



Q & A: Mail-Order Chemical Abortion Drugs

Q: Experts say medical abortion is safe and blocking it will cause a catastrophic burden on women's access to health care. Why do you say it's dangerous?

- **Major international studies** show that the abortion drug regimen has four times the risks of surgical abortion. As many as one in five women will suffer a complication. Furthermore, this case does not have any impact on the legality of surgical abortion.
- Federal Medicaid data show that the rate of ER visits related to chemical abortion has gone up more than 500% since mifepristone was approved.
- Compared to surgical abortions, the science **shows** chemical abortion puts women at **over 50% greater risk** of an ER visit for complications within 30 days, affecting one in 20 women.
- **Three to seven out of every hundred women** who have a chemical abortion early in pregnancy will need surgery to finish the abortion. As many as 15% will experience hemorrhage, and 2% will have an infection.

Q: You say you're against judicial activism. Should one politically motivated judge be able to impose his personal beliefs on the whole country?

A: Judge Kacsmaryk (Kaz-MAIR-ik) made a public commitment to apply the law fairly and I am confident he understands his role. Speaking of this country, I'd like to point out that the majority of our country, **63% of Americans**, oppose the mail-order of dangerous abortion drugs.

Q: Why would we let a 150-year-old anti-vice law dictate modern medicine?

A: You're referring to the "Comstock Laws" (18 USC 1461-2), which make it illegal to send abortion pills in the mail. It's worth noting that longstanding federal law was updated under President Clinton, in the 1994 Crime Bill and the 1996 Telecommunications Act. So even while Clinton made it a priority to bring the abortion pill to market, Congress was passing and Clinton was signing laws that had the effect of strengthening federal safeguards against abortion-by-mail.

The FDA ignoring federal law is yet another example of the agency putting politics over people. The law aligns with **the majority (63%) of Americans who oppose mail-order abortion drugs**. It's clearly in the public interest. Like the plaintiffs, we're not aware of any case that says the FDA can just pick and choose which federal laws it doesn't want to follow.

Q: Doesn't this amount to a national abortion ban, which conservatives say they don't support?

A: No. This is simply suspending FDA approval of a dangerous abortion drug that was approved through a politicized process. It never should have been approved the way it was, and **a majority of Americans oppose abortion pills through the mail**.

Q: Vice President Kamala Harris called this case "an attack on the very foundation of our public health system." The New England Journal of Medicine says it could "chill pharmaceutical research by creating uncertainty about the meaning of FDA approval." Is that something you're worried about?

A: The FDA should not be taking shortcuts to appease the abortion lobby. The law mandates the FDA protect the safety of Americans, not approve dangerous drugs in a politicized process. What we need is for the FDA to stop sidestepping safety and ignoring its own rules. The FDA's commitment should be to the American people.

Q: [22 attorneys general](#) say that banning abortion pills will lead to an “unprecedented spike” in maternal mortality. A total ban on abortion could ultimately lead to a 21% increase in pregnancy-related deaths or an additional 140 deaths a year – your response?

A: This case has no impact on the availability of surgical abortion for those seeking one. In fact, the data shows complications are four times more likely after the abortion pill regimen compared to surgical abortion. The FDA should do its job to protect women and girls from life-threatening complications. Medicaid [data](#) show the rate of ER visits related to chemical abortion is up 500% since mifepristone was approved, and in 2016 the FDA stopped requiring adverse event reports for anything other than death, of which we know there have been at least 28. U.S. abortion data and maternal mortality data are [so poor](#), those deaths are likely just the tip of the iceberg. The FDA is ignoring the science and its duty and needs to be held accountable. Moreover, it’s offensive to suggest the solution to maternal mortality is to tell women not to have babies.

Q: Is banning birth control next?

A: This case is about the dangerous, controversial and politicized approval of chemical abortion. In every instance chemical abortion is aimed at ending the life of an unborn child. Birth control has been on the market much longer and is approved to prevent, not end, pregnancy. There is no law anywhere in the U.S. that bans birth control.

Q: Is the Morning After Pill next?

A: This case is not about the morning-after pill, which is a form of emergency contraception. It is about an unsafe abortion drug regimen that is now being mail-ordered to women and young teens, with no in-person doctor visit, no comprehensive collection of complications and no accountability of the FDA.

Q: What about other drugs like...(PrEP, Viagra, STD treatments, vaccines, Gardasil, etc.)?

A: Again, this case is about mifepristone, an abortion drug that’s designed to end a human life on purpose. The abortion pill is never safe for unborn babies, and the data show it’s four times as dangerous for women as surgical abortion.

That said, it’s true the FDA hasn’t always followed science or its own rules. Here are some examples of why we shouldn’t have blind trust:

- Look at Vioxx, which was taken off the market after 20 million Americans had used it and many died.
- Look at the historic settlements over opioids and the Biden administration [bringing back in-person doctor visits](#) for certain medications.
- One controversial opioid known as Zohydro ER (hydrocodone) was [pulled from the market](#) last year, almost a decade after it was first approved.
- And just recently, the FDA approved a pricey new Alzheimer's drug that may not even work. An independent committee had voted against approval, and just weeks ago the FDA official responsible [resigned](#).

It’s disturbing that the FDA has escaped accountability on abortion drugs for 20 years. Necessary corrections won’t cause the system to collapse, not when the alternative is taking unsafe drugs. No American should have to worry that the FDA is breaking its rules and putting politics over patients. Their job is to keep Americans safe, not to be pals with the pharma companies.

Q: This drug has been on the market over two decades, how can you say it’s not safe?

A: If the FDA had done its job properly, we wouldn’t be having this discussion today. Instead, they put politics first and ignored their own rules to fast-track these abortion drugs for approval, jeopardizing the health and safety of women and girls. Then they intentionally stopped collecting data on complications. Now they say the drug must be safe, despite clear evidence. The FDA’s “[see no evil, hear no evil, report no data on evil](#)” approach does not mean these drugs are safe. There were no focused studies on girls under the age of 18. Multiple women have died and the rate of ER visits due to these drugs is up 500% since mifepristone was approved. The FDA approved sending mail order pills based on studies that used in-person exams, ultrasounds and labs. It’s time to correct these egregious decisions of the past 20 years.

Q: Why pick this fight over mifepristone now, after 20 years?

A: The FDA actually has been challenged about their approval of abortion drugs going all the way back to the late '90s, but they have ignored opposition and multiple citizen petitions for decades now while the science and data on the dangers of these drugs have piled up. Unfortunately, this is their M.O. They wield the legal system to their benefit and have kept unsafe drugs on the market for years. Accountability is long overdue.

Q: Won't women who miscarry suffer even more since they won't be able to get medication they need?

A: This case ONLY has to do with mifepristone as part of a two-drug regimen for abortions, not miscarriages. Doctors are still allowed to prescribe mifepristone or misoprostol for another medical condition, like preventing ulcers or managing a miscarriage, and their patients aren't in trouble.

- Ironically, the FDA is reinstating in-person visits for ADHD medications, pain medications and other drugs but not for these dangerous abortion pills. Shouldn't a drug that kills and expels an unborn child require an in-person doctor visit?
- This question seems to be part of an intentional effort to conflate abortion and miscarriage. Miscarriage management happens when the unborn child dies of natural causes. The abortion pill intentionally blocks the hormones needed to keep the baby alive to end his or her life and then expels him or her from the womb. Two entirely different things.

Q: The abortion pill was the most affordable abortion method. Won't the burden fall hardest on Black women and women of color who can't afford a child? What are you going to do about that?

A: By sidestepping safety, the FDA was the one who turned a blind eye and failed communities of color. To best help vulnerable communities, we must link them with financial and physical resources. Right now, there are nearly 3,000 pregnancy centers and maternity homes across the United States that serve women and families of all races, creeds and socioeconomic backgrounds. Community-based health clinics and pregnancy centers outnumber Planned Parenthoods 14 to one and provide quality medical, material and emotional support services – typically at no cost. So while the abortion industry profits from unsafe abortion pills, life-affirming nonprofits are getting financial and physical resources into the hands of communities in need.

Q: Won't desperate women find a way to get abortion pills anyway, or resort to dangerous coat-hanger methods – and be at risk of going to jail?

A: The pro-life movement unequivocally rejects penalizing the woman or girl who undergoes an abortion. Abortionists and chemical abortion suppliers who exploit them for profit should be the ones held accountable.

Unsafe mail-order abortion drugs under the FDA's approval are the "chemical coat hanger" putting women and young teens at risk. Abortion activists are playing a dangerous game with the lives of women and girls. By putting the act of abortion over the needs of the woman, they have persuaded the Biden FDA to approve dangerous mail-order abortion pills. Based on Medicaid data, these pills send women to the ER at alarming rates. And now they say if mifepristone is pulled, they will push misoprostol-only abortion, downplaying documented failure rates as high as 39% and requiring surgery for approximately one in four women (22%) who use it for abortion.

Q: Why are (white, male) politicians obsessed with controlling women's bodies?

A: The FDA's job is to protect all Americans by ensuring that our drugs and our food are safe. Their mission statement promises to help us "get accurate, science-based information" to make informed decisions about our health care. With mail-order abortion drugs, they've failed to do that and they must be held accountable.

Q: (General) What is your response to recent actions by Democrat and Republican state attorneys general?

A: The contrast is clear: Democrats want to mandate abortion on demand up to birth for any reason across the country requiring less safety controls for mail-order abortion drugs and Republicans stand with young women and girls advocating for better healthcare and safety.

Q: So if the FDA does its job you'd be okay with safe abortions?

A: If the FDA did its job by looking at the available data, conducting focus studies on minors and charting drug side effects (other than death) it would see that mifepristone is not safe.

Q: You say mifepristone isn't safe, but don't you promote the experimental and unproven treatment known as abortion pill reversal?

A: Abortion Pill Reversal (APR) uses the natural hormone progesterone to reverse the effects of mifepristone when a woman changes her mind after starting the chemical abortion process. Progesterone has been used safely to support healthy pregnancies since the 1950s – it is commonly used today to reduce the risk of premature birth and multiple miscarriages. Pro-abortion researchers with a vested interest have tried to discredit APR, but even their biased studies [demonstrate that it works](#). One doctor from the Yale School of Medicine even [told the New York Times](#) it “makes biological sense” and he would recommend it for his own daughter.

APR offers a second chance at choice and is credited with [saving at least 4,000 babies](#) in the last decade. Women deserve to know that safe, effective treatment exists that could save their child if quick action is taken.

Q: Research has found that women are 14 times more likely to die from carrying a pregnancy to term than by having an abortion. Why would you want to deny them safer options?

A: This statistic created by abortion advocates has been [thoroughly debunked](#) and doesn't even make logical sense. Abortion is a violent act that kills the unborn child and harms the mother. In Scandinavian countries with far more accurate and complete data on pregnancy outcomes, including abortion and childbirth, [study after study](#) shows that a woman is almost four times more likely to die from abortion than childbirth.

In America, medical care is so advanced that even in high-risk pregnancies, it's rare not to have a safe delivery of a healthy baby alongside a healthy mother. Meanwhile abortion on demand is so unpopular, the abortion lobby has to use fear to sell its agenda. The FDA did their bidding by redefining pregnancy as an illness to fast-track approval of the abortion pill. Pregnancy isn't a disease and abortion isn't health care.

