

DEATHS associated with RU-486

They said it was safe, simple. Now at least eleven women who have taken the drug are dead. Thousands of babies have already died. How many more will die before this dangerous drug is pulled off the market?

Deaths from C. Sordelli infections

Orianne Shevin¹

Sherman Oaks, California
June 14, 2005

34 year old attorney, mother of two.

Chanelle Bryant¹

Pasadena, California
January 14, 2004

22 year old died on operating table.

Vivian Tran¹

Costa Mesa, California
December 29, 2003

22 years old, died six days after
taking abortion pills.

Holly Patterson

Livermore, California
September 17, 2003

When she found out she was pregnant, Holly Patterson and her boyfriend researched their options on the internet and decided to seek an RU486-induced abortion at a local Planned Parenthood²

On Wednesday, September 10, Holly and her boyfriend visited the clinic. The clinic explained the procedure, had Holly sign some forms, and gave her the abortion pills.³ Her boyfriend says he doesn't remember anyone dwelling on any risk of death. Holly took RU486 at the clinic, received some pain pills, and was given misoprostol, a prostaglandin, to administer to herself, vaginally, later at home to initiate contractions to expel the baby.²

On Saturday, after inserting the misoprostol, Holly began to cramp severely. She called the clinic, was told to take the painkillers, got a refill, and called back to say she felt better.²

Sunday morning, Holly's father found her collapsed on the bathroom

floor, unable to walk.² Crying and bleeding heavily, Holly told her father she was having a "bad period."⁴ He suggested she see a doctor.²

Later that evening, her boyfriend took Holly to the emergency room. Holly told them she had taken the abortion pill.⁵ She had a pelvic exam, received more pain medication, and was sent home.

Vomiting, nauseated, weak, Holly was rushed back to the ER early Wednesday morning.² What had been thought to be side effects of the chemical abortion turned out to be signs of a massive reproductive tract infection.^{3, 6}

When her father was called and came in around 10 am, he found Holly hooked up to a ventilator. It was the first time he heard about the pregnancy or the abortion.⁷

Though doctors struggled to treat her, the infection finally overwhelmed Holly's system. She died around 2pm, September 17, 2003.^{2, 4}

An FDA investigation later determined that Holly was one of four California RU486 patients who died of *Clostridium sordelli* infections.¹

Unidentified 26 Year Old

Canadian Trials of RU48
Sherbrooke, Quebec
September 1, 2001

A 26 year old visited a Sherbrooke clinic to have an abortion on August 23, took the RU486 and received misoprostol to administer to herself later at home.⁸ Bleeding and suffering cramps on August 28, an ultrasound showed her uterus was empty. When negative side effects continued, she was admitted to the hospital, where she died four days later of a massive *clostridium* infection.

Ellen Wiebe, the abortionist running the Canadian trials, said the infection was related to the abortion and admitted that the drugs caused the abortion, but maintained "the drugs did not cause the infection."⁹

Bleeding to Death

Rebecca Tell Berg

Uddevalla, Sweden
June 3, 2003

According to her mother, 16 year old Rebecca did not want a chemical abortion, but was talked into it by the

doctor at the hospital.¹⁰ Following his advice, she returned there a week later and took three RU486 pills.¹¹

Two days later, she returned to the hospital, was administered the misoprostol, and received some pain killers. After about eight hours and some bleeding, Rebecca passed a "big blob" and went home.¹¹

Six days later, after noting how tired she was, Rebecca's boyfriend recommended she return to the hospital. She told him she was told to expect to bleed for several days. He left breakfast for her on the kitchen table.¹⁰

When he returned home at day's end, he found the breakfast untouched and his girlfriend's lifeless body in the shower, where she had bled to death.¹⁰

Rupture of Undetected Ectopic Pregnancy

Brenda Vise

Chattanooga, Tennessee
September 12, 2001

Brenda Vise was a pharmaceutical representative who probably knew how to read drug warning labels. Yet when the unmarried 38-year old Chattanooga found she was pregnant, she made a September 7 appointment with a clinic in Knoxville, TN, 100 miles away, which was advertising the new abortion drug RU486.¹²

When a test confirmed pregnancy, but an ultrasound showed nothing in her uterus, Vise was told the baby was simply too small to see. She took the RU486 pills at the clinic and was given misoprostol to take later at home.¹²

When she began to experience severe pain and bleeding, Vise called the clinic. They advised her that her symptoms were "normal and routine." When she called back, worse, the clinic suggested some different medications for the pain and nausea.¹²

Told Vise's body temperature was substantially below normal and that she was experiencing significant pelvic pain, the clinic continued to assert that these symptoms were normal, nothing to be concerned about.¹²

After repeated phone calls, the clinic finally agreed to see Vise again on Monday, September 10. Unable to get her to Knoxville, though, her boyfriend called an ambulance and had her transported to a local hospital.¹²

Admitted in critical condition, doctors found that Vise had a ruptured ectopic pregnancy. By Wednesday, September 12, Vise had slipped into a coma. She died later that day.¹²

Heart Attack

Nadine Walkowiak

Lens, Northern France
March 23, 1991

The first woman known to have died from complications associated with an RU486 abortion was Nadine Walkowiak, a mother of nine from Lens, France. After receiving the RU486 pills on March 21, she returned on the 23rd for an injection of the sulprostone, a prostaglandin. Later that day she died of a massive heart attack.^{13,14}

Mode of Death Unknown

Two British Women

Locations and Dates Undisclosed

Reports of two “suspected fatal reactions in association with the use of Mifegyne [RU486]” surfaced only after a British public health minister responded to a formal query by a member of the British parliament. Further details on how or why the women died were not made available.¹⁵

Another American

Locations and Dates Undisclosed

In March of 2006, the FDA revealed two additional deaths of RU486 patients were under investigation. One was later determined not to be RU486 related, but the other showed signs of infection.²⁰

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Chemical Abortion: An Inherently Dangerous Process

Whenever these tragedies have occurred, promoters of RU486 have tried to argue that it wasn't clear that the abortion pill really caused these deaths.¹⁶

There is some evidence that RU486 compromises a woman's immune system, making her more susceptible to infection,¹⁷ widespread agreement that the drug is ineffective in circumstances of ectopic pregnancy,¹⁸ and an obvious association between RU486 and the sort of hemorrhage that killed Rebecca Tell Berg,^{10, 11} but perhaps the most problematic feature of chemically induced abortions is not the issue of causation but that the process itself may mask signs of infection, ruptured ectopic pregnancy, or other dangerous conditions.

Chemical abortions involving RU486 actually involve at least two drugs taken over a period of several days and multiple visits to the doctor's office. A woman is given the RU486 pills at her first visit, which she takes in her doctor's office. These pills shut down the baby's life support system, depriving the developing child of needed nutrients.

A prostaglandin (PG), usually misoprostol, taken days later, initiates powerful uterine contractions to expel the tiny child's emaciated corpse. A final doctor visit confirms whether or not the abortion has taken place.

The abortion itself is a bloody, messy, painful affair. Cramping may be severe, and may be accompanied by serious nausea, vomiting, and diarrhea. Bleeding is often heavy and persistent.¹⁸

Normally, doctors encountering such symptoms would suspect a ruptured ectopic pregnancy or a serious reproductive tract infection and respond accordingly. Yet because these signs are expected side effects of chemical abortions, clinicians and counselors don't always fully consider or investigate other possible causes right away.⁶

This was true in a number of the cases listed here. Even with trained clinicians doing pelvic exams and/or ultrasounds, infections or ectopic pregnancies were not caught until it was too late. Clear signs were ignored or discounted, masked by doctors and patients' expectations of heavy bleeding, cramping, and pain. Women died.

Some believe that tragedies could be averted with more training, mandatory ultrasounds, better screening and monitoring. Promoters of the pill successfully challenged regulations that would have put many of these safeguards in place in 2000 when RU486 was approved for sale in the U.S.¹⁹

While such safeguards might reduce the risk, they would not eliminate it. Brenda Vise had an ultrasound, but clinicians did not detect her ectopic pregnancy. Holly Patterson visited the ER three days before she died, saw a doctor, and had a pelvic exam, but it wasn't enough to save her life.

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National Right to Life Educational Trust Fund
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