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## **Surreptitious Sterilizations: An Endangering Process**

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Otempora! O mores! This cri de coeur will perhaps be evoked in those reading the spate of reports lately, on surreptitious "trials" on the non-surgical sterilization of women with quinacrine, being carried out by NGOs and private doctors in a host of places in the country. Many aspects of our socio-economy have come together in this scandalous "trial" of contraceptives now coming into India. These include the invidious nature of the efforts of international financial institutions to undermine the institution of the state in Third World countries indebted to them, the hypocrisy of the neo-liberal discourse on rights and the international euphoria on reproductive health as the solution to the health problems of women, accompanying the sustained propaganda, over the years, that population growth lies at the heart of all social problems in these countries.

### **A Legacy from the Past**

Non-surgical sterilization of this sort has a tragic and indeed brutal history. Ridding ourselves of euphemisms, this is nothing but chemical sterilization pioneered in the Nazi concentration camps. The victims in that grand design were jews, gypsies, communists and the eugenically unfit. Now the victims, subject to these covert "trials", are poor Third World women, as the Neo-Malthusian chicken comes home to roost. Worldwide, the "trials" have been conducted in 15 countries including Chile, Indonesia and Vietnam. Currently all countries in South Asia are sites of this scandal.

### **Quinacrine Over the Years**

Quinacrine, a synthetic anti-malarial, was used in the treatment of malaria during the thirties and forties, till it was replaced by better drugs such as chloroquine. Current interest in the drug stems from its novel use discovered about two decades ago. But issues of safety, efficacy and ethics have since trailed the "trials" around the globe.

The method was developed in Chile by Dr. Jaime Zipper in the seventies. Dr. Zipper had earlier experimented with chemicals like formaldehyde and sulphuric acid to block the fallopian tubes of laboratory animals. Assisted soon by two American doctors, Dr. Elton Kessel and Dr. Steven Mumford, who were to become the lions of the quinacrine sterilization movement, Dr. Zipper, over the next decade and a half, tried out quinacrine sterilization in three public hospitals involving more than a thousand women.

### **Methods of Application**

The procedure involves the transcervical introduction of pellets of quinacrine into the fundus of the uterus in the early proliferative phase of the menstrual cycle, using a modified copper T IUD inserter. While various schedules have been, tried out, the most common involves the insertion of seven pellets of 36 milligrams of quinacrine performed either once or twice. The insertion of quinacrine into the fundus of the uterus is followed by local inflammation. The scar tissue that follows the inflammation leads to tubal occlusion and hence irreversible sterilization.

### **Inherent Risks**

The quinacrine insertions do not require anaesthesia or trained personnel and can be performed in areas with no access to health facilities. While these are held out as some of its operational advantages, given the nature of family planning programmes and the poor development of public health infrastructure in these countries, it is precisely these features which endow the method with an extremely high potential for abuse as indeed is obvious from the conduct of the "trials" in India.

### **Global Trials**

In Vietnam, more than 31,000 women underwent quinacrine sterilization between 1989 and 1993. The Ministry of Health subsequently called off the trials following the WHO's recommendations. A retrospective study of more than 1600 of the women was carried out in 1994. The findings of this study, however, has not yet been published.

In June 1994, the WHO 'Consultation on Female Sterilization Methods' called for the conduct of four pre-clinical toxicology studies on quinacrine before approval of the drug for clinical testing on women.

It categorically stated that human clinical trials should be stopped forthwith pending the outcome of these toxicology studies.

Family Health International, an NGO in the United States, which had earlier assisted Dr. Zipper in his studies and had been involved with equally questionable trials with Norplant in Bangladesh, decided to carry out these studies with financial assistance from USAID. The rationale adduced was that a safe and non-surgical method of sterilization would be cheaper than surgical methods of sterilization.

The September 1995 issue of FHI's newsletter Network reported that three out of four studies on quinacrine were positive, that is to say that quinacrine was mutagenic. Mutagenicity, the capacity to induce changes in cells, is indicative of possible carcinogenicity or cancer causation. While not all-mutagenic substances are carcinogenic, laboratory studies on rodents are necessary to exclude carcinogenicity. In view of this, the USAID decided to stop the funding of these studies. Further, problems developed with the next step involving trials on female rodents, with the route of insertion, the dosage, the number of insertions required, and above all, the heavy mortality among rodents which had to be subjected to repeated anaesthesia during the course of the trials.

In Chile, meanwhile, there was an uproar following the receipt of a September 1994 memo from the Centre for Research on Population and Security, an NGO run by Kessel and Mumford in North Carolina. The memo stated that the Chilean government was considering replacing surgical sterilization with quinacrine sterilization in the country's two most populous regions. It jubilantly proclaimed that the Chilean government's plans vindicated the efforts of the pioneers of the quinacrine method of sterilization in the face of the WHO's "ridiculous" position. The memo turned out to be propagating an untruth; it nevertheless provided an impetus to activists to probe the entire issue of the conduct of these trials.

## Concern and Resistance

A broad-based coalition called "Open Forum for Reproductive Health and Rights" voiced the following four main concerns as they agitated for a halt to the "trials".

- Unresolved issues of safety, for in addition to possible toxicity and carcinogenicity, quinacrine should also be tested for embryotoxicity in the event of failure of the method;
- The WHO recommendation that human clinical trials not to be conducted till toxicology trials are satisfactorily carried out;
- The need for scrutiny of the trial documents by an ethics committee, to assess both safety and ethical standards that had been followed.

The Chilean Ministry of Health withdrew its support to the trial in December 1994 while the public hospitals were asked to review their internal ethical procedures. However, Dr. Zipper and his team are reportedly continuing the trials in private clinics with the financial support of the Centre for Research on Population and Security.

## Trials in India

In India, quinacrine sterilization is being carried out with "hundreds of doctors involved" according to an early convert to the cause, Dr. Barrel Mullick. He claimed that he himself has trained over 200 village health workers, from all over the country, in quinacrine sterilization even as he frankly admits that there has been no follow-up of the women who were sterilized. Further, as happened in Chile, none of the women were aware that they were part of a trial. Perhaps more ominously, it was stated that this method was most suitable for the surreptitious sterilization of oppressed women from minority communities who would otherwise require their husbands' permission.

Dr. Mumford gushed in a documentary telecast on BBC, entitled *The Human Laboratory*, claimed that it would cost merely 10,000 dollars to sterilize 70,000 women. The Indian converts to their cause mention a figure of Rupees 35 per women.

Mumford, Kessel and Mullick also state in a paper that "not to be ignored is the most important role that sterilization must play in maintaining peace and security, given the disastrous nature of the world's overpopulation.

What Kessel and Mumford ruthlessly exploit is the "space" created by current efforts to roll back the state in Third World nations under the aegis of the Breton Woods Financial Institutions. Central to these efforts is a systematic effort to increase the role of NGOs and private agencies as it is seen that public agencies, reeling under mandatory budget cuts, are unable to perform their regulatory roles. We are thus witness to agencies like the ICMR, hitherto mandated to regulate, monitor and evaluate clinical trials on human populations, getting reduced to impotent bodies, unable to keep track of the proliferating "research" being carried out by a host of NGOs and private institutions. We are also witness to foreign funding agencies by passing national regulatory channels to fund such research, being carried out in utter disregard of international norms and ethics.

### **Real Issues at Stake**

The rhetoric of "choice" and "reproductive health" that surrounds much of such research is beguiling to those uninitiated in public health issues. Thus we are told that quinacrine sterilization can liberate Third World women from the horrendous toll of maternal deaths. What is ignored is the entirely fallacious nature of the argument. What causes maternal deaths is the appalling health status of women in these countries and the absence of emergency obstetric care in the event of complications of pregnancy. Quinacrine - or for that matter, other methods of contraception - do nothing to address these fundamental issues. Indeed, in India, mortality data indicate that even within the reproductive age group of women causes due to reproduction account for merely 12 percent of all deaths. The major causes of death remain infectious diseases and under-nutrition.

While the motives of Kessel, Mumford and the likes are easy enough to understand, what is less explicable is the scores of Indian doctors who are pawns in this international nexus of demographic fascists. This could only be the consequence of the sustained propaganda, over the years, that population growth among the poor is the chief cause of all the social evils that bedevil the country.

In Bangladesh, meanwhile, leading editorials in newspapers have called forcefully for a ban on these covert trials as they urge the most stringent

punishments to the doctors responsible for carrying them out. What they poignantly ask is for how long will Third World women continue to be treated as guinea pigs in the contraceptive industry.

While the Government of India and its regulatory agencies turn a Nelson's eye to these violations of human rights in the name of "reproductive choice", it is the poor women who, denied of all other choices in life, pay the price in morbidity and mortality for exercising their right to contraception.