

**CALL FOR A HALT TO RESEARCH ON
ANTIFERTILITY 'VACCINES'
(immunological contraceptives)**

We, the undersigned, call for an immediate halt to the development of immunological contraceptives because of concerns about health risks, potential for abuse, unethical research, and the assumptions underlying this direction of contraceptive research.

Groups of contraceptive researchers worldwide have been developing a completely new class of contraceptives for the past two decades. Immunological contraceptives, also known as antifertility 'vaccines', are being developed primarily for women in LACAAP¹ countries.

Five major institutions are currently carrying out the research:

- ▶ The National Institute of Immunology, New Delhi, India;
- ▶ The World Health Organisation, Geneva, Switzerland;
- ▶ The Population Council, New York, USA;
- ▶ The Contraceptive Research and Development Programme (CONRAD), Norfolk, USA; and
- ▶ The National Institute for Child Health and Development (NICHD), Bethesda, USA.

A variety of organizations are funding this research. They include the World Bank, the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the Rockefeller Foundation, the US Agency for International Development (USAID), the International Research and Development Center (IDRC, Canada), and the governments of India, Norway, Sweden, United Kingdom and Germany.

The stated aim of those developing antifertility 'vaccines' is to induce temporary infertility by turning the immune system against body components which are essential for human reproduction. A variety of immunological contraceptives - mainly for women but also for men - are now being tested in clinical trials. The 'vaccine' which is most far advanced aims to neutralize the human pregnancy hormone hCG (human chorionic gonadotrophin), a hormone produced in a woman's body by a fertilized egg shortly after conception. This hormone is altered, then coupled to a bacterial or viral carrier (for example, a diphtheria

¹ Latin American, Caribbean, African, Asian and Pacific countries.

or tetanus toxoid) so that the immune system mistakes the natural pregnancy hormone for an infectious germ and reacts against it. The body thus does not get a signal to prepare for pregnancy and the fertilized egg is expelled. Other immunological contraceptives are developed to interfere with the production of sperm, the maturation of egg cells, the fertilization process, or the implantation and development of the early embryo.

We oppose the development of immunological contraceptives. Our main reasons are:

1. ABUSE POTENTIAL

Immunological contraceptives will not give women greater control over their fertility, but rather less. Immunological contraceptives have a higher abuse potential than any existing method. They will be long-acting (depending on the type they may last from one year to life-long). They cannot be 'switched off', and they are easy to administer on a mass scale because they will be injectables or a single pill. Researchers claim that the popularity and wide-spread acceptance of anti-disease vaccines could facilitate the introduction of antifertility 'vaccines', especially in LACAAP countries. This compounds our concern about mass administration of immunological contraceptives without people's knowledge or informed consent.

2. MANIPULATION OF THE IMMUNE SYSTEM FOR CONTRACEPTIVE PURPOSES

Immunological contraceptives present no advantage for women over existing contraceptives. Because they use the immune system, they are inherently unreliable. Individuals can react completely differently to the same kind of immunological contraceptive. For example, the Indian anti-hCG formula, the most advanced method, did not work for 20% of the women; while its effect lasted from six months to over two years in other women. In addition, stress, malnutrition and disease will cause unpredictable failures of the contraceptive. In women and men with a predisposition to allergies and autoimmune diseases, on the other hand, the 'vaccine' may cause life-long sterility. People will have no outward sign to know whether and when an immunological contraceptive is working.

Immunological contraceptives are unlikely to ever be harmless. They interfere with delicate and complex immunological and reproductive processes. There are many potential risks: induction of autoimmune diseases and allergies, exacerbation of infectious diseases and immune disturbances, a high risk of fetal exposure to ongoing immune reactions. As research on antifertility 'vaccines' began 20 years ago, little or no thought has been given on how immunological contraceptives may directly or indirectly increase risks of HIV infection, or hasten the onset of full-blown AIDS.

Interference with the immune system for contraceptive purposes is indefensible at a time when primary health care systems in many countries are being dismantled, when the incidence of many infectious diseases are increasing, and when we have become acutely aware of the preciousness and complexity of our immune defense.

3. UNETHICAL CLINICAL TRIALS

Clinical trials have taken place in India, Brazil, Sweden, Finland, Dominican Republic, Chile, Australia. Trials are currently taking place in India (perhaps also in the United States) and are planned in Sweden.

International standards of ethics in clinical trials state that human experimentation should only take place if the product being developed offers advantages over existing options. Immunological contraceptives offer no advantage in terms of efficacy, reversibility, safety, protection against sexually transmitted diseases or control by the user. The risks to women and men cannot be justified.

In addition, these trials are of concern because:

- ▶ There has been insufficient testing of the anti-hCG contraceptive on animals before testing in humans; the animals used do not give enough indication of adverse effects for women and their children;
 - ▶ The enrolment of women was not based on informed consent. The efficacy and safety of the immunological contraceptive has been overstated. Consent forms have compared immunological contraceptives to anti-disease vaccines. This analogy obscures the differences in principle of action and purpose between the manipulation of the immune system for contraception and the induction of immune defense against harmful microorganisms;
- There has been insufficient data collection about adverse effects to women and to children born to women during trials.

4. FRAMEWORK OF CONTRACEPTIVE RESEARCH

The interplay between population control institutions, Northern and Southern countries, religious institutions, the medical establishment, as well as the community, the society and male partners profoundly influences the type of contraceptives available and the way they are being provided - or not provided. As many researchers readily admit, the concept of antifertility 'vaccines' was conceived in a "demographic driven, science led" framework. The major funders of contraceptive research want to increase the effectiveness of population control programmes. Most of the scientists involved in the research see the body as a machine to be mastered. The major trend in contraceptive development has been to create technologies which are long acting, have a low user failure rate, which lend themselves for mass fertility control - and which interfere with delicate and complex processes in the human body. Research on intrauterine devices, long-acting hormonal injectables and implants (Norplant) has been given precedence over user controlled low-tech methods such as diaphragms and condoms, or over existing local practices of fertility control. Women are seen as better contraceptive acceptors than men. Most contraceptive research is still directed at methods for women.

Antifertility 'vaccines' are a logical culmination of this framework.

WHAT DO WE WANT?

We call for a radical reorientation of contraceptive research. Population control should not be placed above the interests of women as individuals. Approximately 10% of public funding for new contraceptive research worldwide is currently being spent on antifertility 'vaccines'. We would like to see this funding redirected. The aim must be to enable people - particularly women - to exert greater control over their fertility without sacrificing their integrity, health and well being. Contraceptive development must be oriented at the realities of women's lives. Above all it must consider local health care conditions and the position of women in society.

We call on all research institutions involved, in particular the National Institute of Immunology, The Population Council and the World Health Organization to immediately stop all research on immunological contraceptives.

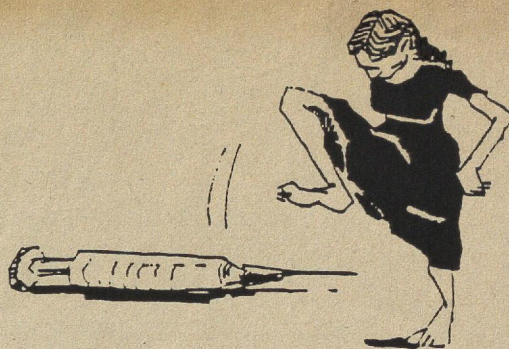
We call on all funders to stop financing this type of contraceptive research.

Signatory

Organisation

Address

STOP ANTI-FERTILITY 'VACCINES'!
International Campaign against Population Control
and Abusive, Hazardous Contraceptives



NOVEMBER 1998: CELEBRATION OF FIVE YEARS CAMPAIGN

In November 1998 it will be five years ago that the CALL FOR A STOP OF RESEARCH ON ANTI-FERTILITY "VACCINES" (immunological contraceptives) was mailed to the main research institutions and funding agencies.

Since then the Campaign gained much support. By June 1998 the CALL FOR A STOP has been endorsed by a wide range of groups and organizations (a total of 481) from 41 countries. Besides many individuals sent protest cards to the Human Reproduction Program of the World Health Organization, coordinating centre of the research on anti-fertility "vaccines".

Why a celebration?

On the one hand there seems not much reason for a celebration. Since the International Conference on Population and Development in Cairo, population control ideology and practise has not ceased. On the contrary, the abuse of around 100.000 women through sterilisation with quinacrine (see the Campaign Update) is a striking example of this. And the main promoters of this method are openly advocating that they think they are doing good work in helping to curb population growth because otherwise all these people will come to the United States and "turn it into a third world country".

Quinacrine is advocated by its promoters as cheap and easy to administer. These same characteristics are also mentioned by the developers of anti-fertility "vaccines" (AFV). The example of quinacrine shows that these characteristics of a method can indeed give rise to widespread abuse, which has been one of the major concerns and criticisms of the Campaign.

However, there are good reasons to have a celebration:

* the Campaign gained much support and all the people involved have contributed to the fact that while in 1993 this research was practically conducted in silence, presently many groups, organisations and individuals have been made aware of what is happening and are critically following the research, and many are actively opposing it.

* important developments have taken place, as you can read in the Campaign-Update. Funding of AFV research has been stopped or slashed. Researchers have been put on a serious setback and it will take a long time before human trials with anti-hCG "vaccines" will start again, and hopefully not at all. Of course the Campaign does not take credit for all these developments, but it has certainly contributed to these results.

* the Celebration can be a different and stimulating way of appraising your own work and achievements and at the same time to inform new people and maybe also get them involved in the Campaign.

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* the Celebration is also meant as a stimulus to go on with the work that lies ahead. The research on AFV has not stopped yet, population control is still a driving force behind much of the contraceptive research; disinformation, abuse, and coercion directed at women is still widespread. The Campaign will continue to oppose these trends. The Campaign will also continue to advocate for democratic control of contraceptive research and for a reorientation of the research aimed at enhancing people's self determination and well being.

JOIN THE CELEBRATION !!

This is a call on you as one of the groups involved in the Campaign to take part in the celebration during the month of November. You can think of anything large or small: put up a banner, make a leaflet, organise a meeting, translate and spread the enclosed Campaign Update, organise a demonstration or picket line, put something in the press, make a small street performance, sing a song, have a party with your own group.

If possible, take a picture of your celebration and send it to the Campaign's Coordination Office. If you have written material to add, please do so. We like to use the photo's and other material for a next publication of the Campaign.

INTERNATIONAL MEETING AND PRESS CONFERENCE

In the last week of November a group of women from different parts of the world who have been actively involved in the campaign, will meet in Geneva to celebrate the five years campaign and to discuss future plans. At the end of the meeting they will give an international press conference to inform the press about the state of affairs of the campaign and to announce further international actions by the campaign in the coming years. Of course you will be informed as well!

TO SHOW THE WIDE SUPPORT THAT THE CAMPAIGN HAS GOT THE CAMPAIGN COORDINATION ASKS YOU TO SEND AS SOON AS POSSIBLE ANYTHING THAT SYMBOLISES YOUR GROUP OR ORGANISATION.

Please don't make it difficult for yourself! A quick reaction is important. You can think of sending: a logo; letter paper with a heading; leaflet; badge; photo's; posters; anything that you consider a symbol of your group or organisation.

If you could also send a short letter or a statements of your group in support of the Campaign that would be great, but this should not delay your response. If possible we would like to have your contributions by the end of August, to have sufficient time to make a nice compilation. We plan to put all the contributions on a large sheet or banner and this will be used during the celebration, for example during the international press conference in Geneva. Also in future activities of the Campaign, it will be very good to be able to use this visual sign of the international support of the Campaign.

Address: Campaign Coordination Office: c/o WGNRR, NZ Voorburgwal 32, 1012 RZ Amsterdam, the Netherlands.

We look very much forward to receiving your contributions and wish you a very nice celebration of the five years campaign.

Beatrijs Stemerding and Annette Will, Campaign Coordinators

8 July 1998

VII International Congress of Reproductive Immunology Time to Stop Research on Anti-fertility 'Vaccines'

Over the past week, around 200 scientists and clinicians met at the National Institute of Immunology, New Delhi with the aim to 'discuss the latest advances in basic and applied reproductive immunology'.

We, members of the International Campaign Against Population Control and Abusive, Hazardous Contraceptives attended this conference to learn about recent 'developments' in immuno-contraception and share our concerns. We also hoped to stimulate a debate within the scientific community about the feasibility and desirability of the direction of this research.

The World Medical Association's Helsinki Declaration on ethics in clinical trials states that "the purpose of medical research involving human beings must be to *improve* diagnostic, therapeutic and prophylactic procedures" (our emphasis).

Having heard the scientific communications over three days, we fail to be convinced of the advantages of immunological methods of fertility control over currently existing contraceptives in terms of efficacy, reliability, safety for users and their potential children, or for the expansion of people's reproductive choices. Three decades after the commencement of this research significant drawbacks persist, namely:

- an unacceptably low efficacy rate (<80%)
- unreliability due to unpredictable variations in immune responses
- an initial lag phase before the method is effective as a contraceptive
- inability to 'switch off' immune response if a person changes their mind or experiences adverse reactions.

We believe that such an efficacy profile cannot justify exposing women to potential adverse effects such as the possibility of auto-immune diseases, immune-complex diseases, allergies (including potentially fatal anaphylactic shock), permanent infertility and interference or exacerbation of existing diseases or immune-disturbances.

We are also very concerned about the potential for abuse that is inherent in anti-fertility "vaccines". Such a method can be easily administered on a mass scale with or without a person's knowledge or consent. The stated aim of the research community has been to develop a method which acts for at least 1-2 years after a single administration. The impossibility discontinuing the action of the method on demand will put them beyond any means of preventing or containing such abuse.

In fact, it is disturbing that none of the discussions at the congress considered the social and ethical implications of the anti-fertility 'vaccine' research. It has been the historical experience of women that they are targeted for eugenic and population control purposes with long-acting and hazardous contraceptive methods. Therefore, we would have liked to see some evidence that the scientists were cognizant of the social context of the ultimate application of the technologies they are developing.

We have expressed our concern that research criteria used are not centered around people's health, wellbeing and reproductive self-determination. As could be seen from the opening session to the conference, the prime aim was - and still is - the development of mass-fertility control methods for population control. We urge scientists involved in basic and applied research to take social responsibility and consider the full consequences of their research. We hope that they will take up the challenge and have the courage to stop this research!!

For further information, contact:

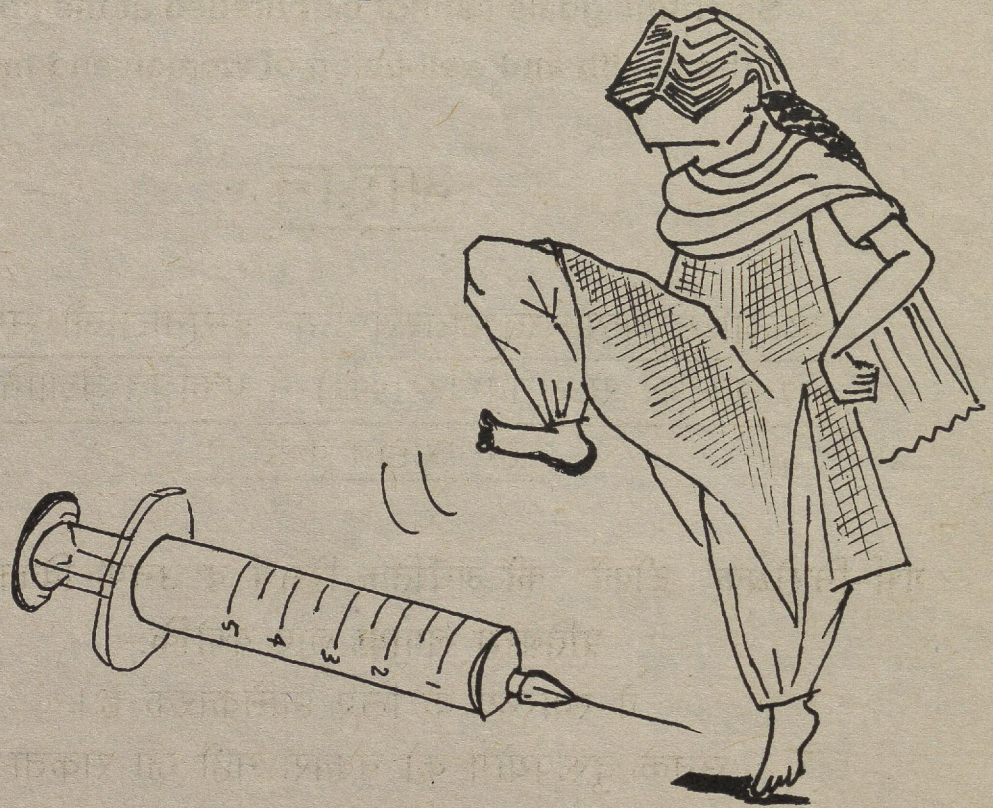
31 October, 1998

Women's Global Network For Reproductive Rights, NZ Voorburgwal 32, 1012 RZ, Amsterdam, The Netherlands.

Forum For Women's Health, 5 Bhavana Apartments, Opp. Golden Tobacco, Santa Cruz (West), Mumbai -400 056.

Saheli Women's Resource Centre, Unit Above Shop Nos. 105-108, Defence Colony Flyover Market, New Delhi 110 024.

STOP
RESEARCH ON
ANTI-FERTILITY
VACCINES!



**गर्भ-निरोधक टीकों
पर रोक लगाओ!**

A CALL TO ALL SCIENTISTS

AT THE INTERNATIONAL CONGRESSES OF IMMUNOLOGY
NEW DELHI, 27 OCTOBER- 6 NOVEMBER, 1998

We demand an immediate halt

to the unethical research and development of Anti-Fertility Vaccines
because of high health hazards and the potential for abuse.

The anti-people, particularly anti-women,
policies of population control and drive for profiteering cannot determine
the direction of contraceptive research.

**Scientific goals cannot be pursued at the cost of
the health and well-being of women and men.**

आह्वान

दिल्ली में आयोजित अंतरराष्ट्रीय इम्यूनॉलॉजी सम्मेलनों
(27 अक्टूबर से 6 नवम्बर 1998) में एकत्रित वैज्ञानिकों को
हम आह्वान करते हैं:

गर्भ-निरोधक टीकों की अनैतिक रिसर्च व उनके विकास पर तुरन्त
प्रतिबन्ध लगाया जाए क्योंकि:-

वे स्वास्थ्य के लिए हानिकारक हैं।

उनके दुरुपयोग को नकारा नहीं जा सकता।

जनसंख्या नियन्त्रण की जन-विरोधी और नारी-विरोधी नीतियाँ
और मुनाफाखोरी की आकांक्षा रिसर्च की दिशा तय नहीं कर सकती।

वैज्ञानिक लक्ष्यों की पूर्ति के लिए जन-स्वास्थ्य की कुर्बानी
नहीं की जा सकती।

For more information contact:

Forum For Women's Health
5 Bhavana Apartments, Opp. Golden Tobacco
Santa Cruz (West), Mumbai -400 056

Saheli Women's Resource Centre
Unit Above Shop Nos. 105-108
Defence Colony Flyover Market, New Delhi 110 024

गर्भ विरोधी टीके का विकास (Anti Fertility Vaccine) – अथवा जनता का सर्वनाश

आज देशी-विदेशी कई संस्थाएँ गर्भ विरोधी टीके पर शोध कर रही हैं। अन्य गर्भ निरोधकों व टीके में यह मूल अंतर है कि ये टीके शरीर की रोग से लड़ने की क्षमता का इस्तेमाल प्रजनन सम्बंधी प्रक्रियाओं को नष्ट करने के लिए करते हैं। उदाहरण के लिए आज भारत में विकसित हुए एच सी जी विरोधी टीके में एच सी जी को टिटैनस टाक्सॉइड में मिलाकर दिया जाता है। बाद में जब गर्भ ठहरने पर उसके प्रत्यारोपण के लिए एच सी जी बनने लगता है तो टीके के असर से वह नष्ट हो जाता है व गर्भ नहीं ठहर पाता। गरीब देशों की जनता के लिए ये टीके विकसित किए जा रहे हैं।

हम पूछते हैं क्या औरतों की प्रजनन शक्ति एक बिमारी है जिसका नियन्त्रण टीके से किया जाएगा?

हम औरतें निरापद व भरोसेमंद गर्भ निरोधक की माँग कर रही हैं जिसका हम अपनी इच्छानुसार उपयोग कर सकें पर हमारे लिए तैयार किया जा रहा है टीका और ऐसा ही टीका आदमियों के लिए भी विकसित किया जाएगा।

क्या आप ऐसे गर्भ निरोधक को स्वेच्छा से अपनाएंगे?

- * जिसके असरकारक होने का क्षण न आपको – न ही आपके डाक्टर को पता हो वरन् हर बार आपके खून की जाँच करके ही असरकारिता का पता चल पाए।
- * जिसके असरकारक होने की कोई निश्चित अवधि न हो व 20% औरतों पर इसका कोई असर ही न पड़े।
- * कई औरतें हमेशा के लिए बाँझ हो जाएं।
- * जो आपके दिमाग की ग्रंथियों को नष्ट करने की सम्भावना पैदा कर दे।
- * जिसके बार-बार दिए जाने से आपको जान लेवा एलर्जी, गठिया अथवा मधुमेह की बिमारी की आशंका हो जाए।
- * बीमारी के दौरान इस गर्भ निरोधक का असर भी खत्म हो जाए।
- * जो आपके शरीर की संक्रामक बिमारियों से लड़ने की क्षमता को डगमगा दे।

नहीं - ऐसे गर्भ निरोधक का आज कोई औचित्य नहीं है। एड्स की फैलती हुई महामारी ने यह स्पष्ट कर दिया है कि बिमारियों से लड़ने की हमारे शरीर की नैसर्गिक ताकत हमारे लिए बहुमूल्य है। इसका संतुलन बहुत नाजुक है व इसे छेड़ने का परिणाम बहुत महँगा हो सकता है।

यही नहीं आज तक जो सफलता आरोगी टीकों को मिली है वह भी नष्ट हो जाएगी - क्योंकि उर्वरता विरोधी टीके टिटैनस व काली खांसी के टीके में मिलकर ही बनेंगे। आप पूछ सकते हैं कि अगर इन टीकों से किसी व्यक्ति को फायदा नहीं व स्वास्थ्य कार्यक्रमों को भी नुकसान हो सकता है तो आखिर इन टीकों पर शोध क्यों हो रही हैं?

उर्वरता विरोधी टीका असलियत में परिवार नियोजन अथवा परिवार कल्याण का साधन नहीं है ऐसे साधनों में सरकार 1-2% से अधिक फेल होने की सम्भावना नहीं रखती और ये टीके तो 20% औरतों में फेल होंगे।

ये टीके वास्तव में उन लोगों के हथियार हैं जो आम जनता को एक आँकड़े से अधिक कुछ नहीं समझते। वे जनता की सोच में प्रतिरक्षक टीकों के लिए बने स्थान का जनसंख्या नियंत्रण के लिए फायदा उठाना चाहते हैं। उनका गणित साफ है। प्रतिरक्षण के नाम पर महामारी ग्रस्त इलाके में अथवा स्कूल व कालेजों के हर छात्र-छात्रा को, हर गर्भवती स्त्री को यह टीका दिया जा सकता है। उन्हें यह बताना आवश्यक होगा ही नहीं कि इस टीके का प्रजनन पर भी असर होगा। ऐसे में अगर 20% औरतों पर यह प्रभावी न भी हो तो क्या हुआ जन्मदर तो घटकर 1/5 रह जाएगी। इन टीकों के माध्यम से जनसंख्या पर तत्काल नियंत्रण पाया जा सकता है।

इस बात की किसी को परवाह नहीं कि टीके से किस औरत को क्या हानि हो व दूध पीते बच्चों (जिनकी प्रतिरक्षण क्षमता दूध से ही बनती है) अथवा टीका लेने के बावजूद जन्मे बच्चों की सेहत का क्या हो।

अब तक हुई खोज से यह स्पष्ट है कि जिन औरतों को मधुमेह, एलर्जी, गठिया इत्यादि की शिकायत है अथवा इन बीमारियों को होने का अंदेशा है उनके बाँझ हो जाने की सम्भावना काफी अधिक है। इन बिमारियों से घिरने की सम्भावना को भी यह टीका बढ़ाएगा। जिन औरतों को एच आई वी वाइरस ने ग्रस्त कर लिया है उन्हें एड्स भी जल्दी हो जाएगा। हार्मोन का संतुलन भी बदल सकता है व इनसे हार्मोन व सम्बंधित दिमाग की ग्रंथियाँ भी नष्ट हो सकती हैं।

आज विश्व के कई देशों में इन टीकों पर खोज जारी है यह बड़े दुःख की बात है कि भारतीय वैज्ञानिक विश्व में कहीं अग्रणीय है तो टीके की खोज में। हमारी सरकार इस शोध को पूरा सहयोग दे रही है और शोध का मुख्य केन्द्र है नेशनल इन्स्टीट्यूट ऑफ इम्यूनोलॉजी। भारत के अलावा मुख्य शोधकर्ता है विश्व स्वास्थ्य संगठन व अमरीका की पाप्यूलेशन काउंसिल। जनसंख्या के नियंत्रण में विश्व स्वास्थ्य संगठन इतनी उत्सुकता दिखा रहा है कि वह ऐसे टीके के साथ परीक्षण कर रहा है जो बनाते ही न लगाए जाने पर नष्ट हो जाता है व दूधपेस्ट के माफिक गाढ़ा है - अर्थात् ऐसा टीका जो व्यापक पैमाने पर लगाने योग्य ही नहीं है। शोध अधिकांश रुप से तो गरीब देशों में की जा रही है पर यह नहीं भूलना चाहिए कि स्वीडन में चल रहे परीक्षण के लिए औरतें ही नहीं मिल पा रही हैं।

पिछले दिनों अपरीक्षित गर्भ निरोधकों को मान्यता देकर हमारी सरकार ने तो स्पष्ट कर दिया है कि वह निरापदता के विषय में सोचती तक नहीं है। पर यह बात गौर तलब है कि हमारे देश में विकसित टीके को इतना खतरनाक माना गया है कि अमेरिका में इसे शोध तक के लिए पंजीकृत नहीं किया गया है।

हम माँगते हैं

- * इस टीके से किसी औरत का कोई फायदा नहीं है वरन् यह टीका प्रतिरक्षक टीकों को भी बदनाम कर देगा। रोगों से लड़ने की हमारी शक्ति बहुमूल्य है और गर्भ नियंत्रण के लिए इसका इस्तेमाल हमें कतई नामंजूर है। साथ ही टीके में दुरुपयोग की सम्भावना निहित है। टीका देने के बाद डाक्टर भी इसके असर को खत्म नहीं कर सकते। यह बात उत्पाद विशेष पर लागू नहीं है वरन् गर्भ नियंत्रण के इस पूरे सिद्धांत पर लागू होती है। अगर डाक्टर प्राकृतिक रोग निदान को समझते होते तो आज तक एड्स पर अवश्य काबू पा लेते।
- * हम माँगते हैं ऐसे गर्भ निरोधक जिनपर लोगों का वश हो। जिनसे शरीर पर भयानक दुष्प्रभाव न पड़े।
- * गर्भ विरोधी टीके पर हो रही शोध पर तुरंत रोक लगे।

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VII International Congress of Reproductive Immunology Time to Stop Research on Anti-fertility 'Vaccines'

Over the past week, around 200 scientists and clinicians met at the National Institute of Immunology, New Delhi with the aim to 'discuss the latest advances in basic and applied reproductive immunology'.

We, members of the International Campaign Against Population Control and Abusive, Hazardous Contraceptives attended this conference to learn about recent 'developments' in immun-contraception and share our concerns. We also hoped to stimulate a debate within the scientific community about the feasibility and desirability of the direction of this research.

The World Medical Association's Helsinki Declaration on ethics in clinical trials states that "the purpose of medical research involving human beings must be to *improve* diagnostic, therapeutic and prophylactic procedures" (our emphasis).

Having heard the scientific communications over three days, we fail to be convinced of the advantages of immunological methods of fertility control over currently existing contraceptives in terms of efficacy, reliability, safety for users and their potential children, or for the expansion of people's reproductive choices. Three decades after the commencement of this research significant drawbacks persist, namely:

- an unacceptably low efficacy rate (<80%)
- unreliability due to unpredictable variations in immune responses
- an initial lag phase before the method is effective as a contraceptive
- inability to 'switch off' immune response if a person changes their mind or experiences adverse reactions.

We believe that such an efficacy profile cannot justify exposing women to potential adverse effects such as the possibility of auto-immune diseases, immune-complex diseases, allergies (including potentially fatal anaphylactic shock), permanent infertility and interference or exacerbation of existing diseases or immune-disturbances.

We are also very concerned about the potential for abuse that is inherent in anti-fertility "vaccines". Such a method can be easily administered on a mass scale with or without a person's knowledge or consent. The stated aim of the research community has been to develop a method which acts for at least 1-2 years after a single administration. The impossibility discontinuing the action of the method on demand will put them beyond any means of preventing or containing such abuse.

In fact, it is disturbing that none of the discussions at the congress considered the social and ethical implications of the anti-fertility 'vaccine' research. It has been the historical experience of women that they are targeted for eugenic and population control purposes with long-acting and hazardous contraceptive methods. Therefore, we would have liked to see some evidence that the scientists were cognizant of the social context of the ultimate application of the technologies they are developing.

We have expressed our concern that research criteria used are not centered around people's health, wellbeing and reproductive self-determination. As could be seen from the opening session to the conference, the prime aim was - and still is - the development of mass-fertility control methods for population control. We urge scientists involved in basic and applied research to take social responsibility and consider the full consequences of their research. We hope that they will take up the challenge and have the courage to stop this research!!

For further information, contact:

31 October, 1998

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