

Family Planning clinic in Metropolitan Hospital, which is one of the larger municipal institutions in New York City. In addition, I am clinical consultant in family planning to the New York City Department of Health, project consultant to the family planning unit of the Human Resources Administration. I am a member of the Medical Advisory Board to Planned Parenthood of New York City, and have personal knowledge of most of the remaining large clinics in the New York City area.

Criticism has been leveled here at such clinics, saying that patients are not offered free choice of methods, that they are not told of possible side effects and warned to return immediately if certain untoward symptoms occur, and that follow-up care is inadequate.

I can say with the assurance of direct knowledge that such assertions are far from true. In point of fact, the care received by patients attending these facilities is not only good, but it frequently represents the only medical attention that these women get. Most of them have previously received only "crisis" care.

The family planning clinics in New York City, therefore, have great public health importance, because for the first time, patients now receive continuous medical supervision. To say that all patients, both service and private, receive superlative care in its broadest aspects would, of course, be foolish.

However, to allow the impression to prevail that most patients, particularly those in the lower socio-economic groups, receive deficient medical care in these clinics is equally foolhardy. Many clinic facilities are dingy and overcrowded, patients are forced to wait much too long to receive care, needed ancillary services are inadequate, but the contraceptive care per se is good.

Having suffered through the birth and development of a clinic, I feel very deeply the great handicaps under which we have had to work.

Family planning is a field which only recently has gained status and a minimum of support. Inadequate space, lack of personnel, the failure of city, State, and Federal governments to provide sufficient funds for this purpose has hampered all of us.

In my testimony is a small section of a paper which I presented in 1966 and which was published in the "American Journal of Public Health" in 1967. It expresses the frustration felt by many people in those years, points out the problems we faced and the solutions that we found for some of them.

Inevitably, I also became vitally interested in the evaluation of current methods of contraception and the development of improved techniques.

Senator DOLE. Dr. Connell, I think it might be well to clarify something, since the quotes will be part of the record. You do state that you had obtained grants and the clinic has been sustained in part by grants from pharmaceutical companies, which might be taken to indicate some bias in your testimony because of that relationship.

I wonder if you might expand on the nature of the grants and what, if any, effect this relationship with the pharmaceutical companies may have on your testimony.