I note that you are now the assistant medical director of the Population Council and I would assume in this position you are vitally concerned with the question of population control, and I also assume that you are vitally concerned with those mechanisms which give us some reasonable opportunity for controlling conception as a means of population control?

You have advocated here in your statement something which, as a lawyer, is a very interesting concept to me. Apparently you advocate new ground for abortion, that ground being contraceptive failure; is

that correct?

Dr. Hertz. Yes, sir.

Mr. Duffy. I would like to get your views on what you consider to be the weapons that you are going to use to bring population control within our grasp. You indicate that there are other methods available to us, readily supplementable by abortion for contraceptive failure.

What are some of these other methods and where do you rate the pill

in this entire picture?

Dr. Hertz. Well, quite obviously I rate the pill low. I think this is neither the time nor place for an extended discussion of the relative value of all of the other contraceptive methodologies, however, they are the crux of the issue.

I would suggest that perhaps on another occasion the committee may wish to have a specific discussion of these relative merits of these various methods because I think that without that kind of evaluation the committee or any layman cannot come to a realistic evaluation of

the alternatives before us.

I might just say in a very brief and cursory summary on this point, that we are beginning to view the intrauterine device, which is not applicable to all women at all times, as a highly effective and acceptable form of sustained contraception. That the further evaluation of the traditional forms of contraception which I will not detail, in the light of the more active motivation of the population which is now coming about as a result of the obvious pressures arising from increasing population, would also give us very substantial alternatives.

In terms of the place of legalized abortion in this system I would submit to the committee a publication by my honored colleague, Dr. Christopher Tietze who has tabulated the relative mortality of the use of the oral contraceptives employing only the mortality related to thromboembolic phenomena alone, and not any other as compared with the use of less effective or less immediately effective contraceptives

supplemented by abortion on demand.

He comes out with a calculation of mortality of three per hundred thousand among women using the oral contraceptives as opposed to 0.4 per hundred thousand among women using the other forms of contraception, supplemented by readily available, properly conducted abortive practice.

So that in terms of relative mortality I think that the case can be

made.

This is not advised in lieu of an extended and active educational program in relation to contraception but as one of the alternatives available to us over and above the alternative utilizing a substance of high inherent risk. I will submit this study for your consideration.