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# DES Associated With Increased Risk for Preterm Birth and Smaller Babies

## *The association with early menstruation is less clear*

"Preterm birth, fetal growth, and age at menarche among women exposed prenatally to diethylstilbestrol (DES)," *Reproductive Toxicology*, Elizabeth E. Hatch, et al., Volume 31, Issue 2, February 2011.

**By Kari Christianson and Fran Howell**

It is one of the ironies of the DES saga. Diethylstilbestrol was prescribed to help women have healthy babies and carry them to term, but this new study

shows that, instead, DES exposure is linked to preterm birth and lower than average birth weight babies.

As part of the National Cancer Institute DES Follow-up Study, lead author Elizabeth E. Hatch, Ph.D., of the Department of Epidemiology at Boston University School of Public Health, and her colleagues evaluated medical records of DES Daughters and a comparison group of unexposed women.

Her finding is that the risk for having been born early (considered before

37 weeks) was elevated two to three-fold among DES Daughters. Hatch also noted that when their mothers were given a higher cumulative dose of DES, there was a greater association with preterm birth. Also, timing mattered. Women whose mothers were prescribed DES before the seventh week were more likely to have been born preterm compared with women whose mothers were not prescribed DES until after their 15th week of pregnancy.

According to Hatch, birth weight was impacted by DES exposure as well. Use of DES during a pregnancy was associated with a small reduction in birth weight and a small increase in the risk for an SGA (*small for gestational age*) birth, even among pregnancies that were not preterm.

Even after considering the differences in length of a pregnancy, Hatch reports "DES exposure was associated with a 122 gram (4.3 ounces) reduction in birth weight after controlling for gestational length." This small increased risk was found no matter what dose of DES was given or when DES was administered during the pregnancy.

As noted by Hatch, a 1978 study by Brackbill and Berendes reviewed the maternal records from the 1953 Dieckmann clinical trial and found the use of DES during a pregnancy increased the number of miscarriages,

## *Crucial Hearing Set to Determine the Fate of DES Breast Cancer Litigation*

**By Fran Howell**

Every court date is valuable in pursuing justice for DES-exposed individuals, so the importance of a hearing scheduled for September 12th in Boston cannot be overstated. It will take place on the seventh floor of the beautiful John Joseph Moakley Federal Courthouse where Magistrate Judge Marianne Bowler will hold a Daubert Hearing regarding DES breast cancer litigation. At stake is whether the case can move forward.

During the hearing, which is expected to last about seven days, Attorney Aaron Levine will pres-

ent the expert witnesses he has assembled to prove that prenatal exposure to DES resulted in the breast cancers diagnosed in 53 DES Daughters.

Those witnesses include representatives from the fields of molecular biology, epidemiology, pathology, breast oncology and toxicology. Their research supports the claim that *in utero* DES exposure caused anomalies in developing breast buds that led to the susceptibility for cancer later in life.

At stake in this hearing is whether Judge Bowler can be convinced

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## Online Support Group for DES Daughters

Want to be in touch, via e-mail, with other DES Daughters? As a benefit of being a DES Action member you can join the DES Action Daughters Online Support Group. That way you can ask questions and share experiences common only to those of us who are DES exposed.

To join the DES Action Online Support Group simply send a blank e-mail to:

[DESActionDaughters-subscribe@yahoo.com](mailto:DESActionDaughters-subscribe@yahoo.com)

You'll receive an e-mail back from Yahoo! Groups confirming your request to join. It offers two registration options and the easiest is Option 2. Click "Reply" so the note is sent back.

Once we've checked to be sure you are a current DES Action member, you'll receive a welcome to the group letter explaining how to send messages. Then you can participate in the e-mail conversations, or just quietly read and enjoy the learning experience.

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### MISSION STATEMENT

The mission of DES Action USA is to identify, educate, support and advocate for DES-exposed individuals as well as educate health care professionals.

**DES Action VOICE**

Published quarterly by:

#### DES Action USA

P.O. Box 7296  
Jupiter, FL 33468  
ISSN 1522-0389

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#### VOICE Design and Layout

Solunar Graphics, Columbus  
(614) 488-9962

#### Printing

CPMM Services Group, Columbus  
(614) 447-0165

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## **Risk for Preterm Birth and Smaller Babies** *from page 1*

neonatal deaths and preterm births, but this study is the first to analyze a DES association with smaller fetal growth and to assess effects according to dose and timing of DES administration during the pregnancy.

Hatch then examined the effect of prenatal DES exposure on menarche, or age when menstruation first begins. Her analysis came up with what she calls a “borderline” association between DES and very early puberty. According to the study results, in utero DES exposure “may be related to very early menarche, but it is not associated with timing of puberty in the normative range.” Specifically, Hatch found that DES could be linked with a slightly elevated risk for early puberty when it is described as occurring at or before age 10. But DES did not seem to impact age of first menstruation when defined as occurring at or later than 11 years of age.

In considering the association between DES exposure and preterm

birth Hatch points out that, as labor approaches, there is a change in the ratio of two hormones: estradiol and estriol. She speculates that DES exposure might have interfered with the delicate balance of those pregnancy hormones which may have lead to earlier births.

Another possibility Hatch thinks is worth considering to understand the study results is that introduction of the synthetic hormone DES may have induced maternal and fetal stress, which could stimulate the secretion of corticotropin-releasing hormone (CRH). “High concentrations of CRH have been associated with preterm labor and premature rupture of membranes,” she says.

Hatch warns that it may be important to consider whether birth weight and other early life factors, rather than just exposure itself, could play a role in causing adult-onset health conditions in the DES-exposed. She suggests that her fellow researchers may want to take that into account when assessing health risks for this population,

because she notes, “birth weight has been associated with conditions such as cardiovascular disease and cancer in adulthood.”

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**Women whose mothers were prescribed DES before the seventh week were more likely to have been born preterm compared with women whose mothers were not prescribed DES until after their 15th week of pregnancy.**

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Finally, Hatch reminds us that the DES experience is an excellent, although tragic, experiment into the potential effects that environmental estrogen exposures may have on humans. She says, “DES serves as a model for potential effects of endocrine disrupting chemicals in the environment, some of which have been related to low birth weight and early age of menarche.”

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## **Breast Cancer Litigation** *from page 1*

that these experts would bring into the courtroom enough scientifically valid evidence to let the case go to trial. Levine’s job is to persuade the judge that they can. Of course, lawyers for drug companies will argue against that, claiming the methodology is flawed and that science does not support their claims.

But Levine maintains his experts are top-notch and their evidence is scientifically rigorous enough to withstand courtroom scrutiny. Their testimony is designed to prove to the court that DES is an estrogen pathway disruptor, binder and modulator even more powerful than natural estrogen. When exposed to DES during the second and third trimester before birth, his experts will show there is an excessive and untimely proliferation of breast bud development. That, he says, adversely affects cell regulation and

leads to an increased susceptibility to malignancy in adulthood.

If, during the hearings in September, Judge Bowler is convinced of the scientific validity of evidence implicating DES with breast cancer, then she will allow the case to proceed. Both sides have already agreed that, if the litigation moves forward, it will not go to trial. Rather, a mediator will be brought in to determine a settlement for the DES Daughters.

The women are seeking compensation from drug companies that made DES to cover the costs of their treatment, radiation, surgery, chemotherapy, breast reconstruction and other related expenses.

As soon as Judge Bowler issues her ruling, we will post it to our website ([www.desaction.org](http://www.desaction.org)) and on the DES Action USA Facebook page. Then there will be a full report in the next issue of the VOICE newsletter.

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*Moakley Federal Courthouse in Boston*

# The DES Experience: Facts Belie the Claim — “It Did Not Happen Here”



**By Barbara Mintzes, Ph.D.,  
DES Action Canada and  
Assistant Professor at the  
University of British Columbia**

*On November 19, 2010 Mintzes presented a well-researched paper at the Réseau D.E.S. France Congress in Paris. With her permission we share with you the final installment.*

What do we know about the extent of international exposure to DES in pregnancy? DES was never patented and was manufactured by many different companies, under over 200 brand names and a range of different formulations. We know that many women were prescribed DES in pregnancy, but just how widespread that exposure is, and how many women and men have been harmed globally remains only partially known.

**In many countries the first response of governments and the medical profession was “not to alarm the public” and to dismiss DES exposure as something that, “did not happen here.”**

For example, a 1971 notice by Canada’s Health Ministry announcing the contraindication for use in pregnancy describes the DES regimen used by Smith and Smith in Boston to prevent miscarriage and other pregnancy complications as, “...not widely adopted in Canada.”

Like many such assertions this turned out to be false. Such wishful thinking would have likely prevailed without the work of those harmed by DES to raise awareness, to find and inform others who had been exposed,

and to press for the need for research on both the extent and longer-term effects of exposure.

In a *New Scientist* article in 1986, Anita Direcks and Helen Bequaert Holmes reported on having attended a UN Conference in Nairobi in 1985 and discovering that women from many countries were unaware of the harms of DES, of reports that in some parts of Central and South America and Africa, it was still being used to prevent miscarriage, and in Malaysia it was being sold “over-the-counter” as a lactation suppressant.

The Registry for Research on Hormonal Transplacental Carcinogenesis (known as the DES Cancer Registry) was started by Dr. Arthur Herbst in 1971 and is currently located at the University of Chicago. In 1974, of 161 women listed in the registry, 145 were from the U.S.; others with documented DES exposure were from Australia, Belgium, Canada, France, and Mexico. Thus it was apparent early on that DES had been used in at least these countries.

By December 2007, there were 760 women with vaginal or cervical clear-cell adenocarcinoma listed in the registry, around 2/3 with documented DES exposure.

In 2010, the country of birth was documented for 653 DES-exposed women who were listed in the registry. In addition to the U.S., these women were from: Canada (Ontario, Quebec, Yukon Territory); Britain, Scotland and Wales, Belgium, The Netherlands, France, Spain, Switzerland, Czechoslovakia, the Philippines, Mexico, Israel, New Zealand, and Africa. Women whose DES exposure status is unknown or uncertain were from Ireland, Germany, Iran, Italy, China, Nigeria and Portugal. It is clear from the registry that DES was used in many coun-

tries and on nearly every continent.

DES Action The Netherlands carried out a study of exposure in European countries in 1991, with funding from the European Commission. The aim was to find out how many people had been exposed to DES, numbers of clear-cell cancer cases, and what had been done to inform the public and medical professionals. There were 50 responses from 18 countries, including the Ministry of Health and/or National Cancer Institute in 12 countries.

DES was reported to have been used in Belgium, Czechoslovakia, Denmark, France, Germany, Ireland, Italy, The Netherlands, Norway, Portugal, Spain, Switzerland, and the UK, and may have been used in Austria, Finland and Greece.

Respondents from two countries, Hungary and Sweden, stated that DES

**Table 1:  
Estimated numbers of people  
exposed internationally**

Country**	Estimated number exposed (in pregnancy and in utero)
USA	9.6 million [NCI]
Netherlands	440,000
Canada	400,000-800,000
France	400,000
Germany	360,000
Czech republic	113,000*
Australia	60,000*
Spain	45,000*
UK	20,000*§
<b>Total</b>	<b>At least 11.5 million</b>

\*based on estimated number of pregnancies in Ibarreta and Swan 2001 [26]; number exposed in pregnancy and in utero calculated as: (# pregnancies \* 1.8), to allow for pregnancy loss;

§ likely an underestimate; based on physician recall over a 30 year period in a 1973 survey

\*\*These are the only countries for which an estimate is available; see above for other countries where exposure has been documented.

*continued next page*



# IN MEMORY OF A WONDERFUL PERSON

## MICHAEL FREILICK President, DES Action USA



We lost a special person on 7/6/11 when Michael died suddenly of a heart attack unrelated to his DES exposure. As a DES Son, he was a strong advocate for DES Son issues, especially the need for continued research.

Michael was a health educator by choice. He underwent surgery for testicular cancer at age 29 and learned that men, especially young men, need to pay more attention to their health. He wanted to alert them, so he spoke out where ever and whenever he could. His message was simple: Start doing testicular exams as a teenager. Michael used his experiences to show how early detection saved his life.

As the leader of DES Action's DES Sons Network since 1985, Michael was the torchbearer for the health concerns and research questions of DES Sons.

DES Action members, board members and staff have shared expressions of sympathy with his wife Carol and daughter Michelle. These messages were among those sent:

The entire DES community has suffered this loss. Michael was a life-long advocate for DES Sons and all DES-exposed. He spoke out when others couldn't and he was always supportive to others going through DES related issues.

—Joyce Bichler, *DES Action Board Member*

Michael was a dear friend and DES Action colleague for over 25 years. His voice, his activism and his willingness to share his personal health experiences enriched outreach to DES Sons and to everyone who has been exposed to diethylstilbestrol. His love for and pride in his family was so evident; Michael shared pictures at every board meeting, making us part of his family, too. Carol and Michelle, you are, and always will be, cherished by your DES Action family.

—Kari Christianson, *DES Action Program Director*

Michael, you will forever be missed by those of us advocating for the DES-exposed and for DES Sons. You accomplished a lot in your life.

—Karen Fernandes, *DES Action Member*

I am heartbroken and shocked because Mike had survived so many health issues that I thought he would always be with us. He reminds me never to take anyone for granted. Mike was a true friend and tireless advocate for DES Sons. Thank you, Mike, for all you did. You were the beloved President of DES Action USA, and I can't imagine our next meeting without you at the head of the table.

—Fran Howell, *DES Action Executive Director*

We are saddened at the loss of a wonderful friend and tireless volunteer for DES Action USA.

★ At the family's request, memorials for Michael are to be directed to DES Action USA.

had not been used in pregnancy. However, there were four clear cell cancer cases in young women in Sweden. One of the key findings of this survey was how little had been done in most European countries to establish the extent of DES exposure or to inform the public or health professionals.

Use of DES in pregnancy continued in France, Spain and Germany to 1977, in Ireland to 1976, and in the

Netherlands to 1975. There are reports that DES was still being used in maternity care in Brazil, Costa Rica, Kenya, Mexico, Peru, Rwanda, and Zaire in 1985, and that it was still being prescribed in pregnancy in the early 1990's in Mexico, Uganda, and Poland.

As shown in the table, estimates of rates of exposure internationally remain incomplete, as in some countries in which DES is known to have been

used, there are no published estimates, and where more research has been carried out on exposure rates (as is the case in the U.S. and The Netherlands) estimates tend to be higher than in countries with less research.

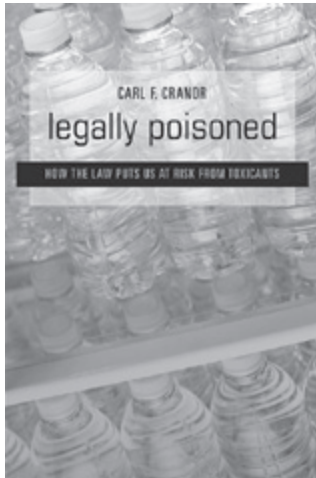
**Conservatively, at least 11.5 million people, and most likely many more, have been exposed to DES in pregnancy and in utero between 1941 and 1985.**

**DES VOICE**

# The DES Experience Serves as a Cautionary Tale in an Interesting New Book

**By Cheyenne Chapman**

*Coordinator for Endocrine Disruption Action, a program of Rachel's Friends Breast Cancer Coalition*



"It is simply morally outrageous to treat citizens as experimental subjects by contaminating them with untested substances," concludes Carl F. Cranor, Distinguished Professor of Philosophy at the University of California, Riverside, and author of *Legally Poisoned: How the Law Puts Us at Risk from Toxicants* (2011).

Contamination in utero is especially egregious. Until the 1960s scientists and medical practitioners assumed the womb protected a developing fetus, a myth shattered by three substances — methylmercury released in Minimata Bay, Japan; thalidomide; and diethylstilbestrol (DES).

Mention of DES is woven throughout the book, allowing readers

to consider how the DES experience is perceived and portrayed outside of the DES community, and how lessons we have learned, and are still learning from DES, might inform our policy choices. As we are now learning, DES is the prototypical endocrine disrupting chemical (EDC).

A central purpose of *Legally Poisoned* is to make a case for stricter regulation of toxicants through valid pre-market testing by manufacturers. Cranor incorporates the DES story to provide a compelling example of why our current regulatory approach is not working to protect public health and why Americans are hurt when toxic dangers are identified only after people have been badly harmed.

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## LETTER TO THE EDITOR

*We knew that reprinting an article from Public Citizen's Worst Pills, Best Pills about bioidentical hormones in VOICE issue 127 would be controversial. And it was. In a nutshell it suggested that bioidentical hormones are not safe or effective. But some of our members use them with success, and one, Ellen from Pittsburgh, asked her compounding pharmacist to respond to the article. Because there are two sides to every discussion, we share with you his reply.*

Oh, where to start with this.

1. Twice they refer to pharmacists as "exploitative dietary supplement makers" who are "not regulated by the FDA"—Really? To start, we are not "making" supplements and we are regulated by the DEA and the state board of pharmacy and most of us practice in ways that are anything but "exploitative" and NOT trying to "fool the public."

2. All of these hormones have been "approved" by Mother Nature (they have been in our bodies for a few 100,000 years if not longer) and they are "approved" via the USP (United States Pharmacopeia) as individual entity hormones and only when combined together are they "not approved."

3. As for potency testing—My products have undergone independent potency testing and NEVER have I had failed a test or had a compound outside of 2% the stated potency.

4. Estriol—There is no end to beating up estriol and funny how it just received "another" \$1.6 million grant from no less than the NIH for on-going phase II study as an MS treatment under the name Adeona (not sure if this is the potential product name or pharmaceutical company name). Second, estriol is a major hormone of pregnancy increasing at week 9 by the

placenta throughout delivery. Why do we need FDA approval for a hormone that the placenta triggers a demand for all the while the blueprint of life itself is being preserved?

5. Only real progesterone is used in luteal phase defects to preserve, promote, and protect a pregnancy while the synthetics promote abortion, birth defects along with strokes and heart attacks. What else can I say? Are these types of commentaries really meant to inform or simply cloud the issue and cast fear and doubt toward any potential user? I have thought about giving it all up lately, business is poor, physicians negative or simply ignorant (and not willing to look let alone learn) and bad science is everywhere toward this topic.

Jeffrey P. Mustovic, R.Ph  
Evans City Apothecary  
Evans City, PA

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# DES and the Lilly Family—Did Ruth Know?

Reflections from DES Action USA Board Member Chris Cosgrove

Just over a year and a half ago, Ruth Lilly, the last great-grandchild of Eli Lilly, founder of the pharmaceutical company, died at age 94. Before she did, however, she bequeathed \$200 million of her personal fortune to a poetry magazine with four employees who worked out of a 600-square-foot office.

As a DES Daughter, I was furious when I read about it. Not that I dislike poetry, but I have to think that Ruth's great wealth came her way in part from the little pills that my mother and others faithfully swallowed and that caused so much destruction to their families.

Wouldn't it have been nice if she'd set up a foundation to help the families of those injured or killed by this drug?

In 1971, when diethylstilbestrol was linked to the rare vaginal cancers found in the young daughters of mothers who'd been given the drug in



pregnancy, Ruth would have been 56.

Did she sit around her Indiana dining table and read news stories that emerged over the next few years about the cancers and later the reproductive deformities and infertility caused by those little pills? Did she talk to family members about this legacy that came along with her family fortune?

Did she ever wonder if her great fortune might be better used to alleviate the medical costs of DES Daughters who undergo cancer surgery, or require endless, sometimes fruitless, rounds of fertility treatments, or bore children whose premature births require ongoing medical care throughout their lives?

Ruth's life was, from the few accounts in newspapers, not a happy one. In and out of institutions for treatment of depression. A childless marriage that ended in divorce. Perhaps she never knew of the misery her family's pharmaceutical company cast upon so many.

Yet she gave money to hospitals and to the Indiana University medical

library. I bet she did know. Perhaps that's one reason she sought refuge in poetry and Prozac.

It occurs to me that some of us who have been affected by DES might want to express ourselves in poems—limericks, sonnets, free verse, whatever—and submit them to the poetry magazine. Perhaps they would consider sponsoring a poetry contest to raise money for DES Action USA?

Here's a DES haiku I penned to start us off...

*The pills mom trusted  
More than sixty years ago  
Still hurt me today.*

**Editor's Note:** Even if the poetry magazine isn't interested in publishing DES poetry, we certainly are. Let us hear from you! We are giving you "poetic license" to write about your DES experiences and feelings, so we can share them in the VOICE.

Send your DES poems to: [info@desaction.org](mailto:info@desaction.org) or mail them to: P.O. Box 7296, Jupiter, FL 33468. We can't wait to read what you come up with!

DES VOICE

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As communication technology evolves, it just makes sense for us to keep up with it. We've gone from mimeograph machines through fax machines to computers, but we always stayed with snail mail. Now it's time to move more fully into the digital world. Won't you join us?

We suspect most of our members

have an email address now. You can either print it on the reply card you send back with donations, or email it to Fran Howell at [info@desaction.org](mailto:info@desaction.org). Thank you!



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## BOOK REVIEW

# Touching Memoir Written by a DES Husband

*I Said "I Will"* by Jerry Wollaston, AuthorHouse, 2011

**Reviewed by Fran Howell**

They are often the unsung heroes in DES stories. They suffer terribly from ravages done by DES to their families, but we rarely hear from them.

Jerry Wollaston changes that with his lovingly written book, *I Said "I Will."* What he said he would do in a promise to his dying wife, Susan, was to keep her memory alive for their young granddaughters. His book does



that incredibly well as readers come to intimately know Susan and her family.

This is not a book specifically about DES, but anyone with DES experience will pick up on things that others might not pay attention to. DES isn't mentioned until page 157, after Susan's cervical cancer diagnosis, when Jerry remembers something important. "I now remembered Susan's mother had said she had taken diethylstilbestrol (DES) when she was pregnant with Susan." That's it. He doesn't dwell on it, but we know they are facing a rare and aggressive cancer.

Unfortunately, Susan and Jerry did not know that and throughout her cancer treatments doctors painted a

reassuring picture for a successful outcome, which ultimately was not to be.

As a cautionary tale for DES Daughters, we learn that Susan hated going for annual Pap/pelvic exams and was known to skip a year or two. Once finally detected, her cancer was full blown. I was appalled when Jerry related how she apologized, saying, "I am sorry I did this to my family." DES Daughters instinctively know she didn't cause her cancer—DES did. But hopefully the message hits home for annual Paps and gynecological exams.

Jerry's anguish at not being able to protect his wife is raw, real and very much a part of the true DES experience that is not portrayed often enough.

DES VOICE