

Open letter to the director-general of WHO

The international campaign "Stop Anti-fertility 'vaccines'! International Campaign against Population Control and Abusive, Hazardous Contraceptives" wrote the following open letter to the new director-general of World Health Organisation (WHO). Dr Gro Harlem Brundtland. If you wish to support this action please sign this letter or write a letter of your own and send it to the director-general of WHO.

Dr Gro Harlem Brundtland
Director General of World
Health Organisation, 20, Via Appia,
CH-1211 Geneva 27

December 4, 1998

Dear Dr Brundtland,

We congratulate you on your assumption of the post of director-general of the World health Organisation. We are a coalition of women's health activists who have worked for many years for women's rights to safe, legal and voluntary birth control and abortion services as part of comprehensive health care. In so doing, we have taken on the double challenge of confronting anti-abortion forces and population control interests, for both restrict women's freedom to make their own decisions.

We appreciate your commitment to fight poverty and to bring health to the core of the development agenda, as you stressed in your speech to the 51st World Health Assembly, May 13, 1998. You addressed the striking imbalances between the health of people in developing and developed countries, and the obligation to give priority to health and to the equitable distribution of health services. You also pointed to the critical threats that globalisation is posing to health and environment. We share these concerns and it fills us with hope that the world's most senior health official commits herself to the reduction of poverty and a "development underpinned by the values of equity, human dignity and human rights."

We would like to share our concerns over the predominant ideology that has been guiding many development and health policies of supranational bodies, governments and private organisations. This is the widespread belief that so-called 'over-

population' is a major cause of poverty, migration, environmental deterioration and other serious problems.

We are concerned because the idea that 'over-population' exists, that there is a definable 'too many' people and an objectively measurable carrying capacity of this planet, is no longer considered a hypothesis or one (debatable) view of the world, but has turned into something like a natural law, a scientific fact that is beyond doubt. We considered the concept of over-population part of an ideology and not a hard fact. This way of thinking and reflecting on problems is historically deeply rooted in racism and eugenics. Population growth has often served as a convenient scapegoat in international and national politics and continues to divert attention from grave problems such as poverty, power imbalances, inequality, discrimination, exploitation and the practices and parties responsible for these.

Population control cannot and should never be used as a tool for reducing poverty or improving the health of poor people. It neither nurtures values such as equity, human dignity and human rights nor addresses existing inequalities. On the contrary, the population control framework has played a powerful role in distorting health and social policy in terms of both foreign assistance and government policies. In countries such as India and Bangladesh, population control is viewed as more important than primary health care, absorbing from one-quarter to one-third of annual health budgets. We strongly support people's right to family planning, but it should be an integral part of general health services, and must not substitute or

displace them.

We are concerned that this ideology of population control has also gained a foothold in the Human Reproduction Programme (HRP) of WHO and is reflected in the contraceptive research WHO is undertaking. In 1996, David Griffin, WHO's coordinator of research in immunocontraceptives and team leader for technology development and assessment, wrote an article on the development of anti-fertility 'vaccines' for the *American Journal of Reproductive Immunology*. It started with a long discussion of demographic figures and 'runaway' population growth thus reaffirming a population control framework that has been there from the very beginning of the research in the early 1970s.

Anti-fertility 'vaccines' or immunological contraceptives have been conceived of with a view to bring down birth rates, i.e. in a population control framework, and their design result in a high potential for abuse. We consider this an unacceptable feature of a contraceptive, because it threatens people's reproductive self-determination, particularly that of women in Third World Countries, for whom it is being developed. Moreover, immunocontraceptives can be predicted to have an efficacy and adverse effect profile which we consider unacceptable from both the medical and user perspective. WHO's Human Reproduction Programme has been taking a leading role in developing such an immunological contraceptive.

Five years ago, we started an international campaign to call for a stop to all research on anti-fertility 'vaccines'. More than 480 groups and organisations and many individuals worldwide endorse this call. Our

public challenge of the research has since then fostered a debate in many organisations and also within the research community. Various health professionals have critically discussed and questioned this line of contraceptive research. Moreover, the Indian government decided to lower the priority level of immunocontraceptive research and cut its budget. The International Development and Research Centre in Canada stopped funding this research line altogether. In line of these developments, we find it very unfortunate and worrisome that WHO, and its Gender Advisory Panel insist on carrying on with the development of such a contraceptive and that Mr. Griffin continues to emphasise the

population control framework of the research.

We are worried about the direction WHO seems to have taken. How does WHO's renewed commitment to strive for Health for All relate to population control ideology? With the forced cut-down of budgets for general health care, health infrastructures have collapsed in many poor countries. On the contrary, with the greater focus being given since ICPD 1994 to family planning and reproductive health, national budgets are being distorted. Regarding your commitment to let WHO make a difference, we think it would make a real difference if WHO committed itself to advocating the worldwide reorientation of contraceptive

research away from a population control-centred to a truly people-centred framework. It would certainly lend credibility to WHO's endeavour to give priority to equitable health care systems.

We would be happy to have a more detailed discussion with you in which we can exchange our views or respective arguments on the questions raised.

"Stop anti-fertility 'vaccines'! International Campaign against Population Control and Abusive, Hazardous Contraceptives." c/o Women's Global Network for Reproductive Rights, NZ Vooburgwal 32, NL-10112 RZ Amsterdam, The Netherlands

ECT without anaesthesia : barbaric practice or recognised procedure?

A writ petition in the High Court of Bombay at Panaji challenged the practice at the Institute of Psychiatry and Human Behaviour (IPHB), Panaji, Goa, of administering electroconvulsive therapy (ECT) without anaesthesia. The petition was filed on the basis of a complaint from a relative of a patient recently committed to the IPHB for treatment.

A ccording to the petitioner, Advocate Caroline Collaso :

Patients at the IPHB were administered ECT without anaesthesia because no anaesthetist was available and the anaesthesia machine was in a state of disrepair. The IPHB administered a minimum of 200 procedures a month, with staff members holding the patient down during the procedure.

The practice was barbaric, inhuman and hence in violation of Article 21 of the Constitution; in violation of Section 81 (Chapter VIII) of the Mental Health Act, 1987, providing that no mentally ill person be subjected during treatment to indignity or cruelty.

The use of anaesthesia and muscle relaxants for ECT is recommended medical practice, eliminating the major problems associated with ECT without anaesthesia — patient discomfort, fractures of the spine and long bones, and dislocations particularly of the jaw. In fact, the IPHB followed this practice till 1992 when its anaesthetist left.

ECT was being administered without the patients' informed consent.

The petitioner filed the petition on behalf of patients and their relatives, since patients are in no position to approach the court, and relatives are reluctant to come forward, given the stigma attached to mental illness.

Dr John Fernandes, director of the IPHB, replied:

ECT without anaesthesia is a recognised procedure, known as 'direct' or 'unmodified' ECT, as opposed to 'modified' ECT, with anaesthesia. The former caused convulsions but no pain. "...pain especially in the jaws occurs in

modified ECT due to the effect of muscle relaxants which is overcome by giving anaesthesia...." The only complication of unmodified ECT is fractures, which can be avoided if precautions are taken.

While modified ECT minimises fractures, it has other major complications: it has to be administered under general anaesthesia with the use of a muscle relaxant which also has complications: occasional hypersensitivity, and respiratory paralysis resulting in death. Also, "Several patients have to be anaesthetised in a short period, which can cause some compromise in the standard of anaesthetic care. When patients are administered six to eight ECTs with anaesthesia in a span of two to three weeks, the mortality rate is higher for modified than unmodified ECTs."

Direct ECT is the only option for patients with certain health conditions who cannot be anaesthetised.

"Direct ECT... is not a discarded . . .