Certainly, nothing fundamentally has changed in respect to hazards from the pill since the hearings began and well-informed physicians found nothing revealed by the hearings which was not previously recorded in the published literature or presented at scientific meetings. The Second Report on the Oral Contraceptives, issued by the Obstetrical and Gynecological Advisory Committee of the Food and Drug Administration (FDA), completed six months ago and based on 189 references to the current literature, covered the same data as presented in the January hearings of this body. In many instances, these data were written by those who appeared as witnesses before you.

The FDA Advisory Committee, composed of 14 of this country's most eminent, unbiased physicians, public health experts, and highly qualified research scientists, all fully cognizant of this same data, concluded its report with the important sentence which I feel has not been given sufficient emphasis: "When these potential hazards and the value of the drugs are balanced, the Committee finds the ratio of benefit to risk sufficiently high to justify the designation safe within the intent of the legislation."

On January 15, 1970, the American College of Obstetricians and Gynecologists, in the name of its 12,000 members, said in its statement that it "considers that the oral contraceptives are accepted therapeutic methods" and deplored inaccurate and sensational reports concerning these drugs. At the January 28 meeting referred to above the distinguished physicians who form the National Medical Committee of the Planned Parenthood Federation issued a memorandum from which I quote the key sentence, "The Committee continues to recommend the prescription of oral contraceptives."

Why do I quote the report of the F.D.A. Advisory Committee, the American College of Obstetricians and Gynecologists, and the National Medical Committee of Planned Parenthood? Not to whitewash the pill. But I have compelling interest to place this matter in proper perspective in the hope, with which I am sure you will agree, of stemming unwarranted and dangerous alarm.

The pill is, in my opinion and that of many of my colleagues, a prophylaxis against one of the gravest socio-medical illnesses, unwanted pregnancy. Let us tally the results of unwanted pregnancy, a condition tragically common in the U.S.:

> Experts estimate that between 200,000 and 1,000,000 illegal abortions are performed each year, with a death rate estimated to be 100 per 100,000 illegal operations when performed by non-medical persons (2).
>
> At least one out of six U.S. brides is pregnant when married. Half of the brides are pregnant when the couple are teenagers (3).
>
> No less than 300,000 illegitimate children will be born in the U.S. during 1970, based on the experience of the past decade (4).
>
> A recent study shows that at least 750,000 children born each year were unwanted at the time of their conception (5). Undoubtedly a significant proportion lead to unloved, neglected, and abandoned children. Perhaps even worse, some become abused or battered children, children physically assaulted by parents or parent substitutes. This tragic condition is being reported more and more frequently in the current pediatric and psychiatric literature (6).

With all this evidence of social pathology associated with unwanted conception, I believe it is inaccurate to belittle the importance of the contraceptive pill by stating it is a potent drug given to healthy women. What is omitted from such a statement is the fact that the pill is the most effective means yet known to prevent a very serious affliction, unwanted pregnancy. It is a serious affliction for the parents, but far more for the children.

Now I should like to attempt to separate fact from conjecture concerning the safety of the pill.

I believe that it has been indisputably proven that patients taking birth control pills are more prone to the formation of blood clots than those not on the pill (7). Nine times as many women—45 per 100,000 women per year—will be hospitalized as a consequence of this complication than women not on the pill. There is a death rate of 3 per 100,000 per year from the fatal clots in the lungs or brain, among contraceptive pill users, a rate approximately 10 times that of non-pill users from the same conditions. These rates, established by British research, have been corroborated by American studies (8).

The British scientists who presented these data also prepared separate analyses for women aged 20 to 34 and 35 to 44 and, to give a frame of reference