

Investigations Proving RU486's Lethal Dangers

BY Dave Andrusko

Because they took place less than a week apart, two separate discussions of the deaths associated with RU486 sometimes get confused. The first took place May 11 in Atlanta, and was hosted by the Centers for Disease Control (CDC), the Food and Drug Administration (FDA), and the National Institutes of Health (NIH). The second occurred May 17 in Washington, D.C., before the House Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, chaired by Rep. Mark Souder (R-In.).

A typical headline that summarized the subcommittee hearing on the deaths linked to the abortifacient RU486 could have gone something like this: "Experts split on abortion pill's role in 4 deaths; Scientific panel disagrees on whether RU486 triggered deadly infections." As it happens that is an actual headline. However, it does not refer to the congressional subcommittee hearings but rather the joint scientific workshop in Atlanta.

But in either case the headline would be completely accurate and totally misleading. Explaining this is a bit complicated because there are various elements to the latest, very cunning pro-abortion ploy.

Some officials, whether in Atlanta or Washington, D.C., who either are or have been associated with the abortion drug's presence on the market, did argue it's all oh-so-fuzzy. Maybe something else, as yet undiscovered, triggered the deaths of not four, but what may be at least six women. And besides, other pregnant women had died from a bacterial infection, not just women who took RU486, they said.

But what about the scientists tapped for the Atlanta panel who have examined this bacterium at the molecular level and who have really studied the biological mechanisms involved? Nearly all agreed that there was evidence that RU486 suppresses the immune system, in effect, leaving open a door for bacteria to come in and wreak lethal havoc.

By contrast the deniers are very cunning at making it sound as if there is something else besides RU486 that plays a key role in the deaths of women.

It is quite true that no one is saying there are no other possible contributing factors. There is always the question of genetic predisposition, for example. Some women may be more susceptible to a particular problem than other women.

But that is not the same thing as denying that the primary culprit is RU486. Monty Patterson, the father of Holly, an 18-year-old California girl who died in 2003 a week after undergoing a RU486 abortion, may have put it best.

He told the subcommittee, "I believe that RU486 is the substantial contributing factor responsible for Holly's death."

Part Two of the pro-abortion stratagem of spreading the blame around is to say that other women—11 women who had miscarried or given birth—have also died from bacterial infections. So it's not "confined" to RU486, they conclude.

Clever folks. You'd have to have attended the Atlanta conference to know that these other 11 deaths is a cumulative total going back to 1925! By contrast the deaths from RU486 are recent and in a very limited population—women who've taken RU486.

Dr. Donna Harrison quantified the comparative risks. She told the subcommittee there is a 50-fold increased risk of death from this bacterium after a RU486 abortion as compared to risk of death after a delivery.

Dr. Harrison repeatedly referenced the papers presented in Atlanta. When those who professed skepticism about the link between the deaths of these women and RU486 were asked by Rep. Souder if they had read the papers, remarkably, they said no!

Dr. Harrison outlined the chain of reasoning which points to RU486 as the causal agent.

1. Research presentations in Atlanta reported a causal association between the suppression of the immune system by RU486 and death from ordinarily run-of-the-mill Clostridial bacteria. Presentations showed that it is plausible that

mifepristone (one of the commercial names for RU486) impairs the immune system. When the normal human response is compromised, "This bacteria causes rapidly fatal infections."

2. "Mifepristone use occurred only 1 week before the death of the five U.S. women," Dr. Harrison testified. "The sudden nature of the death from Clostridial sepsis and the rarity of this type of death in women who have not been exposed to mifepristone indicates strongly that mifepristone is a causal agent in these deaths."

3. The deaths were sudden and unpredictable. The patients "had no known predisposing risk factors. The sudden and unpredictable nature of these events makes it unlikely that such deaths can be prevented," she testified.

4. If numbers given by the abortion pill distributor are accurate [there is reason to believe they exaggerate the number of women who've taken RU486], a woman is 10 times more likely to die from infection after a RU486 abortion than she is following a surgical abortion.

5. Harrison then proceeded to tell "the rest of the story." To quote her at length:

"Non-fatal infections: Mifepristone's risk to the health of American women does not end with infection related deaths. Life threatening infections involving extended ICU [Intensive Care Unit] hospitalizations were documented in 4 additional women. An additional 43 patients experienced severe pelvic infections, of which the usual sequelae of serious pelvic infection (increased risk of ectopic pregnancy, increased risk of tubal occlusion with subsequent sterility, and increased risk of chronic pelvic pain from adhesive disease) can be expected.

"Hemorrhage: Perhaps the most sobering of the AERs [Adverse Event Reports] are those documenting massive hemorrhage. FDA reports that 116 women have required transfusions for massive bleeding. These cases of massive hemorrhage account for 12% of the AERs filed with the FDA."

Indeed, Dr. Harrison compared this to the blood lost in a major traffic accident!

How dangerous is RU486? The committee's briefing paper says it all:

"[T]he FDA has acknowledged the deaths of eight women associated with the drug, nine life-threatening incidents, 232 hospitalizations, 116 blood transfusions, and 88 cases of infection. These and other cases have added up to a total of 950 adverse event reports as of March 31, 2006."