

Brief History of “Anti-Fertility Vaccines”

Confidential

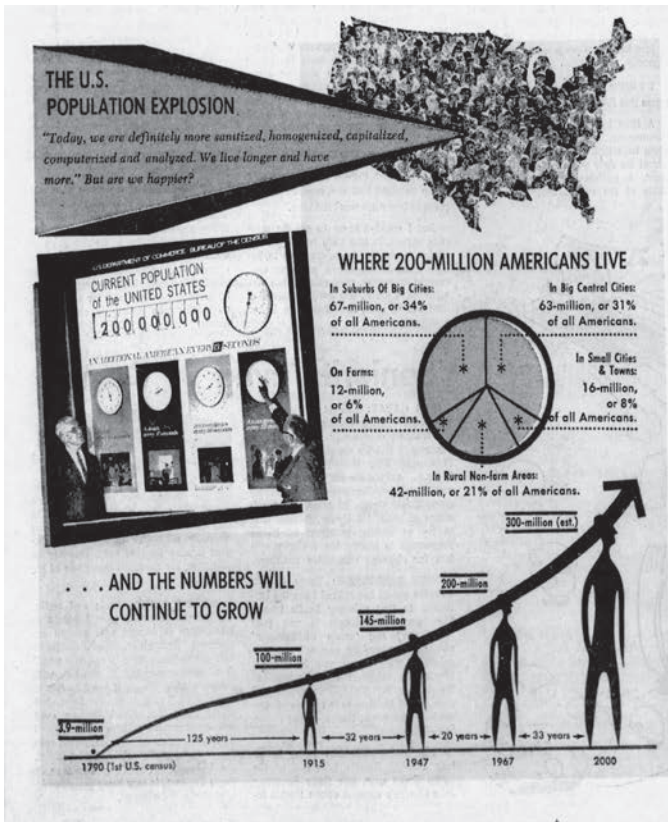
19 February, 2022

Below is a collection of news items from various American newspapers over several years showing the development and application of **anti-fertility vaccines**. We have highlighted in yellow areas of interest, and several things stood out:

- Surprisingly, much of the development of the “anti-fertility vaccines” is being performed by Canadian scientists. Is this why Trudeau is so adamant about these vaccines?
- Much like the COVID “vaccines” the “anti-fertility vaccines” seem to require regular “boosters” to be effective.
- It is suspicious that the same adverse side effects—especially heart damage, deaths, and disruption of the reproductive system—are seen in both “anti-fertility vaccines” and “COVID vaccines.”
- The CIA, S. Africa, Israel, and the WHO have all deployed some form of “anti-fertility vaccine” in various parts of the 3rd World—at least this has been charged—and we have previously documented the POLICY of sterilization.
- On display is the arrogant attitude of those seeking population reduction as well as the presentation of pregnancy as a disease needing to be cured.

We hope and pray this information helps to illuminate the devious “science” that may be behind this COVID operation.

Nation of Islam Research Group



OVERPOPULATION

Is Having More Than Two Children A Luxury?

The writer is a professor of anthropology at Florida Presbyterian College.

By DE DUDLEY DE GROOT

Time is running out for man, time in which to save himself from the consequences of his own progeny production capabilities.

A few facts summarize the situation: World population stands today at something over 3-billion. In 30 years it will double.

In the United States, there will probably be more than 300-million people by the end of the century! If we think the world faces complex problems now, then we must realistically face what the situation will be soon.

ON THE WORLD SCENE, food scarcities will have turned to famines. Competition for land and resources, that perennial instigator of wars, will be even more fierce than it is today. The desperate lives of deepest poverty experienced by so many hundreds of millions of human beings today (particularly in Asia, the Middle East and South America) will be the plight of billions by the year 2000.

In the U.S., depletion of resources, pollution of the environment, the struggle to cope with the needs and wants of people will all have accelerated to a degree which will surely cause melancholic longing for the "good old days" of the 1940s, 50s and 60s.

Urban sprawl and blight, transportation bottlenecks, the attempt to provide adequate jobs and education for our 100-million additional Americans will be putting severe strains on our social fabric and upon our attempts to govern ourselves democratically.

PESSIMISTIC, you say? Realistic, I say, and I would challenge optimists to advance something more solid than the

usual assestment of clichés: "good old American know-how will come up with solutions." "science will solve these problems," and that all-time winner, "things aren't REALLY as bad as they may seem."

Things, indeed, are not as bad as they seem — they are much worse!

Let us review the problem, first in the world and then in the U.S.

World population has been increasing during the past decade at a rate of 1.2 per cent per year. Such a growth rate, if continued, will produce a world population of more than six-billion by the end of this century.

Production of food has been increasing, too, but, as the Food and Agricultural Organization of the United Nations has pointed out, the food-to-population

ratio has been steadily declining since the late 1930s.

This means those mouths and stomachs around today aren't getting as much food as they would have back in the 1930s. Not only has food production been declining relative to population increase, but man's archaic system of food distribution, governed by national rather than international interests, simply has not gotten what surpluses there are efficiently distributed to the areas of the world where they are so desperately needed.

ONE MUST BE really optimistic to assume that science will somehow come up with adequate food production solutions in the next 30 years, and that man

(See POPULATION, I-D)

1969

will have, in that short period of time, developed the international cooperation necessary to satisfy the food wants of his rapidly growing species.

But what of the possibilities of rational population control through birth control and family planning programs? Don't we have the scientific know-how and technical means (birth control pills, interuterine devices, etc.) necessary to bring runaway population growth under control?

The answer, of course, is "yes".

Man does possess the knowledge and means to engage in rational population control programs. Japan since the end of

World War II has had considerable success in slowing her rate of population growth through a national program of family planning education, dissemination of contraceptive devices, and readily available abortions.

BUT JAPAN, and some Western nations, stand as exceptions that prove the rule. In most areas of the world, population continues to grow unchecked by any rational, aggressive attempts to control it.

India, with close to 600-million people, China with between 800-million and 1-billion, Latin America with over 300-

million — all suffer rapid population growth combined with an almost total lack of effective programs to bring their growth rates under control.

BUT WE MUST not assume that population growth is merely a "foreign" problem. How are we to cope with the needs of 100-million new Americans in the next 30 years? We struggle today to provide jobs, housing, sanitation, water supply, education, recreational space and adequate transportation for the 215-million citizens of the U.S.

Old solutions have failed. Radical programs must be adopted if the species is

not to reproduce itself into extinction.

MANDATORY inoculations, administered on a national basis, which would delay entry of the individual into the reproductive cycle until he reached at least the mid-twenties would be a huge step in the right direction. Radical changes in our economic approach to reproduction must be instituted.

Children in excess of two per family are a luxury, and in the long run constitute, through their reproductive potential, a future threat to society. As luxuries, they ought to be heavily taxed,

IF WE CANNOT soon come up with anti-fertility vaccines, then we must put significant resources into making contraceptives available at no cost.

Our religious institutions must help by realizing that their traditional emphasis upon progeny production is a legacy from our agricultural past. They must see that the Biblical injunction to be fruitful and multiply is a prescription for species suicide in the world today, and a guarantee that those most cherished values and ends of all religions — peace, brotherhood, creative life — will be forever denied.

BUT WHAT of the larger world? What can be done in Asia, Africa, South America and the Middle East? The picture here is very bleak.

Ignorance concerning family planning, unavailability of low-cost or free contraceptives, traditional family and religious institutions that place a premium on children all combine to frustrate the few modest programs that operate in these areas.

The obvious solution would appear to be vigorous birth control programs on the part of the national governments in these areas, with perhaps massive technical and monetary aid from Western nations

If this proposal sounds a bit too logical and sensible, it probably is. It assumes a degree of informed consensus on the population problem that just does not exist. Beyond that, it assumes aggressive and far-sighted political leadership in many places.

PERHAPS a more realistic proposal might be to declare a moratorium upon all Western technical, medical and other aid programs in the problem areas, allowing the ancient Malthusian population checks of war, famine, and pestilence to work their catastrophic ways.

As inhumane as this may sound, it may well be the only way to induce nations with severe population problems to adopt the radical changes and programs needed.

BLACKS LEAVE CONGRESS ON ENVIRONMENT

Claim Race Is Target of Birth Proposals

BY CASEY BUKRO
(Environment Editor)

Charging the Congress on Optimum Population and Environment with planning to control the births of minority groups, 49 black Americans walked out of the conference yesterday in its closing hours.

The black group cited "unmistakably clear evidence that the purpose of this conference is to use those delegates invited to legitimize a preconceived vicious plan of extermination" by systematically reducing the population of blacks, other nonwhites, the American poor, and nonwhite and ethnic emigrants."

Started on Sunday

"We cannot participate in our own destruction," said Dr. Alyce Gullattie, a Negro woman representing the American Psychiatric association in Washington, D.C. "We are concerned about the manner in which population control is being discussed."

The conference started last Sunday in the Pick-Congress hotel to discuss population control and environmental improvement. Some 1,200 delegates from about 150 community, scientific, and academic groups attended.

Scores of recommendations which proposed to change the American way of life, striking at industry, government, culture, education, and environmental control were adopted as part of the conference record.

Object to Remarks

The black group cited five "off the cuff" remarks made during the conference which the blacks said were not refuted and can be considered "representative of the tenor of the conference." The identities of the people who made the remarks were not given.

The offensive remarks, they said, were that:

Children can be given anti-fertility vaccines, then provided with an antidote later to allow them to procreate; to have children is a privilege and not a right; starvation is a method of birth control; most poor Americans prefer more children; and persons responsible for ghettos, not the ghettos, need to be destroyed.

"Coming to Get Us"

"They are coming to get us and we've got to stop them," said Leroy Richie, director of the black student program for the National Urban League in New York. The blacks said that legislation enacted along the lines of the remarks would be imposed upon minority groups, but not affluent whites.

Blacks also complained that they were given little part in the conference, and only as an afterthought.

Willard Wirtz, former secretary of labor and chairman of the board of the congress, said black participation had been inadequate, but not intentionally. Changes were made in the board of directors to include more blacks, he pointed out. He asserted that many speakers had emphasized that birth control programs must be voluntary.

Praises the Walkout

Dr. Paul Ehrlich, Stanford university biologist and author, the closing speaker of the conference, rebutted the black charge but praised the blacks for walking out of the conference to draw attention to their cause.

Ehrlich called for the creation of a third political party "interested in the welfare of all men in solving our problems." The Nixon administration, he said, is doing nothing to solve environmental problems.

1970

1971

Limit Families To 2 Kids-Prof

Associated Press

GREENVILLE, S.C. — Sociologist Edgar Chasteen says it's time to do something about the "pregnancy epidemic" in the United States.

The best way to handle the problem was to pass legislation making it unlawful for any family to give birth to more than two children.

Chasteen, a professor at William Jewell College in Liberty, Mo., and the father of three children, (one too many), said the nation "must at some point stop adding people."

The author of the recently published book "Case for Compulsory Birth Control," told Furman University students that "education is not sufficient.

"It is not enough to get people to realize their problems. That is why we have the legislative process."

The compulsory birth control law backed by Chasteen would prohibit parents with two or

more natural children to have another child.

In addition, he said, all American citizens above the age of 10 would be required to report to county health departments and physicians "for reversible immunization against fertility."

Fertility, he said, could be restored to any citizen after marriage but the anti-fertility vaccine would be readministered to both parents after the birth of the second child.

Chasteen said anti-fertility vaccine for both males and females could be perfected by 1975.

He also called for creation of a national birth control administration to "insure that people abide by the law."

Chasteen said the function of the proposed new federal agency "would be to serve the interest of public health and not to punish people unless there is a willful evasion of

1978

Male 'pill' seen within 12 years

GENEVA, Switzerland (AP) — Men may be taking oral contraceptives within 12 years, the World Health Organization said in a report published Friday.

"The first male pill might be a reality by the end of the next decade" if tests on the safety of a new type of compound prove successful, the report said.

The report was written by Dr. Egon Diezfulusy, Swedish director of the WHO collaborating center for research and training in human reproduction in Stockholm. It appears in the latest issue of the organization's monthly magazine World Health.

The report said the new class of compound being tested consisted of special "halogenated" sugars that do not inhibit sperm production, but merely interfere with its metabolism and maturation.

Developing a suitable male pill, the report added, has up to now proved complicated, since the actual suppression of sperm formation necessitates the use of considerably

higher steroid doses than those used by women pilltakers.

These doses, it said, could cause harmful side effects and decreased libido.

The report also predicted the possibility of an "anti-fertility vaccine" by the end of the 1980s.

The vaccine, it said, could offer major advantages, since it could be manufactured on a large scale at low cost, administered by both doctors and non-physicians and have a "long-lasting effect."

A second report in the magazine warned of an increase in heart disorders among the estimated 80 million women WHO believes are using birth control pills in about 150 countries, compared with users of other form of contraception.

Written by Ron Gray, an Australian medical officer with WHO in Geneva, the second report said that in industrialised countries, the pill leads to "an excess of deaths from cardiovascular disease."

NOTE:

Same adverse side effects, especially heart damage and deaths, are seen in both "anti-fertility vaccines" and COVID "vaccines."

1982

Birth control to undergo improvement

By **CRISTINE RUSSELL**
Washington Post Service

WASHINGTON — More than 20 "new or significantly improved" birth-control methods are expected to be available by the year 2000, according to a government study being released today.

Although an "ideal" contraceptive is not in the forecast, the new methods, combined with stronger government family-planning programs, could significantly curb world population growth, the congressional Office of Technology Assessment says.

Hormone-releasing capsules implanted in a woman's forearm — providing highly effective contraception for several years — as well as safer birth-control pills, improved long-acting injections, better intrauterine devices and easier-to-use diaphragms are likely to become available in the next decade, the report says.

A reversible "anti-pregnancy vaccine for women" is considered feasible, but would require more research, the report says.

For men, improved condoms and the first "sperm-suppression" drugs may be available by 1990 or a little later. By the end of the century a male "anti-fertility vaccine" and improved drugs are possible, but the prospect for a reversible male sterilization procedure appears "uncertain," the government experts conclude.

The OTA forecast previews the future of contraception as part of a larger study of global population trends. By the year 2000, OTA predicts, the 1981 world population of about 4.5 billion will have grown by at least 1.5 billion and as many as 2.1 billion people, depending on the success of birth-control programs.

More than 90 percent of this increase would take place in the less-developed countries, where overcrowding, disease and food shortages are most acute. The greatest population growth rates are in Africa and Latin America.

World population growth will increase despite falling fertility rates in many countries. This is because the "largest generation of young people in history is reaching child-bearing age," OTA Director John Gibbons said.

1987

Los Angeles Times

Researcher Also Predicts a Monthly Birth Control Pill

Anti-Fertility Vaccine Expected by 2010

From United Press International

Women in the next century will prevent pregnancy either by using an anti-fertility vaccine or by taking a monthly pill, the developer of the birth control pill says.

Dr. Carl Djerassi said the vaccine, which would make women immune to sperm, probably will not be in wide use until the year 2010.

Studies on the vaccine are under way at Ohio State University and in New Delhi, India, he said. The first clinical work on the vaccine began in Finland two years ago.

"One type of an anti-fertility vaccine will establish antibodies to the sperm of a woman's husband,"

Djerassi told the annual scientific assembly of the California Medical Assn. in Anaheim recently.

But for women who have more than one sexual partner, Djerassi said scientists hope to develop a vaccine that will produce antibodies against human chorionic gonadotropin, a protein the body manufactures shortly after conception occurs. The body's immune system would then expel the fertilized egg.

"It would be roughly a 20- to 25-year period before this vaccine will be available to millions of people around the world," said Djerassi, developer of the birth-control pill and a researcher at Stanford University. "But before this can happen, we will have to figure out how to turn it off."

Preliminary evidence shows that such a vaccine would probably remain effective in a woman's system for three to five years, which presents a problem for those who decide that they would like to become pregnant during that period, Djerassi said.

"In some cases, it may never wear off," he said.

Djerassi also told doctors at the assembly that a post-coital pill taken once a month will be another birth-control method in the future. The pill would produce a menstrual period whether the woman was pregnant or not.

"The most important thing we need is a post-coital rather than pre-coital method," he said. "The only post-coital method we have now is abortion, which is birth control but it isn't contraceptive. Post-coital methods would have the biggest impact on teen-age pregnancies."

Djerassi, who is conducting research on such a pill, said scientists are trying to avoid the use of high dosages of estrogen.

Estrogen pills, like the current morning-after pill used in such emergencies as rape and incest,

have too many side effects, he said.

"The discouraging thing is that neither of these methods [post-coital and vaccine] will be available in this country by the year 2000," he said. "At that time things will not be much different from today."

1989

Researchers freeze work on new 'pill'

By Michael Woods
Special to the Post-Gazette

WASHINGTON — The father of the "pill" is warning that the American pharmaceutical industry has virtually abandoned research on new methods of birth control.

The situation practically guarantees that no fundamentally new method of contraception — such as a male "pill," an anti-fertility vaccine, or a once-a-month menses inducer — will be available here for 10 to 20 years, Dr. Carl Djerassi said.

As a result of limited birth control options, there will be no significant reduction in the number of abortions performed, he predicted. There are now about 1.5 million each year.

"Many people ignore the fact that the incidence of abortion reflects the state of contraception," Djerassi said.

"In the Soviet Union, the country with the highest per capita abortion rate in the world, the quality of a birth control is exceedingly poor and the pill is essentially unavailable. Japan, the country with the third or fourth highest abortion rate, is the only industrialized country in which the pill is not approved for contraceptive use."

Djerassi, professor of chemistry at Stanford University, said that fear of product liability suits has driven U.S. drug companies away from birth control research and development.

In 1951, Djerassi and a group of co-workers at Syntex Laboratories

CONTINUED ON PAGE 10

Work halts on new 'pill'

□ FROM PAGE 1

synthesized an analog, or synthetic version, of progesterone that became the active ingredient in birth control pills. Progesterone is a female sex hormone that prevents women from ovulating during pregnancy.

Djerassi noted that legal defense and product liability costs for oral contraceptives are higher than for any other category of drugs.

He predicted that there will be no basic new birth control methods until the Congress modifies the strict liability of manufacturers for new contraceptives and vaccines.

A no-fault insurance program that limits manufacturers' liability would be the single most important incentive for getting American drug companies back into the development of new contraceptives, he said.

Such a program would compensate victims for medical costs, loss of earnings and pain and suffering. It would be financed through a surcharge on the contraceptive.

In a report in *Science*, the journal of the American Association for the Advancement of Science, Djerassi described a broad retrenchment of the pharmaceutical industry.

In 1970, 13 major pharmaceutical firms (nine in the United States) had research and development programs on contraceptives. Today, there are four, only one in the United States.

No new active ingredients — more effective with fewer side-effects — have appeared in pills sold in the United States since 1960. In contrast, three new ingredients were introduced in the 1980s in Europe, where women now have access to the world's most advanced birth control pill. The European manufacturer of this pill has not introduced it in the United States because of potential liability suits, Djerassi said.

Djerassi said that the top priority in research on new contraceptive methods should go to development of a new spermicide with anti-viral properties.

"The acquired immune deficiency syndrome epidemic alone justifies putting this item at the top of the list," Djerassi noted.

Second priority should go to a once-a-month pill that women would take to induce menstrual flow only during those months when they had unprotected sexual intercourse. The woman would take the pill at the expected time of their menstrual period, without waiting to see if she had missed a period or taking a pregnancy test.

"Such a pill could become the

"Such a pill could become the single most effective method for reducing the 40 to 50 million abortions performed annually throughout the world."

— Dr. Carl Djerassi said.

single most effective method for reducing the 40 to 50 million abortions performed annually throughout the world," Djerassi said. "The single most important advantage of such a method is that the decision to conceive is made postcoitally."

Third priority would be development of a reliable test for predicting ovulation that could be used by couples practicing the "rhythm" method, or natural family planning.

Since sperm have a fertile life span of about three days in a woman's reproductive tract, the test would need to predict ovulation at least three days in advance.

Djerassi assigns fourth priority to a reliable and easily reversible method of male sterilization that would make vasectomy an acceptable fertility control method for young men with no children. Vasectomy, performed on millions of men, can be reversed. But reversal requires expensive microsurgery and often does not restore fertility.

Fifth priority would be development of a male "pill."

Sixth would be the most revolutionary — development of an anti-fertility vaccine. The vaccine would be administered to teen-age boys and girls, and gradually wear off over a set period of time.

The vaccine could have a major impact in decreasing America's teen-age pregnancy and abortion rates, which are the highest in the industrialized world.

Djerassi pointed out that even if research and development on new contraceptive methods resumed today, no fundamentally new method could be available for 12 to 20 years.

Authorities believe it would take that long to complete stringent government testing requirements to establish the new product's safety and effectiveness.

Michael Woods is science editor of the Toledo Blade.

1992

Anti-fertility vaccine due this decade

MONTREAL (CP) — A long-acting vaccine that will protect women against unwanted pregnancy without disrupting their menstrual cycle will probably see the light of day this decade, a researcher predicts.

"In the 1970s, reproductive immunology was a fantasy. Now there are two journals, a (professional) association and many labs working on it," Gursaran Parshad Talwar, director of India's National Institute of Immunology, told a media briefing at a conference on biotechnology.

While many laboratories are working on an anti-fertility vaccine, Talwar said his institute — in the world's second most populous country after China — is "the most advanced at this stage."

Unlike the birth control pill, a vaccine would have the advantage of not requiring daily or monthly attention by women or health professionals and of not disturbing the body's hormonal balance.

Talwar said his researchers have been working on a three-dose vaccine boosted every six to eight months that prevents the fertilized egg from implanting in the uterus.

"We're on the right road, but we're not there yet," Talwar said. "If everything goes well, there will be a vaccine before the end of the decade."

Now his researchers are looking at a single-shot vaccine that would be effective for one or two years.

They are also looking at genetically engineering the key ingredient of the vaccine, now extracted from the urine of women in the first trimester of pregnancy.

The vaccine works by creating antibodies to the hormone HCG, or human chorionic gonadotropin. The hormone, the earliest signal of pregnancy, is produced by the human embryo and helps the embryo implant in the uterus.

"It's what makes a woman miss her period," Talwar explained.

"The ovaries continue to function as usual. But if there are the antibodies in the body, HCG can't deliver its signal."

1993

Researchers developing anti-fertility vaccine

By The Kansas City Star

ST. LOUIS, Mo. — Researchers are working on an anti-fertility vaccine that could virtually replace current birth control methods.

The oral vaccine would be easy to use, inexpensive and effective for men and women. Unlike the birth control pill, it would not interfere with the body's hormonal system. Its effects would be reversible.

Roy Curtiss III, professor of biology at Washington University in St. Louis, described his anti-fertility work Monday at the annual New Horizons in Science program. The sponsor of the program was the Council for the Advancement of Science Writing. Washington University was the host.

The vaccine would be made from genetically weakened strains of salmonella, an organism that causes food poisoning.

The vaccine, which is at least five years to a decade from reaching the market, could greatly reduce problems such as teen-age pregnancy and the exploding world population, Curtiss said.

Curtiss and co-researchers at Washington University, the University of Maryland and the University of Virginia already have genetically manipulated salmonella so it won't cause disease. It can stimulate the body to produce protective antibodies against the invader.

Vaccines against hepatitis B and malaria already are in or near human trials. After working on the disease vaccines, Curtiss realized the same principle could apply to birth control.

Men and women with fertility problems often produce antibodies that attack proteins essential for the sperm to penetrate the egg.

To produce a vaccine, Curtiss and the other researchers introduced genetic material for the proteins found in sperm. The body produces antibodies against these proteins and therefore against the sperm, blocking conception.

The method also might be used to produce a vaccine that would leave a man temporarily infertile.

Curtiss has conducted initial studies of the anti-fertility vaccine with mice. Primate studies will begin soon. Human studies could begin within a year or two.

Although the initial immunity is expected to fade in a year or two, repeated boosters might produce sterility, Curtiss said he didn't know what the threshold might be or if it existed.

"Like anything, there are problems," Curtiss said. "Some, we as scientists can deal with. Some, we as society can deal with."

The social problems involve privacy and control. A government trying to limit population growth could immunize people without their permission, for example. "They could just lace all the milk and immunize everybody, or put it in the drinking water," he said.

He also raised the issue of whether parents should have the right to immunize their children.

1993

Oral birth control vaccine may replace current methods

Researchers in St. Louis are working on an anti-fertility vaccine that could virtually replace current birth control methods.

The oral vaccine would be easy to use, inexpensive and effective for men and women. Unlike the birth control pill, it would not interfere with the body's hormonal system. Its effects would be reversible.

Roy Curtiss III, professor of biology at Washington University in St. Louis, described his anti-fertility work at a recent New Horizons in Science program.

The vaccine, which is at least five to 10 years away from reaching the market, could greatly reduce problems such as teenage pregnancy and the exploding world population, Curtiss said.

NOTE

Gates Steps In

1995

Contraceptive research yielding little since '60s

Los Angeles Times-
Washington Post News Service

It was a revolution in a pill. It separated sex from reproduction and turned bobby soxers into the Woodstock Generation. It liberated women from fear of pregnancy and underpinned a drive for political and economic equality.

It was the birth control pill, approved by the Food and Drug Administration in 1960. Together with the placental intrauterine device (IUD), which became available four years later, it formed the first wave of modern birth-control methods.

This new breed of contraceptive was reliable, long-lasting, reversible and discreet. A woman could take precautions outside the bedroom and without discussion. More than a dozen pharmaceutical companies worked feverishly on competing versions of the new products, readily accepted by millions of American women.

But the contraceptive-research revolution was short.

Today, three decades later, not a single new approach to contraception has reached the market. Recent products are only permutations of the original hormone pills, IUDs and the age-old barrier methods. The American pharmaceutical industry is in nearly full retreat; only one company continues substantial research.

Contraceptive products that were once plentiful, such as IUDs, have been withdrawn, and European companies skirt the American market. Foundations that used to support contraceptive research no longer have an interest. Academic fellowships in reproductive biology have dried up. Primary research involving the design and testing of new methods has moved to Europe and Asia.

"The atmosphere for research is abysmal," said Anita Nelson, an obstetrician-gynecologist involved in human trials of new contraceptives at Harbor-UCLA Medical Center. "We have nothing in our hands now available or coming down the pipeline that isn't based on basic research done in the 1960s."

New products such as Norplant, the contraceptive implant, and Depo-Provera injections are simply new ways for women to receive ovulation-suppressing hormones such as those contained in birth control pills. "Reality," the new "female condom," is just a large version of the male sheath.

Moreover, according to an Institute of Medicine report, "there is no broad public demand for the development of new contraceptives." Indeed, the fertility rate in the United States has stabilized at 1.8 per woman over a lifetime, about the same level as in other industrialized countries.

But scientists in reproductive medicine hear an urgent cry for better kinds of contraception in the following statistics:

- Fifty-seven percent of all pregnancies in the United States are unplanned; 3.6 million unintended pregnancies a year. And it's not just teen-agers. According to the National Institutes of Health, 80 percent of unplanned pregnancies are to women 20 and older. Nearly half end in abortion, and the rest result in births.

- The abortion rate in the United States, almost 30 percent of all pregnancies, is much higher than in nearly all other industrialized nations. In Britain, it's 16 percent; in Canada, 17 percent.

- Female sterilization — an operation to clamp or cauterize the fallopian tubes to cause permanent infertility — is the second-most popular method of contraception in the United States, just after the birth control pill. And a surprising percentage of married women under 30 resort to this irreversible step, more than 12 percent and on the rise.

- Teen-age pregnancy in the United States remains high: Twelve percent of all women ages 15 to 19 and 21 percent of all those who have had sexual intercourse become pregnant each year.

Americans' record of managing their fertility, say experts, shows that many people find current contraceptive methods do not work for them. Contraceptive products are being misused or not used at all, they say, because they are too expensive, inconvenient, unpleasant or culturally unacceptable.

The condom and diaphragm, for example, are so often used incorrectly or inconsistently that almost one-fifth of couples relying on those methods will conceive in the first year.

An estimated 10 percent of couples who say they want to prevent pregnancy do not use any contraceptive method at all. Roughly 800,000 couples practice the rhythm method of periodic abstinence. Studies show that 19 percent of them will end up with a pregnancy within the first year.

In developing countries, improved contraceptives for women well could be lifesaving because of the hazards of pregnancy and childbirth. Any advance in the United States, say population researchers, could have a profound effect on the health of women in developing nations.

To the extent that there is interest in designing new contraceptives, the driving force is the AIDS epidemic.

The government's priority is to fund research to find products that would protect against pregnancy and sexually transmitted viruses such as HIV and herpes. Currently, only the male and female condoms provide dual protection, and no other barrier method is on the horizon.

Research into some truly novel concepts, such as some types of anti-fertility vaccines or a monthly menses inducer, is not funded by the U.S. government because it affects the implantation of embryos and might be considered abortions. Researchers believe a contraceptive vaccine is decades away.

"There isn't a terribly vocal political constituency," said Judy Norsigian, director of the Boston Women's Health Book Collective, an influential advocacy group. She pointed out that women with breast cancer know others who have had the disease or died from it, "but contraception is not something women perceive as a life-threatening or lifesaving issue, though it could be."

Thirty years ago, there were 13 American pharmaceutical companies doing research, including some giant names: Searle, the developer of the first birth control pill, UpJohn and Syntex. Now only Ortho Pharmaceuticals, a division of Johnson & Johnson, pursues significant in-house research.

Wyeth-Ayerst has Norplant, but the developer was the Population Council, a non-profit research institute founded by John D. Rockefeller. Hampered by its modest size, the Population Council took 20 years to test and refine Norplant after the basic research was done — work that council officials say a large pharmaceutical company might have turned around in a quarter of the time.

According to a 1990 Institute of Medicine report and the observations of remaining researchers in the field, the private sector has dropped out of contraceptive research for reasons directly affecting profitability.

There is a perception in the drug industry that the market for contraceptives in industrialized countries is small and already saturated. Roughly 17 million American women are taking the pill, one-quarter of all women of childbearing age. Almost 40 percent of couples who no longer want more children have been sterilized; an additional 14 percent use condoms.

In addition, the trend in research is in the direction of longer-acting devices that are less profitable and might undermine a company's sales of successful shorter-term products such as monthly birth control pills. The pill remains a bil lion-dollar business annually in the United States. There are currently 29 different combination pills on the market.

Compared with the testing of drugs to fight disease, testing of contraceptives can take longer, which in turn shortens the length of a patent and the time a company holds a monopoly on the product. What's more, the standards for approval are stricter because contraception is used by presumably healthy women and men.

According to Rod Mackenzie, former president of Ortho Pharmaceuticals, it would take an enormous and expensive human study — perhaps 50,000 women over 10 years — to test a product that could compete with the Pill and IUD.

Pharmaceutical companies are also dissuaded by a litigious atmosphere born out of women's devastating experiences with the IUD known as the Dalkon Shield and medications such as DES, an anti-miscarriage drug, and thalidomide, a sedative — products that caused severe pelvic infection, vaginal cancer and birth defects, respectively.

Defending against product-liability actions is a potentially high cost of doing business in the medical field today. Insurance for contraceptive products is virtually impossible to secure, according to the Institute of Medicine, so companies have to set aside their own liability funds.

Companies also are wary of a negative political climate in the United States that tends to link contraception with ethical and social issues surrounding abortion. Embroilment with the abortion issue is seen as a potential threat to corporate image and sales of other products.

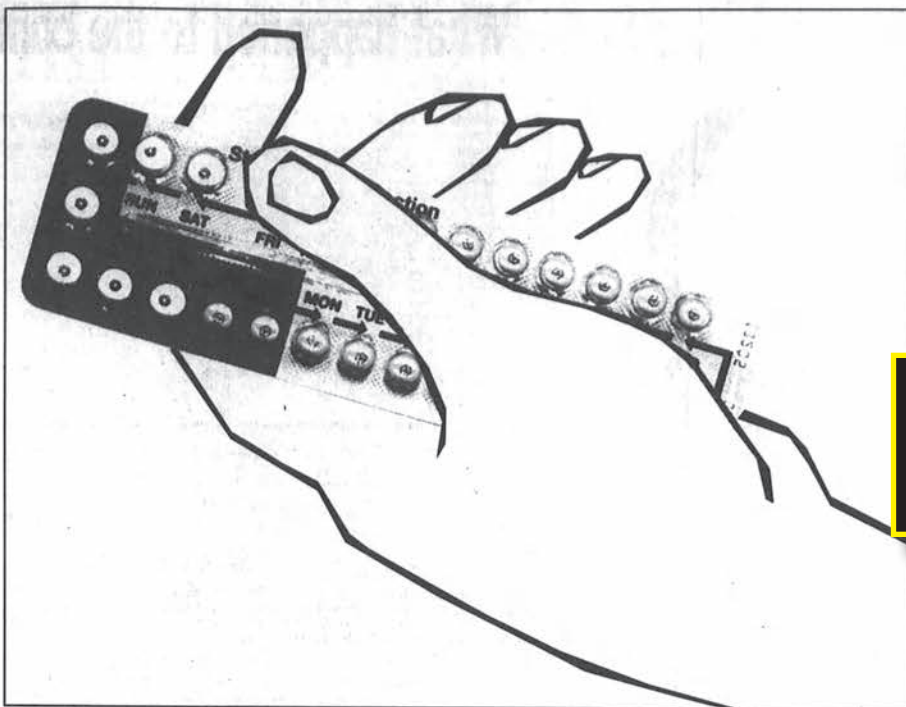
Coupled with these disincentives is a lack of public pressure for new methods. To be sure, the United States still remains the largest government backer of contraception research worldwide. The NIH spends \$10 million annually, and the U.S. Agency for International Development dispenses \$15 million.

But the USAID funds primarily go into research on simple and less-expensive methods that would be practical in the developing world. Meanwhile, the human-reproduction program of the World Health Organization recently has suffered severe budget reductions.

Even charitable foundations with long histories in the field, such as the Ford Foundation, have cut back their support of biomedical research, finding social-science areas more compelling. The Rockefeller and Mellon foundations are alone among major foundations in direct support of contraceptive-technology development.

Steven W. Sinding, director of population sciences at the Rockefeller Foundation, said it is staying in, "precisely because others are pulling out. We've articulated as our object to breathe new life in the field."

The foundation has three priorities: developing a contraceptive product that simultaneously protects against pregnancy and sexually transmitted diseases, expanding the choices for male contraception, and developing a menses inducer that could be taken on a monthly basis whether or not a pregnancy has occurred.



1995

NOTE:
An overview of their anti-fertility efforts

Whatever happened to the contraceptive revolution?

Thirty years ago, Australian women seemed at the vanguard of the contraceptive revolution. But FIONA DONNELLY reports that we now look like being left behind.

DRIED heaver testicle brewed in alcohol and drunk; half a lemon squeezed and placed over the cervix; fresh tadpoles swallowed in spring; Coca-Cola as a vaginal douche ... A quick look at contraception through the ages is a testament to human optimism.

In the 1960s, Australians believed they had the problem licked. With one of the highest and quickest take-ups of the contraceptive pill worldwide, women began to take control of their own fertility. Three decades later, the pill is still the most popular method of birth control and family planners are starting to ask, "whatever happened to the contraceptive revolution?"

Since the arrival of the pill, no really new approaches to contraception have reached the market. And thirty years on, research is winding down, due to a perception that industrialised markets are already saturated and that the public is ambivalent. Memories of legal problems with products such as the Dalkon shield have also left manufacturers discouraged.

The contraceptive choices for Australians are further restricted. We are a small market, offering little financial incentive to drug companies. And we have one of the most rigorous drug evaluation committees in the world, making the introduction of new drugs a lengthy and expensive process.

Dr Mary Westcott, acting senior medical officer at Family Planning Victoria, claims that in Australia we have even fewer contraceptive choices than some developing countries. "We have suffered here because we have a fairly obstructive drug evaluation committee which wa: recently subject to review, and recommended to speed up its process," she says. For example, she says Marvelon (a type of combined pill which is thought less likely to cause acne and weight change) took 10 years to get into the country despite it being available in the UK for the past 15 years.

In 1993-94, the contraceptive pill was the choice of most women practising family planning — 63 per

cent, according to figures from Family Planning Australia. But the huge number of abortions and unplanned pregnancies each year show that it, and the other modern contraceptive options, are providing a far from ideal answer. Some women are unable to take the pill because their general health prevents it. Others worry about the risks of taking hormones long term, even though the modern pill contains one-fifth of the original Oestrogen dose.

"We need a broader range of contraceptives because there are still women who can not find ones to suit them," says Edith Weisberg, medical director of Family Planning New South Wales. Nobody knows how many pregnancies are unintended in Australia, but there are around 80,000 abortions annually and the real number of unwanted pregnancies is probably higher.

The World Health Organisation estimates that worldwide, half of all pregnancies are unplanned and a quarter are unwanted.

Family planners agree that when it comes to contraception, the wider the choice, the better. They call the approach the Contraception Cafeteria. "The cafeteria approach means offering women all the options," Weisberg says. "It means giving advice so women can weigh all the risks, benefits, advantages and disadvantages and find out what best suits them."

The Contraception Cafeteria concept has proved highly successful in Bangladesh — a country previously viewed as unpromising territory for family planning — with contraception usage shooting from 7 per cent to 40 per cent in a decade. With a wide choice, people are more likely to keep trying until they find a method they prefer.

But the Contraception Cafeteria requires new methods to be introduced. And in the US, only one of the giant pharmaceutical companies, Ortho Pharmaceuticals, continues significant in-house research. The others, including G. D. Searle, the firm responsible for the first contraceptive pill, have moved on to greener pastures.

"Safety standards have made it almost impossi-

ble to introduce new contraceptive products," Dr Westcott says. "It's different when you are dealing with life-threatening diseases, such as HIV, when you can skip steps. With contraception, you deal with a more or less healthy person — so to pass health and safety guidelines takes between 10 and 15 years and millions of dollars."

A recent article in *The Washington Post* reported that it would take a huge and vastly expensive human study — perhaps 50,000 women over 10 years — to test any new product that could compete with the pill or IUD.

One female gynaecologist involved in US human trials of new contraceptives described the atmosphere for research as abysmal. She said there was nothing now available or in the pipeline that wasn't based on research done in the 1960s. She questioned whether society was comfortable with the idea of women controlling their fertility and if this ambivalence was holding back new products.

So what are we missing out on? Four products high on Australian family planners wish list, which are available elsewhere, are Norplant, Femidom, Lng-IUD Levonova and a hormone-releasing vaginal ring.

Norplant is hailed as the trailblazer for implantable contraception. First introduced in Finland in 1983, the system consists of six matchstick-size capsules that are implanted in the arm and provide reliable contraception for five years. It is suitable for women who can't use a pill containing oestrogen and it is more effective than the progestogen-only mini pill.

The implants are inserted under the skin on the inside of the upper arm where they provide doses of the hormone levonorgestrel. It provides instant contraception when inserted on day one of menstruation. Side effects include irregular bleeding — 60 per cent of users undergo some menstrual irregularity in the first year — and possible headaches and weight gain.

Continued Tempo 4
Tempo 4: The Brave New World of Contraception

continues next page



What happened to the contraceptive revolution?

From Tempo 3

The implants are not biodegradable and have to be removed at the end of their life by a trained practitioner. Other implant systems in the pipeline include Implanon, a biodegradable desogestrel implant, which lasts around 24 months, and is easier to implant than Norplant.

Wyeth Australia has successfully applied to sponsor Norplant here and will submit the product for evaluation. But even with new guidelines requiring that the Therapeutic Goods Administration take no longer than 255 days to evaluate submissions, Norplant is thought unlikely to be available here for two to three years.

Femidom, the female condom, and the latest in barrier control, was introduced in the US and UK in 1993. An acceptability study was conducted by Family Planning New South Wales last year and it has been approved for sale in Australia. However, there are no plans to market Femidom. Weisberg explains Femidom's UK manufacturer, Chartex, wants to establish the European market first and has just one factory to cater for worldwide production.

Femidom looks like a huge male condom, but is made out of lubricated polyurethane and is stronger. The ring at the closed end sits around the cervix, while the other rests externally on the labia.

Other new barrier methods include the baggy condom, a new male condom worn like a sock without the penile constriction of existing models, and Femcap, a snug fitting, non-latex silicon rubber cervical cap which is shaped like a sailor's hat. Femcap, which can be worn for two days is less likely to dislodge during intercourse.

The Today Sponge, a vaginal sponge impregnated with spermicide, is already on sale over the counter in the US and UK. But it is less effective than the pill and no acceptability tests have been conducted here. Although it has been given marketing approval, there are no plans to sell the sponge, the new sheath, or the Femcap in Australia.

Lng-Levonova IUD, a T-shaped IUD, releases the hormone levonorgestrel, which helps protect against pelvic inflammatory disease—one of the main drawbacks of other IUDs. Users experience shorter, lighter, less painful periods; the main side effect is spotting in the early months of use. It is as effective as the combined pill.

Edith Weisberg says the Lng-IUD is available in several countries, including Finland. But unless it can find a sponsor, the upfront marketing approval costs may prevent its release here.

The vaginal ring is a soft plastic ring that releases hormones into the vagina. It can either be inserted for three months, or removed one week in four to allow bleeding. Family Planning New South Wales estimates it will be at least three to four years before it comes on the market. Side effects include some menstrual irregularities, and claims of vaginal bruising by the ring are being investigated.

THE CONTRACEPTIVE CARE - THE EXISTING OPTIONS			
Type of Contraceptive	% who Use	Failure Rate	Comments
Combined Pill	50%	0.1% - 6%	Women who have had deep vein thrombosis (blood clotting), stroke, heart attack or focal migraine should not take the pill. Side effects in some women include nausea, spotting between periods, breast soreness.
Progestogen-only pill (POP or mini-pill)	3.2%	Slightly less than the combined pill	Timing is critical, additional methods must be used if a pill is taken more than three hours late. May not be suitable for those with heavy periods or anyone who has had an ectopic pregnancy.
Diaphragm/Cap	5.2%	6%-15%	Does not interfere with menstrual cycle, but there is a slight increase in number of urinary tract infections.
IUD	4.8%	0.3%-4%	May cause increased period pain and bleeding. Can be expelled, especially in first three months. Small risk of infection, resulting in sterility.
Condoms	3.1%	2%-16%	Very fraction of population allergic to rubber or lubricant.
Sterilisation	0.6%	0.2% - 0.5%	May not be reversible. In women, performed by blocking the fallopian tubes. In men, the vas deferens is blocked, usually by being tied and then cut. It takes time to get rid of sperm which have already travelled past the blockage, so other contraception is advised until there have been two zero sperm counts.
Post-Coital	9.4%	2%	33% experience nausea after taking the morning-after pill. Spotting may occur and periods may be delayed. No evidence that the morning-after pill will turn a continuing pregnancy.
Depo-Provera	3.6%	0.02%	Early animal studies suggested a link between Depo and breast and womb cancer, but this has not been proven in humans. Users may stop having periods, experience irregular bleeding and gain or lose weight. There can be a delay before returning to fertility. One injection lasts 10 weeks, so if side effects occur they may last for entire period.
Natural Methods	Anywhere between 0.3% and 9.8%	A combination of the Billings and temperature methods gives a pregnancy rate of 15% per year	Less reliable for women with irregular cycles.

Whatever method of contraception you chose, family planners now advise that condoms are also used for at least three months, and that both partners are tested for sexually transmitted diseases before stopping.

THE BRAVE NEW WORLD

THERE is still no such thing as the perfect contraceptive. One of the great white hopes is a birth control vaccine being researched by the World Health Organisation, but this isn't expected to be available for several decades. Other products being studied, include:

- **Transdermal patches:** similar to nicotine patches, which are stuck to the body and release ovulation-inhibiting hormones.

- **Daily vaginal pills:** placed in the vagina before intercourse, they dissolve into a spermicide and block fertilisation.

- **Quinacrine pellets:** an existing drug used to treat malaria that leads to scarring of the fallopian tubes and non-surgical sterilisation when placed in the uterus. (The long-term toxicity and carcinogenic effects of this method are unknown, but more than 80,000 women in the US have already trialled the pellets.)

- **Filshie Clip:** a new type of fallopian tube clamp which may lead to potentially reversible sterilisation.

As far as male contraception is concerned, progress is slow. "You can actually use any of the hormones used in female contraception to halt sperm production in men," says Edith Weisberg. "But when you knock out the pituitary gland, you also stop production of testosterone and the man loses his sex drive."

Some of the more promising methods include:

- **Testosterone:** when injected or implanted it reduces

sperm levels. Unfortunately, it doesn't always stop sperm production, making it unreliable in about 40 per cent of men.

- **Male anti-fertility vaccines:** being tested in India by the Population Council. The vaccine works by telling the pituitary to produce hormones to regulate sperm and testosterone production. Men maintain their sex drive by taking testosterone supplements.

- **Sperm duct plugs:** developed in China to provide an alternative to surgical sterilisation. But this method, which involves injecting liquid plastic into the vas deferens, may not be reversible.

- **Chemical sterilisation:** a form of permanent sterilisation caused by chemically scarring the walls of the sperm duct.

- **Gossypol:** a contaminant of cottonseed oil which, when taken daily as a pill, reduces sperm production without a drop in male hormones. Unfortunately, Gossypol also lowers blood potassium, which makes some men so weak that sex is the last thing on their minds.

- **Family Planning Victoria** is continuing tests of the controversial abortion pill RU486, despite attempts by the Right To Life Association to call a halt through legal action. Together with its New South Wales counterpart, Family Planning Victoria is also now trialling RU486 as a post-coital emergency contraceptive, which can be taken up to five days after unprotected intercourse.

FIONA DONNELLY

The product is already being marketed in the UK.

"The progestogen-only ring suffers from the same problems as the mini-pill and Depo Provera — variations in bleeding patterns," says Weisberg. "It is much easier than taking the pill and studies show that it has good acceptability."

Despite the number of products still unavailable, there have been two

recent additions to the list of contraceptives sold here. Depo-Provera, an injectable, long-acting contraceptive which has been available in New Zealand since 1969, has at last been given the thumbs-up. And Marvelon, a combined pill containing a new generation of progestogen, has also been launched.

Experts say Marvelon and similar "new-generation" pills are less likely

to cause heart disease, acne and weight gain. However, when they arrive they are less likely to go on the Pharmaceutical Benefits Scheme and will cost more than older options, says Carol Stevenson, senior medical officer at Family Planning Queensland. Dr Westcott agrees: "There is no PBS support for the newer pills because they say that there are enough alternatives available."

1995

Anti-fertility vaccine called genocide of poor

OTTAWA (CP) — To some, it's the most promising contraceptive since the pill: a vaccine that would prevent pregnancy for at least a year.

To others, it's genocide against the world's poorest nations.

As part of a worldwide campaign, 35 women's health activists from 14 countries met in Cantley, Que., in early June to protest the development and testing of an "anti-fertility" vaccine that has the backing of millions of dollars in Canadian research funds.

While the vaccine is at least five years away from the marketplace, proponents say it will help women everywhere.

However, a growing number of critics say fertility vaccines are dangerous, abusive and could be forced on women without their knowledge or consent.

They resent pregnancy being treated as a disease to be vaccinated against, and say Canadian and other governments should use research dollars to improve the status of women in developing countries and make existing contraceptives more available.

"It is not necessary to have such a drastic method" of birth control, argues Dr. Shree Mulay, an associate professor of medicine and physiology at McGill University and a member of the executive board of the National Action Committee on the Status of

Critics of the vaccine resent pregnancy being treated as a disease to be vaccinated against, and say Canadian and other governments should use research dollars to improve the status of women in developing countries and make existing contraceptives more available.

Women.

NAC and the international development agency Inter Pares and Women's Health Interaction co-sponsored the Chantley meeting.

"This is not a method of birth control, it's a method of population control," says Chayanika Shah, a member of the Bombay-based Forum for Women's Health.

But Canada's International Development Research Centre, which holds the patent to the most advanced anti-pregnancy vaccine being developed by researchers in India, says such vaccines would offer more choice to women everywhere.

"In the next century, if this vaccine continues to perform as it

has... it would be important to a lot of women," says the Dr. Don de Savigny of the research centre.

For more than two decades, researchers around the world have been trying to develop a vaccination against pregnancy.

Research teams have been set up by groups such as the World Health Organization and India's National Institute of Immunology, whose researchers are supported by the International Development Research Centre.

Unlike vaccines against diseases, which program the body to react against harmful germs, anti-fertility vaccines re-program the body's immune system to attack natural substances.

The most promising vaccine so far has been developed by a research team led by a scientist from India who has received \$4.5 million in Canadian funding.

The vaccine tricks the immune system into attacking the pregnancy hormone, human chorionic gonadotropin, or HCG.

HCG helps implantation of the embryo in the uterus and it's the hormone that makes a woman stop menstruating. If antibodies attack HCG, the hormones can't deliver the signal and the woman will menstruate as normal.

In a recent study of the vaccine involving 148 women, 80 per cent developed a level of antibodies sufficient to block pregnancy.

NOTE:

Canadian funding

NOTE:

Same reproductive system side effects now seen in COVID vax injectees.

NOTE:

Canadian companies

1996

Why is WHO concerned about Bismarck health care?

U.N. sponsored Philippine vaccinations with ill effects

"Something wicked this way comes," fancies one of the witches in Macbeth.

"Wicked" is the only way to describe a recent report from the Philippines that tetanus vaccines supplied by the World Health Organization and given to unsuspecting women contain an anti-fertility drug that prevents pregnancy and causes miscarriage.

Three suspicious factors caused allegations to surface a year ago:

- Only women of reproductive age, 15 to 45, were being vaccinated, although tetanus was highest among men.

- The vaccination protocols called for multiple injections — three within three months and five altogether. A single tetanus shot is good for 10 years or more.

- Pregnant women who had received the vaccine began complaining of vaginal bleeding and early miscarriages — odd side effects from a simple tetanus immunization.

Sen. Francisco Tatad of the Philippines said, "As a result, there was an avalanche

of reports of excessive swelling of injection sites together with unusually high numbers of miscarriages among pregnant women."

The Philippine Department of Health and Philippine Medical Association commissioned a study, released in September, that provides evidence the vaccines are contaminated.

The study revealed almost 20 percent of the tetanus vaccine tested positive for Human Chorionic Gonadotropin, a hormone essential for maintaining pregnancy. Often called "the pregnancy hormone," hCG is one of the most reliable indicators of pregnancy — in fact, many pregnancy tests are tests for hCG.

By adding hCG to a vaccine, such as tetanus toxoid, the body forms anti-bodies against both tetanus and hCG. A woman who has accumulated hCG antibodies in her system can no longer maintain a pregnancy. The Philippine commission reported that when she becomes pregnant,

anti-hCG antibodies cause a miscarriage by "disabling or deactivating" the hCG needed for implantation of the fertilized egg.

The report traced the manufacturers and suppliers of the contaminated vaccines and concluded, "Twenty-two of the vaccines sampled were manufactured by Connaught, and 22 by Intervax." Connaught Laboratories and Intervax Biologicals are Toronto-based manufacturers.

Connaught spokesman Don McKibben denies involvement. He said, "We provide this product all over the world, and there are absolutely no reports of this whatsoever. This is really more of a World Health Organization issue (WHO)."

Indeed, the vaccination program is sponsored by WHO, a United Nations agency, whose efforts to develop an anti-fertility vaccine have appeared in various medical journals since the early 1970s. A Washington Post article in 1988 described the search for a "contraceptive" vaccine. Dr. Jose Barzelatto of the World Health Organization said researchers felt "optimistic" about the success of animal experiments with baboons, but he cautioned, "We really don't know until they test women and find out if they get pregnant."

Similar vaccination programs administered by WHO to millions of women in Mexico and Nicaragua resulted in similar complaints of miscarriage and swelling, but none of the vaccines was specifically checked for hCG contamination.

Rev. Matthew Habiger, president of Human Life International, which broke the story in this country, said, "It is also absolutely essential that any country that has the WHO program in place begin testing the vaccines for contamination."

The United Nations' quest for world population control is well-documented.

Remember the United Nations International Conference on Population and Development in Cairo in September 1994? The Programme of Action resulting from the conference outlined a 20-year plan to "stabilize" the world's human population at a cost of at least \$17 billion. Timothy Wirth, the undersecretary of state for global affairs and leader of the United States delegation to Cairo, said, "The world will never be the same after Cairo."

The preamble to the document says, "All members of and groups in society have the right, and indeed the responsibility, to play an active part in efforts to reach (population control) goals." Chapter II of

the document says population-control is "the sovereign right of each country."

The Philippine tragedy reveals the truly coercive nature of UN-funded programs. Questions of religiously motivated genocide also arise, because all three countries subjected to the vaccine are

overwhelmingly Catholic. Under the current administration, the United States has restored millions of dollars of funding for international population-control. Who is WHO targeting next?

At the United Nations Conference of Human Settlements in Istanbul last June, WHO embarked on a new program that will target women's, children's and reproductive health issues. In one of the conference background papers, "Creating Healthy Cities in the 21st Century," is a listing of communities who participated in the WHO survey on healthy cities. Bismarck, Dickinson, Grand Forks, Jamestown and Fargo are included.

Why is the United Nations World Health Organization concerned about health care in Bismarck? Who will be next on the WHO hit list?

(Margaret Sitte, of Bismarck, works part time in public relations. Her Tribune column appears on Fridays.)



Margaret Sitte

10

1998

British arms dealers linked to apartheid's Brigadier Death

Observer investigation

by Jonathan Calvert, Lucy Johnston, David Connett and Peter Thornycroft

THE South African military scientist in charge of the former apartheid regime's top-secret chemical and biological warfare programme used a network of British business contacts to amass a personal fortune. *The Observer* can reveal.

Brigadier Wouter Basson, a 47-year-old physician, is now revealed in South Africa after details emerged of his role in the weapons programme.

South African prosecutors have visited Britain to investigate his network of contacts.

Last week a former major in British intelligence admitted receiving payments of £2.5 million, transferred into a bank account in his name, by a company Basson controlled.

The international investigation is trying to trace £50m which was to be spent in Europe under the guise of Project Coast — a top-secret scheme, led by Basson, to acquire materials to make chemical and biological weapons in the dying years of apartheid.

Basson has been called to give evidence about the project this week at the Truth and Reconciliation Commission hearings in Cape Town. Scientists working under Basson developed special poisons to cause heart failure, cancer and sterility in the black population. One aim was to develop devices to kill opponents of apartheid without trace.

These included poisoned T-shirts designed to kill student

activists and screwdrivers fitted with 'micro-needles' filled with deadly chemicals. Brutal experiments were carried out on live baboons and dogs.

One of the most extraordinary plans was a scheme to develop a pill to turn whites into blacks, enabling the 'master race' to infiltrate the ranks of the enemy.

Basson faces criminal charges alleging that he siphoned millions of pounds from Project Coast into his personal accounts. Last summer prosecutors from South Africa's Office of Serious Economic Fraud interviewed a number of British executives about his activities in this country.

Basson ran a network of front companies based with their accounts in the UK, Luxembourg, Belgium, Switzerland and Croatia. These were set up to acquire chemical weapons technology.

Among his British contacts was Major Roger Buffham, a

former bomb disposal expert who worked for military intelligence and is now head of security at the Jockey Club.

In the late 1980s, Major Buffham set up a company selling aircraft security systems with two military colleagues. Through this company he met Basson, who had established a base at a cottage in the village of Warfield, near Ascot, Berkshire.

Couriers would come to the cottage to visit Basson, collecting cargo and bringing back devices for him to approve. One courier claims he visited Basson to demonstrate a poisoned screwdriver.

Basson and Major Buffham met eight times and made a series of financial transactions now at the heart of the case against Basson. Major Buffham has given a statement to the South Africans and is a key prosecution witness.

There is no suggestion that



Daisy the chimp was one of three used as a cover to develop an anti-fertility vaccine. Photograph by Henner Frankerfeld

Major Buffham provided any equipment which could have furthered South Africa's chemical and biological warfare programme or that he was aware of it. Investigators are particularly interested by

two payments into Major Buffham's Lloyds Bank account in Grantham, Lincolnshire, made by Basson's Luxembourg front company, Amfra. In March 1988, £1.5m was paid into the account, followed by a

further £960,000 two months later.

A charge sheet produced by the South African investigators suggests the payments were for chemical detectors and other operational equipment. Major Buffham admits receiving the payments but says he did not supply anything that could have been used for Basson's weapons programme.

He understood the money was transferred into his account so that Basson's front companies could buy shares in other European businesses. The money was paid back into a Swiss bank account after Basson told Major Buffham the share transactions had fallen through.

Major Buffham's company was given a 1 per cent commission on the deal, and he now admits that it wasn't the 'wisest thing to do'.

He concedes his company did supply the South African Defence Force with security equipment, anti-bugging devices and bomb-proof clothing. Once, one of Basson's assistants visited him in Grantham and paid for video decoders by handing over thousands of pounds in cash from a briefcase.

Last week Major Buffham told *The Observer* that he had not been aware of Basson's activities in connection with Project Coast. He said his dealings with Basson had been closely examined by the Serious Fraud Office and the South African prosecutors.

"The SFO have sent me a letter confirming they are not investigating me or my company," he said.

South African investigators allege Basson ran a sophisticated scam using government money for goods that were never supplied, creating false invoices and pocketing the money himself.

The prosecutors looked at two other British companies: RF Telecommunications and Graseby Dynamics. Again there is no suggestion that they supplied the chemical weapons programme or were aware of it. Wilfred Mole, chairman of Ascot-based RF, was questioned last year about a payment of £14,000 from one of Basson's companies. He told *The Observer* he had 'never heard' of Project Coast, and while he admits dealings with Basson during the 1980s he said the goods supplied were radio transmitters for ambulances.

South African investigators also believe Basson acquired hand-held monitors from Britain capable of detecting mustard and nerve gases. The monitors — used extensively in the Gulf War — are produced by the Watford-based Graseby Dynamics, and could be sold only to Nato countries. Basson bought them from a third party in Belgium.

The extent of British involvement will emerge at this week's Truth and Reconciliation Commission hearings, which are expected to take evidence from about 20 witnesses, including four scientists who co-operated with Project Coast.

Basson ran the South African Army's Seventh Medical

Battalion. But his role went far beyond medicine. He and his scientists worked on projects that are incredible to Western researchers in one of the most bizarre schemes, three chimpanzees were used in experiments to make black women infertile.

"The infertility programme was headed by Daan Goosen, 47, a respected vet and pathologist. Goosen was managing director of a South African Defence Force front company, Roodeplaats Research Laboratories. 'The chimps were a cover for developing an anti-fertility vaccine,' said Goosen. 'I was told the growing black population was the overwhelming threat to white South Africa. The anti-fertility project was approved by the South African Defence Force at the highest levels.'



Scientists who worked under Basson developed special poisons to cause heart failure, cancer and sterility in the black population

Animal rights groups also claim that organophosphates were tested on live animals, often young baboons and dogs, so researchers could see how long it took them to die.

One of the most lethal devices said to have been developed was a fence combining barbed wire and a deadly charge of electricity to enable police to erect mobile barricades around rioters.

After a series of security leaks in the early 1980s, the South African Defence Force's counter-intelligence service began investigating Basson. Project Coast was closed down at the end of 1992. Basson left the army months later.

Following the truth commission's hearings, Basson is expected to go before a criminal court to answer the fraud charges.

He is also accused of trying to sell 1,000 Ecstasy tablets to undercover police. It is alleged that government laboratories manufactured up to a ton of the drug at a secret laboratory near Pretoria.

South Africa accused of trying to cut black fertility

CHRISTOPHER MUNNION
London Daily Telegraph

JOHANNESBURG — South Africa tried to develop a drug to reduce fertility in the black population with a secret research program during the 1980s, a scientist said yesterday.

Chimpanzees were purchased from a British zoo in the 1980s by a broker acting for the Johannesburg Zoo ostensibly for a primate-breeding program, but were used for a secret plan to reduce the black birthrate by a research company that was really a front for military intelligence.

Details of the secret biological program were disclosed to Johannesburg's Sunday Independent newspaper by Daniel Goosen, 47, a veterinarian and pathologist who headed it.

DIRTY TRICKS

"The chimps were a cover for developing an anti-fertility vaccine," he told the newspaper when he visited the zoo to check on Daisy, the remaining survivor of the three chimpanzees purchased from the unnamed British zoo. "I was told that the growing black population, and of course, communism, were the overwhelming threats to white South Africa. The anti-fertility project was approved by the South African Defence Force at the highest level."

Goosen was the first managing director of Roodeplaats Research Laboratories, a front company set up and financed by the "dirty-tricks" department of military intelligence in 1983.

He was recruited by Wouter Basson, head of the military's biological and chemical-warfare department, who was remanded in a Pretoria court last week on fraud allegations relating to the biological-warfare program.

According to Goosen, neither the British zoo nor the Johannesburg zoo knew of the true reason for the purchase of the three chimpanzees.

1998

BIRTHRATE TOO HIGH

"We were to have carried out important research on inter-species breeding programs, transferring chimpanzee embryos to baboons," he said. "In transferring the embryo, the recipient baboon may reject it and in the rejection process the immune system becomes involved and immunology leads to vaccinology. The vaccine, had we produced it, could have been used clandestinely on black people."

Goosen said the project had the blessing of senior government officials who believed the black population was reproducing at too high a rate. "We believed at the time this was legitimate. If we developed an anti-fertility vaccine we could have curbed the birth rate and there would be fewer starving kids."

"I joined the project for patriotic reasons. I thought at the time we were involved in a war for our survival."

Four years after the start of the program, it was canceled on "orders from above," Goosen said. No reasons were given and the chimpanzees were returned to the Johannesburg Zoo, where two died of natural causes.