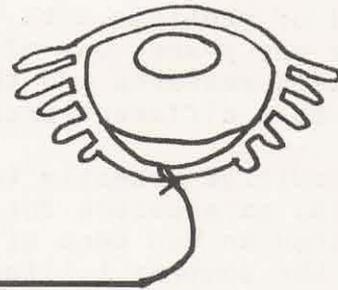


Elizabeth Blackwell Women's Health Center

730 Hennepin Room 303 335-7669

Winter 1977-8 Newsletter

IUD Fatal to Women



From 1970 to 1975, approximately 2.2 million women in this country had Dalkon Shields inserted in them. The story of this dangerous and sometimes deadly IUD is just one example of corporate malpractice and fraud, with the general public used as a test population for an unresearched medical device.

Twenty women have died from use of the device, according to medical authorities. Negative side effects include chronic infections of the vagina, cervix, uterus and fallopian tubes, irritation of the inside of the uterus (as the device scrapes and imbeds in the uterine walls), perforation of the uterine walls, heavy bleeding, severe pain, trauma, blood poisoning, spontaneous and septic abortions (caused by infection of the uterine tissue), and birth defects in the children of women who became pregnant while wearing the device.

Some facts on the development and marketing of the Dalkon Shield reveal:

- In 1970 A.H. Robins, a major multinational corporation, purchased the Dalkon Shield's patent rights from its inventors/manufacturers/testers/promoters Irwin Lerner,

Dr. Thad Earl and Dr. Hugh J. Davis, who it secretly hired as consultants. Robins performed no independent tests or long-term studies on the device at that time.

- Robins had full knowledge that a study published by Davis and used in its promotional literature utilized a device different from the one which was marketed.

- In that study Davis inserted shields into 640 women, mostly Black and Latin Americans, who used a Baltimore community clinic he headed in the poor neighborhoods surrounding John Hopkins University. In addition to using a different device in the study, Davis advised use of a spermicidal foam in conjunction with the IUD (improving its effectiveness and skewing the test results), and used anesthetics to minimize pain and bleeding on insertion. None of this was revealed to the public.

- In 1970, Davis falsely testified before a senate subcommittee that he had no interest in the device and Robins never revealed Davis' financial interest in the device.

- After initiating a national promotion campaign hailing the device as

a first choice birth control method, Robins performed a test on baboons that revealed a perforation rate of the uterine walls of 30 percent and a death rate of approximately one in eight. These results were not published.

- At about the same time Robins engaged a number of doctors in a study in which Robins discovered "a great deal" of adverse information. Robins abstracted the favorable studies, added them to the Davis figures, and used these in an extensive advertising campaign in medical journals.

- Two doctors employed by Robins complained of problems with the device. One was phased out of Robins' Dalkon Shield research and the other was moved to a different area of research.

- A deposition recently taken from a local salesperson for A.H. Robins stated he had been given a memo from the company telling him that if he did not sell a specified number of Dalkon Shields in the area, he would be fired.

"WOMEN WHO REPORTED EVERYTHING FROM CRAMPING TO SEVERE BLEEDING WERE TOLD IT WAS ALL IN THEIR HEADS"

Such incriminating information has been gathered by several law firms which are now assisting outraged women in collecting damages from A.H. Robins. A sum of \$440,000 was awarded to one woman, according to Jerry Pyle of Appert, Brady and Pyle, a Minneapolis law firm handling litigation against the company. Robins' own figures reveal that \$8 million has already been paid out in damages. For the company, this is merely a dent in the \$50 million in profits it made from the sale of the Dalkon Shield. For the women who lost their lives or ability to have children, the money is hardly consolation.

Knowing what profit was to be made, A.H. Robins not only ignored its own researchers, but also complaints from doctors and the women who received the

Dalkon Shield. Doctors who reported negative effects were told they must be doing something wrong because their results were inconsistent with existing data. Women who reported everything from cramping to severe bleeding were told it was all in their heads, an all-too-familiar response to women's outcries against abuse of their bodies.

Problems with the device include its construction and design. It does not collapse when inserted and therefore scrapes, scars and imbeds in the uterus. The "multi-filament" tail allows bacteria to travel from the vagina into the uterus.

These problems are compounded by the fact that many of the women who received the device don't have regular health care and have gotten little information about the device. The Pilot City clinic on the northside (largely a black community) distributed a disproportionately large amount, according to Pyle.

Puerto Rico, Brazil, and South Africa (where A.H. Robins has subsidiaries) are among the countries that received the device through the U.S. Agency for International Development (AID) program. Authorities estimate that some 500,000 women in other countries are still using the Dalkon Shield. It is difficult to know how many will learn the facts after it is too late.

(Parts of preceding article taken from an article written by Gloria Ohland for the Minnesota Daily)

A "Legal" Operation

Throughout the rise and fall of the Dalkon Shield, one thing that stands out is how seldom anyone actually broke the law. Though there have been many civil lawsuits, the whole affair has been considered so normal a way of conducting business that medical authorities took no action against Davis or Earl and the government left the A.H. Robins Company and the Dalkon Corporation alone. Even after the deaths of 20 women, the law has protected the corporations, defending their "right to make a profit".

This, then, is the economic justification for allowing 20 women to die,

and untold hundreds to be sterilized against their will -- legally. Our legal system is designed, in essence, to protect the interests of the corporations against the complaints and sufferings of the people.

The "legal" channels for challenging injustices such as faulty IUD's or poor medical care, are intentionally expensive, inaccessible, and unfair to most people. So it is that working class people are chosen for medical experiments, and the health care system can continue its neglect of our needs.

Standard Experimenting Produces Victims

Experimentation with the lives of poor women here and in other countries is not just a fluke of the Dalkon Shield operation. It has been standard operating procedure for most research on contraceptives. The University of Minnesota is currently conducting an experi-

(Continued on page 4)



NEED BIRTH CONTROL? TRY THIS,

NEW CLASSES Offer Variety of Topics

The health classes that EB is offering this year have been developed around answering the questions: What do women want to know and what is the best way to get that information to them?

For example, from the neighborhood survey conducted last summer, we discovered that many women wanted to know more about First Aid. So we decided to offer a First Aid class geared toward the needs of people who live in a city and who are close to emergency care. With this in mind, we were able to choose the most common emergencies occurring in the city, and two or three basic points to remember in each case. This solves the problem of having so much to remember that, in an emergency, everything is forgotten.

Our class schedule is as follows:

BIRTH CONTROL AND ABORTION

Birth Control - Nov. 26
Abortion - Dec. 3
Politics of Birth Control and
Abortion - Dec. 17

(Saturday afternoons)

SELF HEALTH

Anatomy - Jan. 5
Hormone system and Hormone
Therapy - Jan. 19
VD & Vaginitis - Feb. 2

(Thursday nights)

POLITICS OF THE HEALTH CARE SYSTEM

3 sessions including rape and
self-defense
Feb. 15, March 1, March 15

(Wednesday nights)

Childcare is available.
Call ahead of time for details on
the classes--335-7669.

ment with a new birth control pill first tried out on women in Haiti and Chile, for example.

If such experiments show that loss of lives, ineffectiveness, or serious side effects are minimal, then the device is filtered into inner-city clinics. Poor and working class women, in their continual need for a decent birth control method but possessing limited funds, become likely victims for further experimentation.

If the experiment fails, it is the poor, minority, and working class women left with the scars of its failure.

Why is this standard operating procedure? The health care system, as a vital part of the larger system, is governed by the same profit motivation of any other large corporate structure. When profits are Number One, the needs and rights of people are secondary. So it is no surprise that medical testing and practice that outrages working people is defended by the drug companies and loyal doctors who directly benefit (get richer) from the effort.

"IF THE EXPERIMENT FAILS, IT IS THE POOR, MINORITY, AND WORKING CLASS WOMEN LEFT WITH THE SCARS OF ITS FAILURE"

What Can We Do?

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 them are first steps. We at EB are actively seeking your input through surveys and questionnaires to determine what health care needs you have and how you think they can be met. Women in the Twin Cities also play a key role in our medical referral system--giving us evaluations of doctors and clinics so that we may better assist others in finding quality care at reasonable prices.

Other services we offer are:

4

classes and workshops, speakers on a variety of health topics, printed information and health research (to counteract the information monopoly which the medical profession holds), and a lending library.

What Now?

1. Any woman who is still wearing the Dalkon Shield is advised to have it removed, according to current Planned Parenthood policies. Patients of Planned Parenthood who have experienced no difficulties and wish to keep using the device are being asked to sign releases, stating that they have been informed of possible dangers.

2. Women who have experienced difficulties with the Dalkon Shield can pursue the possibility of getting compensation by contacting the law firm of Appert, Brady and Pyle. For these cases, the firm charges a commission--a percentage of the compensation if you win; no charges if you lose. The precedent has been set and women who have had difficulties with the Dalkon Shield have a fairly good chance of collecting damages.

3. If you are interested in knowing more about the Dalkon Shield, we at EB have a file of information that you are welcome to stop in and read. Our address: 730 Hennepin Ave., Room 303, Mpls. Phone: 335-7669.

Candyce Lee Brown, a B.A. degree candidate in Law & Justice at Antioch-Minneapolis Communiversity and a legal research analyst, is presently working on research focusing on the Dalkon Shield case. This includes interviewing women about their experiences with the Dalkon Shield. She has supplied us with much of the information found here.

Women and Health Care

Out of a wealth of experience stretching over four years, hundreds of miles and thousands of women, we at Elizabeth Blackwell Women's Health Center have found that women everywhere have one thing in common: A serious concern about health care and dissatisfaction with available services within the health care system.

Why is this so and why particularly for women? The root of the medical system's decay lies in the fact that the focus is on profit and not on people's health care. The health care industry reaps \$2.6 billion per year in after-tax profits. While it is true that health care costs have gone up because of inflation, because everything just costs more, the main reason is profit. The people we interviewed through our survey this summer are clear about this fact--when asked why they thought the cost of medical care is so high, the vast majority said "greedy doctors".

Women experience exploitation by the health care system on two levels. As workers, they comprise 80% of the health labor force but are concentrated in the low-paying, "service" positions. As consumers, they are more often in contact with the medical system owing to their particular reproductive functions as well as the fact that they most often are responsible for the health care of their children and families.

Poor and working class women--women on welfare, working women, single heads of households--are the

hardest hit. They often do not have the means to "buy" medical service when needed and, unless they qualify for public assistance, they must forego necessary treatment. By no choice of their own, they seek medical care only when absolutely necessary, often in time of crisis and often too late. This then is the target population of EB. Although everyone is affected by high cost/low quality health care, poor and working class women are especially burdened.

The crisis in the health care system and the exploitation of women is inherent under this system. Whatever methods are embraced to either change or alleviate problems in health, we must keep in mind that real changes cannot exist outside of a fundamental change in the system as a whole. Based on our evaluation of these problems--and within the limitations of what can be done to alleviate them--we see the involvement of Elizabeth Blackwell Women's Health Center on two levels: Short-range assistance in the form of immediate medical referral and advice, and long-range planning in our focus on preventive health and program planning.

We doubt we can bring down the cost of medical care, make doctors more sensitive, liberalize abortion laws or eligibility for medical assistance, but we can give people the tools to understand and deal with the problem and maintain their own health as well.