

## DES Daughter and Filmmaker Urges Scotland to Apologize

Caitlin McCarthy, a DES Daughter and screenwriter, has taken her DES activism to new levels this spring with testimony to the Scottish Parliament and news of the producers who will turning her screenplay *Wonder Drug* into a film.

McCarthy appeared in a pre-recorded video before the Scottish Parliament March 3 to share her story of being a DES Daughter and how her exposure has affected her life. Her hope is that the Scottish Parliament will issue the first-ever formal government apology for the DES pharmaceutical disaster.

The request is part of a larger demand for a formal apology for the Forced Adoption Scandal, referring to the widespread coercion in the 1950s-1970s of young unwed mothers to give up their babies for adoption immediately after their birth.

DES played a substantial role in the Forced Adoption Scandal because it was given to the young mothers to dry up their milk after their newborns were taken and adopted out.

“In the US, the drug DES is known as the ‘hidden thalidomide’ because of the damage done to many thousands of people, not just those who took it but also their children and grandchildren,” McCarthy said in her testimony. “Drug manufacturers have settled cases for millions of dollars, but there has never been any official apology for the damage the drug caused, or any proper inquiry to establish the real

toll of damage done.”

McCarthy noted that DES was used for other reasons, especially to prevent miscarriage and preterm birth, but with Scotland now considering apologizing for the Forced Adoption Scandal, it’s also “the best time for a public awareness campaign and inquiry into the use of the drug and the potential damage it may have caused,” McCarthy said.

“Scotland has a chance to lead the world in doing this, and this is why I wanted to address parliament to let them know the hidden dangers that need to be addressed so those affect-

ed can make informed choices and protect their health,” she said.

McCarthy told DES Action that she’s been seeking an apology in the U.S. since 2011, when she worked with the offices of former US Senators John Kerry and Scott Brown on getting an apology from the FDA about DES. Yet the agencies only “acknowledged” DES as a tragedy after 40 years of silence, she said.

“Caitin McCarthy has delivered a powerful message to Scotland and the world,” DES Action Executive Director Suzanne Robotti said.

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### Campaign to Restore Funding for the DES Follow-up Study

The only long-term scientific study on effects of DES exposure has been cut to a fraction of previous years, and funding must be reinstated soon for the study to continue. DES Action is calling on our members, families and friends to take action and support our Campaign to Restore Funding for the DES Follow-up Study. How you can help:

Contact your Senate and House members of the Appropriations Committee and let them know the importance of including funding for the DES Follow-up Study in the Federal Budget. Go to [DESAction.org](http://DESAction.org) for the list of Senate and

House members and a sample letter that you can personalize.

Let DES Action know if you are active with other organizations that care about health and/or endocrine disrupting chemicals (EDCs) so we can ask for their support too. eMail [Cheyenne@DESAction.org](mailto:Cheyenne@DESAction.org)

The DES Follow-up Study, a project of the National Institute of Health and the National Cancer Institute, has researched a multi-generational cohort of DES-exposed people for more than 30 years. Research results on effects of DES exposure are fundamental to addressing health

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**Campaign to Restore Funding for the DES Follow-up Study**  
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issues of DES-exposed individuals. This study has provided invaluable information about intergenerational effects of DES and other EDCs - yet many questions remain about DES Daughters, we know far too little about DES Sons and DES Grandchildren, and the Great-grandchildren are yet to be studied at all.

These findings have broader implications too, since DES is an endocrine disrupting chemical (EDC) and everyone is an EDC-exposed person.

If we don't restore funding and get this study back underway NOW, we will have lost an opportunity that is not just once-in-a-lifetime, but truly once-in-multiple-generations and never to be replicated. If you would like to learn more, have suggestions or want to volunteer please leave a message at 1-(800) 337-9288 or contact us at info@desaction.org. And check the DES Action homepage, we will keep it updated with positive actions you can take to help! -CC

# Medicating Normal Documentary Sponsored by Medshadow Foundation

DES Action was formed to advocate for those harmed by the side effects of a drug that never should have been prescribed to women. Now our sister organization, MedShadow Foundation, is proudly sponsoring a documentary that examines the side effects of other drugs prescribed to people who didn't need them.

The film Medicating Normal looks at the impact of side effects from psychiatric drugs, currently prescribed to approximately one in five Americans today. Although many people are able to live fulfilling, active lives because of these medications, about 30% of people who take them have been harmed by them.

The new documentary shares the stories of five people who experienced those harms with the hope of

opening up a national dialogue about what true mental health and wellness is and when it's not necessary to take medication to achieve that.

As part of initiating that conversation, MedShadow Foundation is sponsoring a Zoom panel discussion on May 26 at 7 p.m. ET that DES Action Executive Director Suzanne Robotti will moderate. Go to www.MedShadow.org for more info.

The panel features Lynn Cunningham, the film's co-director and producer; Todd Green, the father of one of the people of the film; and Joe and Terry Graydon, MedShadow Medical Advisory Board Members and the founders and hosts of The People's Pharmacy, a nationally syndicated column and podcast that discusses safe use of prescription and over-the-counter drugs. -TH

## Renew Your Membership

It's easier than ever to renew your membership. Just log into the site using the email you registered with and your password. If you don't remember your password, you can reset it.

If you no longer use the email you signed up with, send your new address to Britt Vickstrom at britt@desaction.org. She will set a temporary password for you.

Thank you for supporting DES Action USA with your membership.



## MISSION STATEMENT

The mission of DES Action USA is to identify, educate, empower and advocate for DES-exposed individuals.

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# VOICE

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# Does DES Cause PCOS?

## Not likely.

It's well known that DES exposure can cause infertility, but a number of other conditions can increase the risk of infertility as well. It's reasonable to wonder then whether DES is related to any of those conditions as well.

One of the most common conditions that contributes to infertility is polycystic ovary syndrome (PCOS), which affects an estimated 6% to 12% of all women. It's difficult to get accurate numbers on how many women have PCOS because it can go undiagnosed for so long.

PCOS is a hormone disorder that can cause infrequent periods, very long periods, or exceptionally painful periods. Women with PCOS often develop follicles—cysts full of fluid—in their ovaries, which interferes with regular monthly release of eggs.

The most common symptoms of PCOS are irregular, infrequent, or very long menstrual cycles. Women with PCOS often have higher-than-average androgen levels as well. Developing ovarian cysts is also a symptom.

We know very little about the causes of PCOS. PCOS is associated with being overweight and with several conditions that occur more commonly in those who are overweight. These include diabetes, gestational diabetes, heart disease, high blood pressure, high cholesterol, sleep apnea, and increased risk of stroke. Women with PCOS also have a higher risk of depression or anxiety. Family history of PCOS may also play a role.

But the strongest evidence available on PCOS causes relates to higher androgen hormone levels,

including testosterone. In fact, excess androgen levels are one of the three key indicators of PCOS along with irregular periods and polycystic ovaries—enlarged ovaries with follicles surrounding the eggs that can grow into larger cysts.

Unfortunately, very little research exists on PCOS and those with DES exposure. The only three studies that involve DES and PCOS use DES exposure in experimental tissue or animals as a comparison to look at the role of androgen levels in PCOS or PCOS-related conditions.

The first study, from 2000, tried to understand the role of androgen receptors in endometrial tissue. (DOI: 10.1016/s0960-0760(00)00127-8) The study found that androgens act like “anti-estrogens” in cells treated with DES. That is, the researchers exposed the tissue to DES to encourage standard effects from estrogen. Then they exposed the tissue to androgens. The more androgen exposure there was, the more it counteracted the effects of the DES, preventing the activity of enzymes that occur due to estrogen exposure.

The researchers concluded that high androgen levels may therefore cause defects in the uterus, contributing to infertility and miscarriage risks. In a way, this is the exact opposite of what we would expect to see if DES played a role in PCOS.

The other two studies were both from 2013. The first compared testosterone exposure to DES exposure in pregnant rhesus monkeys (DOI: 10.1016/j.mce.2013.01.013). Female mon-

keys who had been exposed to prenatal testosterone showed reproductive, endocrine and metabolic dysfunctions similar to what's seen with PCOS in humans. This did not occur with the DES exposure, though the monkeys exposed to DES did have reduced fertility.

The second study investigated sheep who were induced to have PCOS by being prenatally exposed to testosterone (DOI: 10.1371/journal.pone.0056263). The results showed that testosterone exposure altered the development of the pancreas and insulin levels, but exposure to DES did not. Similar to the previous two studies, the main conclusions focused on the role of testosterone/androgens, not DES, on PCOS.

No studies have specifically looked at PCOS rates among women with prenatal DES exposure, and no signals of higher PCOS rates have occurred in the long-term studies that collect general health data in DES-exposed populations.

Despite the lack of data on PCOS rates in DES Daughters, it's highly unlikely that DES contributes in any way to risk of PCOS because of the data showing androgen's role in PCOS. If higher testosterone levels are involved in PCOS, which appears to be the case, then even extreme levels of estrogen wouldn't likely increase the risk of PCOS.

That doesn't mean DES exposure would reduce the risk of PCOS either, but at the very least, it seems safe to say that there's no evidence to show DES exposure can cause PCOS. -TH



# Reducing Your Exposure to Endocrine-Disrupting Chemicals

DES was the first synthetic substance proven to be an endocrine-disrupting chemical (EDC). EDCs stay in our body and accumulate which increases their effect on us. Even something as simple as defogging your eyeglasses with anti-fog products may be exposing you to endocrine-disrupting chemicals you'd rather avoid, according to a study published in January in the journal *Environmental Science and Technology* (doi: 10.1021/acs.est.1c06990).

The study focused on chemicals called PFAS (per- and polyfluorinated alkyl substances), a group of more than 5,000 chemicals that scientists have only begun to scratch the surface of understanding despite their widespread use in a wide range of products.

These are just some of the products that contain PFAS: non-stick cookware, stain protection products for clothing, fast food wrappers, microwave popcorn bags, water-repelling carpet sprays, and a long list of personal care products, such as waterproof mascaras, eyeliners, sunscreens, shampoos, and shaving creams.

This study focused on two different PFAS compounds: fluorotelomer alcohols (FTOHs) and fluorotelomer ethoxylates (FTEOs). Very little data exists about these two groups as compared to some other EDCs, but health effects linked to one subgroup of chemicals often end up being linked to others in that group as well.

Therefore, even though researchers don't have a lot of information specifically about the PFAS compounds in this study, it's reasonable to follow the precautionary principle based on similar chemi-

icals—it's likely at least some negative health effects can occur from exposure to these chemicals.

The study found FTOHs and FTEOs in all nine products they tested: four top-rated anti-fog sprays and five anti-fog cloths. The concentration levels ranged widely, from 190 to 20,700 parts per 0.03 fluid ounces of the sprays, and from 44,200 to 131,500 parts per 0.04 ounces of cloth. Again, though, researchers don't know what doses (if any) of these compounds might contribute to health problems.

So if you don't know which anti-fog products have high or low levels of these chemicals, and we don't know what doses might lead to health problems over time, why are we telling you about this study?

We want to emphasize what the DES community has unfortunately realized for a long time: endocrine-disrupting chemicals are all around us and don't have nearly the regulation they should. When simply defogging your glasses is a potential source of exposure, many other everyday activities probably are too.

Frustratingly, the Environmental Protection Agency doesn't require polluters, such as manufacturers making products containing PFAS, to notify communities when PFAS remain in the environment. The EPA's rules on manufacturing with PFAS also don't require listing them as an ingredient if they're in low levels or are simply byproducts of the manufacturing.

That means we have only two ways of fighting back: reducing our own use of products containing PFAS when possible, and contacting elected representatives

to pressure them to support legislation that would better regulate PFAS in manufacturing.

You can't live your life trying to avoid every synthetic chemical—it's literally impossible unless you're living off the land in a cave. Even then it's not a guarantee since these compounds stick around for a long, long time. PFAS don't break down in the environment, and they can last for decades in both the environment and your body.

In fact, the CDC has already found that about 95% of the US population has four specific PFAS in their bodies: PFOS, PFOA, perfluorohexane sulfonic acid (PF-HxS), and perfluorononanoic acid (PFNA).

So how do you reasonably reduce your exposure to the worst of the PFAS group of compounds without becoming paranoid about every possible source?

## How can I reduce my exposure?

Despite all the products they're found in, the most common way they get into our bodies is through drinking water. But food packaging, cookware, and eating animals—especially fish—that have PFAS built up in them are other ways.

There's no value in obsessing over every possible exposure because it causes anxiety, perhaps needlessly if the particular PFAS in some products do end up being less harmful than what we know about PFOS and PFOA.

At the end of the day, you can only reduce your exposure so much, but we also know, as with endocrine-disrupting chemicals, that dose and cumulative exposure make a difference. Each small change you make may help. -TH



- Don't use defogger sprays or wipes on your eyeglasses.
- Use glass or ceramic containers for leftovers instead of plastic.
- Use cookware that does not have non-stick technologies.
- Drink your coffee or water from a ceramic- or glass-lined tumbler or a metal tumbler instead of a plastic one.
- Replace flexible plastic items you use in the kitchen with silicone ones instead.
- Cook as much as possible with fresh foods rather than processed foods that are stored in plastic packaging.
- Avoid fast food, especially fast food that's wrapped and/or greasy (such as burgers) as much as possible.
- Use waterproof materials and products as little as possible, particularly in cosmetics and other personal care products. Product labels that list "fluoro" in the ingredients have PFAS in them. (Even some dental floss contains PFAS, though, again, we don't know if they're harmful or how much.)
- If you do go for fast food, seek out the places that have pledged to remove PFAS from their food packaging. You can search for these places online. (DES Action does not endorse particular stores or restaurants, and the list will continue to change, so we're not including any lists here.)

## Prenatal EDC Exposure and Language Delay

Children exposed to a wide range of endocrine-disrupting chemicals during gestation appear to have a greater risk of neurodevelopmental delays, according to a new study published in the journal *Science* (10.1126/science.abe8244).

Though the authors don't address DES, their study raises questions about the potential influence of DES on neurodevelopment since DES is among the strongest endocrine-disrupting chemicals.

What makes this study different from previous studies is its emphasis on looking at the potential effects of exposure from mixtures of different EDCs as opposed to a single EDC. Most studies look only at specific chemicals rather than combinations of them. This study focused on 15 chemicals belonging to three groups: phthalates, alkyl phenols, and perfluoroalkyl substances (PFAS).

The study involved 1,874 pregnant women enrolled in a long-term Swedish population study between November 2007-March 2010. At 10 weeks gestation, urine tests were used to estimate exposures to the chemicals being studied, and the women answered questionnaires about food and environmental exposures.

The women's children's language delay was assessed at 2.5 years old

(30 months) using standardized, validated tests. About 10% of children in the population had language delay, defined as having fewer than 50 vocabulary words by 30 months old.

The researchers also conducted a series of experiments using fetal brain tissue from tadpoles and zebrafish to better understand effects of EDCs on the tissue and molecular pathways involved in the brain.

To conduct these experiments, they tested six different concentrations of the EDC mixture seen in the study population: 0.01, 0.1, 1, 10, 100, and 1000 times the levels measured in the women.

Combining the experimental evidence and the epidemiology exposure evidence from the Swedish study, the researchers' findings suggested that about 54% of the children in the study had been prenatally exposed to concentrations of EDC mixtures that could have biological effects, including language development delays.

In an accompanying commentary about the study, Zeyan Liew and Pengfei Guo, both environmental health scientists at Yale, noted that "humans are exposed to multiple classes of EDCs through their encounters with polluted air, water, food, and consumer products."

PFAS are particularly persistent

in the human body, with a half-life of 4–8 years, they note, and while phthalates and phenols are less persistent, "humans are repeatedly and constantly exposed to them, for example, from personal care products."

Yet we still don't fully understand the potential long-term developmental consequences that can be caused by widespread use of EDCs.

"The biological mechanisms of how EDCs influence human fetal brain development are difficult to study, partly because the tools to effectively monitor brain development in utero are lacking," they write.

The difficulty in understanding exposures and effects is compounded by the wide range of EDCs that exist and their varying use.

This study only looked at three classes of EDCs and only a small number of chemicals within those groups. Yet it's estimated that more than 4,000 PFAS alone have been used in commercial products, and currently, "no human studies can accurately detect and quantify the concentrations for all possible PFASs," the Yale researchers wrote.

It will take pressure on legislators and regulators and advocacy and awareness about the harms of EDCs to lead to adequate research and meaningful regulations to protect people's health. -TH



sity of Colorado, a law degree from the University of Oregon, and an advanced law degree in Environment and Natural Resources from the Northwestern School of Law at Lewis and Clark College.

**Tell us a bit about yourself.**

I am a DES daughter, and I have found that being a DES-exposed person has been an invisible influence on nearly every aspect of my identity and life—affecting everything from physical conditions to family dynamics to choice of career.

When I was in my 20s, I learned about my DES exposure through college health clinic materials probably made available through the efforts of Pat Cody and the earliest DES Action education efforts. I began to understand what I needed to do as an individual to stay as healthy as possible and navigate through my mom's guilt and grief.

When I was in my 40s and working on my thesis for an advanced environmental law degree, I learned about a newly emerging scientific theory of endocrine disrupting chemicals (EDCs) and was astounded to find that DES was the “prototypical endocrine disruptor.” That realization started me on a path to advocating for protecting human health and the environment from EDCs and a personal commitment to ensuring that the DES experience of individuals, communities and cohorts is documented and used in shaping public policy.

Professionally, I am completing a decade of service as a Legal Policy Analyst with the Oregon Department of Environmental Quality supporting cleanup and reuse of “brownfields,” meaning properties where there has been release of a hazardous substance into the environment. Many of these, of course, have endocrine disrupting properties as well as being toxic and carcinogenic.

There is usually a significant gap between what the science is telling us and what the regulations require, so cleanup standards are probably far short of being truly protective from EDC effects, but at least we are making significant progress towards reducing risks and increasing protections—cleaning things up, one site at a time! It has been rewarding work and I am grateful to have had this opportunity.

Previously I worked in the nonprofit sector specializing in research, education and advocacy related to chemical policy reform both regulatory and market based. I worked with the Oregon Center for Environmental Health to advocate for legislation here in Oregon, and I assisted with state reform efforts nationally through an organization known as SAFER States, which coordinated with federal reform efforts through the Safer Chemicals Healthy Families campaign.

I served as the initial Chemical Policy Program Director for Health Care Without Harm, and worked with amazing national and international teams devoted to making health care... healthier! That included getting EDCs out of healthcare settings by leveraging purchasing power, supply chains and markets.

I especially enjoyed my volunteer work and served on the Rachel's Friends Breast Cancer Coalition Board for several years. We worked for prevention and promoted a precautionary approach to toxics, carcinogens and endocrine disruptors.

We worked collaboratively with Oregon Environmental Council, Oregon Physicians for Social Responsibility, Oregon Toxics Alliance (now Beyond Toxics) and other groups working on environmental quality, public health and environmental health issues at the local and state levels.

I had the wonderful opportunity to attend a training session

hosted by Commonweal, bringing together scientists and activists to strategize on focusing breast cancer research on prevention and also incorporating endocrine disruption into research scope.

I'm looking forward to getting to know all of you, supporting and growing community connections, and working with you to advocate for all DES-exposed people. One advocacy project of particular interest to me is working for reinstatement of funding to continue National Institute of Health research related to the DES cohort, an immensely valuable and irreplaceable study related not only to DES but all EDCs.

**What are a couple fun facts about you that people may not expect?**

I graduated from law school on the day that Mt. St. Helens erupted. I can recite the lyrics of Tom Lehrer's “The Elements.” I can also sing the lyrics, but to a nursery rhyme ditty of sorts, not to Sir Arthur Sullivan's Major-General's Song from Pirates of Penzance.

**How did you learn about DES Action?**

I learned about early efforts to create DES Action when I was in law school in the 1970s and definitely identified as a DES-exposed person and as part of an “invisible community.” I was grateful to know that there was an organization working for all of us.

I reconnected with DES Action when I worked on my legal thesis in the 1990s and later as I was doing advocacy work in the 2000s. I was totally impressed by Fran Howell and Kari Christianson and so grateful for the information and connections they provided.

Most recently as I prepared to retire from public service and pivot to my encore career—with a focus one way or another on protecting human health and the environ-

ment from EDCs—I rejoined DES Action and started to come up to speed on their current work. One of the first emails I opened announced the search for a new Community Manager!

I was saddened that Britt Vickstrom was leaving this position as she had been so welcoming to me as I returned to the DES fold, and I was also intrigued by this opportunity, like a moth to flame!

### **In what ways have you been affected by your exposure to DES?**

In some ways it can be empowering to understand that DES is a prototypical endocrine disruptor. EDC theory and scientific research has made great strides over the past couple of decades toward understanding how endocrine disruption can be a root cause of multiple disorders.

### **What attracted you most to your new position at DES Action?**

I am looking forward to being a part of the community of DES-exposed people and our partners and allies, especially getting to know other DES-exposed people and learning from everyone's individual stories as well as fostering community.

I believe that this is a crucial time for DES Action advocacy, especially around securing funding for the National Institutes of Health DES cohort study. This is a once-in-for-ever opportunity to gather data from a scientifically valid “experiment” (unintended but valid nonetheless) that will help not only DES-exposed people but also the EDC-exposed, which is everyone.

### **What have you learned about DES Action since joining the team?**

DES Action accomplishes an extraordinary amount of service and advocacy work with limited resources and is incredibly fortunate to have a good organizational home with the MedShadow Foundation led by Executive Director Su Robbotti, also a DES daughter. We have a great team working through a diverse network, and we are all doing our very best to “identify, educate, empower and advocate for DES-exposed individuals.”

### **How has DES Action helped you personally?**

DES Action has been invaluable in providing information for me to take to healthcare providers to

make sure I can advocate for myself and get appropriate health care services. On the legal side, the family doctor retired and all records apparently were destroyed by the time my mother knew about DES and made inquiries in the 1970s. She continued attempts to gather what documentation she could through the 1990s without success.

### **What is your hope for the future based on your experience as a DES Daughter?**

I hope that all DES-exposed individuals are identified; have the opportunity to learn about DES and related effects; feel empowered to take individual action as they choose; and for those so inclined to have opportunities to advocate both for themselves and for all DES-exposed individuals.

And, I hope that the DES story and its significance become far better known across the board—medical practitioners and clinicians, research scientists, endocrinologists and toxicologists, academicians, attorneys, governmental regulators and citizen activists to name a few—to influence and shape public policy to be protective of human health and the environment. -TH



### **DES Daughter Filmmaker Urges Scotland to Apologize**

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“DES Action stands with Caitlin’s work and has sent letters of support to Parliament in Scotland.”

There have been detractors who argue that an apology for DES doesn’t accomplish anything, but McCarthy noted several important ways it can have a meaningful impact.

“It helps every single lawyer who is representing a DES victim because they can point to the government apology,” McCarthy told the VOICE. “It’s very damning for the drug companies who knowingly marketed and sold a toxic,

carcinogenic drug.”

McCarthy also said that, on the heels of the apology, a public awareness campaign about DES will be created in Scotland so victims can be properly treated. “The mothers of the Forced Adoption Scandal were given DES to dry up breast milk, but other mothers in Scotland were prescribed DES while pregnant,” she said.

“Lastly, an apology in Scotland could set off apologies and public awareness campaigns around the world, including the United States. There needs to be pressure put on the US to do this because there are so many drug company lobbyists fighting it,” McCarthy said.

Following her testimony to the Scottish Parliament, it was announced March 4 that Wonder Drug will be produced by Stephen Nemeth of Rhino Films along with Vanessa Hope and Mike S. Ryan. Nemeth’s previous films include *Fear and Loathing in Las Vegas* and *The Sessions* while Hope produced the upcoming *Invisible Nation* and Ryan produced *Junebug*. Wonder Drug will be directed by Oscar-nominee Matia Karrell.

The movie may be filmed in McCarthy’s hometown of Worcester, Massachusetts, where a number of other films, including the second *Black Panther* and *American Hustle*, were also filmed. -TH



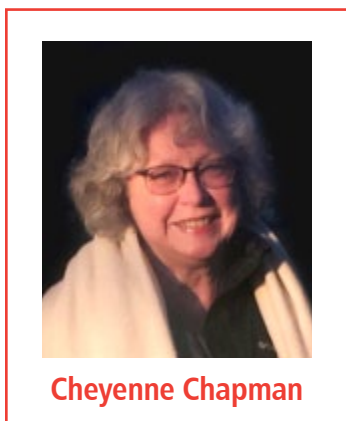
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## Q&A with Cheyenne Chapman, DES Daughter and DES Action Community Manager!



**Cheyenne Chapman**

This winter, DES Action said goodbye to Britt Vickstrom as Community Manager as she heads off to the Butterworth Center in Moline, Illinois as Development Associate.

Though we're sad to see Britt go, we're thrilled to welcome Cheyenne

Chapman, a DES Daughter, into the role as Community Manager, and we hope the DES community enjoys getting to know her as much as we have. Cheyenne joined the DES Action team as a volunteer in March and will formally join the staff in June.

In 1952–1953, Cheyenne's mother was prescribed a "special medication so she could carry you full term, which resulted in a 'Miracle Baby,'" in the words of the family doctor's widow. We now know that DES is the "prototypical endocrine disruptor" and has a wide range of negative health effects.

Cheyenne's personal experience as a DES-exposed person led to a career as an environmental attorney and advocate for protecting human

health and the environment from EDCs. Before joining DES Action as Community Manager, Cheyenne served for a decade as Legal Policy Analyst with the Oregon Department of Environmental Quality.

Previously, she worked in the non-profit sector specializing in research, education and advocacy related to chemicals policy reform at state and federal levels, and initiating reform efforts in health care institutions. She brings expertise in strategic planning, member engagement, and collaboration; policy analysis and program development; and resource development, donor relations and fundraising.

Cheyenne holds a degree in Environmental Design from the Univer-

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