The Secretary, Community Affairs,
Senate Committee of Inquiry into RU 486,
Parliament House,
Canberra ACT 2600

Dear Senators,

**SUBMISSION ON RU 486**

1. Endeavour Forum Inc. is an NGO with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations. Some of our members work as volunteers with pregnancy support services, and in post-abortion counselling.

2. We are strongly opposed to taking the authority to licence RU 486 away from the Health Minister or the Cabinet of the Australian Parliament. The TGA is an unelected body and is not in a position to evaluate the social or psychological impact of this method of abortion.

3. Nor is the TGA in a position to fully evaluate the safety of RU 486 until the legal cases launched against Danco Laboratories in the USA have been litigated and all the evidence is available.

3. We have read the Senate Hansard of the evidence given by witnesses by some of the medical professionals, and we are not impressed. For example, the doctors have compared the "safety" of abortion with the "safety" of childbirth, i.e. they are comparing mortality in a 12 week time frame when most abortions are done with mortality in a 40-week time frame. Would a comparison of road accidents within 12 weeks be a valid comparison to road accidents during 40 weeks? This is just one example of false statistical and epidemiological analyses indulged in by your medical witnesses and some of those promoting RU 486.

4. A more accurate way of evaluating safety is to compare mortality figures of women who have had abortions with those who have given birth and those who were not pregnant. This data is available from studies done in Finland and in California:

**"A study published in the August edition of the Southern Medical Journal reveals that women who have abortions are at significantly higher risk of near and long term death than women who give birth. This contradicts the widely accepted opinion that abortion is safer than childbirth.**

**"Researchers examined death records linked to Medi-Cal payments for births and abortions for approximately 173,000 low income Californian women. They discovered that women who had abortions were almost twice as likely to die in the following two years. They also discovered that the elevated mortality rate of aborting women persisted over at least eight years. Over the eight year period studied, women who aborted had a 154 percent higher risk of death from suicide, an 82 percent higher risk of death from accidents, and a 44 percent higher risk of death from natural causes.**

**"This is the second large record based study to find elevated mortality rates among women following an abortion. In 1997, a government funded study of maternal deaths in Finland sent a tremor of worry through family planning agencies when it revealed that in the first year following an abortion, aborting women were 252 percent more likely to die compared to women who delivered and 76 percent more likely to die compared to women who had not been pregnant. Many of the extra deaths were due to suicide.**

**"The new study confirms the trend found in Finland using a large sample of American women. In addition, where the Finland study was limited to a one year follow-up, the new study reveals higher mortality rates persist over at least eight years."**

5. Although life expectancy for women in Australia and general health outcomes have improved, the medical and health professions have presided over **a disaster area where outcomes have worsened, and that is in the area of reproductive health**. A figure of 84,000 - 90,000 abortions per year cannot be regarded as a success story, yet the AMA accepts it with equanimity and claims it does not take a view on the morality of abortion. However, it should have a view about unnecessary surgical procedures, i.e. those done for social reasons, not medical ones - and we are NOT referring to cosmetic surgery.

Other indicators that the reproductive health of women has been damaged is the rise in the incidence of sexually transmitted diseases, growing infertility leading to a demand for IVF procedures (which do not have a high rate of success), the decline in the Australian birth rate to below replacement level, and the fact that the Australian Bureau of Statistics estimates that 24% of Australian women will be childless. Furthermore, the incidence of breast cancer rose 40% during the decade 1987 - 1997, approximately 28 years after the de facto legalisation of abortion, and it continues to rise inexorably, with the medical profession offering neither explanation nor prevention. All these are indicators that all is not well with the reproductive health of women, yet the AMA and feminist organisations continue to promote or acquiesce in the failed policies of abortion on demand, provision of contraceptive steroids and permissive sex education.

6. The World Health Organisation has recently classified the contraceptive pill as a Class l carcinogen, in the same category as asbestos and tobacco, yet neither the Cancer Councils nor the AMA have alerted women, on the contrary they have tried to "reassure" women:

**"WHO Classifies Contraceptives as Highly Carcinogenic**

**A little publicised press release issued on July 29th of this year by the International Agency for Research on Cancer (IARC), a division of the World Health Organization (WHO), declared the combined estrogen-progestogen oral contraceptives (OCs) as carcinogenic. This is the most recent low-dose contraceptive currently available and which the manufacturers trumpeted as being ³safe² for women. This outright declaration by the World Health Organization of the proven dangers of combined OCs comes as an unexpected surprise to many who have been working for years to publicise their dangers. The IARC placed the contraceptives into its Group 1 classification, the highest classification of carcinogenicity, used only "when there is sufficient evidence of carcinogenicity in humans" (its emphasis).**

7. The term “steroids” refers to a large class of chemicals that are made from cholesterol, both natural derivatives that our bodies make, as well as those synthesized in pharmaceutical laboratories. All of these compounds have a “carbon skeleton” which is a 4-ringed structure of 18-21 carbon atoms bonded together, with a shape that resembles chicken wire. There are actually several subtypes of steroid hormones and intermediate compounds that our bodies make. There are the so-called mineralocorticoids and glucocorticoids made by the adrenal gland, which regulate salt balance and sugar balance, respectively. The glucocorticoids (The main natural one is hydrocortisone.) are also anti-inflammatory, and many such synthetic steroids are used to treat skin rashes, asthma, and transplant patients.

Then there are the sex steroids, of which there are three active types, made primarily by the gonads (testes and ovaries). A woman's ovaries make progesterone and estradiol (the main form of estrogen), and a man's testes make testosterone. Specifically, a piece is chopped off of cholesterol's 27-carbon atom skeleton, leaving the 21-carbon steroid, progesterone. Progesterone is the "mother" hormone in two ways. First, it is required for motherhood, i.e., for the implantation of the embryo in the uterus and the constuction and maintenance of the placenta. **Mifepristone or RU-486, the abortion pill, is a synthetic antiprogesterone steroid drug. By neutralizing progesterone, it induces an abortion.**

When we speak of "performance-enhancing" or "anabolic" steroids, we mean androgens, i.e., testosterone or synthetic steroid drugs which act like testosterone to build muscle mass. The term "anabolic" means that it causes tissue growth. In fact, estrogens are anabolic for breast tissue, hence its classification as a carcinogen. The reason why "the pill" is composed of synthetic estrogen and progestin is that oral estradiol and progesterone would not work. This is because when anything is eaten and absorbed through the digestive tract, it first goes to the liver. **One of the liver's many jobs is to inactivate (break down or metabolize) steroids. Hence, the steroids in "the pill" and in RU 486 are designed to be resistant to the liver's efforts to metabolize them. That is why both the synthetic performance-enhancing androgenic steroids as well as the contraceptive steroids are toxic to the liver, and increase the risk of liver cancer.**

8. Synthetic steroids such as RU 486 constitute just a different type of serious, synthetic anabolic sex steroid that athletes sometimes use to build more muscle and thus enhance performance. Therefore, since taking those steroids seems so inherently wrong and dangerous to health, so wrong that taking them is unlawful, why on earth are feminist Senators promoting RU 486 as a method of abortion?

9. The "off-label" use of the second drug in the RU 486 regimen, **misoprostol,** which the manufacturer, Searle, has warned doctors should not beused in pregnancy-related conditions, leaves the TGA and prescribers open to medical negligence litigation, as in the USA.

10. We would appreciate the opportunity to give oral evidence to your Committee. Some of your witnesses have suggested that aborting at home with RU 486 would be no more distressing to a woman than a miscarriage or even a period! However, with a miscarriage, the mother knows she did not cause the death of her baby; with RU 486 she may be confronted with identifiable fetal parts of the baby whose death she knows she caused. The smugness of the AMA on this issue is incomprehensible particularly as they provide no kind of service for post-abortive women truamatised by the knowledge of what they have done.

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