

# **Right to Life Australia**

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**Submission to  
Senate Community Affairs Committee  
January 2006**

**Inquiry into the Therapeutic Goods Amendment  
(Repeal of Ministerial responsibility for approval of  
RU 486) Bill 2005**

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Right to Life Australia strongly opposes the Therapeutic Goods Amendment (Repeal of Ministerial responsibility for the approval of RU486) legislation. Right to Life Australia urges the Community Affairs Committee to reaffirm the current arrangement whereby the abortion pill RU486 is subject to appropriate Cabinet level scrutiny through the Health Minister.

### **Summary of reasons to oppose the legislation**

#### **[Part 1: A Drug with a Different Purpose]**

The major defect with the amending legislation in question is that it seeks to define RU486 as a 'normal drug', and to allow for its review under the same conditions as other drugs heading for Australia. RU486 is not like any other drug that the Therapeutic Goods Administration currently has under its charter. Its purpose, when administered to pregnant women, is to kill the tiny developing child growing inside the mother.

#### **[Part 2: Not Safe, Not Simple and Not Right]**

Popular belief is that RU486 makes the act of abortion very easy to procure. The flippancy of RU486 advocates in their rhetoric, 'pop these pills and get rid of the pregnancy', hides the well known facts about the dangerous process involved in so called 'medical abortions'.

In reality the whole procedure is not so simple. It requires, ideally, three visits to the doctor – one for the initial dose of RU486, two days later for administering the prostaglandin drug which acts to expel the tiny baby killed by RU486, and a third visit to ensure that this has occurred 'successfully'. If this is not the case, and RU486 has a significant failure rate, then a follow up surgical abortion is recommended.

Advocates of RU 486 are putting women's lives in danger. Deaths caused by RU 486 in the United States, Britain, Sweden, France and Canada show the abortion pill for what it is: a human pesticide. Frequent complications of heavy bleeding and the traumatic experience of aborting at home render this drug an acute physical and psychological risk to women having abortions.

#### **[Part 3: Australia's Culture of Abortion]**

We live in a country which is totally immersed in a culture of abortion. If the baby is not wanted – get rid of it. Not only are abortions freely available in Australia, but they also receive a government imprimatur in the form of Medicare funding. This is a national scandal. Even in the United States, where over 40,000,000 babies have been aborted since 1973, the Federal government has not been funding abortion through taxpayer money for over 20 years.

Abortions are carried out in varying degrees of frequency in most public hospitals, in private hospitals and in free standing abortion clinics that offer their perverted trade in human life in expensive Yellow Pages advertisements.

It is estimated that there is approximately one abortion in Australia for every three live births. A majority of Australians believe that there are too many abortions in Australia, yet the protagonists of this legislation insist

that access to abortion should be widened by allowing the use of RU 486. As the drug is perceived by some to be user friendly, albeit wrongly, it is clear that the sponsors of the bill want to ensure that there are more abortions in Australia – not less.

#### **[Part 4: Parliamentary Pro Aborts and Push for RU 486]**

Since November 2004 when Health Minister Abbott commented publicly on Australia's high rate of abortions all funded by Medicare, the pro abortion lobby has committed itself to gaining 'a victory' in the Parliament. Pregnancy counselling services that don't refer for abortions came under attack in 2005 by several Senators because they object to any alternatives to 'Family Planning' counselling centres linked to abortion providers. Demands to unleash RU486 in Australia are part of an 'attack is the best method of defence' mentality, all aimed at ensuring that we extend availability of abortion in this country.

At Right to Life Australia we don't believe caring for mother and child are mutually exclusive, because as a society we can support both of them. We must end the destructive practice of abortion in Australia; for the sake of the little ones in the womb and for the mothers who will be deeply wounded if they are deceived into thinking a few RU486 pills will bring them relief.

## Part 1: A Drug with a Different Purpose

The piece of legislation that the amending bill seeks to change lists drugs that are used as abortifacients in a special restricted category:

*restricted goods* means medicines (including progesterone antagonists and vaccines against human chorionic gonadotrophin) intended for use in women as abortifacients.

Abortion inducing drugs currently cannot “be evaluated or registered or listed without the written approval of the Minister.” Proponents of the current legislation to repeal this level of accountability question the need for a separate category with regard to abortifacients. The advocates of abortion and RU486 call for abortion drugs ‘to be treated in exactly the same way as other drugs’.

The reality is that RU486 **is not like any** other drug that the Therapeutic Goods Administration reviews. Right to Life Australia believes it is a contradiction in terms for the TGA to simply review ‘the safety and efficacy of RU486’, completely independent of Ministerial level accountability. **RU486 is a drug that is designed to be unsafe**, because its abortifacient purpose during pregnancy renders it completely unsafe for unborn children to be exposed to it. No person seriously looking into the nature of RU486 can defend the position that it is a ‘normal medicine’ in the mould of headache tablets or cough medicine, because no other medicine the TGA reviews is specifically designed to *bring harm against a human being*. The role of medicine should properly be considered quite the opposite.

We would broadly agree with the following sentiments, espoused by Labor Senator Belinda Neal, speaking on behalf of her party in 1996, when the legislation was passed to separate abortifacient drugs into a Ministerial oversight category:

[We] acknowledge that this issue raises large concerns within the community. It raises issues beyond purely health issues. These issues need to be addressed by the executive of this government and addressed with absolute and direct accountability and absolute and complete transparency...

In these particular circumstances—and the issues at stake are much greater than just health issues and the efficacy of the particular drug—I think it is appropriate that the decision be made directly by the minister. (Hansard 09/05/1996).

On an issue with such acute moral and ethical considerations like abortion, it would be very damaging to leave decisions to nameless bureaucrats in a government department. Senator Neal was right to define this beyond a simple argument about the efficacy of a medication, because it is a debate that goes beyond the considerations the TGA is accustomed to evaluate. This is why the amendment to separate abortifacient drugs from the normal procedural arrangements had major party support in 1996.

We would encourage the Committee to reflect for a moment on the government sponsored warning labels cigarette packets are mandated to carry. One such label reads, “Smoking When Pregnant Can Harm Your Baby.” If it has become necessary to warn smokers that their habit may do damage to their child *in utero*, it begs the question, what kind of warning label would RU486 carry? “Taking RU486 When Pregnant Will

Probably Kill Your Baby" – that would be an appropriate equivalent to the government sponsored smoking message.

It is impossible to classify the abortifacient qualities of RU486 as 'medicinal'. When taken during pregnancy, RU486 is two-step 'kill and expel' process. The first set of pills act as an anti-progesterone agent, and the unborn child is violently starved of the nutrients necessary for their development. RU486 brings death to a womb, where just moments before a child was alive and growing. The second dose of prostaglandin pills expel the baby killed by the mifepristone 36-48 hours later.

RU486 advocates are uncomfortable with suggestions that the drug ends a life. However, it is a scientific fact that RU486 ends human lives. At nine weeks gestation, a stage when RU486 is freely recommended by abortion practitioners in other countries, the unborn baby has:

- ❖ a beating heart and independent blood circulation
- ❖ a sex; we know if the child is a boy or girl
- ❖ fingerprints appearing on the skin
- ❖ the ability to curve his/her fingers around objects
- ❖ a restless spirit, now wriggling and moving about

RU486 certainly stops this pre-born human life, so the drug's predominant function is to **take a human life**. It is inconceivable to call a process that ends this little human's life 'medicine'. It is appropriate to classify abortifacients such as RU486 in a completely different category to all other drugs, because in its life taking purpose it is unique. When a doctor is presented with a pregnant woman, the doctor has two patients. A doctor who prescribes the abortion pill to a woman is doing a great injustice to half of his/her patients.

Former American abortionist Dr Bernard Nathanson, who now offers insights to the medical community on bioethical issues, puts it succinctly: "[RU486 is] the latest in a series of weapons in the burgeoning biological warfare against the unborn" (Bernadell Technical Bulletin, vol. 1, no. 1; October, 1989).

The Health Minister, and the Government, has an appropriate and compelling role to play in overseeing the availability of abortifacients because of the moral and ethical concerns surrounding the drug – moral and ethical concerns that simply do not apply to TGA reviewed drugs for the flu, headaches, viruses, etc. It is intellectually dishonest to argue that RU486, with its motivations of extinguishing human life, warrants the same procedural treatment as drugs designed to improve life.

## **Part 2: Not Safe, Not Simple and Not Right**

Supporters of abortion pill RU486 continue to mislead the public by claiming the drug is a 'safe, effective and simple' way to have an abortion. The claim by proponents of the legislation that RU486 is a more 'private and convenient' method of abortion is even countered by experts who whilst supporting abortion oppose RU486:

The only thing private about RU 486 is that the final stage of the abortion, the expulsion of the embryo, often happens at home – or someplace else. To call this an at home abortion is deceptive... since most of the treatment transpires in the clinic or hospital and is extremely medicalised. What

actually happens at home can be an excruciatingly long wait for the embryo to be expelled from the uterus, accompanied by pain, bleeding, vomiting, nausea, and other complications, that are drawn out over a substantially lengthy period of time (Renate Klein et al., *RU486: Misconceptions, Myths and Morals*. Spinifex Press, 1990: 17).

Self confessed 'pro-choice' academic Renate Klein makes this honest admission about the horrors RU486 subjects to women. RU486 turns the private home, workplace or even car into an abortion clinic, wherever the deceased fetus is expelled. Women will find the experience of aborting at home psychologically upsetting, seeing the fetus face to face after the abortion, and having to dispose of the little human being's body. This was the heartbreaking reality for Rachel, retold in the Washington Post (15/10/2005):

[Rachel] still remembers most vividly the last moment of the whole ordeal; when she woke up for the millionth time and went to the bathroom the morning after taking the second part of the dangerous abortion drug, feeling crampy and achy. She looked down and saw the unborn baby. She looked at the baby for a long time because the baby was bigger than she expected. She stared for what seemed like an hour - frozen, tired.

"It seemed rude to flush it," she thought to herself. "I should be having a burial or something ." But then she heard her daughter awaken and thought: "Well, you have to get on with your day."

In *Misconceptions, Myths and Morals* (Klein et al., 1990) it is also noted that studies show up to 13.4% of women must undergo the 'double abortion jeopardy', meaning they are compelled to have a surgical abortion after RU486 failed to abort their child completely. In this situation women will often hear the news that either **a)** their unborn child survived the RU486 abortion, or **b)** there are fetal body parts remaining in the woman's uterus. First hand medical reports from the United States, obtained under Freedom of Information, listing adverse outcomes with RU486, paint a very grim picture of these 'double jeopardy abortions'.

[FDA Adverse Outcome Report 4223736] "26 Year old woman at 6 weeks 4 days gestation with a known twin gestation [after taking RU 486] was found to have an ongoing pregnancy with a single fetus and the pregnancy was surgically terminated..."

In that case RU 486 was taken to end the life of twins. The abortion drug only succeeded in removing one of the twins, and the second little human being, referred to as the 'ongoing pregnancy', had to be aborted surgically. One can hardly think of a more psychologically harmful situation than to be told 'you've only aborted half your children, we'll have to finish the job in the operating theatre.'

Here are two more incident reports that were made public by the drug's manufacturer, Danco Laboratories, after an FOI request by Judicial Watch's 'Open Records Project':

[Safety Report 4223605] "32 year old woman at four weeks gestation [received RU 486]. [She] was found to have an ongoing pregnancy with fetal cardiac activity, increasing sac size and a fetal pole. She had surgical termination of pregnancy..."

and also, disturbingly

[Safety Report 4151431] "22 year old woman at 8 weeks 1 day gestation [received RU 486]. She returned for a follow up exam complaining of persistent pregnancy symptoms. She had an ultrasound exam which indicated an ongoing gestation with cardiac activity. She had a surgical termination..."

RU 486 failed in these cases, as it does in so many others, with an ultrasound showing the unborn baby still had a beating heart. Maybe some of the pro-abortion members of the committee can explain why a beating heart does not constitute a sign of life that should be protected. Also note how the patient complained of 'persistent pregnancy symptoms'. We live in an age where children are not necessarily welcomed into the world upon news of their presence in the womb, but are instead called an 'unwanted symptom'. The unborn children that do survive RU 486 abortions can suffer severe disabilities, including fused limbs, brain malformations, kidney problems and genital malformations, because of the poisonous cocktail that was meant to be their demise.

Those who are evaluating whether RU486 is good for women must keep high in their minds all the deaths of women overseas after undergoing an RU486 abortion. The American Food and Drug Administration is now investigating a cluster of four deaths in California, where young otherwise healthy women died suddenly following RU486 abortions. The FDA has updated RU486's labeling on two separate occasions to include warnings about the extreme side effects of the drug. The parents of Holly Patterson wrote this open letter to legislators following their daughter's death:

The Alameda County Coroner's report has validated what we already believed to be true. Holly has died from an RU-486 chemical induced abortion. There are no quick fixes for a pregnancy or magical pills that will make it go away. Our family, friends and community are all deeply saddened and forever marred by Holly's tragic and preventable death.

Will members of this committee and parliamentarians in general be able to confront the parents of Australian women killed by RU486 if the drug is approved, as the amending legislation hopes to achieve? Holly Patterson's death was rightly said to be 'preventable' by her parents. Discarding the Cabinet level scrutiny of this dangerous abortifacient removes a layer of security for Australian women, and Right to Life Australia hopes no parliamentarians are faced with news of a young woman's death at the hands of a drug they supported. To ensure this doesn't happen, we need to retain RU486's special status as a restricted good to be reviewed by government.

The medical literature is out there and available on this drug and its ability to kill mothers seeking an abortion. The *Annals of Pharmacotherapy* explains how taking abortion drug RU486 can lead to deadly infection:

"Mifepristone causes cervical dilation and loss of the cervical mucus plug. This, in turn, permits contamination of the uterus with *Clostridium sordellii*, a bacterium that is part of the normal vaginal flora in about 10% of women. Normally, the body's innate immune system destroys bacteria before they are able to multiply and secrete toxins into the bloodstream. However, mifepristone causes a malfunction of the innate immune system and its ability to fight the invasion by *Clostridium sordellii*. Septic shock results. To make matters worse, women who experience severe pain during a mifepristone abortion frequently take medicine containing codeine. Mifepristone and codeine interact, resulting in prolonged effects of both drugs."

The *New England Journal of Medicine* also warns that the initial symptoms of toxic shock syndrome are similar to those attributable to a 'normal' RU486 abortion. This is a dangerous health situation because women are told to expect certain 'normal' side effects with RU486, when in fact the very same symptoms could be attributable to the potentially fatal toxic shock syndrome:

The side effects of misoprostol (e.g., vomiting, diarrhea, and abdominal cramping) may be similar to the initial symptoms of toxic shock syndrome associated with *C. sordellii*. To improve diagnosis and therapy, clinicians should be aware of the distinctive features of this potentially fatal entity, including tachycardia, hypotension, edema, hemoconcentration, profound leukocytosis, and absence of fever.

Women have died in Britain, France, Sweden, the United States and Canada following RU486 abortions. The Canadian trial of RU486 was completely halted and the abortion drug is not licensed there following the death of a woman during one of the trial's RU486 abortions. In Britain, the deaths of two women from RU486 were only revealed when a persistent Labour MP Jim Dobbin pressed the Health Minister Melanie Johnson in parliament to lift the veil of secrecy around the drug's effects in the United Kingdom (Day, M. and S. Bissett, *Daily Telegraph*, 18/1/2004). Is this what we can expect in Australia; a culture of concealment where the public may be unaware that RU486 is causing the fatalities of women around the country?

At a time when the Center for Disease Control and the Food and Drug Administration are investigating RU486 deaths in America, when deaths are being revealed in the United Kingdom by questions in British Parliament and also as new studies emerge about the emotional trauma of post-abortion syndrome, we would urge the committee not to remove the extra layer of review and scrutiny on RU486. The health, indeed the very lives, of Australian women are at stake in this debate, and now is definitely not the time to rubber stamp RU486 at the whim of a few pro-abortion politicians.

### **Part 3: Australia's Culture of Abortion**

In Australia today, approximately one child is killed by abortion for every three born. Abortion is so prevalent that it surely constitutes the most important issue facing contemporary Australia. Will we live in a society that violates the rights of unborn children and inflicts such pain on thousands of women each year? The debate about RU486 cannot be defined narrowly as a procedural vote separated from the issue of abortion itself. If the parliament votes to strip away an important review process for the abortifacient, it will be another slide down the hill into a dark valley of abortion on demand.

Abortion is entrenched in our culture with government funding provided through Medicare and through government hospitals. The Health Department revealed, in response to questions posed by Senator Ron Boswell, that there are over 800 facilities committing abortions nation wide. Estimates vary that the number of abortions actually carried out are between 85 -100,000 abortions every year. A recent opinion survey conducted by the Southern Cross Bioethics Institute found that 64-73% of Australians believes the abortion rate is too high.



In the Australian Capital Territory abortion on demand exists literally for any reason until birth. Western Australia, South Australia and Tasmania have liberalized their abortion laws to the point that regulation and oversight is minimal, with restrictions never enforced. The three most populous states, Queensland, Victoria and New South Wales have never democratically removed restrictions on abortion from their criminal codes; yet misguided court decisions and lack of enforcement have allowed a culture of abortion on demand to reign anyway.

Deeply embedded in this debate is a philosophical question: when will we say 'enough is enough, the carnage must stop'? The number of innocent children killed by abortion is over fifty times the number of people killed on our roads each year. We certainly aren't looking for new ways to make the roads unsafe for pedestrians and new methods to make cars more dangerous. Yet, for no good reason, members of Federal Parliament are pushing to make the womb more dangerous, where you have a greater than 25% chance of getting killed. The womb is literally 'the most dangerous place in Australia'. How pressing and necessary is it that Australian women 'gain access' to a new abortifacient when abortion is already the most common of all 'medical procedures'?

When reflecting upon abortion and the massive loss of life this widespread practice has wrought on our nation, it is well to also reflect upon those for whom abortion may have at one stage appeared to be an easy way of coping with an unplanned pregnancy, and who rejected it and had the child. One cannot help but compare the mothers of these children with the sad women who tell of their abortions and how it has affected them.

Results of recent research carried out in New Zealand by Professor Fergusson, a psychologist and epidemiologist at the Christchurch School of Medicine and Health Sciences (The Age 3/1) illustrated that *"at age 25, 42 percent of those who had had an abortion experienced major depression in the previous four years – nearly double the rate of those who had never been pregnant and 35 per cent higher than those who had chosen to continue a pregnancy."*

*"The risk of anxiety disorders was raised by a similar degree while women who had at least one abortion were twice as likely to drink alcohol to dangerous levels compared with those who had not terminated their pregnancies and three times as likely to be dependent on illicit drugs."*

A recent 13 year long medical study in Finland, published in the European Journal of Public Health (2005 Oct; 15(5): 459-63), found that deaths from suicide, accidents and homicide are 248% higher in the year following an abortion than for women who had not been pregnant the previous year. The suicide rate for women who had abortions was **six times higher** than that of women who gave birth during the preceding year. This led the research team to conclude:

*"The low rate of deaths from external causes suggests the protective effect of childbirth, but the elevated risk after a terminated pregnancy needs to be recognized in the provision of health care and social services."*

Given the deeply entrenched and widespread practice of abortion in Australia today, with the loss of valuable little Australians and the harm done to their mothers, why would the federal parliament be even

contemplating unleashing into the community a new method to take human life? Considering the documented evidence and continual anecdotal revelations of post abortion misery and depression, surely the Australian parliament will be able to see RU486 for what it is: a dangerous synthetic cocktail that will only bring further misery to a country currently grappling with a shockingly high incidence of abortion.

#### **Part 4: Parliamentary Pro Aborts and Push for RU486**

What is motivating the sponsors of this legislation in the Senate and their colleagues who support them? It is the desire to see the practice of abortion even more entrenched in Australia.

Abortion advocates who support RU486 tell parliament that they want this debate restricted to procedural discussions about who should approve what, but at the same time these people turn to the radical pro-abortion lobby to advertise what a great service their push is doing for 'choice'. They want to have it both ways. The Democrats Party, whose leader is co-sponsoring the legislation, proudly advertises on its website front-page:

"R U 4 more choice? Support the Democrats campaign to lift the current ban on Mifepristone (formally known as RU486)"

and subsequently

"Mifepristone does not replace the need for good access to surgical abortion but it can complement the surgical process and expand the available choice and broaden access to abortion for all women."

'Expanding' and 'broadening' abortion in a culture saturated by its practice can only be defended by the most avid pro-abortion activist. Their myopic view is that RU486 should be available and supporters of the abort pill Bill presuppose that this legislation, if passed, will lead to the introduction of the abortifacient. The advocates of RU486 will freely confess that this amending legislation is motivated by pro-abortion ideology, and the desire to 'broaden' the net of abortion. The Democrats, who have been a driving force agitating for RU486, have an abortion policy that seeks to emulate the Australian Capital Territory's laws nationally. This would mean legally enshrined abortion on demand until birth for any reason. This, the most radical possible position in favour of abortion, is the viewpoint driving the current push for RU486, and can be summarised as: abortion anywhere, any place, for any reason.

At Right to Life Australia we agree that this debate is broader than a simple vote about who gets oversight on this abortifacient; it is in every sense a vote on the ethics and morality of taking innocent human life. Right to Life Australia maintains that more abortions, more methods to end human life and an increased acceptance of abortion by way of official parliamentary approval are not good for our country.

Since November 2004, when Health Minister Abbott commented publicly on Australia's high rate of abortions, all funded by Medicare, the pro abortion lobby has committed itself to gaining 'a victory' in the Parliament. There was an unsuccessful attempt in the Senate last year to pass a motion seeking to reinforce interpretation in a U.N. document, of the term "reproductive health" as meaning access to abortion.

Pregnancy counselling services that don't refer for abortions came under attack in 2005 by several Senators because they object to any alternatives to 'Family Planning' counselling centres linked to abortion providers. Demands to unleash RU486 in Australia are part of an 'attack is the best method of defence' mentality, all aimed at ensuring that we extend availability of abortion in this country.

The campaign on behalf of RU486 and abortion generally is deceitful and underhanded, with terms like 'reproductive rights' thrown around to give a veil of liberty to a practice which is thoroughly abusive of human rights. The use of the term "right to choose" is a dishonest euphemism to disguise the true nature of abortion. The deliberate ending of a human life is never a legitimate choice. In this whole debate, the weight given to a 'woman's right to choose' seems to completely obfuscate the most basic right to life of the tiny child to be aborted. At Right to Life Australia we don't believe caring for mother and child are mutually exclusive. We must end the destructive practice of abortion in Australia, for the sake of the little ones in the womb and for the sake of mothers who will be deeply wounded if they are deceived into thinking a few RU486 pills will bring them relief.

### **Recommendations to the Committee**

1. That the existing arrangements for abortifacients passed by parliament in 1996 be retained, without amendment, to ensure Ministerial oversight continues with regards to RU486.
2. That the committee commends to parliament the right to life of all Australians, no matter their age or stage of development, beginning at the moment of conception. A necessary part of upholding this liberty is to remove any provisions within state and federal laws that work to facilitate the degradation of unborn children's rights through abortion and unethical experimentation.

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