ought to consult the doctor, and tells them something about the pill.

Would you agree or disagree with that?

Dr. McCain. I think that would be a fine idea. May I make a

comment with regard to your previous statement about the problems of world population and the risks that are involved in the pill?

I became initially concerned because of the fact that there was no

I became initially concerned because of the fact that there was no statement being made with regard to the fact that pills had any risks. I believe that it has been established that there are risks that are present. The question is how much. I would hope that, certainly from the investigation that is being made here, from the information that is available, intensive research, or the research can be intensified regarding not only the risks of the pills that are currently available, but additional methods of contraception that can carry less risk or preferably no risk. This is tremendously important.

Senator Nelson. Let me say I certainly agree with you. That is one of the reasons for having the hearings. The fact is we have been unable to get the kind of research support for studies in all methods of contraception and moneys for family planning, which are very important. The battle has been fought for years with hardly any progress. My own view is that, as a result of these hearings, we are going to see a substantial increase in the research moneys allocated for the improvement of the oral contraceptives, and research into

other methods of contraception.

I think all those I have talked to who have been working in the field would agree that the oral contraceptive now on the market is a sort of crude, first generation contraceptive and that we have not done enough research including dose response studies, we do not know whether 25 micrograms of estrogen would inhibit pregnancy or 10. We just know that if we give pills containing 100 or 75 or 50 micrograms of estrogen in the tablet, they are effective. We have not made studies to find out how far we can go. We have not made adequate studies to find out how much the reduction of the use of these agents reduces the side effects. So I am hopeful that out of all this, we will get a substantial increase, as I think we will, in research funds.

On the question of what people know and are aware of, and in reference to the news stories and the attacks on the hearings on the grounds that people are being frightened by the truth, I doubt whether there is one person, one doctor in a thousand in this country who is aware that Dr. Louis Hellman himself, as the chairman of the FDA study, said, "Now, in discussing the chairman's report, the second report to the committee, I said to them that a more forth-right statement has to be made. We cannot just hide behind rhetoric. We are going to have to say something, and we have an option; that these are not safe, and then the Commissioner might have to take them off the market if he believes this. We can say these are safe and our scientific data did not really permit that kind of statement."

Yet Dr. Hellman was quoted in the media and in a large number of articles distributed widely to doctors that the oral contraceptives are safe, period. The FDA report did not say they were safe, period. It said they were safe within the FDA's present interpretation of