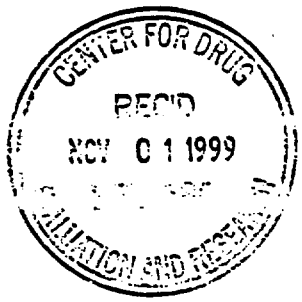
The Danco Group

October 28, 1999

ORIG AMENDMENT

BM



Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200mg Oral Tablets

Dear

In response to your request for additional detail regarding planned distribution of mifepristone if it were subject to Subpart H, Sec. 314.520, we would like to refer you to Amendment 033, point #1 (enclosed).

In that Amendment, we provide a description of the proposed distribution process and in the 4th bullet refer to a letter that would need to be signed by physicians before they could be provided with mifepristone by the distributor.

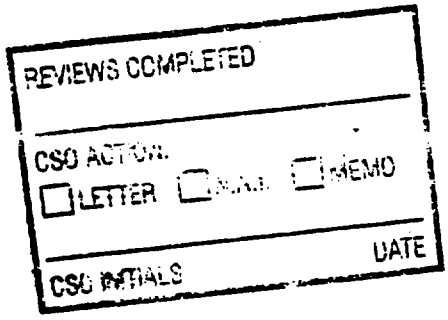
We are now enclosing the above-mentioned letter for your review and comment.

Please let me know if you have any questions on the information provided.

Sincerely

/S/

President and
Chief Executive Officer

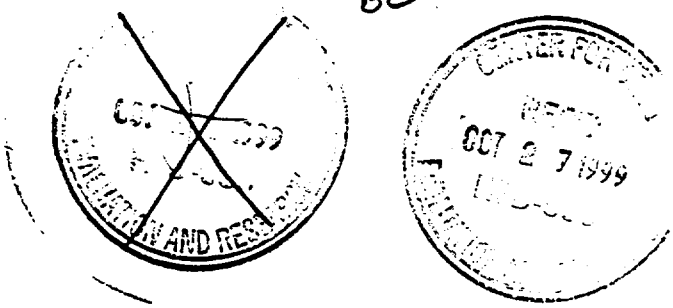


/dns
Enclosure
cc:
Sandra P. Arnold – Population Council
Frederick H. Schmidt – Population Council
Patricia C. Vaughan, Esq. – Population Council

The Danco Group

October 26, 1999

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857



Re: NDA 20-687, Mifepristone 200mg Oral Tablets

- Amendment 035 - Danco Produced Drug Product-3 Month Accelerated Stability Data

Dear ———

As a follow up to Danco's commitment to provide the FDA with three (3) month accelerated stability data from the Danco lot 99005 demonstration batch of drug product, we now enclose the data for review by your Division, along with additional supportive data to better frame the expiration period issues.

Pursuant to our prior discussions concerning Danco's efforts to replace the original drug substance and product manufacturer, Roussel Uclaf ("RU"), Danco has secured contract manufacturers who are utilizing the same RU mifepristone synthesis and tabletting processes as described in RU's original CMC submission for NDA No. 20-687. The CMC's for Danco's drug substance and drug product manufacturers have been filed as Amendments 025 and 032, respectively. The enclosed three (3) month accelerated stability data on the Danco mifepristone tablet lot 99005 continues to exhibit acceptable analytical and physical performance. Furthermore, this lot 99005 performs comparably to lots of mifepristone tablets previously manufactured by RU and used in the U.S. clinical studies.

We have enclosed applicable shelf-life and accelerated stability data on various lots of mifepristone tablets produced by both RU and Danco:

A data from the original NDA submission by the Population Council **(RU Stability Data for Mifepristone Tablets)**,

B data from ongoing stability studies of the RU tablet lot (JMP 25524-109) used in the original U.S. clinical studies **(Stability Data for RU Lot JMP 25524-109)**, and

C data from mifepristone tablet demonstration lot 99005 produced by Danco's contract drug product manufacturer using drug substance produced by Danco's drug substance contract manufacturer **(Stability Data for Danco Lot 99005)**.

A ***RU Stability Data For Mifepristone Tablets.*** The RU data for blister-packaged mifepristone tablets (stability lots RG 21236-12, RG 21236-44 and RG 21236-50), as originally presented in the NDA (CMC Volume 2 Section B: Drug Product, pages 473-478) are presented in **Attachment A**. The analytical data show that, when stored for sixty (60) months at room temperature (23°C), the tablets continued to perform within specification. Reported assay results fell within the specification range of 95-105% of the product label claim, with no appreciable change being observed in impurity or dissolution performance. The physical test data show that appearance, average mass, disintegration, and hardness also remained consistent throughout the sixty (60) month period. Similar acceptable analytical and physical test data also are observed when tablets are stored at 37°C or 50°C for sixty (60) months, with only minor changes in appearance and — assay being noted after twenty-four (24) months storage at the 50°C storage condition. All of these data demonstrate that the mifepristone tablet manufacturing process produces a robust and stable drug product.

B ***Stability Data for RU Lot JMP 25524-109.*** The Population Council, in cooperation with Danco, has continued to perform stability testing of RU tablet lot JMP 25524-109, which was manufactured in 1994 and used in the U.S. clinical studies. The data collected to date from three (3) separate stability studies conducted on this lot are presented in **Attachment B**. The first series of studies, conducted during 1994 and 1995, included two (2) studies, one controlled room temperature study for twelve (12) months, and one accelerated study (40°C) for twelve (12) months. Another controlled room temperature (25°C/60%RH) stability study which was concluded on May 12, 1999, provides additional data from 1997 to 1999. The analytical data show that assay, impurity, and tablet dissolution performance were acceptable in all three (3) studies throughout the stability test period, indicating that lot JMP 25524-109 is still maintaining acceptable analytical performance levels fifty-nine (59) months after the date of manufacture.

The tablets for each of the three (3) stability studies described above were stored under bulk storage conditions until they were placed on stability. It should also be noted that the last stability study, the eighteen (18) month controlled room temperature study, was initiated forty (40) months after the date of manufacture of lot JMP 25524-109. Thus, the data from these studies represent a worst case analysis of anticipated tablet performance. In all instances, including the final time point of the eighteen (18) month controlled room

temperature study, all data were acceptable. These stability testing data further support that the tablet manufacturing process is robust and produces a stable drug product, which could reasonably have an expiration period of ——— months, as requested in the original NDA.

C ***Stability Data for Danco Lot 99005.*** In keeping with the stability protocol, demonstration lot 99005 is being stored under room temperature and accelerated conditions. Data after three (3) months storage under accelerated conditions (40°C/75% RH) are presented in **Attachment C**. These data show that, after three (3) months, reported assay data remained within the release specification of 95-105% of the product label claim, and dissolution performance remained well above the specification of ——— minutes. Similarly, physical test results show no significant differences or trends.

Summary Data and Comparative Dissolution Profile. In **Table I**, the comparative analytical data from drug product produced by Danco (lot 99005), Roussel Uclaf (lots 29, 30 and 32), and the Population Council's clinical studies material (lot JMP 25524-109) are presented to assess their pharmaceutical equivalence. All five (5) lots of drug product were manufactured using the original RU drug substance synthesis and drug product manufacturing process. As shown in **Table I**, there are only minimal differences between the analytical data from the five (5) lots in each of the six (6) specification categories, supporting the conclusion of pharmaceutical equivalence.

Furthermore, the *in vitro* dissolution profiles of the Danco lot 99005 versus RU lot JMP 25524-109, previously submitted to FDA in Amendment 032, are equivalent. This data further strengthens the conclusion of equivalence between the Danco manufactured drug product and prior lots manufactured by RU. (**Attachment D**).

Graphs 1, 2, 3, and 4 show graphical presentations of the assay and dissolution data from the stability studies performed, including the on-going stability studies for Danco lot 99005. The data are presented from the zero time point, and extend to the longest testing interval encountered on the studies. These data show that assay data are consistently within the specification of 95-100% of product label claim, and show no downward trend over time. Similarly, the dissolution data are consistently above the release specification of not less than ——— minutes, and show no decline in dissolution rate over time.

All of the data reported for Danco lot 99005 show that tablet performance characteristics are consistent with the characteristics observed in the stability data generated by RU, including the continuing stability data generated on RU lot JMP 25524-109. Coincidentally, the RU licensed French manufacturer that is supplying the European market has received a thirty-six (36) month expiration period from the European Agency for a drug substance and drug product which, similar to Danco's contract manufacturers, also uses the RU drug substance synthesis and the RU drug product manufacturing process. Based on all the data presented in this amendment, as well as the anticipated data from the ongoing stability study, Danco believes that a ——— month expiration period for the Danco drug product is reasonably supported.

We request that the Division take all of these available data into consideration in making any determination of the expiration period for Danco's mifepristone tablets which we believe should reasonably be for [redacted] months.

Please don't hesitate to contact me if you have any questions on the submitted material.

Sincerely,

/S/

[redacted] /S/

President and
Chief Executive Officer

/dns
Enclosure

cc: [redacted]
Sandra P. Arnold – Population Council
Frederick H. Schmidt – Population Council
Patricia C. Vaughan, Esq. – Population Council
[redacted]
[redacted] - FDA

APPEARS THIS WAY
ON ORIGINAL

REVIEWS COMPLETED
CSO APPROVAL ☐ MEMO
☐ LETTER ☐ FINAL
DATE
CSO INITIALS

RU 486
Friday, October 8, 1999
PkIn 13B45

Agenda

1. Confidentiality
   - manufacturer's name
   - reviewers' names

2. Subpart H approval, consideration for restricted distribution
3. Cross labeling with Cytotec
4. How are we responding to (June 21, 1999) meeting request?
5. Other items

Population Council

Sandra P. Arnold
Vice President
Corporate Affairs

October 25, 1999

VIA FEDERAL EXPRESS

[redacted]

Dear [redacted]

This letter is in response to your inquiry concerning Roussel Uclaf's reasons for deciding not to market their product, mifepristone, originally known as RU-486, in the United States. As we believe you know, Roussel Uclaf decided in 1988 to withdraw mifepristone from the French and other markets in which it had been launched; this decision seemed to have been made on the basis of business pressures brought on the company by various constituencies in France and elsewhere in Europe. However, when the decision was announced, the French government took action to force Roussel Uclaf to continue to produce and market the product, stating that mifepristone was the moral property of French women. Roussel Uclaf reluctantly resumed providing the drug.

In the United States, there was considerable interest in the compound from reproductive rights activists and women's groups, and pressure was put on Roussel to market the product here. However, Roussel was unwilling to bring the drug into the United States, despite the fact that it held a US patent on it. Roussel, and its successor company Hoechst Marion Roussel (HMR), have for many years publicly expressed an extremely elevated level of fear as to the consequences for them of being identified as involved with mifepristone in the United States.

These concerns extend back to 1989 when clinical trials in California had to be stopped at the request of the company. They cited fear of public reaction that would be harmful to their interests. On many occasions Roussel (and subsequently HMR) executives expressed a very strong fear of adverse consequences if they were involved in bringing this product to the United States market. There is no question that this very high level of fear prompted many actions over a period extending across several years.

Telephone: (212) 339-0663 Facsimile: (212) 980-3710 One Dag Hammarskjold Plaza, New York, New York 10017
Email: samold@popcouncil.org http://www.popcouncil.org

In January 1993, the just-elected President Clinton stated that bringing mifepristone to the United States was a priority. In follow-up, in February and March 1993, Donna Shalala, the Secretary of Health and Human Services, and David Kessler, then head of the Food and Drug Administration, communicated with Roussel executives to ask them to bring the product to the United States. Roussel consistently refused to be directly involved in this manner, citing commercial and personal risk, as well as the prevalence of litigation in the U. S. as their reasons. Roussel announced in April 1993 that they would instead transfer U.S. patent rights to the Population Council; the Council would conduct clinical trials, file the New Drug Application, and arrange for the manufacture and distribution of mifepristone in the United States.

More than 14 months of negotiations among the Council, Roussel and others were needed to find the administrative and insurance arrangements that would allay Roussel's concerns. Over 20 meetings involving the principals, scientists, and counsel were held with Roussel, Health and Human Services, and the Food and Drug Administration in New York, Paris, and Washington, D.C. Roussel's demands, as communicated to all parties involved, were directly related to their concerns regarding boycott, violence inflicted on their staff and facilities, and litigation, and included demands for indemnification from prosecution and/or harassment to be offered by the U. S. government.

It was not until May 1995 that the patent transfer was concluded. Roussel tried strenuously to have the U. S. administration extend the anti abortion-violence bill to cover all those economically or functionally associated with abortion provision. Roussel did not succeed, but these matters delayed the transfer by many months.

Since the transfer of the patent was made to the Council at no cost, and since cost was never discussed, it is absolutely clear that those 14 months of negotiations with the Population Council and others were focussed on meeting the concerns and fears of Roussel. These concerns did not abate even though they were not to be involved directly in bringing the product to the U. S. market. It was their view -- a view buttressed by the disorder and disruption at U. S. abortion clinics -- that the level of violence and animosity created around this issue would be such as to harm their interests. Repeatedly in this time, there were expressions of fear of injury to plant and personnel, boycott, repercussions on other products, and litigation.

After the patent transfer, Roussel/HMR fears continued to manifest themselves in their policies. In April 1998, HMR very speedily divested itself of all remaining rights to mifepristone, giving these to Exelgyn, a French company formed by Edouard Sakiz, the former CEO of Roussel. The Council was told that the reason for this very abrupt divestiture was that certain customers had threatened to withhold major purchases from the company as long as it was still linked to mifepristone in any fashion.

There is no question that continuing, pervasive fear of commercial, civil and physical violence and harm was a motivating factor throughout for these companies. This was expressed to us on many

occasions. delayed negotiation for many months, and continued to be brought forward as the underlying rationale for most of their policy positions.

We have attached a copy of a recent article from the *Toronto Sun* that discusses many of these issues.

Very truly yours,

Sandra P. Arnold

Margaret Catley-Carlson

Oct 5/99

Enclosure

APPEARS THIS WAY
ON ORIGINAL

ORIGINAL

ORIG AMENDMENT

BM

Population Council

Sandra Arnold
Vice President
Corporate Affairs

10/7/99

/S/

October 5 1999

VIA FEDERAL EXPRESS

[redacted]

Division of Reproductive and Urologic
Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

RE: NDA 20-687, Mifepristone 200 mg Oral Tablets

Dear [redacted]

Enclosed please find answers to the questions raised by [redacted] We have answered all of [redacted] questions except for the one concerning the number of subjects who had surgery for excessive, prolonged bleeding. We will provide the answer to this last question as soon as possible.

Please let us know if you need any additional information.

Very truly yours,

Sandra Arnold

REVIEWS COMPLETED	
CSO ACTION: ☐ LETTER ☐ N.A.I. ☐ MEMO	
CSO INITIALS	DATE

Enclosures

cc: Shelly Clark
[redacted]
Dr. Frederick Schmidt
Dr. Beverly Winikoff

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0663 Facsimile: (212) 980-3710 Email: sarnold@popcouncil.org http://www.popcouncil.org

Population Council

September 30, 1999

VIA FEDERAL EXPRESS

Division of Reproductive and Urologic Drug
Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200 mg Oral Tablets
Foreign Labeling

Dear ———

As a follow-up to Dr. Shelley Clark's letter of September 8, 1999, regarding foreign labeling for mifepristone, we are enclosing copies of the following current labels as received from Exelgyn, the French Company:

Appendix 1: Product License and Labeling for France, United Kingdom and Sweden

Appendix 2: Patient Information Leaflets

a. France
b. United Kingdom
   (1) Therapeutic termination of pregnancy between 13 and 20 weeks gestation
   (2) Surgical termination of pregnancy
   (3) Medical termination of pregnancy of up to 63 days gestation
c. Switzerland
d. (Sweden does not require patient leaflets for hospital products.)

Appendix 3: Original English version of European Patient's Information Leaflet translated into various languages

Appendix 4: European Summary of Product Characteristics, 6 July 1999, with cover letter of approval under the Mutual Recognition Procedures of the European Union.

Appendix 5: Copies of box labeling for France and the United Kingdom

Center for Biomedical Research
1230 York Avenue, New York, New York 10021
Telephone: (212) 327-8731 Facsimile: (212) 327-7678 Email: cbr@popcouncil.org http://www.popcouncil.org

We have enclosed three (3) sets of the above labels. Please let us know if you need any additional sets of labels.

Sincerely yours,

Frederick H. Schmidt, Ph.D.
Scientist

Enclosures

cc: Sandra P. Arnold
Shelley Clark

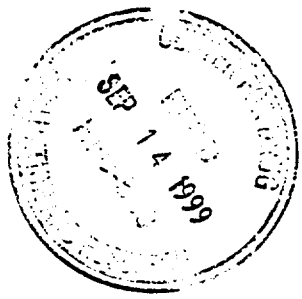
FHS: lm

APPEARS THIS WAY
ON ORIGINAL

Center for Biomedical Research
1230 York Avenue, New York, New York 10021
Telephone: (212) 327-8731 Facsimile: (212) 327-7678 Email: cbr@popcouncil.org http://www.popcouncil.org

The Danco Group

September 13, 1999



Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200mg Oral Tablets
- Amendment 034 - Use of Roussel Uclaf as Reference Standard for Drug Substance

Dear

This Amendment 034 confirms that Danco is utilizing the Roussel Uclaf (not the Gedeon Richter) drug substance and process as the reference standard for manufacture of mifepristone drug substance by the Shanghai HuaLian Pharmaceutical Co., Ltd. All references used and comparisons made in Amendment 025 (CMC for Drug Substance) and Amendment 028 (Supplement to CMC for Drug Substance) are to Roussel Uclaf and not Gedeon Richter.

Please don't hesitate to contact me if you have any questions on this Amendment 034.

Sincerely,

/S/

President and
Chief Executive Officer

This document constitutes trade secret and confidential commercial information exempt from public disclosure under 21 C.F.R. 20.61. Should FDA tentatively determine that any portion of this document is disclosable in response to a request under the Freedom of Information Act, Danco Laboratories, Inc. requests immediate notification and an opportunity for consultation in accordance with 21 C.F.R. 20.45. Contact telephone number is

Enclosure

cc:

Sandra P. Arnold – Population Council
Frederick H. Schmidt – Population Council
Patricia C. Vaughan, Esq. – Population Council

FDA

Population Council

NDA 20-687

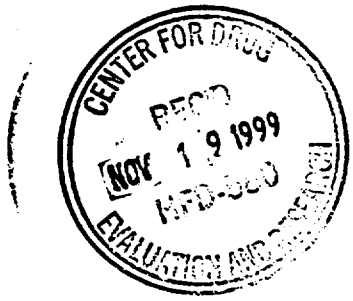
Shelley Clark, Ph.D.
Staff Program Associate
Phone: 212-339-0617
Email: sclark@popcouncil.org

ORIG AMENDMENT

BL

8 September 1999

Food and Drug Administration
Div. of Reproductive and Urologic Drug Products
Room ——— HFD-580
Center for Drug Eval. and Res.
5600 Fishers Lane
Rockville, Maryland 20857



Dear ———

As per our phone conversation on September 2, 1999, I am sending you an updated electronic and hard copy of the label for the U.S. Please note we have added a place for the "'Tradename' package ID number" at the end of the document for drug tracking and control purposes.

Enclosed please also find the most recent labels in our files from France, U.K. and Sweden. We will continue to look for the current labels from these countries since some of our copies of these labels may be outdated or incomplete. For example, while we have the data sheet and patient information leaflet from the U.K., we appear to be missing some pages from their official label. Also a section of the French label was not translated into English (as marked). We will send you the most recent labels as soon as we locate them. In the meantime, if you need any additional information on the U.S. or foreign labels, please feel free to contact me via phone at 212-339-0617 or via e-mail at sclark@popcouncil.org.

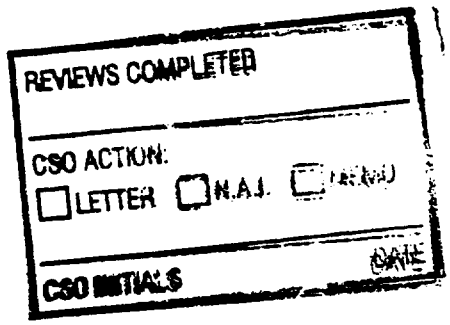
Sincerely,

Shelley Clark

Shelley Clark, Ph.D.

cc: Sandra Arnold, Population Council

enclosures: French label
Translation of French label
Data sheet for U.K.
Patient information leaflet for U.K.
U.K. label (incomplete)
Swedish label
Updated U.S. label



Telephone: (212) 339-0500 Facsimile: (212) 755-6052
One Dag Hammarskjold Plaza, New York, New York 10017
Email: pubinfo@popcouncil.org http://www.popcouncil.org

Population Council

September 3, 1999

VIA FEDERAL EXPRESS

Division of Reproductive and Urologic Drug
Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200 mg Oral Tablets

Dear ———

Enclosed please find five (5) copies of Volume 1.1 of our NDA 20-687.

Sincerely yours,

Frederick H. Schmidt

Frederick H. Schmidt, Ph.D.
Scientist

Enclosures

cc: Sandra P. Arnold
———, The Danco Group

APPEARS THIS WAY
ON ORIGINAL

FHS:as

Center for Biomedical Research
1230 York Avenue, New York, New York 10021
Telephone: (212) 327-8731 Facsimile: (212) 327-7678 Email: cbr@popcouncil.org http://www.popcouncil.org

The Danco Group

ORIGINAL
NEW CORRESP
NC

August 30, 1999

Division of Reproductive and
Urologic Drug Products (HFD-580)
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: • NDA 20-687, Mifepristone 200mg Oral Tablets

Dear ———

We wish to confirm that ———————, the drug product manufacturer referred to in Amendment 032 of our NDA, will carry out the drug product manufacturing including the final commercial product packaging.

Sincerely,

/S/

President and
Chief Executive Officer

APPEARS THIS WAY
ON ORIGINAL

Enclosure

CC: ———

Sandra P. Arnold – Population Council
Frederick H. Schmidt – Population Council
Patricia C. Vaughan, Esq. – Population Council

This document constitutes trade secret and confidential commercial information exempt from public disclosure under **21 C.F.R. 20.61**. Should FDA tentatively determine that any portion of this document is disclosable in response to a request under the Freedom of Information Act, Danco Laboratories, Inc. requests immediate notification and an opportunity for consultation in accordance with 21 C.F.R. 20.45. Contact telephone number is ———

Doc1096

The Danco Group

August 1[illegible]1999

[redacted]

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200mg Oral Tablets
- Amendment 033 - Remaining Responses to "FDA Approvable Letter of September 18, 1996." **Final Submission**

Dear [redacted]

This Amendment 033 responds to the Approvable Letter points #1 on "Distribution", #8 on the final technical point on "Substance", #12 on "Phase 4 Commitments" and #19 on "Promotion". All the other points (15) from the Approvable Letter have been responded to previously.

For your easy reference, the attached Summary of Approvable Letter Points and Related Responses provides amendment # and date of submission for responses to each point from the Approvable Letter. We have additionally included separate sections for points 1 to 19 which list the FDA question or comment as well as the amendment number and date for the response to the FDA.

With the filing of Amendment 033, all the points raised in the Approvable Letter have been satisfactorily responded to and the NDA is now complete and ready for your final review.

If during the review process you have any questions on our responses, please don't hesitate to contact me.

Sincerely,

/S/

[redacted]

President and
Chief Executive Officer

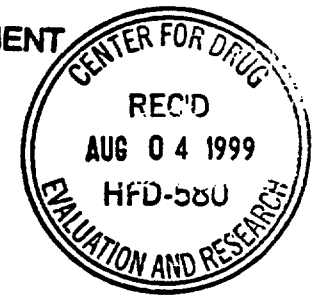
This document constitutes trade secret and confidential commercial information exempt from public disclosure under 21 C.F.R. 20.61. Should FDA tentatively determine that any portion of this document is disclosable in response to a request under the Freedom of Information Act, Danco Laboratories, Inc. requests immediate notification and an opportunity for consultation in accordance with 21 C.F.R. 20.45. Contact telephone number is [redacted]

ORIGINAL

Population Council

ORIG AMENDMENT

SV



Sandra P. Arnold
Vice President
Corporate Affairs

August 3, 1999

VIA FEDERAL EXPRESS

Division of Reproductive and Urologic Drug
Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200 mg Oral Tablets
Amendment 031 - Additional Response to "FDA Approvable Letter of September 18, 1996"
- Safety Update Report #2

Dear ———

Reference is made to Amendment 030 dated July 22, 1999 which lists the remaining five (5) points to be answered for the Approvable Letter of September 18, 1996. This submission is in response to the point on **Safety Information** noted in Amendment 030 as being outstanding.

This second NDA Safety Update Report includes accumulated information relative to the safety of mifepristone which has been obtained by the Population Council since May 15, 1996, the cut-off date for the first Safety Update Report submitted on June 20, 1996. The cut-off date for this second report is June 30, 1999. The submission consists of an archival copy and a duplicate clinical review copy.

Information in the report includes that obtained from recently completed and ongoing clinical trials with the product sponsored by the Population Council and by the French manufacturers, Roussel Uclaf and Exelgyn Laboratories. Additionally, the report contains Periodic Safety Update Reports prepared by the French manufacturers to summarize the worldwide safety experience with the product, updated information on international regulatory approvals and international product labeling, and new information obtained from the literature. The report also contains a Clinical Expert Report on mifepristone which was prepared by Exelgyn and which summarizes the accumulated clinical documentation on the efficacy and safety of the product.

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0663 Facsimile: (212) 980-3710 Email: sarnold@popcouncil.org http://www.popcouncil.org

Population Council

The Population Council maintains IND —— on mifepristone and this Safety Update Report #2 includes information that has been previously provided in the IND. We ask that the IND be incorporated by reference in this NDA.

Please contact me should there be any questions or comments regarding this submission.

Very truly yours,

Sandra Arnold

cc: ——————President and Chief Executive Officer, The Danco Group

SPA: lm

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

CSO INITIALS DATE

APPEARS THIS WAY
ON ORIGINAL

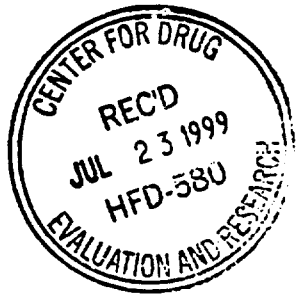
ORIGINAL

ORIG AMENDMENT

The Danco Group

July 22, 1999

7/29/99
/S/



Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200mg Oral Tablets
- Amendment 030 - Additional Responses to "FDA Approvable Letter of September 18, 1996"

Dear

In our previous Amendment 029 we responded to ten (10) of the nineteen (19) points raised by the FDA in the Approvable Letter dated September 18, 1996. All nineteen (19) points were identified and numbered in that submission.

This Amendment 030 provides responses to the four (4) points relating to "Drug Product"; numbers 5, 6, 15 and 18 (as numbered in our Amendment 029). In addition, we have added to the prior response on one (1) "Drug Substance" point, number 2. This brings our responses to date to fourteen (14) of the total of nineteen (19) points raised in the Letter.

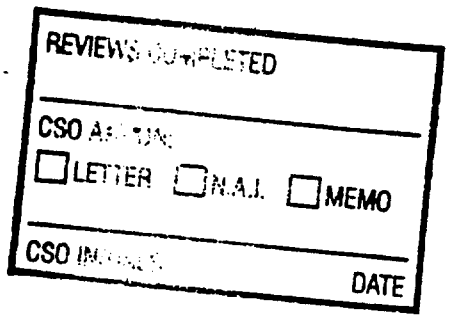
The five (5) responses still to be provided relate to "Drug Substance" (1), "Safety" (1), "Phase IV Commitments" (1), "Distribution" (1) and "Promotion" (1).

Please don't hesitate to contact me if you have any questions on the submitted material.

Sincerely,

/S/

President and
Chief Executive Officer



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ORIGINAL

ORIG AMENDMENT

The Danco Group

July 14, 1999

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200mg Oral Tablets
- Amendment 029 - Responses to FDA Approvable Letter of September 18, 1996

Dear ———

This Amendment 029 provides responses to ten (10) of the nineteen (19) points raised by the FDA in their Approvable Letter dated September 18, 1996. Subsequent filings will respond to the remaining nine (9) points.

For ease of review, this Amendment separately refers to each one of the nineteen (19) points raised and either provides the response, provides a reference to a previous response or indicates that the response will be provided. Responses still to be provided relate to "Drug Product" (4), "Drug Substance" (1), "Safety" (1), "Phase IV Commitments" (1), "Distribution" (1) and "Promotion" (1) and are planned for submission in the near future.

Please don't hesitate to contact me if you have any questions on the submitted material.

Sincerely, /S/

APPEARS THIS WAY
ON ORIGINAL

———
President and
Chief Executive Officer

This document constitutes trade secret and confidential commercial information exempt from public disclosure under 21 C.F.R. 20.61. Should FDA tentatively determine that any portion of this document is disclosable in response to a request under the Freedom of Information Act, Danco Laboratories, Inc. requests immediate notification and an opportunity for consultation in accordance with 21 C.F.R. 20.45. Contact telephone number is ———

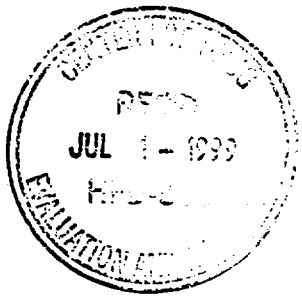
ORIGINAL

The Danco Group

ORIG AMENDMENT
BC

June 30, 1999

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857



Re: NDA 20-687, Mifepristone 200mg Oral Tablets
- Amendment 028 - Chemical, Manufacturing, and Controls (CMC) Section I for Drug Substance: **Supplement**

Dear [redacted]

In connection with our submission of June 3, 1999, we are herewith enclosing, in duplicate, a supplement to the CMC Section submitted as Amendment 025.

This amendment 028 includes the following:

- Annex 1: Mifepristone I [redacted]
- Annex 2: [redacted]

Please don't hesitate to contact me if you have any questions on the submitted material.

Thank you for your attention.

Sincerely,

/S1

President and
Chief Executive Officer

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

CSO INITIALS DATE

This document constitutes trade secret and confidential commercial information exempt from public disclosure under **21 C.F.R. 20.61**. Should FDA tentatively determine that any portion of this document is disclosable in response to a request under the Freedom of Information Act, Danco Laboratories, Inc. requests immediate notification and an opportunity for consultation in accordance with 21 C.F.R. 20.45. Contact telephone number is [redacted]

/dns
Enclosure

CC: [redacted]

Sandra P. Arnold – Population Council
Frederick H. Schmidt – Population Council
Patricia C. Vaughan, Esq. – Population Council

[redacted]

[redacted] – FDA

APPEARS THIS WAY
ON ORIGINAL

The Danco Group

June 21, 1999

Re: Anti-Abortion Violence

Dear ———

While the mainstream anti-abortion movement is not violent, a small yet significant fringe has emerged believing that anti-abortion violence is justified and in fact necessary. Anti-abortion activity, specifically violence and threats of violence, has been a widespread and persistent problem in the United States over the course of the last decade. This activity has taken the form of murder, attempted murder, arson, bombing, invasion, vandalism, assault and battery, death threats, anthrax threats, kidnapping, burglary, stalking, hate mail and harassing phone calls, bomb threats, picketing, and clinic blockades. Such threats and/or acts of violence can be broadly categorized as targeting several groups of organizations and/or individuals: abortion providers and/or their facilities, manufacturers of mifepristone, and organizations publicly affiliated with abortion rights.

Providers and Abortion Facilities

Abortion providers and abortion facilities are most often the targets of anti-abortion violence. This violence encompasses a wide range of activities, including murder and attempted murder. Prior to the trial of Michael Griffin for the 1993 murder of Dr. David Gunn (an abortion provider in Florida), a group named Defensive Action released a statement signed by anti-abortion activists advocating the idea that murder of abortion providers is justifiable homicide: "We...declare the justice of taking all godly action necessary to defend innocent human life including the use of force....his [Griffin's] use of lethal force was justifiable."

These statements are not merely threats, but have been acted upon a number of times. Since 1993, there have been seven reported murders of people involved in the provision of abortion services, including physicians, clinic escorts, receptionists, and police officers. Two of these murders occurred in 1998. Violence against abortion providers does not end at the clinic. Many providers are harassed and stalked away from clinics and/or their families are subject to harassment. This can take the form of picketing at home, school, or church; physicians have reported nails being strewn in their driveways and yards, fraudulent life insurance policies filled out for family members, and other disturbing tactics.

In 1998, the following types and incidents of violence and/or disruptive tactics were reported to the National Abortion Federation (NAF) and classified by the Bureau of Alcohol, Tobacco, and Firearms (ATF): murder, attempted murder, bombing, arson, attempted bombing/arson, invasion, vandalism, assault and battery, death threats,

kidnapping, burglary, stalking, hate mail and harassing phone calls, bomb threats, picketing, and clinic blockades. The attached chart by NAF "Incidents of Violence and Disruption Against Abortion Providers, 1998" details the number of violent incidents in each of the above categories annually from 1984 – 1998. These acts of violence also result in commercial harm to clinics' business operations: according to NAF, since 1990, abortion clinics have suffered over $8.5 million in damages due to arsons and bombings alone.

Another type of threat against abortion providers that has surfaced recently is the sending of letters claiming to contain anthrax to abortion providers and clinics. To date, not one of these threats has been real, but each threat requires a quick and comprehensive response that in effect shuts down the clinic during the investigations.

Army of God

One of the names that consistently appears in conjunction with anti-abortion violence is that of the Army of God. It is unclear whether the Army of God is a real underground group or whether it is a concept picked up, adapted, and used by separate individuals. Regardless, the Army of God has claimed responsibility for many acts of anti-abortion violence, including most recently the fatal bombing at an abortion clinic in Birmingham, Alabama in early 1998. This bombing was not an isolated incident. Following the 1997 bombings of an Atlanta abortion clinic and a lesbian bar, a similar letter authored by the Army of God claimed responsibility for these incidents. The Army of God name was first invoked in 1982 by an anti-abortion extremist who kidnapped an abortion doctor and his wife; later, he was convicted of the kidnapping and three clinic bombings. Other acts and/or threats of violence were attributed to the Army of God in 1983 and 1984, including a threatening letter to U.S. Supreme Court Justice Harry Blackmun (author of the Roe v. Wade decision).

The main documentation of the Army of God's existence is the Army of God manual, which is an underground handbook on how to commit clinic violence. A copy of this manual was originally found buried in an anti-abortion activist's backyard, who is currently serving time for attempted murder of an abortion provider and multiple arsons of abortion clinics. The manual provides specific tactics to shut down clinics in the section titled "99 Covert Ways to Stop Abortion," including butyric acid attacks and detailed instructions on how to make high-powered explosives. While initial versions of the manual advocate non-violence (although obviously espousing destruction of property), an epilogue to the manual written in November 1992 emphatically calls for violence: "We...do officially declare war on the entire child-killing industry.... All of the options have expired....whosoever sheds man's blood, by man shall his blood be shed....We are forced to take arms against you. Our life for yours – a simple equation."

Violent acts, including murder, against those affiliated with abortion provision show little or no signs of abating. More vigorous law enforcement and new laws such as the Freedom of Access to Clinic Entrances (FACE) Act, which makes it a federal crime to incite violence against abortion providers or patients, have helped contain much of the violence. However, violent acts and/or threats of violence continue to make headlines across the country. In part, this is because those advocating anti-abortion violence believe that they are engaged in a literal war. The anti-abortion extremists themselves discuss their actions as acts of war: Neal Horsley, creator of the "Nuremberg Files" Web site, following the Birmingham bombing wrote that "the bomb came from the Army of God. And it was not a cowardly act; it was an act of war." Horsley also comments that the war will not stop until legalized abortion is ended.

Nuremberg Files

The Southern Poverty Law Center (SPLC) notes that these anti-abortion extremists, motivated by a combination of religious fervor and identification with militias, are engaged in activities of war, including the creation of manuals such as the Army of God manual and the stockpiling of supplies. These extremists train in "reconnaissance and intelligence-gathering." The SPLC points out that the "most notorious form of intelligence-gathering has been of the details of the lives and personal schedules of abortion providers." For example, those associated with abortion provision or identified as supporting abortion rights (i.e., pro-choice congressional leaders and leaders of abortion rights groups) are targeted on the Web site known as the "Nuremberg Files", which lists names, home and work addresses, license plate numbers, and family information. When an identified abortion provider such as Dr. Barnett Slepian was killed, a line was drawn through his name on the Web site within hours of his murder. Similarly, anti-abortion extremists identified Dr. John Britton, the successor to the murdered provider Dr. David Gunn, and created "unwanted" posters of him with his personal information and photo included. According to SPLC, this information provided Paul Hill with the opportunity to murder Dr. John Britton and his escort and was thus subsequently written up as a case study in *Life Advocate* magazine, an outspoken advocate for anti-abortion violence.

Manufacturers of Mifepristone

A letter sent to the Atlanta office of Reuters claiming responsibility for the bombing at an abortion clinic in Birmingham, Alabama in early 1998 that killed one person and critically injured another, threatened additional bombings directed at manufacturers and distributors of RU-486 (mifepristone). After threatening continuing violence against abortion providers, the letter specifically targeted anyone who has anything to do with mifepristone: "The bombing in Birmingham was carried out by the Army of God. Let those who work in the murder mill's (sic) around the nation be warned once more – you will be targeted without quarter – you are not immune from retaliation. With the distribution of the genocidal pill RU-486 it is hoped the resistance will end. We will target anyone who manufactures, markets, sells, and distrobtes (sic) the pill."

Another threat levied against manufacturers of mifepristone came from Fr. David Trosch, a Catholic priest who advocates violence against any individuals and organizations associated with abortion. According to the SPLC, in 1994, Trosch sent a letter to Congress and the media announcing that killings of abortion providers as well as members of abortion rights and women's groups would begin soon; Trosch told a reporter that targets could also include manufacturers of RU-486 (mifepristone).

Abortion Rights Organizations

Members of the advocacy and professional community who work on abortion-related issues have sought additional security measures for themselves and/or their organizations due to threats and/or acts of violence. In 1984, the NAF and the American Civil Liberties Union (ACLU) offices in Washington D.C. were bombed by anti-abortion activists; the NAF office sustained $40,000 in damage and the ACLU office had minimal damage. As a result of the bombing, NAF was forced to relocate, undergoing considerable expense and effort in its search for new, secure offices.

Abortion rights groups have also received anthrax threats: both the Washington D.C. office of the National Abortion Rights Action League (NARAL) and the New York office of the National Organization for Women (NOW) received anthrax threat letters in February 1999. While these threats were hoaxes, they had the net result of disrupting

business and intimidating employees. As a result of such threats of violence, organizations that work publicly on abortion-related issues rely on advanced security measures at their offices, such as mail scanners that detect explosive devices and camera surveillance systems, in an attempt to detect in advance acts of violence targeted at them.

Law Enforcement Response

The federal government has recognized the seriousness of the threats listed above and as a result, has established a National Task Force on Violence Against Health Care Providers. The task force is directed from the Department of Justice's civil rights division and includes personnel from the FBI, ATF, U.S. Marshals, and the Postal Service. The federal government has provided security (in the form of U.S. Marshals) for individuals who have been threatened and has worked with groups such as NAF on how to avoid further acts of violence and how to minimize any threats of violence. Eric Robert Rudolph is on the FBI's Ten Most Wanted Fugitive List in connection with the bombing in Birmingham as well as multiple bombings in Atlanta. James Charles Kopp has been charged with the murder of Dr. Barnett Slepian and has also been added to the FBI's Ten Most Wanted List. James Kopp has been identified as "Atomic Dog," an alias used in the Army of God manual.

Summary

This document highlights examples of incidents of anti-abortion violence in the United States. For documentation, see the attached compilation of articles, which focuses on the period from 1997-1999. This is not an exhaustive compilation, but rather a sample of the types of violence that have taken place over the last few years.

Despite limited publicity regarding mifepristone's introduction, there have already been public, documented threats against those responsible for bringing it to the market. Given the current and continuing levels of violence, harassment, and intimidation tactics by the anti-abortion movement, we can expect to see enhanced types of activity planned against those publicly affiliated with mifepristone when it is introduced into the United States.

Sincerely,

Heather M. O'Neill

Heather M. O'Neill
Director of Public Affairs

/dns

APPEARS THIS WAY
ON ORIGINAL

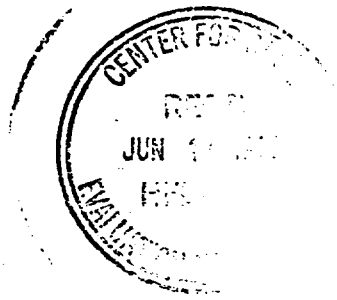
ORIGINAL

The Danco Group

ORIG AMENDMENT

BC

June 15, 1999



Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200mg Oral Tablets
- Amendment 026 - Proposed Drug Product Manufacturing Procedure

Dear ———

During a telephone discussion on Friday, June 11 with ——— requested Danco to provide the FDA with the manufacturing process that Danco will follow to produce the demonstration and validation batches of Drug Product. We are enclosing this documentation as Amendment 026.

This process is identical to the original Roussel process but, based on our experience during the upcoming production of the demonstration and validation batches, may need minor adjustments which will be reflected in Danco's subsequent Drug Product CMC submission.

Please don't hesitate to contact me if you have any questions on the submitted material.

Sincerely,

/S/

———
President and
Chief Executive Officer

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

CSO INITIALS DATE

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Population Council

ORIGINAL

ORIG AMENDMENT
B2

Sandra P. Arnold
Vice President
Corporate Affairs

June 3, 1999

VIA FEDERAL EXPRESS

Division of Reproductive and Urologic Drug
Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

RE: NDA 20-687, Mifepristone 200 mg Oral Tablets
Amendment 024-Final Reports for the U.S. Clinical Trials on "Evaluation of the efficacy, safety and acceptability of mifepristone and misoprostol in inducing abortion in pregnant women with amenorrhea of up to 63 days"

Dear _____

Enclosed are the final reports of the clinical trials entitled "Evaluation of the efficacy, safety and acceptability of mifepristone and misoprostol in inducing abortion in pregnant women with amenorrhea of up to 63 days." These trials were conducted concurrently in the United States under identical protocols (166A and 166B) to evaluate the regimen of 600 mg mifepristone followed by an oral dose of 400 μg misoprostol two days later.

The results of these studies are presented in the following series of reports included in this submission:

- Study Report - Efficacy/Safety for Protocol 166A
- Study Report - Efficacy/Safety for Protocol 166B
- Study Report - Acceptability/Feasibility for Protocol 166A
- Study Report - Acceptability/Feasibility for Protocol 166B
- Combined Summary of Effectiveness for Protocols 166A and 166B
- Combined Summary of Safety for Protocols 166A and 166B
- Combined Summary of Acceptability and Feasibility for Protocols 166A and 166B

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0663 Facsimile: (212) 980-3710 Email: sarnold@popcouncil.org http://www.popcouncil.org

Population Council

Draft versions of the reports for these studies were previously submitted under IND ——. Serial Number 185, on May 5, 1997.

Please contact me should there be any questions or comments regarding this submission.

Very truly yours,

Sandra Arnold

APPEARS THIS WAY
ON ORIGINAL

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

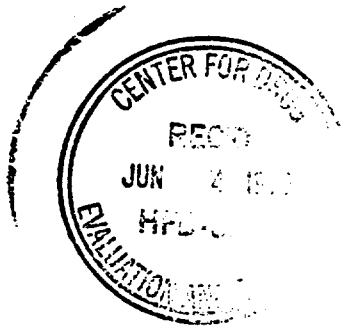
CSO INITIALS DATE

ORIGINAL
ORIG AMENDMENT

The Danco Group

June 3, 1999

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857



Re: NDA 20-687, Mifepristone 200mg Oral Tablets
- Amendment 025- Chemistry, Manufacturing and Controls (CMC) Section for Drug Substance

Dear ———

We are filing the CMC section for our Drug Substance Manufacturer.

We understand that the FDA is under no obligation to review submitted material until the complete response is received. However, as per our discussions with the FDA at the April 9 meeting and reflected in the minutes, we request that the FDA initiate review of this CMC submission as soon as possible.

Please don't hesitate to contact me if you have any questions on the submitted material.

Sincerely,

/S/

President and
Chief Executive Officer

REVIEWS COMPLETED
CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO
CSO INITIALS DATE

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/dns
Enclosure

CC: [redacted]
Sandra P. Arnold – Population Council
Frederick H. Schmidt – Population Council
Patricia C. Vaughan, Esq. – Population Council
[redacted]
[redacted] – FDA

APPEARS THIS WAY
ON ORIGINAL

ORIGINAL

ORIG AMENDMENT

The Danco Group

[ ]

BC

May 10, 1999

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200mg Oral Tablets
- Amendment 022 — Site Details for Pre-Approval Inspection (PAI) of First Drug Substance Manufacturer

Dear ———

As requested we are providing site details for the scheduling of the PAI for Danco's first Drug Substance manufacturer.

CFN	:	FCCH499
Site Address	:	Shanghai HuaLian Pharmaceutical Co., Ltd. Minle Road, Pudong Development Area Shanghai 201419 People's Republic of China
Mailing Address:		Shanghai HuaLian Pharmaceutical Co., Ltd. 370 Jiang Wan Road (West) Shanghai 200083 People's Republic of China

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

CSO INITIALS DATE

This document constitutes trade secret and confidential commercial information exempt from public disclosure under 21 C.F.R. § 20.61. Should FDA tentatively determine that any portion of this document is disclosable in response to a request for inspection or copying, or in response to a request under the Freedom of Information Act, Danco Laboratories, Inc. requests immediate notification and an opportunity for consultation in accordance with 21 C.F.R. § 20.45. Contact telephone number is ———

Danco reiterates its statements in Amendment 021: "...this site will be fully ready for inspection in July 1999....Initial communication by the inspector group should be with [redacted] after which [redacted] will be designated Danco's representative."

Please let me know if you require any additional information.

Sincerely,

[redacted]

President and
Chief Executive Officer

/dns
Enclosure

CC: [redacted]
Sandra P. Arnold – Population Council
Frederick H. Schmidt – Population Council
Patricia C. Vaughan, Esq. – Population Council
[redacted]
[redacted]
[redacted] - FDA

APPEARS THIS WAY
ON ORIGINAL

The Danco Group ORIGINAL

April 28, 1999

NEW CORRESP

NC

noted 5/4/99 /s/

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: NDA 20-687, Mifepristone 200mg Oral Tablets

- Amendment 021 – Scheduling of Pre-Approval Inspection (PAI); Submission of Trademark

Dear ———

During the meeting that was held between the Population Council, the Danco Group and the FDA on April 9, 1999, Danco was asked to (i) formally request a PAI for its first Drug Substance Manufacturer in China and (ii) provide alternatives with regard to the trademark for the USAN mifepristone.

Danco hereby requests the FDA to undertake a PAI for Danco's first Drug Substance manufacturing site in China. This site will be fully ready for inspection in July 1999. We understand this coincides with the site inspectors' next visit to the area. Initial communication by the inspector group should be with ——— after which ——— will be designated Danco's representative.

With regard to tne trademark for the USAN mifepristone, Danco's first choice remains MIFEPREX, which was previously submitted on the April 9 agenda document. Danco's second choice is ——— Both proposed trademarks have been submitted to the Trademark Office for registration. We understand the concern raised by the FDA about any stem of the USAN being included in the trademark. However, we have researched the Physician's Desk Reference and found numerous examples where USAN stems have been used (see attached). We therefore reaffirm and request positive consideration of MIFEPREX as the prime trademark choice for the USAN mifepristone.

We look forward to receiving the FDA's minutes of the April 9 meeting.

Sincerely,

/s/

President and
Chief Executive Officer

CC: ———
Sandra P. Arnold – Population Council
Frederick H. Schmidt – Population Council
Patricia C. Vaughan, Esq. – Population Council

——— - FDA

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

CSO INITIALS DATE

MIF 001535

Population Council

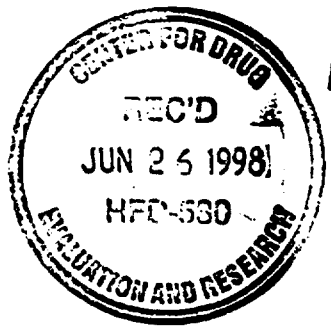
ORIGINAL

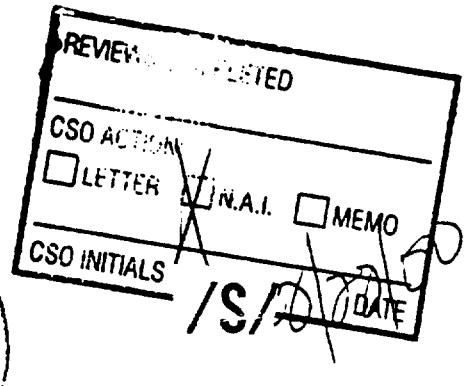
Sandra P. Arnold
Vice President
Corporate Affairs

ORIG AMENDMENT
3C

June 25, 1998

Transmitted via Federal Express





Consumer Safety Officer
Division of Reproductive and
Urologic Drug Products
Room ___ HFD-580
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Reviewed
See Chemistry Review #3
/S/
2/19/00

Re: NDA 20-687, Mifepristone 200 mg Oral Tablets
Amendment 015

- **Correspondence regarding recent telephone discussions between _____ and _____**
- **Request for meeting**

Dear _____

_____ has informed me that in recent telephone conversations you had discussed the various new manufacturing sites (substance and tableting) that would require pre-approval site inspections. Additionally, you had indicated that Gedeon Richter would also have to be inspected. You had also discussed the fact that the Division had not yet been able to provide the Population Council with a detailed letter of chemistry deficiencies relative to Gedeon Richter's Bulk Drug Manufacturing Information. I would like to add the following comments for the record:

1. While we plan to utilize the existing Roussel Uclaf (RU) bulk drug substance as the primary reference standard, if for any reason the RU reference standard expires or otherwise becomes unstable, we would plan to utilize Gedeon Richter (GR) bulk drug substance as the primary reference standard.

2. Given the above strategy, it is critically important for us to receive a written report of any deficiencies in the September 24, 1997 submission (Amendment No. 9) of the GR CMC as soon as possible. During our March 16 meeting, the Division had identified several deficiencies, and had agreed to try and have a written response to us by the end of May. We understand that there has been some personnel movement but we would still appreciate your earliest possible response to avoid any additional delays. Your assistance in accomplishing this would be appreciated.

Telephone: (212) 339-0663 Facsimile: (212) 980-3710 One Dag Hammarskjold Plaza, New York, New York 10017
Email: samold@popcouncil.org http://www.popcouncil.org

[redacted]

We would also very much appreciate discussions with the Division and Office of Compliance regarding the early scheduling of pre-approval/manufacturing site inspections for the various site locations indicated to avoid time delays. Would it be possible to schedule a meeting during July or early August to discuss the Gedeon Richter CMC deficiencies, the scheduling of the pre-approval/manufacturing site inspections, and the chemistry process utilized by our new manufacturer, including a discussion of the differences from the original process? A representative of our manufacturer will also be available for this requested meeting.

We appreciate your efforts to facilitate the progression of this project. Since I will be away until July 13, 1998 I would recommend that you directly contact [redacted], President and Chief Operating Officer of The Danco Group. [redacted]'s telephone number is [redacted]

We would appreciate it if you would please give [redacted] a copy of this letter. Thank you.

Very truly yours,

Sandra P Arnold

Sandra P. Arnold
Vice President
Corporate Affairs

Cc: [redacted]

Frederick H. Schmidt, Ph.D.
Patricia C. Vaughan, Esq.

APPEARS THIS WAY
ON ORIGINAL

Congress of the United States
House of Representatives
Washington, DC 20515–0529
HENRY A. WAXMAN
29TH DISTRICT, CALIFORNIA

June 24, 1998

Representative Marcy Kaptur
Ranking Member
Subcom. On Agriculture, Rural Development, FDA
Committee On Appropriations
2311 Rayburn Building
Washington, D.C. 20515

Dear Representative Kaptur:

I wanted to provide you with my view about the amendment to H.R. 4101 proposed by Congressman Coburn blocking the use of FDA funds for the testing, development or approval of any drug for the chemical inducement of abortion. Specifically, I wanted to inform you of my view concerning the terms of the FDA statute, and whether that authorizing statute requires the Secretary to make a determination of what a "drug for the chemical inducement of abortion" is.

As you know, I am the former chairman of the Subcommittee on Health and the Environment, and served as the ranking member of that Subcommittee in the last Congress. I have spent many years involved with the terms of the FDA law. In my view, it is clear that the statute neither contains a term "drug for the chemical inducement of abortion" or places any duty on the Secretary to make a determination as to whether a drug, or a production, manufacturing or distribution facility for that drug, is for the chemical inducement of abortion. Clearly, to make such a judgment, the Secretary would need to make additional determinations that are not otherwise authorized in the statute, or covered within the basic duty to determine the safety and effectiveness of a drug or device.

If consideration of imposing such a duty on the Secretary was to occur, it would clearly be the job of the authorizing committee to make that determination.

I hope it is useful to you to have the benefit of my view on this issue.

Henry A Waxman

Rep. Henry A. Waxman

and will be able to preserve the $10 million subsidy to the private ranching interests for one more year.

Mr. BASS. Mr. Chairman, will the gentleman yield?

Mr. DEFAZIO. I yield to the gentleman from New Hampshire.

Mr. BASS. Is it not true that either of these two suggested changes can easily be corrected in the committee of conference under technical corrections? There is no need to worry if under the unfortunate circumstance we have a revote that these corrections will not obviously be made, because it is the intent of Congress to make this change.

Mr. DEFAZIO. Mr. Chairman, I reclaim my time and thank the gentleman. There are a plethora of ways that this could be fixed. The simplest way is by the insertion of the word "operations" which the chairman objected to. I am going to propose changing a number. That is one change in one number. That would fix the problem or any potential problem. If the chairman objects there, it could still be fixed in conference or with a technical correction later. That is correct. So clearly the revote, if it occurs, will be on whether or not the Members want to provide a $10 million subsidy to western cattle and ranching interests which I believe a clear majority stated yesterday they do not. That will be the vote that will be rated.

REQUEST FOR MODIFICATION TO AMENDMENT NO. 2 OFFERED BY MR. DEFAZIO

Mr. DEFAZIO. Mr. Chairman, I ask unanimous consent that the language of the original amendment be changed on line 2 to not more than $28,097,000.

The CHAIRMAN pro tempore. The Clerk will report the modification.

The Clerk read as follows:

In the matter inserted in the Bass amendment providing for "Limitation on Use of Funds" strike "$18,800,000" and insert "$28,000,000".

The CHAIRMAN pro tempore. Is there objection to the request of the gentleman from Oregon?

Mr. SKEEN. Mr. Chairman, I object.

The CHAIRMAN pro tempore. Objection is heard.

Mrs. LINDA SMITH of Washington. Mr. Chairman, I move to strike the last word.

Mr. Chairman, we are going to begin a colloquy talking about the tobacco issue. First of all I would like to say that every year since I have been in Congress, I have introduced an amendment, or cosponsored an amendment, to get rid of subsidy for the Risk Management Agency, the crop insurance section, and the net cost of this, of this program. Each year we have lost by a scratch. This year as we went into working on the agriculture bill, we also have another bill which is the tobacco bill coming up. As we have worked on that, none of the objections that I have had have lessened. But it appears that the leadership now has agreed that there will be no cost to taxpayers. They will eliminate all cost to taxpayers of this particular program in the tobacco bill which the Speaker of the House will be introducing in just a few weeks. I would like to have confirmation of that.

Ms. PRYCE of Ohio. Mr. Chairman, will the gentlewoman yield?

Mrs. LINDA SMITH of Washington. I yield to the gentlewoman from Ohio.

Ms. PRYCE of Ohio. I thank the gentlewoman from Washington for yielding for the purpose of this colloquy. I recognize the gentlewoman's longstanding role in trying to solve this program funding issue which we debate each year. I would like to take this opportunity to confirm that we on the Tobacco Task Force and in leadership share her concerns and are committed to correcting this problem as part of our efforts to craft tobacco legislation later next month in a more comprehensive way.

I have to say that I myself personally feel very strongly. I have consistently voted against the subsidy as she has. I would like to see it eliminated. I will confirm that this will be a part of the tobacco legislation.

Mrs. LINDA SMITH of Washington. I thank the gentlewoman for her comments. I want to ask one question to clarify what she just said. She is saying that the tobacco legislation will eliminate any taxpayer support for this program.

Ms. PRYCE of Ohio. That is correct.

Mr. HANSEN. Mr. Chairman, will the gentlewoman yield?

Mrs. LINDA SMITH of Washington. I yield to the gentleman from Utah.

Mr. HANSEN. I appreciate the gentlewoman yielding. As I understand it, the designee for the leadership is the gentlewoman from Ohio (Ms. PRYCE), and we appreciate the great work that we expect her to do which I am sure she will. She is very aware that myself, the gentleman from Massachusetts (Mr. MEEHAN) and the gentleman from California (Mr. WAXMAN) have a piece of legislation that we think is an excellent piece of legislation. We are not solidly in cement, but we would like some assurance from the leadership's designee that the language that we are talking about which would give protection as I see it to the small farmer who we are very concerned about would be included in any piece of legislation, whether it be an abbreviation or change of ours, or it be one that the Speaker and the task force comes up with, that we could have that assurance. I think it would make those of us on a bipartisan nature who are working on this feel much better about that if we could have that assurance at this time.

Ms. PRYCE of Ohio. If the gentlewoman will yield, the assurance that the gentleman is asking for is that this subsidy will not any longer be in existence as a result of the tobacco legislation, he has that assurance.

Mr. HANSEN. We do appreciate that. I would hope that the task force would work with us closely on many of the things that are in our legislation which I notice the Speaker of the House on television the other night, I thought he was repeating our bill as he gave his rendition on television, if I may respectfully say that.

Mr. FAZIO of California. Mr. Chairman, will the gentlewoman yield?

Mrs. LINDA SMITH of Washington. I yield to the gentleman from California.

Mr. FAZIO of California. If I could ask the gentlewoman from Ohio to comment further, it has been the assumption that a number of us who have been working on tobacco legislation have had that somehow this would be paid out of the settlement, so that the individual tobacco farmer would not be eliminated from a program that all other farmers could participate in, but that we would relieve the burden that I know a number of Members have had of public support through the general fund of the Government.

Is it contemplated that somehow the companies through the settlement would make available funds to ensure that these growers can participate in this program?

Ms. PRYCE of Ohio. That still is a very viable possibility. We will be working through the next 2 weeks of recess to further that goal. I cannot say exactly that that is how it will happen, but I can say with great assurance that it will no longer be a burden on the American taxpayer.

Mr. FAZIO of California. There may be another approach taken, if the gentlewoman will yield further, that I have not mentioned but still a way in which these growers would not be discriminated against vis-a-vis other agricultural producers?

Ms. PRYCE of Ohio. That is being explored. There are several different proposals on the table. I am sure the gentleman is aware that there are many Members on our side of the aisle that are very interested in this as well. I have been trying to work with them so that these small farmers are not cast out overnight. But it does not belong on the taxpayers' shoulders. I feel the same as the gentlewoman from Washington in that respect.

Mr. FAZIO of California. Mr. Chairman, we look forward to seeing the legislation. Obviously I hope it is a comprehensive approach to the solution to this problem but one that does not leave out the needs of legitimate tobacco farmers in this country.

Mrs. LINDA SMITH of Washington. Mr. Chairman, in conclusion I want to thank the gentlewoman from Ohio for her leadership and the assurance that the taxpayers will no longer pay this, and I will pull my amendment.

AMENDMENT OFFERED BY MR. COBURN

Mr. COBURN. Mr. Chairman, I offer an amendment.

The Clerk read as follows:

Amendment offered by Mr. COBURN:

At the end of the bill, insert after the last section (preceding the short title) the following new section:

SEC. 739. None of the funds made available in this Act may be used by the Food and

Drug Administration for the testing, development, or approval (including approval of production, manufacturing, or distribution) of any drug for the chemical inducement of abortion.

Mrs. LOWEY. Mr. Chairman, I reserve a point of order on the gentleman's amendment.

The CHAIRMAN. The gentlewoman from New York reserves a point of order.

Mr. COBURN. Mr. Chairman, this is a bill that is intended to do a very discrete function. Number one, we should look at what the definition of the charge to the Food and Drug Administration is. Let me quote from page 96 of this bill:

"The programs of the Food and Drug Administration are designed to achieve a single overall objective, consumer protection."

Mr. Chairman, it is my contention that there is nothing associated with consumer protection in the development and securing of abortifacient drugs, that in fact this is an area far outside the charge of the Food and Drug Administration.

What does this bill not do? This bill has no effect on the development of any drug which has a purpose other than abortifacient of an implanted blastocyst. This amendment will not prohibit the FDA from conducting its legitimate oversight function, and following its guidelines to in fact follow the charge of consumer protection.

Part of the point of order that I am sure will be raised is that this is far reaching and goes outside the scope, which it does not, because it is not intended to completely block research on efficacious drugs.

The other point that I would make, that the charge of the FDA is, is to maintain surveillance over food, drugs, medical devices and electronic products to ensure that they are safe, effective and honestly labeled. The use of abortifacients supported by our tax dollars, researched by our tax dollars, approved by our tax dollars, has nothing to do with the charge of the FDA. It would seem to me that if we wanted to be honest, that this is something that totally should be ignored, is not an area of safe and effective oversight of the FDA, and, in fact, raises several other troubling questions:

Number one is we should be seeking, regardless of our position on pro-life or pro-choice, alternatives to abortion rather than making abortion easier.

Number two, we markedly oversimplify the concept of abortifacient drugs by saying that we can have a pill that will solve this problem.

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Number 3, there is significant scientific evidence today that abortion is associated with a marked increase in the incidence of breast cancer.

Number 4, abortion drugs are often dispensed without a doctor's approval and oftentimes endanger a woman's health rather than protect her health. Twelve States already give pharmacists the authority to dispense these drugs without the aid of a physician.

Finally, if we talk about the research that has been done on the abortifacient drugs that are presently available or used in that manner, what we find is they are extremely ineffective. If my colleagues look at the studies that have been done in Brazil or in Europe on the multitude of drugs that are followed by this concept, what they will find is that 8 to 10 percent failure rate to accomplish what they were intended to do. What we find also is what has happened to the children that have been exposed to these drugs, and again let me bring this back.

What is the charge of the FDA? The charge of the Food and Drug Administration is safety, is consumer protection. Having Federal dollars spent to perfect and introduce and license and hold up a drug that takes away life goes completely opposite of the charge of the Food and Drug Administration.

Finally I would like to describe for my colleagues what happens to children who have been exposed to this. About 12 percent of the women who are exposed to the abortifacients that are out there now end up having to have an instrumented procedure. So, first of all, it fails for those 12 percent. Another 12 percent of the women do not abort. Of those 12 percent of women who do not abort, 9 percent, 8 to 9 percent, of the children are born.

The CHAIRMAN. The time of the gentleman from Oklahoma (Mr. COBURN) has expired.

(By unanimous consent, Mr. COBURN was allowed to proceed for 1 additional minute.)

Mr. COBURN. Mr. Chairman, of the 8 to 9 percent of the children that are born, 50 percent of those children, a large number, have microcephaly, which is a smaller-than-normal brain which leads to severe retardation, a large number have hydrocephaly, which means they have an inability to circulate the fluid around the brain.

So if, in fact, we want the Food and Drug Administration to be about consumer protection, then we in fact ought to ask them not to have anything to do in their charge with abortifacient drugs.

Mrs. LOWEY. Mr. Chairman, will the gentleman yield for the purpose of a question?

The CHAIRMAN. The time of the gentleman from Oklahoma (Mr. COBURN) has again expired.

(By unanimous consent, Mr. COBURN was allowed to proceed for 2 additional minutes.)

Mr. COBURN. Mr. Chairman, I yield to the gentlewoman from New York.

Mrs. LOWEY. Mr. Chairman, does the gentleman's amendment mean that if the application is submitted to FDA without the term, without the term "chemical inducement of abortion" as its stated purpose, would the amendment apply?

Mr. COBURN. The amendment would not apply to any drug that is applied to the FDA that the primary purpose is not intended to be an abortifacient. For example, there is a drug that is presently on the market called Cytotec. The gentlewoman is familiar with that drug. If that drug were being applied for now, its primary intended use is for ulcer prevention and treatment. This amendment would not preclude the application of that NDA for that drug.

Mrs. LOWEY. So, if the gentleman would clarify once more for me, if the application does not include the specific term "chemical inducement of abortion," what would the gentleman expect the department to do?

Mr. COBURN. First of all, the department is much more knowledgeable than my colleague might give them credit for. They understand what drugs are used for, and they are scientists and very good at what they do. And if, in fact, some company is making application for a drug that the primary purpose is for something that fits the charge of the FDA, consumer safety, not death, not killing, but consumer safety, then I think they have very well the ability to figure out what the purpose of that application is. And they also have to very clearly state in their NDA what the purpose is for the drug.

Mrs. LOWEY. But then, if I can further ask for clarification again, if the application is submitted to the FDA without the specific term "chemical inducement of abortion" as its stated purpose, would the amendment apply?

Mr. COBURN. Again, I would give the gentlewoman the same answer:

If somebody applies for a drug that is intended to do chemical induced abortion, and that is what they are asking for an NDA for, then it would apply. If it is not intended for that, it would not apply. And so therefore any drug that has any other use that might be beneficial and under consumer protection, the charge of the FDA, would be recognized as a legitimate NDA application.

POINT OF ORDER

Mrs. LOWEY. May I proceed, Mr. Chairman, with my point of order?

The CHAIRMAN. The gentlewoman from New York will state her point of order.

Mrs. LOWEY. Mr. Chairman, the Coburn amendment violates clause 2 of rule XXI of the Rules of the House prohibiting authorization on an appropriations bill.

Under clause 2 of rule XXI a provision is authorizing in nature if it imposes a new duty on a Federal employee.

The Coburn amendment does just this by prohibiting the Food and Drug Administration from expending any funds on an activity for which it does not have a definition. Quote: "Drug for the chemical inducement of abortion," as the Coburn amendment is written, is not a term of art that is legally recognized by the FDA.

I have a memo from the Department of Health and Human Services, and will

ask that it appear in the RECORD, stating that the term is one that is not recognized by the agency and would require interpretation. Requiring the agency to define this term unto the Coburn amendment means imposing a new duty on a Federal official.

This is clearly authorizing language.

Mr. Chairman, the memo goes on to say, and I quote: Under the statute's drug-approval scheme, sponsors propose to the Food and Drug Administration particular medical indications for which they seek to conduct research. Sponsors then seek FDA approval to market the drug for those proposed indications that the research demonstrates that the drug is safe and effective for these indication.

Since sponsors are free to propose any medical indication for their drugs and are unlikely to propose this precise language under this amendment, FDA would need to interpret each of these terms in the amendment in this context, chemical inducement and abortion, none of which are defined in the Federal Food, Drug and Cosmetic Act, and evaluate whether the proposed indication was subjected to the restriction.

I have a letter from the gentleman from California (Mr. WAXMAN) the former chairman and the ranking member of the Committee on Commerce Subcommittee on Health and the Environment, agreeing with the assessment that the Coburn amendment is authorizing in nature, and I will ask that this letter be included in the RECORD as well.

Mr. Chairman, I ask the Chair to sustain a point of order against this amendment. It is a clear violation of rule XXI, clause 2 of the Rules of the House.

One more point. The duty is they have to make a determination even if the exact words of the application are different from those in the gentleman's amendment. The FDA needs to determine the meaning of the applicant's words, and I would suggest that the gentleman from Oklahoma (Mr. COBURN) has conceded this point, and I thank the Chair, and again I ask the Chair to sustain a point of order against this amendment. It is a clear violation of rule XXI, clause 2 of the Rules of the House.

Mr. COBURN. Mr. Chairman, I would like to respond to the gentlewoman's point of order.

The CHAIRMAN. The Chair will hear the gentleman's response on the point of order.

Mr. COBURN. Mr. Chairman, this is an amendment based first on a limitation of funds. Number two, there is nothing in this amendment that requires anything additional by the FDA because every NDA that comes before the FDA today has to state the purpose for which the drug application is made. And then finally is that we would not agree to a stipulation, as the gentlewoman from New York pointed out, that would limit anybody's application for any drug and to apply this Rule of the House, we will happily concede, if we want to use the definition as she stated initially, in terms of abortifacient, if that is what she desires.

But the point is the actual functioning of the FDA, having brought drugs to the FDA, having filed NDAs, her statement is inaccurate, it does not follow the rules of the FDA, it is not a true statement to say that this will require any additional burden on the FDA.

Mr. Chairman, the FDA already requires every drug that has applied for it to state very specifically what its purpose is. If the purpose for the drug is not abortifacient, then there is no problem. If the purpose for the drug is it is, then the FDA would be limited.

This is a medical term under which the FDA already knows the definition. There is no question about what the definition is. There is no question in Federal law about what the definition is. So to confuse the issue under this rule is wrong.

Mrs. LOWEY. Mr. Chairman, may I ask the gentleman for further clarification?

The CHAIRMAN. The gentlewoman may proceed on her point of order.

Mrs. LOWEY. Mr. Chairman, I would like to ask the gentleman from Oklahoma if the application for RU-486 did not include the terms in the gentleman's amendment, how would the gentleman require the FDA to rule?

Mr. COBURN. What the gentlewoman from New York will have to tell me first to answer that is how was the RU-486 applied for.

Mrs. LOWEY. Mr. Chairman, I am asking the gentleman a question.

Mr. COBURN. The question is that the RU-486 was not applied for under that rule initially and is now.

Mrs. LOWEY. Yes, correct; or I am asking the gentleman, let us say if RU-486 did not apply for the application, would those terms expressed in the gentleman's amendment, how would the gentleman expect under his amendment the FDA to rule?

Mr. COBURN. Very easily. RU-486 is used for other things besides that. So, if they did not specify it, then that RU-486 would be approved for whatever it is specified for.

Very straightforward. Any drug that follows the guidelines of the FDA's NDA application process must state its intent. If RU-486 were applied for and it was not stated intent to accomplish what it in fact did, then it would be eligible for consideration under this rule.

The CHAIRMAN. Do other Members wish to be heard on the point of order?

Mr. WELDON of Florida. Mr. Chairman, I rise to speak in opposition to the gentlewoman's point of order, and I would just like to say that the point she is trying to make, I think, runs contrary to the whole tradition of what we do here in the House in these appropriations bills. It is the right and the prerogative of any Member to rise and put limitations or specifications on how money is going to be spent, and this man's amendment, the gentleman from Oklahoma, is very simple and straightforward.

We all know that abortion is a very controversial issue, it is controversial in this body, it is controversial with the American people, and the House of Representatives has repeatedly voted, for example, that no Federal dollars will be used for performing abortions. The so-called Hyde amendment language easily passes the House with overwhelming majorities, and I think the reason for this is obvious. Even though many Members may feel that they are personally pro-choice, they think it is totally appropriate not to be spending Federal dollars for performing abortions, and to ask that the Food and Drug Administration not use its funds for putting abortion drugs on the market I think is a very reasonable proposal.

Mr. Chairman, I would strongly recommend the Chair rule against the gentlewoman's point of order and that the gentleman's amendment be allowed to be debated and voted on according to the proceedings of the House.

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The CHAIRMAN. Are there other Members that wish to be heard on the point of order?

Mr. WAXMAN. Mr. Chairman, I am a little confused, and I want some clarification. As I understand what the gentleman from Oklahoma (Mr. COBURN) told us, he expects the FDA to make some kind of interpretation of the primary intent of the drug.

Mr. COBURN. Mr. Chairman, if the gentleman will yield, every application made to the FDA has to have the primary intent of a drug, as the gentleman well knows. My objection to the point of order is we presented this just like every other limitation that has been placed in this Congress on the dispensing of funds, and we have followed that guidelines and made no new requirements on the part of the FDA.

Mr. WAXMAN. Mr. Chairman, reclaiming my time, I am not asking the gentleman's conclusions on the point. I was trying to find out what he would ask FDA to do if a manufacturer came in and said the primary purpose of the drug was to be abortifacient. The gentleman would argue then that his amendment would apply, is that correct?

Mr. COBURN. Yes.

Mr. WAXMAN. If the manufacturer came in and asked for approval of a drug and it did not state that it was for that purpose, then the amendment would not apply?

Mr. COBURN. That is true.

Mr. WAXMAN. Now, my point, Mr. Chairman, is that FDA has to look at these words which are not words within the context of the FDA law. The chemical inducement of abortion is a new phrase. It has no precedent in FDA's statutory authority, it has no legal definition, no statutory reference, no

regulatory guidance and no legislative history.

In other words, if this amendment were adopted, the head of the FDA would have to look at the application from a drug manufacturer. If the application said that the drug was being requested for approval for the purpose of a chemical inducement of abortion, then I would say this amendment would apply and there is no question about it.

But if the gentleman, as he stated earlier, would ask the FDA administrator to in some way make some judgment that really that is what they intend, even though they do not say it, then we are doing something beyond a limitation on the use of the funds.

Mr. COBURN. If the gentleman would yield further, the FDA makes a judgment on every drug application made to it.

The CHAIRMAN. The gentleman from California (Mr. WAXMAN) may speak on his point of order. When he is finished, the Chair will recognize other Members. There is no yielding back and forth. Is the gentleman finished?

Mr. WAXMAN. I did not realize there is no yielding back and forth.

The CHAIRMAN. There is not. If the gentleman wants to continue, he may.

Mr. WAXMAN. Mr. Chairman, if I may conclude, my point is if the FDA Commissioner has to make a judgment, then this amendment should not be permitted in order.

The CHAIRMAN. Are there other Members who wish to be heard on the point of order?

Mrs. LOWEY. Mr. Chairman, based on the gentleman's interpretation that unless the application for RU-486 contains the worlds "chemical induced abortion," the prohibition would not apply, I would withdraw my point of order.

The CHAIRMAN. The point of order is withdrawn.

Are there any Members who wish to speak on the amendment offered by the gentleman from Oklahoma (Mr. COBURN)?

Mrs. LINDA SMITH of Washington. Mr. Chairman, I move to strike the last word.

Mr. Chairman, I rise to speak in favor of this amendment. I think we need to go back to what the role of the Food and Drug Administration is, and that is the role of ensuring public safety and health, and that is by approving medically necessary drugs and devices, as well as ensuring food safety.

The amendment offered by the gentleman from Oklahoma (Mr. COBURN) is consistent with the mission of the FDA and simply bans funding for the testing, development or approval of any drug which causes a chemical abortion.

You see, women's health is really at stake. New evidence has indicated that abortions increase the chances of breast cancer. Presently breast cancer is the leading cause of cancer among middle-aged women. If protecting all members of society is the goal of the FDA, certainly we need to study this link exhaustively before we approve any drug that causes a chemical abortion. Make no mistake, the morning after pill which the FDA approved is not a contraceptive. It is an abortifacient, meaning it causes a chemical abortion.

In my home state of Washington, for example, pharmacists are permitted to dispense the "morning after" pill without a doctor's prescription. A doctor gives the general prescription to the pharmacist, the pharmacist interviews the woman, and then he decides or she decides whether or not the woman is eligible for this abortion. The protection of the doctor is then removed and the ramifications of the woman's health, whether physical or emotional, are not even discussed.

Additionally, our taxpayer dollars should not be used for the FDA to implement the abortion drug RU-486. The long-term effects of this abortive are still unknown. In U.S. clinical trials, four women nearly bled to death and required blood transfusions. Many women bled profusely and required hospitalization, and 68 percent of the women experienced such severe pain that medication was required.

It is unacceptable for the Federal Government through the vehicle of the FDA to promote a drug whose sole purpose is to destroy the life of another human being.

I think the goal of most lawmakers, whether Republican or Democrat, is to find alternatives to abortion. But with the increased accessibility of these abortion pills, unwanted pregnancies become the medical equivalent of a simple headache. Just pop a pill, and your problems all will go away. In our State it is as easy as calling the hot line number which appeared in my State paper, 1-888-NOT-2-LATE.

Mr. Chairman, in an age of increased personal responsibility, this is not a signal to be advertising to American women. It is not a signal to be advertising to American youth.

The job of the FDA is to protect and promote the health of all citizens. That includes the health of unborn children of America. The funds in the agriculture appropriation bill should not be used by the FDA to test, develop or approve any drug which substitutes abortives for self-discipline, causing abortions.

Mr. Chairman, I urge my colleagues to support the amendment offered by the gentleman from Oklahoma (Mr. COBURN).

Mrs. LOWEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong opposition to the gentleman's amendment. The Coburn amendment would stop the drug approval process in its tracks by placing unprecedented roadblocks in front of the FDA. It puts ideology ahead of science and compromises women's health.

This amendment would block final approval of a drug, RU-486, that the FDA has already declared to be safe and effective. I repeat, this amendment would block final approval of a drug that the FDA has already declared safe and effective when it is issued on approval letter for the drug.

This amendment would make FDA drug approval contingent not on science, but on politics. The FDA is charged with protecting the public's health, and they should not be subject to congressional interference.

Mr. Chairman, let us allow the FDA to do its job free from right wing intimidation. The American people do not want the Christian Coalition in charge of our Nation's drug approval process.

The amendment specifically bars the FDA from approving any drug for the chemical inducement of abortion. But what does that term mean? The FDA does not know. I have a letter here from their chief counsel that says they have no idea what it means. Doctors and scientists do not know what that phrase means either.

So in addition to stopping RU-486, this broad, vague amendment may also prohibit the development of new contraceptive methods, if you believe, as some do, that any form of hormonal contraception, like the pill, is tantamount to abortion.

What about other drugs that as a side effect may induce abortion, like many chemotherapy drugs and anti-ulcer medication? Will research be halted on these lifesaving drugs as well? This amendment may also prevent the FDA from preventing unsafe and unsupervised clinical trials.

So, Mr. Chairman, this amendment is about much more than RU-486; it is about whether the FDA will be free to test, develop and improve important medications without Congressional interference. It is about whether politics or science will govern our Nation's drug approval process. This amendment would tie the FDA's hands, rendering it absolutely helpless in its primary task to evaluate scientific data consistent with its mandate to protect the public health.

Since Roe v. Wade, unfortunately, the anti-choice minority has attempted to stymie contraceptive research and suppress advances in reproductive health. For example, there used to be 13 pharmaceutical companies engaged in contraceptive research. There are now four. Thankfully, despite the right wing's pressure tactics, scientists have made some important progress. Among the most significant is the development of RU-486.

RU-486 would make a dramatic difference in the options available to women facing unwanted pregnancies. It could make abortion, already one of the safest medical procedures performed in the United States, even safer. The drug would eliminate the need for surgery for women choosing to use it. This would present tremendous health benefits for some women.

RU-486 is also effective early in pregnancy. Women in France have been

using RU-486 for a decade, and it is also available in Sweden and Great Britain. Over 400,000 women have had abortions using RU-486. The New England Medical Journal recently published clinical trials on RU-486 confirming its acceptability and effectiveness. RU-486 is safe and effective.

Mr. Chairman, RU-486 has another significant advantage over current abortion procedures. RU-486 can be given in the privacy of a physician's office, away from clinics blockaded by protestors, away from violence, harassment and intimidation. This change would give women greater freedom and security. This is a fact that terrifies so many.

What will the radical right do when RU-486 is approved? Will it picket every doctor's office in America? Will it harass every woman in the Nation? Thankfully, it cannot, and that is why it is fighting so hard to block the approval of this drug.

The gentleman from Oklahoma (Mr. COBURN) wants to turn the clock back, back on scientific advances, back all the way to the back-alley in the days of the wire hanger, back to the days when thousands of women died every year from unsafe, illegal abortions.

Well, we have news for the gentleman from Oklahoma (Mr. COBURN). We will not go back.

The CHAIRMAN. The time of the gentlewoman from New York (Mrs. LOWEY) has expired.

(By unanimous consent, Mrs. LOWEY was allowed to proceed for 1 additional minute.)

Mrs. LOWEY. Mr. Chairman, I would say to the gentleman from Oklahoma (Mr. COBURN) that I am a mother of three and a grandmother of two, and, frankly, I am sick and tired of debating abortion on this floor in the House of Representatives. Restriction after restriction, ban after ban, amendment after amendment. Enough.

If one really wants to reduce the number of abortions, work with us to increase funds for family planning, work with us to ensure that women have access to prescription contraceptives. I have been working to prevent unwanted pregnancies, to reduce the number of abortions. We need to make abortions less necessary, not more dangerous.

Mr. Chairman, I am very sorry that this amendment is being offered to an otherwise outstanding bill. Congress should not be ordering the FDA to suppress a drug that is safe and effective. This amendment flies in the face of sound science. It puts women's health in jeopardy, it sets a dangerous precedent, and it should be defeated.

Mr. WELDON of Florida. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong support of the Coburn amendment. I encourage all my colleagues on both sides of the aisle to vote in support of the Coburn amendment.

As the gentlewoman from New York alluded to, the issue of abortion is very controversial. The American people are very divided on this issue, and there are many people who feel, as I do, very strongly on the sanctity of human life.

The House of Representatives and the Senate have repeatedly voted to restrict the use of Federal dollars when it comes to this issue. The best example is the Hyde amendment, which prohibits the use of Federal dollars for performing abortions.

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We have a very simple amendment here. We ask the Food and Drug Administration not to get involved in this issue and not to get involved in administering or testing or approving drugs for the chemical inducement of abortion.

As to this issue that is being brought up that some of these drugs are safe and effective, I really want to speak to that point. As a physician, I took the Hippocratic oath. In the Hippocratic oath you do no harm. To say that these drugs are safe and effective, when in effect they are lethal for the unborn child growing in the womb of the woman, is a very deceptive and distorted use of the English language.

I would encourage all of my colleagues to seriously, those who are prolife, obviously, those who take a prolife position, but in particular those who may be personally pro-choice but may feel that it is appropriate to not be using Federal dollars for these kinds of purposes, consider that millions of Americans object to Federal dollars being used for these kinds of purposes.

I think it is a perfectly reasonable amendment. I think it is a well-thought-out amendment. I do not think there should be any confusion over there at the FDA as to what this is about, despite the claims by some that these words are somehow mysterious.

As to the claims of why there are so few pharmaceutical companies doing contraceptive research, that has nothing to do with these claims that it has some implication with those who oppose abortion. It is the trial attorneys and all the litigation. That is why there are a limited number of pharmaceutical companies doing research. It is very expensive. Then when you do put a product on the market, if anything goes wrong with those products, you get every lawyer in this country looking to draw up a lawsuit in the case.

I think this is a very good amendment. I would encourage all of my colleagues to vote yes.

Mr. WAXMAN. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in opposition to the amendment. The gentleman from Florida acted as if this were a government subsidy for some abortion procedure. We are not talking about a government subsidy, we are talking about the Food and Drug Administration reviewing an application by a manufacturer who proposes to make a drug for a specific purpose that he wants to go out and sell, which is legal.

Whether Members like abortion or not, it is legal to have abortions in this country. Why should we stop the FDA from being able to consider a drug that might be used for an abortion that would be safer than other abortion procedures? Abortion is not going to stop. It is legal. Why should we now impose our judgment, saying that the FDA cannot even look at the science of what a manufacturer presents to it?

This amendment says we cannot test the substance, we cannot learn how it works, or judge if it has benefits over other procedures. Even if it became an approved drug, we could not manufacture it. This is the kind of an amendment that bars private actions in the free market. What the FDA does is not a subsidy. The FDA scrutinizes the science. They do not make judgments as to what products are brought before them, nor should they.

This amendment is wrong. It is certainly wrong to include it in an appropriation bill, where no one has examined the implication of this language for other FDA activities.

It is going to have a chill on manufacturers who want to deal with anything that may be considered unpopular. Today it may be unpopular to have an abortifacient, but a lot of manufacturers feel it might become unpopular to develop new contraceptive drugs. The FDA may be stopped from reviewing those drugs. This is a very wrong and offensive precedent. I would strongly urge my colleagues to oppose this amendment.

Mr. HOEKSTRA. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, today I rise in support of the Coburn amendment. Last month myself and 14 of my colleagues sent a letter to the editor of the New England Journal of Medicine. We did that because we wanted to take issue with a report that they publicized.

In that report, they described the abortion drug RU-486 as "safe." This report is being cited as a landmark study by the advocates of RU-486 as proof of the safety and the effectiveness of the drug. Nothing could be further from the truth. As a matter of fact, that is a bizarre conclusion, given the facts.

The authors reported that RU-486 ". . . has been reported to be a teratogenic in humans." What does that mean? In plain English, it means the drug causes developmental malformations, or birth defects. Unfortunately, the authors mention this almost as an afterthought.

Given the possibility that this two-drug hit in RU-486 may cause birth defects unless drug-induced abortion occurs, the authors secured a commitment, they secured a commitment from all the participants to submit to a surgical abortion in the event the drugs fail.

The authors apparently sought to preempt the possibility of a participant having second thoughts after the administration of the drug, and their unborn child eventually being born with a skull deformity or some other birth defect.

There were 106 women who were administered the drugs, but they were not included in the final assessment phase of the study. The authors do not know, they do not know, whether any of these women who were administered the drug changed their minds and decided to carry their child to full term. The authors do not know whether a child or a number of children were born with a developmental malformation due to the administration of the drug, even though they stated that such a possibility may exist.

The authors claim that the two-drug regimen is effective in terminating pregnancies. This is a very selective choice of words, because what these drugs do is they are designed to kill human life. We are disappointed with the authors' insensitivity to the drug's full impact. At least 2,121 unborn children died because of the drugs administered during this study. The fact that this two-drug regimen was able to kill innocent human lives is nothing to celebrate.

We recognize the authors' intent in maintaining a narrow focus in their study, but when at least 4,242 people are involved in an experiment involving life or death, it would seem only appropriate that those executing the experiment assess the impact of the drugs on all of the study's participants, both the born and the unborn.

For these reasons, it is entirely inappropriate for the FDA to grant final approval for RU-486. For those reasons, it is also totally appropriate for my colleagues to support the Coburn amendment.

Ms. WOOLSEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise in strong opposition to the Coburn amendment. Make no mistake about it, this amendment is one more unwarranted intrusion to tell the Food and Drug Administration how to do its job. It is also one more time when Members of Congress step up here and act like they know more than the scientists and the experts, and they are going to tell scientists what their conclusions are before they even get there. And it is one more step in the far right's campaign against a woman's right for reproductive choice.

In 1993, following my election in 1992, I led the effort to bring RU-486 under FDA. I did that so that RU-486 would be tested here in the United States to ensure its safety and its effectiveness. My action and my concern was that women in the United States have access to a safe and effective method regarding unwanted pregnancies. I only wanted them to have access when it was deemed safe by the FDA.

Mr. Chairman, this amendment would set an alarming precedent by allowing the unwarranted interference in the FDA's decision-making process. It would prevent the FDA from testing, developing, or approving any drug such as RU-486 for the chemical inducement of abortion, no matter the wishes of the women in this country.

Let us get the FDA out of politics, let us get Members of Congress out of the rights of women in their reproductive choice, and let us let the FDA determine which drugs are safe, which drugs are effective, and which drugs are good public health.

Mr. Chairman, I yield to the gentlewoman from New York (Mrs. LOWEY).

Mrs. LOWEY. I thank the gentlewoman for yielding to me, Mr. Chairman.

I would like to make a point to the gentleman. The New England Journal of Medicine and the FDA has declared this safe and effective. Again, a Member of Congress should not be making this determination.

I just wanted to make one additional point. It seems to me many of us reluctantly have been debating on this floor over and over again for the past few years about late-term abortions, and how dangerous and how inappropriate late-term abortions are.

RU-486 is effective and can be a choice of women early on in pregnancy. Again, it is the choice of a woman. It is up to the FDA to determine if it is safe. The FDA has said that it is safe and effective, as has the New England Journal of Medicine.

Mr. PITTS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, this amendment will bring us back to the original purpose of the Food and Drug Administration. I rise to support the Coburn amendment.

As originally intended, the FDA should make their priority ensuring the safety of food and developing medically necessary drugs. We simply must provide America with a system where life-saving drugs are made available to patients in a timely and effective manner.

Mr. Chairman, when was the FDA given the task of making abortion on demand easier and more accessible? How does this action correspond with the assertion of the liberals that abortion should be a rare occurrence? Does not the FDA's current role in expediting the approval of abortifacients, which destroy lives, stand in direct contradiction to its responsibility to save them?

Mr. Chairman, abortion pills make unwanted pregnancy the medical equivalent of a headache: pop a pill and it will go away. But there are serious consequences for women. New scientific evidence has indicated that abortion may increase the risk of breast cancer. This link should be carefully examined before any new forms of abortion are approved. But we cannot ensure the safety of women if the FDA is speeding abortion pills through the approval process.

For the sake of women, we need to adopt the Coburn amendment. Just consider these facts. Ten out of the 11 studies on American women report an increased risk of breast cancer after having an induced abortion. A metaanalysis in which all worldwide data were combined, published by Dr. Joel Brind and fellow researchers, reported that an induced abortion elevates a woman's risk of developing breast cancer by 30 percent. Currently, breast cancer is the leading form of cancer among middle-aged American women.

Mr. Chairman, it is time to send a message to the FDA: Return to the business of saving lives. If they truly care about the health of our Nation's women, Members will vote for the Coburn amendment and fight to keep women alive and well.

Ms. NORTON. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise to speak against the amendment. We are constrained to come to the floor once again to send out an alert to American women that once again, one of the perennial attempts to get around Roe versus Wade and to stop abortions when they are most safe is at hand.

The Coburn amendment has grave constitutional implications. Roe versus Wade says we may not regulate abortion in the first trimester. There is a reason for that, because that is when it is safest. If anything, we want to encourage whatever abortions are to be done to be done then or not at all. RU-486 is only for early abortions, and it perhaps may be used for emergency contraception up to 72 hours after intercourse; again, at the very earliest period when abortions are performed.

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Moreover, this method may be the only method or the safest method that some women should use. And that clearly comes under Roe vs. Wade's concern with the health of the mother. Surgical abortion obviously poses more risk, the most risk, at least as far as we know. And at least given the kind of approval that RU-486 has thus far received, we do know this, that for most of us a nonsurgical procedure is in fact preferable.

We want to say to women who need abortions, while the rest of us for other procedures will use nonsurgical procedures, we want them to repair to surgical procedures, to invasive procedures only. For abortion we make a distinction between women and men that we do not otherwise make.

Mr. Chairman, if nonsurgical abortion is available, if it is the safest method, it must be allowed. Most of us would choose nonsurgical methods if they were available. Indeed, managed care requirements today in health care often require us to use nonsurgical methods because they are the least costly.

Why would we want to deny safe, nonsurgical approaches here? Why would the government want to turn toward the most invasive form of abortion? Why should the government not

step back and say whatever method women use is something that the government is in no position to prescribe in the particular case?

Why is it not an absolute insult to women to deny them the right to choose the safest method, if any method at all must be chosen? Why is it not a risk to the health of women for whom more invasive methods would simply not be prescribed? Should we not welcome the fact that there is a choice for those women?

And why would this body want to engage in the know-nothing, nonscientific practice of, for the first time in this Chamber, saying what the FDA should approve and what it should not approve? That takes us back to the kind of ignorance I would hope this body had escaped long ago.

If this drug is safe, by denying the right to go through the approved channels we are welcoming back-channel, black market approaches to getting this drug. Surgical and invasive procedures are not preferable. Once again, we are invading the territory of a physician and his patient. Whenever we do that, we lose our way.

Let us stand back, even if we regard this as not the right way to go, and leave it to those who are in the best position to make this most personal of decisions, and that is the physician and the woman who has to decide what is safest for her.

Mr. SMITH of New Jersey. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, let me make it very clear, and I think we all more and more of us realize this, abortion is violence against children. Abortion is violence against children. It is not some benign act that benefits or nurtures. It kills babies.

Now that can be done by the hideous method that we have described called partial-birth abortion where the brains are literally sucked out of the body of a child. Or it can be done by dismemberment, by hooking up a powerful loop-shaped knife, a curette, to a suction machine 20 to 30 times more powerful than the average vacuum cleaner. Or it could be done by a myriad of chemical potions, salt solution that burns the baby to death.

The other side on this issue will defend that as choice. That is violence against children. Saline abortion is violence against children. RU-486, Mr. Chairman, is just the newest form of baby pesticide. A chemical that has no intention of nurturing, providing any benefit to the baby, just kill the baby. Make the child a deceased member of the human race.

Mr. Chairman, the FDA should be all about testing and helping to bring to market those drugs that save and nurture and heal. RU-486 does not heal, unless Members think that a baby is a disease or a wart or some other disposable appendage that has to be done away with.

The "choice" rhetoric is cheap. It denigrates human life. Unborn children are no different than my colleagues or I, except by reason of their immaturity and their developmental status in life. That is all. Nothing is added from the moment of fertilization until natural death.

When will we wake up and see that birth is an event that happens to each and every one of us. It is not the beginning of life. And an unborn child deserves at least the minimum respect of not having new drugs, new devices developed that kill them.

It is a new mouse trap. How can we better kill those kids? These are boys and girls that are being killed. Chemical abortions, RU-486, as we all know, usually has its operative effect at around the seventh week. Other chemical potions have it at other times during the pregnancy. But all of them do the same thing. They kill the baby.

Mr. Chairman, I ask my colleagues, support this very important amendment offered by the gentleman from Oklahoma (Mr. COBURN). I urge everyone to support it.

Mr. COBURN. Mr. Chairman, will the gentleman yield?

Mr. SMITH of New Jersey. I yield to the gentleman from Oklahoma.

Mr. COBURN. Mr. Chairman, I would like to address a couple of points that have been made. When discussing 486, the words "safe" and "effective" have been used. I want us to think about what those words mean.

Safe and effective for whom? They are not safe for women. They cause tremendous pain, tremendous discomfort, tremendous risk for blood transfusion, tremendous risk for instrumentation, and tremendous risk to the remaining fetuses and children who will be born outside of that complication.

The other thing that was said, and words tell us a whole lot, what was said is if we cannot use this medical form of abortion, it is a limitation on contraception. That was made in an earlier statement, which tells us exactly what people mean.

Abortion is a method of contraception in this country. The taking of innocent human life is used as a method of contraception. I would make two points. The Supreme Court said they did not know when life began. But we know when life ends in this country, when there is not a heartbeat and there is not a brain wave.

Well, there is a brain wave at 41 days post-conception, and there is a heartbeat at 26 days post-conception, before most women know they are pregnant. There is no question, life is present when RU-486 will be applied. Should the government be in the business be of killing unborn babies? I think not.

Ms. DELAURO. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I stand before my colleagues as a cancer survivor to strongly oppose this amendment. This amendment would not just block access and research to reproductive health drugs, although that in itself is enough reason to vote against it.

In an attempt to promote an anti-choice agenda, proponents of this amendment are risking the lives of millions of Americans, because this amendment would block the development of drugs that cure cancer and other kinds of medical treatment because some of those drugs can cause miscarriage, also known as spontaneous abortion.

Mr. Chairman, I am an ovarian cancer survivor. Millions of Americans suffer from cancer every year. Anyone who has undergone chemotherapy sessions in a desperate attempt to kill the cancer cells before they kill them knows the warnings given by the doctor. If a woman is pregnant, chemotherapy could endanger the pregnancy and induce miscarriage. I was fortunate that those circumstances did not apply to me. But if we pass this amendment, the development of new lifesaving drugs would be blocked.

If cancer patients wait while researchers draw closer and closer to a cure for cancer, this amendment would close the door in their faces. No more hope. No chance of developing a drug that could save their lives.

When I received my cancer diagnosis, it felt as if the world had stopped. The mind just cannot comprehend what is happening. And once it does sink in, all one thinks about is how am I going to beat this? What can I do to get my life back?

Let us make sure that patients who are faced with this difficult moment have access to the best science that is available; not science that is compromised by politics.

This amendment is a slap in the face to the women of America. It is a slap in the face to anyone who has survived a cancer diagnosis. It is a slap in the face to anyone who is fighting now to beat this deadly disease.

Mr. Chairman, I urge everyone in this House who cares about improving the health of Americans and the life of Americans to vote against this very dangerous amendment.

Mr. HOSTETTLER. Mr. Chairman, I move to strike the requisite number of words.

(Mr. HOSTETTLER asked and was given permission to revise and extend his remarks.)

Mr. COBURN. Mr. Chairman, will the gentleman yield?

Mr. HOSTETTLER. I yield to the gentleman from Oklahoma.

Mr. COBURN. Mr. Chairman, first of all let me say to the gentlewoman from Connecticut (Ms. DELAURO), I am very thankful that she is a cancer survivor. This amendment in no way whatsoever will limit any drug research.

The other reason why I know that that is the case is because I too am a cancer survivor. I am 23 years out. I would never put forth an amendment on the floor of this House that would limit that. What this amendment does is have the FDA work on drugs that save life rather than take life.

Mr. HOSTETTLER. Mr. Chairman, reclaiming my time, I rise in strong

support of this amendment from the gentleman from Oklahoma (Mr. COBURN). The Supreme Court has told us that we have to allow the killing of unborn children on demand. It has not, however, told us that government has an obligation to facilitate this service.

This amendment would help ensure that American taxpayers do not end up funding the approval of drugs that are designed to kill our unborn children. FDA's mission as it was created by this Congress should be to approve drugs that save lives, not end lives.

With all the illnesses we have to deal with, cancer, AIDS, heart disease, diabetes, the examples go on and on, why would we want to spend our hard-earned dollars on drugs designed to exterminate our most valued resource, our children?

There is a core principle at issue today: Whether the government is obligated to provide the people's money to research and test new and innovative ways to kill our children for a right pulled out of thin air by a majority of the Supreme Court.

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Congress has the responsibility under our Constitution to ensure that the money we collect from hardworking and productive Americans is spent wisely.

Mr. Chairman, let us ensure the FDA uses America's resources to help us and not kill us.

I would simply add, Mr. Chairman, that today I have heard a lot of discussion with regard to the elevation of the science of the efficient extermination of human life almost to the extent of a virtue. I think we must be very careful in our rhetoric when we talk about that efficient extermination of human life, that we do not go to a very troubling time in our world's history, a time when Nazi Germany carried on the efficient extermination of human life. Where do we go from here with that argument? Do we go to the efficient extermination of life that cannot sustain itself, to the aged and to the infirm?

Mr. Chairman, in order that we do not start down that slippery slope or that we do not go further down that slippery slope, I urge a yes vote on this amendment.

Mrs. LOWEY. Mr. Chairman, will the gentleman yield?

Mr. HOSTETTLER. I yield to the gentlewoman from New York.

Mrs. LOWEY. Mr. Chairman, I would like to respond to the gentleman that as a Jewish woman and one who knows many survivors of the Holocaust, I personally resent the comparison of this amendment to the Holocaust and the evils of the extermination that took place during that tragic time that we have to learn from and not make comparisons that perhaps are very inappropriate.

Mr. HOSTETTLER. Mr. Chairman, I go back to the words of Jeremiah the profit, who said that he knew me in my mother's womb, and simply say that there are those of us that do believe that life does begin at conception and that we are indeed involved in the extermination of human life in this very day.

Mr. FAZIO of California. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I am sure that many who may be viewing these proceedings would be surprised to discover we are debating the agriculture appropriations bill. It has always been one of those bills that passes here with great support on a bipartisan basis. I regret very much that it today has been taken over by those who are, for want of a better term, pursuing what we call a wedge issue.

I would not be surprised that despite all the work that has been done by the gentleman from New Mexico (Mr. SKEEN) and the gentlewoman from Ohio (Ms. KAPTUR) to bring a very popular and broadly supported bill to the floor, it could well be vetoed if this language were adopted by the House today and remain in the bill through conference.

If it were somehow to become law, I believe it would be ultimately considered unconstitutional because it clearly flies in the face of the current Supreme Court view of a woman's right to choose in this country, and clearly Roe v. Wade remains the law of the land.

But I am most troubled by the fact that for the first time since the Food, Drug and Cosmetic Act was placed on the books, since 1962, in fact, we are attempting to legislate what we have until now wisely left up to a regulatory authority to decide, and that is whether a safe and effective drug should be brought to market.

Now, the gentleman from Oklahoma (Mr. COBURN) and others have said that this is an unsafe and ineffective drug. That is to be determined by the FDA. That is their charge. We would be, I think, in terrible error if we got in front of that decision and attempted to legislate it. It would be unprecedented and I think totally inappropriate.

It is a fact, however, that in France and Great Britain and Sweden, extensive clinical trials have demonstrated that it is safe and effective. But this FDA, known to the rest of the world as perhaps the bottom line gold standard for drug review systems, is being more cautious, and they should be. That is correct. It is right that they slow down this process of bringing RU-486 to the public because, in fact, they want to determine a number of things about it before it is made available to the general public.

The irony is, of course, as the gentleman from Oklahoma (Mr. COBURN) indicated in his colloquy with the gentleman from California (Mr. WAXMAN) and the gentlewoman from New York (Mrs. LOWEY) earlier on the point of order, it would be possible to bring RU-486 to the market for some other purpose. And I think it is important to point out that there are at least publicly reported uses for RU-486 that are unrelated to termination of pregnancy.

So under the interpretation we heard today and the one in which we are currently debating, we could have it on the market for other purposes and the public, should they be interested in taking it for termination of pregnancy, could well be exposed to an unsafe and ineffective product because the FDA, under this amendment, has not been allowed to make that determination to their satisfaction.

Mr. COBURN. Mr. Chairman, will the gentleman yield?

Mr. FAZIO of California. I yield to the gentleman from Oklahoma.

Mr. COBURN. Mr. Chairman, I would just say that we would not want any drug, no matter what its ill-use might be, if it has a positive use to ever be denied by the FDA. We know lots of drugs today that are approved by the FDA that have tremendously, terrible side effects. Thalidomide has a terrible side effect profile, but yet it has some tremendous positive benefits.

Mr. FAZIO of California. Reclaiming my time, the point I was making is that there are purposes for which RU-486 might be approved under the gentleman's interpretation that would make the public vulnerable, when it uses them to terminate a pregnancy, to the potential for the very unsafe and ineffective purposes that the gentleman ascribes to them. So I think the gentleman is being somewhat duplicitous when he indicates that he wants drugs to be made available for other purposes when in fact he may be knowingly exposing the public to problems.

I would underscore "may" because I think it is very likely that the FDA would determine otherwise and bring this to the market for a variety of purposes.

The public should have their regulatory agency, the one we all look to as the benchmark for drugs around the world, in a position to make this without a political decision made by this Congress. I would say to my colleagues that if this amendment is adopted we have opened unfortunately a new avenue to be involved in an area that we should best leave to science, to research.

We, as politicians with a variety of causes and beliefs, should not be getting in the way of what this agency has done very effectively since its founding and that is to bring scientific research to bear so that drugs can be taken when appropriate for the most safe and effective purposes.

There is no question, in my view, that for us to break the bounds that we have imposed on ourselves since 1962, to politicize this agency is to take a slippery slope we do not want to go down, even under the wedge issue arguments that we are hearing today about abortion.

I would hope that my colleagues, even those who consider themselves to be "pro-life" or "antiabortion," will

think twice about using still one more mechanism to inject this abortion debate into the deliberations of this Congress. Vote no on the Coburn amendment.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I move to strike the requisite number of words.

I rise in strong opposition to this amendment. It is sobering that Saint Thomas Aquinas defined life as beginning at conception. I mention that only to remind us that this difficult issue of when life begins is an issue on which great religious leaders of the world have differed, and so it is an issue on which a Nation that believes in freedom, that enshrines freedom of religion in our Constitution, must have the courage to allow our own people individually to decide.

I am a Republican in part because I take so seriously the issue of personal responsibility. I believe each of us has the responsibility to make wise choices, to support themselves, to contribute to their fellow citizens and their communities. And I believe family planning represents personal responsibility that is indeed one's obligation as a mature, free adult, to plan the number of children they have, the spacing between them. And so I believe contraceptives in general are very important to freedom in our Nation and to the health of women and the strength of families.

The issue before us today is whether we in a free Nation will have the knowledge to use our freedom wisely and to take personal responsibility for our lives. We cannot pass this amendment and not do damage to the concept of freedom and the belief in the power of knowledge as the essential foundation for a free society.

Many drugs, including chemotherapy and anti-ulcer medications, have the side effect of inducing abortion. Under this amendment, you could not do research on something, even if that was not its primary goal, because it might have the side effect of inducing abortion.

I would remind this body that we spent months talking about fetal tissue research because people did not want to use fetal tissue for critical research that could cure critical and terribly important diseases in America, and the goal was not to ultimately use fetal tissue, the goal was to learn enough about it from the research to be able to create the artificial substances or the substitute substances that would allow us to create, to produce the drugs en masse that we learned were necessary from fetal tissue research. And the issue here is to learn enough from some of the rather crude, in the sense of their mechanism, drugs like that that is the subject of this amendment so that we can in time develop something that you take right away that does not interfere with, that is not an abortifacient in your definition because it has its effect before there is even fertilization.

But we cannot get to that point if we do not allow science to move forward and we do not get better experience. Why should I, as an American woman, be told or my daughters be told that they must take contraceptive pills months and months and months, years of their life, when I believe, if we allow the research to go forward, we can provide something that will give them a much more direct control over whether or not conception takes place at implantation and the development of a fetus.

I do want to conclude my comments by saying that wherever you block the path of science, you block the development of knowledge and you compromise the opportunity that only a free society can give you. In freedom, we depend on knowledge to empower us to make the right decisions.

I trust the women of America and the men to whom they are married to make good decisions about whether or not to use one type of contraception over another. I do not believe that it is the government's responsibility to tell our citizens how or what mechanism they should use. We do not want HMOs to do that, and I do not want the government to do that.

So I would urge defeat of this amendment because I think it cuts off essential research.

Mrs. MALONEY of New York. Mr. Chairman, I move to strike the requisite number of words, and I rise in opposition to the amendment.

Mr. COBURN. Mr. Chairman, will the gentlewoman yield?

Mrs. MALONEY of New York. I yield to the gentleman from Oklahoma.

Mr. COBURN. Mr. Chairman, I would just again reemphasize, nothing in this amendment limits any drug whose primary purpose is not an abortifacient. There is no limitation on any research of any other drug if its primary purpose is not that of an abortifacient.

I thank the gentlewoman for yielding to me.

Mrs. MALONEY of New York. Mr. Chairman, I yield to the gentlewoman from Connecticut (Mrs. JOHNSON).

Mrs. JOHNSON of Connecticut. Mr. Chairman, that may be the gentleman's impression now or what his intent is, but we all know how these things work in government. Frankly, it will have such a dampening effect on research that it will affect research on things that have a dual purpose or that could be perceived as having a dual purpose. That is my concern about it.

Mrs. MALONEY of New York. Reclaiming my time, Mr. Chairman, I rise in opposition to the Coburn amendment, which will prohibit the FDA from testing, developing or approving any drug that has the chemical inducement of abortion connected to it.

Last time I looked, the Supreme Court ruled that abortion was legal. However, this Congress continues to attack a woman's right to choose. This is the 85th vote against reproductive rights since the beginning of the 104th Congress or maybe I should say since the beginning of the antiwoman Congress.

[redacted] 400

What might surprise some people is the fact that this vote is about much more than reproductive rights. As my colleague on the other side of the aisle, the gentlewoman from Connecticut (Mrs. JOHNSON) was pointing out. It is about biomedical research.

One of the drugs targeted by this amendment is used to treat a number of conditions, among them, uterine fibroids, certain breast cancers, and endometriosis. To my gentleman friends on the other side of the aisle, it is even used to treat conditions affecting men, like glaucoma, arthritis, AIDS, lupus, and some types of burns.

Blocking research and development of safe and effective drugs in the name of abortion politics is just plain wrong. My opponents called their position on reproductive rights pro-life and their position on this bill pro-life, but this amendment and their position is anything but. I urge a "no" vote on this amendment. Science should not be compromised by politics. It would be a dampening affect on research. I urge all of my colleagues to vote "no".

Mr. ADERHOLT. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today in support of the amendment offered by the gentleman from Oklahoma (Mr. COBURN), an amendment that could literally save the lives of countless children throughout the United States.

Abortion creates several risks for women, it is well-known. Also, abortion drugs are often dispensed without a doctor's approval. Because of the numerous possible side effects associated with abortions, these drugs should not be administered without consultation and medical follow-up with the doctor.

The Food and Drug Administration has an ethical duty not to approve a drug that will be harmful to mothers taking the drug. The research on RU-486 is insufficient in regards to long-term effects, the linkage with breast cancer and medical complications.

I commend my colleague, the gentleman from Oklahoma, for taking steps to save children and to save their mothers from these life-endangering drugs. I would encourage my colleagues to support this amendment.

Mr. MCDERMOTT. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, this is a pretty amazing debate. I was sitting over in my office listening to it, and I could not help but think that this is yet another assault on women.

I am a physician also. In 1963, before there was abortion reform, before the Rowe v. Wade was decided in the Supreme Court, I was an intern in a hospital in New York State and stood next to the bed while two women died from back-alley abortions.

We have come a long way since 1963. One of those women left six children orphaned, and the other one left eight. We said as a society, our Supreme Court said, women have a right to choose.

Yet, this Congress, I understand, the Republican Party has a problem with women voters in this country. It is very clear. They assault them over and over again. As the last speaker, the gentlewoman from New York (Mrs. MALONEY) talked about, 85 times in this session this issue has come up.

It comes up on everything. It comes up on IMF funding. We will not fund the International Monetary Fund if somebody, somewhere, somehow is doing anything related to women's rights to choose. Military women cannot use their own money to take care of this problem in a military facility when they are assigned by this government to serve overseas.

We say, if you want an abortion, I do not care what the Supreme Court says, we the Congress say you cannot have one in a military hospital, even if you pay with your own money. That is the kind of assault we have.

Here today we have a new twist on it. I think the slippery slope of where we are going is really one to consider, because when we start standing out here and saying what is good science and what is bad science, and we choose this drug over that drug, what will be next in that list?

Here we have the Food and Drug Administration says that this drug is safe. They have done the tests. They are waiting for a pharmaceutical manufacturer to step up and say we want to produce it in this country. That is the only thing that stands between this particular pharmaceutical being on the counter and not.

What this bill does is put a threat out to the pharmaceutical industry, do not step up to produce this pharmaceutical, because if you do, you are going to get the wrath of a certain segment of this society.

My view is that when we start to threaten people and do not want to listen to the science, we are going down a long slippery slope. I feel like I am in Tennessee in the middle of the Scopes trial where it is religion versus science.

We have the FDA. We asked them to look at this, and they looked at it; and we say, well, we do not like the conclusion you came up with, so we will use a little technical way of preventing it ever being put on the counter.

I heard the gentlewoman from Washington come out here and mix this whole thing up more with the drug overall, which is in the State of Washington in the State legislature. They evaluated this, and it is not pro-life. They looked at the issue and said "We will give the pharmacy board the right to deal with that issue," and they do it.

Anybody who wants, they can go to a pharmacy. If they follow a protocol and they fit the protocol under the supervision of a doctor, they can get the drug. They do not just hand it out to anybody that comes into the drug store. I went and called the pharmacy board in the State of Washington to find out what goes on.

The fact is that what we are saying here is that we want women to use whatever antiquated way we have, not to have the best that science can produce.

One of the fascinating things about the last 3½ years around here, the bigger part of the assault on women is that we put on welfare reform. We said we are going to throw people off welfare. What that has done, in at least three States there has been an increase in abortions. The very people who say they do not want abortion buy the mechanism of driving people off welfare and giving women no way to feed their kids; we are then leading to more abortions.

They do not want to do it with a pill. They want to put them through surgery. I can understand why an obstetrician might want to do that if he was in the business of doing this. But I do not hear obstetricians who are in support of a woman's right to choose coming to this House and saying "Do not give them a pill because I want to make money doing abortions." What I hear is that the pharmaceutical that is there will do it just as effectively.

Mr. DICKEY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I yield to the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Chairman, the first point I would make is there are two obstetricians in this House, and neither of us would terminate a baby and take that life unless it depended on the life of the mother. There is no question. We know a lot about life. We get to see it. We get to see a lot of death. So to answer the gentleman, there are two obstetricians in this House, and we would not take the life of the baby any time unless there is a cause in the life of the mother at risk.

Number two, let us not confuse what this issue is about. This is about whether the Federal Government is going to spend money to figure out how to kill babies. That is what it is. It is not anything else. Should we be in the business of spending Federal tax dollars to facilitate the death of children? It is not any other than that. We can say it is, we can skirt around all the other issues, but this is about whether or not we are going to have an institution of this government which is charged with protecting life spend its resources to take life.

Mr. DICKEY. Mr. Chairman, I would like to say I am on this subcommittee of the Committee on Appropriations, and this issue did not come up for discussion.

We have in our laws the provision that no Federal funding will be made available for abortions, time and time again, both domestically and in foreign relations and in our appropriations for foreign countries. This is because people differ on this issue, but we mainly prohibit any Federal funding.

In this case we would have Federal funding because of an agency's decision and not because of a vote of this body. I am against that. I think abortion is wrong. That is my opinion. I think abortion is wrong. I do not think for sure that we ought to have Federal funding.

This is a way that we can avoid having this attempt for Federal funding for abortion when it is against the women of the people of America.

Ms. FURSE. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I just want to point out, first of all, while I am very much in favor of this amendment, I would like to say to the physicians who choose not to do abortions, that is their choice. But when I was a young woman, prior to Rowe v. Wade, I did not get that choice. I was not allowed to make that choice. Neither was my physician husband allowed to make the choice of whether he would provide safe and legal abortions.

I do not think we should talk so broadly about choice. It is a woman's choice and her family's choice and her physician's choice we are talking about.

This has been, in my view, the most antichoice Congress that I have ever had the sadness to witness. It is also the most antiscience amendment that I have ever witnessed. But over and above that, it is an antiwoman amendment.

Why should American women not have the right to access to the same level of science as European women or British women? Why is this Congress, a few people who have certain ideas, why are they preventing American women access to good science?

I am asking the people of this body to understand that it is time for us to step forward, to vote "no" on antichoice legislation, to vote "no" on antiscience legislation, and above all, to vote "no" on antiwoman legislation.

We are 55 percent of the population of this country. We have a right to make those choices. We do not have to give up that right that the Supreme Court has stood for, that we have fought for. We are not going back to back-room abortions. We will not do that. The women of this country will not. If there is access to good science, let American women have that access. So I ask my colleagues to vote "no". Vote for women.

Mr. PAPPAS. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I urge my colleagues to vote for the amendment of the gentleman from Oklahoma (Mr. COBURN). As he spoke very eloquently just a few moments ago, this is not about a choice for an unborn baby.

The Federal Government or those within this administration, whether it is the FDA, they have their marching

orders, no matter what their personal view is, from the administration to facilitate abortion on demand under any circumstance. That is not what the American people support. I certainly do not support that.

The gentleman from Oklahoma (Mr. COBURN) spoke a few minutes ago about how he, as a physician, would only in the case of the endangerment of the life of the mother take an unborn baby's life. If we recall what so many people throughout the history of this country have said, that we here in this body, I believe, are here to protect the vulnerable; and certainly the unborn baby in the mother's womb is among the most vulnerable that could ever exist.

I enthusiastically support the amendment of the gentleman from Oklahoma (Mr. COBURN) and certainly urge my colleagues to do the same.

Ms. PELOSI. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I rise today in strong opposition to the Coburn amendment. Women in America have a right to choose. I believe it is the goal of all of us in this body to reduce the number of abortions and to make abortions safe, legal, and rare. It is on the subject of safe that I would like to address my remarks.

This amendment offered by the gentleman from Oklahoma (Mr. COBURN) would prohibit the expenditure by the Food and Drug Administration of funds for testing, development or approval, including approval of production, manufacturing or distribution, of any drug for the chemical inducement of abortion.

The RU-486, the chemical, the product in question, is a nonsurgical abortion, and it is one that is also medically safe.

[redacted]415

Such a ban, as the gentleman from Oklahoma is proposing, would unconstitutionally restrict the right to choose. For some women for whom surgical abortion poses risks or is otherwise inappropriate, the Coburn amendment would unconstitutionally again restrict the right to choose. For others who live far from clinics, it would preclude the possibility of receiving RU-486 in their physician's office, thus burdening again the right to choose.

This option is an effective and nonsurgical method of early abortion that has been in use since 1981. The drug was approved for use in France, Great Britain and Sweden following extensive clinical trials that determined its effectiveness and its safety.

In September 1996, the FDA issued an approval letter for early abortion, but the agency is waiting for more information about its manufacturing and labeling before giving Mifepristone final approval and allow it to be prescribed to American women outside of clinical trials.

I know this is a very difficult issue for our colleagues to deal with. We have deep commitments in our point of view as to whether a woman has a right to choose, and I certainly respect my colleagues' views on the question of abortion. But the fact is that women do have a right to choose that option, in consultation with their family, their doctors, their God, and we should not make that decision a more dangerous one for them.

Again, in the interest of making abortions in our country rare, legal but safe when necessary, I urge my colleagues to vote against the Coburn amendment. It always interests me to see over and over again in this body how many times we vote against scientific research. By going forward with this, we can learn a lot about making these processes even safer for women. As Members of Congress who represent the people of our country, we have a responsibility to do that. For that reason, I urge my colleagues once again to vote "no" on the Coburn amendment.

Mr. COBURN. Mr. Chairman, will the gentlewoman yield?

Ms. PELOSI. I yield to the gentleman from Oklahoma.

Mr. COBURN. I would just say, to do research to take life, to do research to take life somehow does not smell right in this body; to spend our dollars. I agree, nobody wins in abortion.

Ms. PELOSI. Reclaiming my time, I appreciate the gentleman's point. As a Catholic and a mother of five children myself and one who comes from a family that is not always sympathetic to my point of view on this subject, I understand and respect the gentleman's beliefs. But I will say as a Catholic that I have done some of my own research on this and the gentleman's statement implies that he knows when life begins. I think that is really a mystery to all of us. St. Augustine himself when he was asked would a fetus before 3 months, would that entity go to the judgment day and be resurrected into heaven as a person, he said, "No, because before 3 months, it isn't a person." They made him a saint. He is a saint of the church. He has a different view from some of my colleagues on when life begins. We do not know. It is a mystery. So I do not know how my colleagues on the other side of the aisle can determine that this is taking a life. I do not view it that way, and I urge my colleagues to vote "no."

Ms. KAPTUR. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I wanted to say with all due respect to the gentleman from Oklahoma who is offering this amendment, I respect his sincerity and the ferver with which he approaches this. As someone who does not support Federal funding of abortion myself, I have studied his proposal carefully. I am opposing him for three reasons, and I ask my colleagues to give me forbearance on this.

The first is, as ranking member of this particular committee, number one, this issue never came before us. We have not had one hearing, certainly not at the subcommittee level. The FDA never referenced it in its testimony. Then when we went to the full committee, this was never considered. There have been absolutely no hearings on this matter, which is a very serious scientific and medical as well as moral issue, and I think it is inappropriate to try to attach it to this agriculture bill. We have never been faced with this on this subcommittee before.

Secondly, I really do not think that at this point in the deliberations in this Committee of the Whole that we are going to make the proper, objective scientific judgment. Congress has never, and I underline, never previously legislated the approval or disapproval of any particular drug over which the FDA has responsibility for review. These decisions on the appropriateness of medical devices and medications are based in the agency solely on the scientific evidence available. None of that has been presented to any single Member here, with perhaps the exception of the author of the amendment. I do not know. But we certainly have not had the benefit of that.

Thirdly, let me say that though the laws of our country say that abortion under certain circumstances is legal, certainly when the life of the mother is at stake, if this particular pill or medication or drug would somehow alleviate pain and suffering, there is no reason that we should in those circumstances disallow the FDA, with as little testimony as we have had on this and as little experience as we have had as a subcommittee and a full committee to deal with this, which actually should be in the authorizing committee, there is no reason that we should for any single life in this country deny that family the ability to have access to that medication if they would need it. But I really do not think that that should be the debate here today.

Based on the lack of hearings in our own committee, and with respect for the chairman of our committee with a desire to try to have decent scientific evidence, full hearings on the matter, and finally not to deny any family that might find this necessary as a way to alleviate pain and suffering of the mother, I think voting for the amendment would be ill-advised at this time.

Mrs. LOWEY. Mr. Chairman, if the gentlewoman will yield, the ranking member of this committee was so eloquent and she has done such a fine job on this bill.

Mr. GALLEGLY. Mr. Chairman, I move to strike the requisite number of words.

Mr. Chairman, I yield to the gentleman from Oklahoma.

Mr. COBURN. I thank the gentleman from California for yielding.

Mr. Chairman, I would like to make three points. Number one, we can deny medical scientific fact. We have heard that argument a lot.

Scientific fact: Life is present at least at 26 days. We will recognize that

in this country as a consequence of the logical recognition of when death is. Death is the absence of brain waves, death is the absence of a heartbeat, in all 50 States, also associated with the Federal code. We know at least life is present at 26 days. We are talking about using medicines to take life. We can deny it. But scientific fact has already proven that the heart is beating in a fetus at 26 days. Scientific fact, it has already been proven that the brain waves are functioning in a fetus at 41 days. Most women in this country have barely recognized conception by the time those two scientific facts have been made available.

Number two. This was offered to the committee. The committee chose not to put it in its mark. So it is not that we did not approach the committee, we did in good faith, attempting to put this in the committee's mark.

The gentlewoman makes a good point that there were not hearings on it. There do not need to be hearings on this issue in this country. We do not need to have a hearing, because the hearing is going to go back to the same issue, is it right to take an unborn life or not. Is it right? I mean, that is what it will all filter down to. My opinion, and that of a large number of this country and the majority of this body, is it is not right to take an unborn life. Scientific evidence now shows, without a doubt, that life is present at least at 41 days.

Ms. KAPTUR. Mr. Chairman, will the gentleman yield?

Mr. GALLEGLY. I yield to the gentlewoman from Ohio.

Ms. KAPTUR. Mr. Chairman, I just want to say for purposes of the record, this Member believes that life begins at conception. St. Augustine may not agree with me. The author of the amendment may not agree with me. We each make those decisions on our own. However, I would say to the gentleman that as far as the procedures we follow on committee, no one came to our staff, I as ranking member, and our legislative people, regarding this particular amendment. It is extremely complicated. Had I known, we would have asked for special hearings on this amendment. But I would say with all due respect to the gentleman, we were never afforded the opportunity to consider this. We did not know this was going to come up until just yesterday.

Mr. GALLEGLY. Reclaiming my time, Mr. Chairman, I would yield again to the gentleman from Oklahoma.

Mr. COBURN. To the gentlewoman from Ohio, I appreciate and I am sorry that she was not made aware of that. This was given to the committee, majority committee staff.

Finally, I too believe that life begins at conception. But I know what the Supreme Court said, is they do not know when life begins. But we know life is present at 26 days. We know it. There is no doubt about it. Science has proven that by our very definition of death in this country. We say that you are dead when you do not have brain waves and you do not have a heartbeat. If you are dead, then if you have those two things, you have got to be alive. Otherwise, the definition of death is out the window in this country.

Ms. JACKSON-LEE of Texas. Mr. Chairman, thank you for the opportunity to speak on this important issue. As an advocate for women's choice, I must strongly oppose this amendment. Mr. COBURN's amendment will prohibit the FDA from testing, developing, or approving any drug that induces an abortion. However, Mr. Chairman, this debate is not about Mifepristone or abortion. It is about the FDA's ability to test, research, and approve any drug based on sound scientific evidence. Reproductive health drugs should be subject to the FDA's strict science based requirements that any drug must meet before approval can be granted. These drugs should not be singled out simply because they are reproductive health drugs. Mifepristone, a drug which has been available to women in Europe for 20 years was found safe and effective for early medical abortion by the FDA in 1986. The search, however for an appropriate American manufacturer and distributor is being stymied by anti choice extremists whose opposition to abortion has led to a climate of intimidation and harassment. This amendment would not only prohibit development and testing of drugs to be used to provide women another safe and private reproductive choice, it also would target new contraceptive development. Mr. Chairman, I strongly oppose this amendment and I urge my colleagues to do the same.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Oklahoma (Mr. COBURN).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. COBURN. Mr. Chairman, I demand a recorded vote, and pending that, I make the point of order that a quorum is not present.

The CHAIRMAN. Pursuant to House Resolution 482, further proceedings on the amendment offered by the gentleman from Oklahoma (Mr. COBURN) will be postponed.

The point of no quorum is considered withdrawn.

Mr. SKEEN. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. TIAHRT) having assumed the chair, Mr. LAHOOD, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 4101) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 1999, and for other purposes, had come to no resolution thereon.

CONFERENCE REPORT ON H.R. 2676, INTERNAL REVENUE SERVICE RESTRUCTURING AND REFORM ACT OF 1998

Mr. ARCHER submitted the following conference report and statement on the bill (H.R. 2676) to amend the Internal Revenue Code of 1986 to restructure and reform the Internal Revenue Service, and for other purposes:

CONFERENCE REPORT (H. REPT. 105-599)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2676) to amend the Internal Revenue Code of 1986 to restructure and reform the Internal Revenue Service, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate, and agree to the same with an amendment, as follows:

In lieu of the matter stricken and inserted by said amendment, insert:

SECTION 1. SHORT TITLE; AMENDMENT OF 1986 CODE; WAIVER OF ESTIMATED TAX PENALTIES; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Internal Revenue Service Restructuring and Reform Act of 1998".

(b) AMENDMENT OF 1986 CODE.—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Internal Revenue Code of 1986.

(c) WAIVER OF ESTIMATED TAX PENALTIES.—No addition to tax shall be made under section 6654 or 6655 of the Internal Revenue Code of 1986 with respect to any underpayment of an installment required to be paid on or before the 30th day after the date of the enactment of this Act to the extent such underpayment was created or increased by any provision of this Act.

(d) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

ESTIMATED BUDGET EFFECTS OF TITLES I—VIII OF THE CONFERENCE AGREEMENT RELATING TO H.R. 2676, THE "INTERNAL REVENUE SERVICE RESTRUCTURING AND REFORM ACT OF 1998"—Continued

[Fiscal years 1998–2007, in millions of dollars]

Provision	Effective	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	1998–2002	2003–2007	1998–2007
Subtotal, Revenue Offsets		828	1,157	1,508	795	435	240	255	2,837	3,158	3,131	4,313	8,413	13,826
Title VIII. Limited Tax Benefits Under the Line Veto Act		No Revenue Effect												
Net Total (Reserved for Future Tax Reduction)		608	1,087	270	−535	−933	−1,218	−1,320	788	1,211	1,093	496	553	1,050
Revenue Effect From Emergency Legislation Per Section 252(e) of the Balanced Budget and Emergency Deficit Control Act:														
1. Abate interest on underpayments by taxpayers in Presidentially declared disaster areas.	dda 12/31/97	−8	−25	−25	−25	−25	−25	−25	−25	−25	−25	−108	−126	−234

[1] Loss of less than $1 million.
[2] Estimate provided by the Congressional Budget Office.
[3] Loss of less than $5 million.
[4] Loss of less than $25 million.
[5] Loss of less than $50 million.
[6] Generally effective for collection actions commencing after the date of enactment; collections at ACS sites effective for levies imposed after 12/31/00.
[7] Effective for requests to extend the statute of limitations made after 12/31/99 and to all extensions of the statute of limitations on collections that are open after 12/31/99.
[8] Loss of less than $500,000.
[9] Gain of less than $500,000.

Legend for "Effective" column: ai=advice issued; aoa=actions occurring after; aptioo/a=amounts properly taken into account on or after; cais=collection actions initiated after; cma/a=communications made on or after; dda=disasters declared after; DOE=date of enactment; drma=deposits required to be made after; eca=examinations commencing after; iapma=installment agreement payments made after; la=liability arising after; lia=levies imposed after; Lma=levies issued after; lma=levies made after; nia=notices issued after; nma=notices mailed after; paa=penalties assessed after; pca=proceedings commencing after; rba=removal designation not required before; rfa=refunds filed after; rpa=refunds payable after; saa=software acquired after; sca=succeeding calendar quarters beginning after; sia=summonses issued after; soa=seizures occurring after; Soa=sales occurring after; stma=collections of tax matters partners after; ssa=summonses served after; taa=taxes assessed after; tyba=taxable years beginning after; tyea=taxable years ending after; tybba/a=taxable years beginning before, on, or after; tyoo/a=taxable years open on or after; ulb=unpaid liability before; wa=withdrawals after; 1ya=1 year after; 6ma=6 months after; 18ma=18 months after; 60da=60 days after; 90da=90 days after; and 180da=180 days after.

Note.—Details may not add to totals due to rounding.
Source: Joint Committee on Taxation.

BILL ARCHER,
NANCY L. JOHNSON,
ROB PORTMAN,
CHARLES B. RANGEL,
WILLIAM J. COYNE,
Managers on the Part of the House.

BILL ROTH,
JOHN H. CHAFEE,
CHUCK GRASSLEY,
ORRIN HATCH,
FRANK H. MURKOWSKI,
DON NICKLES,
PHIL GRAMM,
DANIEL P. MOYNIHAN,
MAX BAUCUS,
BOB GRAHAM,
JOHN BREAUX,
BOB KERREY,

From the Committee on Governmental Affairs:

FRED THOMPSON,
SAM BROWNBACK,
THAD COCHRAN;
Managers on the Part of the Senate.

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1999

The SPEAKER pro tempore. Pursuant to House Resolution 482 and rule XXIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the further consideration of the bill, H.R. 4101.

☐ 1428

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the further consideration of the bill (H.R. 4101) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 1999, and for other purposes, with Mr. LaHood in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. When the Committee of the Whole rose earlier today, the demand for a recorded vote on the amendment offered by the gentleman from Oklahoma (Mr. COBURN) had been postponed.

SEQUENTIAL VOTES POSTPONED IN COMMITTEE OF THE WHOLE

The CHAIRMAN. Pursuant to House Resolution 482, proceedings will now resume on those amendments on which further proceedings were postponed in the following order: The amendment offered by the gentleman from Oklahoma (Mr. COBURN); the amendment offered by the gentleman from Florida (Mr. MILLER); and the amendment offered by the gentleman from California (Mr. ROYCE).

The Chair will reduce to 5 minutes the time for any electronic vote after the second vote in this series.

AMENDMENT OFFERED BY MR. COBURN

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from Oklahoma (Mr. COBURN) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will designate the amendment.

The Clerk designated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 223, noes 202, not voting 8, as follows:

[Roll No. 260]

AYES—223

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barcia
Barr
Barrett (NE)
Bartlett
Barton
Bateman
Bereuter
Berry
Bilirakis
Bliley
Blunt
Boehner
Bonilla
Bono
Borski
Brady (TX)
Bryant
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Chabot
Chambliss
Chenoweth
Christensen
Coble
Coburn
Collins
Combest
Cook
Costello
Cox
Cramer
Crane
Crapo
Cubin
Cunningham
Deal
DeLay
Diaz-Balart
Dickey
Doolittle
Dreier
Duncan
Dunn
Ehlers
Emerson
English
Ensign
Everett
Ewing
Forbes
Fossella
Fox
Gallegly
Gekas
Gibbons
Gillmor
Goode
Goodlatte
Goodling
Goss
Graham
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastert
Hastings (WA)
Hayworth
Hefley
Herger
Hill
Hilleary
Hobson
Hoekstra
Holden
Hostettler
Hulshof
Hunter
Hutchinson
Hyde
Inglis
Istook
Jenkins
John
Johnson, Sam
Jones
Kanjorski
Kasich
Kildee
Kim
King (NY)
Kingston
Kleczka
Klink
Knollenberg
Kucinich
LaFalce
LaHood
Largent
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
Lipinski
Livingston
LoBiondo
Lucas
Manton
Manzullo
Mascara
McCollum
McCrery
McDade
McHugh
McInnis
McIntosh
McIntyre
McKeon
McNulty
Metcalf
Mica
Mollohan
Moran (KS)
Murtha
Myrick
Nethercutt
Neumann
Ney
Northup
Norwood
Nussle
Oberstar
Ortiz
Oxley
Packard
Pappas
Parker
Paul
Paxon
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Portman
Poshard
Quinn
Radanovich
Rahall
Redmond
Regula
Riggs
Riley
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Royce
Ryun
Salmon
Sanford
Saxton
Scarborough
Schaefer, Dan
Schaffer, Bob
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (OR)
Smith (TX)
Smith, Linda
Snowbarger
Solomon
Souder
Spence
Stearns
Stenholm
Stump
Stupak
Sununu
Talent
Tauzin
Taylor (MS)
Taylor (NC)
Thornberry
Thune
Tiahrt
Traficant
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Weygand
Whitfield
Wicker
Wolf
Young (AK)
Young (FL)

NOES—202

Abercrombie	Frost	Moran (VA)
Ackerman	Furse	Morella
Allen	Ganske	Nadler
Andrews	Gejdenson	Neal
Baesler	Gephardt	Obey
Baldacci	Gilchrest	Olver
Barrett (WI)	Gilman	Owens
Bass	Granger	Pallone
Becerra	Green	Pascrell
Bentsen	Greenwood	Pastor
Berman	Gutierrez	Payne
Bilbray	Harman	Pelosi
Bishop	Hastings (FL)	Pickett
Blagojevich	Hefner	Pomeroy
Blumenauer	Hilliard	Porter
Boehlert	Hinchey	Price (NC)
Bonior	Hinojosa	Pryce (OH)
Boswell	Hooley	Ramstad
Boucher	Horn	Rangel
Boyd	Houghton	Reyes
Brady (PA)	Hoyer	Rivers
Brown (CA)	Jackson (IL)	Rodriguez
Brown (FL)	Jackson-Lee (TX)	Rothman
Brown (OH)	Jefferson	Roukema
Campbell	Johnson (CT)	Roybal-Allard
Capps	Johnson (WI)	Rush
Cardin	Johnson, E. B.	Sabo
Carson	Kaptur	Sanchez
Castle	Kelly	Sanders
Clay	Kennedy (MA)	Sandlin
Clayton	Kennedy (RI)	Sawyer
Clement	Kennelly	Schumer
Clyburn	Kilpatrick	Scott
Condit	Kind (WI)	Serrano
Conyers	Klug	Shaw
Cooksey	Kolbe	Shays
Coyne	Lampson	Sherman
Cummings	Lantos	Sisisky
Danner	Lazio	Skaggs
Davis (FL)	Leach	Smith, Adam
Davis (IL)	Lee	Snyder
Davis (VA)	Levin	Spratt
DeFazio	Lewis (GA)	Stabenow
DeGette	Lofgren	Stark
Delahunt	Lowey	Stokes
DeLauro	Luther	Strickland
Deutsch	Maloney (CT)	Tanner
Dicks	Maloney (NY)	Tauscher
Dixon	Martinez	Thomas
Doggett	Matsui	Thompson
Dooley	McCarthy (MO)	Thurman
Edwards	McCarthy (NY)	Tierney
Ehrlich	McDermott	Torres
Engel	McGovern	Towns
Eshoo	McHale	Turner
Etheridge	McKinney	Upton
Evans	Meehan	Velazquez
Farr	Meek (FL)	Vento
Fattah	Meeks (NY)	Visclosky
Fawell	Menendez	Waters
Fazio	Millender-McDonald	Watt (NC)
Filner	Miller (CA)	Waxman
Foley	Miller (FL)	Wexler
Ford	Minge	White
Fowler	Mink	Wise
Frank (MA)	Moakley	Woolsey
Franks (NJ)		Wynn
Frelinghuysen		Yates

NOT VOTING—8

Cannon	Gonzalez	Markey
Dingell	Gordon	Slaughter
Doyle	Hamilton	

□ 1449

Mr. PORTMAN and Mr. BONILLA changed their vote from "no" to "aye."

So the amendment was agreed to.

The result of the vote was announced as above recorded.

AMENDMENT OFFERED BY MR. MILLER OF FLORIDA

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from Florida (Mr. MILLER) of Florida on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will designate the amendment.

The Clerk designated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 167, noes 258, answered "present" 1, not voting 7, as follows:

[Roll No. 261]

AYES—167

Allen	Greenwood	Myrick
Andrews	Gutierrez	Nadler
Archer	Hall (OH)	Neumann
Armey	Hansen	Ney
Barr	Hayworth	Northup
Barrett (WI)	Hefley	Oliver
Bartlett	Hilleary	Owens
Bass	Hinchey	Pallone
Berman	Hobson	Pappas
Billirakis	Hoekstra	Pascrell
Blagojevich	Horn	Paul
Blumenauer	Hostettler	Peterson (PA)
Boehlert	Hoyer	Petri
Bono	Hulshof	Pitts
Borski	Hutchinson	Porter
Brady (PA)	Hyde	Portman
Brown (OH)	Inglis	Pryce (OH)
Campbell	Jackson (IL)	Quinn
Capps	Johnson (CT)	Radanovich
Cardin	Kanjorski	Ramstad
Castle	Kasich	Regula
Chabot	Kelly	Riggs
Coburn	Kennedy (MA)	Rogan
Collins	Kennedy (RI)	Rohrabacher
Cook	Kennelly	Ros-Lehtinen
Cox	Kim	Roukema
Coyne	Kind (WI)	Royce
Crane	Kingston	Rush
Davis (IL)	Klug	Salmon
Davis (VA)	Kolbe	Sanford
Deal	Kucinich	Sawyer
DeFazio	LaFalce	Scarborough
DeLay	Largent	Schumer
Deutsch	LaTourette	Sensenbrenner
Dickey	Lazio	Shadegg
Doggett	Linder	Shaw
Duncan	Lipinski	Shays
Dunn	LoBiondo	Skaggs
Ehrlich	Lowey	Smith (NJ)
Engel	Maloney (CT)	Smith, Linda
English	Maloney (NY)	Snowbarger
Ensign	Manzullo	Souder
Fawell	McCarthy (MO)	Sununu
Forbes	McCarthy (NY)	Tauscher
Fossella	McDade	Tierney
Fox	McHale	Upton
Frank (MA)	McHugh	Velazquez
Franks (NJ)	McInnis	Visclosky
Frelinghuysen	McIntosh	Wamp
Gekas	McKinney	Waxman
Gibbons	McNulty	Weldon (PA)
Gilchrest	Meehan	White
Goodlatte	Miller (CA)	Wolf
Goodling	Miller (FL)	Yates
Gordon	Moran (VA)	Young (FL)
Goss	Morella	

NOES—258

Abercrombie	Brown (FL)	Cunningham
Ackerman	Bryant	Danner
Aderholt	Bunning	Davis (FL)
Bachus	Burr	DeGette
Baesler	Burton	Delahunt
Baker	Buyer	DeLauro
Baldacci	Callahan	Diaz-Balart
Ballenger	Calvert	Dicks
Barcia	Camp	Dixon
Barrett (NE)	Canady	Dooley
Barton	Carson	Doolittle
Bateman	Chambliss	Dreier
Becerra	Chenoweth	Edwards
Bentsen	Christensen	Ehlers
Bereuter	Clay	Emerson
Berry	Clayton	Eshoo
Bilbray	Clement	Etheridge
Bishop	Clyburn	Evans
Bliley	Coble	Everett
Blunt	Combest	Ewing
Boehner	Condit	Farr
Bonilla	Conyers	Fattah
Bonior	Cooksey	Fazio
Boswell	Costello	Filner
Boucher	Cramer	Foley
Boyd	Crapo	Ford
Brady (TX)	Cubin	Fowler
Brown (CA)	Cummings	Frost
Furse	Mascara	Sarton
Gallegly	Matsui	Schaefer, Dan
Ganske	McCollum	Schaffer, Bob
Gejdenson	McCrery	Scott
Gephardt	McDermott	Serrano
Gillmor	McGovern	Sessions
Gilman	McIntyre	Sherman
Goode	McKeon	Shimkus
Graham	Meek (FL)	Shuster
Granger	Meeks (NY)	Skeen
Green	Menendez	Skelton
Gutknecht	Metcalf	Smith (MI)
Hall (TX)	Mica	Smith (OR)
Harman	Millender-McDonald	Smith (TX)
Hastert	Minge	Smith, Adam
Hastings (FL)	Mink	Snyder
Hastings (WA)	Moakley	Solomon
Hefner	Mollohan	Spence
Herger	Moran (KS)	Spratt
Hill	Murtha	Stabenow
Hilliard	Neal	Stark
Hinojosa	Nethercutt	Stearns
Holden	Norwood	Stenholm
Hooley	Nussle	Stokes
Houghton	Oberstar	Strickland
Hunter	Obey	Stump
Istook	Ortiz	Stupak
Jackson-Lee (TX)	Oxley	Talent
Jefferson	Packard	Tanner
Jenkins	Parker	Tauzin
John	Pastor	Taylor (MS)
Johnson (WI)	Paxon	Taylor (NC)
Johnson, E.B.	Payne	Thomas
Johnson, Sam	Pease	Thompson
Jones	Pelosi	Thornberry
Kaptur	Peterson (MN)	Thune
Kildee	Pickering	Thurman
Kilpatrick	Pickett	Tiahrt
King (NY)	Pombo	Torres
Kleczka	Pomeroy	Towns
Klink	Poshard	Traficant
Knollenberg	Price (NC)	Turner
LaHood	Rahall	Vento
Lampson	Rangel	Walsh
Lantos	Redmond	Waters
Latham	Reyes	Watkins
Leach	Riley	Watt (NC)
Lee	Rivers	Watts (OK)
Levin	Rodriguez	Weldon (FL)
Lewis (CA)	Roemer	Weller
Lewis (GA)	Rogers	Wexler
Lewis (KY)	Rothman	Weygand
Livingston	Roybal-Allard	Whitfield
Lofgren	Ryun	Wicker
Lucas	Sabo	Wise
Luther	Sanchez	Woolsey
Manton	Sanders	Wynn
Martinez	Sandlin	Young (AK)

ANSWERED "PRESENT"—1

Sisisky

NOT VOTING—7

Cannon	Gonzalez	Slaughter
Dingell	Hamilton	
Doyle	Markey	

□ 1506

Mr. ISTOOK changed his vote from "aye" to "no."

Messrs. ARCHER, MALONEY of Connecticut, and BARTLETT of Maryland changed their vote from "no" to "aye."

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT OFFERED BY MR. ROYCE

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from California (Mr. ROYCE) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will designate the amendment.

The Clerk designated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

OFFICE OF LEGISLATIVE AFFAIRS

ROUTING AND TRANSMITTAL SLIP

May 20, 1998

X	Action		File		Note & Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Info.		See Me
	Comment		Investigate		Signature
	Coordinate		Justify		

Remarks:

Please provide records responsive to the attached letter from Senator Coats by COB Thursday, May 28.

Please note that this is a request from an individual member, not a Chairman request. Accordingly, please indicate information which may be exempt from disclosure under FOI.

From: Office of Legislative Affairs

Room:

Phone No:

DAN COATS
INDIANA

404 RUSSELL SENATE OFFICE BUILDING
(202) 224-5623

INDIANAPOLIS OFFICE
1160 MARKET TOWER, 10 WEST MARKET STREET
INDIANAPOLIS, INDIANA 46204
(317) 226-5555

United States Senate

WASHINGTON, DC 20510

COMMITTEES
ARMED SERVICES
LABOR AND HUMAN RESOURCES
SELECT COMMITTEE ON INTELLIGENCE

April 23, 1998

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
Washington, DC 20201

Dear Secretary Shalala:

I respectfully request a copy of any document relating to any role that Dr. Jane Henney may have played in connection with:

- agency policy related to RU-486; and
- agency policy related to the Tobacco Bill.

These documents should include, but should not be limited to, any phone log, minutes of meetings, internal or external correspondence, notes, memorandum, recording, speech, or statement, prepared or given by any persons that may relate to Dr. Henney's role in discussing, developing, approving, commenting on, or questioning the matters in question.

I request that these documents be provided to me not later than June 3, 1998. For ease of organization, I further request that each document be identified with a distinct label and that a table of contents listing each document be provided.

Should you have any question regarding this request, please contact me, or have your staff contact Sharon Soderstrom of my staff at 202/224-1133.

Thank you for your consideration of this request.

Sincerely,

Dan Coats

Dan Coats
U.S. Senator

05-18-98-0030

ORIGINAL

Population Council

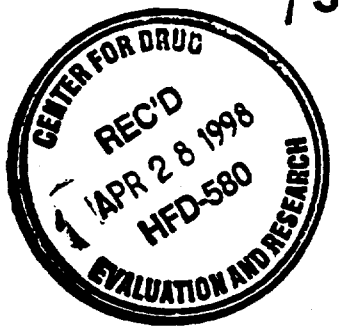
Sandra P. Arnold
Vice President
Corporate Affairs

NEW CORRESP

noted 5/4/98 /S/

noted /S/ 5/7/98

/S/ 5/8/98



April 27, 1998

Transmitted via Federal Express

Consumer Safety Officer
Division of Reproductive and
Urologic Drug Products
Room —— HFD-580
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

REVIEWS COMPLETED
CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO
/S/ 5/7/98
CSO INITIALS DATE

RE: NDA 20-687, Mifepristone 200 mg Oral Tablets
Amendment 014—Correspondence regarding Minutes of
March 16, 1998 meeting

Dear ——

Thank you very much for providing us with a copy of your minutes for our March 16, 1998 meeting about Chemistry, Manufacturing, and Controls (CMC) issues. We have reviewed the minutes and are in agreement that, for the most part, they accurately reflect the general conversation and decisions reached. However, there are a few small, but important, points that we request be clarified in the official minutes.

Although [redacted] as listed as a planned attendee, he was unable to be present at the meeting. Therefore, his name should be deleted from the list of attendees. Likewise, we believe that an FDA representative, [redacted] was not in attendance and should be deleted from the list of attendees. Additionally, [redacted] should be listed as, [redacted] Patricia Vaughan's name was misspelled and should be corrected to "Patricia C. Vaughan, Esq.—Legal Counsel."

During our discussion relating to reference standards, we explained that our plan is to utilize existing Roussel Uclaf (RU) bulk drug substance as a reference standard, but that in the event that the RU reference standard expires or otherwise becomes unstable, we plan to utilize Gedeon Richter (GR) bulk drug substance as the reference standard. As currently written, the minutes suggest that we plan to utilize the GR bulk drug substance as the primary reference standard. We would appreciate your revising the minutes to reflect that GR will be used only as a back-up

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0663 Facsimile: (212) 980-3710 Email: samold@popcouncil.org http://www.popcouncil.org

reference standard and the existing RU bulk drug substance will be utilized as the primary reference standard.

Finally, during the meeting we discussed the possibility of a tableting site change prior to approval of the NDA. [redacted] I suggested that it would be appropriate to follow the Agency's SUPAC-IR guidance document if a tableting site-change occurred prior to approval of the NDA. We would appreciate this suggestion being incorporated in the official meeting minutes.

Thank you for your assistance in this matter. Please contact me should there be any questions or comments regarding our request.

Very truly yours,

Sandra Arnold

cc: [redacted]

Frederick Schmidt, Ph.D.
Patricia C. Vaughan, Esq.

APPEARS THIS WAY
ON ORIGINAL

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0500 Facsimile: (212) 755-6052 Email: pubinfo@popcouncil.org http://www.popcouncil.org

Thursday, February 12, 1998
Page Number : 1

CENTER FOR DRUG EVALUATION & RESEARCH
EXECUTIVE SECRETARIAT STAFF
CONTROL FORM

Lognumber : 980200167

DUE DATE : 2/26/98

TracNumber : 9801116

Rec'd Date : 2/12/98

Doc Date : 2/4/98

From : BARTON, JOE

To : DONNA SHALALA

Affiliation :

Address :

Subject:
DISCLOSURE OF ADVERSE EVENT DATA

CorrType :

Office	OfficeName	Action	Date Sent	Due Date	Returned
HFD-006	Exec Sec	REPLY TO OLA/TM	2/12/98	2/26/98	
HFD-102	—	ASSIGN TO HFD-580.	2/12/98	2/26/98	
HFD-580	—	FAXED FOR DRAFT REPLY	2/12/98	2/27/98	
HFD-580		Draft response	2/13	2/25	2/23
—		FYI	2/13		
—		FYI	2/13		

FYI

Office	OfficeName

Comments :
RU486 DATA REQUESTED

Rec'd HFD-102
2/13/98

#2183

HFD-1 CONTACT: EXECUTIVE SECRETARIAT OFFICE —

OD-2.0

MIF 001557

U.S. House of Representatives
Committee on Commerce
Room 2125, Rayburn House Office Building
Washington, DC 20515–6115

February 4, 1998

The Honorable Donna E. Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

I have reviewed FDA's January 16, 1998 response to my inquiry about the disclosure of adverse event data for mifepristone (RU 486) from foreign countries. In its response, FDA provided the numbers of adverse drug reactions (ADRs) related to RU 486, but omitted denominator data on overall use of RU 486 for the relevant categories. In addition, FDA stated that FDA's Division of Reproductive and Urologic Drug Products had not requested ADRs related to RU 486 from the World Health Organization and that FDA does not intend to request information from WHO.

To assist the Subcommittee's work, please provide the following by February 18, 1998:

(1) Denominator data on overall use of RU 486 for the relevant categories in Tables I and II.

(2) A written explanation as to why the FDA does not intend to request information from WHO.

If you have any questions, please contact Mr. Alan Slobodin of the Committee staff at (202) 225-2927. I thank you in advance for your courtesy and attention to this matter.

Sincerely,

Joe Barton

Joe Barton
Chairman
Subcommittee on
Oversight and Investigations

No. 98-1116

02/09/98 0032

cc: Honorable Tom Bliley, Chairman
Honorable John D. Dingell, Ranking Member
Honorable Ron Klink, Ranking Member
Subcommittee on Oversight and Investigations

APPEARS THIS WAY
ON ORIGINAL

JAN 16 1998

The Honorable Joe Barton
Chairman, Subcommittee on
Oversight and Investigations
Committee on Commerce
House of Representatives
Washington, D.C. 20515-6115

Dear Mr. Chairman:

This is in response to your letter of December 18, 1997, to Secretary Shalala, requesting information and documents pertaining to the Food and Drug Administration's (FDA or the Agency) adverse drug reaction (ADR) reporting system and the disclosure of adverse event data received from foreign countries during consideration of the Population Council's pending new drug application (NDA) for mifepristone (RU-486).

The following are our responses to your questions:

1. **A description of the kind of adverse reaction information pertinent to assessing the safety of RU-486 or drugs that are considered similar to RU-486.**

In addition to collection of routine clinical and laboratory parameters, the following types of items were assessed prior to issuance of the "approvable" letter for mifepristone*:

- incidence of patients requiring dilatation & curettage (D&C) surgery, because of excessive bleeding;
- incidence of patients requiring a blood transfusion because of excessive bleeding;
- incidence of patients requiring intravenous (IV) fluids because of excessive bleeding;
- incidence of patients requiring hospitalization or an emergency room visit because of excessive bleeding;
- incidence and severity of patients experiencing hypotension, hypertension, tachycardia, or syncope;

*Note: Mifepristone has not received final approval.

- incidence and severity of painful uterine contractions, nausea, vomiting, and diarrhea occurring in treated patients; and,

- pregnancy outcome information in pregnancies reaching term.

Similar types of items would be considered in the safety assessment of applications filed for similar drugs.

2. **The number of reports received by FDA from France of possible adverse reactions to RU-486 or drugs similar to RU-486 for each of the calendar years 1994, 1995, 1996, and to the extent the information is available, for calendar year 1997.**

FDA collects information on adverse reactions both before and after a drug is approved. When trials are underway under a United States Investigational New Drug (IND) application, then ADRs are reported to that IND file. When a new drug application has been filed but not yet approved, then any ADRs detected are reported to the NDA file. After a drug is approved, then ADRs are reported to the Agency's post-marketing surveillance unit.

The number of ADRs for all indications shown below in Table I were reported to the NDA and include adverse event reports from France received on mifepristone. The NDA included summaries for patients using mifepristone as treatment for several different conditions and/or diseases, including: termination of pregnancy, labor induction, contraception, breast cancer, meningioma, Alzheimer's disease, insulin resistance, hypertension, endometriosis, metastatic adrenal cancer, cervical ripening, ovarian cancer, and Cushing's syndrome. The numbers in Table I below are in accordance with the data submitted by the sponsor. One set of data was for 1993-1995 combined, other data were reported by individual year.

TABLE I

ADRs Reported During Use for Any Indication														
1993-1995			1994			1995			1996			1997		
FR	OT	UK	FR	OT	UK	FR	OT	UK	FR	OT	UK	FR	OT	UK
0	0	54	25	10	0	14	144	404	0	1	481	0	0	0

Code: FR=France, OT=Other Countries, UK=Unknown Countries

All clinical trials associated with the IND for mifepristone sponsored by the Population Council were conducted in the United States. Table II represents the number of ADRs reported under the Population Council's IND for patients being treated with mifepristone only for the indication "pregnancy termination."

TABLE II

ADRs Reported During Use for Pregnancy Termination							
1994		1995		1996		1997	
France	Other	France	Other	France	Other	France	Other
0	7	0	49	0	2	0	1

FDA has not received any reports from France of possible adverse reactions to drugs similar to mifepristone. FDA is unaware of any drugs either in France or any other country which are similar to mifepristone.

3. All documents related to requests from FDA to the United Nations' World Health Organization for adverse reaction reports related to RU-486 or to drugs similar to RU-486 and the responses to those requests. If no such requests have been made, please explain if FDA will now make such a request.

No such request was made from FDA's Division of Reproductive and Urologic Drug Products to the World Health Organization (WHO) regarding this issue. At this time, FDA does not intend to request information from WHO. FDA has received domestic and international adverse reaction reports and safety updates on mifepristone from the NDA sponsor.

4. A description of all measures taken by the FDA to assure that all adverse event information about RU-486 was disclosed.

In accordance with section 505(k)(2) of the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act, an applicant ". . . must establish and maintain records . . . ." In addition, ". . . where the Secretary deems it appropriate, for the examination, upon request, by the persons to whom such regulations are applicable . . . ."

When the NDA was submitted, data from clinical trials conducted in France were submitted. Accordingly, two sites at which data were collected, were inspected by FDA's Division of Scientific Investigations; one in Paris, France, and one in Valencienes,

France. These two sites represented the majority of patients treated with mifepristone. There were no major audit violations found at either site that precluded recommending approval for the NDA.

In addition, FDA, on September 19, 1988, requested of the IND sponsor, data on adverse event reports from investigators doing studies with mifepristone. Over the life of the IND, the sponsor periodically has submitted such data. On July 24, 1996, FDA requested from the NDA sponsor a summary of the international post-marketing surveillance data on the use of mifepristone to ensure the information was available. The sponsor confirmed the data were available in the NDA and/or the NDA safety update.

This letter contains confidential information not releasable to the public under the Freedom of Information Act regulations. We ask that the Committee not publish or otherwise make public any information contained in this letter. We would be glad, of course, to discuss with the Committee staff the confidentiality of the information.

We hope this information is helpful.

Sincerely,

Sharon Smith Holston
Deputy Commissioner
for External Affairs

cc: Honorable Tom Bliley, Chairman
Committee on Commerce

Honorable John D. Dingell
Ranking Minority Member
Committee on Commerce

Honorable Ron Klink
Ranking Minority Member
Subcommittee on Oversight and Investigations

Controlled Correspondence Responses:

1. **Denominator data on overall use of RU-486 for the relevant categories in Tables I and II.**

Table I represented the serious ADRs reported to the NDA. These reports represent "spontaneous" reports submitted to the sponsor by any source, as well as those that occurred in the two French clinical trials sponsored by the applicant. Therefore, although the total number of patients in the French trials is known (total n= 2480 patients) , a denominator for reports received after marketing is difficult to estimate.

Table II represented the serious ADRs reported in the IND and represents U.S. clinical investigation. The total number of patients treated in that trial was 2121.

2. **A written explanation as to why the FDA does not intend to request information from WHO.**

Throughout the NDA review process, the FDA reviews the available data, including reported adverse events. The sponsor is required to provide, present and discuss all known adverse experiences. If the WHO, or any other organization maintains a database of adverse experiences, the sponsor would be expected to seek the information and provide it to their NDA.

prepared by ——— on 02/17/98 with input from the ———
concurrence by ———— ; on 02/17/98

Division of Reproductive and Urologic Drug Products Correspondence

Thursday, February 12, 1998

Log Number: DRUDP-105 12183

From: Barton, Joe (Representative)

Item Description Disclosure of Adverse Event Data for RU-486

Assigned To: ———

Date Assigned: 12-Feb-98 **Date Required:** ~~24-Feb-98~~ 2/18/98 EARLY AM

Action Required: Prepare Response

Return To: ———

Memo:

PLEASE PREPARE DENOMINATOR DATA AS REQUESTED FOR #1. I WILL PROVIDE A RESPONSE TO #2

E-MAILED TO CDERCEXSEC ON 2/17/98

CDERCEXSEC

A original copy sent 2/17/98

APPEARS THIS WAY ON ORIGINAL

TELEFAX TRANSMITTAL SHEET

FOOD AND DRUG ADMINISTRATION
Office of Legislative Affairs

5600 Fishers Lane
Parklawn Bldg. / Room
Rockville, MD 20850
TEL:
FAX:

PLEASE DELIVER THE FOLLOWING PAGES

TO: CDEREXSEC: ATTN: DATE: 2-12-98

TELEPHONE #: FAX #:

FROM:

COMMENTS: BARTON SUBCOMMITTEE FOLLOW-UP QUESTIONS TO THE PREVIOUS INQUIRY. PLEASE CALL ME WHEN YOU RECEIVE TO DISCUSS. THANKS

NUMBER OF PAGES, INCLUDING COVER: 3

IF YOU DO NOT RECEIVE THE NUMBER OF PAGES INDICATED ABOVE, PLEASE CALL IMMEDIATELY

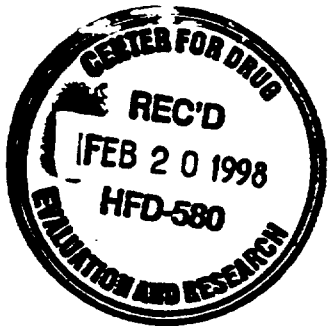
Population Council

noted 2/24/98 /S/

ORIGINAL

Sandra P. Arnold
Vice President
Corporate Affairs

NEW CORRESP



February 19, 1998

VIA FEDERAL EXPRESS

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

CSO INITIALS - DATE

RE: NDA 20-687, MIFEPRISTONE 200 MG ORAL TABLETS
AMENDMENT 013 - CONFIRMATION AND DOCUMENTATION
FOR MEETING MARCH 16, 1998 - 2:00 p.m.-3:30 p.m.

Dear ———

This letter confirms our arrangements to attend the March 16, 1998 (2:00 p.m. - 3:30 p.m.) meeting you have scheduled in response to our January 30, 1998 letter. We appreciate your timely response and the availability of the Division staff for this meeting.

The Agenda for the meeting was presented in the January 30 letter and remains current as restated below:

FINAL AGENDA

I. Plan for amending NDA to include new bulk drug substance manufacturer:
   - A. Discussion of FDA's assessment of the CMC from Gedeon Richter and use of their pilot batches as standards,
   - B. Discussion of demonstrating comparability to Gedeon Richter bulk drug substance given the perceived differences from the Roussel process,
   - C. Discussion of demonstrating comparability of the new bulk drug substance to the Roussel material.

II. Discussion of the possible use of Gedeon Richter pilot batches for compassionate patient use in the United States.

III. [redacted]

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0663 Facsimile: (212) 980-3710 Email: sarnold@popcouncil.org http://www.popcouncil.org

As you may remember, at our meeting on August 11, 1997 we sought your concurrence to use the pilot batches of Gedeon Richter bulk drug substance as a "gold standard," to validate a future manufacturer(s), particularly as no drug substance was available from Roussel. The information on manufacturing provided by Gedeon Richter was submitted for your review in prior amendments in 1997.

During that meeting, we discussed efforts to secure bulk drug substance from Roussel. The Population Council has a small quantity of bulk drug substance from Roussel which is within its original dating period. This material expires in 1999 and although it is very stable, we have no assurance that it will continue to remain stable; therefore, starting at the expiration date, we plan to continually revalidate this material. Thus, we need to know whether FDA would allow us to use the Gedeon Richter bulk drug substance as a "gold standard," if the Roussel material loses stability.

We are enclosing an analysis of the discrepancies our experts have found between the Roussel process and the Gedeon Richter process (Attachment A), as a basis for discussion of the utility of the Gedeon Richter bulk drug substance. During our meeting (Agenda Item IB), we would like to discuss the nature of these differences and what effect they may have on your allowing us to use the Gedeon Richter bulk drug substance as a "gold standard" in validating new manufacturing operations. We need to know, preferably in writing, the potential utility of the Gedeon Richter material, based on the manufacturing information obtained from Gedeon Richter and filed in Amendments No. 8 (August 5, 1997) and 9 (September 24, 1997). If additional data are needed to support use of the Gedeon Richter bulk drug substance as a "gold standard," then would the Agency be specific as to what data are needed to allow such use?

The enclosed material (Attachment A) is being provided in advance for your review. Additionally, we will make a short presentation to update you on our new manufacturer and timelines, and then wish to proceed with an open discussion of the agenda items. Please call me if you have any questions or need additional materials before the March 16th meeting.

Very truly yours,

Sandra Arnold

Attending the March 16th Meeting:

Sandra Arnold, Population Council

APPEARS THIS WAY
ON ORIGINAL

Patricia C. Vaughan, Esq. Population Council
Frederick Schmidt, Ph.D., Population Council

Population Council

Sandra P. Arnold
Vice President
Corporate Affairs

ORIGINAL

|S| 2/27/98

noted 2/6/98 |S|

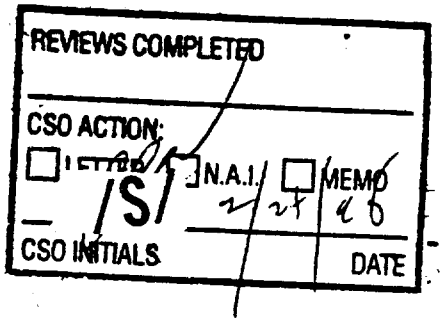
noted |S| 2-25-

NEW CORRESP

January 30, 1998

VIA FEDERAL EXPRESS

Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857



RE: NDA 20-687, Mifepristone 200mg Oral Tablets
Amendment 012-Authorization for NeoGen to Interact with FDA on NDA

Dear ———

This amendment number 012 to NDA 20-687 authorizes the FDA to communicate directly with certain representatives of NeoGen investors, L.P. (NeoGen) in all matters relating to our pending NDA 20-687 (mifepristone 20 mg Oral Tablets). NeoGen is the U.S. Licensee of The Population Council for mifepristone and will be commercializing mifepristone when the NDA is approved. We believe that direct communication between NeoGen and the FDA about our pending NDA will facilitate the regulatory process. The ability of NeoGen to communicate with you is an addition to the existing communication channels between The Population Council and the FDA. Let me reassure you that NeoGen communications with the FDA will be discussed in advance with The Population Council to prevent duplication or differences.

The Population Council will continue at this time to retain the ownership of the NDA, and will be in communication with NeoGen regarding any direct discussions with the FDA. Therefore, official written notices should continue to be directed to our attention at The Population Council.

You are hereby authorized to communicate directly with the regulatory attorney for ——— ——— and his colleagues of ——— ——— : is an attorney experienced in FDA statutes and regulations and was a ——— /. In addition, you are hereby authorized to communicate directly with ——— who is President and Chief Operating Officer of ———

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0663 Facsimile: (212) 980-3710 Email: samold@popcouncil.org http://www.popcouncil.org

——— has spent almost twenty years at ——— in Marketing and Business Development.

If you have any questions about this authorization, please don't hesitate to contact me to discuss them.

Very truly yours,

Sandra P. Arnold
Vice President, Corporate Affairs
The Population Council

cc: [ ]

APPEARS THIS WAY
ON ORIGINAL

CONGRESSIONAL REQUEST

Tuesday, December 23, 1997
Page Number : 1

CENTER FOR DRUG EVALUATION & RESEARCH
EXECUTIVE SECRETARIAT STAFF
CONTROL FORM

Lognumber : 971200314

DUE DATE : 1/7/98

TracNumber :

Rec'd Date : 12/23/97

Doc Date : 12/18/97

Congress:
Joe Barton
Party : R **State :** TX **Branch :** House

To : DONNA SHALALA

Subject:
RU486

On Behalf of : BARTON, JOE

Office	OfficeName	Action	Date Sent	Due Date	Returned
HFD-006	Exec Sec	COMPILE DATA FOR OLA	12/23/97	1/7/98	
HFD-700		PROVIDE DOCUMENTATION TO EXEC SEC	12/23/97	1/7/98	
HFD-102	ODE II	PROVIDE DOCUMENTATION TO EXEC SEC	12/23/97	1/7/98	

FYI

Office	OfficeName
HFD-580	Advance

Comments :

REQUESTS DOCUMENTS PERTAINING TO ADVERSE REACTIONS TO RU486

HFD-1 CONTACT: _____

OD-2.0C

#2151

MIF 001571

TELEFAX TRANSMITTAL SHEET

FOOD AND DRUG ADMINISTRATION
Office of Legislative Affairs

5600 Fishers Lane
Parklawn Bldg. / Room
Rockville, MD 20857

TEL: (
FAX:

DATE: 12-22-97

TO: CDER EXEC FAX NUMBER:

FROM:

COMMENTS: The attached document request from Chairman Barton dated December 18, 1997, does not have a document number assigned since the letter has not been officially assigned to us yet by the Department. The advanced copy is being forwarded for your review to provide as much time as possible to prepare the response. The December 18 letter refers to Chairman Barton's October 22, 1997 request which has already been completed. A copy of the October 22 letter is also enclosed for your information.

O.L.A. would like to have a telephone discussion, Monday, December 29, with the person in CDER EXSEC who is assigned the lead in responding to this letter. This is to request that that individual in CDER EXSEC contact me as soon as the assignment has been made, or by Monday morning, December 29, to make arrangements for the telephone call with I can be reached at If you have any questions and you are not able to reach me, you can contact Thanks.

NUMBER OF PAGES, INCLUDING COVER: 5

Copies to

U.S. House of Representatives
Committee on Commerce
Room 2125, Rayburn House Office Building
Washington, DC 20515–6115

December 18, 1997

The Honorable Donna E. Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

Pursuant to Rules X and XI of the U.S. House of Representatives, the Subcommittee on Oversight and Investigations is examining the Food and Drug Administration's (FDA) adverse event reporting system and the disclosure of adverse event data from foreign countries.

An article in the December 11, 1997 edition of The Wall Street Journal reported that some European data on heart-valve problems in diet-pill users were undisclosed to the FDA as well as the FDA advisory panel that reviewed the diet drug known as Redux. That report has raised again questions about the FDA's adverse event reporting system, particularly with regard to drug approval decisions based on foreign data. My October 22, 1997 letter to you raised issues relating to adverse event reporting and about FDA's ability to exchange information about adverse reactions to drugs with foreign adverse event reporting systems. I am concerned that the issues raised in The Wall Street Journal article may also pertain to the FDA's consideration of safety data in the Population Council's pending new drug application (NDA) for RU 486 (mifepristone).

To assist the Subcommittee's work and assure the public that the FDA and the FDA advisory panel received and reviewed all foreign adverse reaction data about RU 486, please provide the following by January 9, 1998:

(1) A description of the kind of adverse reaction information pertinent to assessing the safety of RU 486 or drugs that are considered similar to RU 486.

(2) The number of reports received by FDA from France of possible adverse reactions to RU-486 or drugs similar to RU 486 for each of the calendar years 1994, 1995, 1996, and to the extent the information is available, for calendar year 1997.

(3) All documents related to requests from FDA to the United Nations' World Health Organization for adverse reaction reports related to RU-486 or to drugs similar to RU 486 and the responses to those requests. If no such requests have been made, please explain if FDA will now make such a request.

(4) A description of all measures taken by FDA to assure that all adverse event information about RU-486 was disclosed.

For purposes of responding to this request, the term "document" is used in its broadest sense, and includes originals and drafts of any kind of written or graphic matter, however produced or reproduced, of any kind or description, whether sent or received or neither, and all copies thereof that are different in any way from the original (whether by interlineation, receipt stamp, notation, indication of copies sent or received or otherwise), regardless of whether "confidential," "privileged," or otherwise, including without limitation any paper, book, account, photograph, blueprint, drawing, agreement, contract, memorandum, advertising material, letter, telegram, object, report, record, transcript, study, note, notation, working paper, intra-office communication, interoffice communication, intra-agency communication, interagency communication, intra-department communication, interdepartment communication, chart, minute, index sheet, routing sheet, computer software, computer data, delivery ticket, flow sheet, price list, quotation, bulletin, circular, manual, summary, recording of telephone or other conversation or of interviews, or of conferences, or any other written, recorded, transcribed, punched, taped, filmed, or graphic matter, however produced or reproduced. The term "document" also includes without limitation any tape, recording, videotape, computerization, or other electronic recording, whether digital or analog or a combination of the two.

If you have any questions, please contact Mr. Alan Slobodin of the Committee staff at (202) 225-2927. I thank you in advance for your courtesy and attention to this matter.

Sincerely,

Joe Barton
Chairman
Subcommittee on
Oversight and Investigations

cc: Honorable Tom Bliley, Chairman
Honorable John D. Dingell, Ranking Member
Honorable Ron Klink, Ranking Member
Subcommittee on Oversight and Investigations

U.S. House of Representatives
Committee on Commerce
Room 2125, Rayburn House Office Building
Washington, DC 20515–6115

October 22, 1997

The Honorable Donna E. Shalala
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

Pursuant to Rules X and XI of the U.S. House of Representatives, the Subcommittee on Oversight and Investigations is examining the Food and Drug Administration's (FDA) postmarketing drug surveillance program.

To assist the Subcommittee's work, please provide the following by November 12, 1997:

(1) The number of reports received by FDA of possible adverse reactions to drugs for each of the calendar years 1994, 1995, and 1996.

(2) The percent of those reports for each of the calendar years 1994, 1995, and 1996 that involved "serious" reactions that were not seen in initial trials.

(3) A description of how FDA is establishing a computerized system of adverse reaction reports.

(4) All documents related to FDA requests, in response to adverse reaction reports that bear investigation, made since October 22, 1996 for large databases of computerized files of Medicare patients.

(5) All documents related to FDA requests made since October 22, 1996 to a company, IMF America, for information on how many people are taking a particular drug.

(6) A summary report or a pre-existing document describing international adverse reporting systems for drugs and FDA's ability to exchange information about adverse reactions to drugs with foreign adverse reporting systems.

(7) A description of any efforts by FDA to work on an international agreement on adverse reporting systems for drugs.

(8) Any documents related to improving the quality of adverse reporting information and/or to improving FDA's analysis of reports of adverse reactions to drugs.

For purposes of responding to this request, the term "document" is used in its broadest sense, and includes originals and drafts of any kind of written or graphic matter, however produced or reproduced, of any kind or description, whether sent or received or neither, and all copies thereof that are different in any way from the original (whether by interlineation, receipt stamp, notation, indication of copies sent or received or otherwise), regardless of whether "confidential," "privileged," or otherwise, including without limitation any paper, book, account, photograph, blueprint, drawing, agreement, contract, memorandum, advertising material, letter, telegram, object, report, record, transcript, study, note, notation, working paper, intra-office communication, interoffice communication, intra-agency communication, interagency communication, intra-department communication, interdepartment communication, chart, minute, index sheet, routing sheet, computer software, computer data, delivery ticket, flow sheet, price list, quotation, bulletin, circular, manual, summary, recording of telephone or other conversation or of interviews, or of conferences, or any other written, recorded, transcribed, punched, taped, filmed, or graphic matter, however produced or reproduced. The term "document" also includes without limitation any tape, recording, videotape, computerization, or other electronic recording, whether digital or analog or a combination of the two.

If you have any questions, please contact Mr. Alan Slobodin of the Committee staff at (202) 225-2927. I thank you in advance for your courtesy and attention to this matter.

Sincerely,

Joe Barton
Chairman
Subcommittee on Oversight and Investigations

cc: Honorable Tom Bliley, Chairman
Honorable John D. Dingell, Ranking Minority Member
Honorable Ron Klink, Ranking Minority Member
Subcommittee on Oversight and Investigations

10-24-97-0016

Population Council

Charlotte Ellertson
Program Associate

Phone: 212-339-0607
Email: cellertson@popcouncil.org

November 26, 1997

[redacted]
Division of Reproductive and Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

RE: NDA 20-687, Mifepristone 200 mg Oral Tablets
Amendment 010 - Revised Physician Labeling

Dear [redacted]

Enclosed please find our suggested additions to the proposed mifepristone label currently being considered by the Food and Drug Administration (FDA). These additions incorporate the data from the U.S. trials, as has been requested by the FDA. In addition to the description of the additions. a copy of the document is provided on diskette.

Thank you for your assistance in this matter.

Best regards,

Charlotte Ellertson

Charlotte Ellertson, M.P.A., Ph.D.
Program Associate

APPEARS THIS WAY
ON ORIGINAL

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0500 Facsimile: (212) 755-6052 Email: pubinfo@popcouncil.org http://www.popcouncil.org

Population Council

This is not the complete response 10/2/97 /S/

ORIGINAL

Sandra P. Arnold
Vice President
Corporate Affairs

ORIG AMENDMENT
BC

REVIEWS COMPLETED
CSO ACTION:
☐ LETTER ☐ N.A. ☐ MEMO
/S/ 1/27/99
CSO INITIALS DATE

September 24, 1997

CENTER FOR DRUG EVALUATION AND RESEARCH
REC'D
SEP 29 1997
HFD-580

———, Division of Reproductive and
Urologic Drug Products (HFD-580)
Attention: Document Control Room 17B-20
Office of Drug Evaluation II
Center for Drug Evaluation and Research
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

RE: NDA 20-687, Mifepristone 200 mg Oral Tablets
Amendment 009 - Chemistry, Manufacturing and Controls

Dear ———,

During your August 11, 1997 meeting with the Population Council and our licensee, we mentioned that we anticipated receiving additional CMC information from Gedeon Richter in September, and that we would provide that information to you promptly. The willingness you expressed during that meeting to review this revised CMC material and to provide written questions within the next month or so as to any additional information necessary is appreciated. Any questions you might have should be directed to my attention and we will forward them to Gedeon Richter to obtain additional information as expeditiously as possible. We are anxious to obtain the Division's feedback as to whether the current pilot batches can be used as standards to bring on new production facilities at another site.

We are supplying in this Amendment 009 an amended CMC section to our NDA number 20-687. Amendment 009 includes all the new information we recently received from Gedeon Richter, integrated into our August 5, 1997 amendment. Please be advised that our August 5, 1997 Amendment was incorrectly numbered "006" when it should have been "008" and also there were a few pages which were misnumbered or missing page numbers. These errors have been corrected in the enclosed Amendment 009.

This amended CMC differs from our August 5, 1997 amendment in the following ways:

- The following pages in this Amendment 009 are new: 6.1, 6.2, 62.1, 151.1, 151.2, 151.3, 151.4, 151.5, 151.6, and 151.7.

- The following pages in this Amendment 009 replace the same pages in the August 5th submission: 8, 9, 10, 12, 22, 23, 39, 41, 42, 53, 55, 56, 60, 62, 93, and 139.

One Dag Hammarskjold Plaza, New York, New York 10017
Telephone: (212) 339-0663 Facsimile: (212) 980-3710 Email: sarnold@popcouncil.org http://www.popcouncil.org

To facilitate your identification of the new materials and your quick review, we have tabbed the new and replacement pages. We look forward to hearing from you as soon as you have had an opportunity to evaluate these materials.

Very truly yours,

Sandra Arnold

Enclosure

cc: [redacted]

Dr. Ann Robbins
The Population Council

Dr. Frederick Schmidt
The Population Council

APPEARS THIS WAY
ON ORIGINAL

SEP - 3 1997

NDA 20-687

The Population Council
Attention: Ms. Margaret Catley-Carlson
President
1230 York Avenue
New York, NY 10021

Dear Ms. Catley-Carlson:

Please refer to your new drug application submitted pursuant to section 505(b) of the Federal Food, Drug, Cosmetic Act for Mifepristone Tablets, 200 mg.

We also refer to the meeting between representatives of your firm and this agency on August 11, 1997.

A copy of our meeting minutes has been enclosed for your reference. Should you have any questions, please contact [redacted]

Sincerely,

/S/ 9/2/97

[redacted]

Division of Reproductive and Urologic
Drug Products (HFD-580)
Center for Drug Evaluation and Research

ENCLOSURE

cc:
Orig. NDA
HFD-580
HFD-580/ [redacted]
HFD-580/ [redacted]-8.29.97/n20687.gc2
concurrence: [redacted] 9.2.97

APPEARS THIS WAY
ON ORIGINAL

GENERAL CORRESPONDENCE (GC)

N 20-687

Population Council

ORIGINAL

Faxed 8/11/97 /S/

Margaret Catley-Carlson
President

NEW CORRESP

August 5, 1997

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

/S/ 7/27/99
CSO INITIALS DATE

FDA, Division of Reproductive & Urologic Drug Products
5600 Fisher's Lane
Rockville, MD

Dear ———

Thank you very much for arranging for our meeting on August 11 on very short notice. We recognize the difficulty of assembling the appropriate FDA staff for the meeting, particularly during the summer vacation season, and appreciate your efforts.

The meeting materials enclosed are:

- Our proposed agenda, including a list of the participants from the Population Council and our licensee for mifepristone, Danco Laboratories/The NeoGen Group.
- Our regulatory proposal on the pending NDA.
- The questions we would like to have answered by the FDA.

In addition, we are supplying an amended CMC Section to our NDA number 20-687, dated March 14, 1996. The arrangement that has been worked out with Gedeon Richter is that the Population Council will file Gedeon Richter's Drug Master File information as part of the Council's CMC Section. The enclosed amendment contains the manufacturing information and data that Gedeon Richter has thus far supplied to the Population Council. Also included in the amendment is a list of the additional information Gedeon Richter will provide on September 9, 1997.

As you requested, we have prepared some questions to help focus the discussions at the meeting. The Population Council and Danco Laboratories look forward to our meeting, where we hope to review our plan to obtain approval of the pending NDA on the basis of the Gedeon Richter information, and the substitution of a new bulk drug manufacturer post approval.

With very best wishes,

Margaret Catley-Carlson

CENTER FOR DRUG EVALUATION AND RESEARCH
REC'D
AUG 06 1997
HFD-580

One Dag Hammarskiold Plaza, New York, New York 10017

N 20-677

NEW CORRESP

ORIGINAL

Population Council

Charlotte Ellertson
Program Associate
Phone: (212) 339-0607
Email: cellertson@popcouncil.org

noted 8/18/97 /S/

to mifepristone NDA/sum

/S/ 8/22/97

noted /S/ 8-18-97

REVIEWS COMPLETED
CSO ACTION: ☐ LETTER ☐ N.A.I. ☐ MEMO
/S/ 8/22/97 ap
CSO INITIALS DATE

July 28, 1997

Food and Drug Administration
Park Lawn Building, HFD-510
5600 Fishers Lane
Rockville, MD 20857

Dear ——

Thank you for speaking with me the other day about our data dilemma. In response to our conversation, we have decided to create two versions of our electronic database from the mifepristone study. The first will reflect exactly the physical copies of the patient record forms, and will be used as the basis for our regulatory submissions to you. The second version will closely match the first, particularly on safety and efficacy indicators, but certain variables will be modified to create an internally consistent database that we can use easily for our planned scholarly publications on the topic. We will keep careful track of the changes we make and we will be able to explain them to an FDA auditor should the need arise. One result of this approach to handling the data is that certain aspects of our future publications may differ from tabulations that appear in our regulatory submissions.

If this letter reflects your understanding of our conversation also, would you please sign below and return the letter to us?

Thank you again for your assistance.

Sincerely,

Charlotte Ellertson
Program Associate

CENTER FOR DRUG EVALUATION AND RESEARCH
REC'D
AUG 14 1997
HFD-530

This letter accurately represents our telephone conversation.

—— /S/ ——

8-12-97
Date

ORIGINAL

The Population Council
Center for
Biomedical Research

1230 York Avenue
New York, New York 10021
Cable: Popbiomed, New York
Facsimile: (212) 327-7678
Telephone: (212) 327-8731
Telex: 238274 POBI UR

/S/ 1/26/98

This is further discussions regarding revisions to this proposed label are forthcoming /S/

many is currently not avail. The missing info should be submitted at a later date /S/ 7-23-97

REVIEWS COMPLETED

ACTION: ☐ LETTER ☑ N.A.I. ☐ MEMO

/S/ INITIALS 1/27/98 DATE

VIA Fed Ex

March 31, 1997

Division of Reproductive and Urologic Drug Products (HFD-580)
Center for Drug Evaluation and Research
Document Control Room 17B-20
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Subject: NDA 20-687 - Mifepristone 200 mg Oral Tablets
Amendment 007 - Information Requested on Physician Labeling in the Approvable Letter

Dear

In response to the NDA approvable letter dated 18 September 1996, we are submitting revised Physician Labeling for NDA 20-687. Appendix I contains a letter prepared by Dr. Charlotte Ellertson of the Population Council, providing a detailed description of, and rationale for, our responses to requests from the FDA in the NDA approvable letter. Appendix II contains a copy of the revised labeling and Appendix III contains a marked version of the labeling which indicates the changes made from the version submitted in our NDA application on March 14, 1996. As discussed in a telephone conversation with last week, an annotated version of the revised labeling is not being submitted at this time. However, we will provide a new annotated version of the labeling once it is finalized, if requested by the FDA.

We would like to request a meeting with the FDA to discuss this revised labeling. We propose the meeting take place in late April and includes 5-7 people from the Population Council staff. I will contact with specific dates, attendees and agenda.

Thank you for considering the revised labeling. We look forward to working with the FDA to finalize this document.

Sincerely

Ann Robbins

Ann Robbins, Ph.D.
Scientist

CENTER FOR DRUG EVALUATION AND RESEARCH
REC'D
APR 01 1997
HFD-580

NDA 20-687

MAR - 6 1997

The Population Council
Attention: Ann Robbins, Ph.D.
Scientist
1230 York Avenue
New York, NY 10021

Dear Dr. Robbins:

Please refer to your March 14, 1996, new drug application submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Mifepristone Tablets, 200 mg.

We also refer to our approvable letter dated September 18, 1996.

We further refer to your correspondence dated January 30, 1997, in which you requested confirmation that a manufacturer other than the one specified in your new drug application, would be allowed to address the drug substance related chemistry deficiencies delineated in our approvable letter.

You may respond to the chemistry deficiencies in this manner. In addition, you should also provide complete chemistry manufacturing and control information on the drug substance that would pertain to adding a new manufacturer to your new drug application.

We remind you that in accordance with the Prescription Drug User Fee Act of 1992 (PDUFA) we will not be obliged to begin a new review cycle until all deficiencies listed in the approvable letter have been responded to. We cannot guarantee that information which arrives prior to receipt of a complete response will be reviewed prior to the new review cycle.

Should you have any other questions, please contact _____

Sincerely,

/S/

Division of Reproductive and Urologic
Drug Products (HFD-580)
Center for Drug Evaluation and Research

APPEARS THIS WAY
ON ORIGINAL

cc:
Orig. NDA
HFD-580
HFD-580 _____
HFD-580, ——2.27.97/n20687.gc
concurrence: —— 2.28.97, ———— 3.3.97

GENERAL CORRESPONDENCE

noted 2/5/97 /S/

The Population Council

er for
medical Research

1230 York Avenue
New York, New York 10021
Cable: Popblomed, New York
Facsimile: (212) 327-7678
Telephone: (212) 327-8731
Telex: 238274 POBI UR

ORIGINAL

noted 2-5-97 /S/

2/7/97 /S/

NEW CORRESP

VIA Federal Express

January 30, 1997

REVIEWS COMPLETED

CSO ACTION:
☐ LETTER ☐ N.A.I. ☐ MEMO

CSO INITIALS DATE

CENTER FOR DRUG EVALUATION AND RESEARCH
REC'D -
JAN 31 1997
HFD-580

Division of Reproductive and
Urologic Drug Products (HFD-580)
Center for Drug Evaluation and Research
Document Control Room 17B-20
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Subject: NDA 20-687 - Mifepristone 200 mg Oral Tablets
Amendment 006 - Information Requested on
Drug Substance in the Approvable Letter

Dear ———

As discussed in a telephone conversation with ———— Consumer Safety Officer, on January 28, 1997, the Population Council can now begin to respond to the requests for information raised in the September 18, 1996 approvable letter for mifepristone NDA 20-687. Our plan is to supply the FDA with the requested information for specific topics as the issues are resolved and/or the information becomes available. In this letter, we are proposing our strategy for responding to the FDA's request for additional information on several aspects of the drug substance.

The Population Council has identified a new manufacturer of the drug substance. Our new manufacturer can provide answers to all of the specific questions and requests in the approvable letter, including the description of the synthesis from an appropriate starting material, which is prior to ———— in the synthetic pathway. This starting material has been identified and accepted in DMFs submitted to the FDA by other companies. Our expectation is that this is the same starting material used by the manufacturer currently identified in our NDA. Our new manufacturer is prepared to submit a DMF for mifepristone synthesis from this starting material to the FDA and provide information to respond to all inquiries in the approvable letter.

I respectfully request a response in writing from you and/or your colleagues in the division on the acceptability of the Council's strategy to respond to the drug substance issues with information provided by our new manufacturer rather than the manufacturer currently identified in the NDA. Once this approval is obtained, our new manufacturer will proceed with the filing of the DMF and the Council will proceed with the submission of the information on the drug substance requested in the NDA approvable letter. If the FDA requires additional details, the Council and our new manufacturer can discuss this with the division at a meeting or in a conference call.

In accordance with 314.60 (c), we certify that a copy of this amendment has been sent to our FDA district office.
Thank you for your attention to this matter and I look forward to your response.

Sincerely yours,

Ann Robbins

Ann Robbins, Ph.D.
Scientist

AR/yaho

cc: Food and Drug Administration

APPEARS THIS WAY
ON ORIGINAL

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

1/27/97

H. Quiquempois, M.D.
Center Hospitalier de Valenciennes
Unite d'Orthogenie
Avenue Desandrouin B.P.479
593Valencienes, France

Dear Dr. Quiquempois:

On July 1,1996, [redacted] representing the Food and Drug Administration (FDA), conducted an inspection of your conduct, as one of the investigators of record, as well as the holder of the records, of two clinical studies (protocol #FFR/91/486/14 and #FF/92/486/24) of the investigational drug Mifepristone, performed for Roussel Laboratories and submitted by The Population Council in support of their New Drug Application. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of those studies have been protected.

From an evaluation of the inspection report and of the documents collected during the inspection, we conclude that you did not adhere to all good clinical investigational practices governing your conduct of the clinical investigations and the protection of human subjects. At the close of the inspection, the FDA auditors presented you with a form FDA 483 which listed their observations. These included failure to follow the protocol in that subjects who smoked, were over 35 years of age, and exhibited lengths of amenorrhea greater then that allowed by the protocols were entered into the study. In addition, some laboratory and ultra sound reports could not be located in both studies.

We appreciate the cooperation shown [redacted] during the inspection.

Sincerely yours,

/S/

[redacted]

Clinical Investigations Branch
Division of Scientific
Investigations, HFD-344
Office of Compliance
Center for Drug Evaluation
and Research

MIF 001587

MESSAGE CONFIRMATION

TELEFAX

TO: _____

_____

_____

FAX: _____

PHONE: _____

FROM: _____

Food and Drug Administration
Division of Reproductive and Urologic Drug Products
5600 Fishers Lane, HFD-580
Rockville, Maryland 20857-1706

FAX:
PHONE:

DATE: 12/5/96

Printed by [redacted]

Electronic Mail Message

Sensitivity: COMPANY CONFIDENTIAL

Date: 26-Nov-1996 09:59am
From: [redacted]
Dept: HFD-006 WOC2
Tel No: [redacted]

TO: [redacted]
TO: [redacted]

CC: [redacted]
CC: [redacted]
CC: [redacted]

Subject: FWD: re: Barton Letter

The following is in regard to the letter of September 17 from Chairman Barton requesting information about RU-486.

As noted in the second text attachment "Barton Letter", a draft of the agency response has been given to [redacted] she had a question for the division, that question has been answered.

As noted in the first text attachment "re:Barton Letter", further information is now needed. I am going to have [redacted] email logged as a congressional request to make it easier for us to track (so ODE-II will get a logged copy very soon), but meanwhile I am forwarding it so you can have all possible time to work on it. Do you need more clarification on the request? I am interpreting the request to mean meetings involving at least one non-FDAer, not internal staff meetings or reviewer team meetings. I'd suggest we list as follows:

1. DATE of meeting
   attendees (external)
   attendees (FDA)
   topics

2. DATE of meeting
   etc.

Finally, if it is possible, could we have the list by the end of the day on December 5, so that in case any one here wants to look it over or thinks of something to add, we still have a day? If that will create extra problems, please let me know.

[redacted]

APPEARS THIS WAY
ON ORIGINAL

Printed by [redacted]

Electronic Mail Message

Date: 26-Nov-1996 09:22am
From: [redacted]
Dept:
Tel No:

Subject: re: Barton Letter

Hi-

Thanks for the information about the pre-IND meeting. I will put that letter in final. However, [redacted] spoke with Alan Slobodin and they want a list of all meetings regarding RU-486 (not just those with senior FDA officials attending), who attended, topics and when it occurred. We said we would get that information and forward it to them later. Could you please ask the review division (and anywhere else) for a list of all those meetings.

We would like that list by Friday, December 6th COB. Please let me know if you have any questions.

Thanks, [redacted]

APPEARS THIS WAY
ON ORIGINAL

Printed by [redacted]

Electronic Mail Message

Date: 25-Nov-1996 04:03pm
From: [redacted]
Dept: HFD-006 WOC2 [redacted]
Tel No: [redacted]

Subject: Barton Letter

We are in receipt of a draft of the Agency's response to the letter from Chairman Barton (incoming dated September 17, 1996) regarding RU-486.

[redacted] has reviewed the draft and made no comment except to draw our attention to the need for information noted below:

On page 2 of the draft response, we are explaining "The December 6, 1993, pre-IND meeting was not listed in the FDA public calendar because....." and CDER was asked for information to complete the explanation. The reason follows:

Pre-IND meetings are typically attended by the team of reviewers who will actually work on the application. Sometimes the division director may attend. But the list of FDA officials who must report meetings on the public calendar include does not include division directors (21 CFR 10.100(b)(3)), let alone medical officers and other reviewers. Since pre-IND meetings deal with confidential commercial topics, we are careful not to publicize their topics. The lack of appearance on the public calendar was therefore typical of such meetings.

Please let me know if you need further information!

APPEARS THIS WAY
ON ORIGINAL

Division of Reproductive and Urologic Drug Products Correspondence

Tuesday, December 03, 1996

Log Number: 1751

From: Chairman Barton

Item Description Congressional-re: Meetings on RU-486

Assigned To: _____

Date Assigned: 03-Dec-96 **Date Required:** 05-Dec-96 Thursday

Action Required Prepare list of meetings in regards to RU-486

Return To: _____

Memo:

CC: HFD-580 Uterine acting agents
HFD-580 congressional
HFD-580 _____

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

November 14, 1996

Dear Advisory Committee Member,

This is to alert you that the Agency has received a formal request from Joe Barton (R-Texas), Chairman, Subcommittee on Oversight and Investigations, House Committee on Commerce, for copies of all records associated with the July 19, 1996, meeting of the Advisory Committee on Reproductive Health Drugs concerning mifepristone. These documents include the financial disclosure forms you submitted prior to the meeting. The Agency has reviewed the requests and has determined that the Agency is required to comply with this request.

We anticipate the copies of the documents will be sent to Congressman Barton's office on Friday, November 15, 1996. If you have any concerns about this issue, please feel free to call me on ——— I have also attached a copy of a letter which was sent to all FDA advisory committee members in September concerning the very limited situation under which the Agency would be required to release protected information.

/S/

———
——— Advisors and Consultants Staff

APPEARS THIS WAY
ON ORIGINAL

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

September 16, 1996

Dear Advisory Committee Member:

Your expertise and participation in an FDA advisory committee is extremely important in helping the Agency make public health decisions, and in strengthening the Agency's ties to professional, industry, and consumer communities. We greatly value your contributions as a Special Government Employee.

In this capacity, the personal financial information that you provided to FDA at the time of your appointment to an advisory committee is protected by the Privacy Act and not disclosable to the public. We want you to be aware, however, of two situations in which FDA could be required to disclose such information.

First, when a duly authorized committee of the Senate or House of Representatives requests personal financial information about a Special Government Employee, FDA may be legally obligated to provide it. This specific type of request is extremely rare, but it has occurred. Recently, a congressional committee requested that FDA provide personal financial information about members of one of the agency's advisory committees. In this situation, we notified each advisory committee member before the information was disclosed to the committee.

Second, FDA may be required to provide personal financial information pursuant to the order of a court. For example, a United States District Court recently ordered FDA to submit personal financial information about Special Government Employees who had participated in a study concerning a product regulated by the Agency. In this situation, FDA produced the requested information. To our knowledge, this is the only instance in which court order requiring FDA to produce personal financial information has been issued. Moreover, to date, FDA has successfully limited the use of such information to only the court, and not to any other person.

No matter how unusual or infrequent such instances of disclosure may be, we believe that you should be aware that they may occur and that FDA may be required to disclose this information. We would like to assure you that we will continue to be vigilant about protecting the financial information you disclose to FDA. Thank you for your contributions to FDA and for assisting the Agency in protecting, promoting, and enhancing the health of the American people.

Sincerely yours,

/S/

/S/

ASAP!

OFFICE OF LEGISLATIVE AFFAIRS

ROUTING AND TRANSMITTAL SLIP Date: October 11, 1996

1.

2.

3.

4.

5.

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8.

9.

10.

cc:

x	Action		File		Note & Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Info.		See Me
x	Comment		Investigate		Signature
	Coordinate		Justify	x	prepare documents

ANOTHER BARTON RU-486 LETTER

Remarks:

Chairman Joe Barton, Subcommittee on Oversight and Investigations, Commerce Commitee, has requested more information on RU-486.

Please review the attached letter and prepare copies of the documents that you have in your possession. We would like copies of the documents for our review by Tuesday, October 22nd COB. If you cannot meet this date please let me know. We will set up a meeting later to discuss any outstanding issues..

If you know anyother people who should also prepare copies of documents for this request, please let me know.

From: [redacted] Room: [redacted]

Office of Legislative Affairs Phone No: [redacted]

APPEARS THIS WAY
ON ORIGINAL

U.S. House of Representatives
Committee on Commerce
Room 2125, Rayburn House Office Building
Washington, DC 20515–6115

September 17, 1996

The Honorable David A. Kessler, M.D.
Commissioner of Food and Drugs
Food and Drug Administration
Room 14-71 (HF-1)
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Kessler:

On June 27, 1996 and July 11, 1996, I sent letters to you requesting information and documents concerning data integrity in clinical trials sponsored by the Population Council. To date, I have not received a complete response to the June 27, 1996 letter nor have I received any response to the July 11, 1996 letter. Please expedite the responses to these letters.

In addition, the Subcommittee seeks further information related to the FDA's consideration of RU-486. Accordingly, please provide the following by October 1, 1996:

1. According to available records, senior FDA officials did not report several meetings on the public calendar as required by Agency regulations (21 C.F.R. 10.100). These meetings concerning RU-486 appear to have involved senior FDA officials and persons outside the executive branch. Those meetings not reported on the public calendar include the following: October 4, 1993 meeting between the Swidler and Berlin law firm and HHS and FDA December 6, 1993 pre-IND meeting; April 14, 1994 meeting between Lester Hyman and David Kessler, and a trip or trips of unknown date(s) by to France to meet with Roussel Uclaf officials. Section (b)(3) of 21 C.F.R. 10.100 states that the Commissioner and his deputies are required to report their meetings with outside individuals on the public calendar.

   (a) Please list the dates, brief description of subject matter, and attendees of all meetings between FDA officials and persons outside the executive branch concerning or relating to RU-486.

96-6905

(b) Please provide all unexpurgated books, records (including FOIA requests and travel voucher memoranda), correspondence, notes, phone logs, memoranda, documents (including all drafts and without regard to whether they are on paper or recorded electronically), and electronic mail (irrespective of how stored, including but not limited to those stored on individual PCs or on file servers that are part of local area or wide area networks) mentioning or pertaining to all meetings and telephone conversations between FDA officials and persons outside the executive branch concerning or relating to RU-486.

(c) Please provide an explanation as to why the meetings were not reported on the public calendar pursuant to 21 C.F.R. 10.100.

2. All unexpurgated books, records (including FOIA requests), correspondence, notes, phone logs, memoranda, documents (including all drafts and without regard to whether they are on paper or recorded electronically), and electronic mail (irrespective of how stored, including but not limited to those stored on individual PCs or on file servers that are part of local area or wide area networks) mentioning or pertaining to the July 19, 1996 Reproductive Health Drugs Advisory Committee meeting, including materials related to the individual members of the Advisory Committee, and all materials relating to all ethical issues concerning each member of the Advisory Committee.

3. All unexpurgated books, records (including FOIA requests), correspondence, notes, phone logs, memoranda, documents (including all drafts and without regard to whether they are on paper or recorded electronically), and electronic mail (irrespective of how stored, including but not limited to those stored on individual PCs or on file servers that are part of local area or wide area networks) mentioning or pertaining to FDA's consideration of the issue of the possible breast cancer risk factor in connection with RU-486.

4. All precedents and legal authority that support the propriety of FDA officials encouraging, urging or soliciting a submission of an IND or new drug application.

5. All unexpurgated books, records (including FOIA requests), correspondence, notes, phone logs, memoranda, documents (including all drafts and without regard to whether they are on paper or recorded electronically), and electronic mail (irrespective of how stored, including but not limited to those stored on individual PCs or on file servers that are part of local area or wide area networks) mentioning or pertaining to FDA's implementation of President Clinton's memorandum of January 22, 1993 concerning RU-486.

If you have any questions, please contact Mr. Alan Slobodin of the Subcommittee staff at (202) 225-2927. I appreciate your cooperation in this matter.

Sincerely,

Joe Barton

Joe Barton
Chairman
Subcommittee on
Oversight and Investigations

cc: Honorable Thomas J. Bliley, Jr., Chairman
Honorable John D. Dingell, Ranking Minority Member
Honorable Ron Klink, Ranking Minority Member
Subcommittee on Oversight and Investigations

APPEARS THIS WAY
ON ORIGINAL

The Population Council
Center for
Biomedical Research

1230 York Avenue
New York, New York 10021
Cable: Popbiomed, New York
Facsimile: (212) 327-7678
Telephone: (212) 327-8731
Telex: 238274 POBI UR

Noted 10/1/96 /S/

Noted 10-1-96 /S/

/S/ 10/3/96

ORIGINAL

September 26, 1996

5NC

REVIEWS COMPLETED
CSO ACTION: ☐ LETTER ☐ N.A.I. ☐ Interim
/S/ 9/27/96 DATE
CSO INITIALS

Division of Reproductive and
Urologic Drug Products (HFD-580)
Center for Drug Evaluation and Research
Document Control Room 17B-20
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Subject: NDA 20-687 - Mifepristone 200 mg Oral Tablets
Amendment 005 - Response to Approvable Letter

Dear ———

Reference is made to our above New Drug Application for mifepristone which was received by your office on March 18, 1996. We also refer to the correspondence of September 18, 1996, signed by ———, informing us that the application is approvable.

We appreciate your prompt review of our application and, in accord with 21 CFR 314.110, wish to inform you of our intent to file an amendment to the application to address the matters discussed in the approvable letter. That amendment will be submitted promptly upon the availability of appropriate information to respond to the requests of the agency.

Sincerely yours,

Ann Robbins

Ann Robbins, Ph.D.
Scientist

AR/yho

APPEARS THIS WAY
ON ORIGINAL

REC'D
SEP 30 1996
HFD-580 ARCH

MIF 001600