wonder if, in talking about weighing the risks versus the benefits, the word "safe" in the statute contemplated that the benefit of general population control was contemplated. I would guess, it would seem to me you would come up with risk-benefit vis-a-vis that particular patient. I would doubt whether anybody contemplated that you could put on the balance side on the scale the question of the fact that the control of the population is a benefit to that patient in any direct way. I think the rapid growth of the world population is disastrous. But it seems to me, and I raised this question the other day, that when we talk about risk, we are concerned about safety of an individual patient.

You talk about the safety of a particular patient when you talk about risk versus the benefit. I raised the same question with respect to chloramphenicol on which this committee has conducted extensive hearings. Chloramphenicol, when it first came out, was used for a broader spectrum of disease treatment than later, as tetracycline and other drugs came on the market and when all the side effects became known. It is used now only when at least it is known that the disease the patient has is not susceptible to any other drug and the patient's condition is sufficiently serious so that the risk to the patient in not getting the drug is greater than in getting the drug. Then the drug is considered to be "safe."

I think that is what the use of the word "safe" means in the statute. It is a very unsafe drug if you give it to somebody for a headache or a sore throat or an upper respiratory disease, because it is not a drug that treats any of those conditions. It is a very unsafe drug if another drug will treat the disease as effectively but does not have these side effects.

Is that not the way, would that not be your interpretation of what the word "safe" in the statute means?

Dr. HELLMAN. I think you put it very well, and it is quite unlikely that the hearings in 1963 or whenever they were, really considered population as a threat.

Now the climate has changed and, as you and I both know, I would not be here working for the Government if it had not changed. I think that, as Dr. Hertz so well put it, we are having social change. The threat of population growth we need not go into here, but it is real and it is real to each and every individual in this country. And I think you and I both know that.

But let us ignore that. Let us just say, all right, the Congress did not consider that when they were thinking about "safe." They were thinking about safe with alternatives for the individual patient.

Then the argument comes up, do you really have at this moment a satisfactory alternative to these compounds for the number of people you have to treat and the actual conditions for which you are treating them? And I think I would say to you, and this is a judgment statement and not a factual statement, that we really do not.

You can argue about the effectiveness of the diaphragm and you can argue about intrauterine devices, but when you treat the people that I am treating, and these are the economically deprived individuals, you have a problem of quite considerable magnitude over what you can give them that will work for what they want to do.

Senator NELSON. I would remind you of your statement that many of the people you are treating, 55 percent are on the IUD and 40 percent are on the pill.