

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001: memo	Carol Rasco et al. to The President re: Teen Pregnancy Initiative (partial) (2 pages)	07/24/1995	P5 4174
002. memo	Carol Rasco et al. to The President re: Teen Pregnancy Initiative (partial) (2 pages)	07/24/1995	P5 Dup
003. memo	Carol Rasco et al. to The President re: Teen Pregnancy Initiative (partial) (2 pages)	07/24/1995	P5 Dup
004a: note	Todd Stern to Mr. President re: Dr. Foster (1 page)	07/28/1995	P5 4175
004b: memo	Carol Rasco et al. to The President re: Teen Pregnancy Initiative (partial) (2 pages)	07/24/1995	P5 Dup
005. paper	re: Teen Pregnancy Initiative (partial) (1 page)	n.d.	P5

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11027

FOLDER TITLE:

Teen Pregnancy: National Campaign 2 [2]

Racheal Carter
2010-1083-S
rc451

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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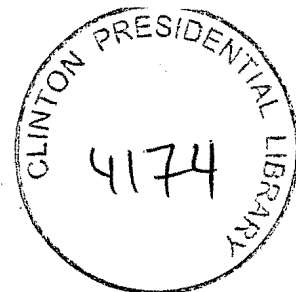
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2204(3).

RR. Document will be reviewed upon request.

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- providing technical assistance to communities seeking to start programs
- conducting communications outreach on the issue.

A list of candidates to be founders of the organization has been developed. Belle Sawhill (now at the Urban Institute) and Sarah Brown (an expert on teen pregnancy at the Institute of Medicine) have agreed to take on lead operational roles. While many of the individuals targeted as board members have expressed positive interest in the proposed new venture, we believe your direct involvement is necessary to secure commitments from the group.

RECOMMENDED PLAN OF ACTION

(1) White House Discussion

We suggest that you convene a meeting with the approximately 15 prominent individuals on our target list, plus several experts in the field of teen pregnancy prevention. The event would take place in early September and would require approximately 1 hour of your time. Media strategy would be very low-key.

Experts would brief you and the group on what is being done in prevention at the local level and offer thoughts on what needs a national campaign might address. You would speak to the seriousness of the problem -- with its linkages to the debilitating cycle of poverty and welfare dependency -- and exhort the group to come together to combat this major threat to America's youth.

(2) Organizational Meeting

One of the participants in the White House meeting (ideally, the head of a major foundation) would agree in advance to host a follow-up event for the group of 15 and other interested individuals. This event would be a planning session for launching the envisioned private-sector organization.

(3) Launch

The new entity would be established by the end of the year. Foundations and/or private individuals would provide start-up funding. You would be present for the launch.

FYI ON DR. HENRY FOSTER

Based on the approval of the Chief of Staff, we met with Dr. Foster last week and offered him the following position:

Title: Senior Advisor to the President and to the Secretary of Health and Human Services on Teen Pregnancy and Youth

Position: Part-time consultant, paid by HHS.

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Staff: There would be no staff reporting to Dr. Foster

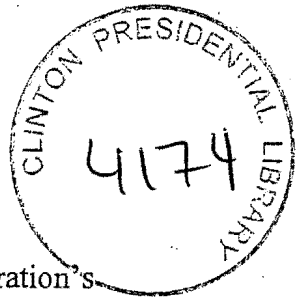
Reports to: The Secretary of HHS and the President

Responsibilities: The President would charge Dr. Foster with leading the Administration's efforts to catalyze national action to combat teen pregnancy and provide positive opportunities for youth. He would be a visible spokesperson and would work closely with national leaders, urging them on behalf of the President, to take an active role in addressing the problem of teen pregnancy.

Role with the Private-Sector: Dr. Foster would be the President's liaison to the Private Sector Initiative. He may eventually serve on the board of the new group. He would not be the Chair or the day-to-day Director.

Other: Dr. Foster would not move to Washington, but would remain in Nashville and keep his tenured position at Meharry. Dr. Foster would be subject to Hatch on the days he is being paid, and would be subject to all ethics and conflict of interest rules.

We will wait to announce Dr. Foster's new position until a decision is made about whether another individual will be nominated for Surgeon General.



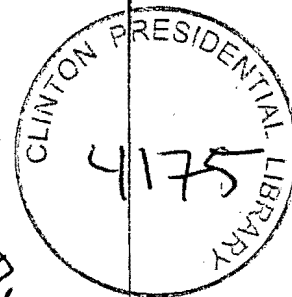
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THE PRESIDENT HAS SEEN
7/31/95

THE WHITE HOUSE
WASHINGTON

July 28, 1995



MR. PRESIDENT:

The attached DPC memo sets forth a plan of action launching a teen pregnancy initiative, headed by an independent, private-sector organization. It also specifies a role for Dr. Foster.

The memo recommends, (i) a low-key White House meeting with about 15 prominent people, plus several experts in the field. You would be briefed on current local efforts and on what needs a national campaign could address; (ii) a follow-up organizational meeting, hosted by a participant at the White House meeting, to plan the launch of the private organization; (iii) start-up event for the new entity by year-end, which you would attend. Funding for the new entity would come from foundations or private individuals.

Dr. Foster would be a Senior Advisor to the President and Secretary of HHS on Teen Pregnancy and Youth on a part-time consulting basis, with no staff. He would remain in Nashville, at Meharry. No announcement would be made until a decision is made on nominating another person for Surgeon General.

Approve plan _____ Disapprove _____ Discuss ☒

Todd Stern

*I have ideas about
trust
but I want to
+ name Sug Bus
+ design out
+ name Sug Bus*

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Contact list re: participants in White House meeting on teen pregnancy [partial] (1 page)	n.d.	P6/b(6)
002. memo	Carol Rasco et al. to President Clinton re: Teen Pregnancy Initiative (partial, pages 1-3 in whole) (3 pages)	07/21/1995	P5 4176

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11027

FOLDER TITLE:

National Campaign to Reduce Teen Pregnancy-2 [1]

Racheal Carter
2010-1083-S
rc123

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C.

RR. Document will be reviewed upon request.

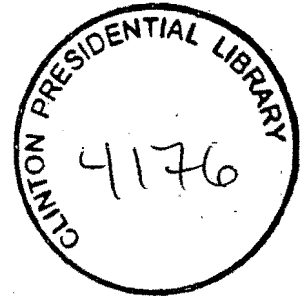
Freedom of Information Act - [5 U.S.C. 552(b)]

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THE WHITE HOUSE
WASHINGTON

July 24, 1995



MEMORANDUM TO THE PRESIDENT

FROM: Carol Rasco
Jeremy Ben-Ami
Janet Abrams

THROUGH: Leon Panetta

RE: Teen Pregnancy Initiative

BACKGROUND

In this year's State of the Union address, you urged parents and leaders of all sectors of society to join together in a national campaign against teenage pregnancy. You identified the epidemic of children-having-children as one of our most serious social problems and stressed that "government can only do so much" to solve this complicated dilemma.

We have met with the Chief of Staff about plans now underway for creating a nationwide, private-sector initiative on teen pregnancy. This memo requests your personal involvement to ensure that final commitments are made by the individuals we hope will spearhead the effort.

LAUNCHING THE CAMPAIGN

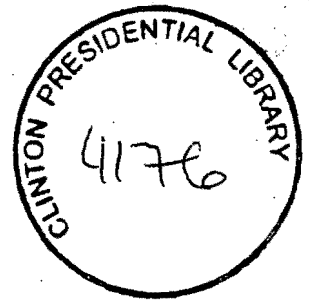
Since January, Jody Greenstone and Belle Sawhill have been working with members of the White House staff to lay the foundation for an independent, private-sector organization dedicated to reducing the incidence of teen pregnancy in the U.S.

The organization would be bi-partisan, and would be led by prominent individuals from the business, religious, media, entertainment, civic, health care, education, and foundation communities. The new group would work to focus national attention on the problem of teen pregnancy and support community prevention efforts across the nation. Likely activities would include:

- spearheading a grassroots campaign to make teen pregnancy prevention a priority in communities throughout the U.S.
- establishing a clearinghouse of information on prevention efforts
(There is now no central source of data on who's doing what in teen pregnancy.)
- supporting the evaluation of promising prevention strategies
(A lot is going on in the field, but very few programs have been rigorously evaluated.)

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- providing technical assistance to communities seeking to start programs
- conducting communications outreach on the issue.

A list of candidates to be founders of the organization has been developed. Belle Sawhill (now at the Urban Institute) and Sarah Brown (an expert on teen pregnancy at the Institute of Medicine) have agreed to take on lead operational roles. While many of the individuals targeted as board members have expressed positive interest in the proposed new venture, we believe your direct involvement is necessary to secure commitments from the group.

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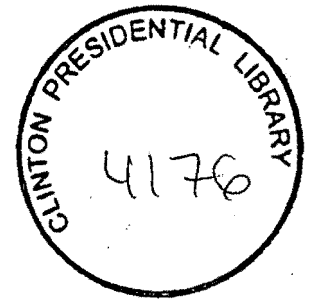
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Staff: There would be no staff reporting to Dr. Foster

Reports to: The Secretary of HHS and the President

Responsibilities: The President would charge Dr. Foster with leading the Administration's efforts to catalyze national action to combat teen pregnancy and provide positive opportunities for youth. He would be a visible spokesperson and would work closely with national leaders, urging them on behalf of the President, to take an active role in addressing the problem of teen pregnancy.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Kathleen Sylvester to Carol re: teen pregnancy (1 page)	11/09/1995	P5
001b. letter	Kathleen Sylvester to President Clinton re: teen pregnancy (1 page)	11/09/1995	P5 4178
001c. memo	Kathleen Sylvester to President Clinton re: A National Teen Pregnancy Strategy (14 pages)	10/01/1993	P5 4179

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11027

FOLDER TITLE:

Teen Pregnancy: National Campaign 1 [4]

Racheal Carter
2010-1083-S
rc449

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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PRM. Personal record misfile defined in accordance with 44 U.S.C.

2204(3).

RR. Document will be reviewed upon request.

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COPY

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9 November 1995

Dear Carol,

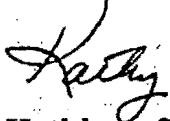
Attached is the memo on teen pregnancy that I promised you for the President. I'm sorry for the delay, but I needed to do some homework on the governance models.

I've seen the proposal that's gone to the foundations and feel strongly that the president is being badly served. They're asking for money so they can learn the answers to questions that have already been answered. It's a waste of \$75,000 that could be used to help teen mothers and, worse than that, a waste of time. Three months is critical now. The president won't have anything to point to until summer, when the campaign will be in full swing and any initiative will look like a political ploy.

A more efficient strategy would be to take my memo, gather the smart foundation people and the smart practitioners in one room, and ask them to critique and modify it. In one meeting, you would have a plan that's sensible enough to launch the effort right away.

I tried to make that point diplomatically in the cover note to the President. If you think it's inappropriate, please junk the note. In any case, I greatly appreciate your help in getting the memo to him and look forward to a chance to spend a few minutes talking about the issue with the two of you.

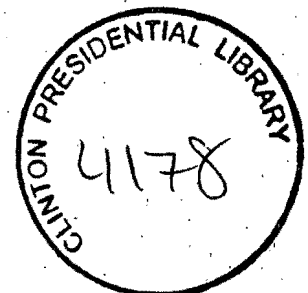
Sincerely,



Kathleen Sylvester

P.S. I'll messenger hard copies of these papers to your office on Friday.

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9 November 1995

Dear Mr. President:

I've spent the last two years talking to teenage mothers. And I've spent the weeks since the White House meeting on teen pregnancy thinking about the best way to make sure that other young women avoid the anguish of girls I've met.

You have an opportunity now to help them. You can lead the nation in a conversation about family, responsibility and community and create a new model for solving social problems--one that engages families and communities in asserting our common values.

Such an effort is a natural extension of what the Clinton Administration has already done for families and children: the Family Preservation and Support Act, the Multi-Ethnic Placement Act, increases in funds for adoption and foster care, tougher child support enforcement efforts, and Head Start funding. But it must happen quickly to capture the spirit of the White House meeting and engage others in the effort while national interest is intense.

I don't believe the plan now being proposed to foundations--which calls for three months of research and another series of meetings--will accomplish that purpose. More importantly, I don't believe it will produce meaningful results. We have done all the research we need to do for now; we have had enough meetings in which experts talk to each other.

The attached memo is a blueprint for a plan that moves beyond that approach. It calls for convening a small band of dedicated people who know how to speak plainly and to listen. These people will spend the next few months sitting on folding chairs in church basements explaining the elements of the teen pregnancy problem to people in states and communities who want to solve the problem.

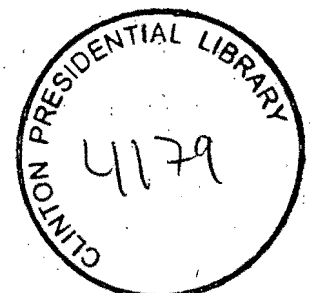
These advocates will offer useful information and encouragement. Six months from now, broad-based teen pregnancy coalitions will begin to spring up in those states and communities. Their arrival will mark the beginning of an effort that can make a difference in the lives of many young women.

With your support in the next few months and your leadership over the next few years, I believe I can put such an effort together. It would be a great legacy for you to offer this country. I hope you'll allow me to help you do that.

Sincerely,

Kathy

Kathleen Sylvester

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TO: President Clinton

FROM: Kathleen Sylvester

RE: A National Teen Pregnancy Strategy

You have a rare opportunity to unite the American people on an issue of common concern and to catalyze an effective, broad-based response to the problem of teen pregnancy.

Why now? The welfare debate generated renewed public concern about the issue. We know enough now about all of the elements of the problem to attack it intelligently. Most of the "pieces" of the solution are available; they have not been linked together effectively or in a sustained fashion.

And you can provide national leadership—the element missing in past efforts—and a sense of urgency. In a nation where more than a half million teenagers are having babies and another half million are having abortions each year, you must insist that there is no time to waste.

You can remind Americans that the problem touches many families in a nation in which 43 percent of young women become pregnant once during their teenage years. Finally, you can tell them that the problem is solvable—that in a nation of 263 million, we can surely join together to influence the life circumstances and decisions of the 1.2 million teens who become pregnant every year.

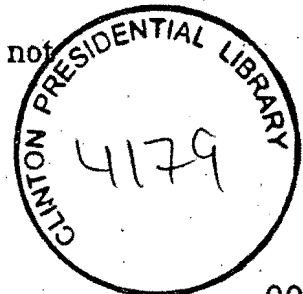
The challenge to you as a national leader is to leverage an effort that will take place at the local level and be guided by the private sector. To make this effort succeed, you must announce a new "bargain" between government and communities: Public-sector institutions must become team players in the new approach to solving social problems. To accomplish that transformation, you can lead the nation in bold national exercise in problem solving. It should be guided by common sense and by these principles:

* Government cannot solve this problem. The problem will be solved by families and communities, reinforced by all institutions of society, including government.

* This initiative will reestablish the importance of values—those of communities and families—in social policy.

* This will be a national initiative focused on prevention. Abortion is not prevention; this is not about abortion.

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The long-term goal of the initiative should be to reestablish the social presumption that there are appropriate ages and circumstances—in effect, a rite of passage—that women and men must achieve before they become parents.

The tactical goal of the project should be a national campaign that seeks to engage each of the nation's 83,000 communities in a discussion about preventing teen pregnancy. The campaign will offer support for coalitions of parents, young people, teachers, politicians, religious leaders, local media, and business leaders in every community that organizes such a group around a common purpose.

The model would include these four components.

1. A federal government that offers two elements of the solution:

- * presidential leadership
- * federal resources—including funding and legislative initiatives—that respond to needs identified by the communities that are solving the problem.

2. A national teen pregnancy initiative—a central entity whose task is to catalyze and support the efforts of churches, non-profits, businesses and civic organizations, and state and local governments.

3. A national teen pregnancy research council. This entity, which would be separate from the teen pregnancy initiative, would monitor the effectiveness of programs and identify issues that require further research.

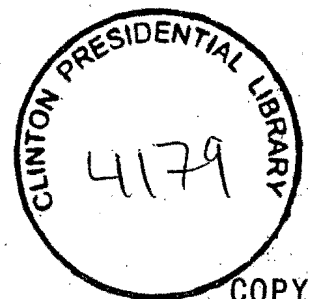
4. A national media campaign that complements the efforts of the initiative and responds to the results of the council's research.

This model is designed to avoid the weaknesses that have characterized the failed efforts of the past two decades.

* **Those efforts were compromised by politics.** Since the days of the Carter Administration's "Alternatives to Abortion" initiative, every teen pregnancy effort has been complicated by the politics of abortion, contraception, or sex education. The result is that none of these efforts accomplished anything beyond funding a handful of demonstration projects.

Your administration faces the same problem: The Department of Health and Human Services, for example, recently awarded \$4.2 million in grants for abstinence-based programs through the Adolescent Family Life Program. Good programs that included other elements were told not to apply, even though evaluations show that abstinence-only programs are less effective than those programs that combine abstinence and contraception.

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Federally-run clearinghouses have been rendered ineffective by politics as well. The most recent victim was the clearinghouse proposal attached to the Second-Chance Homes proposal in the Senate welfare bill. That clearinghouse plan was abandoned by the Democrats during the floor debate after Republicans balked and threatened to withhold support for Second-Chance Homes.

Federal research is limited by political considerations too. Privacy regulations, for example, have limited the kinds of questions federally funded researchers may ask about the men who father the babies of teen mothers.

*** They were guided by "experts" who rarely provide clear articulations of the problem or possible solutions.** Washington has offered little useful help for those who are trying to solve the problem. The messages from children's advocates and policy experts are generally vague and confusing.

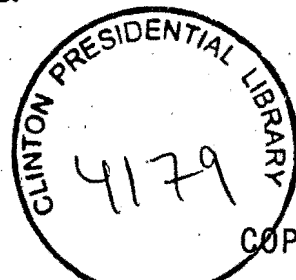
There has been a great deal of debate about teen pregnancy, with few practical recommendations. Some of the debate's participants insist that nothing will work; some insist that nothing short of ending poverty will work; and others say they still aren't sure what works because they haven't done enough research. There is tremendous competition in Washington to be perceived as "right" about teen pregnancy, but less competition to try to solve the problem.

And even when the experts offer information that might help policymakers or practitioners, they offer it in a form that is inaccessible. The recent HHS report to Congress on Out-of-Wedlock Childbearing, for example, contained 265 pages of conclusion such as these: "Strategies must take into account that large numbers of pregnancies are unintended." and "Different strategies are needed for populations at greatest risk."

Volumes of research reports in which the academics footnote each other's studies are of little use to a Girl Scout leader or a minister trying to understand the issue or simply looking for a good idea.

Policymakers are frustrated as well. They are beginning to understand the ramifications of teen pregnancy: Most can recite the litany of the social problems that stem from it. But they're simply not getting any useful advice on what to do. An unreleased study by the State Legislative Leaders' Foundation concludes that state legislators are so consumed by process that they rarely have time to learn about policy. They want information they can understand; they want specific ideas about what they can do; they want arguments to build support for those ideas. They do not want academic research and volumes of government reports.

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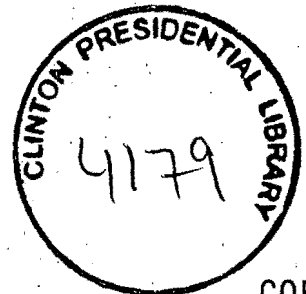
*** Most past efforts were narrowly focused on "programs" and pilot projects.** These programs often failed to nurture community leaders or build community support; they usually disappeared when funding dried up.

While the pilot programs did not achieve any significant reductions in teen pregnancy, they did provide a wealth of knowledge. Many pieces of the teen pregnancy problem have already been addressed: There are examples of effective incentive programs, effective school-based health programs and effective sex-education curricula. We also know that these limited interventions produced sustained results only when coupled with other efforts. That's what must happen now.

I've talked to dozens of people who work with kids, and they all tell me they want help with the *other* pieces of the problem. A counselor running a support group for young black men tells me he can't hope to be a role model for all of them. Where are the other men who will mentor these boys? A high school principal told me she can't convince young women that unprotected sex may result in disease or pregnancy when they spend hours watching TV soaps that portray sex as risk-free and carefree. What is the media doing to respond to this problem? Social workers trying to help young women who live in homes where they are abusive men say there are not enough safe places to send those young women. What are we doing to solve the foster care crisis or to create group homes for those young women?

A national initiative should not focus on creating programs. It should focus instead on creating leaders who will decide whether they need programs. These leaders will also decide where and when they need reinforcement. Once they identify those needs, it will be the task of the central entities in the venture—the federal government, the teen pregnancy initiative and the research council—to respond to those needs.

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Creating an Effective Teen Pregnancy Campaign

This nation has 15 years of experience and a great deal of information about what works and what doesn't. That is more than enough to start this effort. We must launch this effort *now*; we can adjust the plan along the way. This is what it should look like at the outset.

*** The Money Would Be Private; the Politics Would Be Local**

Both the Initiative and the Council should be privately funded. This will allow them the political independence to offer communities useful assistance and to engage in relevant research.

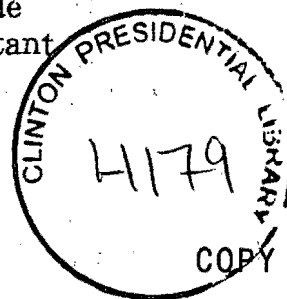
By moving the decision-making to the local level, local leaders can negotiate political obstacles that cannot be negotiated in Washington, where no one has a real stake in the outcome.

A strong example comes from North Carolina, where a state coalition has convinced the state legislature to fund a variety of initiatives, including school-based health clinics that offer contraceptive services. The state group worked with community coalitions, including representatives of pro-life religious organizations, to work out the politics ahead of time. Their coalitions were led by local business leaders with money and clout; the advocates who lobbied legislatures came armed with citizen petitions and transcripts of public hearings. They gave the legislature the political cover to fund the clinics.

Building these new coalitions takes time. People need to learn how to manage organizations, mobilize members of their community, and continually adapt strategies to changing needs. In the early years in North Carolina, when community groups were getting established, they had little effect on teen pregnancy rates. But in the last three years, teen pregnancy rates have dropped 30 percent—the most significant sustained success of any large initiative in the country.

Under this plan, a national teen pregnancy initiative would perform a function similar to that of the Southern Governors' Infant Mortality project. As you know, the advocates who ran that campaign traveled across the south explaining the medical and social costs of low birthweight babies. They offered evidence that preventing low-birthweight babies would save money for the states. They offered a set of solutions—including expansion of Medicaid eligibility and strategies for improving access to health care for pregnant women. Then they held people accountable by checking back to measure their progress, and applied constant pressure by reporting publicly on the states' comparative progress.

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PART II

FAX TRANSMITTAL SHEET

DATE

11/9

OF PAGES

15 -

split between
2 separate
tapes

(including cover page)

FAX # 456-7020

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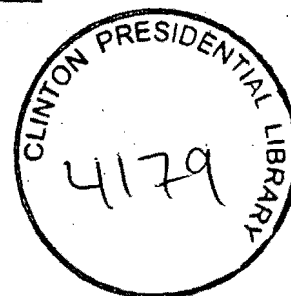
TO: Carol Rasco / Assistant to the President
for Domestic Policy

FROM: Kathy Sylvester

COMMENTS:

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PLEASE CONTACT:

Ann 608-1233



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The goal of the Initiative is to create and nurture a national network of state-based coalitions. These state-based groups will, in turn, work with communities. The state coalitions will offer information, resources, and training for local advocates. Both sets of coalitions will be able influence policymakers.

At the local level, organizers will work in communities to gather data on teen pregnancy and related problems such as sexually transmitted diseases and substance abuse. They will survey young people's attitudes towards sex and present an "Adolescent Health Index" to community groups such as school boards and churches. Then organizers will plan "summits" with all relevant community members. At the summits, community members will identify the range of solutions needed and the pieces of these solutions that are missing in their own communities.

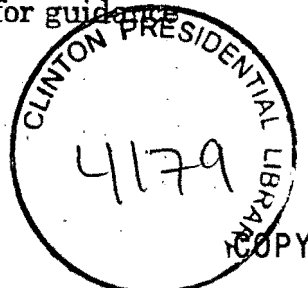
In reality, these coalitions won't be addressing teen pregnancy. They will be addressing the broader—and more appropriate—issue of youth development. We won't reduce teen pregnancy without tackling related problems such as education and jobs and substance abuse. But it is easier to begin the discussion around an issue that generates so much public concern, then allow communities to broaden the scope of their efforts as they discover the "web" of related issues.

These coalitions will be broad-based and non-partisan. At the state and local level, the coalitions will include parents, teens, educators, members of community and neighborhood organizations, and professionals from public agencies that work with young people. They will also include churches, Chambers of Commerce, United Ways, Catholic Charities, Kiwanis and Rotary Clubs. Finally, they will include representatives of the media and the corporate community.

How would these initiatives be funded? The funding requirements will be modest. At the outset, the national initiative must provide organizers and resources for the states. These organizers will help build support for state coalitions; the coalitions will raise funds from corporate and foundation sources for state-level staffs. These state-level staffs will help build local coalitions. The coalitions, in turn, will raise money for their own staffs. At the state level, only a handful of people are needed; at the local level, one person can keep a coalition knitted together.

When communities decide what they need, many of the "pieces" of the solution will be available through existing public or private efforts. Effective coalitions will be able to raise funds to fill in the gaps at the local and state levels. Eventually, the coalitions will be able leverage public funds. In North Carolina, for example, the state legislature now looks to the state adolescent pregnancy coalition for guidance about which efforts it should fund.

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This kind of initiative will complement what many progressive foundations, including Annie E. Casey, Carnegie and Edna McConnell Clark, are already doing. These foundations are abandoning pilots and seeking to support strategies that set new priorities and change governance structures.

*** The Campaign Will be Specific and Practical**

The role of the "central" entity in this initiative is to catalyze and support efforts designed and carried out by churches, non-profits, businesses, civic organizations, and state and local governments. It would accomplish this goal by doing the following:

1) Breaking down the issue into understandable terms and offering basic, useful information about the elements of the problem and possible solutions.

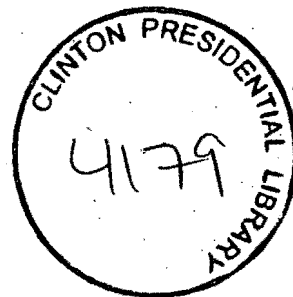
The question of teen mothers under age 18 offers a good model. A year ago, I pulled together these facts about teen mothers under age 18: Most come from homes strained by poverty and dysfunction. Most do badly in school; many drop out before they become pregnant. Most have been badly nurtured; many have been subjected to neglect or physical violence. As many as two-thirds were victims of rape or sexual abuse at an early age and suffer from mental and emotional problems. They are easy prey for older men: Two-thirds of teenage mothers have babies fathered by men who are 20 or older. They have few role models; they don't know how to be good mothers. Then I looked up one more salient fact. I discovered that there are only 69,000 of them.

With this information, I looked for a practical solution to address their problems and came up with "Second-Chance Homes." The Senate embraced the idea as did governors, legislatures, and community groups in a half dozen states.

2) Offering resources and advice from others who have built effective coalitions for teen pregnancy campaigns. It will be important to link new state coalitions to leaders of state coalitions that have been effective. There is no central entity that links those efforts now.

3) Help in measuring and evaluating results so that state and local efforts have a means to build support for good results and adjust efforts when strategies don't work.

4) Appropriate and sustained media reinforcement.



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*** The Campaign Will Divide the Task**

Teen pregnancy isn't a single problem, it's a collection of dozens of problems. The only way to solve such a problem is to break it down, identify the pieces, and divide the task. That means deciding on appropriate roles and tasks for the federal government, others levels of government, the media and corporate entities, community-based organizations, and families. If the tasks are divided thoughtfully and they are orchestrated to reinforce each other, the results will take some time to achieve, but they will be significant.

*** The Presidential/Federal Role:**

You can lead this effort with a series of pragmatic and highly visible responses to your own observation that "the epidemic of illegitimacy is our most serious social problem."

1. Announce a new role for the federal government.

End federal money for pilot programs. Tell citizens that the new federal role will be responding to the needs expressed by communities. Promise those communities that no politicians or researchers or experts will try to impose solutions from Washington. Assign a high-ranking federal official to handle requests from community groups for waivers in federal programs and to be a voice for them in government. They have no such voice now.

The Centers for Disease Control and Prevention, for example, recently announced grants for AIDS-prevention programs. Teen pregnancy prevention advocates point out that the money might have been better used if it had been designated for AIDS prevention *and* teen pregnancy prevention since AIDS is growing very quickly in the adolescent population.

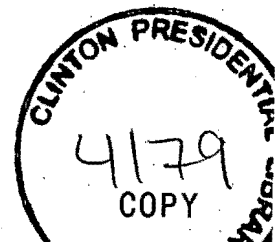
In addition to making government a responsive partner for communities, you should pick several issues where there is a clear federal interest. Then announce that the Clinton Administration will tackle them. I would suggest the following:

2. Appoint a National Commission on Adoption and Foster Care Reform.

Promise the commission's recommendations by November of 1996 to be considered by the new Congress.

The commission should study the causes of low adoption rates; barriers to transracial adoption; and the crisis in the foster care system. You could announce it by highlighting these problems: 1) Adoption rates are about 1 percent for African-American teens and 3 percent for whites; 2) despite federal guidelines

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requiring child-custody cases to be resolved in 18 months, an African-American child in an urban area may spend an average of 51 months in a first foster care placement; 3) the Family Preservation Act of 1980 says child welfare agencies should make "reasonable efforts" to keep families together; this confusing mandate has caused too many children to stay too long with unfit parents; 4) On any given day, a half million children are in foster care, and there aren't enough foster homes for all the children who need them.

3. Expand the mandate of the Justice Department's Domestic Violence Initiative to include the proposition that sexual abuse is a root cause of teen pregnancy.

Studies show that as many as two-thirds of teen mothers were victims of rape or sexual abuse at an early age—crimes often committed by males living in the same household. Victims of early sexual abuse often develop emotional patterns that make them vulnerable to the attentions of older men. Two-thirds of teenage mothers have babies fathered by men who are age 20 or older. Federal leadership is needed in both public education efforts and criminal justice reform.

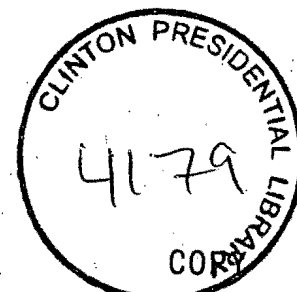
4. Commit key administration officials to lend their authority to projects of the teen pregnancy initiative as needed. Several members of your Cabinet have enormous credibility on these issues. I hope they will join the effort.

5. Convene a national "Summit on Media Responsibility."

In a nation where the average teenager watches 21 hours of television a week, we must look to the media as a powerful influence on values. These statistics alone are enough to provoke a discussion: The Kaiser Family Foundation reports that in 1994, the average number of sexual activities per episode on the average soap opera was 6.6. The average soap opera viewer also sees unmarried intercourse 2.4 times per episode and rape 1.4 times per episode.

6. Declare May Teen Pregnancy Awareness Month and participate in state summits during May. May is the month when the highest number of teen pregnancies occur. The national teen pregnancy initiative should be in full swing by May, and many state coalitions will be formed. You can boost the effort by offering them an opportunity to build public awareness and by adding visibility to some of their efforts.

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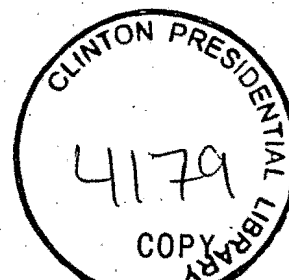
*** The Role of the Teen Pregnancy Prevention Initiative:**

The role of the "central" entity in this initiative is to catalyze and support efforts designed and carried out by state and local governments, churches, non-profits, businesses and civic organizations. It would re-engage communities in efforts to solve the problem; change public attitudes and perceptions about teen mothers and build support for legislative and community initiatives by highlighting successful programs. It should be governed by a partnership of business, community, and public-sector leaders.

Among its specific functions:

- 1. Offer basic and useful information.** Many communities are now going through goal-setting processes in which they are trying to define goals (such as reduced teen pregnancies) and need to know what range of services are necessary to reach that goal. Communities and states also need information that helps them build support for ideas. The Initiative should offer each state a "cost-of-bad outcomes" study to quantify the true costs of teen pregnancy and help them justify spending on prevention.
- 2. Create a central interactive network** that helps legislators and successful practitioners connect to each other. There is no formal linkage between the people who are working on these issues across the country. Some efforts are based in the health community, some in social services, some in education. These folks don't ever meet at a national convention. The Initiative should offer them that central connection point until they have established their own linkages.
- 3. Offer a speakers' bureau and a "talent bank"** of celebrities willing to bolster state and local efforts.
- 4. Set a goal of helping 10 states to hold state summits on teen pregnancy in the first year.**
- 5. Create a teen pregnancy handbook for state legislators.** Offer state legislators some practical ideas for what they can do to curb teen pregnancy. These might include opening "second-chance homes" for teen mothers; adopting new sex education and decision-making curricula; establishing Underage Sex Offenses Units; establishing Individual Development Accounts for teenagers who finish school and don't become parents; or creating neighborhood centers for at-risk teens. A dozen states have already adopted a variety of these ideas, which were suggested in the Progressive Policy Institute's teen pregnancy paper.

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6. Work with Congress. Members of Congress are eager for suggestions on sensible ways to talk about teen pregnancy and for ideas that work. This year, the Senate embraced two specific "pieces" of the problem for which PPI offered ideas: a proposal for "Second-Chance Homes" and the notion that sexual predators are a major factor in teen pregnancy. There are other appropriate "pieces" of the teen pregnancy agenda for the Congress to address, and they should be offered in the next congressional session.

7. Task the grass-roots organizations. There are a number of groups that have money, willing members, and ready-made infrastructures to tackle some pieces of the teen pregnancy problem. They lack specific goals and a vision of where those goals should take them.

One such organization is the Coalition for America's Children, a grassroots organization that includes the Junior League, the NEA, the American Academy of Pediatrics, the Child Welfare League, the American Public Welfare Association and others—representing 40 million members. The second is the Coalition of Community Foundations for Youth, which now includes a significant number of the country's 420 community foundations.

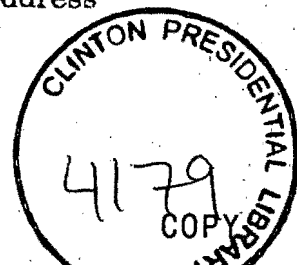
8. Work with businesses to explore appropriate corporate involvement in this issue. Corporate sponsorship of public service ads is not enough. We must consider how the corporate entities that want to help could offer teens real incentives—incentives that would change their expectations about life—such as Individual Development Accounts, mentors, scholarships, summer jobs, or jobs after graduation. Once we've devised a menu of options, we should work with the business community to promote those ideas. This same menu can be offered to business leaders at the state and local level by the state and local coalitions.

I've studied the relevant models of domestic social policy reforms that may apply to this problem and incorporated the elements of many in this memo. But there is one element of this project that should be borrowed from Sri Lanka, where the Sarvodaya Shramadhana Movement offers an important example of David Korten's "learning organization."

The SSM, which I believe Hillary visited in Sri Lanka, is a rural development initiative that succeeds because it is open to new goals and strategies, welcomes criticism, and adapts to the changing needs of its rural clients.

SSM's development from a school teacher's experiment into a national movement took place in three stages. At each stage, SSM was forced to learn how to address changing needs in order to survive. Eventually, the organization invited its external critics to help it form an internal "learning mechanism." The SSM

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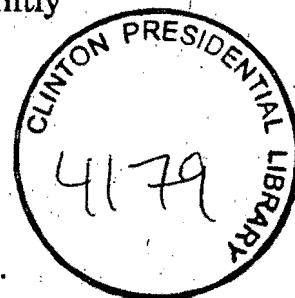


established a research institute to identify and study areas for improvement and to serve as a self-correcting mechanism for SSM.

While we know enough to design launch an effective initiative now, the initiative will have to reinvent itself many times before the problem is solved. As this teen pregnancy initiative grows, the Initiative and the state entities will constantly modify their roles to serve the grassroots efforts. They must be learning organizations. Thus the Initiative needs an evaluation component:

*** The National Teen Pregnancy Prevention Council**

This should be a separate entity, guided by a board of both academics and practitioners, whose research would complement the work of the Initiative. The council should offer a challenge to the academic community: Produce information that is relevant and useful for the people trying to solve the problem.



1. It would guide academic research by working with practitioners to identify areas in which they need more information.

2. It would offer independent evaluations of prevention initiatives and insights about the characteristics of what works. This would enable existing coalitions to modify their efforts continuously and offer up-to-date information to new coalitions.

3. It would lend credibility to the effort because it would be privately-funded—protected from politics and freed from the constraints that limit federal research efforts.

4. It would provide insights for the media campaign by initially identifying the messages that must be communicated to young people and later evaluating the effectiveness of those messages. Identifying these messages calls for an unlikely combination of expertise in youth development, psychology, policy, and media. The council should convene these entities and help design a media campaign.

*** The Teen Pregnancy Prevention Media Campaign**

The media campaign will have three stages and many audiences.

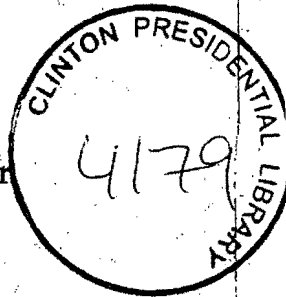
1. First, the general public must be educated to disregard the stereotypes about teen mothers. Conservatives have successfully promoted the myth that these young women are promiscuous and manipulative. The public needs to know that many of these young women are essentially vulnerable "children" who have been badly nurtured, victimized by sexual predators, and raised in isolation from the opportunities and values of the society that condemns them. Conservatives have

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also successfully convinced many people that compassion has failed and only punitive measures will work. Thus, the early media campaign must focus on the lives of teen mothers and on programs that work.

We know enough to create the first segment of the media campaign and to begin work on the second. There are many journalists ready to look again at the lives of teen mothers in the context of welfare reform and to do stories about programs that work. I've put many in the pipeline already.

2. Next, as community groups put forward possible strategies such as school-based health clinics, the general public and parents must be educated about why those strategies are sensible and effective. In other words, educate the adults who are creating barriers to young people getting effective help.



Phase two of the media campaign is relatively simple too. Community groups must be armed with public education materials, data, and stories about programs that work. Public involvement needs to be stimulated with public service ads that generate interest and offer immediate followup. We should take our cues from the Beautiful Babies Campaign, which told pregnant women in Washington, DC that they needed pre-natal care, told them where to get it, and offered incentives for those who did. A second model comes from the enormously successful Runaway Hotline, which offered a toll-free number and immediate help for runaways.

3. Finally, the campaign must focus on young women and the men with whom they are involved. This will be very difficult. We must direct the largest and most sustained media effort toward changing young women's attitudes about early childbearing and changing male attitudes about responsible behavior toward women and young girls.

I don't believe we know enough yet about the right message for these groups. The clues will come from the people working to solve this issue at the grassroots level, from the young women and men who would be the audience for such a campaign, and experts in youth development, psychology, policy, and media. I've had a preliminary discussion with Jay Winsten at Harvard and he's expressed interest in helping pull together this project.

Once we figure out what the message should be, we can challenge the corporate entities that market successfully to teens—such as Nike, Reebok, Coke, Pepsi, and Levis—to devise a national advertising campaign that will send the message. Then it will be appropriate to call on Hollywood for free media and ask entertainers and sports figures to help bombard young people with messages that reinforce the messages they're getting in their own communities.

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Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. paper	re: Teen Pregnancy Initiative (partial) (1 page)	n.d.	P5
002. memo	Carol Rasco et al. to Leon Panetta re: Teen Pregnancy Initiative (7 pages)	07/10/1995	P5 8074
003. list	Participants List National Campaign to Reduce Teenage Pregnancy [partial]. (3 pages)	01/30/1996	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
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FOLDER TITLE:

Teen Pregnancy: National Campaign 2 [3]

2010-1083-S

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

★ DRAFT ★ 8074
(not yet reviewed
by Carol Rasco)

July 10, 1995

MEMORANDUM TO LEON PANETTA

FROM: CAROL RASCO
JEREMY BEN-AMI ^{BA}
JANET ABRAMS ^{JA}

RE: TEEN PREGNANCY INITIATIVE

We are meeting with you on Wednesday to discuss the teen pregnancy initiative and the status of Dr. Foster. The following pages provide:

- (1) Background on the Private Sector Initiative
- (2) Options for Proceeding with the Initiative
- (3) Recommendations Concerning Dr. Henry Foster
- (4) Background on Presidential PSA on teen pregnancy

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Background: Proposed Private Sector Organization

In this year's State of the Union Address, President Clinton called for a national campaign against teen pregnancy. Several months before, the President approved a recommendation by Bill Galston and other senior staff to support the creation of an independent, bipartisan, national organization which would marshal the energy of the private sector in combatting the epidemic of children having children.

At the end of 1994, Bill Galston invited Jody Greenstone to work from outside the White House to lay the groundwork for launching the envisioned private sector campaign. Belle Sawhill, who had recently joined the Urban Institute and who had taken great interest in Galston's proposal during her final months at OMB, worked with Jody to develop a specific proposal for what the new organization would do and to identify recognized leaders from the business, media, religious, and foundation communities who might serve as founding members.

Jody met early in the year with the First Lady. Mrs. Clinton expressed concern that the proposed national campaign make a genuine contribution to addressing the epidemic of teen pregnancy, that it not simply put "Just-Say-No" ads on the air. Jody consulted with experts in the teen pregnancy prevention field and confirmed that a national campaign could serve a vital role -- that while the real work of teaching children not to become sexually active and giving them hope for positive alternatives to early parenthood must take place at the local level, a national group could give elevated visibility to the issue and serve as an important resource to local initiatives.

Progress to Date

Working with White House staff, Jody and Belle generated a list (approved by senior White House staff) of candidates to form the core organizing group. The early strategy was to attract a couple of big names, including at least one Republican, to serve as cochair with the hope that their celebrity would pull in the others.

Progress in recruiting has been extremely slow. Calls have been made by Alexis, Maggie, Belle, Mack McLarty, and Vernon Jordan. Andrew Young is the only major figure who has agreed to help with the effort, though he is not overly enthusiastic about the initiative. Individuals who have said "no" include:

- Warren Buffett
(He said his wife might be interested)
- Jack Danforth
(Danforth told Mack McLarty "yes" initially, but then changed his mind -- right after the media reported that Dr. Foster would be taking on a role with the Administration related to teen pregnancy)

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- Denzel Washington
- Bill and Camille Cosby
- Carole Simpson
(Simpson said ABC preferred that she not participate since she covers the issue.)
- Anne McLaughlin

Concern

The President made a very direct call for action on teen pregnancy in the State of the Union Address. In March, he repeated his challenge in a speech to the National Association of County Officials. While journalists have not yet criticized the White House for inaction in organizing a national campaign, the President has been asked related questions -- such as "What is the Administration doing to make sure abortion is "rare"?" during the Blitzer/Woodruff interview on CNN. As the campaign heats up, questions will inevitably be asked about what the Administration is doing about teen pregnancy specifically and the problems of low-income youth generally.

Recent media reports that Dr. Foster might be invited to take on a role within the White House add to the likelihood that the press will be inquiring about our progress on the teen pregnancy initiative in the not-too-distant future.

The issue of teen pregnancy could be "taken" by other candidates in the 1996 Presidential Race. Governor Pete Wilson has been quite active on the subject of teen pregnancy. He declared this past April "Teen Pregnancy Prevention Month" in California.

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Options for Moving Forward

Given our lack of progress in getting this initiative off the ground, we need to pursue a different strategy. We have three options to present and discuss with you on Wednesday.

Option 1: Pursuing a Big-name, High-level Group -- Requires Direct Presidential Involvement

The initiators of this concept (Galston, Greenstone, Sawhill) have always envisioned that this organization should be big name, high level, and bipartisan. They believe that is the President's vision as well.

Jody and others outside the White House believe that this sort of initiative really only gets off the ground at a high level with Presidential involvement. If the President could make a half-dozen phone calls, he could round up the big-name CEO, entertainer, and even the prominent Republican needed to give the whole project legs. He could then call a meeting in early September with those people, some key foundation heads, religious leaders and educators, and we would be off and running.

To date, we have not gotten people like Warren Buffett and Bill Cosby to say "yes" by using Presidential surrogates to make the calls.

Pros: Getting big name people raises the visibility of the effort and enhances the public credit that the President is likely to get for the initiative.

This is arguably what the President originally envisioned -- getting leaders of various sectors (religion, media, education) to address this difficult problem that government alone can't solve.

Cons: Presidential time: requires President to make calls and host one meeting.

Puts President at greater risk if effort fails.

Option 2: Go for the "B Team" -- Requires Senior Administration Commitment

If we did not want the President to get involved, we might still be able to attract some relatively important people to be involved (heads of foundations, major community leaders) if some senior administration official would host a meeting and make a pitch to those people to take on this project. We have suggested this to both Jack Quinn on behalf of the Vice President and Maggie Williams on behalf of the First Lady, but both have indicated that their principals' schedules would not allow them to get so personally involved in the near term.

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At such a meeting, we would invite all our target list, plus a number of recognized experts and practitioners in the field of adolescent health. Administration officials and selected experts would brief the group on the problem of teen pregnancy and current prevention efforts now underway across the country. A discussion would then be held about what could be done at the national level. A reception and/or dinner would follow, to give the group an opportunity to "gel" and possibly form plans for reconvening on their own.

Other possibilities include a meeting/dinner hosted by some combination of Carol Rasco, Maggie Williams, Alexis Herman and/or Donna Shalala. We could probably schedule such a meeting for early August or early September.

Pros: Demonstrates high level administration interest in the effort. Makes it more likely that some senior people in various fields would become involved.

Cons: Makes clear that the President is not directly involved. Does not generate as high-level or visible a group as some have hoped to get.

Option 3: No Senior Administration Commitment -- Allow effort to succeed or fail on its own

If no senior Administration official is willing to make the commitment to host an initial meeting, make some phone calls, and invest some personal capital in this effort, we could simply allow Belle and Jody to move ahead on their own. Belle is willing to host a meeting at the Urban Institute for key players in the teen pregnancy prevention field, including practitioners, academics, and foundation people, who would come together to discuss what might be done by a national-level private-sector organization. A subset of them might agree to form a national initiative, but the group might also decide that they are not the ones to take on the responsibility, that their efforts are best directed at the community level.

Pros: Allows for relatively quick action; we have had difficulty moving this project through the Administration. If the meeting and the responsibility are completely removed from the White House, there may be some action sooner.

Cons: This option seems unlikely to produce a visible National Campaign that the President can point to and take credit for.

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Recommendation for Dr. Henry Foster

A related matter is the exact role of Dr. Foster. As you know, it is widely anticipated that the President will ask Dr. Foster to "lead" his teen pregnancy effort. There have been numerous rumors about his salary, office, staff and title. There have been no specific commitments made to Dr. Foster, however, and the doctor has no particular expectations.

The following is our recommendation:

- o Title: Special Assistant to the President
- o Position: Not a full-time staff job. Consultant, paid on a per diem plus expenses. Because of the White House headcount and budget situation, Jodie Torkelson has indicated that we should structure this so HHS actually picks up the tab. We have a call in to HHS to explore this.
- o Staff: None
- o Reports to: Through the Domestic Policy Council and the Secretary of HHS to the President.
- o Role with Private Initiative: Dr. Foster would be the President's liaison to the Private Sector Initiative. He may eventually serve on its Board. He would not be either the Chair or the day-to-day Director.
- o Other Roles: Dr. Foster would continue to be a national spokesperson on behalf of the President on teen pregnancy and adolescent issues. He would have speaking engagements, media interviews, etc. in the interest of keeping the spotlight on these issues.
- o Other: Dr. Foster does not move to DC. He remains based in Nashville.

If this recommendation is acceptable, we propose to present it to Dr. Foster next week when he is in D.C. We would propose to announce it as quickly as possible thereafter.

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Presidential PSA on Teen Pregnancy

Background

Plans have been underway for several months to produce a Presidential PSA on teen pregnancy with the Ad Council and Ogilvy & Mather/NYC. The PSA (broadcast and print) would have the President urging parents and other concerned adults to take action in their communities to help teens choose not to become pregnant. HHS would pay for production costs and the cost of operating an 800-number, which the audience would call to receive an informational brochure.

HHS has seriously mishandled the funding request for this project. If we cannot get a clear commitment for the funds by July 14, we will be put a situation where we will either have cancel the campaign altogether or delay airing of the ads until well into the fall. As each day passes and we move into the campaign season, it becomes less and less likely that media outlets will give the Presidential PSA the exposure it needs to be effective.

Action Requested

We have to move this process along. We have been unable to get timely action from HHS at the staff level. A call from the Chief of Staff or other senior White House official to Secretary Shalala is needed to emphasize the importance of prompt action.

COPY

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Carol H. Rasco to Jennifer Palmieri et al. (1 page)	03/19/1996	P5
002. bio	Biography of Charles Augustus Ballard [partial] (1 page)	n.d.	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11027

FOLDER TITLE:

Dr. Henry Foster

Racheal Carter
2010-1083-S
rc122

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

COPY

EXECUTIVE OFFICE OF THE PRESIDENT

19-Mar-1996 04:11pm

TO: Jennifer Palmieri
TO: John O. Sutton
TO: Evelyn S. Lieberman

FROM: Carol H. Rasco
Domestic Policy Council

SUBJECT: To Leon, Harold, Evelyn

We are having serious problems getting HHS to allow Dr. Foster to do much of anything. This is going to lead to lots of questions from outside government about just how committed this President is to teen pregnancy...

I plan to discuss this with the Secretary and ask her to have a memo for some type prepared for the President with documented input from Dr. Foster as well as staff here working on teen pregnancy which outlines how he will be utilized.

I plan to call or send her a note tomorrow (Wednesday) before I go to south Texas for the remainder of the week. Please advise me in the morning if there is anything here that I should be aware of before proceeding.

7-26-10
Whit House

IRA

Ann Lewis
Comm for
re-elect

Rabner - N
in First Lady's
Office -

1,000 - no reporting

File

I-9 form -

INS -

S30 OEOB -

Stacy

COPY

JB-A
Last I heard
Hebbie was working
on this issue as
follow up to my
call to Kevin -
has anything ever
happened? CRR

Room
62500

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. memo	Kathleen Sylvester to Bruce Reed and Dick Morris re: Older Men/Teen Mothers (2 pages)	n.d.	P5
001b. memo	Kathleen Sylvester to Bruce Reed and Dick Morris re: Older Men/Teen Mothers (2 pages)	n.d.	P5 Dup

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11028

FOLDER TITLE:

Sexual Predators

Racheal Carter

2010-1083-S

rc452

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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TO: Bruce Reed/Dick Morris

FROM Kathleen Sylvester

RE: Older Men/Teen Mothers

President Clinton can make a clear moral statement about this issue and present a strong response to the problem by proposing a four-part strategy.

1. Help the young women who are pregnant. If their pregnancies are the result of exploitation, they need help healing and learning to nurture their children. Give every community that wants a "Second-Chance Home" for its teen mothers. HUD allows non-profits to lease property on HUD's inventory for \$1-a-year to create housing for the homeless. Expand that program to include groups working with teen mothers.

2. Get tough with the men. Expand the scope of the Justice Department's Violence Against Women initiative to include sexual violence. Urge states to toughen law enforcement responses where appropriate. But also challenge governors to pay equal attention to male involvement programs that stress the positive aspects of fatherhood. Pete Wilson has done this in California.

3. Announce a government effort to learn more about the men. All we really know now is how old they are and some anecdotal data about their life histories. To deal with them effectively, we need more information. Order HHS' Office of Population Affairs to fund a grant to the Alan Guttmacher Institute to study the life histories of men who become involved in these relationships with young girls. What causes them to behave this way? What interventions with young men help them have healthy and respectful attitudes toward women?

4. Challenge communities and churches and men's organizations to speak out about this issue. This is the "dirty little secret" about teen mothers that no one has wanted to talk about. It's time for society to stop ignoring it..

I've been working with Bonnie Campbell's folks at the Justice Department and Bruce Katz at HUD and we'll soon have details to flesh out these ideas. If someone can negotiate some research grant money from HHS, it could be a strong package.

I believe this approach is more consistent with the president's philosophy than the narrower approach of simply getting tough on the men. It also reduces the risk of racial backlash. There are legitimate fears in minority communities that this is simply another strategy to put more men of color in jail. So it's quite important to offer a balanced approach that stresses this as one component of a new national

COPY

effort to require male responsibility on all fronts. (This paints the picture more accurately as a gender problem rather than a racial one.)

What the president could say:

* In a nation where more than one million teenagers--one in nine--become pregnant each year and 43 percent of U.S. teenage girls become pregnant once before the end of their teenage years, we must do everything possible to reverse this trend.

* No young woman should be forced to choose between raising a child alone in poverty or having an abortion.

* Conservatives have portrayed teen mothers as reckless and manipulative young women who choose to have babies to get welfare checks. But now we know that many of these young women have not made a choice at all.

* In some cases, they have been exploited by men who have too much power over them.

* Many teen mothers are victims of early sexual abuse. This leaves them emotionally damaged and sometimes unable to cope with the pressures of negotiating relationships with men.

* And two-thirds of teen mothers have babies by older men. While some of these teens are married and some choose partners just a few years older, some of the youngest mothers--the 12- and 13- and 14-year-olds--are having babies by men who are 10 or 15 years older. That's not right.

* In the last few years, births to teen mothers have begun to drop slightly. That's good. But not among our youngest teen mothers. In the late 1980s, the birth rate for girls age 14 and under actually under increased 26 percent. That's too young.

* No 12- or 13- or 14-year-old girl should be having sex or getting pregnant. That's why we as a society must seek to protect them.

How the president could deliver the message.

The president could announce his four-point plan at the site of a future "Second-Chance Home" in Northern Virginia. (HUD is looking for a site). Congressman Jim Moran has organized a group of 150 activists and child advocates in Northern Virginia who are ready to support such a home. They only need a building to put the mothers in.

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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Jeremy Ben-Ami to Belle Sawhill (1 page)	10/23/1995	P5

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11027

FOLDER TITLE:

Teen Pregnancy: National Campaign 1 [5]

Racheal Carter
2010-1083-S
rc450

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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October 23, 1995

NOTE TO BELLE SAWHILL

From: Jeremy Ben-Ami

cc: Carol H. Rasco

I thought we had a very good conversation today, and I wanted to send you my notes as a basis for our 5:00 phone call with Carol.

We are in agreement that the President is asking you to be the point person for follow-up to the teen pregnancy meeting earlier this month. This means that you will have both the authority and the responsibility to move the ball forward. You will call the meetings, coordinate the process, make the decisions - and get this effort launched.

My three concerns were:

- (1) It is important to the President and to the senior staff that this effort lead to a concrete product within a reasonable period of time. To satisfy them, we need to have a "road map" so we can tell people here how you are getting from here to there. This does not imply that we want to "micromanage the process" -- just that we have to provide reassurance to everyone here that there is a plan.
- (2) As the process moves forward, it will be helpful for us to be kept in the loop. It may not be appropriate for us to be at every meeting or in on every discussion, but it will be helpful for us to be plugged into the process so that we know what is happening. Who knows, our input may even be helpful at times! In the end, this will be your process. We will not be making decisions, only staying up to date.
- (3) The President feels strongly that there must be follow up with the individuals at the meeting. Besides the thank you letter, we need to ensure that all of the invitees feel included in the followup. Of course, not everyone at the meeting will ultimately be equally involved, but they should all be given an avenue through which to contribute. In particular, we need to deal with the expectation of a follow-up meeting, either by setting one or by explaining to people what is happening in place of one.

I hope this accurately captures our understanding. I look forward to talking again at 5:00.

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Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	Kathleen Sylvester to Carol re: teen pregnancy (1 page)	11/09/1995	P5
001b. letter	Kathleen Sylvester to President Clinton re: teen pregnancy (1 page)	11/09/1995	P5
001c. memo	Kathleen Sylvester to President Clinton re: A National Teen Pregnancy Strategy (14 pages)	10/01/1993	P5

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11027

FOLDER TITLE:

Teen Pregnancy: National Campaign 1 [4]

Racheal Carter
2010-1083-S
rc449

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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FAX TRANSMITTAL SHEET

DATE 11/9# OF PAGES 16 - 2 separate
(including cover page) faxer

split between

FAX # 456-7020
PHONE # _____TO: Carol Rasco / Assistant to the President
for Domestic PolicyFROM: Kathy SylvesterCOMMENTS: _____

_____IF THERE IS A PROBLEM WITH THIS TRANSMISSION
PLEASE CONTACT:Ann 608-1233**COPY**

9 November 1995

Dear Carol,

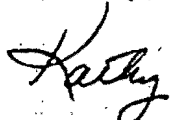
Attached is the memo on teen pregnancy that I promised you for the President. I'm sorry for the delay, but I needed to do some homework on the governance models.

I've seen the proposal that's gone to the foundations and feel strongly that the president is being badly served. They're asking for money so they can learn the answers to questions that have already been answered. It's a waste of \$75,000 that could be used to help teen mothers and, worse than that, a waste of time. Three months is critical now. The president won't have anything to point to until summer, when the campaign will be in full swing and any initiative will look like a political ploy.

A more efficient strategy would be to take my memo, gather the smart foundation people and the smart practitioners in one room, and ask them to critique and modify it. In one meeting, you would have a plan that's sensible enough to launch the effort right away.

I tried to make that point diplomatically in the cover note to the President. If you think it's inappropriate, please junk the note. In any case, I greatly appreciate your help in getting the memo to him and look forward to a chance to spend a few minutes talking about the issue with the two of you.

Sincerely,



Kathleen Sylvester

P.S. I'll messenger hard copies of these papers to your office on Friday.

COPY

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. note	re: Dr. Foster (2 pages)	n.d.	P5
002. note	re: Dr. Foster (4 pages)	n.d.	P5

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Lyn Hogan
OA/Box Number: 11027

FOLDER TITLE:

Henry Foster Nomination 1995

Racheal Carter
2010-1083-S
rc448

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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COPY

STERILIZATION

Charge:

Dr. Foster advocates hysterectomies as a means of sterilization. He has performed hysterectomies to sterilize severely retarded individuals.

"Recently, I have begun to use hysterectomy in patients with severe mental retardation. Hysterectomy can be done either for sterilization or to eliminate the menses, which is of significant hygienic benefit to those severely handicapped individuals." (Removal of the Normal Uterus, Southern Medical Journal, 1976).

Response:

• Dr. Foster stressed in this article that "obstetricians and gynecologists must guard vigilantly against the injudicious and indiscriminate removal of the normal uterus."

• ~~Nonetheless~~, he recognized that hysterectomy might be appropriate for some severely retarded women in rare circumstances. Medical theory and practice have changed in the intervening decades, and Dr. Foster, along with the mainstream of the American medical community, no longer accepts the sterilization of a mentally retarded woman by hysterectomy as appropriate, ~~although other medical reasons might justify such a procedure.~~

• Dr. Foster has always insisted on informed consent by the woman or her legal guardian prior to performing any such procedures.

Charge:

Dr. Foster has routinely encouraged sterilization of patients with sickle cell disease after they have been able to deliver a child. (Clinical Management: Sickle Cell State and Pregnancy, Urban Health, 1977).

Response:

• Dr. Foster actively opposed routine sterilization of sickle-cell-disease patients. He has encouraged counseling, screening, and patient management to enable women with sickle cell disease to have healthy children. Since the beginning of his professional career, Dr. Foster has conducted pathbreaking scientific research on the diagnosis and treatment of sickle cell disease and has improved maternal and child survival rates.

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Charge:

Dr. Foster's work and writings show a cavalier attitude toward sterilization. For example, he stated in 1972 that the number of tubal sterilizations -- 193 -- performed in one calendar year in a rural county with a small population was "low and in need of improving." (A Rural Hospital and Family Planning, 1972).

Response:

- Dr. Foster is not at all cavalier about sterilization. In a textbook on Ambulatory Gynecologic Surgery, he wrote: "As with abortion, the psychosocial dynamics associated with sterilization are profound and require special counseling. Sterilization should be offered only to mature women with no further desire of pregnancy."
- In the 1972 article, Dr. Foster was describing the need to provide family planning to those people in the region already seeking such services after informed consent. His statement simply reflects a physician's appreciation of patient concerns and needs.
- Dr. Foster has consistently advocated only voluntary, informed family planning. Moreover, he recognizes family planning as only part of an overall strategy to improve health care, including reduction in infant mortality. He has stressed his opposition to "coercive sterilization," (same 1972 source) both in his statements and writings.
- Dr. Foster has eloquently stated on numerous occasions that he, the father of two children, he knows that the creation of a human being is one of the greatest joys anybody can have.

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ABORTION FOR CONTRACEPTIVE PURPOSES

Charge:

Dr. Foster advocates the use of abortion as a means of contraception. He has specifically referred to abortion as "a contraceptive measure." (Contraceptives in Sickle Cell Disease, Southern Medical Journal, 1981)

Response:

- Dr. Foster does not equate abortion and contraception. In his writings and speeches, Dr. Foster has used the words abortion and contraception to denote two very different concepts. Dr. Foster has never advocated that abortion be used in place of contraceptives.
- Although Dr. Foster acknowledged in his 1981 article that abortion is viewed as a type of contraceptive in some parts of Europe, he did not advocate the use of abortion as a contraceptive measure in the United States.
- Dr. Foster has not promoted the use of abortion for contraceptive purposes. In discussing its use as a contraceptive measure for women with sickle cell anemia, he stated that "clearly this would not be ideal."
- Instead, Dr. Foster has stated his preference that, even when the health of the woman is at issue, abortion is used only when other methods of contraception fail.
- Dr. Foster has not advocated the use of abortion. His ultimate recommendation in the article was that barrier methods of contraception combined with timing should be used by women with sickle cell disease because abortion, a surgical procedure, carries greater risks to the patient.

Charge:

Dr. Foster is cavalier and indifferent to the use of abortion.

Response:

- Dr. Foster has dedicated his 38 years of medical practice to improving the maternal and child health care of his patients. He has delivered thousands of babies and instructed hundreds of young physicians.
- Dr. Foster has focused much of his energy on promoting family planning in order to prevent unwanted pregnancies and abortions.
- Dr. Foster has expressed his concern about reliance on abortions rather than on birth control measures. (Family Planning and the Black Community, 1975).

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- Dr. Foster believes that, particularly for adolescents, abstinence is the best way to prevent unwanted pregnancy. For those who do not abstain from sexual activity, Dr. Foster believes that safe and reliable contraception is the next best available alternative. If these measures fail, Dr. Foster believes that, it is the responsibility of a good physician and staff are obligated to provide counseling on pregnancy options, including both adoption and pregnancy termination.

- If a pregnancy termination is selected by the patient, it should be done as early as possible in the pregnancy. He believes that abortion should be safe, legal, and rare.

Charge:

Dr. Foster has promoted in-home abortions to make them more available as contraceptives. (Articles characterizing Upjohn Study).

Response:

- Dr. Foster has never promoted the use of in-home abortions.
- Dr. Foster believes abortions should be performed only as a last resort, but he also believes that when they are done they should be done in the safest manner possible. Therefore, he supports research into safer methods.
- As Chairman of the Department of Obstetrics and Gynecology at Meharry Medical College, Dr. Foster was the principal investigator for an FDA-approved multi-center clinical trial to test the efficacy and safety of an abortifacient suppository administered during early pregnancy. The trial was a research project conducted in an academic health science center and was approved by the internal human investigations review board. All medical procedures were conducted in the hospital. All patients were volunteers who were legally approved for pregnancy termination in the state of Tennessee.

Charge:

Dr. Foster's treatment of abortion as a contraceptive measure is evidence of the liberal mind set that promotes sexual promiscuity among young people and does not require them to take responsibility for their actions.

Response:

- Dr. Foster has devoted a significant portion of his professional life and career to battling sexual promiscuity among young persons. He has established such programs as "I Have A Future," which provides positive alternatives to teenage

COPY

pregnancy. Through "I Have A Future," Dr. Foster and his team have helped build the self-esteem of high-risk young men and women by providing education and job opportunities.

- Dr. Foster anchored the "I Have a Future" program directly in the neighborhoods where the young participants live. By doing so, in addition to ensuring better access to social and medical support services, parents also can be more involved with their children's choices.

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Charge:

Dr. Foster has justified a hysterectomy on the basis that the woman had a "dismal social history," i.e., was unmarried, had four children, was unemployed, and received no welfare assistance (Meigs' Syndrome Complicated by Pregnancy, Journal of the National Medical Association, 1972).

Response 1:

- The procedure was medically necessary to remove a tumor with a high probability of malignancy. Dr. Foster noted in the article, however, that the woman's situation made the medically necessary removal of her reproductive organs "a bit less difficult." This comment reflected a value judgment Dr. Foster believes he should not have made then, and he would not make today.

Response 2:

- The procedure was medically necessary to remove a tumor with a high probability of malignancy. Dr. Foster noted in the article, however, that the woman's situation made the medically necessary removal of her reproductive organs "a bit less difficult." This comment reflected Dr. Foster's knowledge of the patient's social circumstances and her concerns for the future of her family. By this comment, Dr. Foster expressed his hope that there might be some beneficial consequence in spite of the patient having to undergo this major surgical procedure.

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