

August 1990

The Ethics of International Bureaucracies: Abortion and the Human Reproduction Programme: An interview with Australian Senator Brian Harradine Canberra, Australia, April, 1990

Brian Harradine

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Harradine, Brian (1990) "The Ethics of International Bureaucracies: Abortion and the Human Reproduction Programme: An interview with Australian Senator Brian Harradine Canberra, Australia, April, 1990," *The Linacre Quarterly*: Vol. 57: No. 3, Article 10. Available at: <http://epublications.marquette.edu/lnq/vol57/iss3/10>

The Ethics of International Bureaucracies

Abortion and the Human Reproduction Programme

**An interview with Australian Senator Brian Harradine
Canberra, Australia, April, 1990**

The World Health Organization (WHO) is involved in many laudable activities, supported by thousands of loyal and active workers, both in the field and in educational, scientific, health, and medical establishments.

To many of these dedicated workers, it will be a source of much disappointment and shame, therefore, to learn that WHO has become involved in activities in which its motto "health for all" is being interpreted in such a way as to discriminate against the health and well-being of particular unborn children.

In this interview, Senator Harradine seeks to answer matters of serious concern which have arisen concerning the direction of the Human Reproduction Programme (HRP) of which WHO is co-sponsor and executing agency.

The Human Reproduction Programme

THE HUMAN REPRODUCTION PROGRAMME (HRP) was established in 1971-72 by the World Health Organisation to "coordinate, promote, conduct and evaluate international research in human reproduction."¹ Its full title is "The Special Programme of Research, Development and Research Training in Human Reproduction".

The HRP was a programme of the World Health Organisation (WHO) until 1988 when the World Bank, the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP) joined WHO as co-sponsors. WHO retains the predominant position of Executing Agency.

The HRP has published annual reports, the last of which was the *Annual Report 1985*. The HRP now publishes reports every two years. The first of these — the *Biennial Report 1986-1987* — was published in 1988. The *Biennial Report 1988-1989* should be available mid-1990.

Interview

(Q) Senator, you have been publicly critical in recent years of the involvement of the Human Reproduction Programme (HRP) in devising new abortion technology. Can you explain your concerns?

(A) I am concerned about the lack of proper ethical evaluation and public scrutiny of the HRP programme, and about the population control mentality which seems to be a prime motivation of many of those involved. I can elaborate on these issues later if you wish.

Specifically, the solid backing the HRP has given, and continues to give, to the development, the testing and the trialing of new abortion technology is a most disturbing — and most destructive — aspect of the HRP.

(Q) What new abortion technology are you referring to?

(A) The abortion drug RU 486, and the abortion-producing anti-hCG vaccine.

The HRP has had a long involvement in the development of new abortion drugs. Until 1985, the HRP had a special Task Force — the Task Force on Prostaglandins for Fertility Regulation — the aims of which, according to the HRP *Annual Report 1985* were:

1. The development of a non-surgical method for which the termination of early first trimester pregnancy which could, in suitable circumstances, be self-administered or supervised on an outpatient basis;
2. The development of a non-surgical, non-invasive method for the termination of second trimester pregnancy.²

This anti-life research has been going on for nearly 20 years. It's because of the furore over RU 486 that ordinary people are beginning to realise that, in this area, WHO has a great deal to answer for.

(Q) You mentioned RU 486. The HRP *Annual Report 1985* said that an HRP Task Force — the newly-formed Task Force on Post-Ovulatory Methods — had “made research on these compounds its top priority.”³ The Report then says that the HRP wants to make RU 486 available as soon as possible so that “the public may benefit from this breakthrough in fertility regulation.”⁴ Do you sense a delirious excitement within the HRP over this new abortion technology?

(A) The HRP is not taking credit for originally developing the abortion drug RU 486. This is not the work of Dr. Baulieu of France, and the Roussel-UCLAF drug company. What the HRP is openly proud of is its work in making RU 486 more “effective”, and specifically, in showing that RU 486 will be more effective in aborting the unborn if it is used in combination with a prostaglandin.⁵

A number of scientists, the drug company with a vested interest, and population controllers have made statements tinged with delirium about RU 486. The HRP Task Force involved indicated in 1988 that their main emphasis will continue to be on clinical trials to establish what mix of

RU 486 and prostaglandin will most “effectively” destroy the unborn⁶, and on testing of the so-called “NIH antiprogestins”, abortion drugs synthesised by a USA institute under contract from the National Institutes of Health.^{6a}

Q. The WHO “Statement on RU 486” says that “although abortion is not acceptable as a family planning method (WHO emphasis) the Programme recognises that safe and effective medical methods of early termination of pregnancy have the potential for less adverse side effects (psychological, physical and medical) than surgical methods.”⁷ Do you accept this argument?

A. This is not a “value-free” argument. There is no mention of the unborn child. WHO is indicating that it is not concerned about the health of the tiny victim of abortion.

WHO’s assertion of “less adverse side effects” — the correct term is “ill effects” is curious. Apart from the doubtful character of such conjecture, under what article of its charter does WHO involve itself with developing and testing a drug which does not cure or manage a disease but, rather, results in death for the unborn and ill effects for the mother?

Q. WHO justifies this by arguing that, after all, abortion is legal in many countries, and that the health and medical implications of unsafe abortion in less developed countries, are such that WHO, under its mandate, must intervene. Do you accept this?

Abortion Lobby

A. Let me use this analogy. WHO is actively involved in the current debate over the health implications of cigarette smoking. But is WHO encouraging the use of filters? Is it encouraging the use of cigarettes with lower nicotine or tar content? On the contrary, it is actively discouraging people from smoking. It is saying: smoking is bad, smoking is wrong. You must quit.⁸

Yet, when it comes to something which has as many ethical implications as abortion, what does WHO do? It adopts the position of the abortion lobby: abortion is here to stay, so we must make it “safer” and more “effective”.

Frankly, it is disturbing to find WHO putting forward the same arguments in defence of abortion as are being put forward by many anti-life activists in our current national abortion debates.

Q. Do you think pro-abortion elements have conspired to shape the HRP agenda?

A. I prefer not to refer to it as a conspiracy. However, I do believe that the HRP has provided a unique forum where pro-abortion interests and the technological imperative have coincided.

For instance, priorities and policies within the HRP are effectively set

by a small group of scientists who form the Scientific and Technical Advisory Group (STAG). Yet, how many people know that Dr. E. Baulieu, the so-called "father of RU 486," was appointed to this group in 1985? Furthermore, Baulieu co-edited a book in 1985 on RU 486 with the Rockefeller Foundation's Dr. Sheldon Segal who, it turns out, also because a member of STAG in 1985.

(Q) Have WHO managers tried to limit the pro-abortion influence on the direction of the HRP?

(A) With an organisation as large and as complex as WHO it is difficult to establish how decisions were made and priorities determined. The evidence now emerging, however, points to the strong support that WHO managers gave to these elements of the HRP programme.

Just in the last year we have had two ex-WHO bureaucrats both putting their weight behind the abortion drug RU 486.

First, there was Halfdan Mahler, Director of WHO until 1988, and now the head of the International Planned Parenthood Federation — an organisation which the United States no longer funds because it supports abortion. He was recently reported to have accused opponents of RU 486 of adopting a "fanatic ideological posture".⁹

Then we had the Director of the HRP until 1989, Jose Barzelatto, now a senior advisor to the Ford Foundation, who was recently quoted as saying that RU 486 "must be made available for humanitarian reasons", calling it a "glaring injustice that the most deprived women cannot share in the medical advances enjoyed by their sisters in France."¹⁰

(Q) Dr. Nafis Sadik — who is now head of one of the HRP co-sponsors, the United Nations Population Fund, UNFPA — told a fertility symposium in 1983 that:

"... I would say that a menses inducer which was self-administered could really change the course of family planning programmes . . . a woman could then be free to take something, not after coitus or at other times, but only when she thought she was pregnant . . . If I had the choice and the authority, I would put the major research investment in this one area."¹¹

Do you think RU 486 has come as a "magic bullet" to the population control movement?

(A) With this attitude, and coming from someone who now has much "authority" as head of UNFPA, abortion drugs like RU 486 and the anti-hCG abortifacient vaccine will clearly slot easily into existing population control delivery systems. The ultimate objective of the population control movement is control over women's bodies, making them slaves to drugs and anti-life devices. Australia's current representative on STAG, Professor R. V. Short, said as far back as 1969 that "if we are to control human populations, one of the things we need to control is the human corpus luteum."¹² That is what these new abortion drugs will do.

(Q) When the HRP attempts to justify this work by claiming that more efficient abortion technology is needed for health reasons, are you saying that it is not telling the whole truth?

(A) There are two ways of assessing this. The first is to look at what the HRP has said about the abortion drug RU 486, and the second is to look at how others view it.

A study of HRP documents reveals that RU 486 is not just about making the killing of the unborn "safer" in developing countries. The agenda is much wider. For instance, the HRP *Annual Report 1985* talks about it constituting "a more pragmatic approach by offering fertility regulation if and when needed."¹³

In other words, the HRP itself sees RU 486 as a major new approach, not only to abortion, but to birth control.

Outside the HRP, RU 486 is being hailed, not because it is an advance in so-called "reproductive health", but because, as a prominent birth control advocate, Carl Djerassi, said in July last year, it will be "the most significant research achievement of the 1990's in new practical fertility control."¹⁴

(Q) The other weapon in what you have termed chemical warfare against the unborn is the anti-hCG vaccine. What stage is this vaccine at?

(A) For a number of years, the HRP has been working on the development of a vaccine that would have the effect of making the mother's body reject the embryo that has implanted, or is in the process of implanting, in her womb. The human embryo produces a hormone called hCG, or human Chorionic Gonadotrophin. This hormone is essential for implantation and the maintenance of pregnancy. The effect of the vaccine would be to effectively neutralise this hormone, and the human embryo would die.

Phase I trials have been conducted in Adelaide, Australia, by Professor Warren Jones, under the supervision of the drug company which owns the patent, Sandoz, and on behalf of the HRP. Work is also being done by a number of scientists in the US, and by organisations like the New York-based Population Council. A marketable vaccine is still a few years down the track. I believe that the HRP is aiming for a vaccine that will be effective for two to five years.

(Q) When you spoke at the "New Era for Life" conference in Manila in June 1988 you asked the question: "Has 'good medicine' and world health policy come to this: that for the first time in human history our newest members of the human race are to be regarded as a disease for which a vaccine must be found?" Is it fair to think of this particular vaccine in such terms?¹⁵

(A) I actually borrowed the analogy from the HRP itself. In the *Annual Report 1984*, for example, the HRP argues that the widespread

“acceptance” of a birth control vaccine is assured because of the “success achieved by immunization programmes in controlling infectious diseases.”¹⁶

The HRP continually refers to how this vaccine will “revolutionise” family planning in developing countries — it talks about how such a vaccine would be an “attractive addition to the present family planning armamentarium” — and will be readily “accepted” because people in these countries are already familiar with vaccination procedures.¹⁷

This worries me greatly. Can you imagine what power over women such a vaccine is going to give the population controllers in places like China, Bangladesh, or Indonesia? As the depo-provera saga has shown, injectable population control drugs in an era of population control mania are inherently dangerous.

The anti-hCG vaccine is bad news. If the HRP scientists and technologists get their way, the first casualty will be the unborn. The second casualty will be the truth. The anti-hCG vaccine is an abortion-producing vaccine. It is not a contraceptive vaccine as some scientists have tried to label it. They are not telling the public the truth. Given the past record of population control programmes, it is highly unlikely that women in the developing countries will be told the truth as to how the vaccine works either.

(Q) Earlier you agreed that some scientists and others appeared somewhat delirious at what they considered to be this new “pragmatic approach to fertility regulation”, ie RU 486. A recent issue of the journal *Science*, claimed that anti-fertility vaccines “would radically change our perception of human fertility if teenage males or females or both were vaccinated so that they would be infertile until a conscious step was taken to achieve fertility.”¹⁸

Does this conflict with the official HRP line that “abortion is not acceptable as a means of family planning”?

(A) It certainly indicates that the HRP has a wider agenda than it normally admits. I believe the official line on abortion is designed to assuage pro-life concerns. But it is hollow rhetoric. On the one hand, the HRP says it does not accept abortion for fertility regulation purposes. Yet on the other hand, it is rushing to develop new abortion technology which, like the anti-hCG vaccine, will become part of the family planning “armamentarium”, or which, like the RU 486 abortion drug, will be, to quote the HRP, a “more pragmatic approach by offering fertility regulation if and when needed”, and “essential to remedy the consequences of contraceptive failure”.¹⁹

The HRP can't have it both ways. It can't say, as it did in its *Annual Report 1983*, that its objective is “to develop for family planning programmes entirely new birth control modalities which they consider would considerably extend acceptance and use, eg. . . abortifacient drugs, vaccines. . .”²⁰, and then turn around and say that “abortion is not

acceptable as a means of family planning.”

Nor can the HRP wash its hands of the uses to which others are claiming the new abortion technology will — and, they would urge, should — be put. The scientists clearly think these new abortifacients are the family planning techniques of the future. The HRP should stop trying to delude the public, and itself, into believing otherwise.

(Q) Many people would be quite shocked to hear all this. How is it that an organisation as reputable as the World Health Organisation could become so deeply involved in research that, from a pro-life perspective, is of such great concern?

(A) My belief is that the answer lies in two aspects of the Human Reproduction Programme: its **ethos**, and its **ethics**.

The HRP was born at a time when the population “bomb” theory was fashionable, and mostly well-meaning governments the world over were looking for solutions as to how this “bomb” might be defused.

(Q) Wasn't it the hysteria and doomsday pessimism that needed defusing?

(A) That's true, but the mood at the time, influenced by such pessimists as Paul Ehrlich — who is currently going through a recycling phase — precluded rational and calm debate. In this climate, WHO launched the HRP and gave it a mandate to improve existing methods and develop new techniques that could be used primarily to stem population growth in the developing countries.

(Q) The extent of the population control rhetoric in the *Biennial Report 1986-1987* is quite surprising. One of the senior HRP officials, Dr Mahmoud Fathalla, wrote in that report that “the unregulated quantity of human reproduction has thus become a major global concern with the balance between man and nature in serious jeopardy and the entire future of mankind at stake.”²¹ Coming from a man who has just taken over as the new Director of the HRP, this attitude — this climbing aboard the eco-doom bandwagon — must be of some concern to you?

(A) I believe that the *Annual Report 1986-1987* indicated a marked deterioration of the HRP attitude to population control. This overt linking of the HRP agenda with the doomsday scenario is cause for great concern.

(Q) Why do you think the HRP has openly embraced this mentality?

(A) I believe that this is due to a large extent to the recent co-sponsorship of the HRP by organisations such as the United Nations Population Fund (UNFPA), and the cosy relationship the HRP has with pressure groups like the International Planned Parenthood Federation and the Population Council.

All of these groups have sought to re-justify their existence in terms that sound deceptively sweet to an environmentally-conscious world.

Other elements combine with this population control mentality to form the HRP ethos. I mentioned earlier the "technological imperative". The idea that what can be done should and shall be done is very strong within the HRP, influenced largely by the dominance of scientists and technologists in the Programme. They feel they are at the cutting edge, the technological coal-face in birth control research, and nothing will stop them, or, as Dr. Barzelatto, the former HRP Director, said recently of abortion drugs like RU 486, "they're too important to be stopped."²²

When you put these two elements together, what emerges is a mind-set that urges these HRP scientists on to develop ever more efficient technology — including abortion technology — which they then turn over to the population controllers. This is part of the HRP ethos.

(Q) What about ethical considerations?

(A) I first raised the issue of the ethical evaluations undertaken by the HRP in the Australian Parliament in October 1988. Let me read from the Hansard the question I asked:

"... I ask whether prior to the decision by that Committee [of the HRP] to trial, test, and possibly use the abortifacient anti-hCG vaccine and the drug RU 486 for termination of pregnancy, was there any ethical evaluation at international level prior to the request made to the Department [DCSH, Australia] regarding their trial in Australia? If there was, who undertook such evaluations?"²³

The response I received from the Department of Community Services and Health was that it was "not aware of any ethical evaluation at the international level prior to the decision by WHO to trial and possibly use the abortifacient anti-hCG vaccine or the abortion drug RU 486."²⁴

(Q) But, you did receive a less straightforward response from the HRP?

(A) An official at the Australian Embassy in London did consult Dr Barzelatto, the Director of the HRP at that time. I have here a copy of the response provided by Dr Barzaletto. He claims that the abortifacient anti-hCG vaccine and the abortion drug RU 486 "underwent ethical evaluation at the international level during the exhaustive process of sequential review. . .". But when you scrape the rhetoric away it is scientists reviewing scientists.

As I indicated earlier, the real power within the HRP lies with the small Scientific and Technical Advisory Group, members of which include such people as Dr Baulieu. In practice, the HRP takes the view that the research is too important to stop. If one country won't allow trials to take place, it will find another country that will.

(Q) The resurgence in pro-life concerns, particularly in the United States, has led to the HRP coming under fire from many directions. Is the HRP likely to reassess its priorities?

(A) I think we need to examine the defence mechanisms that large and centralised international organisations, like WHO, display when

contronted by criticism.

We have already seen WHO shift responsibility for the HRP to three other international organisations, while retaining a very large finger in the pie. This is going to make it much harder to scrutinise HRP activities. These organisations will all rally to defend the HRP when anyone challenges this so-called "emerging international consensus" on issues concerning human reproduction.

Also, we are witnessing a major effort by the HRP to export its ethos to developing countries. According to the *Annual Report 1986-1987*, of a total budget for the 1986/87 biennium of US\$22.7 million, approximately US\$13 million went to "strengthening" institutions in developing countries and for training scientists from such countries. This is a very long and lavish gravy train. Having scientists in developing countries cloned in the image and values of some anti-life scientists in the West will undoubtedly pose grave problems for humankind.

(Q) WHO traditionally has a good image. Is this a stumbling block?

(A) The first hurdle that a person or organisation concerned about the nature of HRP research must clear is the good name and reputation that WHO has within the community. I believe that WHO is conscious that this image enables it to pursue research which, if carried out by other, more tangible or controversial organisations, could attract criticism.

(Q) In an article written in April 1989, Dr Barzaletto noted that "the work of WHO in the field of human reproduction covers an extremely sensitive and controversial field . . .", and he mentions specifically, "research directed to the medical termination of pregnancy."²⁵

(A) The point about that is not that WHO or the HRP is in any way apologetic about this involvement in abortion research. The former Director-General of WHO, Halfdan Mahler, now with IPPF, said way back in 1983 that WHO's *perceived neutrality* made it "a most appropriate instrument to deal with an area as sensitive as that of family planning research."²⁶ In other words, it believed it could avoid the abortion debate, and the political scrutiny and community concern that such anti-life research should involve.

(Q) In a 1987 article, it was stated that "fewer and fewer pharmaceutical companies are undertaking research on new methods of fertility regulation . . . hence . . . a greater burden is placed on the public sector agencies - such as WHO's Special Programme of Research in Human Reproduction . . ."²⁷ Are you concerned at this trend?

(A) It is true that the public sector is moving in where some drug companies — particularly in the United States — are moving out.

It is also true that the strong stand the United States has taken against abortion has influenced the decision of a number of international organisations to take the lead in this area. The Australian Government's

advisor on HRP matters actually wrote in November 1984 that "the recent strong stand of the USA at the International Conference on Population against abortion and funding for organisations which encourage or promote abortion in their programs makes it unlikely that the USA will become a donor to the HRP."²⁸ In 1985 she added that "because of the USA attitude on abortion, WHO is the only agency which can support research in this area."²⁸

This indicates that the strong US position against abortion has had a wide-ranging and positive impact. Nevertheless, the implications of this trend towards greater public sector involvement are such that pressure must be brought to bear on these international organisations to abandon their support for abortion, and abortion drugs.

(Q) No doubt there are ways in which ordinary citizens can influence the debate. Do you think that the recent "greening" of the World Bank indicates that big bureaucracies can and do respond to the concerns of ordinary people?

(A) The "greening" of the World Bank should serve as a reminder that bureaucratic or utilitarian scientist-controlled organisations can and do change, but are unlikely to change on their own initiative.

First, we need to tackle the technological imperative mentality. The HRP must not be allowed to hide behind the "we are only here to serve the international community by developing more efficient abortion technology" smokescreen. All actions have consequences, and ethics must not be sacrificed in the rush to develop more potent chemical weapons against the unborn.

Second, we must point out the dangerous linking of the HRP to population control mania. Cases like the inherently coercive population control programme in China, which the HRP is actively supporting, illustrates the point that new technology produced by the HRP cannot be divorced from the use to which it will be put. This point was not lost on the judges at Nuremburg.

Third, the HRP must be challenged on the assertion that it is developing more advanced abortion technology because "after all, abortion is legal in many countries." Once these abortion drugs are ready for use, we can be sure that the World Bank, IPPF, WHO, and UNFPA will press for their use everywhere. Not to mention the impact of international drug companies with vested interests, and those groups with other agendas which say that this abortion technology, once developed, is the "moral property" of women everywhere.

(Q) What about the question of funding the HRP?

(A) Most governments provide money to WHO. WHO, in turn, gave the HRP US\$816,000 in 1987. Many governments fund the World Bank. In 1987, the World Bank gave the HRP US\$1 million. UNFPA gave it US\$3 million, the UK gave US\$3.83 million, and the combined Sweden/

Denmark/Norway grant was US\$7.1 million.

(Q) How actively has Australia supported the HRP?

(A) Australia first began contributing to the HRP in 1980, and has provided about US\$1.2 million since, the last grant being A\$250,000 in 1989/90. This money comes from the foreign aid budget of the Australian International Development Assistance Bureau (AIDAB).

AIDAB has not widely broadcast its involvement in the HRP. It is apparent that population control remains an important element of our involvement. In a briefing note for the Australian representative at the annual meeting of the HRP governing body in 1982, the representative was told not to support moves that could end up "putting the whole goal of population control in jeopardy."²⁹ An AIDAB booklet published in 1988 referred to the Australian grant to the HRP as supporting "research on population control."³⁰ Only recently, and under pressure, has AIDAB started to tone down this line.

(Q) The Australian Minister for Foreign Affairs and Trade, Senator Gareth Evans, said in March 1989 that "the humanitarian and maternal health implications of developing safer, non-invasive technology for pregnancy termination are much clearer than the ethical and religious aspects."³¹ Does this satisfy your concerns?

(A) It actually confirms the fears I have expressed all along. Technology should not be put before ethics. The development of new methods of killing the unborn can hardly be described as a "humanitarian" way of spending our foreign aid dollars.

The Minister's comments show an abysmal ignorance of the widespread human rights violations perpetrated by population controllers who, in the 1990's, expect to receive the HRP abortion technologies into their "armamentarium".

(Q) You campaigned in 1988 to have trials of the abortion drug RU 486 stopped in Australia, and Roussel ended up withdrawing their clinical trial application. Despite the influence of the abortion lobby on the direction of the HRP, are you confident that those who support pro-life values can influence the future direction of the programme?

(A) In that 1982 briefing note, the representative of the Australian Government on the HRP was informed that "HRP attracts public criticism in Australia" but that "such criticism evaporates when the facts are stated and understood (eg on abortion . . .)".³²

That was in 1982. When we look at the facts in 1990 and see that the right to life of the unborn child is being treated with greater contempt, and see that women in the developing countries are still being treated as pawns in the deadly game of population control, the criticisms are not going to "evaporate".

(Q) What does the future hold for the HRP?

(A) I will continue to vigorously pursue these issues of major public policy, and I am confident that concerned people, both in the pro-life movement and in the wider community, will use whatever opportunities they have to project these issues and demand action.

I believe that the influence of the population control lobby on the HRP will become more evident. However, as one of those genuinely concerned about the environment, I refuse to accept the view being promoted by population control bureaucrats whose fatal diagnosis is that people growth in developing countries is the cause of global environmental problems and population control the solution. This diagnosis is deceptive, simplistic, and directs attention away from the real problems.

It is our disposable, throw-away society which is polluting its own environment. This same mentality is now poisoning society's respect for human life — the very respect which is fundamental to all human rights.

This week I am attending an Inter-Parliamentary Conference on the Global Environment convened by the US Senate. As in the past, a number of international organisations will be lobbying for greater resources to be spent on population control and human reproduction research. In a subsequent interview, I will deal with issues raised by the resurgence of this population control mentality.

References

1. *Progress*, Newsletter of the WHO Special Programme of Research, Development and Research Training in Human Reproduction, No. 1, Feb. 1987, p. 1.
2. *Research in Human Reproduction: Biennial Report 1986-1987*, (Geneva, WHO/HRP), 1988, p. 37.
3. *Research in Human Reproduction: Annual Report 1985*, (Geneva, WHO/HRP), 1985, p. 41.
4. *Ibid.*, p. 41.
5. HRP, *Biennial Report 1986-87*, *op. cit.*, p. 162.
6. *Ibid.*, p. 167.
- 6a. See Report of the Fifth Meeting of the Scientific and Technical Advisory Group (STAG) Geneva, 29 February - 3 March 1988, HRP/STAG (5)/1988, WHO/HRP, Geneva, 1988, p. 18.
7. *WHO Statement on RU 486*, WHO Division of Public Information and Public Relations, no date, p. 1.
8. See, eg. *World Health* [WHO, Geneva]: Nov. 1987, pp 30-1, Jan-Feb. 1988, p. 27, July 1988, pp. 30-1, Nov. 1988, pp. 28-9.
9. "Birth Control Panel Says Abortion Pill is Safe", Reuters, Ottawa, Nov. 10, 1989.
10. "French Abortion Pill Gaining Support From World's Doctors", Reuters, London, Nov. 7, 1989.
11. Sadik N. in *Research on the Regulation of Human Fertility*, Proceedings of an International Symposium, Stockholm, Scriptor, 1983, p. 344.
12. Short R.V., "Recognition of Pregnancy", in *Foetal Autonomy*, Ed. Wolstenholme G. and O'Connor M., (London: J. & A. Churchill Ltd.), 1969, p. 6.
13. HRP, *Annual Report 1985*, *op. cit.*, p. 40.
14. Djerassi C., "The Bitter Pill", *Science*, v. 245 (4916), July 28, 1989, p. 359.
15. Harradine, Sen. Brian, "Population Control Policies for the Developing Countries: The New Cultural Imperialism", address to *New Era for Life* conference, Manila, June 24, 1988, p. 13, reprinted in *The Human Life Review*, Vol. XV, No. 1, Winter 1989, p. 86.

16. *Research In Human Reproduction: Annual Report 1984*, (Geneva, WHO/HRP), 1984, p. 45.
 17. See, eg, Griffin D., "A Birth Control Vaccine", *World Health*, November, 1987, p. 25.
 18. Djerassi, *op. cit.*, p. 359.
 19. HRP, *Annual Report 1985, op. cit.*, p. 40.
 20. *Research in Human Reproduction: Annual Report 1983*, Geneva, WHO/HRP, p. 62.
 21. HRP, *Biennial Report 1986-1987, op. cit.*, p. 342.
 22. Palca, J., "The Pill of Choice", *Science*, Vol. 245, Sept. 22, 1989, p. 1323.
 23. *Hansard*, Senate Estimates Committee B, Commonwealth Parliament of Australia, Oct. 20, 1988, p. 123.
 24. Material submitted by Department of Community Services and Health, Australia, to Senate Estimates Committee B, Dec. 16, 1988.
 25. Barzaletto, J., "Research In Human Reproduction", *World Health*, April, 1989, p. 21.
 26. Mahler H., "Support to Research on Fertility Regulation: Global Needs and Priorities", in *Research on the Regulation of Human Fertility, op. cit.*, p. 359.
 27. Hall, P., "Quest for an Ideal", *World Health*, November, 1987, p. 15.
 28. Siedlecky, S., Briefing notes for Australian representative at meeting of Policy and Coordination Committee of the HRP, Geneva, 26-28 November, 1984 and 25-27 November, 1985, provided to Senator Harradine by Department of Community Services and Health, Canberra, Australia, April 10, 1989.
 29. *Ibid.*
 30. AIDAB, *Australia's Aid Program*, Canberra, AGPS, 1988, p. 22.
 31. Letter from Australian Foreign Minister to Senator Harradine, March 9, 1989.
 32. Siedlecky, briefing notes, *op. cit.*
-