woman. The risk may run as high as one in a thousand if you have an older woman who is more subject to this type of disorder.

Mr. DUFFY. My concern, Doctor, was with the word "estimate." Have there been studies conducted that would verify that?

Dr. DAVIS. There have been studies conducted on this, and the British assessment, if you prefer that word, is a risk of one in 2,000.

One can argue that this is an acceptable risk since it is safer to take the pill than for 1 million women to become pregnant, but I do not believe this is relevant since there are safer alternatives available for either spacing pregnancies or for permanent contraception, and even if 1 million women commenced taking the pill, experience has shown they will not achieve the 100-percent protection they are often promised.

The effectivenes of the pill has been greatly overrated. Between 20 percent and 50 percent of women who start the pill abandon the method by the end of the year. Whether they abandon the method because of side effects or because of human failure to get their prescriptions renewed is, in my view, irrelevant. The fact is that failure to take the pill, just as surely as failure to insert a diaphragm, results in pregnancies. But these failures never appear in the glowing reports about the efficacy of the steroid hormones. In a Chicago study, Frank found that 40 percent of those patients started on oral contraceptives abandoned the method within 2 months, and in the Maryland Planned Parenthood Clinic, half of the pill patients abandon the method in less than 1 year.

Even among the patients who continue using the pill for birth control, pregnancies occur in between 1 and 3 percent, either because of omission of one or two tablets—that is human error—or because the method itself failed. It is very difficult to discriminate between these types of failure.

In our experience, some modern intrauterine devices provide a 99-percent protection against pregnancy and can be successfully worn by 94 percent of women, to cite but one alternative. Very similar results can be obtained with a properly used diaphragm in a well motivated population.

It is especially tragic that for the individual who needs birth control the most—the poor, the disadvantaged, and the ghetto-dwelling black—the oral contraceptives carry a particularly high hazard of pregnancy, as compared with methods requiring less motivation. The pill is less than ideal as a contraceptive among these women for precisely the same reason that the diaphragm often leads to unwanted pregnancy—both methods require a sustained repetitive act for continued protection. For many women, the diaphragm is too messy and inconvenient and the pill too complicated. Yet these women, who desperately need birth control services the most, are frequently offered the pill as if it were the only effective contraceptive. Because of these factors, it is the suburban middle class woman who has become the chronic user of the oral contraceptives in the United States in the past decade, getting her prescription renewed month after month and year after year without missing a single tablet.

Therein, in my opinion, lies the real hazard of the presently available oral contraceptives. These agents are like an iceberg—only the obvious problems have yet surfaced in the form of blood clots which