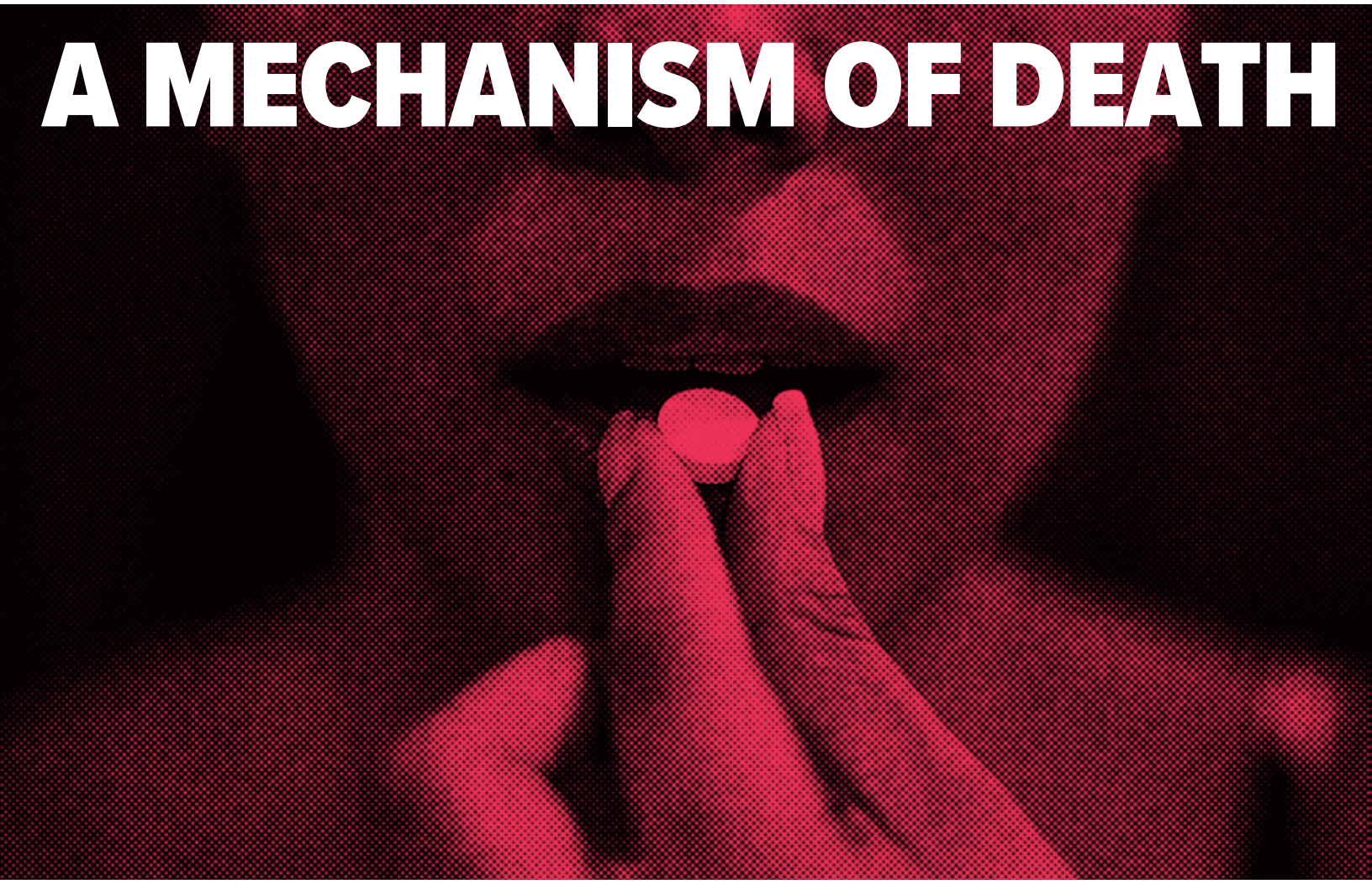
THE STATE OF CHEMICAL ABORTION

A MECHANISM OF DEATH



LIVE ACTION

JANUARY 2026
A LIVE ACTION REPORT

Executive Summary

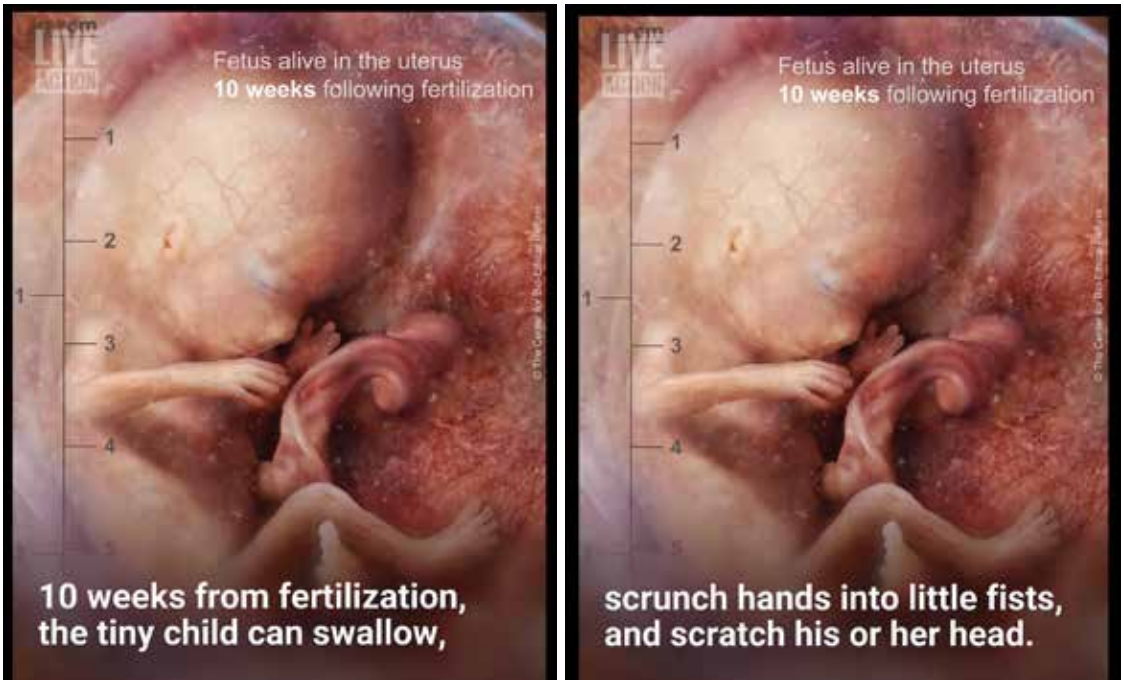
The decriminalization of abortion nationwide in 1973 has resulted in the tragic loss of nearly 65 million American preborn lives, representing approximately one-fourth of multiple generations.[1] The June 2022 overturning of *Roe v. Wade* returned the state's authority to restrict or ban abortion. Despite at least a dozen states with pro-life protections, the United States is currently experiencing a massive spike in abortions–a surge, directly attributable to the widespread availability and continuing expansion of the abortion pill (mifepristone 200mg).[2]

In 1989, prior to its approval in the United States, Jérôme Lejeune, the pro-life pediatrician credited with discovering the genetic basis of Down syndrome, famously characterized the abortion pill (known then as RU-486) as "the first anti-human pesticide."[3] In 2023, The *New York Times* published his haunting prediction that the drug would ultimately "kill more human beings than Hitler, Mao Zedong and Stalin combined."[4] The escalating number of preborn children killed by the abortion pill in the U.S. brings the nation closer to fulfilling Lejeune's troubling forecast daily.

The proliferation of mail-order abortions and telehealth appointments has been identified as a key factor driving the increased body count of preborn deaths from abortion in the United States.[5] Published Food and Drug Administration (FDA) data reveals that from the pill's approval in 2000 until December 31, 2024, approximately 7.5 million women in the U.S. used mifepristone to end the life of a preborn child in the womb.[6,7] The scale of this travesty is further underscored by Guttmacher data indicating that, in 2023 alone, an abortion pill was sold every 49 seconds.[8]

The abortion pill's rapid expansion is the result of decades of secretive investment by elitist billionaire donors and collaborative efforts among politicians, the media, corporations, academia, and other institutions, some with long-documented ties to racist eugenic motives. This concerted effort involves a vast network of shadowy manufacturers, distributors, and secretive "experts" with questionable associations and potential conflicts of interest. Their strategic objective is to target specific populations to achieve a historical effort of population control.

While proponents of abortion assert the drug's "safety," the Risk Evaluation and Mitigation Strategies (REMS)—the FDA's established safety surveillance system, reserved to monitor a limited number of drugs–is frequently disregarded by Big Abortion providers.[9,10] Websites promoting abortion services routinely advertise and distribute the drug for use beyond the FDA approved gestational limit of ten weeks/70 days, extending even into the third trimester.[11,12]



Source: Live Action, "The First 10 Weeks of Human Development," *YouTube*, 1:57 & 1:58.

The abortion pill is *not* a medication; it is fundamentally a ***mechanism of death***. These pills are shipped to doorsteps and mailboxes across the country for the singular purpose of ending the lives of preborn children, irrespective of pro-life legislation. The mailing of abortion-inducing drugs also disregards the Federal Comstock Act.[13] At a time when the U.S. is facing concerning population decline, these pills are not only ending entire generations inside the womb at a mass genocidal rate, but are also inflicting significant trauma, potentially severe adverse reactions, which include (according to the drug's black box warning), infection, bleeding, potential for sepsis, and sometimes even death for the woman.[14,15]

Live Action continues to document the heartbreaking stories of women who have undergone self-administered "DIY" abortions and are left to endure the emotional trauma and devastating emotional consequences of witnessing the expulsion of their embryos or fetuses into a toilet.[16] Even abortion-promoting organizations acknowledge that post-abortion emotional responses often include "sadness, guilt, rage, shame and regret."[17] Abandoned after taking the abortion pill by prescribers and distributors, women are often left to seek care at overcrowded emergency rooms alone. Abortion pill profiteers regularly instruct women to then lie to emergency staff **to the benefit of no one except the abortion industry**.

Furthermore, concerns over illicit and unregulated abortion pill traffickers flowing into the U.S. continue to escalate, including the dispatching of abortion pills to minors without parental consent and into the hands of abusers who slip the mailed drugs into beverages of a pregnant victim.

Just as the preborn child deserves the fundamental right to life, all Americans deserve the truth behind the life-ending pills, its disturbing history and intentions, and information about those who profit from it. Women, in particular, should be aware of the aforementioned.

What you will read in this report is disturbing.

You will learn the connection between the abortion pill and the lethal gas known as the "devil's chemist," the targeting of certain “segments” of society, and how the deadly terrorist attacks of 9/11 were praised as what “saved mifepristone.”

This report will highlight the secrets, the lies, the money and deception involved with the drug’s alleged “safety” claims. Additionally, this report will unveil real-life stories of pain, blood, screams, fetal parts
swimming in waters, and clandestine acts of coercion.

This is the state of chemical abortion today.

Introduction

Live Action formally petitions the Food and Drug Administration (FDA) to immediately withdraw the lethal drug mifepristone (200mg) from the market, to immediately enforce the Federal Comstock Act, and to reassert policing power by reining in prescribers of the drug to prohibit schemes that potentially hide adverse events.[1,2]

The abortifacient drug, mifepristone (Mifeprex, designated originally as RU-486), was introduced to the U.S. during the 1990s under the pro-abortion administration of President Bill Clinton.[3,4,5,6] This move undermined previous regulations, which prohibited the import of the life-ending pill into the country.[7,8] The pill's arrival and regulatory approval are characterized by a lack of transparency and ongoing controversy, with the complete record **yet to be made publicly accessible**.[9]

Source: Live Action News

The Clinton administration exerted pressure upon the French pharmaceutical firm, Roussel-Uclaf, to transfer the rights for U.S. marketing and distribution of the abortion pill to the Population Council, an organization established by proponents of eugenics.[10,11,12,13,14,15,16] The Population Council subsequently accrued profits from royalties, established the U.S. manufacturer Danco Laboratories, and supervised initial, secretive clinical trials.[17,18,19,20,21] In September of 2000, the FDA approved the abortion pill mifepristone (200mg) to be utilized in a regimen with a second drug, misoprostol, for the "termination of pregnancy."[22,23,24,25]

Since approval, the pharmaceutical manufacturers (Danco Laboratories, GenBioPro, and those overseeing pharmaceutical manufacturing within the U.S., "referred to here as manufacturers") appear to have taken minimal action to mitigate these abuses by their approved prescribers. Alarmingly, evidence suggests that, for decades, authorized prescribers of the drug have engaged in the fraudulent practice of advising clients to conceal complications arising from the abortion pill.[26,27] Prescribers reportedly advise clients to present at emergency departments and misrepresent or lie about their condition, falsely claiming a spontaneous miscarriage rather than an induced abortion.[28] This alleged practice potentially serves to hinder the reporting of complications and fatalities.[29]

Numerous "experts," sponsors of clinical trials, authors, and academic journals who assert the drug's safety may possess financial conflicts of interest, having received direct funding from Danco or GenBioPro, or from investors such as the Packard and Buffett Foundations.[30,31,32,33]

Under the Biden Administration, the FDA substantially expanded easy access to the abortion pill by allowing for the dispensing of the **drug via mail order and retail pharmacies**.[34] Consequently, sales of the abortion pill now account for the majority of abortion procedures performed in the U.S.[35,36]

Definitions

Abortion Pill: Mifepristone is the active ingredient, and was approved in 2000 as the abortion pill in a 200 milligram (mg) dosage.[1,2,3] It is also known by the brand name Mifeprex. The FDA has only approved the drug to be used in a regimen with a second drug, misoprostol. The FDA explains that mifepristone, in combination with misoprostol, is used to terminate pregnancies up to ten weeks gestation (70 days or less since the first day of the last menstrual period).[4] Mifepristone works by blocking progesterone, a hormone essential for maintaining a pregnancy.

Misoprostol: The second drug in the abortion pill regimen, misoprostol, is an ulcer drug originally manufactured by Searle under the brand name Cytotec.[5]

REMS: A Risk Evaluation and Mitigation Strategy (REMS) is an FDA-mandated drug safety program for a limited number of medications with "serious safety concerns."[6] The most recent REMS for the abortion pill is dated September 2025.[7] The FDA stipulates that a REMS must be "fully operational before" a manufacturer can "introduce your drug into interstate commerce."[8] It is important to note that mailing abortion-inducing drugs violates the Federal Comstock Act, and therefore should be enforced.[9,10]

Federal Comstock Act: The Comstock Act does not prohibit the mailing of drugs to be used in cases of miscarriage, to save the life of a mother, or for other medical purposes.[11] The law does not prohibit the shipping of the second drug in the abortion pill regimen, misoprostol, when the drug is to be used to treat medical problems, including miscarriage and gastric ulcers. A report titled “Stopping Pills That Kill: A Vision for Human Flourishing Free from Abortion Pills” was published by Americans United for Life (AUL) and Live Action alongside Josh Craddock, who later served as the Deputy Assistant Attorney General in the U.S. Department of Justice's Office of Legal Counsel. The report explains, “A key focus of the Act was a national prohibition on the sale and shipment of abortion drugs and devices through the U.S. Mail.”[12,13,14] A separate AUL report entitled, “Understanding the Mail-order Abortion Rules Within the Federal Comstock Act,” explained Comstock further, noting, “Two statutes—18 U.S.C. §§ 1461–1462—restrict mailing or shipping abortifacient matter… Section 1461 contains a mail-order abortion rule that restricts mailing abortifacient matter through the United States Postal Service (“USPS”).[15,16] 18 U.S.C. § 1462… contains a mail-order abortion rule that prohibits the shipment of abortifacient matter through express companies, common carriers, or interactive computer services. Although 18 U.S.C. §§ 1461–62 originated in nineteenth-century statutes, Congress regularly has amended and reaffirmed the laws throughout their statutory history. Congress also has bolstered the laws through U.S.C. § 552, which requires federal officers to comply with the prohibition on mailing abortifacients.”

History of the Abortion Pill

The Population Council & Zyklon B

With encouragement from the Clinton administration in 1994, Roussel-Uclaf assigned the U.S. rights of marketing and distribution of the abortion pill to the eugenics-based Population Council.[1,2,3,4,5,6,7] The Population Council was founded in 1952 by John D. Rockefeller III and others who were entrenched in the eugenics movement.[8,9,10] Author Edwin Black noted the Rockefeller Foundation's funding of the German eugenics program, including the program that Josef Mengele "worked in before he went to Auschwitz."[11]

Source: Live Action News

The Population Council collected licensing and royalties fees (see 990 from 1998) from the deadly drug and later set up a sub-licensee, Danco Laboratories, which oversees U.S. marketing and manufacturing of the drug.[11,12,13,14,15,16] Danco's sole purpose was to license RU-486 from the Population Council and market it into the U.S. Population Council's 1996 FDA application and clinical trials were secretive and controversial, which legal expert Lars Noah referred to as "unprecedented" to *The New York Times*.[17,18] The abortion drug's approval, which would lead to the death of millions of children in the womb, drew comparisons to the Nazi extermination of millions during the Holocaust, both using deadly extermination chemicals, a controversy the Population Council was "willing to weather."[19]

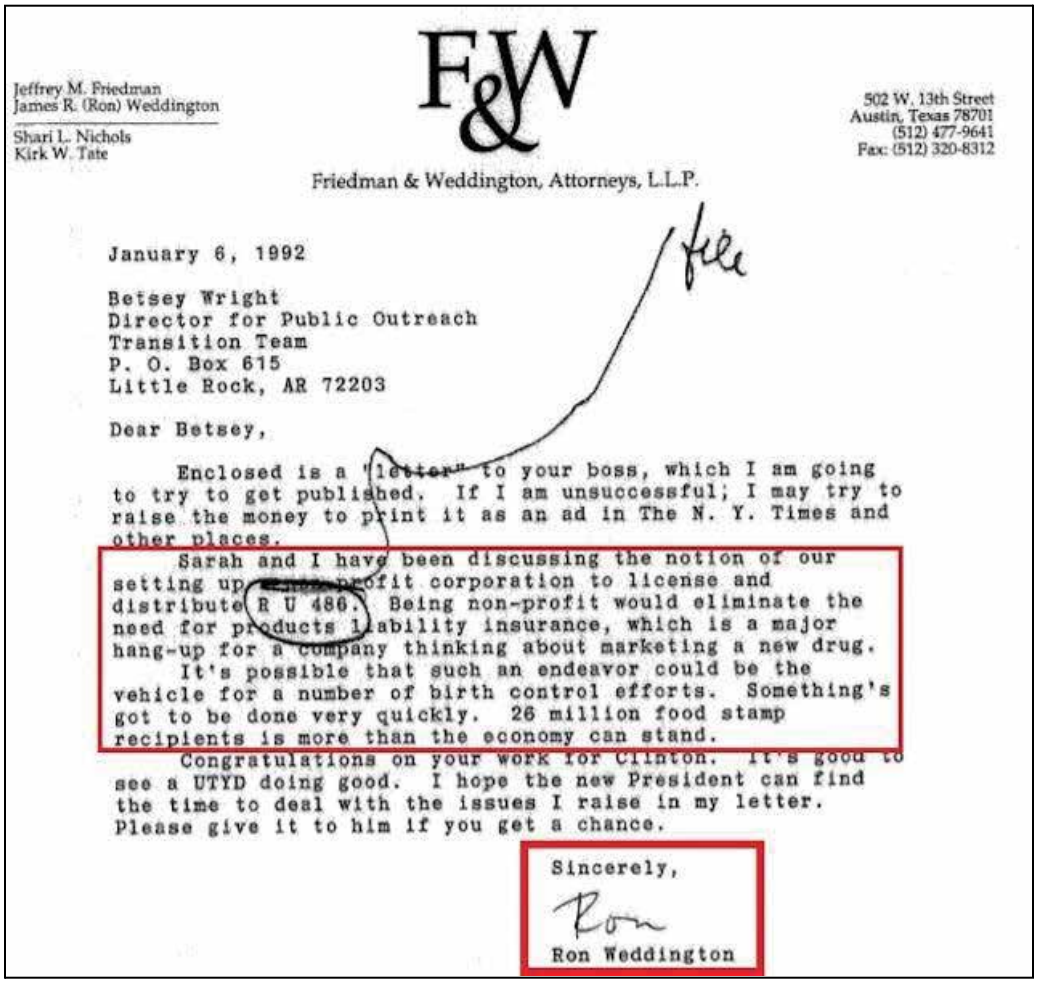
The abortion pill, initially designated as RU-486, was developed by the French corporation Roussel-Uclaf (the abbreviation "RU" represents the company's name, and "486" is the serial number).[20,21] Roussel-Uclaf was a subsidiary of the German-based parent company, Hoechst A.G. Hoechst A.G. was one of the three successor corporations established following the dissolution of I.G. Farben, the German chemical conglomerate responsible for the production of Zyklon B, the cyanide gas utilized in Nazi extermination camps.[22,23] This lineage establishes a connection between the pharmaceutical agent, which now terminates the lives of preborn children, and the manufacturer of the lethal gas, infamously known as the "devil's chemist."[24,25] Zyklon B was employed by the Nazi regime during the Holocaust, initially for the control of rodents and pests, and subsequently used for the systematic mass extermination of human beings.[26,27,28]

In 1989, reporting from *The New York Times* highlighted the controversy, stating:[29]

> "Privately, Roussel officials said colleagues at Hoechst were dismayed by the right-to-lifers' taunts that Hoechst and Roussel were **doing to fetuses what the Nazis had done to the Jews** (emphasis added). I.G. Farben, Hoechst's ancestor company, manufactured cyanide gas for the death camps."[30]

Targeting of the Vulnerable

In 1992, Ron Weddington, co-counsel of *Roe v. Wade*, wrote a letter to the Clinton administration recommending "eliminating" specific societal "segments" through vasectomies, tubal ligations, abortions, and the RU-486 abortion pill, stating that "26 million food stamp recipients is more than the economy can stand." He suggested this would lead to a "better educated, healthier, wealthier population."[31,32,33,34]



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January 6, 1992

Betsey Wright
Director for Public Outreach
Transition Team
P. O. Box 615
Little Rock, AR 72203

Dear Betsey,

Enclosed is a "letter" to your boss, which I am going to try to get published. If I am unsuccessful; I may try to raise the money to print it as an ad in The N. Y. Times and other places.

Sarah and I have been discussing the notion of our setting up a non-profit corporation to license and distribute R U 486. Being non-profit would eliminate the need for products liability insurance, which is a major hang-up for a company thinking about marketing a new drug.

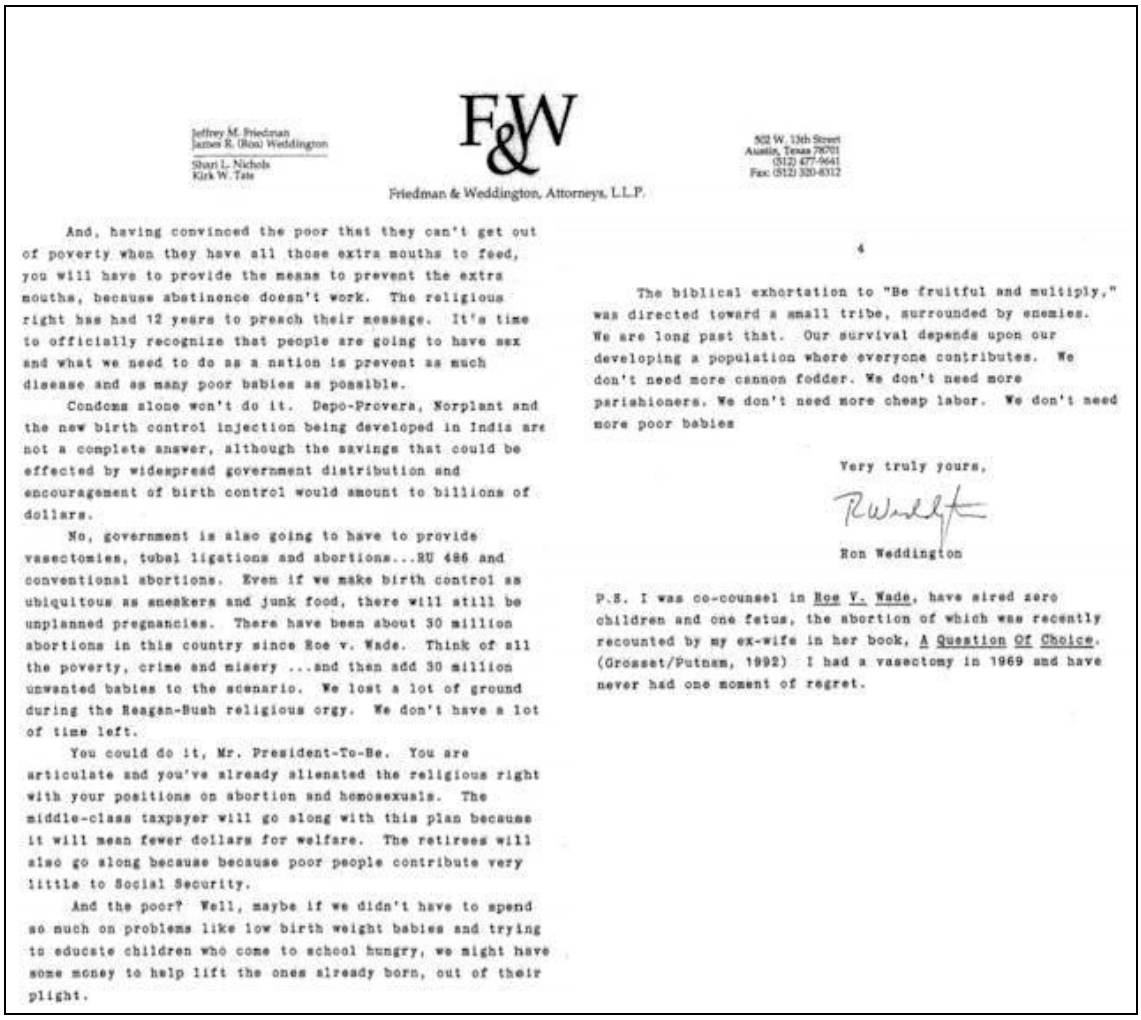
It's possible that such an endeavor could be the vehicle for a number of birth control efforts. Something's got to be done very quickly. 26 million food stamp recipients is more than the economy can stand.

Congratulations on your work for Clinton. It's good to see a UTYD doing good. I hope the new President can find the time to deal with the issues I raise in my letter. Please give it to him if you get a chance.

Sincerely,

Ron

Ron Weddington



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And, having convinced the poor that they can't get out of poverty when they have all those extra mouths to feed, you will have to provide the means to prevent the extra mouths, because abstinence doesn't work. The religious right has had 12 years to preach their message. It's time to officially recognize that people are going to have sex and what we need to do as a nation is prevent as much disease and as many poor babies as possible.

Condoms alone won't do it. Depo-Provera, Norplant and the new birth control injection being developed in India are not a complete answer, although the savings that could be effected by widespread government distribution and encouragement of birth control would amount to billions of dollars.

No, government is also going to have to provide vasectomies, tubal ligations and abortions...RU 486 and conventional abortions. Even if we make birth control as ubiquitous as sneakers and junk food, there will still be unplanned pregnancies. There have been about 30 million abortions in this country since Roe v. Wade. Think of all the poverty, crime and misery ...and then add 30 million unwanted babies to the scenario. We lost a lot of ground during the Reagan-Bush religious orgy. We don't have a lot of time left.

You could do it, Mr. President-To-Be. You are articulate and you've already alienated the religious right with your positions on abortion and homosexuals. The middle-class taxpayer will go along with this plan because it will mean fewer dollars for welfare. The retirees will also go along because because poor people contribute very little to Social Security.

And the poor? Well, maybe if we didn't have to spend so much on problems like low birth weight babies and trying to educate children who come to school hungry, we might have some money to help lift the ones already born, out of their plight.

4

The biblical exhortation to "Be fruitful and multiply," was directed toward a small tribe, surrounded by enemies. We are long past that. Our survival depends upon our developing a population where everyone contributes. We don't need more cannon fodder. We don't need more parishioners. We don't need more cheap labor. We don't need more poor babies

Very truly yours,

Ron Weddington

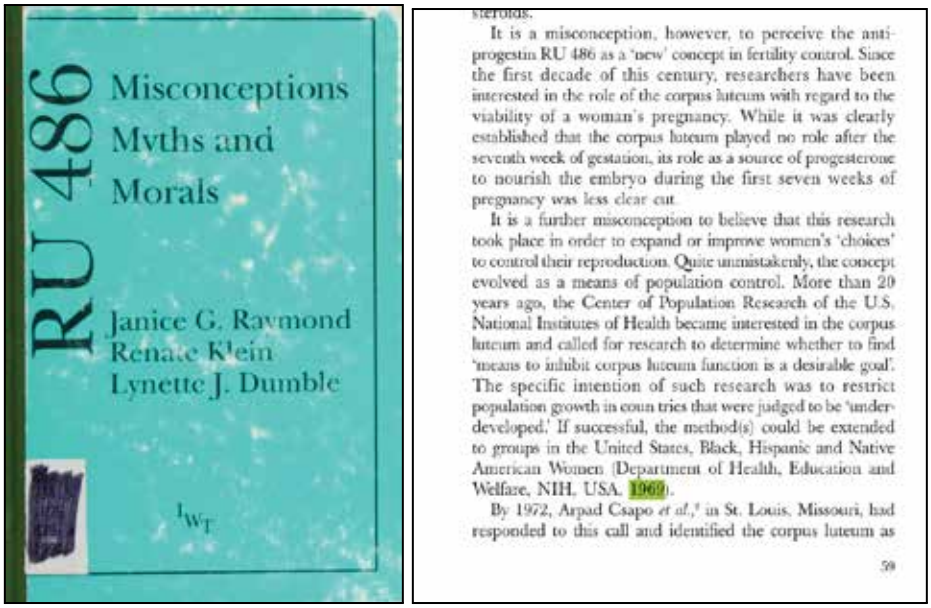
P.S. I was co-counsel in Roe V. Wade, have sired zero children and one fetus, the abortion of which was recently recounted by my ex-wife in her book, A Question Of Choice. (Grosset/Putnam, 1992) I had a vasectomy in 1969 and have never had one moment of regret.

Source: Judicial Watch (image 1 & 2)

Weddington proposed using persuasion, not coercion, to "eliminate the barely educated, unhealthy and poor segment of our country," arguing that high birth rates among this group were the problem. Weddington understood that the target community viewed abortion as Black genocide.[35] The same year Weddington penned his letter, accusations of racism were directed at a school program in Baltimore, which targeted minority students with the Norplant contraceptive, developed by the Population Council.[36,37,38,39]

Source: Live Action News

Forced population control was not a new concept; a 1969 *New York Times* article cited Planned Parenthood board members favoring coercive control, with one board member stating, "What it all comes down to is that we want the poor to stop breeding."[40] Weddington echoed this, saying, "We don't need more poor babies." In the book "RU 486: Misconceptions, Myths, and Morals," pro-abortion researchers asserted that it was a "misconception" to believe that the pill was developed to expand women's reproductive choice."[41,42]



Source: *Department of Health, Education and Welfare, NIH, USA, 1969*, (image 1 & 2 (p.59))

Instead, they stated, the "specific intention of such research was to restrict population growth in countries that were judged to be 'underdeveloped.' If successful, the method(s) could be extended to groups in the United States–Black, Hispanic, and Native American Women."[i]

Source: Live Action News

Decades of Secrecy

Initially, the original manufacturer of the abortion-inducing drug was obscured by secrecy.[43] As previously mentioned, for decades, even the location of Danco's manufacturing facility remained undisclosed.[44,45]

In 2000, *The Seattle Times* detailed the extent of the secrecy surrounding the drug's importation into the U.S. and its subsequent distribution.[46] *The Seattle Times* reported: "The company set up to distribute the drug, Danco Laboratories, has gone through four incarnations and at one point was registered as an offshore enterprise."[47] The news outlet cited security concerns as the reason Danco declined to publicly disclose the names of its executives and investors. According to *The Seattle Times*, the company even successfully petitioned the FDA to withhold the manufacturing location, notwithstanding published reports that the drug would be mass-produced at the Chinese state-owned Hua Lian Pharmaceutical in Shanghai.[48]

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i. Department of Health, Education and Welfare, NIH, USA, 1969, p. 59

The Washington Post
Democracy Dies in Darkness

Politics Donald Trump The Fix The Briefs Polling Democracy in America Elections

Drug's U.S. Marketer Remains Elusive

Fearing Abortion Foes, Danco Keeps Location, Phone Number Secret

October 11, 2000 More than 25 years ago

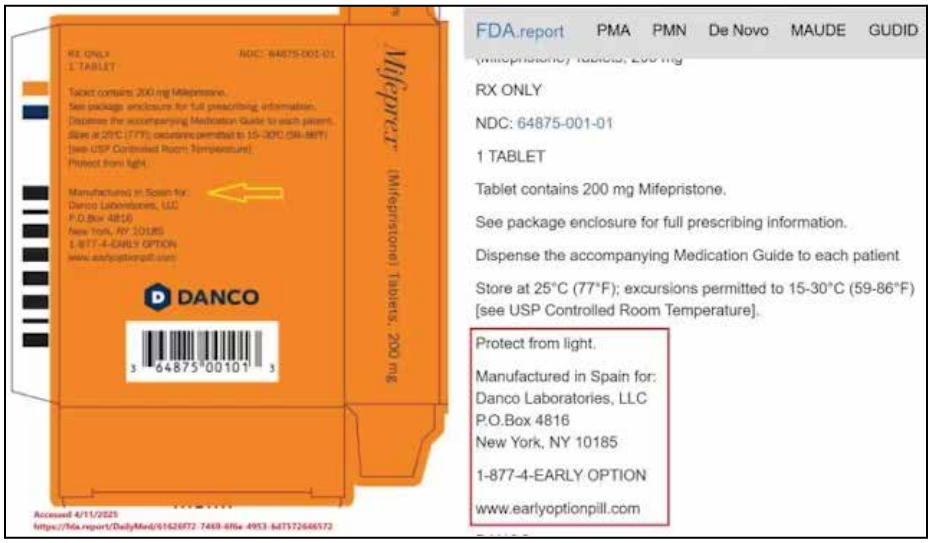
By Robert O'Harrow Jr.

NEW YORK -- When many pharmaceutical companies win federal approval to market a new drug, they rush out predictions of potential riches for investors. Not so with Danco Laboratories LLC.

"A lot of what we're about is not driven by the profit motive," explained Richard Hausknecht, medical director of the firm, which just received permission to market the abortion pill known as RU-486.

Source: The Wall Street Journal

In a highly atypical maneuver, on October 11, 2000, *The Washington Post* reported that the FDA "broke with precedent by not publishing the names of the experts who reviewed RU-486 for the agency."[49] On November 19, 2000, *The Seattle Times* reported that the FDA dismissed apprehensions that this level of secrecy would impede women harmed by the medication from identifying a responsible party, stating, "In a strange twist, the FDA acceded to Danco's request that the name of its manufacturer be kept secret--and even shielded the names of the FDA researchers who had overseen the pill's approval."[50]



Source: Danco, Mifeprex Label

Following the refusal of established pharmaceutical companies to market the abortion-inducing drug in the United States, a consortium established a "secret company" exclusively dedicated to its production and

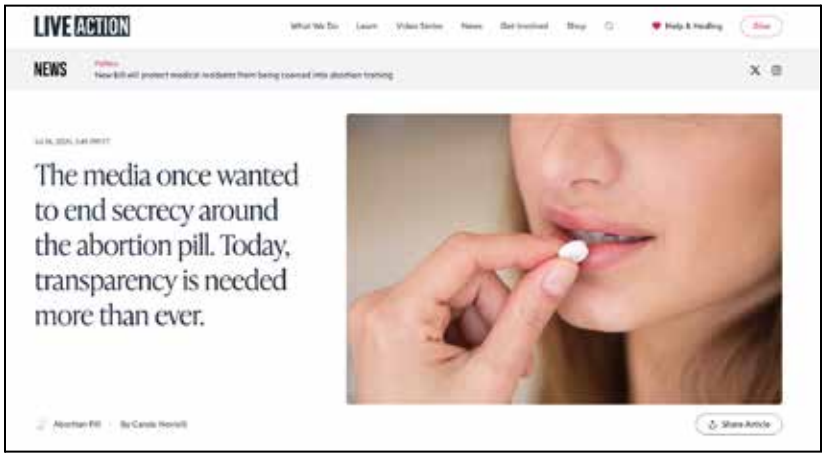
commerce, according to *The Seattle Times*.[51] This protracted 11-year undertaking involved what *The Seattle Times* called an elaborate "cloak-and-dagger scheme" to hide the identities of participants, numerous legal disputes, and $50 million in incurred costs.[52]

Author Julie A. Hogan, who conducted a historical review published at Harvard University's Digital Access to Scholarships at Harvard (DASH) repository, corroborated this unusual arrangement, asserting that participating companies sought assurances of confidentiality–secrecy that was ultimately granted by the FDA and Population Council.[53] Despite these measures, Chinese officials confirmed in 2000 that RU-486 was being manufactured for Danco by the Shanghai-based Hua Lian Pharmaceutical Co., an entity controlled by the Chinese Communist Party.[54,55,56,57] The same year, ABC News reported, "Hua Lian got help from the U.S.-based Rockefeller Foundation in winning the production license for RU-486 under FDA specifications, said Gao Ersheng, a research director at the Shanghai Family Planning Commission."[58] In the years that followed, the manufacturing location remained confidential until a False Claims Act settlement against Danco in the spring of 2025 mandated the company to publicly indicate the country of origin on its packaging.[59,60] Danco's current packaging now lists Spain as the country of origin.[61,62]

Secretive Experts & Politicized Process

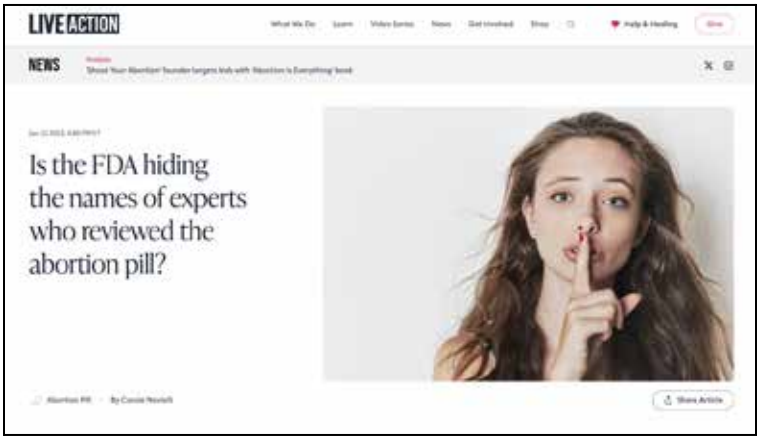
The FDA politicized the abortion pill's approval process by choosing not to publish the names of "experts" who reviewed the drug, and the agency has never disclosed the identities of the experts who reviewed the original studies relied upon for the abortion drug's approval.[63,64,65,66]

The 1996 federal advisory committee approval process for the abortion pill was marked by feverish security and confidentiality. A 2005 *New York Times* report detailed the committee meeting "under intense security in a windowless building surrounded by federal marshals."[67] Participants, including Beverly Winikoff of the Population Council, which told Columbia University Journalists she was "driven to a secret location" and "ushered through a tent."[68] Her recollection was supported by George Brown, then Vice President of the Population Council.[69]



Source: Live Action News

Journalist Abigail Brone called the FDA's procedure "dramatic," noting that such private hearings are rare unless "the conversations involve trade secrets" and that this level of security was nearly unprecedented.[70] The identities of the FDA personnel involved **remain** undisclosed.[71] Author Julie Hogan suggested that this "secrecy" and the Population Council's withholding of details "fueled the anti-abortion groups' campaign."[71] A policy analyst for the Family Research Council echoed this, stating that pro-life concerns centered on the need for women to know the drug's manufacturer and the track records of those involved.[72]



Source: Live Action News

Recently, Texas and Florida have legally challenged the FDA's approval and expansion of the abortion pill mifepristone, arguing these actions were "politicized" from the start.[73,74,75] They cite a 1994 Health and Human Services (HHS) memo composed by HHS Chief of Staff Kevin Thurm, underscoring the drug's "great significance" to "pro-choice and women's groups" and cautioning that a failure to introduce it would "weaken" the abortion industry's "political base."[76]

Texas and Florida cited Ruth B. Merkatz, director of HHS's Office of Women's Health from 1994 to 1996:[77]

> "It was really a revolutionary decade in the '90s. We knew RU-486 was going to be very important especially in states where surgical abortions are not permitted. And if they overturn Roe v. Wade, it's going to be really important."

The states further contend that subsequent expansions under President Obama were politically motivated and implemented without studies on safety and effectiveness under the new conditions or a required safety assessment for pediatric populations.[78] The lawsuit references pledges by then-Vice President Joe Biden, who promised to "vastly expand" abortion access and declared there "should be no restrictions at all on the ability to get those drugs."[79,80] Finally, the complaint notes recent commitments from the Biden administration and former HHS Secretary Becerra to "use every lever" to increase access to the abortion pill.[81,82]

In 2000, *The Washington Post* pointed out:[83]

> "FDA Commissioner Jane E. Henney said the agency broke with precedent by not publishing the names of the experts who reviewed RU-486 for the agency. In another first, it did not publish the name or location of the company that will manufacture the drug."

At least one "expert" previously interviewed by Columbia University journalists acknowledged that his name was kept secret, admitting, "It's definitely not standard. It's not routine; you can look up almost every other drug that I was the primary medical officer for and my name would appear right there on the review."[84,85,86]

"And we did," noted one of the journalists. "His name is listed on at least eight other FDA drug reviews. But no staff names are listed on the review of Mifepristone."[87]

The secrecy has led some to inquire whether 'experts' who rubber-stamped the drug may have been associated with pro-abortion organizations or were abortionists themselves, leaving pertinent, yet unanswered questions like:[88]

- Were there any conflicts surrounding experts who approved the drug?[89]
- Was the data properly analyzed, or did bias in favor of abortion take precedence over actual safety?[90]

According to Columbia University Journalist Lauren Mascarenhas, "By the summer of 1996, the time had come for an FDA advisory committee to meet and decide whether to recommend mifepristone for marketing in the U.S."[91] She noted, "Advisory committees don't make the final decision," adding that the Population Council "knew that securing a recommendation all but guaranteed eventual FDA approval."[92] *The Washington Post* said that the FDA "broke with precedent by not publishing the names of the experts who reviewed RU-486 for the agency."[93]

Today, the FDA's approval of the abortion pill continues to lack transparency, with the complete historical record largely undisclosed–an issue highlighted during oral arguments in *Alliance for Hippocratic Medicine (AHM) v. Food and Drug Administration* before the Fifth Circuit.[94,95,96] During arguments, the FDA's legal counsel cited the "hundreds of thousands of pages" of documents as a reason for not collating them.[97] The sustained secrecy regarding the approval process—including undisclosed manufacturing sites and financial ties among financiers, trial entities, and purported safety specialists—raises serious concerns and necessitates full disclosure for women.[98,99,100,101,102,103]

Terrorist attack credited with 'saving' abortion pill

In the previously mentioned May 2020 interview with Beverly Winikoff, (formerly employed at the Population Council), Winikoff conveyed to the Columbia University Journalists that she saw the abortion pill as a "big deal" and stunningly credited the 9/11 terrorist attacks with saving the abortion pill, after news of the attack drowned out the reporting of a woman's death from the abortion pill.[1,2,3,4,5]

Source: Live Action News

The interview revealed the cold-hearted attitude of the purveyors of chemical abortion about complications becoming public:[6,7]

> **BEVERLY**: So it was September 10, 2001. There was a death reported.
>
> **JOURNALIST**: The day before 9/11?
>
> **BEVERLY**: Yes, and that's what saved mifepristone…It was in the newspapers, if you go to the back pages. Well, it was one death versus 3,000.
>
> **JOURNALIST**: The woman in the clinical trial died on September 1, 2001. But the news was set to come out right before the 9/11 attacks. One of the only articles we could find about the death was in the Toronto newspaper, The Globe and Mail, from September 20, 2001.
>
> **BEVERLY**: And that was like, existential, like, Oh my God. What is going on? And is this going to be a problem. And, and so and Planned Parenthood was very worried and was thinking of taking it out of its clinics. And this was after it was registered.
>
> **JOURNALIST**: The Population Council ran studies to figure out what was going on. The FDA and Centers for Disease Control, looked into it, too.
>
> **JOURNALIST**: It was determined shortly after, the cause of death was actually a bacteria – clostridium sordellii, or C. sordellii. C. sordellii can be found in the gastrointestinal tract and vagina of healthy people. The bacteria can become infectious following childbirth, and other procedures, like abortions. The infections create toxic shock and usually prove fatal.

In 2003, Winikoff left the Population Council to found Gynuity Health Projects, which the original Danco investors heavily funded.[8,9,10] Under Winikoff's direction, Gynuity sponsored abortion pill clinical trials, including experiments on African women and a TelAbortion trial willing to mail abortion drugs to girls as young as 10.[11,12,13,14]

Investors of the Abortion Pill

The introduction and subsequent expansion of the abortion pill in the United States are closely associated with organizations linked to the eugenics movement and financed by an extensive network of billionaire philanthropists, pro-abortion foundations, academic institutions, researchers, media "experts," and political actors, all maintaining significant ties to the Big Abortion industry.[1,2]

Over the past 25 years, an incestuous abortion pill funding trail has led from investors in abortion pill manufacturers Danco Laboratories and GenBioPro to various "consultants," location sites, journals, and sponsors publishing data or conducting abortion pill clinical trials and claiming a long record of safety.[3,4,5,6,7,8,9,10] In fact, multiple industry spokespersons and study authors who claim the abortion pill is "safe" have disclosed that they are on the payroll of Danco/GenBioPro, signaling potential conflicts of interest.[11,12,13,14]

Source: Live Action News

Danco Laboratories, the manufacturer, has historically maintained a high degree of secrecy regarding its manufacturing location, executive leadership, corporate structure, and initial investors.[15,16,17] Nevertheless, a select number of investors have been identified: The David and Lucile Packard Foundation, The Susan Thompson Buffett Foundation, and George Soros's Open Society Foundations.[18,19,20,21]

These principal investors in Danco have also provided substantial funding to the University of California (UC) system as well as Gynuity Health Projects, both of which have been a sponsor in several abortion pill trials.[22,23,24,25,26,27]

Conflicts of interest are apparent in numerous studies concerning the abortion pill, as many sponsors, funders, clinic locations, authors, and journals receive financial support from the same foundations that invested in the abortion pill enterprise, raising serious concerns about the impartiality of the research findings.[28,29,30,31,32,33,34,35]

Key Financial Contributors and Their Organizational Relationships

David and Lucile Packard Foundation[1]

- **Investment in Danco:** In 1996, the foundation committed $14.2 million to Danco to ensure its financial stability.[2,3]
- **Investment in Generic Pill:** It also invested millions in GenBioPro, Inc., the manufacturer of the first generic abortion pill approved in 2019.[4,5]

- **Funding to UC System:** The foundation is a major financial contributor to the University of California system.[6]
- **Funding for Expansion Initiatives:** Packard provides funding to organizations such as **Gynuity Health Projects** (formerly GHP Solutions LLC), which conducts clinical trials and studies with the explicit objective of broadening access to the abortion pill regimen.[7,8,9,10,11,12]
- **Other Funded Organizations:**
    - National Abortion Federation (NAF)[13]
    - NARAL (now Reproductive Freedom for All)[14]
    - Population Council (which introduced the drug to the U.S. and established Danco)[15]
    - Planned Parenthood[16]
    - FemHealth (which operates as Carafem in the U.S.), a division of Gates Foundation-funded DKT International, which is suspected of supplying abortion drugs to Aid Access, a group that imports abortion drugs into the U.S. without FDA authorization.[17,18,19,20,21,22,23,24]

Buffett Foundation (Susan Thompson Buffett Foundation).[1]

- **Funding UC and Abortion Training:** The foundation granted $78 million to the UC system and is cited as the primary financial backer of the Bixby Center's Ryan Residency Program at UCSF, which provides training for abortion providers.[2,3,4,5,6]
- **Role in Danco's Initial Phases:** Internal documents indicate that the foundation, alongside Soros and Packard, supplied grants and loans for the development of mifepristone (the abortion pill).[7,8] In 1995, it provided at least $2 million in interest-free loans to the Population Council for RU-486 clinical trials, according to the Washington Post.[9,10,11]
- **Current Financial Support:** Presently, Buffett Foundation funds support Planned Parenthood (a frequent location for abortion pill clinical trials) and Gynuity Health Projects.[12,13,14,15,16]
- **Population Council:** It also funded the Population Council, which was instrumental in bringing the abortion pill to the U.S. and establishing Danco.[17,18,19]

George Soros (Open Society Foundations)[1]

- **Investment in Danco:** A 2000 Congressional Research Service report alleged that Soros's philanthropic arm, the Open Society Institute, assisted in the financing of Danco, approving grants to "train[] in medical abortion" and "normalizing" the use of the drug into mainstream medicine.[2,3,4,5,6,7]
- **Investment in the Population Council:** In 2000, Open Society gave the Population Council $383,000 to support clinical trials of mifepristone (the abortion pill).[8,9,10]
- **Funding UC System:** Soros has contributed millions of dollars to the UC system.[11]
- **Funding for Abortion Groups:** He has provided funding to Planned Parenthood and Gynuity Health Projects, the latter of which administers abortion pill clinical trials.[12,13]

U.S. Manufacturing of the Abortion Pill

The following have been placed in charge of U.S. manufacturing of the abortion pill and its generic version:

Danco Laboratories

Danco Laboratories, a highly clandestine "pharmaceutical company," was granted in 2000 "an exclusive license from the Population Council to manufacture, market and distribute Mifeprex [Early Option Pill Mifeprex (Mifepristone Tablets, 200mg)] in the United States."[1,2,3,4,5,6] Danco was originally set up as a sub-licensee of the Council and received initial funding from organizations dedicated to abortion philanthropy.[7,8] For instance, The David and Lucile Packard Foundation invested an excess of $14.2 million in Danco and consistently provides financing for studies examining the safety of the abortion pill.[9] The company has encountered legal challenges, notably a False Claims Act lawsuit.[10] This litigation culminated in a 2023 settlement[ii] wherein Danco was mandated to remit $765,000 to the United States, a sum that incorporated $382,000 in restitution and required to publish on the packaging the country of origin for manufacturing, which, as previously stated, is Spain.[11,12,13]

GenBioPro (GBP)

GenBioPro, the initial generic manufacturer of the abortion pill, obtained FDA approval in 2019.[1,2,3] By 2021, the company boasted that it held a significant share of the abortion pill market.[4,5,6] Similar to the highly secretive brand-name manufacturer, Danco Laboratories, GenBioPro has received substantial investment, totaling millions of dollars, from the pro-abortion David and Lucile Packard Foundation.[7,8,9,10] Furthermore, public data indicate that GenBioPro has dispersed thousands of dollars in "consulting fees" and "honoraria" over the preceding years.[11,12] Some of these payments were directed to study authors and other recipients, many of whom failed to disclose this potential conflict of interest in their published research.[13,14] Furthermore, while the generic manufacturer GenBioPro (GBP) was once suspected of importing the drug from India, GBP's packaging fails to display the country of origin.[15,16]

Evita Solutions

The FDA approved a second manufacturer of a generic abortion pill, Evita Solutions, LLC, in September 2025–a decision made *despite* the agency's prior commitment to conducting a safety review of the abortion pill.[1,2,3,4] Information concerning Evita Solutions, LLC is scarce.[5] Currently, packaging for Evita

Solutions fails to display the country of origin.[6] Evita's drug application was initially submitted in 2021.[7] The timing of FDA approval was questioned by the State of Missouri[ii] in a recent legal challenge.[8,9]
The legal challenge reads in part:[10]

> "On September 30, 2025, the FDA continued its pattern of ignoring the dangerous effects of mifepristone on pregnant women and girls and, relying on the 2016 Major Changes, approved a second generic version of the drug. This approval marks the FDA's most recent violation in a long string of unlawful decisions. This generic drug, produced by Evita Solutions LLC (Evita) is subject to the same REMS and labelling as the brand drug, Mifeprex which is produced by Danco Laboratories, LLC (Danco). The generic drug is chemically identical to Danco's Mifeprex and GenBioPro, Inc.'s generic mifepristone. Consequently, this generic drug produces the same side effects, the same consequences, and the same devastating impact on women and girls nationwide…Just as the FDA's unlawful 2019 ANDA Approval led to an increase in the number of women obtaining chemical abortions, the FDA's 2025 ANDA Approval will increase accessibility to chemical abortions. The supply of mifepristone will increase, the cost will decrease, and the number of chemical abortions will rise in Plaintiff States and across the nation."

Modern Day Expansions

Abortion Pill Timeline

The ensuing timeline chronicles the decisions made by the FDA concerning the abortion drug mifepristone, underscoring the progressive erosion of safety regulations and the expansion of its utilization, notwithstanding persistent concerns regarding women's health.

ii. Archives U.S. Department of Justice, "Danco Settlement Agreement," March 29, 2023.

Timeline of FDA Decisions Regarding the Abortion Drug (Mifepristone)

Year	Event and Consequence for Safety and Access
2000	The Clinton administration's FDA granted approval for the abortion drug (mifepristone 200mg regimen with misoprostol) for use up to seven weeks of gestation.[1,2]
2016	The Obama administration's FDA eliminated critical REMS safety protocols, specifically the mandate for reporting all non-fatal adverse events.[3] Furthermore, it extended the authorized period of use from seven to ten weeks of gestation.[4] Despite these changes, the FDA concurrently affirmed that a REMS remained necessary to guarantee the drug's safe application.[5,6]
2019	The Trump administration's FDA authorized the first generic version of the abortion drug, manufactured by GenBioPro.[7,8,9]
2020	The abortion industry introduced a 'no-test' protocol (**which was created prior to the pandemic**), thereby eliminating essential diagnostic procedures, such as blood tests (including Rh factor determination) and accurate gestational dating, which are necessary to exclude the presence of dangerous ectopic pregnancies.[10,11,12,13,14] This rapid expansion proceeded, with the industry openly contravening FDA-established gestational limits and encouraging patients to conceal, or lie about resultant medical complications.[15,16]
2021	Under the Biden administration, the FDA initially authorized temporary mail-order distribution (citing the COVID-19 pandemic) and subsequently modified the REMS in April to encompass limited mail-order pharmacy distribution.[17,18,19] By December, the FDA permanently relaxed the REMS by rescinding the in-person dispensing requirement, thereby permitting the drug to be distributed via mail.[20,21,22]
2023	The Biden administration's FDA further **weakened the REMS** by announcing its intention to permit retail pharmacies to dispense the medication and “permanently removed” the in-person dispensing requirement.[23,24]
2025	The Trump administration's FDA approved the second generic abortion drug (produced by Evita Solutions, LLC in 2021) in September.[25,26,27]

What the Abortion Pill Is

Mifepristone, often used in combination with misoprostol, is a drug that blocks the hormone progesterone, which is necessary during pregnancy, as explained by the FDA.[1] The FDA approved and designated the drug(s) specifically for "medical termination of pregnancy."[2] The FDA's current labeling specifies its use up to 10 weeks of gestation, which is defined as 70 days or less since the first day of the patient's last menstrual period (LMP).[3]

Mechanism of Death

Mifepristone functions primarily as an antiprogestin. It exerts its abortifacient effect by binding to and blocking the progesterone receptor sites. Progesterone is a crucial hormone required to prepare the uterine lining (endometrium) for implantation and to maintain a pregnancy by stabilizing the endometrium and suppressing uterine contractions. By blocking this essential hormone, mifepristone destabilizes the pregnancy, causing the breakdown of the uterine lining, which in turn leads to the detachment and subsequent death of the embryo or fetus.

The Role of Misoprostol

For a complete and successful termination of the life of the child inside the womb, mifepristone is administered as the first step, followed 24 to 48 hours later by the administration of misoprostol buccally (in the cheeks of the mouth).[1] Misoprostol is a prostaglandin analog. Its role is to cause the cervix to soften and dilate, and to stimulate powerful contractions of the uterine muscle (myometrium). This uterine activity expels the embryo or fetus and pregnancy tissue. The two-drug regimen is required because mifepristone alone is significantly less effective.

What the Abortion Pill Is Not

The Abortion Pill is Not Korlym

Mifepristone, the active ingredient in the abortion pill (brand name Mifeprex), is also used in Korlym, a drug for Cushing syndrome, when the body produces too much cortisol, causing significant weight gain.[1,2] While both drugs share the same active ingredient, they are distinct products with different manufacturers, uses, FDA approvals, and dosages.

Approved by the FDA in 2012 for the treatment of Cushing syndrome, Corcept Therapeutics manufactured Korlym.[3] A key difference lies in the dosage: According to the FDA's approval letter, Korlym tablets contain 300 milligrams of mifepristone, whereas the mifepristone approved for abortion contains 200 milligrams.[4]

The Abortion Pill is Not Misoprostol or Plan B

Misoprostol (Cytotec) is FDA-approved to reduce the risk of stomach ulcers caused by NSAIDs like ibuprofen (Advil, Motrin), as noted by GoodRx.[1,2,3] However, it is also used in the abortion pill regimen

alongside Mifepristone (200mg). It is important to note that the use of misoprostol for abortion is an off-label application, and the drug is contraindicated for pregnancy.[4,5]

Just prior to the FDA's approval of RU-486, Searle issued a "Dear Health Care Practitioner" letter emphasizing that Cytotec was contraindicated for use in pregnant women and not approved for induction of labor or abortion.[6,7,8] Within a few months, the American College of Obstetricians and Gynecologists (ACOG) a pro-abortion organization, responded with a citizens petition requesting that the FDA Commissioner "take administrative action to require the withdrawal" of Searle's letter and to "rescind any contraindications for use of misoprostol in pregnancy" on the drug's label to "conform with the agency's approval of the mifepristone-misoprostol combination on September 28, 2000...."[9,10] Which is exactly what the FDA did. In 2000, misoprostol was approved by the FDA to be used in the abortion pill regimen, but it is *not* the abortion pill and does not actively work to kill a living preborn child as mifepristone does.[11] Consequently, misoprostol is not subject to the REMS safety system; some irresponsible actors in the abortion industry may recommend it as a one-drug regimen for abortion, even though the FDA has never approved this single-drug usage.[12]

It is important to remember that Plan B emergency contraception, also known as the morning-after pill, is not the abortion pill.[13]

Abortion Pill Not Approved for Miscarriage

The abortion pill (mifepristone, 200mg) is FDA-approved *only* for abortion use, despite inaccurate claims of its approval for miscarriage care.[1] While the drug is sometimes used off-label for natural miscarriage management, any FDA-approved drug can be used off-label for purposes other than its approved use. Therefore, mifepristone has *not* received FDA approval for miscarriage care.

Scrutiny of Abortion Pill "Safety"

Despite carrying a black box warning, the abortion pill is frequently characterized as safe. Data from the FDA's 2023 mifepristone label indicate that between 2.9% and 4.6% of women necessitate emergency care after administration of the drug.[1,2] The drug's medication guide acknowledges that up to 7% of women will require a surgical procedure to 'stop the bleeding' or to complete the abortion.[3,4,5] This total corresponds to tens of thousands of emergency room visits annually.[6] Separately, a 2021 telehealth study, conducted by the pro-abortion group, Gynuity Health Projects, found similar results, reporting six percent (6%) of women who took the abortion pill subsequently visited an emergency or urgent care department.[7,8,9] Many women are reportedly advised to conceal the actual reason for their visit, and the tracking of complications is demonstrably unreliable, as previously noted.

The "studies" are often cited by pro-abortion advocates and are frequently funded by organizations with vested interests and rely on clinical trial data, even though the industry often disregards FDA protocols in "real-world" practice.[10,11,12] This routinely involves failing to confirm gestational age, conduct necessary lab tests, or conclusively rule out ectopic pregnancy.[13] Furthermore, abortion providers have been documented prescribing mifepristone beyond approved limits and engaging in advance sales of the pills.[14,15] Conflicts of interest within drug studies also raise significant concerns regarding integrity.[16]

The FDA's decision to expand the use of the drug, which permits mail-order dispensing, has resulted in a proliferation of unregulated virtual dispensaries.[17,18] Despite the explicit black box warning on the drug's label regarding the risk of sepsis, online providers acknowledge that patient assessment is minimal (less than five minutes) and that "little to no counseling or follow-up" is provided.[19,20,21,22]

Recent analysis published by the Ethics and Public Policy Center (EPPC) suggests a correlation between the removal of in-person requirements to obtain the abortion pill and an increase in subsequent emergency department visits, potentially indicating patient dumping.[23,24] EPPC's analysis, entitled "The Abortion Pill Harms Women," suggests "real-world failure rate of mifepristone abortion is double what has previously been shared with the public."[25,26] The insurance claims analysis implies that nearly 11% of women (10.93%) experience sepsis, infection, hemorrhaging, or other serious or life-threatening adverse events following a mifepristone abortion.[27] This means one in ten women likely experience at least one serious complication from taking mifepristone within 45 days. The authors claimed this was a rate ***22 times higher*** than the "less than 0.5 percent" serious adverse events rate reported by the FDA on the mifepristone label.[28]

The drug's safety protocols mandate that prescribers must be capable of ruling out an ectopic pregnancy and accurately determining gestational age.[29] However, with the advent of mail-order access, this requirement is routinely violated, often resulting in the abandonment of patients and leaving them to rely on the emergency room for care.[30] Drug manufacturers, who are responsible for monitoring prescribers while simultaneously profiting from drug sales, are failing in this duty, effectively abandoning women and adolescents to overburdened emergency rooms because of complications that the prescribing physician should have managed.[31]

Skirtailing Safety Protocols & Reporting

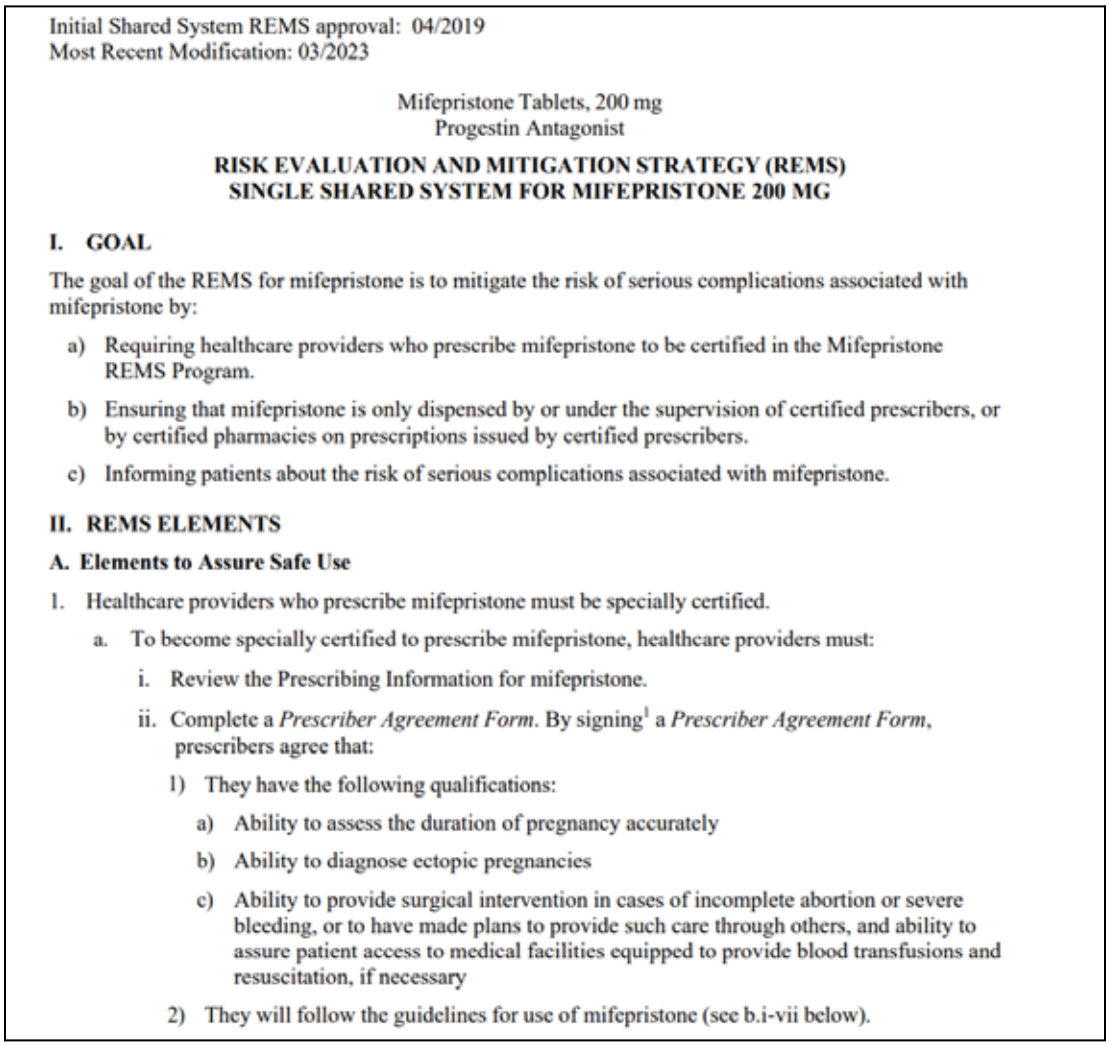
Due to several serious complications and deaths, the abortion drug was placed under a safety system known as Risk Evaluation and Mitigation Strategy (REMS).[1] According to the FDA, the REMS is a "drug safety program" which "can [be] require[d] for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks," and is used to "reinforce medication use behaviors and actions that support the safe use of that medication."[2] In other words, the REMS is used to document and track adverse events reported by users or doctors using a drug in the REMS system.

The REMS limits prescribers *only* to those approved by the drug's sponsors—Danco or its generics: GenBioPro and Evita Solutions.[3,4] The abortion industry continues to advocate for the removal of the drug from under the REMS, in hopes of allowing abortion pills to be sold to anyone, effectively expanding abortion access to over-the-counter (OTC) sales.[5]

The current REMS (modified September of 2025) mandates that certified prescribers must be able to:[6]

- Accurately assess the duration of a pregnancy.
- Diagnose an ectopic pregnancy.
- Provide surgical intervention in cases of incomplete abortion or other complications.
- Report any patient deaths.

These REMS require providers to sign the manufacturer's prescriber agreement.[7,8] Before 2023, abortion pill prescribers also had to stock the drug, as it was not dispensed in pharmacies. However, this requirement changed in 2023 when the Biden FDA authorized retail pharmacies to dispense the abortion pill with a prescription.[9]



Initial Shared System REMS approval: 04/2019
Most Recent Modification: 03/2023

Mifepristone Tablets, 200 mg
Progestin Antagonist

RISK EVALUATION AND MITIGATION STRATEGY (REMS)
SINGLE SHARED SYSTEM FOR MIFEPRISTONE 200 MG

I. GOAL

The goal of the REMS for mifepristone is to mitigate the risk of serious complications associated with mifepristone by:

a) Requiring healthcare providers who prescribe mifepristone to be certified in the Mifepristone REMS Program.

b) Ensuring that mifepristone is only dispensed by or under the supervision of certified prescribers, or by certified pharmacies on prescriptions issued by certified prescribers.

c) Informing patients about the risk of serious complications associated with mifepristone.

II. REMS ELEMENTS

A. Elements to Assure Safe Use

1. Healthcare providers who prescribe mifepristone must be specially certified.
   a. To become specially certified to prescribe mifepristone, healthcare providers must:
      i. Review the Prescribing Information for mifepristone.
      ii. Complete a *Prescriber Agreement Form*. By signing[1] a *Prescriber Agreement Form*, prescribers agree that:
         1) They have the following qualifications:
            a) Ability to assess the duration of pregnancy accurately
            b) Ability to diagnose ectopic pregnancies
            c) Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary
         2) They will follow the guidelines for use of mifepristone (see b.i-vii below).

Source: REMS

Furthermore, the FDA has seemingly done nothing to hold accountable the organizations and individuals who regularly flout the drug's REMS safety requirements by prescribing it past the approved gestational limit and dispensing it to women who are not pregnant.[10,11]

Disregarding Gestational Limits

Despite the abortion pill's failure rates increasing as the pregnancy advances, the abortion industry commonly disregards the FDA's 10-week gestational limits under the REMS.[1,2] During a COVID-19 webinar, National Abortion Federation Medical Director Alice Mark showed indifference to gestational limits, only concerned with the fetus's ability to be "flush[ed]," stating:[3,4]

"...[A]n eleven-week pregnancy shouldn't be too large to flush... even if you're off by a few weeks. So, what I would say is that, as part of the counseling, is to tell patients that – you know — at some point you might see visible fetal tissue..."

Source: Live Action News

This guidance has led to women "self-managing" (DIY) abortions and disposing of their deceased children in toilets, resulting in significant trauma upon seeing recognizable human body parts of the woman's aborted child.[5]

Alarmingly, lawsuits reveal abortion drugs are prescribed well into the **second and third trimesters**.[6,7,8] One client alleged she was told "not to call law enforcement" after presenting clinic staff with the body of her 30 to 36-week-old son, who died from the abortion drugs the clinic had prescribed.[9] Even long-time late-term abortionist Warren Hern has criticized this trend, questioning the lack of follow-up exams to ensure the uterus is empty and asking who will care for women with complications.[10,11,12,13]

Non-Compliance with Prescriber Requirements by Big Abortion

Despite the prescriber requirements established by the FDA, the abortion industry has consistently failed to adhere to the necessary standards for the dispensation of the abortion pill.[1,2]

1. Disregard for Gestational Limits and Confirmation of Pregnancy

- Prescribers are mandated under the REMS to accurately determine the gestational age of the pregnancy; however, the industry has been prescribing the abortion pill in "advance" of confirmed pregnancy.[3]
- The FDA approved the abortion pill for use up to 10 weeks (70 days) of gestation, but abortion providers advertise its use into the second trimester and advocate for its application into the third trimester.[4,5,6,7,8]

2. Omission of Essential Pre-Prescription Testing

- The abortion industry's "no-test" protocol eliminates necessary medical testing such as

ultrasounds, blood work, and laboratory tests.[9]

- This failure to conduct appropriate pre-prescription testing often leads to the non-diagnosis of dangerous ectopic pregnancies.[10] Consequently, pro-abortion physicians have alerted Emergency Room (ER) staff regarding a potential increase in undiagnosed ectopic cases.[11]

3. Minimizing Risks and Complications

- It is questionable whether providers allocate sufficient time to review the abortion pill's risks and its serious black box warning with patients.[12,13]
- In a demonstrable disregard for patient well-being, abortion pill providers assert that the drug is "safer than Tylenol" while benefiting financially.[14,15] Missouri Attorney General Catherine Hanaway recently called that claim "false," further stating, "No caring physician would call Mifepristone 'as safe as Tylenol.'"[16]

4. Deficiencies in Continuity of Care and Concealment of Adverse Events

- The abortion industry engages in a fraudulent practice wherein they instruct women to seek emergency care and falsely report a natural miscarriage to obscure complications arising from the abortion pill.[17,18,19]
- One clinical trial sponsor even suggested that emergency room personnel should falsify information to cover up adverse events.[20,21,22]
- This practice intentionally circumvents the proper reporting chain of adverse events where the woman should notify the prescriber, who in turn notifies the manufacturer, who then reports the adverse event to the FDA.[23]
  - Important Note: Currently, the REMS only requires the reporting of deaths. However, prior to 2016, when the REMS required the reporting of ***all*** adverse events, information was revealed that, for decades, prescribers instructed women to simply present to emergency rooms and claim to be experiencing a natural miscarriage.[24] Consequently, such intentionally deceptive circumvention makes it impossible to know what the true dangers of this drug really are.

5. Disregarding the FDA's Approved Drug Regimen

- The approved drug regimen consists of a two-drug regimen: mifepristone followed by misoprostol.
- Despite not being approved as a single-use drug for abortion, some abortion industry insiders have pivoted to a one-drug regimen of misoprostol only, to circumvent REMS restrictions on mifepristone.[25,26,27]
  - In his book "The Abortion Pill," French researcher Etienne-Emile Baulieu, who invented the abortion pill, noted misoprostol's use in countries where abortion was illegal, claiming he had personally "bought misoprostol in pharmacies to experiment with the drug as an abortifacient." He wrote, "In the future, the availability and convenience of misoprostol may become crucial if RU-486 is offered under more private conditions than in abortion clinics."[28,29]

COVID-19, "No-Test" Protocol & Changes to REMS

The abortion industry leveraged the perceived "crisis" of the COVID-19 pandemic to introduce its "no-test" abortion pill protocol, despite openly admitting it may not identify ectopic pregnancies, with potentially life-threatening consequences.[1,2,3,4,5] Instead, the abortion industry decided that ectopic pregnancies could be dealt with *after* the woman begins the abortion pill regimen and reports back that she is still pregnant — assuming there is any follow-up at all.[6,7,8]

It is important to note that this protocol was **conceived before** the onset of the pandemic.[9] In April 2021, utilizing the COVID-19 pandemic as a rationale, the Biden administration's FDA temporarily authorized the expansion of REMS and distribution of the abortion pill to limited mail-order distribution pharmacies.[10,11,12,13,14,15] By 2023, a press release published by Danco highlighted that the "in-person requirement" was "now permanently removed" from the FDA's REMS.[16]

Trauma of Disposal from DIY Abortions

Mail-order (telehealth) abortion dispensing is a significant advantage for the abortion industry by essentially eliminating tests, staff, and facility costs and offloading fetal disposal responsibilities onto the women aborting their baby.[1,2] This "cost savings" to Big Abortion often results in substantial trauma to women when they flush aborted remains from the DIY abortion (often identifiable fetal body parts) down the toilet in their homes.[3]

In a video published by StopAbortionCoercion.com, Mayra Rodriguez, a former Planned Parenthood staffer and director for 17 years, detailed the distress and trauma women experienced after taking the abortion pill.[4,5] Rodriguez asserted that some of the most challenging calls she received were from women reporting excessive bleeding after the clinic provided the abortion drug. Rodriguez described hearing the women weeping in devastation as they described what was happening to them saying "You guys told me to push a blood clot on the toilet, and I tried to do that but I didn't make it, and it's not a blood clot it's actually a baby, so what do I do...you told me it was just a blood clot but I actually can see the hands, the feet, the face."

Rodriguez stated that she was directed to advise these women to flush their child down the toilet and to avoid looking at it. When young women expressed concern about potentially dying from the significant blood loss they were experiencing, Rodriguez claimed she was instructed to dismiss their anxieties, instead telling them to "simply elevate their feet, take ibuprofen, lie down with a heating pad, you will be fine, and call me in the morning."

"**To me the abortion pill is a back-alley abortion. You're giving women a pill that she gets by mail. Now in many states they don't even ask them for ultrasounds to get the abortion pills. They don't even want to know how old [they are]. And this (is) how we have cases of men putting abortion pill[s] in drinks for women**," said Rodriguez.

Live Action's "I Saw My Baby" video series documents multiple eye witness accounts including:[6,7]

- Salome described feeling like a part of her died after taking the abortion pill, saying she "...felt like my inside was being torn and sliced to pieces. I had blood all over my legs and went in the

tub to wash them…I managed to get up. When I turned around, I saw the most heartbreaking thing I've ever seen in my entire life. I saw my child…I felt like a part of me died."[8,9,10] Salome ended her testimony by stating, "I couldn't believe what I was looking at. It was the most beautiful thing I ever created, and I destroyed it."

- Monica said that after taking the abortion pill, she felt "intense pain" that would "go away–then more pain."[11] After delivering her deceased aborted child, Monica said she screamed and collapsed. "I felt a flood of liquid in my underwear and I stepped into the bath with my clothes still on…then I screamed. The fetus was it was floating in the water. It was slightly smaller than the palm of my hand and the fetus had a head, hands and legs, defined fingers and toes."
- Leslie said her experience after taking the abortion pill was "scary" and nothing like a normal period.[12] "I remember sitting on the toilet discharging blood while also vomiting and shaking all over," said Leslie. She ended up in the shower where she said she "passed a large mass that clogged the drain…I realized immediately that it must be the baby" which she picked up and sobbed as she flushed her child down the toilet. "Chemical abortion is an abortion and it is an incredibly terrifying, isolating and painful experience…the chemical abortion was a violent, unnatural pain. Abortion clinics are sending women back to their own homes to partake in the death of their own child," Leslie stated.
- Christina held her child's tiny body in her hand after taking the abortion pill.[13] "The pill was not at all what Planned Parenthood told me it would be…it felt like hell." Christina described that within two hours of taking the pills, she delivered her aborted baby in the toilet. "When I turned around there it was in the sack…I broke open the sack and held the helpless little baby in my hand. I cried and felt like I had just murdered someone so innocent," she stated. "Nothing can truly prepare you for an abortion, no matter what route you take…I have nightmares about it all the time."
- Natalia bled alone in her bed for three days after flushing her baby.[14] She stated, "I looked down, and I saw him. It wasn't like a heavy period. It was like a baby. And, I looked down and I just looked up and I just can't look anymore… It's a child. It's not like a bit of blood…and I just remember falling to my knees and then I just laid in my bed…bleeding through the mattress."
- Elizabeth claimed she bled so much she was afraid she might die, stating, "I bled so heavily…I actually got really afraid that I could die…It was probably the most intense pain I've ever felt…I could…see the baby."[15] She recalled sitting on the toilet, and holding her aborted baby, crying before flushing her baby down. "I didn't hear anything back from the clinic. Nobody called me…there was just no follow up at all."
- Tami describes holding her dead baby boy in her arms and crying after taking the abortion pill, stating that after several hours of extreme pain she, "I pushed until I felt something come out and I heard a sound.[16] I looked down and I screamed. It was not just a blob of tissue. I had given birth to what looked like a fully-formed, intact 14-week old fetus covered in blood. I scooped my baby out of the toilet. I sat on the floor and held him and cried." She further stated, "I cannot remember what I did with my baby afterwards. I just kept bleeding and bleeding and bleeding. So I called the abortion clinic, they told me to go to the ER."

A Google review left by a woman after taking the abortion pill stated, “Skip the abortion pill it’s too traumatic when you see that whole fetus in real life...nothing but regrets. Wish I could post a pic for folks trying to decide on the procedure it’s so sad...” [17]

Testimony at the website Silentnomoreawareness.org cites one woman's heart-wrenching experience, "I birthed my dead baby into my toilet. I was heartbroken when I saw that it had tiny fingers and toes."[18]

During a separate incident from May 2025, an investigation was opened in Louisiana, alleging that New York abortionist Margaret Carpenter had mailed the abortion pill to a woman in Shreveport, who was reportedly 20 weeks pregnant (10 weeks beyond the FDA-approved gestational limit).[19] The woman allegedly threw the baby’s body in the trash and then went to the hospital. An investigation was launched after she told police where she claimed to have dumped the baby’s body. The availability of the abortion pill by mail is likely to lead to even more infant bodies discarded and dumped as trash.[20]

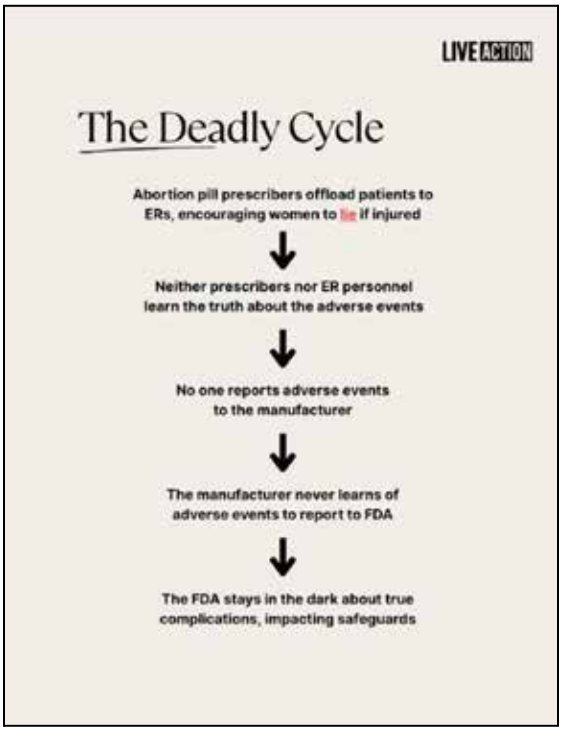
Patient Abandonment

Mail-order abortion, coupled with lax oversight of pill prescribers, fosters a systemic failure of patient care, shifting the burden of complications onto often over-capacity, publicly-funded emergency departments, potentially constituting patient abandonment.[1]

Source: Live Action News

LegalClarity.org states that accepting a patient implies a physician's commitment to uninterrupted care.[2] The ethical question arises when profit-driven abortion facilities dispense medication, fail to provide follow-up, and merely instruct women to use the ER for complications.

The abortion industry has employed a scheme that likely hides adverse events. For decades, abortion insiders have instructed clients to misreport or lie by notifying emergency staff they are experiencing a natural miscarriage instead of a complication from the abortion pill.[3,4,5,6]



Source: Live Action

Specific Examples

- **Former Planned Parenthood Administrator Mayra Rodriguez:** For 17 years, Rodriguez worked for Planned Parenthood before being fired in 2017 after she blew the whistle on "fraudulent and negligent activities."[7] Rodriguez alleged at the website stopcoercedabortions.com that Planned Parenthood told women "not to say that you had an abortion pill."[8] According to Rodriguez, Planned Parenthood also told women, "If you need to go to the hospital don't even tell them you took the pills because they will treat you differently knowing that that would put their life at risk."[9]
- **Former Planned Parenthood Manager Sue Thayer's Account:** In a Youtube interview with Alliance Defending Freedom, Thayer explained that even before 2016, staff were instructed to advise patients: "...if you go to the emergency room and you tell them that you've taken these pills, your care may not be as well, as good because the providers there could judge you for having an abortion. And, really, they said at that point it's no different than having a miscarriage so there's no point in telling them that you've taken the pills to start the procedure."[10,11]
- **New Mexico Abortionist Franz Theard's Advice:** In a Vice News video report, Theard was recorded advising an abortion pill client to lie, stating, "If you have to go to the hospital for any reason, you don't have to admit that you had the abortion pill; you can say 'I'm having a miscarriage.'"[12,13]

Dangers of Mail-Order Abortions

Emergency Rooms Often Necessary

Early on, it was understood that emergency departments were a necessary safety net for approving the abortion pill. And that closely guarded little secret remains true today.[1] This is why the industry doesn't want accurate adverse event reporting, and they routinely advise women to lie when presenting to an ER, and claim a natural miscarriage. With the advent of mail-order abortion, the need for emergency departments to step in where prescribers often fail to provide care is on the rise. And, in the words of the State of Louisiana, in recent litigation[iii] the 2023 REMS is creating "a classic pocketbook injury...in the form of hundreds of thousands of dollars in increased Medicaid costs attributable to mifepristone-induced abortions that have required emergency care— costs that would not be incurred but for the 2023 REMS."[2]

A May 2, 2024, Live Action News report expounded:[3]

> "In this 1996 transcript, Beverly Winikoff, M.D., who once credited the September 11 attacks with "saving" the abortion pill, and who previously worked for the Population Council, which conducted early clinical trials on the drug and set up Danco, claimed that abortion pill clients had to live or work within an hour of where "they got the treatment."[4,5,6,7] This was because they needed abortion pill clients to have the ability to access emergency treatment if needed. Yet, today, abortion advocates are more than willing to ship drugs across the country, where women may not know a local medical provider who can deal with abortion pill emergencies."

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iii. *State of Louisiana v. U.S. Food & Drug Administration*, No.6:25-cv-01491-DCJ-DJA (W.D. LA. filed December 17, 2025).

Additional Acknowledgements of Emergency Risk

- **2000:** Even after its approval, the FDA warned clients: "It is important that you understand the need for 2 follow-up visits with your health care provider and that you have access to a medical care facility in case of an emergency."[1]
- **September 2000:** An FDA memo explicitly noted[iv] that the agency[v] "agreed with the Population Council that access to health care and emergency services is critical for the safe and effective use of the drug" and that the labeling contraindicated use if there was "no access to medical facilities for emergency services."[2,3]
- **2004:** The FDA continued to advise women[vi] to take the medication guide with them to emergency rooms or other providers for complications.[4]
- **2015:** Danco Laboratories remained aware[vii] that women might experience severe complications requiring "emergency department presentation, hospitalization, infection, perforation and hemorrhage requiring transfusion" and that "access to pain management and emergency services" could be "needed."
- **2016 Label:** The drug's label specifically directed patients to call a contact or go to an Emergency Room for symptoms like "sustained fever, severe abdominal pain, prolonged heavy bleeding, or syncope," or for lingering symptoms 24 hours after taking misoprostol.[5]

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iv. The U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, Center for Drug Evaluation and Research, "Memorandum from the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, Center for Drug Evaluation and Research to the Population Council," September 28, 2000, NDA 20-687.

v. Ibid.

vi. FDA Press Announcement "FDA To Announce Important Labeling Changes for Mifepristone," released on November 15, 2004.

vii. Center for Drug Evaluation and Research, *Efficacy Supplement Clinical Review for Mifepristone (Mifeprex)*, Application No. NDA 020687/S-020, review completion date March 29, 2019.

Notably, the FDA's website still currently states: "Health care providers must be able to ensure that patients have access to medical facilities for emergency care..."[6]

MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

DATE: September 28, 2000

FROM: /S/

SUBJECT:

TO: NDA 20-687 MIFEPREX (mifepristone) Population Council

This memo documents the approval action concerning the Population Council's NDA for mifepristone for the medical termination of intrauterine pregnancy through 49 days' pregnancy. The application was initially submitted to the Food and Drug Administration (FDA) on March 14, 1996. The Reproductive Health Drugs Advisory Committee met on July 19, 1996 and voted that benefits exceeded risk for this drug product with 6-yes, 0-no, and 2 abstentions. An approvable action letter was issued September 18, 1996 citing deficiencies in areas of Clinical (distribution system), Chemistry/Manufacturing and Controls, Biopharmaceutics, and Labeling. A complete response was received August 18, 1999. The last action by the Office was on February 18, 2000. That approvable action letter listed application deficiencies consisting of Chemistry/Manufacturing and Controls, Labeling, and the Distribution System issues. The Population Council submitted a complete response on March 30, 2000. After a brief summary of effectiveness and safety, this memo addresses those outstanding issues listed in the last action letter, Phase 4 commitments, and other issues.

Summary of Effectiveness and Safety

Effectiveness and safety data were derived from one U.S. clinical trial and two French trials. Effectiveness was defined as the complete expulsion of products of conception without the need for surgical intervention.

The U.S. trial consisted of 859 women providing safety data and 827 women providing effectiveness data for gestations of 49 days or less, dated from the last menstrual period. Demographic data showed racial composition of the U.S. trial was similar to the overall U.S. general population. Medical abortion was complete in 92.1% of 827 subjects. Surgical intervention was performed in 7.9% of subjects: 1.6% had medically indicated interventions (1.2% for heavy bleeding), 4.7% had incomplete abortions, 1.0% had ongoing pregnancies, and 0.6% had intervention at the patient's request. One of the 859 patients received a blood transfusion.

and emergencies.

Access to Health Care and Emergency Services

FDA agreed with the Population Council that access to health care and emergency services is critical for the safe and effective use of the drug. The clinical trials ensured access to services. The labeling has a black box highlighting the possible need for surgical intervention and either the provision of access to these services by the prescriber or through referral. The labeling has a contraindication if there is no access to medical facilities for emergency services. The Patient Agreement emphasizes the need to know what to do in the case of an emergency.

Source: FDA 2000 memo abortion pill and emergency services at emergency rooms (image 1 & 2)

Ectopic Pregnancy

Mifepristone will not end a pregnancy located in the fallopian tube. Consequently, the FDA's REMS requires[viii] that prescribers of the abortion pill have the "[a]bility to diagnose ectopic pregnancies."[1] This requirement is likely impeded by the removal of in-person dispensing and implementation of the 'no-test' protocol, which could potentially place women in deadly risk.

An ectopic pregnancy occurs when an embryo implants outside the uterus. It most commonly occurs in the fallopian tube, affecting about 1% to 2% of pregnancies in the United States.[2] There is currently no way to save the life of the embryo in an ectopic pregnancy. In most cases, a preborn child cannot properly develop or survive outside of the uterine cavity.[3] If not properly diagnosed and quickly treated, an ectopic pregnancy can severely affect future fertility and even cause maternal death. Early detection and treatment are absolutely vital for the mother.[4]

It is important to note that a pregnancy test cannot detect the location of a pregnancy (fallopian tube v. uterus).[5] If suspected, **ethical** medical providers closely monitor β-hCG levels and use transvaginal ultrasound—the gold standard for identifying ectopic pregnancies—though detection may be challenging in the earliest stages.[6] As previously stated, ectopic pregnancies are not generally ruled out prior to dispensing the abortion pill, and follow-up is minimal, leaving women at potential risk.

Risk factors for an ectopic pregnancy include:

- Previous ectopic pregnancy[7]
- Infertility and Endometriosis
- Pelvic Inflammatory Disease or Sexually Transmitted Diseases
- Use of IUD[8]
- The use of assisted reproductive technology (ART), IVF
- Previous pelvic surgeries, i.e. cesarean births, fallopian tube surgery, or sterilization[9]

As previously discussed, Live Action News revealed abortion industry adoption of the 'no-test' protocol, developed long before the pandemic, which eliminates the need for women to undergo any ultrasound, diagnostic tests, blood tests, or exams when being prescribing the abortion pill, despite the established risk to women's health and lives, including the failure to identify every case of ectopic pregnancy.[10,11] The joint abortion industry commentary further asserted that a potentially fatal ectopic pregnancy could simply be "detected and managed" after the woman takes the abortion pill.[12] In any other setting, a failure to determine risk sooner rather than later would be viewed as counterintuitive to legitimate "health care" and needlessly places the patient in a potentially life-threatening situation. This lack of caution is highly problematic because time is of the essence concerning a potentially fatal ectopic pregnancy, which develops within the fallopian tube and **can rupture, resulting in death if not detected promptly**.

viii. The U.S. Food and Drug Administration, *Risk Evaluation And Mitigation Strategy (REMS) Single Shared System For Mifepristone 200 MG*, modified September 2025.

According to the Cleveland Clinic, ectopic pregnancy must “be treated right away” to avoid injury to a woman’s “fallopian tube and other organs, internal bleeding and possibly, death."[13]

Nearly half of women with an ectopic pregnancy may not experience any symptoms. However, those who do experience symptoms tend to report abdominal or pelvic pain, vaginal bleeding, nausea, vomiting, shoulder pain, and diarrhea. Many of the symptoms of an ectopic pregnancy are similar to those women are told to expect after taking the abortion pill.

The Lozier Institute pointed out, “A woman who experiences ectopic warning symptoms, such as pain or bleeding, while undergoing a chemical abortion may be less likely to report them to a health care provider, because she has been warned to expect just such symptoms as a sign that the abortion drugs are working.”[14] In other words, without prior ectopic detection and diagnosis, a woman may confuse symptoms of a potentially ectopic pregnancy as a side effect of the abortion pill, with potentially deadly consequences.

Ectopic pregnancies caught early may be successfully treated.[15] Medical providers inform patients undergoing medication treatment of an ectopic pregnancy of the warning signs of a rupture and are informed to immediately seek emergency life-saving treatment. Rupture of a fallopian tube or other structure where the ectopic pregnancy is located typically occurs anywhere between 6 and 16 weeks. The later the rupture occurs, the more blood loss tends to increase, along with the subsequent risk of death.[16] In comparison, as previously discussed, some abortion pill providers advise women to lie when presenting themselves to the emergency room, which could further delay proper diagnosis and treatment.[17]

Sadly, due to significant gaps in reporting requirements with the abortion pill, including cases of ectopic pregnancies, the dangerous occurrence is difficult to track, and the FDA's removal of "in-person dispensing" is also likely contributing to a failure to properly diagnose ectopic pregnancies before prescribing the drug.[18] Analysis of adverse event reports (AERs) based on available data helps to illustrate the concerning prevalence of missed ectopic pregnancies realized only after the consumption of the abortion pill.

A 2006 analysis of reported AERs of mifepristone as an abortifacient, conducted over 4 years, identified hemorrhages and infections as the “leading causes of mifepristone-related morbidity and mortality.”[19] Of the 235 cases identified as emergent cases that required surgical interventions, 17 were discovered to be ectopic pregnancies, 11 of which had ruptured.[20]

A more recent analysis, “Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019,” found that of the 2,660 AER reported cases with sufficient and available codable information, 75 ectopic pregnancies were identified.[21] Of the 75 ectopic pregnancies identified after abortion drugs were taken, 26 were identified as ruptured ectopics, and one death was determined.[22] While both studies were conducted by pro-life researchers, it is important to note that pro-abortion emergency department doctors have also sounded the alarm that women taking abortion pills may present to an ER with an undiagnosed ectopic pregnancy.[23]

Coercion

Coercion is becoming a growing concern of mail-order abortion dispensing, as predators hide behind computer screens and clandestinely slip the mailed drug into the beverage of their intended pregnant victim.

On the contrary, during a required in-person visit, prescribers are likely to:

1). Verify the person obtaining the drug is indeed pregnant.

2). Screen for possible coercion.

A few examples include:

CASE 1) A University of Toledo Medical Center doctor, Hassan-James Abbas, was indicted[viv] by a Lucas County Grand Jury on multiple felony charges after he forcibly gave his victim abortion pills when she refused to commit to an abortion. The victim was a patient of Abbas's with whom he had a sexual relationship.[1,2,3]

According to the State Medical Board of Ohio order (Case Number: 25-CRF-0204),[x] after the victim informed Abbas that she was pregnant, Abbas told the victim that he wanted her to get an abortion, *"but she stated that she did not want an abortion."*

In response, the Board's order claimed Abbas "researched and ordered Mifepristone and Misoprostol" and "used the personal identifying information" of his "estranged wife to obtain the medication."

In November of 2025, the Board found that Abbas' "continued practice presents a danger of immediate and serious harm to the public" and "summarily suspended" Abbas' medical license.[5]

In December 2025, Abbas was indicted on multiple counts:

- Abduction, a third-degree felony.
- Tampering with evidence, a third-degree felony.
- Unlawful distribution of an abortion-inducing drug, a fourth-degree felony.
- Disrupting public services, a fourth-degree felony.
- Identity fraud, a fifth-degree felony
- Deception to obtain a dangerous drug, a fifth-degree felony.

The indictment[xi] read in part, "Hassan-James Abbas on or about December 18, 2024...did knowingly give, sell, dispense, administer, otherwise provide, or prescribe RU-486 (mifepristone) to the victim for the purpose of inducing an abortion." The indictment further claims that Abbas, "knowingly, by force or threat, restrain[ed] the liberty of the victim, under circumstances that created a risk of physical harm to the victim or placed the victim in fear."

In a stunning interview, the victim told WTOL News11, "I just told him that I took a test. I sent him a picture of it, you know, I was happy to talk to him about it and have a conversation.[6,7] He called me on the phone and was screaming at me, just erratic behavior that I have never seen before," she recounted. "I laid there and I went back and forth on if he was gonna kill me, you know. That was my biggest thought was that he was going to kill me," she said.

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viv. *State of Ohio v. Hassan-James Abbas*, Case No. CR2025-01611, Lucas County, Ohio Court of Common Pleas (December 4, 2024).

x. Letters to Hassan-James Abbas by the State Medical Board of Ohio, November 5, 2025.

CASE 2) Louisiana resident Rosalie Markezich, a plaintiff in an abortion pill lawsuit filed in October against the FDA, says that "mail-order abortion" led to a situation in which her then-boyfriend coerced her into taking abortion drugs that ended her preborn child's life.[8] Markezich's boyfriend allegedly obtained the abortion pill regimen by mail from a doctor in California in 2023.[9] She alleged that her boyfriend "snapped" and she was afraid of him, so she gave in to his demand to take the drug, but planned to vomit it up immediately after. However, she was unsuccessful. Markezich now grieves the loss of her child and says that if an in-person visit was required for a woman to get the abortion pill, she would have been able to tell the doctor that she was being coerced, and her baby would be alive today. "If mail-order abortion wasn't a thing, I'm 100% sure I would have my child," Markezich said.[10]

CASE 3) Justin Banta, who worked for the U.S. Department of Justice (DOJ), secretly put an abortion drug, which he obtained from an online mail-order abortion pill business, into his girlfriend's drink.[11,12] She had recently learned she was pregnant and wanted to keep the baby. Banta did not. At six weeks, an ultrasound revealed a healthy baby. Two days later, she lost the baby and told police she believed Banta had drugged her to kill their baby. Officials told WFAA that Banta told his pregnant girlfriend that he had ordered for her over the internet an abortion-inducing drug called "Plan C" that includes the drugs mifepristone and misoprostol.[13,14] Banta was arrested in June of 2025.[15] "According to an affidavit filed in Tarrant County by the Texas Rangers, 39-year-old Justin Anthony Banta put mifepristone, an abortion-inducing medication, into cookies and a beverage that he then gave to his pregnant girlfriend. Banta had previously asked her to get an abortion, but she said she had wanted to keep the child, according to the affidavit. A day after drinking the beverage, the woman miscarried," the Texas Tribune reported.[16]

Case 4) McLean County State's Attorney's Office charged Emerson Evans, 31, with two counts[xii] of intentional homicide of an unborn child. In August, 25NewsNow reported:[17,18]

> "Prosecutors said in a court document that police were called about 5 p.m. Friday to an apartment in South Bloomington. Officers said they saw a woman in the bathroom crying and a large amount of blood. The fetus was reportedly found in the toilet. The woman said she was about seven weeks pregnant, and Evans reportedly told her he wanted her to terminate the pregnancy. Evans allegedly told police he was helping "make the decision for her" and thought she knew he was giving her the pills. He told investigators he paid $50 for the mifepristone to a "girl on campus," the court document said."

Fox2Now reported that "Evans faces two counts of intentional homicide of an unborn child,[xiii] a felony that could send him to prison for up to 60 years. It's akin to a first-degree murder charge."[19]

Abortion Pill Traffickers

The United States must address the escalating flow of unregulated abortion drugs illegally entering the country, and those illegally dispensing the drug within the U.S. on sites like eBay.[1]

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xi. *State of Ohio v. Hassan-James Abbas*.

The Perils of Unregulated Pharmaceuticals and Illicit Networks

Although not exclusively focused on abortion drugs, the U.S. Drug Enforcement Administration (DEA) has issued warnings regarding the potential for prescription pills, brought illegally into the U.S., to be contaminated with fentanyl, noting that "six out of ten now contain a potentially lethal dose of fentanyl."[1,2]

Live Action News has consistently documented illicit abortion pill networks:

- In January 2023, reports indicated that illegal "shadow networks" were utilizing fraudulent addresses, including properties listed for sale, to order abortion drugs via mail and were recruiting "helpers" to manage their drug cartel-like operations.[3]
- In 2022, Live Action News alerted the public to an abortion "underground" preparing for the illegal dispensing of these pharmaceuticals.[4]
- By May 2023, Live Action News reported on "vigilante syndicates" that appeared to have unrestricted access to mainstream journalists, including *The Washington Post*, who seemingly provided cover for their activities.[5]
- Live Action News exposed the Las Libres syndicate, based in Mexico, which is allegedly engaged in the smuggling of abortion drugs into the U.S.[6]
- In August 2023, an unregulated abortion supply chain was documented, revealing pills stored on a "ping-pong table" and shipped from a makeshift home office located in an individual's basement.[7]

Disturbing Practices and Condonement

Live Action News also documented the shocking details reported by *The Washington Post* concerning one unspecified abortion doula who "often sends a small amount of acid so the client can dissolve some of the fetus, and bury whatever is left."[1,2,3] More recently, PBS News Hour highlighted a group of "abortion doulas" which dispense abortion pills "south from Illinois to Tennessee, Mississippi, and Louisiana."[4] One abortion doula was setting up a home in Louisiana to "become a safe place where women can self-manage in abortion."[5] In other words, she will be operating an unlicensed abortion facility, which will likely not be equipped to handle medical emergencies of an abortion drug with a Black Box warning of "sepsis" among other potential complications.

Trafficking of Minors and Abortion Business Involvement

Illegal networks and abortion businesses are also reportedly facilitating abortions for minors without requisite parental consent:[1]

- Virtual abortion pill dispensaries within the U.S. have been documented dispatching pills to minors.[2]
- An undercover video purportedly captured Planned Parenthood staff expressing willingness to assist a 13-year-old in crossing state lines for an abortion without parental awareness.[3]
- Live Action News has documented multiple instances in which abortion funding organizations have offered incentives, such as transportation and financial assistance, to entice teens to travel out-of-state for abortions.[4,5]

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xii. McLean County Circuit Clerk, search name/criminal records, https://publicaccess.mcleancountyil.gov/PubAC_Desc_Charges.aspx.
xiii. State of Illinois, Intentional homicide of an unborn child, § 9-1.2.

- Abortion providers like Planned Parenthood have been implicated in complicity, including repeated failures to report suspected child sexual abuse as mandated by law.[6,7] Project Veritas recorded Planned Parenthood staffers in Missouri discussing the practice of transporting minors across state lines for abortions "every day" without parental knowledge and vowing to "never tell."[8]

Ongoing Profiteering Despite Regulatory Measures

Mail-order abortion pill profiteers have pledged to continue shipping medications even if the FDA imposes restrictions. In December 2025, *Ms. Magazine* reported that as a Trump-led FDA threatened to "block U.S.-based medical providers" from offering telehealth abortion, an international telehealth provider, Abortion Pills in Private, vowed to continue supplying mifepristone and misoprostol to U.S. patients, stating, "We will continue to send mifepristone, even if the FDA takes it off the market inside the U.S." Enforcement of the Comstock Act would likely end such practices.[9,10,11]

Lies, Deception, and Drug's Stability

Three lawsuits, involving multiple states, are currently challenging the FDA's expansion of the abortion pill, mifepristone (200mg), and are seeking judicial enforcement of the Comstock Act.[1,2] The states[xiv] of Missouri, Kansas, and Idaho contend that the FDA's decision to permit mail-order abortions has led to "[t]hese dangerous drugs... flooding states like Missouri and Idaho and sending women in these States to the emergency room."[3,4,5,6]

According to the FDA's 2023 mifepristone label, the drug requires a storage temperature of "25°C (77°F); excursions permitted to 15 and 30°C (59 and 86°F) [see USP Controlled Room Temperature]."[7] Yet, abortion medications distributed via mail frequently experience extreme fluctuations in shipping temperatures.[8,9] These products are often transported under excessively hot or cold conditions and can subsequently remain in mail receptacles for extended periods at potentially compromised temperatures.

The official packaging inserts for both Danco and GenBioPro (GBP) reiterate these identical storage instructions.[10,11] Furthermore, GBP emphasizes on its public-facing website that mifepristone requires protection from light.[12,13]

Given that these pharmaceuticals often spend considerable time outside the stipulated temperature range during shipping, subject matter experts caution that the drugs may become unstable and compromised, losing efficacy.

The Journal of Pharmaceutical Sciences claimed that "Instability within drug products can cause significant reduction in the potency of administered dose, loss of product performance (e.g. dissolution failure of solid product), formation of (geno-)toxic degradants, possibility of adverse events or side-effects, shortened shelf-life that can cause supply chain issues, batch variations and recalls, etc."[14]

This demonstrable lack of adequate oversight and regulatory adherence in the shipping and delivery processes suggests that thousands of women receiving the abortion pill via mail may be obtaining less effective, compromised medications. This circumstance elevates the potential for incomplete abortions.

In their lawsuit,[xv] Florida and Texas expressed concerns about the drug's required storage temperature and advanced the following allegations:[15,16]

- “Abortion drugs harm women and girls.”
- The approval process was "political from the start."
- “2016 Major Changes were made without a single study evaluating the safety and effectiveness of mifepristone and misoprostol under the new conditions and without the safety assessment for pediatric populations required by law…”
- States possess the sovereign authority to enact and enforce regulations regarding abortion.
- The FDA’s actions are designed to facilitate the violation of state laws restricting abortion.
- Telehealth served as a "boon for sex traffickers," and the mailing of abortion pills to men has "facilitated the death[s] of multiple preborn children."[17]
- “Many abortion providers and facilitators shroud their operations in deception and encourage women to lie to emergency room staff by saying they are having a miscarriage if they suffer complications requiring urgent care.”
- States "have been forced to divert resources to address the explosion of abortion drugs mailed to their residents by abortionists operating under…'shield laws'."
- "The FDA’s actions have inflicted concrete economic injury on states as the payers and insurers of residents’ medical expenses."
- Abortion-inducing drugs pose risks to women and girls, and the associated hazards have been "undercounted."[18]
- The 2000 approval failed to comply with the federal Comstock Act.

The State of Louisiana, in their motion for preliminary relief[xvi] filed December 17, 2025, contends the 2023 REMS "unlawfully remov[ed] the in-person dispensing requirement for the sole purpose of allowing out-of-state doctors to facilitate illegal mail order abortions in pro-life states like Louisiana."[19,20]

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xiv. *State of Missouri v. U.S. Food and Drug Administration*, No. 2:22-cv-00223-Z, (N.D. Tex).
xv. *Florida, et al., v. U.S. Food & Drug Administration, et al.*, No. 7:25-cv-00126-O (N.D. Tex. filed December 10, 2025).
xvi. *State of Louisiana v. U.S. Food & Drug Administration*, No.6:25-cv-01491-DCJ-DJA (W.D. LA. filed December 17, 2025).

The State is joined by Rosalie Markezich, "a Louisiana resident whose ex-boyfriend ordered mifepristone from a California doctor, received it by mail, and coerced Rosalie to take it, ending her baby's life."

Together, they contend that the 2023 REMS is:

- Arbitrary and capricious
- Violates the Comstock Act
- Causes Plaintiffs' Current and Future Injuries in Fact
- Causes sovereign harm by facilitating illegal abortions in Louisiana.
- Causes pocketbook harm by directly increasing Louisiana's Medicaid costs.

In addition, Louisiana claimed that "data from the Louisiana Department of Health showing that over $92,000 in Medicaid dollars were paid for emergency room care and ***hospitalization resulting from just two mifepristone-induced abortions*** in 2025 [emphasis added]."

Death and Severe Adverse Reactions

According to the FDA, since 2000, approximately 7.5 million women have taken the abortion pill to end the life of the child in their womb in the United States. The FDA identified thirty-six deaths of women associated with the abortion pill.[1] The FDA caveats this by stating, "The adverse events cannot with certainty be causally attributed to mifepristone…"[2]

Deaths

Holly Patterson

Shortly after celebrating her 18th birthday, Holly Patterson died from septic shock after taking the abortion pill administered by Planned Parenthood to end the life of her preborn child. Live Action News reported that it was Planned Parenthood's "implementation of the unapproved regimen and off-label use of the abortion pill" that led to the subsequent bacterial infection that caused Holly's death.[1,2,3,4] In 2006, Monty Patterson, Holly's father, provided emotional testimony stating, "I watched Holly succumb to a massive bacterial infection as a result of a drug-induced abortion…Not a day goes by that I do not recall her brilliant blue eyes, engaging smile, laughter, and sheer gentle beauty."[5]

Mr. Patterson continued:[6]

> "Women have been and are still relying upon what they think is truthful information concerning the limited risk involved with a medical abortion. Yet, does the average patient, a teenager like Holly, understand she may be risking her life taking RU-486 when she is repeatedly exposed to statements like, 'It is what women have wanted for years. It is the first FDA-approved pill providing women with a safe and effective non-surgical option for ending early pregnancy.' There are no quick fixes or magical pills to make an "unplanned pregnancy go away."

Alyona Dixon

In Nevada, merely six days after visiting a Planned Parenthood for abortion drugs, 26-year-old Alyona Dixon died. While lawsuit documents do not specify[xvii] whether Dixon actually took the abortion pill, the Clark County Coroner's Office stated her cause of death was due to "complications from septic abortion."[7,8,9] Live

Action News reported on the wrongful death lawsuit filed by Alyon's husband against the Dignity Health Emerus hospital system, which the family alleged failed to properly treat Dixon's infection caused by the abortion drug.[10]

The Chief Medical Officer, Dr. Hany Atallah, who reviewed Dixon's medical records after her death, reported that after an initial visit to Planned Parenthood clinic on 9/22/2022, where an exam and ultrasound was administered, she was "...determined to be an appropriate candidate for elective termination of pregnancy with mifepristone followed 24-48 hours later by misoprostol intravaginally." Live Action News pointed out, "[a]lthough the drug regimen approved by the Food and Drug Administration (FDA) in 2000 includes mifepristone and misoprostol, the current approved FDA protocol calls for misoprostol to be taken buccally (in the cheek pouch), *not by vaginal administration*."[11,12,13] While previous instances of misoprostol inserted vaginally were initially suspected to be connected to the deaths of some women, subsequent evaluations did not definitively confirm this link.[14,15]

Severe Adverse Reactions

Shanyce

As a college student, Shanyce found out she was pregnant and felt pressured by her preborn baby's father to undergo an abortion.[1] Though unsure, she visited a Planned Parenthood clinic and took mifepristone at the clinic. Later, she testified to experiencing cramps, which she described as feeling as if "someone was stabbing me in the stomach." After two days of "unbearable" pain, Shanyce claims she returned to Planned Parenthood, where, after an ultrasound showed the abortion was successful in ending the life of her baby, she claimed staff told Shanyce she was "fine," shrugging off her painful symptoms.[2]

However, after struggles, Shanyce's parents took her to a nearby hospital where an ultrasound disclosed "remains of her child" still inside her womb. Shaynce recalled multiple surgeries attempting to remove her child's remains left behind after taking the abortion pill, subsequently leading to septic shock. "They put me into an induced coma because they knew I wasn't doing well...I kinda nearly died," Shanyce told Live Action.

After awaking from the coma, Shanyce found out that an infection had developed behind her uterus after she took the abortion pill, and she consequently had to undergo a partial hysterectomy. Recovering from the surgeries and severe infection caused Shanyce to have to relearn how to do everyday tasks like walking and brushing her teeth. She had to spend nearly two months in the hospital recovering. Afterwards, struggling with depression, Shanyce found healing from the physical and emotional pain left behind by the abortion in sharing her story with others during therapy.

"Before, I thought it was fine. Like, 'ok, it's a quick pill.' One, two, you'll be back to your normal life in no time...now, I don't recommend it to anyone" said Shanyce.

Leslie Wolbert

Leslie Wolbert claims to have been 21 years old when she visited a Planned Parenthood, which administered the abortion pill used to end the life of the child in her womb. In her testimony provided as an amici[xviii] in the 2024 case heard before the Supreme Court, Leslie explained how the verbiage used by Planned

Parenthood staff convinced her that the baby inside her womb was just "a mass of tissue" and that the then "new abortion pill" was "safe" and "simple" not requiring surgery and would just bring about a heavier period.[3,4] The second day after taking the abortion pills, Leslie reports experiencing the "worst pain" and cramps she ever felt in her life, stating:

> "I thought I was dying because they were so intense. I was crying hysterically and begging to die because the pain was more than I could handle. I was heavily sweating, bleeding like never before, using the toilet and throwing up all at the same time. I was alone, terrified and didn't know what to do."

The next day, she claims to have mustered enough energy to get into the shower, where the weight of her misconceptions of the abortion pills became a tragic and traumatizing reality, after she forcefully delivered her child.

> "I bled so much that it clogged the drain. It was in that moment, me trying to cleanse myself from my sin of the abortion, that the truth was exposed. It was the 'blood clot' or the 'blob of tissue' that the clinic talked about. It was my baby that was clogging the drain of the shower and I was in shock. I had to turn off the water, get out, and clean it up myself and then I flushed it down the toilet. It was in that moment that I knew ***I wasn't flushing a mass of tissue down the toilet; I was flushing what was left of the life of my child that was growing inside of me*** (emphasis added). It was even more horrifying than it sounds."

Leslie stated that she found healing from the emotional and psychological trauma brought on by her abortion after becoming a Christian, sharing her story in the court case in hopes of shining a light on the horrific, life-altering, and life-ending reality of abortion, stating:

> "RU-486 is not a simple solution to a problem as it is presented to be. It is a horrible drug, and the lasting side effects are not spoken of. If it is made more readily available to women, especially young girls, they will have similar stories as mine. Women who weren't told the truth, women who are full of grief and sorrow, women who wish they knew the truth before they aborted...RU-486 isn't a simple solution to an unplanned pregnancy. The truth is that RU-486 is murder."

Mail Order Abortion Pill Increasing Overall Abortions

In 2017, the United States saw the end of a long-term decline in abortions, with numbers beginning to tick upward once again each year. By 2020, abortions had increased nearly 8% from 2017.[1,2] In February of 2025, Guttmacher Institute's estimated abortion data analysis revealed a whopping 648,500 abortion pills sold in 2023 alone, which translates to **an abortion pill count of 54,042 monthly, 1,777 daily, 74 hourly, and one abortion by pill every 49 seconds in 2023**.[3,4]

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xvii. *Michael Dixon v. Dignity Health et al.*, NO: A-23-877731-C, (D.C. Clark County, Nev., filed September 13, 2023).

The numbers are likely much higher, as Guttmacher's abortion numbers are only an "estimation," and Guttmacher "does not collect data on self-managed abortions," defined by the pro-abortion organization as "abortions that are not provided by a US clinician."[5,6] Also, Guttmacher's estimates do not "currently include medication abortions provided under the protection of shield laws to a patient in a state where abortion is completely banned," Guttmacher wrote.

In May of 2024, the Guttmacher Institute updated its total abortion estimate for 2023 (which did not include all chemical abortions sold).[7,8,9] This time, the abortion increase over three years was in the double digits, revealing a spike of 11.5% from 2020. In October of 2025, Guttmacher updated their published numbers to 1,037,950 (2023) and 1,053,470 (2024), revealing an increase of over 13% (13.25%) from the abortion totals they published in 2020.[10]

A study from September 2025 quoted authors affiliated with the Guttmacher Institute asserting that telehealth abortion "has contributed to the **overall increase** in abortions in the US."[11] Based on a conservative estimate of 63%, it is projected that more than 664,000 abortion pills were utilized in 2024. Data from the pro-abortion #WeCount project further substantiates this increase.[12] A report published last year by #WeCount, an initiative of the Society of Family

Planning (SFP), documented a 155% rise in all abortions provided via telehealth, increasing from 22,430 in the second quarter of 2023 to 57,150 in the second quarter of 2024.[13] Furthermore, a subsequent #WeCount report recently claimed that "nearly half of the telehealth abortions that took place in 2024 were administered by physicians in states with shield laws," which are designed to offer legal protection to providers who mail abortion drugs into states with more restrictive regulations.[14]

Notably, the SFP receives funding from The David and Lucile Packard Foundation and the Buffett Foundation.[15,16] Both of these foundations hold financial investments in the abortion pill manufacturer Danco Laboratories.[17]

The most recently published data by the FDA reveals that between 2000 (when the abortion pill was approved) and December 31, 2024, approximately 7.5 million women in the U.S. alone have used the drug to end the lives of their babies while in the womb.[18,19,20]

Call To Action

Enforcing the Comstock Act

The federal Comstock Act (18 U.S.C. §§ 1461–62) prohibits the shipment or mailing of abortion-inducing drugs**;** however, numerous abortion providers are reportedly sending these medications illegally into states where such dispensing via telehealth is either restricted or forbidden.[1,2,3] The Comstock

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xviii. *Cline v. Oklahoma Coalition for Reproductive Justice*, No. 12-1094 (U.S. June 27, 2013), (granting cert. & certifying questions).

Act was cited as a relevant factor in the *Alliance for Hippocratic Medicine (AHM) v. FDA* lawsuit, with two U.S. Supreme Court Justices previously raising the prospect of its enforcement during oral arguments.[4,5]

Specifically, 18 U.S.C. § 1461 bans the mailing of "any article, instrument, substance, drug, medicine, or thing [that] may, or can, be used or applied for producing abortion."[6] It should be noted that the Comstock Act does *not* extend this prohibition to the mailing of the drug misoprostol, (the second drug in the FDA-approved abortion pill regimen) when utilized for natural miscarriage, to preserve the life of the mother, or for other medical applications, such as the treatment of gastric ulcers.[7,8,9,10]

Congress has historically affirmed the Comstock Act's prohibition on the trafficking of abortion drugs. A joint report by Americans United for Life (AUL), Live Action, and Josh Craddock highlights that "Congress and President Clinton acted in 1996 to expand Section 1462's application to 'interactive computer services,' rendering the use of the internet for shipping or receiving abortifacients illegal."[11,12]

The United States Postal Service (USPS) asserts that one of its responsibilities is to "prevent the flow of illicit drugs and contraband through the mail stream" and to "eliminate the mailing of opioids and other illicit drugs."[13] Given that the Postal Inspection Service "enforces over 200 federal statutes" pertaining to postal-related crimes, it logically follows that the USPS should enforce the Comstock Act, which is also a *federal statute*.[14,15] The AUL and Live Action report elucidates that "[a] key focus of the Act was a national prohibition on the sale and shipment of abortion drugs and devices through the U.S. Mail."[16] Nevertheless, a documented instance of postal workers investigating the mailing of abortion drugs, as detailed by The Intercept on October 16, 2024, appears to have occurred solely because the pills were contaminated with trace amounts of narcotics.[17]

Remove the Deadly Drug

Mifepristone was approved for the purpose of ending the life of a preborn child in the womb.[1] The drug's label has a black box warning for serious complications, including sepsis.[2] Real-world data analysis from the EPPC suggests increased instances of emergency needs after taking the drug exceeds what has been recorded on the drug's label.[3] Manufacturers of the drug are not policing prescribers and this potential negligence is causing women who are further along in pregnancy than approved by the FDA, who may have an ectopic pregnancy, and who may not even be pregnant, to be put at additional risk.

Medications are for healing, not killing. Therefore, the drug should not be on the market.

Conclusion

An incestuous abortion pill funding trail has surfaced over the last 25 years, led by investors in the abortion industry.[1] This intricate network connects investors of the abortion pill manufacturers Danco Laboratories and GenBioPro to a variety of entities, including consultants, organizations, location sites, and sponsors of the clinical trials that were used to establish the drug's safety and effectiveness.[2,3,4,5,6]

Furthermore, several industry spokespersons and study authors publicly claim the abortion pill's "safety" without disclosure of being on the payroll of Danco or GenBioPro.[7,8,9] These revelations strongly

suggest potential conflicts of interest among those promoting the drug.

The integrity of the abortion pill's approval process is also subject to scrutiny. The FDA has conveniently refrained from disclosing the identities of the experts who reviewed the original approval studies.[10] Additionally, the agency appears not to have taken action against prescribers who contravene the REMS safety requirements, such as by dispensing the drug past the approved gestational limit or to women who are not pregnant.[11,12]

In light of this lack of transparency—particularly until the complete record of this approval process is made public—the purported safety of self-managed abortion warrants continued questioning by the American populace.[13,14]

Empirical, real-world analysis indicates that the risks associated with mail-order abortion are substantial, showing that a greater number of clients seek emergency department care than was estimated in the clinical studies. This data further suggests that the authorities tasked with overseeing prescribers failed to enforce established regulations.

The DOJ has the authority under the Federal Comstock Act to prohibit the mailing of these pharmaceuticals "intended for producing abortion," however, it has thus far neglected to enforce that prohibition. While the FDA must take back its policing power and rein in drug prescribers to prohibit schemes that could hide adverse events and thwart safety requirements, a complete review of the drug's safety by the FDA should be immediately undertaken. **As chemical abortion pills have already ended the lives of millions of preborn children, Live Action is reiterating the call to remove the drug completely.**

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For more information and resources, contact: Live Action at info@liveaction.org

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History of the Abortion Pill

The Population Council & Zyklon B

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Key Financial Contributors and Their Organizational Relationships

David and Lucile Packard Foundation

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