

DES ACTION VOICE

A Focus on DIETHYLSTILBESTROL Exposure

Vol. 5, No. 2

Fall, 1983

'DES: The Timebomb Drug' by Stephanie Palewski Airs in 'Matters of Life and Death' Series on Public Television

"DES: The Timebomb Drug," a half-hour documentary by Stephanie Palewski, examines the history, marketing and medical consequences of DES. It was aired nationwide on public television affiliates during September.

"Matters of Life and Death" is a weekly anthology series of documentaries by independent producers and public television stations about issues of importance to Americans today, made possible by the Corporation for Public Broadcasting.

"DES: The Timebomb Drug" presents some alarming information—including the Food and Drug Administration's awareness that DES caused cancer in laboratory animals, and the medical profession's negligence in alerting DES users of potential negative side effects. By 1952, various studies concluded that DES did not prevent miscarriages, but doctors continued to prescribe the drug to pregnant women.

In the film, several DES victims (including members of DES Action, Louisiana) relate stories about how they were informed of the drug by their doctors, and how they became involved in taking it. One such victim, Mary Nagel, chronicles her personal case history.

Placing complete confidence in her physician, Mary Nagel used DES during her two pregnancies at his suggestion. Recently, her doctor learned of the drug's negative side effects, and alerted her to them. Ms. Nagel's anger at the FDA's negligence in properly testing DES, as well as feelings of frustration and helplessness, are shared by other DES victims.

The case histories of these victims are intercut with conflicting commentary from medical authorities and consumer advocates, as well as representatives from

a pharmaceutical company and the FDA. Where the consumer advocates profess that inadequate measures were taken to ensure the drug's safety, representatives from the FDA and the pharmaceutical company maintain that no direct link can be made between DES and the illnesses that its users suffer.

Some of the questions raised by the documentary are:

- When is the FDA negligent in testing potentially hazardous drugs?
- In the event that taking a drug does have serious consequences, how can the medical profession effectively handle these problems?

"DES: The Timebomb Drug" is narrated by actress Linda Kelsey, National Honorary Chairwoman of DES Action. Major funding for "DES: The Timebomb Drug" was provided by the Corporation for Public Broadcasting, with additional support from The Women's Fund Joint Foundation Support, Creative Artists Public Service Program, and the Fuchsberg Family Fund.

We hope you had a chance to see this excellent documentary about DES. If not, it can be purchased or rented for viewing. Contact the film's producer and director, Stephanie Palewski, at Limelight Productions, 11 W. 18th St., New York NY 10011.

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Is There a DES Action in Your Community?

If your community is not listed below, contact DES Action's New York Headquarters for help in starting a local DES Action group. DES Action groups provide education to the public and to health professionals about DES, and help the thousands who were exposed

DES Action/Arizona

Suite #221

P.O. Box 16200

Mesa, AZ 85201

DES Action/California:

1638-B Haight St.

San Francisco, CA 94117

P.O. Box 481

San Rafael, CA 94902

P.O. Box 1303

Gardena, CA 90249-0303

P.O. Box 1185

Sunnyside, CA 92388

1172 Morena Blvd.

San Diego, CA 92110

c/o YMCA, 1122 17th St.

Sacramento, CA 95814

DES Action/Colorado

P.O. Box 2645

Colorado Springs, CO 80901

DES Action/Connecticut

P.O. Box 70

Monroe, CT 06468

DES Action/Hawaii

Sari Kauahikaua

1250 Pihana St.

Honolulu, HI 96825

DES Action/Illinois

P.O. Box 173

Park Forest, IL 60466

DES Action/Louisiana

P.O. Box 6841

New Orleans, LA 70174

DES Action/Massachusetts:

P.O. Box 126

Stoughton, MA 02072

P.O. Box 1043

Northampton, MA 01061

DES Action/Michigan:

P.O. Box 2692

Ann Arbor, MI 48106

2205 Rosewood SE

Grand Rapids, MI 49506

DES Action/Minnesota:

c/o YWCA, 1130 Nicollet Ave.

Minneapolis, MN 55403

DES Action/New Jersey

P.O. Box 22

Fort Lee, NJ 07024

DES Action/New Mexico

P.O. Box 40270

Albuquerque, NM 87196

DES Action/New York

Long Island Jewish Hospital

New Hyde Park, NY 11040

to DES find out about their exposure and the care they need.

If your community is listed below, contact your local group to see how you can help. Your active volunteer participation helps DES Action stay active!

DES Action/New York City

P.O. Box 331

Brooklyn, NY 11229-0331

DES Action/Ohio:

P.O. Box 151113

Columbus, OH 43215

P.O. Box 14755

Cleveland, OH 44114

P.O. Box 2691

Akron, OH 44301

DES Action/Oklahoma

P.O. Box 22231

Oklahoma City, OK 73123

DES Action/Oregon

P.O. Box 12092

Portland, OR 97212

DES Action/Pennsylvania

340 Lenni Road

Glen Riddle, PA 19037

DES Action/Tennessee

4104 McCahill Road

Chattanooga, TN 37415

DES Action/Texas

P.O. Box 1635

Friendswood, TX 77546

DES Action/Wisconsin:

c/o Boyce-Nelson

1401 Weisner

Green Bay, WI 54304

c/o Carroll

15B Hayes Court

Superior, WI 54880

c/o Pollack, 3729 N. Morris Blvd.

Shorewood, WI 53211

DES Action/Washington, D.C.

P.O. Box 5311

Rockville, MD 20851

DES Action/Washington:

c/o Meschke, 2021 McElroy Place

Puyallup, WA 98371

2707 E. 18th St.

Spokane, WA 99203

P.O. Box 15869

Seattle, WA 98115

Cancer Daughters Network

c/o Margaret Braun

29 Allendale Ave.

Rochester, NY 14610

DES Action/Canada

c/o Snowden, P.O. Box 233

Montreal, Quebec, Canada, H3X 374

DES Action/The Netherlands

DES-Aktiegroep

Maliesingel 46, 3581 BM Utrecht

The Netherlands

DES Action/Australia

P.O. Box 282

Camberwell, Victoria 3124

New Book: *DES: The Bitter Pill*

The press release for this new book on DES states, "*DES: The Bitter Pill* is a powerful statement about what can happen to millions of unsuspecting people when profit and the mirage of a miracle take priority over concern and respect for the delicate nature of human life."

DES: The Bitter Pill is a powerful book. Author Robert Meyers is a freelance journalist who previously worked for the *Washington Post*. He uses his journalistic training to present the DES story through interviews with dozens of people whose lives have been affected by DES exposure. Along with these personal stories, he relates the by now familiar facts of the pharmaceutical companies' eagerness to get this new "wonder drug" on the market, and the role of the FDA in approving DES. He describes the medical problems associated with DES exposure, again with lots of examples from the stories of those affected. He also discusses DES use as the "morning after pill" and in beef cattle, and documents the DES consumers' movement, describing well the difficulties of a volunteer organization like DES Action in organizing a national educational campaign about the DES issue.

We have serious concern about one aspect—the weight that Meyers gives to "studies" supposedly showing "psychological effects" of DES. Of the four studies cited, three covered only 16 DES exposed each. This is far too small a number from which to draw any scientific conclusion. Meyers not only accepts the conclusions of these reports, but underlines this acceptance by devoting an entire chapter to "Psychological Tests and Brain Wave Manipulation." This emphasis is a disservice to DES daughters and sons. It raises ques-

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The *DES Action Voice* is published quarterly by DES Action National, Inc.

Officers, DES Action National:

President: Nancy Adess. Vice President: Dolores Wallgren. Treasurer: Pat Cody. Secretary: Libby Saks.

Editorial Staff: Nancy Adess, Joyce Bichler

DES Cancer Network Takes Shape

The newly formed DES Cancer Network was formally welcomed as a part of DES Action National at the annual meeting in Boston in October, 1982.

The network was characterized by its organizers, Susan Helmrich and Margaret Lee, as a group whose formation was long overdue. Since the first reports of DES-related cancer in 1969, an estimated 500 cases of clear-cell adenocarcinoma of the vagina have been reported to a special medical registry. Although these women have experienced a medical phenomenon unique in history, they have had little chance to articulate their concerns. Victims of the cancer have, consequently, suffered unnecessary isolation and ignorance in coping with the cancer's effects. The network provides a voice for the special concerns of these women.

The network is organized by coordinator Margaret Lee Braun (Rochester, New York), Joyce Bichler (New Paltz, New York), Susan Helmrich (Boston, Massachusetts), and Harriet Simand (Montreal, Quebec)—all of whom have had clear-cell adenocarcinoma of the vagina. Decisions regarding policy and the direction the network will take were made at a planning meeting of the network's organizers in July.

The DES Cancer Network (temporarily named until a preferred title is chosen) is an informational and support network acting as a resource for the emotional and educational needs and political concerns of women who have

had DES-related cancer (clear-cell adenocarcinoma) of the vagina.

The primary objective of the network is to compile a registry of the names and histories of women who have had clear cell adenocarcinoma of the vagina and cervix. Presently the only organized collections of such names are held by medically authorized clinics and studies. These lists are not available to the public, resulting in frustration for DES "cancer daughters" who would like to contact others for support but have no way to do so.

The network's organizers feel strongly about the confidentiality of this new

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Victims of the cancer have suffered unnecessary isolation and ignorance in coping with the cancer's effects.

DES...What's It to Me?

by Joan Emery

Eight months ago I began working with DES Action in San Francisco. Unlike most DES Action staff, volunteers, and members, I am not DES exposed. And yet I feel this issue is of great interest, both professionally and personally.

My first acquaintance with the abbreviation "DES" came 9 years ago, in 1974, when I worked as a counselor and clinic assistant for a family planning clinic in Waterville, Maine. Among the many questions on our patient history form was one about DES. I saw mostly teenagers; no one had heard of DES and no one knew if their mother might have taken it. They shrugged and said, "Not to my knowledge...", and, with a twinge of misgiving for the lack of any further knowledge, I recorded "no" next to the DES question.

When I left my family planning job to attend graduate school in public health, I forgot about patient history forms and DES, and was submerged in courses on statistics and epidemiology.

The next time I heard any mention of DES was in 1978. During a phone conversation, my mother mentioned the premature birth and near death of the first child born to one of my childhood friends, Beth. Mom told me that Beth's mother had taken DES, and there was

Because 6 to 12 million Americans are DES exposed, the use and effects of DES are an important public health problem.

suspicion that Beth's problems with pregnancy and delivery were related to her DES exposure.

Now, as a staffperson with a DES Action-San Francisco special project (described in the last issue of the *Voice*), I hear "DES" every day, all day. I sometimes ask myself whether my work

is unduly narrow, particularly when friends in the medical profession look at me quizzically as I describe what I do, as if to say, "DES— isn't that a rather esoteric, 'has been' issue?", and again I review my answer.

The answer, of course, is no—DES is certainly not a bygone issue. Though my mother did not take DES, my public health training leads me to take seriously any condition which affects somewhere between 1 in 20 and 1 in 40 Americans and is linked with a number of health problems. My family planning experience reminds me that DES screening is frequently inadequate. And my friend Beth's experience introduced me to some of the more serious consequences of DES exposure.

Because six to twelve million Americans are DES exposed, the use and effects of DES are an important public health problem. A number of public health principles are raised by the DES issue, including:

- the need for rigorous premarket

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DES: Psychological Impact – Some Questions & Answers

by Nechama Liss-Levinson

Dr. Nechama Liss-Levinson is a psychologist who has served as the Psychological Consultant to the Long Island Jewish-Hillside Medical Center DES Screening Center for the past few years.

Q. My son is engaged and about to be married. Until recently, I didn't feel that there was any reason to let him know about his DES exposure. However, now, with the recent increase in information concerning possible problems, I would like to tell him. I'm worried though, that the timing might be bad, since he's now involved with the wedding plans. What do you think?

A. It is never an easy task to discuss DES exposure with one's children. The parents of boys or men are in an especially awkward position. When the first information regarding the possible untoward effects of DES appeared, they may have breathed an invisible sigh of relief that their male children would not be affected. And now, many years later, they are facing the same feelings of anger, rage, guilt, and self-recrimination earlier experienced by parents of female offspring.

Perhaps many of these parents had hoped that they would never have to discuss the fact of the DES exposure with their sons. However, it is the parents' obligation to let their children know of their medical history. This obligation expands to include their prenatal history of exposure to drugs. At this point in time, we are unsure of the long-term effects of DES exposure on young men. However, we owe it to our sons that their DES exposure not be a secret which quietly dies when you eventually do. There may be a point in the future when this knowledge will be of great importance to them.

It is true that this is a time of great joy and happiness, and that it is unfortunate for there to be any news which might cause a "damper." However, three things need to be kept in mind.

1) There is never really a good time to hear "bad news."

2) The news is NOT all that bad. All

of the knowledge we have to date merely indicates that the young man should have this knowledge as part of his medical history, get a complete exam by a competent urologist, and pay close attention to any changes in his reproductive physiology, through testicular self-examination, and check-ups when necessary. All in all, this is not such bad news, and the manner in which the parent presents the facts will probably have an impact on the way in which they are taken. Of course, a relaxed, matter-of-fact presentation of the facts, without exaggeration or emotional upheaval, will offer the most reassuring picture.

3) Not telling the young man the information before his wedding is a disservice both to him and to his future wife.

In summary, it seems that it is your responsibility to have a discussion with your son at the earliest opportunity. You might offer to him some of the materials available from DES Action for sons, and encourage him to contact a urologist and/or DES Action for further information. He may be annoyed that you have not told him earlier. Share with him your own doubts and difficulties. Encourage him to discuss this with his fiancée, and offer to talk with her if she has any questions that she would like to ask you.

Q. I am a DES daughter, and recently my husband found out that he too was exposed to DES. I'm concerned because he doesn't seem to be having very much reaction to this news at all.

It's as though he doesn't seem to care.

A. At the last rap session I held for DES daughters and sons, I had prepared a list of possible emotional responses that a young man might feel after hearing about his DES exposure. They included the feelings of anger, embarrassment, fear, worry, and sexual disinterest. However, the overwhelming reaction reported by mothers, wives, female friends, and the men themselves was casual indifference. Most of the men were willing to go for a physical examination, but then wanted to "get on with my life."

This "casual indifference" may be the reaction which is fostered by years of socialization which trains men and boys to suppress any great display of emotions. It is a way of coping with stresses which has its positive and negative aspects. In any case, it can be helpful to let the man know that the doors of communication are open if he chooses to use them. You can let him know your own feelings, regarding your own DES exposure, as well as his. Some of his "indifference" may be his message to you that he doesn't consider your problem to be overwhelming. Or some of it may be the result of his wish that it would all go away.

The reaction you describe is very common among DES sons, and not necessarily the cause of any worry. Be available, and take note of any undue reactions in other areas of his life, such as loss of appetite, sleep disturbances, or inactivity. And then, if all you see is indifference, relax knowing that his reaction is NOT a problem.

Canadian Update

Good news!

Health and Welfare Canada has awarded DES Action/Canada a \$72,000 contribution for a period of one year commencing May 29, 1983.

Their main goal is to establish DES

Action groups across the country—the cities of Toronto, Vancouver and Winnipeg being their first targets. They also intend to print bilingual pamphlets as well as detailed English and French pamphlets in bulk to be distributed across Canada. The development of "New Group" and Media manuals are also in the planning.

The Impact of Infertility

by Judi Gatto, M.S.W.

Judi Gatto, M.S.W., is a Medical Social Worker at Kapiolani-Children's Medical Center, Hawaii. She was the Senior Social Worker at Hawaii Planned Parenthood for many years.

Reprinted with permission from the Hawaii Department of Health, Family Planning Services newsletter.

To understand the impact of infertility on a person's life, we must first be able to appreciate some of the reasons why people want and have children. Secondly, it is essential to understand the dynamics of grieving and loss.

Throughout history and into modern times, society has exerted pressure on us to reproduce. From scripture which encourages us to "be fruitful and multiply" to ancient rituals and symbols glorifying and encouraging fertility and punishing infertility to modern TV commercials depicting the happy family complete with two children, we receive the message that we aren't quite full human beings without children, we aren't quite connected to the rest of our species—not quite up to our biological potential. Unproductive sexual acts such as homosexuality, masturbation and use of birth control have been labeled "sinful."

Personal and Social

For many people, a child is someone to love and be loved by. No other relationship quite equals that between parent and child. No other is quite as revered by society. We tend to value people who produce children. We consider them to be mature and responsible. We assume they are loving, giving, caring and unselfish. Often we consider that when we become a parent we are finally emancipated from our own family of origin, we are finally grown up.

For some, parenthood is a chance to re-experience our own childhood, reliving our pleasures through our offspring and correcting the mistakes we think our parents made with us. We

feel obligated to make our parents grandparents and our grandparents great-grandparents—to perpetuate the family line or name—to be part of the continuity. For some, it is proof of virility or femininity. The ability to impregnate or conceive often determines and/or enhances our concept of ourselves as masculine or feminine with all the individual and societal ramifications that implies.

Most people just assume they can get pregnant or impregnate until they try and fail. And that is the perception—failure. Usually the first reaction is surprise followed by denial and fear. There is often a sense of isolation because it doesn't show and because of the feeling of difference. My body is not like other people's. There is the negative effect on self-image. My body is not the way I thought it was. It won't do what I want it to.

There is a change in sexual image and in feelings about bodily functions as people perceive they are "barren" or "shooting blanks." There is a sensitivity to other people's pregnancies and births. Suddenly everyone is pregnant and babies are everywhere. There is the search for a cause and cure. There is a change in life-style and loving-style as people focus lovemaking around temperature charts and graphs and cervical mucus. There is the fear that the fertile partner will leave and the overwhelming feeling of letting down the one you love.

Grief

Above all, there is loss and grief that comes from loss. What makes it all the more difficult is that it is a rather intangible loss—loss of a dream, a goal, potential not actual—so there is uncertainty about whether or not there really is a loss. Often there is little or no support system, and the couple often can not help themselves because both are hurting.

With loss comes grieving, and we have learned from the work of Dr. Elisabeth Kübler-Ross that there are stages

in the grief process that include denial, anger, bargaining, depression and acceptance. To help a person or couple work through these stages, it is important to recognize that there is a crisis. It is important to give permission to grieve and to assure people that their feelings are normal and appropriate. It is helpful to remember that grief runs a predictable course and usually ends in resolutions.

Options

There are a number of options open to people with infertility problems. Some find help in having pets or other living things to care for. Support groups, such as Resolve, Inc., are available in almost every state. Adoption can be arranged through private or public agencies or privately through physicians and attorneys.

Artificial insemination and use of surrogate mothers have given one partner the opportunity to procreate. Modern technology has made possible in vitro fertilization which aids certain types of infertility problems. Some choose to be foster parents, others readjust priorities and choose a childfree life-style.

The decision to seek some alternative comes after the grief has been acknowledged and resolved, and energy that was previously focused on infertility can be directed toward solving the problem and getting on with life. Barbara Eck Menning, in her book *Infertility, A Guide for Childless Couples*, reminds us that,

The infertile couple who earnestly desire to have a family deserve respect and attention. They should be seen to have a legitimate health problem that is not stigmatized by myths, superstitions, or mis-information. It is true that infertility rarely proves fatal and usually does not render people incapable of performing their other functions in life. But infertility extracts a heavy toll on the quality of life and the emotional well-being of those affected. Infertility may be invisible in society, but its pain is real.

D.E.S.

The Bitter Pill

How Medical
Indifference Turned
a "Miracle" Drug
Into a
National
Nightmare



ROBERT MEYERS

tions that are not answered by such small studies, and are not likely to be answered, because of the lack of funding for the kind of research that would be useful: assessment of much larger numbers of DES exposed and non-exposed people.

Published in hardback by Putnam, the book is a steep \$17.95. You might want to ask your library to get a copy. The many personal stories compiled here make very real the human drama of the DES experience.

"lay" registry. The names of DES "cancer daughters" will not be released without consent. The network will provide informal support and professional referral (therapists, physicians, adoptions) for those who are interested. It will exist mainly as a voice to allow DES "cancer daughters" to discuss and validate their own experience while educating others about this cancer.

The network also plans to encourage activities regarding legislation which would affect "cancer daughters" and to encourage research into the causes and effects of the cancer.

Since the idea for the DES Cancer Network was first publicized over a year ago (in the *DES Action Voice*), approximately thirty women from all over the United States have contacted members of the core group. All are enthusiastic about the need for a support network. The Network has enabled many of these women to get in touch with others in their area. Some women have met or talked with other "cancer daughters" for the first time.

The network is now organizing a broader attempt to locate DES "cancer daughters." It will create brochures and flyers which will be mailed to lawyers, clinics, cancer centers, private physicians, and publications, notifying them about the network's existence and purpose, and urging them to share this in-

formation with women who have DES-related cancer.

Although the *DES Action Voice* will carry regular articles about the activities of the network, DES "cancer daughters" are often not involved in local DES Action groups. Therefore, we must rely on word-of-mouth advertising—Help us spread the word! There is often someone who "knows someone who knows someone who had DES-related cancer." These people may want to know about a network addressing their needs. Please help by letting them know about us.

A national get-together meeting of "cancer daughters" is in the planning stages for sometime in 1984—surely an indication that these women have gathered the strength needed to bear witness to their special history.

To get in touch with the Network, write to Margaret Lee Braun, 29 Alledale Avenue, Rochester, N.Y. 14610. She may be called between 8–10 pm (Eastern time) at (716) 288-0719.



What's It to Me?, continued from p. 3

testing of new drugs, particularly those for use in pregnancy;

- the need for consumer education about the risks of drug use in pregnancy;

- the need for careful screening and follow-up for people who have greater chances of developing certain health problems, especially when these problems might be avoided or lessened by special care;

- the need for information for people who face the possibility of developing specific health problems, so that

they will seek appropriate care and be more likely to make sound decisions;

- the need to weigh carefully risks and benefits of new medical technologies.

I'm glad to be working with DES Action because I see the importance of this work on two levels. The first is the immediate need for identifying those exposed to DES and informing them of their special health care needs. The second is to remind people of the general public health principles highlighted by the DES experience, and hope that application of these principles will prevent future DES-type problems. Unfor-

tunately, prevention of medical mishaps can never be guaranteed, and the work of DES Action exemplifies what steps can be taken to lessen their negative impact.

Though I am not DES exposed, I'm part of the generation born into the era of DES and an endless array of new drugs and medical procedures. Like most consumers, I am uncertain about how to protect myself from drug-associated risks while reaping some of their benefits. My work with DES Action doesn't give me easy answers, but it reminds me of some important questions.

Letters

The following letter, reprinted with the permission of the author, is in response to a letter from Mary Boles in the last issue of the Voice.

Dear Mary,

I just noticed your letter in the *DES Action Voice*. As part of an infertility workup I was found to have a small T-shaped uterus typical of DES anomalies. I had one miscarriage (first trimester) which some doctors thought could be related to the uterine anomaly and others not. I finally achieved a second pregnancy. Because of some first trimester spotting and concern about prematurity I agreed to be treated with Delalutin [a progesterone compound] although the benefits of this drug are far from clear. Four months ago I finally gave birth to a healthy full-term baby girl.

From the discussions I have had with the various doctors I have seen I think you might want to consider surgery as a last resort only. The Ob/gyn who delivered me (vaginally) says he has done Caesarian sections for various reasons on other patients with T-shaped uteruses and that on careful inspection of the uterus at the time of C-section there were no longer any visible differences from a normal uterus. My cervix, which used to have an obvious DES anomaly (a collar) now, after pregnancy, looks normal. I strongly suspect that our body's own resources can do a better healing job than surgeons' knives.

This conviction comes primarily from my experiences as a patient and as a participant in an infertility support

group, although my professional experience as a family physician tends to confirm this view.

Good luck!

Sincerely,
Rachel Wheeler
Concord, Mass.

Dear Editor,

I have many symptoms of being exposed to DES. A T-shaped uterus, two miscarriages, and one ectopic pregnancy losing my right fallopian tube.

At this time I am five months pregnant. This is the longest I have ever been pregnant. My doctor is an expert in his field of fertility and high risk pregnancy but in my particular case many of my questions cannot be answered because of the unusual circumstances of my medical history. He's fairly certain I will deliver before my January 17 due date. He also told me that with a T-shaped uterus, successive pregnancies, each one progressing further than the preceding one, is the only way to achieve a successful pregnancy because there is no surgery to correct a T-shaped uterus.

If any woman with a similar background to mine has had a successful pregnancy, I would like very much to hear from her. I would also like to know what your pregnancy was like, if you were confined to bed at any time, and if you had a premature delivery. Any information would be *greatly* appreciated.

Please write to me c/o the *Voice*.

Thank you,
Bonnie Jo Mendenhall

Dear Editor,

I am a DES daughter and have had primary infertility. A hard-won pregnancy ended at 26 weeks with a Caesarian section delivery of a severely growth retarded baby that was too small to survive. Anyone with a similar experience, please contact me.

Sincerely,
Ann Weinstein
1330 NW 12
Corvallis, OR 97330

DES in Veal

New York farmers are illegally using the banned hormone, diethylstilbestrol (DES), to fatten veal calves, the Food and Drug Administration has charged in federal court. DES, a hormone that has caused cancer in the children of women who took it during pregnancy, was banned from agricultural use in 1979 after DES residues were found in meat. The U.S. Department of Agriculture stopped routinely testing for residues after DES was banned.

Three of the four farms charged with DES use agreed to voluntarily stop using the drug and will cover FDA costs to test their calves for contamination. FDA is also taking legal action against the owners of the fourth farm, Tamahara Farms of New Hartford, NY.

Reprinted from the National Women's Health Network Newsletter, July/August 1983.

SUPPORT DES ACTION!

Enclosed is my tax-deductible gift. (Make checks payable to **DES Action** and mail to:
Long Island Jewish-Hillside Medical Center, New Hyde Park, NY 11040)

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|--|---|
| <input type="checkbox"/> Subscriber: \$15-\$25 | Receives subscription to the <i>DES Action Voice</i> quarterly newsletter. |
| <input type="checkbox"/> Friend: \$50-\$250 | Receives the <i>Voice</i> plus Joyce Bichler's book, <i>DES Daughter</i> . |
| <input type="checkbox"/> Supporter: over \$250 | Receives all of the above plus annual reports on the organization's progress. |

name _____

address _____

city/state/zip _____

I am a ☐ DES Daughter ☐ DES Son ☐ DES Mother

Update on the Challenge Grant

by Kim Klein

In our Spring issue, we told you about a challenge grant of \$5,000 DES Action National had received from the J. Aron Foundation in New York.

The challenge was (and is) to match this \$5,000 dollar for dollar. Many readers responded to our request to help meet this challenge, and I am pleased to report that we are much closer to our goal!

But, we are still \$1,500 short! We have two more months to complete the challenge. Any amount you can give will help—your dollar is worth two!

Simply fill out the check below, and send in your matching check today.

For those of you who have given—a BIG THANK YOU!

Name _____

Address _____ Zip _____

Pay to the order of DES Action National

My donation \$10	+	Matching \$10	=	Total Donation \$20
\$25	+	\$25	=	\$50
\$50	+	\$50	=	\$100
\$ _____	+	\$ _____	=	\$ _____

For: J. Aron Challenge Signed _____

A Reminder...

If you give to the United Way at your place of work, you can earmark part or all of your pledge to *DES Action National*. Simply find the line or the card marked "Donor Option" and write *DES Action National*. If there is no line, or a card had been omitted from your packet, write in *Donor Option—DES Action National*.

(Not every county has a donor option plan. Contact your local United Way, or ask your United Way representative for information about your county.)

When the pledge comes to the National office, your local DES Action group will be given credit for your donation, just as with a subscription to the *Voice*. DES Action National and its local chapters are not United Way agencies or affiliates, but as a health organization, DES Action is able to participate in this Donor Option Plan. Please let us know if you designate us as your United Way pledge recipient, so we can mark our records.

DES Action National

West Coast Office: 1638-B Haight Street, San Francisco, CA 94117

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