HEALTHMATTERS

A PUBLICATION OF THE VANCOUVER WOMEN'S HEALTH COLLECTIVE

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COPPER 7 IUD — Withdrawn from U.S. Market

On January 31 this year, G.D.Searle and Company withdrew the Copper 7 IUD from the U.S. market. Searle cites "unwarranted product litigation" as its reason for withdrawing the IUD, emphasizing that its decision to withdraw the device is purely economic. Clearly Searle is not prepared to risk an increased number of suits - there have been 780 so far - and has instead decided to discontinue sales in the U.S. where women are more likely to sue them.

Searle's decision to halt sales in the U.S. while continuing sales in Canada, and over 100 countries world-wide, poses a serious contradiction. Why should Canadian women and other women around the world continue to be exposed to a hazardous device, while American women are not? We at the Vancouver Women's Health Collective believe that Searle is acting unethically by imposing different standards of practice in different countries.

In Canada about 100,000 Copper 7 IUDs are sold annually. The Copper 7 poses risks that are shared by IUDs in general. Among the warnings listed by the manufacturer are: Pelvic Inflammatory Disease (PID), which can lead to permanent infertility; perforation of the uterus or cervix; persistent, excessive cramping and bleeding; incomplete expulsion, rendering the device ineffective; ectopic pregnancy (pregnancy that occurs outside the uterus usually in the fallopian tubes); Wilson's Disease, a copper metabolic disorder; septic abortion; and pregnancy. However in addition to these well recognised though usually under-emphasized risks, the Copper 7 has some very special problems of its own.

Merely three years after the Copper 7 was approved in the U.S., Searle received reports that its inserter mechanism could cause severe complications. "The intrauterine loop of string with the Copper 7 is a major flaw in the insertion mechanism of this IUD and needs immediate correction" writes Robert Hatcher co-author of Contraceptive Technology. The loop of string may come out of the cervix and require a physician to trim the string. In this case a woman may need to be hospitalized to have the Copper 7 removed. When the loop of string has come out it is usually trimmed. However, unknowingly, the physician may be trimming the string of a partially expelled IUD, and the woman may leave the office with an ineffective device. Despite this major flaw, which could be corrected simply, Searle has refused to change the design of its Copper 7.

First approved by the U.S. Food and Drug Administration in 1974 and subsequently approved by the Health Protection Branch of Health and Welfare Canada, the Copper 7 quickly became the most often prescribed IUD with almost 90% of the U.S. market and 30% of the Canadian market by 1983. It was approved only 4 months before the infamous Dalkon Shield IUD was taken off the market, and soon the Copper 7 filled the gap that the Dalkon Shield left behind. Its smallness and compact packaging made it easier to insert into the uterus of a normal childless woman. Advertizing was geared specifically toward these women yet little mention was made of the risks accompanying the IUD's convenience. Now many medical experts say that IUDs should only be prescribed to women who have had at least one child, and who are in a mutually monogamous relationship. In April 1985 two independent medical teams working in Boston reported that 'for a woman who has never had a child, the use of the IUD may double her risk of tubal infertility'. In fact the Copper 7 has been promoted for use by younger childless women who are at highest risk of developing Pelvic Inflammatory Disease.

The news of the Copper 7 seems oh so familiar.... There is evidence that Searle knew about the problems with the device before it was approved by the FDA: there is evidence that Searle interfered with the reports published by an independent labratory conducting tests on the Copper 7. However the most familiar theme is that as with the manufacturers of the "Pill" and the Dalkon Shield, Searle really doesn't care about women's health and safety. Yet again the bottom line is money.

On behalf of Canadian women we demand that G.D.Searle Co. Canada withdraw its Copper 7 IUD from the Canadian market immediately. In addition we demand that safer more accessible barrier forms of birth control be perfected and more widely prescribed, providing viable choices for Canadian women.

INSIDE HEALTHMATTERS

ASBESTOS — DEADLY MAGIC

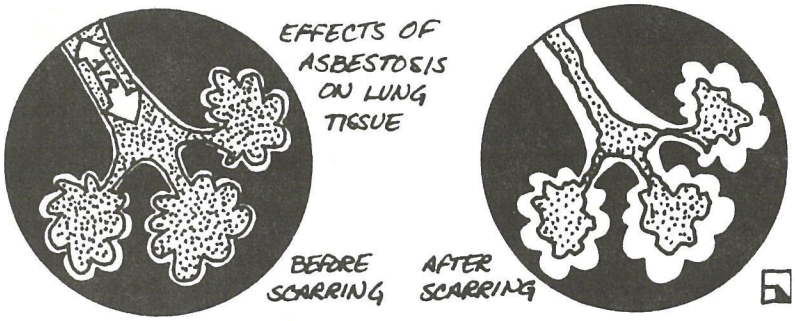
Asbestos is a fibrous mineral, with some remarkable physical properties. It is heat proof, fireproof, and resistant to most chemicals. Asbestos fibres are soft and flexible enough that they can be woven into cloth as easily as fibres of cotton. Because of these properties asbestos was once called 'the magic mineral'. Each asbestos fibre is actually a bundle of needle-like particles which are so small as to be invisible to the naked eye. It is their small size which makes asbestos fibres so dangerous.

Asbestos kills people. The first diagnosed worker death from asbestos was in 1900, when an autopsy was done on the body of a 33 year old man who had worked for fourteen years in one of the earliest asbestos-textile factories. This man was the survivor of a group of ten who were employed at the small factory in 1886. All the rest died before their thirtieth birthdays. The autopsy established the cause of death as scarring of the tissues, in which asbestos was embedded. This is now known as asbestosis.

lungs become tough and inelastic, and breathing becomes difficult. Insufficient oxygen reaches the blood, and the heart becomes enlarged and weakened. Heart failure is often the immediate cause of death of asbestosis patients.

The two biggest producers of asbestos are Canada and the U.S.S.R. In Canada it has been mined commercially for the last century. In the boom years following the First World War, the asbestos industry started to grow, and kept on growing until the middle of the last decade. By 1975 asbestos was being used in thousands of commercial products, and was to be found, in one form or another, in almost every Canadian home, factory, school, or hospital.

As the asbestos industry grew, the number of deaths increased. In 1929, a study of English asbestos textile workers showed that more than one in four were suffering from asbestosis, a compensable disease, and requiring improved ventilation and dust control. As dust levels in the



Ontario Public Interest Research Group

Similar to coalminers' black lung, asbestosis usually occurs in workers who have been heavily exposed to asbestos dust. The earliest and most prominent sign of asbestosis is shortness of breath during exertion. By the time this symptom becomes apparent, however, the disease is often in an advanced state. The tiny asbestos fibres when breathed in are not trapped by the hairs or mucus of the air passages, but are inhaled deep into the tissues of the lungs and into the air sacs through which oxygen is transferred to the bloodstream. Because the body cannot destroy these fibres, it forms scar tissue around them. Eventually the

industry were lowered, the incidence of severe asbestosis was slowed. By the 1950's it was discovered that, instead of dying of asbestosis, asbestos workers were living long enough to develop asbestos-induced cancer.

There are several types of cancer connected with asbestos. The most common cause of death among asbestos workers today is lung cancer, which accounts for up to 25% of all deaths in some groups of heavily exposed workers. Especially susceptible are people who work with asbestos and smoke. Investigators have shown that asbestos workers who smoke are eight times more likely to develop lung cancer than smokers in the general population.

Asbestos also causes cancer of the gastrointestinal tract, which includes cancer of the stomach, esophagus, colon, and rectum. Of these only the risk of developing esophageal cancer in increased by cigarette smoking. No one knows how much asbestos exposure is necessary to cause lung cancer and gastrointestinal cancer. Some investigators consider it possible that a worker who was heavily exposed for just one day could develop cancer years later.

Mesothelioma is a cancer which attacks the lining of the chest and abdomen. Medical researchers have come to consider it a "marker" of asbestos exposure, because it almost never occurs without some exposure to asbestos. This cancer, which can take up to fifty years to develop, is being found increasingly in people who have never worked with asbestos, but have merely lived in the vicinity of factories where asbestos products were manufactured, or lived in the same house as workers who came home with asbestos dust on their clothes.

In a 1964 conference, the broad spectrum of problems associated with human exposure to asbestos was discussed for the first time. The American asbestos industry was severly criticized. Through the years, the industry had downplayed the effects of asbestos on workers' health, and denied any connection between asbestos and cancer.

Despite this conference, the asbestos hazard was neglected for several more years, as government health agencies failed to deal with the problem. During this time, vast amounts of asbestos fireproofing material were sprayed on the steel girders of high-rise buildings, endangering not only the construction workers but everyone living or working in the vicinity. In addition, asbestos materials continued to be widely used in soundproof ceilings and walls in school buildings. These products soon began to break down, shedding asbestos fibres which contaminated the air. Thousands of shipyard workers continued to be exposed to hazardous amounts of asbestos dust. Industry made inadequate efforts to control asbestos-dust exposures in its factories and plants.

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HEALTH COLLECTIVE NEEDS YOUR SUPPORT

This winter the Women's Health Collective has confronted a growing funding crisis as sources of government funding continue to dry up. With the new federal budget both the Health Promotion Directorate (Health and Welfare Canada) and the Secretary of State Women's Program are on temporary hold. It is uncertain whether they will have a budget allowing them to give out much money in the coming year. The provincial Ministry of Health has continued to suggest to us that we look elsewhere for money. The City of Vancouver has been very helpful in enabling us to have our space at relatively low rent. We pay less than market rent because of an agreement between our landlord and the city to provide community amenity space. However, health groups are not within the city's funding mandate.

At present, we are almost entirely staffed by volunteers. From mid-March to October, four women will be working at the Health Collective on a grant which "tops up" their unemployment insurance.

WE NEED YOUR HELP! Any donation you can make will help us keep our centre open, and keep providing information and services to women in Vancouver and British Columbia.

Isis

In spite of funding difficulties, the Health Collective has been exceptionally active. We are part of a new coalition to fight the approval of Depo Provera as a form of birth control in Canada. The coalition has been effective in publicising the issue and Jake Epp (Minister of Health) agreed to meet with the coalition after originally refusing to do so. The Health Collective co-sponsored a workshop on the Dalkon Shield with the Vancouver Status of Women. We also held a press conference demanding the withdrawal of the Copper 7 IUD in Canada after Searle withdrew the Copper 7 in the U.S.

In December, the Health Collective co-sponsored the premiere showing of the new National Film Board film "D.E.S. An Uncertain Legacy" about diethylstilbestrol. We now have a video of the film which women can borrow to view privately or for public showings. The Health Collective has continued to hold a variety of workshops, both in our own centre for other Vancouver groups, and out of town. Topics include; Premenstrual Syndrome, Menopause, New Reproductive Technologies, etc.

The health collective holds training sessions for new volunteers every 3 to 6 months. If you are interested in becoming involved in any aspect of our work, phone the Health Collective for more information.

ASBESTOS

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Even after the U.S. Congress passed the Occupational Safety and Health Act of 1970, state and federal health agencies were slow to enforce the new and tougher regulations that were issued for asbestos exposure. As a result, thousands of Americans have filed suits for compensation. Johns-Manville, giant of the U.S. asbestos industry (and one of the most profitable businesses in the country), wants the courts to declare it bankrupt in order to escape responsibility. Documents and correspondence show conclusively that its highest executives were engaged in a coverup and conspiracy to suppress knowledge of asbestos danger.

Here in British Columbia, there is as growing number of cases of mesothelima. Most mesothelima victims should be receiving workers' compensation, but that doesn't seem to be happening. Apparently many doctors are reluctant to tell their patients they could be suffering from an industrial disease, because they do not want to get involved in labour-management disputes.

Discovering the extent of the problem is proving difficult. When investigators tried to study the effects of asbestos exposure on Vancouver shipyard workers they were told that the relevant employment records, those of thousands of men and women who worked in the yard during the Second World War, had been destroyed.

People continue to be exposed to asbestos. Though it is no longer sprayed as fireproofing or used as insulation, it is still present in thousands of buildings where, as it deteriorates, the fibres contaminate the air and are breathed in by whoever is in those buildings. Millions of dollars have been spent on asbestos removal, which in itself creates a potential hazard if not done under absolutely stringent conditions.

In our last issue of HEALTHMATTERS we reported how Canada's Mines Minister, Robert Layton thinks Canadians have a "negative attitude" towards asbestos, and wants to start pushing it in developing countries. It's pretty hard to have any other kind of attitude toward this deadly "magic mineral"!

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WORKERS FOR THIS ISSUE

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"AT ANY COST" — The Dalkon Shield Story

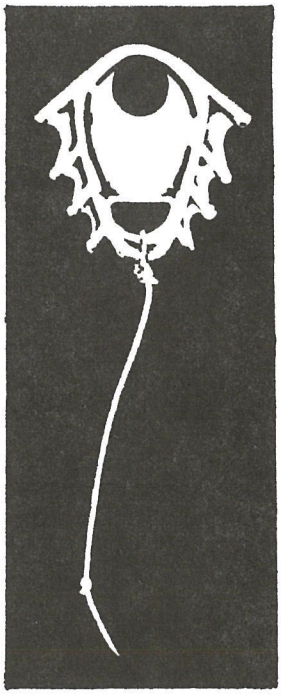
AT ANY COST: CORPORATE GREED, WOMEN, AND THE DALKON SHIELD by Morton Mintz. Pantheon Books, New York, 1985.

When it comes to multinational corporations I'm a real cynic. At the first hint of wrongdoing in the corporate boardroom, my mind sets to work and I suspect the very worst ....or so I thought. After reading "At Any Cost" I realize that my imagination didn't come close to conjuring up the fraud and deception committed by A.H. Robins, manufacturer of the Dalkon Shield. The revelations in Morton Mintz's book are frightening and wholeheartedly confirm the anger and mistrust I feel towards large corporations in general, and A.H. Robins in particular.

The gruesome story begins with Hugh Davis, an Obstetrics and Gynecology professor at Johns Hopkins University School of Medicine in Baltimore. In 1967 he and a friend patented a new IUD - the Dalkon Shield - so named because it resembled a policeman's badge. Soon after the Dalkon Corporation was formed. In 1969 Davis published a medical article that documented the results of a study involving 640 women who wore the shield for one year. His results were spectacular, reporting only 5 pregnancies, 10 expulsions, 9 removals for medical reasons and 3 removals for personal reasons. Later Davis' work was completely discredited, as it was discovered he reported results four months before the study was even complete! He also failed to mention that he owned a 35% interest in the Dalkon Corporation and stood to benefit handsomely from the favorable reports he wrote.

It was the 1.1% pregnancy rate that most interested A.H. Robins, a Virginian family business with big ambitions. With such a reliable product Robins could break into the birth control market. Furthermore the Shield could be available within months, since under the Food and Drug Administration regulations, medical devices were not subject to the premarket testing requirements that applied to drugs. To A.H. Robins the opportunity seemed too good to pass up.

In June 1970 Robins bought the Dalkon Shield and retained Hugh Davis as a consultant, paying him a salary as well as a royalty on every Shield sold. By January 1971 a world-wide sales campaign had been launched. At that time clinical trials had just got underway and animal testing hadn't even begun. Vancouver was one of seven sites in North America where clinical trials were conducted, though the results of these trials were never fully reported.



WomenWise

Mintz meticulously details the mind-boggling list of dates and events citing from Robins' internal memos, documents from Congressional hearings, transcripts from court cases and more. Halfway through the book I felt overwhelmed by the extent of the deception and false advertising conducted by Robins, and found myself despairing. However the Dalkon Shield story is not totally void of hope. In the book we meet a courageous Judge, Miles Lord, who publicly condemns Robins' officers and forcefully urges them to recall the device. We meet a former Robins lawyer, Roger Tuttle, whose conscience tells him to give evidence against his former employer. We don't meet women who had to deal with the tragic effects that the Dalkon Shield had on their lives. We also don't meet the many health activists who opposed Robins throughout. I feel that these are two important omissions from the book.

Throughout, Mintz paints a deservedly black picture of Robins' corporate executives. Robins is a company that was once proud of the fact that members of the Robins family were still active participants in the corporation's affairs. Until the Dalkon Shield it had a fairly good record selling cough syrup and 'Chap Stick'. It had had no product liability charges against it. However when it came to Congressional hearings, neither the corporation's record nor its active family members could save it.

One of the most controversial aspects of the Dalkon Shield is the tailstring that hangs from the uterus into the vagina of a woman wearing the device. In June 1970, 17 days after Robins bought the Shield, an internal memo warned of the hazards associated with the string. Unlike other IUDs, the Dalkon Shield used a multi-layered or multifilament string. This allowed bacteria to climb from the vagina into the sterile environment of the uterus, rather like melted wax climbs from a candle to the flame. The June 1970 warning was the first in a long succession of complaints against the string. Yet in 1982, eight years after the Dalkon Shield had been pulled off the market and after hundreds of millions of dollars had been spent on legal fees and court settlements, Claiborne Robins, chairman of the board, was asked, "When did you first become aware that there might be problems with the tailstring of the Dalkon Shield?" He answered, "I'm not familiar with the fact that there is a problem with the Dalkon Shield."

To this kind of response Judge Miles Lord said, "It is not enough to say 'I didn't know', 'It was not me', 'look elsewhere'. Time and again, each of you has used this kind of argument in refusing to acknowledge your responsibility and in pretending to the world that the chief officers of your gigantic multinational corporation have no responsibility for the company's acts and omissions."

"Clearly we still haven't grasped that a man who assaults a woman from an office chair is as grave a sinner as the man who assaults a woman in an alley", Judge Miles Lord said. It is this paradox within our legal system that allows corporate executives to commit murder from behind the protective veil of their corporations, that most deeply troubles Morton Mintz. He is one in a growing chorus of voices calling for a resolution of that contradiction.

MAGGIE THOMPSON

HEALTH SHORTS

VDT Warning

Radiation from video-display terminals (VDTs) may no longer be considered safe for pregnant women. Swedish researchers have found that radiation emissions from VDTs cause severe birth defects and even death among mice. Despite the fact that there is a big difference between animals and humans especially in terms of size, Rickardo Edstrom, chief physician of the Swedish Occupational Safety Administration claimed, "...the findings mean we can no longer rule out the possibility that radiation could affect fetuses". The researchers found that when pregnant mice were exposed to pulsating magnetic fields from computer screens common to those found in offices, fetuses either died or were born with severe defects Edstrom stated he was initially stunned by the results since they contradicted previous research which indicated that VDTs posed no health risk to pregnant women. He added that in view of these results Sweden may have to consider revising safety standards for VDT use among pregnant women.

Source: Globe & Mail Jan.31,1986 p.8

Isis

Women & Addictions

The Health Promotion Directorate is celebrating ten years of advocacy and education in the area of women and drugs by holding a national consultation designed for those working in community education programs for women. The conference will focus on prevention and education about women's use of alcohol, tobacco, minor tranquilizers and anti depressants. A representative from the Health Collective will be attending the conference to be held in May.

Caesarians Attacked

Canadian women giving birth are more likely to have Caesarian sections than women in any other country in the world except the U.S. About 1 in 5 women give birth in Canada by Caesarian section. It is the third most frequent operation performed on Canadian women.

A medical panel endorsed by the Society of Obstetricians and Gynecologists of Canada has made recommendations on how to lower the Caesarian rate. Women with one previous Caesarian will now be permitted to have second children vaginally instead of being automatically scheduled for a repeat Caesarian. If a repeat is needed for medical reasons, the doctor must discuss the reasons with the woman.

These changes will help some women to avoid unnecessary Caesarians. However, they touch only the tip of the iceberg. They do not address the question of why birth is managed in a way which causes so many women to have <u>first</u> Caesarians, as well as repeats.

Source: Globe & Mail Feb. 24,1984

Midwifery in Ontario

In January the Ontario Ministry of Health committed itself to legalizing midwifery and integrating it into the healthcare system by the end of the year. Ontario is the first province to make a decisive move in this direction. But, the central issue, "What kind of midwifery?", has been put in the hands of a task force of three women and one man: a doctor, a nurse and two lawyers. The vision of the Ontario Association of Midwives and the consumer-based Midwifery Task Force is of an autonomous, self-regulating profession of midifery where midwives work with, not under, physicians and nurses. The government has included neither a midwife nor a parent on its task force and yet these two most fully represent the impetus for real change that midwifery represents. Can the doctor and the nurse leave the obvious biases of their professions behind and bring a form of midwifery to Ontario which meets the demands of midwives and consumers? In B.C. we should be watching closely as legislation in Ontario could set a precedent.

Isis

Primary Health Care

Oxfam Third World Health Project and the Canadian University Students Association in February held a day-long conference organized to introduce students, healthcare workers and healthcare consumers to global issues in primary healthcare. The conference was built on the World Health Organization's vision of primary healthcare: adequate water supply; adequate nutrition; safe sanitation; immunization against major diseases; community participation in deciding on and supporting preventative health plans; back-up referral service for training of primary health care workers; treatment for cuts and common ailments and parental education. Each of the nine workshops examined either health care in a specific country or some aspect of primary healthcare theory. Participants were encouraged to explore new strategies for getting involved in or educating others about implementing primary health care in Canada and the third world.

"Towards Global Health" is the name of the quarterly publication of Oxfam Third World Health Project: Global Health is also the educational ideal of the project. The project conducts educationals province-wide involving a range of people from professional health care workers to school children.

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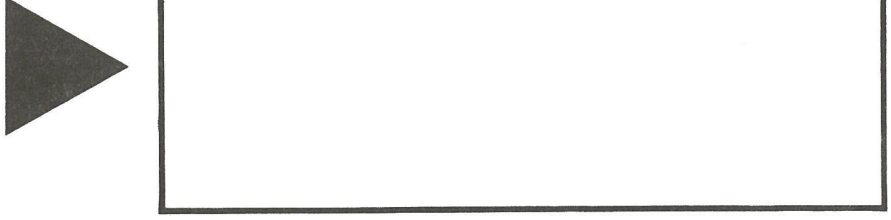

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