nor the motivation to use diaphragms, condoms, or whatever you will.

So much for population, except I think, Senator Nelson, you spoke the other day on pollution. If we do not control population in the United States, whatever other legislation for human welfare we enact will be useless if we have 100 million more people by the turn of the century.

Now, personal benefits. There are a great many women—I cannot make an estimate—but there are a great many women in the United States for whom an additional child to the family would constitute a hazard. Let me give you but one example: A patient I saw about 2 weeks ago who had a pulmonary embolism—she did not die—from the oral contraceptives. Therefore, she could no longer take the oral contraceptive. She is colored; she came from a ghetto area, she had two children. Her husband had a poor job. But she had managed to get a job herself and to go to night school to complete her high school diploma.

When we got through discussing her pulmonary problem and the oral contraceptive, she said to me, "Doctor, what can I use that will be as sure as these contraceptives? Because another child would put me right back down on welfare."

Now, this is an exaggerated example, but I can recount hundreds of these. It seemed to the committee and it seemed to me that the ratio of risk to benefit at the present time was sufficiently high to fit into the intent of the Commissioner's testimony before the hearings of the Congress. That is why I wrote this.

Thank you, sir.

(The complete prepared statement of Dr. Hellman follows:)

TESTIMONY BY LOUIS M. HELLMAN, M.D.*

Mr. Chairman and Members of the Subcommittee: It is a pleasure to appear before your Subcommittee to discuss the oral contraceptives. I am Dr. Louis M. Hellman, Professor and Chairman of the Department of Obstetrics and Gynecology of the State University of New York, Downstate Medical Center; Director of Obstetrics and Gynecology, Kings County Hospital; and Obstetrician Gynecologist in Chief, State University-Kings County Hospital Center. From November 1965 through December 31, 1969, I served as Chairman of the Advisory Committee on Obstetrics and Gynecology of the Food and Drug Administration. At present, I am Deputy Assistant Secretary for Population Affairs, Designate, of the Department of Health, Education, and Welfare.

The Food and Drug Administration's Advisory Committee on Obstetrics and Gynecology was established in November 1965 with the mandate to evaluate the modern methods of contraception with particular emphasis upon the oral contraceptives. The Committee attempted to review the vast scientific literature on the subject, and to arrive at impartial decisions based solely on scientific evidence. Wherever the evidence was definitive the Committee made definite recommendations. Where the evidence was lacking or inconclusive the Committee attempted to deliniate the issues as clearly as possible.

Since its inception the Committee has issued three reports:

FDA Report on the Oral Contraceptives, August 1, 1966
Report on Intrauterine Contraceptive Devices, January 1968
Second Report on the Oral Contraceptives, August 1, 1969

Women in the United States have continued to use oral contraceptives in increasing numbers despite some alarming reports in the national press. Physicians have likewise continued to prescribe these contraceptives despite conflicting scientific publications concerning their deleterious effects. Possibly the women and the physicians do not believe what has been published or more probably, they have decided that the benefit to risk ratio is sufficiently high to merit continued and expanded use.

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