

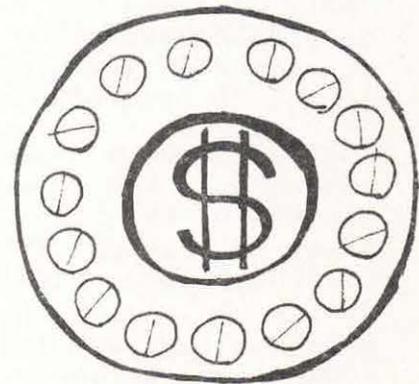
Elizabeth Blackwell Women's Health Center

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Spring 1978 Newsletter

The Pill: Sure Risk Sheer Profit

*Drug companies in connection
with govt agencies*



PILL KNOWN TO BE DANGEROUS

Currently there are 8 million women on oral contraceptives (the pill) in this country. Current research indicates that 300 to 500 women die each year from pill-related pulmonary embolism. There is a steady increase in the number of young women with strokes--all on the pill. In recent years there has also been an increase in clotting disorders of 4 to 11 times and an increase of heart attack of 3 to 6 times. We will discuss these side effects later but if the pill is dangerous for many women, why is it still being promoted and sold?

Doctors, through ignorance or convenience, prescribe them. And women, needing a sure method of birth control, and not aware of the dangers, take them. But behind all this is profit. There was a need for an effective method of birth control, the drug companies picked up on the idea and turned the need into profit. This has had a negative effect on women's health and health needs.

The birth control pill gave a big boost to the drug companies in the 1960's, causing a 20% increase in the amount of dollars spent on drugs. G.D. Searle is a case in point.

In 1930, it was found that estrogen (a main component of the pill) would prevent ovulation; in other words, it would prevent pregnancy. By 1940, estrogen was also found to cause cancer in animals. Because of this connection to cancer, a different hormone was chosen for further testing as a contraceptive--progesterone. In the 1950's, G.D. Searle manufactured progestin pills for the first time. Yet during the testing of the pill, some estrogen "happened" to slip into the pills to make them more effective. Soon after, it was included as part of the birth control pill. So, although medical research knew from the beginning that estrogen would cause cancer, they left it in the pill because they needed it to make their product marketable. The

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actual birth control pill on the market today contains both estrogen and progesterone.

In 1960, Searle's pill, Enovid, was approved by the Food and Drug Administration (FDA). What was masked over at the time was the fact that the study which supposedly proved the safety of the pill consisted of only 132 Puerto Rican women who had taken the pill for one year or longer. Three of these young women died from blood clots during the testing period and were not autopsied at the time.

So crude in fact were the original tests that it wasn't until after millions of women had taken Enovid that they discovered that the original pill contained 10 times more estrogen than needed to prevent ovulation.

In 1962, hardly a year after the pill had been on the market, there were 132 reports of thrombosis and embolism among pill users. This included 11 deaths. Fearing investigation, Searle decided to call a "pill conference" among doctors and medical people to look at the evidence and adopt a pos-

ition. Generally this position represented a whitewash. Crude jokes were made about the reported deaths (one woman supposedly died from a "tight girdle"). And, in the interests of getting out of the conference by 4:30, a statement was pushed through at 4:15. The resulting report gave the public reason to believe that the pill was safe.

During the early period of promotion Searle made annual grants to the National Cancer Cytology Center. The influence of these grants can be seen in the 1966 official newsletter which proclaimed "Pill Found Safe for Use in Patients with Early Cervical Cancer"--a finding that was later completely discounted. Searle even made outright bribes to further "prove" the safety of the pill.

PROFIT OVER HEALTH

What becomes clear is that the main focus of Searle (and other drug companies) has been on profit--the selling of their product--and not on people's health. The pill, as an example, proved to be an enormous boon to G.D. Searle, bringing it out of near stagnation to a point of soaring profits in the 1960's. In 1965, the pill was 44% of Searle's total sales. They



soon became the largest manufacturer of the pill. In 1975, G.D. Searle hit record sales for the 9th straight year. Even though FDA investigators were finding that they had consistently faked results in drug safety tests, their products were selling better than ever.)

(Though hundreds of women continue to die each year from complications related to the birth control pill, the FDA merely argues with the drug companies over stricter labeling.)

"EVEN THOUGH FDA INVESTIGATORS WERE FINDING THAT SEARLE CONSISTENTLY FAKED RESULTS IN DRUG SAFETY TESTS, THEIR PRODUCTS WERE SELLING BETTER THAN EVER."

Why is this considered acceptable operating procedure? Drug companies are part of the health care system, which is just one part of the larger economic system of capitalism. This means that the profit motivation is defended and protected by the laws of our system. As a result, inadequate research and misinformation that clearly victimizes working people, is allowed to continue.

Because it is legitimate to put profits in the primary position, our health needs are being exploited by the drug companies and doctors who get richer every day.

The pill is just one example of how the drive for profits in the health care system is in opposition to improved health care for people.

WHAT CAN BE DONE?

What we need is a complete reversal of priorities. We need a system that will put the needs and rights of people first, not last.

We realize that no real change in society will come by taking on the system one by one. But we, as workers and consumers, by joining forces and keeping each other informed, can start building resistance to that system's exploitation of our needs.

Identifying these needs and finding ways to meet the ways to meet them are first steps. Developing an understanding of the root of the problem and finding ways to combat it are also important. We at EB are actively seeking your input and support in this struggle.

YOUR HELP IS NEEDED

The referral system at Elizabeth Blackwell is one way women are helping each other get better health care in the Twin Cities. The referral system consists of price and service information on various doctors and clinics in the area as well as women's evaluations on the quality of care they received from these providers. Based on this information we are able to recommend doctors or clinics to women.

We have been collecting these evaluations for many years and using the information in developing the referral system. Understanding that we can't bring down the cost of health care overnight, which is the main thing keeping people away from getting care, we can help people to find a place to go that they can afford. This is a form of short-range assistance.

You can help other women find better health care by filling out an evaluation form on the doctor or clinic that you go to now or have gone to in the past. Call us and we will send you one or as many as you want.

OUR PROGRAM

- *referral to local doctors, clinics and hospitals
- *speakers bureau
- *library and health resource files
- *research and publications
- *classes and workshops

SERIOUS SIDE EFFECTS OF THE PILL

Birth defects	Gall bladder disease
Heart attacks	Liver dysfunction
Infertility	Stroke
Hypertension	Dizziness
Depression	Fatigue
Formation of tumors	Headaches
Vitamin deficiencies	Blurred vision
Blood clotting disorders	Weight gain
Breast, uterine and cervical cancer	

OTHER COMMON SIDE EFFECTS

Nausea and vomiting	Irritability
Breast tenderness	Bloating
Bleeding between menstrual periods	

There is an increased risk of serious side effects on the heart and blood vessels in women who are heavy smokers, are over 35 years of age, or who have high blood pressure, obesity or diabetes. The user of oral contraceptives (OC) may have doubled her risk of heart attack. If you take the pill and smoke, your risk of heart attack increases five times. OC users are twice as likely as nonusers to have a stroke due to rupture of a blood vessel in the brain.

How it works: Your body normally cycles two hormones, progesterone and estrogen. Both are produced at certain varying levels during each month. Estrogen causes an egg or ovum to mature, and is at its highest level a few days before ovulation. Progesterone prepares the uterus lining for a fertilized egg, and its highest level is a few days after ovulation. When fertilization does not occur, the lining of the uterus breaks down and flows out of the body, which is menstruation.

The pill provides both estrogen and progesterone at a constant level throughout the month, thus your body feels it has already ovulated and will not mature an ovum. Contraception is provided because there is no egg available for fertilization.

VITAMIN DEFICIENCIES: Nutritional research has proven that women on the pill need vitamin supplements. The estrogen in OC prevents the body from absorbing such vitamins as B6 (pyridoxine), riboflavin, folic acid, B12 (niacin), thiamine, and vitamins C & E.

Vitamin B6 supplementation is useful in the treatment of varying degrees of depression experienced by women on the pill. B6 is also used to treat nausea and swelling symptoms brought on by the pill.

Folic acid is considered essential because it promotes growth and helps develop healthy red blood cells.

The B vitamins are important for nourishment and growth of healthy hair and skin.

Vitamin C may be depleted in women on the pill. Vitamin C helps the body fight infection. Vitamin C's important function of strengthening cell walls and connective tissue is vital to the circulation as well as for the health of the skin.

Magnesium (a mineral in the body) levels in the blood are depleted by OC. A supplementation of 150 to 200 mcg. should be taken by pill users to fight against cardiac problems and blood clots. Critical deficiencies have led to brain dysfunction.

VITAMIN AND MINERAL SUPPLEMENTS SHOULD BE A DAILY PREVENTIVE MEASURE FOR ORAL CONTRACEPTIVE USERS.

(Continued on next page)

SIDE EFFECTS--CONT'D

HYPERTENSION: The estrogen in the pill can cause an abnormal rise in your blood pressure, or hypertension. The problem develops in 5 to 7% of women who use the pill and makes them more prone to a stroke. The occurrence is usually within six months of starting the pill and is reversible once stopping usage of OC.

BLOOD CLOTTING: Women who take the pill increase their risk of blood-clotting disorders as much as 11 times over non-users.

For women with sickle cell anemia or trait, the pill lowers oxygen in the blood and brings on sickling (stretching) of the red blood cells, thus causing them to bunch together forming clots. OC also thicken and slow blood circulation. The more slowly blood circulates through a tissue, the more oxygen the tissue can extract from it.

BIRTH DEFECTS: Female hormones taken in the early stages of pregnancy may disturb normal cardio-vascular development of the fetus and are associated with occurrence of congenital heart disease in the offspring.

Women who have taken the pill for two or more years and became pregnant within the first month after discontinuing it have experienced a miscarriage rate of 20%. The incidence of major abnormalities among babies after their mothers had stopped was much higher than the number of defects in babies born to women who had not taken the pill.



For many different reasons, many women still find the Pill as the best method available to them. For those of you who are searching for an alternative, here is a list of other methods of birth control that are available.

ALTERNATIVE METHODS OF BIRTH CONTROL

Type	Actual Use % Effectiveness	Comments
Diaphragm with jelly or cream	85 - 90%	Failures usually due to not using it every time, not using effective spermicide (jelly or cream), or improper fit. 97-98% effective when used properly.
Condom and Foam together	Almost 100%	
IUD	94%	Possible complications include pain and heavy bleeding, perforation of the uterus, Pelvic Inflammatory Disease (PID, sometimes results in sterility), pregnancy complications. Still safer than Pill.
Condom alone	80 - 85%	Using good quality condom properly every time, 97% effective.
<u>Natural Methods:</u>		
Ovulation Method (Cervical Mucus)	No statistics available	Theoretically 98% effective. Involves checking cervical mucus to determine safe and unsafe days for intercourse. Should be taught by a trained person to be accurate.
Basal Body Temperature	80%	Involves checking temperature every morning to determine when you are fertile.
Symptothermic	95 - 97%	Combining cervical mucus and body temperature methods
<u>Sterilization:</u>		
Tubal Ligation (female)	Essentially 100%	<u>Permanent</u> birth control; consider it irreversible
Vasectomy (male)		

Methods of birth control we do not recommend due to high failure rates are: withdrawal; vaginal tablets and suppositories; foam by itself; rhythm method; lactation.

Non-methods (myths) include douching and avoiding orgasm.

TEAR OFF AND SEND BACK

_____ Please send me a brochure

_____ Here is my tax-free contribution of _____.

_____ Please call me, I want to volunteer

_____ I want to be on the mailing list

_____ I would like to fill out a doctor/clinic evaluation form. Please send me one.

NAME _____

ADDRESS _____

PHONE _____

