STATEMENT OF ELIZABETH B. CONNELL, M.D., ASSOCIATE PROFESSOR, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY; DIRECTOR OF RESEARCH AND DEVELOPMENT, INTERNATIONAL INSTITUTE FOR THE STUDY OF HUMAN REPRODUCTION, COLLEGE OF PHYSICIANS AND SURGEONS, COLUMBIA UNIVERSITY

Mr. Chairman, thank you for the invitation to appear before you today. I fully recognize the tremendous importance of the course and outcome of these hearings and believe that there are four areas in which I may be able to make some small contribution based upon my personal experience.

First and foremost, I am a physician. I have been a general practitioner in a small town and a specialist in Obstetrics and Gynecology in New York City. I have been privileged to care for some of the wealthiest people in our 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 both in the actual development of newer contraceptive techniques and the equally important peripheral programs related to patient motivation and behavior. Concurrent with the development of the clinic, I worked in the allied and critical area of training of community women to fulfill multiple needs in the health professions.

Finally, I would be naive and less than perceptive if I did not recognize that an additional fourth 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, the problem of gaining a full and accurate perspective is indeed a most difficult and troublesome one. Those of us who have dealt with problems relating to individual patients, as well as major programs, are bound to see such a topic in a variety of aspects. On one hand, we can appreciate the obvious necessity for finding methods which are 100% effective and 100% safe—this is not entirely the province of the academic purist. The thought that any method which we currently employ falls 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 horrors of over-population and pollution. Those of us who live between these two extremes understandably find ourselves in a somewhat schizoid situation. The nicety of proper balance is not always easy to achieve. To date, these hearings have not made our lives any easier. I think 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.

One major misfortune to my mind 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 arbitrary division is not only totally unrealistic, but also most regrettable. I am quite sure that I speak for the overwhelming majority of physicians when I say that I do not belong to either group. Not to condemn the pill does not automatically make one a champion of oral contraceptives. Nature does not construct all things black or white, yellow or blue. She makes them in shades of grey and green. I believe that thinking, objective physicians are neither pro-nor anti-pill. We recognize the tremendous contribution made by these agents and we use them with the same judgement and with the same respect that we pay to any powerful drug. In this sense, we are "pro-pill". We also recognize the element of risk inherent in all potent medications and so for particular patients we are "anti-pill". However, to be forced daily by current pressures to declare ourselves as