

RESEARCH

Barbara Seaman noted that drug companies spend more on promotion and advertising each year than on research. She said doctors simply are not exposed to adequate information about the pill themselves. Important research by specialists such as neurologists and psychologists rarely reaches many physicians.

A research associate with the Population Council, Sarah Tietze, said that with an estimated 18.5 million women in the world on the pill (8.5 million in the United States), new research is needed on conditions now coming to light. At least two large prospective studies—one in the United States, on 12,000 women, and one in Great Britain, with 40,000 women—are under way.

THE IUD

Further testimony pointed out that with intrauterine devices, used by an estimated 5 to 6 million women, common side effects are bleeding, pain and expulsion. Among the rare complications associated with the IUD are perforation of the uterus and pelvic inflammatory disease (PID). The incidence of perforation, except for the closed, bow type which is no longer used, is about 100 per 100,000 insertions.

ABORTION

In the United States no accurate figures on mortality due to abortion are available. Sarah Tietze believes the estimate of 5000 to 10,000 deaths each year from illegal abortions is unreasonably high. However the number reported for 1966—189 deaths—is certainly too low. More realistic data comes from European and Scandinavian countries. In Czechoslovakia and Hungary, between 1957-67, there were 69 deaths among almost 2.5 million women undergoing legal abortion. This is a rate of 2.8 per 100,000 legal abortions. In Japan the rate was 4.1 per 100,000 based on 278 deaths among 6,860,000 legal abortions for the period 1959-65.

In the Scandinavian countries the death rates were higher—40 per 100,000 legal abortions. This may be because a large number are performed after the third month of gestation, unlike practice in the other countries.

GENOCIDE

Etta Horn, a Washington welfare rights leader, said poor women are being forced by the medical system to seek help from the abortion underground. Officials in the D.C. Department of Public Health are responsible for the death and injury of such women, she charged.

Mrs. Horn said social workers are intimidating women on welfare into using birth control pills. She called it a form of "genocide." These women feel there is no alternative, she said: "You don't want to make anyone mad. You're really on your knees." As a result of this kind of coercion, many women on welfare, who are not in good health to begin with, suffer additionally from side effects of the pill, she contended.

Concern about the "population explosion" has resulted in considerable public discussion of birth control, and increasing pressures on women around the world to use unproven and potentially dangerous oral contraceptives as a means of limiting population growth. These discussions have generally regarded population control as primarily a technical problem—to be solved by more efficient technology, ie, contraceptives. Standing in the way of a technical solution to birth control, are insufficient or suppressed research on other, more desirable methods than the pill, and a lack of safe and inexpensive abortions on demand.

While the development of technically more effective contraceptives is desirable, the questions of population control are primarily socio-political, not technological. The solution to problems of over population and hunger lie not so much in effective technology as in the liberation of women and the redistribution of resources.

The popular media's portrayal of the liberation of women places great importance on her so-called sexual revolution. This "sexual" revolution is presented as a direct result of "improved methods of contraception—notably the