

country. I have been even more greatly privileged to care for thousands of our most grossly deprived citizens. I have delivered women of their babies under ideal circumstances—in aseptic, brightly-lit hospital delivery rooms. On a bitter, cold night, I also delivered one woman of her child by moonlight on the front seat of an ancient pick-up truck, surrounded by her distraught husband and her seven fascinated children. Having cared for many patients—men, women, and children—from all sorts and varieties of backgrounds, I hope perhaps to bring to this situation something of a clinical flavor based on a long and varied experience.

Second, I started, developed, and ran a family planning clinic in Spanish Harlem in New York City.

This led to the third area which I presume may have prompted this appearance, that of a research investigator. I have worked in the actual development of newer contraceptive techniques, have carried out studies related to patient motivation and behavior, and have been increasingly involved in programs for the training of community women.

Not only do such programs supply much needed paraprofessional help, but they also give these women an opportunity to learn, to hold responsible jobs, and to help support their families. For many of them, this is their first opportunity to get off the welfare rolls and become happy and productive members of society.

Finally, I would be naive and less than perceptive if I did not recognize that a fourth additional factor might be operative here—that I happen to have been born a female and have five sons and a daughter. Thus, I realize that I represent a group not previously heard by this committee and I certainly cannot in any sense be considered to be opposed to the perpetuation of the species. I shrink from approaching my testimony in such a highly personal manner, but after carefully reviewing the situation, it seemed to me that only in this way might my combined areas of experience be of some value to you.

In looking at a subject with as many ramifications as the oral contraceptive, all of us who deal with individual patients as well as major programs face many difficulties. On the one hand, we appreciate the obvious necessity for finding contraceptive methods which are 100 percent effective and 100 percent safe—this is not entirely the province of the academic purist. The thought that any method which we currently employ may fall short of this ideal is intensely disturbing to doctors.

At the other end of the scale, we see the tragic results of unwanted pregnancies and the growing twin horrors of overpopulation and pollution. Those of us who live and work between these two extremes understandably find ourselves in a somewhat schizoid situation. To date, these hearings have not made our lives any easier. It seems to me that much of the previous testimony has been rather like a bikini; what it has uncovered has been interesting, but what it has left concealed is vital.

To my mind, one major misfortune has been the artificial and totally erroneous creation of two camps of doctors, the pro-pill and the anti-pill. Except for a few extremists among us, such an arbi-