

RU-486: What it Really is

1. RU-486 is an abortion pill. It does not prevent conception, but destroys conceived human life. The drug can kill a child into its sixty-third day of life. By this time the child has a beating heart, a functioning brain, detectable nervous impulses, a developing skeletal and muscular structure, and a face with clearly distinguishable eyes, ears, nose, and lips.

2. Health complications resulting from the RU-486 pill are common. At least four women have died from RU-486 in North America. Danco Laboratories, the drug's North American manufacturer, has reported at least 400 adverse events since RU-486 was approved. Ninety-nine percent of women using the drug report unpleasant effects. Almost all experience pain to some degree (Spitz 1998). In 8% of cases hospitalization, surgery, and intravenous fluid replacement are necessary (Spitz, 1998). Research in France indicates that two percent of cases require blood transfusions due to excessive blood loss. 44% of cases report vomiting, 36% diarrhea (El-Refaey, 1995), 32% headaches, 12% dizziness, 4% fever and infections, 2% anxiety and insomnia, and 2% anemia (Spitz, 1998). In a significant number of cases (up to 23% of women who use the pill 57 to 63 days after conception) the abortion fails, and the woman undergoes a surgical abortion (Larkin, 1998). The guilt-induced psychological pain resulting from taking the pill is not unlike the pain suffered by women who have had surgical abortions. However, since the woman administers the pill herself, she cannot share the weight of responsibility with a doctor. She must also deal with the child's remains. Thus, RU-486 is

far from "safe, fast, and easy" as its advocates and purveyors claim.

3. Since the abortion pill is often ineffective, it results in the birth of a number of severely disabled children. French research indicates a significant number of severely damaged children (Barnett, 1996). A certain percentage of women have second thoughts about aborting their child after commencing with the pill (RU-486 must be taken over several days). As a result, the child runs the risk of suffering serious deformation.

4. RU-486 increases the incidence of abortion even in countries where surgical abortions are legal. The availability of the abortion pill actually dissuades women from systematic family planning, since if she becomes pregnant, she can always "take a pill". In China alone, two million women take the pill annually (Wojtasinski, 1999).

5. Making this abortion pill available in Third World countries – as the UN Population Fund does in Afghanistan – is especially reprehensible. Lacking a suitably developed medical infrastructure, these countries are unable to deal with the serious health complications arising from the pill's use. Women of the Third World tend to suffer from anemia, which increases the risk of complications. Such a situation existed during the conflict in Kosovo. Women in Pristina characterized the activity of the Fund as genocide (KAI, 2001).

6. The manufacturers of the RU-486 abortion pill in Europe are the direct

descendants, of the producer of Zyklon B – the lethal gas used to exterminate millions in the death camps of the Third Reich. The French Group Roussel-Uclaf, which produces the pill, is an affiliate of the German chemical giant Hoechst A.G., whose original name was I.G. Farbenindustrie. It changed its tainted name after WWII (Clowes, 1997, p. 52). Now the heirs of I.G. Farben earn their money by killing millions of unborn children.

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References: Barnett A., "Mifepristone clears US regulatory hurdle", *The Lancet*, 27 July 1996; Clowes B., *The Facts of Life*, Virginia, 1997; El-Refaey et al. "Induction of abortion with mifepristone (RU-486) and oral or vaginal misoprostol", *The New England Journal of Medicine*, 13 April 1995; Catholic Information Agency (KAI), "Afghani refugees plied with abortion pills..." 27 November 2001; Larkin M., "Mifepristone-Misoprostol effectively terminates pregnancy, reports US trial", *The Lancet*, 9 May 1995; Spitz I., et al., "Early pregnancy termination with mifepristone and misoprostol in the United States", *The New England Journal of Medicine*, 30 April 1998; Wojtasinski Z. "Pill replaces Calendar", *Rzeczpospolita*, 10 July 1999.