

Rao, Mohan.: Quinacrine Sterilisations Banned. Health for the Millions. May-June 1998. P.14.

Quinacrine Sterilisations Banned

Dr. Mohan Rao

On the 16th of March 1998, at the final hearing of the writ petition filed by the All India Democratic Women's Association and the faculty of the Centre of Social Medicine and Community Health of the Jawaharlal Nehru University, New Delhi, the Drug Controller of India gave a written commitment to the Supreme Court that the use of the drug Quinacrine for female sterilization is being banned in India. Further, that the Government by notification in the official Gazette "prohibits the manufacture, sale or distribution" of Quinacrine in pellet form. Penalty for violation will include "imprisonment for a term which shall be not less than five years but which may extend to a term of life... and with fine which shall be not less than ten thousand rupees".

The three member bench of the Supreme Court headed by Justice A.S. Anand had earlier issued notices to the Drug Controller of India, the distributor of the drug in India, Dr. J.K. Jain, and one of the users of the method, CHIP Trust of Bangalore which had set itself the objective of performing 25,000 sterilisations over a two year period. The appeal of Dr. Jain and CHIP Trust for a review of the decision on the ban was not accepted by the Court.

The positive intervention of the Supreme Court in the matter of the illegal sterilization of women with quinacrine has been hailed as a significant victory for the women's movement. Indeed the ban in India will provide a fillip to the international movement against the misuse of the drug, sponsored by two US based NGOs, in nineteen Third World countries. These so called trials have been carried out in spite of the World Health Organizations' categorical statement calling for cessation of human trials pending further toxicology tests in laboratories since the initial tests revealed possibilities of carcinogenicity.

The Quinacrine "trials" among primarily poor women in Third World countries have raised major controversies over the issues of the safety and efficacy of the method, and above all, their ethical and scientific dubiousness. In 1992 the Indian Council of Medical Research prematurely terminated its trial due to the extremely high failure rate and unacceptably high rates of complications. The Government of India stated in Parliament, in response to a question by Professor Ashoka Mitra, that "approval for clinical trials of Quinacrine Pellets had not been

granted to any investigator" and further that "no drug manufacturer has been granted license to manufacture Quinacrine and the drug is not imported".

Yet that women reportedly running into thousands were being sterilized by this method by NGOs and doctors in the private sector in a number of cities had evoked strong protests from women's groups and health activists. That no action was being initiated against the distributor of the drug and the doctors unlawfully utilizing this method and indeed that the Government claimed in Parliament not to be aware of the Quinacrine sterilisations being performed in the country compelled the AIDWA and the public health faculty of JNU to file the public interest litigation in the Supreme Court.

The Court however did not answer the petitioner's prayer for follow-up and compensation for the victims of this method of sterilization in India nor for the punishment of the doctor's involved. The Court's intervention is therefore only the first step, although a significant one, in the struggle of health activists and women's groups to strengthen public institutions for the conduct, monitoring and regulation of public health research even as they are held accountable to the people. This need is particularly acute in the context of the undermining of public health systems with the reckless incorporation of the Indian economy in the global market. Justice Anand's observation that "Indian women cannot be guinea pigs" could not have been more poignant or pointed.

The success in obtaining the ban on Quinacrine sterilization was made possible by the broad based nature of the movement with a wide range of women's groups and health activists coming, together in the demonstrations organized in various cities in the country starting off in Calcutta in front of Dr. Biral Mullick's clinic, in front of the clinic run by J.K. Jain in New Delhi, and subsequently in Bangalore at the offices of the CHIP Trust. The demonstrations, widely reported in the press and evoking strong editorial comment in the major national dailies were followed by a series of memoranda to the Ministry of Health and the Drug Controller. The documentary on the Quinacrine sterilization in New Delhi made by the students at the Mass Communication Department of Jamia Milia Islamia entitled "The Yellow Haze" was widely shown among health groups and women's groups and in campuses. Above all, the excellent report prepared by Saheli entitled the "Sordid Story of Quinacrine Sterilisations", also widely distributed, built up public opinion.

The ban obtained on Quinacrine sterilisations is only a beginning. There is much more to be done for the women subjected to quinacrine sterilisations. There is also a need for a sustained campaign to question the whole range of reproductive technologies being unleashed on the Third World as part of West's continuing obsession with population growth in these countries accompanied by the neo-

colonial agenda of structural adjustment programmes that further impoverish the vast masses of these nations.