

## **A Healthy Baby Girl**

Judith Helfand

56 min, color, video, 1996

Women Make Movies

### **Description**

The film opens with film maker Judith Helfand in her hospital bed, a surgical incision across her lower abdomen, describing in voice-over her recollections of coming out of surgery. "On camera," she says, "When I came out of surgery, my mother said she felt like she was getting something back." "I guess that's where our experiences divide."

The story goes back to events leading up to surgery. To the lamenting strains of klezmer music, in a sequence that includes slow-motion shots of Helfand undergoing an MRI, she describes her discovery of DES and its lethal effects. This is followed by Helfand and her parents in the doctor's office, in which he states that she has clear-cell carcinoma of the cervix. "It is," he says, "best treated by a hysterectomy, after which she should have a normal life. A close-up shot of Helfand reveals her disbelief."

Over a series of happy family photographs, the film maker traces her parents' marriage, their move to the suburbs and raising a family. This sequence both summarizes a family's history and makes the memory of these private lives public. When her mother, Florence, was five months pregnant, she was given DES to prevent miscarriage, Helfand says.

Over a photograph of her mother holding the newborn Judith, she says, "The typical DES mother: white, middle class and confident she had given me the best pre-natal care money could buy."

In the next scene, Helfand talks with her devastated parents. Her mother insists that she come home to recuperate. Continuing in voice-over pictures of herself as a schoolchild, Helfand tells us she was eight years old when her parents learned that DES could cause cancer, and that she had regular DES medical examinations from the time she was 14. It was said that the odds of illness were low (that only one DES daughter in a thousand risked cancer), and that it was likely to appear between the ages of 15 and 22. Nassau County, she adds, where her parents lived, has the highest rate of DES exposure in the country. At the end of the opening sequence, Helfand's mother says that she wants to take care of her daughter after surgery, "I want to give you the loving and nurturing care that I have to give you." Helfand weeps.

We next see Helfand on a film shoot, holding a light-balance card. VO, she tells us that it was fluke that I found out I had cancer when I did. She was working as a researcher on a film about DES and the producers insisted all DES-exposed crew members have a medical check-up. When her cancer was diagnosed, they asked if they could follow her story. They also suggested she get a product liability lawyer and to sue the Eli Lilly Company, manufacturers of her mother's DES. Despite her parents' initial reluctance, the film crew followed her to consultations with her doctor, through medical procedures, and finally to her parents' red-shingled suburban home. We see the lawyer who will prepare Helfand's lawsuit, asking her how she will respond to the company's lawyers when they ask her why she is interested in going on television, when she is facing surgery. She

responds that it is her way of coping, of showing her parents that it isn't their fault, that it isn't a family secret, but a very public problem. "My mother is one of nine million mothers, I am one of three million daughters," she says. "This is very public." She weeps.

A title, March 13 1990 appears over an image of a nurse setting up an IV: Columbia Presbyterian Hospital. In voice-over Helfand says that her uterus and the upper third of her vagina were removed. I got to keep my ovaries. Bold crayon drawings and excerpts from her journal demonstrate Helfand's agitated state of mind.

She had expected the film crew to follow her home from the hospital, but when funding ran out and the professional cameras disappeared, Helfand says, she borrowed her cousin's camcorder and began, with shaky camera, to film herself. Tucked into her childhood bed, she looks into the camera and says, "This is the first time I'm alone." She then displays her catheter, is seen playing chess with her uncle, and has a visit from a high school friend.

Over a montage of newspaper articles, ads, and promotional films from the 1940s sketches the development and marketing of DES for presumably beneficial medical and agricultural uses, such as fattening chickens and farm animals, Helfand describes how she set about learning more about DES. In voice-over, she challenges rosy corporate claims with the fact that, by 1952, DES was known to be ineffective in preventing miscarriage, but continued to be prescribed to pregnant women without warning for 19 years. Helfand's mother on camera describes taking DES, and her feelings when, in 1971, she read that DES had been found to be carcinogenic. Helfand says that half of the 2.4 million DES daughters were found to have malformed reproductive organs. The equal number of DES sons have never been monitored, but some have reported infertility problems and testicular cancer. On camera, Helfand's mother, holding back tears, talks about how badly she feels. Helfand's crayon drawings show a mother reaching out to a daughter.

The film crew returns to the family home, and Helfand-- seen peeling vegetables in the kitchen, then sitting on her bed-- emotionally declares to the producer what she believes is most important to show: the real life of a family, how DES damages relationships and takes away the children you might have had. "Do you realize that you're trying to make this film yourself?" the producer asks Judith. "Yes, a little bit," she replies. We see the opening of Children of DES, the conventional television documentary made for the program, Health Quarterly, hosted by Peter Jennings, which has been made without Judith.

"They left me, my parents, and a home video camera," Helfand says, voice heard over a series of shots of her mother pruning flowers, her father playing the harmonica. In shaky camera shots, we see her mother at the typewriter, filling out a legal form she has to complete as part of the lawsuit her daughter is bringing against the Eli Lilly Company. It requires her to remember what drug she took and where she bought it, and to answer many other detailed questions. Helfand tries to teach her father to use the camera, we see his wobbly attempts to focus on his wife and daughter. Maybe I was getting a little

obsessive, she says wryly.

In voice-over scenes of a small New York City apartment, Helfand describes returning to the place she shares with a roommate, to get on with my life. We see crayon drawings made at the time that express her state of mind, she says, I was really sitting shiva, the Jewish mourning ritual, for a parent... or a child. She asks her former boyfriend to read a desolate poem he has written, about a barren woman. "You said those lines," he comments.

We next see Helfand filming her parents at their kitchen table, clinking wine glasses. Her mother toasts to a happy future. "And it will be," she says hopefully. Helfand talks to her parents about the time she needs to mourn a loss and understand it. Her mother suggests that part of the problem is that, in addition to no longer having her reproductive organs, she has a life in which she lacks most of the things she needs, including money, clothes, and a place of her own.

In the next scene, Judith films her own medical check-up, asking the doctor what he sees when he examines her. He says he is pleased to see "what's gone." The following sequence shows Helfand and her camera reflected in the windows of a subway car. The strains of slow klezmer music are heard.

A voice-over comes up over the scene, which segues into Helfand's introduction to the DES Cancer Network (DCN). We see Margaret Lee Braun, a DES daughter talking about her efforts to resist feeling bitter. Over photographs of women from the DCN, Judith describes a visit from Margaret and two other women a month after her hysterectomy. She tells us that, in 1982, they founded the DCN, a mutual-support organization, in order to locate DES daughters, gather medical information and advocate for research. We see photographs of Helfand and DCN member at her first DES meeting in Boston. In voice-over, she says she was overwhelmed by their experiences, which made hers seem relatively minor by comparison. "It was at this meeting," she says, "that she first realized that her cancer might recur." At the DCN meeting the following year, it is decided to make a videotape to be used to lobby Congress. In clips from this tape, a DES daughter, Marsha Mainzer, describes on camera her traumatic medical experiences and her struggle to survive. She continues in voice-over, as the camera slowly pans across a black and white group picture of women at the meeting. As she concludes her remarks on camera with a statement about the importance of research, the words "Marsha Mainzer, 1953-1995," appears on screen. In voice-over, Helfand says that Mainzer's death was attributed to massive amounts of radiation and multiple surgeries. For the last year of her life, she was nursed by her mother, at home.

A title appears on screen: "Washington, DC. April 22-23, 1992." The DCN women are seen at the first hearings ever held by the National Institutes of Health, on the effects of DES. In voice-over, Helfand tells us that the hearings are the result of DCN lobbying. She has been asked to speak at a press conference on a proposed education and research bill. We see a clip from a national television news broadcast which reports the story. News anchor Dan Rather summarizes the DES issue, Helfand breaks down in tears as

she tells her story, and a reporter at the conference says that there is anger and a bill is pending before Congress to pour \$2 million dollars into research. We see DCN women lobbying members of Congress to pass the bill. Judith off camera interviews a lawyer for a pharmaceutical company, his face pixilated to prevent identification. She says she hopes he'll work to make things better. We're not insensitive to patients at all, he says.

We see Helfand entering her new apartment in New York City, which is being freshly painted, as she tells us that after only a year and a half she has won her lawsuit. She says she has taken her mother's advice and improved her lifestyle: she has paid her medical bills, bought some new clothes, and gotten a new place to live. But she is too depressed by her experience with product liability law even to pick up a camera. She hires a cameraman, her friend Dan, who introduces himself on camera. On camera, over scenes of the apartment walls being scraped and painted, Judith says that the lawsuit hasn't given her a sense of closure. She is prevented by a confidentiality agreement from saying more about the lawsuit. But she decided she could be more effective outside of court. So, she says, over a shot of her parents driving a new car, she bought her parents a good, safe car and herself a good video camera.

Back home in the family kitchen, we see eggs in a dish. As her mother prepares to cook them, Helfand says, Talking about eggs, "Daddy told me you've been trying to figure out how to salvage my eggs." As she prepares scrambled eggs, her mother says she wishes she could be a surrogate, carrying her daughter's child with harvested eggs. But Judith reminds her that her eggs contain DES. Over plates of scrambled eggs, Helfand and her parents discuss the hazards of technology and their desire to help her have a child. In the next scene, we see Helfand's many relatives and her boyfriend Daniel, at a bris, the ritual circumcision ceremony for her brother's new son. Judith tenderly carries the baby in her arms and weeps. Later, her mother says, "When you adopt a baby, the excitement is going to be the same," says her mother.

Shot of the exterior of the family home. Helfand says in voice-over that she is taking a two-person crew to the DCN annual meeting. Her mother is coming too. We see them packing for the trip. Helfand tells her mother that she has prepared a short video about the filming they have been doing together. Over shots of Helfand and her mother traveling, they talk about the advisability of exposing personal pain. It's not just about pain. It's a way of transforming loneliness, says Judith. As we see the DCN women gathering, Judith notes that two of their members have suffered recurrences, and two others have died since last year. After a presentation of statistics that show a high percentage of deaths and cancer recurrence, the camera pans the roomful of DCN women, with the implied question of who among them is vulnerable. Over a black and white still of Helfand and her mother, she says that she never got a chance to show her mother their video in advance of the meeting. At the meeting, she sets up a VCR and has a film crew ready to film audience response.

Her mother, watching the videotape, sees herself on screen, talking about the pain she feels at her daughter's plight, and runs from the room crying that she is too private a person to endure this exposure of her feelings. Judith, still wearing a microphone, runs

after her. The screen goes to black, as we hear their weeping exchange. Her mother finally says, "You can use my voice, but not my face." Judith says that this is her way of coping with the situation--to make their story public, so we wouldn't have to stand in a hallway and cry like this. To try to find another way to do it.

Back home, over a slow-motion scene of her mother at the backyard clothesline, Helfand says that her mother has agreed that they will continue filming together. On camera, in a scene intercut with lighting candles on a birthday cake, her mother reads the letter she sent to President Bush describing Judith's medical history and urging him to sign the DES research bill into law. She has written one for her husband to send, as well. Judith blows out the candles on the cake.

The bill becomes law, but Congress still must appropriate money. We see the DCN women in Washington offices, lobbying. Helfand says that over the next five years, at least 30 million dollars was put toward research and public information. Back home, Helfand suggests to her parents that her mother's thyroid problem might be caused by DES.

In a scene that signals transitions, Helfand films the workmen who are replacing the familiar red siding on the family home with blue vinyl. Her father's wobbly, badly-lit camera work captures her efforts to talk her parents out of the change: she has never had a chance to get establishing shots of the house in all seasons. As he works on the siding, one of the men talks about his girlfriend, a DES daughter who has thyroid and cervical cancer. People thought they were doing the right thing, he says. No one knew the consequences.

Over a sequence of 1930s-40s industrial footage of laboratories and chemical products, Helfand says that DES, which was synthesized in 1938, was soon known to scientists to cause breast cancer in rats. Years later, male farm workers feeding DES to poultry developed breasts and reported sterility. In 1959, the US Department of Agriculture banned the use of DES for poultry. Over baby pictures of herself with her mother and father, and photographs of the DCN women, Helfand states that, five years before she was born, DES was known to be carcinogenic, destructive to reproductive organs, and ineffective in preventing miscarriage. Over pictures of herself and the women we have seen in the DCN network, she says that for the next 13 years (the time these women's mothers were being prescribed DES), it continued to be prescribed to pregnant women. In voice-over, Judith's mother expresses the hope that drugs are now carefully tested and that what happened to her can no longer happen.

Helfand asks her mother if she feels differently now than she did when DES was prescribed to her. On camera at the kitchen sink, Florence says that now she feels free to ask questions, and not to be intimidated by doctors. We see a shot of the family home, now clad in blue vinyl.

A title appears over black: "March 13, 1995." Five years after hysterectomy. Helfand and her father, in the family kitchen. He says he is proud of her. She thanks him for letting her

film him. In the final scene, Helfand and her mother (with headphones and carrying sound equipment) are walking on the beach. Helfand says, she's "feeling OK." "This is our umbilical cord," says Mrs. Helfand, holding up the cable that connects her sound recorder to her daughter's camera.

Text on screen says that after the FDA withdrew approval for the use of DES in pregnancy in 1971, pharmaceutical companies continued to sell it as an anti-miscarriage drug outside the United States until the early 1980s. There are an estimated ten million DES mothers and children in the U.S., with no estimate of those worldwide.

The film ends with the names of six of the DCN women who have died, with their birth and death dates.

### **Style/Structure**

The shaky camera and intimate voice-over by the film maker give this film, which was shot on 8mm and hi-8, a home-made and personal feel, that enhances the claim that this is a story about an invasion of private and domestic life. This is underscored by the reflexive style, in which we are made constantly aware of the presence of the film maker, her film making apparatus and the process of film making. We see Helfand teaching her parents to use the camera, filming herself, making clear who is filming at particular times. Slow motion is used in several scenes to emphasize the film maker's memory of intensely emotional moments. Cameras are visible in many scenes. At the end, it is the video equipment that links Helfand and her mother.

Helfand also calls attention to the many ways in which DES and its consequences have been visualized and the points of view they express, whether it is Helfand filming her own body and medical imaging, or her own, sometimes ironic, presentation of family photographs, which are full of the joyous assumption that life is about having and nurturing children. These are juxtaposed with corporate advertisements for products that promise to enhance health and happiness, but that were marketed even after they were known to be deadly. The film includes clips from television shows, as well. The presentation of industry films extolling the virtues of products we now know to be deadly highlights one of the modes of authority challenged by this film.

A Healthy Baby Girl is grounded in family and other sustaining relationships, and dramatizes the power of a profit-driven corporation to divide families and destroy the ability to reproduce family life. This is a film against toxic exposure and corporate irresponsibility. Home as a place of safety, the ability of parents to protect their children--the fragility of such essential human needs is revealed. The significance of Jewish family life is reinforced by the strains of klezmer music over scenes of family life, as well as by the significance of the bris of her brother's child in highlighting her personal loss, and her efforts to find a way to mourn the children she can never have. Helfand shows how shattering an experience this is for her parents, particularly her mother, and comments that the trust between them can never be fully restored. Her relationship with her boyfriend has been severed. She watches helplessly as members of her DCN group grow ill and die. The intensely personal dimensions of the story are communicated in Helfand's

expressive drawings, as well as in many tearful and emotional family moments.

The structure of the film, in which personal scenes of family and medical treatment are intertwined with hard information and lobbying efforts, express Helfand's view of the convergence of personal and public realms. "With toxic exposure," she says, "I felt that I was outside-in and inside-out at the same time -- what's personal becomes part of the public record." This convergence is made clear, for instance, in scenes where Helfand and her parents prepare their lawsuit at the kitchen table, or when the anguished testimony of DES daughters is translated into lobbying for government-supported research and health policies. In such scenes, private and personal matters of life and death are shown to be issues of public concern, caught in complex webs of economics and politics.

Both the shaky camera and Helfand's voice-over narration (often accompanied by soulful klezmer music), establish an intimate and subjective point of view. The small-format camera footage and personal voice stand in marked contrast to clips of network television news and scientific and educational films made by corporations to promote their products from the 1930s forward, suggesting a direct account of personal experience. Family relationships, shown in photographs and home scenes, are the source of strength. But these relationships are also stressed and strained by corporate relationships.

### **Background on Director/Film**

While an undergraduate at NYU, Judith Helfand studied documentary film making with George Stoney, who is noted for his films on social issues and for his advocacy for public media. After working on two documentary projects, *Through the Wire*, a documentary about women in prison shown on P.O.V. in 1990, and a Frontline documentary on the homeless mentally ill, she joined the crew of a documentary on DES. She discovered she had cancer only because the producers insisted that all DES daughters on the project have a physical examination. At first, Helfand was to be a subject of their film. When that plan dissolved, she decided to make her own film, a process that took seven years.

During Helfand's recovery, Stoney asked her to join him in making *The Uprising of '34*, revisiting people in the South who had been involved in a disastrous textile strike. Stoney intended the film to honor these workers and to serve as a tool for community and labor organizing. While interviewing retirees who reluctantly dredged up painful and long-suppressed stories, Helfand told Barbara Abrash in July 1999, she noticed how many were debilitated by lung disease and other ailments linked to unhealthy workplace conditions. One day, a man puffing on his oxygen asked her why she wasn't home taking care of a husband and children. Explaining to him why she was unable to have children, she realized that despite differences in age, class, and circumstance, they had something in common. The connection between toxic exposure, corporate abuse, and communities/families that was the subject of *Uprising*, was the subject of *A Healthy Baby Girl*, as well. It used personal narrative and the drama of everyday life to shift attitudes and affect public policy.

According to Helfand, television has been central to this story from the start. In many interviews, she has told how she first became aware of DES at the age of 14, which

watching a television talk show. When she told her mother about these distressing stories of daughters who couldn't have children because their mothers had taken DES, she saw her mother grow pale. And so it seemed to her natural to show *A Healthy Baby Girl* on television. Its widely-seen broadcast on the PBS television series, *P.O.V.*, introduced a powerful new visual narrative into the national imagination of DES and the issues it raises.

Early funding for the film, which was begun in 1990, came from the George Eastman Fund, followed by the Margate Foundation, and the New York State Council on the Arts. In 1994, after several tries, the project was used as a model for 1994 workshop discussions sponsored by the American Documentary's as part of an effort to develop a series of personal films, *E.C.U.* (The series did not emerge, although American Documentary produced a one-time set of first person stories, *Right Here, Right Now*, in 1999, with money from Independent Television Service.) Helfand credits the advice she received from then American Documentary executive producer Ellen Schneider, Lynn Holst of the PBS series *American Playhouse*, and the participants in the workshops, for developing her use of home movie footage and other ephemera, in a film about a particular family, but that sought to tell a universal story.

Other funders include the Corporation for Public Broadcasting, Fund for Jewish Documentary Filmmaking, National Council for Jewish Culture, Paul Robeson Fund/Funding Exchange; Jennifer Altman Foundation, Starfire Fund, and the Nathan Cummings Foundation.

Helfand has since founded an organization, Working Films, to expand her vision of film as a vehicle for social activism. Working Films provides small grants to documentary films developed in conjunction with effective plans for working with community organizations, teachers, trade unions, health and environmental organizations. Helfand has since made *Blue Vinyl*, a film inspired by her horrific discovery that the new blue siding her parents were placing on their house at the end of *A Healthy Baby Girl* is a toxic substance.

### **Production Context**

*A Healthy Baby Girl* is an eloquent contribution to a larger public discussion linking toxic exposure, family health, and corporate responsibility, the groundwork for which was laid by the feminist movement and the campaign against hazardous waste. In 1978, revelations that the Love Canal toxic waste dump, owned by Hooker Chemical Company, had rendered an entire community uninhabitable, provoked a national campaign calling for government control of hazardous waste. This focused attention on corporate responsibility for the adverse of their products and practices on personal health. Ensuing litigation and demands for government controls ranged from PCBs and atomic waste to unsafe contraceptives such as the Dalkon Shield. The feminist movement had as a basic tenet that a woman have control over her own body. The 1971 publication of the Boston Women's Health Collective's book *Our Bodies, Ourselves: A Course By and For Women*, had galvanized women to become familiar with their physiology and health issues, and to demand full participation in determining their health options. The DCN, which played

so prominent a part in the evolution of Helfand's thought and actions, is one example of the transformative influence of this movement. The challenge to what was seen as patriarchal authority in health care was explicit. The feminist movement was also deeply committed to first-person testimony and the valorization of subjective experiences which had traditionally been ignored or trivialized. This assertion of the significance of private life in public discourse came to transform almost every aspect of public expression, from legislation and literature to popular culture. Both on commercial television and in independent documentaries, first-person accounts of personal trauma were becoming an increasingly common subject. Not only did Helfand first hear about DES on a television talk show, but her own film came to television through Ellen Schneider's project, which was designed to deepen and develop first-person television programming.

## **Reception**

Helfand has said that she wanted this film to be positioned not only as a film about women's health and corporate responsibility, but also as a labor film and a Jewish film. Because she conceived the film to promote long-term social activism, Helfand began to show the film - even during production - to focus groups that included trade union organizers, lawyers, social studies teachers, hazardous materials trainers, members of Jewish-American cultural groups, and health workers. Her goal was to design a film that would serve as a catalyst across lines of ethnicity, class, and social concern.

At the time of broadcast, *POV* worked to reach specialized media--Jewish, environmental, and women's health with broadcast dates. An 800 number linked viewers to a special DES hotline. A website provided community action guides and calendars of community-related activities, as well as a section in which to express personal comments.

Achievements of the well-planned outreach campaign were substantial. It won media coverage that linked information on DES with critical coverage of the film, such as the *Denver Post*'s sidebar describing the drug and giving contact information for DES victims' networks. Media attention also focused on local environmental activism, even at the Sundance Film Festival, where activists against nearby chemical weapons incinerators appeared at the screening of the film and garnered important press coverage. Helfand believed that contacts made across class and ethnic lines were hopeful signs for future organizing. In Kentucky, Jewish and women's groups talked with local African-American factory workers on environmental health, after a film screening. In terms of policy activism. In 1998, the film was used in conjunction with a national campaign to end medical waste incineration.

## **Discussion**

How do personal stories like this one provide insight into other health problems?

Can you name any ways in which you and your family have been exposed to toxic materials? How has it affected your health? What are some of the ways you can respond to dangers like this?

Judith Helfand received payment from the Eli Lilly drug company in compensation for

damaging her health. Why did she find this an inadequate remedy? What other remedies might be considered? Why did the film maker decide to join with other victims of DES? What were their goals?

How do you think the DCN has been shaped by the women's movement?

How is this film different than, say, a magazine article or a book about the effects of DES?

**Further Reading**

The film's website contains extensive materials relating both to subject and film: <http://www.itvs.org/external/babyg/index.html>

Contributor: Barbara Abrash