

Date 8.11.90

Dear Madhu,

We are sending you an update on the NET-EN case. If you could publish this information in Manushi, it would greatly help the campaign. If you need any more information on the issue we'd be happy to supply it.

Hoping to hear from you soon.

in sisterhood,
Hilanyana
(for SAHELII)

Recd.
1.12.90

K-72, Christian Ganj,
Ajmer - 305 001
28th Nov '90

Hullo Nilanjana,

Thanks for your letter dated 6.11.90 and the NET-ew update.

1. We are not bringing out any newsletter so are not in a position to publish it - but perhaps you could send this info. to Lokayan सोचें संवा...... etc. But we will be sharing this info. with G's groups attending a Rajasthan Women's Forum meeting to be held at Jaipur on the 1st of Dec. We have translated it into Hindi & shall have it ready for distribution, in case people are interested in following up the issue. In case you would like ~~the~~ to have copies of the Hindi translation write to us.
2. I am enclosing a list of members gps in the Raj. Women's Forum. Those ticked are the folks we know are ~~in~~ somewhat active on the health issue.
3. We are sharing the info on NET-ew with some docs in the Gynae. dept. in the Ajmer hospital - let's see ~~what~~ response सोचें & - will then follow it up

4. We could publish an article on NETEN in the local papers, but maybe it would be better to do so after the court hearing. What do you say?

5. Regarding the issue of compensation, we are just not involved enough to be able to make any pertinent suggestion. Same goes for the info. required for the case. In case the former does volunteer any info we shall surely pass it on to you.

6. Suggestions - if all of you agree for the simple, easily understandable material should be brought out on NET-EN for mass distribution - we could then work on it with anyone interested. So do let us know.

See you at Calicut,

Malika

राजस्थान महिला कार्यकर्ता मंच

संगोधित पता सूची

सितंबर, 90

- | | |
|--|---|
| ✓ 1- श्रीमती अरूणा राय/शंकर सिंह
ग्राम-देव डूंगरी कावेड़ा पोस्ट बरार
वाया भीम जिला-उदयपुर | ✓ 2- कविता श्रीवास्तव
विकास अध्ययन संस्थान बी 124
मंगल मार्क, बापू नगर, जयपुर |
| ✓ 3- सुश्री मलिका विरदी व आरती
के-72 क्रिश्चियन गंज,
अजमेर 305 001 | ✓ 4- इन्दिरा पंचोली
1831/1 रेम्बल रोड़
कृष्णगंज, अजमेर राज0 305 001 |
| ✓ 5- सुश्री रजनी बक्षी
ए-9 विजय पथ, तिलक नगर
जयपुर ।
<i>(She also works at Lokayan-Delhi)</i> | 6- श्री बन्शीलाल गर्ग
ग्राम विकास समिति खजूरी
ग्राम पोस्ट-बांरापाल वाया परसाद
जिला उदयपुर- 313 801 |
| ✓ 7- श्रीमती शशि त्यागी
ग्रामीण विकास विज्ञान समिति
ग्राम जेलू गगाड़ी वाया तिंवरी
जिला- जोधपुर । | 8- सुश्री सुनीता/नारु उन्मूलन परियोजना
नौ चौकी नवोदय विद्यापुराना भवन
राज समन्द, जिला उदयपुर राज0 |
| ✓ 9- श्रीमती कमलेश यादव
जिला इदारा, म0वि0का0
विज्ञान समिति, अशोक नगर
उदयपुर 313 001 | ✓ 10- सुश्री ममता जैतली, द्विप्ता, जयपुर
राज्य इदारा 7/ए झालाना डूंगरी
संस्थान क्षेत्र, जयपुर । |
| ✓ 11- श्रीमती चित्रा राठौड़ व कमल मेहता
जिला इदारा, जोधपुर प्रौढ़ शिक्षा
गांधी भवन, रेजीडेंसी रोड़, जोधपुर | ✓ 12- डाँ0 प्रीतम पाल, सावित्री व अन्य प्रचेता
डी0 279 टोडरमल मार्ग, बनी पार्क
जयपुर 302 006. |
| ✓ 13- कौशल्या, रामकरण, उर्मिला, मांगी,
बीलां, नौरती, समाज कार्य व अनुसन्धान
केन्द्र, तिलोनिया, वाया मदनगंज,
अजमेर । | ✓ 14- सुश्री शशि प्रभा
महिला विकास इकाई, सेवामन्दिर
फतहपुरा, उदयपुर 315 001 |
| ✓ 15- श्रीमती अनिता भारतीय/नेहरुयुवा
केन्द्र, मिर्धा धर्मशाला के पीछे
कारपुरा, नागौर । | ✓ 16- प्रीति ओझा, गीता, नरेन्द्र "प्रयास"
ग्राम पोस्ट देवगढ़ देवलिया
वाया-प्रतापगढ़ जिला-चित्तौड़गढ़ |
| ✓ 17- श्रीमती तारा अहलूवालिया/आशा शर्मा
जिला इदारा, महिला आश्रम,
भीलवाड़ा राज0 311 001. | ✓ 18- सुष्मिता बनर्जी प्लॉट नं0 52
शान्ति निकेतन कॉलोनी, किसान
मार्ग, जयपुर राज0 |
| ✓ 19- महेश व मोती "संकल्प"
ग्राम मामोनी पोस्ट मुंडिया
वाया शहबाद, कोटा | ✓ 20- डाँ0 जसबीर जैन
अध्यक्ष व साथी
शक्ति स्तंभ, बी 182 ए,
मंगल मार्ग बापू नगर जयपुर |

- ✓ 21- निरजा मिश्रा
ए 26 सवाई जयसिंह हाईवे
बनी पार्क जयपुर ।
- ✓ 22- सिस्टर वीरा, गीता, मंजु, व सभी
सास्विका शान्ति सदन,
गगवाना, अजमेर 305 001
- ✓ 23- काँ-आर्डिनेटर मिशनसिस्टरस
हाऊस, सोफिया स्कूल, अजमेर
- 24- श्रीमति विजय कुमारी सिलन, पांचीबाई
महिला मण्डल सचिव, पुराना आयुर्वेद
अस्पताल, श्रीनगर अजमेर
- 25- श्रीमति प्रसन्न भण्डारी
करणी नगर विकास समिति,
गोरधनपुरा, कोटा ।
- 26- मुकुलिका सैन
72 12 जवाहर नगर, जयपुर
- 27- श्रीमती शिवकान्ता सिधवी
महिला मण्डल छबडा, गुगौर
जिला कोटा ।
- 28- चन्द्रा भारिल्ल
सी-149 सावित्री पथ
बापू नगर, जयपुर
- 29- सिस्टर अमिलिया
सेंट एन्सलम्स स्कूल, रीको एरिया
आबू रोड ।
- 30- लाल कुमारी जैन,
वार्डन कस्तुरबा होस्टल राज
विश्व-विद्यालय जयपुर ।
- 31- गुरसिमरन विर्दि
द्वारा-सीनियर डीएमई
डीजल लोको श्रेड, आबूरोड ।
- ✓ 32- डॉ० जिनी श्रीवास्तव
आस्था संस्थान, 109, खारोज कोलोनी
उदयपुर 313 001
- ✓ 33- मिस हेमलता प्रभु
बी-118 मंगलमार्ग, बापू नगर
जयपुर - 302015
- ✓ 34- रेणुका पामेवा
55 बजाज नगर जयपुर अजमेर
- ✓ 35- सुशीला दशोत्तर,
39, फतहपुरा, उदयपुर
- 36- ज्योति, मुकाती व सभी साथी कस्तुरबा
ट्रस्ट, बख्तविलास,
वाया शाहपुरा- जिला भीलवाड़ा अजमेर
- ✓ 37- श्रीमती चन्द्रा भण्डारी,
शकुन्तला चौधरी
सेवा मन्दिर-उदयपुर 313 001
- 38- श्रीमती भंवर धाबाई जागरण जन विकास
पोस्ट-वली वाया- कुराबड़ तहसील-
गिरवा जिला- उदयपुर 313 803
- ✓ 39- चन्द्रिका, रमीला, सौगना,
जन शिक्षा एवं विकास संस्थान
पीडो माडा, जिला-डुंगरपुर ।
- ✓ 40- सुश्री मंजू शर्मा अर्चना श्रीवास्तव
जिला इंदारा, राजस्थान प्रौढ़
शिक्षण समिति, 7-ए, झालाना डुंगरी
संस्थान क्षेत्र जयपुर ।
- ✓ 41- तारा चौवीसा, स्वास्थ्य शिक्षक
स्वच्छ परियोजना समन्वित नरु
उन्मूलन कार्यक्रम डुंगरपुर राजस्थान
- ✓ 42- श्रीमती शारदा जैन विकास अध्ययन
संस्थान, बी-124 मंगल मार्ग, बापूनगर
जयपुर- 302 006
- 43- मधु, बी-50 जमना नगर,
अजमेर रोड़, जयपुर
- ✓ 44- इन्दिरा व्यास, विशेषज्ञ,
जिला इंदारा महिला विकास कार्यक्रम
भारतीय विद्या मन्दिर, बी०सड०
कालेज, बांसवाड़ा 327 001
- ✓ 45- दीबा, गंगा, इन्दिरा, शबनम
पो०बा०न००55, उरमूल ट्रस्ट
लूणकरणसर जिला-बीकानेर ।

- 46- सुश्री चारुमित्रा, सीमा शर्मा
विशेषज्ञ जिला इंदौरा, महिला
विकास कार्यक्रम कोटा प्रौढ़ शिक्षण
समिति 13, झालावाड़ रोड
कोटा। राज0।
- 47- पतासी, हीरा, ग्राम साधिन
पोस्ट एवं ग्राम देवलियां खुर्द
बधेरा रोड़, पंचायत समिति केकड़ी
जिला अजमेर ।। राज0।
- 48- सुश्री अरुणा गुप्ता प्रचेता महिला विकास
कार्यक्रम 492/28 भजनगंज अजमेर ।
- 49- शकुन प्रभा, पुस्तकालयाध्यक्ष
राजकीय माध्यमिक विद्यालय रलावता
वाया किशनगढ़ अजमेर - 305 805
- 50- रतन देवी, समाज कार्य एवं
अनुसंधान केन्द्र नलू
पं0सं0 सिलोरा-जिला-अजमेर ।
- 51- मीनू वडेरा 11724/3
सत नगर करोल बाग,
नई दिल्ली 110 005
- 52- कोमल 76, शान्ति चिकेतन
कालोनी किसान मार्ग, जयपुर ।
- 53- श्रीलता स्वामीनाथन ग्राम -घंटाली
पं0सं0 पीपलखूंट जिला- बांसवाड़ा
- 54- सरिता, हुकम विला, जसवन्त नगर,
भरतपुर। राजस्थान।
- 55- शोभिता राजन बी0-104 मनु मार्ग
तिलक नगर, जयपुर 302 004
- 56- रमा कुमारी द्वारा श्री लक्ष्मीनारायण
जी शर्मा प्रयत्न संस्थान, शोलावता,
पोस्ट-श्रीरामपुरा, पं0सं0 दूद,
जिला - जयपुर। राज0।
- 57- श्री अनूप कुमार / भारती
असेफा, बडा घणिया,
पं0सं0 आनन्द पुरी वाया घनद्वार
जिला- बांसवाड़ा ।
- 58- मधु अग्रवाल जी-2/36, पुलिस लाईन
अजमेर ।
- 59- कमला चतुर्वेदी "एकट"
गांकोटड़ी वाया रूपनगढ़ जिला, अजमेर
- 60- एलिस गर्ग, बाल रश्मि सोसायटी
ए-46 शान्ति पथ तिलक नगर,
जयपुर 302 004
- 61- शोभा द्वारा श्री मधुसुदन झाला
समाज कार्य एवं अनुसंधान केन्द्र
जवाजा जिला अजमेर ।
- 62- मधु सेठिया बी0 331 सालवियां
नगर उपकार शांतिपिंज सेन्टर के पीछे
जयपुर - 302 017
- 63- राजेन्द्र/मीना/शैलेन्द्र तरुण भारत
संघ- भीकमपुरा किशोरी
वाया थानागाजी जिला अलवर
- 64- बोध शिक्षा समिति बी0-86
विद्यालय पथ बजाज नगर, जयपुर
302 017
- 65- देवेन्द्र उपाध्याय ग्राम झीरीपोस्ट
बांसखेडी वाया मनोहर थाना
झालावाड़ - 326 037
- 66- मधुबाला लोधा प्रचेता, महिला
विकास कार्यकर्ता ग्राम पोस्ट चटियां
खेडी वाया गोगुन्दा जिला उदयपुर
- 67- मिस लूसी जेकव डी 118, मंगलमार्ग
बापू नगर, जयपुर 302 004
- 68- सुश्री अनिता माथुर
एल-14 यूनिवर्सिटी स्टाफ क्वार्टर
न्यू केम्पस सुखाड़िया विश्वविद्यालय
उदयपुर 313 001
- 69- श्री जीवट राम जी द्वारा राजस्थान
बाल कल्याण समिति झाड़ोल फला0
जिला- उदयपुर 313 702
- 70- श्रीमती कान्ता मारवा
खुर्दजी वन्दना अजमेर प्रौढ़ शिक्षण
समिति शास्त्री नगर, विस्तार
अजमेर 305 006
- 71- रीता चतुर्वेदी/चन्द्रकला/अनिता
सेवा ग्राम विकास संस्थान
4/86 कृष्ण नगर, भरतपुर

- ✓72- विजय लक्ष्मी जोशी,
जिला-इंदौरा, प्रौढ़ शिक्षण समिति,
शास्त्रीनगर, अजमेर- 305 006.
- ✓74- श्रीमती शारदा जैन "सबला"
सेवा ग्राम विकास संस्थान,
दरियागंज नई दिल्ली-1108010.
- 76- श्रीमती प्रतापी बाई
ग्राम ब्राह्मणों का वरडा
बड़गांव ब्लॉक,
जिला-उदयपुर राजस्थान।
- 78- श्रीमती हरकु बाई
गांव- कविता
बड़गांव - ब्लॉक
जिला-उदयपुर राजस्थान।
- 80- श्रीमती नुकारी बाई
गांव नया खेडा
वाया कोलर
देलवाड़ा के पास, बड़गांव ब्लॉक
जिला- उदयपुर राजस्थान।
- 82- ललिता वजाज
"आस्था" संस्थान
गांव- वेकरिया
तहसील कोटड़ा जिला - उदयपुर
- 84- श्री मदन नागदा
मानव कल्याण समिति
गांव पोस्ट- ओगणा
तह0- झाड़ोल फलासिया।
जिला- उदयपुर राजस्थान।
- 86- शान्ता
ग्राम विकास समिति, खजूरी
वाया-बारामाल
तह0- गिरा
जिला-उदयपुर राजस्थान।
- ✓88- विमल सैल
सावित्री कन्या महाविधालय
अजमेर - 305 001.
- ✓90- दया भटनागर
श्रमिक विधापीठ
सावित्री कॉलेज के सामने
अजमेर 305 001.
- 73- चन्द्र कान्ता जैन,
गांव पोस्ट - छाणी,
वाया- खेरवाड़ा
तहसील - खेरवाड़ा
जिला- उदयपुर राजस्थान।
- ✓75- सिस्टर झंजलिना/मोनिता/शीला
सेंट मेरीज कान्वेंट स्कूल
सुखाड़िया सर्कल के पास
उदयपुर- 313 001.
- 77- लक्ष्मी जैन
द्वारा- सेवा मन्दिर
खेरवाड़ा जिला-उदयपुर
- 79- श्री सुरेश सन्त
11 - फतहपुरा
उदयपुर राजस्थान।
- 81- श्री अश्वनी कुमार पालीवाल
आस्था संस्थान
उदयपुर राजस्थान।
- 83- श्रीमती चंद्र लेखा भारती
कृषि विज्ञान केन्द्र
विधाभवन, उदयपुर राजस्थान।
- 85- श्रीमती उषा भटनागर
अश्या राजस्थान महिला विधालय
उदयपुर राजस्थान।
- 87- श्रीमती मोहिनी देवी शर्मा/कमला श्रोत्रिय
महिला मण्डल
सूरजपोल के अन्दर
उदयपुर राजस्थान।
- 89- तुलसी वहिन जी जैन
गांव पोस्ट- टीकली
वाया- सुखेरे
पड़गांव ब्लॉक, जिला उदयपुर.
- 90- द्वीजा जॉन
सोफिया कन्या महाविधालय
अजमेर 305 001.
- 92- वरदी बाई भील,
एवं महिला ग्रुप
ग्राम - चौसला डावर
वाया - सावर
प.सं. केकड़ी अजमेर।

93- गौरा देवी, डाली, रामेश्वरी, मोहनी,
महिला मण्डल, पहाड़गंज, गांधीनगर,
अजमेर 305 001.

95- छग्गी वाई,
भील विकास समिति,
गांव - बन्दिद्या, पोस्ट- रसूलपुरा,
जयपुर रोड़, घूघरा घाटी,
अजमेर ।

97- श्रीमती शान्ता त्रिवेदी,
राजस्थान महिला परिषद,
चेतक सर्कल के पास
उदयपुर ॥राजस्थान॥

99- श्रीमती विजया वन्सल
पोलो- ग्राउण्ड उदयपुर
313 001.

101- श्रीमती राज श्री ठाकुर
महिला विकास समन्वयक
असेफा कोटा प्रोजेक्ट सिविल लाइन्स
बारां जिला - कोटा
राजस्थान

103- श्रीमती मालती अग्रवाल
40-पोलो ग्राउण्ड उदयपुर 313 001.

105- श्रीमती राज भान्ती
उदयपुर स्कूल ऑफ सोशल वर्क
प्रतापनगर उदयपुर ॥राजस्थान॥
313 001.

107- श्रीमती नलिनि पारीक
प्राध्यापिका
स0ध0 राजकीय महाविधालय
ब्यावर. ॥राजस्थान॥

109- कमल मेहता द्वारा श्री सल0आर0मेहता
76, देवनगर, पाललिक रोड़
जोधपुर ॥राजस्थान॥

111- रोमा
द्वारा- उवेश्वर विकास मंडल
पतहपुरा उदयपुर ॥राजस्थान॥

113- सुमीला ओझा
सादुलपुर पब्लिक स्कूल
वीकानेर ।

94- महिला समूह, अजमेर
मुकन्द गार्डन्स
आदर्शनगर, अजमेर 305 001.

96- डTO सुमन भटनागर
प्रोग्राम आफिसर युनिसेफ
स्वच्छ/आई0जी0ई0पी0
पंचवटी, उदयपुर 313 001.

98- श्रीमती अलका श्रीमाली,
39, फतहपुरा
उदयपुर - 313 001.

100- श्रीमती प्रमोदिनी वक्षी
रडवोकेट
सेशन कोर्ट, उदयपुर ॥राजस्थान॥

102- श्रीमती शान्ता देवी गुर्ग
पहाड़ा पोस्ट करावड़ा
तहसील - खेरवाड़ा जिला-उदयपुर ॥राज0॥

104- वसन्ती वहिन जी पालीवाल
द्वारा - सेवा-मन्दिर
बड़गांव जिला, -उदयपुर ॥राजस्थान॥

106- सुश्री किरण दुवे
पोस्ट स्वं ग्राम- देवलिया खुर्द
बधेरा रोड़ पं0सं0 केकड़ी
जिला- अजमेर ॥राजस्थान॥

108- मिस गीता मोहन जागृति
74/3 अशोक नगर
उदयपुर. 313 001.

110- लहर देवी, कमला वाई भील
कस्तूरबा वालवाड़ी केन्द्र
ग्राम - खजूरी
वाया - जहाजपुर ॥ भीलवाड़ा ॥

112- श्रीमती लेनी गंजाल्विस
समाज स्वं महिला कल्याण विभाग
निर्मला स्कूल हास्पिटल रोड़
जयपुर ।

114- राजकमल पारीक/पुष्पा
प्रयोजन संस्थान
3/67 कमला नेहरू नगर
पाली ॥राज0॥ 306401.

115- तारावती भादू
परियोजना निदेशक
जिला महिला विकास अभिकरण
सीकर †राजस्थान‡

116- ~~अनीता भारतीय~~
~~समन्वयक, नेहरू युवा केन्द्र~~
~~मिर्धा धर्मशाला के पीछे~~
~~किले की ढाल नागौर~~

117- निधि
एग्री एक्शन
शीलकी डूंगरी
पोस्ट - चाकसू, जयपुर ।

118- राजकमल पारीक
रानी- पाली

119- विरेन्द्र विद्रोही
अलवर ।

120- पुष्पा
प्रयोजन संस्थान
पोस्ट - बीजोवा
स्टे- रानी, जिला-पाली †राजस्थान‡

Doct. Sumantra Kohra
2 J. 21 Chopansani Housing Board Colony,
Jodhpur - 342001

(She is a gynaecologist - and is somewhat
'active')

Ravjona

Sumati Nair
P O Box 11347
1001 GH Amsterdam
The Netherlands
27 Nov. 1990

Dear Sir/Madam,

Could you please send me copies of the Essential Drugs List that is brought out by the WHO. I would like to have a copy each of all published Drugs Lists if possible.

I would also like to have a copy of the recently published Basic Science Symposium Reports on Contraception and Mechanisms of Endometrial Bleeding.

These publications will be extremely useful for the studies on drugs that I am engaged in at the moment.

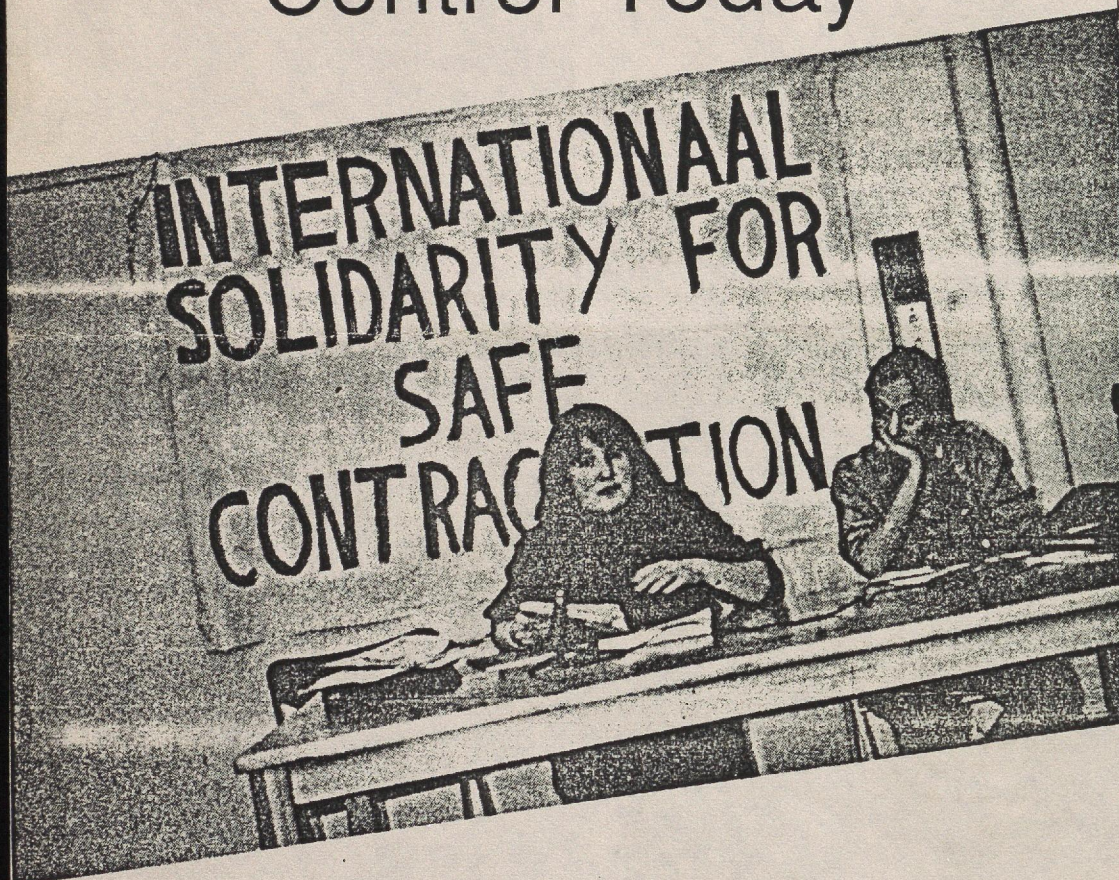
Thanking you in anticipation.

Sincerely yours,

(Sumati Nair)

To,
The Publications Officer
Special Programme of Research, Development &
Research Training in Human Reproduction
W.H.O.
1211 Geneva 27
Switzerland

Discussions on Population Control Today



Report of a Working Day on Changing Trends In Population Control,
Impact on Third World Women and the Role of the World Health
Organisation.

By
International Solidarity for Safe Contraception, Amsterdam
and
X-Y Movement, Amsterdam

International Solidarity for
Safe Contraception
Fokke Simonsz straat 12A
1017 TG Amsterdam
The Netherlands.
Giro no. 2746838

For copies of the booklet please transfer fl.5/ £ 2 (per copy) to the
address and Giro no. above. (postage charges extra).

Feasibility, Safety and Acceptability of
Hormonal Methods of Contraception

On March 8, 1986, International Women's Day, the Indian Women Scientists' Association (IWSA), Hyderabad Branch organised a discussion on the topic "Feasibility, Safety and Acceptability of Hormonal Methods of Contraception". The discussion was attended by Professors of Obstetrics and Gynecology, Pathology, Physiology, Sociology, research workers and concerned citizens. The main issue debated by the participants was the government's proposal to introduce an injectable contraceptive, Net-Oen in the country's family planning programme. It was felt that IWSA should examine this proposal in the light of the available medical data on Net-Oen and in the context of the prevailing socio-cultural milieu, keeping in mind the nature of the health-care system through which the injectable will be administered in a mass programme.

The consensus at the meeting was that injectable contraceptives such as DMPA and Net-Oen are not feasible, acceptable or safe in a mass programme in India for the following reasons:

There has been a high and unacceptable incidence of menstrual irregularity either in the form of unpredictable bleeding or amenorrhoea (no bleeding) among women receiving

injectables like Net-Oen and DMPA. Some skill is needed in administering the injectable drug which is a viscous, oily substance, a criterion difficult to fulfill in a mass programme. The WHO studies suggest that while the incidence of uterine and breast cancer may be unaffected, injectable contraceptives like DMPA may be associated with a higher risk ratios of cancer cervix. This is of relevance in view of the fact that cervical cancer is already the most common form of genital cancer among Indian women of the low-income group.

Injectables are generally given to lactating women on the ground that the drug does not suppress lactation. However, it is known that the steroid is secreted in breast milk and its effect on breast-fed infants is not known. Indian women breast-feed for prolonged periods and the consequent risk to young infants is unacceptable. The safety of both injectable and oral pill depends on very careful screening and monitoring of acceptors which is impossible in a mass programme under the present health care system.

The following resolutions were passed:

- (1) Injectable contraceptives like Net-Oen and DMPA should not be introduced in the country's family planning programme because their selective and safe use can not be ensured. Their import, sale and distribution should not be allowed.

No more clinical trials with the injectables should be carried out. The available information on the injectables contra-indicates their use in the Indian context.

(2) The present health-care set-up is utterly inadequate to ensure the safety of a mass programme with long-acting hormonal contraceptives and oral pills. The practice of setting targets and quotas and achieving these through 'camps', which has resulted in deaths and complications, should be immediately scrapped. Family planning 'performance' should be evaluated and rewarded not on the basis of quotas fulfilled but on the basis of the follow-up and health-care given to users.

(3) There should be a shift in emphasis (research and use) to safer, non-invasive, non-hormonal, barrier methods. Men should be encouraged to share the responsibility for birth control. The present neglect of research and promotion of male contraceptive methods should be corrected.

(4) Factors like raising the age of marriage, better education and employment opportunities for young girls, and improving the status of women should be given more attention. Bringing down the birth rate is not the responsibility of the Health Ministry alone. Social and economic policies should be so designed as to encourage fertility decline.

(5) All clinical trials with contraceptives should be approved and monitored by ethical committee which should

include lawyers and representatives of women's groups and health groups. Initial trials should be conducted only on educated and informed volunteers who are capable of giving fully informed consent. The current practice of testing drugs on the deprived sections of society should be immediately abandoned. There should be a review and tightening of drug laws, especially those pertaining to clinical trials.

(6) The present trend towards the social marketing and advertising of family planning methods is undesirable and should be discouraged. Since the target women are largely illiterate and uninformed, there is a danger of biased and incomplete information being disseminated if sales promotion techniques are permitted. This has happened in other Third World countries and should be prevented in India.

The organizers acknowledge with thanks the financial support from the Indian Council of Medical Research, New Delhi.

Net-EN

A 180/2
Ashok Vihar I
Delhi 110052
January 21, 1991

Dear friend,

Enclosed please find a summary of the biological abstract search on NET-EN from volume number 55 to 97. References indicated in the summary are listed in bibliography in which abstract of the paper is also included. I hope it will be of some use to you.

With kind regards,

Yours sincerely

(Parmod)

26-4-'91

Dear Madhu Kishwar,

this is regarding your article "Why I do not call myself a feminist" in Manushi No.61, Nov-Dec '90. Although we would like to respond to the whole article, we are here confining ourselves to your analysis of the campaign against injectible contraceptives.

The accuracy that is generally exhibited in Manushi, was remarkable by its absence in the one paragraph on page 7 referring to the campaign. We would like to bring to your attention certain facts which you have not taken the trouble to ascertain before writing the said paragraph.

The campaign against injectible contraceptives was not launched merely through newspaper articles. On April 1, 1985, some activists and doctors from Stree Shakti Sangh-tana attended the inaugural camp of Phase IV trials of the injectible contraceptive Net-En at Patancheru Primary Health Centre near Hyderabad. It was discovered that women had been rounded up by the Health Centre staff for administering the drug on the strength of the statement "Injection le lo, bacha nahi hoga." This was part of an ongoing multi-centre trial being carried out in 45 primary health centres in India, by the govt. This was the final phase of the trials, after which Net-En was to be introduced into the national Family Planning programme. In order to prevent the introduction of this contraceptive into the family planning programme, a writ petition was filed in the Supreme Court in April 1986, by three women's groups and several individuals, on the following grounds :

Net-En the injectible contraceptive in question, disrupts the hypothalamic-pituitary functions, causing extensive endocrinological disorders in the body.

- Animal studies indicate real possibility of cancer occurrence.
- Because it is excreted through breast milk, there is a possibility of its effect on the development of breast-fed infants.

- Animal studies also indicate the masculinization of the female fetus during in-utero exposure.
- Although it is recommended for use as a spacing method, it in fact could produce sterility after use.

Net-En trials were being conducted in an unethical manner without the informed consent of the women involved. Given the state of our rural health care services, Net-En cannot be administered according to its recommended norms. Further, since it can be given without the woman being fully aware that it is a contraceptive, Net-En has tremendous scope for abuse in the context of our target oriented F.P. programmes. Through extensive library research, reviewing studies conducted by ICMR and its associated centres, and from published material of WHO and others, a well documented case was established, which could stand scientific and legal scrutiny.

A recent application filed in the Supreme Court has expanded the scope of the case against Net-En to include newer invasive contraceptives such as implants, anti-fertility vaccines, hormonal vaginal rings etc. All these will be introduced into the national F.P. programme for widespread administration. We have found evidence that more than 12,000 women have so far been subjected to these hazardous drugs, without their informed consent or adequate medical back-up facilities.

We are surprised that you seem to be mouthing the World Bank line that death due to pregnancy and related causes account for the high rate of female mortality. Maternal deaths account for only 11% of the total deaths of the female population (women & children.) The maximum deaths occur before the age of 15 years, and not during the reproductive period. (Health Statistics of India.)

We would also like to draw your attention to the campaign against the coercive and oppressive population

policy of the govt. in the bastis of Delhi. The campaign carried out by Sabla Sangh, a Delhi based group working in four resettlement colonies, was based on a systematic survey of the medical and sociological consequences of tubectomy. When the campaign culminated in a demonstration in New Seemapuri, an invitation was sent to your office. Unfortunately, you did not care to participate. If you had, you would realise that work is indeed being carried out on what you refer to as "higher priority issues".

Finally, you of all people should know that no funding agency will fund anti population control campaigns, because it is directly against the interests of imperialism and capitalism. Thus, the campaign against injectible contraceptives has been sustained through individual efforts and personal contributions. Paucity of resources has in fact been one of the realities of this campaign which we have been forced to operate under.

We are happy to inform you that we have been unmoved by swinging fashions and have resolutely been compiling more information on hazardous long-acting contraceptives which are going to be dumped on poor working class women in India, especially in the light of the recent census figures. The desperate race to stabilize the population by 2000 AD is resulting in coercive and anti-women policies. Everyone concerned about women and democratic rights had better recognise this as one of the most important issues of the coming decade.

We have consistently sent you information on the campaign, the latest being an update sent on 8-11-'90. However, you have chosen to neither acknowledge nor publish this material. We trust you will print this letter without editing, otherwise we will be confirmed in our opinion that Manushi no longer welcomes debate, and is confined to representing sectarian, uninformed views.

hmm
(for the Saheli Collective)

Saheli

Women's Resource Centre

ABOVE SHOP NOS. 105-108, DEFENCE COLONY FLYOVER MARKET (SOUTH SIDE), NEW DELHI 110 024. TEL: 4616485

9.1.99

Dear friends at FFWH,

Hello to all of you.

You probably know from Jaya the latest on the Net En case. In any case, here are the details:

The case was argued by Ganesh, and was adjourned for six weeks because the papers were not completely in order. Two years ago, when Venkatramani and Ganesh became senior counsel, Murli was designated as the Advocate-on-Record.

Vakalatnamas were sent to all the petitioners in order to make the change of advocate official. Dr A.K.Vasudevan's address could not be traced despite efforts by us and Veena Shatrughna. Ramana Dhara did not reply to our letter. At that time, our lawyers were of the opinion that it did not really matter. However, the judges insisted that even these two petitioners file their Vakalatnamas. Now we are once again trying to contact Dr A.K.Vasudevan and Ramana Dhara.

In the course of preparing for this hearing, we came to know that the affidavit prepared in 1990 broadening the scope of the case (to include Norplant, AFV, nasal spray and vaginal ring) has not been filed. This is probably due to some technical lapse.

The ICMR lawyer during the 6th Jan hearing stated that there was new material since 1986. He asked (and was granted) permission to file additional documents. This too will be done within six weeks.

Now that we have some time before the next hearing, we are planning to file additional documents about events occurring in the interim. Since FFWH is not one of the original petitioners, we are writing to ask you whether you wish to file an intervention application in the case. Our lawyer has told us that this is a possibility. We have informed Sathya about these developments and asked her too whether she would like to intervene, or work with Saheli. It may also be possible for you to work together on an intervention. Whatever it is, it will have to be done soon. There is time only for 6 weeks from the 6th of January. In the interests of optimum co-ordination, we feel it best not to bring in any new lawyers at this stage. Please let us know what you think.

Please do acknowledge receipt of this letter and contact either Vani (011-6962551), Laxmi (011-8573876) or Vineeta (011-6104870). Please also send us the minutes of the meeting in IRR, and also the invitation letter sent to CEHAT.

Hoping to hear from you soon,

In solidarity,

(for Saheli)

Vineeta

Vani

Laxmi

Rashmi

Sadhvi

IRR letter

Dear Vani, Vineeta and Laxmi,□□□

Here is our letter to IRR.□□According to Malini, they are having this meeting in Bombay□instead of Delhi because women from Bombay are mild and not as□powerful as you all are.□□Regards and Love,□□Swatija□-----□

Dear Dr Juneja,□□Thanks for inviting us to participate in the workshop. We, however,□have some reservations about the objective and the structure of the□workshop.□Firstly, we want to make it clear that if IRR is planning to make any□recommendation on the induction of injectables in the national family□welfare programme as an 'outcome' of the workshop, we, Forum For□Women's Health, do not want to be a party to it.□Women's groups have consistently opposed injectable contraceptives for□last many years. As you may be aware, public interest litigation is□pending in Supreme Court and high dose EP drugs stand banned under□denotification of schedule 27. So it is very clear that the issue is□highly controversial and very serious. Hence one such workshop is not□sufficient to arrive at any conclusion about these drugs. We,□therefore, feel that the workshop at best can be a review meeting.□Secondly, circulating the latest data and material beforehand, we□think, would have enhanced dialogue and helped critical examination of□the issues involved. Also, we are not happy about the tokenism□apparent in putting women's issues and views right at the end of the□workshop. Ideally, we feel, space should have been provided in each□session for discussion in general and women's issues and views in□particular.□We request you to respond to our suggestions immediately to enable us□to decide upon our participation in the workshop.□Yours sincerely,□□Forum For Women's Health□□NO CARRIER□□1H1Hwelfare programme as an 'outcome' of the workshop, we, Forum For□Women's□Health, do not want to be a party to it.;1HWomen's groups have□consistently opposed injectable contraceptives for;1Hlast many years.□As□you may be aware, public interest litigation is;1Hpending in Supreme□Court□and high dose;1H□□--MAA28146.913620045/bom4.vsnl.net.in--□□

LEARNING MATHEMATICS

COURSE WRITERS' MEETING

SCHEDULE

Oct. 27, 1998

- | | |
|-------------------------|---|
| 10.30 a.m. | Welcome by Director, SOS, followed by presentation of status of the course units by Prof. Sinclair. |
| 11.00 a.m. to 1.00 p.m. | General comments on the units in the course |
| 2.00 p.m. to 5.30 p.m. | Blockwise discussion on units |

Oct. 28, 1998

- | | |
|-------------------------|--|
| 10.30 a.m. to 3.00 p.m. | Discussion continued |
| 3.00 p.m. to 5.30 p.m. | Finalising the PR pamphlet for the Certificate Programme |

(Lunch from 1.00 p.m. to 2.00 p.m.)



MAF NET: 333 / 99-2000

16 August '99

To

Laxmi Murthy

SAHELI

Above Shop 105-108

Defense Colony Flyover Mkt (south)

New Delhi - 110024.

Dear Laxmi,

It was good to receive 'Enough is Enough' - thanks.
I've skimmed through it - and was impressed by the depth
of information.

Just one comment: the report does not highlight the fact
that injectibles provide no protection against disease/infection
(e.g. AIDS) which I would have thought is a very strong
point against them.

I enclose a mailing list of people working on
women's health who would be interested in and
benefit from the report. Some of them are MacArthur
Fellows - perhaps Poanam can buy up the required
number of copies and distribute.

I would like copies of the MS Swaminathan Report
and the National Population Policy - can Saheli send
me photocopies with a bill?

That's all for now,

Warm regards,

Jashodhara.

Encl. Mailing list.

13 Dec. '90

Dear Satyamala,

How are things going? I was quite excited to hear that you'd have included the trials with the other new contraceptives into this case now! We have a major fight on our hands and we must make the most out of the publicity we get for it!! It was announced on the BBC World Service at ~~the~~ Newstime (World News) on 11 Dec. '90 that Morplant has been approved for use in the USA!! A major political step ahead for the population controllers!

We have managed to locate the monograph on Carcinogenicity - it is a book of about 400p. I've photocopied all that I thought would be relevant - discussions on the animal studies comes in the section Preamble. However, a copy of the list of contents is included. In case you need anything else on the list that I've not copied - do let me know as soon as you can. I am allowed to keep the book for ^{until 7 Jan. '91} a ~~month~~ - so I will still be able to copy the rest for you.

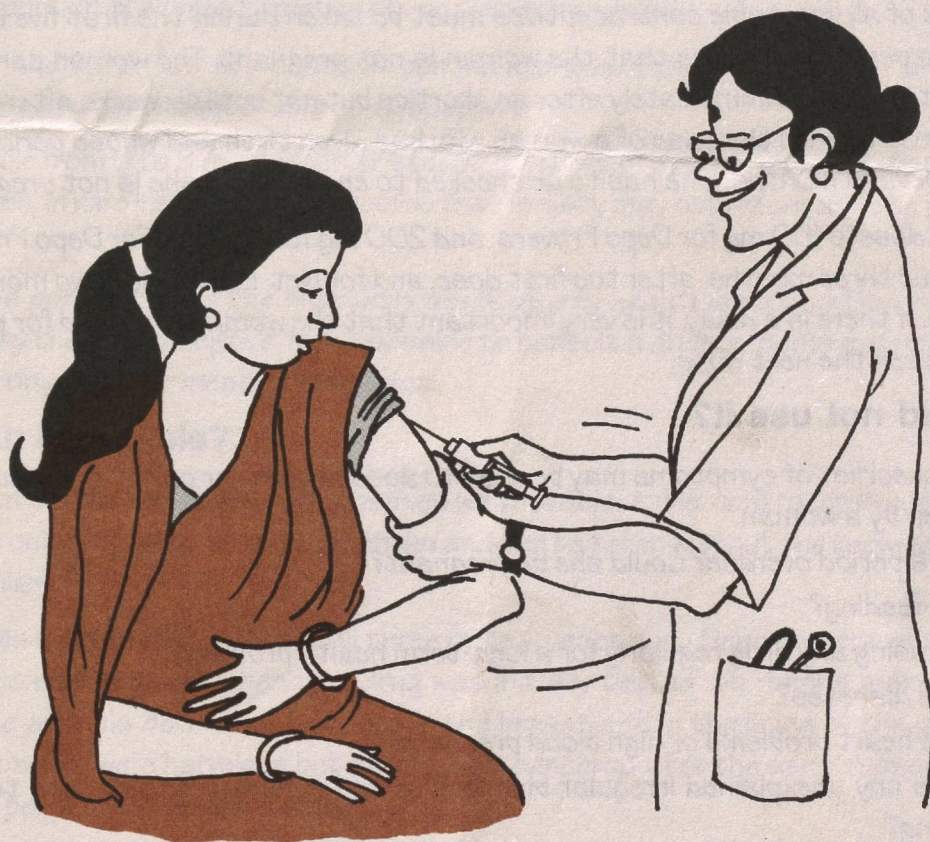
For the studies on Teratogenicity there is another institute mentioned (in case you need more than all included in this publication) where more information is available. Bibliographical sources on Teratogenicity are available at the Environmental Teratology Information Centre at the Oak Ridge National Laboratory, USA. I don't know where in the USA this is - I'll try to find out + write to them. Perhaps you may know about it + can also write directly yourself!! A lot of luck + success in your efforts! In solidarity,

Sunati

Do keep me informed about developments now that Parjanya has left!

I've enclosed copies of the other letters of Satyamala's request.

Injectable contraceptives





INJECTABLE CONTRACEPTIVES

These are long-acting, synthetic, hormonal contraceptive injections that are currently being used by a few medical doctors and the Family Planning Association of India in our country. They are known as NET-EN and DEPO PROVERA. NET-EN is currently not in use due to a stay order by the supreme court.

How they work?

They suppress ovulation, make cervical mucus unable to support sperm survival and make the lining of the uterus unsuitable for implantation. They are usually injected every three months and are about as effective as the combination pill.

What are the types and the names?

There are two types of injectable contraceptives being produced.

- a) DEPO PROVERA - injected once in three months.
- b) NET-EN - injected once in two months.

When should they be taken?

The first dose of all injectable contraceptives must be taken during the first five days from the start of a period, to ensure that the woman is not pregnant. The woman can start on injectable contraceptives immediately after an abortion but not until six weeks after childbirth. Special care is needed in the case of a woman who has given birth and whose period has not resumed for several months. She has to be checked to ensure that she is not pregnant.


The standard dose is 150 mg for Depo Provera and 200 mg for Net-En. For Depo Provera, the next dose is due three months after the first dose, and for Net-En it is due two months after the first dose. If there is a delay, it is very important that the woman is tested for pregnancy before being given the next dose.

Who should not use it?

The following checklist of symptoms may be used to assess whether or not the injectable can be safely taken by a woman.

- + Is the woman's period overdue? Could she be pregnant?
- + Is she breast-feeding?
- + Has she been using any drug regularly for a long-term health problem?
- + Does she have diabetes?
- + Does she have heart problems or high blood pressure?
- + Does she have any unexplained irregular bleeding, or any symptoms that need testing for chronic bleeding?
- + Has the woman noticed any lump in her breast or any discharge from her nipples?
- + Has she ever had jaundice?
- + Has she ever had fits, migraine, experienced loss of consciousness or paralysis?
- + Has she ever experienced severe chest pain or breathlessness even without exerting herself much?





If the answer to all these is "no", then the woman may use injectable contraceptives. If there are even one or two "yes-es", it means that she will need a complete medical check-up before it can be decided whether the injectable is safe for her.

Giving injectable contraceptives to breast-feeding mothers

There are different opinions about giving injectable contraceptives to breast-feeding mothers. Many say that it can be given six weeks after delivery, even if the woman is breast-feeding. Others feel that this is not safe. The reason is that small amounts of the drug pass through the breast milk to the baby. Studies show that babies whose mothers took Depo Provera while breast-feeding them have grown up to be healthy teenagers. But such studies have not yet been conducted with Net-En.

What are the side-effects?

According to the promoters, the side-effects are minimal and easily taken care of.


- ❖ The most common side-effect is menstrual irregularity. This can take the form of: unpredictable bleeding and sometimes amenorrhea or absence of bleeding. 60 out of 100 women have hardly any bleeding at all.
- ❖ A small portion of women complain of very heavy bleeding.
- ❖ Nausea and dizziness are common complaints associated with many drugs containing hormones as also the injectable contraceptive.
- ❖ It can take from 5 to 9 months after stopping the injectable for the ovary to start producing eggs again. In rare instances it is possible that fertility may not return and the woman becomes sterile.
- ❖ When the person taking the injectable develops any health problem which she feels may be caused by the contraceptive, it is advisable to consult a doctor. Some examples are migraine with blurring vision or mental depression.


Why an injectable?

It is often argued that women themselves want an injectable contraceptive, since it needs to be taken only once in two or three months and can be taken without the knowledge of husbands and families.

But it has its own side-effects. Till three or four years ago, Depo Provera was banned in the USA. This was because when the drug was initially tested on rhesus monkeys and beagle dogs, the animals developed tumours in the breast and in the lining of the uterus. Some of these tumours were harmless but others were cancerous. For the same reason, the injectable was not permitted for use in India.

More recently, the results of several studies conducted by WHO in developing countries on the long-term effects of Depo Provera have become available. They show that there is no direct connection between getting cancer and use of Depo Provera. It must be mentioned here that Depo Provera is being used in several countries by millions of women.





Net-En was tested in India many years ago, but the women who were given this injectable were not told that this was an experiment, nor were they informed about the side-effects. Though it is not permissible to give any drug which is in the experimental stage to lactating women, many of them were included in the experiment. Several women's groups protested against this abuse and filed a case in the Supreme Court. The trials were stopped as a result.

Whether or not Net-En can cause any serious health problems, there are other reasons why health advocates do not consider it suitable for use in India. These have to do with the poor health facilities we have, their inaccessibility by poor women, and also with the way family planning programmes have been insensitive to women's needs so far.

For example, if there are no tests done to make sure that the woman is not pregnant before taking the injectable, the foetus can be born with deformities. Research shows that if Depo Provera is taken within the first four weeks after conception, in 90 out of 100 cases, the baby will be extremely underweight. In 80 of these cases, the baby may die before it reaches one year of age.

It is possible that the delays in doses are perhaps due to the fact that the woman forgets to take them on time, or because of lack of supply. In such cases, testing for pregnancy every time will be costly, but not doing so will affect the foetus.

Another major worry is that the common belief that injections are the cure for all illnesses makes it possible for injectable contraceptives to be given to women without their knowledge or consent. This has happened in the past with other contraceptives and can be done much more easily with an injectable one (than with an IUD for instance).

There are other problems, like poor quality of health services and of abuse and lack of accountability in the health service system, especially in the area of family planning. Lack of awareness amongst the women and couples about health issues and risks is another detrimental factor.

Recommendation

This method may be suitable for urban literate women who are aware of the risks involved and for those who can easily access health facilities. It is not advisable for poor women in rural and remote areas where there are no health facilities.

Anti-Fertility Vaccine

Research on developing a vaccine against pregnancy is currently underway. Women's organisations in several countries have protested against this, as the vaccine is considered to have an unprecedented potential for abuse and may also be harmful to health.

It may come into the market on a trial basis.



Post Box 4610, 59, Miller Road, Benson Town, Bangalore 560 046, India.
Tel : 91-080-5546564 / 563017 Fax : 91-080-5546564 E-mail : admin@voices.ilban.ernet.in



Ranjana Padhi
The Hague
The Netherlands

23 Nov.1990

To,
The Publications Officer
WHO
Geneva

Dear Sir/Madam,

I am an Indian woman now studying at the Hague on issues relating to women, development and fertility. I have seen several of your publications that I think would be useful for my work once I return to India this year. I would be happy if you could send the following publications to my address in New Delhi and would request you to put me on your mailing list so I can receive all future publications.

Below is the list of publications I would like to have if it is not too much trouble:

- Annual Reports of the Special Programme of Research, Development and Research Training in Human Reproduction - if possible back issues from 1982 onward until the most recent one.
- Fact Sheets and Technical Reports published by the Special Programme on injectable contraceptives, Norplant, vaccines (anti-fertility), and any other of the new contraceptive methods.
- Special publications relating to the following issues;
Long-acting Systemic Agents for Fertility Regulation.
Safety and Efficacy of Fertility Regulating Methods.
Standardisation and Quality Control of Laboratory Procedures in Human Reproduction.
Vaccines for Fertility Regulation.
- Regular mailing of the Newsletter of the Special Programme PROGRESS with back issues if possible.

This information will go a long way in furthering my understanding of developments in this field once I return to India. Please send the material to:

Ranjana Padhi
Saheli
Under Defence Colony Flyover 105-108
New Delhi 110024
India.

Thanking you in anticipation . Looking forward to receiving the material as early as possible.

Sincerely yours,

(Ranjana Padhi)

Sumati Nair
Nias straat 14
1095 VA Amsterdam

27 Nov. 1990

Dear Nel van Dijk,

I wonder if you remember me - I am the Indian woman that has been working on the long-acting hormonal contraceptives from Amsterdam. We are are looking for information some specific information and were wondering if you could help us.

What we want to have is information regarding liability insurance for drug testing in developed countries or in western Europe and the U.S. Could you send us copies of any material available on this issue ? Besides it would also be useful if you could suggest to us other people/organisations that we could approach for more on the same topic.

Looking foward to your answer,

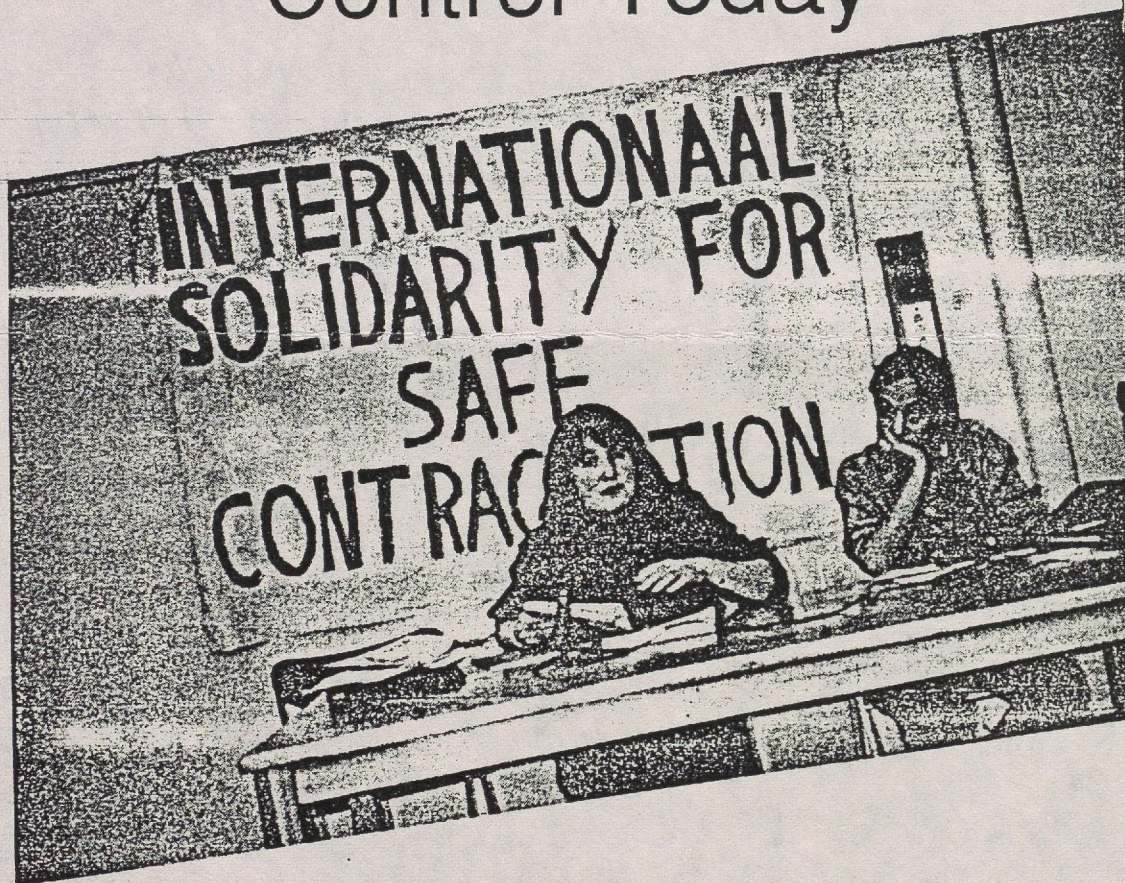
Sincerely yours,

Sumati Nair

(Sumati Nair)

¹⁰
Nel van Dijk
European Parliament Member from GRA 12
European Parliament
Rue Belliard 79-81
Room 314
1040 Bruxelles
Belgium

Discussions on Population Control Today



Report of a Working Day on Changing Trends in Population Control,
Impact on Third World Women and the Role of the World Health
Organisation.

By
International Solidarity for Safe Contraception, Amsterdam
and
X-Y Movement, Amsterdam

International Solidarity for
Safe Contraception
Fokke Simonsz straat 12A
1017 TG Amsterdam
The Netherlands.
Giro no. 2746838

For copies of the booklet please transfer fl.5/ £ 2 (per copy) to the
address and Giro no. *above*. (postage charges extra).

21st Nov. night.

Dear Sathya,

It was really useful (and great!) to find you at the Saheli office today or else I would have left a range of questions to be delivered to you & others. Couldn't inquire about you souls 'cos I was too conscious of the fact that it was about the work only, but we'll tell you all that I want to.

Global Network women have agreed to my making telephone calls to Saheli & others in Europe for this work. And they will also be taking care of some of the mailing to Saheli. One minor disadvantage is that I had a rail discount card for a year & it expired ~~on~~ a few days back. Hence trips to Amsterdam are not so cheap on my new limited budget. Stayed there Tues - Wed (20th - 21st) and shall do that again next week (Tues - 27th) to complete a couple of files in their documentation unit - which I couldn't today.

As I was telling you on the telephone I have really fallen into the trap of finding a world of information on Net-Su which I cannot entirely ignore. Kalpana had written that you'll would let me know what is there already, but I haven't got to know that as yet. Hence, I'm sending a lot of papers, & half of which you maybe very familiar with. Since I'm getting it done free (photocopying & mailing) it's okay.

Sumathi was at the Tropical Museum library today while I was ringing you up from Global Network. This been a major help here. The IARC reports of '74 that you'll have specifically asked for are yet to be traced on the library computer. They will locate it & inform Sumathi. Will post it as soon as we get & hold of it.

Wimoes people will be sending a packet to Saheli in a day or two. It contains two computer search lists on Norplant & Net-En and a bibliography of the Norplant method. Hope its useful to you'll. A couple of their publications*, esp. → Background Info. Pack on Norplant/Injectables and a couple of Norplant package inserts that I located in their office today. One of them is in Spanish - from Leiras. Am yet to locate inserts of the injectable. Most of these people were just not available for weeks before the Manila meeting. Hence the delay.

After confirming with you, I'm writing to WHO to send us their publications - esp. the HRP annual reports & publications on Fertility Regulation and Contraceptive Development together with their bulletin called Progress ^{to the Saheli address.} I've written as a student interested in the area & that it would be very useful to me in India when I get back. Hope that's okay. The HRP annual reports are really fat - hence the only possibility is getting it from WHO. If they do not respond - either me or Sumati will go to Geneva.

Next. Rati Rao seems to have done some work on liability insurance for drug testing in India. Am sending you'll her address though you'll maybe having it too.

E. Rati Rao

Microbiology Division,

Central Food Technological Research Institute

Mysore - 570013.

Have ~~not~~ ^{also} contacted a couple of people in US and Germany to send information on this to Saheli.

* Their latest publication has a list of articles they've analysed on injectables. Sorry for sending bibliographies - shall tell you'll in person how the process ~~of~~ works with these women when you ask for specific information -

As I told you, Sundari Parindran of Trivandrum has access to the popline search routine* at the CDS. ~~to~~ Met her at Manila, didn't quite understand her approach to ~~the~~ contraceptive research in India (~~now~~ shall tell you'll more in person). But was glad to know that the facility is there. So drop her a letter that she had told me she would send as much as she can ~~on~~ - abstracts of animal/metabolic/pharmacokinetic studies dealing with Norethisterone Enanthate.

Address: Sundari Parindran
"AISHWARYA"

Anantha Co-op Housing Society
Thuruvikkal Post
Trivandrum - 695031.

The next address, which you people may also already be having is:

Dr. Nitton Dehavalaya
ESCAP Bangkok, Population Division
Rajdamnern Klang Ave.
Bangkok, Thailand.

Write an individual letter to this address as a doctor/researcher for any/all information that is accessible through the popline search routine. I believe that they generously dole out literature if requested. So try it out.

That's all for the time being. If you'll need anything desperately - which I don't think so from ~~of~~ what you told me - use the global network fax number. So let me know if you'll can receive fax stuff anywhere. But I doubt if we'll need these fanciful means of communication!!

in contacting (writing & ringing up)

*I'm also trying to get it done in the Institute free of charges & therefore it's taking time - so do write to her in any case.

groups in US/London/Germany/Zurich for
specific aspects of information Kalpana
had written about. Don't know how long
it will take - but the process is on.

Hope to return by mid-Dec. -
sadder & wiser & craving for my "motherland".
Been through a lot - no regrets. Looking
forward to seeing my women friends
after this long gap. So much to say.
Take care, all of you.

Love always
- Benjana -

P.S.

Sumati shall be writing to you too.
Since there is some time & you specified
info. on Neoplant/vaginal rings -
she's right now going through her
addresses & writing to folks she
knows. She's quite excited & full of
ideas & a major help to me here.

P.S. P.S.

My ticket for Dec. 15th is
still on the waiting list!!

Am'damn
22 Nov.

Dear Satyamala,

It is a great pity that I could not meet any of you'll when I was in Delhi this Oct. I had kept 3 days just to meet people there - but my plane ticket to Manila (for the conference) was rescheduled to one day ahead + there were many problems with their computer etc. ~~very high American prices~~ ~~the rate of exchange was very high~~. But I was happy to hear the news from Panjara about developments there. This time we must make a good case!! We have a lot of backing from groups in many places. There are several things that I thought I could do from here which might perhaps be of use - I certainly would like it to be so!

First - I enclose the copy of a letter I received from Dr. Georges Peters, ~~an~~ a recognised & respected pharmacologist in Switzerland who has since 1986 been supportive of our struggle against these contraceptives. This letter is his critique of the new guidelines (1987) that the WHO-HRP brought out to state that they need not use animals for steroidal contraceptives anymore or to restrict it to the minimum. He has made several very pertinent points that you might find useful. I also got him "checked out" by some reliable women in Switzerland that I know and they say he + his wife are broadly socialist and often stick their neck out to support causes that are progressive. You could I think, write to him directly yourself - he will certainly respond to your questions as soon as he can.

25th Nov.
Sorry to delay mailing this - I am still after the teratogenic + carcinogenic studies you wanted. I've

written to friends in Zurich to ask them to find it for me. We are also trying to get more on the liability laws for drug trials here. I ~~am~~ including here a list of addresses of people who ~~who~~ would be willing and able to help with specific information. Perhaps you have them already. Besides also as you will know, Mira Shiva has a lot of information too from WEMOS on Norplant, I think. I also received a copy of a letter sent by a group of women in Trivandrum, Kerala saying they are following Norplant studies there and wrote the Boston women asking for more information.

The group their address is:-

Vanita Nayak Mukherjee
429 Prashanth Nagar
Trivandrum 695011
Kerala.

The BUKO group doing a lot of work on the ~~pharmaceutical~~ German pharmaceutical (perhaps you have it already) is including Scheering is:-

BUKO - Pharma Campaign
August-Bebel Str. 62
Bielefeld 4800
W. Germany

tel. 0049 / (0) 521-60550

The address of the Brazilian woman who had worked for the stoppage of Norplant trials there (and they were stopped) is:-

Anna Regina Reis

R. Beto Horizonte 322,

R. Beto Horizonte 322 ap. 601

Brazil - Salvador BAHIA 40130

tel. 55-71-2478588

A woman in the European Parliament Women's Bureau of the Green left who is very helpful & willing to send information (I'm writing her for stuff on liability laws for clinical trials) is:-

Nel van Dijk

Member of the European Parliament
to Women's Bureau of GRAIL
European Parliament
Rue Belliard 79-81, Room 314
1040 Bruxelles, Belgium

not much here

She knows ~~of~~ about our work here and has been very supportive. I'd get her to send you some information but its useful for you to have her address.

I'm enclosing some information you might find useful. Please keep in touch and let me know if there is anything else you need. We could also get groups from different countries to send letters/telegrams or protest statements to the Supreme Court to show their solidarity — if you think it will help the case. I'm no more with the Global Network for Reproductive Rights here in Amsterdam but I'm sure they will do it if a specific request is made. Do let me know how you feel about it.

I hope there are sufficient women to help you with the case — My warm regards to all of you — I am very much with you in your struggles... Do let me know what else I can do — even when Ranjana leaves you could always contact me. Wishing you strength,
In solidarity,
Jinnati

ps. Do you have a FAX number you can use??

ps. A group of women in Zurich who have done a lot of work on the vaccines and will willingly help with the Antigena Group — you can write to Barbara Thurnher (please don't write the name 'Antigena' on the cover)
Zurbinden str. 216
CH - 8003 Zurich
Switzerland

Tel. 41 - 1 - 4513625

Fazida Akter from UBINIG, Dhaka is another woman
Noylat + is very actively
fighting against them in
B'desh.

her address is: — UBINIG

5/3 Baraboo Mahanjan

Ring Road, Shyamoli, Dhaka 1207,

Bangladesh. FAX - 880 - 2 - 863177

An afterword as it were - the Tropical Institute
here in Am'dam has located the IACR monographs
of teratogenicity - carcinogenicity for me & will
get them from another library soon. The day I
make copies (they are apparently thick monographs)
I will mail them to you. These libraries here
are very efficient - sometimes very helpful - do
write if you want me to locate anything else..
JN.

19 Dec '90

Managed to get the vol. 6
also of what you asked for.
Find that both are on cancer
research + some of the info. ~~is~~
overlaps with the vol. 21. Anyway
it's all there.

Sorry for the delay. I missed
Kanjana at the airport the
day she left + so have to mail
this.

Could you'll send me a copy
of the addition papers you have
submitted for the case? Please
send all correspondence to my
house address:-

NIAS STRAAT 14
1095 VA Amsterdam
Holland

Tel. 020-927083

Dear Satyanraba,

Apart from going thro' the papers at the office of the Global Network there were other papers I had at home which I've gone thro' and photocopied (included here). This pile is all I have on issues relating to contraceptive liability insurance ~~not~~ mainly during ~~research~~ the trial phase.

Hope you've received the other information sent so far.

A lot of luck and please feel free to ask for ~~more~~ anything else you'll need. The monographs are being followed up - on the teratogenic effects etc.

Good wishes to all of you at Saheli for the New Year.

Sincerely yours,

Sumati

11 Dec. '90

Attached: List of materials sent (19)

CATHAY PACIFIC AIRWAYS LIMITED
 Hotel Jambath
 New Delhi 110 001
 Cable: AIRCATHAY
 Telephone: 332-3332/332-1286/332-5789

List of materials sent by
Sumati Maiti 11-Dec-'90

- ① Whatever happened to the contraceptive revolution? IFFP.
- ② Contraceptive research lagging. Science Vol 229, 1985
- ③ Medicine and the Law - product liability. Lancet, Mar. 5, 1988
- ④ The Next Contraceptive Revolution. F. P. Perspectives - Vol. 18, no. 1, 1986.
- ⑤ Safeguards for healthy volunteers in drug studies. Lancet Sep. 6, 1975
- ⑥ International Regulation of the Supply & Use of Pharmaceuticals: Deupt. Dialogue, 1985, 2.
- ⑦ Injec. Contrap. Synthesis: An example of International Co-op. Science Vol 209, 1980
- ⑧ When products turn into liabilities. Fortune March 3, 1986
- ⑨ Reproductive Research & Contraceptive Deupt. - Office of Technology Assessment, U.S. Congress. "World Pop" & Fertility Planning Technos.
- ⑩ The Safety Barrier. Guardian Tue. June 26 1990.
- ⑪ What would a feminist popⁿ policy be like? Women's Health Journal, No. 18, 1990.
- ⑫ Redirecting Contraceptive Research. Science for the People, Jan-Feb 1979.
- ⑬ Who? Paper presented by Brazilian women at Frankfurt Conference, 1988
- ⑭ Letter from Brazil to Marge Beres, WGNRR.
- ⑮ Nonplant Update: Network - Vol. 9, no. 2, winter 1988.

- ⑩ News & events : Health right No. 2, Vol 7, Feb 1988
- ⑪ Research in Human Reproduction Biennial Report 1986-1987. , WHO, Geneva, 1989.
- ⑫ Long Acting Contraceptives : Present Status.: G. Benagiano and FM Primiero.
- ⑬ Long-Acting Steroids provide new options : Network vol. 9, No. 3. Spring 1988.
- ⑭ Kanton und Stadt. (German?)
- ⑮ Phase IV Study of the Injection Norigest in Pakistan. Dr. Afroze Kazi et al.

~~CATHAY PACIFIC AIRWAYS LIMITED~~

~~Hotel Janpath~~

~~New Delhi 110 001~~

~~Cable: AIRCATHAY~~

~~Telephone: 332-3332/332-1286/332-5789~~

List of Materials from Sumati Nair unaccompanied by any letter. :

- ① Guidelines for the toxicological and clinical assessment and post-registration surveillance of steroidal contraceptive drugs. WHO Sp. Prog of R, D, + R, Trig. in Human Reprod. Geneva, 1987.
- ② Progress : Newsletter of the Special Programme of Research Development and Research Training in Human Reproduction. (WHO)

No. 10, 11, 12 1989.

No. 13, 14, 15 1990.

CATHAY PACIFIC AIRWAYS LIMITED

Hotel Janpath

New Delhi 110 001

Cable: AIRCATHAY

Telephone: 332-3332/332-1286/332-5789

List. of Documents sent by Sumati Hair on 11-12-90.

- ① Acta Europaea Fertilitatis : Vol. 4, No. 4 - Dec. 1973.
"Fertility Control with Net-en."
- ② Introduction of the injectible contraceptive Net-en into family planning clinics in Bangladesh. WHO Bull. 63(4), 1985
- ③ "Debate on F.P. programmes in country X" Loes Keyser, I.S.S.
-Preparatory material for MWC 102 Session 11-11-85.
- ④ "Net-en Clinical Studies" in "L.A. Contraceptive Delivery Systems" I. G. Zatzuhni et. al. eds., 1984.
- ⑤ A clinical trial of Net-en. injected every 2 months.
G. Howard et. al. Contraception April 1982. Vol. 25. No. 4.
- ⑥. Injected Progestogen and Lactation. M. Karim et. al.
B.M.J. 23 Jan. 1971.
- ⑦. Mutagenicity and Teratogenicity of injectible and implantable Progestins : Probable lack of effect. in.
Zatzuhni et al. eds, "L.A. Contraceptive Delivery Systems,
Harper & Row, 1984.
- ⑧. Injectible Hormonal Contraceptives : Technical ~~Aspects~~ Safety Aspects. WHO, Geneva, 1982.

Packet addressed to Nalinii
from someone in Germany (sender not known), which
arrived sometime in January 1991.

List of documents enclosed:

- ① Scheduling ^{product} information sheet on Noristerat. (in German.)
- ② Rote Liste List (?) 1990 - Noristerat.
- ③ Return of fertility following discontinuation of an
Injectible Contraceptive Net-en 200 mg. dose.
Contraception Vol 34, No. 6, 1986.
- ④ Return to ovulation following the use of L.A. injectible
Contraceptives: A comparative study. Contraception April 1985,
Vol. 31. No. 4.
- ⑤ Frage - Antworten. (in German.)
- ⑥ Return of ovulation & Fertility in women using
Norethisterone Acetate. Contraception May 1984 Vol 29, No. 5.
- ⑦ Comparative evaluation of contraceptive efficacy of Net-en
injectible contracep. given every 2 or 3 monthly. (ICMR)
Contraception Dec. 1984 Vol 30. No. 6.
- ⑧ Once-a-month injectible contraceptives. IUPF Medical Bulletin
Vol. 21, No. 2, April
1987.
- ⑨ Kontrazeption mit Depotgestagenen. (in German.)

recd. 19.86

P.O. Box 703
GLEN ELLEN
CA 95442

20th Aug '86.

Dear Labeli

I just heard about your campaign against NET-TV THE NETWORK NEWS (a publication of the National Women's Health Network). I'm afraid I don't have any information on Net-TV. However, here's a small cheque to help you pursue your project.

I am at present studying Acupuncture. I was wondering if anyone of you could answer some questions I have about how you see this form of medicine fitting into the field of women's health in India.

Could you send me the name(s) of anyone I could write to in India, in this regard.

I hope to be in India by the end of next year after having completed further training in

the P.R.C.

Thanks a lot.

All the best.

Sincerely,

Arjiv Gurnani.

Isis
Women's
International
Cross-Cultural
Exchange



a women's international resource centre

Sumati Nair
130 A Albert Cuypp Straat
1072 EA Amsterdam
Holland

20.10.87

Dear Sumati,

Thankyou for your letter which I see arrived on 23rd September. I am really sorry that we are only replying now, the letter has been sitting in the wrong place for three weeks.

We will start working on your information request as soon as possible. Meanwhile, I am really interested in your article on Net Oen and its promotion in third world countries.

I am sending you also a copy of parts of an article which appeared in our quarterly magazine Women's World about the World Health Organisation and its relationship with various multinational pharmaceutical companies. This information came from the Saheli group whom we met at the Costa Rica Women and Health meeting in May 87. WHO was upset about the allegations and I am sending you their formal reply which we then published in Women's World 16.

I wrote to the Saheli group for further information because this issue is so important and a dialogue should be opened between WHO and women's groups who are concerned with the promotion of unsafe or UNPROVEN contraceptives in the third world. Unfortunately, I have no reply from them and time is running out, at least to continue this dialogue in the December issue of Women's World. We are meeting very shortly with WHO women again, probably in the next three weeks.

If we can have information about this from you, to take with us to the meeting with WHO women, this would be very useful. Do you know anything about the Saheli group and how I can contact them? Look forward to hearing from you very soon and receiving your report. Are you visiting Geneva at all? We will send you the material you requested separately but as soon as possible.

Sincerely,

Alison Katz

Alison Katz

PS Marcela just came back from Colombia yesterday, I'll give her your letter.
Isis-WICCE, 29-rue des Gares, C.P. 2471, CH-1211 Genève 2, Switzerland. Tel. (022) 33 67 46



**WOMEN'S GLOBAL
NETWORK ON
REPRODUCTIVE
RIGHTS**

P.O. BOX 4098
MINAHASSASTRAAT 1
1009 AB AMSTERDAM
NETHERLANDS
TEL 020-923900

To: Nalini

From: Elisabeth

• Amsterdam, 2-11-87

dear Nalini,

I am still sorry not
to have spoken to you
when Sumati called.

• I wanted to give
you a big telephonical
hug & a kiss & warm
greetings to Kalpana.
Love, Elisabeth ♥ P.S.O.

Damn, did you
return your questionnaire?

Greetings from Marge
as well, she's presently
in London, where she
tries to stop the time-
limit on abortion
(back to 10 weeks).

Bye - R.

Nov. 1.

Dear Nalini,

I guess I better start with an explanation for the phone call I made on the 27 Oct. I had the previous day received a letter from Alison Katz from the ISIS (copy enclosed) where she talks of your statement at Costa Rica and the WHO's reaction to it published in their (the ISIS) Newsletter (copies enclosed).

I was rather excited that women in the WHO were willing to start a dialogue on this issue of unsafe contraceptives. On the other hand, surprised that you'd didn't know about it. I work one day a week at the Global Network on Repro. Rights office and when I told Elizabeth about Alison's letter she invited me to make a call to you in Delhi. That's how it came about.

I suppose you would be as eager as I to know the outcome of their dialogue with the WHO. Could you enclose a copy of your response to ISIS to me at the Global Network office, in case I don't find the material you

specified?

How is the NET-EN case proceeding? How are you'd coping with the Seti issue?

Please apologise to Satyanraka for saying I'd call back for her and not doing so, since I got to talk to you anyway. I hope you find the time to send me a reply. All the best to all of you at Saheli.

Warm regards to
you,
Sumati

National Women's Health Network

To All Contributors to the News

Dear *Saheli*,

Thank you for your recent contribution to the Network's News. You will find your suggestions or article located on page(s) *5* of the current issue. A copy is enclosed for your review and files.

We hope that we will be able to call on you in the future for information on the same issue or subjects of a similar nature.

Please feel free to send us additional information which you would like us to consider for future publication.

Sincerely,

G. Bloom

Gretchen Bloom
Editor/News

Judy Morrison shared your information with m.

*(As someone who spent 3 years in Delhi, 1978-81,
I am always interested in info. on India.
I graduated with an M.A. in sociology
& an M.Phil. in community health for JNU.)*

Fertility Action,
PO Box 46148,
Herne Bay,
Auckland,
New Zealand.
3 November 1986.

Saheli,
Women's Resource Centre,
New Delhi,
India.

Dear Women,

We have been sent your petition about Net-Oen by the Women's Global Network on Reproductive Rights in Amsterdam. According to their magazine the court was due to hear the reply to your petition on 15 July. I haven't heard yet what the outcome of that was, but I hope it was a success.

I have only just realised that an injectable I had started researching in New Zealand is your Net-Oen. I learned that a monthly injectable called Noristerat had been trialled at National Women's Hospital in Auckland, the largest women's hospital in this country. Now I know that Norsiterat and Net-Oen are one and the same drug.

Noristerat is not approved for general use in New Zealand. However, a trial was conducted at the National Women's Hospital out-patient clinic sometime after 1979.

I wrote to National Women's Hospital asking for a study protocol and the consent forms used with women on 15 September. I have had a letter in reply and a phone call from the medical superintendent of the hospital but as yet, not the information I want. I have just written again, also I've written to our Health Department again asking when Noristerat was approved for trial. When I receive any of this information I will pass it onto you.

Depo Provera has been used widely in New Zealand for 18 years by general practitioners and family planning clinics. It is particularly given to black women - Maori and Pacific Island women - and formerly married women, that is, divorced and separated women. It is also given without consent to women in many of the institutions for the mentally handicapped and mentally ill (sometimes for the reason of stopping menstrual bleeding). At times, it has been a condition of admission to such institutions. It is also given without consent to girls (largely black) in state homes. They are not even told and wonder why their periods have become erratic.

The problems caused by Depo Provera are erratic bleeding, sometimes heavy uncontrollable bleeding, loss of libido, emotional changes, including sometimes severe mood swings, weight gain, slow return of fertility. Of the long-term effects (cancer etc) we know nothing.

The Upjohn company, makers of Depo, are funding a large study called the New Zealand Women's Health and Contraception Study. It has been severely criticised by demographers and statisticians as faulty in design. The problem being that it is unlikely to prove Depo causes cervical or breast cancer because of the design, specifically the short time frame. However, it is also presented by Upjohn overseas as likely to clear Depo. No doubt it will! It was designed to do so! Upjohn will try and use the study results to clear Depo with the FDA thus allowing the company through population control agencies to sell it overseas. I enclose an article which is a feminist critique of the study, written by Phillida Bunkle who is also involved in Fertility Action.

I recently wrote to our government Medicines Adverse Reaction Committee for reports of complications with Depo Provera. Unfortunately, doctors are very lax about reporting complications, nevertheless, the following reactions were reported:
alopecia

photophobia
depression
weight increase
headache
oedema
malaise
hemiplegia - paralysis to one side of body
quite a number of cases of shock reaction at the time of injection -
syncope, anaphylactic shock, hypotension. Anaphylactic shock could be a
fatal in your country, where equipment for resuscitation might not be at
hand.
urogenital malformation in a child
heart malformation in a child

There are several cases of thrombosis and pulmonary embolism. This is
interesting because theoretically women using a progesterone only drug are
not supposed to suffer from pulmonary embolism. It is one of the arguments
used in favour of Depo as opposed to combined oral contraceptives
containing oestrogen. I had seen mention of blood clots with Depo in some
early material from the US and we had a woman here who had a stroke while
on Depo. These reports seem to confirm that such life-threatening events
are possible in Depo users.

The reports from our Medicines Adverse Reactions Committee are of a
suspected association. The committee chairman stressed to me that the
concurrence of drug and complication was not necessarily proof. However,
there is little new in the report. It just adds further weight to the
argument that this method of contraception poses unacceptable and
unpredictable risks to the user, who is invariably not warned of them. What
woman is warned of the prospect of anaphylactic shock before her injection.

If I can be of any further help in adding weight to your efforts to
keep injectables out of your country, please write to me.

In sisterhood,

Sandra Coney

Sandra Coney

cc Women's Global Network on Reproductive Rights
Ministry of Women's Affairs, New Zealand

John Gorbett

Daga (documentation for action
groups in Asia)
Hongkong.

I herewith enclose relevant
papers regarding, we want you
to circulate this to all those
people involved in health &
women's issues all over the
world who may be on your
address list.

The papers enclosed are
self explanatory.

Pl. do needful.

Pl. send us a copy of
the addresses to whom
you have mailed this,
Pl. treat this as an
urgent matter.

NUMBER OF WOMEN ENROLLED BY CENTRE
PHASE III CLINICAL TRIAL WITH NET-OEN (22mg)

S.No.	NAME OF CENTRE	PLACE	DATE OF ENROLMENT	No. ENROLLED
1.	R.G.Kar Medical College	Calcutta	27.2.1981	345
* 2.	R.M.S.P. Hospital	Calcutta	18.6.1982	18
3.	M.L.N. Medical College	Allahabad	4.3.1981	113
4.	Baroda Medical College	Baroda	16.3.1981	200
+ 5.	Institute for Research in Reproduction	Bombay	25.11.1981	70
6.	K.E.M. Hospital	Bombay	11.3.1981	180
+ 7.	J.J. Hospital	Bombay	25.11.1981	74
8.	KE.M Hospital	Pune	16.4.1981	200
+ 9.	K.G. Medical College	Lucknow	21.9.1981	60
10.	Medical College	Jammu	23.3.1981	106
11.	Medical College	Gauhati	27.1.1981	161
12.	All India Institute of Medical Sciences	New Delhi	25.6.1981	131
13.	Kasturba Hospital	Delhi	9.3.1981	181
14.	S.P. Medical College	Bikaner	6.3.1981	209
15.	Institute of Ob. & Gynae	Madras	13.5.1981	345
16.	Medical College	Alleppey	18.12.1980	204
17.	I.C.M.R.	New Delhi		
Total all centres		2602		

+ Initiated in Sept.- November 1981

* Initiated in June 1982

we came to know about you
from

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UNIVERSITY OF CALIFORNIA LIBRARY

Saheli letter
head

John Forburt

DAGA

Hongkong,

Dear Mr. Forburt,

⁹
~~we~~ came to know about you through Seena, C.E.C., Delhi, and I am writing to you in connection with a campaign we are undertaking against the injectable contraceptive NET-EN. Please find enclosed, the relevant papers regarding this campaign. I would appreciate it if you could circulate this material to health, consumer and women's groups ~~to~~ with whom you have contact all over the world.

This is an urgent & important issue and we have already filed a case against

this contraceptive in the Supreme
Court in India. ~~We~~ ^I therefore
request you to do the needful
at your earliest. Please send
us ~~the~~ the list of groups
to whom you have sent this
material.

Thanking you,

Sincerely,

Nalini.

Enclosed

1. Press Release
 2. A letter requesting support from
women's groups, ^{consumers} health and
human rights groups.
 3. A list of the countries ⁱⁿ which
NET-EM is being used.
- † Copy of the writ petition.

20/7/86

Dear Anurita,

Hello, how are you? Trust this letter will find you feeling good with yourself and the world at large!

Sheba gave us your message some 2-3 weeks ago that you had mailed all the ^{NETAN} material to various groups. A few days ago we also heard from Women's Global Network for Reprod. Rights saying that someone had visited ISS Sen Haag & left copies of the petition - she had missed the name but we guess it was you! Thanks a lot for doing all this work.

To bring you up to date - backwards. There were 2 hearings on NET EN on July 15 & 16th. ICMR & the drug controller have not yet filed their replies to the petition and wanted more time. We on our part were concerned that further delay would mean the drug could be approved for marketing. After some amount of wrangling, our petition is still in court i.e. not dismissed, and ICMR has been given 4 weeks to file their reply. We have been given another 2 weeks to prepare our counter-affidavit & the next hearing is now in

early September. ~~It is~~ This will be a crucial hearing and it is imperative that we have as much information as possible, available with us, by end August at the very latest - probably 3rd week of August is a safer bet. The experience of users in other countries, product info. sheets, testimony from women, doctors etc. will help us tremendously. Would it be possible for you to inform various groups about this new deadline & development?

We on our part are trying to get information from various cities / centres where trials were done. We have written to several women's groups, science and consumer groups all over India. We have also written to several doctors asking for their expert comment & help in strengthening the technical case.

Our attempt at getting coverage through the press / newsletters etc. has borne some fruit. Times of India, IE, Hindu Patriot, Vardhanat times, Tansatta have covered the news. TOI & IE have printed articles. Aside from this, the press release or reports have appeared in EPW (5 so far) Mainstream, Science Today,

Laroyus Collective, and CED Bombay ⁽²⁾
has brought out a counterfact on Net-EN.
Lamnet has published a report also.

Sathya was recently in the U.S. and
has contacted Boston Women's Health Book
Collective. We also mailed information
to some foreign magazines / newsletters.

In short, the information has been
spread, some amount of public debate
has started, more in English & less in
Hindi, and the task ahead is to pool
& consolidate our information. Let's hope,
we do get a response from other groups
- in time!

Plenty of work to be done in
the weeks ahead and I wish I could
be in Sheba's shoes, taking a breather
for a few weeks! The endless non-stop
tension in one's life has been ringing
alarm bells again & again. Anyway,
there is cause for celebration too - the
book is finally out, my divorce has
finally come through, so I do feel
somewhat lighter.

Hope you & Sheba have a
wonderful time together. Do write &
keep in touch & here's hoping we
get a campaign going against Net-EN!
(Pl. let me know if you want copies of the articles
printed on Net-EN.) With love, Nalini.

16/5/86

Dear Brigit,
here is a copy of the petition
and letter which is self explanatory
I do hope that you can send
us some info. about Denmark soon
and give us contacts in some
of the countries where the
drug is in use.

It was really nice to meet
you again. I hope that by the
time you come next we will
have made some progress on
this front and there would be
a lot of news to exchange.

With all the best

Sincerely
Halper + Mehta.

material enclosed,

- 1) letter to jumps asking for support
- 2) press release
- 3) list of countries where net is available.

Counsellor
Daniela
leaving for Denmark
tomorrow.

CATHAY PACIFIC AIRWAYS LTD.

~~Ref:~~

सहली - हांचा और व्याथ प्रवाली

~~From:~~

~~To:~~

~~Date:~~

~~Subject:~~

111 ✓

112

Copenhagen

12.8.1986.

Dear Kalpana,

Here I am after a long pause. You may have thought that I had forgotten to reply your questions regarding the use of Depoprovera in Denmark. This is not the case. I have actually been awaiting an answer to my letter to our Health Directorate regarding this matter. I had to push them for the answer, and finally I got one. But it does not help much in getting a picture of the use of the Depo. in Denmark. Anyhow, I'll share with you what they had to tell :

1. Testing of Depoprovera in Denmark seemingly took place prior to 1.1.1976. Any clinical testing prior to that date should not be notified to our Health Directorate. After that date it is by law obligatory to notify. The basis-material for registering Depoprovera in Denmark is confidential, since testing took place prior to the introduction of the law by 1.1.1976.
2. Depoprovera is registered in Denmark. And it is registered as a medicine as follows : contraception to be used when normal tablets (i.e. the pills) cannot be taken regularly. If the quantity consumed in Denmark is required, this information has to come from the manufacturer.
3. Our Health Directorate is not supposed to control the information, which the drug companies provide with their drugs to the doctors and to the possible consumers. They, therefore, do not possess any of this material. One is being referred to the manufacturers.
4. In February 1981 one of our leftiest parties raised a question in Parliament regarding the use of Depoprovera. The question was worded : "Will the minister take initiatives to prohibit the use of Depoprovera in Denmark as it has happened in USA ?" The reason for raising the question is the sideeffects which caused that it could not be registered in USA. The answer was : the Board of registration has dealt with questions of sideeffects and has several times discussed reports regarding this from other countries. Depoprovera was registered in Denmark in 1972. Till 1980 there should have been only 2 reported cases of

sideeffects to the Health Directorate. One of the woman being pregnant in spite of using the medicin, and one of sensations in the legs, and problems with the weins of the legs.

These two cases and the reports from other countries on sideeffects have not led the members of the Registration Board change their decision.

5. The only information which was provided to me regarding the views of doctors using the drug is an article from our Medical Journal from 1980 (in Danish) in which 2 doctors write about the drug (its chemical composition how it effects the body, the possible side-effects etc. and ends up recommending the drug.

I have seen a newspaperclipping from which I could understand that you have managed to stir up a debate ab ut these very difficult ethical questions , incl the new vaccine. As it was indirectly referred to I do not really know what happened and how far you succeeded. If you find time some time, I would be extremely interested in knowing what actually happened and how far you feel that you have reached till now.

Meanwhile I do hope that you are fine and faring well. Please pass my best regards to rukhmini and the others. All the best to you

Hope to see you soon

Yours Migit

한국교회사회선교협의회

KOREA CHRISTIAN ACTION ORGANIZATION

ROOM 901, CHRISTIAN BUILDING, 136-46, YUN-CHI DONG,
CHONG-RO KU, SEOUL, KOREA TEL: 763-9563

Chairman: Fr. *Mathias Kim*
General Secretary: Rev. *Kwon Ho-Kyung*

SAHELI,
WOMEN'S RESOURCE CENTRE,
UNIT ABOVE SHOP 105 TO 108
SHOPPING CENTRE,
DEFENCE COLONY BRIDGE (SOUTH SIDE)
NEW DELHI 110 024
INDIA

Dear friends,

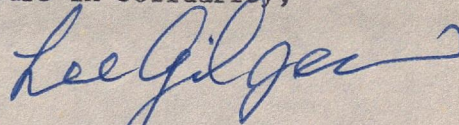
We've come to know about your campaign against the introduction of Net-en in your country through Committee for Asian Women in Hong Kong.

Through your paper of May 1, we could learn more about the harmness of the Net-en. Knowing the hazardous effects to women, we are fully supporting your campaign work which is very important to women. As far as Human Right concern, the introduction of the hazardous contraceptive is obviously violating the Human rights. Moreover we express our anger on introducing it to the India's women since the mentioned contraceptive was already banned in the first world country.

In behalf of the people who are concerning on the Human dignity, I'd like to express my full support on your petition letter. Wish that your campaign work will get rid of the inhumane decision of the government.

We wish you all the best for the work of God.

Yours in solidarity,



Lee Gil-Jae
Sec.Gen. of KCAO

c.c. Committee for Asian Women in Hong Kong



Christian Conference of Asia

Urban Rural Mission

Secretary : Rev. Kwon Ho Kyung

Committee For Asian Women
57 Peking Road 4/F
Kowloon, Hong Kong.
Telephone : 3-7226150
Telex : 37618 URM HX
Cable : CHRISCONAS HONGKONG

ww-86167

18th August, 1986.

Nalini Bhanot
Saheli Women's Resource Centre
Unit above Shop 105 to 108
Shopping Centre
Defence Colony Bridge (South side)
New Delhi-110024
India

Dear Sahelians,

Your letter of July 11 to John Garbutt of DAGA has been forwarded to us recently and we extend our full support in your Campaign against the introduction of Net-en into the Indian Family Planning Programmes.

As a regional organisation concerned with women workers rights, we also support women's struggles in the region. We see your campaign as an important step for Indian women to demand for the right to receive adequate information on the type of contraceptives to use and choose and not merely be targets of family planning programmes. Any contraceptive found to be in question for health and safety reasons should not be used on women.

As a form of our support, we have sent your information to 30 odd women's organisations for their further action. They are :

- 1) Yayasan Annisa Swasti, Yogyakarta Indonesia
- 2) Kalayanamitra, Jakarta, Indonesia
- 3) Yayasan Srikandi, Jakarta, Indonesia
- 4) Centre for Research on European Women, Brussels, Belgium
- 5) Women of China, Beijing
- 6) Trocaire, Dublin, Ireland
- 7) International Feminists of Japan, Tokyo
- 8) Asian Women Association, Tokyo
- 9) Asashi Shinbun, Tokyo
- 10) Fed of Japan Women's Organisation
- 11) Feminist Forum, Tokyo
- 12) Women's Development Centre, Selangor, Malaysia
- 13) Women's Aid Organisation, Selangor, Malaysia
- 14) Depthnew's - women's feature, Manila, Philippines
- 15) Centre for Women's Resource, Q.C. Philippines

/.....2

WW-86167
Page Two

- 16) Women's Program, CCA, Singapore
- 17) Women's Education Centre, Colombo, Sri Lanka
- 18) Voice of Women, Colombo, Sri Lanka
- 19) Progressive Women's Front, Colombo, Sri Lanka
- 20) Women's Research Program, Taipei, Taiwan
- 21) Friends of Women, Bangkok, Thailand
- 22) Women's Program ACFOD, Bangkok, Thailand
- 23) Women's Information Centre, Bangkok, Thailand
- 24) Association for the Advancement of Feminism, Hong Kong
- 25) Guro Clinic, Seoul, Korea
- 26) Women for Equality & Peace, Seoul, Korea

We wish you every success in your action and hope that you can keep us informed about the outcome. We can then publish the news in our newsletter.

In Sisterhood,

Cheng Kooi

Lo~~H~~ Cheng Kooi
On behalf of
Committee For Asian Women

women's
information and
communication
service



September 29, 1986

Saheli
Shop 105 to 108, Shopping center
Defence Colony Bridge
New Dehli, India 110 024

Dear Saheli:

Thank you for sending us the information several months ago about your campaign against injectible contraceptives. We included a brief item about the campaign in our most recent bulletin, Women in Action, see enclosed, p. 21. Please let us know informed about campaign developments; we will be glad to use publicize them and appeal for support.

Since we received your materials, two Indian women have visited our resource center here to search for information on the subject and we have received other materials from India on related campaigns. Clearly it's an issue that affects many women. We extend our strong support for your campaign. Please keep us informed.

Warm regards,

Kathy Selvaggio
Kathy Selvaggio

22.8/87.

Dear Rajana, and other friends of SAHELI

Thank you very much for your nice answer. We are very happy to build up a regular correspondence with you.

We already received your informations and we will discuss it next time. Our contribution will be send by the father of ~~our~~ a member of our group, living in Delhi.

It took a long time to get the informations about NET-EN. I hope you excuse that we are so late.

In 1983 has been a meeting of experts of industry and medicine in Berlin, talking about injectable contraceptives. There are two medicaments, who are injected every two or three months, in the market: "Depo-Clinovir" or the more wellknown name "Depo-Provera" of US-Factory UPJOHN and "Noristerath" from the German-Factory SCHERING. Noristerath has the same content like NET-EN. The reason of the meeting was, that "Depo-Provera" is forbidden at the US-Market because of danger of cancer.

- The effectivity of the contraceptive injection is nearly as high as the "Pill". But the injection contains much more gestagens than the pill.

There is a study from SCHERING about Noristerath: One animal who, med^{ed} "Noristerath" ^{of for some years} died of cancer, which is typical for women who took a contraceptive for a very long time.

In the world 2 Mio women get "Noristerath" or "Net EN". In Germany it is not very much used: 25 000 packets a year.

At the meeting the expert said, that NET-EN is a medicament of 2. choice, but "needed (?) in third-world countries"

In Germany it is mainly used of women, who can't take another contraception or women, who are very "careless with taking pills"

It is used by social outsiders like female strangers, mental handicapped in psychiatric hospitals, or women who get financial social help from the government. Short: Women, where a pregnancy is not wished by society or government.

The "advantage" is a control about the woman, ~~which is used by this method~~, who uses the medicament. Her self-responsibility is turning less and less. —

I copied you an article from WHO about that matter. If there are more questions, please write me.

I got also a contact address, which is perhaps quite useful, too.

Mira Shiva
Vitai C-14 Community Centre.
Safdarjung Development Area
New Delhi 110 016

We try to inform ourselves about your country and your society. We also try to support some movements like a tea-campaign in Tripura. The tea is made by a cooperative, where people don't get exhausted and - we hope so - a better amount. In future we would like to inform other people about India and make them conscious about the connections between the countries. We think that the poorness depends on our richness. We feel responsible and solidarity with the poor people in your country. — I will write soon more. So long.

Yours

Anette.

DES

Stichting DES-actiegroep

Maliesingel 46
3581 BM Utrecht
Tel. 030-312331

Recd
17/8/87

Nederland

August 10, 1987,

Dear Kल्पane and Malinie,

How are you since Costa Rica?
Did you have a good trip back to
India?

Enclosed you'll find two pictures
of you to keep good memories alive.

I hope you are doing well, also
in your difficult but important
Net-En Campaign. Thank you
for the information you gave
during your workshop and
the presentation during the

morning sessions of pharmaceuticals.

When you need some help/support from us, please let me know.

In sisterhood,

Anita Diredes

Anidam

29/8/86

I have just one ~~correct~~ copy & I need that — there was no time to photocopy it all — sorry. There are no major mistakes, I think. The medical ones Satyanarala would be able to detect anyway.

Dear Natini - Satyanarala,

I'm sending a few papers that I think might be useful — perhaps you have copies of them already. I'm also enclosing a copy of the first draft (its extremely raw, please excuse) of my report of an analysis of studies done on NET-EN (these were all I could locate) and the WHO studies. There are I think a few points I've raised that the petition does not cover. The last section is on the present. Note the WHO seems to be playing in the paper, air scene and their reasons as I found, for it. There are ~~many~~ some mistakes and problems with my draft but the people here I've shown it to (docs and other professionals + Marge of the Depo Campaign UK) think its worthy of some consideration. All the studies I've mentioned are with me + the other ref. In case you need any of them please contact me — either via Anurutha or directly. I will be leaving Anidam for B'har on the 13th Sept. (2 weeks from now) so ~~we~~ hurry.

The petition is great — terrific job and everyone here is extremely excited about it and the possible outcome. The entire burden almost of the work seems to have fallen on you both — I wish I was there to help. I'd like to come back via Delhi before going to Hyderabad but am not sure I can.

with Anantha
I have arranged to send copies
of the petition to different groups/individuals
all over who are working on the
NET-EN or injectables issue. Will send
you a copy of the address list, this list
I worked out with Marge Beren of the
Global Network.

that's all for now please
contact me in case anything else is necessary.
I have called a German Pharmacy Group
working on Schering for fresh material
on NET-EN. Will send it immediately I
receive it. All the best to all of you
With warm regards
Junnati

Add. 233 C Van Oostade Str.,
1073 TN Amsterdam
Tel. 020 - 629953 or

~~leave a message at the Global Anantha:~~

We called IOCU head office at Den Hague
for fresh material on NET-EN
rules for drug trials etc. They'll have
a look & send you'll any stuff they
have directly express post

THE UPJOHN COMPANY

KALAMAZOO, MICHIGAN 49001, U.S.A.

August 4, 1986

Office of
KENNETH M. CYRUS
Assistant Secretary
and Associate General Counsel
TELEPHONE: (616) 323-6621

Frank E. Young, M.D., Ph.D.
Commissioner of Food and Drugs
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: Depo-Provera Hearing
(Docket 78N-0124)

Upjohn is
pursuing approval
once again...

Dear Commissioner Young:

The Upjohn Company ("Upjohn") requests that the record in the above-referenced proceeding be reopened to permit the participants to make submissions pertaining to several significant developments. Upjohn believes that these developments may be material to the Commissioner's decision in this proceeding.

1. The first development is the issuance of the second interim report of the World Health Organization ("WHO") multicenter case/control study of women using Depo-Provera and oral contraceptives. The second interim report is expected to appear within the next 3-4 weeks.

Although the Public Board of Inquiry refused to consider the first interim report of the WHO study, the Commissioner, by an order dated February 8, 1985, reopened the administrative record to receive the interim report and permit the participants to comment on it. Upjohn urges that a similar order be issued to permit consideration of the second interim report.

Upjohn recognizes that the second interim report has become available at a late date in these proceedings. The report is, however, directly pertinent to the principal issue in the hearing -- whether Depo-Provera increases the risk of cancer in women who use the drug as an injectable contraceptive.

2. The second development concerns the evaluation of the risks and benefits of Depo-Provera in relation to other means of contraception. In the period since the initial decision of the Public Board of Inquiry was issued, virtually all remaining manufacturers of intrauterine devices have withdrawn their products from the market in this country. The relative risks and benefits of Depo-Provera must therefore be re-evaluated. Additionally, the patient population for Depo-Provera use must be re-evaluated. Upjohn believes that the participants should be permitted to make appropriate submissions to the Commissioner.

August 4, 1986

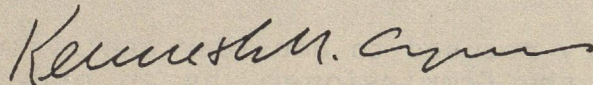
3. The third development is the report of a new study, issued in December 1985, by R. A. Farmer, M.D., Administrative, Community, and Social Services, Canada, entitled "A Historical Cohort Study to Investigate the Possible Association Between the Use of Depo-Medroxyprogesterone Acetate (DMPA or DEPO-PROVERA) and Breast Cancer in a Population of Institutionalized Mentally Retarded Women." Upjohn believes the study is relevant to preliminary observations by Zarfes et al., which were relied on by the Public Board of Inquiry in its Initial Decision (at p. 93).

4. The fourth development is the report to the Canadian Health Protection Branch by the Expert Committee on Reproductive Physiology. The report should be available for submission to FDA in three weeks.

5. The final development is the report of a post-marketing surveillance study of Depo-Provera in the United Kingdom by Prof. M. Vessey of Oxford University.

Upjohn once again renews its request for oral argument before the Commissioner. In view of the significant developments that have occurred since the initial decision was issued, Upjohn believes that oral argument is essential to full and fair consideration of the matter.

Respectfully submitted,



Kenneth M. Cyrus

/jb

Indian Women Challenge Hazardous Contraceptive

For the first time in India, women have challenged the attempts of the health ministry and the Indian Council for Medical Research (ICMR) to push a hazardous contraceptive, through a written petition filed in the Indian Supreme Court (April 7, 1986). The contraceptive in question is Norethisterone-Enanthate (Net-En), an injectable form of the female hormone, progesterone, similar to Depo-Provera. Produced by Schering, it was first marketed in Peru in 1967. In 1971, it was withdrawn when rats tested with the drug developed pituitary and breast nodules. It was subsequently put back on the market and is now being propagated as the ideal contraceptive for Third World women. The drug is currently available in at least 34 countries.

The ICMR is currently engaged in the last stage of trials and the Indian government plans to introduce it into the mass family planning program in a big way. But the drug is a definite hazard to women's health and a potential hazard to their progeny. The high dose of Net-En injected every two months causes a complete disruption of the hormonal balance maintaining the reproductive system. Menstrual chaos is experienced by 90 percent of the Indian women administered the drug. The World Health Organization, though a proponent of the drug, admits that the safety of the drug is yet to be established with regard to its effects on lactation, cancer

risk lipid metabolism, endometrial bleeding, and progeny.

The drug has a long list of contra-indications, ranging from breast feeding in the initial six months after delivery, liver disease including jaundice, breast or genital cancer, and undiagnosed vaginal bleeding, to suspected pregnancy. Women suffering from conditions such as diabetes and hypertension need to be monitored closely. Under Indian conditions with primary health centers ill-equipped to screen women with these conditions, administer the injection in a careful and safe manner, and deal with complications when they arise, the potential hazards of the drug do not justify its introduction into the mass family planning program. Despite these concerns, Indian women are currently being recruited through unethical publicity campaigns, which include incomplete and biased information designed to conceal the experimental nature of the drug.

ISSUE ALERT *Funding For International Health Threatened*

Congress is threatening to substantially reduce funding for international health activities in fiscal year 1987. The Kassebaum Amendment to the State Department Authorization Act of 1985 calls for a 20 percent reduction in the U.S. contribution to the United Nations (U.N.) and its specialized agencies including the World Health Organization (WHO) if the U.N. does not adopt weighted voting on financial matters. The Gramm-Rudman bill could cause even deeper cuts, seriously impairing the activities of WHO.

In addition, funding for the Agency for International Development's health and population projects, the Child Survival Fund, and UNICEF are threatened to suffer cuts of 15-20 percent due to general reduction of support for humanitarian assistance.

The American Public Health Association is organizing a letter-writing campaign to members of Congress in an effort to stop these cuts. The National Women's Health Network endorses this campaign and asks you to write your senators and representatives urging them to support funding for international health. Send a copy of your letter to both APHA (Government Relations Office, 1015 - 15th St. NW, Washington, DC 20005) and the Network. Help the health of the world! Thanks!

The Saheli Women's Resource Centre in New Delhi has undertaken a campaign against Net-En. They seek support as they attempt to create an international debate along two themes — the ethics of human experimentation, especially on women; and population control policies, including contraceptive research and marketing — to prevent a future in which governments have greater control over women's reproduction. Saheli requests the following:

- 1) Letters of support to the petition against Net-En;
- 2) Information on the testing and use of Net-En in other countries;
- 3) Product information sheets given out by Schering (brand names Norigest, Noristerat);
- 4) Government policies toward Net-En;
- 5) Testimony of women who have used or been exposed to the drug;
- 6) Statements by medical practitioners for and against the drug;
- 7) Any other relevant information.

Please send any contributions to Saheli, Women's Resource Centre, Unit above Shop 105-108 Shopping Centre, Defence Colony Bridge, (South Side), New Delhi 110 024, India.

(The entire 117 page petition document, which includes harsh criticism of the drug as inadequately tested and potentially harmful, is available for \$7.00 from the Boston Women's Health Book Collective, 47 Nichols Ave., Watertown, MA 02172.)

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Satya -
Here is how it came out in the NW/WHN newsletter
♥ - Judy

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CONFERENCE ANNOUNCEMENTS

**The Birth Center:
Developing the Concept**
September 12 & 13, 1986
Hilton Inn, Philadelphia
Airport

The conference is designed for those starting birthing centers or strengthening existing programs. It is sponsored by the National Association of Childbearing Centers. For more information, write or call NACC, RD 1, Box 1, Perkiomenville, PA 18074, (215) 234-8068.

**Local Health Services:
Crisis on the Front Line**
September 28 - October 2,
1986
American Public Health
Association
Las Vegas, Nevada

The special sessions at the APHA's 114th annual meeting will focus on: successes in public health; setting objectives; local health services; evolving health problems; and the environment. Over 300 panels and workshops will be supplemented with exhibits, poster sessions, a job placement service, continuing education offerings, a film and media festival, and trips and tours.

Discounted airfares are available to Las Vegas. The advance registration deadline is August 22. For information and registration materials, write the APHA, 1015 - 15th St. NW, Washington, DC 20005.

**Women, Health and
Technology**
October 23, 1986
Women's Studies Program
and Women's Center
University of Connecticut

The conference will discuss women as they affect and are affected by technology in occupational and health care settings. Topics include: health effects of work and environmental technologies; responses to an unsafe work place; selling of health technologies; contraceptive technologies; effects of high technology birthing; the impact of technology on the practice of health care; and ethical considerations in the use of health technology. Keynote speakers will be Judy Norsigian of the Boston Women's Health Book Collective and the National Women's Health Network, co-author of *The New Our*

Bodies, Ourselves, and Evelyn Fox Keller, author of *Reflections on Gender and Science*. For registration information, write or call: Women, Health and Technology Conference Non-Credit Programs One Bishop Circle Box U-56D, Room 128 University of Connecticut Storrs, Connecticut 06268 (203) 486-3231

For program information, call (203) 486-3970.

**DIET AND EXERCISE IN
NONINSULIN-
DEPENDENT DIABETES**
December 8-10, 1986
National Institutes of Health
Bethesda, MD

Noninsulin-dependent diabetes is the most common form of diabetes, affecting an estimated 10 million Americans. The cornerstone of treatment for this type of diabetes is not insulin or other drug therapy but rather the adoption of certain healthy living habits, especially regarding diet and exercise. This conference will address the significance and recommended use of these lifestyle components. Following two days of presentations by medical experts and discussions by the audience, a consensus panel will weigh the scientific evidence and formulate a draft statement in

response to key questions for presentation to the conference participants. To register for the conference or to obtain further information, contact: Sharon Feldman Prospect Associates Suite 500 1801 Rockville Pike, Rockville, MD 20852 (301) 468-6555

enjoyable ways to exercise, perhaps with a friend. When we hear comments that equate thinness with good health or raves about a newly publicized diet, we might take the opportunity to do a little health education of our own. We can write to women's magazines which carry frequent articles on dieting and ask that they provide more responsible reporting. And we can protest when we see others discriminated against simply on the basis of how fat they are.

If women didn't go on low-calorie starvation diets, and instead took a brisk half-hour walk every day or two, we might well prevent illness and promote health on an impressive scale. It would be terrific if more of us could adopt the attitude expressed in the title of an article in MS Magazine: "I may always be fat, but fat can be fit."

by Judy Norsigian,
May 1986

Board Member, NWHN
Co-Author, *The New Our
Bodies, Ourselves*

WOMEN AND WEIGHT (from page 4)

insurance tables. So being thin may not be so healthy after all!

All this is easy to say, but unless the prevailing media messages and cultural attitudes change, women will still be under enormous pressure to be thin. We will be discriminated against on the job and ridiculed on the streets and in our homes.

Ironically, the psychological stress associated with being fat in a "fat phobic" society and the stress from constant yo-yo dieting may well be far more damaging to our health than simply being fat. Furthermore, fear of ridicule keeps many fat women from exercising in front of others and regular exercise may be the major key to looking and feeling better for most of us.

Even if we don't lose weight, through regular exercise we may become smaller

because we increase the proportion of lean body weight and reduce the proportion of fat. Very simply, fat tissue, pound for pound, takes up more space than muscle or lean tissue, so through exercise alone we may look thinner while not actually losing weight. And if we do lose weight, as some women do, it will not come from starving our bodies or resorting to risky procedures like stomach stapling, surgical fat removal, or even taking diet pills.

Clearly when we look at what desperate actions women are willing to resort to in order to avoid the stigma of being fat, we know we are a long way from changing attitudes about fatness. The Madison Avenue ideal is still deeply imbedded in the minds of all of us. But we can begin with small gestures and hope for a cumulative effect. Instead of dieting, we might put our energy into finding

Resources: *Making Peace with Food* by Susan Kano, Amity Publishing Co. P.O. Box 933 Allston, MA 02134, \$14.95 plus \$1.50 shipping (Shipping costs free for 2 or more books)

The Eating Disorders Hotline provides free information, counseling and referrals to callers.

Call 1-800-624-2268 if you are in the New Jersey area. (National access is through (201) 740-1262 on a referral basis until a national hotline can be installed.)

OUTWRITE

Nalini pl. attend.

women's newspaper

— Oxford House, Derbyshire Street, London E2 6HG, England. — Tel: 01-729 4575. —

10 10 86

Dear Sabeli Women's Centre,

I'm writing to ask if you can urgently supply me with any up-to-date info concerning your case re: NET-OED trials. I have seen your leaflet / press release of 19.5.86, and note that on 15th. Only the Court was to hear the reply of respondents -

Would you be able to let me know what the outcome was? I am preparing an article based on this for the next issue of Outwrite (and possibly Asian Times) and need to have information urgently.

In the meantime,
congratulations for taking
this step, + all the best
of luck for a victory!

Look forward to hearing
from you -

Regards,

Shaila Shah

Outwote, England.

23.11.1986

Dear Sheila,

Thank you for your letter sent some time back asking for the latest on the Net-er case. Like all court cases, this one hasn't got very far yet! The government filed their reply only in the end of September, we are now to file our counter reply and seek a new court date. Hopefully we will have some news for you in November, by which time the hearing should have taken place.

In the meantime, we in Delhi, and a group in Bombay held seminars on the trends in our government's population control policy. In our country, the Govt. is testing a new subdermal implant called 'Norplant' which can be used for 5 yrs at a stretch. The tendency is for promoting the long-acting methods such as

injectables and implants
CATHAY PACIFIC AIRWAYS
LIMITED

HOTEL JANGRAH NEW DELHI.



Member of the Swire Group

Cables: "AIRCATHAY"

Telephone: 46881 Ext. 6

very concerned by this
because they there are
aspects of these long-acting
methods which are ~~the~~ not known,

so there is need for much work
ahead, not only on Net-ET but
on all the hormonal methods
which are being tested.

will keep you up to date
on the case as when something
moves!

With regards,

Valini Shaver



WOMEN'S GLOBAL NETWORK ON REPRODUCTIVE RIGHTS

P.O. BOX 4098
MINAHASSASTRAAT 1
1009 AB AMSTERDAM
NETHERLANDS
TEL. 020 - 923900

9 July 1986

Saheli Women's Resource Centre
Above shop 105-108
Shopping Centre
Defence Colony Bridge (South side)
New Delhi 110 024 India

Dear Sisters,

Many greetings. We received your information packet about the NET-OEN petition a couple of weeks ago, forwarded luckily from London. I'm very sorry not to have replied sooner, since we have now missed the 15 July hearing date.

There is much to catch up on. ICASC at Grays Inn Road London first moved to a new address in London and then in 1984 the name was changed to the above following the international meeting we organised. And the office moved to Amsterdam as you can see. At some point in the last few years your name and address was taken off our mailing list, probably because you too moved and mailings were returned. So now we have at least found each other again. You are back on our mailing list and we can hopefully have contact again. I'm sending you the last two newsletters separately so you can catch up on us.

We have been following the news of your petition with Stree Shakti closely, though it takes time for things to reach us. Sumati Nair from Stree Shakti has been in Amsterdam doing research on NET-OEN to support the petition and has kept us as up to date as she herself can be. Then a woman, whose name I have lost, visited the ISS in Den Haag two weeks ago and left copies of the actual petition for us. She met Loes Keyzers there. *— not recd.*

As you'll see, we put a short article in our last newsletter on the picket Stree Shakti organised at a NET-OEN camp. In the coming newsletter, which will be sent out in August, we've put a feature on the petition, using your press release, the petition itself, and an article from Economic and Political Weekly. We've included your request for information and solidarity so I hope you will hear a lot from people. Also I hope you are happy with the article.

I can tell you a bit about NET-OEN in Britain. It has been used in a limited number of trials there for several years now. There is a woman doctor in London who thinks it's wonderful; she has done the main trials on it and did a report recently from those, which I enclose. She was one of the people who gave evidence at the British hearing on Depo Provera in support of the company. NET-OEN was approved for short-term use in Britain in 1984 (August I think) very quietly. No one in the women's health movement knew they had even applied, and the licence was granted around the same time as Depo Provera was given a restricted long-term licence, so all the publicity went to Depo Provera. We only heard about it by accident months later. The short-term licence allows it to be used for one injection only, in the case of vasectomy until the sperm count is zero or with a rubella vaccine to prevent pregnancy while the rubella is active. This is identical to the licence given to Depo Provera in Britain years ago, and is the way Depo was quietly introduced. It allows the drug to be licensed for contraceptive use, which makes it easier for doctors to offer it long-term. Prior to that licence NET-OEN was only permitted in approved trials. Unfortunately a short-term licence does not imply that the Committee on Safety of Medicines does not approve the drug for long-term use. The company will probably only have applied for the short-term

licence to avoid publicity and campaigns. The consequence of course is that the CSM probably won't have looked at it as closely, but since their deliberations are a state secret, we can't prove it. I suspect NET-OEN is now competing for the same women as use Depo Provera, rather than creating its own market.

I hope this gives you something you can use. I vaguely remember that somewhere in the petition you say that Germany has licensed Depo with no restrictions. I can't find it now, but this is not true. As far as I know, no western country has licensed Depo with no restrictions. All of them have said it should be for women for whom no other contraceptive is acceptable or suitable, and that includes Germany, Britain and Sweden. The advisory committee of the USA FDA has recommended to the FDA not to licence DP for contraceptive use because of lack of information about long-term effects, particularly as regards cancer. The FDA has made no decision.

That is all I can offer off the top of my head. I'll have a look in London for anything more, which I expect I will find. That will be in the next few weeks.

In the meantime, I just want to say I think the petition is excellent--it looks like one massive amount of work was put in. I think this is the first time in the world an action like this has been taken in court at such a high level, and I don't know how to express my excitement that you have done it, my congratulations and the full support of everyone here. I guess that you will have a hard, if not impossible time getting the trials stopped permanently, given our experience in Britain, but the publicity you must be getting and the consciousness-raising among women will be invaluable.

Please keep us in touch with events, and I hope things went well in court on 15 July.

With love and solidarity,

Marge

Marge Berer
pp. Coordination Group

cc. Stree Shakti Sanghatana

14.05.1986

Michaela Hagen
Asterweg 32
6300 Gießen
West-Germany

Saheli Women's Resource
Centre
Under Defence Colony Flyover
(South Side)
New Delhi - 110024

Dear Elisabeth and other women

I visited Saheli in the middle of April and we talked about your work. I was and still am interested in your investigations about the contraceptive NEN-En. In Germany some action-groups are also involved in this topic. Especially because a German company called, ~~St~~ Schering AG is producing this product. In India they have an associated company which does the same.

In our country this contraceptive is also used but only given to women who can't use other available contraceptives. NEN-En is forbidden in the USA.

For it is our aim (I am member of a women's group called "Terre des Femmes") to built up

021204

An exchange with women of other countries, especially about concerns which affect us all, it would be very important to know ~~the~~ how the affair about this contraceptive has worked out in India.

It would be great to get information of you about this topic: your experiences, publications, pamphlets. a.s.o. What are you planning or doing about this matter? I hope to get an answer of you soon.

With kind regards

Michaela Hoze

24th July 80.

My dear Sathyanadan

Have not heard from you -

We met Venkateswari in Hyderabad and also
got the news regarding the Supreme Court -
further asking the Drugs Controller etc. I'll
I'm sending you newspaper cuttings about
women who have received damages for
Depto. Review - can you read the
judgements I believe a group in London
will send it - so ask Venkateswari
about it - and I can't find the London
address.

About NIN, I'll tell about 2 years ago -
NIN was asked to do the bioavailability
studies in both high and low socio-
economic group with 200mg of net er.
I believe that NIN said that it is
a waste to do such a study & 200mg of
net er as it will not be acceptable to
the population. They could be willing
to do it if a study & 200mg of
a similar study with 200mg of
net er was not enthusiastic
So this communication had been going on

for quite some time - and things were
dropped.

The other thing that our Scientists
feel ~~is~~ ~~the~~ is that we should
not buy emphasis on cancer, liver
disease etc - but on the
of Health System & its limitations,
the high drop out = the plan
III trial etc

Became the judge does get frightened
& Technical data. ~~the other data~~
~~with~~ the other temp card to us is
AIDS - with injections of net etc -
and reuse of needle that will
inevitably happen - AIDS is another factor.

Well - that's all for now - I have to
send a subscription for NFE - do I
send it to you? or Dr. P. Please
reply - lots of love

Very

Isis
Women's
International
Cross-Cultural
Exchange



a women's international resource centre

9.9.87

Saheli Women's Resource Centre
Under Defence Colony Flyover (South Side)
New Delhi 11024
India

For the attention of Kalpana Mehta and any other women in the group.

Dear Friends,

Please find enclosed a copy of the article which I put together after the Costa Rica meeting, on Women and Pharmaceuticals for the June issue Women's World.

I talked with Kalpana Mehta very briefly about the relationship which the World Health Organisation has with various pharmaceutical companies.

Jane Cottingham and I went to WHO in Geneva to talk with the women there about the Costa Rica meeting and these women also received copies of the June issue of Women's World, our quarterly. The WHO women are going to make a formal reply to some of the statements about WHO's relationship with pharmaceutical companies and we are going to meet with them again in late September. We want to carry an article which will give WHO's point of view. in the December issue of Women's World.

We think it is most important that groups such as yours who are concerned about WHO working closely with certain companies should contribute to this dialogue. Please can you send us as much material and information as you can. I will send you a copy of the formal reply which WHO has promised us and also of course tell you about the meeting that we will have with the women of WHO.

Looking forward to hearing from you,

Alison Katz

Alison Katz

Jane Cottingham

Jane Cottingham

29.10.87

Jane Cottingham/Alison
Katz
ISIS WICCE
Switzerland

Dear Jane and Alison,

Enclosed are extracts from the WHO Annual Reports dealing with their relations with Industry. We trust this will help you to frame questions and seek clarifications.

Please let us know the nature of the discussion you had with the women of WHO; we understand WHO has already sent you a formal reply. We would also like to receive a copy of this.

All the best, and looking forward to hearing from you,

(NALINI BHANOT)

INTERNATIONAL ORGANIZATIONS / INDIVIDUALS

1. Suhila,
Pacific and Asian Women's Forum,
25, Kurula Road
Colombo - 5
SRI LANKA
2. ISIS International
Via Santa Maria dell' Anima 30,
Rome, ITALY.
3. Women's Reproductive Rights Campaign,
52-54, Featherstone St
London EC 1
ENGLAND
4. ICASC
(International Contraception, Abortion,
Sterilization Campaign)
Post bus 4098, 1009 AB Amsterdam
The Netherlands.
5. FINRAGE
International Coordination
PO Box 201903
D-2000 Hamburg 20
FDR
6. UBINIG,
5/3 Barabo Mahanpur
Ring Road
Shaymoli, Dhaka - 7
Bangalore.
7. SUMATI NAIR
Nias Str. 14,
1095 VA Amsterdam
The Netherlands.

L WOMEN ETING



CEFEMINA

Centro Feminista de Información y Acción
Tel. 27-1568 Apdo. 5355 San José 1000 Costa Rica

political situation of the region: the United States' intervention on many levels and in particular their military support for contra rebels in Nicaragua.

Reproductive rights - issues concerned with contraception, abortion, sterilization, infertility, surrogate motherhood - were less on centre stage as a whole than at the Amsterdam meeting where they provided the major theme. Abortion, however, emerged as a prime concern, especially for Latin American women, many of

whom live in countries where abortion is still illegal. With impetus from a pre-conference Latin American consultation on abortion, the debate became animated. There was a heated exchange in the final plenary session when a group of anti-abortionists from Costa Rica spoke up. Their stand was radically questioned by the intervention of a woman from the Catholics for a Free Choice, a group whose members cover both North and South America.

New Reproductive Technologies were high on the agenda too, with Third World women coming out firmly against them. Sexuality, however, was not a major focus (perhaps we have all taken for granted some fundamental issues) but lesbianism was affirmed as a political stand in the final plenary.

The workshop on drugs provided the most concrete resolutions of the meeting (reproduced in this issue), after

WOMEN IN THE FIRST WORLD.

women and health meeting in 1990, we ask that the conference planning reflect the reality of black women living in white worlds. We ask that information be disseminated to all communities and that communities be eligible for funding to participate in the international conference. The publicity for the next conference must emphasize women of black communities in the first world as a major priority.



STATEMENT BY THE INDIAN WOMEN FROM

THE SAHELI GROUP

(See resources in drug section)

We condemn the Indian government for the delay in banning sex determination tests. We demand that they be banned immediately and that the doctors concerned be brought to justice on charges of homicide.

We condemn the connivance of WHO with multi-national corporations in profit sharing or royalties and in pushing hazardous contraceptives on third world women.

We are appalled by the petition in India to curtail maternity benefits after the birth of 2 children. Women often have no control over these matters. The benefits must be restored immediately.

We deplore the introduction of more and more long acting contraceptives into family planning programmes. These methods are dangerous and they remove control from women over their own bodies.

Education, employment and family welfare are the only rational answers to these problems. We urge the Indian government to abandon its anti-people population programme.

*A petition to Prime Minister Gandhi was circulated during the plenary session. It demands the banning of amniocentesis for sex determination tests. The proportion of males to females in India is 1000/935. It has been declining steadily in favour of males since 1901. **WOMEN ARE FAST BECOMING AN ENDANGERED SPECIES.***

Many women who support decriminalisation are critical of the prostitution industry, but hope that other measures - equal pay, improved access to education and social services - will gradually extend the range of choices to women, who will then be able to find other ways of making a living. But this analysis overlooks the likelihood that decriminalisation will be seen as legitimisation. It also ignores the demand for prostitution and the likelihood that there will, even under improved conditions, be men who will be willing to pay for the sexual control of women. And if the supply is inadequate here, they will import women from the third world, or go elsewhere.

To talk about demand, to look at the question of what men are buying, means approaching the question of what could be done rather differently. First, it means that we have to try to name what is going on. **There are no words for what these men do; selling is prostitution; but what is buying?** The only words to describe them are those of the street - "tricks", "johns" or the value-neutral "customers". **There is not even a word which suggests any negative connotations about the men who pay to fuck women and children.** Second, it means asking ourselves whether we want what these men do to be treated as a private commercial exchange - buying the myth that it is somehow a contract between two equal parties.

If we don't want what these men do to be treated as their own private business transaction, if we accept the view

that freedom for women does not mean freedom for men to buy women's bodies, we can demand that buying or offering to buy "sex" becomes a crime, and that selling or offering to sell be decriminalized. **Prosecuting the johns, the pimps and the procurers would target the men who market women as sex for men. Ending the prosecution of the women who are packaged and marketed would be one step towards stopping blaming women for what men do.**

This is not a new suggestion. It was proposed by Susan Brownmiller in *Radical Feminism* (1971) and most recently by the authors of *A Feminist Review of Criminal Law* (1985). I think it is a suggestion which starts from trying to recognize and to speak about the truth of what prostitution is and who is responsible for it. But suggestions for legal reform are only a small part of the

work which needs to be done. We need to better understand what the buying of women is really about, and to look at the connections between this and other forms of sexual exploitation of women. We need to piece together from all women's experiences the meaning and the methods of our sexual subordination, of how our power is taken away - and, most importantly, how to get it back.

Megan Ellis is a member of the Vancouver Working Group on Sexual Violence. Excerpts from an article which appeared in *Broadside*, Vol 8 No.3, Dec.86/Jan.87. For more detailed information, write to: *Broadside*, P.O.Box 494, Station P. Toronto, Ontario, Canada M5S 2T1.

WORLD HEALTH ORGANISATION AND PHARMACEUTICAL COMPANIES

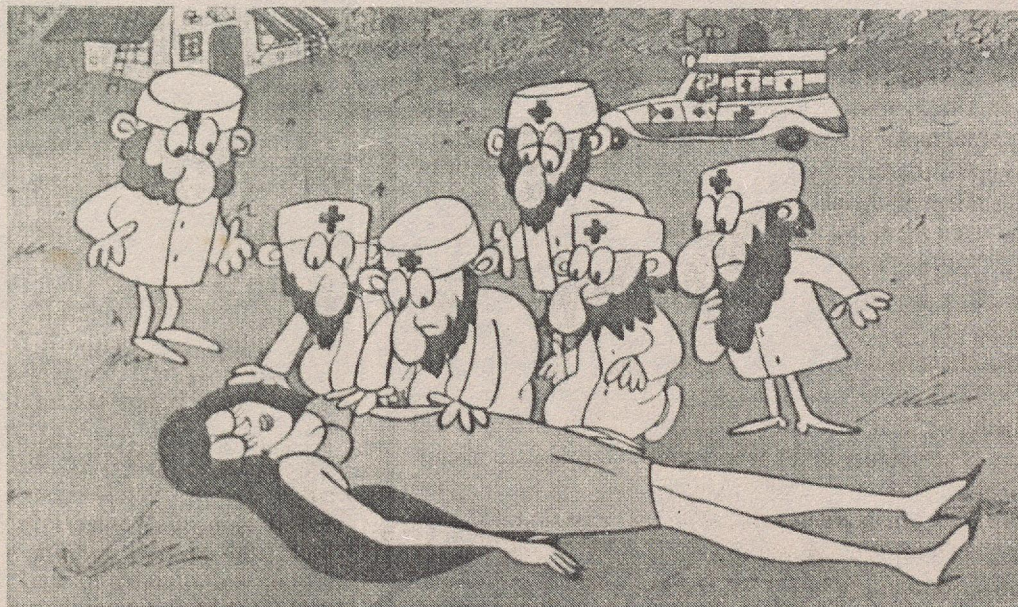
Catherine d'Arcangues, Medical Officer, Special Programme of Research, Development and Research Training in Human Reproduction, WHO, writes: "...referring in particular to page 5 of *Women's World* 14 which contains the following statement by Indian Women from the Saheli Group: 'We condemn the connivance of WHO with multi-national corporations in profit sharing or royalties and in pushing hazardous contraceptives on third world women.' This statement, as I hope you know, is totally incorrect. WHO is not getting any royalties

whatsoever from any contraceptive sales in the developed or developing world. I am sure you will want to clarify this point for your readers in a future issue of *Women's World*."

We have written to the Saheli Group in India for more information about their allegations and we welcome contributions from readers for further clarification of this important issue.

The Isis-wicce Collective.

ing little men, ment, gang rape ? ont cover of Red magazine, Aug/ 987, wins our for sexism in cs.





The Campaign Against World Poverty

*Recd.
9-2-91*

37-39 Great Guildford St.
London SE1 0ES
Tel: 01 620 1111
Telex: 24784 WOW G

25 January 1991

Saheli Womens' Resource Centre
Unit Above Shop 105-108
Defence Colony Flyover Market
New Dekhi 110 024
India

Dear Saheli Collective

Thank you very much for your recent letter to Andy Chetley asking for a number of articles.

Andy Chetley no longer works for War on Want, and it took me a while to track down his address. I will pass your letter on to him, but in any case I will also give you his address:

Andy Chetley
Plaats 16D
2513 AE the Hague
The Netherlands

If it is not inconvenient, I would be happy to hear more from you about the work your collective is doing.

Yours sincerely

Caroline Winchurch

Caroline Winchurch
Programmes/Campaigns Coordinator

25/3/91

Dear friends,

A new set of papers
on Schering - other issues
I received from a
group in Zurich! Hope
they are useful.
What has been happening
with the case? Do let me
know.
A lot of luck + strength to
all of you, Sun-ate

CATHAY PACIFIC 

~~CATHAY PACIFIC AIRWAYS LIMITED~~

~~Hotel Janpath~~

~~New Delhi 110 001~~

~~Cable: AIRCATHAY~~

~~Telephone: 332-3332/332-1286/332-5789~~

List:

- ① Pharma Brief: Rund
brief der BUKO Pharma - Kampagne. Aug. 1988. } (in German)
and Aug. 1989 }
- ② 3 Letters to and from Schering (??) - Check.
(in German.)
- ③ Thromboembolische Zwischenfälle - - - - (in German.)

Contact i. Ge group
2 others.

27/10/90 - over EN letter to
Co-petitioners

¹⁰
27/10/90 oct 90 London - asky
for UIC CSM report

27/10/90 Finncage asky for
inf.

30/10/90 asky for info
London

undated
letter to → groups?

†
Call to publish in
L'Espresso etc. Massimo