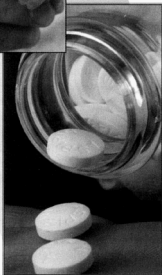


# RU-486: Prescription for Abortion



**RU-486**, the "French abortion pill," is being hailed by pro-abortionists as the latest breakthrough in "choice" for women who want to end their pregnancies. It has been called an "easier," "safer" and more "private" option than traditional abortion procedures. RU-486 is an abortifacient and is not easy, safe, or private. Men and women alike need to know the truth about what RU-486 really is. It is not what we have been led to believe.

RU-486 can be described formally as an abortifacient (abortion-inducing procedure) that is made up of three high-dosage hormone pills called RU-486, followed by a dose of Cytotec (prostaglandin). The procedure requires four clinical visits and the immediate access to emergency medical facilities in the event of complications. But informally, RU-486 has been described as a drug "cocktail" that exposes women to a dangerous experiment.

A general lack of knowledge about RU-486 is common, as is evident in a statement made by *New York Times* columnist Anna Quindlen. "Comparisons are odious, but imagine if doctors discovered a method of vasectomy that required only a handful of capsules and a drink of water. It would be approved so fast it would make your head spin."

The problem is, RU-486 does not involve just "a handful of capsules and a drink of water." Most Americans are confused as to what RU-486 really is and what dangers are involved. The following are the facts behind the myths surrounding RU-486.

**Myth #1: I can just take a couple of pills and the baby is suddenly gone.**

The truth is, an RU-486 abortion is a difficult, four-step process that is physically and emotionally traumatic for a woman. In a wom-

an's first visit to the clinic, she is given a pregnancy test to confirm her pregnancy and to confirm the date she conceived.

RU-486 must be used during the first forty-nine days after conception; after that, it has no effect on a pregnancy whatsoever. This poses a great problem since most women would not even realize they were pregnant until a month after they had missed their period. Also during this initial visit, the woman is given a blood test, a pelvic exam and often an ultrasound exam.

The woman must return for a second visit where she is given three RU-486 tablets to take in the clinic. The RU-486 tablets block a woman's progesterone hormone, which is what holds and nurtures the human embryo in the womb. Thirty-six to forty-eight hours after taking the RU-486 pills, the woman again returns to the clinic in order to be injected with Cytotec. This drug causes the uterine lining to shed and aborts the human embryo.

During this visit the woman is monitored and treated for any side effects. If she does not abort during this time, she must return home and wait until she does. Natural miscarriages are known to be emotionally traumatic for a woman since she sees the fetus passing from her body. How much more traumatic for a woman to have to wait at home for that to happen!

The fourth and last visit occurs seven days after the third visit to ensure the abortion is complete and to monitor the woman's bleeding. But if the RU-486 procedure has failed, the woman then must undergo a surgical abortion.

**Myth #2: RU-486 is completely safe and effective; after all, other countries use it freely.**

RU-486 is approved now only in Britain, China, France and Sweden, and its use is restricted in Britain and France because of dan-

gerous side effects. In response to these serious risks, RU-486's manufacturer, Roussel Uclaf, has stated they will not export the drug to any country that does not impose the same restrictions as France.

Until recently, the Food & Drug Administration (FDA) has maintained a ban on the importation of RU-486 because of its failure to meet FDA requirements. In November 1990, Dr. John Seward, spokesman for the American Medical Association (AMA) testified before Congress of the AMA's support of the FDA's import ban on RU-486. In his testimony, he stated: "We do not believe that there has been adequate research to establish that this drug is a safe and effective therapeutic modality."

Even pro-abortion supporters have spoken out on the dangers of RU-486. Feminist professor Janice Raymond and Australian researchers Renate Klein and Lynette Dumble conducted a medical study on RU-486 and issued a report called *RU-486 Misconceptions, Myths and Morals*. In it they review the dangers involved with RU-486 and strongly advocate the immediate withdrawal of RU-486 from the market.

What side effects are these researchers concerned about? Side effects include vomiting, cramping, nausea and diarrhea. Due to the heavy bleeding that the Cytotec injection causes, the woman is required to return to the clinic for a fourth visit so that her bleeding can be monitored. This bleeding can last anywhere from three to forty-four days, in some cases.

In a study conducted by the manufacturer, out of 950 British women who aborted their babies with RU-486, 200 suffered so much that narcotic pain killers were prescribed; 280 others were given less-potent painkillers; 276 suffered vomiting; and 106 suffered diarrhea. Forty-three of the women had to have a surgical abortion when the RU-486 process failed, and seven

women lost so much blood that a transfusion was needed.<sup>1</sup>

These are just the short-term side effects; no one knows what the potential long-term effects might be. The hormonal dosage in RU-486 is extremely high and what long-term effects the drug has on a woman's fertility or immune system are unknown. Women over age 35 are usually restricted from taking RU-486, and a list of health risks prevents other women from taking RU-486. In France, one woman has already died during the procedure,<sup>2</sup> and three others have suffered heart problems.

**Myth #3: RU-486 is an easy way to have an abortion.**

The simple fact is, there is no easy way to abort a baby. Feminists and liberal abortion supporters have been dreaming for years of an easy, painless abortion procedure. But a woman's body was not created to "abort-on-demand"; even natural miscarriages are painful and complicated. The emotional trauma of an abortion can be devastating to any woman. Even the president of RU-486's manufacturer, Edouard Sakiz, has described RU-486 as "an appalling psychological ordeal," and "not at all easy to use."

In May 1994, FDA Commissioner Dr. David Kessler promised to grant RU-486 "priority status," reflecting President Clinton's decision to put the drug on the fast track for approval. RU-486 has already undergone clinical trials in the United States.

One of these clinical trials took place at a Des Moines, Iowa, Planned Parenthood Clinic. When the trial concluded, Planned Parenthood reported "no complications among the 236 women" who took the abortion pill. However, when a local doctor read the report, he was appalled. He had operated on one of the women in the trial after she was rushed to the

hospital due to losing enormous amounts of blood. Her uterus had failed to expel the baby, and she was going into shock. The woman did survive, thanks to the efforts of the doctor. However, Planned Parenthood and the report on clinical trials refused to acknowledge the incident.

Based on this and other clinical trials, the FDA deemed the drug sufficiently safe and effective for use in the U.S. The drug is expected to be released soon.

RU-486 has no place in the United States. This drug will only harm women and destroy children's lives. Please join the battle to keep RU-486 out of the United States.

***Action Item:***

- Call your congressman and senators to express your opposition to this abortifacient.
- Write or call CWA for a listing of products manufactured by Hoechst AG and Roussel Uclaf for boycott. (These are the parent companies of Hoechst-Roussel which produces RU-486.)

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<sup>1</sup> John Wilks, *A Consumer's Guide to the Pill and Other Drugs* (Stafford, VA: American Life League, October 1997), 164-5.

<sup>2</sup> *Ibid.*, 163.



For more information on becoming a member of Concerned Women for America and joining our fight to keep RU-486 out of the U.S. contact:

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