ing away from the clinics in droves until the program shifted over to oral contraceptives. And with a shift over to oral contraceptives, new publicity and new enthusiasm generated, the programs reached what might be called the takeoff point, and have gone better since.

Those are two interesting examples where attempts on the part of the doctors to put across a method did not work. But, in general, I think an individual doctor can exert quite a considerable degree of influence over the method that is used.

Senator NELSON. I thought it was interesting that Dr. Hellman, who directed the FDA study on obstetrics and gynecology, testified that in his clinic——

Mrs. PIOTROW. Yes, I have been there. It is a very fine clinic.

Senator NELSON (continuing). The record will speak for itself, but something like 55 percent used IUD's, the balance used the pill or the diaphragm—but here was a case where over half selected the IUD.

Now, his testimony was that the doctor operating the clinic very strongly believed in the IUD. But it is interesting to note that because of his feeling about it, he ended up with over half the women using the IUD against the pill and the diaphragm.

Mrs. PIOTROW. This can happen. There is another effect that I think perhaps obstetricians do not mention, and that is if women do not like the method being offered in one clinic, they might very well go to another clinic that offers another method. The clinic figures do not always reflect what the women are doing.

But I will go on. I reported Singapore and Hong Kong shifted emphasis to IUD's as against the original intent of the administrators.

Two other programs—Korea and Taiwan—are expanding use of pills because the existing IUD-oriented programs seemed to have reached a plateau of acceptors.

Both India and Pakistan, where the need for birth control is great and maternal mortality high, have refused to introduce pills, and at present IUD insertions and other methods are apparently on the decline in both countries.

In other words, the preference of the user cannot be ignored if any family planning effort is going to succeed. In light of the fact that women, especially younger women, prefer pills, the recommendation of some researchers that women should now use old-fashioned methods instead is unrealistic, and, in fact, even naive.

Most women, I believe, would respond, "Well, if you think these pills are not 100-percent safe, then please hurry up and test them more carefully, or develop a new kind of pill that is safe."

In that conclusion, I believe the women of this country and the responsible scientific community, are fully agreed. Billions of dollars have been spent by the National Institutes of Health in searching for cures to diseases that only a fraction of the population will ever have. Yet every married woman—and apparently many unmarried ones—faces the problem of fertility control, and every man and woman and child will face the problems of pollution and overcrowding that will press upon us if population growth is not checked.