# You Say You Know the Facts About the Abortion Pill… But RU Sure?

It has now been 15 years since the U.S. approved the abortion pill, popularly known as RU-486, for consumer use. Available in this country since September 2000, The Guttmacher Institute reports medical abortions (or chemical abortions) have grown more common—from 6 percent of all U.S. abortions in 2001 to 23 percent by 2011.

This alone should give us pause: Are some praising the decline of abortion centers, while forgetting this increasingly common means of ending a pre-born child's life? As one involved in post-abortive counseling, the facts about the abortion pill greatly alarm me: how it came to be approved, what it does and its potential harm to women.

First, what is RU-486? Mifepristone is the abortion drug developed in the early 1980s by French company Roussel-Uclaf. The sole purpose of RU-486, for which its sponsor sought U.S. government approval, was to stop a pre-born baby's beating heart.

Early on, mifepristone was only 80 percent effective at inducing abortion, so a prostaglandin analog was added. It causes heavy bleeding, nausea, vomiting and painful uterine contractions. One of the major precautions before using this drug—listed clearly on its FDA warning label—is not to take it if you are over seven weeks pregnant.

The pills do not work for approximately 5 percent of women who use RU-486, causing the women to return for surgical abortions—or, in some cases, to choose life for their child as occurred recently at a crisis pregnancy center. Promoters of the pill believe its use will help increase the number of

doctors willing to perform abortions.

Which brings us to the question of "How was this drug approved?" The Clinton administration overturned the ban on RU-486 in 1993, and the FDA (U.S. Food and Administration) began an immediate fast track of the approval process. *The New York Times* reported a complete history of the drug's approval process in "Dangerous Medicine," an investigation ending with serious concern over the drug's uncontrolled clinical trials.

The FDA approved the drug using its "accelerated approval regulations," created by Congress for drugs with higher risks that are better than current therapies for life-threatening illnesses such as AIDS and cancer. Pregnancy, needless to say, is neither an illness nor inherently life-threatening.

Digging deeper into the details uncovers more misdeeds. The agency mandated a previously unapproved use for misoprostol, the second drug in the chemical abortion process—over the objections of the company that produced the drug. Furthermore, the FDA approved RU-486 for use without safety directives, such as requiring an ultrasound to verify the age and location of the pregnancy.

Medical experts writing at the Elliot Institute review the flawed approval process in even greater depth, concluding: "RU-486 should be removed from the marketplace."

But the abortion pill's unsafe origin is not the whole story. What about the economics of RU-486 that cut against women's health? Research has found that the abortion industry has often reduced the recommended dosage of mifepristone to 200 mg and dispensed the drug to women up to nine weeks pregnant. Essentially: Increase the volume of abortion procedures while decreasing standards of care.

Medical abortions are sold at twice the cost of a surgical abortion. Could this partly explain why Planned Parenthood abortion centers, starting in Iowa, are now using a "tele-med"

process? This allows an off-site abortionist to prescribe the abortion pill to a female patient via a computer monitor.

The determination to increase profits—or "excess revenues," to use the euphemism from Planned Parenthood annual reports—seems to be boundless.

Medical abortions are often presented as a less-invasive, more-natural procedure than surgical abortions. In truth, one cannot underestimate the emotional scarring. Women who abort medically experience the passage of their embryo firsthand and may see a recognizable body.

Though no long-term studies have yet been done, descriptions women give of encounters with their aborted children raise great concern. Women talk about seeing tiny fists, eyes—or seeing their aborted babies laying in the toilet bowl or swirling in the shower drain.

When symptoms of post-abortion trauma kick in, women who have had RU-486 abortions have more vivid memories and a greater sense of responsibility to deal with than those who underwent surgical abortions. In our own ministry, we have observed increased emotional trauma to those women who have had medical abortions.

What we know about RU-486 is disturbing, but what we don't know is even more alarming. Women's physical and emotional well-being are at risk. One of the principal precepts of medical intervention under a physician's care is: "First, do no harm."

However, the very act of abortion, whether surgical or medical, is to do harm to the baby. For women undergoing such procedures, what we know of the side effects following an abortion—medical, emotional and psychological—only increases our misgivings about abortion as more research is conducted.

Those of us in the counseling and medical communities should

not be alone in seeing chemical abortions as a threat to women’s health and safety. The truth is, what we don’t know can hurt us.

Note: If you have recently started the RU-486 process within the last 48 hours, there is an effective process for reversing the abortion. Medical professionals are standing by at (877) 558-0333 or find more information at .

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