STATEMENT PREPARED FOR DELIVERY BEFORE THE HOUSE SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT OF THE HOUSE OF REPRESENTATIVES ENERGY AND COMMERCE COMMITTEE ON APRIL 3, 1981 BY DR. MARGARET W. BRIDWELL ON BEHALF OF THE WOMEN & HEALTH ROUNDTABLE, WASHINGTON, D.C.

Mr. Chairman, members of the committee. My name is Margaret W. Bridwell. I am an obstetrician-gynecologist by training and a member of the American College of Obstetrics and Gynecology. As a member of the American Medical Women's Association, I participate in the Women & Health Roundtable. I am here today representing the views of the Women & Health Roundtable. The Roundtable is a Washington-based association of health professional and women's organizations concerned with the impact of government policies on women's health.

On behalf of the Roundtable, I would like to thank the committee for this opportunity to present our concerns regarding the proposed appointment of Dr. C. Everett Koop as Surgeon General. We understand that this is an unusual hearing occasioned by an unusual occurance, but because we are deeply committed to the view that the Surgeon General position is a key element in U.S. public health policies and programs, we wish to share with you our thinking on this subject.

At the outset, on behalf of the Women & Health Roundtable, I want to state our regard for Dr. Koop as a superbly skilled clinician. One cannot but be impressed with his energetic, effective surgical practice and beyond that, his compassion and commitment to his patients. We empathize with that concern for patients and indeed the Roundtable is submitting testimony because it believes that the Surgeon General can play a key role in alerting the nation to what is necessary or useful for the public's health. Unfortunately, from what we have read about Dr. Koop's views on several public health issues, it is our opinion that Dr. Koop would be unable

to advocate policies that would support a healthier nation. Therefore we would like to bring these statements to your attention. My comments will center on four major public health issues: consumer health activism, family planning, antenatal diagnosis and access to safe abortion.

• First, the consumer health movement, which came to public attention in the early seventies, is generally recognized as a key component of a health policy which stresses disease prevention and health promotion. When people become partners with their physicians in seeking to maintain good health status, then more effective medical care is possible. The women's health movement, which has been part of the consumer health movement, has stressed the importance of women taking responsibility for their health and learning self care. Thus, we were deeply troubled by Dr. Koop's statements in the Philadelphia Bulletin (February 14, 1981) in which Dr. Koop suggests "consumerism" is somehow inappropriate to the health field.

Consumer participation in health policy-making at the community or national level and in health care at the individual level is essential to cost-effective medical care. We doubt if this country can affort a Surgeon General who thinks otherwise.

• Second, the availability of birth control information and support for family planning services is a vital public health need. The epidemic of teenage pregnancies, much discussed in the late 1970's, has not abated. Dr. Koop's public statements suggest that he opposes some forms of birth control such as the IUD and certain birth control pills, does not believe that unwanted pregnancies are a major public health problem, and ridicules those who have attempted to deal with the issue.

As stated in the Report of the Surgeon General, Healthy People, teenage pregnancy is a high risk experience for mothers and children, yet one-fourth of American teenage girls had at least one pregnancy by age 19. Every year about one million adolescents

under age 19 become pregnant, including 300,000 under 15. At least three of every ten elect to terminate their pregnancies. Healthy People goes on to state that from a public health perspective, "All pregnancies should be wanted. Any child whose birth is planned is far more likely to get off to a healthy start in life and to receive the continuing parental love and support needed for health development."

The Report urges that not only should family planning services be available, but that sex education should be provided at an early age. As the Report states, parents theoretically should be the most important source of information, but they frequently are not. Parental abdication leaves government the choice of ignoring the problem and paying the cost or responding to the problem and minimizing the cost. We would concur with the Report recommendation that "A major focus of prevention efforts must be on providing contraceptive information and services to all sexually active teenagers in a manner that is accessible, convenient, inexpensive, and perhaps most importantly, is effective in communicating with them."

We are troubled by Dr. Koop's apparent lack of understanding of this issue. In a commencement address to the Philadelphia College of Osteopathic Medicine in June 1979, Dr. Koop suggests that somehow a single family planning organization, Planned Parenthood, has converted what he refers to as "adolescent innocence" into "sexually active teenagers". In the same speech, he appears to refer to the Rockefeller Foundation, a U.S. philanthropy which has made substantial contributions to contraceptive research, as the "Rockhead Foundation."

We do not find these views consistent with a balanced government policy which recognizes the reality of teenage sexuality, teenage pregnancy, and the costs to government and society of ignoring the issue.

- Third, prenatal detection of hereditary disease and congenital defects is a relatively recent technology for physicians and their patients that offers new options

for families that suffer from increased risk for such conditions. The government should continue its support for research on antenatal diagnosis techniques and provision of genetic screening services to the poor. Unfortunately, Dr. Koop opposes genetic screening and has referred to amniocentesis, one of the screening procedures, as a "search and destroy" mission. (The Philadelphia Bulletin, February 14, 1981)

Each year, 100,000 to 150,000 infants are born in the United States with significant congenital malformation or clearly defined genetic disorder. These births, which constitute from three to five percent of the three million annual live births in this country, account for at least one-fifth of all infant deaths in the United States. In addition to death, chronically disabling conditions and mental retardation result from these disorders. The human cost to families with the birth of such a child are enormous. While some families will survive this special situation, others may not. Some couples, facing inherited disorders, would forego parenthood completely except that antenatal diagnostic procedures, ie. genetic screening, makes pregnancy an acceptable risk.

Dr. Koop's opposition to amniocentesis leads us to conclude that as Surgeon General he would oppose continued federal support for genetic screening service programs, continued research on antenatal diagnostic methods, and information dissemination activities such as the Antenatal Diagnosis Conference sponsored by the National Institute for Child Health and Human Development in 1979 or the Conference on Maternal Serum Alpha-Fetoprotein Testing sponsored by the National Center for Health Care Technology and Food and Drug Administration in 1980.

- Fourth, and finally, we must restate our firmly held belief that access to safe, legal abortion is a public health necessity. History has shown that government cannot prevent abortion; government can only outlaw it. And when you outlaw abortion, you condemn some women to death, many others to physical trauma, and still others to unwanted parenthood.

From 1963 to 1968, before there was significant access to safe, legal abortion in the United States, the death rate per 100,000 abortions was 72. In 1975, the death rate had fallen to 0.8 maternal deaths per 100,000.

People who are expert in the field can tell you more about the costs to children and their parents of unwanted pregnancy. But I would simply urge that government officials not become so immersed in philosophical debate that they forget the real world that existed prior to the legalization of abortion. This was a world where young girls died in backroom abortions, women "sweated out their periods", and an illegal abortion industry profited from the misery.

We understand that Dr. Koop's position on abortion is similar to that of the President and the Secretary of the Department of Health and Human Services. The fact that they agree does not make their position any more beneficial to women's health.

We find it ironic that this Administration which is energetic in speaking out against abortion and does not appear to support family planning is also the Administration which is proposing drastic cuts in social services and health care for poor young mothers and their families. We are concerned by this noncongruence in social and health policies. We hope that this committee will consider carefully the obligations of the Surgeon General position and Dr. Koop's statements. We need a Surgeon General who will augment the public's health.