

Norplant: The medical facts about a dangerous device

The "Norplant System" consists of six flexible Silastic matchstick-sized rods, each containing 36 milligrams of the synthetic progestin levonorgestral. The capsules are surgically implanted subdermally in the midportion of the upper arm. Once implanted, they continually release 85 micrograms per day of levonorgestral, and are immediately effective in rendering the recipient sterile for a period of five years.

Although marketed in the United States by Wyeth-Ayerst, Norplant was developed by the Population Council, with funding from the Rockefeller Foundation, the United Nations Population Fund, and the Population Crisis Committee, to control population growth in developing sector nations. Despite the fact that no large-scale, independent study of Norplant's long-term safety in normal use was ever conducted, the Food and Drug Administration (FDA) bypassed the normally required pre-marketing surveillance and approved Norplant for distribution on Dec. 10, 1990.

The Population Council did not follow infants exposed to Norplant, nor are the long-term effects for children who were breast fed while their mothers used Norplant known. No clinical trials of any kind have been conducted on the effects of Norplant use by teenagers.

The drug's manufacturers state that Norplant's effect on the following conditions is, therefore, not known. However, based on experience with combination proges-

tin plus estrogen oral contraceptives, they issue warnings that users are "at risk" of suffering elevated blood pressure, thromboembolic disorders and other vascular problems, carcinoma, hepatic tumors, ocular lesions, and gallbladder disease.

What is known about Norplant

Some 82% of Norplant users experience irregular, usually heavy, menstrual bleeding during the first year of use. Irregular bleeding patterns associated with Norplant mask symptoms of endometrial and cervical cancer. Follicular development occurs with Norplant use, and the follicle's normal degeneration (atresia) is delayed. The follicle may continue to grow beyond the size it would attain in a normal cycle. The enlarged follicle cannot be distinguished from ovarian cysts. If the follicles twist or rupture, surgical intervention is required. Physicians are warned of the possibility of ectopic pregnancy among women using Norplant who complain of lower abdominal pain.

The majority of users report the following "adverse reactions" during the first year of use: headache, nausea, dizziness, adnexal enlargement, dermatitis, acne, mastalgia, significant weight gain, hirsutism, hypertrichosis, and scalp-hair loss.

A statistically significant 5% or more women suffer breast discharge, cervicitis, musculoskeletal pain, abdominal discomfort, leukorrhea, and vaginitis.

Approximately 30% of women implanted request removal during the first year due to side-effects.

Removal, which the manufacturer warns is more difficult than insertion, presents significant difficulties requiring more than one surgical intervention in 10% of all users. —*Debra Hanania-Freeman*

young African-American women under the age of 18. The overwhelming majority of them are unmarried when they give birth.

An instrument of genocide

Proponents of these proposals argue that the implants are safe, reliable, reversible, and completely "voluntary." They argue that free Norplant implants guarantee "freedom of reproductive choice" to all women, regardless of socioeconomic status. Opponents have labelled Norplant as an instrument of genocide.

Yet, when Norplant's opponents raised fears that Norplant was a tool of social engineering, the *Baltimore Sun* (the city's only daily newspaper) responded with a lead editorial ridiculing these people as being "in a desperate need of a reality check."

Is Norplant part of a domestic blueprint for genocide? There is no disputing the fact that the Norplant policy was formed within an overriding U.S. government policy of population reduction of non-white peoples in the developing sector. The recent declassification of National Security Study Memorandum 200 (NSSM-200) shows that at least since 1974, the official U.S. policy on population matters included the proposition that the growth of non-white populations was considered a threat to the national security of the United States. Billions of U.S. tax dollars were spent throughout the world to finance programs for population control which, in addition to contraception, included the introduction of practices such as abortion and sterilization.

The programs were administered through U.S. Agency for International Development (USAID) grants to various universities and organizations, including Johns Hopkins Uni-