Dr. Foster also has consistently supported adequate counseling for patients who are considering pregnancy termination. He has vocalized the need for informed consent for a patient to make this personal decision. As the account of one former patient demonstrates, Dr. Foster has in fact counseled women not to terminate their pregnancy.

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

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

II. PARTICIPATION IN ABORTIONS

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

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

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

III. MEDICAL RESEARCH AND THE UPJOHN STUDY

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

While Chairman of the Department of Obstetrics and Gynecology at Meharry Medical College and Hubbard Hospital, Dr. Foster served as the principal investigator for the Meharry site, one of numerous sites for the Upjohn study throughout the country. The clinical trial at the Meharry site was part of a research project conducted in an academic

setting. All medical procedures were performed in the university hospital. All patients were volunteers who were legally approved for pregnancy termination in the State of Tennessee.

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

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

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

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

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

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

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

DR. FOSTER AND CREDIBILITY

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

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

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

The Institute of Medicine. Dr. Foster has served on the prestigious Institute of Medicine since 1972. The Institute was chartered in 1970 by the National Academy of Sciences to promote the advancement of the health sciences and the improvement of health care.

The Institute was designed to enlist distinguished members of the medical and other professions in pursuit of these goals.

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

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

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

The Board was an extraordinary collection of doctors, lawyers, clinicians, researchers and even a leading theologian, Rev. Richard McCormick of Georgetown University. Members included James Gaither, a former advisor to President Johnson and subsequent President of the Stanford University Board of Trustees; Dr. David Hamburg, a former President of the Institute of Medicine and now President of the Carnegie Corporation of New York; Dr. Daniel Tosteson, Dean of the Harvard Medical School for the past 20 years; and Dr. Sissela Bok, Harvard ethicist and philosopher.

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

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

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

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

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

MEHARRY MEDICAL COLLEGE,
Nashville, TN.

To Whom It May Concern:

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

physician or a resident performed or participated in the surgery, in addition to Dr. Foster.

Sincerely yours,
RICHARD E. JACKSON, J.D.,
General Counsel.

DR. FOSTER AND STERILIZATION

In the 1960's and early 1970's, Dr. Foster performed a small number of therapeutic sterilizations on severely mentally retarded women. Some people have sought to distort this information by failing to place Dr. Foster's practice in the context of the time and prevailing medical practice.

In August 1974, Dr. Foster delivered a paper before a meeting of the National Medical Association that included a discussion of the hysterectomies he had performed between May 1963 and May 1973. The paper, which was published in 1976, includes a bar chart showing that, among other reasons for performing hysterectomies to remove normal uteruses, he had performed four such procedures on severely mentally retarded women. Dr. Foster noted that hysterectomies could be performed on women with severe mental retardation "either for sterilization or to eliminate the menses which is of significant hygienic benefit. . ." See Henry W. Foster, Jr., *Removal of the Normal Uterus*, 69 *Southern Medical Journal* 13, 15 (1976).

Dr. James Todd, Vice President of the American Medical Association has confirmed that performing hysterectomies on severely retarded women for pregnancy prevention or to eliminate the menses for hygienic purposes "was thought to be the state of medicine back then." So has Dr. Joseph Gambone, Acting Director of Reproductive Endocrinology at UCLA, who indicates that the practice was common at the time. Dr. Luigi Mastroianni, a professor of obstetrics and gynecology who heads the division of human reproduction at the University of Pennsylvania, has said such procedures "were the most humane method we had to allow people with severe mental deficiency to have any comfort at all."

In that same 1976 article, Dr. Foster stressed that "obstetricians and gynecologists must guard vigilantly against the injudicious and indiscriminate removal of the normal uterus." Dr. Arthur Caplan, Director of the Center for Bioethics at the University of Pennsylvania, has said that Dr. Foster's 1974 paper on this subject "represents an enlightened and cutting-edge opinion about the need for caution and care with respect to that form of surgical sterilization."

By the late 1970's, medical practice and legal standards had shifted, as had Dr. Foster's views. In 1980, Dr. Foster wrote: "It is understood if the patient is judged to be incapable of comprehending and thus not able to provide an informed consent, she must not be sterilized." See Henry W. Foster, Jr., *Ambulatory Gynecologic Surgery*, in *Ambulatory Obstetrics & Gynecology* 399, 416 (George Ryan ed. 1980).

At all times, Dr. Foster's practice has been consistent with prevailing medical norms. In many ways, as Dr. Caplan's comments reveal, Dr. Foster has been ahead of his time on these issues.

DR. FOSTER AND PLANNED PARENTHOOD

Planned Parenthood is a health care organization which manages nearly 1,000 health centers in 49 states and the District of Columbia. Planned Parenthood serves four million women and men each year, making it the nation's largest provider of comprehensive reproductive health care, including breast examinations, PAP tests, testing and treatment for sexually transmitted diseases,

infertility services, birth control methods and counseling, and comprehensive sexuality education. Dr. Foster has served on local and national Planned Parenthood boards since 1974.

Planned Parenthood and Dr. Foster share the mission of resolving our nation's most troubling health crisis by providing effective solutions which focus on prevention and responsibility. Throughout his career, Dr. Foster has been a driving force in the prevention of teen pregnancy and a leader in the field of public health. The highly effective, "I Have a Future" program, which Dr. Foster developed, stresses sexual responsibility, self-control, education, and job skills and provides positive alternatives to having children. Similarly, Planned Parenthood's medical and educational services help prevent nearly half a million unintended pregnancies each year.

Although Dr. Foster does not advocate abortions as a substitute for family planning, he supports Planned Parenthood's efforts to provide abortion services when a woman chooses to have the legal, constitutionally-protected procedure. Dr. Foster has repeatedly voiced his concern that all women have access to reproductive health care, including abortion. He also has supported Planned Parenthood's efforts to secure the passage of the Freedom of Access to Clinic Entrances Act, legislation designed to protect patients and staff at women's health care centers.

While Dr. Foster was a member of the organization's Board of Directors, the Nashville affiliate filed a lawsuit challenging a Tennessee law requiring parental notice before a teenage girl could obtain an abortion. Dr. Foster has sought to involve parents in their children's decisions to obtain contraceptive or abortion services and strongly believes that parents should be involved in these decisions. He has worked to limit the number of abortions performed on teenagers by promoting abstinence and alternatives to having children through programs such as the "I Have a Future" program. Dr. Foster realizes, however, that some young women cannot notify their parents, because they come from homes where physical violence or emotional abuse is prevalent or because their pregnancy is the result of incest. Dr. Foster opposed the Tennessee law because it required parental notice for a minor seeking abortion with no exception for minors from abusive homes and no bypass mechanism as required by the United States Supreme Court.

To prevent unwanted pregnancies and to provide alternatives to sexual activity, Dr. Foster looks primarily to parents and families. He encourages parents to educate their children about sexuality and reproductive health and to promote the need to postpone premature sexual activity. Dr. Foster also realizes that schools may play an important role in the process and advocates developing age-appropriate educational programs which promote abstinence and which prepare teenagers for responsible sexual involvement as adults.

DR. FOSTER AND "I HAVE A FUTURE": USING ABSTINENCE TO PREVENT TEEN PREGNANCY

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

First, by stressing the value of abstinence and explaining why it is so important.

Second, by involving the family and community in promoting this value.

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

I. IHAF'S CURRICULUM

A. Family life education module [staff manual] final copyrighted version; September 1994

Abstinence message:

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

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

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

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

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

1. "Can I take full responsibility for my actions?"

"Am I willing to risk STDs, pregnancy, future infertility?"

"Can I handle being a single parent or placing my child for adoption?"

"Am I ready and able to support a child on my own?"

"Can I handle the guilt and conflict I may feel?"

"Will my decision hurt others? My parents? My friends?" [p. 60]

"Decisions about sex may be the most important decisions one will ever make. So, think before you act!" [p. 60-1]

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

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

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

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

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

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

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

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

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

Teaching teens to say no:

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

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

Motto: "If you don't stand for something, you can fall for anything." [p. 32]

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

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

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

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

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

B. Family life education module [Staff manual]¹ November 1991

Abstinence Message:

"Responsible sexual behavior is defined as abstinence or acting upon the decision to participate in sexual intimacy while maintaining a healthy body and exercising assertive family planning." [p. 3]

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

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

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

1. "Can I take full responsibility for my actions?"

2. "Am I willing to risk STD, pregnancy, future infertility?"

3. "Can I handle being a single parent or placing my child for adoption?"

4. "Am I ready and able to support a child on my own?"

5. "Can I handle the guilt and conflict I may feel?"

6. "Will my decision hurt others? My parents? My friends?" [pp. 60-61]

"Decisions about sex may be the most important decisions one will ever make. So, think before you act!" [p. 61]

One exercise is called the "STD Handshake." It asks the teens to pick an index card from a bag. Some say "STDs" and others say "Abstinence." The point of this exercise is that Abstinence is the only way to

¹Footnotes at end of article.

completely avoid the risk of Sexually Transmitted Diseases. [p. 65]

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

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

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

"The teenage years are a good time to assist others with child care responsibilities but not to take on the full responsibility of being a parent." [p. 16]

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

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

Teaching Teens To Say No:

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

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

Motto: "If you don't stand for something, you can fall for anything." [p. 32]

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

"Definition of Assertive: 'to exhibit confidence and adherence to decision despite other's opinion.'" [p. 38]

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

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

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

C. Family life education module [staff manual]¹ September 1989

Abstinence Message:

Suggests handing out pamphlet: "Many Teens Are Saying No"²

"The Family Life Education Module is designed to help . . . generate attitudes and values positive toward contraception and abstinence." [1st page after course outline, no page #8]

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

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

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

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

1. "Can I take full responsibility for my actions?"

2. "Am I willing to risk STD, pregnancy, future infertility?"

3. "Can I handle being a single parent or placing my child for adoption?"

4. "Am I ready and able to support a child on my own?"

5. "Can I handle the guilt and conflict I may feel?"

6. "Will my decision hurt others? My parents? My friends?"

Teaching Teens To Say No:

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

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

D. Prosocial skills modules [staff manual] October 1994

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

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

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

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

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

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

"To assist participants in developing coping strategies when their peer group does not positively reinforce him/her for standing up for his/her beliefs." [p. 31]

"To teach participants how to cope with group pressure." [p. 33]

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

E. Prosocial skills module [staff manual] November 1991

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

"To emphasize that even when you make a decision, you are not always totally locked into that decision if you have reservations." [p. 19]

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

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

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

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

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

"To assist participants in developing coping strategies when their peer group does not positively reinforce him/her for standing up for his/her beliefs." [p. 31]

"To assist participants in confronting those feelings which may prompt them into responding impulsively and giving in to the group." [p. 31]

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

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

F. "I have a future" program evaluation: Renewal grant proposal to W.T. Grant Foundation April 1991

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

II. BROCHURES

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

A. "Many teens are saying 'no'" [U.S. Department of Health and Human Services, 1986]⁵

"Don't be fooled into thinking most teenagers are having sex. They aren't!! There's a lot to know before you say 'yes' to having sex."

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

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

"There's a lot to know before making your decision about whether or not to say 'yes' to sex:

Is having sex in agreement with your own moral values?

Would my parents approve of my having sex now?

If I have a child, am I responsible enough to provide for its emotional and financial support?

If the relationship breaks up, will I be glad I had sex with this person?

Am I sure no one is pushing me to have sex? [—]

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

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

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

'I like you a lot but I'm just not ready to have sex.'

'I don't believe in having sex before marriage. I want to wait.'

'I enjoy being with you but I don't think I'm old enough to have sex.'

'I don't feel like I have to give you a reason for not having sex. It's just my decision.'

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

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

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

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

'Sex is not what makes a relationship work.'

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

You don't have to have sex with someone to prove you like them.

Sex should never be used to pay someone back for something . . . all you have to say is, "Thank you."

Sharing thoughts, beliefs, feelings and most of all mutual respect is what makes a relationship strong.

Saying "No" can be the best way to say, "I love you."

B. "AIDS and sex: What you should know" [Tennessee responds to AIDS, December 1992]

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

C. "AIDS: What you should know" [Tennessee responds to AIDS, July 1989]

"How can I protect myself . . . The only way to be absolutely safe is to avoid all drug needles and not have sex until you are in a marriage or permanent relationship with a faithful, uninfected partner.

Until this is possible . . . Say 'No' to sex." "Remember: Alcohol and drugs make it harder to say no to dangerous behavior."

D. "AIDS and teens: What you should know" [Tennessee responds to AIDS, June 1991]

"How do I protect myself? Don't have sex. Express your affection in other ways such as holding hands or hugging."

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

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

E. "AIDS and the black community: What you should know" [Tennessee responds to AIDS, June 1991]

"How do I avoid HIV?

Say 'No' to sex.

Alcohol and drugs make it harder to say no to dangerous behavior."

F. "A parents' guide to the facts: to help mothers and fathers talk to their teenagers about sexual responsibility" [American College of Obstetrics and Gynecology (ACOG), 1986]

The facts: No. 1: Young people can postpone sex—

'Fact: Today's youngsters often have the impression that 'everyone is doing it.' Sur-

veys show that more than half of all teenagers do indeed say 'no.' The 'everyone is doing it' comment is typical big talk by young people who want to make themselves look important in the eyes of their friends.'

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

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

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

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

G. "A message for teens from teens" [March of Dimes Birth Defects Foundation, November 1986]

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

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

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

H. "Sexually transmitted diseases" [March of Dimes Birth Defects Foundation, October 1986]

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

III. SUPPLEMENTAL TEACHING MATERIALS

A: Game: Crossroads—teen relationships and teen sexuality

1. Objective:

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

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

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

2. Sample game cards⁶

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

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

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

Answer: (c)''.

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

Answer: (b)''.

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

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

Answers: (a) and (c)''

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

Answer: (a)''

g. "What is sexual abstinence? Please explain your answer . . .

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

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

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

B. Video: "Who do you listen to? choosing sexual abstinence"

Note: There is no date on the invoice [which was enclosed in the video sent to the Committee.] A fax—apparently sent to the program from the video company—is dated 8-21-92.

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

Objectives: "To help students: [. . .]

Explain the physical, emotional, and psychological risks of premarital sexual activity.

Make more responsible decisions about their sexual behavior."

Discussion topics and activities: [. . .]

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

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

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

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

Suggestions for group leaders:

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

Encourage adolescents to talk to their parents, school counselors, health teachers or physicians . . . Offer a supportive environment for them to share the information they

find. Encouraging them to discuss these issues with their parents can help bridge any embarrassment they may feel regarding these intimate matters."

C. Video: "It only takes once"

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

D. AIDS poster: "With AIDS around, gonorrhea, syphilis and herpes are fair warning"

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

IV. MEDICAL STUDENT HANDBOOK

As "I Have A Future" falls under the Department of Obstetrics and Gynecology at Meharry Medical College, medical residents and students often rotate through the programs' clinics. The IHAF staff prepared a handbook⁸ to train residents before they begin their rotation. The handbook gives specific guidelines for providing counseling—stressing abstinence as the first and best option.

Discussion of questions on "personal information form".

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

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

"Determine teen's comfort level in talking with parents" [...]

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

"4. Have you ever had sexual intercourse?

If yes, discuss how she made the decision to have sex and ask how often she has intercourse. If the teen felt pressure to have intercourse, let her know that she can stop if it doesn't seem right for her. You can say 'no' after saying 'yes'.

You shouldn't have sex: 1) just for another person or 2) to be like your friends. What you really want is most important. This is your decision. . . .

If no, discuss teen's feelings about her decision. Legitimize decision not to have sex . . .

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

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

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

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

How would pregnancy/parenthood affect their goals?

Possible role-play situation [unplanned pregnancy]

"Initial visit interview/counseling session.

Contraception and STD's (using protocol guidelines):

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

"Provide the following brochures for the teen to take with her:

AIDS Brochure.

What Every Teen Needs To Know.

Your Pelvic Exam—the 1st or 21st.

Can I tell my Parents?

The Facts [STDs].

NO and Other Methods of Birth Control".

V. LISTEN TO TEENAGERS WHO ARE IN THE PROGRAM

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

Rhiannon Wilson:

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

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

Jason Gordon:

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

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

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

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

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

Deanna Garrett:

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

Gary Hicks:

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

Terrell Carter:

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

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

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

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

Tonya Rutledge:

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

Amelia Turner:

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

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

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

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

Floyd Stewart:

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

Johnetta Nelson:

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

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

Melissa Hunter:

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

Latara Gooch:

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

Tyreca Bowers:

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

FOOTNOTES

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

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

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

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

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

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

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

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

WAS CONGRESS IRRESPONSIBLE? THE VOTERS HAVE SAID YES

Mr. HELMS. Mr. President, before contemplating today's bad news about the Federal debt, let us have another go, as the British put it, with our little pop quiz. Remember: one question, one answer.

The question: How many million dollars are in one trillion dollars? While you are arriving at an answer, bear in mind that it was the U.S. Congress that ran up the Federal debt that now exceeds \$4.9 trillion.

To be exact, as of the close of business yesterday, Tuesday, June 20, the exact Federal debt—down to the penny—stood at \$4,895,341,208,279.21. This means that, on a per capita basis, every man, woman, and child in America now owes \$18,582.80.

Mr. President, back to the pop quiz: How many million in a trillion? There are a million million in a trillion.

TRIBUTE TO COL. LANNING RISHER

Mr. THURMOND. Mr. President, I rise to pay tribute to a man who is not only a dear friend, but someone who in the course of his life has done much to serve his State and Nation.

Col. Lanning Parsons Risher was born in 1931 to one of the most distinguished and well-known families in South Carolina. His father ran the

well-respected Carlisle Military School in Bamberg and was recognized throughout the State for his stature as an educator.

Completing his preparatory studies at Carlisle, Colonel Risher felt comfortable in a military environment and decided to pursue his college education at The Citadel, a rigorous and demanding institution with a reputation for producing leaders. Upon his graduation from The Citadel, Lanning chose to serve his Nation in the military, earning a commission in the infantry of the U.S. Army.

After fulfilling his military obligation, Colonel Risher joined the teaching staff of his alma mater, the Carlisle Military School, where he taught for 3 years. In 1958 a new opportunity and challenge presented itself to the young instructor and veteran, the chance to serve as the headmaster of the Camden Military Academy, a preparatory military school. Grabbing the reins, the new headmaster set out to make the Camden Military Academy a success.

For the past 38 years, Col. Lanning Parsons Risher has poured his very life's blood into his school, working to not only make the academy profitable, but to ensure that his students received an education that could not be equaled by any other secondary military preparatory school. I am proud to say that my friend has achieved his goals. Over the past almost four decades, literally thousands of young boys entered Camden Military Academy and graduated as young men, capable and ready for the challenges of the military, college, or whatever other endeavor they believed to be their destiny.

Mr. President, at the end of April, Colonel Risher's long and distinguished tenure as headmaster came to a close. I doubt a visit to the school will ever be the same knowing that Colonel Risher is not sitting in his office, administering to the needs of his charges.

While I know that Lanning will no doubt miss the duties and responsibilities of running Camden Military Academy, he can take great pride in all that he has accomplished. Over the years, the colonel has received recognitions from a number of different groups. Committed to community service, Colonel Risher has served as a member and officer of an impressive list of organizations which include, but are not limited to: a bank; patriotic and veterans groups; civic clubs; and professional associations. There is no question that the city of Camden and the State of South Carolina have benefited from Lanning Risher's interest and commitment to so many worthwhile endeavors.

In addition to meeting the demands of running the academy and being civically involved, Colonel Risher also managed to find time to pursue and earn a master's degree from the University of South Carolina and raise a family. Lanning and his lovely wife,

Deane, raised five daughters—Julie, Helen Dean, Virginia, Mary, and Kathleen—who have all grown into fine young women.

Mr. President, after a long and full career as a soldier and educator, Col. Lanning P. Risher has earned a well-deserved rest. We are grateful for the colonel's many years of service to his community, State, and Nation. Through his work, he has given thousands of young men the skills they require to be successful in their lives, instilling in them the values of a sound education, responsibility for themselves, and a love for their Nation. His former students are more than grateful for his influence on their lives, and they will always remember the contribution he made to their success.

A LEADER MOVES ON

Mr. LEAHY. Mr. President, Sister Janice Ryan recently announced that she will be giving up the presidency of Trinity College in Burlington next July after 17 years of service. I note this news with sadness, thanks and with hope.

I am sad because the kind of leadership Sister Janice embodies is found in so few people on this Earth. She has committed her life to improving the lot of others. She has been a tireless advocate for the disadvantaged. She has been an inspiring leader in the field of higher education in Vermont. She has been a stirring role model for the thousands of students at Trinity College, most of them young women, who have seen the power and force of a gifted educator and administrator.

Sister Janice has done all this with competence, a sense of humor and the grace that comes from a confidence grounded in logic, reason and faith.

When Sister Janice Ryan speaks, people listen. She does her homework. She is political in the best sense of the word. She understands the complexity of the decision making process, and knows how to work to change the system in ways that will further the interests of those in whose name she speaks.

Sister Janice is not retiring. She is moving on to another chapter in her life, which I know will be as challenging and rewarding and fulfilling as the chapter that will soon close.

We need more people like Sister Janice Ryan everywhere. But we in Vermont are especially proud to have been graced by the presence of an exceptional native daughter of our Green Mountain State.

Mr. President, I ask unanimous consent to include a recent article and editorial about my good friend Sister Janice Ryan that appeared in the Burlington Free Press. My wife Marcelle, and I wish her Godspeed.

There being no objection, the article was ordered to be printed in the RECORD, as follows: