

Subj: Fwd: Deval Patrick & Women's Health
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From: Lynne Millican
To: rgoldberg@devalpatrick.com

DearRafi,

Thanks for your response - with the election so close I didnt expect an immediate reply. I'm not quite sure how the issue of embryonic stem cell research can be raised 'without* discussing the risks to women, but am heartened that the matter will be given important consideration by Deval Patrick and his team.

My perspective on the endeavor to embark on embryonic stem cell research can be summed up in the following: Does one use a sledge hammer to swat a stinging insect from another's face? Would a physician lop off the leg to remove a gangrenous toe? Is it reasonable to pluck out the eye of your neighbor so that you could see?

The news is full of hype that "embryonic stem cell research will "cure* diabetes, Parkinson's and Alzheimers disease", yet women who have received the drug Lupron, which is commonly used in superovulation (necessary to maximize the numbers of eggs available), HAVE SUBSEQUENTLY DEVELOPED diabetes, parkinson-like disorders, and memory problems (to just name a few). No debate identifies the fact that women subjected to these drugs have developed THE VERY DISEASES that purportedly will be cured from their 'contribution'.

Lupron is the most commonly prescribed 'fertility drug' (which is *not*FDA approved for fertility treatment), is the drug I am most familiar with, and is the drug that women contact me concerning their ill effects. But, even if it were possible, simply eliminating Lupron from the prescribed chemical cocktail is not the answer since there are other problematic fertility drugs and several Lupron-like drugs also used in superovulation - NONE of which have epidemiologically sound long-term safety studies. And, in addition to adverse effects of the drugs, there are also medical risks associated with the egg harvesting procedure that does not get much attention.

The same industry that wants to bring us embryonic stem cell research has earlier spawned the cadre of fertility doctors and clinics that have been allowed to flourish without accountability for their harm for decades - and are responsible for millions of dollars of Massachusetts health care and education costs. Despite global calls to reduce the numbers of embryos implanted into women undergoing IVF, Massachusetts Medicaid neonatal intensive care and special needs education costs (associated with the health problems of multiple births) tell a different story. What other industry can create such damage (physical, emotional, financial, and societal), pawn their 'work errors' (handicapped and disabled children) onto others (neonatologists, pediatricians, parents, schools), and dump the cost required to deal with these effects (millions of dollars) upon society and taxpayers ... and get away scot-free, with no questions asked? THIS is the industry that will enable and foster embryonic stem cell research?

Now, it is true that these facts can be minimized or outright ignored, however ignoring information does not change these facts. Indeed, I am witness to more than a decade of this information being ignored, and it is my fear that these facts will remain in the shadows of this very big issue.

Hopefully Deval Patrick, a known victim's advocate, will champion the voice to prevent future victims. There are numerous measures that are necessary to protect women; and I would be happy to elaborate in further detail at a later point, since an examination of the fertility industry's practices as well as sound studies into the adverse health effects of the drugs (on women *and* the IVF children) are necessary for any comprehensive exploration of this issue.

But in general and in brief, the public (and women specifically) NEED TO KNOW the risks involved with fertility drugs and embryonic stem cell research. A moratorium on egg donation for embryonic stem cell research is a prudent beginning, since the safety of fertility drugs remains the big question. Should embryonic stem cell research develop without first establishing safety, a detailed informed consent *must* be integral to the process, and measures need to be drafted assigning liability and compensation for subsequent development of illness(es) and lost wages. Because I have been mired in the medicolegal void that exists within reproductive technology, I would very much like to offer my input into the drafting of the latter 2 documents.

As mentioned previously, I would like to meet with Deval Patrick and the appropriate team in the future to further discuss these issue, especially knowing that he has met with the Mass BIO Industry - Deval needs to see and hear first-hand the nasty underside of this 'shiny hopeful coin'. Massachusetts needs to be associated with transparent innovation and not with unethical experimentation. To that end, I would implore Deval and his team to read my testimony - it is replete with medical documentation of the risks to women, contains numerous testimonies of other women harmed by Lupron and fertility treatment, and details serious ethical and medicolegal problems within this industry:

(http://docs@commerce.senate.gov/hearings/testimony.cfm?id=685&wit_id=1802). And let me add that others have

reported some difficulty accessing this link, so please let me know if you are unable to retrieve this document so I can forward it as an email attachment.

I pray that the voters of Massachusetts make the right decision next Tuesday, and I send Deval my best wishes for a victory and for his success. And I sincerely hope to speak further with him on the above issues in the near future.

Lynne Millican