

How Ashcroft Engaged in Character Assassination: The Henry Foster Case

On Feb. 2, 1995, President Clinton nominated Dr. Henry W. Foster to serve as Surgeon General. Foster was considered by most to be superbly qualified for the post. A board-certified specialist in obstetrics and gynecology for about 40 years, Foster had dedicated his career to improving the health status of women and to ensuring that they had access to quality health care.

At the time of his nomination, he was perhaps best known for his efforts to curb teenage pregnancy. Every day, almost 2,800 American teenagers, the vast majority of them girls from lower-income families with no access to health care, become pregnant. Foster's "I Have a Future" program at the Meharry School of Medicine in Nashville, Tennessee, gained national recognition by taking at-risk youths living in public housing, and teaching them to say "no" to sex and pregnancy, and "yes" to education and self-reliance. From 1988 to 1991, only one of the program's participants became pregnant, and more than two-thirds of the girls who graduated from high school went on to college. His staunch advocacy of abstinence-based sex education, teen pregnancy prevention, and youth drug treatment programs earned him one of President George Bush's "Thousands Points of Light" awards. When President Clinton nominated him to be Surgeon General, he said he wanted Dr. Foster to repeat this ongoing success story on a national scale.

The religious right had a different idea. Pat Robertson, the Christian Coalition, Concerned Women of America, and other right-wing groups vowed to use the Foster nomination to gain revenge for the exclusion of the abortion issue from House Speaker Newt Gingrich's (R-Ga.) Contract With America. They waged a relentless campaign of character assassination from the day he was nominated, charging him with being a "ghoul" who had performed more than 700 abortions—a patent lie.

Despite the aggressive campaign of lies, the Labor and Human Resources Committee of the U.S. Senate recommended Dr. Foster for confirmation. A bipartisan groups of 57 Senators, among them Sen. Bill Frist (R-Tenn.), the Senate's only physician, were prepared to vote for his confirmation. Polls showed that the American people also supported his confirmation. Although Foster's nomination had more than sufficient support, the confirmation was prevented from ever coming to a vote. A filibuster was launched by Sen. Phil Gramm (R-Tex.), and enthusiastically supported by Sen. John

Ashcroft (R-Mo.). In fact, Ashcroft was so pleased with the sabotage of the Foster nomination, he later sent a letter to his supporters claiming that he had single-handedly waged the filibuster that stopped Foster from being confirmed.

Ironically, it is the very same group that wielded the filibuster weapon repeatedly, without regard for the truth, to deprive Clinton Administration appointees from being confirmed, that today denounces the threatened Democratic filibuster to stop Ashcroft's confirmation as Attorney General, as unprincipled abuse of congressional power.

Dr. Foster was interviewed by Debra Hanania-Freeman on Jan. 24.

Interview: Dr. Henry Foster

EIR: I'm honored to have on the phone with me right now, Dr. Henry Foster. Dr. Foster has a long and distinguished career in the medical field and, in particular, in the field of public health. He served as an adviser to President Clinton and, in 1995, he was nominated by President Clinton to serve as U.S. Surgeon General. During the course of what should have been a fairly routine confirmation process, Dr. Foster ran into some very strong opposition that soon became a heated national debate. Dr. Foster, good morning, and thank you for joining me.

Dr. Foster: Good morning, Debra. It's a pleasure.

EIR: First, for our readers, a little bit of your background: you're a medical doctor, you're a trained ob-gyn specialist, and I understand that you have been in practice for about 38 years?

Dr. Foster: Something like that—I stopped counting. Very briefly, educationally, I obtained my undergraduate degree from Morehouse College in Atlanta, and it was kind of unique—I got my MD degree from the University of Arkansas. I went there in 1954, as—I was the only black student in my class, it was a class of 96 students in a Southern medical school. But, that was quite an experience. And then I went on to do residency training, and I went into academic medicine. I chaired the Department of Obstetrics and Gynecology at Meharry Medical College for 17 years, and I became academic dean. I served as interim president for a year. I took a

sabbatical in 1994, and was in Washington, really minding my own business, when President Clinton asked me to serve as Surgeon General.

EIR: My professional training is in the field of public health, and particularly, health questions as they apply to American children and youth. You can correct me if I'm wrong, but, I seem to recall your position as one of a rather staunch advocate of abstinence-based sex education. And I am familiar with some of your work on teen pregnancy prevention. I'm wondering if you could tell our readers a little bit about some of the work that you did, particularly your "I Have a Future" program.

Dr. Foster: First of all, let me say something: The "I Have a Future" program, is a program that we created. I conceptualized it here in Nashville in 1987, and it went on to win one of President Bush's "Thousand Points of Light" awards. It's really designed to build self-esteem. I recognized early on that teen pregnancy doesn't occur in a vacuum; it's interdependent with a lot of other risk-taking behaviors. As a consequence, we developed a holistic program that addresses issues not only just of pregnancy, but abstinence, which we feel is the foundation for adolescence. It was always our position that being sexually active as a non-married teenager was not the norm. However, for whatever reasons, if adolescents choose not to abstain, we have an obligation, both medically and morally, to protect their health, and indeed their lives, with the specter of HIV/AIDS. So, as a consequence, that is the centerpiece. But, beyond that, we have to offer a holistic approach.

There is a difference between, I think, 13-year-olds and 19-year-olds, both of which are teenagers, but I'm not quite sure what the difference is. But, at any rate, that has to be done.

I should say, what really led me into developing this program: I was a director of a five-year program for the Robert Wood Johnson Foundation—it was their program to consolidate health services for high-risk young people. It spent \$12 million, funded 20 projects in 18 cities, from Connecticut to California, and coming from some of these programs were school-based teen clinics. The whole idea was to reduce the hop-scotching, if you will, that adolescents had to do to get the comprehensive services; we were trying to put them, as much as we could, in a single center. And it was from this experience that led to me to develop the "I Have a Future" program, which continues in one of the schools here in Nashville, where we have 200 active participants.

EIR: So, what the programs that you've been involved in, really go to, not only the question of reducing teen pregnancy, but we're also talking about providing comprehensive access to health care for young people.

Dr. Foster: And social issues. You see, we have modules that these youth participate in, and four of these modules hold U.S. copyrights. And you can see their direct relationship to

giving kids self-esteem. The longest and most comprehensive module is on family life-sexuality education. It's a 15-week program that the kids participate in. But the other three copyrighted modules are: violence and conflict resolution; a third one is pre-employment job readiness; and a fourth is drug and alcohol abuse. These kids learn all about these things.

We also involve the families. We've had parenting programs. We've had parents—mothers and fathers—involved in the community activities. We have rites of passage: This is an opportunity for all of the family to come and participate in the accomplishments of these youth. Over 200 of these kids have gone on to college, which far exceeds anything that would have occurred.

During my confirmation hearings, one of the Senators, after I listed some of these accomplishments (I guess showing some of his knowledge about epidemiology), pointed to the fact of self-starters, saying that these people were achievers who probably would have progressed anyway; you know, selectivity—you understand what I'm talking about—

EIR: Yes, I do—

Dr. Foster: —the selection process. And, of course, I had to agree with the good Senator, and tell him he was correct. But the thing that he had to appreciate was, if the "I Have a Future" program had not been in that inner-city housing project, these youth would have had nothing from which to self-select, and that is very important.

EIR: Shortly after you were nominated, your nomination became the center of one of the most incredible controversies I have ever seen in Washington. I recall watching the process. And I recall the Christian Coalition calling you "Dr. Abortion," saying that you were the Kevorkian of women's medicine. Dr. Foster, has your practice been, at any time, principally devoted to performing abortions? Is that your principal field of interest?

Dr. Foster: Of course not. After we went through all of this acrimonious process, it probably turned out, that I had probably, in the course of 30 years, I had probably had done, myself, maybe 30 or so abortions. But it has always been my position that this is a very personal choice, and this is one that should not be made by government or anyone else. No. No obstetrician likes to see abortion, because it represents failure. But, in our society, we always must be concerned about equity. These are choices. I'm old enough to know what the situation was like before *Roe v. Wade*, the thousands of women who died. But the real irony is, that even when restrictive abortion laws exist, it's fundamentally the poor and the unsophisticated who are punished. People with means will always have access to safe, clean abortions, irrespective of the laws. And, in the kind of nation that we live in, equity of access is fundamental to me.

My career was not around abortion. Obviously, the opposition wanted to paint me as some sort of pariah, but everyone

who knew me, when I finished medical training, my residency, I went to the poorest part of America: rural southeast Alabama. This antedated Medicare, Medicaid; there were no social programs. I took care of thousands of women, who had no resources at all. And I was glad to do it. That's why I had gone into medicine. I spent eight years there. There were 17,000 babies born while I was head of the obstetrics service at the John Andrew Hospital at Tuskegee University. I was the only obstetrician in that part of the county—a seven-county area. I had a wonderful cadre of nurse-midwives. I personally delivered about 7,000 of those babies. Now, I left there, and went to Meharry Medical College in Nashville, Tennessee, which is a historically black medical school, where I stayed until I was nominated for U.S. Surgeon General. One does not go to southeastern rural Alabama, or to a historically black medical school, to make money. You go there to serve. And that's just what I had done with my life.

But, you know, the opposition did not care about that. It was character assassination. They had a point they wanted to make, and they would create issues. They even tried to make me somehow responsible for the infamous Tuskegee syphilis study. I'm not a young man, but that study was started before I was ever born!

EIR: I do, absolutely, recall them charging you with having been involved in the Tuskegee study. I also recall accusations that you were one of the pioneers of sterilizing mentally disabled women without their knowledge.

Dr. Foster: It was awful. That was designed, again, just to assassinate my character. One of the nation's leading medical educators, and historians, Dr. Caplan, you may be familiar with Arthur Caplan?

EIR: Yes.

Dr. Foster: He said that, not only was this not true—there was a scientific study that I reported in one of the top journals in this country, the *Journal of Obstetrics and Gynecology*—but he said that that was an enlightened approach. The article was designed to make physicians more circumspect prior to doing hysterectomy, but, of course, that was not the issue involved at all.

EIR: We do have physicians who run abortion clinics, and dedicate themselves to that area of work, but in your case, the particular charges, regardless of what somebody's view might be, for or against, they simply were not accurate, is what we're saying here?

Dr. Foster: It was an attempt to assassinate my character. It was the same sort of thing that occurred, unfortunately, with [Missouri Supreme Court Justice] Ronnie White for the Federal judge position. I mean, this man's character was destroyed, and, you know, these are political opportunists. I understand the political process. It's very ugly. Whatever is

expedient seems to be the only imperative that drives these folks. And, you know, the whole issue is come up about Senator Ashcroft: Is he a racist? I don't think he's a racist. I think he's a political opportunist. I don't know—this racist thing is just such a catch-all. This is a man—I think he would have done the same thing irrespective of the race of the person, if it would foster or further their political career.

Let me give a little bit of the background. It's important for your readers or listeners to know that my nomination for U.S. Surgeon General came out of the Labor and Human Resources Committee with a favorable recommendation for confirmation. I received all of the Democratic votes and two Republican votes. I received the votes of confirmation of Senator Frist from Tennessee—

EIR: Who is a physician.

Dr. Foster: Yes. And James Jeffords from Vermont, those two are Republicans. You know, Clarence Thomas didn't get a favorable recommendation out of committee. And of course, you understand this very well. What was done to me was, I needed 51 votes for confirmation. I had 57 votes, solid. But, they used the filibuster. Cloture took 60 votes. And the Administration was not able to muster 60 votes to override the filibuster.

So, you understand, my nomination, in fact, was not really rejected. It was really not allowed an up-or-down floor vote.

EIR: Well, I understand that obviously, in any floor vote, you would have been confirmed. It also was the case, at the time, in polls that were taken, that 41% of the American people favored your confirmation; 27% did not, and I guess the rest just weren't aware of what was going on, which is not a surprise. But again, the utilization of the filibuster in this case did, in fact, block confirmation.

The reason why I think that this is so important, is one of the things that is being said now, in a confirmation process that has a lot more legitimate controversy in it, regarding Senator Ashcroft. We're dealing with somebody who, the performance of his duty really does rely on his ability to—

Dr. Foster: —be objective.

EIR: Exactly! And he insists that he can be objective.

Dr. Foster: Sure, it's easy to say.

EIR: Despite the fact that he has behaved as something of a zealot for the religious right.

Dr. Foster: Anybody who believes that he can put aside his ideology, or that he would *want* to, well, I've got a great piece of real estate, and I've got a bridge in Brooklyn that's—

EIR: I don't want to put you in a position to render an opinion on something that you don't feel qualified to, but, given your own experience, not only with Senator Ashcroft, but with this general mood, that clearly was designed to cater to a very

specific outlook in the United States: Can we depend, in your opinion, on somebody who essentially has operated that way repeatedly in the past, to be objective when it comes to questions regarding the execution of justice? This is something that bothers me.

Dr. Foster: It bothers me, too. I don't think so, given the man's record. Again, I do not believe that this is the person for that position.

EIR: Sen. Phil Gramm was really the person who led the filibuster. Did he ever sit down and talk with you privately?

Dr. Foster: No. He never did. I can't remember for sure whether or not—I know initially, we tried to meet with Senator [Robert] Dole [R-Kan.], and initially, he refused. But near the end, when the cloture vote was an issue, I think his advisers probably said to him, that it would be ill-advised for him to reject me forthwith, without ever having met with me. So I met with Senator Dole, but I never met with Phil Gramm.

EIR: Recently, I have been told that what occurred with Judge White was not representative of a pattern of behavior on Ashcroft's part; that it was a very particular instance where he had his objections on a very particular case. But, in fact, it's sounding to me like what happened to you, and what happened to Judge White are not all that dissimilar.

Dr. Foster: No, they're not. Not at all. They aren't. Senator Ashcroft was not on the Labor and Human Resources Committee, nor was Phil Gramm, but they were certainly outspoken opponents to my nomination, clearly. And, of course, they were parties to making a record about me, or creating things that really weren't true. But most knew that, but to the folk who opposed me, it did not matter. The facts were not important, to foster their position. So, you know, I understood that.

EIR: When the Ashcroft nomination first came up, I wrote an article, and one of the things that I said in the article, was that Ashcroft was the leader of the filibuster against you. Now, the reason why I said it, was that I had in front of me, an e-mail that he had sent out to all of his supporters, in which he claimed that he had virtually, single-handedly stopped your confirmation! Now, in fact, it actually was Phil Gramm who was the initiator of the filibuster.

Dr. Foster: Absolutely. It was Phil Gramm. And overall, there was a Presidential campaign looming, and various people were trying to attract the ultra-right, conservative vote. That's what that was all about.

EIR: Yes, it was on the eve of a Presidential campaign, where, of course, Senator Dole, who normally would paint himself as a moderate, also had reason to cater to the religious right.

Dr. Foster: Well, you know, sometimes, the only thing that's left, and of course, I'm sure people understand that, is whether

or not a nomination should be filibustered, and if it could, are there enough votes to sustain it. That's the issue. Will it occur, and are there enough votes?

EIR: One of the issues that has been raised on the question of filibuster, is that the Cabinet serves at the pleasure of the President, and that—

Dr. Foster: Yes, but above all, for the cause of the people.

EIR: Yes, of course. And as you know, I submitted extensive testimony on behalf of Lyndon LaRouche to the Judiciary Committee, vigorously opposing Ashcroft's confirmation. It is no secret that I have actively lobbied particularly Democratic members of the Senate to engage in filibuster, because I think that this issue is that important. The response that has come, from Trent Lott, is that, this would be just a complete outrage, unprincipled, and against the basic spirit of the Constitution. But, in fact, the very people who are denouncing this as a completely unprincipled practice—

Dr. Foster: They didn't—wasn't unprincipled when it came down—

EIR: —when it came down to someone they disagreed with, when they wanted to use it as a tactic. Then, it was “March on, Christian Soldiers.”

I'd like you to describe for our readers, what the Surgeon General does, what the post is for.

Dr. Foster: Three things come to mind. First, the Surgeon General is considered the nation's doctor, and basically in that position, he or she serves as advocate, and adviser, and educator, on health issues. It's a bully pulpit.

Now, in addition to that, he or she also serves as head of the Public Health Service Corps, all of the people in public health. There are about 7,000, as I recall.

Then, thirdly, in the position that Dr. Satcher now holds—and I don't know if this will change—he also served as Assistant Secretary for Health and Human Services. That arrangement had not existed, I think, since the 1970s, when Junius Richmond was Surgeon General. Those positions had been separated. When I was asked to serve as Surgeon General, the Assistant Secretary was Bill Lee, who is now at the University of California San Francisco. Well, those two positions were combined. And the reason I give this quick background, the Surgeon General position as it is now configured, is also the number-two person to the Secretary for Health and Human Services. Now, whether this will be separated again or not, I do not know, with the change in Administration.

EIR: It's very hard to say. I wanted you to describe this, though, because I think that, even through just a cursory discussion like this one, there really could be very little doubt in anybody's mind, that you were a superbly qualified nominee. And I know for a fact, that some of the programs that you initiated not only were good for the young people who were

involved in them, but, if anything, they reduced the need for abortion.

Dr. Foster: Absolutely.

EIR: Which I think ultimately is, as health professionals, what we always want to do. I think it's important to stress, since there was so much disinformation put out.

Dr. Foster: You know, I think Congressman Barney Frank [D-Mass.] has the best understanding of that mind-set. He says, unfortunately, many of those who oppose choice, who call themselves "right to lifers," really believe—and, I know you've heard this—that life begins at conception, and ends at birth. And I think that a lot of people feel this. But again, there's an irony here. You're a very astute and intelligent person, and a lot of this is just about control. The same people also tend to oppose responsible gun control, and support capital punishment.

EIR: Yes, they do.

Dr. Foster: It's a real dichotomy. And I think it relates around control. I don't want to get philosophic, and pedantic here, but you know, it's kind of like racism. Racism ultimately is not about pigmentation or color; it's just like sexism, feminism, tribalism. It's about power, and control. During slavery, black women breastfed white babies, and nobody minded. So, it isn't about race, it's about control and power, and we have to understand this.

And the best way to negate this—we have the tools in this country to do it. We have to blame ourselves, a lot of us. The democratic process is a wonderful process, but it has to be utilized. We don't do a very good job. We don't do well enough. When only half of us vote, it doesn't resonate and translate into action. And those who hold the real rigid positions of voting from my figures, from what I've read, about 78%, makes a real big difference. And until we utilize this tool, we have to quit complaining.

EIR: Yes, that's true, I couldn't agree with you more. But I think, also, that when we are talking about the wielding of power, and people who might do it in an unprincipled way, for their own ends, there probably is no position in the United States that is more sensitive than that of the Attorney General.

Dr. Foster: It's very, very, very, very sensitive.

EIR: I know that, in observing the back and forth that went on when Judge White appeared before the Senate Committee—because I really wanted to understand, the way Mr. Ashcroft's mind worked—I wanted to understand how it was that he would qualify his charges that Judge White was "pro-criminal." And I was somewhat disappointed that no member of the Committee took up the issue. Because what I was hearing, when I listened to the back and forth that went on, was that Ashcroft's principal complaint with Judge White, was that in a case where it did seem apparent that a terrible crime,

a really heinous crime, had been committed, that Judge White managed to rise above what I'm sure were his personal emotions in the case, to guarantee that the accused, who was not a charming fellow, had his full Constitutional rights observed. Because that's what our Constitution guarantees.

Ashcroft's position was, that the guy was such a bad guy, that he didn't deserve recognition of those rights.

Dr. Foster: A terrible travesty.

EIR: Well, it's really what it's all about. And I was very disappointed to see that no member of the Committee took up that line of questioning, but I think that your remarks regarding the responsibility that we have as citizens, really is the key to it, and I think that what ultimately happens with Mr. Ashcroft's nomination, is going to be determined by what the citizens of the United States are prepared to accept, and not accept. I think we'll see the Senate respond accordingly.

Dr. Foster: It's an amazing process.

EIR: Well, you know, on Jan. 6, when the Congressional Black Caucus held their press conference, the day that the electoral votes for Bush were confirmed, the CBC walked out in protest, when no Senator would rise to support their call for a debate. But one of the comments that a freshman Congressman from Missouri, who also knows Ashcroft, made during the press conference, was that he listened, during the entirety of the Presidential campaign, and in the post-campaign period—he listened to President Bush talk about how he wanted to reach out. And he said that he was beginning to get the uncomfortable feeling that that reaching out was kind of the way members of the Klan used to reach out: They would reach out with their right hand, while the noose was in their left. I can see why he said that.

And I have to say, that I think that was also echoed around the question of filibuster. I heard Senate Majority Leader Lott interviewed, as to what he thought the chances were, of a Democrat actually engaging in filibuster on the question of Ashcroft, and Lott's response was, that he thought it was very unlikely, because he had made it known that anybody who even considered that kind of procedural move, would "be crushed like a bug on a windshield."

Dr. Foster: They're making deals. And it's a sad commentary.

There is one other thing I really want your readers to think about: This whole Victorian concept of couching morality only in sexual terms, is a misnomer. It certainly came up during my confirmation proceedings, and it keeps coming up in the same way. How do we define our morality, or lack of it? It is immoral for children to go to bed hungry, to be bitten by rats, to be uneducated. Two-thirds of the people who are illiterate, the 80 million folk who can't read, are women. All of those things are immoral. And we've got to understand the immorality of inequity.