



Mr. Chairman Members of the Committee

I am Kerry Uhlenkott. Legislative Coordinator for Right to Life of Idaho

We support House Bill 638. We commend David Ripley & Idaho Chooses Life and Rep Cheney for their work on behalf of this legislation.

With his permission I will be synopcizing some germane points about chemical abortion complications made by Dr.Randy O'Bannon Director of Education & Research at NRLC, when he testified here in 2015 in support of Web Cam Ban legislation.

Almost half of all the abortions being done in Idaho are chemical abortions. "From the beginning, the abortion industry has asserted that the chemical abortion drugs are both "safe and effective." But too many women have found out otherwise."

According to the 2011, FDA Report there have been over 2,200 cases of complications associated with the abortion drugs. These complications include hemorrhage, infection, cases of ectopic pregnancies & even death.

"It is not only women in the US who are suffering as a result of chemical abortion drugs, it has become a worldwide trend."

Some researchers believe that the over 2,200 complications number may be just the tip of the iceberg. Because the 2011 FDA Report was not a formal study conducted by the FDA. It was only

a summary of complications that had been reported to them. One wonders, how many complications have actually gone unreported.

"We know that some in the abortion industry, have told women suffering complications to tell doctors in the Emergency Rooms or their own private doctors that they are having miscarriages; they tell the women the doctors can not tell the difference."

"If this happens these women won't show up in any "mortality statistics" if they die or "adverse event" reports associated with the abortion chemicals, but these women will be dead or injured just the same."

No one is saying that every woman who has a chemical abortion will suffer complications. "But the over 2200 women who did were, from all we know, in good or even perfect health before taking these abortifacients."

"The abortion industry may try to tell you that they have learned from their experience and that they have eliminated the problems, but women have continued to suffer and be injured and risk death after taking the abortion pills."

Accurate and comprehensive reporting of chemical abortion complications will be a huge step in helping to protect women's health.

Please vote for HB 638. Thank you!

***With his permission I have resubmitted to you a copy of Dr. Randall O'Bannon's testimony which he presented in 2015 in support of the Web Cam Abortion Ban. Dr. O'Bannon is the Director of Research and Education for National Right to Life. He has been researching and writing on chemical abortion for over 20 years when RU-486 was first tested in the US.**

The FDA on April 30, 2011 reported:

- * more than 2,200 reports of “adverse events” or complications (2,207)**
- * more than 600 women (612) hospitalized,**
- * more than 300 (339) requiring transfusions.**
- * 256 women reported infections, with 48 of them classified as severe.**
- * 58 cases of ectopic pregnancies, which the pills do not treat**

Sometimes these complications prove deadly.

The FDA knew of at least 14 deaths associated with use of these drugs in the U.S. and at least five more in other countries.

Testimony of Randall K. O'Bannon, Ph.D.

Direction of Education & Research

National Right to Life

Idaho HB 154: Physician Physical Presence Women Protection Act of 2015

Good Morning, Chairman Loertscher, members of the House State Affairs Committee. I thank you for the opportunity to testify before you today.

I am Dr. Randall K. O'Bannon, the director of research and education for National Right to Life and I have been researching and writing on chemical abortion for over 20 years, from the time when RU-486 was first tested in the U.S. in 1994 to the advent of web-cam abortions in Iowa in 2008 and subsequent efforts of Planned Parenthood to expand their use to other states.

From the beginning, the abortion industry has asserted that these drugs are both "safe and effective." But too many women have found otherwise.

Let me read you the tally from a postmarketing summary on mifepristone published by the FDA on April 30, 2011.

- * more than 2,200 reports of "adverse events" or complications (2,207)
- * more than 600 women (612) hospitalized,
- * more than 300 (339) requiring transfusions.
- * 256 women reported infections, with 48 of them classified as severe.
- * 58 cases of ectopic pregnancies, which the pills do not treat

Sometimes these complications prove deadly.

The FDA knew of at least 14 deaths associated with use of these drugs in the U.S. and at least five more in other countries.

Deadly infections killed more than half (8) of those who died in the U.S. Undiscovered ectopic pregnancies which ruptured killed two others. Women in other countries have bled to death.

They aren't identified by name in the FDA report, but we come up with names and details when we crossreference cases we've seen in the newspapers..

Brenda Vise was a 38 year old pharmaceutical executive from Chattanooga who died in 2001 after her ectopic pregnancy ruptured. Clinic technicians were unable to find the child on an ultrasound.

Vise's case shows that it is not enough just to have the equipment to date or locate a pregnancy, but that it is essential to have someone who has the training to read an ultrasound, to do a pelvic exam, a blood test, to recognize the signs of ectopic pregnancy which these drugs will not treat.

Rebecca Tell Berg, a Swedish sixteen year old, and Manon Jones, an 18 year old from Britain, both bled to death, in 2003 and 2005 respectively.

Everyone who chemically aborts bleeds, and not just a little. A woman aborting with mifepistone generally bleeds four times as much as a woman having a standard first trimester surgical abortion, and sometimes the bleeding goes on for days, or weeks. When the bleeding gets out of control, what a woman needs is not a phone or a webcam, but a doctor close by who can examine her, evaluate her condition, and provide emergency surgery if necessary.

In September of 2003, Holly Patterson went to her local Planned Parenthood, signed some forms, took mifepristone there at the clinic, and administered the misoprostol to herself days later. Even though she visited her local ER when cramps and bleeding became unbearable, once she told them she was having an abortion, they simply did a pelvic exam, gave her some pain meds and sent her home.

She was dead just a few days later. What doctors thought to be the side effects of the chemical abortion turned out to be signs of a massive reproductive infection.

There was a sudden rash of these rare clostridial infections once these abortion pills went on the market. Seemingly out of nowhere, several otherwise healthy women – Holly Patterson, Orianna Shevin, Chanelle Bryant, Vivian Tran – suddenly contracted this bacteria and died within about a week of their chemical abortions.

One of the major problems in all these cases is that the signs and symptoms of an ectopic pregnancy, of a hemorrhage, of a serious reproductive tract infection – that is, painful cramping, heavy bleeding, gastro-intestinal distress – also happen to be standard side effects of the chemical abortion process. They are signs that even a trained emergency room doctor might easily misinterpret.

Someone who has been trained in use of the drugs, who understands the chemical abortion process, who knows and has examined the patient, really needs to be on hand to manage the situation, not some night shift nurse in the E.R. and certainly not some lowly clinic administrator who has drawn the short straw and gotten weekend phone duty.

No one is saying that every woman dies. But these women who did were, from all we can gather, in good or even perfect health before taking these abortifacients. They were, we must assume, screened and counseled and given the correct pills, but things somehow went horribly wrong and the help they needed was neither close enough nor swift enough nor capable enough to save their lives.

The folks at Planned Parenthood and their allies in the abortion industry may try and tell you that they've learned from their experience, that they've modified their protocol, that they've eliminated the problems, but women have continued to be suffer and be injured and risk death after every government warning, every protocol adjustment, every new "innovation."

Web-cam abortions are their latest innovation, one that stands to increase Planned Parenthood's reach and its revenues, but does not promise to make women's lives any safer.

They claim high safety and efficacy rates with webcam abortions, but critical data is missing.

In Grossman's August 2011 study from the journal *Obstetrics & Gynecology*, 58 women, or 21% of telemedicine study participants were "lost to followup." Nearly four times that many, 207, the report says, "declined participation" in the study or were "not invited."

This is, in fact, one of the chief problems with web cam abortions – not the women who dutifully check in reporting they survived their chemical ordeals – but the ones who don't, those who disappear, who go through this arduous, dangerous, bloody process without ever meeting the doctor in person who is charged with their care.

Researchers would have you ignore these lost women and calculate safety and efficacy from only those women with whom they were able to follow up. That's part of how you get a 99% "success" rate. While possible that these lost women's cases were non-problematic, it is also possible that these women turned to their own personal physicians, or to a doctor in the E.R., to handle serious problems.

Whether these other doctors would have been prepared to handle abortion related complications, or whether they would have even been told the woman was dealing with complications of a chemical abortion, is an open question. Some promoters of abortion pills have told women to tell doctors they are having miscarriages, telling them the doctors can't tell the difference.

If so, they won't show up in any mortality rates or "adverse event" reports associated with the drugs, but they will be dead or injured just the same

Frankly, we at National Right to Life believe that both women and their unborn children would be better off if these drugs weren't sold in the U.S. at all. But if they are going to sold, the least we can do is to make sure that the mother's life isn't going to be put at further risk for the convenience and economic benefit of the abortionist.

Even in Grossman's 2011 study touting women's "satisfaction" with webcam abortions, a high percentage – 25% – still said they would have preferred being in the same room as the doctor.

Perhaps the industry considers a few ruptured ectopic pregnancies, hemorrhaging patients, or life threatening infections as "statistically insignificant," as acceptable losses, as just the cost of doing business, but I don't think the rest of us do. Not when lives hang in the balance, not when this is an entirely elective procedure, not when we can put a doctor in the room to ensure a more responsible standard of care.

I urge you to pass HB 154. Protect women's health and make sure these doctors do their jobs.