

300 West End Ave
New York, N.Y. 10023
September 23, 1969

Senator Gaylord Nelson
New Senate Office Building
Washington, D.C.

Dear Senator Nelson,

Dr. Albert Hibbs of NASA once told me that he feels many modern scientists are like little boys with pop guns. They are so thrilled with their technologies and their "magic" that they do not stop to think of the consequences.

Time and again, the scientific doomsayers have been proven correct. Only now, for example, when it is almost too late, are we really attempting to curb pollution. The mischief that the birth-control pill may be making is probably not reversible, and could result in a tragedy of almost unbelievable proportions.

Responsible scientists fear that the pill may produce cancer, diabetes, genetic damage, - and not just in a few users, but in many or all. Even I was astonished at the anger and frustration I encountered among some physicians when I researched my book, The Doctors' Case Against the Pill. An eminent cancer specialist told me that he will not even hire an office assistant who takes the pill. A leading pharmacologist called the pill "a vast, uncontrolled experiment, unparalleled in the history of medicine."

Consider the fact that the pill works through the pituitary gland, the "master gland" of the whole body. Consider that millions of healthy women are taking these powerful drugs on a continuous basis, year after year after year.

In a recent interview Dr. Harry Rudel, one of the developers of the pill, admitted:

"The pill is something we entered into with the best of faith, something we truly believed affected only ovulation and fertility. It was a relatively small dose of a drug, and it appeared that it was not affecting anything except fertility. Then as we began to look, we began to see that we are influencing many systems in the body."

Dr. Rudel is Associate Director of the Population Council.

Last spring Dr. Philip Corfman, addressing the American Association of Medical Colleges, put it even more strongly. He said:

"There is no organ or system of the body which, upon examination, has not been found to be affected by the pill."

Dr. Corfman is Director of the Center for Population Research at the National Institute of Health, as well as being on the FDA's Advisory Committee on Obstetrics and

-2

Gynecology.

To demonstrate that I am not exaggerating I asked John Hoving to give you a newly published medical report on the metabolic effects of the pill. As I recall, it ran to some 750 pages. There are few medicines used to treat serious illness where a compilation of the known metabolic effects would run to such length. The pill defenders who are aware of these protean effects (and the average prescribing physician is not, - for reasons I shall explain later) say, "Oh well, all these changes have not yet been proven clinically harmful, except in some users." I am sure you will agree that this is an extremely short-sighted and dangerous argument. You cannot long knock any natural system out of balance without doing some harm, - whether it shows up immediately or years later. Furthermore, many of these pill-caused metabolic disturbances are progressive. The longer a woman stays on the pill the more her laboratory tests are altered. The man who may know more about feminine physiology than anyone else in the world is Sir Edward Charles Dodds, the great English physician and biochemist who isolated estrogen in the 1930s. Sir Charles is distressed about the pill and quite outspoken about it. He said to my English researcher, "If a clock is working, you don't tinker with it!"

Not only do doctors not know where all this physiological "tinkering" may lead, they also know very little of how the pill interacts with other commonly used medications. It has only recently been discovered, for example, that the combination of the pill and certain tranquilizers produce some alarming and serious physical symptoms.

The pill's effect on personality is a problem that deeply concerns my husband, a psychiatrist. It has long been known that these powerful hormones make some women irritable and some depressed. It has long been maintained by some doctors (and not only psychiatrists) that suicide, not blood clots, may, in fact, be the leading cause of pill deaths. The frequency of personality change among pill users was not adequately charted until recently however, and, even now, next to nothing has appeared in the medical literature of the United States. According to a report which appeared in the British Journal of Psychiatry last June, fully one-third of all pill users experience measurable depressive changes in their personalities. As the mother of three young children, I recognize all too well how this must be altering the quality of family life.

But, you may ask, what about families where the mother was frantically fearful of pregnancy, and where the pill has helped her relax? Has not the quality of family life been improved for such people? Rarely. This argument is a snare and a delusion because

-3

fertility, - the people in underdeveloped countries and our own poor.....The pill is too much trouble to remember to take.....The side effects require more "doctoring" than these women are able to obtain. For a variety of reasons (that some sociologists are now receiving substantial grants to study) the pill is a flop as a population-controller. The main consumers of the pill are the middle and upper-class women of the United States and other highly developed countries. These women see the pill as a "convenience." They do not have to play biochemical roulette with their own bodies (and perhaps their unborn children's bodies as well) merely for the sake of birth-control. They have long been able to use other methods successfully.

I wish you would seek out ten randomly-selected women who have been on the pill for any length of time, and ask them whether they have had to take any other medications to control pill side-effects. You may be amazed, as I was, to find that a high proportion, - say six or seven out of the ten, - have had to take other powerful medications to counteract pill side-effects. These include: diuretics to control bloating, pain-killers for headaches, etc, anti-nausea preparations, tranquilizers for nerves, pep pills for lethargy, and, perhaps most alarmingly, anti-coagulants. Some doctors appear to be handing these out for any suspicious swelling in a pill-user, not just for established clots. (I want to make something clear to you which you may be aware of, but perhaps not. While the mortality figure from pill-associated clotting disorders is now estimated at three per hundred thousand users per year, the morbidity figure, which is not often mentioned, is much higher. The best guess of today's best biostatisticians is that at least one in 2,000 pill users per year get a blood clot; while some of these clots disappear without any aftermath, many leave the patient mildly to seriously crippled.) In case I can prevail on you to find some pill-users and ask them about medication to curb side-effects, let me point out that the question has to be carefully worded. If a woman likes the pill she is apt to brush off the question, and say "Oh, I haven't had any trouble with it at all." But then, if you are persistent about symptoms, and you list them, she remembers. I recall one woman who said she'd been a satisfied pill user for four years, and never had any side effects. I went through my list and when I got to the vaginal infections so common in pill users, she said "Oh, yes I'd forgotten about that." It turned out that mycostatin had become a way of life for this unfortunate lady, along with the pill. So common are these vaginal infections that Squibb has even had the nerve to advertize, - "If she's on the pill she may need the tablet."

To me this sounds like madness and I hope it will impress you that way also. You start with a healthy young woman and give her a powerful drug that is merely being used

-4

counteract the side effects of the original convenience drug.

I was shocked, as were many of the physicians in the audience, when, in a recent talk, Dr. Frederick Robbins, a Nobel prize laureate for his pioneering work in the conquest of polio, predicted that, increasingly, we will have to use contraceptives that may entail considerable risk for the individual woman. Why, in the United States is a decision of this magnitude being made by a few "in" scientists and "blue-ribbon" committees meeting behind closed doors? I believe that many of the women using the pill would switch to alternative methods if they knew the extent of the already-documented body pollution the pill is causing. In most cases even their doctors don't know because the same people who sit on the committees that keep declaring the pill "not unsafe" edit or have connections with the mainstream American medical journals. Many important American studies containing negative findings about the pill have been published abroad. (The most recent and glaring example was the comparison of 35,000 Planned Parenthood patients which revealed that pill users have a higher prevalence rate of carcinoma-in-situ than diaphragm users. After being held by JAMA for many months this important study of New York City women was rushed into print by the British Medical Journal.) Some American researchers settle for publication in obscure American journals instead. When it was first discovered that the pill could have a dramatic influence on sugar metabolism and perhaps even cause chemical diabetes only the 2,000 American physicians who subscribe to a journal called Metabolism had the opportunity to read about it.

I do not maintain that the pill defenders are in any way wicked men, but you and I know that with the best of intentions, modern scientists have blundered into some awful messes from which they could not easily extricate themselves, or the rest of us. I maintain that in light of what is now known, continued, casual use of the pill is a gross violation of that most basic medical tenet "First, Do No Harm" and also violates the right of the individual to informed consent. Never before in history have so many millions of people taken such a powerful and unnecessary drug.

I am enclosing a recent editorial from the New York Times which you probably saw. I would like to comment on it however. The Times has long been very supportive of the pill, featuring positive declarations about it far more prominently than negative research findings. This editorial marks what one FDA spokesman admitted to me was a "startling reversal". If even the Times editors now recognize that many of the arguments in the latest FDA report on the pill seemed like bad medicine and bad logic, this indicates to me, that the thoughtful American public may be done with its wishful thinking about

-5

may be ready and eager for an open discussion of topics such as:

- Who, if anyone, has been remiss in informing doctors and the public of the known side-effects, including the fantastically altered laboratory tests of almost every natural function? Why aren't, for example, the pessimists on the "blue ribbon" committees permitted to file their own minority reports?

- What potential risks do some scientists fear that pill users may be taking? Why has the suggestive evidence about the two most frightening possibilities, - cancer and genetic damage, been generally withheld from the public, including physicians?

- In view of the dangers already known, aren't these powerful medications being dispensed, very often, in an irresponsible fashion where no medical follow-up is made available to the user? According to a report in Science a Vista volunteer in Alaska was recently horrified to see an Eskimo woman go trudging off into the snow with a huge sack of birth-control pills slung across her back. What about the hundreds of thousands of women who get their oral contraceptives from Planned Parenthood Centers? Planned Parenthood specifically states that it is just a birth-control dispensing organization, and is not prepared to give anything like comprehensive medical care. Yet, it has become increasingly clear that even a "routine check-up" for a pill user should include the taking of blood pressure, urine tests for sugar, etc. I wish you would ask Dr. Hugh Davis about the in-fighting that is taking place amongst the members of Planned Parenthood Advisory Boards in some cities. A number of doctors have talked of resigning from their local PP Advisory Boards unless more comprehensive check-ups are instituted. Should a center that is not prepared to perform a thorough check-up be allowed to dispense the pill at all?

- What hidden threats to the health of non-users are contained in the pill? I am enclosing a couple of recent clippings from Clin-Alert. Item two is about the green-tinted blood plasma in pill users. Nobody knows what this means, and yet Stanford has apparently decided to go ahead and use such plasma for transfusions anyway.

- Why has research been so slow and medical reporting so inadequate? Why are the government and private foundations, not the drug companies, apparently paying for most of the research that is getting done? Why have important investigators found their funds cut off? I can give you two examples; Col. Peterson of the Air Force and Dr. Gershberg of Bellevue Hospital in New York. What is the flaw in our system that has

-6

created a situation where the doctors who prescribe the OC's apparently know less about the side-effects than the specialists who have to do the mopping up? I asked gynecologists about neurological disturbances. Many claimed they had never seen any. I asked neurologists. Most claimed that they had treated a great many. I asked former pill users. Many stated that they had never informed the prescribing doctor of their symptoms, because they were so angry at him. The FDA keeps stating that it is urgent to improve reporting of adverse effects. Yet, nothing happens. Almost everyone concedes that only a tiny fraction of the adverse reactions to the OC's ever come to the attention of the FDA. Surely there must be some way of improving reporting and communications in this area. I believe that you are one of the very few people who might be able to accomplish this.

In addition to the Times editorial I am enclosing some materials from Clin-Alert, specifically (1) an abstract of the cervical cancer study which JAMA would not publish after long delay; (2) an abstract of the latest discussion of green plasma (3) an abstract of the latest findings on blood pressure, - it now appears that virtually all users experience some continuous rise.

Barbara Seaman

PS: I, for one, would also like to know whose decision it was to keep stretching the definition of "safety" as more and more bad news about the pill came along. In 1960 when the first big conference on possible blood clotting was held, most of the scientists pooh-poohed the idea that the pill could cause blood clots, but, they said, if an association were ever proved, of course we would all stop using it. Now the association has been proved, they are still using the pill, and the same statements are being made about cancer. Incidentally, Dr. J. Edwin Wood, one of the country's leading authorities on veins and circulation told me that he was not invited to that famous 1962 conference, even though, at the time, he had already performed basic research showing that the contraceptive hormones could and do create disturbances which produce blood clots.