Looked at in these terms, we are currently facing a major epidemic. Evidence documenting the panic regarding the pill mounts daily, both here and abroad. If this panic continues, the problems resulting from these fears will be severe in the United States, but the problems abroad may be catastrophic.

Many developing countries where the poverty, maternal deaths from abortion, and all the consequences of the population explosion are most critical have been turning to the pill as part of the solution to their incredibly difficult situations. Our nation has been accused before of a double standard of medical care, of sending abroad, via our foreign aid programs, second class care.

For multiple reasons, oral contraceptives are widely and increasingly used in these countries. If the pill is discredited here, will we again be faced with the problem of appearing to supply something to women of other nations which is too dangerous to give to our own? The ultimate implications of the fear which is also growing abroad are terrifying to contemplate. If no answers are found, we may well be damning and ultimately damned by future generations.

Before closing, I would like to look at what can be done to channel all the energies that have been released into constructive pathways.

One of my favorite quotations from Aristotle goes as follows:

> It is easy to fly into a passion—anybody can do that—but to be angry with the right person and to the right extent and at the right time and with the right object and in the right way—that is not easy.

We might do well to consider this ancient advice. There are a number of obvious ways out of our current dilemma. First of all, it lies within our scientific capability to answer many of the questions raised at these hearings, given sufficient funds and direction. Some programs designed to obtain valid answers are underway, others are awaiting support, and many remain to be written. The need for expanded research to find new contraceptive methods and the means to make them widely and rapidly available is too patently obvious to pursue further.

Much of this progress, of necessity, lies somewhere ahead of us. What can be done today? Remove all the archaic legislation on abortion and sterilization. This would free both women and their physicians and correct the current social and financial inequality of care.

Then, support the programs needed to implement the demands which will immediately and inevitably arise as a result of these reforms. Pass legislation dealing with population problems and their solutions. Provide funds for the training of people to work in these programs at the professional level, but, much more importantly, at the paraprofessional and community levels. It would be unrealistic to think that immediate solutions could be found to all the many and varied problems that we now face, even with unlimited funds. However, many paths are open to us today, and I feel that our next steps are clear.

(The complete prepared statement submitted by Dr. Connell follows:)