methods of contraception or no contraception at all. On the benefits side, you have given us two sets of figures concerning the effectiveness of the pill. You say that the theoretical effect of this is reflected in a pregnancy rate of 0.1 per hundred women per year for the combination pill and 0.5 per hundred women per year for the sequentials. However, you say that pregnancy rates reflecting use effectiveness are 0.7 for the combinations and 1.4 for the sequentials. Would you please explain the difference between these two sets of figures and tell us which is more meaningful in attempting to assess the benefits of the pill?

Dr. HELLMAN. I think the use effectiveness. That is the column "All pregnancies" when you should use it. The differences here—in the pill, the reason that there is a difference between theoretical and use effectiveness is the neglect of the patient to take a pill. Apparently—and I say apparently because I do not think we really know—it is more risky to omit one of the sequential pills than it is to omit one of the combination, and this is what gives you the difference.

Senator MCINTYRE. Doctor, you say that the pregnancy rate for the diaphragm is 10 to 30 times higher than for the pill and that the rate for the intrauterine device is 2 to 4 times higher. Would you please tell us whether these comparisons are in relation to the combination or the sequential pills and whether they are based on the theoretical or the use effectiveness rates for the pill?

Dr. HELLMAN. They are based on the use effectiveness. They are based on the combination. They were based, 0.7 to 2.7 and 2.8.

Now, the diaphragm problem is a much more complex one. The table that you are reading from, which is on page 15 of the report, is in there at my insistence, and with some trepidation by my biostatisticians. The reason I say that is that when you talk about use effectiveness you have to specify the population that you are dealing with, and it can vary all over the place, particularly with a method that requires motivation at the time of intercourse. You can have a diaphragm almost as effective—not quite, but almost as effective as the intrauterine devices in a very highly motivated group of people.

Senator NELSON. Would you say 10 times?

Dr. HELLMAN. I think I had a good spread. Did I not say 10 to 30?

Senator MCINTYRE. 10 to 30 times.

Senator NELSON. If I understand your testimony, what you are saying is that the diaphragm does not work if you leave it in your purse. I do not think that is the test of how effective a birth control device is, is it? The pill does not work, either, if you do not take it, does it?

Dr. HELLMAN. That is quite right. But the problem is when you have to use it.

Senator NELSON. Just so the record is clear, you were saying that when properly used, it is not 10 to 30 times less effective?

Dr. HELLMAN. If you are talking theoretical effectiveness and not use of effectiveness, then the condom or diaphragm has a theoretical effectiveness of about 2.6.

Senator MCINTYRE. Did you just give the percentage rates for the diaphragm and the IUD in your answer? Translate those.

Dr. HELLMAN. Let us get straight what we are talking about. If you are talking theoretical effectiveness, the condom and the dia-