pill in the United States is of the same order as the number of women dying from legal and illegal abortion combined (M.H. p. 59). A death is a death. Loyalty to one's biases should not elevate the significance of one cause of untoward death over another.

Now, to make this point clear here, I mean to make my evidence clear, I am using the estimate of abortion deaths of Dr. Christopher Tietze, who you know is for the pill, and is the leading statistician for the Population Council and many other organizations promoting the pill (M.H. pp. 59–60). According to official statistics, the number of reported deaths from all abortions in 1964 was only 247 for the entire United States.

Without doubt, some deaths from abortion were untruthfully or mistakenly reported and therefore underdiagnosed, but, with Dr. Tietze I do not believe that the true total of deaths can be much larger than 500 per year.

Now with the rate of three deaths from the pill per 100,000 pill-users, a conservative figure according to the original English studies, 8.5 million women on the pill resulted in 255 deaths. This is comparable to Tietze's estimate of minimum deaths from all abortions, legal and illegal, vis 247 deaths.

This is what permits me to place pill deaths in the same numerical category as abortion deaths.

So I concluded: A death is a death and that loyalty to one's biases should not elevate the significance of one cause of untoward death over another. We should weep equally for the woman dying from the pill as we weep for the woman dying from a criminal abortion.

The huge amount of iatrogenic disease caused by the pill and the numerous medical examinations and laboratory tests required in order to monitor the patient against the potential inroads of the pill on the woman's health, raises the question whether the medical care system of the United States can carry this burden. Pill complications are making excessive inroads on limited medical personnel and facilities. The cost of medical care in this country is becoming astronomical. Is our nation really in a position to absorb the additional costs brought about by a careless and indulgent use of the pill, without doing grave injustices to the more important medical needs of our country?

If I had the time in preparing the statement, I would have worked out a cost analysis associated with the medical supervision of the pill such as repeat mammography, glucose tolerance tests, repeat physical examinations, and pap smears. It becomes quite an expensive drain on our limited medical resources.

Finally, I would like to say in passing as we move on from the topic of introgenic disease that the scientist in the laboratory has never had it so good in his pursuit of metabolic abnormalities. He has had available to him hordes of experimental animals. Women on the pill are readymade and superb guinea pigs: They don't cost anything, they clean their own "cages," feed themselves, pay for their own pills and, in many instances, even remunerate the clinical observer.