

by the US Agency for International Development (AID) cannot use that money for family planning methods not approved by the US Food and Drug Administration (FDA). The quinacrine method has not been specifically approved by the FDA. Because AVSC is almost wholly funded by AID, the organisation may not offer the quinacrine method in its service programmes. AVSC is faced with the prospect of sitting on the sidelines while this simple, safe, effective, inexpensive, and highly acceptable method largely replaces surgical sterilisation in many countries. In Vietnam, we learned that women preferred the quinacrine method (11 to 1) to surgical sterilisation (Oct 2, p 871). This finding spells great difficulty for AVSC which has to rely on surgical methods for its institutional survival

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**Sir—Hoogenboom** accuses me of misrepresenting in my Sept 10 commentary the role of the AVSC in the quinacrine sterilisation controversy. In fact, I mentioned only that the organisation was critical of the Vietnamese field-trial report.<sup>1</sup> Before their sponsored meeting on Dec 2, 1993, AVSC reservations in this respect had appeared as a technical statement, which was later published **elsewhere**.<sup>2</sup> This statement contains numerous errors and misinterpretations of the Vietnamese report, which I had attempted to clarify in a memorandum dated Nov 5, 1993.<sup>3</sup> Although they received my memorandum early in November, the AVSC staff proceeded to submit their statement, essentially unchanged, for publication.

In their summation of the Dec 2 expert meeting,<sup>4</sup> most, but not all, the AVSC errors and misinterpretations of the Vietnamese report were corrected. My commentary claims no misinterpretation. It seems that the fault lies with the AVSC staff. They offered their statement to the press without regard for its shortcomings, of which they had clearly been made aware. Propriety and courtesy should have dictated that they submit their reservations in a letter to the editor of the journal reporting the Vietnamese field trial so the authors might defend their report.

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- 1 Hieu T, Tan TT, Tan DN, Nguyet PT, Than P, Vinh DP. 31781 cases of non-surgical female sterilisation with quinacrine pellets in Vietnam. *Lancet* 1993; 342: 213-17.
- 2 Pollack AE, Carignan CS. Association for Voluntary Surgical Contraception: a technical statement on quinacrine pellets for nonsurgical female sterilization. *Adv Contraception* 1994; 10: 43-50.
- 3 Kessel E. Memorandum: AVSC Technical Statement: quinacrine pellets for nonsurgical female sterilization. *International Federation for Family Health, Carlton, Oregon, Nov 5, 1993: 97-111.*
- 4 Carignan CS, Rogow D, Pollack AE. The quinacrine method of nonsurgical sterilization: report of an experts meeting. AVSC Working Paper, no 6, July, 1994.

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## Quinacrine sterilisation

**Sir—Hoogenboom** (Oct 22, p 1160), in his explanation of the actions of the Association for Voluntary Surgical Contraception (AVSC) with respect to the quinacrine pellet method for non-surgical female sterilisation, protests that their intention was only to encourage discussion of this method. To that end, in September, 1993, three months before the meeting of Dec 2, 1993, AVSC prepared a technical statement on the method, which was distributed to numerous family-planning-organisation publications, feminist groups, and the press. However, in its aggressive effort to promote an exchange of opinions, AVSC failed to discuss the contents of its report, before publicising it, with professionals in the field who had firsthand knowledge of the method. Jaime Zipper, Elton Kessel, Do Trong Hieu, Theodore King, Altaf Bashir, Biral Mullick, Tiia Agoestina, and others, were not contacted during the preparation of this position paper. As a result, it was filled with errors and apparent misrepresentations (some of which were corrected in a subsequent report nine months later). In November, 1993, AVSC published a similar report in **Reproductive health Matters**. Again, there was no review by any knowledgeable professionals. This action hardly constitutes a balanced consideration and evaluation of the method.

One cannot help but look for a hidden agenda. Your readers should be made aware of a critical dilemma faced by AVSC. According to a policy inspired by the Reagan administration, non-governmental organisations supported