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Wednesday, September 10, 2003

U.N. Security Council delays vote on lifting Libya sanctions until Friday

By Edith Lederer
THE ASSOCIATED PRESS

UNITED NATIONS — The U.N. Security Council delayed a vote to lift sanctions against Libya until Friday, after France threatened a veto to gain greater compensation for the relatives of people killed in a French airline bombing.

After difficult closed-door negotiations, the council on Tuesday agreed to give the French a last chance to win a settlement with Libya similar to that for families of victims of the Lockerbie air disaster.

But Britain's U.N. Ambassador Emyr Jones Parry, the current council president, and other members made clear they would not accept any further delays.

In a fast-moving day of diplomacy, French Foreign Minister Dominique de Villepin spoke twice with his British counterpart, Jack Straw, threatening to veto the lifting of sanctions unless families of the 1989 UTA bombing were satisfied.

The French Foreign Ministry said in a statement that "a fair agreement ... appears to be within reach." But Foreign Ministry spokesman Herve Ladsous said, "The victims' families must confirm their satisfaction with the negotiations — that would be the deciding factor for us."

The United States and Britain have pressed for a vote since

Aug. 15, when Libya agreed to a \$2.7 billion compensation deal for families of the 270 Lockerbie bombing victims and acknowledged responsibility for the attack.

The deal will give each victim's family \$5 million to \$10 million, a settlement that embarrassed France.

The French government settled with Libya in 1999 for just \$33 million to be shared by families of the 170 people killed in the bombing of a UTA flight over Niger in 1989 — giving relatives of each victim about \$194,000.

When French families learned of the Lockerbie settlement, they demanded more money.

The United States had been so sure of a vote to end more than a decade of sanctions stemming from the Lockerbie bombing that 50 relatives of the victims sat in the Security Council's visitor gallery to witness it.

Instead, on a procedural vote, all 15 council members then voted in favor of adjourning the meeting until Friday.

"The council is united and determined to address this issue at 10:30 a.m. on Friday," Jones Parry said. "I don't want to talk about any more delay."

U.S. Ambassador John Negroponte said the United States was "very disappointed" that the vote didn't take place Tuesday "and our hearts go out to the families of the victims who have been waiting and suffering so patiently

U.N. sanctions against Libya

Libya has been under sanctions since 1992 in an attempt to force cooperation with investigations in the 1988 Lockerbie bombing and the 1989 bombing of a French plane over Niger. A vote to lift sanctions was delayed Tuesday due to threat of French veto.

The sanctions:

- Forbid aircraft from taking off, landing or flying over Libya unless humanitarian approved; prohibit sale of aircraft equipment
- *Freeze Libya's assets abroad, excluding revenue from oil, natural gas or agricultural commodities exports
- *Ban sale of equipment for oil refineries and transporting oil production equipment
- Prohibit sale of arms, military vehicles and weapons
- Limit the number of international diplomatic staff in Libya

*Expanded in 1993 by the United Nations
NOTE: Measures were suspended (not lifted) in 1999 when two Lockerbie suspects were handed over for trial. On Aug. 15, 2003, Libya complied with all council demands, paving the way for the council vote.

SOURCES: United Nations; Associated Press

for the day to come when this vote takes place."

France's U.N. Ambassador Jean-Marc de La Sabliere would not predict what will happen in Friday's vote.

"What the council has decided ... was to give a last chance to these negotiations," he said.

The sanctions — a ban on arms sales and air links with Libya — were indefinitely suspended in 1999 after two Libyans sought in the Lockerbie bombing were handed over for trial. But Libya has pressed for the embargoes to be lifted — not just suspended — to restore its standing in the international community.

Britain and the United States have said Libya has met all the

requirements to lift the sanctions.

"Libya has accepted responsibility," Jones Parry told the council on Tuesday. "Libya has agreed to pay a substantial sum of compensation to the relatives of those who were murdered. And Libya has agreed to cooperate with further Lockerbie investigations and has renounced terrorism."

The Lockerbie families were paid \$4 million each when the sanctions against Libya were lifted.

If the United States lifts its own sanctions against Libya, families will receive another million and if Libya is removed from the U.S. State Department's list of countries sponsoring terrorism, they get an additional \$2 million

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We will be closed Thursday, September 11th to honor the memory of the innocent lives lost that day.

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DEPO-PROVERA® Contraceptive Injection (medroxyprogesterone acetate injectable suspension, USP)

This product is intended to prevent pregnancy. It does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

What is DEPO-PROVERA Contraceptive Injection?
DEPO-PROVERA Contraceptive Injection is a form of birth control that is given as an intramuscular injection (a shot) in the buttock or upper arm once every 3 months (13 weeks). To continue your contraceptive protection, you must return for your next injection promptly at the end of 3 months (13 weeks). DEPO-PROVERA contains medroxyprogesterone acetate, a chemical similar to (but not the same as) the natural hormone progesterone, which is produced by your ovaries during the second half of your menstrual cycle. DEPO-PROVERA acts by preventing your egg cells from ripening. If an egg is not released from the ovaries during your menstrual cycle, it cannot become fertilized by sperm and result in pregnancy. DEPO-PROVERA also causes changes in the lining of your uterus that make it less likely for pregnancy to occur.

How effective is DEPO-PROVERA Contraceptive Injection?
The efficacy of DEPO-PROVERA Contraceptive Injection depends on following the recommended dosage schedule exactly (see "How often do I get my shot of DEPO-PROVERA Contraceptive Injection?"). To make sure you are not pregnant when you first get DEPO-PROVERA Contraceptive Injection, your first injection must be given **ONLY** during the first 5 days of a normal menstrual period. **ONLY** within the first 5 days after childbirth if not breast-feeding and, if exclusively breast-feeding, **ONLY** at the sixth week after childbirth. It is a long-term, reversible contraceptive when administered at 3-month (13-week) intervals. DEPO-PROVERA Contraceptive Injection is over 99% effective, making it one of the most reliable methods of birth control available. This means that the average annual pregnancy rate is less than one for every 100 women who use DEPO-PROVERA. The effectiveness of most contraceptive methods depends in part on how reliably each woman uses the method. The effectiveness of DEPO-PROVERA depends only on the patient returning every 3 months (13 weeks) for her next injection. Your health-care provider will help you compare DEPO-PROVERA with other contraceptive methods and give you the information you need in order to decide which contraceptive method is the right choice for you.

The following table shows the percent of women who got pregnant while using different kinds of contraceptive methods. It gives both the lowest expected rate of pregnancy (the rate expected in women who use each method exactly as it should be used) and the typical rate of pregnancy (which includes women who became pregnant because they forgot to use their birth control or because they did not follow the directions exactly).

Method	Lowest Expected	Typical
DEPO-PROVERA	0.3	0.3
Implants (Noplerant)	0.2*	0.2*
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)	0.1	3
Combined Progestogen only	0.5	3
IUD		3
Progestin	2.0	3
Copper T 380A	0.8	3
Condom (without spermicide)	2	12
Diaphragm (with spermicide)	2	18
Cervical cap	6	18
Withdrawal	4	18
Periodic abstinence	1-9	20
Spermicide alone	3	21
Vaginal Sponge	6	18
Used before childbirth	3	18
Used after childbirth	9	28
No method	85	85

Source: Trussell et al. *Obstet Gynecol.* 1990;76:558-567.

*From Noplerant® package insert.

Who should not use DEPO-PROVERA Contraceptive Injection?
Not all women should use DEPO-PROVERA. You should not use DEPO-PROVERA if you have any of the following conditions:
• if you think you might be pregnant.
• if you have any vaginal bleeding without a known reason

Birth control you think about just 4 x a year.

4. Other Risks
Women who use hormone-based contraceptives may have an increased risk of blood clots or stroke. Also, if a contraceptive method fails, there is a possibility that the fertilized egg will begin to develop outside of the uterus (ectopic pregnancy). While these events are rare, you should tell your health-care provider if you have any of the problems listed in the next section.

What symptoms may signal problems while using DEPO-PROVERA Contraceptive Injection?
Call your health-care provider immediately if any of these problems occur following an injection of DEPO-PROVERA:
• sharp chest pain, coughing up of blood, or sudden shortness of breath (indicating a possible clot in the lung)
• sudden severe headache or vomiting, dizziness or fainting, problems with your eyesight or speech, weakness, or numbness in an arm or leg (indicating a possible stroke)
• severe pain or swelling in the calf (indicating a possible clot in the leg)
• unusually heavy vaginal bleeding
• severe pain or tenderness in the lower abdominal area
• persistent pain, pus, or bleeding at the injection site

What are the possible side effects of DEPO-PROVERA Contraceptive Injection?
You may experience a weight gain while you are using DEPO-PROVERA. About two thirds of the women who used DEPO-PROVERA in clinical trials reported a weight gain of about 5 pounds during the first year of use. You may continue to gain weight after the first year. Women in one large study who used DEPO-PROVERA for 2 years gained an average total of 8.1 pounds over those 2 years, or approximately 4 pounds per year. Women who continued for 4 years gained an average total of 13.8 pounds over those 4 years, or approximately 3.5 pounds per year. Women who continued for 6 years gained an average total of 16.5 pounds over those 6 years, or approximately 2.75 pounds per year.

2. Other Side Effects
In a clinical study of over 3,900 women who used DEPO-PROVERA for up to 7 years, some women reported the following effects that may or may not have been related to their use of DEPO-PROVERA. Irregular menstrual bleeding, amenorrhea, headache, nervousness, abdominal cramps, dizziness, weakness or fatigue, decreased sexual desire, leg cramps, nausea, vaginal discharge or irritation, breast swelling and tenderness, bloating, swelling of the hands or feet, backache, depression, insomnia, acne, pelvic pain, no hair growth or excessive hair loss, rash, hot flashes, and joint pain. Other problems were reported by very few of the women in the clinical trials, but some of these could be serious. These include convulsions, jaundice, urinary tract infections, allergic reactions, fainting, paralysis, osteoporosis, lack of return to fertility, deep vein thrombosis, pulmonary embolism, breast cancer, or cervical cancer. If these or any other problems occur during your use of DEPO-PROVERA, discuss them with your health-care provider.

Should any precautions be followed during use of DEPO-PROVERA Contraceptive Injection?
1. **Missed Periods**
During the time you are using DEPO-PROVERA for contraception you may skip a period, or your periods may stop completely. If you have been receiving your DEPO-PROVERA injections regularly every 3 months (13 weeks), then you are probably not pregnant. However, if you think that you may be pregnant, see your health-care provider.

2. **Laboratory Test Interactions**
If you are scheduled for any laboratory tests, tell your health-care provider that you are using DEPO-PROVERA for contraception. Certain blood tests are affected by hormones such as DEPO-PROVERA.

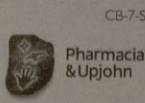
3. **Drug Interactions**
Cytadren (aminoglutethimide) is an anticancer drug that may significantly decrease the effectiveness of DEPO-PROVERA if the two drugs are given during the same time.

4. **Nursing Mothers**
Although DEPO-PROVERA can be passed to the nursing infant in the breast milk, no harmful effects have been found in these children. DEPO-PROVERA does not prevent the breasts from producing milk, so it can be used by nursing mothers. However, to minimize the amount of DEPO-PROVERA that is passed to the infant in the first weeks after birth, you should wait until 6 weeks after childbirth before you start using DEPO-PROVERA for contraception.

How often do I get my shot of DEPO-PROVERA Contraceptive Injection?
The recommended dose of DEPO-PROVERA is 150 mg every 3 months (13 weeks) given in a single intramuscular injection in the buttock or upper arm. To make sure that you are not pregnant at the time of the first injection, it is essential that the injection be given **ONLY** during the first 5 days of a normal menstrual period. If used following the delivery of a child, the first injection of DEPO-PROVERA **MUST** be given within 5 days after childbirth if you are not breast-feeding or 6 weeks after childbirth if you are exclusively breast-feeding. If you wait longer than 3 months (13 weeks) between injections, or longer than 6 weeks after delivery, your health-care provider should determine that you are not pregnant before giving you your injection of DEPO-PROVERA.

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